

Provider Updates



Dear Provider,

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

- [Hospice and Home Health Agency Enrollment Moratoria](#)
- [Blood Glucose Monitor Recall: Trividia Health Issues Correction for TRUE METRIX Blood Glucose Monitoring System](#)
- [LTSS Prior Authorization Requirements and Compliance Guidance Reminder](#)
- [Initial Authorization Reminder for Continuity of Care](#)
- [Centers for Medicare & Medicaid Services Measures Reminder](#)
- [Tobacco Cessation Referrals](#)
- [Cultural Competency Training](#)
- [CPT Webinar: 2027 Maternity Care Code Changes and Reporting Guidance](#)
- [Maternity Care Services Webpage Is Live](#)
- [Robotic Assisted Surgery Policy Update](#)
- [Authorization and Medical Policy Updates](#)
- [Upcoming Educational Opportunities](#)

Hospice and Home Health Agency Enrollment Moratoria

Effective immediately, in coordination with Vice President JD Vance's Anti-Fraud Task Force, the Centers for Medicare & Medicaid Services (CMS) is taking decisive action to protect Medicare beneficiaries and taxpayer dollars through implementation of a six-month, nationwide data-driven moratoria on new Medicare enrollment for hospices and home health agencies (HHAs). The moratoria will allow CMS to temporarily halt the influx of new providers into these high-risk categories, a key source of fraudulent activity.

For additional information, visit [cms.gov](https://www.cms.gov)

Blood Glucose Monitor Recall: Trividia Health Issues Correction for TRUE METRIX Blood Glucose Monitoring System

Trividia Health has issued a Class I recall for TRUE METRIX blood glucose monitoring systems due to a confusing E-5 error code that may lead to improper or delayed treatment, posing serious health risks including death.

For more information, visit [sentarahealthplans.com](https://www.sentarahealthplans.com).

LTSS Prior Authorization Requirements and Compliance Guidance Reminder

To prevent administrative denials and potential delays, please ensure Long Term Services and Supports (LTSS) authorization requests are:

- **Timely:** Authorization requests must be submitted within 10 business days of service initiation.
- **Complete:** Use the most current Department of Medical Assistance Services (DMAS) forms, completed in full and per instructions.
- **Accurate:** Submitted documentation must support the functional status of the member and the requested hours and services.
- **Responsive:** If updated forms are requested, providers are expected to return them within the requested timeframe. Failure to do so may result in administrative denial.

Avoid late submissions, missing/incomplete forms, and delayed responses to requests for additional information. Incomplete requests may be denied and require appeal. [Please review the guidance](#) and update workflows as needed.

Initial Authorization Reminder for Continuity of Care

To support continuity of care for our members and ensure better alignment of the care and service plan, Sentara Health Plans will provide an initial authorization for select waived populations as outlined below:

For members who are:

- Newly enrolled with Sentara Health Plans in a waiver program,
- Transitioning back into the community from a nursing facility, or newly assigned from another Managed Care Organization (MCO) or Fee-for-Service (FFS), Sentara Health Plans will issue an initial authorization for up to 60 days.

This authorization period is intended to:

- Ensure uninterrupted access to essential services, and
- Allow sufficient time for Sentara Health Plans Case Management to complete a comprehensive Health Risk Assessment (HRA), and develop an appropriate, ongoing care and service plan.

Providers are responsible for submitting requests for continuation of services prior to the end of the initial 60-day authorization period to avoid any disruption in services.

Centers for Medicare & Medicaid Services Measures Reminder

Depression Screening and Follow-Up: Adult Wellness and Outpatient Visits

Depression screening is required for all qualifying adult wellness visits and outpatient visits for patients 18 years and older. Screening must be completed on the date of the encounter or within 14 days prior to the visit, using an age appropriate, standardized depression screening tool.

If the screening result is positive, a follow-up plan must be clearly documented on the date of the qualifying encounter.

Developmental Screening: Well-Child Visits

During each well-child visit for children from birth through three years of age, an age appropriate, standardized developmental screening tool must be administered during the visit.

If the screening result is positive, a follow-up plan must be documented on the date of the visit.

For additional guidance and resources, please visit sentarahealthplans.com.

Tobacco Cessation Referrals

You can easily refer patients to the state tobacco quit line directly in Epic. Both Quit Now Virginia and Quitline NC provide free, 24/7 counseling for patients ages 13+ who want to quit tobacco or nicotine, including vaping. Free nicotine replacement therapy is available based on patient assessment. Submit your referral in Epic; Sentara Health Plans will route it and document the outcome in the patient's chart. For instructions, see the [Epic Tip Sheet](#) under the How To section of the [Provider Toolkit](#).

Cultural Competency Training

[Enhance your directory profile by completing and attesting to Cultural Competency training](#). This information will appear in the directory so members can view additional details about you and your practice locations.

CPT Webinar: 2027 Maternity Care Code Changes and Reporting Guidance

[Join experts from the American Medical Association \(AMA\) and American Hospital Association on June 2](#) for a comprehensive preview of the Current Procedural Terminology (CPT®) 2027 maternity care code changes, including practical coding guidance, clinical scenarios, and reporting considerations.

Providers, coders, and billing teams are encouraged to attend.

Maternity Care Services Webpage Is Live

The AMA has launched a new webpage to support the [CPT 2027 Maternity Care Services code changes](#), designed to help payers quickly access information and begin transition planning. [We recommend bookmarking this page](#) for easy access to updates and key details.

Robotic Assisted Surgery Policy Update

Effective August 28, 2026, Sentara Health Plans will expand its reimbursement policy for robotic assisted surgery. Currently, HCPCS code S2900 is not separately reimbursed.

Under the updated policy, additional codes (CPT 0054T–0055T, 20985, 61781–67183, and 69990) will no longer be reimbursed separately, as they will be bundled into the primary surgical procedure. This change applies to commercial, Medicaid, and Medicare plans.

Authorization and Medical Policy Updates

[Visit our website](#) to view the most recent authorization and medical policy updates.

Upcoming Educational Opportunities

New Provider Orientation

This webinar serves as a comprehensive introduction to Sentara Health Plans, designed for both newly contracted providers and those seeking a refresher. This session delivers an in-depth overview of our key resources, self-service tools, and core operational processes to support an efficient and successful working relationship.

To register, please visit sentarahealthplans.com.

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

Take a quick break and join us for a 30-minute interactive session showcasing our newly designed provider website, built to make doing business with us easier, faster, and more efficient. You'll learn how to:

- Navigate the redesigned provider website with confidence
- Quickly locate the tools and guidance you need to conduct business smoothly
- Get answers quickly on your own without having to call for assistance

Bring your questions and curiosity. We're here to help you get the most out of the new online experience and all the resources available to you.

To register, please visit sentarahealthplans.com.

Provider Quality Learning Collaborative

During this webinar, we will highlight key updates, review important quality and value-based care measures, identify areas of opportunity we are prioritizing, and walk through member support resources, programs, and initiatives. We will also share provider focused tools designed to support your care gap closure efforts.

June 3 Session: This session is designed for primary care and other practitioners and their staff that are interested in learning how Sentara Health Plans engages members through education and interventions to increase utilization of preventive services and improve health outcomes for members with chronic conditions such as diabetes. We will also review the Medicare Health Outcomes Survey (HOS), a CMS required measure of patient reported changes in physical and mental health, and how evidence based primary care interventions directly influence Dual Eligible Special Needs Plans (D-SNPs) quality outcomes. We will reserve time for an open forum so participants can discuss their successes and barriers with outcomes, as well as ask questions.

July 1 Session: Hear directly from our vendor partners to learn what services they provide to improve the health of Sentara Health Plans members with chronic conditions, require additional resources and more. The partnerships serve as a bridge between visits to close health care gaps.

To register for either session, please visit sentarahealthplans.com.

Claims Brush-Up

Join us June 17 for a for a 30-minute interactive session, designed to keep you informed on the latest claims trends, operational updates, and process changes. This is your opportunity to get quick, essential updates and ask questions directly to our experts.

To register, please visit sentarahealthplans.com.

Sincerely,
Sentara Health Plans

[Register for upcoming provider webinars](#)

[View current policy and operations changes](#)