

Good Afternoon!  
Thank you for waiting while we gather.

**NOTE:** Using Otter.ai or similar artificial intelligence notetaking platforms violates Sentara Health Plans' (SHP) meeting recording policy. Please do not use any such platforms while attending SHP webinars. We appreciate your cooperation.



# 3<sup>rd</sup> Quarter Let's Talk Behavioral Health

**August 12 , 2025**

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# Agenda

- 1. What's New at Sentara Health Plans in 2025**
- 2. Member Experience**
- 3. DMAS Updates/Follow-up**
- 4. Billing Reminders, Authorization Updates and Important Reminders**
- 5. Sentara Health Plans Behavioral Health Utilization Management  
Provider Updates- Cindy Hobbs, RN, MS- Director, Behavioral Health  
UM**
- 6. Sentara Health Plans Medicaid Behavioral Health Redesign- Kresha  
Garland, PsyD - Director, Behavioral Health Contracting, LTSS & SCAs**



# **What's New at Sentara Health Plans in 2025**

# New Provider Services Hours for Medicaid Providers

Effective July 1, 2025, provider services extended their hours from 7 a.m. to 7 p.m., Monday through Friday, for Medicaid providers who are part of the Virginia Cardinal Care Managed Care program through DMAS.



# Electronic Visit Verification Claims Editing Improvements

Sentara Health Plans and Availity will be making improvements to Electronic Visit Verification (EVV) claims editing. This improvement will be implemented on or after September 15, 2025, and will consist of the following components:

Sentara Health Plans will be updating its EVV claims editing logic to ensure individual EVV required data elements are being captured for both primary and secondary Medicaid members to allow for easier provider assistance on claims questions.

There will be quicker notification and claim rejection from Availity when required EVV elements are missing from the submitted claim at the clearinghouse level. The additional claims editing logic will be reviewing claims for both primary and secondary Medicaid enrolled members, in alignment with the Department of Medical Assistance Services (DMAS) requirements.

# Sentara Health Plans Portal Features Update

[Provider Portals | Providers | Sentara Health Plans](#)

Service	Availability Portal	Sentara Health Plans Portal	Sentara Health Plans Reconsideration Portal
Eligibility & Benefits	Available Now		
Claims Submissions	Available Now		
Claims Status	Available Now		
Remittance Viewer	Available Now		
Member ID Card Views	Available Now		
Claim Attachments	Q1 2026		
Claim Corrections	Q1 2026		
Claim Reconsiderations	Q2 2026		Available Now (Medicaid and Medicare only)
Authorization Submissions		Available Now	
Authorization Attachments			
Authorization Status		Available Now	
Authorization Appeals			

# Member Experience





# Welcoming Baby

**Welcoming Baby<sup>SM</sup>** is an incentive-based program that provides Sentara Health Plans Medicaid members with a variety of clinical and personal resources and ongoing support during and after pregnancy.

**Medicaid members now have access to view the following online:**

- frequently asked questions
- maternal health benefits
- education and events and resources

**The Sentara Health Plans health and wellness page now provides a link to our maternal health programs:**

- Welcoming Baby for Medicaid members
- Partners in Pregnancy for commercial and Medicare members

**Welcoming Baby:**

[Welcoming Baby](#) | [Medicaid](#) | [Sentara Health Plans](#)

**Maternal health:**

[Maternal Health Benefits](#) | [Medicaid](#) | [Sentara Health Plans](#)

# Where To Go for Care

As part of Sentara Health Plans' continued efforts to ensure our members access the right level of care at the right time, we want to educate our providers about the many alternatives available to members for receiving care for urgent or non-life-threatening conditions outside of the Emergency Department. Please review the flyer at this link for assistance in referring Sentara Health Plans Medicaid members,

[SHP MD MEM FL 240038 Where to Go for Care \(Oct 2024 update\) Web.pdf](#)



# **DMAS Updates/Follow-up**

# DMAS Updates/Follow-up

## Rate Updates – Effective July 1, 2025

1. Addiction and Recovery Treatment Service (ARTS) Rates
2. Clinical Laboratory Services Procedure Code Rate Additions
3. Home Health Rates
4. Inpatient and Outpatient Hospital Rates
5. Nursing Facility and Specialized Care Rates
6. Outpatient Rehabilitation Rates
7. Personal Care Rates
8. Physician Administered Drug Procedure Code Rates
9. Resource Based Relative Value Scale (RBRVS) Rates
10. Waiver Rate Updates

[Memo & Bulletin Library | MES \(virginia.gov\)](#)

## Manual & Various Updates

1. Update to Pending 1915© HCBS Waivers Amendments – Effective July 1, 2025
2. Updated Provider Enrollment Requirements – Effective July 1, 2025
3. Updates to Addiction and Recover Treatment Services (ARTS) Manual
4. Delayed Billing for Certain Long-Acting Injectables in any Hospital Emergency Department or Hospital Inpatient Setting – Effective July 1, 2025
5. Updates to Plan First Manual – Chapter II
6. Updates to the Mental Health Services Manual and Temporary Detention Orders Supplement
7. Updates to Chapter V of the Psychiatric Services Manual
8. Requirement of Application Fee for Provider Class Type 60-Pharmacy and/or Provider Class Type 61-Pharmacy-Long Term Care – Effective August 1, 2025
9. Maternal Health Bills and Budget Items – Effective July 1, 2025



## **Billing, Reminders, Authorization Updates & Important Reminders**

# Billing Reminders

## Primary COB for Dual eligible Members (DSNP)

- When submitting claims for members with both Medicare and Medicaid always file Medicare as primary. Doing so will avoid processing delays. Claims must include the member's Medicare ID number. Following this process allows our team to process these claims in a timely manner. If the claim is not filed with the Medicare number first it will be denied D95 stating the provider needs to resubmit with Medicare number.

## Review All Claims Before Submission

- To avoid denials, incorrect payment, and delays in processing claims, it is critical that the rendering provider, date of service (DOS), and services on the authorization match the DOS and services provided on the claim before submission.

## Payment Policies

- Payment Policies are in Availity under Payer Space, Essentials Registration & Support | Availity or in the Sentara Health Plans Portal, Provider Connection | Sentara Health

# Billing Reminders



## **Important Reminder About the National Provider Identification for Groups**

When requesting authorization for a provider within a group, please verify that the National Provider Identifier (NPI) on the request matches the NPI listed on the claim for the group (i.e., durable medical equipment, hospital, etc.). The additional step of ensuring NPIs match will help prevent the inappropriate denial of claims.



## **Personal Care and Behavioral Health Services— Billing Reminder**

As a reminder, providers should bill for service according to the Department of Medical Assistance Services (DMAS) billing instructions as outlined in the in the Provider Manual CCC Plus Waiver [CCC Plus Waiver Chapter V \(updated 2.27.24\) Final.pdf](#)




# **External Emails from Sentara Health Plans to Providers**

Provider Data and Enrollment has asked that providers notify their IT departments to allow any email from Sentara Health Plans to go through, especially those that are secure.



# Access to Care Protocol & Appointment Access Standards

Access to care is recognized as a key component of quality care. As a condition of participation, providers must provide covered services to members on a 24-hour per day, 7-day per week basis, in accordance with Sentara Health Plans' standards for provider accessibility.



Sentara Health Plans Commercial and Medicare Provider Manual on page 14 and page 15

Sentara Health Plans Medicaid Provider Manual on page 62 and page 63

[Provider Manuals and Directories | Providers | Sentara Health Plans](#)



Doing Business with Sentara Health Plans - [Provider Orientation | Providers | Sentara Health Plans](#)



## **Online Provider Update Form and Applications**

When submitting the online Provider Update Form and Applications, be sure they are being filled out completely. We are finding that notes are being made in the comments instead of completing the entire form. Filing out the forms completely will assist in a quicker turnaround time for the applications and the updates can be processed in a timely manner.



## **PRSS Enrollment**

All Medicaid managed care network providers must enroll through Provider Services Solution (PRSS) to satisfy and comply with federal requirements in the 21st Century Cures Act. In order to be a Medicaid provider in an MCO's network you must first enroll through PRSS and then contact the MCO(s) you wish to participate in to ensure each MCO's requirements are satisfied.

Visit [Home](https://virginia.hppcloud.com) (<https://virginia.hppcloud.com>)



## **Provider Connection – Requesting Access for New Providers**

Before Provider Connection access can be granted to new providers the completion of loading provider information must be done to have the accounts available to link to the user's portal profile.

Providers are sent an auto email completion message notifying of credential approval, when they are loaded, and that they can submit a provider connection portal request. Submitting requests prior to notification causes high volumes of requests and delays.


# Claims Project Request Template

**Please Note:** When completing the claims project template, **the claim number MUST** be included. The inclusion of the claim number ensures that the claims project team can work more efficiently to complete your request. The template should not be used to submit open AR claims.

Member Name	Member ID	Sentara Health Plans Claim number (Required)	Date of Service	Billed Amount	Expected Reimbursement	Service Provided (CPT/HCPCS)	(Rendering) Provider NPI	Description of Claims Issue	Call Reference Number	Example of Larger Issue -or- Full Scope of Claims Shared?

# Report Critical Incidents

A critical incident is defined as any actual, or alleged, event or situation that creates significant risk of substantial or serious harm to the member's physical or mental health and safety or well-being of a member/patient.



Immediately report alleged abuse, neglect or exploitation related critical incidents to appropriate protective services agency: Contact:

Adult Protective Services (APS): (888) 832-3858

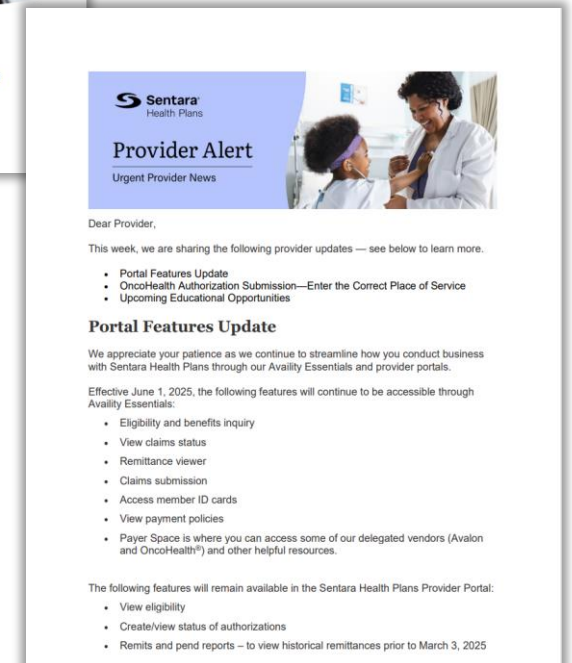
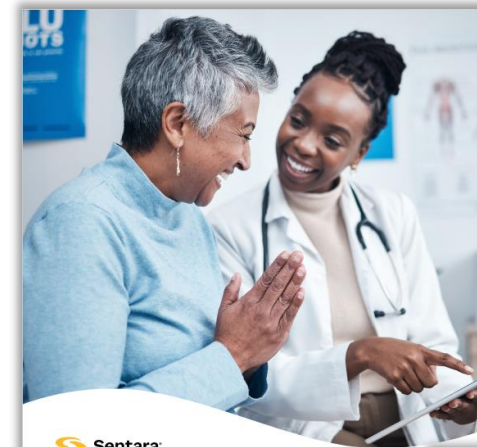
Child Protective Services (CPS): (800) 552-7096



Within **24 hours**, Email: [criticalincidents@sentara.com](mailto:criticalincidents@sentara.com); OR fax Critical Incident Report form to Fax: (833) 229-8932 located at [Critical Incident Form 11092021 \(sitecorecontenthub.cloud\)](#) OR Call Sentara Health Plans: (757) 252-8400

# How do we communicate with you?

- providerNEWS
- Provider Emails – (it is important that we have the email address of a point of contact who can share with the staff, i.e., physicians, quality, billing/coding, etc.) **We accept multiple email addresses**
- Website
- Provider Manuals
- Emails to and from your Network Educator ([contactmyrep@sentara.com](mailto:contactmyrep@sentara.com))
- Availity Essentials PayerSpace

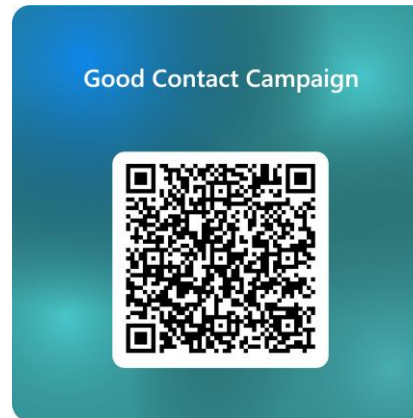


# Providing the BEST E-mail Address(es)...

- Ensures you receive notification of changes 60 days or more in advance
- Allows you to prepare early
- Allows to you ask questions prior to implementation
- Helps avoid unnecessary denial of claims, claims reprocessing, etc.
- Allows you to participate in provider trainings in advance of changes, when offered

## Who Needs to Know?

- Decision maker(s)
- Billers and coders
- Practice administrators/managers
- Quality subject matter experts



[https://forms.office.com/Pages/ResponsePage.aspx?id=2AKEAe4aHEKHaOk0E\\_LZuClaMfXwrLZJnF98GnVgfVhUMFBaUlo4OEpER0JVUK1LMjJlVU9JMzUyVCQlQCN0PWcu](https://forms.office.com/Pages/ResponsePage.aspx?id=2AKEAe4aHEKHaOk0E_LZuClaMfXwrLZJnF98GnVgfVhUMFBaUlo4OEpER0JVUK1LMjJlVU9JMzUyVCQlQCN0PWcu)

**Note:** If you are the designated recipient, be sure to forward to others as appropriate. Be sure to update your contacts and email addresses when staffing changes occur (including role changes)

# Look for our Upcoming 2025 Webinars

## **Reconsiderations & Appeals Process Training**

August 20, 2025 – 8 AM

September 10, 2025 – 7AM

September 25, 2025 – 1 PM

## **Provider Quality Care Collaborative**

September 3, 2025 – 12 PM

October 1, 2025 – 12 PM

## **Lunch & Learn: Provider Website Tour – twice a month**

September 9, 2025 – 12 PM

September 25, 2025 – 12 PM

## **Let's Talk Behavioral Health**

November 11, 2025 – 1 PM

## **Claims Brush-up**

September 16, 2025 – 1 PM

December 17, 2025 – 1 PM

## **Sentara Health Plans Spotlight**

### ***'A Look Back, moving forward'***

September 23, 1 PM – 2 PM

October 1, 2025 - 10 AM – 11AM



# **Behavior Health Utilization Management**

**Director, Cindy Hobbs, RN, MS, MBA**





# Behavior Health Utilization Management (BH UM), Government Services

Important reminders:

- **Authorization Request Forms & Fax Numbers**

Please use the most current and correct authorization request forms—either from DMAS or the SHP provider portal. It is essential that these forms are submitted to the correct fax numbers to ensure timely processing and avoid delays.

**Urgent requests**

**Fax numbers:**

1-844-348-3719 or 757-963-9619

**Non-urgent BH outpatient requests**

**Fax numbers:**

1-844-895-3231 or 757-963-9620

- **Clinical Documentation Integrity**

We've observed an increase in the copying and pasting of identical clinical information, particularly in community stabilization requests. This practice is not permitted. BH UM has begun tracking these instances and has escalated them to our Compliance Team for further review and next steps. Please emphasize the importance of individualized and accurate documentation.

# Behavior Health Utilization Management (BH UM), Government Services

Important reminders:

- **ABA Therapy Review Enhancements**

BH UM is pleased to welcome two Board Certified Behavior Analysts (BCBAs) to our reviewer team. Their expertise will help ensure that members receiving ABA therapy are approved for the appropriate number of units, in the right setting, and for the right duration.

- **Upcoming DMAS Changes for ABA Providers – Effective September 1st**

Beginning October 15th, DMAS will require all ABA authorization requests to include the number of units needed for each specific code. Additionally, a new DMAS authorization submission form must be used. Please ensure ABA providers are aware of this change and are preparing accordingly.



Sentara Health Plans  
Let's Talk Behavioral Health  
***“Medicaid Behavioral Health Redesign – [Are You Ready?](#)”***

**Kresha Garland, PsyD**  
**Director, Behavioral Health Contracting, LTSS & SCAs**

August 12, 2025

# ***Medicaid Behavioral Health Redesign – Are You Ready?***

In collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Health Professions (DHP), DMAS launched a two-year project (July 2024-June 2026) to replace our Community Mental Health Rehabilitation Services (CMHRS) services and case management service. As plans developed, initiatives to redesign Medicaid legacy community mental health rehabilitative services (CMHRS) emerged as significant needs within the system.

## **The legacy CMHRS services include:**

- **Intensive In-Home (IIH: H2012)**
- **Therapeutic Day Treatment (TDT: H2016)**
- **Mental Health Skill Building (MHSS: H0046)**
- **Psychosocial Rehabilitation (PSR: H2017)**

# Medicaid Behavioral Health Redesign – *Timeline: July 2024 – June 2026*

## Year 1

July 2024-June 2025

Service research, stakeholder input, contractor support to develop service requirements

Develop service definitions and requirements

Develop FFS rates for each proposed new service

Estimate utilization, cost and budget impact for redesigned services

## Year 2

July 2025-June 2026

Operationalize new services through licensure, regulatory, and policy manual changes

Prepare providers to transition to new services

Ensure MCO readiness to implement new services

New Services Go Live  
Potential phased in approach of service implementation



*The SHP BH Contracting Team Wants To Know.....*



# Department of Medical Assistance Services Behavioral Health Services Redesign



## Ending on June 30, 2026

Intensive In-Home Services (H2012)

Therapeutic Day Treatment (H2016)

Mental Health Skill Building (H0046)

Psychosocial Rehabilitation (H2017)

## New Services July 1, 2026

Community Psychiatric Support  
and Treatment -  
Adult Home/Community-Based

Community Psychiatric Support  
and Treatment -  
Youth Home/Community-Based  
and School Setting

Coordinated Specialty Care for  
First Episode Psychosis

Clubhouse Model of Psychosocial  
Rehabilitation

### More Information:



[DMAS Behavioral Health Services Redesign](#)



# Medicaid Behavioral Health Redesign - Rehabilitative Services


An implementation plan for **July 1, 2026**, was developed under budget neutral requirements, including Community Psychiatric Support and Treatment (CPST), Clubhouse Model of Psychosocial Rehabilitation, Coordinated Specialty Care, Mental Health Case Management, and a standardized assessment to support a Level of Need model.

What are rehabilitative behavioral health services?

Rehabilitative Services

	Rehabilitative behavioral health services means assisting individuals regain skills or functions that they have lost due to mental health and/or substance use disorder or compensating for impairments due to a disorder.	Developmental stage, age of onset, trauma exposure, support systems, etc.	Skills not learned between that time and entry to treatment is duration of untreated mental illness	Rehabilitation of skills in these domains means closing the gap.	
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All Virginia Medicaid behavioral health services are considered rehabilitative services

CardinalCare  
Virginia's Medicaid Program

*\*\* This is only a brief introduction into the Medicaid Behavioral Health Redesign Implementation Plan. Please visit the DMAS website for a comprehensive narrative of the plan and all requirements. \*\**



# Medicaid Behavioral Health Redesign – *New Services*

## Cross Walk of Current Community Rehabilitative Mental Health Services (CMHRS) and New Service Array

Current Services	New Service Replacement
Mental Health Skill Building (H0046) Psychosocial Rehabilitation (H2017)	Community Psychiatric Support and Treatment-Community
	Coordinated Specialty Care
	Clubhouse Model of Psychosocial Rehabilitation
Intensive In-Home Services (H2012)	Community Psychiatric Support and Treatment-Community
Therapeutic Day Treatment (H2016)	Community Psychiatric Support and Treatment-School Setting
Mental Health Case Management (H0032)	Remaining Mental Health Case Management with policy changes




# Medicaid Behavioral Health Redesign - Community Psychiatric Support and Treatment (CPST) DRAFT-Agency Requirements

## Rehabilitative Agency - Agency Level Requirements

1. Providers may offer community-based CPST and/or school-setting CPST.
2. Providers may offer services for youth, adult, or both.
3. Providers may offer community/home-based or school setting or both.
4. Must have clinical director (independently Licensed Mental Health Professional, Full-Time) that provides clinical oversight of all CPST services.
5. Supervision requirements will include hours of supervision and other requirements for license-eligible, licensed, and non- licensed (e.g., QMHP/BHT) staff
6. Caseload limits for each staff level (LMHP, QMHP, BHT), including across agencies (i.e., licensed individual's caseload is counted across all agencies where employed)
7. Evidence-based practices and principles integrated into service definition where possible; and through statewide training which will be required for all providers. Additional EBPs are recommended.
8. Providers must be accredited by Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), DNV Healthcare or Joint Commission required within approximately 2 years.

# Medicaid Behavioral Health Redesign – CMHRS Crosswalk

Cross Walk of Current Community Rehabilitative Mental Health Services (CMHRS) and New CPST Service Components	
Old CMHRS Service Components	New Service Components
Comprehensive Needs Assessment (CNA)	Standardized Comprehensive Assessment of Needs and Strengths (CANS Lifetime)
Treatment Planning	Treatment Planning
Crisis Intervention	Crisis Support
Skills Restoration	Restorative Life Skills Training
Care Coordination	Care Coordination
Counseling	Psychotherapy
Not Applicable	Health Literacy Counseling
Not Applicable	Rehabilitative Skills Practice (Tier 2 Only)

**CardinalCare**  
Virginia's Medicaid Program

# ***Medicaid Behavioral Health Redesign - DBHDS Licensing***

DBHDS is collaborating with DMAS to draft regulatory amendments to the licensing regulations to create a CPST license under the emergency authority granted under FY25-FY26 Budget Item 293 B.

- The goal for is to obtain DBHDS Executive boards approval by September
- Along with drafting regulations, DBHDS will also:
  - Develop provider training and education
  - Develop license application, review standards and processes
  - Disseminate provider communication on the status of these changes
  - Begin issuing new licenses before July 2026

# ***Medicaid Behavioral Health Redesign - Next Steps: Act Now!***

- Providers, please determine what services you tentatively seek to offer and provide DMAS with your contact information for all next steps.
- Be on the look-out for Managing and Adapting Practice (MAP) therapist trainings offered by DBHDS and VCU Center for Evidence-Based Partnerships.
  - MAP direct services training will be offered in Early Fall
  - CANS (Child and Adolescent Needs and Strengths), MAP Qualified User, and all Adult Rehabilitative Training opportunities will be publicized by early Fall and training will be offered January 2026- December 2026
- More information coming soon: Provider Office Hours for pre-implementation, will run starting Sept 2025 - July 2026.
- More information about post July 2026 provider support will be provided closer to July 2026.

# ***Medicaid Behavioral Health Redesign – Updates***

Updates regarding Medicaid Behavioral Health Redesign can be obtained via the following websites:

<https://www.youtube.com/watch?v=gCL-f3qAPyw>

<https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/medicaid-behavioral-health-services-redesign/>

# ***Medicaid Behavioral Health Redesign – Questions***

Please visit the DBHDS and DMAS website for a comprehensive narrative regarding Medicaid Behavioral Health Redesign and for any questions you may concerning the new updates to these services.

DMAS: <https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/medicaid-behavioral-health-services-redesign/>

DBHDS: <https://dbhds.virginia.gov/community-services-division-reorganization/>

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Let's Talk Behavioral Health

Give us  
your  
feedback

