Sentara® Health Plans

Provider Alert

Urgent Provider News

January 19, 2024

Dear Provider,

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

- Provider Quality Care Workgroup
- Model of Care Annual Review and Attestation Requirement
- Accessing the Prior Authorization List (PAL) for Medicaid and Medicare
- Reconsiderations: Former Virginia Premier Portal Registration
- Sentara Health Plans Operations Effective January 1, 2024
- W-9 Requirement
- Chronic Conditions Special Needs Plans (C-SNP)
- Accessing Sentara Health Plans in Availity

Provider Quality Care Workgroup

Why are care gaps important? Is your staff aware of the value of closing care gaps? Look out for our Provider Quality Care Workgroup sessions coming in 2024! Closing care gaps are crucial and have a direct impact on your patients' healthcare outcomes.

We encourage your designated quality subject matter expert(s), key clinical representative(s), and other staff members to join us virtually to learn how you can identify and address care gaps effectively. Find out how you can decrease no-shows, improve health outcomes by educating and engaging members, and emphasizing the vital role preventative care plays in long-term health and overall quality of life. The dates for the workgroup sessions and registration will be announced soon!

Model of Care Annual Review and Attestation Requirement

Providers are required to review the Model of Care Provider Guide (MCPG) within 30 days of their initial orientation date as a newly contracted provider and by January 31 each subsequent year. Attestation is required and will be recorded by provider (practice/facility) name, tax identification number (TIN), and email address.

Out-of-network providers must review the MCPG when they sign the requisite Single Case Agreement (SCA). The MCPG and Attestation must be executed by the provider and verified by Sentara Health Plans, prior to signing and returning the agreement.

Accessing the Prior Authorization List (PAL) for Medicaid and Medicare

Sentara Health Plans' Prior Authorization List (PAL) tool is accessible at pal.sentarahealthplans.com to determine authorization requirements for Medicaid and Medicare members. It is also accessible via the Availity portal payer space.

Reconsiderations: Former Virginia Premier Portal Registration

After receiving a success message when registering for the former Virginia Premier Portal you will have seven days to complete enrollment in two-factor authentication (2FA).

If you exceed seven days, you will no longer be able to enroll in 2FA.

Each email address can only have one direct log in account, so users cannot create a new duplicate account with the same email address.

The user must start their 2FA enrollment period over again, which will grant another seven days.

Sentara Health Plans Operations Effective January 1, 2024

Remember to visit sentarahealthplans.com, your source of truth concerning health plan operations that became effective on January 1.

Register for a full integration provider orientation session, which includes ample opportunity for questions and answers about conducting business with Sentara Health Plans.

W-9 Requirement

To process a claim, we require a valid W-9 for the TIN on file with Sentara Health Plans. Claims submitted without a W-9 may be rejected by a clearing house, Sentara Health Plans, or administratively denied. We may require that any claim submitted without a valid W-9 on file be resubmitted to be processed.

Chronic Conditions Special Needs Plans (C-SNP)

Providers who are already participating with Medicare Advantage are automatically participating with C-SNP. If you have additional questions, contact your network educator at contactmyrep@sentara.com.

Accessing Sentara Health Plans in Availity

When you log in to Availity, ensure "Virginia" is listed at the top banner in order to select "Sentara Health Plans" from the provider listing. Contact Availity if you require support at 1-800-282-4548.

Sincerely,

Your Sentara Health Plans Team