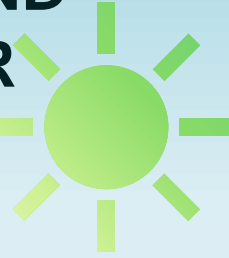


ACENTRA HEALTH AND DMAS NEWSLETTER

Summer 2025



Acentra
HEALTH

 **CardinalCare**
Virginia's Medicaid Program



In this edition...

| | |
|---|------|
| Announcements..... | 3-4 |
| Reminders..... | 5-7 |
| Acentra Health’s How To Guide..... | 8 |
| Clinical Tips | 9-10 |
| Durable Medical Equipment Providers..... | 11 |
| Reconsideration Request & Appeals | 12 |
| Open Provider Calls | 13 |
| Acentra Health Q3 Provider Training Calendar..... | 14 |
| Contact Us..... | 15 |



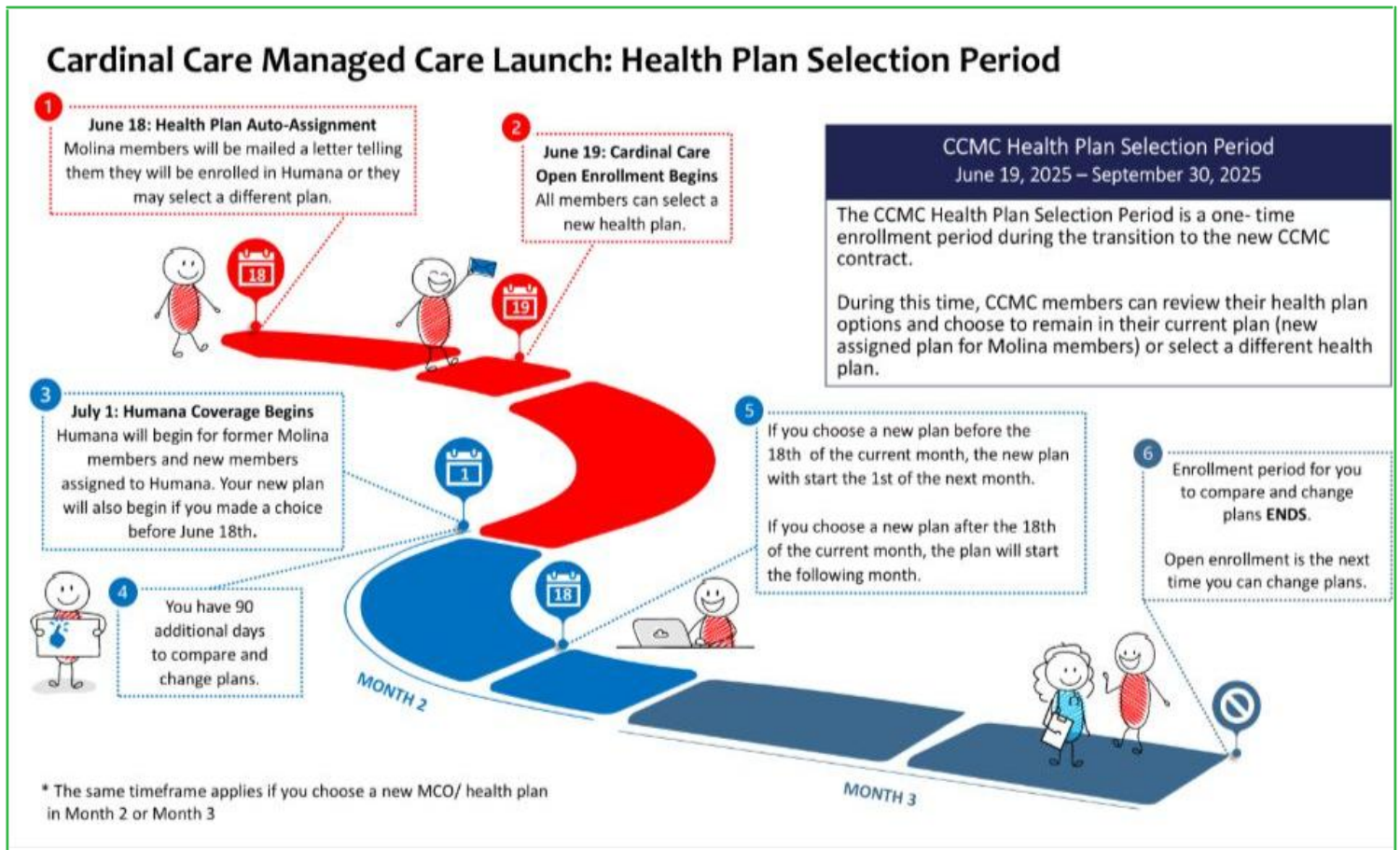
Visit <https://vamedicaid.dmas.virginia.gov/sa> for Provider training materials, FAQs, forms, and other useful content.

- [Service Authorization-Related Forms](#)
- [DMAS Provider Manual Library](#)
- [Acentra Health Portal Trainings and Service Authorization Presentations](#)
- [Acentra Health Portal and Service Specific FAQs](#)
- [Member Resources](#)

ANNOUNCEMENTS

Cardinal Care Update

Cardinal Care Open Enrollment Begins June 19!



Starting July 1, 2025, Virginia Medicaid is transforming to better support members through Cardinal Care - a unified program that connects people to the care they need, when they need it.

For additional information please reference the link below
[DMAS Cardinal Care Update](#)

ANNOUNCEMENTS

Acentra Health Streamlines Case Review Process

To improve the Provider Service Authorization process, Acentra Health has taken a more focused approach on the “touch it once” principle, which will enhance timeliness and accuracy with the Service Authorization process. When the submission is incomplete, Providers may experience an increase in rejected SA requests (compared to pend requests).

What's Changing

1. Rejected Requests

Requests will be rejected when they are incomplete or contain administrative errors. This allows providers to correct and resubmit without triggering a denial.

Common reasons for rejection:

- Member or provider eligibility issues
- Missing documentation, questionnaires, or required attachments.

- ✓ No denial letter is issued for rejections.
- ✓ Timely submission credit is retained.
- ✓ Providers should resubmit as “Additional Information.”

2. Pended Requests

Requests will be pended only when all required documents are present, but additional clinical information is needed to make a decision.

3. Administrative Denials

Administrative denials will be issued only in specific instances such as:

- Request submitted after the service date, and the member is not retroactively eligible.

Why This Matters

Benefits to Providers and Members:

- Reduces unnecessary denials and appeals.
- Speed up processing times.
- Aligns with Utilization Review Accreditation Commission (URAC) standards.
- Encourages accurate, timely submissions.

Ensure all requests are complete and accurate before submission. This helps avoid delays and supports faster determinations.



Reminders

BH Service Authorization and Registration Grid

We are continuing to encourage 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.

[BH Service Authorization - Registration Grid 01.07.2025.xlsx](#)

Eligibility Checks

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 Visit MES' Provider Resources](#)

[Click Here to Learn More About Member Eligibility Checks](#)



PRTF

Important Reminder

Psychiatric Residential Treatment Facility Providers

Effective December 1, 2024, in order to support documentation for a PRTF provider, **PRSS (Gainwell) 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 20 of the Residential Treatment Services Manual, Chapter II, Provider Participation Requirements.

Please note: letters are due annually on July 1st.

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.

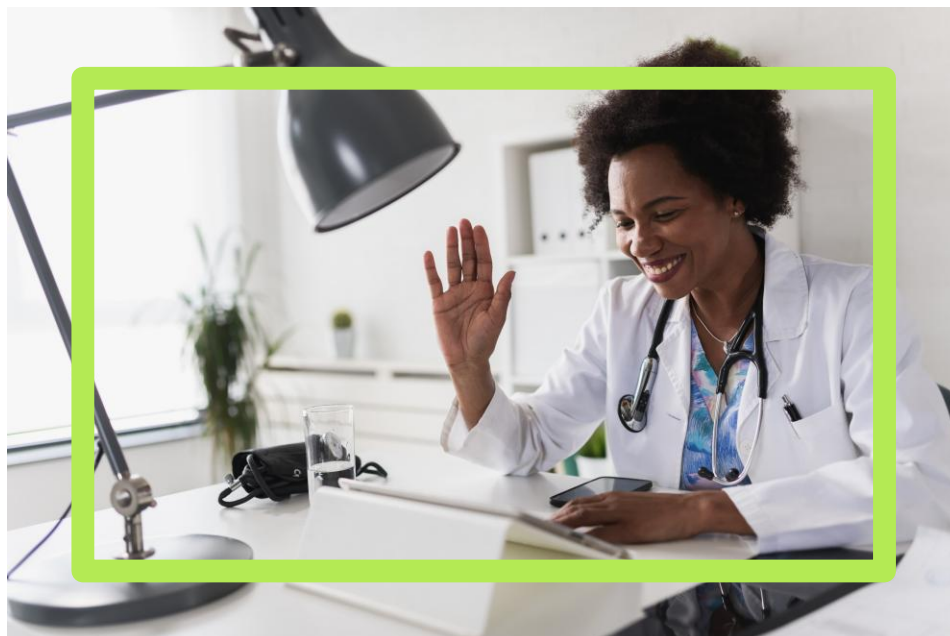
IACCT

Important Reminder Independent Assessment Certification, and Coordination Team Providers

This is a reminder that the youth **must actively participate in the IACCT Assessment process**, as outlined in the IACCT Provider Manual (starting on Page 4).

The assessment must include **the youth and their family or legally authorized representative**, and should be conducted either **in-person or via telemedicine**. If the youth does not participate, please provide a written explanation in the IACCT Questionnaire detailing the reason for their absence.

This documentation is essential for compliance and must be submitted promptly.



Acentra Health HOW TO for Providers

How to Obtain Registration Codes

✓ **First Step:** Call our **Customer Services Department** at **1-888-827-2884** if you are:

- A newly enrolled provider or needing to complete a new registration in the MES system.
- If you experience issues after, email the Virginia Provider Inbox VAproviderissues@acentra.com.

Trouble Finding New Servicing Locations in MES?

Important Reminder:

Even if your new service location is active in the MES system and can be found manually in Atrezzo, it **must still be officially registered in Atrezzo**. This is necessary so that **Provider Group Administrators can add users** to the location.

To register for the location in Atrezzo, follow the same steps as registering for a new location. You will need:

- The **NPI number**
- The **correct registration code**

Atrezzo Login Issues?

Contact **Customer Services first** (1-888-827-2884), if you experience issues after, email the Virginia Provider Inbox VAproviderissues@acentra.com.

Clinical Tips

Therapeutic Group Homes & Psychiatric Residential Treatment Facilities

1. IPOC – Initial Plan of Care

Due: Within 24 hours of admission

Must include:

- Signatures and dates from:
 - Youth
 - Legal Guardian
 - LMHP (with credentials)
- Measurable goals, objectives, and interventions
- DSM-IV-TR diagnosis
- Behavioral concerns supporting medical necessity for this level of care
- Tentative discharge date and recommended step-down services (**cannot be TBD**)
- Involvement of family, DSS, or other supports

2. CIPOC – Comprehensive Plan of Care

First CIPOC Due: Within 14 days of admission

Updates: At least every 30 days

Submission Requirement: CIPOC must be completed within 30 days of the requested start date of the length of stay (LOS)

Must include:

- Signatures and dates from:
 - Youth
 - Legal Guardian
 - LMHP (with credentials)
- Measurable goals, objectives, and interventions
- DSM-IV-TR diagnosis
- Behavioral concerns supporting medical necessity
- Tentative discharge date and recommended step-down services (**cannot be TBD**)
- Involvement of family, DSS, or other supports
- Interventions
- Providers involved
- Barriers to treatment or discharge

3. Request for Authorization Process

When submitting a request, include **all applicable documentation**. A reviewer will assess and issue one of the following determinations:

- **Approval:** All required documentation is complete and medical necessity is established. Full approval granted.
- **Denial:** Missing documentation, lack of medical necessity, or untimely submission. Denial occurs **after a pend**.
- **Pend:** Missing information or reviewer questions. You have **3 business days** to respond. All documents must be submitted by **11:59 PM on the pend expiration date**.
- **Partial Approval:** Some days approved, others denied—typically due to untimely submission.

Clinical Tips

Provider Reminder: NPI Change Guidance

When requesting Acentra Health to change NPI numbers, please ensure that your request is specific and informs Acentra of the **last date of service that has been billed under the current NPI**. Acentra Health will then attempt to use that date as the final date for the previous NPI.

Following this, Acentra Health will attempt to use the new NPI number on the existing case.



If any errors occur, the Provider will be instructed to create a new case using the new NPI and the updated start date.

Durable Medical Equipment Providers

Please review the following key updates and reminders to ensure smooth processing of Durable Medical Equipment (DME) requests:

Certificate of Medical Necessity (CMN)

- Required for all DME requests.
- **Validity Period:**
- **Children under 21:** CMN is valid for **6 months**.
- **Adults 21 and older:** CMN is valid for **12 months**.

Service Authorization (SA) Requirements

- Many requests are being submitted **unnecessarily** for Service Authorization.
- **Check Appendix B** to determine if an item requires SA.
- **Column E** in Appendix B (Excel) clearly indicates whether SA is needed.
- **No SA is required if Medicare is the primary payer.**

Provider Contact Information

- **Ensure accuracy** of your **phone and fax numbers** on all submissions.
- Incorrect contact details are causing delays and missed communications.

Responding to Acentra Health

- A high number of cases are being **denied** due to **no response** to Acentra Health's requests for additional information.
- **Timely responses** are critical to avoid denials.

For full details, refer to the [DMAS DME Provider Manual](#).

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 has established a monthly schedule of Provider Open Calls dedicated to 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.

| July 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 | | | |

| August 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 | | 27 | 28 | 29 | 30 | 31 |

| September 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 Open Calls

DME Providers

7/29/25 @ 11am

Appeals for BH Providers

8/20/25 @ 10am

Appeals for Medical Providers

8/20/25 @ 2pm

ECDC Waiver Providers

9/24/2025 @ 10am



Acentra Health
Holiday Closures

07/04/2025

09/01/2025

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

Just scan the QR code:



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

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

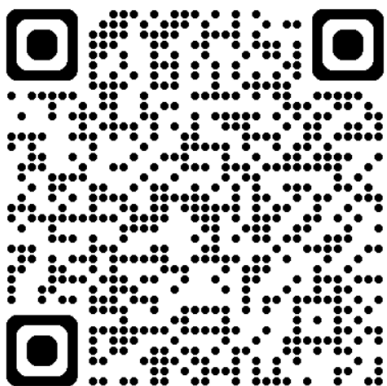
All Claims issues.

Gainwell

VAMedicaidProviderEnrollment@gainwelltechnologies.com

804-270-5105 or 888-829-5373

All Provider enrollment issues.



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