Sentara®
Health Plans

Medicare Dual-Eligible Special Needs Plan (D-SNP) Provider Desk Reference

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(this document is interactive)

Sentara® Health Plans

Purpose of the Guide

The Sentara Health Plans Medicare D-SNP Provider Desk Reference provides an overview of the Sentara Medicare program. The Sentara Health Plans Provider Manual—a more extensive resource—is your trusted source for the health plan's policies and procedures. Providers are also encouraged to review Doing Business with Sentara Health Plans to learn best practices for conducting business with us successfully.

Health Plan Obligations

Sentara Health Plans obligations are found in your provider agreement.

Member Rights and Responsibilities

The Member Rights and Responsibilities document assures that all Sentara Health Plans members are treated in a manner consistent with the mission, goals, and objectives of Sentara Health Plans and assures that members are aware of their obligations and responsibilities upon joining Sentara Health Plans and throughout their membership with Sentara Health Plans. Each Sentara Health Plans product has a specific Member Rights and Responsibilities document that is provided to members at the time of enrollment. Sentara Medicare Member Rights and Responsibilities can be found in the Sentara Health Plans Medicare Dual-Eligible Special Needs Plan (D-SNP) Provider Manual.

Member Eligibility

Always check member eligibility prior to providing services. This is an important step to ensuring reimbursement. Verification may be obtained through our secure portal, or by calling provider services: **1-800-229-8822**.

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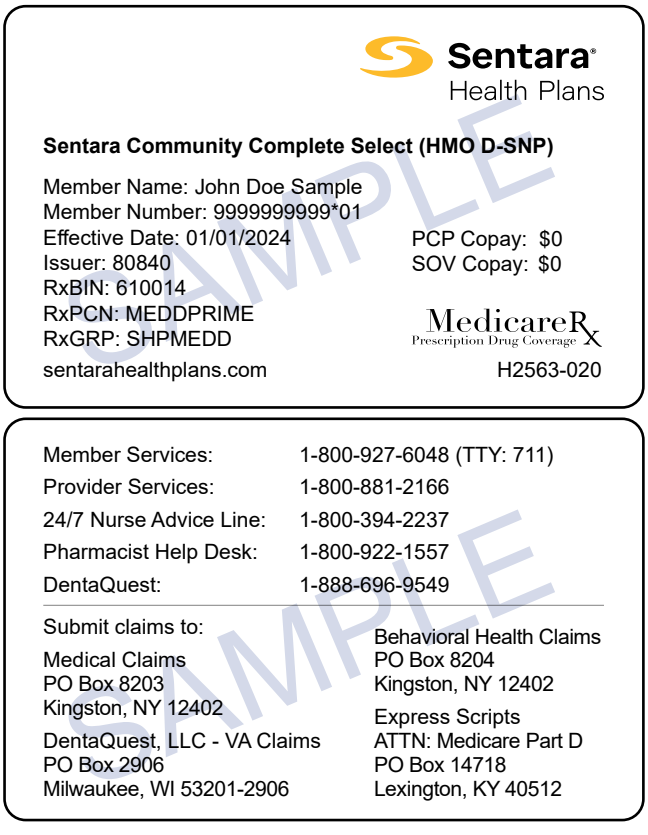
Identifying a Member

It is important that you can identify our members when they present their member ID card at your office as well as how to navigate our business operations. D-SNP members will have one identification card, which will reflect their D-SNP coverage and include their Medicaid identification number. Providers should utilize one identification card to verify benefits for both the Medicare and Medicaid plans for these dual-eligible members.

Providers may identify eligible Sentara Medicare D-SNP members through multiple means, including:

- Sentara Medicare D-SNP member ID card
- Availity provider portal via the Eligibility and Benefit search
- Sentara Community Complete Member Services – **1-866-650-1274 (TTY: 711)**
- Evidence of benefits statements (EOBs)



Sentara Health Plans

Sentara Community Complete Select (HMO D-SNP)

Member Name: John Doe Sample
Member Number: 9999999999*01
Effective Date: 01/01/2024
Issuer: 80840
RxBIN: 610014
RxPCN: MEDDPRIME
RxGRP: SHPMEDD
sentarahealthplans.com

PCP Copay: $0
SOV Copay: $0

MedicareRx Prescription Drug Coverage

H2563-020

Member Services: 1-800-927-6048 (TTY: 711)
Provider Services: 1-800-881-2166
24/7 Nurse Advice Line: 1-800-394-2237
Pharmacist Help Desk: 1-800-922-1557
DentaQuest: 1-888-696-9549

Submit claims to:

Medical Claims
PO Box 8203
Kingston, NY 12402

DentaQuest, LLC - VA Claims
PO Box 2906
Milwaukee, WI 53201-2906

Behavioral Health Claims
PO Box 8204
Kingston, NY 12402

Express Scripts
ATTN: Medicare Part D
PO Box 14718
Lexington, KY 40512

Sentara Health Plans | CardinalCare Virginia's Medicaid Program

Sentara Community Complete (HMO D-SNP)

Member Name: John Doe Sample
Member Number: 9999999999*01
Effective Date: 01/01/2024
Medicaid ID: 999999999999
RxBIN: 610014
RxPCN: MEDDPRIME
RxGRP: SHPMEDD
sentarahealthplans.com

Issuer: 80840
PCP Copay: $0
SOV Copay: $0

MedicareRx Prescription Drug Coverage

H4499-001

Pre-Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room. Always call your Primary Care Physician for non-emergent care.

Member Services: *(Hearing impaired dial 711.)* 1-866-650-1274
Provider Services: 1-800-881-2166
Behavioral Health/ARTS Crisis Line: 1-833-686-1595
Transportation: 1-866-650-1274
24/7 Nurse Advice Line: 1-800-394-2237
Pharmacist Help Desk: 1-800-992-1557
Dental: 1-888-696-9549

Medical Claims
PO Box 8203
Kingston, NY 12402

Behavioral Health Claims
PO Box 8204
Kingston, NY 12402

Sentara Health Plans
PO Box 66189
Virginia Beach, VA 23466

Benefits

Standard Covered Services

- **Medicare Part A:** hospital, skilled nursing facility, hospice care and skilled home health
- **Medicare Part B:** doctor services, outpatient care, medical supplies, preventive services, some drugs (specific criteria)

Extra Benefits

- 24/7 Nurse advice line
- Annual physical exam
- Bathroom safety devices
- Chiropractic services
- Dental allowance
- Health education
- Hearing allowance
- In-home support services
- Meals post-discharge
- Monthly grocery allowance
- Over-the-counter (OTC) product allowance
- Personal emergency response system (PERS)
- Prescription drug coverage
- Routine foot care
- Fitness Benefits
- Transportation Benefits
- Virtual visits - $0 copay telehealth benefit allows you to schedule appointments with a local in-network doctor board certified in internal medicine, family practice, emergency medicine or a counselor or psychiatrist.
- Vision services – a yearly eye exam at no cost, plus a yearly allowance toward the cost of glasses or contact lenses.

Vendor-facilitated Services

- **ASHN:** American Specialty Health Network; Chiropractor Network: claims are paid through ASHN; commercial and Medicare only; **1-800-848-3555**
- **Community Eye Care (CEC):** a subsidiary of VSP will service all Medicare (D-SNP)
- **DentaQuest:** covers both D-SNP plans; routine dental exam and comprehensive dental allowance
- **Modivcare:** transportation vendor commercial, Medicare (D-SNP) and Medicaid
- **MDLive:** virtual visits; commercial, Medicare (D-SNP), and Medicaid
- **NationsBenefits:** bathroom safety devices, personal emergency response system (PERS), meals, grocery allowance, and over-the-counter (OTC) product allowance
- **Nations Hearing:** routine hearing exam and hearing aid allowance
- **Papa:** in-home support services for things like playing board games, tech help, pet help, gardening, etc.
- **Quest Diagnostics:** exculsive independent national laboratory provider and anatomic pathology services

Transportation Benefit

Modivcare administers the medical and non-medical transportation benefit for Sentara Medicare members. For complete details about the transportation benefits and how it is administered by Sentara Medicare, you may download the Nonemergency Transportation Benefit resource on the Sentara Health Plans' website.

Benefits

- Nonemergency transportation for members is allowed up to 50 miles.
- Transport to and from medical appointments with a participating provider.
- Limit of two escorts during transport (Medicaid), limit of one escort during transport (Medicare).
- Case manager or care coordinator will work with member on medical trips exceeding 50 miles.
- Exceptions: Children's National Hospital, Children's Hospital of Philadelphia, or Duke University Hospital

Hours of Operation:

- **Monday–Friday, 8 a.m.-8 p.m.**
- Urgent trips are available on weekends and on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.
- Urgent reservations are available 24 hours daily.
- "Where's My Ride" is available 24 hours daily.

Hospital Admission/Emergency Room Visits

Members may be transported from home to hospital **only if being admitted**. Members needing to go to the emergency room must call 911. Emergency ambulance services are not included in the transportation benefit.

Scheduling a Trip

- **Members can book online or call to schedule reservations and "will call" return trips:**
  - Using the member app at **mymodivcare.com/modivcare-app**
  - Sentara Medicare members call **1-866-381-4860**
- Facilities may schedule using the facility portal by visiting **tripcare.modivcare.com/login** and setting up an account.
- **Recurring Trips:** The treating facility's office must submit a written request on behalf of the member for all "Standing Order" trips (regular weekly/daily transportation to a facility or appointment–typically, behavioral health, adult day care, dialysis, and chemotherapy-related appointments).
- All trips must be booked at least three business days (for Sentara Medicare) or five business days (for Sentara Community Plan) in advance of the appointment, unless it is an urgent trip, which will be verified. Trips may be booked up to 30 days in advance.

Standing Orders

The preferred method for facilities to access Standing Orders or Standing Order Change Forms is via the TripCare website at **tripcare.modivcare.com/login** at least three days prior to the first date of transport.

- If unable to use TripCare, fax the form to **1-866-907-1497** at least three days prior to the first date of transport.
- Call **1-866-381-4860** to schedule individual trips if the member needs transport before the standing order goes into effect.
- Allow 24 hours after the form is sent to confirm receipt.
- Fill out forms completely and legibly.
- Print and sign your name.

Important Information to Include in a Standing Order Request

- Does member require hand-to-hand, door-to-door, or curb-to-curb?
- Does member require wheelchair assistance or other special instructions (such as bariatric, seizure precautions, behaviors, etc.)?
- Information on the type of wheelchair, number of steps, height, and weight.
- Does member have special language and/or other communication requirements?

Overview of Sentara Health Plans Medicare Dual Eligible Special Needs Plans (HMO D-SNP)

- Sentara Community Complete – A fully integrated dual eligible special needs plan (FIDE SNP)
- Sentara Community Complete Select – A partial dual eligible special needs plan (PDSNP)

Our plans provide Medicare Part A, B, and D benefits for members who are also eligible for full or partial Medicaid benefits. Special needs plans allow monthly enrollment throughout the year. Members must apply by the last day of the month for their coverage to begin the first of the following month.

Among the most important features of the D-SNP are:

- A team of doctors, specialists, and care managers working together for the D-SNP member
- A Model of Care (MOC) that calls for individual care plans and management for all plan members
- Medicare and Medicaid Rights and Responsibilities are available to all member recipients

Full benefit dual eligible Medicaid enrollees who have elected to enroll in a type of Medicare Advantage (MA) Plan called a Dual Eligible Special Needs Plan (D-SNP) will be assigned to the same health plan for their Medicaid managed care as they selected for their D-SNP.

Full benefit dual eligible enrollees **who are in Medicaid managed care** and **have elected to enroll in a D-SNP** will have their health plan enrollment aligned. Full benefit dual eligibles who are excluded from Medicaid managed care (such as those who reside in an excluded facility) are enrolled in Medicare Fee-For-Service or a non-D-SNP MA plan, and partial benefit dual eligibles will not be impacted.

DMAS will move any eligible dually enrolled member with unaligned enrollment (enrolled with one health plan for their D-SNP and a different health plan for their Medicaid managed care) to the Medicaid managed care plan that matches their D-SNP choice. The member's Medicaid managed care enrollment is determined by their choice of Medicare D-SNP, as under Medicare rules, beneficiaries must have coverage choice. Virginia Medicaid, on the other hand, requires that most members enroll in managed care. No dual eligible that elects to enroll in a D-SNP will be allowed to have unaligned enrollment.

There are numerous benefits to an aligned enrollment. For Sentara members, Sentara Medicare will coordinate coverage of both the member's Medicare and Medicaid benefits through Sentara Health Plans, streamlining administrative processes for providers and meeting the member's need for coordinated, comprehensive care. Sentara Community Complete and Sentara Community Complete Select are available statewide in Virginia.

For additional supplemental services, please refer to the Benefit Information section for those services.

Providers submit claims directly to Sentara Community Complete. Sentara Medicare coordinates payment to the provider from Medicare and Medicaid. Sentara Community Complete members have Medicare cost-sharing protection under their Medicaid benefits. Providers may not bill members for the balance of any service rendered, nor bill them for services not reimbursed by Sentara Community Complete. Members may have copayment requirements for prescription drugs covered under Medicare Part D.

Dual-Eligible Members with Both Medicare and Medicaid

If services are provided to a member who is eligible for both Medicare and Medicaid, then the provider may not bill or hold liable the dual-eligible member for Medicare Parts A and B cost sharing if Medicaid is liable for such cost sharing. Sentara Health Plans will coordinate the claim processing for primary and secondary; therefore, no secondary claim submission is required for payment. This includes claims for Medicaid only benefits as well.

Services Being Billed	Primary Insurance	Billing Instructions
Medicaid Program Waiver Only (Medicare Non-Covered Services)	Sentara Health Plans D-SNP	Bill directly to Sentara Health Plans.
	Medicare fee-for-service	
	Other TPL Coverage	
	Sentara Health Plans D-SNP	Submit one claim directly to Sentara Health Plans, which will process both the Medicare and Medicaid portions of the claim. No additional claim submission for secondary claims is required.
All Other Services	Other TPL Coverage	Bill directly to the primary insurance. Upon receiving the final determination (Remit/EOB) from the primary payer, submit a secondary claim to Sentara Health Plans.
	Medicare fee-for-service	Bill directly to CMS. Under the Coordination of Benefit Agreement (COBA), CMS will submit the crossover claim directly to Sentara Health Plans. No claim submission for secondary claims is required.

Sentara Health Plans MOC Plans

Sentara Health Plans' MOC plans are designed to ensure that the provision and coordination of specialized services meet the needs of the SNP-eligible members. Our SNP plans include:

- Fully Integrated Dual Eligible (FIDE) SNP: Sentara Community Complete (HMO D-SNP)
- Partial D-SNP: Sentara Community Complete Select (HMO D-SNP)

Dual-eligible Special Needs Plans (D-SNP)

These plans are for members who are eligible for both Medicare and Medicaid.

Applicable Integrated Plan (AIP) FIDE SNP

An AIP is a plan that requires exclusive enrollment under one organization's MA plan and its Medicaid plan. Under this plan, members are exclusively aligned to have our Sentara Community Complete D-SNP plan and our Cardinal Care Medicaid plan.

Required MOC Education

All providers within a Provider practice or organization are required to review the Model of Care Provider Guide (MCPG). The MCPG includes important information about the Medicare Special Needs Plans Model of Care. Upon completion of the MCPG training, an attestation must be sent to Sentara Health Plans (SHP). If there are multiple providers in a Provider practice or organization, only one attestation is required per Tax ID. The attestation must be received and verified by SHP. Once an attestation is received and on file, the training requirement is considered complete for the remainder of the calendar year. If you have provided an attestation in the current year of this SCA, there is no need to submit an additional attestation.

Submit Medical Authorizations

Prior authorizations will sometimes be required. The Prior Authorization List (PAL) is available to determine authorization requirements for Medicare, Medicaid, commercial fully insured, and exchange plans. Does not include self-funded groups. Sentara Health Plans prior authorization forms and PAL tool are located on our provider portal under the "Authorizations" tab at the top of the page. Authorizations forms are faxed to the phone number that is listed on the form or submit authorizations online through the Provider Connection portal. You must register for Provider Connection to take advantage of this online convenience.

Review Care Management

Care managers are available to assist members and help providers navigate our benefits. Care managers will assist members by:

- Arranging transportation to appointments.
- Assisting with locating participating providers.
- Providing patient education and motivation to stick to the treatment plan between visits.
- Helping them understand their benefits and navigate the health care system.
- Arranging meals after discharge from the hospital.
- Setting up PERS for members at risk for falls or wandering.

Care managers also collaborate with providers to ensure members close their HEDIS gaps. Care management can be contacted by reaching out to provider services at **1-800-229-8822**.

Closing Care Gaps

Preventive and chronic care management are critical steps in the path to helping our shared customers achieve optimal health. That is why Sentara Health Plans is proud to partner with you in the delivery of high-quality healthcare services and benefits. Healthcare Effectiveness Data and Information Set (HEDIS), Stars and Risk Adjustment are tools that contribute to the meaningful organizational changes we are striving to achieve together. HEDIS includes more than 90 performance measures across six domains of care. Medicare Stars Ratings reflect the experiences of beneficiaries and their family members using a five-star rating system. The measures target clinical quality, customer satisfaction, regulatory compliance, and other beneficiary experience areas. Sentara Health Plans employs risk adjustment strategies to quantify the overall health status of an individual or population to predict expected healthcare spending using medical complexity, reflected by ICD-10-CM diagnoses, and demographic factors.

Coding will tie everything together. There are multiple data "buckets" used to measure how we are performing as partners. Thorough coding during care delivery supports all data collection methods and helps to improve outcomes, as well as significantly reduce the need to pull and review medical records for value-based contracting and risk adjustment initiatives.

Importance of Cultural Competency

The cultural competence of everyone on your staff is of critical importance. As a provider you are encouraged to: Offer health education materials in languages that are common to your patient population. Be aware of the tendency to unknowingly stereotype certain cultures, and ensure your staff is receiving the required continued education in providing culturally competent care and attest to completing this training with Sentara Health Plans. You may locate training modules accepted by Sentara Health Plans on our **provider portal**. Select the Provider Support tab and then locate Education. Once you have attested to the Cultural Competency training, your provider profile will be updated in the directory to include cultural competence designation.

Critical Billing Elements

1. **National Provider Identifier (NPI) Number:** All claims submitted to Sentara Health Plans must include individual NPI numbers in the bottom portion of box 24J and group NPI numbers in box 33a.
2. **Taxonomy Code:** Must be included on the claim in the top shaded portion of box 24J. Claims received without the taxonomy code will be rejected or denied.

Definitions

Care Coordinator/Care Manager - A care manager or care coordinator assesses the level and type of care needed for a member and develops a care plan.

Cultural Competency – The ability to work effectively with people from different cultural backgrounds.

Healthcare Effectiveness Data and Information Set (HEDIS) – One of healthcare's most widely used performance improvement tools. A set of measures that assess health care quality across six domains. NCQA collects, audits, and publishes HEDIS data, and supports the HEDIS Medicare Health Outcomes Survey.

Original Medicare – Also known as traditional Medicare, is a federal health insurance program available for people over sixty-five, people with disabilities including ALS, and end-stage kidney disease.

Risk Adjustment – A methodology that equates the health status of a person to a number, called a risk score, to predict healthcare costs.

STARS – The program that evaluates and rates the quality of health plans. It is commonly used in the context of Medicare Advantage and Part D Plans.

Telemedicine – The delivery of care, when the patient and the provider are in two geographically separate locations. The sharing of the patient's clinical information and the medical provider's expertise is delivered through information and telecommunication technology. Telemedicine uses interactive audio, video, or other electronic sources for the purpose of diagnosis, consultation, and/or treatment.

Helpful Resources

Centers for Medicare & Medicaid Services – **www.cms.gov**

Sentara Health Plans Quick Reference Resources

Explore Sentara Health Plans provider support resources on our **website**.

- Sentara Health Plans Provider Manual
- Provider Orientation
- Provider Toolkit
- Sentara Health Plans Claims and Billing Quick Reference Guide
- Avoiding Common Claim Submission Errors

E-booklets

- Comprehensive Care Gap Documentation Guide – All Measures
- Doing Business with Sentara Health Plans
- Model of Care Provider Guide
- Non-Emergency Transportation Benefit