Join Our Network: Provider Contracting and Credentialing Guide

PRSS Enrollment

The federal act requires providers who serve Medicaid patients through managed care organization (MCO) networks to enroll directly in the state Medicaid program.

Here Are the Steps:

The provider must notify Sentara Health Plans of their DMAS approval/approval date and request participation with Sentara Medicaid by submitting a **Provider Update Form**.

When the **Provider Update Form** is received by Sentara Health Plans, the provider will be updated to par for Sentara Medicaid, effective as the DMAS approval/enrollment date.

Claims submitted for date of service (DOS) on or after the provider's Sentara Medicaid effective date will be processed/reimbursed as in the network.

Step 1:

Determine the type of request appropriate for you. There are two options available:

1. a contracting request
2. a credentialing request

Click this link to determine which request applies to you.

Step 2:

Once your request is submitted, a contract manager will contact you to discuss your contract and provide credentialing instructions. The approval and loading time can take 30 to 45 days to complete.

Step 3:

Welcome to Sentara Health Plans! Once your contract and credentialing process are approved, you will officially be a Sentara Health Plans partner.

Join Our Network

Noncontracted providers, group practices, or facilities that have not joined Sentara Health Plans will need to complete the **Request for Participation Form** available on the Sentara Health Plans website under Join Our Network.

Credentialing

Providers must confirm their Council for Affordable Quality Healthcare (CAQH) application is current and attested before submitting a credentialing request. To submit a request to be credentialed with Sentara Health Plans, providers must complete a **Provider Update Form** on the plan website.

For more information, visit **sentarahealthplans.com/providers.**

Sentara® Health Plans

Contracting Scenarios

LTSS/Sentara Community Plan Provider Services

Sentara Health Plans delegates and provides oversight for credentialing and re-credentialing of Sentara Community Plan LTSS providers to HEOPS-Centipede per requirements. Sentara Community Plan ensures that HEOPS-Centipede credentials and re-credentials providers per DMAS and Sentara Community Plan requirements and ensures that all providers comply with provisions of the CMS Home and Community-based Settings Rule.

Email: **joincentipede@heops.com**

New Provider Joining Sentara Health Plans or an Existing Provider Joining a New Group

1. New provider and existing provider requests with new noncontracted groups are submitted through a **Request for Participation Form** located on the provider portal.
2. Your **Request for Participation Form** is routed to network management for review.
3. If your request is approved, a contract manager will contact you regarding contract and credentialing instructions.
4. You will receive an email from Sentara Health Plans confirming that the provider and contract has been set up with an effective date.

Credentialing Scenarios

1. Confirm the Sentara Health Plans contract is completed. To receive or request credentialing instructions, the Sentara Health Plans contract must be completed and approved.
2. New provider requests or existing provider requests with existing contracted groups are submitted through the **Provider Update Form**. This form will include the practitioner CAQH number. All credentialing requests for new providers who are joining existing groups must be submitted through this form.
3. The application loading process completion may take up to 30 days.
4. Once the application loading process is completed, you will receive a letter from the credentialing department confirming your provider update approval.

Facility/Ancillary Provider

1. New facility/ancillary requests are submitted through a **Request for Participation Form** located on the provider portal.
2. The **Request for Participation Form** is routed to network management. A network manager will send the contract and credentialing packet to the provider.
3. Please contact your assigned network educator at **contactmyrep@sentara.com** to inquire about the contracting process.

Sentara® Health Plans

For more information, visit **sentarahealthplans.com/providers.**

Billing While Credentialing is Pending

According to VA Law § 38.2-3407.10:1 of the Code of Virginia, Sentara Health Plans may reimburse providers for services rendered during the period in which their credentialing application is pending. An application is considered pending once the application has been deemed complete/clean by Sentara Health Plans to advance within the credentialing process.

Reimbursement for services rendered during the pending application period is contingent upon approval of the provider's credentialing application by Sentara Health Plans credentialing committee and subsequent provider record configuration in the Sentara Health Plans claims system. However, no services shall be provided to a Sentara Health Plans member until a completed credentialing application has been received by Sentara Health Plans.

Claims for these services must be held until the provider has received notification of credentialing approval and the Provider Agreement is signed by Sentara Health Plans. The Provider Agreement must be fully executed for the claims to be processed. If a Sentara Health Plans Provider Agreement is not signed and/or the provider does not meet all credentialing requirements, Sentara Health Plans is not required to reimburse claims as a network provider and the provider should not seek any reimbursement for services provided to the member from the time of application to final notice of the credentialing decision.

To submit claims to Sentara Health Plans, pursuant to the law, new provider applicants shall provide written or electronic notice to covered members in advance of treatment that they have submitted a credentialing application to Sentara Health Plans stating it is in the process of obtaining approval. More information on the recommendations on what to include in the notice can be found in our **Doing Business with Sentara Health Plans Provider Guide** or the **Sentara Health Plans Credentialing Guide**.

If payment is made by Sentara Health Plans to a new provider applicant or any entity that employs or engages such new provider applicant under this section for a covered service, the patient shall only be responsible for any coinsurance, copayments, or deductibles permitted under the insurance contract with the carrier or participating provider agreement with the physician, mental health professional, or other provider. If the new provider applicant is not credentialed by the carrier, the new provider applicant or any entity that employs or engages such physician, mental health professional, or other provider shall not collect any amount from the patient for health care services or mental health services provided from the date the completed credentialing application was submitted to Sentara Health Plans until the applicant received notification from Sentara Health Plans that credentialing was denied.

Credentialing Overview

The information below is a summary of the standard Sentara Health Plans credentialing process. The goals of the Sentara Health Plans credentialing/recredentialing policy are to promote professional competencies and to protect:

- The public from professional incompetence
- The organizations for which professionals work from liability
- The professionals from unfair or arbitrary limits on their professional practices
- The professionals at large from damage to their reputations and from loss of public respect
- The long tradition of the profession regarding self-governance.

Doing Business with Sentara Health Plans

Sentara Health Plans Credentialing

Sentara® Health Plans

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Scope

Practitioners who require credentialing as a condition of participation with Sentara Health Plans are physicians, optometrists, podiatrists, nurse practitioners, dentists, physician assistants, licensed midwives, psychologists, professional counselors, social workers, licensed behavior analysts, licensed assistant behavior analysts, licensed psychological associates (NC), licensed clinical addictions specialists (NC), opioid-based treatment providers and other providers and practitioners as needed to provide covered services, as applicable by specialty.

Recredentialing

Practitioners are recredentialed, at minimum, every 36 months and no more frequently than every 12 months unless an issue is identified by the Credentialing Committee that necessitates an earlier review. Sentara Health Plans contacts providers at the time of recredentialing if additional information is required to complete the process.

***For a complete explanation, please review the Sentara Health Plans Commercial and Medicare Provider Manual and the Sentara Health Plans Medicaid Provider Manual.*

Provider Malpractice Important Note

Virginia providers must maintain malpractice coverage in amounts not less than the medical malpractice caps currently in effect under section 8.01-581 of the **Virginia Code**.

Nonprescribing providers (including behavioral health providers) must maintain coverage in an amount not less than $1 million per occurrence and $3 million in the aggregate per year.

In all states except Virginia, providers must maintain the coverage amount required under the applicable state law governing minimum medical malpractice coverage. If the state does not have a requirement for minimum medical malpractice coverage, the provider must maintain coverage in an amount not less than $1 million per occurrence and $3 million in the aggregate per year.

For more information, visit **sentarahealthplans.com/providers.**