Sentara®
Health Plans

Medicare Provider Desk Reference

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Sentara® Health Plans

Purpose of the Guide

The Sentara Medicare Provider Guide 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.

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 Commercial and Medicare Provider Manual, page 24.

Health Plan Obligations

Sentara Health Plans obligations are found in your provider agreement.

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Overview of Sentara Medicare

It is important to understand Original Medicare. Original Medicare is the standard hospital (Part A), and medical (Part B) individual coverage offered by the federal government. Original Medicare does not cover some routine services, such as vision and dental. Medicare Advantage Plans—also called Part C—are offered through private insurance companies, offering a full range of benefits beyond Parts A and B, including Part D prescription drug coverage and important supplemental benefits generally eliminating the need for a Medicare Supplement policy, also known as MediGap. Sentara Medicare offers Medicare Advantage plans that fit with Original Medicare by offering hospital, doctor, prescription, and medical coverage, as well as a full range of extra benefits.

Sentara Medicare Includes:

- Fitness and wellness programs
- Virtual telemedicine doctor appointments
- Comprehensive dental benefits
- Vision and hearing benefits
- Member cost share allows for more predictable out-of-pocket costs.

While eligibility will vary by region or the specific plan a member has selected, Sentara Medicare offers a wide range of post-discharge benefits. Eligible members may receive the following:

- A personal emergency response system (PERS) in-home monitoring device to connect them to help 24 hours a day.
- Post discharge meals for up to two per day for a maximum of 28 days post discharge, per admission.
- Transportation to medical appointments. The number of one-way trips varies by plan. We also offer 24 non-medical related one-way trips* for members who qualify.
- Support from the Sentara Health Plans Readmission Prevention Program immediately after an emergency department visit.
- Members can use their over-the-counter (OTC) drug card to order items and have over-the-counter medications delivered directly to their home.

Sentara Medicare Plan Names

- Sentara Medicare Value (HMO)
- Sentara Medicare Prime (HMO)
- Sentara Medicare Salute (HMO)
- Sentara Medicare Engage – Diabetes and Heart (HMO C-SNP)
- Sentara Medicare Engage – Lung (HMO C-SNP)
- Sentara Community Complete (HMO D-SNP)
- Sentara Community Complete Select (HMO D-SNP)
- Sentara Medicare Rx (PDP)

**Members with chronic condition(s) that meet certain criteria may be eligible for this special supplemental benefit. Benefits vary by plan. This benefit is not available to Sentara Medicare Prime (HMO).*

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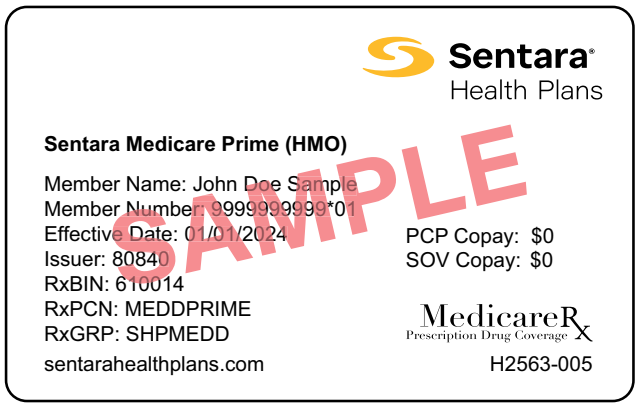
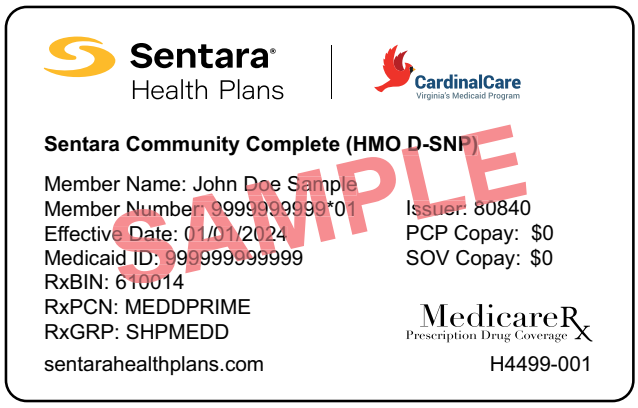
Member Eligibility

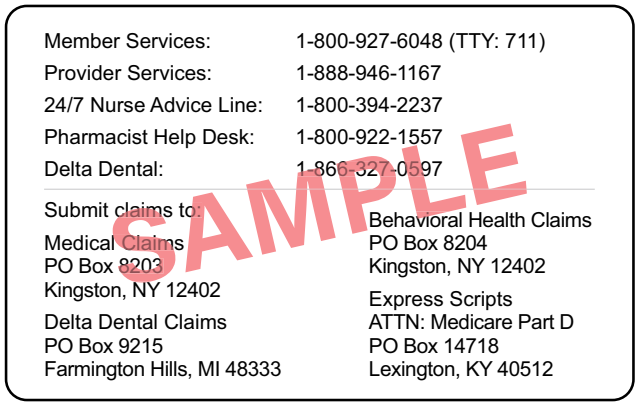
Always check member eligibility prior to providing services. This is an important step to ensuring reimbursement. Verification may be obtained through our secure portal, or by calling provider services: **1-800-229-8822**.

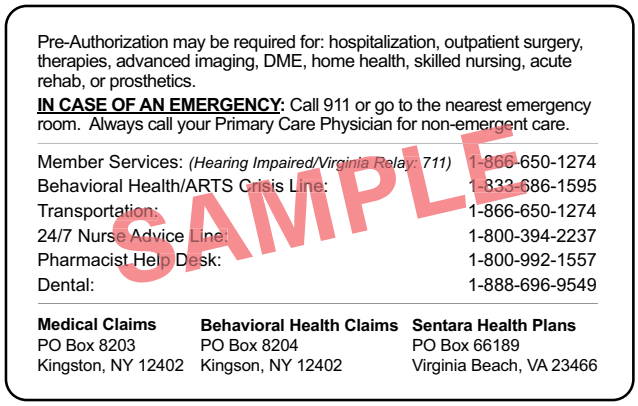
Identifying a Member

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. The annual enrollment period is October 15 through December 7; members will begin to present the member ID card in your office in January. Member ID cards can be found at **sentarahealthplans.com**.









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
- SilverSneakers®
- 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
- **Delta Dental**: covers all Medicare members (except those who are covered by DentaQuest); routine dental exam and comprehensive dental allowance
- **DentaQuest:** only the Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) (H4499-001) members; routine dental exam and comprehensive dental allowance
- **Modivcare:** transportation vendor Medicare, and Medicaid
- **MDLive:** virtual visits; commercial, Medicare, and Medicaid
- **NationsBenefits:** bathroom safety devices, personal emergency response system (PERS), meals, grocery allowance, and over-the-counter benefits (OTC)
- **Nations Hearing:** routine hearing exam and hearing aid allowance
- **Papa:** companion care 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.

Hours of Operation:

- **Monday–Friday, 6:00 a.m.–6:00 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.
- Routine reservations are available for members and providers scheduling appointments for weekdays after 5 p.m. and on the weekend.

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.
- For all "Standing Order" trips (regular weekly/daily transportation to a facility or appointment), the provider's office or care manager must submit a written request on behalf of the member. These are typically behavioral health, adult day care, dialysis, and chemotherapy-related appointments.

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.

Information Required for Standing Orders

- 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?

Special Needs Plan (SNP) and Model of Care (MOC) Overview

This serves as a general overview of the Sentara Health Plans Model of Care, with more detailed provider education available and required for SNP providers in the Model of Care Provider Guide.

The Model of Care is an approach to identifying targeted populations for outreach, care management, and disease management, which specifies expectations for member engagement, assessment, care planning, interdisciplinary team meetings, and other interventions to improve member outcomes and experience.

A SNP is a Medicare Advantage (MA) coordinated care plan (CCP) specifically designed to provide targeted care and limit enrollment to special needs individuals. A special needs individual could be:

- An institutionalized individual
- Dual-eligible for both Medicare and Medicaid
- An individual with a severe or disabling chronic condition, as specified by CMS

There are three different types of SNPs:

- Chronic condition SNP (C-SNP)
- Dual-eligible SNP (D-SNP)
- Institutional SNP (I-SNP)*

Sentara Health Plans MOC Plans

Sentara Health Plans MOC plans are designed to ensure the provision and coordination of specialized services that meet the needs of the SNP-eligible beneficiaries. Our SNP plans for 2025 include: Sentara Health Plans MOC Plans dual-eligible SNP. Sentara Community Plan (HMO D-SNP) members enrolled in D-SNP are both Medicare and Medicaid eligible, also called "dual-eligible."

Sentara Health Plans disease management programs include diabetes mellitus, chronic heart failure, cardiac conditions, asthma, chronic bronchitis, emphysema, pulmonary fibroses, and pulmonary hypertension.

Chronic SNP: Sentara Medicare Engage – Diabetes and Heart (HMO C-SNP) and Sentara Medicare Engage - Lung (HMO C-SNP). The C-SNP (Chronic Condition Special Needs Plan) is a specialized care coordination plan (program) that is an extension of our Medicare Advantage plan. The Centers for Medicare & Medicaid Services (CMS) requires that you have a Medicare Advantage plan to qualify for a C-SNP. C-SNP is solely Medicare related.

**Sentara Health Plans does not offer I-SNP*

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Member Verification and Enrollment in C-SNP – Time Sensitive

Member enrollment into C-SNP is extremely time sensitive. CMS allows seven days to complete the verification process. If enrollment and verification are not completed within this time frame, the member cannot be enrolled in the C-SNP plan.

It is critical that providers verify the member has been diagnosed with one or more of the qualifying chronic condition(s) on the same day the request is received.

Required MOC Education

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 can be found **here**. The attestation must be executed by the provider and verified by Sentara Health Plans prior to Sentara Health Plans signing and returning the agreement.

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