

Dear Provider,

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

- Update information to reflect Sentara Health Plans
- New preferred durable medical equipment providers
- Provider services contact center holiday closure
- Medicaid pre-payment review reminder
- Global maternity billing updates
- Retirement of select Medicare payment policies
- Appeals to the Department of Medical Assistance Services (DMAS)
- Sentara Medicare preferred product changes
- Advanced imaging prior authorization changes coming January 1, 2027
- Authorization and medical policy updates
- Upcoming educational opportunities

Update information to reflect Sentara Health Plans

Providers are reminded to review and update their websites, patient portals, and other digital resources to ensure they accurately reflect Sentara Health Plans.

Please remove outdated references to Optima Health and Virginia Premier and replace them with

Sentara Health Plans. Keeping this information current helps reduce member confusion and ensures patients can clearly identify their health plan when accessing information and seeking care.

We appreciate your partnership in providing members with accurate and up-to-date information.

New preferred durable medical equipment providers

Effective November 1, 2026, Sentara Health Plans will begin a new partnership with industry leaders Apria and Byram, our preferred durable medical equipment (DME) providers. This is a pivotal step forward to bring greater efficiency, streamlined service, and improved access to care for all providers and members.

This collaboration will afford seamless ordering, fulfillment, and support for all DME needs. Providers can expect faster turnaround times, easier ordering processes, expanded product selection, and expert guidance throughout every step of the patient care journey. This partnership ensures that our members, your patients, will receive high-quality equipment and supplies with the professional support they deserve.

Additional details and rollout guidance to prepare for this important transition are forthcoming. We appreciate your partnership as we improve health every day through the delivery of services and quality care outcomes for the communities we serve.

To learn more, visit the DME section under the provider toolkit located on Sentara Health Plans website.

Provider services contact center holiday closure

In observance of the Thanksgiving holiday, the contact center will be closed on Thursday, November 26, and Friday, November 27, 2026.

Please plan accordingly for any assistance you may need during the holiday period. We appreciate your understanding and wish you a safe and happy Thanksgiving.

Medicaid pre-payment review reminder

To help ensure accurate and timely claim processing, Sentara Health Plans conducts pre-payment

reviews on selected claims. During these reviews, providers may be asked to submit medical records and supporting documentation to validate billed services. Pre-payment reviews include both administrative and clinical validation.

Reviews may assess whether documentation supports the services billed, applicable coverage requirements, provider eligibility, required identifiers, timeliness, and other program-specific requirements. Claims may remain pending while requested documentation is being reviewed. The review is based on the documentation submitted for the billed service and required program elements. Providers are encouraged to respond promptly to documentation requests and ensure records are complete and support the services billed.

For detailed information regarding the pre-payment review process, documentation requirements, and reconsideration rights, please refer to the Medicaid Pre-Payment Review Policy available on the Sentara Health Plans website.

Global maternity billing updates

Effective January 1, 2027, Sentara Health Plans will align with new American Medical Association (AMA) CPT coding requirements for maternity care services. The revisions will allow providers to report maternity care at the service level, separately identifying the four phases of care: antepartum, labor management, delivery, and postpartum. For more details, please visit the policy updates page on the Sentara Health Plans website.

Retirement of select Medicare payment policies

Effective December 31, 2026, several Sentara Health Plans Medicare payment policies, including D-SNP, will be retired to align with Centers for Medicare & Medicaid Services (CMS) requirements and eliminate duplicative guidance.

The following payment policies will no longer include the Medicare line of business effective **December 31, 2026:**

- Add On Codes Professional (#3940)
- Advanced Practice Health Care Provider Payment Policy (#3932)
- Age to Diagnosis and Procedure Code Policy, Professional (#4030)
- Assistant Surgeon (#3819)

- Bilateral Procedure Payment Policy (#3998)
- Device Implant and Skin Substitute Payment Policy (#3983)
- Discontinued Procedure Payment Policy (#4001)
- Distinct Procedural Service Payment Policy (#3821)
- DRG Computation (#4556)
- Global Surgical Package (#3830)
- Inappropriate Primary Diagnosis Codes Policy, Professional (#4027)
- Increased Procedural Services Policy, Professional (#4028)
- Intensity Modulated Radiation Therapy, Professional and Facility (#3957)
- Moh's Micrographic Surgery (#3813)
- Multiple Procedure Payment Reduction (MPPR) for Diagnostic Imaging-Facility (#4012)
- Multiple Procedure Payment Reduction (MPPR) Medical and Surgical (#4013)
- National Drug Code (NDC) Professional and Facility (#4035)
- New Patient Visit Policy - Professional (4036)
- Observation - Professional (3837)
- Once in a Lifetime (#3958)
- Outpatient Hospital Inappropriate Primary Diagnosis Code (#4031)
- Pain Management Payment Policy (#4021)
- Percutaneous Coronary Interventions-Modifier Requirements (#4349)
- Professional Technical Component Policy (PC/TC) (#3985)
- Prolonged Services Payment Policy (#4023)
- Site of Service Differential (#4056)
- Split Surgical Modifiers 54, 55, 56 (#3989)
- Time Spanned Codes (#3995)

Appeals to the Department of Medical Assistance Services (DMAS)

If a provider wishes to further appeal after a second uphold decision, they must file a written notice of appeal with the Appeals Division of the Department of Medical Assistance Services within 30 calendar days of receipt of the second level letter. The provider appeal process is governed by Virginia Code Section 32.1 -325.1 and regulations at 12 VAC 30-20-500 et seq.

Effective November 5, 2026, providers will be required to request DMAS appeals through the DMAS Appeals Division’s online portal, the Appeals Information Management System (AIMS). Providers must have an AIMS account to request an appeal through AIMS.

Provider registration requests must be reviewed before the account is created. As a result, providers will not have an AIMS account immediately after registering. Providers are encouraged to register for AIMS even if they do not need to file an appeal.

Providers can visit DMAS Appeals to register for AIMS, access AIMS, and find more information about the appeal process.

Sentara Medicare preferred product changes

Effective January 1, 2027, Sentara Medicare will update coverage requirements for certain physician-administered bevacizumab, filgrastim, pegfilgrastim, trastuzumab, and rituximab products. Preferred and non-preferred product designations will apply.

Providers should:

- Use preferred products for new therapy starts when appropriate.
- Transition members receiving newly non-preferred products at their next authorization or reauthorization, unless coverage criteria for continued use are met.
- Submit prior authorization and supporting documentation when requesting a non-preferred product.
- Continue to follow all other applicable medical benefit coverage requirements.

Visit the Sentara Health Plans website to review preferred and non-preferred product designations.

Advanced imaging prior authorization changes coming January 1, 2027

Sentara Health Plans is making changes to advanced imaging utilization management to simplify the prior authorization process for providers.

Effective **January 1, 2027**, Sentara Health Plans will bring utilization management for CT, MRI, and cardiac imaging services in-house, transitioning these services from NIA-Evolent.

This means:

- A dedicated Sentara Health Plans team will manage initial reviews, appeals, and reconsiderations.
- Prior authorization requirements for advanced imaging will be reduced by approximately 80%.
- Sixteen code families will continue to require prior authorization based on utilization and other historical data.

No action is required currently. Additional information about the transition and submission requirements will soon follow.

Authorization and medical policy updates

Visit our website to view the most recent authorization and medical policy updates.

Upcoming educational opportunities

New provider orientation

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.

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 close gaps in care and promote participation in Healthy Incentives programs.

To register for this 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