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**1<sup>st</sup> Quarter Let's Talk Behavioral Health**

**February 14th**

 **Sentara<sup>®</sup>**  
Health Plans

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# Agenda

1. What's New
2. Updates/Follow-up
3. Member Experience
4. Billing Updates/Reminders
5. Important Reminders
6. Behavioral Health Updates – Thomas Bateman, Clinical Implementation Manager  
Government – Behavioral Health & Randy Hoffman, Network Relations Manager, Contracting



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# What's New




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# Welcome to Sentara Health Plans

 Sentara Health Plans


Sentara Health Plans became a unified brand fully integrating with Virginia Premier Health Plan and Optima Health Plans on January 1, 2024. New name. Same trusted health plan.

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# Availity Essentials Update – Effective January 1, 2024

 Availity®

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 our legacy portals for Optima Health Plans and Virginia Premier Health Plans.

**Availity Essentials access:**

- Claims Submission
- Payer Space
  - Access helpful resources and views our newsletters and important updates/announcements.
  - Connect to the legacy portals for Optima Health and Virginia Premier to conduct transactions not yet available in Availity Essentials. Features available:
    - **Optima Health Portal access:** claims status, eligibility & benefits, claims submission, remittance viewer member ID card views, authorizations and claims corrections.
    - **Virginia Premier Portal access:** claims status and reconsiderations for Medicare and Medicaid lines of business.

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## Payspan Remit Consolidation 1/1/2024



Effective 1/1/2024 consolidated remits are listed in Payspan for all LOBs that are processed on the QNXT claim payment platform. This update includes the consolidation of negative balances.

- Legacy VPHP users will be required to utilize their **new** Payspan log-in.
- OHP users will access their current Payspan log-in



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## Pharmacists as Providers



On January 1, 2024, phase one of the Pharmacists as Providers initiative was implemented. This initiative allows pharmacists to bill Sentara Health Plans via the medical benefit utilizing the Evaluation & Management (E&M) codes to receive payment for consultations for allowed services.

The initiative applies to Medicaid and fully insured individual group commercial lines of business. For Medicaid, pharmacists must meet [PRSS enrollment requirements](#) as well as enrolling with Sentara Health Plans.

For commercial, pharmacists must enroll and credential with Sentara Health Plans like any other provider.

Pharmacists can find additional information on the contracting, credentialing, and billing processes by visiting the Sentara Health Plans provider [website](#).

Pharmacists are responsible for adhering to the [State Board of Pharmacy protocols](#) for allowed services.



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## Brain Injury Case Management Services Effective January 1, 2024

Brain Injury Services Case Management is designed to provide service coordination and person-centered planning with members who have sustained a traumatic brain injury. Brain Injury Case Management Services are defined in the provider manual supplement posted in the MES Provider Manual Library. Please refer to the DMAS link for more information about the services. [Brain Injury Services | DMAS - Department of Medical Assistance Services \(virginia.gov\)](#)



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## Update to Legally Responsible Individuals Implementation Delayed to March 1, 2024

The bulletin in the following link is to provide an update to the Medicaid Bulletin dated September 29, 2023, regarding the permanent provision of payment to legally responsible individuals for personal care services.

[Update to Legally Responsible Individuals: Implementation Delayed to March 1, 2024 | MES \(virginia.gov\)](#)



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## Managed Care Plans to Assist Enrollees in Completing Medicaid Renewal Process Effective Through February 28, 2024

CMS approved a request from DMAS to allow managed care organizations (MCOs) to assist enrollees in completing the Medicaid renewal process, including completing certain parts of the renewal forms, to help reduce the number of procedural terminations during the state's Return to Normal Operations Period. This flexibility is in effect immediately and will be in effect through February 28, 2024.

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## Prior Authorization Changes for Medicare Part B

Starting March 1, 2024, Sentara Medicare will implement changes to prior authorization requirements for drugs billed through medical claims. Providers should refer to the [website](#) for the most up-to-date authorization requirements. [Prescription Drug Authorizations | Providers | Sentara Health Plans | Sentara Health Plans](#)

Please see the December 21, 2023 Provider Alert which lists the impacted medical drugs that will require authorizations starting **March 1, 2024**.

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## DMAS Service Manual Updates

DMAS

- Nursing Facility Manual – Chapters 7, 9, 10 and 11
- Psychiatric Services Manual – Chapter 6
- Durable Medical Equipment and Supplies Provider Manual – Chapter IV
- Pharmacy Manual – Chapter 4 and a New Supplement to the Pharmacy and Practitioners Manual.
- All Manuals for Virginia Medicaid and FAMIS Programs and Managed Care Programs – Chapter 2 of all manuals have been updated.

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## Updates/Follow-up

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## Delegated and Non-delegated Update Requests

Available now for delegated groups you can submit provider updates via web submission under Update Your Information. **Please note:** This will be required effective 3/1/2024.

Non-delegated providers will continue to submit the new practitioner onboarding and updates via the Provider Update Date Form link on the website. Legacy Virginia Premier requests unless it's related to an update effective prior to 12/31/2023 will no longer be accepted via the Provider Update Form. There will need to be a notation in the request submission that this is effective prior to 12/31/2023 or the assumption will be that all requests/updates are for Sentara Health Plans.



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## Verifying Member Eligibility with Sentara Health Plans – Medicaid & Medicare

Changes were made to member ID numbers and how they appear on the respective ID cards for both the Medicaid and Medicare product lines for Sentara Health Plans. A Provider Alert was sent out January 10, 2024

### **Medicaid**

- The Medicaid ID number is required for real-time eligibility transactions (i.e., through clearinghouses, provider portals, etc.).

### **Medicare**

- The Medicare ID number (including the asterisk \*01) is required for real-time eligibility transactions (i.e., through clearinghouses, provider portals, etc.).
- All Medicare member ID numbers lead with "900" (new for former Virginia Premier members).



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## Verifying Eligibility with DMAS

Effective January 1, 2024, when determining eligibility via the DMAS provider portal, Sentara Health Plans members will be identified under **Sentara Community Plans**.

For dates of service before January 1, 2024, members will be identified under Optima Health or Optima (formerly Virginia Premier).

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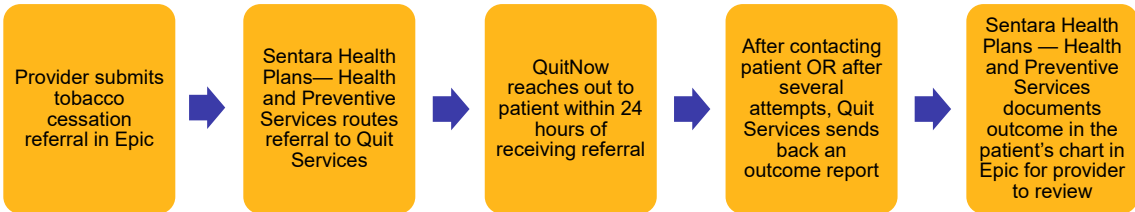
## Member Experience

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# Tobacco Cessation Referral Process

- Tobacco Referral Process

- ❖ EPIC Tip Sheet found here: [Provider Toolkit | Providers | Sentara Health Plans](#)



- QUITNow Services



- For questions, contact [tobacco cessation@sentara.com](mailto:tobacco cessation@sentara.com)



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# Billing Updates/Reminders



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## 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. Following this process allows our team to process these claims in a timely manner. Going forward with claims DOS 5/1/2023 forward if the claim is not filed with the Medicare number first it will be denied D95 stating the provider needs to resubmit with Medicare number.

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## Important Reminders

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## Provider Training



### Required Annually

Model of Care



### Encouraged

Cultural Competency Training  
Trauma Informed Care Training  
Fraud Waste and Abuse

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## Provider Changes and Updates – 60 days notice

60 days notice is required for all changes.

Submit the following changes by completing the **Provider Update Form** located at [Update Your Information | Providers | Sentara Health Plans | Sentara Health Plans](#)

- ✓ Panel Status/Accepting new patients
- ✓ Contact information (address, phone, email, etc. – for all locations)
- ✓ Provider relocation or joining additional practice
- ✓ Tax ID change (need a new/current W-9)
- ✓ Name change
- ✓ Practitioner leaving practice/deceased

Directly Notify your contract manager of the following:

- ✓ Tax ID change (need a new/current W-9)
- ✓ Name change

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## Online Provider Update Form and Applications

We are finding when providers are submitting the online Provider Update Form and Applications, they are not being filled out completely. We are finding that notes are being made in the comments instead of completing the entire form. Please remember to fill out the forms completely, which will assist us in a quicker turnaround time for the applications and the updates can be processed in a timely manner.



### Provider Update Form

This Provider Update Form is to be submitted by providers who have had a change to their provider/practice information or address change and/or change of ownership, etc. or are new to the system. It is not to be used by providers who are submitting a new application. (See the "Legal Business Name" section for more information on how to change your provider information.)

Having accurate provider information is an important step to ensuring accurate claims payment and member satisfaction. Thank you for your continued partnership.

If your provider/practice has not been previously participating in the contracting process with Sentara Health Plans, please contact your account manager for more information.

For more information on how to use this form, please visit the "Provider Update Form" page on the Sentara Health Plans website.

Provider Name \*

Requestor Email \*

Is this provider/practice that has already contracted with Sentara Health Plans in currently in the contracting process? \*

Please select \*

Provider Type \*

Effective Date of Change \*

Change Request: Please select one change request per form submission. \*

☐ Add Provider to Existing Practice

☐ Add Provider to a New Practice (then select Health Plan Contract)

☐ Provider is Changing Practices (Leaving one practice and joining another)

☐ Provider is joining an additional practice

☐ Primary Address Change (primary address of office/house)

☐ Billing Address Change (billing address of office)

☐ Additional Address Change

☐ Contact Information Change

☐ Other Provider Change (name, specialty, email, new DMEPOS Enrollment)

☐ Panel Status Change

☐ Provider Termination

☐ Other (Other description of change request in comments)

Comments

File Upload \*

Drag files here or [Select files](#)

[Submit](#)



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## 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.

Main points:

- From [virginia.hppcloud.com/](http://virginia.hppcloud.com/), go to "Menu," then "Provider Enrollment," and select either "New Enrollment" or "Enrollment Status."
- Only one enrollment application is necessary in PRSS, even if you participate with more than one managed care organization (MCO).
- In order to be a Medicaid provider in an MCO's network, providers must first enroll through PRSS and then contact the MCO(s) you wish to participate in to ensure each MCO's requirements are satisfied



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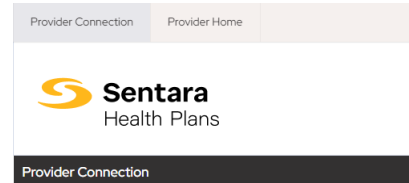
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## Provider Connection – Requesting Access for New Providers

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.



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## 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.

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# 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 screenshot shows a Microsoft Excel spreadsheet titled "ClaimsProjectRequestTemplate\_revised 1.8.2024 (1) - Saved". The spreadsheet is designed for submitting a "Claims Research Request". It includes a header section with fields for "Provider Name", "Provider Tax ID", "Contact Name", "Phone", and "Email". Below this is a table with the following columns: "Member Name", "Member ID", "Sentara Health Plans Claim number (Required)", "Date of Service", "Billed Amount", "Expected Reimbursement", "Service Provided (CPT/ICPCS)", "(Rendering) Provider NPI", "Description of Claims Issue", "Call Reference Number", and "Example of Larger Issue - Full Scope of Claims Shared?". The spreadsheet is currently empty, with only the header information filled in.

## 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](mailto:criticalincidents@sentara.com); OR fax Critical Incident Report form to Fax: (833) 229-8932 located at [Critical Incident Form 11092021](#) ([sitecorecontenthub.cloud](https://sitecorecontenthub.cloud)) OR Call Sentara Health Plans: (757) 252-8400

## Behavioral Health Updates

**Thomas Bateman, Clinical Implementation  
Manager Government – Behavioral Health**



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## Tribal Care Coordination Program

- For those Native American members at risk for mental health or substance use issues, we will connect them with additional resources to include peer recovery and BH Coaching along with additional care coordination.
- 50% decrease in suicidal ideation in adolescents
- 42% reduction in adults with SUD
- Call us at 757-552-7174 or 1-800-648-8420 if you know someone that can benefit from this service.



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## Justice Care Coordination

- Justice Care Coordination (JCC)- provides specialized care coordination focused on assisting the recently incarcerated re-introduce themselves into the community while ensuring the justice involved member has all the necessary outpatient services.
- 100% of participants who received antagonist therapy upon release remained engaged with JCC and on antagonist therapy 12 months after release.
- Call us at 757-552-7174 or 1-800-648-8420 if you know someone that can benefit from this service.

## Change in Authorization Requirements

- In 2021 DMAS implemented a new set of services under the title of Bravo Services, which include ACT (H0040), FFT (H0036) and MST (h2033).
- In order to be a credentialed provider of these services the provider must be nationally certified.
- In May 2023 DMAS has asked all MCOs to help establish these programs and reduce any administrative burden or barrier to service authorization or implementation of services.
- Sentara Behavioral Health UM no longer requires authorization for the above services (260 unit cap for ACT).

## Freestanding Behavioral Health Care Clinic (BHCC)

- 42% Reduction in ED utilization for Members who received a post-discharge visit at a BHCC.
- Following discharge from hospitalization for mental illness:
  - 50% of BHCC Participants seen for follow-up visits within 7 days and
  - Additional 46% seen within 30 days.

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## Early Notification of TDO, ECO, or DSS involvement

- Partnership with PointClickCare (the EDCC) to provide real time information to ALL MCOs
- Sentara ED will note a TDO, ECO or DSS involvement
- MCO engages immediately to provide prompt transition or safety plan.
- Sustained outpatient care to prevent readmission.

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## BH Onsite Navigators

- Problem: high unable to contract rates after BH inpatient or ED admission
- Solution: Embed Transition of Care Navigators in the hospital!
- Engage with members at the point of discharge to ensure they were receiving an actual appointment with a Behavioral Health Provider.



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## BH Education Resources & School Liaison Program

- Embed behavioral health services educational tools into school system and hire school liaisons who report to Sentara who.
- Assist with resources and referrals to the plans for BH case management or assistance in locating resources for outpatient wrap around services.
- Partner with Virginia Department of Health to provide Fentanyl Awareness training at the request of the Virginia Governor's One Pill Can Kill Initiative



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## Transitional and Supportive Housing

- Build or partner with an organization that can develop and manage a group of transitional housing units across the state that can service specialized populations for 90- 120 days providing wrap around BH services, employment, food and transportation such as:
  - Justice-Involved
  - Crisis Stabilization or like service
  - SUD releasing from Residential Program
  - SUD Pregnant Moms- Partner with Newport News CSB (SEFP) - Replicate in SW
  - TBI/Homeless Veterans (Use the VA site)
  - Supervised Independent Living for members aging out of Foster Care

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## LPC/LMFT enrollment with Medicare

CMS guidelines changed as of 1/1/2024.  
They are now credentialing LPCs and LMFTs  
Enrollment is through PECOS.

### **Whom can I contact for Help? (see FAQ on Pecos)**

If you need help or additional information, please contact the External User Services (EUS) Help Desk at any of the following:

Website: <https://eus.custhelp.com>  
By Chat: [Live Chat Launch Page](#)  
By E-mail: <mailto:EUSsupport@cgi.com>  
By Phone: 1-866-484-8049 (Toll-Free)  
1-866-523-4759 (TTY/TDD)

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## Participation with Sentara Health Plans Medicare Advantage plans

Prior to 2021, Optima Health only offered Medicare Advantage plans in the Tidewater area. If you've been with Optima from prior to that time in another part of the state your agreement will likely need to be updated or amended. Reach out to your Contract Manager to see if your agreement will need to be amended:

- Randy Hoffman: [rchoffma@sentara.com](mailto:rchoffma@sentara.com) or 540/560-5219
- Janaki Smith: [jxsmith@sentara.com](mailto:jxsmith@sentara.com)
- Christopher Hamilton: [cshamil1@sentara.com](mailto:cshamil1@sentara.com)
- Kimberly Harold Jacobs: [kbharold@sentara.com](mailto:kbharold@sentara.com)



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## If Contract needs updates:

Several documents will be needed:

Request for participation (to insure that we have current contracting data)

Practice roster of licensed staff

W9

Offshore Attestation (CMS requirement – most will have none, but some billing/practice management subcontractors are off-shore)

Updated Disclosure of Ownership



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## Loading providers as PAR for Medicare LOB

The contract may need to be updated as listed in prior slides.

Even when that is done, when the provider is approved by CMS a Provider Update Request Form (PURF) will need to be completed for each newly credentialed licensed staff member.

**AFTER** you have received your Medicare approval. The provider update form can be found at our website at: <https://www.optimahealth.com/providers/provider-support/join-our-network>

Click on the: **SUBMIT a PROVIDER UPDATE FORM** tab.

Select "Other change" and complete the requested information

You will receive notification from [nintex@workflowcloud.com](mailto:nintex@workflowcloud.com) when your information has been successfully submitted.

Once your data has been updated you will receive notice from [noreply@workflowcloud.com](mailto:noreply@workflowcloud.com).



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## Billing changes as of 1/1/2024

Sentara Health Plans will be consolidating claims processing through a new system.

This is the claims system that Virginia Premier had used – QNXT.

Claims for Medicare members were shifted to QNXT on 5/1/2023.

Claims for Medicaid member services were shifted on 1/1/24.

Claims for Commercial services will be transitioned at a date TBA.



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## Billing in QNXT

We began updating information from Optima Health to the system for Medicaid right after the May 1 transition. In spite of thousands of hours working to make the transition seamless, we have identified a few providers' information that has not transferred correctly.

If you are encountering claims denying as out of network or with Denial Codes D24/D85 please be sure to reach out to your Network Educator. If you are not sure whom is assigned to your practice, please reach out to [contactmyrep@sentara.com](mailto:contactmyrep@sentara.com). They will likely need your group Tax ID to link you to the newly assigned Network Educator.

We do hope that we will be able to update information in the new claims system more quickly!



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## OTHER ITEMS:

### SINGLE CASE AGREEMENTS (SCA)

- We recently updated our process for Single Case Agreements, but the process still starts with Medical Management approving the necessity of an SCA. Send an authorization request to UM and be sure you indicate that you will need an SCA.

### HEOPS PROVIDER AGREEMENTS

- Agreements for Waiver Home Health Providers continue to be obtained through HEOPS. Requests to contract for these services should be sent to [joincentipede@heops.com](mailto:joincentipede@heops.com).



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# Register for Our Upcoming Webinars

## Medical Provider Touchpoint

May 8<sup>th</sup> – 10 AM    May 15<sup>th</sup> – 1 PM

## Let's Talk Behavioral Health

February 14<sup>th</sup> – 1 PM  
May 14<sup>th</sup> – 1 PM

## Claims Brush-up Clinics (POP UP Trainings)

March 13<sup>th</sup> – 1 PM  
June 12<sup>th</sup> – 1 PM

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# Question and Answers



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## Provider Survey

1st Quarter Let's Talk Behavioral  
Health



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Thank you for Partnering with Sentara Health Plans

Contact Us

[CONTACTMYREP@sentara.com](mailto:CONTACTMYREP@sentara.com)



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