



Last Updated: 04/22/2026

New Single Sign-On Requirement for FFS Service Authorization Requests with Acentra ANG Platform Through DMAS MES Effective April 27, 2026

The purpose of this bulletin is to notify providers of a change logging into Acentra Health's Atrezzo Next Generation (ANG) to request service authorization for fee for service (FFS) members. The Department of Medical Assistance Services (DMAS) contracts with Acentra Health (formerly known as Kepro) to manage the Service Authorization process for members in the fee-for-service programs.

Starting April 27, 2026, a new tile will be available in the DMAS Medicaid Enterprise System (MES) that will allow for submission of FFS service authorization requests. Existing DMAS-MES users who have access to PRSS AIMS, etc can log into MES with their existing MES credentials and the new tile will be there. The tile is named '*FFS Service Authorization*'. This is where you will submit your FFS service authorization requests.

Existing DMAS-MES users (having access to PRSS, AIMS, etc) will receive an email with a welcome letter, confirming their Access to FFS Service Authorization Requests. They can log in to MES with their existing MES credentials and will see a new tile, "*FFS Service Authorization*," added.

Acentra will keep their current direct access method to ANG through May 31, 2026. On June 1, 2026 all providers must log in to *FFS Service Authorization* tile (ANG) through MES single sign on.

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 secure interactive web-based application tool used to accept service authorization requests for fee for service members.

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/>

Medicaid (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/>

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.



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**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))

Provider Enrollment

In-State: 804-270-5105
Out of State Toll Free: 888-829-5373
Email: 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**

Provider Services Call
Center

1-844-881-4482 (TTY: 711)
<https://provider.humana.com/medicaid/virginia-medicaid>

**Sentara Community
Plan**

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

United Healthcare

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

DentaQuest

1-888-912-3456

Fee-for-Service (POS)

Prime Therapeutics

<https://www.virginiamedicaidpharmacyservices.com/>
1-800-932-6648