



Psychiatric Inpatient Concurrent Review

Atrezzo Report Data
And Definitions Guide

CaIMHSA Report Descriptions

- The Atrezzo definitions provided refer to the built-in reports available within the Atrezzo system.
- These reports can be utilized by both counties and providers, each offering various parameters that enable independent report generation and data exportation. It is important to note that access to these reports is restricted to hospital users designated with the "Admin + Reports" user role.
- For additional resources or support please contact Customer Service: (866) 449-2737 or email CARreviews@acentra.com

CaIMHSA Atrezzo Report	Output	Description
CaIMHSA Appeals Report	Excel	The Appeals Report provides the status and details of appeal cases submitted to Acentra Health. This report provides information surrounding the specified case, appeal submission date, appeal results, completions date, and receipt date to facilitate tracking of the appeals process.
CaIMHSA Billing-Admin Report	Excel	The Billing-Admin Report provides an overview of an individual beneficiary's treatment episode, encompassing the duration of stay (total days), the number of approved days in contrast to denied days, and whether the beneficiary qualifies as a short Doyle or foster youth. Additionally, it details the date on which the Treatment Authorization Request (TAR) was submitted, the associated TAR control number, and specifies whether the TAR was directed to the Fiscal Intermediary (FI) or the County.
CaIMHSA Hospital Census Report	Excel	The Hospital Census Report presents an in-depth analysis of all types of requests, including those that are submitted, approved, pending, denied, and rejected. This report is inclusive of detailed TAR information as well as a summary.
CaIMHSA NOABD Report	Excel	The NOABD Report outlines the status of all denied cases accompanied by a Notice of Action and Benefit Determination (NOABD) letter. The reasons for denial may include, but are not limited to, the failure to submit the TAR within the required 14-day period, determination of medical necessity, or absence of requisite documentation.
CaIMHSA Readmission Report	Excel	The Readmission Report monitors the discharge of beneficiaries from a facility and records instances of readmission to either the same or a different hospital/facility within specified intervals of 30, 60, or 180 days.



Atrezzo Definitions

Data Field	Data Definition
Acentra Case ID	A unique identifier, developed by Atrezzo, assigned to each case for the purpose of tracking and reporting.
Request Line	A specific request line within the Atrezzo Case ID. Each request represents new dates of service (generally another 3 days).
Date Requested	The date on which the authorization or service request was initially submitted.
Acentra Review Date	The date the case was reviewed by Acentra Health (if applicable), indicating a significant checkpoint in case processing.
Clinical Reviewer	The name or identifier of the clinical reviewer assigned to assess the request and determine the appropriateness of the proposed care.
Request Type	The category of the request (e.g., concurrent, retrospective, administrative days) which specifies the nature of the services being requested.
Auth Status	The current status of the authorization request (e.g., pending, approved, denied), reflecting the progression of the approval process.
Outcome Reason	The rationale behind the outcome of the case, typically used to clarify approvals, denials, or other decisions.
NOABD In Case	This indicates whether a Notice of Action Based Denial (NOABD) is present in the case, representing formal communication regarding a denial.
Admission Date	The date on which the beneficiary was admitted for services, marking the start of the service period.
Auth Start Date	The date when the authorization period begins, indicating the initiation of services that have received approval.
Auth End Date	The date when the authorization period concludes, indicating the last permissible date for services under this authorization.
Length of Stay	The total duration, measured in days, of the authorized stay or service period



Atrezzo Definitions

Data Field	Data Definition
Start Date Of Admin Day	The date when the administrative day period began.
Discharge Date	The date on which the beneficiary was discharged from services, marking the end of service provision.
Insurance	The type or provider of insurance covering the beneficiary's services.
Short Doyle	Field indicating whether the service falls under the Short-Doyle program, specific to mental health funding in some states.
Subscriber ID	A unique identifier assigned to the insurance subscriber (e.g., Medicaid ID), which may belong to either the beneficiary or a family member.
AID Code	A code that represents the specific type of aid or assistance category for which the beneficiary qualifies under the insurance program.
Beneficiary First Name	The first name of the beneficiary receiving the service.
Beneficiary Last Name	The last name of the beneficiary receiving the service.
Beneficiary DOB	The date of birth of the beneficiary, which is utilized to verify age and eligibility.
Beneficiary Age	The age of the beneficiary, derived from the DOB for quick reference.
Beneficiary Gender	The gender of the beneficiary as reported on their insurance or identification documents.
Beneficiary Language	The primary language spoken by the beneficiary, relevant for ensuring effective communication and service accessibility.
Beneficiary Ethnicity	The ethnicity of the beneficiary, often collected for the purposes of demographic analysis and service evaluation.



Atrezzo Definitions

Data Field	Data Definition
Beneficiary Address	The physical address of the beneficiary, which is utilized for communication and verification.
Reason For Admission	The primary reason or diagnosis that necessitated the admission of the beneficiary.
Admission Source	The origin from which the beneficiary was referred, categorized as either involuntary or voluntary.
Primary Diagnosis	The principal behavioral diagnosis that prompted the request for services, typically recorded in the ICD format.
Hospital Name	The name of the hospital in which the beneficiary is receiving or has received services.
Hospital NPI	The National Provider Identifier (NPI) of the hospital, which is employed for billing and identification purposes.
County Name	The county in which the beneficiary resides, which is often relevant for determining eligibility and regional reporting.
TAR Sent	The date on which the Treatment Authorization Request (TAR) was dispatched, utilized for tracking processing timelines.
TAR Control Number	A unique identifier for the TAR that is essential for tracking and follow-up regarding authorization requests.
TAR On File	A field indicating whether a TAR is officially recorded and completed, thereby confirming the existence of the formal request documentation.
Messages	Internal or external messages related to the case, used for communication.
Notes	Additional notes or comments relevant to the case, which may include clinical observations or administrative remarks.

