



CALIFORNIA

# Psychiatric Inpatient Concurrent Review and Authorization

How to Submit a Retrospective  
Authorization Review

# How to Submit a Retrospective Authorization Review in Atrezzo

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The purpose of this guide is to provide step-by-step instructions on How to Submit a Retrospective Authorization Review in the Atrezzo provider portal.

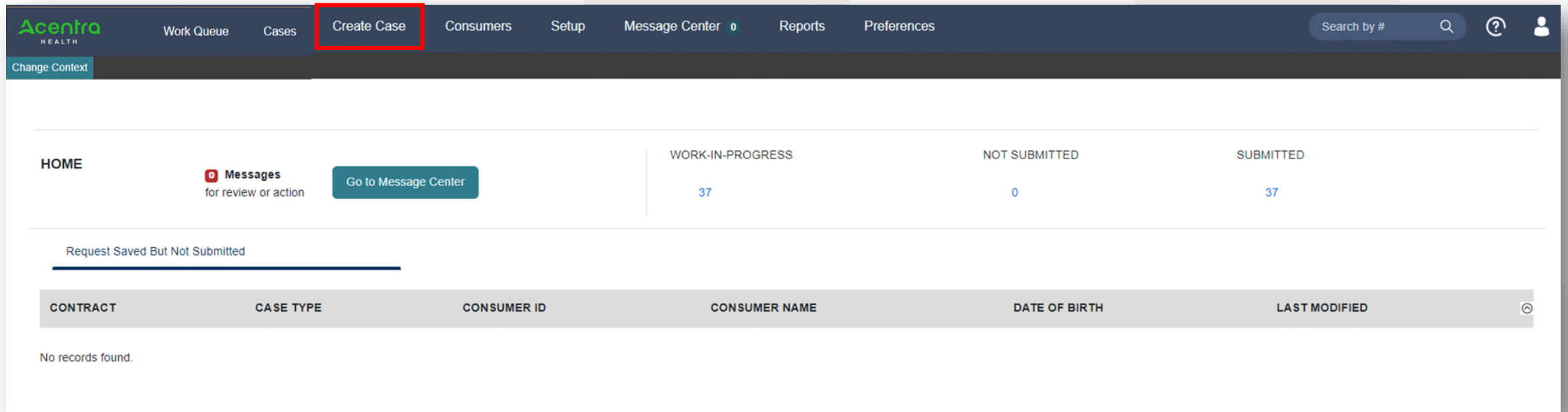
No PHI was involved in the making of this guide.

All information is for training purposes only and does not contain actual personal or medical data.



# Atrezzo Home Page – Create Case

After logging in you will be navigated to the home screen. This page will appear every time you log into Atrezzo. To submit a new Retrospective Authorization Request, you will select **Create Case**.



The screenshot displays the Atrezzo Health user interface. The top navigation bar includes the following items: 'Work Queue', 'Cases', 'Create Case' (highlighted with a red box), 'Consumers', 'Setup', 'Message Center 0', 'Reports', and 'Preferences'. On the right side of the navigation bar, there is a search field labeled 'Search by #' and icons for help and user profile. Below the navigation bar, the main content area is divided into sections. The 'HOME' section features a 'Messages for review or action' notification with a 'Go to Message Center' button. To the right, there are three summary cards: 'WORK-IN-PROGRESS' with a count of 37, 'NOT SUBMITTED' with a count of 0, and 'SUBMITTED' with a count of 37. Below these cards, a message states 'Request Saved But Not Submitted'. At the bottom, there is a table with the following headers: 'CONTRACT', 'CASE TYPE', 'CONSUMER ID', 'CONSUMER NAME', 'DATE OF BIRTH', and 'LAST MODIFIED'. The table currently shows 'No records found.'



# Step 1: Case Parameters

You will be directed to the **New UM Case**. **Case Parameters** and **Request Type** on this page will auto populate. This step has been completed. **Go To Consumer Information** to continue to Step 2: Consumer Information.

**Note:** A New Case must be created for every new Admission.

The screenshot shows a web interface for creating a new UM case. At the top, there is a header with 'Change Context' and 'KEPRO TEST HOSPITAL, California'. Below this, a table displays case details: 'New UM Case', 'KEPRO TEST HOSPITAL', 'CaIMHSA', and 'Requesting Provider', 'Inpatient'. The interface is divided into two steps: 'Step 1 Case Parameters' and 'Step 2 Consumer Information'. The 'Case Parameters / Choose Request Type' section includes a 'Case Type' dropdown set to 'UM', a 'Case Contract' dropdown set to 'CaIMHSA', and a 'Request Type' dropdown set to 'Inpatient'. A 'Cancel' button is on the left, and a 'Go To Consumer Information' button is on the right, highlighted with a red box and a red arrow pointing to it.



# Step 2: Search Consumer

Enter **Consumer Information** and select **Search**.


**NOTE:** Combination of DOB and Last Name or Consumer ID (Medi-Cal #) are required. Please be sure to exhaust all search options prior to adding a TEMP Consumer.

Change Context KEPRO TEST HOSPITAL, California

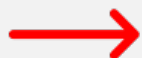
New UM Case KEPRO TEST HOSPITAL CaMHSA -  
Requesting Provider Inpatient -

Step 1 Case Parameters ✓ Step 2 Consumer Information

Consumer Information/ Search Consumer

CONSUMER ID	LAST NAME	FIRST NAME (MIN 1ST LETTER)	DATE OF BIRTH
<input type="text"/>	sample	<input type="text"/>	12/10/2000 

\*Combination of DOB and Last Name or Member ID





# Step 2: Search Results

After selecting **Search**, the consumer information will populate below. Review search results and click **Choose** to select the appropriate consumer to create a new case.

Change Context KEPRO TEST HOSPITAL, California

New UM Case KEPRO TEST HOSPITAL CaIMHSA -  
Requesting Provider Inpatient -

Step 1  Step 2

Case Parameters Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID LAST NAME FIRST NAME (MIN 1ST LETTER) DATE OF BIRTH

sample  12/10/2000

\*Combination of DOB and Last Name or Member ID

Name ▲	DOB ⇅	Address ⇅	Consumer ID ⇅	Contract ⇅	Case Count ⇅	Action
Test Sample	12/10/2000	Sample Lane Rose,HI	TEMP002172022072900009	California		<input type="button" value="Choose"/>

Showing 10 of 1

Not finding what you're looking for?

Previous Page 1 of 1 Next



# Step 2: *Unable to locate?* Add Temporary Consumer

If your consumer search results indicate no records found, you will need to **Add a Temporary Consumer**.

*(Please Note: If you are unable to locate consumer, or if consumer is Short-Doyle/Indigent, you will be required to create a Temporary Account.)*

Change Context KEPRO TEST HOSPITAL, California

New UM Case KEPRO TEST HOSPITAL CaIMHSA -  
Requesting Provider Inpatient -

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID LAST NAME FIRST NAME (MIN 1ST LETTER) DATE OF BIRTH

jane  doe  12/10/2

\*Combination of DOB and Last Name or Member ID

Cancel

Name ▲ DOB ▾ Address ▾ Consumer ID ▾ Contract ▾

No records found.

Showing 10 ▾ of 0

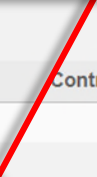
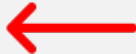
Not finding what you're looking for? **Add temporary consumer**

Back

Unable to find the consumer you are looking for?  
Please refine search to continue.

Unable to find the consumer you are looking for?  
Please refine search to continue.

**Add temporary consumer**



# Step 2: Create Temporary Consumer - Information

Complete all required information indicated by a red asterisk. Once consumer information is filled select **Create Temporary Consumer**.

Change Context KEPRO TEST HOSPITAL, California

New UM Case KEPRO TEST HOSPITAL CalMHSA -  
Requesting Provider Inpatient -

Step 1  Step 2

Case Parameters Consumer Information

Consumer Information/ Add Temporary Consumer

CONTRACT INFORMATION

CONTRACT \* PLAN \*

California California

CONSUMER DETAILS

PREFIX FIRST NAME \* MIDDLE NAME LAST NAME \* SUFFIX

Select One Jane Doe Select One

GENDER \*

Male  Female

DATE OF BIRTH \* LANGUAGE

12/10/2000 Select One

CONTACT INFORMATION

Use Facility Address

ADDRESS LINE 1 \* ADDRESS LINE 2 CITY \* COUNTRY \*

Create Temporary Consumer





# Step 2: Consumer Cases - Review

Atrezzo will provide previously submitted requests to ensure no duplicates have been created. If no duplicates are found, click **Create Case**. Please note once you Create Case, your changes will be saved, and the case will be created but not submitted until all required steps are completed.

*(At any time if a case needs to be canceled due to error/duplicate you may select **Cancel** to exit case creation.)*

Change Context KEPRO TEST HOSPITAL, California

New UM Case KEPRO TEST HOSPITAL CaIMHSA Test Sample (F)  
Requesting Provider Inpatient 12/10/2000

Step 1 Case Parameters  Step 2 Consumer Information

Consumer Information/ Search Consumer/ Consumer Cases

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 231772191									
Request 01	Submitted	6/26/2023	Inpatient	N/A	Inpatient Psychiatric	6/26/2023 - 6/28/2023	View Procedures	No letters available	Actions
Request 02	Submitted	6/26/2023	Inpatient		Inpatient Psychiatric	6/29/2023 - 7/1/2023	View Procedures	No letters available	Actions

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Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted**.

Cancel **Create Case**



# Step 3: Additional Providers / Facility

Your case has been created and additional steps have now been listed. Under **Provide Type** the **Facility** must always be changed to the County of Responsibility of the Consumer. Click **Update** to assign the responsible County.

Change Context KEPRO TEST HOSPITAL, California

New UM Case KEPRO TEST HOSPITAL CalMHSA Test Sample (F)  
Requesting Provider Inpatient 12/10/2000

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Additional Providers/ Provider/Facility

Add Attending Physician

Selected Providers

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	KEPRO TEST HOSPITAL		Psychiatric Unit	1111111111	1111 DELMASTER AVE , California City, CA US 11111	Los Angeles	(111) 111-1111	(866) 449-2737	
Facility	KEPRO TEST HOSPITAL		Psychiatric Unit	1111111111	1111 DELMASTER AVE , California City, CA US 11111	Los Angeles	(111) 111-1111		Update

Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.

Add a Note Cancel Go to Service Details



# Step 3: Additional Providers / Facility Continued

**Search** for County name only. All other fields are not required. Once you locate the appropriate county you will select **Choose**. The page will then reload and auto populate the appropriate county. Select **Go to Service Details**.

**Search Facility**

Copy from Requesting Provider

PROVIDER TYPE \*

Facility

FACILITY NAME:  NPI:  NETWORK:  TAX ID:

COUNTRY:  Canada  United States

STATE/PROVINCE:  COUNTY:  CITY:  POSTAL CODE:

Search Results

Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
San Bernardino County	County	County					San Bernardino	<input type="button" value="Choose"/>

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# Step 4: Service Details

The following details below will be required. Admission Source (Involuntary vs. Voluntary), Admission Date (Date of patient's admission date), Place of Service (Inpatient Psychiatric Facility), and Service Type (Inpatient Psychiatric). Complete appropriate options from drop downs, select **Go To Diagnosis**.

The screenshot displays a web application interface for a 'New UM Case'. The top navigation bar shows 'Change Context' and 'KEPRO TEST HOSPITAL, California'. Below this, the case details are listed: 'KEPRO TEST HOSPITAL' as the Requesting Provider, 'CaIMHSA' as the Inpatient, and 'Test Sample (F)' as the patient, with an admission date of '12/10/2000'. A progress bar at the top indicates the current step is 'Step 4: Service Details', with other steps like 'Consumer Information', 'Additional Providers', 'Diagnoses', 'Requests', 'Questionnaires', 'Attachments', 'Communications', and 'Submit Case' also visible. The main form area is titled 'Service Details/ Enter Service Details' and contains four input fields: 'Admission Source' (set to 'Voluntary'), 'Admit Date' (set to '05/02/2024'), 'Place Of Service' (set to 'Inpatient Psychiatric Facility'), and 'Service Type' (set to '001 - Inpatient Psychiatric'). At the bottom left is an 'Add a Note' button, and at the bottom right are 'Cancel' and 'Go to Diagnoses' buttons. The 'Go to Diagnoses' button is highlighted with a red rectangular box, and a red arrow points to it from the right.



# Step 5: Diagnosis

To add a diagnosis, **Search** by selecting the white box and type ICD10 Diagnosis Code or Name. When the diagnosis code has populated select the appropriate code. If there are any additional codes, you may add more by following the same process. If a diagnosis code needs to be deleted select remove to deactivate code. **Select Go To Requests.**

**New UM Case** | KEPRO TEST HOSPITAL (Requesting Provider) | CalMHSA Inpatient | Test Sample (F) 12/10/2000

Step 2 Consumer Information | Step 3 Additional Providers | Step 4 Service Details | **Step 5 Diagnoses** | Step 6 Requests | Step 7 Questionnaires | Step 8 Attachments | Step 9 Communications | Step 10 Submit Case

Diagnosis/Add Diagnosis

Code Type \* ICD10

Search [Select a Diagnosis Code]

Order Rank	Code	Description	Source	Created By	Deactivate
1	F99	MENTAL DISORDER NOS	Manual	TrainingAccountCA	Remove

Showing 10 of 1

Add a Note

Previous Page 1 of 1 Next

Go to Requests



# Step 6: Request Type

A Request Type will need to be selected. When submitting a Retrospective Authorization Review you will select Retrospective. A FIPS Code will not be required, and the Notification Date and Time will prepopulate to the time that the case is being submitted. This cannot be changed. Once you have selected your request type **Go To Procedures**.

Change Context KEPRO TEST HOSPITAL, California

[New UM Case](#) KEPRO TEST HOSPITAL CalMHSA Test Sample (F)  
Requesting Provider Inpatient 12/10/2000

Step 2 Step 3 Step 4 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10  
Consumer Information Additional Providers Service Details Diagnoses Requests Questionnaires Attachments Communications Submit Case

Requests/Request Details

Request Type \*  
Retrospective

FIPS Code

Notification Date \*

Notification Time \*

Cancel [Go to Procedures](#)

# Step 6: Request Type

For Inpatient Authorizations, the only fields required are the **Requested Start Date** and **Requested End Date**. When submitting a Retrospective Authorization Review entire length of stay will be allowed. The Atrezzo portal will calculate the Requested Duration and the Discharge Date is not accounted for. **Go To Questionnaires**.

The screenshot displays the 'Requests' step in the Atrezzo portal. The breadcrumb trail shows: Change Context > KEPRO TEST HOSPITAL, California > New UM Case > KEPRO TEST HOSPITAL > CaIMHSA > Test Sample (F). The progress bar indicates that Step 6 (Requests) is the current step, with Steps 2 through 5 completed. The main content area is titled 'Requests/Request 01/Procedures'. It includes a search bar for 'Code Type' (set to CPT) and a search field. A sidebar on the left shows 'Request 01' with 'Un-Submitted' status and '1/0' items, and a 'LOS' section with 'Un-Submitted' status and the date range '10/20/2023 - 11/20/2023'. The main 'LOS' section is titled 'Length of Stay' and contains a 'Unit Qualifier' dropdown (set to 'Select One'). The 'Requested' section, highlighted with a red box, includes: 'Requested Start Date' (10/20/2023), 'Requested End Date' (11/20/2023), and 'Requested Duration' (32). Below this is the 'Rates' section with a 'Requested Rate' field (set to '\$'). At the bottom right, there is a 'Go to Questionnaires' button, highlighted with a red box and an arrow pointing to it from the 'Jump to Submit' link.



# Step 7: Questionnaires

The **Admission Questionnaire** will be required for all Psychiatric Inpatient Services. Click **Open** to complete the Admission questionnaire. (*Administrative Days Questionnaire: Only applicable to IMD/FI facilities, Continued Stay Questionnaire: Optional, Social Determinants of Health: Optional.*)

Change Context KEPRO TEST HOSPITAL, California

New UM Case KEPRO TEST HOSPITAL Requesting Provider CalMHSA Inpatient Test Sample (F) 12/10/2000

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	11878844	Prior Authorization	Administrative Days	Kepro	12/11/2023 05:14:25 PM			0	Open
R01	11878838	Prior Authorization	* Admission	Kepro	12/11/2023 05:14:24 PM			0	Open
R01	11878842	Prior Authorization	Continued Stay Review	Kepro	12/11/2023 05:14:24 PM			0	Open
R01	11878840	Checklist	Social Determinants of Health	Kepro	12/11/2023 05:14:24 PM			0	Open

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Add a Note Jump to Submit Cancel Go to Attachments






# Step 7: Admission Questionnaire

Once the required questions are complete, a green check mark will appear on the top left side of the Admission Bar. Click **Mark As Complete** to return to case.

Change Context KEPRO TEST HOSPITAL, California

Case | **Test Sample (F)** | CalMHSA | TEMP002172022072900009 | Create Questionnaire / Admission  
12/10/2000 (23 Yrs) | UM | Member ID

Admission 

Admission

If YES- Please submit case to primary insurance first! DO not submit case into Atrezzo unless primary insurance will not pay for complete or portion of the stay.

1 . Is Medi-Cal a Secondary Insurance for this Patient? \*

Yes  No

2 . Is this a Short Doyle/County Pay Patient? \*

Yes  No


3 . Is Patient a Foster Youth? \*

Yes  No

4 . Is patient on Conservatorship? \*

Yes  No

5 . Date of Admission: \*

MM/DD/YYYY 

[RETURN TO CASE](#) [MARK AS COMPLETE >](#)



# Step 7: Questionnaire Completed

The required Admission Questionnaire is now Marked as Complete, you will be redirected back to the case. The Notification Date and Time will prepopulate to the time that the questionnaire was completed. This cannot be changed. **Click Go to Attachments.**

Change Context KEPRO TEST HOSPITAL, California

[New UM Case](#) KEPRO TEST HOSPITAL Requesting Provider CalMHSA Inpatient Test Sample (F) 12/10/2000

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

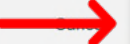
Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	11885953	Prior Authorization	Administrative Days	Kepro	12/12/2023 10:07:11 AM			0	Open
R01	11885946	Prior Authorization	* Admission	Kepro	12/12/2023 10:07:08 AM	Kepro Training Account	12/12/2023 10:07:30 AM	0	View
R01	11885951	Prior Authorization	Continued Stay Review	Kepro	12/12/2023 10:07:10 AM			0	Open
R01	11885949	Checklist	Social Determinants of Health	Kepro	12/12/2023 10:07:09 AM			0	Open

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Add a Note

Jump to Submit  [Go to Attachments](#)



# Step 8: Attachments

When creating a Retrospective Authorization Review all documents are needed prior to submitting. To upload supporting documentation, click **Upload a Document**. (*For Reference: A list of required documentation is provided on page 21.*)

Change Context KEPRO TEST HOSPITAL, California

[New UM Case](#) KEPRO TEST HOSPITAL Requesting Provider CalMHSA Inpatient Test Sample (F) 12/10/2000

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Attachments/Documents

No documents have been added yet.

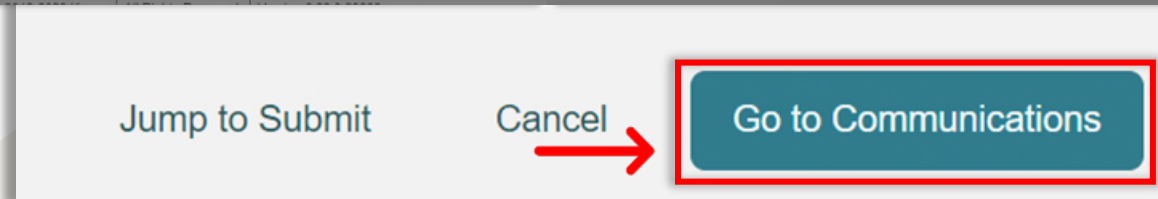
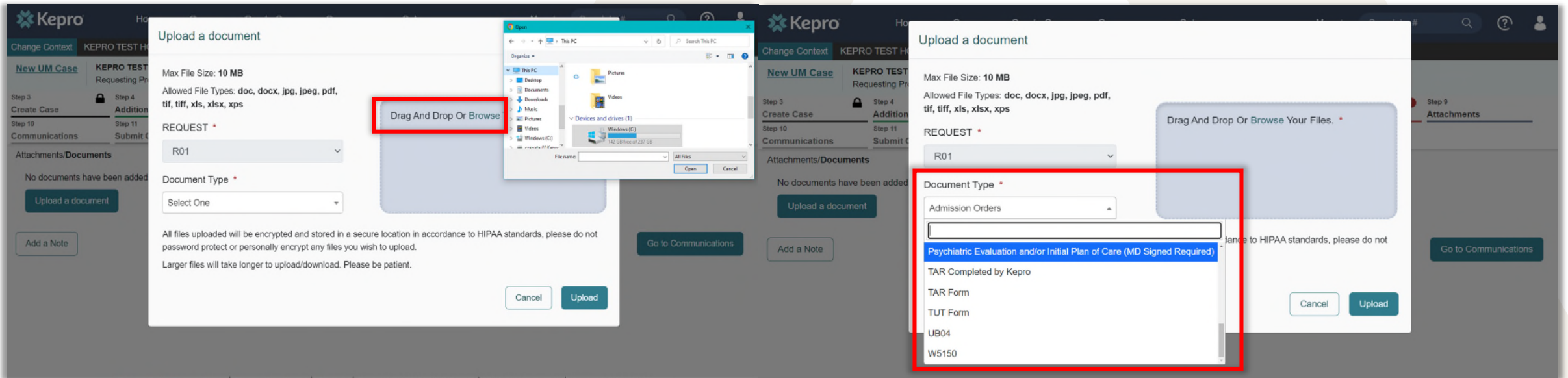
**Upload a document**

Add a Note Jump to Submit Cancel Go to Communications



# Step 8: Upload a Document

To add supporting documentation, you will be able to **Drag and Drop** documents from your desktop or **Browse** to select the documents from your files. You will then select the appropriate **Document Type** and click **Upload** you may add more by following the same process. Once all documents are uploaded **Go To Communications**.



# Retrospective Authorization Requirements

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Will only be authorized under the conditions as outlined in BHIN 22-017. Occur only after patient has discharged.

***If the case is Retrospective all documents below will be needed prior to submitting a case along with a Rational for Retrospective Review.***

## **NOA (Notice of Admission)**

- Face Sheet
- Medi-Cal Verification (If applicable to patient)
- Admission Orders (Physician signed)
- Psych Eval (Physician signed)
- W5150 or Voluntary Paperwork

## **Legal Documents (*If applicable to patient*)**

- Conservatorship Paperwork
- Presumptive Transfer Paperwork
- JV 220A

## **Progress Notes**

- Notes uploaded for each day of patient stay.
- Notes are allowed to be in batch form.

## **Discharge (*If applicable to facility*)**

- Physician signed Discharge Summary
- Completed TAR
- UB04



# Step 9: Communications

Any correspondence between Hospital Staff and the Acentra Health Clinical Team can be done by adding a note. Select **Add a Note** to compose a new message. If communication is not needed at this time, you may continue and select **Go To Submit**. (*Please Note: All Retrospective Authorizations require a Rational for Retrospective Review.*)

**Add a Note**

Note Type \*

External

Note \*

Retrospective Authorization Requirements  
Retrospective Authorization of Inpatient SMHS under the following limited circumstances:

- Retroactive Medi-Cal eligibility determinations;
- Inaccuracies in the Medi-Cal Eligibility Data System;
- Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dual-eligible beneficiaries; and/or,
- Beneficiary's failure to identify payer.

Notes cannot be modified or deleted after being saved.

Cancel Add Note

Go to Submit



# Step 10: Review and Submit Case

Prior to submitting a request, you will be able to review and make any changes by selecting **Update**. If changes are not needed, you may proceed to **Submit**. You will then receive a disclaimer stating prior to submission you understand that precertification does not guarantee payment. After choosing **Agree** your case will be then be submitted for review.

The screenshot displays the 'Submit Case/ Review' interface. At the top, a progress bar shows steps 2 through 10, with Step 10 'Submit Case' being the current step. Below the progress bar, there are seven summary cards:

- Providers:** Requesting: KEPRO TEST HOSPITAL; Facility: San Bernardino County; Update Providers.
- Service Details:** Admit Date: 08/30/2023; Service Type: 001 - Inpatient Psychiatric; Update Service Details.
- Diagnoses:** 1 Diagnosis: F99; Update Diagnoses.
- Requests:** Notification Date: N/A; Request Type: Retrospective; Update Requests.
- Questionnaires:** 4 Questionnaires; View Questionnaires.
- Attachments:** 4 Documents; Update Documents.
- Communications:** 1 Note; Update Notes.

At the bottom right, there is a 'Submit' button highlighted with a red box and a red arrow pointing to it. A 'Disclaimer' modal is open, containing the text: 'I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.' Below the disclaimer text are 'Cancel' and 'Agree' buttons.



# Submitted Request

The case is now in a **Submitted** status. After successfully submitting the request, documentation of the **CASE ID** is highly recommended. The unique Case ID can be utilized in the **Search by # Bar** to monitor case progress. The **Case Summary** tab will also provide a full overview of the case which can be printed or saved for reference.

The screenshot displays the Acentra Health web application interface. At the top, there is a navigation bar with the Acentra Health logo and several menu items: Work Queue, Cases, Create Case, Consumers, Setup, Message Center (1), Reports, and Preferences. A search bar labeled "Search by #" is highlighted with a red box. Below the navigation bar, the main content area shows a "Change Context" button and a table of consumer information. The table has columns for CONSUMER NAME, GENDER, DATE OF BIRTH, MEMBER ID, and CONTRACT. The first row shows "TEST SAMPLE", "F", "12/10/2000 (22 Yrs)", "TEMP002172022072900009", and "California". Below this, there is a row for CASE ID, CATEGORY, CASE CONTRACT, CASE SUBMIT DATE, and SRV AUTH. The first row in this section shows "SUBMITTED" (highlighted with a red box), "230304011", "Inpatient", "CalMHSA", and "01/30/2023". A "CASE SUMMARY" button is also highlighted with a red box. To the right of the case information, there are buttons for "ACTIONS", "COPY", "EXTEND", and "EXPAND ALL". Below the case information, there are several expandable sections: "Consumer Details" (Location: Sample Lane Rose Hawaii), "Provider/Facility" (Requesting: KEPRO TEST HOSPITAL/1111111111, Facility:), "Clinical" (Service Type: 001 - Inpatient Psychiatric, Request Type: Concurrent, Notification Date: 01/30/2023, Notification Time: 01:27 PM), "Questionnaires" (Complete: 1, Incomplete: 1), "Attachments" (Document-1, Letters-0), and "Communications" (Most Recent Note date:). Each section has a blue downward arrow to expand it.





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For additional resources or support please contact Customer Service: (866) 449-2737