Sentara Health Plans

Provider Alert

Urgent Provider News

Dear Provider,

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

- OncoHealth Oncology Benefits Management Program is Now Live!
- Attention LTSS Providers—We Are Retiring the PCH Portal
- Member Rights and Responsibilities
- Dual Eligible Special Needs Plan
- Model of Care Provider Guide

OncoHealth Oncology Benefits Management Program is Now Live!

As previously announced, our partnership with OncoHealth® to administer Sentara Health Plans' Oncology Benefits Management Program was rescheduled and became effective on Tuesday, March 4, 2025. The program includes support for prior authorization management to all Sentara Health Plans members (commercial, Medicaid, and Medicare) with a cancer diagnosis that requires chemotherapeutic drugs (oral and infusion), symptom management drugs, supportive agents, radiation therapy drugs, and molecular genetic testing.

The suspension of the prior authorization requirement for medical oncology drugs and radiation therapy by Sentara Health Plans ended on March 3, 2025. Effective immediately, prior authorizations for members with a cancer diagnosis that requires chemotherapeutic drugs (oral and infusion), CAR-T, pharmacy benefit oncology drugs, radiation therapy, and molecular genetic testing must be submitted to OncoHealth.

Authorization requests can be submitted directly through OncoHealth's OneUM™ portal. You may also access the portal through the payer space on Availity Essentials. The impacted codes can now be viewed in the Prior Authorization List (PAL). Click to learn more about OncoHealth.

Attention LTSS Providers—We Are Retiring the PCH Portal

The PCH Portal is being retired and will not be accessible after April 15, 2025. You may continue to submit claims electronically using Availity Essentials. The following features are also available: Claim Status, Eligibility and Benefits, Remittance Viewer, and Payer Spaces.

If you are new to Availity Essentials, the Get Started page offers several resources, including a recorded webinar that you can watch 24/7 at your convenience. Once you have your Availity Essentials account, navigate to the "Help and Training" button in the top right corner of your home screen, then select "Get Trained" for additional training options. If you need to create an account, click here.

Member Rights and Responsibilities

Each Sentara Health Plans product has a specific Member Rights and Responsibilities document that is provided to members at the time of enrollment. The Member Rights and Responsibilities for all Sentara Health Plans products have slight variations based on variations in the product and the members served by that product.

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 Sentara Health Plans. Providers can view the Member Rights and Responsibilities here or in the Provider Manuals.

Dual Eligible Special Needs Plan

A Dual Eligible Special Needs Plan, or D-SNP, is designed for people who are eligible for both Medicare and Medicaid. This is a Medicare Advantage (Part C) plan that works with their Medicaid health plan. The dual eligible population falls into two groups, full duals and partial duals. Dual eligible plans are tailored to meet the needs of individuals with complex health conditions or those who require additional support.

People who qualify for both Medicare and full Medicaid coverage are considered full duals. New this year, fully integrated dual eligible special needs plans (FIDE SNPs) consolidate care for dual eligible beneficiaries under a single managed care organization. A Medicare-managed care plan coordinates all covered Medicare and Medicaid benefits, including long-term services and supports, in one health plan.

Partial dual eligible beneficiaries are enrolled in Medicare Part A and Part B, and in a Medicare Savings Program (MSP). MSPs cover costs such as Part A premiums and Part A and B deductibles, coinsurance, and copays. For more information, please visit our website.

Model of Care Provider Guide

Sentara Health Plans providers are required to review the Model of Care Provider Guide (MCPG) within 30 days of their initial orientation date as a newly contracted provider and by January 31 each subsequent year.

Attestation is required and will be recorded by provider (practice/facility) name, tax identification number (TIN) and email address. Out-of-network providers must review the MCPG when they sign the requisite Single Case Agreement (SCA). The MCPG and attestation must be executed by the provider and verified by Sentara Health Plans, prior to Sentara Health Plans signing and returning the agreement.

Sincerely,
Sentara Health Plans

Register for upcoming provider webinars
View current policy and operations changes