Dear Provider,

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

Important Update for Some Noncitizen Adults on Medicaid

Medicaid eligibility rules for some noncitizen adults will change beginning October 1, 2026, due to a federal requirement.

Providers should be aware that non-pregnant adults must be a U.S. citizen or national or have one of the following eligible immigration statuses to qualify for full-benefit Medicaid coverage, in addition to meeting income and other eligibility requirements.

Eligible statuses include:

- Legal permanent residents (green card holders)
- Compact of Free Association (COFA) migrants
- Cuban and Haitian entrants

Individuals whose immigration status no longer qualifies them for full-benefit Medicaid may still be eligible for emergency Medicaid, which covers emergency services only.

They have the right to appeal coverage decisions. Instructions are included in all Medicaid notices. Please share eligibility information with your patients. Information for Noncitizens

Behavioral Health Provider Contracting: Regulatory Updates and Reminders

Applied Behavior Analysis Provider Participation Requirements

In accordance with the Department of Medical Assistance Services (DMAS) provider manual titled Mental Health Services Appendix D: Intensive Community Based Support (Youth), to receive payment for Applied Behavior Analysis (ABA) services, providers must be enrolled with DMAS as:

- PCT 156 or 456 with PS 903
- PCT 020 or 023
- PCT 256 with PS 104
- Licensed by the applicable health regulatory board at the Virginia Department of Health Professions (DHP)
- Credentialed with the youth's Medicaid MCO for youth enrolled in Medicaid managed care
- Follow all general Medicaid provider requirements specified in Chapter II of the provider manual

Sentara Health Plans is currently denying ABA service authorizations for providers that do not have the correct PRSS enrollment type and specialty. Claims submitted for ABA services by providers not meeting these requirements will also be denied. Please enroll by visiting https://vamedicaid.dmas.virginia.gov/ by **October 5, 2026**. Sentara Health Plans reserves the right to remove providers that have not enrolled by October 5, 2026, from the Sentara Health Plans provider network pursuant to the terms of the provider's contract with Sentara.

If you have any questions, please contact Randy Hoffman at RCHOFFMA@sentara.com or 540-560-5219.

ABA Policy Changes

Item 291.WW.2 of the 2026 Appropriation Act requires DMAS to **impose a 20 hour per week limit on ABA services** and to **require a diagnosis of Autism Spectrum Disorder (ASD) or, for children age 5 and younger, a provisional diagnosis of ASD to receive ABA services.**

DMAS is taking steps to obtain approval from the Centers for Medicare and Medicaid Services (CMS) for these changes. The effective date for ABA service changes will be announced in a subsequent notice, and additional policy guidance will be included in an upcoming update to the DMAS Mental Health Services Manual.

Please note that no changes will be made to the current authorization process until these changes are approved by CMS and updates to the DMAS Mental Health Services Manual have been finalized.

A copy of the DMAS memo about these policy changes is available at: https://vamedicaid.dmas.virginia.gov/bulletin/applied-behavior-analysis-aba-policy-changes

Community Stabilization Coverage and Mobile Crisis Response Policy Change

Items 291.KKKKK and 291.LLLLL of the 2026 Appropriation Act require DMAS to **end coverage of the Community Stabilization (S9482) service and to change the per encounter service limit of Mobile Crisis Response (H2011) from eight hours to four hours per encounter.** DMAS is taking steps to obtain approval from CMS for these changes and to provide additional policy guidance regarding the changes to service limits in Mobile Crisis Response. **The end date of Community Stabilization and the effective date for the Mobile Crisis Response policy change will be announced in a subsequent notice.** The following is the language included in the 2026 Appropriation Act:

Item 291.KKKKK. The Department of Medical Assistance Services shall limit mobile crisis services payments to four hours per incident. In addition, DMAS shall only reimburse the Virginia Department of Behavioral Health and Developmental Services (DBHDS) licensed and approved

mobile crisis providers contracted with community services boards. The department shall promulgate emergency regulations to implement these changes within 280 days or less from the enactment of this act. The department shall implement this change upon federal approval and prior to the completion of any regulatory process undertaken in order to effect such change.

A copy of the DMAS memo can be obtained by visiting the following link: https://vamedicaid.dmas.virginia.gov/bulletin/applied-behavior-analysis-aba-policy-changes pertaining to these policy changes.

Revised Medicaid Provider Manual Coming Soon

The annual review of the Sentara Health Plans Medicaid Provider Manual is currently underway to ensure continued alignment with regulatory requirements and operational updates. The updated edition is expected to be published on the Sentara Health Plans website in November 2026. A follow up communication will be distributed once the revised manual is available.

To access the current Sentara Health Plans Medicaid Provider Manual, visit our website.

Global Maternity Billing Updates — Effective January 1, 2027

Sentara Health Plans is aligning with the new American Medical Association (AMA) requirements regarding maternity care services code changes. The AMA has revised coding related to global maternity billing, with updates effective January 1, 2027.

Effective immediately, providers should bill codes 59425 and 59426 for maternity services for Sentara Health Plan members who are pregnant but delivering after January 1, 2027. The AMA has provided detailed guidance that you may review at your convenience:

CPT Maternity Care Services Education Brief: Antepartum Transition Reporting | AMA

CPT® 2027 Maternity Care Services code changes | American Medical Association

Additional Sentara Health Plans guidance and resources will be shared in the coming months.

Cultural Competency Training

Sentara Health Plans embraces and promotes cultural humility as a foundational approach to the

delivery of services. Delivering culturally competent care means providing services that are respectful, inclusive, and responsive to every individual. This includes individuals with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, pregnancy-related conditions, and those of all sexes and gender identities—encompassing sex characteristics (including intersex traits), sexual orientation, gender identity, and sex stereotypes.

To support this commitment, Sentara Health Plans encourages all providers to participate in cultural competency training. A valuable resource is available through Think Cultural Health, a training program developed by the U.S. Department of Health and Human Services. Providers can access this program via the provider education page on the Sentara Health Plans website.

Providers have the flexibility to complete any cultural competency course that best fits their needs. After completing training, please complete the online Cultural Competency Attestation Form, or submit an update through the provider update form on our website (under the "Other" checkbox). The provider directory will indicate which providers have completed cultural competency training.

Payment Policy Updates

- **Pediatric and Neonatal Critical and Intensive Care Policy — Medicaid #3986 —** Payment Policy has been revised to include additional clarification. Effective October 5, 2026.

- **Allergy Testing and Treatment Policy #5006 —** Payment Policy has been revised to include additional clarification. Effective October 5, 2026.

- **Allergy Testing and Treatment Policy — Commercial #5006 —** Payment Policy is a new policy for the Commercial line of business. Effective October 5, 2026.

- **Retirement of Select Medicare Payment Policies —** To align with the Centers for Medicare & Medicaid Services (CMS) standards and eliminate duplicative or potentially conflicting guidance, the following Medicare payment policies will be retired effective October 5, 2026.

    - **Allergy Testing and Treatment Payment Policy #4394**
    - **Ambulance — Medicare #3818**
    - **CLIA Waiver Payment Policy #4052**
    - **Collaborative Care Management and Behavioral Health Integration — Medicare #4425**
    - **Contrast and Radiopharmaceutical Materials Policy #4019**

- **Durable Medical Equipment Payment Policy — Medicare #4003**
- **Multiple Procedure Payment Reduction for Diagnostic Cardiovascular and Ophthalmology Professional #4016**
- **NCCI Edits Payment Policy — Medicare #3966**
- **Preventative Medicine and Screening Policy — Medicare #4369**
- **Psychological and Neuropsychological Testing Payment Policy — Medicare #4038**
- **Telehealth #3825**

Authorization and Medical Policy Updates

Visit our website to view the most recent authorization and medical policy updates.

Upcoming Educational Opportunities

New Provider Orientation

The New Provider Orientation Webinar is designed for both newly contracted providers and those seeking a refresher. This session offers a comprehensive overview of Sentara Health Plans' key resources, self-service tools, and essential operational processes. Participants will also enjoy a guided tour of the provider website, highlighting valuable features, navigation tips, and online resources to help them quickly access the information and tools needed for everyday success. Our goal is to ensure providers feel confident, informed, and supported as they partner with us to serve our members.

To register, please visit sentarahealthplans.com.

Claims Brush-Up

Join us for a 30-minute interactive session designed to keep you informed on the latest claims trends, operational updates, and process changes. This is your opportunity to get quick, essential updates and ask questions directly to our experts.

To register, please visit sentarahealthplans.com.

Provider Quality Learning Collaborative

During this webinar, we will highlight key updates, review quality and value-based care measures, identify areas of opportunity that we are prioritizing, and walk through member support resources, programs, and initiatives. We will also share provider-focused tools designed to support your care gap closure efforts.

September 2 Session: Learn how a provider is partnering with the Sentara Health Plans outreach team to reduce "no shows" at their practice. You will hear how they have incorporated the Sentara Health Plans member outreach process into their existing workflow, the immediate impact, as well as the unexpected benefits received by their patients. Also in September, Sentara Health Plans begins its partnership with Healthmap to provide care coordination services for our Kidney Health Management program. If you are caring for a Sentara Health Plans member with kidney disease or chronic conditions that may lead to kidney disease, you will have an opportunity to receive an overview and have your questions answered by a Healthmap representative.

To register for either session, please visit sentarahealthplans.com.

Appeals, Reconsiderations and Contestments Process

This training session is designed to help you navigate submission of reconsiderations and appeals. We will review differences in appeals submission processes and requirements by plan type, as well as related self-service resources available on the provider website.

To register, please visit sentarahealthplans.com.

Let's Talk Behavioral Health

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.

Long-Term Services and Supports (LTSS) Informational Sessions

Following our March announcement regarding the transition from HEOPS as the administrator of our Long-Term Services and Supports (LTSS) contract, Sentara Health Plans began accepting applications for direct provider contracts on April 1, 2026. Direct partnerships will become effective October 1, 2026.

During this session, we will review partnership opportunities, explain the contracting process, and discuss provider expectations for working directly with Sentara Health Plans.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

Register for upcoming provider webinars
View current policy and operations changes