Sentara Health Plans Spotlight

Recent milestones, changes, and updates

Sentara® Health Plans

February 25, 2025

Agenda

1. What's new with Sentara Health Plans in 2025
2. Member experience
3. Chronic Disease Management Updates
4. DMAS updates / follow-up
5. Billing updates and important reminders

What's new at Sentara Health Plans in 2025

URGENT PLEASE ACT TODAY

Sentara Medicare Engage Members May Lose Coverage Soon

The enrollment chronic condition verification process for the Chronic Special Needs Plan (C-SNP) is a time sensitive process. **The Centers for Medicare & Medicaid Services (CMS) only allows 30 days to complete the verification. If the enrollment and verification are not completed within 30 days, the member cannot be enrolled in the plan**. Currently, hundreds of Sentara Medicare Engage members are at risk of losing their coverage on February 28 because their chronic condition remains unverified.

If you or someone in your office received one or more of the forms listed below, please have a treating provider or office staff member attest by completing the form, signing it, and return by faxing to 757-648-1367 or 1-833-459-0789 today.

- Sentara Medicare Engage - Diabetes and Heart (HMO C-SNP) C-SNP Review and Verification Form
- Sentara Medicare Engage - Lung (HMO C-SNP) C-SNP Review and Verification Form

Please note that the verification requests can be received at any time throughout the year.

Vendor implementation

OncoHealth Implementation Rescheduled to March 4, 2025

OncoHealth® to administer Sentara Health Plans Oncology Benefits Management program was rescheduled for implementation effective March 4, 2025. OncoHealth will also provide Oncology Case Management for Sentara Health Plans' members through their Iris platform. **The suspension of the prior authorization requirement for medical oncology drugs and radiation therapy by Sentara Health Plans will end on March 3, 2025.** Prior authorizations for members with a cancer diagnosis that requires chemotherapeutic drugs (oral and infusion), CAR-T, pharmacy benefit oncology drugs, radiation therapy, and molecular genetic testing should be submitted to OncoHealth beginning on March 4. The impacted codes will be viewable in the Prior Authorization List (PAL) on the same date.

Zelis Payments Network (ZPN) – Partnership effective 3/3/2025

Provider payment processing is transitioning to the Zelis Payments Network. If you are already enrolled in the Zelis Payments Network, no further action is needed to continue receiving electronic payments. If you have any questions or want to change your payment method, please call 1-855-496-1571 or visit Enroll in a Zelis Network or Sign-up for Consolidated e-Payments.
If you do not want your Sentara Health Plans payments to flow through your current Zelis Payments Network solution, other options are available. You may enroll in the Sentara Health Plans ePayment center for basic electronic funds transfer (EFT) and electronic remittance advice (ERA) services at no cost. To enroll in Sentara's ePayment Center please call - 855-774-4392 // help@epayment.center or click Sentara Health Plans .Please note that Sentara Health Plans (SHP) will continue to release payments for processing daily. Funds availability for Medicaid and Medicare will be determined by the time they are received by Zelis. SHP will strive to have all payments processed prior to 11:30 a.m. EST (10:30 CST) to ensure timely payment. **Remittances will now be offered through Zelis Payments**. Remittances will no longer be available through Payerpath or Payspan, and **only** historical remittances will be available through Provider Connection (the SHP portal).

Medicare telehealth coverage in 2025

Effective January 1, 2025, Sentara Health Plans will cover approved benefit services that are included on the Centers for Medicare & Medicaid Services (CMS) fee schedule when billed using the appropriate CPT or HCPCS code.

For details, visit Home - Centers for Medicare & Medicaid Services | CMS and download the **CY 2025 PFS Final Rule List of Telehealth Services** information.

NPI and TIN required to authorize vendor imaging and cardiac services

Over the last several months, Sentara Health Plans has been encouraging providers to use the national provider identifier (NPI) when submitting imaging authorizations .

To expedite processing, effective February 21, 2025, both NPI and Tax Identification Number (TIN) of the rendering provider will be required on all authorization request submissions.

This will allow Sentara Health Plans and Evolent to accurately link authorizations and process claims timely.

Sentara Health Plans to resume management of post-acute care, home infusion therapy and sleep service authorizations

Effective March 31, 2025, health coaching, authorization support for post-acute care, home-infusion therapy services, and sleep services performed by CareCentrix® will be transitioned to Sentara Health Plans. *Please see Provider Alert dated January 31, 2025 for further information.*

Provider portals - Availity essentials and Sentara Health Plans portal

Sentara Health Plans partnership with Availity Essentials began on January 1, 2024. To ensure Sentara Health Plans provides the best user experience, some Availity Essential features will be implemented throughout the year. Current features are listed below for Availity and Sentara Health Plans Portal.

Availity Essentials access: Essentials Registration & Support | Availity

- Claims Submission
- Remittance Viewer
- Eligibility & Benefits – Now Available
- Claims Status – Now Available
- Payer Space
  - Access helpful resources such as payment policies, views our newsletters and important updates/announcements.
  - Connect to the Sentara Health Plans Portal to conduct transactions not yet available in Availity Essentials. Features available:
    - Sentara Health Plans Portal access: claims status, eligibility & benefits, remittance viewer, member ID card views, payment policies, authorizations and claims corrections. Need to Register: Provider Connection | Sentara Health. FAQs: Provider Connection Registration | Providers. If you need assistance with Provider Connection email providerconnectionsupport@sentara.com.
    - To submit reconsiderations for Medicare and Medicaid lines of business, login or register: Sentara Health Plans Provider Portal | Login (payertransactions.com)

Behavioral Health authorization forms for inpatient and outpatient care

To expedite review and provide your patients with timely access to care, please use the new Behavioral Health Inpatient Authorization Request for Medicare and Medicaid and Behavioral Health Outpatient Authorization Request for Medicare and Medicaid forms located on our website. The new forms require that clinical notes are attached for review. Submission of the new form eliminates the need to contact your office to request the documentation required.

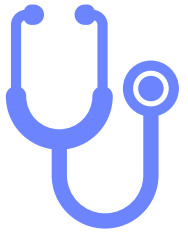
Vendor checklist

Zelis

Partnership effective 3/3/2025

Quest Diagnostics

Effective January 1, 2025



OncoHealth

Implementation March 4, 2025

Join at menti.com | use code 7771 9017

Mentimeter

Instructions

Go to

www.menti.com

Enter the code

7771 9017

Or use QR code

Member experience

Welcoming Baby

Welcoming Baby℠ is an incentive-based program that provides Sentara Health Plans Medicaid members with a variety of clinical and personal resources and ongoing support during and after pregnancy.

Medicaid members now have access to view the following online:

- frequently asked questions
- maternal health benefits
- education and events and resources

The Sentara Health Plans health and wellness page now provides a link to our maternal health programs:

- Welcoming Baby for Medicaid members
- Partners in Pregnancy for commercial and Medicare members

Welcoming Baby:

Welcoming Baby | Medicaid | Sentara Health Plans

Maternal health:

Maternal Health Benefits | Medicaid | Sentara Health Plans

Where to go for care

As part of Sentara Health Plans' continued efforts to ensure our members access the right level of care at the right time, we want to educate our providers to the many alternatives available to members for receiving care for urgent or non-life-threatening conditions outside of the Emergency Department. Please review the flyer at this link for assistance in referring Sentara Health Plans Medicaid members, SHP_MD_MEM_FL_240038 Where to Go for Care (Oct 2024 update)_Web.pdf

Chronic Disease Management Updates

Sentara® Health Plans

Program Goals

Program Conditions

1. Diabetes
2. Asthma
3. Chronic Obstructive Pulmonary Disease (COPD)
4. Cardiovascular conditions (Heart Failure, Hypertension, & Coronary Artery Disease)
5. HIV/AIDS

- Engage enrollees and care partners in the enrollee's care.
- Increase utilization of preventive services.
- Improve health outcomes by utilizing objective and measurable methods.
- Facilitate the scientific approach to improving health care services through the use of goals, specific interventions, reference populations, analysis plans, and quantifiable, measurable outcomes.
- Close the gaps on disparate access, utilization, or outcomes.
- Implement best practices informed by ongoing program evaluation.
- Provision of education and outreach interventions to engage enrollees and caregivers as partners in care

Referral Criteria

- **DM Members must have one confirmed:** A1C >8, BP 140/90; Abnormal Retinopathy Exam; documented impaired renal function; Non-Compliance with Statin Medication refills or documented hyperlipidemia
- **HTN Members must have one confirmed**: BP 140/90; Noncompliance with Statin Medication refills or documented hyperlipidemia
- **COPD members must have one confirmed:** Spirometry results missing or abnormal result; 3 ED visits in 90 days related to COPD
- **Asthma members must have one confirmed:** Allergy test not completed or abnormal; 1 admission for asthma in last 6 month or 2 or more ED visits in last 6 months
- **CHF Members must have one confirmed**: 2 ED visits or 2 admissions for CHF in the last 6 months and Non-Compliance with CHF symptom treatment medication refills
- **HIV members must have one confirmed:** IP admission for PNA, URI, or Opportunistic infections, HIV w/ comorbidity (Cancer, MH, Renal or liver disease); Medication non-compliance; HIV and hx of Substance Abuse; CD4/viral count 500 or less
- **AIDS members must have one confirmed:** 2 ED or 2 admissions in the last 6 months for Shortness of Breath, Fatigue, Candidiasis, Nausea, vomiting, diarrhea, dysphagia, or weight loss

DMAS Updates/Follow-up

DMAS Updates/Follow-Up

MEMOS

Third Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications. DEA and HHS have issued a third temporary extension of the telemedicine flexibilities that will expire on December 31, 2025. For more information; Third Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications | MES

Virginia Medicaid Preferred Drug List/Common Core Formulary and New Drug Utilization Board Approved Drug Service Authorizations Effective January 1, 2025. For more information; Virginia Medicaid Preferred Drug List / Common Core Formulary and New Drug Utilization Board Approved Drug Service Authorizations Effective January 1, 2025 | MES

Consumer-Directed Work Shift Submission Requirements, Effective January 1, 2025. For more information; Consumer-Directed Work Shift Submission Requirements, Effective January 1, 2025 | MES

Manual Updates

Plan First Program Changes – Chapter IV. For more information; Plan First Program Changes Chapter IV | MES

Psychiatric Services Manual – Updates to Service Authorization Appendix C

Mental Health Services Manual – Updates to the Intensive Community Based Support Appendix E

DMAS Free Interpretation Services

DMAS will be sharing a reminder about availability of language services in an upcoming newsletter. This update aims to ensure that providers and members are aware of the free language services available through the MCOs. For more information, Medicaid members should contact Sentara Health Plans Directly

	Member Services	Provider Relations
Sentara Community Plan **Northern Va. Kaiser Permanente**		1-800-229-8822 (Provider Services) 1-855-687-6260 (interpreter services specific for providers)

Billing, reminders, authorization updates & important reminders

Payment Policies

Payment Policies are in Availity under Payer Space, Essentials Registration & Support | Availity or in the Sentara Health Plans Portal, Provider Connection | Sentara Health.

Primary COB for Dual Eligible Members (DSNP)

When submitting claims for members with both Medicare and Medicaid always file Medicare as primary. Doing so will avoid processing delays. Claims must include the member's Medicare ID number. SHP will coordinate the claim processing for primary and secondary, therefore no secondary claim submission is required for payment. This applies to all Dual-Eligible members, regardless of whether the member has Sentara Health Plans for Medicare or Medicare fee-for-service

Appropriate Documentation of Injection Administration of Medroxyprogesterone Acetate (Depo Provera)

Effective January 5, 2025, injection administration of medroxyprogesterone acetate (Depo Provera) should be reported using HCPCS code J1050 (injection, medroxyprogesterone acetate, 1 mg). When reporting code J1050, the appropriate dosage (measured in units) should be reported based on the specific needs of the patient. Please refer to the Provider Alert dated November 4, 2024, Provider Alert: OncoHealth, Quest Diagnostics, Regulatory Updates, and More

Important Reminder About the National Provider Identification for Groups

When requesting an authorization for a provider within a group, please verify that the National Provider Identifier (NPI) on the request matches the NPI listed on the claim for the group (i.e., durable medical equipment, hospital, etc.). The additional step of ensuring NPIs match will help prevent the inappropriate denial of claims.

Authorization updates

Sentara Health Plans has a new medical policy weblink available to access all current behavioral health, durable medical equipment, imaging, medical, obstetrics, pharmacy, and surgical policies. You can access this at sentarahealthplans.com/providers/clinical-reference/medical-policies.

Visit our website to view the most recent authorization updates.

Enhancements to the Authorization Workflow in JIVA and PAL Tool- The PAL list has been integrated into JIVA as of December 15, 2024. The authorization submission process is unchanged. The Prior Authorization Look-up Tool (PAL) tool is also available on the Authorizations page on Authorizations | Providers | Sentara Health Plans. Please refer to the Provider Alert dated December 6, 2024, for more information.

NOTE: The PAL tool is used to determine authorization requirements for Medicaid, Medicare, Commercial and Exchange Plans. **Does not include self-funded groups.**

Behavioral Health Providers ACT/MST/FFT Authorization Reinstatement- DMAS has requested that we reinstate the authorization requirements for Assertive Community Treatment (ACT), Multisystemic Therapy (MST), and Functional Family Therapy (FFT). Authorization is required for all members who will be obtaining service on and after January 1, 2025.

Important Reminders

Ensure your online provider directory information is accurate

- Please take a moment to view and verify the accuracy of your profile as unverified provider information cannot be included in our online directory.

PRSS enrollment

- All Medicaid managed care network providers must enroll through Provider Services Solution (PRSS) to satisfy and comply with federal requirements in the 21st Century Cures Act. In order to be a Medicaid provider in an MCO's network you must first enroll through PRSS and then contact the MCO(s) you wish to participate in to ensure each MCO's requirements are satisfied.
- Visit Home (https://virginia.hppcloud.com)

Provider connection – requesting access for new providers

- Before Provider Connection access can be granted to new providers the completion of loading provider information must be done to have the accounts available to link to the user's portal profile.
- Providers are sent an auto email completion message notifying of credential approval, when they are loaded, and that they can submit a provider connection portal request. Submitting requests prior to notification causes high volumes of requests and delays.

External Emails from Sentara Health Plans to Providers

Provider Data and Enrollment has asked that providers notify their IT departments to allow any email from Sentara Health Plans to go through, especially those that are secure.

Access to Care Protocol & Appointment Access Standards

Access to care is recognized as a key component of quality care. As a condition of participation, providers must provide covered services to members on a 24-hour per day, 7-day per week basis, in accordance with Sentara Health Plans' standards for provider accessibility.

- Sentara Health Plans Provider Manual; SHP_MULTI_PROV_BKT_230004 CORE Provider Manual_07232024.pdf. Access to Care Protocol & Appointment Access Standards located on page 16 and page 17.
- Sentara Health Plans Medicaid Provider Manual; Sentara Health Plans Medicaid Program Provider Manual (1).pdf. Access to Care Protocol & Appointment Access Standards located on page 93 and page 94.

Well Child Visits (WCV)

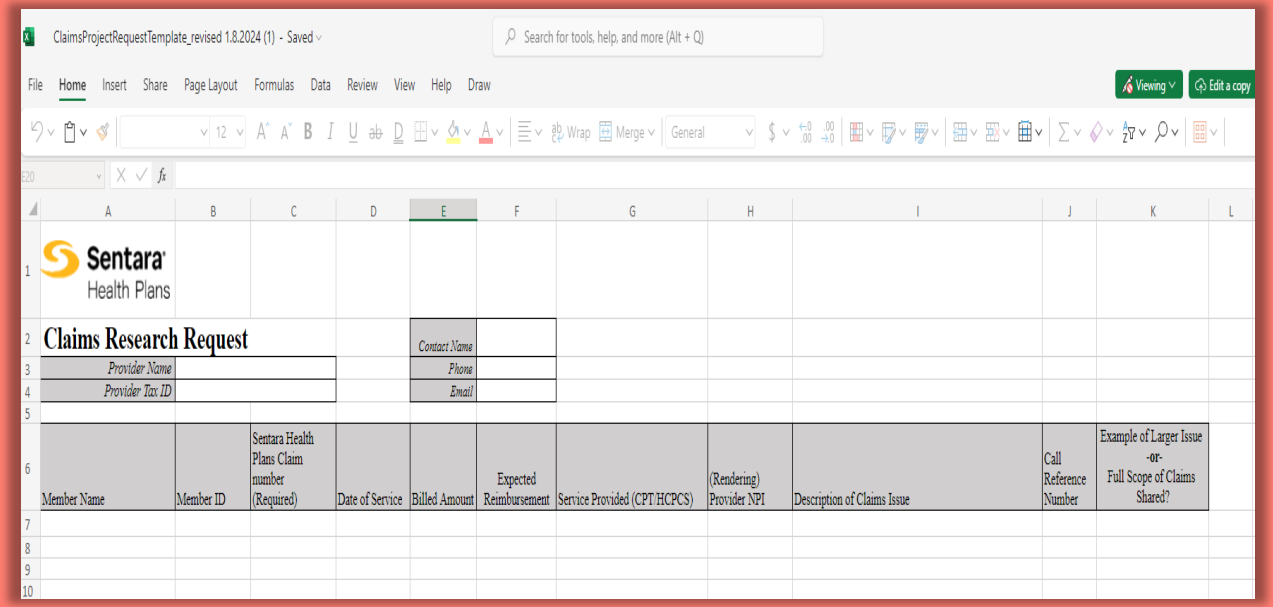
Well Child Visits (WCV)

We know our providers are aware of this but as a reminder, Well Child Visits (WCV) **do not require a 365-day cycle.**

- **Well Visits** – Children **should** be seen by their doctor more often than adults and should get well visits as follows:
  - Newborn
  - Before six (6) weeks of age
  - Two (2) months of age
  - Four (4) months of age
  - Six (6) months of age
  - Nine (9) months of age
  - One (1) year of age
  - 15 months of age
  - 18 months of age
  - Two (2) years of age

Claims project request template

Please note: When completing the claims project template, the claim number MUST be included. The inclusion of the claim number ensures that the claims project team can work more efficiently to complete your request. The template should not be used to submit open AR claims.



Report critical incidents

A critical incident is defined as any actual, or alleged, event or situation that creates significant risk of substantial or serious harm to the member's physical or mental health and safety or well-being of a member/patient.

Immediately report alleged abuse, neglect or exploitation related critical incidents to appropriate protective services agency: Contact:

- Adult Protective Services (APS): (888) 832-3858
- Child Protective Services (CPS): (800) 552-7096

Within **24 hours**, Email: **criticalincidents@sentara.com**; OR fax Critical Incident Report form to Fax: (833) 229-8932 located at Critical Incident Form_11092021 (sitecorecontenthub.cloud) **OR** Call Sentara Health Plans: (757) 252-8400

Look for our upcoming 2025 webinars

Sentara Health Plans Spotlight

March 5, 2025 - 10 AM

Let's Talk Behavioral Health

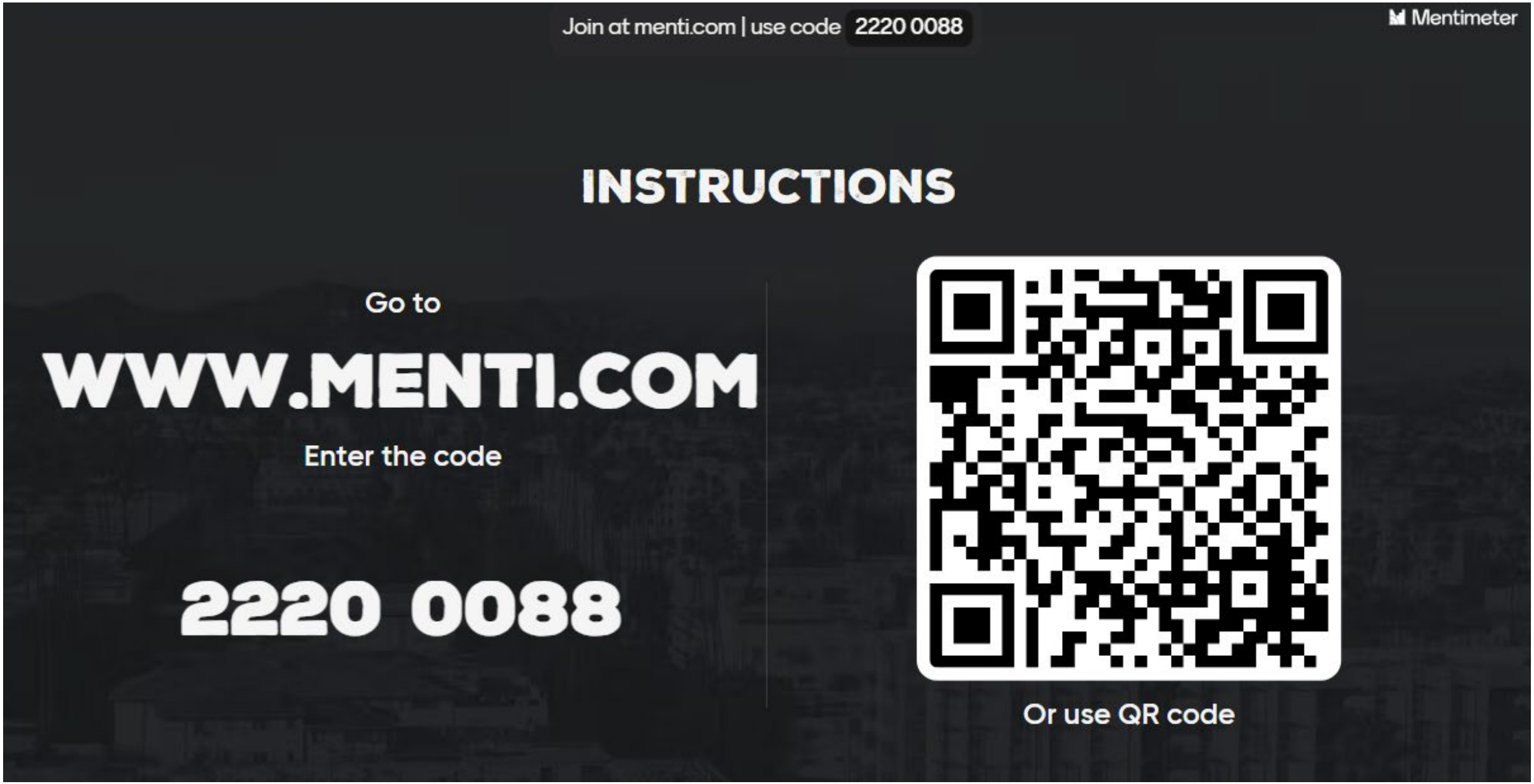
May 13, 2025 – 1 PM

Claims Brush-up

March 12, 2025 – 1 PM

Provider Quality Care Collaborative

March 5, 2025 – 12 PM April 2, 2025 12 PM


Join at menti.com | use code 2220 0088
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INSTRUCTIONS
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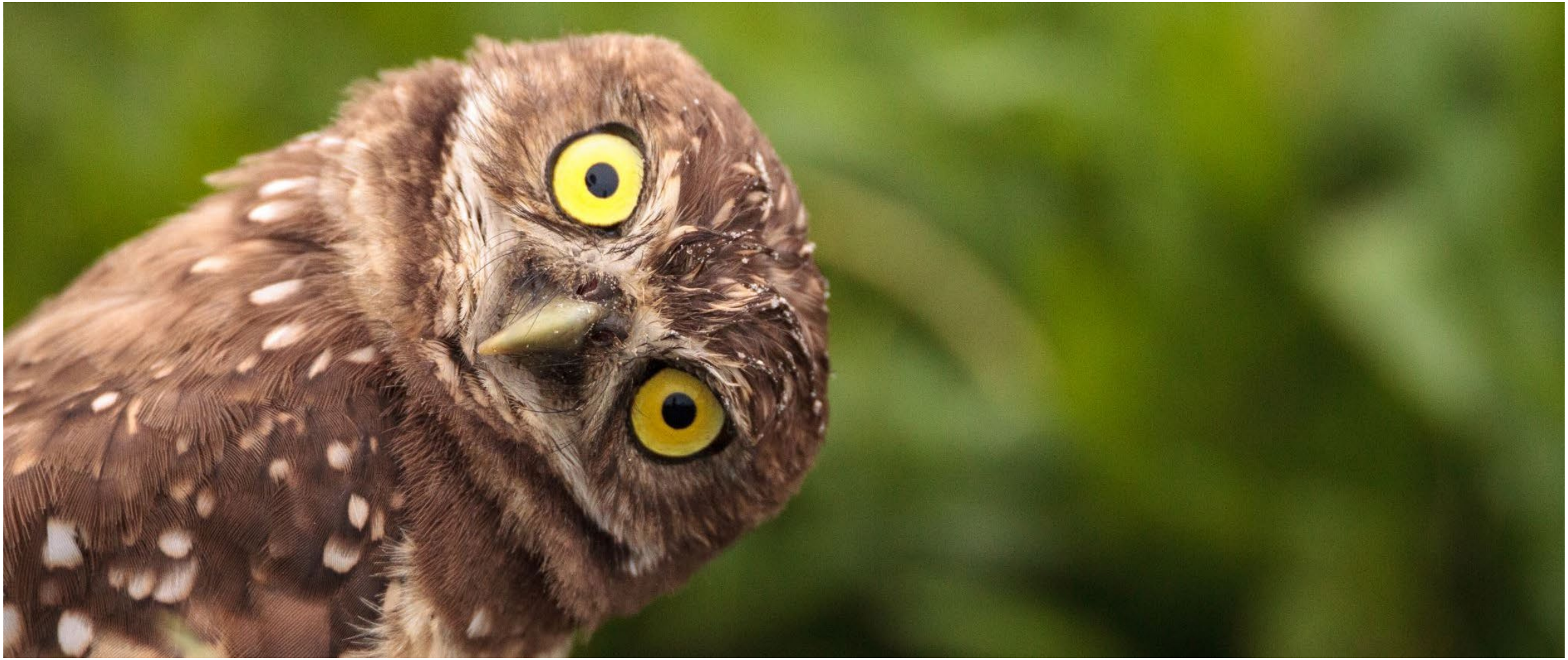
Questions?



Thank you for partnering with Sentara Health Plans

CONTACTMYREP@sentara.com