

1. **How would a provider categorize ARTs service authorization?**
 - a. ALL ARTs registration and service authorization requests should be categorized under "Outpatient" in the ATREZZO system.
2. **Where can providers find the Behavioral Health and ARTs service types?**
 - a. Providers can find Behavioral Health services at: [BH Service Types](#)
 - b. Providers can find ARTs service types at: [ARTS Service Type](#)
3. **Will there be a different portal for psychiatric versus acute submissions?**
 - a. All service authorization and registrations will be submitted through ATREZZO.
4. **Is there a difference between DMAS and Expansion?**
 - a. Yes, DMAS is for FFS clients and Expansion is for Medicaid Expansion clients. This is based on member eligibility.
5. **Is PHP (Partial Hospitalization Program) considered Inpatient or Outpatient?**
 - a. Yes, PHP will be submitted using the Outpatient option.
6. **Which case contract would be selected for RTC?**
 - a. Case contracts are determined by the member eligibility.
7. **What is the difference between an initial and admission?**
 - a. There is no difference in how this will be processed. You may choose initial for your "initial requests."
8. **What ARTS benefits are available for incarcerated individuals with DOC coverage?**
 - a. Individuals with limited Medicaid benefits during incarceration are eligible for inpatient hospitalization coverage only. This includes stays on inpatient psychiatric units too. Providers can also visit our website for DMAS' update on what services are covered: <https://dmas.kepro.com/>
9. **How will providers submit transition authorizations for clients who are changing from MCO to Acentra Health?**
 - a. As of November 1, providers will submit their request into ATREZZO and attach all supporting documents to include a copy of the current authorization from the previous MCO.
10. **Will new IACCT Inquiry requests be submitted via the ATREZZO portal?**
 - a. No, the IACCT Inquiry will be submitted via our website effective 11/1/2023. More information will be posted on our website in the coming days.
11. **How would a provider submit a continued Mental Health Case Management request?**
 - a. Please submit an 'Extension' request if there has not been a gap in service authorizations.
12. **Who do Providers contact for disposition dates for retro coverage?**
 - a. The disposition date for a member's eligibility can be found in VaMMIS on the eligibility screen.
13. **Will the providers receive a copy of the required questionnaires for each service available?**
 - a. Questionnaires are not available outside of ATREZZO, however; the clinical requirements have not changed. The same requirements and information you have submitted to Magellan will be needed for Acentra Health. Also, please refer to the applicable DMAS Provider Manual regarding Admission, Continued Stay, and Discharge Criteria.
14. **Will modifiers with procedure codes be required for pre-authorizations?**
 - a. The system will alert the provider if the modifiers are required.

- ~~15. Can a provider manually modify the duration of a service if the dates auto-populate incorrectly?~~
- a. Yes, the provider can manually modify the service's end date, but the duration will always populate correct.
16. Will providers submit MH and SUD Case management registrations, H0023 and H0006 in the Atrezzo portal?
- a. Yes, MH and SUD case management registrations will be submitted using ATREZZO. Providers can also visit our website for DMAS' update on what services are covered: <https://dmas.kepro.com/>
17. When choosing the diagnosis codes, how would a provider change a code to become the primary code if you have more than one?
- a. The first code entered will be the primary code. Providers can also drag the diagnosis into space.
18. How would provider submit ABA authorizations?
- a. Service authorizations for ABA should be submitted using "Outpatient."
19. Will providers who service IDD Waiver client continue to submit authorization in WaMS?
- a. Acentra Health will only process Medicaid FFS clients, ATREZZO will not take the place of WaMS.
20. Will provider need to submit requests 14 days before expiration date?
- a. Service requests are based on guidelines in the provider manual. Service deadlines differ based on the requested service.
21. When is it necessary to use the extension process?
- a. A provider can request an extension when they want to extend the authorization.
22. What frequency should be requested when submitting and authorization for TFC (Treatment Foster Care) and what is needed for a continued stay?
- a. Please refer to the applicable DMAS Provider Manual for information related to service frequency and utilization. Please note that guidelines may vary depending on the specific service in question.
23. Would a peer to peer be the same as a reconsideration for treatment foster care?
- a. No, a peer-to-peer process and a reconsideration for treatment foster care are not the same thing.
24. Will we be using this system for submissions for Functional Family therapy?
- a. Yes. Providers can also visit our website for DMAS' update on what services are covered: <https://dmas.kepro.com/>
25. When should a provider complete an extension vs. copy request for programs such as the IACCT?
- a. Providers can copy new requests and get a new case ID or request an extension and maintain the same case ID. In this option, the case copies over with the end date as new start date.
26. How will a case that is pending IACCT completion on 11/1 be managed?
- a. Acentra Health and Magellan have a transition of care plan in process (Clinical Rounds, Shared Documents and Trackers) for youth going through the IACCT Process.