

Provider Updates



Dear Provider,

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

- [Reminder: Quest Diagnostics is Sentara Health Plans' Exclusive Lab Provider](#)
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- [Post Acute MS DRG Claims Edit](#)
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Reminder: Quest Diagnostics is Sentara Health Plans' Exclusive Lab Provider

Since January 1, 2025, Quest Diagnostics has been the exclusive independent national laboratory provider of clinical laboratory and anatomic pathology services for members of Sentara Health Plans' commercial and government programs.

For more information, please visit sentarahealthplans.com.

Provider Agreement Required Documents Address

Any notice, request, instruction, or other document or correspondence required to be given under the Provider Agreement, if sent by registered mail, overnight delivery, certified mail, or return receipt requested, should be sent to the following address:

Vice President, Network Management
Sentara Health Administration, Inc.
1300 Sentara Park
Virginia Beach, Virginia 23464

Post Acute MS DRG Claims Edit

Effective August 18, 2025, Sentara Health Plans will be deploying a new edit for Post Acute MS DRG claims. Claims that incorrectly report a discharge status of 01 (Home) when the patient received home health services, within three days from discharge and claim did not report condition code 42, will be denied.

Upcoming Educational Opportunities

New Provider Orientation

This webinar is for newly contracted providers, new hires, or anyone seeking a refresher on how to successfully conduct business with Sentara Health Plans. We will offer guidance on how to achieve solutions for common questions or challenges without having to call provider services.

To register, please visit sentarahealthplans.com.

Provider Quality Care Learning Collaborative – How Vendor Partners Support our Members (Quest Diagnostics and Dario)

We will highlight significant changes, review relevant quality or value-based care measures, address areas of opportunity we are focused on, review member support resources, programs and initiatives, and share provider resources to support your care gap closure efforts.

To register, please visit sentarahealthplans.com.

Sentara Health Plans Portal Features Update

Effective June 25, 2025, the features that remain available in the Sentara Health Plans Provider Portal are view eligibility, create/view status of authorizations, remits and pend reports (historical only), primary care provider (PCP) membership report, portal access roster report, member care plan, change password, and device management portal.

The functions that can be performed in Availity Essentials are eligibility and benefits inquiry, claims status, remittance viewer claims submission, access member ID cards, payment policies, and Payer Space.

If you are not registered with Availity Essentials, please visit availity.com.

New Provider Services Hours for Medicaid Providers

Effective July 1, 2025, provider services will be extending their hours from 7 a.m. to 7 p.m., Monday through Friday, for Medicaid providers who are part of the Cardinal program through the Department of Medical Assistance Services (DMAS).

Therapeutic Day Treatment Summer Program Authorization Requests

Sentara Health Plans is requesting that Therapeutic Day Treatment (TDT) providers incorporate additional information into their service authorization requests for summer programs. Answering the following questions can lead to a quicker review of submissions and reduce the number of pending requests for additional information.

1. Is your TDT program in conjunction with a summer school, or is it a stand-alone program?
2. What specific dates is your summer program running?
3. How many days a week is your summer program?
4. How many hours a day is your summer program?
5. What are the individualized treatment plan goals addressed during your summer program? These should be different than goals addressed during the school year.
6. What type of care coordination is occurring over the summer?
7. What is the tentative schedule of sessions/service time to justify the hours of support requested?

To ensure cases are processed timely and reduce adverse decisions, the additional information requested above can be submitted with the authorization request either within a clinical note or on a supplemental document.

Medicaid and Medicare Behavioral Health Authorization Requests

To ensure timely and accurate processing of all authorization and registration requests, it is critical that providers:

- Use the correct authorization request forms
- Send them to the correct fax numbers based on the urgency of the service:
 - **Emergent or Urgent Services (As deemed by DMAS)**
Fax: 1-844-348-3719 or 1-844-366-3899
 - **Non-urgent Services (As deemed not urgent or emergent by DMAS)**
Fax: 1-844-895-3231

IMPORTANT REMINDERS:

- Submitting the wrong fax number may result in delays or denials.
- Always verify the urgency status of the service per DMAS guidelines before submission.
- Double-check that the form is complete and legible before faxing.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)