



Last Updated: 07/14/2026

Direct Access to Atrezzo Next Generation (ANG/Atrezzo) Ending Effective 7/31/2026

The purpose of this bulletin is to notify providers who submit fee for service (FFS) service authorization requests to Acentra Health that access to Atrezzo Next Generation (ANG), Acentra's service authorization request portal, will terminate effective July 31, 2026.

Effective August 1, 2026 all providers must use the [DMAS Identity, Credentials and Access Management](#) to log into Atrezzo Next Generation to submit FFS service authorization requests. Providers who have the AIMS access tile will log into the Medicaid Enterprise System (MES) and ANG in the same way they do for the DMAS Appeals Information Management System (AIMS). The tile for ANG will look like this:

Service ▼

Authorization

[FFS Service Authorizations](#)

The ANG link gives access to the provider workflow application for enrollments, revalidations, and provider maintenance requests

Click on the hyperlink within the tile, and ANG will enable. If you do not have the tile, or have issues logging into the new tile, contact MES-Assist@dmas.virginia.gov for resolution.

To avoid disruption to claims payment through FFS and the MCOs providers must periodically



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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/>

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 <https://www.virginiamanagedcare.com/en>
PACE [Program of All-inclusive Care](#)

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider Enrollment

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>

Prior Auth requests can be faxed or called to the following numbers:

Phone: 1-800-279-1878

Med4/ FAMIS Fax: 1-866-669-2454

CCC Plus Fax: 1-855-661-1828



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

<https://dmas.virginia.gov>

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Anthem HealthKeepers Plus

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

Prior Authorization information can be found

here: <https://providers.anthem.com/virginia-provider/resources/prior-authorization-requirements>

Call Provider Services: 1-800-901-0020 TTY: 711

Fax medical prior authorization request forms to:

Inpatient fax: 1-866-920-4095

Outpatient fax: 1-800-964-3627

LTSS fax: 1-844-864-7853

Humana Healthy Horizons

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

Prior Authorization information can be found here:

Provider Services Call
Center

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

Submit request via Availaty porta, phone or fax:

Phone requests:

1-855-223-9868 or 1-844-881-4482 (TTY: 711)

Fax complete form to:

1-877-486-2621.

Sentara Community Plan

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

Submit authorizations via portal or phone

Portal information can be found

here: <https://www.sentarahealthplans.com/en/providers/claims-authorizations/authorizations>

Phone request:

1-757-552-7474 or 1-800-229-8822

United Healthcare

www.uhcprovider.com/

1-844-284-0146

To notify UHC or request a medical prior authorization:

Portal information can be found here: UHCprovider.com/priorauth

or call provider services 1-844-284-0146

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

1-804-622-8900

Acentra Health

Behavioral Health and
Medical Service
Authorizations

Dental Provider

1-888-912-3456

DentaQuest

Fee-for-Service (POS)

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

Prime Therapeutics

1-800-932-6648