

Can a Provider delete a case creation if they input incorrect information prior to submission?

Yes, a Provider can cancel and delete a case creation prior to submission. However, edits can be made post case creation to vital information to include servicing providers, service details, diagnosis, and overall request information.

How would a Provider submit information if the Reviewer requests additional clinical information to support the request?

The Provider can attach the requested additional information to the existing case or type the information into the clinical note. At this point, the Provider may wish to create a task to alert the Reviewer of the attachment (optional).

What is the Provider Registration Code and how can I obtain it?

A Provider Registration Code can be the date of your last Remittance, a special combination of numbers that is created called a “Reg Check Value” Code, or your Medicaid ID number that is generated once your Medicaid Enterprise Systems (MES) MES application has been approved. If you do not have this information readily available, please contact Acentra Health Customer Service at 888-827-2884.

What should a Provider do if the call is disconnected when calling the Acentra Health Customer Service number?

To prevent disconnection, please wait for the options to be presented before making your selection. Selecting before the options are available may result in the call being disconnected.

Can multiple location IDs be set up under one administrator login?

Yes, you can add as many locations as needed.

Who can I contact for technical assistance?

Acentra Health Customer Service ([888.827.2884](tel:888.827.2884)) should be contacted about issues such as:

- Registration codes
- Unlocking and updating Provider Atrezzo accounts
- Guidance on navigating the Atrezzo portals.

For assistance with IT or technical issues associated with the Atrezzo Portal, issues submitting authorizations due to malfunctions within the Atrezzo Portal, and more complex concerns that Providers may experience, please email vaproviderissues@acentra.com.



Does each National Provider Identifier (NPI) number need to be registered, or can you register all NPIs under one registration?

A Provider can register both NPI numbers under one account. After the registration is complete, the other NPI number can be registered under the setup option to add a Provider/NPI.

Can a Provider have more than one administrator?

Yes, once the initial administrator is registered, that administrator may add additional administrators, as needed.

Is there a size limit for uploading supporting documentation?

The live site can hold large uploads; however, if you see this is an issue, the size can be customized to the Provider's needs. The Provider would need to contact Acentra Health Customer Service at 888-827-2884 for customization.

Can Providers check the case status of submissions in the Atrezzo Portal?

Yes, the case status can be checked by the Provider who made the submission, the servicing facility/provider, and the administrator on the account. The Provider (or designee) can check case status by entering the Case ID within the search bar.

Is there a way to print/download the service authorization submission?

Yes, the provider can select a case summary and then select the printer-friendly view, which will appear as a tiny icon in upper right corner, and print.

Can a Provider manually modify the duration of a service if the dates auto-populate incorrectly?

Yes, Providers can manually modify the service end dates, but the duration will always populate correctly. However, with unit-based services (i.e., Intensive In-Home Services, Mental Health Skills Building), the Provider can enter the service authorization duration which will generate the time between the start and end date and then enter the recommended number of units they need.

How does a Provider initiate a Reconsideration of an Initial Determination?

A provider **must** exhaust Acentra Health's internal Reconsideration process for all services prior to submitting to DMAS Appeals. Providers can submit a Reconsideration through the Atrezzo Portal: <https://portal.kepro.com> within 30 calendar days from the date of the Initial Determination letter. Providers must submit in Atrezzo via the dropdown option to choose a 'Reconsideration' task and/or attach a document within the note section with the additional information that is needed to show that the Member meets criteria for the care that was denied or reduced. Please ensure you include any additional information or documentation that evidences that the Member meets the criteria for the requested level of care.

