

# Provider Updates



Dear Provider,

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

- [Provider Directory Information Verification](#)
- [Upcoming Provider Directory Verification Survey](#)
- [Reminder: Timely Submission of Service Authorization Requests](#)
- [Tobacco Cessation Referrals](#)
- [Prior Authorization Forms Update](#)
- [Multi-factor Authentication Tool Change](#)
- [Upcoming Educational Opportunities](#)

## Provider Directory Information Verification

To comply with the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Services (DHS) requirements to maintain accurate directories—as well as the federal No Surprises Act (effective January 1, 2022), Sentara Health Plans requires all providers to verify their provider directory information at least every 90 days (quarterly).

Sentara Health Plans utilizes the Council for Affordable Quality Healthcare (CAQH) portal for directory updates and attestation. CAQH will notify you by alerts, via email, or telephone outreach to verify and attest that your provider directory information is accurate.

Failure to attest every 90 days may result in further action per CMS guidelines. If a provider does not complete attestation for a specific location within the required timeframe, that location will be suppressed from the public provider directory until attestation is completed. Suppression does not mean the provider is out of network; however, members will be unable to locate the suppressed location in directory searches.

Providers must attest that the information in their CAQH profile is accurate for each listed location. Providers are strongly encouraged to regularly review and attest to their CAQH profiles to avoid any interruption in directory visibility.

## **Upcoming Provider Directory Verification Survey**

Starting this month, our contracted survey vendor, Press Ganey, will administer a Provider Directory Verification Survey to a random sample of providers. This initiative is an important component of Sentara Health Plans' commitment to maintaining accurate provider data and meeting standards established by the National Committee for Quality Assurance (NCQA).

If your practice is selected, Press Ganey will contact you by phone during regular business hours to verify key provider information. The verification process is brief and is expected to take only a few minutes to complete.

Your participation, if selected, supports our ongoing efforts to ensure the accuracy of our directory and enhance the overall experience for the members we serve. Thank you in advance for your cooperation.

## **Reminder: Timely Submission of Service Authorization Requests**

This message is a reminder to all providers of the requirement to submit service authorization requests in a timely fashion and in accordance with the Department of Medical Assistance Services (DMAS) Manual and the "How to Do Business" chart.

### **Timeliness Requirement**

Per the Virginia Code (12VAC30-120-920) and DMAS guidance:

Provider Updates: Provider Directory Information Verification, Timely Submission of Service Authorization Requests, and More \_020526

- Service authorization must be obtained from DMAS or the DMAS-designated service authorization contractor before Medicaid assumes payment responsibility for home and community-based services requiring authorization.
- Providers are required to submit all required service authorization documentation within:
  - 10 business days of initiating care, or
  - 10 business days of receiving verification of Medicaid financial eligibility from the local Department of Social Services (when applicable).

### **Impact of Late Submissions**

When required documentation is not submitted within the required timeframe:

- Services may only be authorized beginning on the date the complete authorization request is received, and
- Authorization cannot be backdated prior to:
  - The date all required information was received, or
  - The physician's signature date on the DMAS-96 form (whichever is later).

Late submissions may result in reduced authorization periods or non-payment for services rendered prior to proper authorization.

### **Provider Responsibility**

Providers are responsible for:

- Initiating authorization requests timely,
- Ensuring all required documentation is complete and accurate at submission, and
- Following the guidance outlined in the DMAS Provider Manual and the How to Do Business chart.

Failure to submit timely authorizations places services at risk for non-payment and may impact future authorization determinations.

If you have questions regarding authorization submission requirements, please refer to the DMAS Provider Manual or contact provider services.

## **Tobacco Cessation Referrals**

Easily refer patients to the state tobacco quit line directly in Epic. Both Quit Now Virginia and Quitline NC provide free, 24/7 counseling for patients aged 13+ who want to quit tobacco or

nicotine, including vaping. Free nicotine replacement therapy is available based on patient assessment. Submit your referral in Epic; Sentara Health Plans will route it and document the outcome in the patient's chart. For instructions, see the [Epic Tip Sheet](#) under the How To section of the [Provider Toolkit](#).

## Prior Authorization Forms Update

The updated prior authorization form for Medicare or Medicaid Inpatient Procedure/Service Requests is now available on [sentarahealthplans.com](https://sentarahealthplans.com).

## Multi-factor Authentication Tool Change

Sentara is transitioning our multi-factor authentication tool from Cisco Duo to Microsoft Authenticator. **For enrollment support, please call 757-857-8190 or 855-306-2252 and select option 6.**

## Upcoming Educational Opportunities

### New Provider Orientation

This webinar is for newly contracted providers, new hires, or anyone seeking a refresher on how to successfully conduct business with Sentara Health Plans. We will offer guidance on how to find solutions for common questions or challenges without contacting provider services.

To register, please visit [sentarahealthplans.com](https://sentarahealthplans.com).

### Lunch & Learn: Provider Website Tour – Provider Orientation Part 2

Join us for an informal virtual session during the lunch hour. These sessions will be held twice monthly and are designed to help you learn how to navigate our provider website and explore our self-help resource library for guidance in successfully conducting business with us.

To register, please visit [sentarahealthplans.com](https://sentarahealthplans.com).

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

Join Stay ahead in the rapidly evolving behavioral health sector with this comprehensive session developed to keep professionals informed, prepared, and ready for what's next. Whether you're a provider, administrator, or stakeholder, this session will equip you with the knowledge and tools to make informed decisions and successfully partner with us.

To register, please visit [sentarahealthplans.com](https://sentarahealthplans.com).

## **Provider Quality Learning Collaborative**

We will highlight significant changes, review relevant quality or value-based care measures, address areas of opportunity we are focused on, review member support resources, programs and initiatives, and share provider resources to support your care gap closure efforts.

Our March 4 session is designed for general practice, pediatric providers, and their staff that are interested in reducing preventable admissions, specifically in patients diagnosed with diabetes, congestive heart failure, and asthma/COPD. Medical Directors Allison L. Raines, DO MBA MPH FACEP, and Valerie Bowman Hicks, MD, FAAP, will provide an overview of our disease management programs and review how we can partner using our care management teams and resources provided by the health plan. Our quality and risk management teams will review best practices for medical records and risk code documentation. We will reserve time for an open forum so participants can ask questions and discuss their successes and barriers in these areas.

Our April 1 session is for all providers and their staff interested in discovering new workflow ideas to improve care gap performance. You will hear a provider's journey in using their electronic medical record (EMR) "ticketing" system to electronically schedule patient nurse visits for blood pressure rechecks and lab appointments for elevated A1c results. Our quality team will also introduce a new resource on developmental screening best practices. Time will be reserved for an open forum with a discussion and Q&A.

To register for the session, please visit [sentarahealthplans.com](https://sentarahealthplans.com).

Sincerely,  
Sentara Health Plans

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[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)