



Clinical guidelines

Sentara Health Plans uses clinical guidelines to help healthcare providers make decisions about the best healthcare for members with specific needs including:

- Acute and chronic conditions
- Preventive and non-preventive behavioral health services

All clinical and preventive guidelines are:

- Based on valid and reliable clinical evidence-based practices or agreement among healthcare experts
- Focused on what the member needs
- Reviewed and updated at least every two years
- Shared with providers and members each year
- Used to guide healthcare decisions, member education, and health plan service coverage

How we use the clinical guidelines

Sentara Health Plans makes sure in-network healthcare providers use these guidelines by using online tools, such as electronic databases, and reviewing manual medical records. These guidelines may change to meet your unique health needs. Providers can also make different choices based on your specific health needs.

These guidelines for medical and behavioral health are based on published national standards, literature reviews, and agreement among healthcare experts. The guidelines provide the latest advice for screening, testing, and treatment.

These guidelines are published by Sentara Health Plans as recommendations to manage specific conditions. In some cases, providers may need to make different choices based on your health information. The Sentara Health Plans guidelines are endorsed recommendations and are not intended as a substitute for a provider's judgment.

The clinical guidelines are available upon request. To request a printed copy of the guidelines, call member safety at **757-252-8400** or **1-844-620-1015** (TTY: 711). You can get a copy of these guidelines by mail, email, or fax.

To learn more about the guidelines for specific conditions, visit sentarahealthplans.com/providers/clinical-reference/clinical-guidelines.