Provider Quality Care Learning Collaborative

May 7, 2025

Sentara® Health Plans

Welcome to Sentara Health Plans

Sunil Sinha, MD

Medical Director, Value Based Care/
Provider Network

Purpose

1. Provide a platform to build strong relationships with our practice partners.

2. Share resources and best practices to improve health care outcomes, increase HEDIS measure compliance, close care gaps and increase quality scores.

3. Decrease interruptions caused by multiple outreaches to provider offices from the health plan.

You are welcome to post your questions in the chat.

Agenda

A. Welcome
B. Provider Support
C. The Medical Director's Corner
D. Medicaid – Chronic Disease Management Programs Overview
E. Program Updates
    - Vendor Incentives
    - HEDIS & Target Measures
    - HEDIS/Quality
        - Member Incentives
        - Best Practices
F. Q & A
G. Appendix

Provider Support

Ebony Franklin
Network Relations Manager

How Can Sentara Health Plans Help You?

1. Sharing Care Gap Reports frequently
2. Financial Incentives available for members
3. Scheduling Member Appointments
4. Providing Educational Resources and Documents
5. Support Visits

Support Visits

- Outreach will be made to coordinate a site visit or virtual visit within the coming months
- An opportunity to review your individual Care Gap Report
- Review EMR access options
- Medical record review
- Identify and address questions/barriers

To request a support visit sooner, please contact us at emfrankl@sentara.com.

Sentara Health Plans

Resources

Care Gap Closure Resources Value-Based Care | Providers | Sentara Health Plans

- Annual Wellness visit and Annual Routine Physical Exam
- Comprehensive Care Gap Documentation Guide 2025

Provider News. Provider News | Providers | Sentara Health Plans | Sentara Health Plans ***most recent provider alerts and Newsletter***

Sentara Mobile Care Get the Sentara Health Plans Mobile App | Members | Sentara Health Plans *for members to get access to their health plan information*

Provider Tool Kit Provider Toolkit | Providers | Sentara Health Plans

Provider Manuals Provider Manuals and Directories | Providers | Sentara Health Plans

Medical Policies Medical Policies | Providers | Sentara Health Plans | Sentara Health Plans

Prior Authorization Tool to review if authorization is required Search PAL List: Sentara Health Plans

- **Jiva Tutorial / Demo** JIVA Resources | Providers | Sentara Health Plans | Sentara Health Plans

Billing and Claims Billing and Claims | Providers | Sentara Health Plans

Upcoming Provider Education Opportunities - 2025

Register for our Upcoming Webinars

- **Provider Quality Care Learning Collaborative: 12 - 1 p.m.**
  - June 4
  - July 2
- **Let's Talk Behavioral Health: 1 - 2 p.m.**
  - May 13
  - August 12
- **Sentara Health Plans Spotlight: 10 - 11 a.m.**
  - September 23
- **Claims Brush Up Clinics: 1 - 2 p.m.**
  - June 18

Provider Newsletter Schedule

Edition
Winter (January)
Spring (April)
Summer (July)
Fall (October)

Past issues are available on the provider webpages sentarahealthplans.com/providers/updates.

Register for Upcoming Webinars as well as view previous webinars here: sentarahealthplans.com/providers/webinars.

The Medical Director's Corner

Dr. Sinha

Agenda

- DSP Documentation Overview
- DSP for Endocrinology

DSP= Diagnosis, Status, Plan

Content applies to all insurance types, such as, Medicare, Medicaid, Affordable Care Act (ACA) Exchanges

Accurate and detailed documentation and diagnosis coding are critical to:

- Capturing a complete picture of the total clinical health status/burden of the patient

- Deploying the appropriate healthcare resources to the necessary care needs of a population.

The purpose of this presentation is to briefly discuss suggested documentation and coding concepts related to common risk adjustment **Endocrinology** conditions/diseases.

Risk adjustment quantifies the overall health status/disease burden of an individual or population to predict expected healthcare costs by calculating a risk score using demographics (age, gender) and medical complexity, defined by provider-reported ICD-10-CM diagnosis codes. Risk scores are utilized to deploy the appropriate healthcare resources necessary to provide benefits and services to patients.

3 Components (DSP) of Diagnoses Documentation

Reflect specificity of medical complexity/disease burden in the documentation

D

Diagnosis – Document established definitive diagnoses.

- In a face-to-face visit (in person or telehealth), state the diagnosis to the highest specificity including complications/manifestations.
- Utilizing linking terms (due to, with, related to, etc.).
- Avoid use of “history of” for active diagnoses
- **Do not code diagnoses if documenting:**
  - History of
  - Probable or possible
  - Rule Out (R/O)
  - Note: Diagnosis codes should only be coded for active or confirmed conditions

S

Status – Document assessed/evaluated status of diagnoses.

Document response to treatment (not a complete list):

- Stable
- Worsening
- Exacerbation
- Recurrence
- Newly diagnosed
- Improving
- Remission

Documentation examples:
Provided as references, not as requirements

P

Plan – Document treatment plan for diagnoses.

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Labs ordered to monitor progression
- Medications adjusted for better control
- Plans for future diagnostic tests
- Follow-up visits with primary care provider (PCP) or specialists
- Observe/watch
- Document counseling or care coordination

Diabetes Mellitus (DM) – Types

Not a complete list

***T1** DM: ICD-10-CM codes: E10.10 – E10.9*

***T2** DM: ICD-10-CM codes: E11.00 – E11.9*

***Other specified** DM: ICD-10-CM codes: E13.00 – E13.9 [used for diabetes type 1.5 or combined type 1 and type 2]*

*DM **due to underlying condition**: ICD-10-CM codes: E08.00 – E08.9*

***Drug or chemical induced** DM: ICD-10-CM codes: E09.00– E09.9*

D - Diagnosis

Document and code established definitive diagnoses:

- DM diagnosis code are combination codes in which one code reports the **type of DM + associated chronic condition**
- Code by **type**
  - T1
  - T2
  - Other specified
  - DM due to underlying condition
  - Drug or chemical induced
- Code separately **EACH** DM code with the associated chronic condition

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses
- Status of associated chronic or underlying conditions
- Insulin type and use: pen, insulin pump
- Use of continuous glucose monitoring (CGM)

Documentation examples:

- "T2 DM with peripheral neuropathy and CKD stage 3a, still with low blood sugars, most notably in the morning. To address this situation, I am going to hold her Lantus insulin tonight, decrease dosage, and then change administration time to in the morning."

P- Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Diabetes Mellitus (DM) – With Chronic Condition

Not a complete list

T1 *DM: ICD-10-CM codes: E10.10 – E10.9*

T2 *DM: ICD-10-CM codes: E11.00 – E11.9*

Other specified *DM: ICD-10-CM codes: E13.00 – E13.9 [used for diabetes type 1.5 or combined type 1 and type 2]*

DM ***due to underlying condition****: ICD-10-CM codes: E08.00 – E08.9*

Drug or chemical induced *DM: ICD-10-CM codes: E09.00– E09.9*

D - Diagnosis

Document and code established definitive diagnoses:

Code separately **EACH** DM code with associated chronic condition: DM with

- **Nephropathy** – CKD [**code CKD stage separately**], microalbuminuria
- **Neuropathy** – peripheral neuropathy, gastroparesis, neurogenic bladder
- **Ophthalmic complications** – cataracts, glaucoma, proliferative retinopathy
- **Oral complications** – periodontal disease, thrush
- **Vascular disease** – PAD, PVD, thrombosis
- **Metabolic complications** – hyperlipidemia, ED, morbid obesity
- **Skin complications** – ulcers, acanthosis nigricans, chronic yeast infections
- **Arthropathy** – Charcot foot, cheiroarthropathy)
- **Hyperlipidemia** [E11.69 + E78.XX]
- **Hypoglycemia** [E11.641]
- **Hyperglycemia** [E11.65]

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses
- Status of associated chronic or underlying conditions
- Insulin type and use: pen, insulin pump
- Use of continuous glucose monitoring (CGM)

Documentation examples:

- "Patient is a 58-year-old male with T1 DM and diabetic neuropathy. Has been using NPH and regular insulin to maintain his blood sugars. States that he is deathly afraid of having a low blood sugar due to a motor vehicle accident he was in several years ago, caused by his blood sugar dropping too low."

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Diabetes Mellitus (DM) – Related Conditions

Not a complete list

Long term (current) use of insulin : ICD-10-CM codes: Z79.4

Amputation status codes; acquired absence of toes, foot, and ankle: ICD-10-CM codes: Z89.411 – Z89.449

Amputation status codes; acquired absences of leg (below and above knee): ICD-10-CM codes: Z89.511 – Z89.9

D - Diagnosis

Document and code established definitive diagnoses:

- Code conditions related to DM separately
  - Long term (current) use of insulin [Z79.4]
    - **Note**: short term or temporary use of insulin, such as during a hospital encounter, is NOT considered long term insulin use]
  - Amputation status codes related to DM – report these status codes every year

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses
- Insulin type and use: pen, insulin pump
- Use of continuous glucose monitoring (CGM)

Documentation examples:

- "64-year-old woman returns for follow-up management of T1 DM. She has h/o RT BKA. Her last visit was approximately four months ago. Within the past two weeks, she had a pump malfunction."

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Thyroid

Not a complete list

Disorders of the thyroid gland: ICD-10-CM codes: E00.0 – E07.9

D - Diagnosis

Document and code established definitive diagnoses:

- Code specificity **type**
  - **Iodine-deficiency syndrome** – congenital vs non-congenital [E00.0 – E02]
  - **Hypothyroidism** – congenital, postinfectious, atrophy [E03.0 – E03.9]
  - **Hyperthyroidism** [Thyrotoxicosis] – with or without goiter [E05.0 – E05.91]
  - **Thyroiditis** – acute, subacute, chronic, autoimmune, drug-induced [E06.0 – E06.9]

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses
- Status of goiter

Documentation examples:

- "Acquired hypothyroidism, s/p total thyroidectomy for papillary carcinoma in 1992. Plan to obtain a free T4, TSH, and thyroglobulin levels today"

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Disorders of Other Endocrine Gland

Not a complete list

Hypoparathyroidism: ICD-10-CM codes: E20.0 – E20.9

Hyperparathyroidism: ICD-10-CM codes: E21.0 – E21.5

D - Diagnosis

Document and code established definitive diagnoses:

- **Hypo**parathyroidism – code specificity **type**
  - Idiopathic
  - Pseudohypoparathyroidism
  - Due to impaired parathyroid hormone secretion
    - Autosomal dominant hypocalcemia
    - Secondary
    - Autoimmune
  - Unspecified [use rarely]
- **Hyper**parathyroidism – code specificity **type**
  - Primary
  - Secondary
  - Unspecified [use rarely]

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses

Documentation examples:

- "57-year-old male with hypoparathyroidism caused by surgical removal of the parathyroid glands in 2024 due to neck cancer."

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Disorders of Other Endocrine Gland

Not a complete list

Hyperfunction of pituitary gland: ICD-10-CM codes: E22.0 – E22.9

Hypofunction and other disorders of pituitary gland: ICD-10-CM codes: E23.0 – E2.9

Cushing's syndrome: ICD-10-CM codes: E24.0 – E24.9

Hyperaldosteronism: ICD-10-CM codes: E26.01– E26.9

Adrenocortical disorders: ICD-10-CM codes: E27.0– E27.9

Testicular dysfunction: ICD-10-CM codes: E29.0– E29.9

D - Diagnosis

Document and code established definitive diagnoses:

- Code specificity **type**
  - Pituitary gland
    - Hyperfunction – acromegaly and pituitary gigantism [E22.0], Hyperprolactinemia [E22.1], Syndrome of inappropriate secretion of antidiuretic hormone [E22.2]
    - Hypofunction – hypopituitarism [E23.0], diabetes insipidus [E23.2]
  - Cushing's syndrome – pituitary-dependent Cushing's disease [E24.0]
  - Hyperaldosteronism – secondary hyperaldosteronism [E26.1]
  - Adrenocortical disorders – Primary adrenocortical insufficiency [E27.1], Unspecified adrenocortical insufficiency [E27.40]
  - Testicular dysfunction – testicular hypofunction [E29.1]

S- Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses

Documentation examples:

- "A 32-year-old female who developed Cushing's syndrome about one and a half years ago. Her symptoms included amenorrhea, facial hair, acne, and back pain. She had previously been diagnosed with polycystic ovarian syndrome"

P- Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Malnutrition

Not a complete list

Protein-calorie malnutrition: ICD-10-CM codes: E44.0 – E44.1; E46

D - Diagnosis

Document and code established definitive diagnoses:

- Code specificity **type**
  - Mild [E44.1]
  - Moderate [E44.0]
  - Unspecified [E46]

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses
- Weight gain or loss
- Edema in the abdomen or face
- Fatigue

Documentation examples:

- "80-year-old male patient is at risk for malnutrition due to significant weight loss, decreased appetite, and low albumin levels. Patient's BMI is 17.5 (underweight)"

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Obesity and BMI

Not a complete list

Obesity due to excess calories: ICD-10-CM codes: E66.01 – E66.2

*Body mass index [BMI]; **adult** (20+ years of age): ICD-10-CM codes: Z68.1 – Z68.45*

*Body mass index [BMI]; **pediatric** (2-19 years of age): ICD-10-CM codes: Z68.51 – Z68.56*

D - Diagnosis

Document and code established definitive diagnoses:

- Obesity – code specificity **type**
  - Morbid (severe) obesity due to excess calories [E66.01]
    - **Note**: assign this code if class 3 obesity is documented
  - Morbid (severe) obesity with alveolar hypoventilation [E66.2]
- BMI – code specificity by **age (adult vs pediatric) + BMI value**

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses
- Document BMI value

Documentation examples:

- "56-year-old morbidly obese (BMI 50.1) female being seen today for yearly visit for T2 DM, HTN, and h/o MI in 2023. "

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Metabolic Disorders

Not a complete list

Disorders of branched-chain amino-acid metabolism and fatty-acid metabolism: ICD-10-CM codes: E71.0 – E71.548

Disorder of fatty-acid metabolism: ICD-10-CM codes: E71.30 – E71.39

Disorder of urea cycle metabolism: ICD-10-CM codes: E72.2 – E72.29

Disorders of porphyrin and bilirubin metabolism: ICD-10-CM codes: E80.0 – E80.7

Cystic fibrosis: ICD-10-CM codes: E84.0– E84.9

Hyperkalemia and Hypokalemia: ICD-10-CM codes: E87.5 and E87.6

D - Diagnosis

Document and code established definitive diagnoses:

- Code Specificity **Type**
  - Maple-syrup-urine disease [E71.0]
  - Glutaric aciduria type II [E71.313]
  - Disorder of urea cycle metabolism, unspecified [E72.20]
  - Other disorders of bilirubin metabolism [E80.7]
  - **Hyper**kalemia [E87.5]
  - **Hypo**kalemia [E87.6]
  - Cystic fibrosis
    - with pulmonary manifestations [E84.0]
    - with other intestinal manifestations [E84.19]
    - with other manifestations [E84.8]
    - Unspecified [E84.9]

S - Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses

Documentation examples:

- "30-year-old female patient with cystic fibrosis treated with albuterol inhaler. Followed by pulmonologist"
- "72-year-old female presents for follow-up of hypertension, complaining of generalized fatigue and muscle weakness over the past few weeks. Taking HCTZ 25mg daily for HTN. She has hypokalemia (serum potassium level 2.8 mEq/L) consistent with patient's complaint of fatigue and muscle weakness."

P - Plan

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medications to the conditions they treat
- Specialist follow-up as appropriate
- Labs or imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)
- Document counseling and/or care coordination provided

Medicaid – Chronic Disease Management Programs Overview

Ashlee Galford, RN, BSN
Manager of Chronic Disease Management and Transition of Care

Program Goals

Program Conditions

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

- Engage enrollees and care partners in the enrollee's care through provision of education and interventions to engage enrollees and caregivers as partners in care
- Increase utilization of preventive services and Improve health outcomes by utilizing objective 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 through assessment from SDOH and health/wellness questions on chronic disease assessment
- Implement best practices informed by ongoing program evaluation

Referral Criteria

- **Diabetes Mellitus (DM) Members must have one confirmed:** A1C >8, blood pressure (BP) 140/90; abnormal retinopathy exam; documented impaired renal function; non-compliance with statin medication refills or documented hyperlipidemia.
- **Hypertension (HTN) Members must have one confirmed**: BP 140/90; Noncompliance with statin medication refills or documented hyperlipidemia.
- **Chronic Obstructive Pulmonary Disease (COPD) members must have one confirmed:** Spirometry results missing or abnormal result; Three Emergency Department (ED) visits in 90 days related to COPD.
- **Asthma members must have one confirmed:** Allergy test not completed or abnormal; one admission for asthma in the last six months, or two or more ED visits in the last six months.
- **Congestive Heart Failure (CHF) Members must have one confirmed**: Two ED visits or two admissions for CHF in the last six months, and non-compliance with CHF symptom treatment medication refills.
- Members newly diagnosed with one of the above conditions.

Diabetes Transition Program

Targeted Members: Members admitted/readmitted to the hospital with a **primary** diagnosis of any diabetes code.

Line of Business (LOB): Medicaid and Dual Special Needs Plan (D-SNP)

Goal: Ensure/assist members with follow up appointments to providers and specialists, transportation, compliance and understanding of medications, self- management/sick day plans, equipment, and community resources to prevent further diabetic readmissions.

High Risk Maternity Co-management Program

Targeted Members: Members who are identified as high-risk pregnancy (Maternal Team) accompanied by one of the following chronic conditions – DM, Asthma, COPD, HIV/AIDs, CHF, CAD or HTN.

LOB: Medicaid

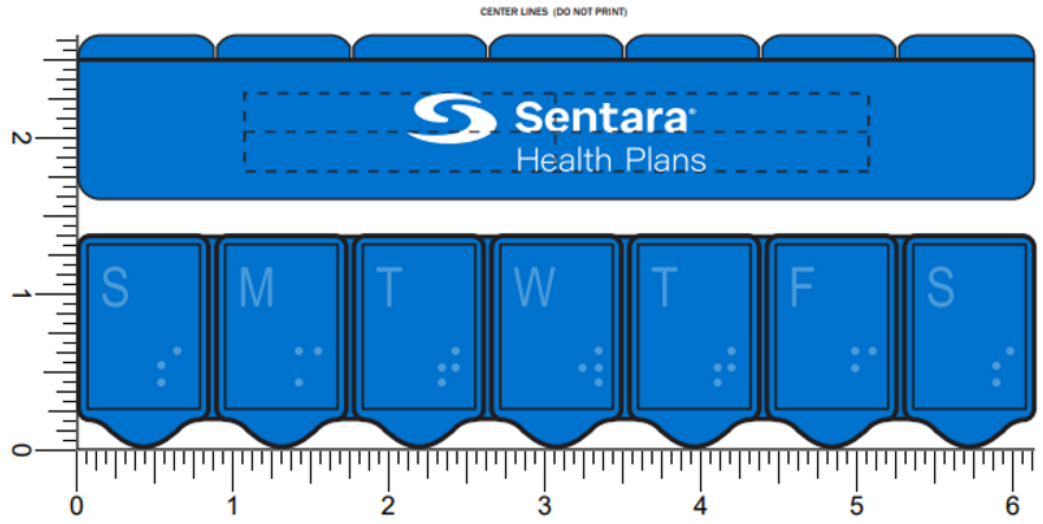
Goal: Provide support to improve the physician or practitioner/patient relationship and adherence to plan of Disease. Emphasizes prevention of exacerbations and complications utilizing evidence-based practice guidelines and patient empowerment strategies with individualized Disease planning. The program evaluates clinical, humanistic, and economic outcomes on an ongoing basis with the goal of improving overall health throughout their pregnancy.

Pill Boxes for Members

Free pill boxes for once-a-day dosing for seven days are available for members

- Specifically targeted members to help increase their compliance with their medications to help improve their health outcomes. For members who do not receive waivered services, but have chronic conditions and have cognitive/memory issues affecting their ability to manage their medications

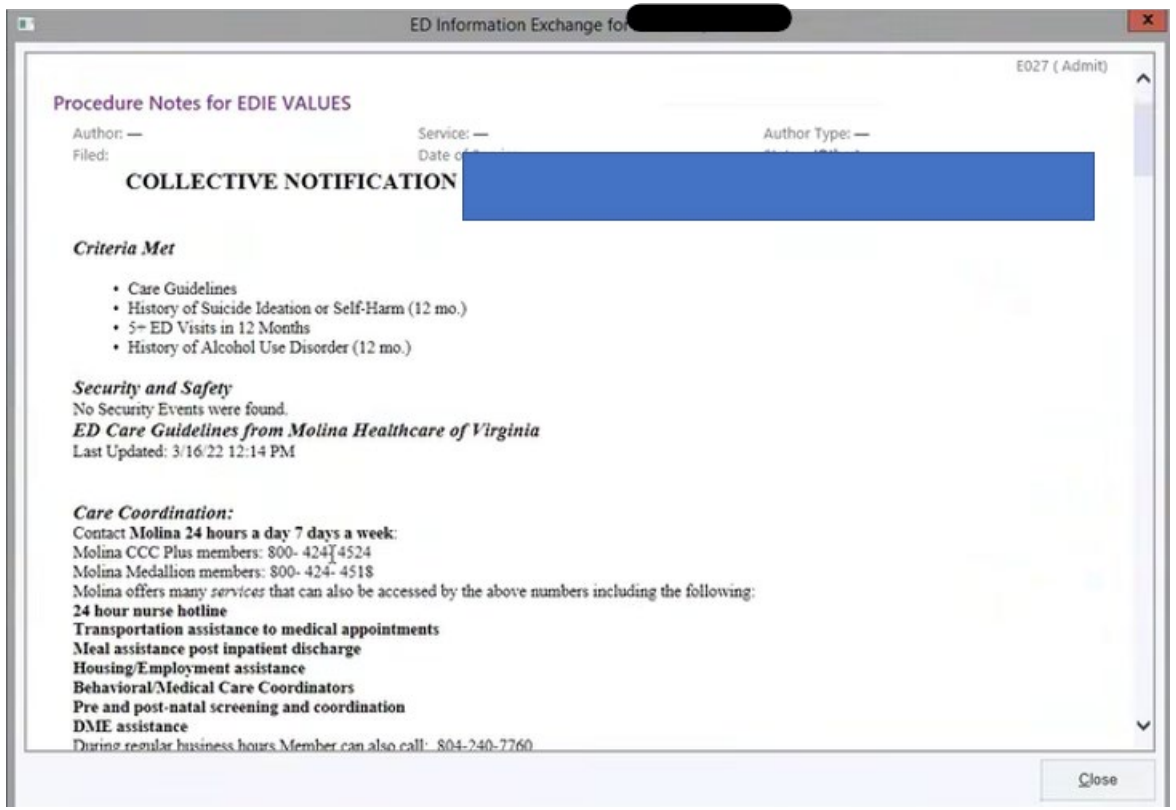
- This is a pilot for case managers who visit members in the home and onsite transition of care coordinators



Days of week & Braille raised letters are NOT Stamped

Sentara® Health Plans

Point Click Care (EDie)



Sentara®
Health Plans

Ponos Care / SHP Agreement

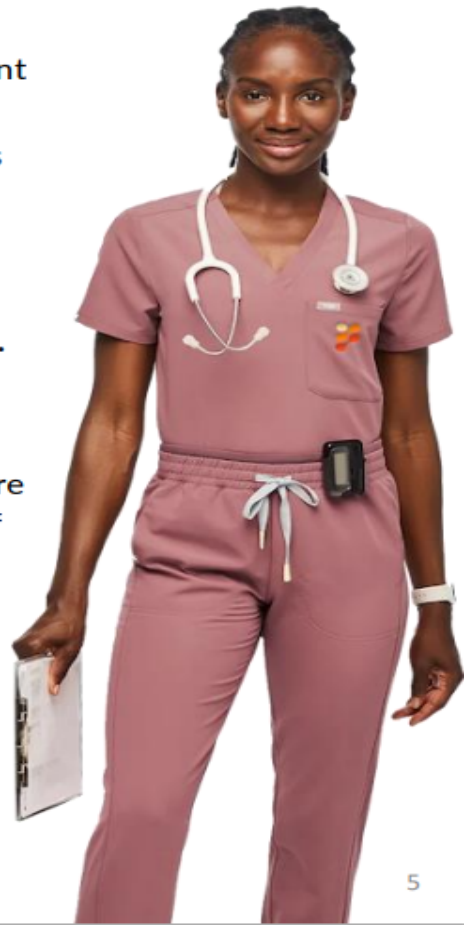
Ponos Care is a healthcare provider that offers both scheduled and unscheduled home health pain management services for certain disease states:

- Sickle Cell Disease
- Crohn's Disease
- Ulcerative Colitis
- Severe Rheumatoid Arthritis

Our approach combines proactive, preventive care with responsive treatment for acute pain crises, ensuring comprehensive and timely care for our patients" unique needs. Ponos Care believes in the full integration of Medical, Behavioral Health, Social Determinants of Health (SDOH), and Health-Related Social Needs (HRSN).

Through continued Joint Operating Committee meetings on individual members/member groups, we will continue to evolve our shared holistic management of your unique membership based on our experience in care delivery and continuous process improvement analyzing data, and incorporating feedback of the experience of our patients and Sentara.

SHP	Ponos Care
Care Management	In-Home Pain Management for Sickle Cell Disease, Crohn's Disease, Ulcerative Colitis, & Severe Rheumatoid Arthritis
Care Coordination	



Sentara® Health Plans

Iris by OncoHealth

Our New Cancer Support Program

Sentara Cancer Support is delivered through Iris by OncoHealth. This virtual platform delivers personalized, cancer-specific, 24/7 support to members and their caregivers as they navigate the emotional, physical and financial challenges caused by cancer and its treatments.

It's available at no cost to your members.

Omada Health Prediabetes Program

Sentara Health Plans partners with Omada® to offer a targeted group of Sentara Health Plans members a year-long diabetes and heart disease prevention program. As part of the program, eligible members will receive:

- an **interactive program** to guide their journey
- a **wireless smart scale** to monitor progress
- **weekly online lessons** to empower them
- a **professional health coach** for added support
- a **small group of peers** to keep them engaged in the program

The Omada program is modeled on the National Institutes of Health-sponsored Diabetes Prevention Program clinical trial, which showed that people with prediabetes who lost a modest amount of weight through lifestyle intervention sharply reduced their chances of developing diabetes. Research has shown that applying these same core principles of behavior change can reduce risk factors for heart disease as well.[1]

Using specific clinical criteria and claims data, Sentara Health Plans has identified a targeted population for this **invite-only** program. Eligible Sentara Health Plans members may receive invitations via mail or email to visit a dedicated Omada web page and complete a brief health test to determine if Omada is right for them.

All this at no additional cost to you!

Find out if you're eligible:
omadahealth.com/sentara

What is Dario Health?

Dario Health is an **invite-only** program that helps eligible Medicaid members with type 2 diabetes. The program helps members focus on healthy habits by using an app that includes digital tools and coaching. The app has information on how to eat better, move more, manage stress, and other ways to manage diabetes easier.

How do members qualify for Dario?

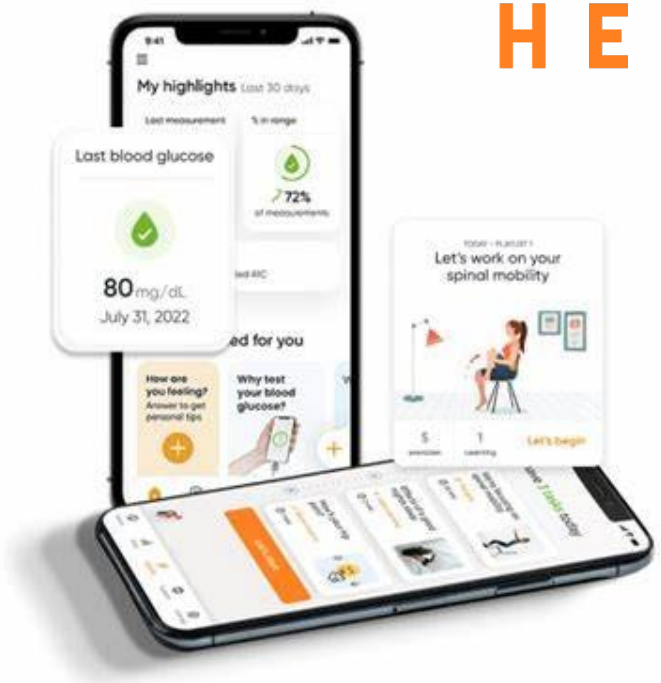
Members qualify if they have an A1C value of 8 or above, and are:

- A Sentara Community Plan member
- At least 18 years of age
- Diagnosed with type 2 diabetes

Members may not qualify if they are pregnant or have:

- Liver failure
- End-stage renal disease (ESRD)
- Had an organ or bone marrow transplant
- Cystic fibrosis
- Other exclusionary conditions (a list of these conditions is available)

DARIO HEALTH



Eligible members are sent a letter offering the program with instructions on how to enroll.

Members can enroll by phone or online by using the instructions in the letter.

Eligible members will receive:

- Glucometer
- Supplies, including lancets and strips
- Access to the Dario Health app including digital coaching, updates, activity log, and more
- Onboarding coaching and technical support
- Certified specialty coaching by diabetes educators, and other specialties that apply, to work with members on managing their conditions and help them meet their behavioral change goals
- Members already using Dario, call 1-833-914-3798 (TTY: 711), Monday through Friday, 9 a.m. to 9 p.m.
- Members who are interested in the Dario program, can call the same number.

Dario Health | Medicaid | Sentara Health Plans

Sentara® Health Plans

ponos

Report title:	Case Rate Report
Report timeframe:	March 2025 (Cutoff date: 03/01/2025)
Report submission date:	3/5/2025
Prepared by:	Ponos Care
Prepared for:	Sentara Health Plans

Summary:

Engagement Status	Membership Count
Enrolled	12,348
Engaged	2,969
Total Members	**15,317**

Omada Monthly Engagement Data

Government Programs
February 2025

Group	Program Start Date	# New Enrollees this Month	# Pounds Lost this Month	# Enrolled Year to Date	# Pounds Lost Year to Date	# Enrolled Program to Date	# Pounds Lost Program to Date
Medicaid	Jan 2018	26	79	26	+193	1,734	16,176
Medicare	Jan 2018	3	15	25	265	520	3,889

Dario

Sentara Executive Summary

Health Outcomes and ROI

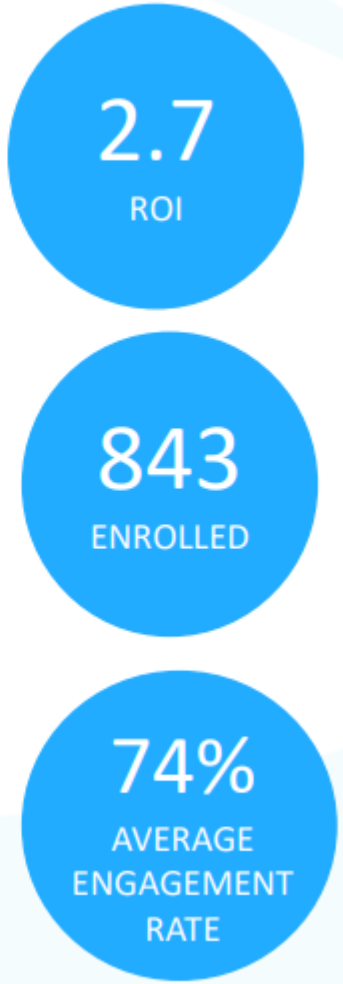
- -1.6 change in estimated a1c for members with 6+ measurement months
- $626,658 Gross Savings

Enrollment & Activation

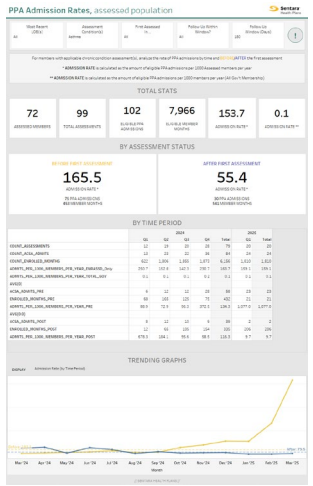
- 212 new enrollments since January 2023
- 66% of enrollees are female
- 50% of those enrolled are activated

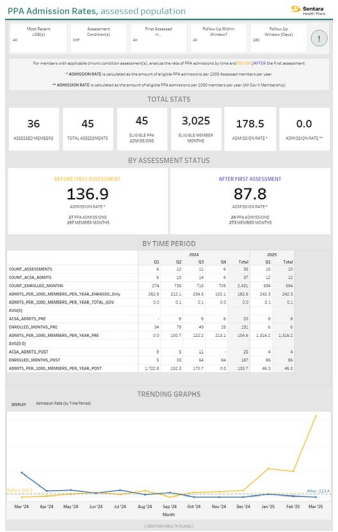
Engagement

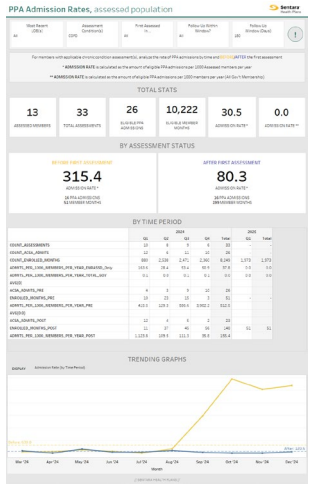
- 47% average monthly measurement rate
- 15% of members are interacting with a coach
- 81% engaging in educational program content

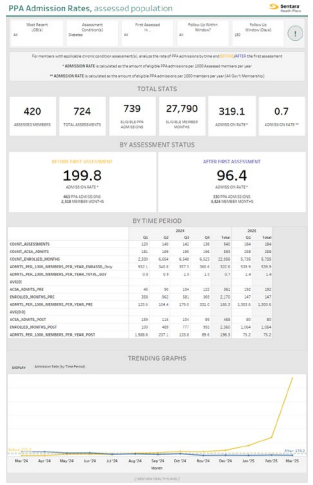


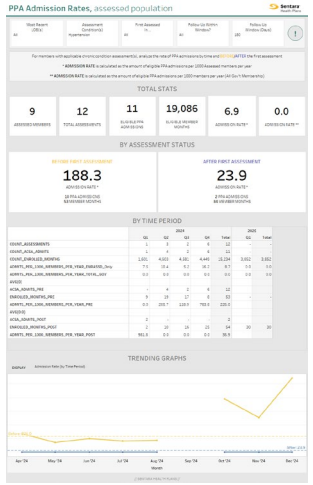
Potential Preventable Admissions



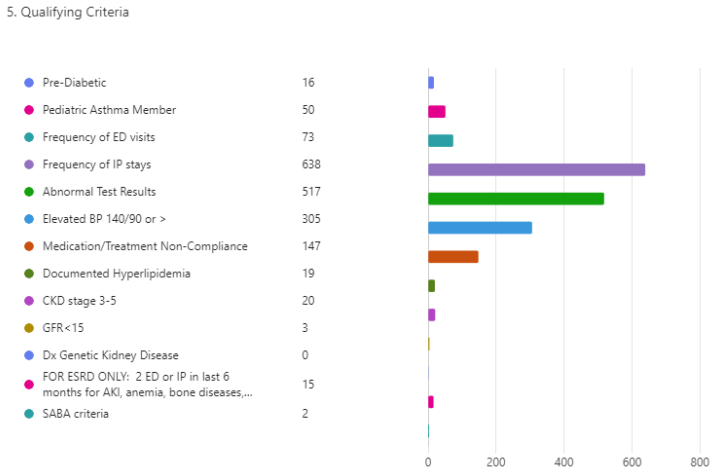


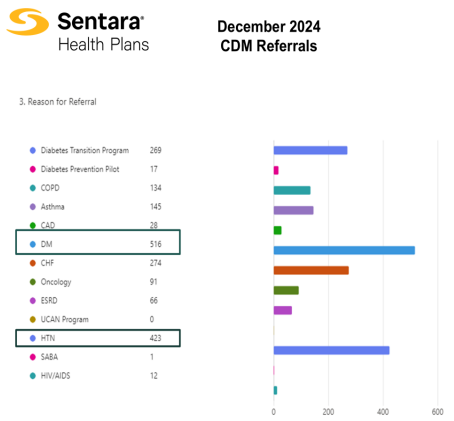


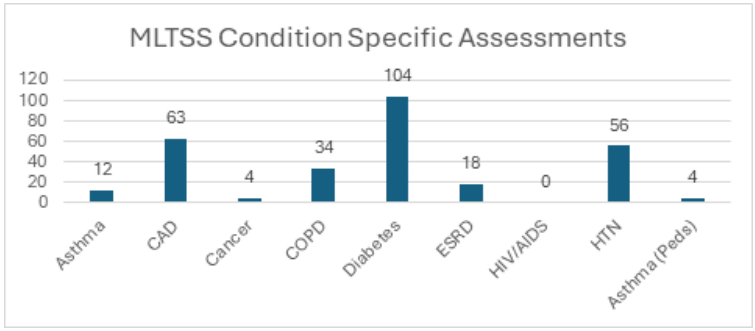


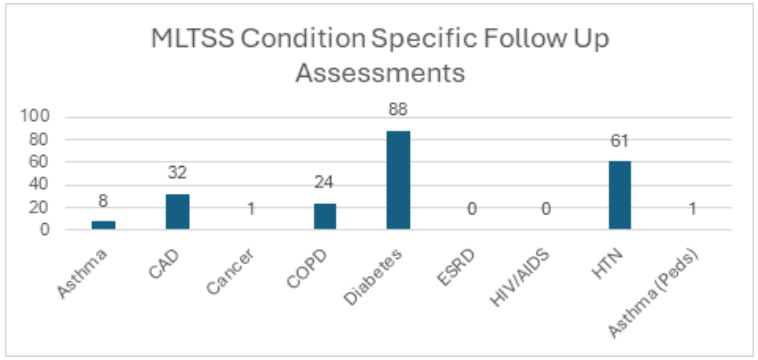


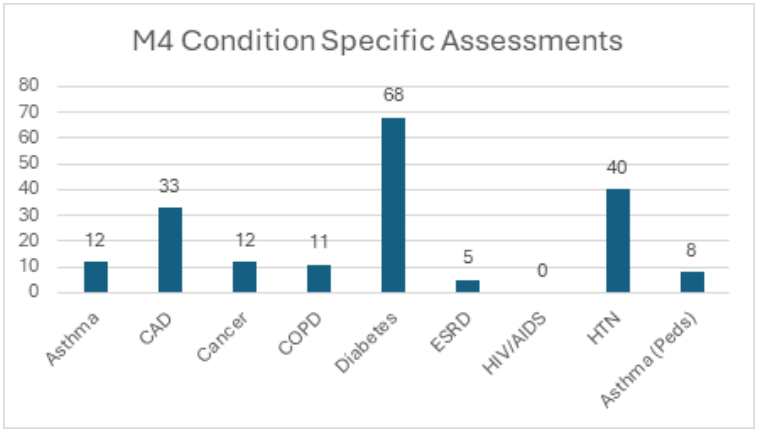
Assessments and Engagement

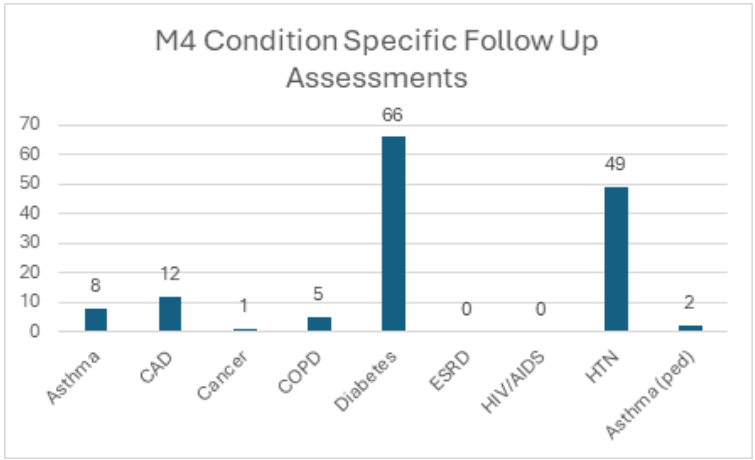












Medicare Stars – Fall Prevention

Lindsay Lopez
Program Manager, Medicare Stars

Fall Prevention

Health Outcomes Survey

- Annual survey sent to a random sample of Medicare members in late summer
- Measures overall health and perception of the care they receive
- Asks members age 65 and older who have had problems with balance or falling:

47. Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
    - Suggest that you use a cane or walker.
    - Suggest that you do an exercise or physical therapy program.
    - Suggest a vision or hearing test.

1 ☐ Yes
2 ☐ No
3 ☐ I had no visits in the past 12 months

Fall Risk Assessment Reward - 2025

- Medicare members earn $15 for completing a fall risk assessment
- Based on score, members are given helpful tips and encouraged to talk with their doctor
- Members can complete the assessment online or contact Member Services to be connected with someone who can help

Sentara Medicare Member Services

1-800-927-6048 (TTY: 711)

October 1–March 31 | 7 days a week | 8 a.m.–8 p.m.
April 1–September 30 | Monday–Friday | 8 a.m.–8 p.m.

Vendor Initiatives

Lucas White, PMP, CSM

Project Management Manager, Clinical Shared Services

Active Vendors supporting Member Health

Retina Labs

Brief Description of Services:
Supports members with in-home screening for diabetic retinopathy and in-home bone density screening after a fracture.

Of Note:
Ship to member test kits for A1c, Kidney Function and Fecal immunochemical tests will be provided by our Sentara Lab partner, **Quest Diagnostics,** soon. These were previously provided by Retina Labs

Performance Metrics:
Care Gap Closure

Dario

Brief Description of Services:
Provides members who have a cell phone a smart app compatible glucose monitor, and multiple tools within the app to help them successfully manage diabetes.

Of Note:
Inclusion criteria recently modified to provide services to all Members with a Type II Diabetes diagnosis, subject to defined exclusions.

Members are no longer disenrolling at the end of 12 months if they have an A1C value below 7.9.

Performance Indicators:
Members Eligible/Members Enrolled

Onduo

Brief Description of Services:
Onduo is like Dario but supports our commercial members.

Of Note:
Diabetes management support like Dario, but for opted-in Commercial plan Members. Onduo provides in-app consultations with vendor employed physicians and submits claims for their services.

Performance Metrics:
Care Gap Closure, Member Engagement

Active Vendor cont.

Ovia

Brief Description of Services:
Provides members education and coaching on fertility, pregnancy, and parenting related topics.

Performance Metrics:
Reduction in NICU stays; improvement of prenatal & postnatal rates

Pfizer/Televox

Brief Description of Services:
Free postcard vaccine reminder campaign

Performance Metrics:
Vaccination compliance rates

Koda

Brief Description of Services:
Provides advanced care planning through digital and 1:1 platforms.

Performance Metrics:
Reduced cost of care

Vendors in the Pipeline for 2025

HealthMap

Brief Description of Services:
Lowers medical cost by developing disease-specific, vendor-led programs for members with Chronic Kidney Disease and End Stage Renal Disease.
When this goes live it will assist members with tools and education to better manage their condition.

Performance Metrics:
Cost of Care, Member Outcomes, Medication Adherence

Upfront

Brief Description of Services:
Utilize AI and Behavioral Nudging to support better health for members and patients through person-centered communications

Performance Metrics:
HEDIS, Stars, PWP

HEDIS & Target Measures

Sandra L. Spencer, MSN, RN
Team Coordinator, Quality Improvement HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a set of standardized performance measures, developed and maintained by the National Committee for Quality Assurance (NCQA), designed to ensure that consumers have the information they need to reliably compare the performance of managed health care plans (MCO). HEDIS measures are derived from a number of health issues including cancer, heart disease, obesity, and diabetes. Some other measures are related to prenatal care, well child visits, and immunizations.

HEDIS Hybrid Measure Issues and Actions for Compliancy

Measure	Issues Impacting Compliance	Actions to take
All Measures	• Medical records that do not have a **name** and **DOB or MRN** on every page, so oftentimes unable to verify that the medical record belongs to the same member • Hand-written documentation in medical records is often difficult to interpret	• Need name and DOB or MRN clearly documented on every page • Switch from hand-written documentation to an electronic (typed) version
BPD/CBP • Blood Pressure-Diabetes • Controlling High BP	• Lack of documentation for BP re-takes when BP elevated • Lack of documentation of BP value or "average" value during a telehealth or telephone visit	• Recheck BP if > 140 and/or >90, document original and retake • During telehealth visits document BP taken by member with a digital device or average BP (no ranges)
CIS • Childhood Immunization Status	• Immunizations given after 2nd birthday • Missing documentation of complete series of immunizations given	• Keep an eye on when the 2nd birthday will occur and coordinate the visits so that all vaccines will occur by 2 years of age • Inquire where immunization occurred if not within your records
COA • Care of Older Adults	• Functional status assessment not including enough ADLs/IADLs • Medication Review- Not including the second code for a medication list	• Need to document at least 5 ADLs and/or 4 IADLs • Need 2 codes to close this gap. One for the medication review and one for the actual medication list
PPC • Prenatal/Postpartum Care	• Lack of pregnancy diagnosis for confirmation of pregnancy visit with PCP	• Need positive pregnancy test, as well as diagnosis of pregnancy
TRC • Transitions of Care	• No documentation of when provider is notified of member's hospital admission and/or when provider receives member's DC summary • Follow up after inpatient admission- lack of documentation stating admission or inpatient stay along with hospitalization dates	• Need documentation of the date when provider is notified of member's inpatient admission and when DC summary is received along with provider signature or initials within 2 days after admission and discharge dates • Include documentation that references visit for "hospital follow-up", "admission", "inpatient stay" along with dates of admission

What's' New for HEDIS 2025

New Measure:

Blood Pressure Control for Patients with Hypertension (BPC-E)

The percentage of members 18–85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was<140/90 mm Hg during the measurement period.

Intent:

This new measure has a component that captures members with hypertension who may not have been included in the denominator for Controlling Blood Pressure (CBP).

- BPC-E is an administrative measure vs CBP which is a hybrid measure (includes medical record review)
- The denominator includes a pharmacy data method with a hypertension diagnosis

Revised/Retired Measures:

Eye Exam for Patients With Diabetes:

NCQA retired the Hybrid Method; this measure is now reported using the **Administrative Method only**.

Care of the Older Adults (COA)

NCQA has retired the **Pain Assessment** indicator from the COA measure

HEDIS Administrative Measures

Child and Adolescent Well-Care Visits (WCV)

Youth 3-21 years of age during the measurement year (2025)

Looking for comprehensive well visit with either a PCP or 0B/GYN during the measurement year

NCQA Recommended Codes : 99381-99385, 99391-99395; 99461

Use Of Imaging Studies For Low Back Pain (LBP)

Members ages 18-75 with primary diagnosis of low back pain who did not have an imaging study (plain Xray, MRI, CTI within 28 days of the diagnosis.

The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain. The purpose of this measure is to assess whether imaging studies are overused to evaluate patients with low back pain.

NCQA Recommended Codes: M47.26-M47.28, M47.816-H47.818, M47.896-M47.898, M48.061-M48.07, H48.08, H51.16- M51.17, M51.26, M51.27-M51.36, M51.37, M51.86, M51.87. M53.2X6-M53.2X8, M53.88, M54.16-M54.9, M99.03-M99.84, S33.100A-S33.9XXA, S39.002A-S39.92XS

Kidney Health Evaluation for Patients With Diabetes (KED)

Commercial/ Medicaid/ Medicare- members 18-85 years of age with Diabetes (type 1 and type 2) who received a kidney health evaluation as defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio(uACR) performed in the measurement year(2025)

NCQA Recommended Codes: (eGFR) 80047-80048, 80050, 80053, 80059 or 82565; (uACR) 82043, 82570) 82043, 82570

Osteoporosis Management in Women Who Had a Fracture (OMW)

Women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

NCQA Recommended Codes: (Bone Mineral Bone Density Tests) 76977-77078, 77080, 77081, 77085-77086: (Osteoporosis Medications) HCPCS: J0897, J1740, J3110, J3111, J3489

Breast Cancer Screening (BCS-E)

Percentage of women 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to and December 31 of the measurement year.

The purpose of this measure is to evaluate primary screening through mammography. Do not count biopsies, breast ultrasounds or MRIs for this measure.

NCQA Recommended Codes: 77061-77063, 77065-77067

HEDIS/Quality

Jacquie Chamberland, M.Ed., RN
Quality Improvement Coordinator HEDIS

EMR Access

Do you struggle with HEDIS season?

Our HEDIS team can pull the records for you by granting us EMR access.

How You Can Assist in Closing Gaps in Care

- What is the best process for retrieving records to close gaps in care for HEDIS 2025?
  - EMR access
  - Email/fax
  - Portal
- **Using NCQA Recommended Billing Codes**
- **Make appointments available for members who may be calling you**
- Members will be incentivized for closing gaps in care
- HEDIS fax number to send medical records: 1-844-518-0706

Questions?

- Please call a member of the HEDIS team at 757-252-7571

Sentara® Health Plans

Quality Team Contacts

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Quality HEDIS Team Coordinator

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axhudson@sentara.com

Member Incentives

Sentara Health Plans Medicaid Member Incentives 2025

Please contact Asha Tillery,

QHC Team Coordinator with any questions axhudson@sentara.com

or call 804-613-6547

Sentara Health Plan MEDICAID Incentives	Reward Amount	Qualifying Members
Breast Cancer Screening	$15	Women 40 – 74 years of age
Cervical Cancer Screening	$15	Females 21 – 64 years of age
Child and Adolescent Well Care	$15	Children turning 3 through 21 in the measurement year
Childhood Immunizations	$15	Children turning 2 in the measurement year
Chlamydia Screening in Women	$10	Females 16 – 24 years of age
Colorectal Cancer Screening	$15	Members 45 – 75 years of age
Comprehensive Diabetes: ▪ Eye Exam- Retinal or Dilated ▪ Kidney Health Evaluation ▪ Hemoglobin A1C Control ▪ BP Control	 $15 $10 $15 $10	Members 18 – 75 years of age with diabetes (Type 1 and Type 2)
Controlling High Blood Pressure	$10	Members 18 – 85 years of age with Diagnosis of Hypertension
Flu Vaccination	$10	Members 18 – 64 years of age
Immunizations for Adolescents	$15	Children turning 13 in the measurement year
Lead Screening	$10	Children turning 2 in the measurement year
Prenatal and Postpartum Care ▪ Initial Assessment ▪ Physician Visit ▪ Postpartum Visit ▪ Postpartum Assessment	 $15 $20 $15 $15	Pregnant Members who deliver a live birth between October 8, 2024 and October 7, 2025
Weight Assessment and Counseling for Nutrition and Physical Activity	$10	Children turning 3 through 17 in the measurement year
Well Care First 30 Months	$15	Children turning 30 months in the measurement year

2025 Medicare Healthy Rewards Program

Preventive screening, exam, or vaccine	Reward	Who is eligible?
Annual wellness visit	$100	All members
Combined with annual physical exam* NEW	+$20	
Breast cancer screening	$20	All members
Colorectal cancer screening	$20	All members
COVID-19 vaccine NEW	$10	All members
Diabetic A1c test	$15	All members with diabetes
Diabetic eye exam	$20	All members with diabetes
Diabetic kidney test	$10	All members with diabetes
Falls risk assessment NEW	$15	All members
Flu vaccine NEW	$10	All members
In-home assessment	$25	All members
RSV vaccine NEW	$10	All members

*The Annual Physical Exam must be completed at the same appointment as the Annual Wellness Visit to earn the additional $20.

- *One per calendar year*
- *Receipt is 8-10 weeks after we receive the claim*
- *May not be converted to cash or to buy tobacco, alcohol, firearms*
- *2025 rewards funds are available for members to spend until March 31, 2026*

Pink Promise

Sentara Individual & Family Health Plans members who receive a breast cancer screening mammogram in 2025 can also earn a **$25 wellness reward.**

Eligibility:

1. Female
2. Sentara Individual & Family Health Plans member
3. 40-74 years old
4. Receive a breast cancer screening mammogram between January 1, 2025, and December 31, 2025

Busy schedule? Visit a Sentara mobile mammography van in your neighborhood. No physician's referral required.

2025 Mammograraphy Van Schedule

Sentara mobile mammography vans do not require a physician's referral. Simply provide your primary care physician's contact information.

Mammography Van Schedule

May 15, 2025- Broadway High School, 259 Gobbler Drive, Broadway, VA 22815
May 15, 2025- Jencare Hampton, 49 W Mercury Blvd, Hampton, VA 23669
May 16, 2025- Rockingham Health Center, 13737 Spotswood Trail, Elkton, VA 22827
May 19, 2025- Mamma Mia Italian Restaurant, 701 S 3rd Street, Shenandoah, VA 22849
May 21, 2025, Highland Medical Center, 120 Jackson River Road, Monterey, VA 244465
May 23, 2025- Walmart, 375 South Main Street, Timberville, VA 22853
May 23, 2025- MASS Health Clinic, 2415 Lafayette Blvd, Norfolk, VA 23509
May 28, 2025- Chesapeake Social Services, 100 Outlaw Street, Chesapeake, VA 23320
May 30, 2025- Carilion Family Medicine, 1151 Keezletown Road, Weyers Cave, VA 24486

Sentara Health Plans

Best Practices

Care Gap Closure Best Practices

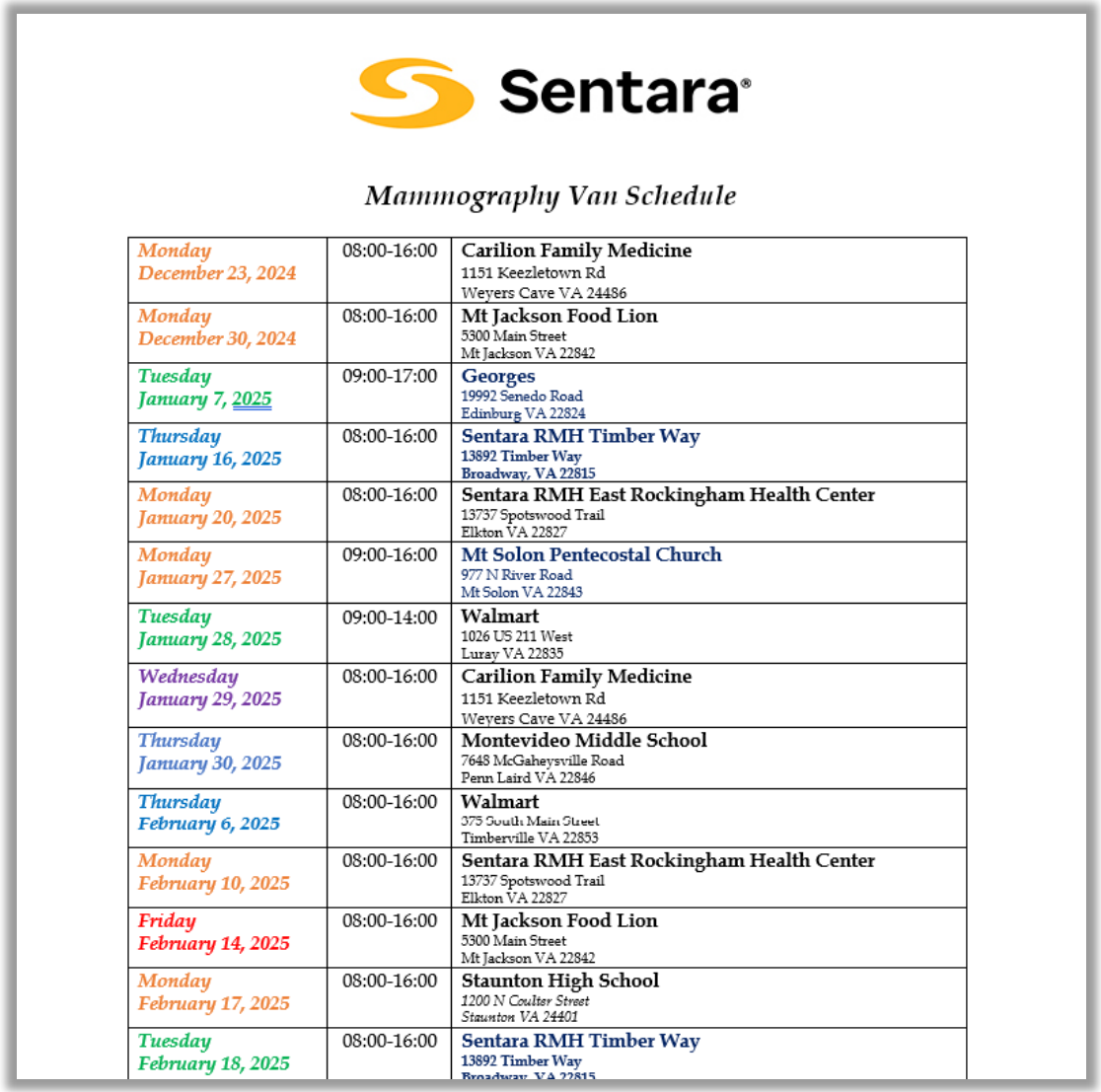
1. Use appropriate documentation and correct coding
2. Maintain appointment availability for patients with recent emergency department visits
3. Amplify multiple HEDIS measures by educating on the importance of effective and consistent healthcare
4. Provide personalized messages for appointment reminders and follow-up appointments
5. Encourage follow-up visits via telehealth when appropriate to the principal diagnosis
6. Submit claims and encounter data timely

Questions?

Sentara Health Plans

Appendix

Mobile Mammography Van Schedule 2025



Sentara

Mammography Van Schedule

Monday *December 23, 2024*	08:00-16:00	**Carilion Family Medicine** 1151 Keezletown Rd Weyers Cave VA 24486
Monday *December 30, 2024*	08:00-16:00	**Mt Jackson Food Lion** 5300 Main Street Mt Jackson VA 22842
Tuesday *January 7, 2025*	09:00-17:00	**Georges** 19992 Senedo Road Edinburg VA 22824
Thursday *January 16, 2025*	08:00-16:00	**Sentara RMH Timber Way** 13892 Timber Way Broadway, VA 22815
Monday *January 20, 2025*	08:00-16:00	**Sentara RMH East Rockingham Health Center** 13737 Spotswood Trail Elkton VA 22827
Monday *January 27, 2025*	09:00-16:00	**Mt Solon Pentecostal Church** 977 N River Road Mt Solon VA 22843
Tuesday *January 28, 2025*	09:00-14:00	**Walmart** 1026 US 211 West Luray VA 22835
Wednesday *January 29, 2025*	08:00-16:00	**Carilion Family Medicine** 1151 Keezletown Rd Weyers Cave VA 24486
Thursday *January 30, 2025*	08:00-16:00	**Montevideo Middle School** 7648 McGaheysville Road Penn Laird VA 22846
Thursday *February 6, 2025*	08:00-16:00	**Walmart** 375 South Main Street Timberville VA 22853
Monday *February 10, 2025*	08:00-16:00	**Sentara RMH East Rockingham Health Center** 13737 Spotswood Trail Elkton VA 22827
Friday *February 14, 2025*	08:00-16:00	**Mt Jackson Food Lion** 5300 Main Street Mt Jackson VA 22842
Monday *February 17, 2025*	08:00-16:00	**Staunton High School** *1200 N Coalter Street* *Staunton VA 24401*
Tuesday *February 18, 2025*	08:00-16:00	**Sentara RMH Timber Way** 13892 Timber Way Broadway, VA 22815

sentarahealthplans.com/en/providers/value-based-care

Programs for Members

Sentara Mobile Care

Sentara Mobile Mammography Van Schedule

Sentara Health Plans Phone Numbers

Resources	
Care Management	DL_SHP_MCM_MGR@sentara.com 757-552-8360 or toll-free 1-888-512-3171 Available Monday through Friday, 8:00 a.m. – 5 p.m.
Behavioral Health	757-552-7174 or 1-800-946-1168
Welcoming Baby	Monday-Friday, 8 a.m.-5 p.m. Phone: 1-844-671-2108 (TTY: 711) Email: welcomingbaby@senatar.com
24/7 Nurse Advice Line	Medicaid: 833-933-0487 Calling the 24/7 Nurse Advice Line puts the member in contact with a professional nurse who can assess your medical situation, advise you as to where to seek care, and if possible, suggest self-care options until you can see your primary care provider (PCP). In any life-threatening emergency situation, always go to the closest emergency room or call 911.
Behavioral Health Crisis Line	Toll-free. Available 24 hours a day, 7 days a week. 1-833-686-1595 (TTY: 711)
Member Services	757-552-7401 or toll-free at 1-877-552-7401 Available Monday through Friday, 8:00 a.m. – 5 p.m. members@sentara.com

Sentara Health Plans Vendor Partnerships

Resources	
DentaQuest (Dental Care)	Contact a DentaQuest representative at **1-888-912-3456** to find a dentist and learn more about the new dental benefit for adults enrolled in Medicaid.
VSP (Vision)	Members age 21 and up get one eye exam and $100 for frames each year. Must use an in-network provider. Contact: **1-844-453-3378 (TTY: 711)** or online.
Assurance Wireless (Cell Phones)	Approved member households can get a free smartphone. The plan includes: • a free smartphone with unlimited texts, 350 minutes, and free calls to SHP • free unlimited wireless, texts, minutes, and hotspot (one per household) Contact: Assurance Wireless at **1-888-321-5880** or online
Omada (Diabetes Prevention)	Members most at risk for developing diabetes are invited into a special program. It features health coaching and a weight management program. Watch this video to see how the program works. Not a FAMIS or managed long term services and supports added benefit. Contact: Member Services at **1-800-881-2166 (TTY: 711) to be connected with Health and Prevention.**
Transportation (Modivcare)	Members call to schedule pick up for "will call" return trips: • **Members call 1-877-892-3986** • M-F 6 a.m.- 6 p.m. • Closed Saturdays, Sundays and national holidays

Medicare Only Measures

Measure	Age/Measure Eligibility Requirements	Documentation Needed
COL-E – Colorectal Cancer Screening (**Admin measure starting 2025)** ★ CMS Stars Measure	Members 45-75 years of age during the measurement year (2025)	Date of one of the following colorectal cancer screenings was performed: • FOBT during the measurement year (2025) • FIT-DNA (2023 through 2025) • Flexible sigmoidoscopy (2021 through 2025) • CT colonography (2021 through 2025) • Colonoscopy (2016 through 2025)
COA - Care for Older Adults ★ CMS Stars Measure	Members 66 years of age or older during the measurement year (2025)	Evidence of **all** three of the following from a visit during 2025: • **Medication Review** Presence of a medication list and indication that the list was reviewed by a prescribing practitioner • **Functional Status Assessment** Notation that ADLs (minimum of four IADLs or five ADLs) were assessed • **Pain Assessment** Notation of at least one pain assessment, ie: numeric pain scale, or pain assessment in Review of Systems
TRC - Transitions of Care ★ CMS Stars Measure	Members 18 years of age and older who had an inpatient discharge on or between January 1 and December 1 of the measurement year (2025)	**Any** medical record that is accessible to either the member's PCP or ongoing care provider • **Notification of Inpatient Admission** Notice must include date of receipt plus acknowledgement on the day of admission through 2 days following admission • **Receipt of Discharge Summary** Evidence of a discharge summary or form, including date of receipt plus acknowledgement on day of discharge through two days after discharge • **Patient Engagement** Evidence of a patient engagement within 30 days after discharge (outpatient visit, including office visits, home visits, telephone visit or telehealth visit) • **Medication Reconciliation** Documentation that discharge medications were reconciled with most recent medication list in the outpatient medical record

Childhood Measures

Measure	Age Requirements	Documentation Needed
CIS - Childhood Immunization Status	Children by two years of age	• 4 DTaP • 3 IPV • 3 HIB • 3 Hep B • 4 PCV • 1 MMR • 1 Hep A • 1 VZV • 2 flu • 2-3 RV
LSC – Lead Screening	Children by two years of age	• At least one lead capillary (finger stick) or venous (venous puncture) blood test • Clear evidence of the date the test was performed • The actual result or finding
IMA – Immunizations for Adolescents	Adolescents 9-13 years of age 10-13 years of age 11-13 years of age	• 2 HPV at least 146 days apart • 1 Tdap • 1 Meningococcal
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Child & Adolescents 3 - 17 years of age	Ht/Wt/BMI% Counseling for nutrition and physical activity

Adult Measures

Measure	Age/Measure Eligibility Requirements	Documentation Needed
CBP – Controlling High Blood Pressure ★ CMS Stars Measure	Adults 18- 85 years of age with 2 diagnoses of HTN	• Last blood pressure of the year (2025) from office visits/telephone/e-visits/virtual check-ins • Both systolic and diastolic readings must be < 140/90
Diabetes ★ CMS Stars Measure	Adults 18-75 years of age with the diagnosis of type 1 or type 2 diabetes	
• BPD – Blood Pressure Control for Patients With Diabetes		• Last blood pressure of the year (2025) from office visits/telephone/e-visits/virtual check-ins • Both systolic and diastolic readings must be < 140/90
• EED – Eye Exams for Patients With Diabetes		• A retinal or dilated diabetic eye exam by an eye care professional, the date and the results (2024 – 2025)
• GSD – Glycemic Status Assessment for Patients With Diabetes *(formerly HBD)*		• Date and result of the most recent A1c lab of the year (2025).
CCS – Cervical Cancer Screening	Women 24-64 who had either a pap smear/pap + hrHPV co-testing/hrHPV testing	• Cytology results of pap smear (2022-2025) • Cytology results pap/hrHPV co-testing (2021-2025) • Cervical hrHPV testing (2021-2025)
PPC – Prenatal and Postpartum Care	Live births on or between October 8, 2024, and October 7, 2025	• References to pregnancy or being pregnant • Basic OB exam • Office visit + screening labs or US

Breast Cancer Screening (BCS)

- For women ages 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to and December 31 of the measurement year.
- The purpose of this measure is to evaluate primary screening through mammography.
- Do not count biopsies, breast ultrasounds, or MRIs for this measure.

Child and Adolescent Well-Care Visits (WCV)

HEDIS Administrative Measure

For Members 3-21 years of age during the measurement year (2025).

- Looking for a comprehensive well visit with either a PCP or OB/GYN during the measurement year.

Childhood Immunization Measure

MEASURE	SCREENING, TEST, OR CARE NEEDED
***Childhood Immunization** Children who turn 2 years old during the measurement year (2024) Vaccines must be completed **on or before the second birthday.** **CPT Codes:** Dtap: 90697, 90698, 90700, 90723 IPV: 90697, 90698, 90713, 90723 HiB: 90644, 90647, 90648, 90697, 90698, 90748 Pneumococcal Conjugate: 90670, 90671 Rotavirus (2 dose): 90681 Rotavirus (3 dose): 90680 VZV: 90710, 90716 MMR: 90707; 90710 Hepatitis A: 90633 Hepatitis B: 90697, 90723, 90740, 90744, 90747, 90748 Influenza: 90655, 90657, 90661, 90673, 90674, 90685,90686, 90687, 90688, 90689, 90765 LAIV: 90660, 90672	• **4 DTaP** or anaphylaxis or encephalitis due to diphtheria, tetanus, or pertussis vaccine (do not count any before 42 days of age) • **3 IPV** or anaphylaxis due to the IPV vaccine (do not count any before 42 days of age) • **1 MMR**; history of measles, mumps, and rubella; or anaphylaxis due to the MMR vaccine (do not count any before 42 days of age) • **3 HiB** or anaphylaxis due to HiB vaccine (do not count any before 42 days of age) • **3 hepatitis B**, anaphylaxis due to hepatitis B vaccine, positive serology, or history of hepatitis B • **1 VZV**, anaphylaxis due to the VZV vaccine, positive serology, or documented history of chicken pox disease • **4 pneumococcal conjugates** or anaphylaxis due to the pneumococcal conjugate vaccine (do not count any before 42 days of age) • **1 hepatitis A**, anaphylaxis due to the hepatitis A vaccine, or documented hepatitis A illness • **2 or 3 rotavirus vaccines** – depends on the vaccine administered or documented anaphylaxis due to the rotavirus vaccine (do not count any before 42 days of age) • **2 influenza** with different dates of service or anaphylaxis due to the influenza vaccine – One of the two vaccinations can be a live attenuated influenza vaccine (LAIV) if administered on the child's second birthday (do not count any given prior to 6 months of age). **Exclusions:** • members in hospice or using hospice services anytime during the measurement year. • members who had a contraindication to a childhood vaccine on or before their second birthday. • members who died anytime during the measurement year. **Parental refusal is *not* an exclusion.** Documentation of "immunizations are up-to-date" is **not** acceptable. Documentation of an immunization (such as the first hep B) received "at delivery "or "in the hospital" may be counted. For documented history of illness, a seropositive test result, or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the the member's second birthday.

2024-2025 Medicare Benefit Changes (High Level)

Plan	Benefits Changes
Hampton Roads Value H2563-017 (001/002) **Southside 001/Peninsula 002**	**MOOP:** Changed from $3,000 to $3,500 **Comprehensive Dental:** Changed from $3,000 Max to $2,500 and copay changed from $25 to $35 **Over-the-Counter (OTC):** Changed from $100 to $130 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI) :** No Changes – stays $90 monthly allowance **Routine Chiropractic:** Removed Benefit
Hampton Roads Prime H2563-005 (001/002) **(Southside 001 and Peninsula 002)**	**MOOP:** Changed from $5,500 to $3,500 **Comprehensive Dental:** Changed from $3,500 Max to $3,000 and copay changed from $75 to $50 **Over-the-Counter (OTC):** No changes – stays at $100 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $25 to $20 **Food and Produce (SSBCI):** N/A **Routine Chiropractic:** No change – stays $10 (18 visits/year) **Premiums: (001):** Changed from $63 to $75 **Premiums (002):** Changed from $53 to $65
Engage – Diabetes and Heart (C-SNP) H2563-018	**MOOP:** Changed from $3,400 to $3,500 **Comprehensive Dental:** Changed from $3,000 Max to $2,500 and copay changed from $25 to $35 **Over-the-Counter (OTC):** Changed from $100 to $130 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** Changed from $115 to $100 monthly allowance **Routine Chiropractic:** No Change – stays $10 (18 visits/year)

Sentara Health Plans

2024-2025 Medicare Benefit Changes (High Level)

Plan	Benefits Changes
Roanoke/Alleghany/ Value **(Members that were in this plan initially)** **H2563-016**	**MOOP:** Changed from $3,700 to $3,900 **Comprehensive Dental:** $2,500 max (no change) and copay changed from $25 to $35 **Over-the-counter (OTC):** Changed from $100 to $156 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** Changed from $100 to $90 monthly allowance **Routine Chiropractic:** No Change
Northern Virginia Value **H2563-008**	**MOOP:** Changed from $3,500 to $4,300 **Comprehensive Dental:** Copay changed from $25 to $35 **Over-the-counter (OTC):** Changed from $100 to $181 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** Changed from $100 to $50 monthly allowance **Routine Chiropractic:** No changes
Central/Halifax Value **H2563-009**	**MOOP:** Changed from $3,300 to $3,400 **Comprehensive Dental:** Copay changed from $25 to $35 **Over-the-Counter (OTC):** Changed from $100 to $139 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** No change **Routine Chiro:** Changed from $0 (12 visits/year) to $15 (12 visits/year)

Sentara Health Plans

2024-2025 Medicare Benefit Changes (High Level)

Plan	Benefits Changes
Salute **H2563-014**	**MOOP:** Changed from $3,400 to $3,550 **Comprehensive Dental:** Changed from $2,000 Max to $1,500 and copay no change at $50 **Over-the-counter (OTC):** Changed from $125 to $75 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $25 to $35 **Food and Produce (SSBCI):** Changed from $75 to $90 monthly allowance **Routine Chiro:** No changes at $20 (18 visits/year)
FIDE D-SNP **H4499**	**MOOP:** Changed from $8,850 to $9,250 **Comprehensive Dental:** No changes **Over-the-counter (OTC):** Changed from $500 to $200 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from Max $55 to Max $45 **Food and Produce (SSBCI):** Changed from $100 to $350 monthly allowance **Routine Chiropractic:** No changes
Partial D-SNP **H2563-020**	**MOOP:** Changed from $8,850 to $9,250 **Comprehensive Dental:** No changes **Over-the-counter (OTC):** Changed from $400 to $150 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from Max $55 to Max $45 **Food and Produce (SSBCI):** Changed from $100 to $200 monthly allowance **Routine Chiropractic:** No changes