



Provider Newsletter

Summer 2025

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Sentara Health Plans News

Kaiser Permanente Partnership Update

Effective July 1, 2025, Sentara Health Plans expanded its collaboration with Kaiser Permanente to now cover members with Long Term Services and Supports (LTSS) care needs. The expansion allows the non-dual LTSS members living within the Kaiser delegated service area access to Kaiser services. The delegated service areas include the counties of Arlington, Fairfax, Fauquier, King George, Loudoun, Prince William, and Stafford, as well as the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

Please note that this arrangement does not include dual-eligible LTSS members or D-SNP members.

For additional information please visit the Sentara Health Plans [**provider orientation**](#) website.



Electronic Visit Verification Claims Editing Improvements

Sentara Health Plans and Availity will be making improvements to Electronic Visit Verification (EVV) claims editing. This improvement will be implemented on or after September 15, 2025, and will consist of the following components:

- Sentara Health Plans will be updating its EVV claims editing logic to ensure individual EVV required data elements are being captured for both primary and secondary Medicaid members to allow for easier provider assistance on claims questions.
- There will be quicker notification and claim rejection from Availity when required EVV elements are missing from the submitted claim at the clearinghouse level. The additional claims editing logic will be reviewing claims for both primary and secondary Medicaid enrolled members, in alignment with the Department of Medical Assistance Services (DMAS) requirements.

Use Appropriate Modifiers for New or Rented Durable Medical Equipment

Effective September 1, 2025, please adhere to the guidelines according to the line of business when billing for new or rented durable medical equipment (DME).

Commercial and Medicare

When determined medically necessary and billed correctly with the appropriate ICD-10 code and modifier, Sentara Health Plans allows reimbursement for new or rented equipment unless provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements indicate otherwise. The reimbursement modifiers must be billed in the primary (first modifier) field on the claim for appropriate reimbursement:

- **NU:** New equipment only
- **RR:** Rented equipment only

Medicaid

When determined medically necessary and billed correctly with the appropriate ICD-10 code and modifier, Sentara Health Plans allows reimbursement for new or rented equipment. Sentara Health Plans requires the "RR" modifier for all services billed for rentals of DME. Sentara Health Plans does not require providers to apply the "NU" modifier on services for the purchase of new DME.

- **NU:** New equipment only - not required
- **RR:** Rented equipment only - required for all DME. Apply the modifier in the primary (first modifier) position on the claim for appropriate reimbursement.

Please note that an invoice may be required for some items when submitting for reimbursement. If these items require an invoice, reimbursement will be based on the invoice amount and percentage.

Please refer to the Sentara Health Plans **Prior Authorization List (PAL)** for the most current authorization requirements.



Better Health is Just Around the Corner with Quest

Quest Diagnostics lab tests are now in-network for Sentara Health Plans members. With 47 Quest Patient Service Centers in Virginia, including 10 new locations that opened in 2025, it's easier and more affordable than ever to manage your health.

Here's what you get when you choose Quest:

Convenient access to care

- Quest now offers 47 Patient Service Center locations, making it easy to find one near where you live or work.

Easy scheduling and flexibility

- Get in and out faster by scheduling appointments online at [QuestDiagnostics.com/Appointment](https://questdiagnostics.com/Appointment), or visit as a walk-in, with wait times clearly displayed on monitors at each location. Appointments are strongly encouraged and take priority over walk-ins.

Low or no out-of-pocket costs when staying in-network

- With Quest as your in-network provider, you'll typically experience low or no out-of-pocket costs.

Direct access to lab results via MyQuest®

- MyQuest is a free and secure tool that makes it easy to get your test results, schedule appointments, track your health history, and more—all in one place. Create your account [here](#).

Now Open – New Quest Patient Service Centers

- Danville, VA
- Gloucester, VA
- Hampton, VA
- Harrisonburg, VA
- Short Pump, VA (Patient Service Center and Rapid Response Laboratory)
- Staunton, VA
- Walnut Hill Pharmacy in Petersburg, VA
- Williamsburg, VA

Quest Mobile phlebotomy is also available for patients in the following Virginia counties:

- Brunswick, VA
- Charlotte, VA
- Greenville, VA
- Halifax, VA
- Lunenburg, VA
- Mecklenburg, VA
- Nottoway, VA

Providers can call Quest Diagnostics at **1-571-382-9738** to set up patient appointments for mobile phlebotomy.



Evolut Authorizations – Urgent and Peer-to-Peer

Urgent/Expedited Authorization Process:

- Contact Evolut's call center at **1-800-424-1663**.
- RadMD should NOT be used for urgent requests.

Turnaround time is within one business day, not to exceed 72 calendar hours.

Prior Authorization Process:

Self-service online portal guides provider through authorization intake and capture of clinical information.

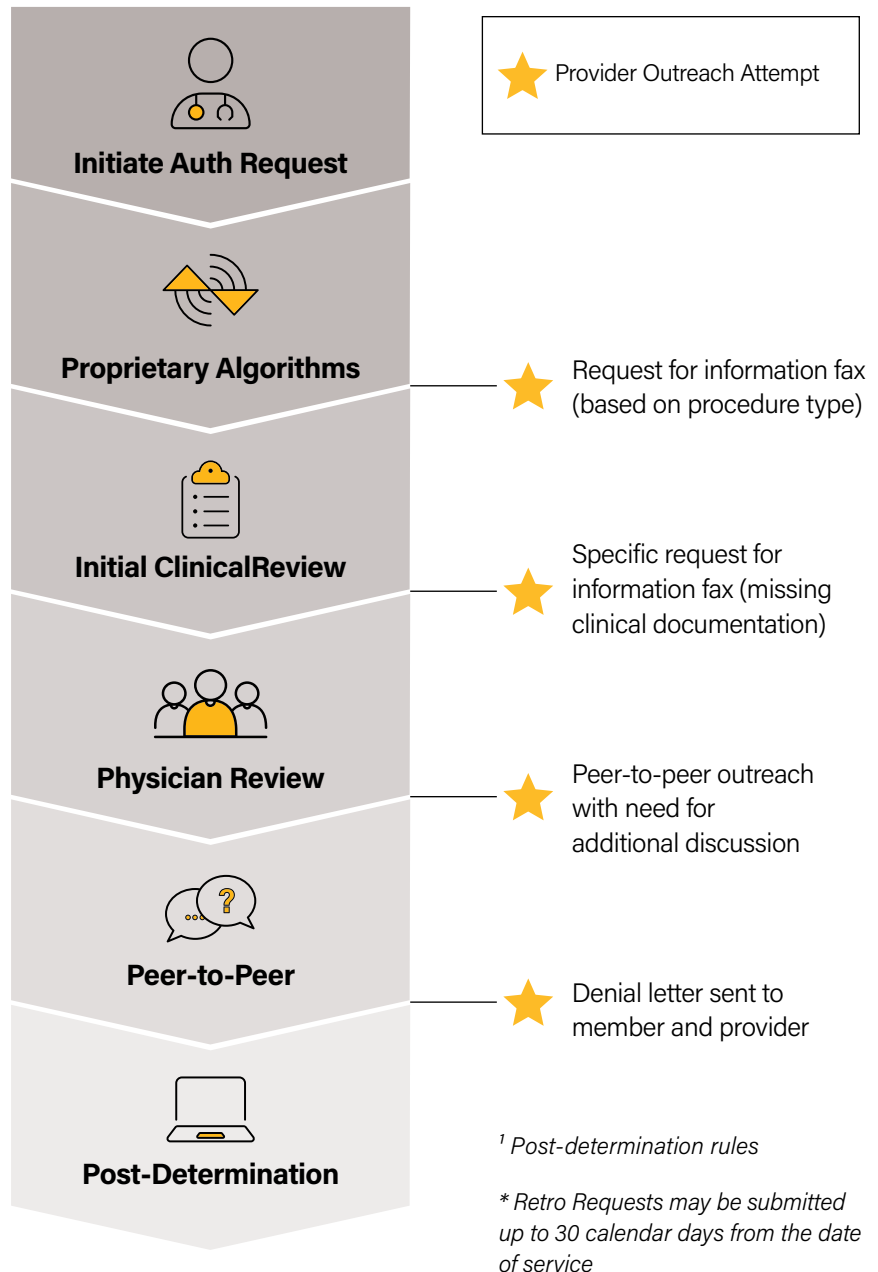
Evidence-based clinical algorithm allows immediate approval for medically necessary care for select procedures.

Initial clinical review by specialized nurses and therapists with opportunity to request specific information needed for approval.

Physician reviewers perform an in-depth evaluation of clinical records against medical necessity criteria.

Peer-to-peer process allows for a thorough clinical discussion of the case with a specialty-matched reviewer.

Post-determination review allows for submission of additional clinical information for reconsideration or appeal of initial determination¹.



[^] Evolut staff physicians are available for peer-to-peer calls (P2P) each day from 7 a.m.-7 p.m. central, Monday-Friday, and hold times are typically less than 90 seconds. When the provider is ready to do a P2P (MD, DO, NP, RN, PA – clinicians), they can call in and will be transferred quickly.





Medicaid Updates

Sentara Health Plans' Contract Renewed to Serve Virginians Insured by Medicaid

Sentara Health Plans was awarded a renewed contract for its Medicaid Program by DMAS, the state agency that oversees Medicaid. This contract allows Sentara Health Plans' Sentara Community Plan to continue to offer insurance coverage to Medicaid-eligible Virginians through Virginia's Cardinal Care Managed Care (CCMC) program.

"For nearly 30 years, Sentara Health Plans has had the honor of serving our state and community's Medicaid members," said Candice McAuliffe, Medicaid Plan President and Vice President of Sentara Health Plans. "Sentara Health Plans has participated in Virginia's Medicaid Managed Care program since 1996 and has a proven track record in achieving positive health outcomes for its members, as well as being an essential community partner."

Sentara Health Plans is the only not-for-profit Virginia-based Medicaid managed care provider, currently serving more than 555,000 Medicaid members.

For more information on the Cardinal Care program, please see this [video](#) from DMAS.

New Provider Services Hours for Medicaid Providers

Effective July 1, 2025, provider services will be extending their hours from 7 a.m. to 7 p.m., Monday through Friday, for Medicaid providers who are part of the Virginia Cardinal Care Managed Care program through DMAS.

Therapeutic Day Treatment Summer Program Authorization Requests

Sentara Health Plans is requesting that Therapeutic Day Treatment (TDT) providers incorporate additional information into their service authorization requests for summer programs. Answering the following questions can lead to a quicker review of submissions and reduce the number of pending requests for additional information.

1. Is your TDT program in conjunction with a summer school, or is it a stand-alone program?
2. What specific dates is your summer program running?
3. How many days a week is your summer program?
4. How many hours a day is your summer program?
5. What are the individualized treatment plan goals addressed during your summer program? These should be different than goals addressed during the school year.
6. What type of care coordination is occurring over the summer?
7. What is the tentative schedule of sessions/service time to justify the hours of support requested?

To ensure cases are processed timely and reduce adverse decisions, the additional information requested above can be submitted with the authorization request either within a clinical note or on a supplemental document.



Early and Periodic Screening, Diagnostic, and Treatment Screenings Chart Review Notification – Action Required

In accordance with compliance requirements set forth by DMAS, Managed Care Organizations (MCOs) are responsible for ensuring the delivery and oversight of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

To ensure compliance, random medical record, or chart, reviews of provider documentation for EPSDT developmental screenings are conducted on members from birth through 20 years of age consistent with the current American Academy of Pediatrics (AAP) and Bright Futures Periodicity Schedule and clinical guidelines. Age-appropriate, comprehensive screenings must be completed by a pediatric primary care provider or qualified specialty provider using the appropriate developmental screening codes for reimbursement. Developmental screenings must be documented in the medical record using a standardized screening tool and must comply with all EPSDT requirements related to screening, vision, dental, and hearing services, including arranging for follow-up if all components of a screening cannot be completed in a single visit.

The medical record must indicate when a developmental delay has been identified, and an appropriate referral must be made and documented. Developmental delays identified for members under three years of age must ensure referrals are made to the Infant and Toddler Connection of Virginia and documented in the member's record.

If your practice is selected for an EPSDT chart review by Sentara Health Plans' quality department, all network and/or affiliated providers are required to complete and return the provider attestation form within 10 business days from the date of the initial notification. Submission options include the secure link provided in the audit notification email, or via secure fax at **1-804-799-5102**.

Your prompt response is essential to maintaining regulatory compliance and ensuring the continued delivery of high-quality care.

The EPSDT Provider Guide Desk Reference is published on the **provider orientation** page of the Sentara Health Plans website.

The AAP and Bright Futures Periodicity Schedule is published annually at **aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/**.



DMAS-99 and DMAS-7 Form Submission Guideline Reminders

Sentara Health Plans would like to remind providers that all applicable DMAS forms must be fully completed when submitting requests for Agency-Directed and Consumer-Directed personal care services. This includes completing all required sections of the DMAS-99 and DMAS-7 forms, as well as including all necessary supporting clinical documentation. Incomplete submissions may result in follow-up requests, processing delays, or denial of authorization.

Reminder Regarding DMAS-99 Form:

- Document the name of the primary caregiver in all required sections.
- Document the name of the paid attendant and specify their relationship to the member in all required sections.
- Identify whether the caregiver lives in the same household as the member.

Specific Requirement When the Legally Responsible Individual is the Paid Attendant:

- DMAS has clarified that Legally Responsible Individuals (LRIs) cannot be compensated for respite or supervision services. Please refer to the following memo for more details: [DMAS Memo Link](#).
- Please note that this memo only applies to individuals receiving personal care services through the CCC Plus Waiver program.

Individuals receiving services through EPSDT Personal Care are not eligible to receive paid care from an LRI.

Reminder Regarding DMAS-7 Form:

Supporting clinical documentation required when submitting the DMAS-7 Form includes:

- DMAS-7A, or equivalent plan of care, and DMAS-99
- Records of the Department of Education's last Individual Education Plan (IEP), if the member is receiving or seeking personal care or private duty nursing services delivered in a school setting and paid for by Medicaid; and
- Recent clinical documentation: ex. hospital or facility discharge summary, last three physician visit notes (primary or specialty care), etc.
- If a reauthorization review includes the most recent two weeks of personal care service progress notes
- If a new request, including hospital or facility discharge summary, attach the last three physician visit notes (primary or specialty care), etc.

We greatly appreciate your partnership and commitment to improving documentation accuracy and compliance with policy requirements.



Reminder: Updated LRI Documentation Requirements for HCBS

Effective July 1, 2025, all service authorization requests for personal care provided by a Legally Responsible Individual (LRI), defined as a parent of a minor child or a spouse, must include documentation supporting the need for extraordinary care. LRIs cannot be compensated for respite or supervision services. This applies across all Home and Community-Based Services (HCBS) programs.

Required Documentation:

- **DMAS-97AB** – Plan of Care

Submit separate forms if both an LRI and a non-LRI caregiver are enrolled.

- **DMAS-98R** – HCBS Request Form
- **DMAS-99** – Member Assessment

Must demonstrate that the care provided exceeds what is typical for the member's age and developmental stage. Include the caregiver's full name and relationship to the member. All documentation must demonstrate the need for extraordinary care. Authorizations will not be approved without the required forms.

Submission Options:

- Fax: **1-844-828-0600**
- Online: Provider Portal

For full details, please refer to the DMAS Medicaid Bulletin. If you have questions, contact provider services at **1-800-881-2166**.

DMAS Foster Care Specialty Plan Established

As a part of the new DMAS contract, Anthem HealthKeepers Plus was established as the designated Foster Care Specialty Plan.

Members in foster care programs will be moved from their current plans to Anthem HealthKeepers Plus as follows:

- Members in Central or Tidewater Region: July 1, 2025
- Members in the rest of the state: August 1, 2025

Members who are in the former foster care and adoption assistance categories can opt out and switch to the MCO of their choice within 90 days.

Beginning on July 1, 2025, Anthem HealthKeepers Plus will also handle all prescription refills for foster care members.

Nursing Facility Rate Methodology

In accordance with HB1600 Chapter 725, DMAS will be updating the nursing facility rate methodology from Resource Utilization Group (RUGs) to the Patient Driven Payment Model (PDPM).

Sentara Health Plans is taking the necessary steps to implement this change by October 1, 2025. For dates of service on and after October 1, nursing homes will be expected to include the PDPM codes in place of the RUGs when billing claims to Sentara Health Plans' Medicaid plan.

Please contact Medicaid provider services at **757-552-7474** or **1-800-229-8822** for any questions.



Quality Management Review Tips for Agencies and Adult Health Centers Employing Personal Care Aides

CCC Plus Waiver personal care providers are required to meet several important DMAS assurances when serving Medicaid members. This article will touch on two assurances involving direct care staff (personal care aides) working for personal care agencies and adult day health centers. Staff must be (1) screened before providing care and must be (2) provided ongoing training so that only qualified staff provide care to Medicaid members. Documentation must be kept in separate folders for each staff member.

1. Within the first 30 days of hire, be sure to obtain, review, and document a criminal background check from the Virginia State Police, and if the staff will be assigned to care for children, Child Protective Services (CPS) check from the Virginia Department of Social Services CPS Central Registry must also be conducted, reviewed, and documented.
2. The personal care agency must offer ongoing 12 hours of training each year to personal care staff. To be compliant, providers must retain the following documentation:
 - Training provided for staff must be related to their duties of providing and documenting care.
 - Documentation of the training must be kept in the staff members' personnel files. This documentation must include the date of the training, the topic, the length of the class, the trainer (with title), and the name of the trainee.

Data on staff screening and training is reported to DMAS, and through DMAS, the data goes to CMS. To read DMAS guidance about the documentation required for agency-directed personal care providers and adult day health centers, please click [here](#).

Source: Commonwealth Coordinated Care Plus Waiver | MES. vamedicaid.dmas.virginia.gov/pdf/chapter/commonwealth-coordinated-care-plus-waiver#gsc.tab=0.

Welcoming BabySM Program

Welcoming Baby is Sentara Community Plan's incentive-based prenatal and postpartum care program for our members. It includes:

- Pregnant members from conception
- Birth
- Postpartum care for up to 12 months
- Watch Me Grow child outreach to babies from birth to 15 months

What do your patients receive from this program?

- One-on-one supportive services from a certified community health worker (outreach representative) and a maternity case manager and/or behavioral health maternity care coordinator
- Screening and referral to maternity case managers/or care coordinators for care planning and goal-setting
- Management of high-risk conditions
- Education, community referrals for identified needs
- Family planning, long-acting reversible contraception (LARC), and birth spacing education
- Virtual and in-person baby showers
- Access to breast pumps
- Maternal/child education series classes (virtual)
- Referrals to parenting, breastfeeding classes, and lactation services
- Virtual and in-person hospital tours
- Timeliness of care incentives

Contact the Welcoming Baby outreach team

Phone: 1-844-671-2108 (TTY: 711)
Monday through Friday 8 a.m.–5 p.m.

Email: welcomingbaby@sentara.com



Timeliness of Prenatal and Postpartum Care

Our members are encouraged to seek timely and consistent prenatal and postpartum care with their providers. Members receive reminders, education, and incentives through the Welcoming Baby Program if they have their first prenatal visit within 42 days of enrolling with Sentara Community Plan or within their first trimester. Members will receive the same benefits if they have a timely postpartum provider visit within 7-84 days of giving birth.

OB Registration Program: Early Identification of Pregnancy

- Providers are eligible to receive a \$25 incentive for referring pregnant patients to Sentara Health Plans' Welcoming Baby Program upon identification of pregnancy for Medicaid members.
- Providers must complete the **Welcoming Baby OB Registration Form**, fax it to Outreach at **1-804-799-5117**, and submit a claim using the code G9001.
- Providers can also email the form to **welcomingbaby@sentara.com**.

Early and Periodic Screening, Diagnostic, and Treatment

- All of our Sentara Community Plan members, birth to 20 years, are eligible for EPSDT services to include annual wellness checkups with their providers, Pediatricians, PCPs or General Practitioners. Children are able to receive comprehensive health screening and developmental assessments, vision dental and hearing services and medically necessary services as identified.
- At Sentara Community Plan, the Watch Me Grow, Infant and Child Wellness program, screens children at birth through 15 months, and other Sentara community plan children in the home, for any health needs and ensures access to care. Children identified with additional needs are referred to our internal high risk pediatric case management for further assessment and follow up. Parents are provided with education on timely well- child visits and immunizations to include oral health care and vision care.

Maternal/Child Dental Health Care

- Sentara Community Plan members are educated on dental care for before, during, and after pregnancy, and how to care for their baby's teeth, including fluoride varnish. Education is provided through partnership with Cardinal Cares Smiles. Members are encouraged to contact a dental provider through **DentaQuest.com** or by calling **1-888-912-3456**.





Quality Improvement

Dr. LaTonya D. Russell: 2025 Dr. Melvin T. Pinn, Jr. Quality Excellence Award Recipient

Sentara Health Plans is excited to announce Dr. LaTonya D. Russell as the recipient of the 2025 Dr. Melvin T. Pinn, Jr. Quality Excellence Award (QEA). The award is presented annually to one physician who demonstrates commitment to delivering quality care and outstanding service to the community while improving member outcomes.



Dr. Russell is a board-certified pediatrician who practices at Sentara Family Medicine Physicians and Pediatrics in Chesapeake, VA and is the current Director of Medical Operations for Sentara Community Care. She has dedicated her career to providing care and services to children and is a strong advocate for the underserved and underrepresented in the community.

Dr. Russell began her education at Johns Hopkins University where she earned a Bachelor of Arts degree in Public Health and Spanish Language and Literature, followed by a Master of Public Health degree in Behavioral Science and Health Education at Emory University School of Public Health. She went on to earn her medical degree at the University of Virginia School of Medicine and completed her internship and residency at the Virginia Commonwealth University Health System Pediatrics department.

She and her father established a scholarship named after her grandparents—the Mary Russell and Lillie Brown Memorial Bicentennial Scholars Fund—to support medical students who are part of an underrepresented group within medicine who demonstrate financial need. She developed programs and protocols for vulnerable children during her tenure at Sentara’s Community Care program. Dr. Russell partnered with REACH, Inc. of Norfolk to create the Sentara Community Care Center Literacy Program that distributes books to pediatric patients to develop a love of reading. Her involvement with establishing school-based virtual clinics to provide care and support for children in areas of highest need further demonstrates Dr. Russell’s dedication and commitment to excellence.

As the recipient of the 2023 Sentara Golden Stethoscope Award, Dr. Russell was honored for the “outstanding patient experience she provides for her patient and their families.” She has received countless glowing patient reviews that are echoed in her nomination for the QEA by a colleague for “always going above and beyond the norm” in caring for her patients.

This year marks the 19th anniversary of this esteemed award for its commitment to quality and excellence. Nominations are accepted throughout the calendar year and may be submitted by completing the nomination form located on the Sentara Health Plans [website](#).



Statin Therapy for Patients with Cardiovascular Disease

Sentara Health Plans is committed to promoting the health and wellness of our members, including optimizing cardiovascular risk management for patients. Below are some important facts about this pharmacy quality measure.

What is the measure?

The percentage of patients with clinical atherosclerotic cardiovascular disease (ASCVD) who receive statin therapy.

How is the measure defined?

Males 21-75 years of age and females 40-75 years of age who were identified as having clinical ASCVD (denominator) and received at least one high or moderate-intensity statin medication during the measurement year (numerator).

Quality Measure	Statin therapy for patients with cardiovascular disease (CVD)
Target Group	Patients (males 21-75 years of age and females 40-75 years of age) with a history of ASCVD and not currently prescribed moderate to high-intensity statin therapy
Recommendation for Improvement	Addition of moderate or high-intensity statin therapy

Statin Medications Based on Intensity

High-Intensity	Medication
	Atorvastatin* (Lipitor) 40-80 mg
	Rosuvastatin* (Crestor) 20-40mg
	Simvastatin* (Zocor) 80 mg

Moderate-Intensity	Medication
	Atorvastatin* (Lipitor) 10-20 mg
	Rosuvastatin* (Crestor) 5-10 mg
	Simvastatin* (Zocor) 20-40 mg
	Lovastatin* (Mevacor) 40 mg
	Pitavastatin (Livalo) 1-4 mg

**Tier 6 medications = zero copay*

Why is this important?

ASCVD continues to be the leading cause of death for people in the United States, regardless of ethnicity. According to the American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines, the global rate of morbidity and mortality can be attributed to uncontrolled risk factors and a lack of preventive interventions. Appropriate intensity statin therapy is recommended in patients with increased risk of ASCVD and elevated cholesterol levels.¹

To exclude members from this quality measure for statin intolerance, a claim must be submitted annually using the appropriate ICD-10-CM codes below.

Condition	ICD-10-CM Codes
Pregnancy	O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219
Dispensed clomiphene (Clomid) medication	N/A captured via pharmacy claims
End-stage renal disease (ESRD)	N18.5, N18.6, Z99.2
Cirrhosis*	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
Rhabdomyolysis	M62.82
Myalgia	M79.10–M79.12, M79.18
Myositis	M60.80, M60.811–M60.819, M60.821–M60.829, M60.831–M60.839, M60.841–M60.849, M60.851–M60.859, M60.861–M60.869, M60.871–M60.879, M60.88–M60.9
Myopathy	G72.0, G72.2, G72.9
Condition	HCPCS Codes
In vitro fertilization (IVF)	S4015, S4016, S4020, S4021
Condition	CPT Codes
Dialysis	90935, 90937, 90945, 90947, 90997, 90999, 99512

These codes are only to be used to close Star measure gaps and do not apply to payment or reimbursement.

Sources:

1. Arnett, Donna K., et al. "2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: Executive Summary." *Journal of the American College of Cardiology*, vol. 74, no. 10, Mar. 2019, pp. 1376–414. <https://doi.org/10.1016/j.jacc.2019.03.009>.
2. Medicare. Medicare 2025 Part C and D Star Ratings Technical Notes. 2024, www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf.

Chronic Care Improvement Program

Sentara Health Plans is dedicated to enhancing chronic disease management through its Chronic Care Improvement Program (CCIP), a key component of our quality improvement (QI) strategy. This three-year initiative, developed in compliance with CMS guidelines, aims to improve chronic disease management and health outcomes for members with chronic conditions.

The current CCIP project, launched in January 2024 and continuing through December 2026, focuses on improving glycemic control for members with diabetes enrolled in our Medicare Advantage (MA), Dual Eligible Special Needs Plans (D-SNP), and Chronic Condition Special Needs Plans (C-SNP). Achieving an HbA1c level below 8.0% is associated with better health outcomes and a lower risk of cardiovascular disease and diabetes-related complications.

This initiative utilizes the HEDIS® Glycemic Status Assessment (GSD) measure to track progress. The target population includes members aged 18–75 with diabetes (Types 1 and 2), whose recent glycemic status, measured by hemoglobin A1c (HbA1c) or Glucose Management Indicator (GMI), falls within the following levels during the measurement year:

- Glycemic Status < 8.0%
- Glycemic Status > 9.0%

Members are considered compliant if their most recent glycemic status assessment result is <8.0%. Non-compliance is indicated if the result is ≥8.0%, missing, or if no glycemic status assessment was completed during the measurement year. If multiple assessments occur on the same date of service, the lowest result will be used.

Source: HEDIS Measures and Technical Resources - NCQA." NCQA, 1 Aug. 2025, www.ncqa.org/hedis/measures.

Keep Diabetes in Check

Helpful Tips for Individuals with Diabetes:

Remind patients of the diabetes ABCs. These actions can help lower their risk of heart attack, stroke, and other serious complications.

- **A1c:** Get an A1c test regularly to measure average blood sugar.
- **Blood pressure:** Keep blood pressure below 140/90 mm Hg.
- **Cholesterol:** Control cholesterol levels.
- **Smoking:** Stop smoking or don't start.

Coping with diabetes can be hard. Encourage your patients to manage stress by doing activities like gardening, walking, listening to music, and spending time with friends. Any form of exercise is good for lowering stress levels.

Working with a healthcare team to create a healthy meal plan is also a helpful option for patients. If they are struggling, a registered dietitian nutritionist (RDN) may help. They can talk with you to obtain a referral.

Encourage patients to be physically active by aiming for 30 minutes of physical activity most days of the week. If they are just getting started with an exercise routine, they should be gentle with themselves. It can be as simple as starting slow with 10-minute walks three times a day.

As a diabetic, there are some things patients should do every day. It's important for them to take their medicine even when they feel good. Patients should also keep track of their blood sugar and adjust their meals as needed. They should also check their feet daily for cuts, blisters, or sores, and notify their healthcare team right away if they find any concerns.

Finally, we hope that patients can learn all they can about diabetes management. Feeling comfortable with the tasks required to manage diabetes will boost their confidence. Meeting with their healthcare team regularly to get the support needed to make informed decisions about their diabetes care and treat any problems early.

Source: Steps to Help You Stay Healthy With Diabetes." Diabetes, 15 May 2024, www.cdc.gov/diabetes/caring/steps-to-help-you-stay-healthy-with-diabetes.html.



HEDIS End of the Year Blitz

As we enter the final months of the measurement year, Sentara Health Plans remains focused on closing care gaps and improving quality outcomes. We value our partnership with you and will continue to encourage members to complete their preventive exams and screenings before the end of the year. Together, we can close outstanding care gaps and ensure timely preventive services that support healthier outcomes for our members.

For more information, please visit the Sentara Health Plans [website](#).

Optimizing Pediatric Visits Before the School Year Begins

As the new school year approaches, providers play a vital role in ensuring that pediatric patients are up to date on their routine wellness checks and immunizations.

Now is the perfect time to encourage families to schedule a visit that includes:

- A comprehensive well-child exam to monitor growth and development.
- Centers for Disease Control and Prevention (CDC) recommended immunizations to protect against preventable diseases.

By promoting early visits, providers can:

- Streamline care for busy families.
- Help ensure children stay healthy throughout the school year.
- Optimize office schedules and reduce last minute appointment requests.

Encourage families to book their appointment now and set every child up for a healthy, safe, and successful start to the school year!

For more information, please visit Sentara Health Plans [website](#).

Source: Back to School, Back to the Doctor: How Annual Checkups Support Your Child's Health."
www.healthychildren.org/English/ages-stages/gradeschool/school/Pages/Back-to-School-Back-to-the-Doctor.aspx.

Helping Older Adults Stay Safe: Six Strategies to Prevent Falls

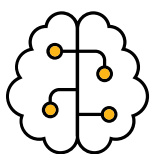
Every 11 seconds, an older adult presents to the emergency department with a fall related injury. Fortunately, many of these incidents are preventable through proactive, multidisciplinary interventions.

The following six strategies can help reduce fall risk in older adults:

1. Recommend structured exercise programs that improve balance, strength, and flexibility.
2. Conduct a comprehensive fall risk assessment, including a detailed fall history, gait and balance evaluation, and screening for orthostatic hypotension.
3. Review medications regularly to identify high-risk drugs, such as benzodiazepines and anticholinergics.
4. Ensure vision and hearing evaluations are current as sensory impairments can significantly increase fall risk.
5. Promote home safety modifications such as removing tripping hazards, improving lighting, and installing grab bars or handrails to create a safer living environment.
6. Involve family members and caregivers to reinforce safety strategies and monitor for signs of functional decline or new risks.

For more information, visit ncoa.org/Falls.





Behavioral Health

Justice Program

Sentara Health Plans' Justice Program supports and coordinates care for justice-involved members, including youth and adults with a history of incarceration, detention, probation, or parole. Justice care coordinators collaborate with case managers, legal, reentry partners, and community organizations to assess medical needs, navigate benefits, address social determinants of health, and remove barriers to care by assisting with reentry into the community.

To engage with a Justice care coordinator, please contact [**justice@sentara.com**](mailto:justice@sentara.com).

Tribal Care Coordination Program

Sentara Health's Tribal Care Coordination Program is dedicated to reducing barriers to care for individuals of Indian, Native American, and Tribal descent by connecting them with culturally sensitive providers and connection to Medicaid covered services.

To engage with a Tribal care coordinator, please contact [**tribal@sentara.com**](mailto:tribal@sentara.com).

School Liaison Program

Sentara Health Plans' School Liaison Program builds strong connections between Virginia school systems and Sentara to better serve local communities through direct engagement and support. School liaisons help meet community needs by organizing vaccine clinics, volunteering at events, and promoting health and wellness resources for students and families.

For School Liaison questions, please contact [**School_Liaisons@sentara.com**](mailto:School_Liaisons@sentara.com).

SUD Pregnant and Parenting

Sentara Health Plans' Substance Use Disorder (SUD) Pregnant and Parenting Program provides support to individuals with substance use and/or co-occurring mental health disorders through intervention and relapse prevention during and after pregnancy. The program also reduces treatment barriers for parenting individuals with SUDs by improving access to resources, education, and care coordination, helping stabilize and reunify families while promoting long-term wellness.

For questions or to enroll in the program, please contact [**SUDPandP@sentara.com**](mailto:SUDPandP@sentara.com).

On-site Navigators Program

Sentara Health Plans' On-site Navigators Program supports members and community partners during critical care transitions to reduce the risk of adverse events and miscommunication. Navigators help develop transition plans, provide information on needed services, and coordinate resources such as housing, peer support, coaching, and transportation to ensure a smooth and successful handoff of care.

For On-Site Navigators questions, please contact [**BH_Navigators@sentara.com**](mailto:BH_Navigators@sentara.com).



Transition of Care Program

Sentara Health Plans' enhanced Transitions of Care Program provides Transition Care Coordinators (TCCs) who work directly with hospitals and residential facilities to support discharge planning, care coordination, and reduce gaps in follow-up care. This scalable model improves collaboration with discharge planners, facilitates real-time transitions, increases successful health risk assessment (HRA) completion, and ensures members understand their care plans—advancing whole-person care across Sentara's Integrated Delivery Network.

For questions about the program, please contact **TransitionCare@sentara.com**.

Virginia Youth2Adult Website

Sentara Health Plans partnered with Easter Seals of Greater Houston, Inc. to create the Virginia Youth2Adult website, which is publicly available to anyone in the community. The tool provides education and resources for individuals, caregivers, educators, and providers on how to navigate new diagnoses and identify supports that assist youth and adults in transitioning through the continuum of care across life stages. It includes access to local and national resources, educational tools, and age-appropriate task lists.

This website is located at **virginiayouth2adult.com**.

Transportation Policy Change

Sentara Health Plans has updated its transportation reimbursement policy for members receiving services under the ARTS program. The mileage cap for in-state trips has been reduced from 75 miles to 50 miles, and the gas reimbursement rate has been adjusted from \$0.67 to \$0.21 per mile.



Screening, Brief Intervention, and Referral to Treatment

Sentara Health Plans is committed to universal mental health and SUD screenings in primary care. Primary care providers (PCPs) accepted into the provider network and participate in value-based purchasing programs must be credentialed and trained to deliver services consistent with the American Society of Addiction Medicine's published criteria as well as medical necessity criteria. PCPs must use evidence-based best practices; including Screening, Brief Intervention and Referral to Treatment (SBIRT) and Medication Assisted Treatment.

SBIRT is used in Addiction and Recovery Treatment Services (ARTS) to identify and address risky substance use, such as:

- Screening for risk factors
- Brief Intervention to encourage change
- Referral to treatment if needed

Click **[here](#)** to view current Medicaid reimbursement rates. For additional information and resources, visit **dmas.virginia.gov**.





Authorizations, Medical Policies, and Billing

Authorization Updates

Visit our **[website](#)** to view the most recent authorization updates. Access all current behavioral health, durable medical equipment (DME), imaging, medical, obstetrics, pharmacy, and surgical policies at **sentarahealthplans.com/providers/clinical-reference/medical-policies**.

View the related authorization forms on **sentarahealthplans.com**.

New Medicaid Benefit: Foster Care Case Management Effective July 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

- Prior Authorization requirement for one procedure code has been updated to reflect authorization required (Y) effective July 1, 2025. Authorization requests will be reviewed within three business days, consistent with DMAS expectations

T1016	Foster Care Case Management (Medicaid, Behavioral Health)
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T1016 is the billing code for Foster Care Case Management services for Medicaid members under 21 years of age. These services are designed to coordinate medical, behavioral, educational, and social services for children in foster care, ensuring comprehensive and continuous care.

Prior Authorization Updates for Medicaid, Medicare, and Commercial Effective August 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

- Prior Authorization requirement for one procedure code has been updated to reflect No Authorization required (N) effective August 1, 2025

T1016	Foster Care Case Management (Medicaid, Behavioral Health)
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Prior Authorization Updates for Commercial Effective November 1, 2025

Sentara Health Plans would like to notify you of the following authorization updates made since the last version of Provider News:

Prior Authorization requirement for one procedure codes has been updated to reflect Authorization required (Y) effective November 1, 2025 with exception "FOR ONCOLOGY PROGRAM CONTACT ONCOHEALTH; FOR ALL OTHER INDICATIONS CONTACT HEALTH PLAN"

J8565

Note: Code changes and deleted codes are available on the Sentara Health Plans [website](#).



Pharmacy

Pharmacy Formulary Updates

The Sentara Health Plans Pharmacy and Therapeutics Committee (P&T) meets at least bimonthly to provide strategic clinical direction on formulary management and clinical programs. Clinical recommendations made by the committee may result in drug formulary placement updates. These updates help ensure that the most clinically appropriate, cost-effective formulary drugs remain accessible and that contractual obligations are maintained.

Formulary updates for our commercial, exchange, FAMIS, Medicaid, and Medicare lines of business can be found on our [website](#).

Once at the '[Formularies and Drug Lists](#)' page, choose the appropriate line of business. The '[Quarterly Pharmacy Changes](#)' document(s) are updated quarterly. Updates are posted a minimum of 60 days before implementation.

Implementation of Electronic Prior Authorization via Surescripts

Effective July 1, 2025, Sentara Health Plans pharmacy department has partnered with Surescripts to allow providers the option of utilizing electronic prior authorization (EPA) to initiate a prior authorization request. Providers can submit requests directly through their electronic health record (EHR) systems or through the Surescripts online portal.

To register, visit providerportal.surescripts.net/ProviderPortal/login.





Important Updates and Reminders

Register for Our Upcoming Webinars

Mark your calendars to join our upcoming quarterly educational sessions. **Visit our website** to learn more and register. Presentations from previous sessions are also available.

Provider Quality Care Learning Collaborative

September 3 – 12 p.m.

Claims Brush-up

September 16 – 1 p.m.

Authorization Tips & Updates

October 7 – 7:30 a.m.

Stay connected!

Follow Sentara Health Plans on social media for updates that support your patients and practice.



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