April 26, 2024

Dear Provider,

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

- Rate Increases for Acute and MLTSS Populations
- Notice of Medicare Non-Coverage Information
- Provider Satisfaction and Access Surveys Scheduled to Begin Next Month

Rate Increases for Acute and MLTSS Populations

As of January 1, 2024, DMAS required rate increases became effective and went into production at Sentara Health Plans for the Acute and the Managed Long-Term Services and Supports (MLTSS) populations. Visit the links below to view the list of impacted billing codes:

- Early Intervention Services Increase
- Mental Health Partial Hospitalization and Intensive Outpatient Increases (H0035 and S9480)
- Community-Based Behavioral Health Services Increase
- Personal Care Services Increase
- Complex Rehabilitative Technology Coverage for Nursing Facility Members

Notice of Medicare Non-Coverage Information

The purpose of this notification is to provide information to our skilled nursing facility (SNF) providers regarding Notice of Medicare Non-Coverage (NOMNC) and actions required to remain compliant with the Centers for Medicare & Medicaid Services (CMS). Sentara Medicare Utilization Management (UM) would like to partner with our providers to ensure we are adhering to CMS regulations.

- View detailed information here.
- Skilled nursing facilities are required to provide a NOMNC to beneficiaries when their Medicare covered service(s) are ending. The NOMNC informs beneficiaries on how to request an expedited determination from their Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) and gives beneficiaries the opportunity to request an expedited determination from a BFCC-QIO. The subsequent Detailed Explanation of Non-Coverage (DENC) is given only if a beneficiary requests an expedited determination. The DENC explains the specific reasons for the end of covered services.
- The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily. **Note: The two-day advance requirement is not a 48-hour requirement.**
- Providers must deliver the NOMNC to all beneficiaries eligible for the expedited determination process. A NOMNC must be delivered even if the beneficiary agrees with the termination of services. Medicare providers are responsible for the delivery of the NOMNC.
- The provider must ensure that the beneficiary or representative signs and dates the NOMNC to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed.
- All NOMNCs must be returned signed to Sentara Health Plans within 24 hours of the member signing the document. Our UM department will call, email, or fax requests for this information until we have received a signed notice.
- All NOMNCs should be delivered and signed timely by the member and/or member representative and faxed to 757-470-5941 or 1-833-459-0783. As a reminder, Sentara Health Plans should be provided the most up-to-date clinical from the providers with the next review date and when members initiate an immediate Quality Improvement Organization (QIO) appeal.
- View an example of the NOMNC and QIO appeal timeline.

Provider Satisfaction and Access Surveys Scheduled to Begin Next Month

In May, our contracted survey vendor, Press Ganey, will perform several surveys of participating providers that will assist Sentara Health Plans in identifying and prioritizing

service improvements, allocating resources, and meeting the National Committee for Quality Assurance (NCQA) and government regulatory requirements.

Appointment Access and After-Hours Survey

This required survey determines how well providers meet our appointment access standards and after-hours coverage requirements. Press Ganey will perform by phone the appointment access and after-hours coverage survey during office hours for a random sample of providers. Current appointment standards are listed in the Sentara Health Plans Provider Manuals and after-hours coverage requires that a person or recording be in place to immediately direct patients for emergency care. If a person is directing patients for emergency care, they must provide the patient an opportunity to indicate that it is an emergency prior to placing the call on hold. The call cannot be placed on hold without giving the patient an opportunity to speak.

Provider Satisfaction Survey

A random sample of provider offices will receive mail, an email, and/or a phone call from our vendor, Press Ganey, asking them to participate in our Provider Satisfaction Survey. This survey asks providers to rate the services Sentara Health Plans provides to our providers and is an excellent vehicle to anonymously provide feedback and make suggestions for operational areas within the health plan.

Sincerely,
Your Sentara Health Plans Team