

Virginia Premier Provider Portal Sunsetting Frequently Asked Questions

When is the Virginia Premier Provider Portal retiring?

Sentara Health Plans will retire the Virginia Premier Provider Portal effective December 31, 2024.

Why is Sentara Health Plans retiring the Virginia Premier Provider Portal?

The Virginia Premier Provider Portal will retire to align with our continuous effort to consolidate and streamline our self-service capabilities. This will enable us to deliver a more user-friendly self-service experience with Availity.

What is Availity?

Availity is a multi-payer portal where providers can check eligibility and benefits, manage claims, and more to streamline their work. Sentara Health Plans announced in December 2023 that it will transition to Availity on January 1, 2024. Many providers are already using Availity with other payers that they are contracted with and are familiar with its ease of use.

If I am already registered for Availity Essentials, can I start using it for Sentara Health Plans?

If you are already working in the Availity Essentials portal, the same user ID and password can be used to sign in to the Essentials account for Sentara Health Plans. For a refresher, please visit Availity's **Reference Guide for Admins** and **Reference Guide for Users**. Please note we are in the process of a transition, so not all features are available for Sentara Health Plans yet.

How do I register with Availity?

For providers new to Availity Essentials, the **Get Started** page has an abundance of resources, and a link to register. Once an Availity Essentials account has been created, navigate to the "Help and Training" button in the upper right corner of the home screen, then select "Get Trained" for additional training options.



What other features are available in Availity?

Starting November 1, 2024, providers can:

- Check Eligibility & Benefits
- Submit claims using Availity's data entry inputs
- Check Claim Status
- View Remittances
- Access Sentara Health Plans Payer Space to obtain information and access to Sentara Health Plans-specific resources

In the Virginia Premier Provider Portal, I was able to check Claim Status and submit a Claim Reconsideration. How will I do that now?

As a result of the termination, providers will no longer have access to the Virginia Premier Provider Portal and the ability to obtain Claim Status or submit Claim Reconsiderations for Medicare and Medicaid claims through that portal.

Providers can obtain Claim Status via the Availity portal for all lines of business (LOB), and we expect to have available the ability to submit Claim Appeals/Reconsiderations in Availity by Spring of 2025.

In the interim, providers can still use Sentara Health Plans' **payertransactions.com** Claim Reconsideration Portal by converting their Virginia Premier HealthTrio account into a 'direct-login' type account on that portal. This will maintain their ability to submit Claim Reconsiderations electronically for Medicare and Medicaid claims until this is available in Availity.

Why am I not able to find claim status on some of my claims in Availity?

Providers can go back one year from when the claim was submitted to check claim status. If you need to check the status of a claim that you don't see on Availity you will need to contact Sentara Health Plans' Provider Services.

How do I convert my Virginia Premier HealthTrio account to continue to submit Claim Reconsiderations electronically?

For providers who have accessed the Sentara Health Plans **payertransactions.com** Claim Reconsideration Portal in the past by signing in through HealthTrio, please see the next question below.

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For providers who have not used the **payertransactions.com** Claim Reconsideration Portal in the past, please register directly by accessing this link: **Sentara Health Plans Provider Portal**, clicking on "Need an account," and following the prompts.

Additional information is attached as well.
Sentara Health Plans Provider Portal - User Account and 2FA Guide.docx

What if I have several Tax Identification Numbers (TINs), would I need to register them individually through the site?

Sentara Health Plans understands that registering each TIN takes work. As such, Sentara Health Plans is providing the ability to migrate all of HealthTrio users' TINs to a single direct-login account on the portal so that users don't have to register each TIN individually.

How can I access the migration feature?

There is a message on the Claims Reconsideration (**payertransactions.com**) portal about the upcoming change along with a button you click to migrate your account to maintain access. For security reasons, the user will be sent a confirmation email to the email address they have on file with their HealthTrio account. Respond to that email accordingly.

I submitted the migration request, but I never received the confirmation email

If you don't see the email, check your spam or junk email folders. If you still do not see it, make sure that you are using the email address associated with the HealthTrio account. If, for some reason, the email has changed, the migration cannot be completed, and the user will need to create a new account instead of migrating their existing one.

Will I be able to access my previously submitted Claim Reconsiderations?

Once your account is confirmed, all TINs and reconsideration history will be retained and migrated to your new direct-login account. If you had multiple logins with HealthTrio, TINs from all recently used accounts under your email address will be merged into a single new direct-login account.

When do I need to register with Optum?

If a user does not convert using the button above prior to January 1, 2025, and they want access after December 31, 2024, there will be a button on the logged-out page to request account conversion. Here again, users will have to use the email that was on file with HealthTrio, and they will have to verify their email address by clicking a link emailed to them. But in addition, there will be a manual account review process for the account conversion request, and the user will not be able to login until their account is approved at which time they will receive an email.

Will I have access to my HealthTrio login once I migrate my account to direct-login?

If a user chooses to convert using the process/button described above, their HealthTrio login or link to the **payertransactions.com** Claim Reconsideration Portal will **no longer** work once the conversion has been started. The HealthTrio account itself will work otherwise until December 31, 2024. But access to the Claim Reconsideration Portal will immediately stop working through HealthTrio regardless of if the email confirmation link or two-factor authentication enrollment are completed.

Do I need to enroll in the two-factor authentication?

Yes. As part of the account conversion process, users need to enroll in two-factor authentication before they can use the account. In other words, there is the potential for users to be locked out if they don't complete the two-factor authentication enrollment during the conversion process.

Who should I contact if I have issues with registration?

<https://www.payertransactions.com/csp/payertrn/enroll2fa.csp>

Starting the day your account is created, you have one week to complete 2FA enrollment. If you miss that window, please contact Provider Services to re-enable 2FA enrollment for your account at **1-800-881-2166**, 8 a.m. to 6 p.m., Monday-Friday.