

#### Arkansas Dental

#### **Utilization Management**

Atrezzo Provider Portal Case Submission Training

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## Housekeeping

- Audio or sound issues- Call into the phone conference line (Audio only)
- If you are experiencing Registration issues, please email: <u>arkansaspr@acentra.com</u>
- Attendance List- to receive credit for attending the webinar, and to stay updated on upcoming announcements a link to the attendance form will be given at the end of the presentation.
- Please turn off your camera and keep yourself on Mute.
- Google Chrome is the preferred internet browserto avoid potential technical issues please sign in using Google Chrome.

- Recorded sessions of the webinars and training will be posted & available in the near future.
- If you are having difficulty seeing the PowerPoint presentation, please make sure you are looking at the right screen in Teams.
- If you have only called into the webinar, please sign in using the Teams meeting link that was sent in your confirmation and reminder emails
- You will not be able to see the presentation, access the chat box for questions, or receive the link to attendance if you do not join the webinar.



### Housekeeping

#### **Accessing Chat in Teams**

On the Teams meeting screen  $\rightarrow$  Go to the tool bar and click on the 'Message' button at the bottom half of the screen.



Meeting Chat  $\rightarrow$  You will now see a list (on the right side of the screen) the Meeting chat. Type new message to all

participants in the meeting



# Agenda

 Provider Login
 Creating a Case
 Submitting Additional Information

4. Requesting a Reconsideration

5. Requesting an Auth Revision6. Atrezzo Provider Portal



# **Provider Login**

- Acentra encourages requests for prior authorization be submitted through the Atrezzo Provider Portal
  - https://atrezzo.acentra.com/
- Once at the login page, all Providers attempting to submit an authorization, respond to a request for additional information, request an authorization revision, or request for a reconsideration should login under the "Customer/Provider" Section either by email or phone.



Having trouble logging in? Click here.

# **Creating a Case**

- Once logged in, you will be taken to the Atrezzo Home Screen.
- This defaults to display "Request Saved But Not Submitted" section where you can resume and complete a request previously started but never submitted. **OR**
- If you need to start a brand new case, click "Create Case".

	Home Cases	Create Case	Consumers	Setup	Message Center o	Reports	Preferences	Search by #	۹ <b>(</b>	ۇ 💄
ange Context Sara Sr	niles, Arkansas Medicaid									
HOME	0 Messages	Go to Message Cen	ter	1	WORK-IN-PROGRESS		NOT SUBMITTED	SUBMITTED		
	for review or action				1		1	0		
Request Saved	Sut Not Submitted									
CONTRACT	CASE TYPE	CONS	UMER ID		CONSUMER	NAME	DATE OF BIRTH	LAST MODIFIED	6	D
Arkansas UM	UM-OUTPATIENT	TEMP	002322024081200	0001	Dental Test		02/03/1984	8/13/2024 11:52:10 AM		0
Displaving records 1	o 1 of 1 records							Previous 1 Next	Show 10 🗸	Entries

# **Creating a Case**

- All of the information in this section should prepopulate
- Click on "Go To Consumer Information"

Acentro	Home	Cases	Create Case	Consumers	Setup	Message Center	0	Reports	Preferences	
Change Context S	Sara Smiles, Arkansas Me	edicaid								
New UM Case	Sara Smiles Requesting Provider	Arkansas UM Outpatient	-							
Step 1 Case Parameters	Step 2 Consumer Inforn	nation								
Case Parameters /	Choose Request Type									
Case Type *										
O UM										
Case Contract	*	Request Ty	pe *							
Arkansas UN	1 ~	Outpatient								
Cancel				Go	To Consumer I	Information				

# **Creating a Case- Consumer Search**

- Place the member's Medicaid ID in the Consumer ID box and select "Search".
- If you do not have the member ID, enter the last name and date of birth.
- The Member's name will generate at the bottom.
- Click "Choose" to select the appropriate member.

	Home	Cases	Create Case	Consumers	Setup	Message Center	o Reports	Preferences		Search by #	Q	?
Change Context	Sara Smiles, Arkansas N	ledicaid										
New UM Case	Sara Smiles Requesting Provider	<b>Arkansas U</b> Outpatient	M - -									
Step 1 Case Parameters	Step 2 Consumer Infor	mation										
Consumer Inform	ation/ Search Consumer/	Results										
CONSUMER ID	)	LAST NA	ME	FIRS	T NAME (MI	N 1ST LETTER)	DATE OF BIRT	ГН				
		test					02/03/1984					
*Combination of [	OOB and Last Name or C	onsumer ID										
Cancel								Sea	rch			
Name 🛆	DOB 🔶	Ad	ldress ⇔	Consume	r ID 🔶		Co	ontract ⇔	Case Count 🖨	;	Actions	
Dental Test	02/03/1984	Litt	tle Rock,AR	TEMP002	3220240812	200001	Arl	kansas Medicaid	0		Choose	
Showing 10 -	of 1									Previous	Page 1	of 1

# **Creating a Case- Consumer Search**

- Review previously submitted requests to ensure there are no duplicates.
- If no duplicates are found, click "Create Case".

Acentro	Home	Cases	Create Case	Consumers	Setup	Message Center o	Reports	Preferences		Search by #	Q	?	2
Change Context	Sara Smiles, Arkansas	Medicaid											
New UM Case	Sara Smiles Requesting Provider	Arkansas UM Outpatient	Dental Test ( ) 07/09/2011										
Step 1 Case Parameters	Step 2 Consumer Infe	ormation											
Consumer Inform	ation/ Search Consume	er/ Consumer Cas	es										
Submitted	Requests Servio	cing Requests											
Request 🛆	Status ⇔	Submit Date	Category 🗧	Discharge	e Date	Service Type 会	Service Dates	\$	Procedures	Letters	Actions		
- Case: 242	260014												
Request 01	Submitted	8/13/2024	Outpatient	N/A		Dental	9/15/2024 - 10/	/15/2024	Approved: 1 View Procedures	No letters available	Action	is 🕶	
Showing 10	of 1									Previous Page	; <b>1</b> (	of 1 Nex	:t
						Once you click Create	Case, your changes	s will be saved and	d the case will be created <b>b</b>	ut not submitted.	cel Cr	eate Case	
											1	Ì.	
9													

# **Creating a Case**

• At this point, the case has been created. Notice the additional steps for case completion now listed across the top.

Acentra	Home	Cases	<u>Create</u>	<u>Case</u> Cons	sumers Setu	p Message Center	o Reports	Preferences		Search by #	ର <b>(</b>	Ŷ	2
Change Context	Sara Smiles, Arkansa	s Medicaid											
<u>New UM Case</u>	Sara Smiles Requesting Provide	Arkans r Outpatie	as UM Denta ent 07/09	<b>il Test ( )</b> /2011									
Step 2 Consumer Informa	step 3 Additional Pr	oviders	Step 4 Service Details	Step 5 Diagr	noses	Step 6 Requests	Step 7 Questionnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Case			
Additional Provide	ers/ Provider/Facility												
Add Attendin	ng Physician												
Selected Provi	iders												
Provider Typ	e Name	Medicaid	ID Specialt	/ NPI	Address		County	Phone	Fax	Action			
Requesting	Sara Smiles	1111111114	1	1111111114	123 Main Street	, Temp City, AR US 9999	9	(999) 999-9999	(###) ###-####				
Servicing	Sara Smiles	1111111114	1	1111111114	123 Main Street	, Temp City, AR US 9999	9	(999) 999-9999		Update	Remove		
Add a Note						Providers in receipt	of faxed determinatio	n letters: Official comn	nunication of service authorization w	ill be sent to the fax nu Cancel	Go to Service	d above.	

## **Creating a Case- Add Providers**

- Review selected providers.
- Click "**Update**" to make changes to servicing provider if necessary.



- Search for new provider.
- Click "Choose" to add the updated servicing provider.

Search Servici	ng Provider										
PROVIDER T	TYPE * Provider										
FIRST NAME	E I	LAST NA	ME	NPI							
COUNTRY				111111	11111						
⊖ Canada  ●	United States										
STATE/PROV	/INCE	Search									
Search Results	Last Name	Туре	Specialty	NPI	Medicaid ID	Address	Country	County	Action		
John	Smiles	Dental		1111111111	1111111111	123 Main Street , Temp City, AR US 99999	US		Choose		
Showing 10	▼ of 1						Previous Pa	age 1	of 1 Next		

# **Creating a Case- Fax Number**

- A fax number is required with every case submission. If the fax # does not auto-populate, please enter a fax number where you would like correspondences faxed.
- Click "Go to Service Details"

	ra	Home	Cases	<u>Create Ca</u>	i <u>se</u> Con	sumers Se	etup Message Cento	er o Reports	Preferences			Search by #	Q	@ 🖁
Change Conte	ext Sara	Smiles, Arkansas	s Medicaid											
<u>New UM Ca</u>	ase Sa Ri	ara Smiles equesting Provide	Arkansas r Outpatient	UM Dental 07/09/20	<b>Test ( )</b> 011									
Step 2 Consumer Inf	ormation	Step 3 Additional Pr	St oviders So	<sup>ep 4</sup> ervice Details	Step 5 Diag	noses	Step 6 Requests	Step 7 Questionnaires	Step 8 Attachments	S	Step 9 Communications	Step 10 Submit Case		
Additional Pr	oviders/ P	rovider/Facility												
Add Att	ending Ph	ysician												
Selected	Providers													
Provide	Туре	Name	Medicaid ID	Specialty	NPI	Address		County	Phone	Fax		Action		
Request	ng	Sara Smiles	1111111114		1111111114	123 Main Stre	eet , Temp City, AR US 99	999	(999) 999-9999	(###) ##	#-####			
Servicinç	ļ	Sara Smiles	1111111114		1111111114	123 Main Stre	eet , Temp City, AR US 99	999	(999) 999-9999			Update	Remove	
							Providers in recei	ipt of faxed determinati	on letters: Official com	nmunication of	service authorization	will be sent to the fax n	umber entere	d above.
Add a Not	е											Cancel	Go to Servic	e Details

# **Creating a Case- Service Details**

- Select appropriate options from each of the drop downs.
- Click "Go to Diagnosis".

Асепта	Home	Cases	Create Case	Consumers	Setup	Message Center	0	Reports	Preferences		Search by #	Q
Change Context	Sara Smiles, Arkansas M	edicaid										
<u>New UM Case</u>	Sara Smiles Requesting Provider	Arkansas UM Outpatient	Dental Test () 07/09/2011									
Step 2 Consumer Informa	tion Step 3	Step 4	ce Details	Step 5 Diagnoses	s F	step 6 Requests	Step 7 Questic	nnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Case	
Service Details/ E	nter Service Details											
Place Of Service	9	Service Type	e *									
Office	X *	Select One		*								
		- Orthodontia	а									
Add a Note		- Dental						Cancel	Go to Diagnoses			



# **Creating a Case- Diagnosis**

- Select appropriate **Code Type**
- Enter **diagnosis code** or description in search box.
- Select the proper code from the results returned.
- Repeat these steps to add all necessary diagnosis codes.
- To set primary diagnosis, drag and drop it to the top of the list.
- Click "Go to Requests" once all diagnosis codes are entered.

Аселго	Home	Cases	s Create Case	Consumers	Setup	Message Center	o Reports	Preferences		Search by #	Q	စု 💄
Change Context	Sara Smiles, Arkansa	as Medicaid										
<u>New UM Case</u>	Sara Smiles Requesting Provide	Arkans er Outpati	ent 07/09/2011	t ( )								
Step 2 Consumer Informa	ation Step 3 Additional P	roviders	Step 4 Service Details	Step 5 Diagnoses	Step Red	o 6 quests	Step 7 Questionnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Case		
Diagnosis/Add Dia	agnosis											
Code Type *	Search	1		-								
ICD10	▼ Select	a Diagnosis	Code •									
Order Rank	2	Code ⇔	Descr	iption ⇔			Source	Created By	$\stackrel{\Delta}{\bigtriangledown}$	Deactivate		
*** 1		K02.7	DENT	AL ROOT CARIES			Manual	arprov		Remove		
Showing 10 -	of 1									Previous Page	1	of 1 Next
Add a Note										Cancel	Go to F	Requests

# **Creating a Case- Request Type**

- Select the "Request Type" from the dropdown.
- Click "Go to Procedures".

Acentra		Home	Cases	Create Case	Cor	nsumers S	Setup	Message Cer	nter o	Reports	Preferences		Search by #	Q	?	
Change Context	Sara Smile	s, Arkansas I	Vedicaid													
<u>New UM Case</u>	<b>Sara Sn</b> Request	<b>iiles</b> ing Provider	Arkansas U Outpatient	M Dental Tes 07/09/2011	t ( )											
Step 2 Consumer Informa	Ste Ation Ad	o 3 ditional Prov	viders Ster	4 vice Details	Step : Diag	5 J <b>noses</b>	Step Req	6 uests	Step 7 <b>Questi</b>	onnaires	Step 8 Attachments	Step 9 Communications	Step 10 Submit Case			
Requests/ <b>Reques</b>	st Details															
Request Type *			FIPS Code			Notification E	Date *		Notificati	on Time *						
Select Request 1	Туре					08/13/2024	ļ	ŧ	01:23 F	M	$\bigcirc$					
Prior Auth													Cancel	Go t	o Procedu	ures
Retrospective																

# **Creating a Case- Procedures**

- **Code Type** will default but can be changed if needed.
- Select and enter the appropriate code.
- Complete all required fields (Start Date, End Date, Quantity).
- Enter tooth # for procedure code being requested, if required.
- NOTE\*\*If you need to request the same code for multiple teeth and/or quadrants, you only need to enter it once and then enter a note for the additional teeth # and/or quadrants that are also needed. Acentra Health clinical staff will add the duplicative line(s).
- Click "Go to Questionnaires". NOTE\*\*There currently are no questionnaires for submission. Once on the questionnaire tab, click "Go to Attachments".

#### **Creating a Case- Procedures**

ep 2 Step 3 Step 4 Step 5 Step 5 Step 6 Step 7 Step 8 Step 9 Step 10 Disgnoses Requests Requests Questionnaires Attachments Communications Submit Case
onsumer information Additional Providers Service Details Diagnoses Requests Questionnaires Attachments Communications Submit Case
Requests/Request 01/Procedures
Code Type * Search
CPT   Search by code or description
Request 01     Un-Submitted     1/0     D0330     PANORAMIC RADIOGRAPHIC IMAGE
D0330 (Un-Submitted) 09/15/2024 - 10/15/2024 1 / 0
Step 2     Step 3     Step 4     Step 5     Step 5     Step 6     Step 7     Step 8     Step 9     Step 10       Consumer Information     Additional Providers     Step 1     Diagnoses     Requests     Questionnaires     Attachments     Communications     Submit Case
Questionnaires/ Take Questionnaires
No questionnaires have been added yet.
Add a Note     Jump to Submit     Cancel     Go to Attachments
09/10/2024
Requested Duration * Requested Quantity * Requested Frequency
31 1 Select One
Dental
Tooth Surface
Select Ope
Jump to Submit Cancel Go to Questio

## **Creating a Case- Attachments/Documents**

- Click "Upload a Document" to attach any needed clinical or other documentation.
- Select the appropriate **Document Type**.
- Add the document by dragging and dropping or by clicking "Browse".
- Click "Upload"



## **Creating a Case- Add Communications**

- To add additional information, click "Add a Note".
- If additional information is not needed, click "Go to Submit".

New UM Case	Sara S Reques	<b>miles</b> sting Provider	<b>Arkansas</b> Outpatien	s UM nt	Dental Tes 07/09/2011	st ( )												
Step 2		ep 3 dditional Provi	ders S	Step 4	Details	Ø	Step 5	$\bigcirc$	Step 6	Ø	Step 7	$\bigcirc$	Step 8		Step 9	Step 10	256	
Communications/No	otes	dutional i rovi		Gervice	Details		Diagnoses		Requests		Questionnanes		Attuciments		communications	oubline of	430	
No notes have been	n added g	yet.																
Add a Note																		
	-															(	Cancel	Go to Submit
			Add a	a No	e													Î
			Note T	Гуре *														
			⊙ Exte	ernal														
			Note *	*														
			Plea	ise ad	d <mark>Px</mark> cod	e D0	330 again for tee	eth #	¥2, 3, 5, 6, 8, 9									
														/				
			Notes of	cannot	be modifi	ed or	deleted after being	g sa	ved.									
													Cancel Add Not	e	Π			

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# **Creating a Case- Review Case**

- The review page will now display a card of all information entered.
- If needed, click "Update" on the appropriate card to edit a specific section.
- Once your review is complete, click "Submit".



# **Creating a Case- Disclaimer**

• Read the disclaimer that pops up and click "Agree".





# Creating a Case- Case ID

- The system will submit the case and the submitted case will display.
- Make note of the **Case ID** which is specific to this request and can be used for tracking status later.

CONSUMER NAME GENDER	DATE OF BIRTH MEMBEI	R ID CONTRACT			
DENTAL TEST	07/09/2011 (13 Yrs) TEMP00	2322024081200000 Arkansas UM			
CASE ID CATE	GORY CASE CONTRACT CASE	SUBMIT DATE SRV AUTH			
SUBMITTED 242260051 Outp	atient Arkansas UM 08/13/2	2024			
UM-OUTPATIENT		CASE SUMMARY		ACTIONS - COPY	EXPAND ALL 🗸
Consumer Details				Location: 1234 Dental Lane Little Rock Arkansas;	~
Provider/Facility		Requesting : Sara Smiles/ Servicing : Sara Smiles/11	111111114 11111114		~
Clinical			Service Type : - Dental Request Type : Prior Auth	Notification Date : 08/13/2024 Notification Time : 01:44 PM	~
Questionnaires					~
Attachments	Document-0			Letters- 0	~

# **Helpful Tips**

 When creating a case, please ensure that the "Servicing" provider in Atrezzo reflects the NPI# that will be entered in the "Billing Dentist or Dental Entity" field on the ADA Dental Claim Form. The system automatically defaults the "Servicing" Provider NPI# to the NPI# that the authorization request is being submitted under. To change the "Servicing" Provider, click "Update".

Selected Providers										
Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action	
Requesting	Sara Smiles	1111111114		1111111114	123 Main Street , Temp City, AR US 99999		(999) 999-9999	(999) 999-9999		
Servicing	Sara Smiles	1111111114		1111111114	123 Main Street , Temp City, AR US 99999		(999) 999-9999		Update	Remove

- If you need to request the same procedure code for multiple teeth or quadrants, you only need to enter the
  procedure code once with a tooth # or quadrant. Then, you can enter a note advising that the procedure code is
  also needed for additional teeth or quadrants (Example: Procedure code X is also needed for teeth # 2,15). To
  reduce provider burden, our clinical staff will add the additional procedure codes lines to the request.
- Requests for Procedure Code D5110, D5120, D5211, and D5212 must list the "Servicing" Provider as NPI# 1659727469 (Green Dental). Due to this requirement, these 4 codes cannot be combined with any other procedure codes when submitting an authorization request. If additional procedure codes are needed to be authorized, you will need to submit a second authorization request with the correct "Servicing" Provider NPI#.

# **Submitting Additional Information**

- Once a case is submitted you are still able to submit additional information, request a revision, or a reconsideration.
- To do so, click "**Actions**" and select the appropriate option.

CONSUMER NAME GENDER	DATE OF BIRTH MEMBER ID	CONTRACT		
DENTAL TEST	07/09/2011 (13 Yrs) TEMP002322024081200000	Arkansas UM	_	
CASE ID CATEGO	DRY CASE CONTRACT CASE SUBMIT DATE SRV A	NUTH		
SUBMITTED 242260051 Outpatio	ent Arkansas UM 08/13/2024		+	
UM-OUTPATIENT		CASE SUMMARY	ACTIONS -	СОРУ
Consumer Details			Add Additional Clinical	.ane Little Rock Arkan
Provider/Facility		Requesting : Sara Smiles/111111114 Servicing : Sara Smiles/1111111114	Request	
Clinical		Service Type : - Dental Request Type : Prior Auth	Revision Request Peer To	:024 PM
Questionnaires			Peer Review	



# **Submitting Additional Information**

• Select the appropriate request (usually R01) and click "Next".





# **Submitting Additional Information**

- Add a clinical note to the reviewer if needed.
- Select the **Document Type**.

Select "Submit".

- Upload clinical documentation if applicable.
  - Add Additional Clinical Information Case 242260051 Dental Test () Arkansas UM Request 01 07/09/2011 Outpatient Note Allowed File Types: doc, docx, jpg, jpeg, Drag And Drop Or Browse Your Files. mdi, pdf, tif, tiff, xls, xlsx, xps. Document Type Select One

/,

Submit

CANCEL

### Reconsideration

- Add a clinical note to the reviewer if needed.
- Select the **Document Type**.
- Upload clinical documentation if applicable.

Select " <b>Submit</b> ".	Reconsiderati	on					
	Case 242260051 Request 01	<u>Dental Test</u> ( ) 07/09/2011	Arkansas UM Outpatient				
	Note						
						h	
	Allowed File Type mdi, pdf, tif, tiff, :	es: doc, docx, jpg xls, xlsx, xps.	, jpeg,	Drag And Drop Or Brows	e Your Files.		
	Document Type						
	Select One		•				
					CANCEL	Submit	

# **Authorization Revision**

- Add a clinical note specifying what revisions are needed.
- Select the **Document Type** if applicable.
- Upload clinical documentation if applicable.

Select "Submit".	Request Authorization Revision		
	Case 242260051Dental Test ( )Arkansas UMRequest 0107/09/2011Outpatient		
	Note		
	Allowed File Types: doc. docx. ing. ineg	18	
	mdi, pdf, tif, tiff, xls, xlsx, xps.	Drag And Drop Or Browse Your Files.	
	Document Type		
	Select One		
		CANCEL	

#### **Atrezzo Provider Portal**

- 24-hour/365 days provider Atrezzo Portal may be accessed at: <u>https://atrezzo.Acentra.com</u>
- System Training materials (including Video recordings and FAQs) and the Provider Manual are located at: <u>ar.Acentra.com</u>
- Provider Communication and Support email: <u>arkansaspr@acentra.com</u>



#### Accelerating Better Outcomes HEALTH



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#### **Contact Information**

#### Atrezzo Provider Portal Registration Questions/Issues

- > Acentra Health Phone: (888) 660-3831
- Acentra Health Email: <u>ArkansasPR@acentra.com</u>
- Acentra Health Arkansas Medicaid Website: <u>ar.acentra.com</u>
- Acentra Health Atrezzo Provider Portal Website: <u>atrezzo.Acentra.com</u>

#### MMIS Billing Team

- > Assist providers with claim submission, verify a remittance advice and the status of claims, and review beneficiaries' eligibility.
- Phone: 501-906-7566
- Billing Specialist map: <u>https://medicaid.afmc.org/dental-billing</u>

#### AFMC Provider Relations (PR) Team

- Serve as the link between providers and Arkansas Medicaid
- > Educate on AR Medicaid policies, procedures, and new initiatives
- Email: <u>ProviderRelations@afmc.org</u>
- PR Outreach Specialist map: <u>https://medicaid.afmc.org/dental</u>

#### Provider Questions

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- Email: <u>dentalproviderquestions@dhs.arkansas.gov</u>
- Beneficiary Questions
  - Email: <u>dentalclientquestions@dhs.arkansas.gov</u>
- DMS Website: Resources for Providers
  - https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/dental/