



Provider Alert

Urgent Provider News



Dear Provider,

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

- Urgent: Sentara Medicare Engage Members May Lose Coverage on February 28— Please Act Today
- Personal Care and Behavioral Health Services—Billing Reminder
- Evolent—Ambulatory Service Centers (Commercial Member Authorizations Only)
- Incorrect Date of Birth and Member ID Number
- Authorization Updates Effective May 1

Urgent: Sentara Medicare Engage Members May Lose Coverage on February 28—Please Act Today

The enrollment chronic condition verification process for the Chronic Special Needs Plan (C-SNP) is a time sensitive process. **The Centers for Medicare & Medicaid Services (CMS) only allows 30 days to complete the verification. If the enrollment and verification are not completed within 30 days, the member cannot be enrolled in the plan.** Currently, hundreds of Sentara Medicare Engage members are at risk of losing their coverage on February 28 because their chronic condition remains unverified.

If you or someone in your office received one or more of the forms listed below, please have a treating provider or office staff member attest by completing the form, signing it, and return by

faxing to 757-648-1367 or 1-833-459-0789 today.

- Sentara Medicare Engage - Diabetes and Heart (HMO C-SNP) C-SNP Review and Verification Form
- Sentara Medicare Engage - Lung (HMO C-SNP) C-SNP Review and Verification Form

Please note that the verification requests can be received at any time throughout the year.

Personal Care and Behavioral Health Services— Billing Reminder

As a reminder, providers should bill for service according to the Department of Medical Assistance Services (DMAS) billing instructions as outlined in the [Provider Manual CCC Plus Waiver](#) which states: *“Only whole hours can be billed. If an extra 30 or more minutes of care are provided over the course of a calendar month, the next highest hour can be billed. If less than 30 extra minutes of care are provided over the course of a calendar month, the next lower number of hours must be billed. Providers may bill for services more than one time each month per member. However, the rounding up of hours is for the total monthly hours and not each time the provider bills DMAS.”*

Claims submitted to Sentara Health Plans that do not follow DMAS billing instructions, including obtaining proper authorization, will be denied. This includes but is not limited to the following LTSS and behavioral health service codes: **S5102, S9123, S9124, T1002, T1003, T1019, 97153, 97154, 97155, 97156, 97157, 97158, H0046, H2011, H2012, S0201, and S9482.**

Lastly, in April 2024 we advised we were implementing the Three-Day Payment Window in accordance with CMS regulations. The edits are now deployed to align with the requirement.

Related messages:

- [Three-Day Payment Window Policy](#)
- [Virginia Medicaid Billing—Personal Care Services and Respite Care Services](#)
- [Virginia Medicaid—Mental Health Services Billing Instructions](#)

Evolent—Ambulatory Service Centers (Commercial Member Authorizations Only)

Effective March 3, 2025, Ambulatory Service Centers (ASC) listed in the RadMD system facility drop down menu will now be identified by the prefix "ASC" to distinguish cardiac service authorization requests. This improvement will increase efficiencies in processing authorizations for commercial plans managed through our partnership with Evolent.

Outpatient facilities listed in the drop-down menu will remain the same.

Example:

Ambulatory Surgery Center	ASC—St. Mary's Hospital - Bon Secours
Outpatient	St. Mary's Hospital - Bon Secours

Incorrect Date of Birth and Member ID Number

Providers are submitting the incorrect date of birth (DOB) and member identification numbers when submitting claims. This is resulting in the claims being processed in the wrong system which is causing delays. Please make sure the information submitted on your claim is accurate.

Authorization Updates Effective May 1

Sentara Health Plans has a new medical policy weblink available to access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies. You can access this at sentarahealthplans.com/providers/clinical-reference/medical-policies.

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

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)