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# **Service Authorization Process for Inpatient Services (Revised 7-7-2023)**



# Meet Our Company



With over six decades of combined experience, CNSI and Acentra Health have **come together to become:**

**Our purpose** is to accelerate better health outcomes through quality healthcare

**Our vision** is to be the vital partner for healthcare solutions in the public sector

**Our mission** is to continually innovate solutions that deliver maximum value and impact to those we serve



# Acentra Health Overview



### Founded

Acentra Health was formed following the merger of CNSI and Acentra Health



### Employees

Skilled clinicians, technology experts, and industry leaders



### States

Serve 45 state agencies and 5 federal agencies

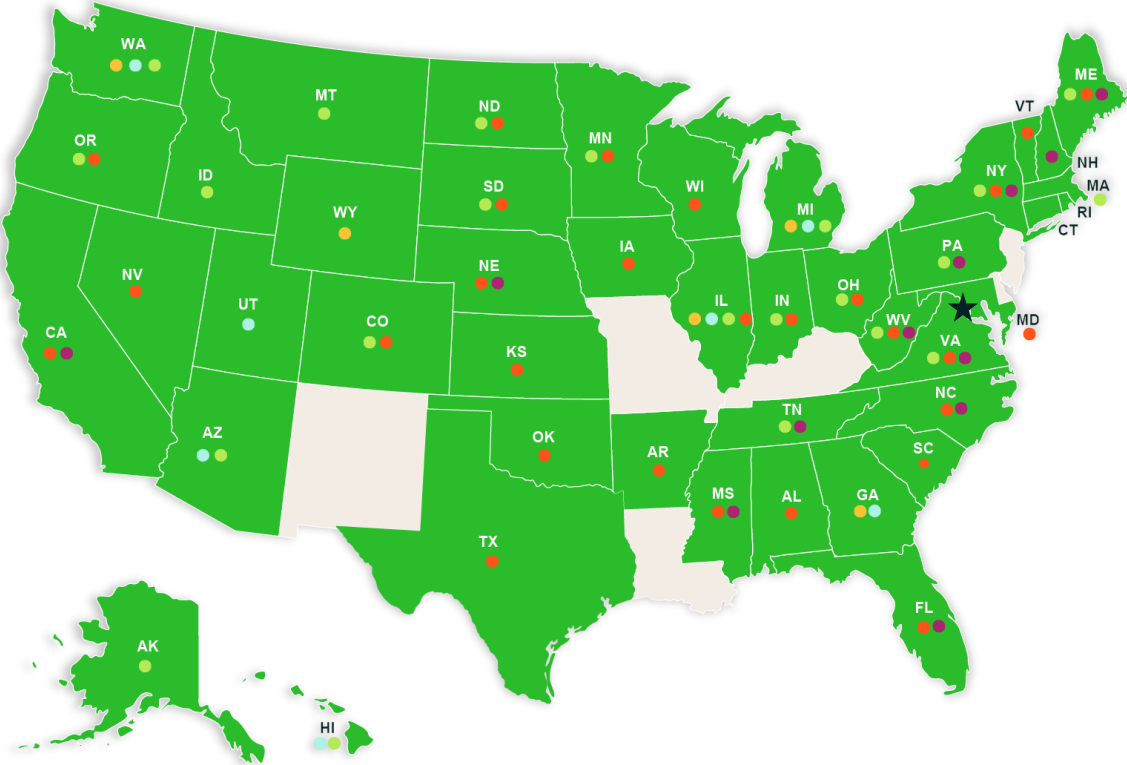


### Locations

Headquartered in McLean, VA with 32 total company locations nationwide and a location in India

★ U.S. federal agencies we are partnered with:

- Centers for Medicare & Medicaid Services
- Department of Health & Human Services
- Department of Health Resources & Services Administration
- Department of Labor
- Department of Veterans Affairs



- STATE CLIENTS
- PROVIDER
- CARE MANAGEMENT
- CORE CLAIMS
- QUALITY OVERSIGHT
- ASSESSMENTS & CLINICAL ELIGIBILITY



# Addressing Industry Challenges



## **Rising Health Costs**

attributed to the aging population, chronic disease, antiquated systems, and rising administrative and service costs

## **Lack of Data Sharing**

and transparency within the industry that affects individuals, care plans, and health outcomes

## **Fragmented Care**

is a barrier to true, whole-person integrated care

## **Health Inequity**

impact on individuals when socioeconomic factors are not considered in patient care plans



# Provider Manual/Medicaid Memorandums

- DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS Web Portal at <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/>.
- This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda.
- The Internet is the most efficient means to receive and review current provider information.
- If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting: Direct Mail Works at 1-804-303-1442. A fee will be charged for the printing and mailing of the manual updates that are requested.



# Resources For Submitting Service Authorization

- Acentra Health Website: <https://dmas.kepro.com>
- DMAS Web portal: <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal>.
- For any questions regarding the submission of Service Authorization requests please contact Acentra Health at 888-827-2884 or 804-622-8900.



# Emergency Medicaid Service Authorization Requirement

## Effective March 13, 2023

Acentra will begin reviewing inpatient hospital requests for nonresident alien emergency inpatient admissions when the member is in the following aid categories designated for non-resident aliens who require emergency services:

- Aid Category 112 Expansion population/Modified adjusted gross income (MAGI) Adults
- Aid Category 113 Non-MAGI/ABD/Children

Inpatient hospital providers are to submit in Atrezzo, using service type 0400. Acentra will review the request for emergency hospital admissions. Since inpatient hospital requests are only for emergency services for this population, qualifying admissions must be preceded by treatment and transfer from an Emergency Department (ED) with appropriate physician certification for inpatient services.

For admissions prior to July 1, 2022, providers are to reference the Physician/Practitioners Manual and the Hospital Manual, Chapters 4, in both manuals. For admissions on and after July 1, 2022, providers must refer to the Emergency Medicaid Non-Resident Alien Supplement



# GAP and Service Authorization

The Governor's Access Plan (GAP) for medical and behavioral health services is restricted to Virginia adults (ages 21 through 64) who have a serious mental illness. The GAP benefit plan includes limited medical coverage where some of these services require service authorization through Acentra. Service authorization is required for the following

Traditional medical services:

- Non-emergent, outpatient Magnetic Resonance Imaging (MRI scan)\*
- Non-emergent, outpatient Computerized Axial Tomography (CAT scan)\*
- Durable Medical Equipment: limited to overage Diabetic Supplies only
- Surgical Procedures (specific procedure codes only)
- Medical Device Services/Maintenance (specific procedure/HCPCS codes only)

\*Only services performed in outpatient facility settings. All other services are limited to physician offices only. Physician office includes Health Department Clinics, Rural Health Clinics (RHC), and Federally Qualified Health Clinics (FQHC).





# INPATIENT SERVICES

- The only inpatient service type requiring Atrezzo portal submission is Inpatient Acute Hospital (service type 0400). For detailed information refer to the June 15, 2015, DMAS memo. [DMAS Memo](#)
- INPATIENT ACUTE-MEDICAL - SURGICAL SRV AUTH SERVICE TYPE 0400. Acentra Health will accept requests through direct data entry (DDE) only through Atrezzo Next Generation.
- INPATIENT REHABILITATION - SRV AUTH TYPE 0200. Acentra Health will accept requests through DDE, fax, and telephone.



# Service Authorization Requests: General Information Inpatient Admissions (0400,0200)

- On admission to Inpatient Acute Services, the member must meet criteria for inpatient hospitalization and have a treatment plan in place that requires an inpatient level of care.
- All admissions must be submitted within 1 business day of the admission. A business day is defined as 12:00 am – 11:59 pm, Monday – Friday, with the exception of State recognized holidays.
- Medicaid defines “observation beds” as outpatient services and does not require service authorization.
- To initiate service authorization of the admission, the provider must provide: member’s name, identification number; admission diagnosis and ICD-10 diagnosis code(s), the medical indication for hospitalization; and the plan of care.
- Acentra Health will apply Change Healthcare InterQual® ISD criteria. Service authorization is required for the initial admission to Inpatient acute medical/surgical services. Intensive rehabilitation admissions require service authorization for the initial admission and continued length of stay.



# Service Authorization Requests: General Information Inpatient Admissions (0400,0200)(continued)

- Retrospective review will be performed when a provider is notified of a patient's retroactive eligibility for Virginia Medicaid coverage. Prior to billing Medicaid, the provider must have a Service Authorization.
- Acentra Health will not accept reviews for members who have Medicare Part A. If Medicare denies the requested stay and/or if the Medicare benefits are exhausted, the provider must submit a Service Authorization request for retrospective review.



# Service Authorization Requests: Specific Information for Inpatient Med/Surgical Admissions (0400)

- For Organ Transplants, Gastric Bypass Surgery, Cosmetic Procedures including Breast Reduction, the procedure must be authorized in addition to the inpatient hospital admission.
- Admissions require service authorization by Acentra Health.
- Acentra Health will provide a service authorization number for the admission date. Under the DRG reimbursement methodology, no continued stay reviews will be conducted for members receiving general acute medical/surgical services.
- For those members who do not meet Change Healthcare InterQual criteria on admission but do meet the criteria later in the hospitalization, the Provider must request service authorization within one business day of the patient's meeting the criteria.
- Service Authorization is not required for normal maternity/newborn inpatient care. This includes normal vaginal deliveries with a length of stay less than or equal to three days from the date of admission.



# Service Authorization Requests: Specific Information for Inpatient Med/Surgical Admissions (0400)

- Caesarian section deliveries, with a length of stay less than or equal to five days from the date of admission; and newborns who are in the normal nursery with a length of stay less than or equal to five days from the infant's date of birth.
- Service authorization will be required for the entire newborn stay if the infant is in any other nursery setting for any part of the stay.
- Acentra Health must authorize maternity and newborn stays which do not fall within these parameters, and the service authorization must be on file with DMAS prior to billing for the stay.
- Certain procedures done as outpatient do require service authorization if the patient is subsequently admitted to the hospital due to postoperative complications, the provider must obtain authorization within 1 business day of Inpatient admission.



# Service Authorization Information Specific Information for Intensive Rehab Admissions (0200)

- All new requests for Service Authorization must be received through Acentra within 72 hours of admission. All requests received after 72 hours of admission will be denied untimely up to the date the request is received. The request may be approved starting with the date the request was received should the member continue to meet medical necessity. The review analyst will assign an initial length of stay.
- If services are to extend beyond the authorized length of stay, the provider must submit additional clinical to Acentra prior to the end date of the existing authorization in order to ensure timely submittal.
- For initial and continued stay denials, providers must continue to submit clinical information for the remainder of the stay in order to remain timely.



# Out-of-State Service Authorization Requests: Specific Information for Intensive Rehab (0200)

• Out-of-state providers need to determine and document evidence that one of the following items is met at the time the service authorization request is submitted to the service authorization contractor:

1. The medical services must be needed because of a medical emergency.
2. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;
3. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;
4. It is the general practice for recipients in a particular locality to use medical resources in another state.

• Authorization requests for certain services can also be submitted by out-of-state facilities. Refer to the Out-of-State Request Policy and Procedure on Pages 8 & 9 for guidelines when processing Out-of-State requests, including 12VAC30-10-120.

• The provider needs to determine item 1 through 4 at the time of the request to the Contractor. If the provider is unable to establish one of the four Acentra will:

- Pend the request utilizing established provider pend timeframes
- Have the provider research and support one of the items above and submit back to the Contractor their findings



# Information needed for a request (cont'd)

- Please indicate if items are Rentals or Purchases
- Please also include a brief description of the patient condition including:
  - Current Symptoms
  - Reason the Equipment is Needed

This information assist the reviewers in further assessing the patient's condition.





# Submitting a Request via Atrezzo Next Generation (ANG)

- Registration is required. User login and password is given once successful registration occurs
- Information may be found by going to the Acentra Health website at: <https://dmas.kepro.com>.
- For questions call 1-888-827-2884 or email at: [ProviderIssues@kepro.com](mailto:ProviderIssues@kepro.com) or Atrezzo Next Generation (ANG) Next Generation (ANG) [issues@kepro.com](mailto:issues@kepro.com).



# To Appeal an Acentra Health Decision

- Appeals are to be submitted in writing to:
  - Director Appeals Division
- Department of Medical Assistance Services
  - 600 East Broad Street, 11<sup>th</sup> Floor
  - Richmond, VA 23219
- Additional information can be found in the DMAS Provider Manuals.



# DMAS Helpline Information and Resources

- The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays.
- Acentra Health Website: <https://dmas.kepro.com>
- DMAS web portal: <https://www.viriniamedicaid.dmas.virginia.gov>
- For any questions regarding the submission of Service Authorization requests, please contact Acentra Health at 888-827-2884 or 804-622-8900.
- For claims or general provider questions, please contact the DMAS Provider Helpline @ 800-552-8627 or 804-786-6273.



THANK YOU

Acentra

HEALTH

Accelerating  
Better Outcomes