

Provider Updates



Dear Provider,

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

- [Reconsideration Portal Restored](#)
- [Sentara Health Plans Website Redesign](#)
- [Correction Notice Regarding Provider Network Status](#)
- [Authorization Clarification: Service Facilitation of Consumer Directed Services](#)
- [Prior Authorization Requirement for Hemlibra](#)
- [Tobacco Cessation Referrals](#)
- [Authorization and Medical Policy Updates](#)
- [Upcoming Educational Opportunities](#)

Reconsideration Portal Restored

We have resolved the intermittent system issues experienced when using our Reconsideration Portal. You may resume online submissions of Medicare and Medicaid reconsiderations. As we return to normal operations, we anticipate higher than normal volumes. If you receive an error message, we expect this to be temporary, and you may try again at another time.

Sentara Health Plans Website Redesign

We are pleased to share recent updates to our [website](#) that are designed to enhance your overall experience. Content has been reorganized and consolidated to better align related resources and topics, creating a more intuitive and efficient navigation experience.

These improvements are intended to help you access information more easily and support effective business interactions with us.

Correction Notice Regarding Provider Network Status

Sentara Health Plans recently issued a member communication indicating that Kathryn Brooks was no longer participating in the network and that affected members had been reassigned to a different primary care provider. **This notification was sent in error.**

Kathryn Brooks remains an in-network provider with Sentara Health Plans. Members who received the incorrect communication are being notified directly with a correction. No changes to provider participation or member assignments are required at this time.

Please contact Provider Services at 757-552-7474 or 1-800-229-8822, option 2, if you have any questions or concerns.

Authorization Clarification: Service Facilitation of Consumer Directed Services

Effective July 1, 2026, Sentara Health Plans will increase the number of routine visits (CPT 99509) allowed without prior authorization within a rolling 12-month period (365 days).

- The allowable number of routine visits will increase from four to six, per member, within the rolling year.
- Prior authorization will be required for any routine visits beyond the sixth visit within the same rolling 12-month period.

Please ensure scheduling and authorization practices align with this updated visit limit to avoid claim denials.

Prior Authorization Requirement for Hemlibra

Effective July 1, 2026, prior authorization will be required for Hemlibra (emicizumab kxwh) when billed with HCPCS code J7170 (Injection, 0.5 mg) for Medicare and Medicaid lines of business only, for dates of service on or after July 1. Claims submitted without an approved prior authorization may be subject to denial.

Tobacco Cessation Referrals

Easily refer patients to the state tobacco quit line directly in Epic. Both Quit Now Virginia and Quitline NC provide free, 24/7 counseling for patients aged 13+ 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](#).

Authorization and Medical Policy Updates

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

Upcoming Educational Opportunities

New Provider Orientation

This webinar serves as a comprehensive introduction to Sentara Health Plans, designed for both newly contracted providers and those seeking a refresher. This session delivers an in-depth overview of our key resources, self-service tools, and core operational processes to support an efficient and successful working relationship.

To register, please visit sentarahealthplans.com.

Lunch & Learn: Provider Website Tour – Provider Orientation Part 2

Take a quick break and join us for a 30-minute interactive session showcasing our newly

designed provider website, built to make doing business with us easier, faster, and more efficient. You'll learn how to:

- Navigate the redesigned provider portal with confidence
- Access and utilize key self-help resources more effectively
- Quickly locate the tools and guidance you need to conduct business smoothly
- Get answers quickly on your own without having to call for assistance

Bring your questions and curiosity. We're here to help you get the most out of the new online experience and all the resources available to you.

To register, please visit sentarahealthplans.com.

Provider Quality Learning Collaborative

During this webinar, we will highlight key updates, review important quality and value based care measures, identify areas of opportunity 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.

May 6 Session: This session is designed for behavioral health providers, primary care providers (PCPs), and their staff interested in reducing preventable behavioral health admissions and readmissions. Our behavioral health team will provide an overview of our programs and resources available at Sentara Health Plans. Additionally, our quality team will review depression screening tips and best practices. We will reserve time for an open forum so participants can discuss their successes and barriers in these areas, as well as ask questions.

June 3 Session: This session is designed for primary care and other practitioners and their staff that are interested in learning how Sentara Health Plans engages members through education and interventions to increase utilization of preventive services and improve health outcomes for members with chronic conditions such as diabetes. We will also review the Medicare Health Outcomes Survey (HOS), a CMS required measure of patient reported changes in physical and mental health, and how evidence based primary care interventions directly influence Dual Eligible Special Needs Plans (D-SNPs) quality outcomes. We will reserve time for an open forum so participants can discuss their successes and barriers with outcomes, as well as ask questions.

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

Let's Talk Behavioral Health

This session is designed to keep behavioral health professionals informed of key developments within the field. Participants will gain insight into emerging trends and important updates affecting behavioral health policies and practices.

The May 12 session will address LTSS initiatives, prepayment reviews for crisis services, attendance requirements for ARTS, and available provider support. This information is intended to help providers remain compliant, informed, and prepared.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

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