

Provider Updates



Dear Provider,

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

- [Important federal Medicaid eligibility changes are coming](#)
- [Sentara Health Plans appointment standards update](#)
- [Retirement of select Medicare payment policies](#)
- [New negative/advance balance overview resource available](#)
- [Updated DMAS-99 and DMAS-97AB forms](#)
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Important federal Medicaid eligibility changes are coming

New federal legislation, House Resolution 1 (H.R. 1), will introduce significant changes to Medicaid eligibility requirements that may affect members' ability to qualify for or maintain Medicaid coverage.

What Providers Need to Know

The new requirements will be implemented between **Oct. 1, 2026, and Jan. 1, 2027**, and are

expected to affect more than 500,000 Virginians currently enrolled through Medicaid Expansion¹. While certain exemptions and waivers may apply, some members could lose coverage if they do not meet the new eligibility requirements.

Key Federal Medicaid Changes

Beginning Oct. 1, 2026

- New eligibility rules will limit full-benefit Medicaid coverage for some [non-U.S. citizen adults](#).
- The HPE Portal will be updated on January 1, 2027, with the Federal Work Requirement eligibility rules, exemptions, and exceptions. The HPE Provider manual and training slides have been updated on the DMAS website here: [Hospital Presumptive Eligibility Information](#)
- Eligibility requirements for children and individuals who are pregnant or within 12 months postpartum will not change.

Beginning Jan. 1, 2027

- Medicaid Expansion members will undergo eligibility reviews every six months.
- Some Medicaid Expansion members will be required to meet [new Medicaid work requirements](#) to maintain coverage.

How Providers Can Help

Providers are encouraged to discuss these upcoming changes with Medicaid members during office visits and reinforce the importance of maintaining current information with Virginia Medicaid.

Members should be encouraged to:

- Keep their mailing address, phone number and email address up to date and report changes within 10 days.
- Read and respond promptly to all Medicaid letters, emails and text messages.
- Watch for information regarding eligibility reviews and work requirements.
- Check regularly for updates from Virginia Medicaid and the Virginia Department of Medical Assistance Services (DMAS).

Member Assistance Resources

Members with questions or who need language assistance services or large-print documents may:

- Call Cover Virginia at 1-855-242-8282
- TTY: 1-888-221-1590
- Email: covervirginia@dmass.virginia.gov
- Use the live chat available through [DMAS resources](#)

Action Needed

Providers should encourage Medicaid Expansion members to verify their contact information now and remain alert for future communications regarding eligibility reviews and work requirements that begin in 2027.

Additional Resources:

- [Virginia Medicaid](#)
- [DMAS Provider Resources](#)
- [Medicaid Work Requirement Information](#)
- [Cover Virginia Resources](#)

Sentara Health Plans appointment standards update

Sentara Health Plans is updating its appointment timeliness standards to include a new service category: Specialty Care Services.

Providers are expected to ensure appointments are available within the following timeframes:

- **Medicaid:** Within **30 calendar days** of the member's request
- **Commercial:** Within **30 business days** of the member's request

Please review appointment scheduling processes and make any necessary adjustments to ensure members can obtain specialty care appointments within the required timeframes.

Retirement of select Medicare payment policies

Provider Updates: Important federal Medicaid eligibility changes are coming, Retirement of select Medicare payment policies and more_10126

Effective November 22, 2026, several Sentara Health Plans Medicare payment policies, including D-SNP, will be retired to align with Centers for Medicare and Medicaid Services (CMS) requirements and eliminate duplicative guidance.

- General Billing and Coding (#3812)
- General Clinical Editing (#3814)
- Co-Surgeon Payment Policy (#3905)
- After-Hours and Weekend Care Payment Policy (#3946)
- Diagnosis-Related Group Acute Facility Transfers (#3960)
- Standby Services Payment Policy (#3964)
- Post-Acute Transfer (#3968)
- Status T Codes, Professional (#3977)
- B Bundle Codes, Professional (#3979)
- Discarded Drugs and Biological Policy, Professional (#4008)
- Clinical Diagnostic Lab Policy, Professional (#4024)
- Medical Unlikely Edits Policy, Prof. and Facility (#4033)
- Place of Service Payment Policy (#4254)
- Hospital Acquired Condition/Never Event (#4382)
- Hearing Services (#4402)
- Orthotics and Prosthetic Payment Policy (#4415)

Providers should continue to follow applicable CMS billing and coding requirements, including CMS manuals, National Correct Coding Initiative (NCCI) edits, CMS transmittals, and Medicare Learning Network (MLN) guidance.

Please review your Medicare billing processes to ensure continued compliance with current CMS requirements. For questions, contact Provider Services at [1-800-229-8822](tel:1-800-229-8822) or refer to [CMS resources](#).

New negative/advance balance overview resource available

Understanding negative and advance balances is important for managing claim payment activity and recovery processes. To support providers, Sentara Health Plans has created a new **Negative/advance balance overview** resource, now available in the Provider Toolkit on the Sentara Health Plans [website](#).

Updated DMAS-99 and DMAS-97AB forms

DMAS has updated the following forms, which are now available for provider use:

- [DMAS-99 CBC Member Assessment](#)
- [DMAS-97AB Service Coordinator Plan of Care](#)

Providers are encouraged to review and begin using the updated forms, as applicable to their services. For additional information, please visit the [DMAS website](#).

Tobacco cessation referrals

You can easily refer patients to the state tobacco quit line directly in Epic. 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 on our [website](#).

Authorization and medical policy updates

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

Upcoming educational opportunities

New provider orientation

Provider Updates: Important federal Medicaid eligibility changes are coming, Retirement of select Medicare payment policies and more_10126

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.

November 4 session: This session provides an update on current Healthcare Effectiveness Data and Information Set (HEDIS) quality measures and their documentation and coding requirements. Participants will also learn how the health plan engages members to support your practice in identifying and closing potential gaps in care.

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

Care management open forum

Connect with the Sentara Health Plans Care Management team to learn how to improve patient outcomes, reduce avoidable healthcare utilization, and support the delivery of coordinated, patient-

centered care. These sessions explore best practices for identifying high-risk members early, ensuring timely follow-up after hospitalization, facilitating successful transitions of care, and addressing barriers that can impact health outcomes, such as medication adherence, transportation challenges, equipment needs, and social determinants of health.

The **November 12** session will highlight opportunities to improve gaps in care closure and promote participation in Healthy Incentives programs.

To register for either session, please visit sentarahealthplans.com

Let's talk behavioral health

Stay informed about changes in the behavioral health sector with this session for providers, administrators, and other stakeholders. This session will share information and tools to help you make informed decisions and partner successfully with us.

To register, please visit sentarahealthplans.com.

Sincerely,

Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)