



Acentra Provider Portal Training:

Recovery Community Organizations Effectively Adding
Documentation to Import Cases

OBJECTIVES

CREATING AN ACCOUNT

WHEN TO SUBMIT

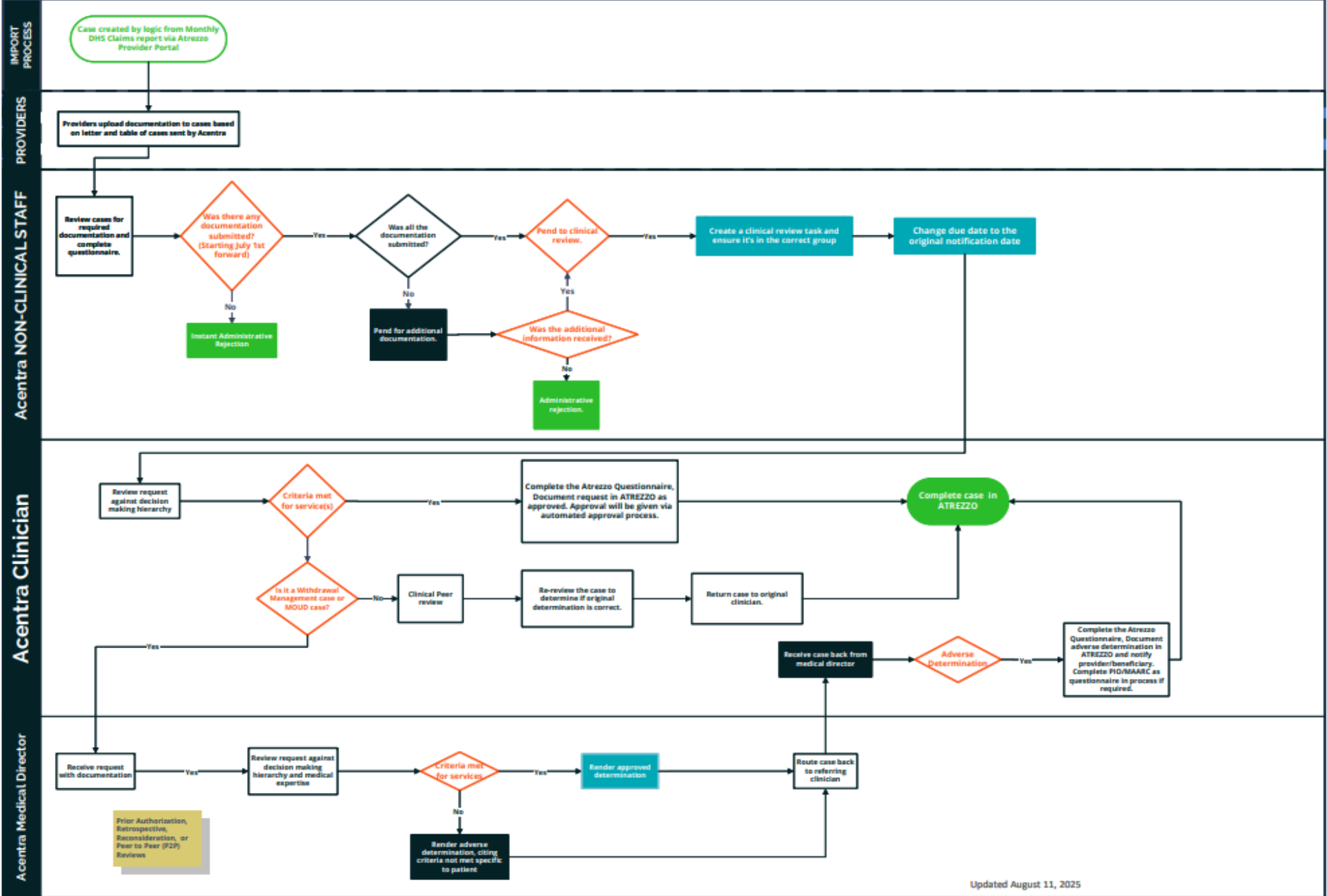
DOCUMENTATION REQUIREMENTS
UPLOAD DOCUMENTATION

RECONSIDERATION

MULTIPLE LOCATIONS

MESSAGE CENTER

MN SUD Acentra Health Post Payment Review Workflow





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ANG Provider Portal

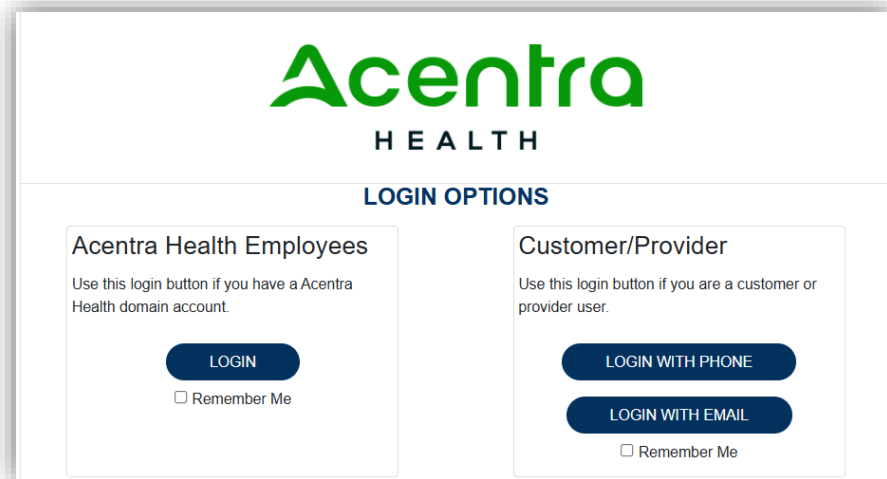
PART 1



ANG Provider Portal

ANG Provider Portal allows for:

- ❖ Secure access to ANG Connect (Provider Portal)
- ❖ Provider will be able to access letters by Case/Request, Respond/Send messages To/From Acentra



Training Website:

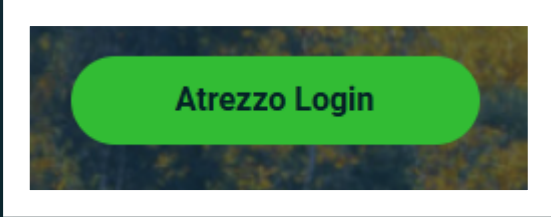
For in-depth training on the new ANG Platform, please visit:

mhcp.acentra.com/sud-resources/

> ANG Provider Portal

Accessing ANG (Atrezzo) Provider Portal

Website: <https://atrezzo.acentra.com/>

A screenshot of a web interface showing a green button with the text "Atrezzo Login" in white. The button is centered on a dark, textured background.

Atrezzo Login



Email Minnesotaasam@acentra.com

- Recovery Community Organizations please identify that you are an RCO and include your agencies NPI
- We will respond with a registration number



Go to ANG Portal

Provider will go to <https://atrezzo.acentra.com/> and click "Register Here"

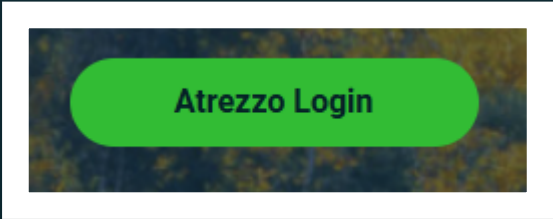


Registered Provider:

Complete Registration and create username

Logging into ANG (Atrezzo) Provider Portal

Website: <https://atrezzo.acentra.com/>



Atrezzo Login



First Time Logging into ANG

Before logging into ANG for the first time users must complete multifactor authentication setup

<https://5627605.fs1.hubspotusercontent-na1.net/hubfs/5627605/MNHCP%20Atrezzo%20Provider%20Portal%20Login-1.mp4>



ANG Portal Log in

Login using Customer/Provider option



Any issues or Question

Contact:

MinnestoaASAM@acentra.com



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When to Submit Documentation

Part 2

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Review Letter

- Documentation is **ONLY** submitted after receiving a Records Request letter from Acentra
- These letters are sent out monthly
- A follow up email is sent 5 days after the initial request. If cases have been submitted there is no need to respond.
- Reminder: Ensure your contact information is up to date with Acentra. [MN SUD Provider Contact Form](#)



Review Letter Components

Letter

- *Claims Submission period:* timeframe that the provider claims were submitted to the state
- Only Submit Documentation that is Required

Documentation

- We no longer have Initial and Continued Stay Reviews.
- Please Submit the documentation for the appropriate review type and dates of service

Spreadsheet

- Include the Case ID and Authorization Number (Transaction Control Number)
- Only add documentation to the case id's provided by Acentra.
- **DO NOT CREATE NEW CASES**



Example of Spreadsheet

Case ID	Auth Number	Member ID	Full Name	NPI	Provider	Provider Name
000000000	11111111111111111111	22222222	Test, Test	3333333333	Test Provider	Test Provider Treatment Center





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SUBMISSION REQUIREMENTS

PART 3

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REQUIRED DOCUMENTATION

Recovery Peer Services

1. Comprehensive Assessment, which led to the referral for Peer Recovery Support Services
2. Recovery plan and updates (if available)
3. Peer Recovery Interaction Notes, for each peer recovery support service interaction (all for the month that includes the dates of service on the case)





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ANG Uploading Documentation

PART 4

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ANG Provider Portal

- Successful Completion of setup/login directs user to the Home Page
- On the homepage you will notice any cases you have started but not submitted to Acentra.
- You may also notice a red number next to the **Message Center**. The messages here indicate that clinical reviewers have reached out to you for additional information or you have a notification about a case.

HOME **58** Messages for review or action [Go to Message Center](#)

WORK-IN-PROGRESS 18 NOT SUBMITTED 4 SUBMITTED 14

Request Saved But Not Submitted

CONTRACT	CASE TYPE	CONSUMER ID	CONSUMER NAME	DATE OF BIRTH	LAST MODIFIED
Minnesota SUD	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	11/22/2024 12:54:53 PM
Minnesota SUD	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	11/22/2024 12:51:49 PM
Minnesota Medicaid	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	2/21/2024 8:14:26 AM
Minnesota Medicaid	UM-OUTPATIENT	TEMP001302022111400000	Member Test	09/14/1989	2/5/2024 9:01:50 AM

Displaying records 1 to 4 of 4 records [Previous](#) **1** [Next](#) Show Entries

ANG Provider Portal

Search for cases by CASE ID or Authorization Number

- In the upper right-hand corner, place the **Case ID** or **Authorization Number** from the spreadsheet in the “Search by #” box. Hit Enter.
- This will pull up a case summary page. You’ll see the TCN listed under the SRV Auth section.
- You will do two things here.
 1. Check the Billing Codes and Requested Dates of Service
 2. Upload the Required clinical documentation

The screenshot shows the ANG Provider Portal interface. At the top, there is a dark blue header with a search bar labeled "Search by #" and icons for help and user profile. Below the header, a table lists consumer information: CONSUMER NAME, GENDER, DATE OF BIRTH, MEMBER ID, and CONTRACT. A green bar highlights the contract information, which includes "Minnesota SUD".

Below the table, a case summary card is displayed. It features a pink "SUBMITTED" status label, a green bar for the case ID, and the following details: Outpatient, Minnesota SUD, 06/03/2025, and a green bar for the SRV AUTH. The case is identified as "UM-OUTPATIENT".

Navigation buttons include "CASE SUMMARY", "ACTIONS", "COPY", "EXTEND", and "EXPAND ALL". The main content area is divided into sections with expandable details:

- Consumer Details:** Location ;
- Provider/Facility:** Requesting : SPECIALIZED TREATMENT SERVICES INC /1982831533; Servicing : SPECIALIZED TREATMENT SERVICES INC /1982831533
- Clinical:** Service Type : SUD OT - Substance Abuse - Opioid Treatment; Request Type : Admission; Notification Date : 06/03/2025; Notification Time : 09:32 AM
- Questionnaires:**
- Attachments:** Document-0; Letters- 0
- Communications:** Most Recent Note date:

ANG Provider Portal: Clinical Section

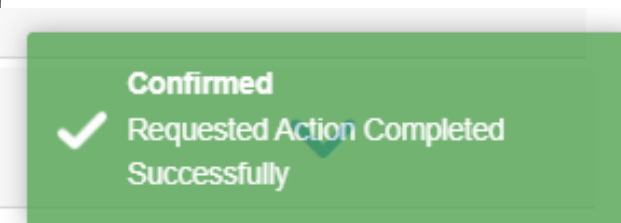
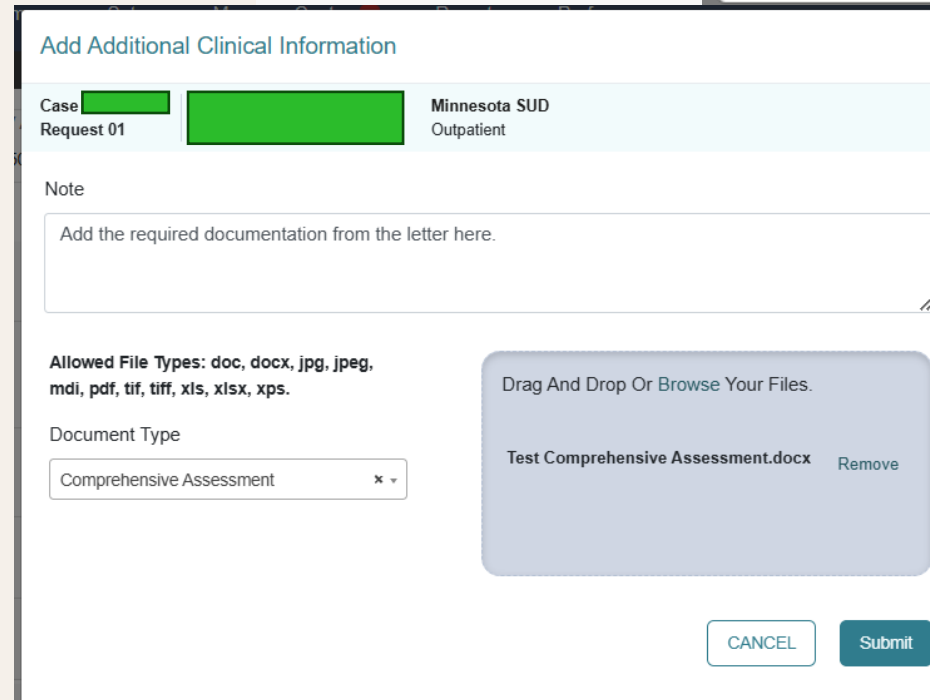
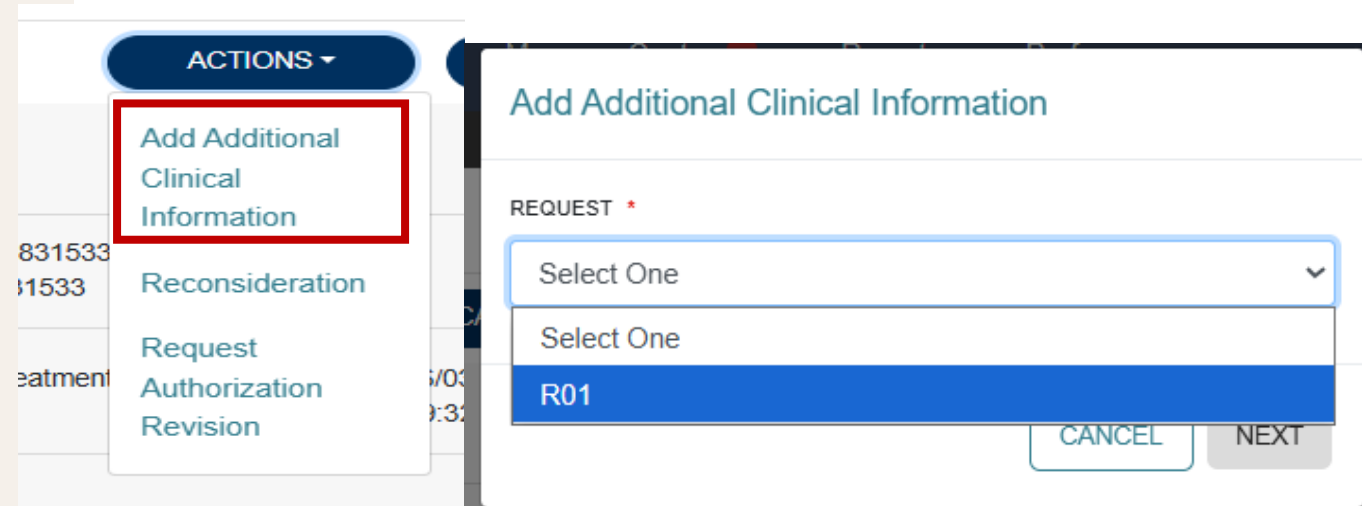
1. Expand the Clinical Section
2. Expand Procedures (Request/Review) is also expanded
3. Under Request 01
 - a) Look for the Billing Codes (ex: H2036, H2035, H0038, LOS, etc.) to know what level of care is being reviewed
 - b) This will also let you know if the case has a review for Recovery Peer Services
 - c) For each Billing Code review the requested start/stop dates to know the billed dates of service being reviewed



ANG Provider Portal

Adding Documentation

1. At the top of the case summary, click on “Actions”.
2. Click “Add Additional Clinical Information”
3. Choose R01 and click “Next”
4. Add the required documentation **ONLY**.
5. Click “Submit”
6. You will receive the below confirmation in the lower right-hand corner to indicate success.





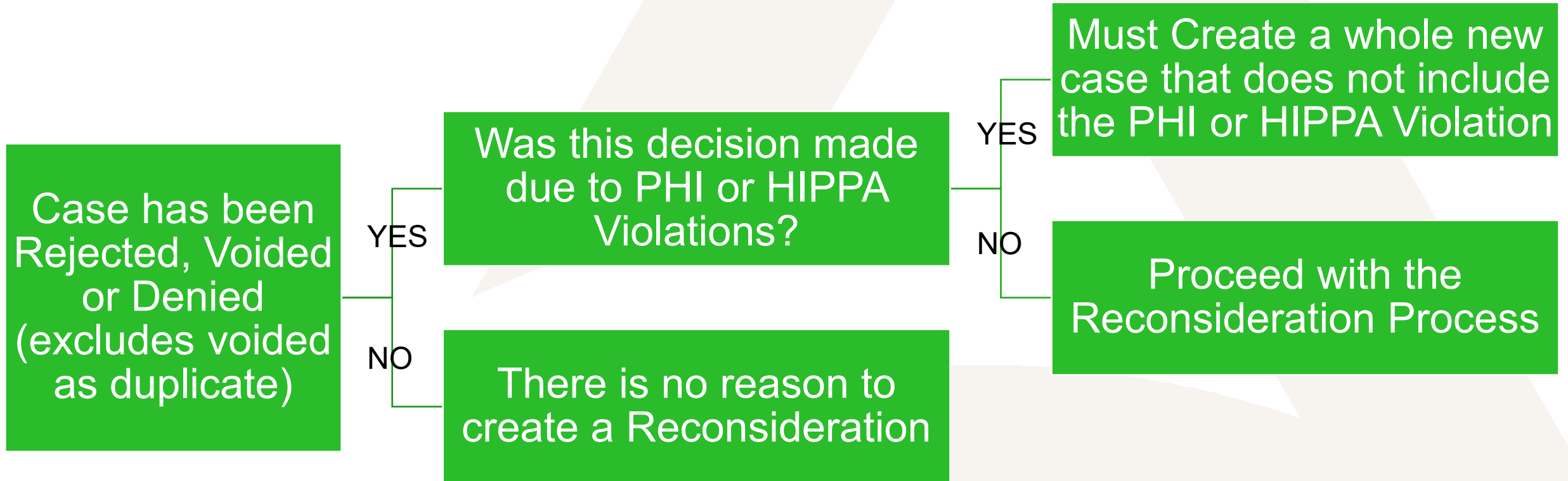
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Reconsiderations

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Can I request a case reconsideration?



ANG Provider Portal

Requesting a Reconsideration

1. At the top of the case summary, click on “Reconsideration”.
2. Choose R01 and click “Next”
3. Add the required documentation for your Level of Care here.
4. Click “Submit”
5. You will receive the below confirmation in the lower right-hand corner to indicate success.

Reconsiderations are allowed within 30 calendar days of a denial, rejection or void (excluding void as duplicate)

The screenshot displays the 'Reconsideration' workflow in the ANG Provider Portal. At the top, an 'ACTIONS' dropdown menu is open, with 'Reconsideration' highlighted in a red box. Below this, the 'REQUEST' dropdown menu is open, showing 'R01' selected. The 'CANCEL' and 'NEXT' buttons are visible. The main form area shows the 'Reconsideration' section with a 'Case' field containing 'Request 01' and 'Minnesota SUD Outpatient'. A 'Note' field is present, along with a file upload section. The file upload section includes the text 'Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.' and a 'Document Type' dropdown menu with 'Select One' selected. A 'Drag And Drop Or Browse Your Files.' area is also visible. In the bottom right corner, a green confirmation message reads: 'Confirmed Requested Action Completed Successfully'.

If You Need to Create a New Case Due to PHI/HIPPA Violations



If you **do not** know/remember how to create new cases reach out to Minnesotaasam@acentra.com and request assistance.



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Multiple Locations

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ANG Provider Portal

Changing between Locations

When to use Change Context

1. If you have more than one location (even if they have the same NPI)
2. Each Case ID is associated with the location the Claim was associated with

Change Context

REWIND INC , Minnesota

- Once Change Context is selected there will be a list of locations associated with your account
- Click the blue arrow to the right of the location you want to be associated with

CHANGE PROVIDER CONTEXT

Name	NPI	Type	Contract	Address
REWIND INC	1568678639	62 - CHEMICAL HEALTH	Minnesota	830 E MAIN ST PERHAM MN 565731934

NAME	NPI	TYPE	CONTRACT	ADDRESS	
REWIND INC	1568678639	62 - CHEMICAL HEALTH	Minnesota	840 E MAIN ST PERHAM MN 565731934	



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ANG Provider Portal: Message Center

PART 7

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ANG Provider Portal

VIEW MESSAGES

After a case has been reviewed

- When logged in the Message Center will show a red box with a number
- The provider may receive an email that case id ##### has new information.

To view Notes/Messages in the Case

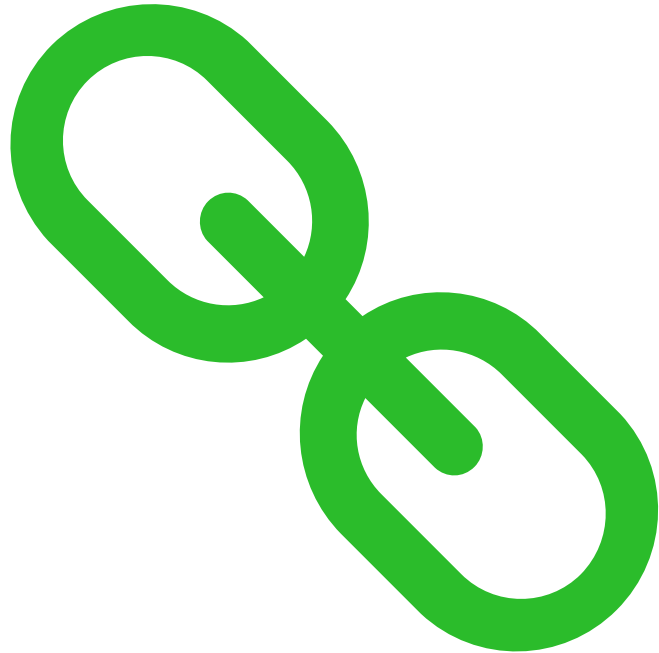
1. Use the Search by # box to enter the case ID and go directly to that case
2. Scroll down to Communications and click the arrow
3. From here you will have the option to look at notes and messages

*Providers can send messages using the messages area of the case if they have questions about the specific case

The screenshot displays the Kepro ANG Provider Portal interface. The top navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Message Center 1', and 'Reports'. A search box labeled 'Search by #' is highlighted in yellow. Below the navigation bar, the 'Change Context' dropdown is set to 'Provider Test, Minnesota'. The main content area shows a case summary for 'MEMBER TEST' with details: GENDER: F, DATE OF BIRTH: 09/14/1989 (33 Yrs), MEMBER ID: TEMP001302022111400000, CONTRACT: Minnesota. A 'SUBMITTED' status is shown with the case ID 230050003, category 'Outpatient', and contract 'Minnesota Medicaid' on 01/05/2023. The case is categorized as 'UM-OUTPATIENT'. Action buttons include 'CASE SUMMARY', 'ACTIONS', 'COPY', 'EXTEND', and 'EXPAND ALL'. The 'Communications' section is highlighted in yellow, showing 'Document-1' and 'Letters- 0'. Other sections include 'Consumer Details' (Location: 123 Somewhere Street Anywhere Minnesota), 'Provider/Facility' (Requesting: Provider Test/999999994, Servicing: IMAGING ASSOCIATES /1174573174), 'Clinical' (Service Type, Request Type: Prior Auth, Notification Date: 01/05/2023, Notification Time: 10:43 AM), and 'Questionnaires'.



Minnesota Atrezzo Provider Portal Training



[Minnesota Atrezzo
Provider Portal Message
Center Video](#)



Question & Answer

Thank you for attending!

Please reach out with any questions you may have.

Additional portal questions?

Need to obtain your Registration Number?



Minnesotaasam@acentra.com

Questions for DHS:



dhs.peer.support.services@state.mn.us



<https://mhcp.acentra.com/>

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Accelerating
Better Outcomes