



Arkansas Dental Prior Authorization Process

Service Implementation
Provider Education 2024

Agenda

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- Atrezzo-Acentra Health's Provider Portal
- Requesting Prior Authorization
 - Authorization Types
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Partners in Healthcare – Who are we?

- Acentra Health (formerly eQHealth Solutions/Kepro and CNSI) is the Utilization Management/Quality Improvement Organization (UMQIO) for the Arkansas Department of Human Services (DHS), Division of Medical Service (DMS) Fee For Service(FFS) Medicaid program. We have been providing services for DMS since 2018.
- We are a team of experienced leaders, caring clinicians, pioneering technologists, and industry professionals who come together to redefine expectations for the industry.
- We provide:
 - Medical necessity reviews for multiple services
 - Post-Payment & Retrospective reviews
- Acentra Health began performing Dental Prior Authorization reviews in October 2024.
 - Our dental team consists of registered dental hygienist, general dentist, orthodontists, and oral surgeons.



**CMS-Certified
Solutions**



**CMMI Level
4 Appraisal**



**URAC
Accredited**

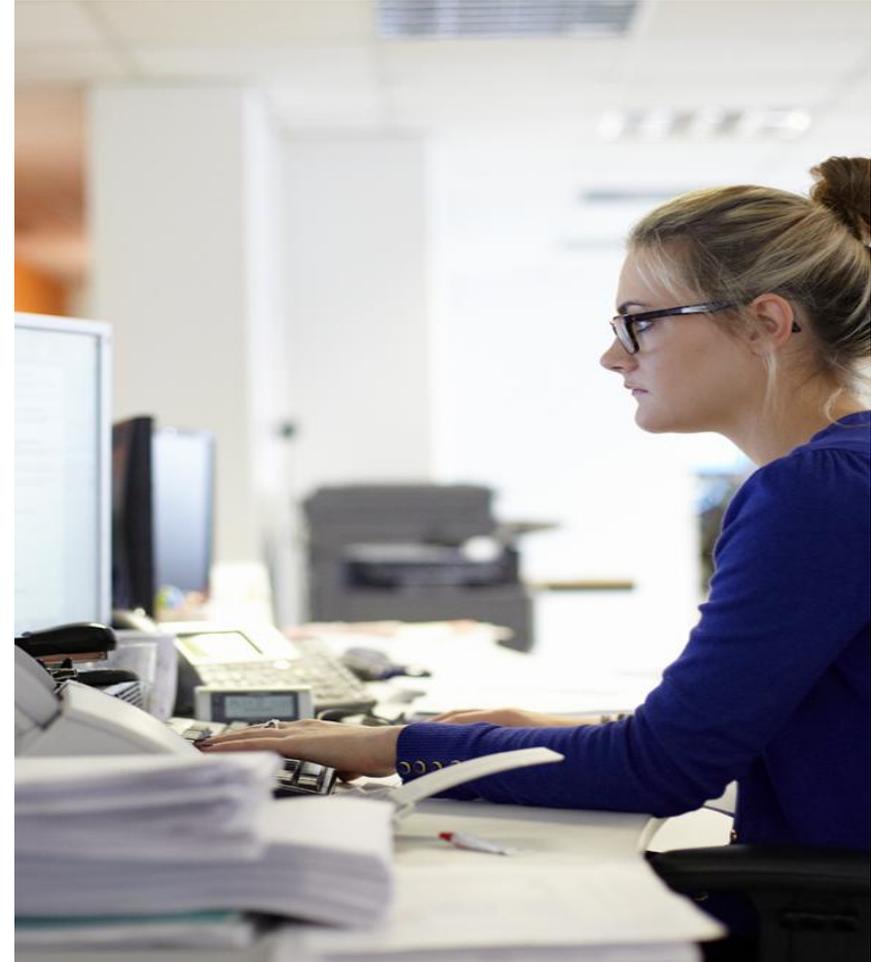


**HITRUST
Certified**



Atrezzo – Acentra Health’s Provider Portal

- Acentra Health encourages provider to submit prior authorization request through Atrezzo.
 - <https://atrezzo.acentra.com/>
- Trainings were conducted prior to November 1st ‘go-live’: Registration and Authorization Submission
 - Recordings and additional training materials available on our website: AR.Acentra.com – [Dental Services Page](#)
 - Quick reference guides available:
 - Portal Registration
 - User Guides
 - Adding Users to an Account
 - Requesting Reconsiderations
 - Request an Authorization Revision
 - Password Reset or Unlocking Accounts



ACENTRA HEALTH

Requesting Prior Authorization



Authorization Types



Prior Authorization

Should always be submitted on or before the service is provided.

Retrospective Authorization **“Retro”**

May be requested after service has been provided for the following exceptions:

- Emergency service
- Child sedation
- Retroactive eligibility

Processing Timelines

Acentra Health completes requests for services expeditiously and within contractual timeframes. The review completion timeframe is measured from the date Acentra Health receives a request.

- **New Requests** (prior authorization and retrospective requests) – 72 hours
- **Pended Requests-** providers have up to 15 days to respond to a pend for additional clinical information. Upon receipt of additional information, the 72-hour timeframe starts over.
- **Reconsiderations** – 30 days



Creating a Case

- Information needed to create a case
 - Member's Medicaid ID number
 - Servicing provider NPI number, if different than the Requesting provider (example: Denture Labs)
 - Diagnosis Code
 - CDT Code(s) being requested, tooth or quadrant if applicable
 - Request Type: Prior Authorization or Retrospective
 - Attachments: Notes, treatment plan, x-rays, etc.
- Any field with a red asterisk (*) is required.



Creating a Case

- Requesting and Servicing Provider will default to the NPI number that you registered under
 - For Adult Denture codes that require a PA- Green Dental Lab will need to be the **Servicing Provider** as the contracted lab for Arkansas Medicaid.
 - To change the Servicing Provider, select UPDATE.

**Requesting provider cannot be changed. It is important that you register for the portal using the correct NPI number.

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Additional Providers/ Provider/Facility

[Add Attending Physician](#)

Selected Providers

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	John Doe	123456789	Oral Surgery	123456789	123 Dental Way	Hot Springs, AR	123-456-7890	987-654-3210	 Update Remove
Servicing	John Doe	123456789	Oral Surgery	123456789	123 Dental Way	Hot Springs, AR	123-456-7890	987-654-3210	

Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.



Creating a Case

- ICD-10 diagnosis code
 - If you do not know the ICD-10 code for the diagnosis you can:
 - Use the search bar to enter the description and select the most accurate diagnosis
 - If you do not have a description/name or code, DHS has instructed providers to use R69 as the ICD-10 code

Step 2 Step 3 Step 4 Step 5

Consumer Information Additional Providers Service Details Diagnoses

Diagnosis/Add Diagnosis

Code Type * ICD10

Search Select a Diagnosis Code

caries

Order Rank ▲ Preferred

No records found.

Showing 10 of 0

Add a Note

K02.3 ARRESTED DENTAL CARIES

K02.51 DENT CARIES PIT FISS SURF LTD ENAML

K02.52 DENT CARIES PIT FISS SURF PEN DENTN

Step 2 Step 3 Step 4 Step 5

Consumer Information Additional Providers Service Details Diagnoses

Diagnosis/Add Diagnosis

Code Type * ICD10

Search Select a Diagnosis Code

R69

Order Rank ▲ Preferred

No records found.

Showing 10 of 0

Add a Note

R69 ILLNESS UNSPECIFIED



Creating A Case

- **REQUEST TYPE** - Prior Authorization or Retrospective
 - If the request is for a retrospective review, a required questionnaire will populate.

Retrospective Review

Retrospective Submission Request

1 . Is this request submitted after the service was provided due to: *

- An emergency
- Child sedation
- Retro-active eligibility
- None of the above



Entering Procedure Codes

- Requested Start Date will be the date the service is schedule to be performed
 - In the event of a retrospective review, “Requested Start Date” is the date services were performed
- Authorizations are for one (1) year- entering “365” into ‘requested duration’ field will calculate the end date for you
- Most quantities will be “1”
 - Sedation codes may be an exception when more than one unit is required for a complex case
- Only certain Orthodontia codes will be manually priced by an Acentra Health Dental Reviewer
 - D8999, D5999, D9999
 - Please **do not** enter a price in the “Requested Rate” field
- Please enter the tooth **or** surface (quadrant) if required. (the system will trigger a message for those codes)
- To add additional CDT codes, simply type the code or description in the Search bar
- Please add a code for each tooth that requires service



CDT Codes

Request 01
Un-Submitted 1/0

D7240 Un-Submitted
11/21/2024 - 11/20/2025 1/0

D7240 REMOVAL IMPACTED TOOTH - CMPL BONY

Unit Qualifier
Select One

Requested

Requested Start Date *
11/21/2024

Requested End Date *
11/20/2025

Requested Duration *
365

Requested Quantity *
1

Requested Frequency
Select One

Rates

Requested Rate
\$ Only for D8555, D8999, D9999

Dental

Tooth OR Surface
32-Permanent mandibular R... x Select Any

Add a Note



Uploading documentation

Before submitting your case to Acentra Health, please make sure to upload all pertinent and/or required documentation.

Examples include X-rays, treatment plans, etc.

The screenshot displays the Acentra Health web application interface. The main content area shows the 'Additional Providers' step of a 'New UM Case' process. A green arrow points to the 'Upload a document' button. A modal window titled 'Upload a document' is open, showing the following details:

- Max File Size: 10 MB
- Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps (indicated by a green arrow)
- Request: R01
- Document Type: Select One
- Drag And Drop Or Browse Your Files. *
- Cancel and Upload buttons

Additional text in the modal: "All files uploaded will be encrypted and stored in a secure location in accordance to HIPAA standards, please do not password protect or personally encrypt any files you wish to upload. Larger files will take longer to upload/download. Please be patient."



Submitting a Case

The Card Display on the Submit Case screen gives you an opportunity to see your information and make any necessary changes before submitting.

Change Context [Redacted]

[New UM Case](#) | Requesting Provider: Arkansas UM Outpatient

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Submit Case/ Review

Providers	Service Details	Diagnoses	Requests						
<p>Requesting John Doe</p> <p>Servicing John Doe</p> <p>Update Providers</p>	<p>Service Type - Dental</p> <p>Update Service Details</p>	<p>1</p> <p>Diagnosis R69</p> <p>Update Diagnoses</p>	<table border="1"><tr><td>Notification Date N/A</td><td>1</td></tr><tr><td>Request Type Retrospective</td><td>Procedure D7240</td></tr><tr><td>Update Requests</td><td>Update Procedures</td></tr></table>	Notification Date N/A	1	Request Type Retrospective	Procedure D7240	Update Requests	Update Procedures
Notification Date N/A	1								
Request Type Retrospective	Procedure D7240								
Update Requests	Update Procedures								
Questionnaires	Attachments	Communications							
<p>0</p> <p>Questionnaires</p> <p>View Questionnaires</p>	<p>0</p> <p>Documents</p> <p>Update Documents</p>	<p>1</p> <p>Note</p> <p>Update Notes</p>							



Pended Reviews

- A review may be pended for one of the following reasons:
 - Missing required information such as a treatment plan or x-rays.
 - Additional information or clarification is needed before a decision can be made
- Notifications are sent via fax and web portal
- A provider has 15 days to respond to the additional information request
 - If the case contains no clinical information, the case will be administratively denied.
 - If the case has insufficient clinical information and there is no response to the pend, the case will move to the Dental Peer Reviewer for a determination.
- If a review is administratively denied, the provider may submit a new request once they have all the necessary information.



Responding to Pended Reviews

- If you submitted the request online using the Atrezzo Portal:
 - Log into the Portal and open the pended case
 - ACTION TAB – additional Clinical Information
 - Upload the requested documents or type the information in the note section if applicable.

No letters available Actions ▾

- Copy
- Extend
- Add Additional Clinical Information
- Reconsideration
- Request Authorization

Add Additional Clinical Information

Case 222570001 Request 01	<u>BERNESSA PEARSON (F)</u> 01/12/1961	MS Advanced Diagnostic Imaging Outpatient
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Note

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type
Select One ▾

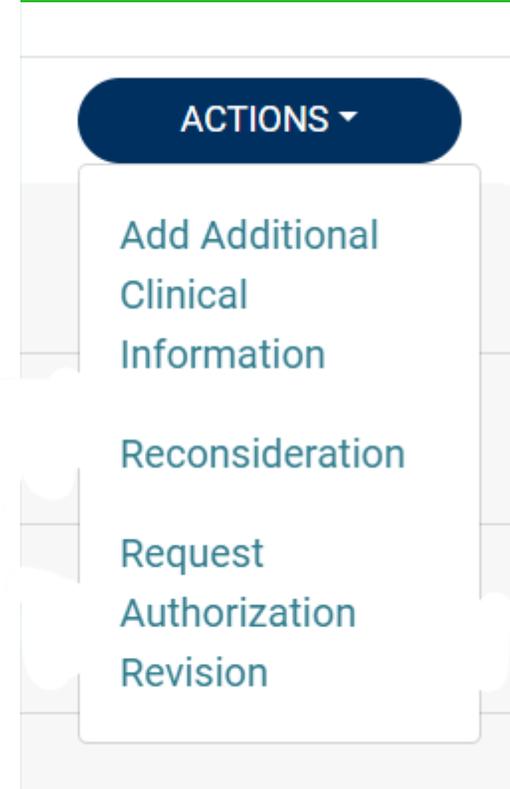
Drag And Drop Or [Browse Your Files](#).

CANCEL SUBMIT



Additional Actions

- Add Additional Clinical Information
 - Used when responding to a request for additional information
- Reconsideration
 - Used when requesting reconsideration on a DENIED case
- Authorization Revision
 - Used when you need to make a change on a completed case. *if the request requires a medical necessity review you will be required to submit a new case.



Denials and Reconsiderations

Administrative Denial

- When any portion of the review is denied because it does not comply with Medicaid regulations
- Example: untimely, insufficient information
- Provider may submit a new case for the service if an administrative denial is received.

Clinical Denial

- Occurs when any portion of the requested service is denied by a physician reviewer due to medical necessity
- Does not meet state Medicaid criteria with information submitted or does not meet other national evidence-based criteria

Reconsideration

- Can only be requested on requests that have been either fully or partially denied
- Only allowed once per denial/adverse action



Reconsiderations

- Upon a request being either fully or partially denied, a reconsideration may be submitted within 35 days of the denial date (date of determination letter)
 - This is your opportunity to provide more detailed clinical documentation to support medical necessity or provide missing documentation
- May be submitted
 - Fax
 - Web portal *preferred
- A clinical reviewer will review any additional information submitted. If unable to meet criteria, it will be referred to the Dental Reviewer.
- A Dental Reviewer – a different Dentist/Orthodontist from the one who originally reviewed the case - will look at the case and any new information submitted to support the reconsideration
- The Dental Reviewer may
 - Uphold original decision (no change made)
 - Overturn the original decision (approve the case)
- If original decision is upheld, provider may appeal the decision to the appropriate entity (DHS). Appeals are not submitted in Atrezzo.



Appeals

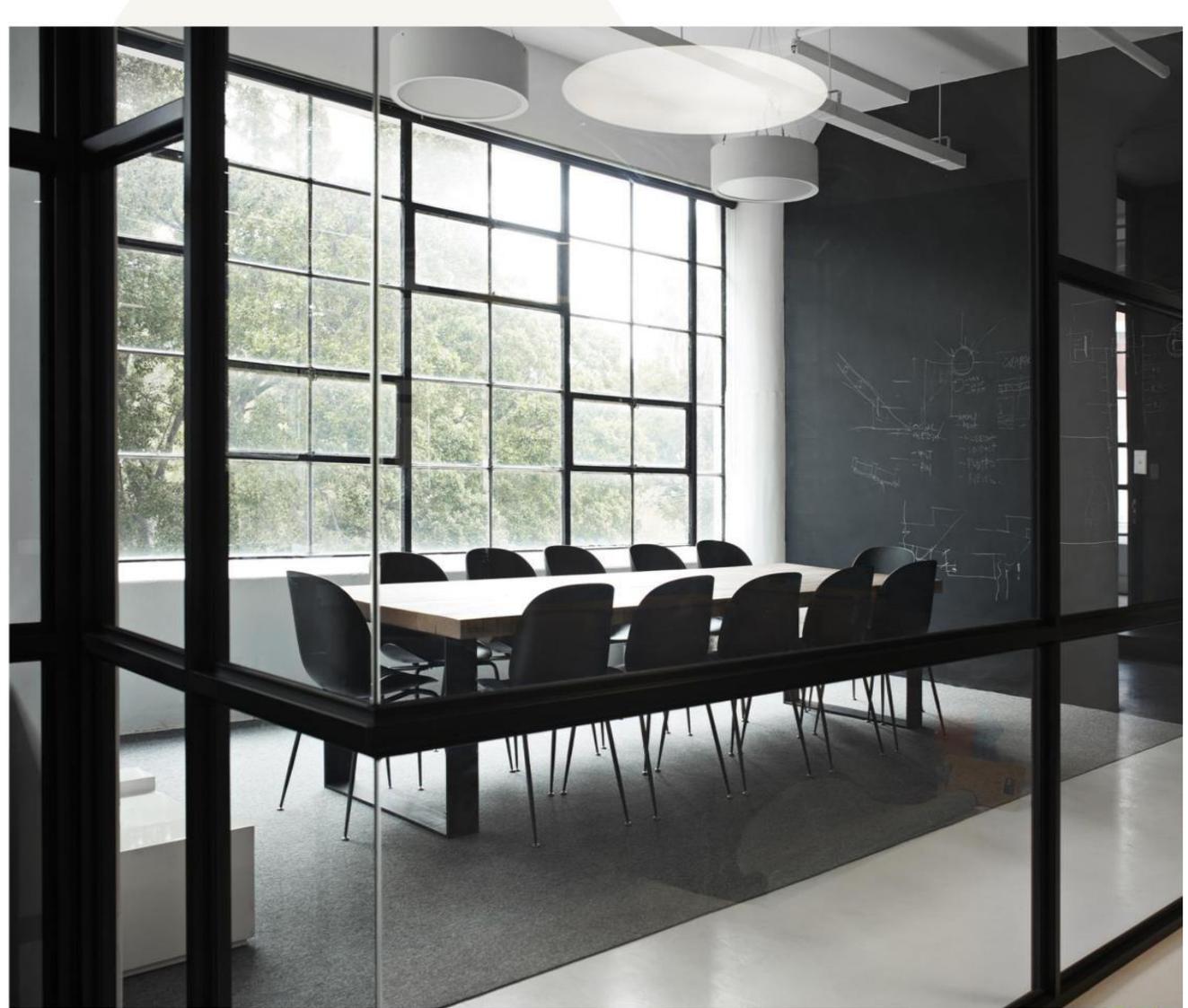
- If a reconsideration is upheld, an appeal may be requested. Specific instructions will be included in the reconsideration determination letter.
- Provider and Beneficiary Appeals are sent to the following

Provider Appeals:

Arkansas Department of Health
Medicaid Provider Appeals Office
4815 West Markham St., Slot 31
Little Rock, AR, 72205

Beneficiary Appeals:

Office of Appeals and Hearings
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437



TIPS

- Call 1-888-660-3831 to check the status of your case (do not use the message center inside the case)
- Check for duplicate cases before submitted a new case for a member.
 - If the case is pended – respond to the information request.
 - If the case is denied – request reconsideration or appeal.
- Check the member's eligibility before submitting a case.
- Use the PREFERENCE section in Atrezzo to set up practice specific CDT and Diagnosis codes to save time.
- Ensure the username for Atrezzo is linked to the correct NPI number before submitting cases.



Resources and Education

- [Arkansas Medicaid Dental Provider Manual-Section II](#)
- [Arkansas Medicaid Dental Procedure Code Table](#)
- [Acentra Health Arkansas Webpage –Dental Services](#)
- Acentra Health Customer Service
 - 1888-660-3831
 - ArkansasPR@acentra.com: Arkansas Provider Relations contact





Questions & Answers



Acentra

HEALTH

Accelerating
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