ACENTRA HEALTH AND DMAS NEWSLETTER

Fall 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

- Acentra Health Portal Trainings and Service Authorization Presentations

- Acentra Health Portal and Service Specific FAQs

- Member Resources

ANNOUNCEMENTS

CMS Interoperability

Beginning January 1, 2026, the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) will initiate a shift in how healthcare payers and providers approve prior authorizations.

These changes are to include faster decision times and the requirement to provide specific denial reasons. For additional information, please see **CMS Interoperability and Prior Authorization Final Rule.**

ANNOUNCEMENTS

Important Update: ABA Unbundling

Effective October 15, 2025, changes will be made to the ABA services authorization process. Currently, providers submit service authorization requests under CPT code 97155 and submit claims using the appropriate ABA CPT codes for the services rendered.

What's Changing
Providers must now include the number of units requested for each ABA CPT code when submitting service authorization requests.

Impacted CPT Codes
97153, 97154, 97155, 97156, 97157, 97158, 0373T

What You Need to Know
This update applies to both Fee-for- Service (FFS) and Cardinal Care Managed Care (CCMC) authorizations.

Existing service authorizations will continue through the authorization end date

Open Call for Providers
Acentra Health will be conducting an Open Provider Call for ABA Providers on October 22, 2025 at 12pm to discuss the changes, as well as answer any questions associated with challenges that the providers are experiencing during this transition.

To sign up for this open provider call, please reference the link below:

Open Provider Call - ABA Unbundling

ANNOUNCEMENTS

Join the Acentra Health Community Stakeholder Advisory Council

Acentra Health invites dedicated healthcare providers to become members of our newly established Community Stakeholder Advisory Council (C-SAC) in Virginia.

As a Quality Improvement Organization (QIO) contracted by the Department of Medical Assistance Services (DMAS), Acentra Health is committed to enhancing healthcare access and outcomes for Medicaid/ FAMIS Fee-for-Service beneficiaries. The C-SAC will serve as a collaborative forum where providers, patients, advocates, and community leaders come together to advise on policy, training, and community engagement initiatives.

Members will help shape service delivery, promote transparency, and ensure alignment across stakeholder groups. If you are passionate about improving healthcare in Virginia and want to make a meaningful impact, we encourage you to apply and lend your voice to this important work.

If you are interested in joining this council, please complete the questionnaire below:

Advisory Board Interest Form

Important Notification

Service Authorization Submission Reminder:
FAX BACK PROVIDER NOTIFICATION LETTER

Acentra Health **no longer accepts or processes service authorization or additional information requests** via facsimile. Providers will be required to submit Service Authorization and additional information requests through Acentra Health's Provider Portal, Atrezzo Next Generation (ANG).

In accordance with the following DMAS Provider Manuals: **CCC Plus Waiver Manual, Appendix D (page 4); Hospital Manual, Appendix D (page 6); and Psychiatric Services Provider Manual, Appendix C (page 5):**

Service authorization and additional information requests **must be submitted electronically** utilizing DMAS' FFS service authorization contractor's provider portal, Atrezzo. Applicable service types are:

ARTS (0051)	Home Health (0500)
Baby Care CM (G9002) & Homemaker Services (S5130)	Imaging – MRI (0450), CAT (0451), PET (0452)
Brain Injury Services (0910)	Inpatient Med/Surg (0400)
CCC Plus Waiver (0900, 0960)	Inpatient Psych (0401)
CMHRS (0650)	Intensive Rehabilitation/Retro Intensive Rehabilitation (0200)
DME (0100)	Medical Device/Service/Maintenance (MDSM) (0304)
Enhanced Behavioral Health Services (0050)	Outpatient Rehabilitation (0204)
EPSDT PDN (0090)	Prosthetics Devices (0303)
EPSDT Personal Care/Attendant Care (0091)	PRTF (0750, 0751)
EPSDT School Based Carve Out PDN (0098)	SC/LSH (1020)
EPSDT Inpatient Psych (0093)	Surgical Services (0302)
EPSDT Outpatient Psychiatric Services – ABA/IACCT (0094)	Therapeutic Group Home (0753)
EPSDT Miscellaneous Services (0099)	Treatment Foster Care - CM (0700)

Please ensure that all your Provider numbers (NPI/API) are registered through the Atrezzo portal. You can register all Provider numbers under an existing account through the portal.

For additional information, please refer to the Medicaid Memo *Notification that Kepro (Acentra Health) is Converting to Electronic Process for Submitting Service Authorization Requests – Effective September 1, 2015.*

For further assistance, contact Acentra Heath Customer Service at 1-888-827-2884 or visit our website: **https://vamedicaid.dmas.virginia.gov/sa**

Important Reminders

Provider Reminder: Contunity of Care Request

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:

- ✅ The Provider should notate continuity of care within the "Notes" or "Communication Section" of the submission.

- ✅ The Provider should attached the previously approved authorization to the new service auth submission.

- ✅ The Provider should attach a copy of the member's MCO approval letter. The approval letter MUST include the Member's name, Provider's Name, Dates Approved and Services Approved.

- ✅ Continuity of Care Request may not apply to all service types.

Reminders

BH Service Authorization and Registration Grid

Providers should refer to the Registration Grid to verify that all required qualifying criteria are met before submitting service requests.

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 |

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

PRTF Providers

Providers must promptly notify Acentra Health when a member is discharged from a Psychiatric Residential Treatment Facility (PRTF). Timely communication ensures continuity of care and proper coordination of services.

Steps to Follow:

➢ Submit a Discharge Request in the Atrezzo portal.

➢ Attach the Discharge Summary to the request.

➢ Once submitted, Acentra Health will:

   End-date the IMD line.

   Update the eligibility line accordingly.

This process ensures that members continue to receive appropriate services after leaving a higher level of care.

Reconsideration Request and Appeals

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

- **Individual Member Request:** To maintain HIPAA compliance and confidentiality, requests should be submitted individually for each member rather than in bulk or grouped formats

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

- **HIPPA Compliance:** This ensures that protected health information (PHI) is handled securely and appropriately.

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.

Acentra HEALTH

October – December 2025
VA DMAS Provider Training and Office Hours Schedule

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.

October 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	

November 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						

December 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			

Select the Date and Time to Register

Provider Open Calls

ABA Providers	Open Provider Call: Interoperability
10/22/2025 @ 12pm	12/09/2025 @ 11am

Initial Advisory Meeting

11/12/2025 @ 12pm

Acentra Health Holiday Closures

11/11/2025   11/27/2025

12/25/2025

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

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

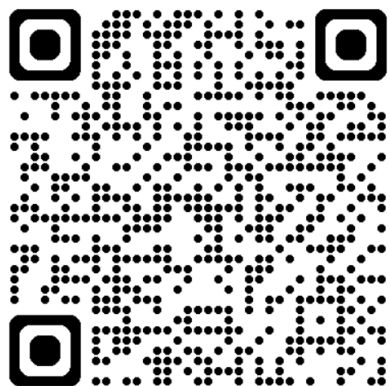Virginia.edisupport@conduent.com

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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