



# Provider Newsletter

Winter 2026

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# Sentara Health Plans News

## 2026 Provider Manuals

We encourage providers to visit the Sentara Health Plans **[website to review the Provider Manuals](#)** for each line of business: Commercial, Medicaid, and Medicare Dual Eligible Special Needs (D-SNP). The manuals include important information to help you with identifying members and products, obtaining authorizations, understanding claims reimbursement policies and procedures, and fulfilling obligations under the Provider Agreement. You will also find useful information such as contact names, phone numbers, addresses, and direct weblinks to policies and forms.

To provide feedback regarding these documents, please direct your comments to our dedicated inbox at **[providermanuals@sentara.com](mailto:providermanuals@sentara.com)**.



# Member Rights and Responsibilities

Sentara Health Plans Member Rights and Responsibilities are available for each line of business and may include slight variations, depending on the line of business. Member Rights and Responsibilities are provided to members at the time of enrollment.

Providers should review the Member Rights and Responsibilities to ensure all Sentara Health Plans members are treated in a manner consistent with the mission, goals, and objectives of the health plan. Providers can view the Member Rights and Responsibilities [here](#) or in the [Provider Manuals](#).



# Reminder: Proper Corrected Claims Submission

A corrected claim is a replacement of a previously submitted claim that requires changes or correction to the charges, clinical or procedures codes, dates of service, or member information. A claim is being resubmitted by the provider to correct or change a previous submission for the same patient, date of service, and/or procedures. Please ensure that the appropriate claim lines reflect the original claims submission exactly. Claims should not be split when correcting the original claim.

To learn more about submitting corrected claims on the UB-04 and CMS 1500, please review page 7 in the **Overview of the Appeal, Reconsideration, and Contestment Processes**, located in our [Provider Toolkit](#). You may also find the **Guide to Initial Submission of CMS 1500 and UB-04 Claim Forms** helpful, which is also included in the Provider Toolkit.



# Medicaid Updates

## Welcoming Baby<sup>SM</sup> 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 Grow<sup>SM</sup> 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](mailto: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](mailto:welcomingbaby@sentara.com).



## Early and Periodic Screening, Diagnostic, and Treatment

All of our Sentara Community Plan members, birth to 20 years, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to include annual wellness checkups with their providers, pediatricians, primary care physicians (PCP), or general practitioners. Children are able to receive comprehensive health screenings and developmental assessments, vision, dental, hearing services, and medically necessary services as identified.

At Sentara Community Plan, the Watch Me Grow Infant and Child Wellness Program screens children at birth through 15 months, and other Sentara Community Plan children in the home for any health needs and ensures access to care. Children identified with additional needs are referred to our internal high risk pediatric case management for further assessment and follow up. Parents are provided with education on timely well-child visits and immunizations to include oral health care and vision care.

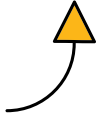
## Maternal/Child Dental Health Care

Sentara Community Plan members are educated on dental care for before, during, and after pregnancy, and how to care for their baby's teeth, including fluoride varnish. Education is provided through partnership with Cardinal Cares Smiles. Members are encouraged to contact a dental provider through [DentaQuest.com](https://www.dentaquest.com) or by calling **1-888-912-3456**.

## Dual Member Billing

Sentara Health Plans would like to provide clarification regarding claim submissions for dual members. If the member has primary Medicare and secondary Medicaid with Sentara, only one 837 should be submitted. Our system will automatically generate both claims from that single 837 submission. The only situation where other payer information should be included is when the member also has primary commercial coverage in addition to Medicare and Medicaid.





# Quality Improvement

## Combine Sports Physicals with Annual Well-child Visits for a Win-Win

### Score big by providing a wellness exam with a sports physical:

- Schedulers can offer busy parents the convenience of completing an annual well-child visit in conjunction with a sports physical, allowing all necessary forms to be completed at the same time in one visit.
- A patient mailer or office poster can help clearly communicate the ease and convenience of completing both services in one visit.
- Children and teens receive essential screenings, immunizations, and exams, along with a review of health concerns that may not be addressed during a standard sports physical.
- Close important Healthcare Effectiveness Data and Information Set (HEDIS®) measure gaps such as well-child visits, adolescent-well visits, and immunization status.

Thank you for helping ensure our pediatric members are safely cleared to participate in school sports, an important part of their development, health, and sense of belonging. We also appreciate your commitment to educating parents about the importance of scheduling their child or teen's annual full physical.

- While there is significant overlap between well-child exams and sports physicals, we want to ensure providers receive proper credit for the comprehensive care they deliver. Sports physicals may be used to screen children who are not up to date with their well-child/EPSTD visits.
  - If the child is not current, complete the appropriate well-child/EPSTD screening Current Procedural Terminology (CPT®) codes (new patient 99383-99384 or established patient 99393-99394) based on the child's age.
  - If the child is current, a school, Head Start, or sports physical does not qualify as an interperiodic screening and is not a covered service—report the appropriate Evaluation and Management (E/M) code (new patient 99202 99203 or established patient 99213 or 99214).
  - Providers may document the well-child/EPSTD screening using school entrance physical forms, but the physical exam itself is not covered when the child is already up to date.
  - Encounter for examination for participation in a sport: Z02.5.
  - For developmental screenings, it is important to include the appropriate developmental screening codes: 96110, along with Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.84, Z76.1, Z76.2.



# What Providers Need to Know About CAHPS®

## CAHPS Member Experience Survey starts in the spring!

From February through June, Sentara Health Plans administers the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey to a random sample of members in all lines of business. This nationally recognized survey measures members' experiences with their healthcare providers and health plan, with a focus on rating of personal doctor, how well doctors communicate, rating of health care, and access to care.

Why It Matters to You as a Provider:

This survey focuses on your **patients' experiences with their healthcare providers** and their access to care.

CAHPS captures how patients perceive the quality of care they receive by asking questions such as:

- In the last six months, how often did your personal doctor explain things in a way that was easy to understand?
- When your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last six months, how often did your personal doctor carefully listen to you?

How often did your personal doctor seem informed and up to date about the care you received from specialists?

## Strategies for Improving Patient Experience

### Communication:

- Listen actively.
- Use plain language.
- Encourage questions.

### Empathy:

- Acknowledge preferences.
- Share decision-making.
- Put yourself in their shoes.

### Access:

- Employ telehealth.
- Prepare for visits.
- Triage calls.

### Personalization:

- Consider culture.
- Adjust for health literacy.
- Empower with knowledge.

### Follow-through:

- Call with results.
- Ask about prescriptions.
- Coordinate with specialists.

### Growth:

- Seek feedback about patient experience.
- Implement continuous improvement projects.
- Train staff on best practices.

Source: **CAHPS Health Plan Survey**. Content last reviewed March 2025. Agency for Healthcare Research and Quality, Rockville, MD.



# Use of Imaging Studies for Low Back Pain

The HEDIS measure “Use of Imaging Studies for Low Back Pain” evaluates the appropriate use of imaging studies (plain x-ray, MRI, CT scan) among members 18-75 years of age who present with low back pain. The measure assesses whether imaging is avoided within the first 28 days following diagnosis, unless clinically indicated.

Clinical guidelines for acute low back pain strongly recommend against routine imaging in the absence of “red flag” conditions, including:

- History of cancer
- Osteoporosis
- Intravenous drug use

Evidence shows that unnecessary imaging of the lower spine within the first six weeks does not improve patient outcomes and may increase healthcare costs. Providers are encouraged to follow guideline-recommended conservative treatment prior to ordering imaging, unless red flags are present.

For more information, please refer to the Sentara Health Plans **Clinical Practice Guidelines** on acute and chronic low back pain.



# Dr. Melvin T. Pinn, Jr. Quality Excellence Award

## Celebrating Excellence in Quality and Safety

At Sentara Health Plans, our commitment to quality and safety is at the heart of everything we do, especially when it comes to coordinating and managing care for our members. To honor those who exemplify this commitment, we proudly present the Dr. Melvin T. Pinn, Jr. Quality Excellence Award (QEA), a distinguished recognition program that celebrates clinical excellence across our provider network.

Established in 2006, the QEA was created to recognize providers who demonstrate exceptional dedication to delivering safe, high-quality care while focusing on improving outcomes. The award is named in honor of Dr. Melvin T. Pinn, Jr., a revered physician and community leader who championed care for the underserved. Throughout his career, Dr. Pinn received numerous accolades for his tireless advocacy and contributions to patient safety and quality improvement.

Each year, Sentara Health Plans continues this tradition by selecting one outstanding in-network provider who exemplifies excellence in clinical practice and a steadfast commitment to safe, high-quality care.

Nominations are accepted annually from January 1 through December 31. Sentara Health Plans members, network providers, provider office staff, employees, and Sentara employees may nominate a physician at any time during this period.



To learn more or submit a nomination for the QEA award, click the link or use the QR code or visit [sentarahealthplans.com/qea](https://sentarahealthplans.com/qea).





# Authorizations, Medical Policies, and Billing

## Authorization and Medical Policy Updates

Access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies on the Sentara Health Plans [medical policy webpage](#).

Visit our [website](#) to view the most recent authorization updates.



# 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 4 at 1 p.m.

### **Claims Brush-up**

March 11 at 1 p.m.

### **Appeals, Reconsiderations, and Contestment Processes**

April 8 at 1 p.m.

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

May 12 at 1 p.m.

### **Stay Connected!**

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

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