



Last Updated: 12/05/2025

## **New Single Sign-On Requirement for FFS Service Authorization Requests with Acentra ANG Platform Through DMAS MES Effective January 1, 2026**

The purpose of this bulletin is to notify providers of the migration of Single Sign-On (SSO) capability with the Acentra Atrezzo Next Generation (ANG) platform to the Medicaid Enterprise Solution (MES) platform. The Acentra ANG solution will be integrated into MES to provide a Single Sign-On (SSO) and user account lifecycle management.

The Department of Medical Assistance Services (DMAS) contracts with Acentra Health (formerly known as Kepro) to handle the Service Authorization process for Medicaid, Family Access to Medical Insurance Security (FAMIS) and FAMIS Plus clients in the fee-for-service programs. Effective January 1, 2026, a new tile will be available in the DMAS MES system that will allow for submission of service authorization requests by all providers and managed care organizations that provide services to Medicaid and FAMIS members.

At Go Live, the design will allow for a period where providers can continue to access ANG via the current access method (direct access) or ISS SSO. This provision will be in place until all users have tested that their SSO login is working.

At that point a hard cutover will be implemented where providers will not be able to access the current method of direct ANG access from that point onwards. If a user logs into ANG directly, they will receive a message and a link to the MES portal.

Note: Between the soft launch and hard cutover period, a provider should be able to login either way, although DMAS strongly recommends that providers begin using only SSO.

### **What is MES?**

The Medicaid Enterprise Solution (MES) is DMAS's Medicaid Management System. The MES system enables DMAS to meet federal requirements for flexible, upgradable, and secure information systems technology. MES enables DMAS to respond nimbly to changes in industry, policy, and technology requirements, and allows providers to experience efficient and reliable responsiveness from DMAS.

### **What is the Provider Portal?**

The Provider Services Solution (PRSS) Provider Portal is a module within MES that eases the completion of various required Medicaid-related tasks. Using the PRSS Provider Portal



minimizes paper transactions and improves the accuracy and efficiency of information exchanges between the provider and DMAS. Using the PRSS Provider Portal, providers create a PRSS Portal on-line account, enroll and revalidate their enrollment, make changes to personal or business information, check member eligibility, and access the Virginia Medicaid Management Information System (VAMMIS). Newly enrolled providers will use the PRSS Provider Portal to initiate enrollment procedures.

## **What is ANG?**

The (ANG) Atrezzo Next Generation is Acentra Health's interactive web-based application tool used to accept service authorization requests. Submissions are received by ANG, telephone, paper, and fax submission. The preferred submission method is through direct data entry for a quicker response.

***To avoid disruption to claims payment through FFS and the MCOs*** providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

## **PROVIDER CONTACT INFORMATION & RESOURCES**

### **Virginia Medicaid**

#### **Web Portal**

#### **Automated Response System (ARS)**

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. <https://vamedicaid.dmas.virginia.gov/>

#### **Medicall (Audio Response System)**

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice. 1-800-884-9730 or 1-800-772-9996

#### **Provider Appeals**

DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal. <https://www.dmas.virginia.gov/appeals/>



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

# MEDICAID BULLETIN

## Managed Care Programs

Cardinal Care Managed Care and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

### Cardinal Care Managed Care PACE

[https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/  
Program of All-inclusive Care \(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program%20of%20All-inclusive%20Care%20(virginia.gov))

In-State: 804-270-5105

### Provider Enrollment

Out of State Toll Free: 888-829-5373

Email: [VAMedicaidProviderEnrollment@gainwelltechnologies.com](mailto:VAMedicaidProviderEnrollment@gainwelltechnologies.com)

### Provider HELPLINE

Monday-Friday 8:00

a.m.-5:00 p.m. For

provider use only, have

Medicaid Provider ID

Number available.

1-804-786-6273

1-800-552-8627

### Aetna Better Health of Virginia

<https://www.aetnabetterhealth.com/virginia/providers/index.html>

1-800-279-1878

### Anthem HealthKeepers Plus

<http://www.anthem.com/>

1-800-901-0020

### Humana Healthy Horizons

1-844-881-4482 (TTY: 711)

<https://provider.humana.com/medicaid/virginia-medicaid>

Provider Services Call  
Center

### Sentara Community Plan

1-800-881-2166 <https://www.sentarahealthplans.com/providers>

### United Healthcare

[www.uhcprovider.com/](http://www.uhcprovider.com/)

1-844-284-0146

### Acentra Health

Behavioral Health and

Medical Service

Authorizations

<https://vamedicaid.dmas.virginia.gov/sa>

1-804-622-8900

### Dental Provider

1-888-912-3456

DentaQuest

### Fee-for-Service (POS)

<https://www.virginiamedicaidpharmacyservices.com/>

Prime Therapeutics

1-800-932-6648