



CALIFORNIA

# Psychiatric Inpatient Concurrent Review and Authorization

How to Submit an Initial Authorization  
Request for Concurrent Review

# How to Submit an Initial Authorization Request for Concurrent Review

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The purpose of this guide is to provide step-by-step instructions on How to Submit an Initial Authorization Request for Concurrent 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 Concurrent Review Request, you will select **Create Case**.

The screenshot displays the Atrezzo Health user interface. The top navigation bar includes the following items: 'Acentra HEALTH' logo, '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, a table header is visible with columns: 'CONTRACT', 'CASE TYPE', 'CONSUMER ID', 'CONSUMER NAME', 'DATE OF BIRTH', and 'LAST MODIFIED'. The table content area below the header displays '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**. (**Please Note:** A New Case must be created for every new Admission.)

The screenshot shows a web application interface for creating a new UM case. At the top, there is a header bar with 'Change Context' and 'KEPRO TEST HOSPITAL, California'. Below this is a summary row for 'New UM Case' with fields for 'KEPRO TEST HOSPITAL', 'CaIMHSA', and 'Requesting Provider'. The main content area is divided into two steps: 'Step 1 Case Parameters' (active) and 'Step 2 Consumer Information'. Under 'Case Parameters / Choose Request Type', there are two required fields: 'Case Type' with a radio button selected for 'UM', and 'Case Contract' with a dropdown menu showing 'CaIMHSA'. To the right, 'Request Type' has a radio button selected for 'Inpatient'. At the bottom left is a 'Cancel' button, and at the bottom right is a 'Go To Consumer Information' button, which is highlighted with a red box and a red arrow pointing to it from the left.



# 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 CaIMHSA -  
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.



# 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 CaMHSA Test Sample (F)  
Requesting Provider Inpatient 12/10/2000

Step 1  Step 2   
Case Parameters 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	<a href="#">View Procedures</a>	No letters available	<a href="#">Actions</a>
Request 02	Submitted	6/26/2023	Inpatient		Inpatient Psychiatric	6/29/2023 - 7/1/2023	<a href="#">View Procedures</a>	No letters available	<a href="#">Actions</a>

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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

San Bernardino ← Select One

COUNTRY

Canada  United States

STATE/PROVINCE COUNTY CITY POSTAL CODE

Select One Select One Search

Search Results

Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
San Bernardino County	County	County					San Bernardino	Choose

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Cancel **Go to Service Details**



# 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**.

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

Service Details/ Enter Service Details

Admission Source Admit Date \* Place Of Service Service Type \*

Voluntary x 05/02/2024 Inpatient Psychiatric Facility x 001 - Inpatient Psychiatric

Add a Note Cancel **Go to Diagnoses**



# 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.**

The screenshot displays the 'New UM Case' interface. At the top, the case details are shown: 'KEPRO TEST HOSPITAL' (Requesting Provider), 'CalMHSA Inpatient', and 'Test Sample (F) 12/10/2000'. The navigation bar includes steps from 2 to 10, with 'Step 5 Diagnoses' currently active. Below the navigation, the 'Diagnosis/Add Diagnosis' section features a 'Code Type' dropdown set to 'ICD10' and a search input field with the placeholder text 'Search' and 'Select a Diagnosis Code'. A table below shows a single diagnosis entry with columns for Order Rank, Code, Description, Source, Created By, and Deactivate. The entry has an order rank of 1, code 'F99', and description 'MENTAL DISORDER NOS'. At the bottom right, a red arrow points to a 'Go to Requests' button, which is highlighted with a red box.

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



# Step 6: Request Type

A Request Type will need to be selected. When submitting an Initial Authorization for Concurrent Review you will select Concurrent. A FIPS Code will not be required. 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 Requesting Provider CaIMHSA 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

Requests/Request Details

Request Type \*  
Concurrent  
Administrative Days  
Concurrent  
PHF Admin  
Retrospective  
Subacute Days

FIPS Code

Notification Date \* 12/12/2023

Notification Time \* 12:24 PM

Cancel Go to Procedures



# Step 6: Request Length of Stay

For Inpatient Authorizations, the only fields required are the **Requested Start Date** and **Requested End Date**. When submitting a **Concurrent Review Authorization**, the number of days requested are a max of 3 days. The Atrezzo portal will calculate the Requested Duration. **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 (Requesting Provider) | CalMHSA (Inpatient) | Test Sample (F) (12/10/2000). The progress bar indicates that Step 6, 'Requests', is the current step, with previous steps (Consumer Information, Additional Providers, Service Details, Diagnoses) completed. The 'Requests/Request 01/Procedures' section includes a 'Code Type' dropdown set to 'CPT' and a search field. A summary card for 'Request 01' shows it is 'Un-Submitted' (1/0) with a 'LOS (Un-Submitted)' of '10/20/2023 - 10/22/2023'. The 'LOS Length of Stay' section 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' (10/22/2023), and 'Requested Duration' (3). Below this is the 'Rates' section with a 'Requested Rate' field set to '\$'. At the bottom right, a 'Go to Questionnaires' button is highlighted with a red box, with a red 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 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

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	<a href="#">Open</a>
R01	11878838	Prior Authorization	* Admission	Kepro	12/11/2023 05:14:24 PM			0	<a href="#">Open</a>
R01	11878842	Prior Authorization	Continued Stay Review	Kepro	12/11/2023 05:14:24 PM			0	<a href="#">Open</a>
R01	11878840	Checklist	Social Determinants of Health	Kepro	12/11/2023 05:14:24 PM			0	<a href="#">Open</a>

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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	<a href="#">Open</a>
R01	11885946	Prior Authorization	* Admission	Kepro	12/12/2023 10:07:08 AM	Kepro Training Account	12/12/2023 10:07:30 AM	0	<a href="#">View</a>
R01	11885951	Prior Authorization	Continued Stay Review	Kepro	12/12/2023 10:07:10 AM			0	<a href="#">Open</a>
R01	11885949	Checklist	Social Determinants of Health	Kepro	12/12/2023 10:07:09 AM			0	<a href="#">Open</a>

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[Add a Note](#) [Jump to Submit](#) [Go to Attachments](#)



# Step 8: Attachments

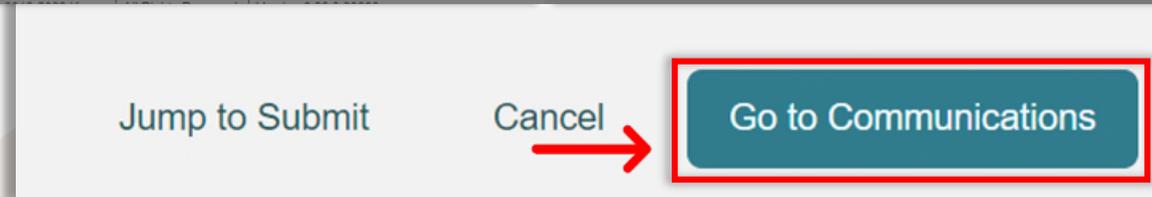
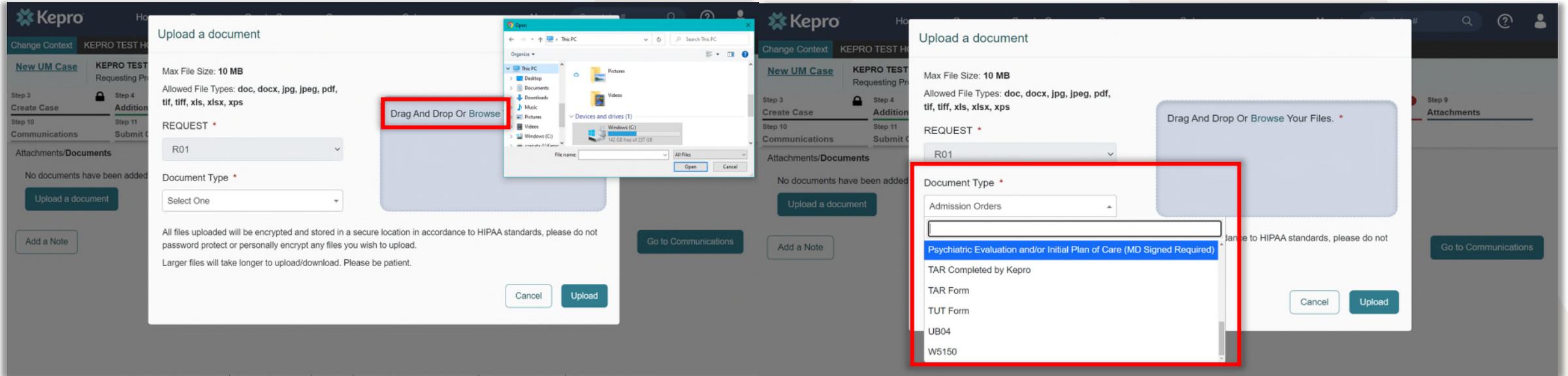
For **Concurrent Review Authorization** the 24-hour Notice of Admission documents are required prior to submitting a case. To upload supporting documentation, click **Upload a Document**. (*For Reference: A list of required documentation is provided on page 21.*)

The screenshot displays a web application interface for a case management system. At the top, there is a header with 'Change Context' and 'KEPRO TEST HOSPITAL, California'. Below this, a navigation bar shows the current case details: 'New UM Case', 'KEPRO TEST HOSPITAL', 'CalMHSA', and 'Test Sample (F)'. A progress bar indicates the current step is 'Step 8 Attachments', with previous steps (Step 2 to Step 7) marked as complete with green checkmarks. The main content area is titled 'Attachments/Documents' and contains the text 'No documents have been added yet.' A blue button labeled 'Upload a document' is highlighted with a red rectangular box, and a red arrow points to it from the right. At the bottom of the interface, there are three buttons: 'Add a Note', 'Jump to Submit', and '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**.



# Concurrent Review Authorization Requirements

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**First Initial Request:** (*Notification within 24 hours of admission and every 72 hours after admission*) for beneficiaries meeting medical necessity for Inpatient Submission.

24 Hour NOA (Notice of Admission) Required Documentation:

- Face Sheet
- Medi-Cal Verification (*If applicable to patient*)
- Admission Orders (*Physician signed*)
- Psychiatric Evaluation (*Physician signed*)
- Legal Documents: W5150, Voluntary Paperwork, Conservatorship Paperwork, Presumptive Transfer Paperwork, JV 220A (*If applicable to patient*)

**References:** BHIN 22-017; 42 C.F.R., § 438.910(b)(1), 42 C.F.R., § 438.910(d)(1); Welf. & Inst. Code, § 14197.1(a) 16 42 C.F.R., § 438.920(b)(1); MHP Contract, Ex. A, Att. 12; 42 CFR, § 438.210(b)(2)(i-ii); 42 C.F.R., § 438.10(g)(2)(iv); Health & Saf. Code, §§ 1367.01(i), 1371.4(a); 42 CFR § 456.170; 42 CFR § 456.180; 42 CFR § 441.155; Health & Saf. Code, §1367.01(h)(2); Health & Saf. Code, § 1367.01(h)(3); 42 C.F.R. § 438.210(b)(3); Welf. & Inst. Code 14197.1; Health & Saf. Code, § 1367.01(e); Welf. & Inst. Code 14197.1; Health & Saf. Code, § 1367.01(h)(4); 42 C.F.R. § 438.404(c), 42 C.F.R. § 431.213(c); See generally 42 C.F.R., §§ 438.210(c), 438.404; MHSUDS IN 18-010E; 42 C.F.R., § 438.402(c)(1)(ii); Cal. Code Regs., tit. 9, § 1820.230(d)(2); Welf. & Inst. Code, §§ 14184.402, 14184.102 and 14184.400.



# 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**.

The image shows a screenshot of a web application interface. On the left, a sidebar menu is visible with the following items: 'Change Context' (selected), 'KEPRO TEST HOSPITAL, California', 'New UM Case', 'KEPRO TEST HOSPITAL', 'Requesting Provider', 'Step 2', 'Consumer Information', 'Step 3', 'Additional Providers', and 'Communications/Notes'. Below the sidebar, a button labeled 'Add a Note' is highlighted with a red box. In the center, a modal dialog box titled 'Add a Note' is open. It contains a 'Note Type' dropdown menu with 'External' selected, a text area with the text 'Example Note: Admit Date 12/10. Please see notice of admission documentation for concurrent review.', and a note at the bottom stating 'Notes cannot be modified or deleted after being saved.' At the bottom right of the dialog are 'Cancel' and 'Add Note' buttons, with the 'Add Note' button highlighted by a red box. On the right side of the main interface, a button labeled 'Go to Submit' is highlighted with a red box, and a red arrow points to it from the left.

# 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.

A 'Disclaimer' modal is overlaid on the right side, 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 text are 'Cancel' and 'Agree' buttons. A red box highlights the 'Submit' button at the bottom center of the interface, with a red arrow pointing to it from the right.



# Submitted Request – Concurrent Review Process Begins

The Initial Authorization Request for Concurrent Review has now been **Submitted**. A Continued-Stay Authorization Request will be needed every 3 days (72-hours) thereafter for the duration of the treatment episode. 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. [For next steps please see How to Submit a Continued-Stay Authorization Request.](#)

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 (with a notification count of 1), Reports, and Preferences. A search bar labeled 'Search by #' is highlighted with a red box. Below the navigation bar, there is a 'Change Context' button. The main content area shows a table of consumer information. The first row is highlighted, and a 'SUBMITTED' status label is shown next to the 'CASE ID' field (230304011). A 'CASE SUMMARY' button is also highlighted with a red box. Below the table, there are several expandable sections: Consumer Details, Provider/Facility, Clinical, Questionnaires, Attachments, and Communications. Each section has a dropdown arrow on the right side.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
TEST SAMPLE	F	12/10/2000 (22 Yrs)	TEMP002172022072900009	California
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
SUBMITTED 230304011	Inpatient	CalMHSA	01/30/2023	

UM-INPATIENT

**CASE SUMMARY** ACTIONS COPY EXTEND EXPAND ALL

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

Communications Most Recent Note date:



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Better Outcomes

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