Dear Provider,

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

Availity Portal Features Update

We appreciate your patience as we continue to streamline how you conduct business with Sentara Health Plans through our Availity Essentials and provider portals.

The following features are now available in Availity's Essentials Provider Portal:

- Eligibility and benefits inquiry
- Claims submission

- Claims status inquiry
- Remittance viewer
- Access member ID cards; and
- Payer spaces that contain links to some of our delegated vendors and other helpful resources, such as access to payment policies, provider manuals, demographic change forms, and the prior authorization look-up tool.

Additionally, we are making improvements that will be effective in January 2026:

- For Medicaid and Medicare lines of business, we added access to the primary care provider (PCP) roster and advance balance reports under the payer space application tab.
- Increased the look-back period for claim status from 12 to 24 months from the date of the request.
- Enhanced eligibility and benefits by providing:
    - Additional benefit information including group ID and group name
    - Additional coordination of benefits (COB) information

In 2026, we look forward to adding new features to our Availity Essentials Portal that include:

- Authorization requests, attachments, inquiry, and dashboard
- Claim attachments
- Claim corrections
- Claim reconsiderations
- Other health insurance (OHI) reverification

We will continue to provide updates as the features become available.

Sentara Health Plans Provider Portal (Provider Connection) Features Retiring

Effective February 1, 2026, the following features will no longer be available in the Sentara Health Plans Provider Portal (Provider Connection) because they have transitioned to the Availity Essentials Provider Portal.

- Eligibility and benefits inquiry
- Remits and pend reports
- PCP membership report

The following features will remain available in the Sentara Health Plans Provider Portal (Provider Connection) until we fully transition to Availity:

- Create and view authorizations – access the JIVA platform to create, search, and view authorization status
- Obtain member care plans
- Portal access roster report
- Change password
- Device management portal

Providers can also submit claim reconsiderations and OHI reverification requests for Medicare and Medicaid lines of business in the reconsideration portal.

Links to the portals can be found here.

Availity Edits Effective January 2026

Sentara Health Plans will be deploying the following front-end edits in Availity effective in January 2026.

Report Code	Edit Type	Description
CAG	Payment Policy	The procedure code is not typical for the patient's age
CDL	Payment Policy	Deleted Procedure code
ICD	Payment Policy	Invalid Diagnosis Code
ICM	Payment Policy	Missing Diagnosis Code
IMD	Payment Policy	Inappropriate Modifier to Diagnosis
IMO	Payment Policy	Invalid Modifier Code
NPD	Payment Policy	Not a Primary Diagnosis Code
PDO	Payment Policy	ICD-10-CM Primary Diagnosis Only

RXINDC	Payment Policy	Drug Code with an Invalid NDC
AP0671	W9	Billing Provider Fed Tax ID Not Registered
AP0651	EVV	Missing or Invalid Electronic Visit Verification Time
AP0652	EVV	Missing Attendant Name for Electronic Visit Verification
AP0655	EVV	Missing Attendant ID for Electronic Visit Verification
AP0657	EVV	Missing Electronic Visit Verification Ambulance Drop Off Location
AP0659	EVV	Missing or Invalid Electronic Visit Verification Time
AP0660	EVV	Missing Service Facility Location for Electronic Visit Verification
AP0661	EVV	Missing Service Facility Location Secondary ID for Electronic Visit Verification
AP0662	EVV	Missing Service Facility Location Qualifier ID for Electronic Visit Verification
AP0663	EVV	Missing Referring Provider Name for Electronic Visit Verification
AP0665	EVV	Missing Referring Provider Secondary ID for Electronic Visit Verification

These edits will improve operational efficiencies by reducing the time and resources it takes to manage denials. Providers and their clearinghouses will receive clear messaging indicating the reason for the rejection, so they can make necessary changes and resubmit the claim if applicable.

Fair Business Practices Act – Electronic Communications Requirement

The Fair Business Practices Act in Virginia establishes minimum fair business standards for health insurance carriers in the state. These standards include timely payment of claims, handling of additional documentation requests electronically, and specific guidance in provider contracts regarding required documentation for claims payment. As part of this act and required by state law, **Sentara Health Plans is required to gather accurate contact information for our network providers to communicate electronically**.

Beginning January 1, 2026, Sentara Health Plans will notify providers of contractual and retroactive denial communications via email to comply with this requirement. This

change will not impact current processes for Sentara Health Plans government programs.

Sentara Health Plans has established a form for you to easily update your information. **Please update your information today!**

Long-Term Services and Supports (LTSS) Fax Numbers Reminder

Faxing to the correct number helps us process requests timely and efficiently.

- Fax new waiver requests to 1-844-857-6408.
- Fax all other waiver requests to 1-844-828-0600.

Helpful Suggestions:

1. Update hard copy cover sheet templates and discard the outdated versions.
2. Update the fax numbers saved in your electronic fax programs.

Guidance for Peer-to-Peer Discussions with Behavioral Health Utilization Management Physicians

To support focused and efficient Peer-to-Peer (P2P) discussions with Sentara Health Plans' Behavioral Health Utilization Management (BH UM) physicians, the following guidance outlines the appropriate use and intent of these conversations.

Purpose of a P2P Discussion

A P2P is a professional dialogue between the treating provider and a BH UM physician regarding a full or partial denial of services. It is intended to:

- **Clarify clinical information** that was submitted with the original request.
- **Allow the treating provider an opportunity to discuss how they determined the member met criteria.**

- **Present new clinical information** that was not included in the original submission which may impact the decision.

These discussions aim to promote mutual understanding and support clinically appropriate care decisions based on the most complete information available.

What a P2P is not for:

Please note that a P2P is **not** the appropriate forum for:

- Requesting a copy of the denial letter
- Reviewing the contents of the denial letter
- Arguing or debating the decision made

If you need a copy of the denial or have questions about its contents, please contact provider services or refer to the provider portal.

Important consideration:

Sentara Health Plans' psychiatrists and psychologists have access to the member's full chart, offering a comprehensive view of the member's clinical history and context. Providers are encouraged to consider this perspective when preparing for a P2P.

Final note:

Please review these guidelines prior to scheduling a P2P. Adhering to these principles helps ensure respectful, clinically focused, and time-conscious conversations.

Reminder: Your Feedback Matters – Please Complete Our Survey

As a reminder, we kindly ask that you take a few minutes to complete a brief survey on our website. Your feedback will enable us to schedule webinars during times that work best for you, offer topics and formats that meet your needs, and design printable resources that help you navigate the business side of our partnership.

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 contacting provider services.

To register, please visit sentarahealthplans.com.

Lunch & Learn: Provider Website Tour – Provider Orientation Part 2

Join us for an informal virtual session during the lunch hour. These sessions will be held twice monthly and are designed to help you learn how to navigate our provider website and explore our self-help resource library for guidance in successfully conducting business with us.

To register, please visit sentarahealthplans.com.

Claims Brush-up

This webinar is tailored to keep you informed on current claims trends, operational updates, and process changes. Gain the insights you need to streamline workflows, reduce administrative friction, and strengthen your partnership with us for continued success.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

Register for upcoming provider webinars
View current policy and operations changes