



Provider Quality Learning Collaborative

August 5, 2026



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

- Welcome
- Ballard Health
- How Can Sentara Health Plans Help You?
- Resource Review
- Q & A
- Closing Remarks

Ballad Health

Tammy Albright, BSN, MBA, FABC

SVP/CEO, Behavioral Health Services
Ballad Health

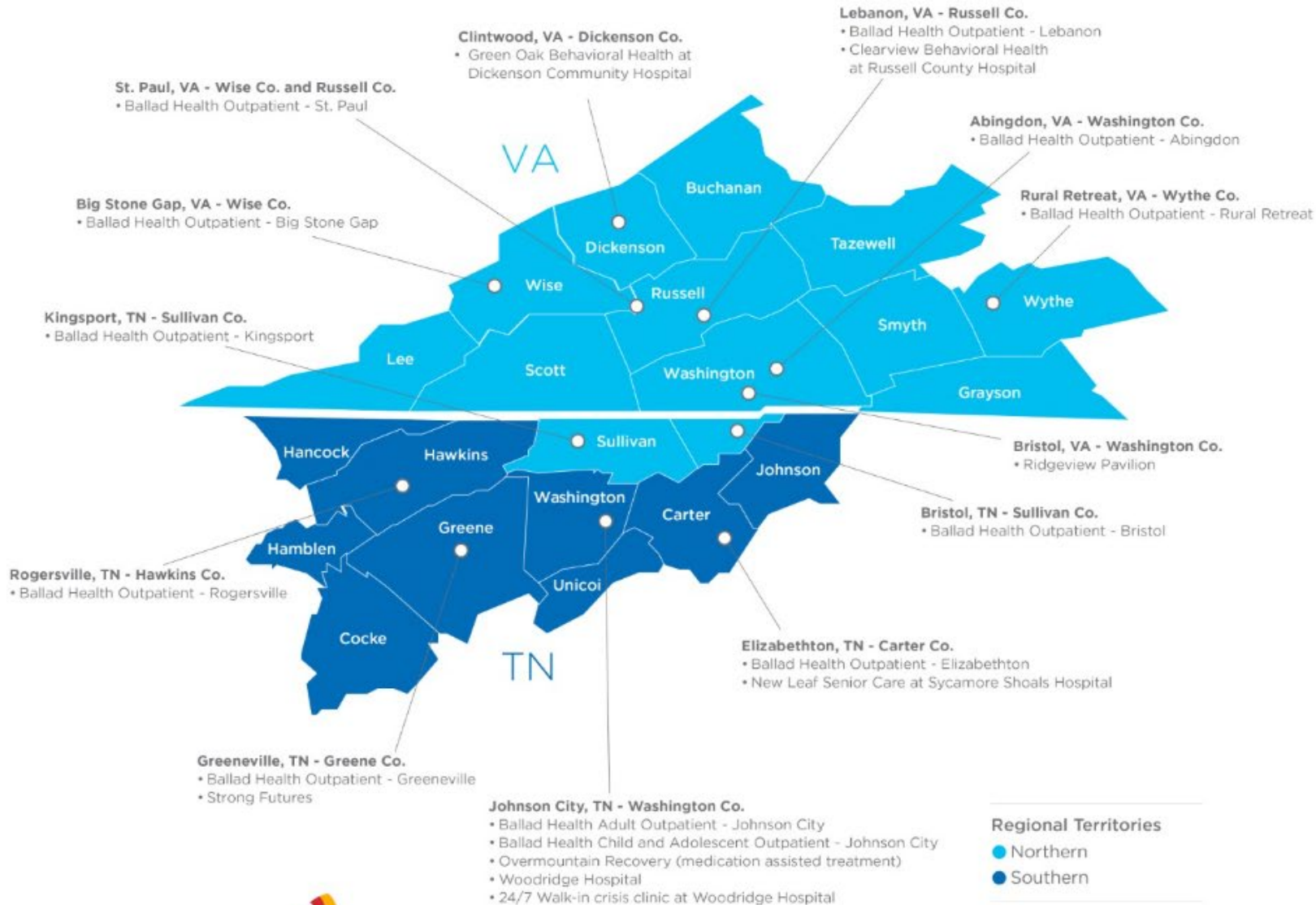


Ballad Health Behavioral Health Services

–Presented by Tammy Albright, CEO



Behavioral Health Locations



Tennessee

Ballad Health Behavioral Health Outpatient Locations

Bristol
1 Medical Park Blvd.
Suite 200E
Bristol, TN 37620
423.844.5100

Elizabethton
1497 W. Elk Ave.
Suite 21
Elizabethton, TN 37643
423.542.7420

Greeneville
438 E. Vann Road
Suite 202
Greeneville, TN 37743
423.636.0491

Johnson City
701 Med Tech Parkway
Suites 200 & 201
Johnson City, TN 37604
423.302.3480

Kingsport
2204 Pavilion Drive
Suite 107
Kingsport, TN 37660
423.343.1442

Rogersville
948 W. Broadway St.
Rogersville, TN 37857
423.921.7150

New Leaf Senior Care at Sycamore Shoals Hospital (12-bed geropsych inpatient)
1501 W. Elk Ave.
Elizabethton, TN 37643
423.542.1358

Virginia

Ballad Health Behavioral Health Outpatient Locations

Abingdon
613 Campus Drive
Abingdon, VA 24210
276.258.1903

Big Stone Gap
1980 Holton Ave.
Suite 103
Big Stone Gap, VA 24219
276.524.8100

Lebanon
344 Overlook Drive
Suite 100
Lebanon, VA 24266
276.883.8042

Rural Retreat
7021 W. Lee Highway
Suite C
Rural Retreat, VA 24368
276.686.4148

Saint Paul
16431 Wise St.
Saint Paul, VA 24283
276.762.2300

Overmountain Recovery (Medication-assisted treatment)
203 Gray Commons Circle
Suite 110
Johnson City, TN 37615
833.371.0509

Ballad Health Niswonger Children's Network Strong Futures (An inpatient and outpatient family approach to counseling)
438 E. Vann Road
Suite 300
Greeneville, TN 37743
423.278.1696

Woodridge Hospital (86-bed inpatient psych; adult, geropsych, child and adolescent units; 24/7 walk-in clinic)
403 N. State of Franklin Road
Johnson City, TN 37604
423.431.7111

Respond Crisis Hotline:
800.366.1132

Clearview Behavioral Health at Russell County Hospital (20-bed inpatient adult)
58 Carroll St.
Lebanon, VA 24266
276.883.8380

Green Oak Behavioral Health at Dickenson Community Hospital (10-bed patient geropsych)
312 Hospital Drive
Clintwood, VA 24228
276.926.0251

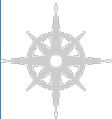
Ridgeview Pavilion (28-bed inpatient adult)
103 North St.
Bristol, VA 24201
423.844.6000

Behavioral Health Strategic Themes

Tie-in to NorthStar Goals

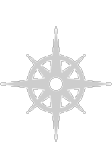


Workforce Recruitment, Retention, and Development

- 
- Employer of Choice



Integration of Behavioral Health and Primary Care

- 
- Model for Improving Rural Health

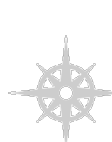


Regional Crisis System for Youth and Adults

- 
- Model for Improving Rural Health

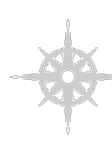


Enhanced/Expanded Resources for Addiction Treatment

- 
- Model for Improving Rural Health

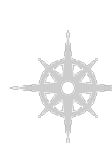


Telehealth Implementation

- 
- Model for Improving Rural Health
 - Deliver Value thru High Quality, Low Cost Care



Improved Financial Performance

- 
- Financially Thrive as an Integrated Delivery System

Crisis Walk-In Center Model

24/7 Walk-In Crisis Center- Johnson City, Tn



Services Provided

- The Walk-In Crisis Center operates 24 hours a day/7 days per week and is located adjacent to Woodridge Psychiatric Hospital
 - This location was intentionally selected as an alternative to accessing care via the Emergency Department
- The clinic provides a safe, calm and supportive space where people can find immediate help and understanding. People can find the help they need when:
 - Having thoughts of self-harm or thought of harming others
 - During a mental breakdown, acute psychosis or nervous breakdown
 - When experiencing hallucinations, auditory and/or visual, such as hearing voices that are not there
 - During extreme mental or emotional crisis, including severe chronic stress
 - Depression and anxiety lasting longer than 2 weeks, including panic or anxiety attacks
- The Crisis Walk-In Center does **NOT** treat:
 - Any medical emergency related to the physical body
 - Those who are detoxing who are likely to need medical care



Impact Analysis

- **Improved Patient Experience and Safety:**
 - Patients are cared for in a psych safe environment by trained behavioral health staff and providers
- **Improved Timeliness of Care**
 - Time studies showed it took an average of 24 hours for a patient to be seen in the ED and admitted to an inpatient psych facility vs. 4 hours when seen in the Walk-In Crisis Center
- **Lower Cost Option for the patient, health care organization, and the payor**
 - Paying clinic rates vs. ED rates (patient/payor)
 - Improves efficiency and cost by reducing the need for ED sitters specialized existing staff (health care organization)
- **Improved ED Staff Satisfaction**
- **Reduced burden on law enforcement and EMS**
- **Need to scale to other markets**
 - New Crisis Walk-In Center under construction in Bristol, Virginia at Ridgeview Pavillion

Woodridge Walk-In Clinic

Fiscal Year 2026

Total Number of Walk-Ins

2,077

Total Number of Admits

925

Average Admits from Walk-Ins

44.82 %

Average Adult Admits from Walk-Ins

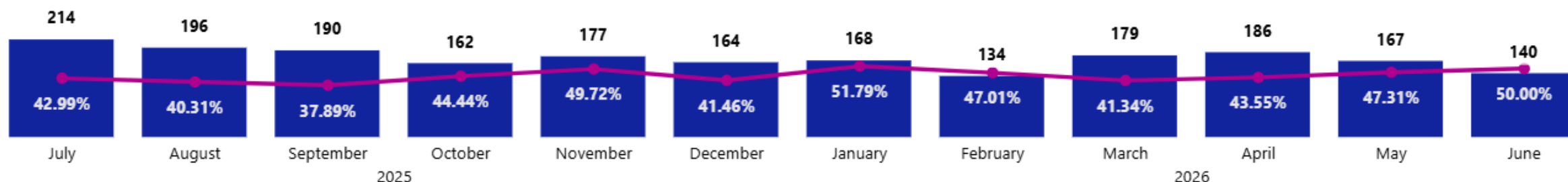
45.69 %

Average C & A Admits from Walk-Ins

40.06 %

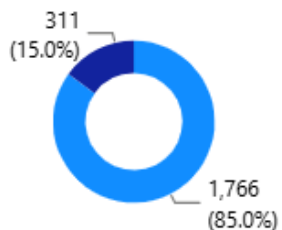
Walk-In Volume and Admit Percentage

● Total Walk-Ins ● Admit Percent



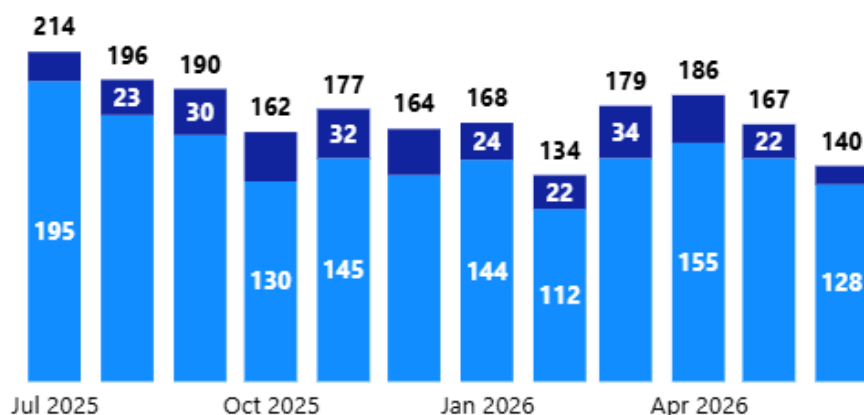
Adult vs. Child & Adolescent Walk-Ins

● Adult ● C & A



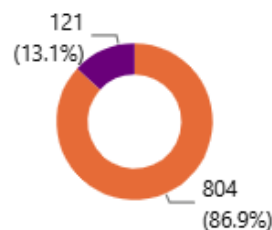
Adult vs. Child & Adolescent Walk-Ins

● Adult ● C & A



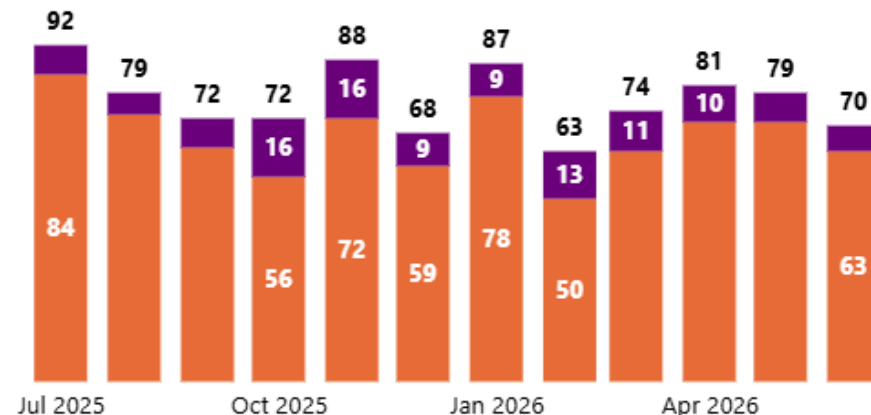
Adult vs. Child & Adolescent Admits

● Adult ● C & A



Adult vs. Child & Adolescent Admits

● Adult ● C & A





Ridgeview Pavillion

Patient care

Substance Use Treatment Services

Strong Futures- Greeneville, TN



Outpatient Clinic

- The clinic provides intensive outpatient and outpatient substance use treatment services to families, prioritizing pregnant and parenting women
- Licensed by the TN Dept of Mental Health and Substance Abuse Services
- Family Centered treatment paired with parenting education
- Counseling and case management services providing individual, family, financial, health and wellbeing, and social integration.
- Certified Peer Recovery Specialist support provided to clients
- Judicial Liaison working directly with local, state, and federal courts



Transitional Living

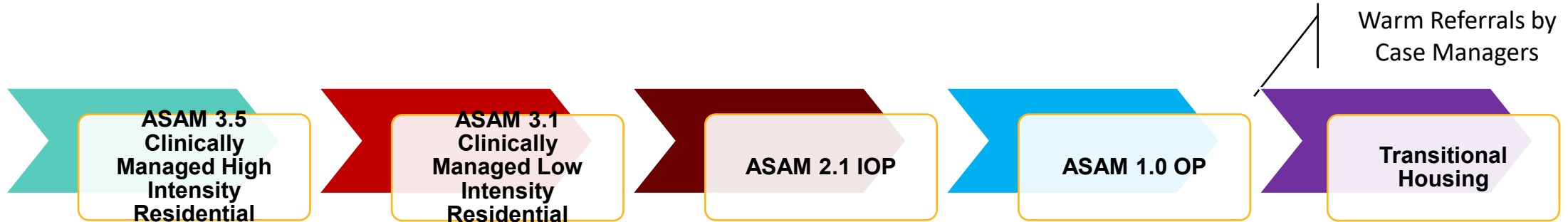
- Originally opened June 2021 in vacated Takoma hospital in Greeneville, TN, housing women and their children ages 9 and under.
- Currently renting space but looking for a permanent location.
- 98 mothers and 56 children have lived in the Living Center since opening
- Average length of stay is 126 days
- Due to licensure restrictions forbidding anyone other than the service recipient residing within a residential facility, this service is not currently licensed and therefore the services provided are not billable
- Our team worked directly with the TN Dept of Mental Health and Substance Abuse Services to update licensure rules to allow for family-based treatment, which would allow children to reside with their mother during treatment. The revised rules went into effect May 25, 2026.



Program Outcomes

- 684 families have been enrolled in outpatient and/or residential since opening
- 431 jail diversions equaling 13,363 total days (36.6 years) since opening
- Since July 2024, the program has made a significant impact on families who had DCS involvement. 33 families were fully reunited, and 77 families improved their level of DCS supervision during the reunification process.
- 59% of mothers utilizing the Living Center were unhoused when they entered the program. 87% of these mothers were placed in stable housing when they left the Living Center.
- 95% of pregnant women who have utilized the Living Center component of the program have delivered NAS free babies
- Ballad Health has hired 4 Strong Futures graduates as Certified Peer Recovery Specialists

Coming soon - Strong Futures || Norton, VA



Referral Sources

- Medical Providers both internal and external to Ballad Health including but not limited to Obstetricians, and Emergency Rooms
- All applicable Judicial System Settings including but not limited to corrections, drug courts, and probation
- Referral from current and future clients

Population Target

- Mothers 18 years of age or older with an SUD disorder
- Pregnant, post-partum, or parenting (includes biological mothers, stepmothers, and women with adopted children)
- Meeting ASAM Criteria as determined via ASAM assessment

Residential Facility Capacity

- 3.5 = 31 Bed Capacity
- 3.1 = 28 Bed Capacity



Virginia- Strong Futures || Norton, VA



Blake Denton, Strong Futures Graduate and Ballad Health Team Member

Children's Services Highlights

School Based Services

Ballad's Behavioral Health team is working collaboratively within our communities to help close gaps identified by our community partners. Our goal is to provide quality care and resources close to home.



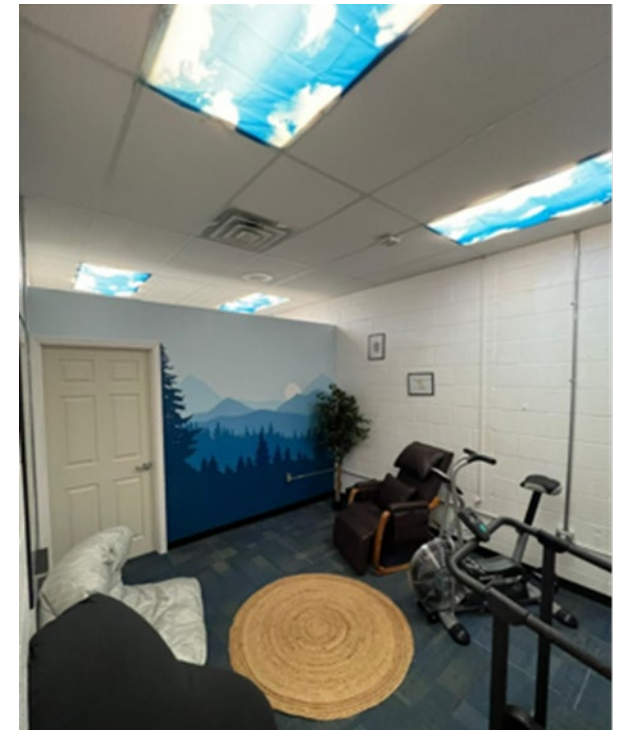
Clinical Services and Partnerships

- **Outpatient Services for kids** offered in Lebanon and Abingdon Virginia
 - Fellowship trained Child and Adolescent Psychiatrist
 - Psych NP with Child & Adol. Certification
 - Hiring Mental Health Therapist
- **Inpatient Psych Services** coming soon to Russell County Hospital in Lebanon, Virginia
 - New 16 bed Child and Adolescent Inpatient Psych unit under construction
- **Partnership** with Communities in Schools to provide school navigators



Reset Rooms

- This space is designed to allow a student the opportunity to “reset” using tools and resources during times of high stress and emotion (i.e. physical activity, meditation, art and music, etc.)
- This space is not “punitive”, and does not replace consequences for behaviors
- Students can self refer or be referred by a teacher to utilize the room
- Results show a decrease in chronic absenteeism, reduce frequency of detention or suspension, and drive positive engagement of the student



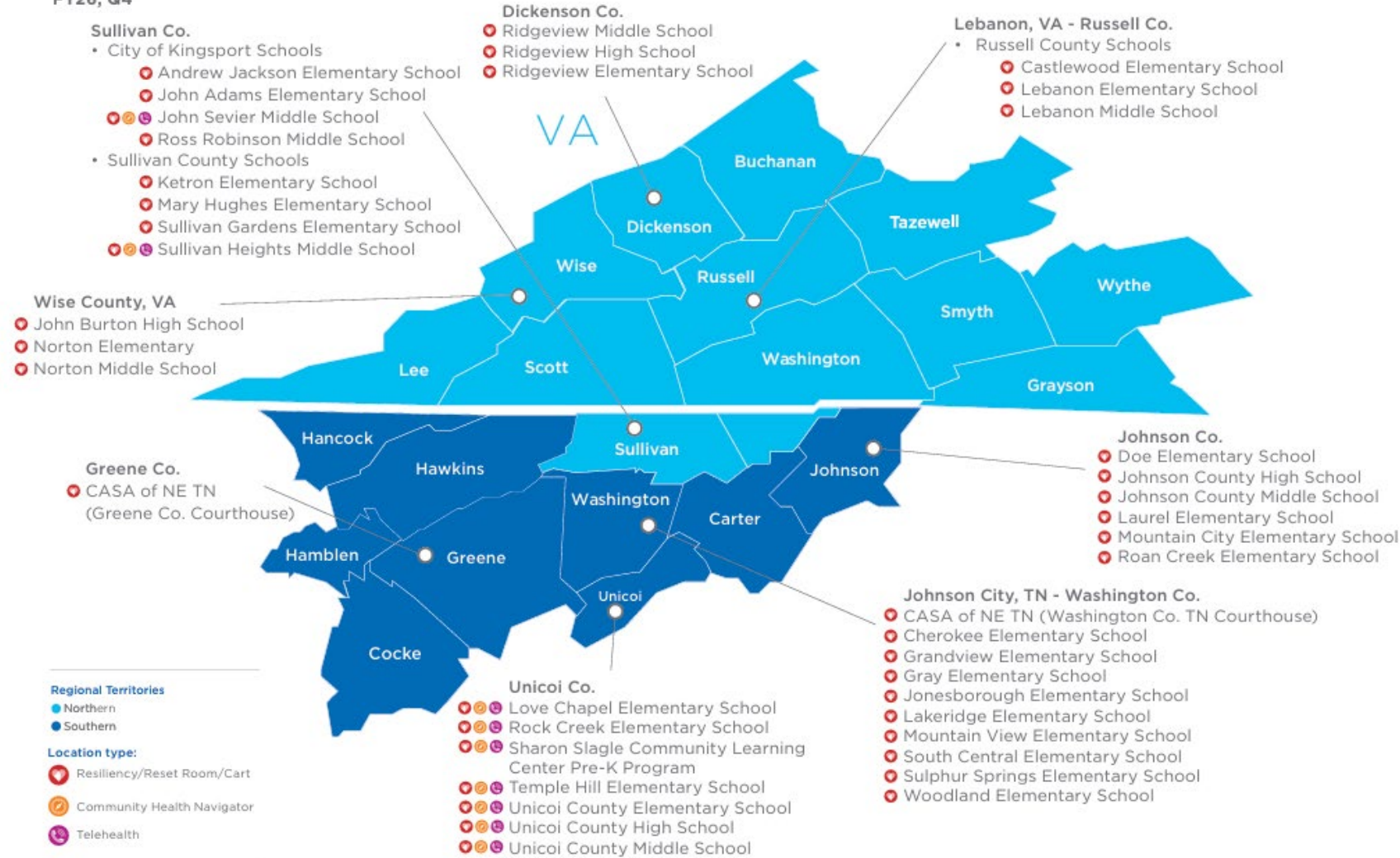
Unicoi County High School's BLUE Room

Behavioral Health Locations

School-based Services



FY26, Q4



* Community in Schools navigators not included in this graphic

How Can Sentara Health Plans Help You?

Ebony Franklin
Network Relations Manager

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



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

Join the Provider Quality Learning Collaborative Monthly

February – November
12-1 p.m.

Visit the Care Gaps page for related resources

<https://www.sentarahealthplans.com/en/providers/value-based-care>

Support Visits



- Outreach will be made to coordinate a site visit or virtual visit within the coming months
- 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*

Provider Education - 2026

Provider Newsletter Schedule

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

- **Provider Quality Care Learning Collaborative: 12 - 1 p.m.**
 - August – Provider Spotlight – Behavioral Health Walk-in Center vs. ER
 - September – Provider Spotlight – Collaborating with SHP Provider Outreach
- **Let’s Talk Behavioral Health: 1 - 2 p.m.**
 - August 11
 - November 10
- **New Provider Orientation**
 - August 6, 12 and 18

- **Claims Brush Up Clinics: 1 – 1:30 p.m.**
 - September 23
 - December 16
- **Lunch & Learn - Provider Website Tours: 12 – 12:30 p.m. (New Provider Orientation Part 2 & Refresher)**
 - August 13 and 25
- **Appeals, Reconsiderations and Contestment Process: 1 – 1:30 p.m.**
 - October 7

View Schedule/Register



Register Today 😊

View Schedule/Register



September 2nd This session is an opportunity to learn how a fellow provider is partnering with the Sentara Health Plans outreach team to reduce “no shows” at their practice. You’ll hear how the provider incorporated the process into their existing workflow, the immediate impact, as well as unexpected benefits received by their patients. We will also begin our partnership with Healthmap to provide care coordination services for our KHM program. If you are caring for a SHP member with kidney disease or chronic conditions that may lead to kidney disease, this will be an opportunity to receive an overview and have your questions answered by a Healthmap representative.

As value-based care and care gap closure practices increasingly influence healthcare, we encourage your participation in these educational sessions to build your knowledge and confidence with the related terminology and best practices.

Resource Review

Dr. Sinha



Let's Talk

Any questions you want to ask?

Any challenges you would like to discuss?

Any successes you would like to share?



Appendix

Helpful Resources



CAHPS Resources

CAHPS Resources

Patient Experience Matters

Patients who are satisfied are more likely to adhere to treatment plans.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3262489/>

Patients who feel heard and respected are empowered.

<https://www.wolterskluwer.com/en/expert-insights/why-patient-empowerment-matters>

Patients who have a strong provider relationship are loyal.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4732308/>

Patients who are treated with dignity have a greater sense of well-being.

<https://www.aafp.org/pubs/fpm/issues/2007/0100/p33.html>

Centers for Medicare & Medicaid Services (CMS) Patient Experience Surveys

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

<https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems>

Medicare Advantage and Prescription Drug Plan CAHPS

<https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems/medicare-advantage-and-prescription-drug-plan-cahps>

CAHPS Scripts for Improved Patient Experience

"If you ever need a sooner appointment, call us — we'll get you in as quickly as possible."

"We hold same-week spots. Just ask and we'll help you get in."

"You can also see one of our nurse practitioners or do a telehealth visit to be seen sooner."

"If the online schedule looks full, call us — we can often fit you in."

"Let me make sure I understand... [reflect back what patient said]."

"Thank you for sharing that — it's important."

"I hear what you're saying. Let's work through this together."

"Your perspective matters. Let's make a plan that fits what's important to you."

"You'll get your results in ___ days. If you don't hear from us, please reach out — we always follow up."

"Your results will be posted in the portal with notes from me."

"We'll contact you by phone/portal as soon as everything is back."

"Here's how we'll communicate your results so you know what to expect."

"What questions or concerns haven't we covered yet?"

"Before we finish, is there anything else important to you today?"

"What else can I answer while we're together?"

"I want to be sure you leave with everything you need — what else can I clarify?"

"Let me look at your recent tests and visits so we stay aligned."

"I see you saw a specialist — here's how that fits into your plan."

"Here's the plan and who will follow up with you next."

"Tell me in your own words what our plan is — I want to be sure I explained it clearly."

"I want to make sure we're on the same page."

"That makes sense — thanks for telling me."

"I can see why that would be concerning. Let's talk through it."

"I'm here with you, and we'll take this one step at a time."

"I want to be sure I fully understand your concerns."

HEDIS/Quality Resources

Year End Measurement Year 2025

- HEDIS Department Processed > **20,000** Medical Records in an effort to close the Gaps In Care for our members

Time to Prepare for HEDIS® Medical Record Review

- For HEDIS MY2025, we will begin requesting medical records in February 2026
- No special authorization is required to share member medical record information with us, as HEDIS is a Quality Improvement (QI) initiative and a routine part of healthcare operations
- If you have any questions, please contact Sentara Health Plans Quality Improvement Office at 757-252-8400 or 844-620-1015

What's New for HEDIS MY2026

New Measures

Risk Adjusted Utilization Measures:

- Acute Hospitalizations Following Outpatient Orthopedic Surgery (HFO)
- Acute Hospitalizations Following Outpatient General Surgery (HFG)
- Acute Hospitalizations Following Outpatient Colonoscopy (HFC)
- Acute Hospitalizations Following Outpatient Urologic Surgery (HFU)

Intent: *To ensure Health plans provide proper care coordination during the critical post-surgical period.*

Changes to Existing HEDIS Measures:

*NCQA retired the Administrative and Hybrid reporting methods for following measures. **Only the ECDS reporting method will be used.***

- Lead Screening in Children (LSC-E)
- Statin Therapy for Patients With Cardiovascular Disease (SPC-E)
- Statin Therapy for Patients With Diabetes (SPD-E)

Retired Measures:

- Asthma Medication Ratio (AMR)
- Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

Annual Wellness Visit (AWV)

The purpose of the Annual Wellness Visit is for providers to develop or update a member's personalized prevention plan based on their current health and risk factors.

HCPCS Codes for AWV:

- **IPPE “Welcome to Medicare” visit:** G0402
- **Initial Annual Wellness visit:** G0438
- **Subsequent Annual Wellness Visit:** G0439

Care for Older Adults (COA)

The percentage of persons 66 years of age and older who had both of the following during the measurement period:

- Medication Review
- Functional Status Assessment

CPT /CPT Cat II Codes for COA:

Medication review: 1160F, 90863, 99483, 99605, 99606

Medication list: 1159F

Transition care management: 99495, 99496

Functional Status Assessment: 1170F, 99483

HEDIS Hybrid Measure Issues and Actions for Compliancy-Adult

Measure	Issues Impacting Compliance	Actions to take
ALL MEASURES	- Medical records 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)
COA Care of Older Adults	- Functional status assessment not including enough ADLs/IADLs - Medication Review – Only including the code for the presence of a medication list	- Need to document at least 5 ADLs and/or 4 IADLs - Need to include the second code that indicates a medication review took place
EED Eye Exam - Diabetes	No documentation of details on last diabetic eye exam	Need documentation of retinal/dilated eye exam by an eye care professional (who the professional was), the date and the results
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 - Include documentation that references visit for "hospital follow-up", "admission", "inpatient stay" along with dates of admission

Childhood Measures - Issues and Actions for Compliancy

Measure	Issues Impacting Compliance	Actions to Take
CIS-E - Childhood Immunization Status	• Immunizations given after 2nd birthday • Missing documentation of complete series of immunizations given	• Monitor for when the 2nd birthday will occur and coordinate visits so that all vaccines will occur by 2 years of age • Inquire where immunization occurred if not within your records
WCV - Child and Adolescent Well-Care Visits	• Use of appropriate codes • Appropriate provider/visit type	• Recommended CPT Codes: 99381–99385, 99391–99395, 99461 • Recommended ICD-10 Codes: Z00.00–Z00.01, Z00.110–Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1–Z76.2 • PCP or OB/GYN • Telehealth visits no longer allowed

EMR Access

Do you struggle with HEDIS season?

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



Member Incentives that Close Gaps in Care

Sentara Health Plans Medicaid Member Incentives 2026

Please contact **Asha Tillery**

QHC Team Coordinator with any
questions axhudson@sentara.com
or call **804-613-6547**

The maximum in gift cards is \$50 per member in a calendar year. Once you earn a total of \$50, you will not be able to get more gift cards. The visit, exam, or vaccination must be completed by December 31 to earn a gift card for that same calendar year.

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, 2025 and October 7, 2026
Weight Assessment and Counseling for Nutrition and Physical Activity	\$10	Children turning 3 through 17 in the measurement year

Sentara Health Plans Medicare Healthy Rewards 2026

Providers may direct inquiries about these rewards to provider services at 757-552-7474 or 1-800-229-8822, option 2, 8 a.m. to 6 p.m., Monday through Friday.

Visit our website at
<sentaramedicare.com/rewards>
for more details about the
Healthy Rewards Program.

Preventive screening, exam or vaccine	Reward	Who is eligible?
Annual wellness visit	\$100	All members
Combined with annual physical exam	+\$20	
Breast cancer screening	\$20	All members
Colorectal cancer screening	\$20	All members
COVID-19 vaccine	\$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
Fall risk assessment ¹	\$15	All members
Flu Vaccine	\$10	All members
In-home assessment ²	\$25	All members

¹Members complete an online Falls Risk Assessment to earn this reward.

²Contact Member Services to schedule an In Home Assessment.

Useful Contacts

Frequent Sentara Health Plans Contacts – Members

Department	Contact
Care Management	DL_SHP_MCM_MGR@sentara.com 757-552-8360 or 1-888-512-3171 Monday – Friday; 8 a.m. – 5 p.m.
Behavioral Health	757-552-7174 or 1-800-946-1168
Welcoming Baby	<u>welcomingbaby@sentara.com</u> 1-844-671-2108 (TTY: 711) Monday – Friday; 8 a.m. – 5 p.m.
24/7 Nurse Advice Line	Medicaid: 1-833-933-0487
Behavioral Health Crisis Line	1-833-686-1595 (TTY: 711) 24 hours per day; 7 days per week
Member Services	<u>members@sentara.com</u> 757-552-7401 or 1-877-552-7401 Monday – Friday; 8 a.m. – 5 p.m.

Frequent Sentara Health Plans Contacts – Quality

Team Member	Contact Information
Shanshan Hu, Ph.D., SSBBP Director, HEDIS, Data Management & Quality Analytics	(804)613-5755 sxhu@sentara.com
Anita Grant, BSN, RN Manager, Quality HEDIS	804-613-5512 asgrant@sentara.com
Jacqueline Chamberland, M.Ed., RN Supervisor, Quality HEDIS	804-613-5811 jlchamb1@sentara.com
Asha Tillery Supervisor, Quality HEDIS	804-613-6547 axhudson@sentara.com
Jennifer J. Williams, BSN, RN Senior Quality Improvement Coordinator	757-252-8418 jjwillia@sentara.com

Things to Consider to Improve Quality Gap Closure

Early Visits

Staff calls all patients on gap files without AWW or wellness visits to avoid last minute access issues.

Pre-visit Planning

Include orders in chart in advance

Make note of labs, etc. needed to keep at provider's fingertips

<https://edhub.ama-assn.org/steps-forward/module/2702514>

Daily Huddle

5-minute touch point to run through the patients and point out any gaps

Pre-identify challenging patients to plan time accordingly

Boosts productivity and teamwork

<https://edhub.ama-assn.org/steps-forward/module/2702506>

Templates

Creating EMR templates and rooming protocol

Ask about all quality components and record dates of completion

Record where things were done so you can retrieve records

EMR

Use to highest capacity, ex. alerts, auto order labs, result notifications, standing orders for care team

Grant EMR access to health plan

Billing & Member Incentives

Use NCQA recommended billing codes

Encourage patients to learn their plan's incentive programs

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 2026](#)

[SHP-HEDIS Measures for 2025](#)

Provider News <https://www.sentarahealthplans.com/providers/updates/newsletters> *most recent provider alerts and Newsletter*

Sentara Mobile Care [Get the Sentara Health Plans Mobile App](#) | [Members](#) | [Sentara Health Plans](#) *members access to 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](#)