



Provider Alert

Urgent Provider News



Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

- Provider Manual Annual Review
- Finding Plan Information
- Reminder - Behavioral Health Prior Authorization Requirement Removed

Provider Manual Annual Review

The annual review for the [Sentara Health Plans Provider Manual](#) has been completed. Commercial and Medicare specific information can be found in this manual. This version includes regulatory and operational updates on topics such as:

- Provider Appointment Access Standards
- Continuity and Coordination of Care
- Commercial Balance Billing
- Provider Responsibilities Under the “No Surprises Act”
- Claim Payment Reconsideration
- Commercial Appeals of Adverse Benefit Determinations
- Medicare Appeals and Reconsiderations
- Provider Dispute Resolution
- Behavioral Health Resident in Training and Supervisees

To ensure the most up-to-date billing information is available, some of the billing guidance in the ‘Information for Specific Claims Type’ section has been removed. We instead advise providers to use the Payment Policies available on the [Availity portal](#).

Finding Plan Information

As a valued provider in our network, we want you to know where to find the information about our plans' coverage. Important plan information can be found on our [website](#) on the 'Member' page of the Medicaid member handbook, member guide, and in the Evidence of Coverage/Certificate of Insurance for commercial and Virginia's Insurance Marketplace members.

[Click here for more information.](#)

Reminder - Behavioral Health Prior Authorization Requirement Removed

Please review the following:

- [Mental Health Case Management \(H0023\) and Substance Use Case Management \(H0006\)](#)

Sincerely,
Your Sentara Health Plans Team

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