ACENTRA HEALTH AND DMAS NEWSLETTER

Spring 2025

In this edition...

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

- Service Authorization-Related Forms (for reference only)

- DMAS Provider Manual Library

- Acentra Health Portal Trainings and Service Authorization Presentations

- Acentra Health Portal and Service Specific FAQs

- Member Resources

ANNOUNCEMENTS

Service Type Requests: ANG Update

Effective, Friday April 11, 2025 Acentra Health will require that all Providers use the **"*Initial Request*"** service type request when submitting a new/initial service authorization request in ANG**.**

Current practice:

- Inpatient Service Providers use **"Admission"**
- Outpatient Service Providers use **"Prior Authorization"**

New Practice: Effective 04/11/25

- Inpatient Service Providers will use **"Initial"**
- Outpatient Service Providers (including Waiver services) will use **"Initial"**

In the interim, Providers will receive a warning message notifying them of the upcoming change. Below is the ANG warning message that providers will encounter:

Effective, 04/11/25, "Admission" request type will be replaced with "Initial" for all new/first time SA requests.

Effective, 04/11/25, "Prior Auth" request type will be replaced with "Initial" for all new/first time SA requests.

ANNOUNCEMENTS

Crisis Service Enrollments

For Crisis Providers that are experiencing any enrollment issues:

If you have questions about your enrollment with DMAS, you can check the Provider Extract spreadsheet on the MES website (MCO Provider Network Resources | MES), which lists all active, enrolled Virginia Medicaid providers, revalidation dates and zip codes for related service locations. Providers can download the file and use the spreadsheet to see if their NPIs and service locations are enrolled. You can also reach out to the Gainwell Provider Enrollment Services Helpdesk:

Phone: 804-270-5105 or 888-829-5373

Fax: 804-270-7027 or 888-335-8476

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Reminder: BH Service Authorization and Registration Grid

We are encouraging providers to utilize this as a roadmap for Service Authorization Request Types, as well as Provider and Specialty Types that are associated with the services, they are submitting request for.

Provider Type 356 (Behavioral Health Clinic) is no longer used for services that require service authorizations through Acentra Health. However, it may be used for Outpatient Behavioral Health Services that do not require service authorizations that are billed directly to DMAS

BH Service Authorization - Registration Grid_01.07.2025.xlsx

Residential Providers

Please note that the FIPS submitted on the DMAS-600 should be the locality of the youth's origination (youth's address) and not the address of your facility.

Please review Chapter 3 of the Medicaid Manual regarding the definition of incarcerated youth. Acentra has published a process flow document at the following location **IACCT Workflow Youth In Detention**. Additionally, Acentra would like to inform Providers of the following:

1.   Foster Care youth who are in detention (or incarcerated) cannot be emergency placed directly into a TGH (Therapeutic Group Home) or PRTF (Psychiatric Residential Treatment Facility).

2.   Foster Care youth who are released from detention to DSS (Department of Social Services) Custody can be emergency placed into a TGH or PRTF without an IACCT (Independent Assessment, Certification, and Coordination Team) being completed.

Treatment Foster Care
Case Management

1.   **Service Authorizations:** Approvals are limited to 12 units per calendar year. Only one provider is eligible for authorization and payment per month. Notify the FFS contractor of discharge dates within one week. If a new provider starts mid-month, their authorization begins the next month.

2.   **Concurrent Requests:** Submit concurrent requests as extensions (R02, R03, etc.) within the original case number. New cases will be rejected and must be resubmitted as extensions

Clinical Tips cont.

Enhance Behavioral Health Services

For Crisis Providers (H2011, S9485, S9482, and H2018), we have observed a few recurring issues that need your immediate attention to ensure the highest quality of care and efficiency in our processes.

1. **Case Extensions**: It has come to our attention that extensions are not being added to initial cases. Instead, new cases are being created. This practice can lead to fragmentation of care and unnecessary duplication of efforts. **Please ensure that you are adding extensions to existing cases where applicable.**

2. **Duplicate Requests**: We have noticed an increase in duplicate date requests, which is causing confusion and overlapping Dates of Service with prior authorizations. To prevent this, please double-check your submissions to ensure you are not submitting duplicate requests.

FAQ: March 2025 Provider Training

Community Mental Health Rehabilitative Services (0650)

? **1. What should we do when the Service Recipient changes to FFS after the first request was approved through an MCO?**

This scenario is commonly referred to as Continuity of Care. If the member's eligibility switches to Medicaid FFS (Fee for Services), the provider should submit a request in Acentra Health and include a copy of the MCO authorization with the request. If you are requesting services for the same dates and number of units previously approved by the MCO, you do not need to complete the clinical questionnaire.

? **2. Regarding TDT Service, should we request for the entire school year?**

For Therapeutic Day Treatment (TDT), please request what you believe is clinically proper for the Service Recipient. Please keep this information in mind as the end of the school year approaches:

- H2016 no modifier (in school)
- H2016 UG modifier (after school)
- H2016 U7 modifier (summer)

The Provider Manual (Appendix H, Page 16) states: "Additionally, if the youth changes service settings, the provider will be expected to provide supportive clinical information on a continued stay authorization request to support the modified service. Information gathered from an assessment, or an updated assessment should be used to document the need for services on the authorization request along with the specific treatment goals and aims as they are revised for summer programming."

FAQ: March 2025 Provider Training

Community Mental Health Rehabilitative Services (0650)

? **3.** **How should we manage instances in which we can find the Service Recipient in Atrezzo, but the individual is not showing up in MES?**

Please ensure you are checking the correct date span when searching for Member Eligibility in MMIS. You may also contact the DMAS Provider Helpline for further help with verifying the members' eligibility at 1-800-552-8627 (toll-free) or (804) 786-6273 (local).

? **4.** **Is there a grid that tells us which Provider Type and Specialty Type is permissible for the distinct types of services?**

Yes, there is a grid available on our website at: BH Service Authorization - Registration Grid_01.07.2025.xlsx:

? **5.** **How can I receive support on the issue with Acentra Health accepting a particular diagnosis code for Treatment Foster Care Case Management?**

Please reach out to us at VAProviderIssues@acentra.com so that we can look further into this matter.

Below is a copy of the PowerPoint that was conducted on March 17, 2025: **Community Mental Health Rehabilitative Services Training**

Reconsideration Request and Appeals

To ensure the security and confidentiality of our members's information, please follow these guidelines:

- **Individual Member Request:** Submit requests for individual members only to maintain accurate records and handle information with care..

- **Secure Information Storage:** Our system securely stores member information in compliance with HIPAA regulations, similar to electronic health records (EHR)..

- **HIPPA Compliance:** Adhering to these guidelines is crucial for maintaining HIPAA compliance and protecting our members' privacy.

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.

Open Calls for Behavioral Health and Medical Providers

The purpose of these calls is to provide Virginia Providers with a unique opportunity to discuss the pros and cons of systems, tools, and procedures used in managing Medicaid services authorizations with Acentra Health. Providers are encouraged to share concerns, and Acentra Health will gather valuable feedback to develop further training materials. This collaborative effort aims to:

- Identify areas where providers may require further education,

- Provide opportunities for re-education,

- Ensure accountability across various aspects of the Medicaid service authorization process.

Additionally, Subject Matter Experts (SMEs) will be present on select calls to answer questions in real time, offering direct support to the providers.

A comprehensive FAQ document will be created based on these discussions, and it will be distributed to all attendees. The FAQs will also be posted on the DMAS website for providers who were unable to attend the calls, as well as for future reference.

Acentra Health will email monthly training reminders, including the agenda and registration links so that providers can register within a timely manner.

Acentra HEALTH
Accelerating Better Outcomes

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.

April 2025

SUN	MON	TUE	WED	THURS	FRI	SAT
		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			

May 2025

SUN	MON	TUE	WED	THURS	FRI	SAT
				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

June 2025

SUN	MON	TUE	WED	THURS	FRI	SAT
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					

Select the Date and Time to Register

Provider Trainings

Provider Portal System Training for Admins
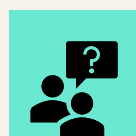
| 4/15/25 @ 10 am |
| 5/28/25 @ 10 am |
| 6/25/25 @ 10 am |

Provider Portal System Training for Users

| 4/15/25 @ 3 pm |
| 5/28/25 @ 3 pm |
| 6/25/25 @ 3 pm |

Provider Open Calls

TFC-CM Providers
| 4/9/25 @ 11 am |

Medical Outpatient Providers
| 4/21/25 @ 11 am |

ARTS Providers 2.5 and Below
| 5/6/25 @ 9am |

ARTS Providers 3.1 and Higher
| 5/8/25 @ 1pm |

Medical Imaging Providers
| 5/13/25 @ 11am |

Medical Inpatient/ Surgical Providers
| 5/15/25 @ 2pm |

Waiver Providers
| 6/3/25 @ 10am |

EBH-IOP Providers
| 6/10/25 @ 10am |

Medical Inpatient Providers
| 6/12/25 @ 11am |

EPSDT Private Duty Nursing Providers
| 6/17/25 @ 10am |

DME Providers
| 6/24/25 @ 11am |

Appeals for Medical and BH Providers
| 6/30/25 @ 10am |

Meet Acentra Health
| 5/21-5/23/25 | VARO Conference in Charlottesville, Virginia |

Acentra Health Holiday Closures
| 5/26/25 | 6/19/25 |

Contact Us

First Point of Contact:
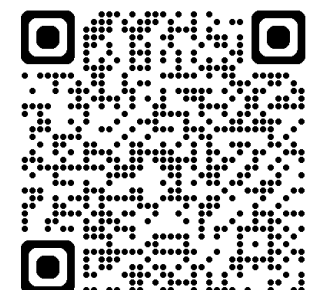**Acentra Health Customer Service**

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

Stay in the Know and Sign Up for the Acentra Health Newsletter!

Just scan the QR code:

For more information about Acentra Health, Provider Manuals, training materials, and reference guides,, please visit **https://vamedicaid.dmas.virginia.gov/sa.**

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

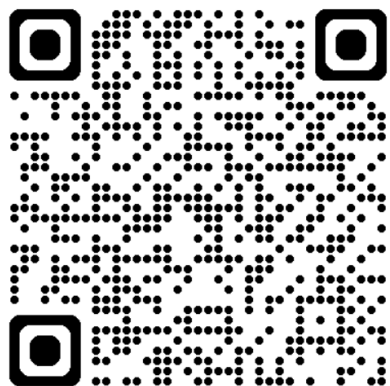Virginia.edisupport@conduent.com

800-552-8627

All Claims issues.

Gainwell

VAMedicaidProviderEnrollment @gainwelltechnologies.com

804-270-5105 or 888-829-5373

All Provider enrollment issues.

Sign up to receive this newsletter quarterly straight to your email inbox using the QR code.