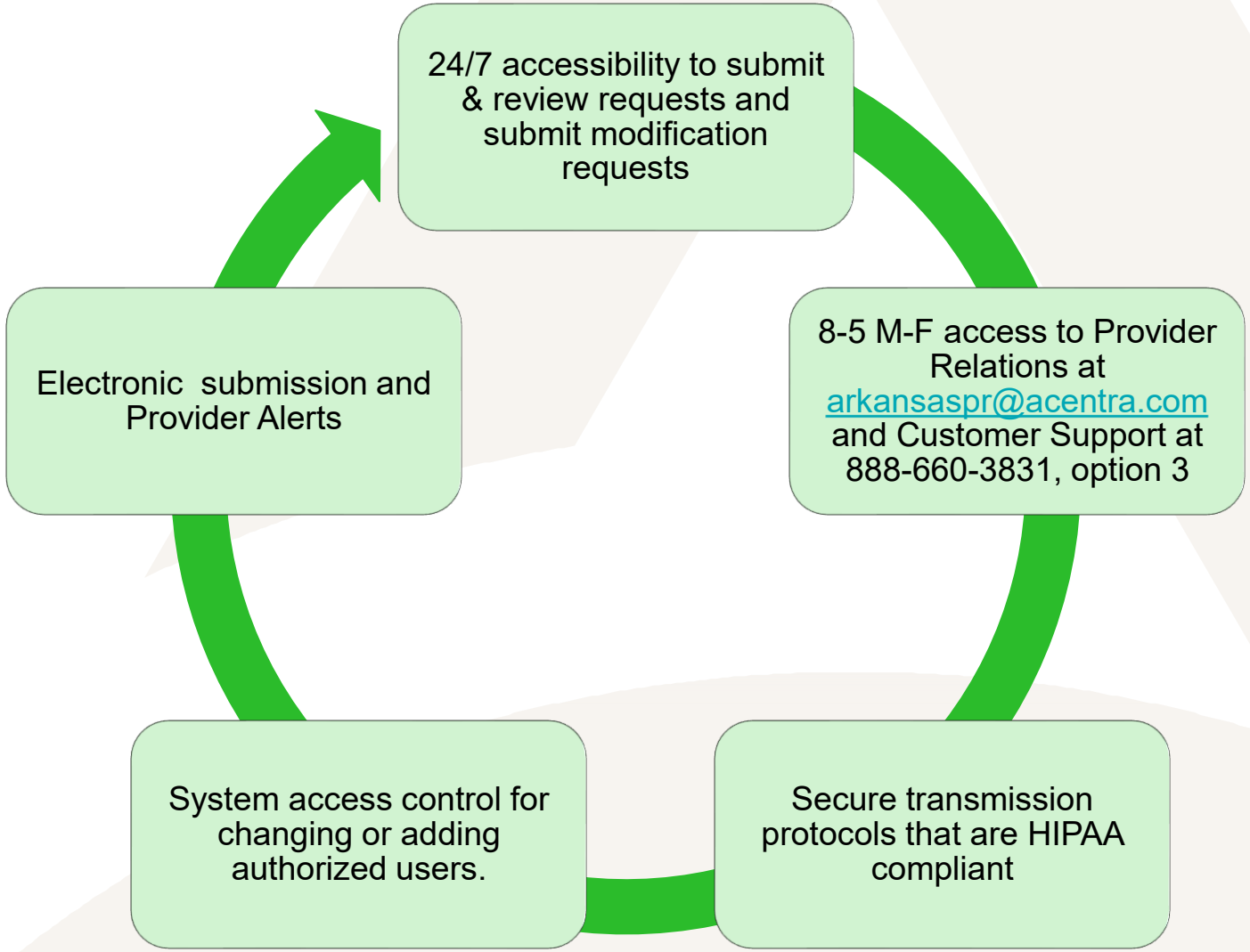
Acentra HEALTH

Personal Care Services

Updated November 2025

Overview of Atrezzo Provider Portal



How to Register for the Atrezzo Provider Portal

Video Tutorial:

Arkansas Atrezzo Provider Portal Administrator Training

Quick Reference Guides:

Provider Portal Registration Overview

Atrezzo Portal Multi-Factor Registration and Login Process - New External Users

How to Add a User - Quick Reference Guide

How to Add Additional Providers - Provider Admin Quick Reference Guide

Frequently Asked Questions:

FAQ – Atrezzo Registration

Personal Care Description of Services

PCS Code	Description
T1019	Personal Care for a Non-RCF Beneficiary aged 20 and under, per 15 minutes
T1019-U3	Personal Care for a non-RCF Beneficiary aged 21 or older, per 15 minutes
T1019-U4	Personal Care for school/cooperative based Beneficiary aged 20 and under, per 15 minutes
T1019-U5	Personal Care for a Beneficiary aged 16-20, on the jobsite, per 15 minutes
T1020	Personal Care in a Residential Care Facility or Assisted Living Facility

Review Completion Times

Prior Authorization	Review Turn Around Time
PA with current Optum assessment	Within 15 working days after all necessary documentation is received
PA without current Optum assessment	Within 15 working days after all necessary documentation including the Optum assessment are received
PA Reconsideration	Within 30 days after all necessary documentation has been received

Required Documentation

- ✓ Personal Care Service Plan (DMS-618)
  - ✓ Care plan dates must be current
  - ✓ Current Diagnosis
  - ✓ Functional Status
  - ✓ Agency RN must sign and date page 5
  - ✓ Beneficiary or Guardian must sign and date
- ✓ Freedom of Choice declaration signed and dated by Beneficiary or Guardian and at least one witness

Review Status and Determinations

- ✓ Approved: PA has been approved in total
- ✓ Approved COS: Continuation of Service (COS) approval is to allow continuation of services while the beneficiary decides if they want to pursue an appeal or reconsideration for an adverse determination. The COS is initially for 65 days and extends if an appeal is filed
- ✓ Partially Approved: PA was approved for only appropriate dates and units
- ✓ Denied: PA was denied typically due to the documentation submitted not supporting the need for services requested
- ✓ Rejected: At the request of the provider or a critical error was identified by the review team
- ✓ Pending: Reviewer has requested additional information and/or documentation
- ✓ Void: PA was voided after transmission, typically due to error or duplication
- ✓ Submitted: Case was received and is awaiting review
- ✓ Unsubmitted: Case creation was initiated, but submission was not completed and Acentra has not received the case.

Reconsiderations and Appeals

- ✓ Partially Approved and Denied cases can request a reconsideration or appeal within 65 days of the adverse determination, with updated documentation to support reconsideration request, if the determination was due to lack of supporting documentation.

- ✓ Cases that are Partially Approved or Denied due to an expired assessment or no assessment on file will need a new PA submitted, in order to generate a referral for an assessment.

- ✓ Clients currently receiving services who receive Tier 0 assessment results can request services continue during the appeal process. New applicants or new assessments do not qualify for continued services or temporary PAs.
  - ✓ Provider must request the extension or continuation during the appeal process
  - ✓ Provider may still be financially responsible for the cost of the services is the appeal hearing results in the tier 0 being upheld

- ✓ Tier determination appeals can be made by the provider in writing to:

  Arkansas Department of Health Medicaid Provider Appeals Office,

  4815 West Markham St., Slot 31, Little Rock, AR, 72205.

Role of Acentra Health vs Optum

Acentra Health	Optum
Receive PA request	Receive referral request
Verify if there is a current tier determination and what the expiration date is	Contact beneficiary/guardian to schedule assessment
Send referral for assessment to Optum, if needed	Perform assessment
Receive Task & Hours tool for 21+ and tier assignment for all ages from Optum	Assign a tier based on the assessment
Apply Task & Hours tool for 20 and under	Apply Task & Hours tool for 21 and over
Process determinations to PA request	Upload Task & Hours tool for 21 and over and tier for all ages

Optum Assessment Referral Process

- To trigger an Optum referral, the provider will need to submit a new PA request. ***Do NOT use the "Referral" function**, as this will not submit a referral request for you*
- If the beneficiary needs an Optum assessment, the PA request will trigger a referral for assessment. Referral will not generate to Optum if the PA request is made more than 90 days prior to the Optum assessment expiration date.
- Once Optum receives the referral for assessment, they will initiate contact with the beneficiary, in order to schedule the appointment. ***Please make sure your clients/guardians are answering the phone number you provided***
- The beneficiary or their guardian can contact Optum at **844-809-9538** to schedule their appointment.

How is a Repeat Referral Submitted?

- ✓ If Optum has not completed the process of closing the referral, it is possible that Optum will still schedule the assessment, without closing it out. Call 844-809-9538, to find out.

- ✓ If Optum states that “a new referral is needed,” the provider will need to submit a new PA request, which will trigger the new assessment referral.

- ✓ If you have questions regarding your referral request or a status of a prior authorization request, that you are unable to answer through a status check on the portal, please contact our Customer Service Team at 888-660-3831 or email arkansaspr@acentra.com.

Provider Change Requests

Provider 2:

- Submit your PA to us, as normal, with a DMS-618 and/or Service Plan, with Freedom of Choice signed and dated by the beneficiary.
- Your PA will not start until the first date of the following month after we process. If a determination is applied at the end of a month, your PA will not start until the first date of the second month after we process.
- If your request is within 90 days of the expiration of the Optum assessment, email Arkansas PR so we can look at it prior to the Optum assessment completion

Provider 1:

- Your PA will be assigned an end date.
- You will receive a message from us and an updated PA Determination Letter.
- If the client is not leaving your facility and your services need to continue, you will need to submit a new PA request to our portal, with an updated and signed Freedom of Choice
- If you do not provide us with a new PA and updated/signed Freedom of Choice, the PA submitted by Provider 2 will stand
- Overlapping authorizations are not permitted.
- Provider 1 end date will not be retroactive unless they provide us with a discharge date and total units used that month
- Provider change requests are processed in the order in which they are received, within our prescribed turn-around time

Acentra Health Resources

Provider Website:
http://ar.acentra.com/
(*Provider Forms/Education and Training Material*)

Phone: 888-660-3831, option 3
Fax: 855-997-3707
(*General inquiries/questions/status updates*)

Provider Outreach Email:
arkansaspr@acentra.com
(*Provider Education/Training Assistance*)