



Provider Newsletter

Winter 2025

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Sentara Health Plans News

Quest Diagnostics

Effective January 1, 2025, Quest Diagnostics is now the exclusive independent national laboratory provider of clinical laboratory and anatomic pathology services for members of Sentara Health Plans commercial and government programs.

The agreement applies to Sentara Health Plans members in Florida and Virginia, including those in Sentara's Florida-serving AvMed business.

Quest is one of the world's leading providers of diagnostic testing information services and is committed to delivering the best possible laboratory services to our members. They currently have over 40 patient service centers and draw site locations within Virginia. Quest also has a daily courier service that picks up specimens from all medical offices and facilities in our provider network throughout the entire state.



Quest and Sentara Reference Labs (SRL)

The table below outlines the members—commercial (employer group and Individual & Family plans), Medicaid, and Medicare—who will be served by Quest and/or Sentara Reference Labs (SRL):

Membership	Quest	Sentara Reference Labs (SRL)
Commercial (in Hampton Roads)	In-network <i>for certain self-funded groups only.</i>	In-network for all employer group plans and Individual & Family plans.
Commercial (outside Hampton Roads)	In-network for all employer group plans and Individual & Family plans.	In-network for all employer group plans and Individual & Family plans.
Medicaid (in Hampton Roads)	Not in-network, see SRL.	All lab services and specimen collection.
Medicaid (outside Hampton Roads)	All lab services.	Available for specimen collection only (must be sent to Quest).
Medicare (in Hampton Roads)	Not in-network, see SRL.	In-network for Medicare Advantage and D-SNP.
Medicare (outside Hampton Roads)	In-network for Medicare Advantage and D-SNP.	In-network for Medicare Advantage and D-SNP.

For our Sentara Medicaid members, Quest is providing all lab services for members residing outside of Hampton Roads. While all Sentara patient service centers and draw site locations are available for specimen collection, all specimens in this area need to be sent to Quest for processing.

Medicaid members residing within the Hampton Roads service area will continue to use Sentara Reference Labs for all lab services.

Quest is also a network option for all employer group plans, individual and family plans, Medicare Advantage and D-SNP (Dual Eligible Special Needs Plans) products outside of Hampton Roads and for select self-funded groups within Hampton Roads.

Sentara Reference Labs will remain in-network for all employer group plans, individual and family plans, Medicare Advantage and D-SNP products statewide.

For your reference, the following cities/counties comprise the Hampton Roads area:

- Accomack
- Chesapeake
- Gloucester
- Hampton
- Isle of Wight
- James City County
- Mathews
- Newport News
- Norfolk
- Northampton
- Poquoson
- Portsmouth
- Southampton
- Suffolk
- Surry
- Sussex
- Virginia Beach
- Williamsburg
- York
- Williamsburg
- York

To schedule specimen pickups or daily courier service with Quest, please call 1-866-MYQUEST or go to quanumls.com.

Please be aware that LabCorp will no longer provide services to Sentara Health Plans members effective January 1, 2025. Their patient service centers will not be in-network to utilize as draw sites. In addition, providers collecting specimens within their office or facility will no longer send these to LabCorp for testing.

Sentara Health Plans, Sentara Reference Labs, and Quest Diagnostics all share a common goal to deliver quality and affordable care to our plan members.



Welcoming BabySM Program

Welcoming Baby is Sentara Community Plan's incentive-based prenatal and postpartum care program for our members. It includes:

- Pregnant members from conception
- Birth
- Postpartum care for up to 12 months
- Watch Me GrowSM child outreach to babies from birth to 15 months

What do your patients receive from this program?

- One-on-one supportive services from a certified community health worker (outreach representative) and a maternity case manager and/or behavioral health maternity care coordinator
- Screening and referral to maternity case managers or care coordinators for care planning and goal-setting
- Management of high-risk conditions
- Education, community referrals for identified needs
- Family planning, long-acting reversible contraception (LARC), and birth spacing education
- Virtual and in-person baby showers
- Access to breast pumps
- Maternal/child education series classes (virtual)
- Referrals to parenting, breastfeeding classes, and lactation services
- Virtual and in-person hospital tours
- Timeliness of care incentives

Contact the Welcoming Baby outreach team

Phone: **1-844-671-2108 (TTY: 711)** Monday through Friday 8 a.m.–5 p.m.

Email: welcomingbaby@sentara.com

Timeliness of Prenatal and Postpartum Care

Our members are encouraged to seek timely and consistent prenatal and postpartum care with their providers. Members receive reminders, education, and incentives through the Welcoming Baby Program if they have their first prenatal visit within 42 days of enrolling with Sentara Community Plan or within their first trimester. Members will receive the same benefits if they have a timely postpartum provider visit within 7-84 days of giving birth.

OB Registration Program: Early Identification of Pregnancy

- Providers are eligible to receive a \$25 incentive for referring pregnant patients to Sentara Health Plans' Welcoming Baby Program upon identification of pregnancy for Medicaid members.
- Providers must complete the **Welcoming Baby OB Registration Form**, fax it to Outreach at **804-799-5117**, and submit a claim using the code G9001.
- Providers can also email the form to welcomingbaby@sentara.com.



Sentara Health Plans to Resume Management of Post-acute Care, Home Infusion Therapy, and Sleep Service Authorizations

Effective March 31, 2025, health coaching, authorization support for post-acute care, home-infusion therapy services, and sleep services performed by CareCentrix® will be transitioned to Sentara Health Plans.

Post Acute Care

Currently, requested services for skilled nursing care or inpatient rehab, along with post-discharge case management, apply only to members with a commercial plan. Post-discharge case management includes receiving health coaching after inpatient admission. These members will be automatically transitioned to a Sentara Health Plans case manager. If a member needs assistance with post-discharge case management, please call **1-866-503-2730** from 8 a.m.–5 p.m., Monday through Friday.

On April 1, 2025, skilled nursing facility (SNF) and inpatient rehabilitation (IPR) authorization requests for commercial members must be faxed to Sentara Health Plans at **1-844-715-6318** or **757-822-6201**.

Home Infusion Therapy Services

Medicare, Medicaid, and commercial members receiving home infusion therapy services from a CareCentrix provider will be issued a 90-day authorization in cases where out-of-network providers are being utilized. During the transition period, case management will work with members and ordering providers to facilitate the transition to network providers when needed.

As Sentara Health Plans transitions requests for home infusion services from CareCentrix, requests for these services should be submitted to the correct authorization department based on the member's enrollment. Please submit authorization requests using our provider portal, or by faxing to the number on the request form. As a reminder, Medicare uses G-codes for professional fees for home infusion services.

Sleep Services

Home sleep studies will no longer require authorization for Medicaid, Medicare, and commercial plan members. In-lab sleep studies and titrations will require authorization and must be faxed to Sentara Health Plans or entered via the provider portal. Request forms can be found on the **[Sentara Health Plans website](#)**.

2025 Provider Manuals

Provider manuals are located on our website for guidance on partnering with Sentara Health Plans. There are two provider manuals; one is for our commercial/Medicare products and the other is for Medicaid. We also have Medicare Advantage and Medicare Special Needs Provider Manual Supplements available for specific information regarding those products.

If you'd like to send feedback regarding our provider manuals, please email **providermanuals@sentara.com**.



Provider Availability: Sentara Health Plans Appointment 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, per Sentara Health Plans' standards for provider accessibility. This includes, if applicable, call coverage or other backup, or providers can arrange with an in-network provider to cover patients in the provider's absence. Providers may direct the member to an emergency department for potentially emergent conditions, and this may be done via a recorded message.

The following instructions are considered compliant if provided via live person, recording, or auto-attendant:

- Caller is instructed to dial 911 or go to the nearest emergency room
- Caller is instructed to visit an urgent care center
- Caller can be connected to a provider, nurse, or after-hours service operator
- Caller can leave their name and number for a return call within 30 minutes
- Caller is provided with the phone number of the on-call provider or nurse
- Caller's information is given to the on-call provider or nurse by a live person
- Providers can be paged
- Provider answers call
- Nurse triages the call
- Caller advised to contact a crisis or intervention number



Appointment Standards

Appointment access standards for Medicare plans:

Service	Sentara Health Plans Medicare Standards
Urgently needed services or emergency	Must be made immediately
Services that are not emergency or urgently needed, but the member requires medical attention	Must be made within seven business days
Routine and preventive care	Must be made within 30 business days

Appointment access standards for Medicaid program:

Service	Sentara Health Plans Medicaid Standards
Emergency Appointments, including crisis services	Emergency appointments and services, including crisis services, must be made available immediately upon the member's request.
Urgent Appointments	Within 24 hours of the member's request
Routine Primary Care Services	Routine, primary care service appointments must be made within 30 calendar days of the member's request. Standard does not apply to appointments for routine physical examinations or for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently than once every 30 days, or for routine specialty services like dermatology, allergy care, etc.
Maternity Care – First Trimester	Within seven calendar days of request
Maternity Care – Second Trimester	Within seven calendar days of request
Maternity Care – Third Trimester	Within three business days of requests
Maternity Care – High-risk Pregnancy	Within three business days of high-risk identification to Sentara Health Plans or a maternity provider, or immediately if an emergency exists
Postpartum	Within 60 days of delivery
Mental Health Services	As expeditiously as the member's condition requires and within no more than five business days from Sentara Health Plans' determination that coverage criteria are met
LTSS	As expeditiously as the member's condition requires and within no more than five business days from Sentara Health Plans' determination that coverage criteria are met



Appointment access standards for commercial (HMO/POS/PPO) plans:

Service	Sentara Health Plans Commercial Standards
Emergency appointments, including crisis services	Must be made available immediately upon the member's request
Urgent appointments	Must be made within 24 hours of the member's request
Routine primary care	Must be made within 14 calendar days of the member's request. Standard does not apply to appointments for routine physical examinations; for regularly scheduled visits to monitor a chronic medical condition if the schedule calls for visits less frequently; or for routine specialty services like dermatology, allergy care, etc.
Maternity care – first trimester	Must be made within seven calendar days of request
Maternity care – second trimester	Must be made within seven calendar days of request
Maternity care – third trimester	Must be made within three business days of requests
Maternity care – high-risk pregnancy	Must be made within three days of high-risk identification, or immediately if an emergency exists
Postpartum	Within 60 days of delivery
Preventive Care	Within 60 days of member's request
Routine Behavioral Health/Substance Use Disorder Initial Visit	Within 10 business days
Routine Behavioral Health/Substance Use Disorder Follow-up Visit	Within 14 calendar days
After-hours Care	As a condition of participation, providers must provide covered services to members on a 24-hour per day, 7-day per week basis





Quality Improvement

Time to prepare for HEDIS® Medical Record Review

Each year, Sentara Health Plans reviews a sample of our members' medical records as part of the Healthcare Effectiveness Data and Information Set (HEDIS)¹ quality review study. HEDIS is a nationally recognized quality improvement initiative utilized by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), and several states to monitor the performance of managed care organizations (MCO).

For HEDIS measurement year (MY) 2024, we will begin requesting medical records in February 2025.

No special authorization is needed to share member medical record information with us, as HEDIS is a quality improvement (QI) initiative and a routine part of healthcare operations.

The HEDIS review is time-sensitive. Please submit the requested medical records within the timeframe specified in the initial HEDIS request letter sent to your office. **Per NCQA's timeline, the data submission deadline for all HEDIS data collection is May 2, 2025.**

If you have any questions, please don't hesitate to contact the Sentara Health Plans quality improvement office at **757-252-8400** or **1-844-620-1015**. We greatly appreciate your ongoing commitment to providing high-quality care to our members.

¹HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Centers for Disease Control and Prevention's STEADI Fall Prevention Training

We encourage you to learn more about fall prevention for older adults by participating in the Centers for Disease Control and Prevention's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative provider training and continuing education course. Please visit [cdc.gov](https://www.cdc.gov) for more information.



Potential Preventable Events

The aging population, the increase in the number of people living with chronic disease, and the rise in comorbidity expands the demand for healthcare. Thus, efficient interventions are needed to respond to the care needs of the population.

Unplanned hospitalizations are commonly seen in people with chronic disease due to acute complications. Preventing these complications, and ultimately hospitalizations due to chronic disease, would benefit the healthcare system in terms of increased healthcare efficiency, but it would also benefit the individual as hospitalization often negatively influences the quality of life.

Approximately 20-35% of all unplanned hospitalizations are thought to be avoidable if complications are handled well in primary care.

Care practices should address both health-related issues and individual needs, allow continuous and coordinated care, and increase the involvement of individuals in preventative care services, and their roles and responsibilities in multidisciplinary collaborations.

Please utilize the care coordination line to help members and providers connect with care coordinators for urgent needs, transportation, and general information.

Sentara Health Plans care coordination line:
1-866-546-7924 or **757-552-8398**

Phone line available Monday-Friday 8 a.m.–5 p.m.

Source: Lyhne, Cecilie Nørby, et al. "Interventions to prevent potentially Avoidable hospitalizations: A Mixed Methods Systematic review." *Frontiers in Public Health*, vol. 10, July 2022, doi.org/10.3389/fpubh.2022.898359.

What Providers Can Do to Reduce Emergency Department Usage

Reducing emergency department (ED) usage involves a combination of strategies aimed at improving access to primary care, enhancing patient education, and optimizing care coordination.

Here are some effective approaches:

- 1. Extend Hours and Same-Day Appointments:** Providing extended hours and same-day appointments can help patients access primary and specialty care when they need it, reducing the need to visit the ED.
- 2. Telehealth Services:** Implementing tele-triage or telehealth services offers patients affordable care and immediate access to healthcare professionals to determine the best level of care.
- 3. Patient Education:** Educating patients about managing their conditions and recognizing when to seek primary care versus emergency care can reduce unnecessary ED visits.
- 4. Care Coordination:** Implementing care coordination programs, especially for patients with chronic conditions, can ensure patients receive timely and appropriate follow-up care in the most suitable settings.
- 5. Community Resources:** Connecting patients with community resources and support services can address social determinants of health, such as housing and transportation, which can impact health outcomes and reduce the need for emergency care.

By implementing these strategies, healthcare providers can improve primary care access and ensure patients receive the right care at the right time, ultimately reducing the strain on EDs.



Lower Back Pain Awareness

Prevalence and Initial Management: Approximately 80% of the population experiences lower back pain at some point, often with an unknown cause. Patients who engage in conservative care, including over-the-counter pain medications, prescription muscle relaxants, and physical therapy, typically show significant improvement within four to six weeks.

Imaging Studies: Routine imaging studies are generally not effective for treating strained muscles and ligaments. They can expose patients to unnecessary radiation and increase out-of-pocket costs. X-rays are limited to visualizing bones and are useful for diagnosing:

- Fractures or broken bones
- Age-related changes
- Spinal alignment issues

When to Seek Further Evaluation: While lower back pain often resolves on its own, providers should consider further evaluation if:

- Pain persists for four weeks or longer
- Pain progressively worsens
- Accompanying symptoms such as fever, significant weight changes, loss of function or weakness in extremities, or bladder issues are present

If you would like additional information on acute low back pain or chronic low back pain, please visit [sentarahealthplans.com](https://www.sentarahealthplans.com).



Sources: Branch, Niams Science Communications and Outreach. "Back Pain." National Institute of Arthritis and Musculoskeletal and Skin Diseases, 8 Jan. 2025, www.niams.nih.gov/health-topics/back-pain.

Lower Back Pain: "Lower Back Pain: What Could It Be?" Johns Hopkins Medicine, 9 June 2022, hopkinsmedicine.org/health/conditions-and-diseases/back-pain/lower-back-pain-what-could-it-be.



Early Alert: Infusion Pump Issue from Fresenius Kabi USA

Situation: A Recall Safety Alert has been identified in alignment with the Food and Drug Administration's (FDA) Communication Pilot to Enhance the Medical Device Recall Program. The recall affects an infusion pump issue from Fresenius Kabi USA.

Background: On December 5, 2024, Fresenius Kabi USA sent all affected customers a letter that included recommendations for action regarding the affected devices.

Assessment: Reason for Early Alert – “Fresenius Kabi USA reports that a subset of pneumatic valves installed in some Ivenix LVPs have an increased chance of issuing a non-recoverable pump problem alarm. All devices with the affected valves should be removed from use.

Recommendation: Situation Background Assessment Recommendation (SBAR) notification to medical directors for awareness and recall notification alert submitted for inclusion on the website and in the provider newsletter.

For more information, please visit [fda.gov](https://www.fda.gov).



Authorizations, Medical Policies, and Billing

Winter 2025 Authorization Updates

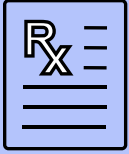
Visit our website to view the most recent authorization updates. Access all current behavioral health, durable medical equipment (DME), imaging, medical, obstetrics, pharmacy, and surgical policies at sentarahealthplans.com/providers/clinical-reference/medical-policies.

Behavioral Health Utilization Management Medicaid Reminder: Authorization Change Reminder

For providers who offer Assertive Community Treatment (ACT), Multisystemic Therapy (MST), and Functional Family Therapy (FFT) services, authorization is now required for these services for payment with Sentara Health Plans, effective January 1, 2025. Please ensure that you send in authorization requests to avoid claim denials.

View the related authorization forms on sentarahealthplans.com.





Pharmacy

Pharmacy Formulary Updates

The Sentara Health Plans Pharmacy and Therapeutics Committee (P&T) meets at least bimonthly to provide strategic clinical direction on formulary management and clinical programs. Clinical recommendations made by the committee may result in drug formulary placement updates. These updates help ensure that the most clinically appropriate, cost-effective formulary drugs remain accessible and that contractual obligations are maintained.

Formulary updates for our commercial, exchange, FAMIS, Medicaid, and Medicare lines of business can be found on our [website](#).

Once at the '[Formularies and Drug Lists](#)' page, choose the appropriate line of business. The '[Quarterly Pharmacy Changes](#)' document(s) are updated quarterly. Updates are posted a minimum of 60 days prior to implementation.



Important Updates and Reminders

Register for Our Upcoming Webinars

Mark your calendars to join our upcoming quarterly educational sessions.

[Visit our website](#) to learn more and register. Presentations from previous sessions are also available.

Provider Quality Care Learning Collaborative

March 5, 12–1 p.m.

Claims Brush-up

March 12, 1–2 p.m.

Stay connected!

Follow Sentara Health Plans on social media for updates that support your patients and practice.



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