ACENTRA HEALTH AND DMAS NEWSLETTER

Winter 2025

Acentra HEALTH

CardinalCare
Virginia's Medicaid Program

In this edition...

Visit https://vamedicaid.dmas.virginia.gov/sa for Provider training materials, FAQs, forms, and other useful content.

- Service Authorization-Related Forms
- DMAS Provider Manual Library
- Atrezzo Provider Portal trainings and Service Authorization Presentations
- Atrezzo Provider Portal FAQs, General Atrezzo FAQs, IACCT FAQs, and PRTF FAQs
- Member Resources

ANNOUNCEMENTS

Transitioning to Complete Portal SA Entry

In anticipation of the upcoming mandatory CMS Interoperability and Prior Authorization Final Rule, Acentra Health would like to provide Atrezzo Next Generation (ANG) Portal training to all Fee for Service (FFS) Providers, office administrators, and Third Party Administrator that are currently not using our secure Portal.

In the near future, all Medical and Behavioral Health Providers will be required to submit authorizations through the ANG platform.

Acentra Health will be conducting Provider trainings from January-March 2025 to ensure a smooth transition and will be conducting monthly trainings thereafter for new Providers or existing Providers that missed the January-March trainings. These training sessions will address the processes for uploading documentation to the ANG Portal, as well as answer any questions about transitioning from fax and phone to direct data entry into ANG.

Providers can utilize the link below to register for the trainings:

Click Here for Training Registration

Click Here to Read Our ANG Training for Non-Users of ANG Online Portal Provider Memo

ANNOUNCEMENTS

ALERT – New Service Type/Services

Baby Care Homemaker (S5130) Services and Stem Cell and Organ Transplant Services (0300):

Effective December 1, 2024, Baby Care Homemaker and Stem Cell and Organ Transplant Service authorization reviews will transition to Acentra Health for fee for service (FFS) service authorization. DMAS's Health Care Services Division will accept requests for Baby Care Homemaker services through November 30, 2024. The DMAS Medical Services Unit will accept requests for Stem Cell and Organ Transplant Services through November 30, 2024.

Starting December 1, 2024, requests for Baby Care Homemaker and Stem Cell and Organ Transplant Services for FFS members must be submitted to Acentra Health through our secure Atrezzo Next Generation (ANG) Portal.

Providers can log into ANG here: https://portal.kepro.com/Login/Login

Click Here to Read the DMAS Transition of Service Authorization Bulletin

Updated BH Service Authorization and Registration Grid

The BH Service Authorization and Registration Grid has been updated for ARTS Providers.

The Servicing Codes that have been impacted are: **H0010, S0201, H2036, and H2036**.

- **H0010** has been updated to correct the Provider Specialty to 135 for adults and 232 for children.
- **S0201** has been updated to add Provider Type and Specialty 003 with Taxonomy 283Q00000X, and PT 456/118 with taxonomy 251S00000X
- **H2036** has been updated to add Provider Type and Specialty 003 with Taxonomy 283Q00000X, updated Provider Specialty for 007 to 132 for children and 136 for adults, and replaced the current Taxonomy with 320600000X.
- **Provider type 356** has been removed from all services.

Providers can access this grid here: BH Service Authorization Registration Grid

Discharge Function within Atrezzo Portal for ALL Providers

All BH Providers should utilize the discharge function within the Atrezzo Portal. This ensures timely service authorization end dates and seamless transition to follow-up services. Providers can reference the list below for further details regarding the discharge process:

Click Here for a Step-By-Step Guide to Atrezzo's Discharge Function

Eligibility Reminder

Providers should continue to verify Member eligibility on a consistent basis. This is to ensure that authorizations can be reviewed and processed in a timely manner. Failing to do so may delay claims being processed.

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.

Click Here to Learn More About Member Eligibility Checks

Click Here to Visit MES' Provider Resources

FAQ: November Provider Training

Inpatient Psych Services (0093 and 0401)

Can Acentra Health make a change so that ARTS cases that are truly Inpatient (e.g. ASAM 3.1 and higher) can be selected as "Inpatient?" Currently, Providers must select "Outpatient" for all ARTS Cases regardless of the clinical setting.

Acentra Health is currently looking into this issue. Once a resolution is in place, Providers will be notified accordingly.

When completing the questionnaire, am I required to submit/attach additional clinical information?

Providers are not required to attach clinical information if the documentation provided on the required questionnaire is detailed and supports medical necessity.

Can the character limit on questionnaires be increased?

Yes, Acentra Health has increased the character limit attached to the questionnaires to 5,500 characters.

If a Provider accidentally selects "Expansion" instead of "DMAS", is there a way it can be changed without submitting a new request?

Currently, Atrezzo prevents you from changing this selection after beginning the service authorization submission. This functionality cannot be changed at this time. Acentra Health recommends that Providers ensure which coverage plan the Member has prior to starting the submission via the Atrezzo Portal.

Clinical Tips

Residential Providers & FIPS Code Errors

Residential providers must use the correct FIPS code based on the member's locality. Ensure the correct documents and FIPS code are attached to service authorizations.
If a provider has provided the incorrect FIPS code on the service authorization, this information can be updated by contacting our customer services department at 1.888.827.2884.

Continuity of Care Request Reminders

Once a members eligibility changes from one managed care organization to Medicaid FFS (Fee for Service), a Service Authorization request can be sent to Acentra Health to ensure Continuity of Care. During this time, services should not stop when a member transitions.

When submitting the request, providers should ensure that they include the following information:

·This communication should be documented within the Notes or Communications section of the submission.

·The provider should attach the previously approved authorization to the submission.

·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.

Waiver and Medical Services

Guideline Reminders for Submitting a Continuity of Care Request for Medical and Waiver Services:

- **Attach Previous MCO Authorization:** When submitting a Continuity of Care Request, ensure that you include the prior authorization that was approved by the Managed Care Organization (MCO) the member was previously connected to. This helps to provide context and supports the continuity of care.
- **Submit Supporting Documentation:** Be sure to include the necessary documentation that justifies the need for additional units or a higher volume of services. This ensures the reviewer has all the required information to make a well-informed decision based on the submission.
- **Check Eligibility and Timeliness:** If a member transitions from one MCO to Fee-for-Service (FFS) Medicaid, verify the member's eligibility. Submit the request promptly to avoid any delays in processing and to ensure timely care for the members.

By following these steps, you will help streamline the process and ensure a smoother review and approval of the request.

Steps for Reconsideration and Appeal Submission:

1. Reconsideration Request Submission:

- **Timeline:** The provider has 30 calendar days from the initial denial to submit a reconsideration request through the Atrezzo Portal.
- **Action:** The reconsideration is reviewed by the medical team, who will assess the information available at the time of reconsideration.
- **Outcome:** A decision is made based on the reconsideration request, which may result in either an approval or a continued denial.

2. If Reconsideration is Denied:

- **Next Step:** If the reconsideration is denied, the provider can then submit an appeal to DMAS.
- **Action:** DMAS will review the appeal and render a final decision.
- **Outcome:** DMAS will inform the provider of the outcome of the appeal, including whether the request is approved or denied.

Key Points:

The Reconsideration request **must be submitted within 30 calendar days from the date of the initial denial**.

Appealing a submission is **only** possible **after** a reconsideration is denied.

Both the reconsideration and appeal processes are handled **through the Atrezzo Portal**.

Inpatient Medical Admission Versus Inpatient Psychiatric Admission

1. **Inpatient Medical/Surgical Services (H0400) require a separate Service Authorization number and cannot be combined with a Psychiatric Service Authorization.** Failure to comply may impact your DMAS claims reimbursement. There are differing payment methodologies associated with each service type. If there are conflicting diagnosis codes compared to the type of service authorization issued, this will impact your claims payment.

2. **ER visits are classified under Medical Services since a Member would be truly treated for medical issues**. This is also true even if the underlying reasoning is for psychiatric purposes. The medical aspect of the visit, such as any treatment required to stabilize the patient, is the priority.

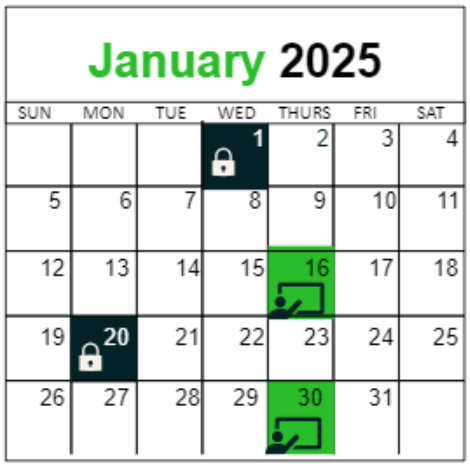
3. **Once the patient is medically cleared, they can be transitioned to Behavioral Health (BH) Services for the psychiatric stay, which is a separate service with its own authorization and payment structure**.

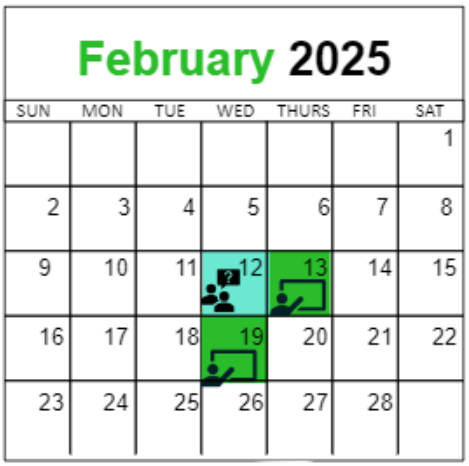
They must be separated in terms of both Service Authorization and billing. Combining these under one authorization or claim would create a conflict as the payment methodologies for medical and psychiatric services differ, leading to denial of reimbursement.

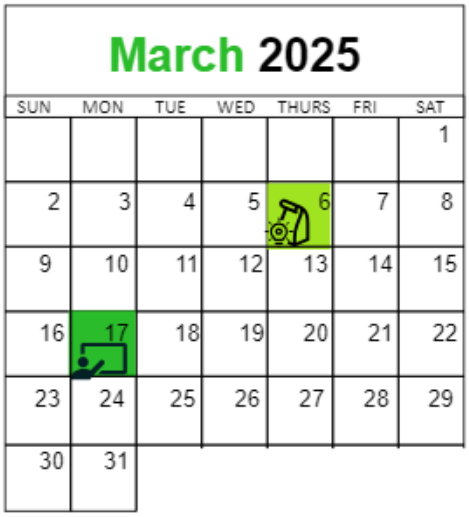
January – March 2025
VA DMAS Provider Training Schedule

Acentra Health has established a monthly schedule that alternates between **Provider Training, Provider Open Calls, and Provider Lunch & Learn sessions.**

Provider Training will follow a pre-determined agenda and will include time for answering questions on the training topic. **Provider Open Calls** are dedicated times for Providers who have technical issues that require escalation or questions about processes that have not been resolved within one week. Please note: no PHI will be shared during these calls.







Select the Date and Time to Register:

Provider Trainings

Provider Portal System Training for Admins	Provider Portal System Training for Users
1/16/25 @ 10 am	1/16/25 @ 3 pm
1/30/25 @ 10 am	1/30/25 @ 3 pm
2/13/25 @ 10 am	2/13/25 @ 3 pm
2/19/25 @ 10 am	2/19/25 @ 3 pm
3/17/25 @ 10 am	3/17/25 @ 3 pm

Provider Lunch & Learn for CMHRS Providers

3/6/25 @ 10 am

3/6/25 @ 3 pm

Open Provider Call Enhanced BH Providers

2/12/25 @ 11 am

Acentra Health Closures

Contact Us

First Point of Contact:
Acentra Health Customer Service

804-622-8900 or **888-827-2884**

- Atrezzo technical assistance
- Authorization submission/status
- Troubleshooting error codes
- Service authorization questions

Escalated Issues:
vaproviderissues@acentra.com

- Questions about processes that have not been resolved within one week
- Technical issues requiring escalation

CONTACT US

For initial outreach, please always contact Acentra Health Customer Service at 888-827-2884.

Acentra Health Customer Service

888-827-2884

Initial outreach.

Minor Atrezzo Portal issues.

Inability to log into Atrezzo.

Registration challenges.

Account lockouts.

Passwords combining user profiles.

General questions associated with the Atrezzo Provider Portal.

Acentra Health Provider Email

vaproviderissues@acentra.com

Escalated concerns associated with submission issues.

Authorization statuses/ challenges.

Provider Type and Specialty Type issues.

Complex technical issues that inhibit a Provider from submitting an authorization.

Troubleshooting error codes generated by potential user or system errors.

DMAS

enhancedBH@dmas.virginia.gov

General BH Service Auth-related questions

PAUR06@dmas.virginia.gov

General Medical Service Auth-related questions.

Conduent

Virginia.edisupport@conduent.com

800-552-8627

All Claims issues.

Gainwell

VAMedicaidProviderEnrollment@gainwelltechnologies.com

804-270-5105 or 888-829-5373

All Provider enrollment issues.

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