Acentra HEALTH

Accelerating Better Outcomes

Atrezzo Provider Portal Refresher

Frequently Asked Questions (FAQ)

Q. Where do I find the training documents and videos?
A. You can view these trainings by visiting the "Provider Resources" page of ar.acentra.com or by clicking here.

Q. What is the portal website?
A. Atrezzo.acentra.com

Q. What is my "Registration Code?"
A. The "Registration Code" is the 9 digit Medicaid assigned Provider or Practice ID.

Q. How should I expect to receive letters from Acentra Health?
A. All PA letters will be sent via fax. If we do not have a fax number on file for your facility, we will send them to you via USPS. All Claims Review letters will be sent via USPS. All letters are also posted within the portal for access 24/7.

Q. What is the difference between an Appeal and a Reconsideration?
A. An Appeal is a request made in writing to the State of Arkansas. This involves a judge holding a hearing to review your request, documentation, and our determination. A Reconsideration is a request made through the Atrezzo Provider Portal, with updated documentation or data, asking our review team to look at your request again.

Q. When can I ask for an Appeal or a Reconsideration?
A. If you receive an adverse determination, you have 65 days from the date of that determination to request an Appeal or Reconsideration. If you decide to request a reconsideration with Acentra Health and the initial determination is upheld, you can still request an Appeal with the state.

Q. Where can I find a list of all of my Claims Reviews?
A. Administrators can view the list of all their Claims Reviews in the "Report Function," by NPI.

Q. How can I add a second code or modifier to my PA request?
A. When submitting your request, you will enter your first code in the procedure code search field. Once you've filled out the dates/units, you'll repeat those steps. If you need a modifier added to the code, please add it in the "modifier" field. Each necessary modifier is entered in its own field.

Q. What do "Duration," "Quantity," and "Frequency" mean?
A. Duration is the total number of days on the PA. This will populate automatically when you enter your start and end date.
B. Quantity is the total number of units for the entire PA. Whatever information you put in this field will be the total number of units requested on the PA.
C. Frequency does not affect the PA and needs to be left blank.

Q. Personal Care: What determines the dates on a PA?
A. The date span of a PA must be covered by the dates of the DMS-618 **AND** the Optum Assessment. Your PA will end based on the expiration dates of the DMS-618 and Optum Assessment. Whichever ends first will determine the end date of your PA.

Q. Personal Care: **When should I submit my new PA request?**
A. Please submit your requests 60-90 days prior to the expiration of the Optum Assessment. If no Optum assessment is needed at this time, please submit your request 60-90 days prior to the expiration of the current PA.

Q. Personal Care: My PA was ended early due to a "Provider Change." What do I do if the beneficiary doesn't want to switch companies?
A. If the beneficiary wants to stay with your facility, have them fill out a new Freedom of Choice Disclosure and upload it in a new PA.

Q. Personal Care: My PA shows everything on one line. How do I know how many units have been approved for each month?
A. The units per month will be broken down in the case notes.

Q. Personal Care: How can I see when my beneficiary's Optum Assessment was completed?
A. Email barbie.brunner@optum.com with provider company name, point of contact name and email address, and all provider IDs used in Atrezzo

Q. Who can I reach out to for assistance?
A. Please email Provider Relations at arkansaspr@acentra.com or call Customer Service at 888-660-3831, **Option 3**.