



**ACENTRA HEALTH AND  
DMAS NEWSLETTER**

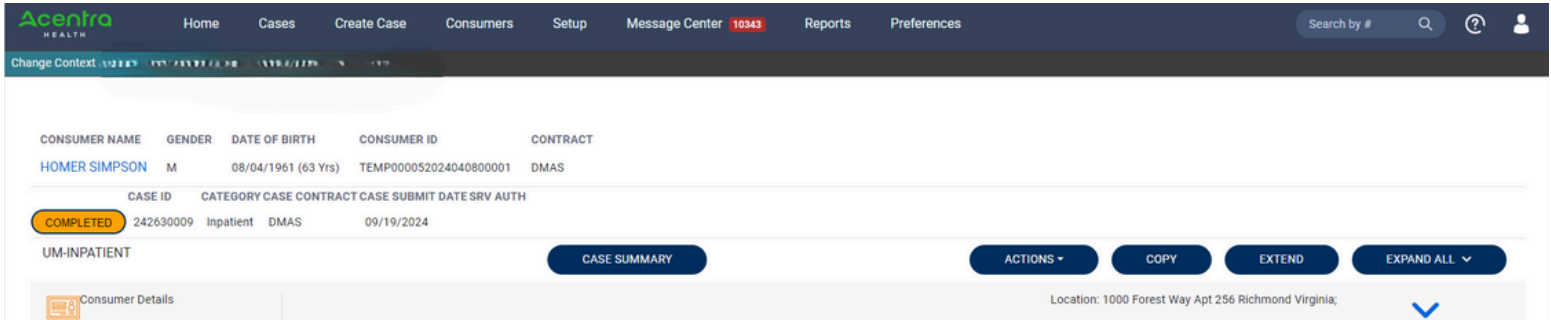
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**Fall 2024**

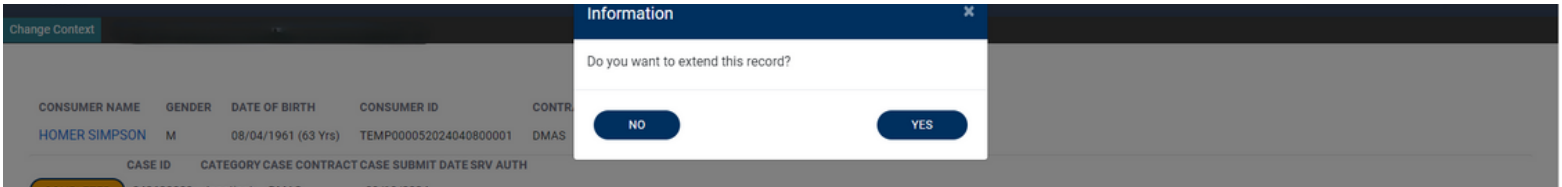
# How to Submit Case Extensions in Atrezzo

Providers that need to extend cases can submit this information in Atrezzo. This will allow Providers to extend cases without creating a new case. Listed below is a step-by-step guide that was created on the [process of creating these extensions](#).

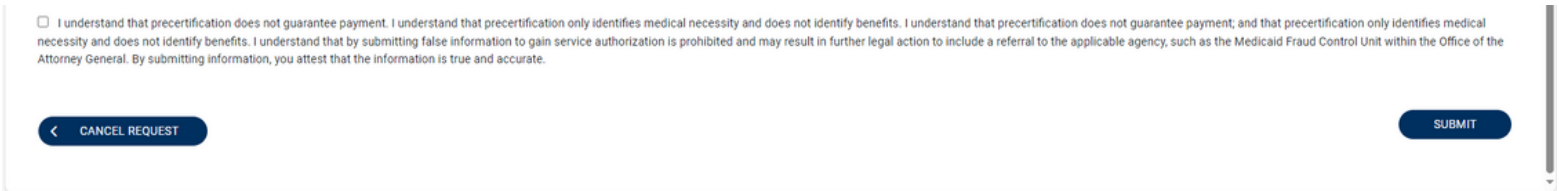
Search for the member by entering the Case ID or search by using identifying factors such as Medicaid ID or Name and date of birth. Once successfully located, [click on the Extend button](#).



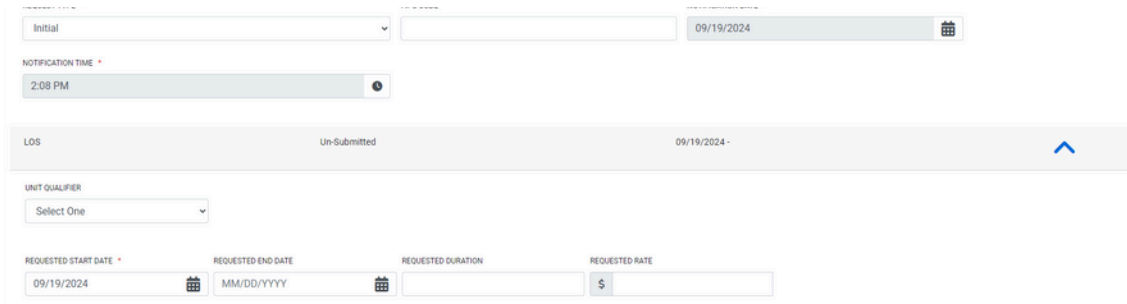
After the [Extend button](#) is selected, it will allow the provider to confirm that this is the task that they are attempting to complete. At this time, the provider should [select Yes](#).



The Provider will know that they are completing the correct steps, as a [disclaimer will generate at the bottom of the page](#).



The Provider will then need to [click on the Clinical Tab and go to the section that is indicated by Request Line 2 \(R02\)](#). The request type will automatically default to "Initial" but can be changed to "Concurrent".



Once the Request Type and the Date Range are adjusted, the Provider is ready to submit this information within the Atrezzo Portal.

Request 02 Un-Submitted COPY ↑

REQUEST TYPE \*  RIPS CODE  NOTIFICATION DATE \*  📅

NOTIFICATION TIME \*  ⓘ

LOS Un-Submitted 09/19/2024 - 10/05/2024 ↑

UNIT QUALIFIER

REQUESTED START DATE \*  📅 REQUESTED END DATE  📅 REQUESTED DURATION  REQUESTED RATE

Based on the Procedure Code, it will **generate a questionnaire that will need to be completed.**

ASSESSMENT INFORMATION			CREATED INFORMATION			COMPLETED INFORMATION		ACTION
REQUEST	ID	NAME	TYPE	BY	ON	BY	ON	DELETE
R02	3767837	Inpatient Psychiatric Services	Checklist	Acentra Health	09/19/2024 02:09:51 PM			
R01	3767833	Inpatient Psychiatric	Checklist	Acentra Health	09/19/2024 01:42:17 PM	Acentra Health	09/19/2024 01:43:03 PM	

**When the Provider has completed all steps, the extension will be ready for submission.** At this time, the provider would need to attest and **hit the Submit button.**

- + InterQual Reviews(0) ↓
- ⌘ Appeal (0) ↓
- 📄 Discharge ↓
- 📄 Questionnaires Complete: 1, Incomplete: 0 ↓
- 📎 Attachments Document-0 Letters- 0 ↓
- 💬 Communications ↑
- 📅 Notes ↓
- 📧 Messages New Message 0 ↓

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits. I understand that precertification does not guarantee payment, and that precertification only identifies medical necessity and does not identify benefits. I understand that by submitting false information to gain service authorization is prohibited and may result in further legal action to include a referral to the applicable agency, such as the Medicaid Fraud Control Unit within the Office of the Attorney General. By submitting information, you attest that the information is true and accurate.

← CANCEL REQUEST

SUBMIT



Click [here](#) to view our other **Reference Materials** and **step-by-step guides.**

# Clinical Tips

## ELIGIBILITY CHECKS

Acentra Health has noticed an increase in Providers not routinely verifying Member eligibility. This is impacting request for services that are being submitted to the correct entity and **could result in a delay in claims being processed.** Providers can access the link below to obtain additional information on how to check member eligibility:

**<https://www.dmas.virginia.gov/for-providers>** under **Commonly Asked Questions and Answers for Providers**

### **How do I check member eligibility?**

It is important that providers verify the eligibility status of their Medicaid members each time services are rendered. When a member's circumstances change, they may also have changes to their eligibility status, program type or managed care organization (MCO) enrollment. It is in your best interest to review members' eligibility card each time you provide care. Keep in mind that the possession of a card does not necessarily mean the holder is currently eligible for benefits, as members do not relinquish cards when coverage is cancelled. With the potential for multiple cards, your best option is to verify members' eligibility in one of two ways:

**Verify the member's eligibility by using the MediCall automated phone system at 1-800-884-9730, or 804-965-9732.**

**Verify the member's eligibility through the Virginia Medicaid web portal (MES). From this page, click the blue login button, use your secure credentials to sign in, select PRSS Portal, and then access the Eligibility tab.**

Providers can also verify a member's eligibility without the Virginia Medicaid identification card using two other identification keys, such as full name, Social Security Number, and date of birth.

For additional resources for providers, visit the MES Provider Resources webpage.

# Clinical Tips



## UPDATED BH AND ARTS GRID

Providers can access the **BH Service Authorization and Registration Grid** by going to [BH and ARTS Grid](#).

## AUTOMATED NOTIFICATIONS

When a decision is rendered on a Service Authorization Request, **an automated alert is sent to the email address of the user who submitted the request in Atrezzo**. This pertains to cases that are approved, denied, or pended for additional information.

## IMPORTANT ANNOUNCEMENT

Effective December 1, 2024, in order to support documentation for a PRTF provider, **PRSS must receive a signed letter of attestation from the Chief Executive Officer (CEO) of the facility confirming compliance with federal conditions of participation regarding restraint and seclusion in PRTFs (42 CFR §§ 483.350 – 483.376).** The letters should be sent to the VA PRSS team by fax at 804-270-7027 or 888-335-8476.

**If there is a change in CEOs, a new letter of attestation must be submitted.**

These letters are required at enrollment and annually thereafter. A sample letter of attestation can be found on page 25 of the Residential Treatment Services Manual, Chapter II, Provider Participation Requirements.

**If letters were not submitted on July 1, 2024, Acentra Health is requesting that providers submit these updated letters no later than December 1, 2024. Please note, letters will be due annually July 1 of each year moving forward.**

**Failure to submit the letter of attestation by the due date will result in a delay in the approval of new authorizations.** For further information on requirements related to restraint and seclusion, please refer to Chapter IV of the Residential Services Manual.

## Helpful Links

[Residential Treatment Services Chapter II: Provider Participation Requirements](#)

[Residential Treatment Services Chapter IV: Covered Services and Limitations](#)

[DMAS Provider Manuals Library](#)

## TREATMENT FOSTER CARE - CASE MANAGEMENT

The FIPS Code is a three-digit CSA Locality Code. **Please ensure that the FIPS Code information is submitted correctly.** A list of FIPS Codes can be found on the [FIPS List](#).

**Please be sure that the CANS, Updated/Current FAPT Notes, as well as the Correct FIPS Codes are added for the locale.**

## ARTS

Please use the below general guidelines for length of stay and **be prepared to submit additional clinical documentation for continued stay** (this will result in a faster turnaround time and can prevent partial approved/partial denied dispositioning when a Member is likely going to need continued stay):

- **ASAM 2.1 IOP** - 15 units
- **ASAM 2.5 PHP** - 10 units
- **ASAM 3.1, 3.3, 3.5** - 14 or 15 units
- **ASAM 3.7 Med Monitored Withdrawal Services** - 5 units
- **ASAM 4.0 Med Managed Withdrawal Services** - 5-7 units.

Please note that prior authorization requests for **Procedure Code H2036 (ASAM Level 3.7)** and **Procedure Code H0011 (ASAM Level 4.0)** are requested under Service Type 0051. These services should not be submitted as Inpatient Psychiatric Requests (Service Type 0401).

## IACCT PROVIDERS

**Enhancing Communication between The Provider and The Legal Guardian:**

- Providers must ensure that they are getting **Releases of Information signed for the local CSA Coordinator.**
- Providers must ensure that **case collaboration is occurring with the local CSA Coordinator.**

## ASSERTIVE COMMUNITY TREATMENT (ACT)

Please remember to complete the questionnaire. **Attached documentation does not take the place of the questionnaire.**

## MEDICAL SERVICES

When submitting a service authorization request for medical services, **the start of care dates cannot be the same as the start of care dates for a Behavioral Health case.**

A Member cannot have the same start of care date for inpatient admission for different service types. An example of this is an inpatient admission for chest pain and an inpatient admission for suicidal ideation with the same start of care dates.

## CCC PLUS WAIVER SERVICES

Providers must submit requested "additional information" **no later than the due date that is indicated within the submission.** If Providers fail to respond in a timely to the request for additional information, this may result in a denial in services.

## HOME HEALTH SERVICES

**Providers are required to put their NPI number on the Home Health orders** along with the Provider's name, address, and phone number.





## CONTINUITY OF CARE

**When a Member transitions out of a Managed Care Organization (MCO), does this mean that services stop?**

Services should not stop when a Member transitions into Medicaid FFS. Once a Member's eligibility has changed to Medicaid FFS, **the Provider can submit a Service Authorization (SA) request to Acentra Health to ensure continuity of care.**

**Where do I document this information letting the Reviewer know that this is a Continuity of Care Request?**

This communication should be documented within the **Notes or Communications section of the submission.** In addition, the provider should attach the previously approved authorization to the submission.

**Providers are required to submit a copy of the Member's MCO approval letter with the new service authorization request.** The approval letter **MUST** include the Member's name, the Provider's name, and the dates of service and service approved.

## Refresh Your Memory

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Need a reminder about submitting for services or other aspects of using Atrezzo?

Visit <https://vamedicaid.dmas.virginia.gov/sa/faq> to review our FAQs on Atrezzo, the Atrezzo Provider Portal, IACCT, PRTFs, and more.

**Need help?** Visit our [Atrezzo Provider Portal Help hub](#).



# Upcoming Trainings and Provider Outreach for Acentra Health

Check out our monthly schedule that alternates between **Provider Training** and **Provider Office Hours**

October 2024						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## Provider Trainings

10 am & 3 pm



V

10/8

ABA Providers

Topic: Atrezzo Submissions

12/10

Inpatient Psych Providers

Topic: Atrezzo Submissions

Click to Register

[10/8 10 am](#)

[10/8 3 pm](#)

[12/10 10 am](#)

[12/10 3 pm](#)

## Provider Office Hours

10 am



V

11/12

ARTS Providers (ASAM 2.1 and Higher)

Dedicated time for ARTS Providers to discuss challenges.

Click to Register

[11/12 10 am](#)

## Meet Acentra Health!



O

10/2-10/4

VACSB October Public Policy Conference

10/28-10/29

VACBP Fall Conference

11/4

VARO Conference

## Acentra Health Holidays



Acentra Health holiday closures.

V Virtual

O Onsite

# CONTACT US

**For initial outreach, please access our dedicated Customer Service Call Center.** For any ongoing or unresolved issues, we kindly request that you contact Acentra Health via the Provider email address with your concerns. Thank you for your continued support and collaboration.

## General questions related to Acentra Health Services:

- **Toll-Free Telephone: 888.827.2884**
  - The Call Center Help Line should be accessed when you are experiencing minor portal issues, inability to log into ANG, registration challenges, account lockouts, passwords combining user profiles, and general questions associated with the portal.
- **Email: [VAproviderissues@acentra.com](mailto:VAproviderissues@acentra.com)**
  - The Provider email should be accessed when the Provider is experiencing escalated concerns associated with submission issues, authorization statuses/challenges, provider type and specialty issues, complex technical issues that inhibit a provider from submitting an authorization and troubleshooting error codes generated by potential user or system error.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)

General BH Service Authorization related questions:  
[enhancedBH@dmas.virginia.gov](mailto:enhancedBH@dmas.virginia.gov)

General Medical Service Authorization related requests:  
[PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov)

### For All Claims Issues:

Conduent  
General Email: [virginia.EDISupport@conduent.com](mailto:virginia.EDISupport@conduent.com)  
Conduent Claims Support Helpline: [800.552.8627](tel:800.552.8627)

Provider Enrollment Issues  
Gainwell Technologies  
[804.270.5105](tel:804.270.5105) or [888.829.5373](tel:888.829.5373)  
[VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com)

Find Information Regarding [Upcoming Meetings](#) at the Department of Medical Assistance Services (DMAS) website.

**Take Our Provider Satisfaction Survey**  
before **October 27, 2024!**



Need reimbursement information? Visit the [DMAS Rate Setting page](#) for details.