

# Provider Updates



Dear Provider,

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

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## Announcing the New President of Sentara Health Plans

We are pleased to announce that Michael Cole will join Sentara Health as Executive Vice President and President of Sentara Health Plans on June 15. He most recently served as President and CEO of Regence BlueCross BlueShield of Oregon and Regence BlueShield of Washington and brings more than 20 years of executive leadership experience across the healthcare industry. Michael has led complex payer organizations spanning commercial, Medicare, and ACA markets, with deep expertise in strategy, growth, affordability, and operational performance.

With Regence, Michael's scope served 2.5 million members across the Pacific Northwest with approximately \$5.5 billion in revenue. Prior to Regence, he served as President of Aetna's North Atlantic Territory and as President and CEO of Aetna Keystone, where he led operations across eleven states, supporting 6 million members and \$20 billion in revenue. His leadership responsibilities have included commercial markets, Medicare, exchange business, network strategy, specialty services, and compliance.

Michael earned his MBA in Finance and Marketing from Northwestern University's Kellogg School of Management and holds a bachelor's degree from the University of Michigan.

Please join us in welcoming Michael to Sentara.

## **Upcoming Provider Satisfaction Survey**

This month, a randomly selected group of provider offices will be contacted by our survey vendor, Press Ganey, to participate in the Sentara Health Plans Provider Satisfaction Survey. Surveys may be distributed by mail or email, and some offices may also receive a follow-up phone call.

The survey provides an opportunity for providers to share feedback on the services and support they receive from Sentara Health Plans. Your input is invaluable in helping us identify opportunities for improvement and strengthen our partnership with the provider community.

## **Sentara Health Plans Website Redesign**

We are pleased to share recent updates to our [website](#) that are designed to enhance your overall experience. Content has been reorganized and consolidated to better align related resources and topics, creating a more intuitive and efficient navigation experience.

These improvements are intended to help you access information more easily and support effective business interactions with us.

## **CPT Webinar: 2027 Maternity Care Code Changes and Reporting Guidance**

[Join experts from the American Medical Association and American Hospital Association on June 2](#) for a comprehensive preview of the Current Procedural Terminology (CPT®) 2027 maternity care code changes, including practical coding guidance, clinical scenarios, and reporting considerations.

Providers, coders, and billing teams are encouraged to attend.

## Payment Policy Updates

### Vitamin D Testing Policy Update

Starting July 14, 2026 (professional) and August 14, 2026 (facility), Vitamin D testing will no longer follow Avalon's denial rules. Instead, it will use Palmetto GBA/CMS guidelines, meaning claims for Vitamin D tests (CPT codes 82306, 82652, 0038U) must include specific approved ICD-10 diagnosis codes to be covered. This change applies to commercial, Medicaid, and Medicare plans under the Laboratory Services Policies.

### Physical Status Modifier Updates

Starting June 15, 2026 (professional) and July 15, 2026 (facility), anesthesia services billed with modifiers P3, P4, or P5 will no longer receive additional reimbursement units. Payments will be based only on the base units of the anesthesia procedure, eliminating the extra payment currently added for these modifiers. This change applies to commercial, Medicaid, and Medicare plans under the Anesthesia Payment Policy.

### New Policy: CPT 88305

Effective May 31, 2026 (professional) and June 30, 2026 (facility), CPT code 88305 will no longer be reviewed for diagnosis compatibility. Instead, it will be subject to a daily maximum limit, meaning reimbursement will be capped at a set number of units per patient, provider, and date of service. Any units billed beyond that limit will be denied as not medically necessary or not separately reimbursable. This change applies to commercial, Medicaid, and Medicare plans.

# Authorization and Medical Policy Updates

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

## Upcoming Educational Opportunities

### **New Provider Orientation**

This webinar serves as a comprehensive introduction to Sentara Health Plans, designed for both newly contracted providers and those seeking a refresher. This session delivers an in-depth overview of our key resources, self-service tools, and core operational processes to support an efficient and successful working relationship.

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

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

Take a quick break and join us for a 30-minute interactive session showcasing our newly designed provider website, built to make doing business with us easier, faster, and more efficient. You'll learn how to:

- Navigate the redesigned provider website with confidence
- Quickly locate the tools and guidance you need to conduct business smoothly
- Get answers quickly on your own without having to call for assistance

Bring your questions and curiosity. We're here to help you get the most out of the new online experience and all the resources available to you.

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

### **Provider Quality Learning Collaborative**

During this webinar, we will highlight key updates, review important quality and value based care measures, identify areas of opportunity 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.

**June 3 Session:** This session is designed for primary care and other practitioners and their staff that are interested in learning how Sentara Health Plans engages members through education and interventions to increase utilization of preventive services and improve health outcomes for members with chronic conditions such as diabetes. We will also review the Medicare Health Outcomes Survey (HOS), a CMS required measure of patient reported changes in physical and mental health, and how evidence based primary care interventions directly influence Dual Eligible Special Needs Plans (D-SNPs) quality outcomes. We will reserve time for an open forum so participants can discuss their successes and barriers with outcomes, as well as ask questions.

**July 1 Session:** Hear directly from our vendor partners to learn what services they provide to improve the health of Sentara Health Plan members with chronic conditions, require additional resources and more. The partnerships serve as a bridge between visits to close health care gaps.

To register for either 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](#)