

Provider Updates



Dear Provider,

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

- [Prior Authorization Requirement Correction: Hemlibra](#)
- [Jiva Clinical Application Downtime](#)
- [Commercial Post-Acute Care Requirement Form](#)
- [Rewarding Better Health: Medicare 2026 Resource](#)
- [Retirement of Select Medicare Payment Policies](#)
- [Operations Update: Standardized 90-Day Notification Period](#)
- [Critical Incident Reporting Form Reminder](#)
- [Annual Wellness Visits: Calendar-Year Frequency Update](#)
- [Prior Authorization Update: Q5162 \(Bilprevda/Bildyos\)](#)
- [Use of Artificial Intelligence: Telephone Calls and Electronic Communications](#)
- [Tobacco Cessation Referrals](#)
- [Authorization and Medical Policy Updates](#)
- [Upcoming Educational Opportunities](#)

Prior Authorization Requirement Correction: Hemlibra

A prior communication stated that a prior authorization (PA) requirement for Hemlibra (HCPCS J7170) would apply to Medicare and Medicaid effective July 1, 2026.

Correction:

- The PA requirement applies to Medicare and commercial only. Medicaid is not impacted.
- Medicare: Effective July 1, 2026
- Commercial: Effective August 25, 2026 (for dates of service on or after this date)

Claims submitted without an approved PA will be denied.

Jiva Clinical Application Downtime

The Jiva clinical application will be unavailable on Saturday, July 18 from 11a.m. – 5 p.m. due to a planned Annual Disaster Recovery Exercise.

During this time, the Jiva provider portal will not be accessible to submit prior authorization requests.

Commercial Post-Acute Care Requirement Form

Sentara Health Plans has implemented a new [Commercial Post-Acute Care Clinical Information Requirement Form](#) to support providers in submitting the clinical information needed for medical necessity determinations for post-acute levels of care, including Skilled Nursing Facilities, Inpatient Rehabilitation, and Long-Term Acute Care Hospital.

Please note, **this form is not an authorization request form**. Providers should continue to submit the appropriate authorization request form for all new requests, along with all required supporting clinical documentation.

For continued stay reviews, inclusion of this form—along with supporting clinical documentation—may help provide a more complete clinical picture and facilitate the review process.

Rewarding Better Health: Medicare 2026 Resource

The **Rewarding Better Health – Medicare 2026** printable resource, designed to help providers educate members on available benefits and incentive opportunities that promote preventive care, wellness, and improved health outcomes, is now available.

This resource can be used to support conversations with members, increase awareness of eligible programs, and encourage patients to receive services that contribute to better overall health and well-being. To access this resource, visit sentarahealthplans.com.

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:

- **Anesthesia Payment Policy (#3835)** – Effective June 15, 2026
- **Consultation Payment Policy (#3927)** – Effective July 25, 2026
- **Incident-To Payment Policy (#4465)** – Effective July 25, 2026
- **Evaluation and Management Policy (#4366)** – Effective July 25, 2026
- **Vision Services Policy (#4401)** – Effective July 25, 2026

Providers should follow CMS guidance for appropriate billing and coding requirements for the Medicare line of business, including Dual Special Needs Plans (D-SNP).

For questions or assistance interpreting CMS guidance, please contact Provider Services at 1-800-229-8822.

Operations Update: Standardized 90-Day Notification Period

Effective June 29, 2026, Sentara Health Plans and AvMed will implement an operational update to standardize the disclosure period to 90 days for both professional and facility provider notifications.

This change establishes a consistent and unified approach to notification timelines across provider types and products. Providers are encouraged to review this update and incorporate the standardized notification timeframe into their operational planning.

To view the most recent operations and policy updates, visit sentarahealthplans.com.

Critical Incident Reporting Form Reminder

To support the delivery of safe, high-quality care and maintain compliance with regulatory requirements, providers are encouraged to review the updated guidance regarding Critical Incident and Quality of Care/Service reporting expectations. This resource is available within the Provider Toolkit on sentarahealthplans.com.

Timely and accurate reporting is essential to:

- Promote member safety
- Support effective oversight and monitoring
- Ensure compliance with state and federal requirements
- Facilitate appropriate follow-up and quality improvement activities

To access the Critical Incident Reporting Form, visit sentarahealthplans.com

If you have any questions or need additional clarification, please contact the Quality Improvement Team, Member Safety Division at 757-252-8400 (toll free: 1-844-620-1015, option 1).

Annual Wellness Visits: Calendar-Year Frequency Update

Sentara Health Plans has updated the Annual Wellness Visit policy to clarify that services are covered once every calendar year rather than once per year. This update aligns with preventive care standards and is intended to help reduce claim denials related to timing eligibility and will become effective on July 20, 2026.

Providers are encouraged to review this clarification and apply the updated frequency when scheduling and submitting claims for annual wellness visits. All other documentation and medical necessity requirements remain unchanged.

To review the full details and ensure compliance with requirements, visit sentarahealthplans.com.

Prior Authorization Update: Q5162 (Bilprevda/Bildyos)

Effective September 1, 2026, prior authorization is required for Q5162 (Bilprevda/Bildyos). Claims without approved prior authorization may be denied.

Use of Artificial Intelligence: Telephone Calls and Electronic Communications

Sentara Health Plans has issued an update regarding the use of Artificial Intelligence (AI) in telephone calls and electronic communications.

Providers are required to review and adhere to all applicable requirements related to AI use, including communication standards and compliance expectations.

For complete details, please review the AI policy outlined in the Provider Manuals on the Sentara Health Plans [website](#).

Centers for Medicare & Medicaid Services Measures Reminder

Depression Screening and Follow-Up: Adult Wellness and Outpatient Visits

Depression screening is required for all qualifying adult wellness visits and outpatient visits for patients 18 years and older. Screening must be completed on the date of the encounter or within 14 days prior to the visit, using an age-appropriate, standardized depression screening tool. If the screening result is positive, a follow-up plan must be clearly documented on the date of the qualifying encounter.

Developmental Screening: Well-Child Visits

During each well-child visit for children from birth through three years of age, an age appropriate, standardized developmental screening tool must be administered during the visit. If the screening result is positive, a follow-up plan must be documented on the date of the visit.

For additional guidance and resources, please visit [sentarahealthplans.com](https://www.sentarahealthplans.com).

Tobacco Cessation Referrals

You can 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 ages 13 and older 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](#).

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 introduces Sentara Health Plans to newly contracted providers as well as 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.

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.

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.

- **July 1 Session:** Learn how Dario and PointClickCare support Sentara Health Plans members with chronic conditions, additional resource needs, and other care coordination services. These partnerships serve as a bridge between visits to close health care gaps. Dario is contracted for Diabetes Management Program for our Medicaid members targeting those with higher A1C readings. PointClickCare provides health plans access to the data they need to collaborate across the health care ecosystem to ensure their members gain access to the right care, by the right provider, in the right setting and level of care.
- **August 5 Session:** This session is designed for behavioral health and other providers and their staff interested in learning how a provider is achieving success in reducing avoidable emergency room (ER) admissions. You will hear how a provider has relieved ER strain by providing quicker access to care with a crisis walk-in center.

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

Appeals, Reconsideration, and Contestment Processes

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.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)