Acentra HEALTH

Arkansas Dental Prior Authorization Process

Service Implementation

Provider Education 2024

Agenda

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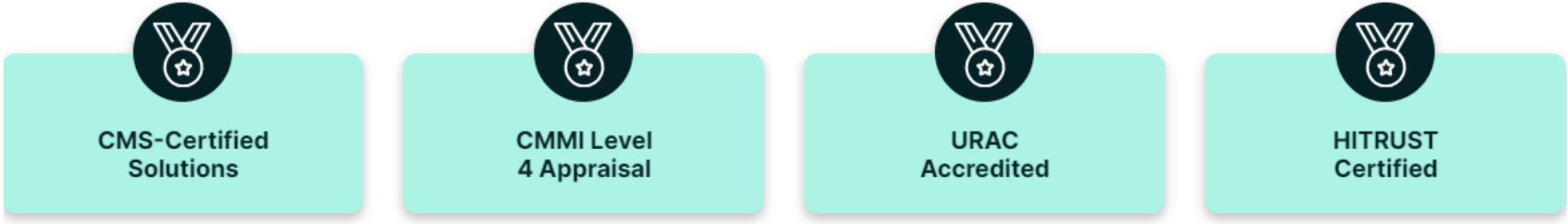
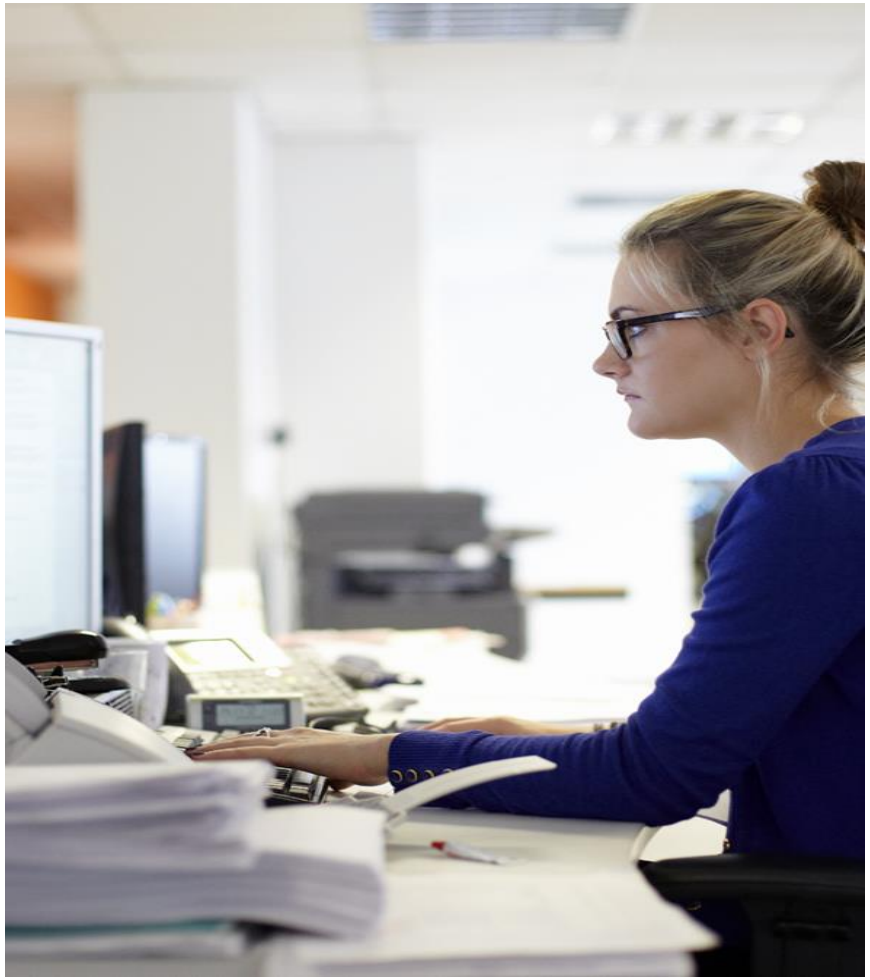
Partners in Healthcare – Who are we?

- 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.



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 to15 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/Request for Services

- 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- Can use R69 if ICD-10 coding unknown
  - 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.

Entering Procedure Codes

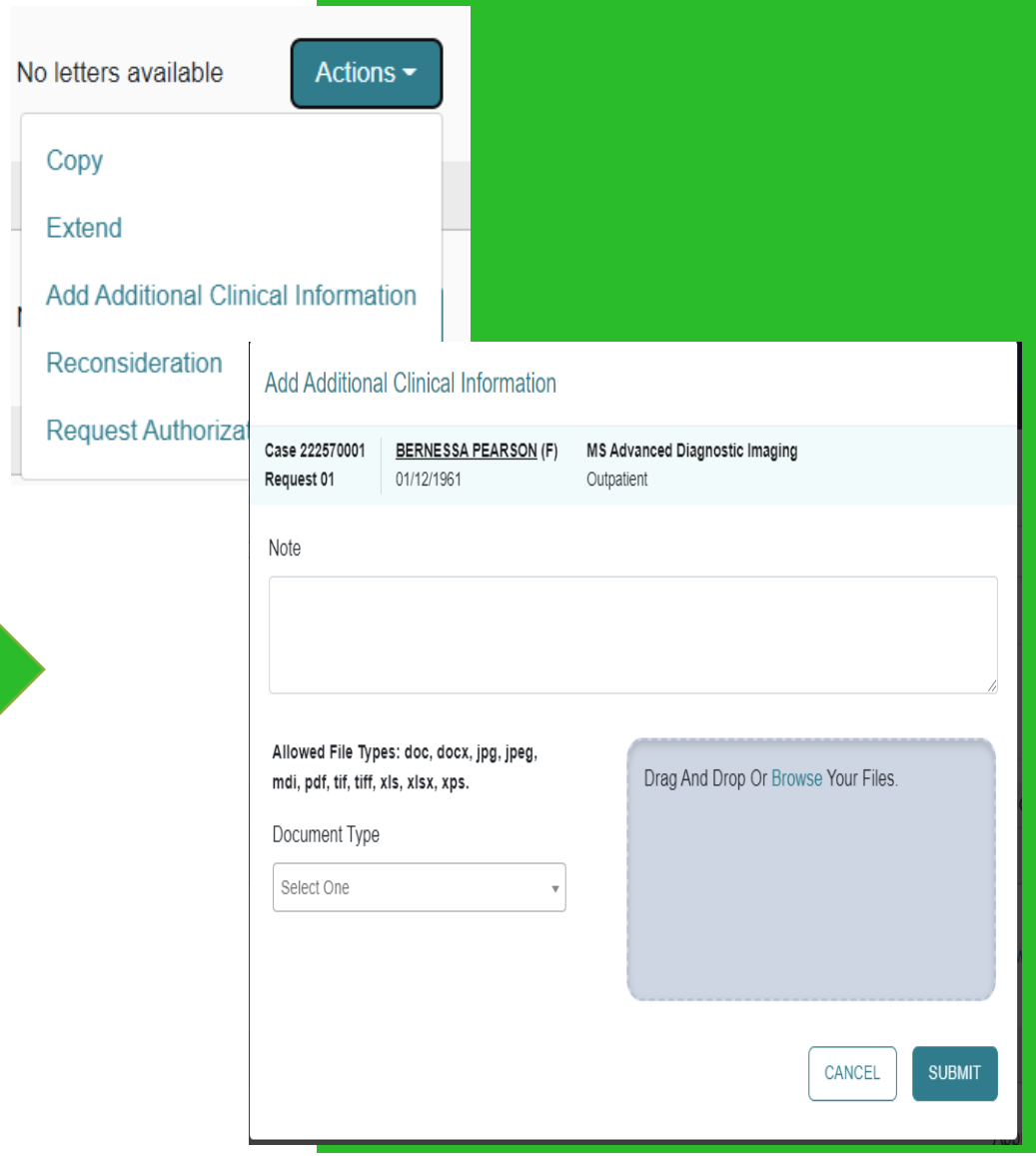
- Requested Start Date will be the date the service is schedule to be performed
  - In the event of a retrospective review, “Requested Start Date” is the date services were performed
- Authorizations are for one (1) year- entering “365” into ‘requested duration’ field will calculate the end date for 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

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.

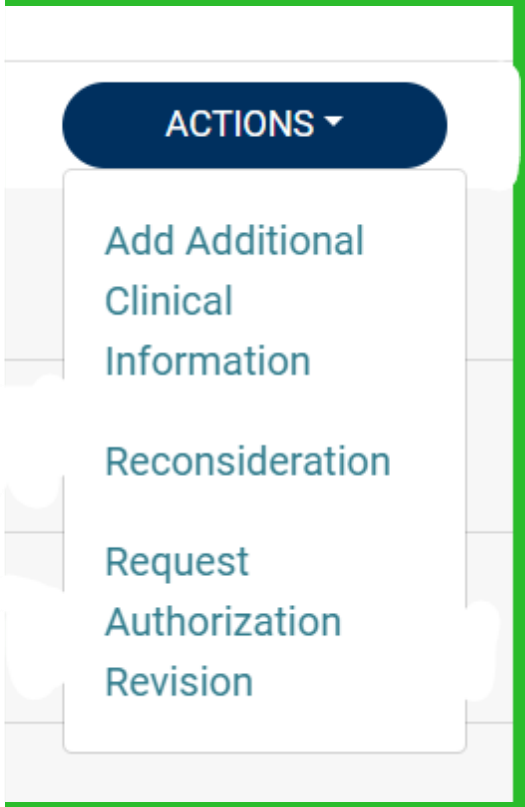
Responding to Pended Reviews

- 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.



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