



# Provider Alert

Urgent Provider News



Dear Provider,

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

- Quest Diagnostics Transition Reminder—Action Required
- Attention Discharge Planners—Webinar on December 16
- Medicaid Provider Manual Updated Online
- Attention Behavioral Health Providers: ACT/MST/FFT Authorization Reinstatement
- Enhancements to the Authorization Workflow in Jiva
- Converting HealthTrio Accounts To Direct Log In—Action Required
- Authorization Updates Effective February 1

## Quest Diagnostics Transition Reminder—Action Required

We previously announced that Quest Diagnostics (Quest) will be the exclusive independent national laboratory provider of clinical laboratory and anatomic pathology services for members of Sentara Health Plans commercial and government programs beginning January 1, 2025.

The following steps are required for readiness on January 1:

1. Call 1-866-MYQUEST (1-866-697-8378) to establish a Quest Diagnostics account.
2. Authorize the interface between Quest and your electronic health record (EHR) vendor by submitting the information listed below at [getmyinterface.com/request.cgi](https://getmyinterface.com/request.cgi):

- Quest account number
  - EHR vendor name
  - Zip code
3. [Request your invitation](#) for provider training on Tuesdays at 8:30 a.m. and Thursdays at 4:00 p.m.

By ensuring readiness on January 1, your patients will have immediate access to conveniences such as:

- Access to over 40 Patient Service Centers in Virginia
- Online appointment scheduling via [questdiagnostics.com/appointments](https://questdiagnostics.com/appointments)
- Walk-in service with wait times prominently displayed
- Lab results delivered directly to a mobile device or computer through MyQuest™
- Financial responsibility estimates at the time of service
- Lower out-of-pocket costs in many cases when they select Quest as their in-network provider

For support, you may submit an email to [onboardingsupport@questdiagnostics.com](mailto:onboardingsupport@questdiagnostics.com).

## Attention Discharge Planners—Webinar on December 16

Discharge planning teams are encouraged to [register](#) for the upcoming webinar, **How Patients Benefit from the Care Management and Discharge Planning Partnership**. This session will explore the advantages Sentara Health Plans members gain through effective communication and collaboration between care management and discharge planning teams.

Attendees will learn to differentiate between health plan care management and discharge planning, discover online care management resources, obtain Sentara Health Plans care management contact information, and can have their questions answered.

## Medicaid Provider Manual Updated Online

The annual review of our Sentara Health Plans Medicaid Provider Manual has been completed. This version includes regulatory and operational updates on topics such as:

- Credentialing
- Accommodating Members with Disabilities/Special Needs Members
- Direct Access to Specialists
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Referrals, and Treatment
- Overpayments
- Emergency and Post Stabilization Services
- Provider Notification of Appeals and Grievance Processes
- Disclosures of Ownership and Control
- Subcontractor, Vendor, and Agent Compliance Program

All Sentara Health Plans Provider Manuals can be found [here](#).

## **Attention Behavioral Health Providers: ACT/MST/FFT Authorization Reinstatement**

The Department of Medical Assistance Services (DMAS) has requested that we reinstate the authorization requirements for Assertive Community Treatment (ACT), Multisystemic Therapy (MST), and Functional Family Therapy (FFT) to obtain information which requires validation through the authorization process and is not available in the claim review process. To facilitate the reinstatement, Sentara Health Plans behavioral health utilization management requests a list from all service providers, [using this template](#), for ACT/MST or FFT services for members that are on service, and expect to be on service on January 2, 2025, and after. Initial approvals for this service will be based on the following:

1. ACT authorizations:
  - Member on service zero to one year—approval will be for eight months.
  - Member on service one to two years—approval will be for six months.
  - Member on service two to three years—approval will be for five months.
  - Member on service three to four years—approval will be for four months.
  - Member on service over four years—approval will be for three months.
2. MST/FFT:
  - Service authorizations will be sent through end date of service you list on the template (not to exceed five months from January 1, 2025).

For efficiency, please download the template, compile your lists, and send them now. **Please send only one list per provider.** Starting on January 1, you may submit authorization requests for new or ongoing services for members individually with the required information per DMAS manual, and within the DMAS time frames for submission. We are requesting that initial/ongoing services for ACT be sent at six month increments to avoid denials. The list should be emailed to [kxbeers@sentara.com](mailto:kxbeers@sentara.com).

If you have any questions or concerns, please contact your network educator at [contactmyrep@sentara.com](mailto:contactmyrep@sentara.com).

## Enhancements to the Authorization Workflow in Jiva

The PAL list will be integrated into Jiva starting on December 15, 2024, and will be visible in the JIVA production environment when providers log in on December 16, 2024. The authorization submission process is unchanged, but the following alerts have been added to the workflow to improve the provider's experience. These alerts will be visible in the JIVA application.

**This will be a hard stop alert in the provider portal that providers will see:**

- “No authorization required” or “Authorization needs to go to the delegated vendor”

Additionally, during the EDPST process the assigned nurse will receive an alert when an authorization is required, but the rendering providers will still be required to move the authorization.

## Converting HealthTrio Accounts To Direct Log In—Action Required

You must convert your HealthTrio account, currently used to access the former Virginia Premier Portal (Sentara Health Plans Claim Reconsideration Portal), to a direct log in account before HealthTrio is retired on December 31, 2024. Log in normally through

HealthTrio, navigate to the portal, and then look for the "Important Messages" area to get to the account migration page.

By completing the account migration process, you will be able to retain your claim reconsideration history as well as current taxpayer identification numbers (TIN) access for your Virginia Premier HealthTrio accounts (those that share the same email address). Each unique email address used for HealthTrio accounts would need to be migrated separately to a unique direct log in account.

**Note:** A countdown notice is now prominently displayed on the logged in landing page of the portal to ensure awareness of the number of days remaining to complete this action.

## Authorization Updates Effective February 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](https://sentarahealthplans.com/providers/clinical-reference/medical-policies).

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

Sincerely,  
Your Sentara Health Plans Team

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