

Provider News

Summer 2026



Table of Contents

Sentara Health Plans news	3
▪ Improving provider directory accuracy: Sentara Health Plans' commitment to reducing "ghost" providers ▪ Help us advance health equity ▪ Telehealth and telemedicine services ▪ Upfront by Health Catalyst outreach campaigns	
Medicaid updates	5
▪ New Medicaid eligibility rules for some noncitizen adults ▪ Welcoming BabySM program ▪ The signature: How important is it?	
Quality improvement	8
▪ 2027 Quality Excellence Award ▪ Combine sports physicals with annual well-child visits for a win-win ▪ What providers need to know: Adult immunization status (AIS-E) ▪ Centers for Medicare & Medicaid Services (CMS) Star Ratings: What every provider should know	
Authorizations, medical policies, and billing	11
▪ Sentara Health Plans medical and clinical policy updates	
Pharmacy	11
▪ Pharmacy formulary updates	
Important updates and reminders	12
▪ Register for our upcoming webinars	



Sentara Health Plans news

Improving provider directory accuracy: Sentara Health Plans' commitment to reducing "ghost" providers

A ghost provider network occurs when provider directories include providers who are no longer accepting new patients, have left a practice, or are otherwise unavailable for appointments. As national focus grows on reducing such listings, Sentara Health Plans is committed to ensuring our members have the most accurate information when selecting a provider.

Sentara Health Plans uses a combination of our own claims data and third-party provider claims sources to confirm if a listed provider has submitted a claim for any line of business within the past year. Medicaid providers without recent claim activity are assumed to be unavailable for patient care and are suppressed from our online provider directory. This suppression process applies only to Medicaid providers.

Claims data reviews take place quarterly. If a previously suppressed Medicaid provider submits a new claim, the provider is reactivated in our online directory.

Please promptly notify Sentara Health Plans of any changes related to your practice, such as contact details, addresses, or provider additions or terminations. Use the appropriate Provider Update Form or Delegated Update Form located at this [link](#).

Help us advance health equity

In alignment with NCQA standards and regulatory requirements, Sentara Health Plans collects certain demographic information from our network providers.

We encourage you to consider sharing details such as race, ethnicity, and languages spoken. This information plays an important role in helping us identify gaps in care and develop initiatives that reduce health disparities across the communities we serve.

Providing this information is voluntary, and you may choose whether to share it with Sentara Health Plans.

To submit or update your demographic information, please use the Provider Update Form or Delegated Update Form available at this [link](#).

Telehealth and telemedicine services

Sentara Health Plans is committed to expanding access to care by partnering with providers to promote the adoption of telehealth and telemedicine for both medical and behavioral health services, when appropriate for the condition and situation.

By leveraging virtual care options, members benefit from greater appointment availability, improved convenience, and timely access to needed services. Telehealth also supports better care coordination by enhancing follow-up after emergency department visits or hospitalizations, helping to ensure continuity of care.

Ultimately, the increased use of telemedicine helps close gaps in patient care, leading to better health outcomes and a more connected care experience.

To learn more about telehealth and telemedicine services, please click [here](#).

Upfront by Health Catalyst outreach campaigns

Sentara Health Plans and Sentara Health have launched member outreach campaigns to increase completion of well-child visits and childhood immunizations. As outreach continues, providers may see increased appointment requests from members seeking these services. We understand there may be access concerns, so please encourage members to use telehealth options as applicable.

The current campaign reaches members across multiple lines of business and uses a combination of email, interactive voice response (IVR) calls, and text (SMS) communications to encourage members to:

- Schedule a well-child visit
- Complete recommended childhood immunizations
- Contact their primary care provider or use available online scheduling resources to book an appointment

Sentara has partnered with Upfront by Health Catalyst, an engagement platform that uses personalized outreach to guide patients to care, help close care gaps, and encourage completion of recommended services through targeted member engagement. Outreach is organized in segments, including **Sentara Health Plans, Sentara Quality Care Network (SQCN), and Sentara Ambulatory Services Division (SASD)**.

Additional outreach campaigns are planned to launch later this year for eligible members. Future campaigns include:

- Breast cancer screenings (mammograms)
- Colorectal cancer screenings
- Diabetes-related care and preventive services

Thank you for your partnership in helping members stay up to date with recommended screenings, immunizations, and care.





Medicaid updates

New Medicaid eligibility rules for some noncitizen adults

Medicaid eligibility rules for some noncitizen adults will change beginning Oct. 1, 2026, due to a federal requirement.

Providers should be aware that non-pregnant adults must be a U.S. citizen or national or have one of the following eligible immigration statuses to qualify for full-benefit Medicaid coverage, in addition to meeting income and other eligibility requirements.

Eligible statuses include:

- Legal permanent residents (green card holders)
- Compact of Free Association (COFA) migrants
- Cuban and Haitian entrants

Individuals whose immigration status no longer qualifies them for full-benefit Medicaid may still be eligible for Emergency Medicaid, which covers emergency services only.

They have the right to appeal coverage decisions. Instructions are included in all Medicaid notices. Please share eligibility information with your patients.

For more information, please visit the Department of Medical Assistance Services [website](#).

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 GrowSM 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 manager/ 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
- **Baby showers** (virtual and in person)
- Access to breast pumps
- **Maternal/child education series classes** (virtual)
- Referrals to parenting, breastfeeding classes, and lactation services
- Hospital tours (virtual and in person)
- Timeliness of care incentives

Welcoming Baby Outreach Team:
8 a.m. to 5 p.m., Monday-Friday.

- Phone: **1-844-671-2108 (TTY: 711)**
- 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. Through the Welcoming Baby Program, members receive reminders, education, and incentives if they receive their first prenatal visit within 42 days of enrolling with Sentara Community Plan (or within their first trimester). Members also receive reminders, education, and are eligible for an incentive if they receive their timely postpartum provider visit (within 7-84 days of giving birth). Complete our **OB Registration Form for Medicaid Members** with supporting documents to support us in achieving timeliness of prenatal care.

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 **OB Registration Form for Medicaid Members** 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 (EPSDT)

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, primary care providers, or general practitioners. Children are able to receive comprehensive health screening and developmental assessments, vision, dental, and hearing services, as well as 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

At Sentara Community Plan, members are educated on dental care during, and after pregnancy, and how to care for their baby's teeth, including fluoride treatment. Education is provided through a partnership with Cardinal Cares Smiles. Members are encouraged to contact a dental provider through [DentaQuest.com](https://www.dentaquest.com) or by calling **1-888-912-3456**.

The signature: How important is it?

A frequent deficiency found by the Quality Management Review (QMR) Team across multiple home and community-based Long Term Support Services (LTSS) provider types involves the signatures of the member and the provider on required Department of Medical Assistance Services (DMAS) documentation. Here are some tips to consider when you examine your paperwork to ensure compliance with DMAS requirements.

All DMAS forms require a fresh, live signature from the provider and from the member or the person authorized to sign for the member. Reproduced signatures, other than the electronic signatures that have all the irrefutable safeguards required by DMAS, are not acceptable. In most cases, full signatures are required. If the signature is not legible, it is a good idea to have the provider identify the signature on the document. The provider's signature is required to be full, legible, and include credentials. In most situations, the paid attendant is not permitted to sign documents on behalf of the member.

After the member signs a document, the document should not be changed without a new signature. Members should not be asked to sign a document with blanks. In the event services are reduced or changed, a new plan of care must be written for the reduced hours or changed tasks, and this document requires a fresh, live signature of the provider and member.

Providers are required to maintain the original DMAS-required documentation, and it must be filed in the member's chart promptly. DMAS or its representatives can request to see the original documentation without lengthy notice.

Sentara Health Plans' QMR Team works with DMAS to ensure provider compliance. If you have any questions, contact our Provider Services Call Center at **1-800-229-8822**.





Quality improvement

2027 Quality Excellence Award

Sentara Health Plans values quality and safety, especially when coordinating and managing care and safety for our members. Sentara Health Plans has a physician recognition program to promote and salute excellence: the Dr. Melvin T. Pinn, Jr. Quality Excellence Award (QEA).

Founded in 2006, this prestigious award was created to recognize providers for their commitment to quality care and safety. Dr. Pinn advocated for the medically underserved and was a pillar in the community. He received countless awards throughout his career for his many contributions to high-quality and safe patient care.

Sentara Health Plans will continue to annually recognize an outstanding in-network provider who promotes safe clinical practice and delivery of quality care.

Sentara Health Plans members, network providers, provider office staff, Sentara Health Plans employees, and Sentara employees can nominate a physician at any time between January 1 and December 31 each year.

To submit a nomination for the QEA Award, **[click this link](#)** or scan the QR code.



Combine sports physicals with annual well-child visits for a win-win

Score big by providing a wellness exam with a sports physical:

- Schedulers can offer busy parents the convenience of completing an annual well-child visit in conjunction with a sports physical, allowing all necessary forms to be completed at the same time in one visit.
- A patient mailer or office poster can help clearly communicate the ease and convenience of completing both services in one visit.
- Children and teens receive essential screenings, immunizations, and exams, along with a review of health concerns that may not be addressed during a standard sports physical.
- Close important Healthcare Effectiveness Data and Information Set (HEDIS®) measure gaps such as well-child visits, adolescent-well visits, and immunization status.

Thank you for helping ensure our pediatric members are safely cleared to participate in school sports, an important part of their development, health, and sense of belonging. We also appreciate your commitment to educating parents about the importance of scheduling their child or teen's annual full physical.

While there is significant overlap between well-child exams and sports physicals, we want to ensure providers receive proper credit for the comprehensive care they deliver. Sports physicals may be used to screen children who are not up to date with their well-child/EPSTD visits.



- If the child is not current, complete the appropriate well-child/EPSTD screening Current Procedural Terminology (CPT®) codes (new patient 99383-99384 or established patient 99393-99394) based on the child's age.
- If the child is current, a school, Head Start, or sports physical does not qualify as an interperiodic screening and is not a covered service. Report the appropriate Evaluation and Management (E/M) code (new patient 99202-99203 or established patient 99213 or 99214).
- Providers may document the well-child/EPSTD screening using school entrance physical forms, but the physical exam itself is not covered when the child is already up to date.
- Encounter for examination for participation in a sport: Z02.5.
- For developmental screenings, it is important to include the appropriate developmental screening codes: 96110, along with Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.84, Z76.1, Z76.2.
- **Pneumococcal vaccine** - Adults 65 years and older
 - At least one pneumococcal vaccine administered on or after the 19th birthday
 - Note: For members age 65 and older, pneumococcal vaccines given earlier in adulthood (on or after age 19) count toward compliance
- **Hepatitis B vaccine** - Adults 19-59 years
 - Two doses of a 2-dose adult series, with the second dose administered at least 28 days before 12/31/2026
 - Completed a 3-dose adult series on or before 12/31/2026
 - Completed a 3-dose childhood series by the 19th birthday
- **COVID-19 vaccine** - Adults 65 years and older
 - At least one dose administered on or after the 65th birthday through 06/30/2026

What providers need to know: Adult immunization status (AIS-E)

The Adult Immunization Status (AIS-E) HEDIS® measure assesses whether adults are up to date on recommended vaccines. For Measurement Year 2026, COVID-19 vaccination has been added as a required component of this measure.

NCQA AIS-E vaccine criteria:

- **Influenza vaccine** - Adults 19 years and older
 - At least one dose administered between 07/01/2025 through 06/30/2026
- **Td/Tdap vaccine** - Adults 19 years and older
 - At least one dose administered within the past 10 years
- **Zoster (shingles) vaccine** - Adults 50 years and older
 - Two doses administered at least 28 days apart on or between 10/20/2017 through 12/31/2026

Why it matters

Adult immunizations help prevent serious illness, complications, and hospitalizations. Meeting AIS-E requirements supports improved patient outcomes, strengthens preventive care delivery, and contributes to overall HEDIS performance and quality scores.

What can providers do

- Use Electronic Health Records (EHR) alerts and clinical reminders to identify vaccine gaps
- Review immunization status at every patient encounter
- Educate patients on the safety and benefits of adult immunizations
- Offer and administer recommended vaccines whenever possible
- Document vaccines administered outside your practice (e.g., pharmacies, health departments)

National Committee for Quality Assurance. HEDIS® Measurement Year 2026, Volume 2: Technical Specifications for Health Plans: Adult Immunization Status (AIS-E). NCQA, 2026.



Centers for Medicare & Medicaid Services (CMS) Star Ratings: What every provider should know

When physicians hear the term CMS Star Ratings, reactions vary. Some view the ratings as an important measure of quality. Others see them as another benchmark competing for attention in an already demanding clinical environment. Regardless of perspective, CMS Star Ratings have become one of the most influential measures of hospital performance in health care today.

In the latest episode of *Vital Signs*, Sentara's Continuing Medical Education (CME) podcast for physicians and advanced practice providers, Paul Tesoriere, chief medical officer of Sentara Martha Jefferson Hospital and executive sponsor of Sentara's CMS Star Improvement Initiative, explains what the ratings mean and why they matter to clinicians across specialties.

Many clinicians may be surprised to learn that provider actions directly influence key measures such as mortality, safety, readmissions, and patient experience. Together, these measures account for much of a hospital's overall Star Rating.

The episode also explores Sentara's ongoing efforts to improve performance across the health system. Listeners will learn how hospitals identify opportunities for improvement, using Plan-Do-Check-Act (PDCA) methodology and share successful practices across facilities.

What you'll learn

Whether you are a hospital-based physician, ambulatory provider, specialist, surgeon, or advanced practice provider, this episode will help you:

- Understand how CMS Star Ratings are calculated.
- Recognize the measures most influenced by clinical practice.
- Identify behaviors that can improve quality outcomes.
- Understand the connection between patient experience and organizational performance.
- Learn how quality measures are shaping the future of healthcare delivery.

Most importantly, you'll gain a broader understanding of how your daily interactions with patients contribute to outcomes that extend beyond a single encounter.

Listen, learn, and earn CME credit

As health care continues to evolve, understanding the measures that define quality and performance is increasingly important. This 18-minute podcast provides a practical overview of CMS Star Ratings and the impact on patient care, hospital performance, and the future of health care delivery.

Take a few minutes to invest in your professional development, gain insight into a topic shaping modern health care, and earn CME credit while you listen.





Authorizations, medical policies, and billing

Sentara Health Plans medical and clinical policy updates

Access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies on the Sentara Health Plans [**medical policy webpage**](#).

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



Pharmacy

Pharmacy formulary updates

The Sentara Health Plans Pharmacy and Therapeutics Committee 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 on 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.





Important updates and reminders

Register for our upcoming webinars

Mark your calendars for our upcoming quarterly educational and CME sessions, offered both in-person and virtually.

Behavioral Health Conference: Beyond Stigma: Healing Together (virtual and in-person attendance available)
Friday, September 18, 2026 at 7 a.m.

Claims Brush-up
Wednesday, September 23 at 1 p.m.

Appeals, Reconsiderations, and Contestment Processes
Wednesday, October 7 at 1 p.m.

Mid-Atlantic Conference: Concepts of Cardiology 2026
Saturday, October 17, 2026 at 8 a.m.

2026 Regional Shock Symposium
Saturday, November 14, 2026 at 7 a.m.

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