

CALIFORNIA Psychiatric Inpatient Concurrent Review and Authorization

How to Submit a Continued-Stay Authorization Request

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How to Submit a Continued-Stay Authorization Request

The purpose of this guide is to provide step-by-step instructions on How to Submit a Continued-Stay Authorization Request 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

After logging in you will be navigated to the home screen. This page will appear every time you log into Atrezzo. Once an Initial Authorization Request for Concurrent Review has been submitted a Continued-Stay Authorization Request will be needed every 3-days. Requesting additional days can be done using two methods. Method one, selecting Consumers and searching by First Name, Last Name, and DOB or Method two, searching with the unique Case ID number provided at the time of submitting the first Initial Authorization Request for Concurrent Review. *(Please note: Utilizing the Case ID will skip the additional next steps and take you directly into the consumer's case as shown on pg.7.)*

Acentro	Work Queue	Cases	Create Case	Consumers	Setup	Message Center o	Reports	Preferences			Search by #	۹	?	-
Change Context														
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CONTRACT		CASE TYPE	I	CONSUMER	ID	CON	SUMER NAME		DATE OF BIRTH	LAS	TMODIFIED		G	0
No records found.														

Method One – Search by Consumer

Searching by Consumer will prompt you to enter the consumers Last Name, First Name, and DOB or the Consumer ID. Select Search after completing the required fields. Consumer name will then populate in blue. Click on consumer name.

	rial, california					
NSUMERS						RESET
ONSUMER ID	LAST NAME	FIRST NAME (MIN 1ST LETTER)	DATE OF BIRTH			
	Doe	Jane	12/10/2000	曲	SEARCH	
bination of DOB and Last Name	e or Member ID					
						+ ADD TEMPORARY CONSUMER
						+ ADD TEMPORARY CONSUMER
AME 📀 DATE	OF BIRTH ADDRESS		CONSUMER ID		CONTRACT	+ ADD TEMPORARY CONSUMER
AME ⓒ DATE	OF BIRTH ADDRESS		CONSUMER ID TEMP002172023121200007		CONTRACT	+ ADD TEMPORARY CONSUMER CASE COUNT
AME O DATE	OF BIRTH ADDRESS		CONSUMER ID TEMP002172023121200007		CONTRACT California	+ ADD TEMPORARY CONSUMER CASE COUNT 0

Method One – Case Selection

To access all Submitted Requests you will expand the Cases ribbon as shown below. This will provide a summary of submitted cases by your facility with the status of each case and service dates. Select Actions to Extend.

CONSUMER / Test Sample								
CONSUMER NAME								
oonoomer (1) me	DATE OF BIRTH		ADDRESS	COUNTRY	CONSUMER ID			
Test Sample	12/10/2000		Sample Lane	US	TEMP002172022072900009			CREATE CASE >
							(EXPAND ALL 🗸
Consumer Data								~
Cases								
			UM CA	SE (2)				
Submitted Requests	Servic	ing Requests						
Request 🛆 🛛 Status 🚔	Submit Date	Category 会	Discharge Date ᇢ	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 etters available	Actions -
Request 02 Submitted	6/26/2023	Inpatient		Inpatient Psychiatric	6/29/2023 - 7/1/2023	View Procedures	No Copy	
Showing 10 v of 2							Extend Add Additional Cli	Next

Method Two – Consumer Case ID Number

Enter the Case ID number in the search box below from the home page. Searching by the unique Case ID number provided at the time of submitting the first Initial Authorization Request for Concurrent Review will provide quick access to the consumer's case.

Acentra	Work Queue	Cases	Create Case	Consumers	Setup	Message Ce	enter o	Reports	Preferences			Search by #	Q	?	•
Change Context															
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HOME						WOR	RK-IN-PROGE	RESS		NOT SUBMITTED	SUBMIT	TED			
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Request Saved	But Not Submitted	1													
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No records found.															
														-	

Method Two – Consumer Case ID Number

After searching for the consumer by the Case ID number, you will be directed to the Consumer Case Summary page. You will now have the option to Extend. A pop-up notification will appear to confirm if you would like to extend this request, select Yes to continue.

						Information	x
Acentra Cases	Create Case C	onsumers Mes	ssage Center o	Reports	St	Do you want to extend this re	cord?
Change Context KEPRO TEST HOSPIT	TAL, California						
CONSUMER NAME GENDER	DATE OF BIRTH MEN 12/10/2000 (22 Yrs) TEM	IBER ID	CONTRACT			NO	YES
CASE ID CATEG							
SUBMITTED 230114781 Inpatie	ent CalMHSA 01/	11/2023	Aom				
UM-INPATIENT		C/	ASE SUMMARY	ACTIONS -	COPY	EXPAND ALL V	
Consumer Details					Location: Sample Lane Rose Hawa	i; 🗸	
Provider/Facility	2 💼 🎄		Requesting	: KEPRO TEST HOSPITAL/111111111	Facility : Los Angeles County	~	
Clinical		3		Service Type : 001 - Inpatient Psychiatric Request Type : Retrospective	Notification Date : 01/11/2023 Notification Time : 02:38 PM	~	
Questionnaires					Complete: 2, Incomplete: 2	\sim	
Attachments	Document-1				Letters- 0	~	
Communications					Most Recent Note date:	~	

Extend a Continued Stay Request

When selecting Extend, all previously submitted information will be autosaved and prefilled. You will only be required to work 3 tabs to complete a request for additional days: **Clinical, Questionnaires, and Attachments**. Select the blue arrow to expand these next sections.

Acentra	Home	Cases	Create Case	Consumers	Setup	Message Center 1	Reports	Preferences		Search by #	٩	?	2
Change Context KEPR	D TEST HOSPI	TAL, California											
CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID		CONTRACT								
TEST SAMPLE	F	12/10/2000 (22 Yr	s) TEMP002172	022072900009	California								
C	ASE ID CA	TEGORY CASE CO	NTRACTCASE SU	BMIT DATE SRV	AUTH								~
UN-SUBMITTED	230304011 In	patient CalMHS	A 01/30/20	23									_
UM-INPATIENT					CASE SUMM/	ARY			ACTIONS		Expand All 💊		
Consumer De	etails								Location: Sample Lane Rose Hawaii;		~		
Provider/Faci	lity		i da			Requesting : KEPRO TEST	HOSPITAL/11111	11111	Facility : Los Angeles County	_	\sim	_	
Clinical						Service T Request	ype : 001 - Inpati Type : Concurren	ent Psychiatric t	Notification Date : 01/30/2023 Notification Time : 02:37 PM		~		
Questionnaire	es								Complete: 1, Incomplete: 1		\sim		
Attachments		1₽	Document-1						Letters- 0	L	\sim		
Communicati	ons								Most Recent Note date:		~		
I understand that p	precertification	does not guarantee	payment. I understa	nd that precertific	ation only identifi	es medical necessity and do	es not identify be	nefits.					_
< CANCEL REG	QUEST										SUBN	ЛІТ)

Clinical (Request/Review)

Clinical – When expanding the clinical tab, you will navigate to Procedure (Request/Review) directly below diagnosis. You will then locate your next un-submitted request where you will enter the Requested End Date. The Atrezzo system will pre-fill the Requested Start Date and the duration will be 3 for concurrent review.

Ac	Home	Cases	Create Case	Consumers	Setup	Message Center 1	Reports	Preferences			Search by #	Q	@ 4
Change (Clinical	TAL, California										^	
	Service Details						Service Type	: 001 - Inpatient Psychiatri	c Request Type : Concurrent			~	
	Diagnosis		Mental Disorder N Changes to these	los diagnosis will alter di	agnosis codes	o for all requests on this case.						~	
l	Procedures(Request/Revie	ew)	For the selected so will update the req	ervices type, procedu juest for you.	re codes canr	not be added on an extension.	If additional proc	edure codes need to be ad	ded to this request, please use Communications –	Notes section to provide those details and F	íepro staff	^	
	Request 01: Reviewed: 1							Submitted		СОРҮ		~	
	Request 02							Un-Submitted		СОРҮ		^	
	REQUEST TYPE *		FIPS CODE			NOTIFICATION DATE *		NOTIFICATION TI	ME ·				
	Concurrent		~			01/30/2023		2:43 PM	Q				
	LOS			Un-Sub	mitted				01/03/2023 - 01/05/2023			^	
	UNIT QUALIFIER												
	Select One		~										
	REQUESTED START DATE *		REQUESTED END	DATE *	**	REQUESTED DURATION *		REQUESTED RATE					
	01/03/2023	E	01/05/2023			3		\$					

Questionnaires

Requesting additional days will require a Continued Stay Review questionnaire to be completed. To do so you will select the Continued Stay Review questionnaire highlighted in blue. This will then open a new page to fill and complete.

	Home	Cases Cr	reate Case Consumers	Setup	Message Center 1	Reports Preferences	Search	by# Q 🕐 💄
hange Context	KEPRO TEST HOSPIT/	AL, California						
E [*] Ques	tionnaires							^
QUESTI	ONNAIRE							
ASSESSM	ENT INFORMATION			CREATER	INFORMATION	COMPLETED INFO	RMATION	ACTION
REQUEST	ID	NAME	TYPE	BY	ON	⊖ BY	ON	DELETE
R02	8866601	 Continued State Review 	y Prior Authorization	Kepro	01/30/2023 02:35:49 PM			
R01	8864604	Social Determinants of Health	Checklist	Kepro	01/30/2023 12:44:54 PM			
R01	8864602	 Admission 	Prior Authorization	Kepro	01/30/2023 12:44:51 PM	Kepro Training Acco	ount 01/30/2023 01:18:00 PM	
Displaying re	cords 1 to 3 of 3 records							Previous 1 Next Show 10 V Entries

Questionnaires

There will be two sections to complete: **Clinical Impression** and **Coordination of Discharge and Aftercare Plan**. Once both sections are completed, a green check mark will appear. This will allow you to select MARK AS COMPLETE as outlined in red below.

Home Cases Create Ca	ise Consumers Setup	Message Center 1	Reports	Preferences	Search by # C	•	:
Change Context KEPRO TEST HOSPITAL, California							
Case 230304011 Test Sample (F) CalMHSA TEMI 12/10/2000 (22 Yrs) UM Memi	P002172022072900009 Create Question ber ID	nnaire / Continued Stay Review	V				
Continued Stay Review						8	}
Clinical Impression	1 . Please discuss the beneficiary	's current presentation, symp	toms, and beha	aviors (frequency, intensity and dura	tion) that support an inpatient level of care	*	
Coordniation of Discharge and Aftercare Plan	This is a preview of the Continue	ed Stay Review.				*	
						*	
	2 . Please discuss any co-occurrin disorders): *	ng factors that are contributin	g to the benefic	ciary's psychiatric condition (e.g., ch	ronic medical conditions and/or substance	use	
	This is a preview of the Continue	ed Stay Review.				*	
	3. Could the beneficiary be safely	treated at a lower level of ca	are with crisis re	esidential treatment services or psyc	hiatric health facility services for this acute	10	
< RETURN TO CASE				⊘Autosaved	NEXT > MARK AS COM	plete >	3

Attachments

Attachments – To add additional supporting documentation, you can click on Actions at the very top of the case page. Select **Add Additional Clinical Information**. Please note only one signed progress note for each day will be required. If additional information is needed to support medical necessity, communication will be sent through the Atrezzo portal and found in the messaging center.

Acentra Home	Cases Create Case	Consumers	Setup Me	essage Center o	Reports	Preferences		Search by	# Q	?
Change Context KEPRO TEST HOSPITAL, C	alifornia									
CONSUMER NAME GENDER DATI TEST SAMPLE F 12/10	OF BIRTH MEMBER ID /2000 (23 Yrs) TEMP002172(CC 022072900009 Ca	ONTRACT alMHSA							
CASE ID CATEGO	RYCASE CONTRACT CASE SU	BMIT DATE SRV AU	JTH							
UN-SUBMITTED 231772191 Inpatient	CalMHSA 06/26/20	23								
UM-INPATIENT				CASE SUMMARY				ACTIONS	EXPAND AL	L V
Consumer Details							Location: Sample Lane Rose Hawaii;	Add Additional Clinical	\sim	
Provider/Facility	8 📠 🖏			Re	questing : KEPR	O TEST HOSPITAL/111111111	Facility : Sacramento County/11117026014	Reconsideration	\sim	
Clinical)				Service Type : 001 - Inpatient Psychiatric Request Type : Concurrent	Notification Date : 12/22/2023 Notification Time : 05:20 PM	Request Authorization Revision	~	
C Questionnaires										

Attachments (Uploading Additional Documentation)

A dialogue box to select a **Request** will appear, you will select the most recent request then click next. 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**. Repeat this process to upload additional documentation.

Add Additional Clinical Information	Add Additional Clinical Information
REQUEST .	Case 231772191 Request 01 I2/10/2000 CaIMHSA Inpatient
Select One R01 R02 CANCEL NEXT	Note Allowed File Types: doc, docx, jpg, jpeg, pdf, tif, tiff, xls, xlsx, xps. Document Type Select One Physician Order PreTar Progress Notes Psychiatric Evaluation and/or Initial Plan of Care (MD Signed Required) TAR Completed by Kepro TAR Form

Communication / Submit

Once Clinical and Supporting Documentation have been completed, you may leave a note or message within the request. If communication is not needed at this time, you may continue to submit your request. **READ** and **CHECK** the box confirming the disclaimer then click **SUBMIT**.

4		Home	Cases	Create Case	Consumers	Setup	Message Center 1	Reports	Preferences		Search by #	۹	?	2
Char	ge Context KEPRO	TEST HOSP	ITAL, California											
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(UN-SUBMITTED 2	SEID CA	ATEGORY CASE CO npatient CalMHS	A 01/30/20	JBMIT DATE SRV	AUTH								
	UM-INPATIENT					CASE SUMM	IARY			ACTIONS		EXPAND ALL	~	-
	Consumer Det	ails								Location: Sample Lane Rose Hawaii;		~		
	Provider/Facili	ty	8				Requesting : KEPRO TES	ST HOSPITAL/11111	11111	Facility : Los Angeles County		~		
	Clinical	\checkmark					Servic	e Type : 001 - Inpati est Type : Concurren	ent Psychiatric It	Notification Date : 01/30/2023 Notification Time : 02:37 PM		~		
	Questionnaire:									Complete: 1, Incomplete: 1		~		
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E	□ I understand that pr	ecertification	does not guarantee	payment. I underst	and that precertific	ation only identit	fies medical necessity and	does not identify be	enefits.					
	< CANCEL REQ	UEST										SUB	МІТ	

Submitted Request

You have successfully extended a Continued Stay Authorization Request. After successfully extending your current request, you may review or save a preview of this request by selecting Case Summary. As a reminder extensions need to be completed concurrently every 72-hours until patient has discharged.

Acentra	Home Cases	Create Case	Consumers	Setup	Message Center 0	Reports	Preferences		Search by #	Q	@ 🖁
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Consumer Details						_		Location: Sample Lane Rose Hawaii;		\mathbf{v}	
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Clinical			Ŵ				Service Type : 001 - Inpatient Psychiatric	Notification Date : 12/22/2023		\mathbf{v}	
			He				Request Type : Concurrent	Notification Time : 05:38 PM		•	
Questionnaires								Complete: 2, Incomplete: 2		\sim	
Attachments		Docu	ment-2					Letters- 0		\mathbf{v}	
Communications								Most Recent Note date:12/07/2023			
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Accelerating Better Outcomes HEALTH

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