

Provider Quality Care Learning Collaborative

June 4, 2025



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. Provider Care for Pediatric Members
- E. Program Updates
 - 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*

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](#)

[SHP-HEDIS Measures for 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.

- July 2 – Quest/Dario
- August 6 - Pharmacy

➤ Let's Talk Behavioral Health: 1 - 2 p.m.

- August 12
- November 11

➤ 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

<https://www.sentarahealthplans.com/providers/updates>.

Register for Upcoming Webinars as well as view previous webinars here:

<https://www.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

Agenda

1. DSP Documentation Overview

2. DSP for Gastroenterology

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 **Gastroenterology** 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 revenue 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 PCP or specialists
- Observe/watch
- Document counseling or care coordination

Disease of esophagus, stomach and duodenum

Not a complete list

Esophagitis: ICD-10-CM codes: K20

Gastro-esophageal reflux disease: ICD-10-CM codes: K21

Other diseases of obstruction: ICD-10-CM codes: K22

D - Diagnosis

Document and code established definitive diagnoses:

- Esophagitis [K20.X]
 - Type:
 - Use additional code to identify alcohol abuse and dependence [F10.X]
 - Eosinophilic [K20.0]
 - Other esophagitis [K20.8X]
 - Severity: with or with bleeding
- Gastro-esophageal reflux disease [K21.X]
 - Type: With or without esophagitis
 - Severity: With or without bleeding
- Esophageal obstruction [K22.2]
- Barrett's esophagus [K22.7X]
 - Type:
 - Without dysplasia
 - With dysplasia (low or high grade)

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “GERD: Avoid NSAIDs. Avoid spicy foods. Elevate head of the bed. Don't lay flat with full stomach.”
- “Esophagitis improved with current treatment. Asymptomatic with stable weight. Protonix, Bentyl, and Carafate effective.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Disease of Esophagus, stomach and duodenum

Not a complete list

Gastric ulcer: ICD-10-CM codes: K25

Peptic ulcer: ICD-10-CM codes: K27

Duodenal ulcer: ICD-10-CM codes: K26

Gastrojejunal ulcer: ICD-10-CM codes: K28

D - Diagnosis

Document and code established definitive diagnoses:

- Ulcer
 - Use additional code to identify alcohol abuse and dependence [F10.X]
 - Gastric Ulcer [K25.X]
 - Duodenal Ulcer [K26.X]
 - Peptic Ulcer [K27.X]
 - Gastrojejunal Ulcer [K28.X]
 - Type:
 - Acute or Chronic
 - Specificity:
 - With hemorrhage
 - With perforation
 - With both hemorrhage and perforation

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Consider antacids to counter the effects of stomach acid.”
- “Prescribe proton pump inhibitors (PPIs), H2 receptor antagonist, or antacids to reduce acid production.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Hernia

Not a complete list

Hernia: ICD-10-CM codes: K40-46

D - Diagnosis

Document and code established definitive diagnoses:

- Hernia
 - Type:
 - Inguinal [K40]
 - Femoral [K41]
 - Umbilical [K42]
 - Ventral [K43]
 - Diaphragmatic [K44]
 - Specificity:
 - Unilateral vs Bilateral
 - With gangrene or without
 - With obstruction or without
 - Recurrent

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Hiatal hernia contributing to nausea and acid reflux. Currently on daily Protonix.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Noninfective enteritis and colitis

Not a complete list

Crohn's Disease: ICD-10-CM codes: K50

Ulcerative colitis: ICD-10-CM codes: K51

Use additional code to identify any associated fistulas, if applicable: Anal Fistula (K60.3X),

Anorectal Fistula (K60.5X), Rectal Fistula (K60.4X)

Use additional code to identify manifestation such as pyoderma gangrenosum (L88)

D - Diagnosis

Document and code established definitive diagnoses:

- Crohn's disease
 - Type:
 - Small Intestine [K50.0XX]
 - Large Intestine [K50.1XX]
 - Both small and large [K50.8XX]
 - Without complications [K50.9XX]
 - Specificity: Rectal bleeding, intestinal obstruction, fistula/ abscess
- Ulcerative Colitis [Chronic]
 - Type:
 - Pancolitis [K51.0X]
 - Proctitis [K51.2X]
 - Rectosigmoiditis [K51.3X]
 - Specificity: With complications, rectal bleeding, intestinal obstruction, fistula/abscess

S- Status

Document response to treatment:

- Avoid use of "history of" for active diagnoses

Documentation examples:

- "Crohn's disease (small intestine), cont. Remicade, and Prednisone."
- "Patient educated on the nature of ulcerative colitis, medication management, and symptom monitoring."
- "Ulcerative colitis-No current home medications -Will monitor for signs of diarrhea."

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Other disease of intestines & Disease of Liver

Not a complete list

Other disease of intestines: ICD-10-CM codes: K56

Hepatic failure, not elsewhere classified: ICD-10-CM codes: K72

Alcoholic liver disease: ICD-10-CM codes: K70

Chronic hepatitis, not elsewhere classified: ICD-10-CM codes: K73

D - Diagnosis

Document and code established definitive diagnoses:

- Fecal Impaction [K56.41]
- Intestinal adhesions [K56.5X]
 - Type: Partial vs Complete Obstruction
- Alcoholic liver disease code [K70.X]
 - Type:
 - Use additional code to identify alcohol abuse and dependence [F10.X]
 - Alcoholic Hepatitis [K70.1X]
 - Alcoholic Cirrhosis [K70.3.X]
 - Alcoholic Hepatic Failure [K70.4X]
 - Specificity:
 - With or without ascites
 - With or without coma
- Hepatic failure, not elsewhere classified: [K72.X]
 - Type: acute, subacute, chronic
 - Specificity: with coma or without coma
- Chronic hepatitis, not elsewhere classified [K73]
 - Type: persistent, lobular, active

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Patient has alcoholic cirrhosis without ascites, followed by Hepatology Center.”
- “Liver cirrhosis with recent ultrasound showing fatty liver. AFP tumor marker negative and liver enzymes are normal. Alcohol consumption minimal but should be avoided due to potential exacerbation of liver issues. Advise abstinence from alcohol. Keep appointment with gastroenterology.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Disease of the Liver

Not a complete list

Hepatic fibrosis: ICD-10-CM codes: K74

Other inflammatory liver disease: ICD-10-CM codes: K75

Other disease of liver: ICD-10-CM codes: K76

D - Diagnosis

Document and code established definitive diagnoses:

- Hepatic fibrosis [K74.X]
 - Type:
 - Early fibrosis: Stage F1 or Stage F2 [K74.01]
 - Advanced fibrosis: Stage F3 [K74.02]
 - Code first underlying liver disease, such as nonalcoholic steatohepatitis (NASH) [K75.81]
- Primary biliary cirrhosis [K74.3]
- Secondary biliary cirrhosis [K74.4]
- Biliary cirrhosis [K74.5]
- Other and unspecified cirrhosis liver [K74.6X]
- Nonalcoholic steatohepatitis (NASH) [K75.8]
 - Use additional code, if applicable, hepatic fibrosis [K74.0X]
- Fatty(change of) liver, not elsewhere classified [K76]
- Portal hypertension [K76.6]
 - Use additional code for any associated complications, such as portal hypertensive gastropathy [K31.89]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Low fat diet, moderate exercise, ETOH reduction, weight loss, lipid management.”
- “Liver US 2024: Increased echogenicity of the liver suggesting steatosis. No focal sonographic abnormalities. 2 cm simple appearing cyst mid right kidney. Gallbladder is contracted, no gallstones or signs of cholecystitis.”
- “Fatty liver present with elevated alkaline phosphatase.”
- “Advise dietary modifications to minimize carbohydrates and sugars and increase lean meats and vegetables.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Disorders of gallbladder, biliary tract and pancreas *Not a complete list*

Other diseases of biliary tract: ICD-10-CM codes: K83

Acute pancreatitis: ICD-10-CM codes: K85

Other disease of pancreas: ICD-10-CM: K86

D - Diagnosis

Document and code established definitive diagnoses:

- Obstruction of bile duct [K83.1]
- Other specified diseases of biliary tract [K83.8]
- Acute pancreatitis [K85]
 - Type:
 - Idiopathic [K85.0X]
 - Biliary [K85.1X]
 - Alcohol Induced [K85.2X]
 - Drug Induced [K85.3X]
 - Specificity:
 - Without necrosis or infection
 - With uninfected necrosis
 - With infected necrosis
- Other chronic pancreatitis [K86.1]
 - Code also exocrine pancreatic insufficiency [K86.81]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Follows up for pancreatic cyst with gastroenterology. Patient has had MRI/MRCP the past 2 years with noted stable pancreatic cyst.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Other diseases of the digestive system

Not a complete list

Intestinal malabsorption: ICD-10-CM codes: K90

Other diseases of digestive system: ICD-10-CM codes: K92

D - Diagnosis

Document and code established definitive diagnoses:

- Celiac Disease [K90.0]
- Melena [K92.1]
- Gastrointestinal hemorrhage [K92.2]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Follow gluten-free diet-keep follow up with GI.”
- “Order for FOBT to be performed. Patient to follow up with GI for endoscopy.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Complications of artificial opening & Status codes

Not a complete list

Complications of artificial openings of the digestive system: ICD-10-CM codes: K94

Artificial opening status codes: ICD-10-CM codes: Z93

D - Diagnosis

Document and code established definitive diagnoses:

- Complications of artificial opening of digestive system
 - Type:
 - Colostomy [K94.0X]
 - Enterostomy [K94.1X]
 - Gastrostomy [K94.2X]
 - Esophagostomy [K94.3X]
 - Specificity:
 - Hemorrhage, infection
 - Use additional code to specify type of infection, such as Cellulitis of abdominal wall [L03.111], Sepsis [A40.X-A41.X]
 - Malfunction
- Artificial Opening Status
 - Status code should be captured once a year
 - Type:
 - Gastrostomy status [Z93.1]
 - Ileostomy status [Z93.2]
 - Colostomy status [Z93.3]
 - Other artificial openings of gastrointestinal tract status [Z93.4]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “PE: Vitals normal: PE normal, colostomy in place: ROS negative.”
- “Order placed for stoma cleaning and maintenance supplies. The patient has been instructed on care and cleaning; no concerns at this time.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Developmental Disorders

Not a complete list

Intellectual Disabilities ICD-10-CM codes: F70 – F79

Pervasive Developmental Disorders ICD-10-CM codes: F84.0 – F84.9

D - Diagnosis

Document and code established definitive diagnosis

Code **Type**:

- Intellectual Disabilities
 - Severity: Mild, moderate, severe, profound
 - Genetic related:
 - SYNGAP1-related intellectual disability [F78.A1]
 - Other genetic related intellectual disability [F78.A9]
- Pervasive Developmental Disorders:
 - Autistic disorder [F84.0]
 - Other childhood disintegrative disorder [F84.3]
 - Rett's syndrome [F84.2]
 - Asperger's syndrome [F84.5]
 - Other pervasive developmental disorders [F84.8]
 - Pervasive developmental disorder, unspecified [F84.9]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses
- Document patient interactions with others, response to verbal and nonverbal cues, ability to engage in reciprocal communication, ability to maintain eye contact.

Documentation examples:

- “Patient with autism demonstrates progress in independent skills and overall social engagement. Continues to have challenges with social sharing behaviors.”
- “Patient with Asperger’s syndrome whose mother reports continuing difficulties with repetitive questioning, cleanliness obsession, and concerned about inability to relate well in the classroom. Patient appears confused and depressed at times. Lessening of tremoring in both hands since discontinuation of Zoloft.”

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 condition they treat
- Specialist follow up as appropriate
- Labs or imaging ordered
- Follow up visit timeline (e.g., follow up in 3 months)
- Document counseling and/or care coordination provided

Sentara Health Plans Provider Care for Pediatric Members

Valerie Bowman Hicks, MD, FAAP

Pediatric Members

under 21 years of age

FAMIS Children: Comprehensive health coverage for uninsured children ages 0 through 18 not eligible for Medicaid. FAMIS is the Commonwealth's CHIP program, also referred to as Title XXI, administered by the Department and jointly funded by the state and federal governments.

FAMIS Plus: name given to the Virginia Medicaid program

EPSDT Eligibility

Virginia Medicaid covers EPSDT for children under 21 who are enrolled in FAMIS Plus or Medicaid.

FAMIS Fee for Service members under the age of 19 are also eligible for EPSDT services

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

***Federal law required by
all state Medicaid
programs to follow***

***Assures that health problems for
individuals under the age of 21 are
diagnosed and treated as early as
possible***

***Before the problem worsens and
treatment becomes more complex
and costly***

***Medicaid benefit with no special
enrollment procedure for members
to access EPSDT services***

EPSDT Screening Schedule

| Infancy | Early Childhood | Late Childhood | Adolescence |
|----------|-----------------|----------------|-------------|
| 3-5 days | 12 months | 5 years | 11 years |
| 1 month | 15 months | 6 years | 12 years |
| 2 months | 18 months | 7 years | 13 years |
| 4 months | 2 years | 8 years | 14 years |
| 6 months | 30 months | 9 years | 15 years |
| 9 months | 3 years | 10 years | 16 years |
| | 4 years | | 17 years |
| | | | 18 years |
| | | | 19 years |
| | | | 20 years |

EPSDT Goals



Early and Periodic Screening, and Diagnostic and Treatment



Identify Health Concerns

EPSDT Periodic Screenings or well child check-ups @ regular intervals

EPSDT Inter-periodic screenings, sick visits



Screening Components

Health & Developmental Hx

Unclothed physical exam

Standardized Hearing/Vision

Immunizations

Procedures

Health Education/Anticipatory Guidance



EPSDT other services/products or procedures

Medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem)

Identified through routine screening or examination

**service may be optional or limited under the state plan*



Early Intervention

Developmental delay detected under 3 years of age

Referral to the Infant and Toddler Connection of Virginia

Provide transportation if requested by the family



Dental Screenings

Oral inspection *Any age

Dental Referral @ initial medical screening ≥ 3 years

Dental Referral if need arises before 3 years of age



Loream & ipsum



Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

EPSDT Specialized Services

Approved through EPSDT benefit

**Not otherwise covered under the
Sentara Health Plans Medicaid**

**Allowable under Social Security Act
Section 1905 (a)**

**Determined to be medically
necessary by DMAS or contractor
(SHP)**

EPSDT Specialized Services



Lorem ipsum



Personal Care Services

Consumer or Agency Directed
Activities of Daily Living (ADL)
Special Maintenance
Special Supervision
Instrumental ADL

*



EPSDT Nursing

Private Duty Nursing
Limited to the hours of skilled medical care and skilled supervision needs
Determined by the plan of care signed by child's physician
Hours are approved by DMAS or contractor (SHP)



Audiology and Hearing

Performed after birth and before d/c from hospital
Audiology Services: provided by Otolaryngologist or licensed Audiologist
Hearing Aids/Cochlear Implants



Assistive Technology
Orthotics
Chiropractic services
School Based PDN
Specialized Medical Formula
Clinical Trials



Vision Services
Tobacco Cessation Services
Residential Substance Abuse Treatment



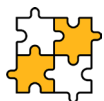
Loream & ipsum



Sentara Health Plan Member Support



Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)



Watch Me Grow

Certified Community Health Workers

Maternal Education

Well Child Visits

Immunizations

Health Screenings

Tracking Tools



Population Health

Population Health

Well Child Visits

Immunizations

Targeted age groups



Care Management

Interdisciplinary Care Plan and Care Plan Meeting

Dashboard Monitoring

Member/Guardian

Education



Health Related Social Needs

Transportation

Scheduling

Support

Provider Directory



Education and Collaboration

Live and Virtual Baby Showers
Maternal Child Health Education Classes

DentaQuest
Cardinal Care Smiles




Meeting the needs of pediatric members





Clinical Reference

Close Care Gaps

specific member information please log into www.providers.kp.org/mas .

Sentara Health Plans Provider Guides

Doula Program Guide

PDF, 2 MB Last Updated: 09/25/2024

Doing Business with Sentara Health Plans

PDF, 3 MB Last Updated: 04/14/2025

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Guide

PDF, 10 MB Last Updated: 08/28/2024

Medicaid Provider Desk Reference

[Authorizations](#) 

[Behavioral Health](#) 


[Billing and Claims](#) 

[Clinical Reference](#) 

[Find Doctors, Drugs and Facilities](#)

[News](#)

[Pharmacy](#) 

[Provider Support](#) 

[Close Care](#)

[Growth Measurement Tools](#)

[Clinical Guidelines](#)

[Medically Based Programs](#)

[Professional Resources](#)

[For Kids Only](#)

Documents and Forms

[Advanced Care Planning](#)

Information for providers regarding Advance Care Planning.

[Clinical Guidelines](#)

Clinical guidelines for health professionals in an easy-to-download format.

[Immunization Schedules](#)

View and print immunization schedules for children, adolescents, and adults.

[Well Child Forms](#)

Well Child forms are available for download.

[Authorizations ▾](#)[Behavioral Health ▾](#)[Billing and Claims ▾](#)[Clinical Reference ▾](#)[Find Doctors, Drugs and Facilities](#)[News](#)[Pharmacy ▾](#)[Provider Support ▾](#)[Close Care Gaps](#)[Home](#) > [Providers](#) > [Clinical Reference](#) > [Pediatric Obesity Prevention and Treatment Toolkit](#)

Pediatric Obesity Prevention and Treatment Toolkit

The pediatric obesity prevention and treatment toolkit includes:

SHP provides EPSDT services

Providing comprehensive health care services to children and adolescents under the age of 21 who are eligible for Medicaid

EPSDT Screening Dashboard

Vision
Hearing
Dental
Immunizations
Well-Child Visits
Lead Screening

Case Management

form a plan of care,
implement the plan of care,
evaluate the effectiveness of
the plan.



High Risk Pediatric Case
Managers
PDN
PCH

Chronic Disease Management

Diabetes
Asthma

Progeny Health

NICU members

Provider Education Resource:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Guide

<https://shc-p-001.sitecorecontenthub.cloud/api/public/content/871445d5bc1d4d358d3e5aec3cf0317f?v=da95814e>

HEDIS & Target Childhood Measures

Sandra L. Spencer, MSN, RN
Supervisor, 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.

Childhood Measures

| Measure | Age Requirements | Documentation Needed |
|---|---|--|
| CIS-E Childhood Immunization Status | Children by 2 years of age | <ul style="list-style-type: none"> • 4 DTaP • 3 IPV • 3 HIB • 3 Hep B • 4 PCV • 1 MMR • 1 Hep A • 1 VZV • 2 Flu • 2-3 RotaV |
| LSC – Lead Screening | Children by 2 years of age | <ul style="list-style-type: none"> • 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-E Immunizations for Adolescents | Adolescents 9 - 13 years of age 10 - 13 years of age 10 - 13 years of age | <ul style="list-style-type: none"> • 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 |

Childhood Measures- Issues and Actions for Compliancy

| Measure | Issues Impacting Compliance | Actions to Take |
|---|---|--|
| CIS-E Childhood Immunization Status | <ul style="list-style-type: none"> Immunizations given after 2nd birthday Missing documentation of complete series of immunizations given | <ul style="list-style-type: none"> 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 |
| IMA-E Immunizations for Adolescents | <ul style="list-style-type: none"> Many members only have one HPV that was given in timeframe Immunizations given after the 13th birthday or outside of date range | <ul style="list-style-type: none"> Keep an eye on when the 13th birthday will occur and coordinate the visits so that all vaccines will occur by 13 years of age |
| WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | <ul style="list-style-type: none"> Lack of documentation for physical activity/exercise counseling or referencing “outside play” or “likes to play” or “play as a family” BMI recorded as value instead of BMI % Percentile Reference to “appetite” or “picky eater” without further details of nutrition counseling | <ul style="list-style-type: none"> Make sure to note what the child does that is physically active, if referencing limit screen time also mention exercise counseling If BMI % not included, add BMI growth chart to documentation Note what the child is current eating or counseling on nutrition |

HEDIS Childhood Administrative Measure

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 OB/GYN during the measurement year

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

HEDIS Adult Measures

- Compliance Issues
- What's New for 2025

Sandra L. Spencer, MSN, RN
Supervisor, 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-Adult

| Measure | Issues Impacting Compliance | Actions to take |
|--|---|---|
| ALL MEASURES | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Need name and DOB or MRN clearly documented on every page Switch from hand-written documentation to an electronic (typed) version |
| BPD/CBP <ul style="list-style-type: none"> Blood Pressure-Diabetes Controlling High BP | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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) |
| CCS-E <ul style="list-style-type: none"> Cervical Cancer Screening | <ul style="list-style-type: none"> Documentation of "Hysterectomy" only | <ul style="list-style-type: none"> Need documentation of the type of hysterectomy with no residual cervix (TAH/TVH; "total" or "radical") |
| COA <ul style="list-style-type: none"> Care of Older Adults | <ul style="list-style-type: none"> Functional status assessment not including enough ADLs/IADLs Medication Review – Only including the code for the presence of a medication list | <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Eye Exam - Diabetes | <ul style="list-style-type: none"> No documentation of details on last diabetic eye exam | <ul style="list-style-type: none"> Need documentation of retinal/dilated eye exam by an eye care professional (who the professional was), the date and the results |
| PPC <ul style="list-style-type: none"> Prenatal/Postpartum Care | <ul style="list-style-type: none"> Lack of pregnancy diagnosis for confirmation of pregnancy visit with PCP | <ul style="list-style-type: none"> Need positive pregnancy test, as well as diagnosis of pregnancy |
| TRC <ul style="list-style-type: none"> Transitions of Care | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 |

What's' New for HEDIS 2025-Adult

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

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-M47.818, M47.896-M47.898, M48.061-M48.07, M48.08, M51.16- M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.88, M54.16-M54.18, M99.03, M99.04, S33.100 A, S33.9XXA, S39.002 A, S39.92XS

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

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

Breast Cancer Screening (BCS-E)

Percentage of women 40-75 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 # to send medical records at 844-518-0706

Questions?

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

Quality Team Contacts

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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: <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ 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 Mammography Van Schedule](#)

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

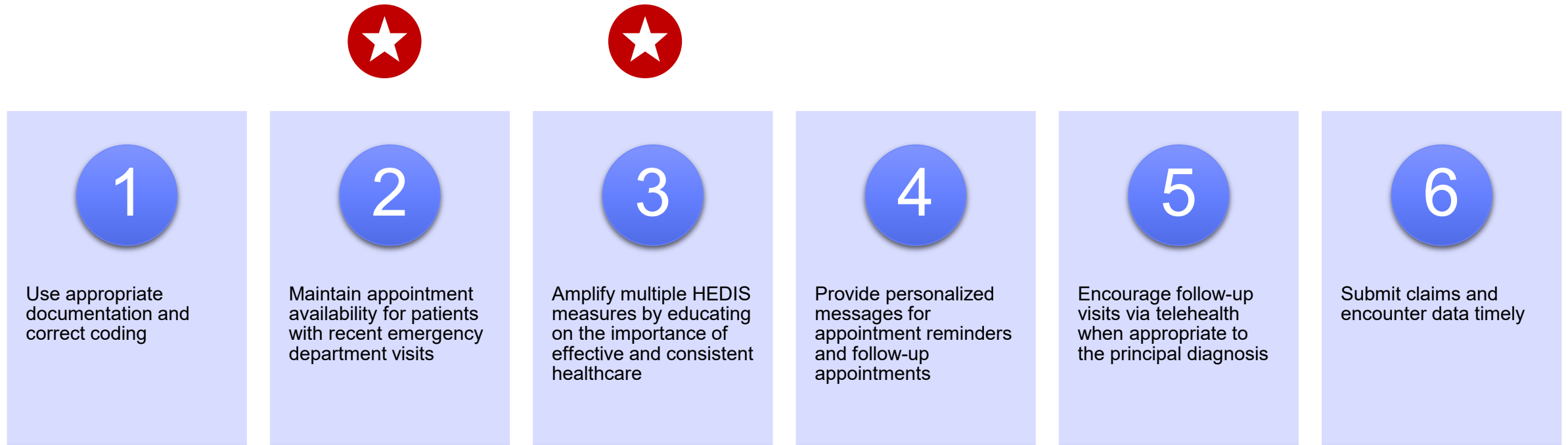


Mammography Van Schedule

- June 5, 2025, Sentara RMH Timber Way, 13892 Timber Way, Broadway, VA 22815
June 7, 2025, Downtown Festival Park, 215 Washington Street, Suffolk, VA 23434
June 9, 2025, Franklin High School, 310 Crescent Drive, Franklin, VA 23851
June 12, 2025, Sentara Princess Anne, 2025 Glen Mitchell Drive, Virginia Beach, VA 23456
June 13, 2025, Broad Creek Clinic, 3900 Hull Street, Richmond, VA 23224
June 19, 2025, Sentara Careplex, 4001 Coliseum Drive, Hampton, VA 23666
June 26, 2025- Sentara RMH East Rockingham Health Center, 13737 Spotswood Trail, Elkton, VA 22827

Best Practices

Care Gap Closure Best Practices



Questions?



Appendix

Mobile Mammography Van Schedule 2025



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 Coulter Street Staunton VA 24401 |
| Tuesday February 18, 2025 | 08:00-16:00 | Sentara RMH Timber Way 13892 Timber Way Broadway, VA 22815 |

<https://www.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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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) <small>★ CMS Stars Measure</small> | Members 45-75 years of age during the measurement year (2025) | Date of one of the following colorectal cancer screenings was performed: <ul style="list-style-type: none"> • 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 <small>★ CMS Stars Measure</small> | Members 66 years of age or older during the measurement year (2025) | Evidence of all three of the following from a visit during 2025: <ul style="list-style-type: none"> • 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 4 IADLs or 5 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 <small>★ CMS Stars Measure</small> | 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 <ul style="list-style-type: none"> • 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 2 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 2 years of age | <ul style="list-style-type: none"> • 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 2 years of age | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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  | Adults 18 – 85 years of age with 2 diagnoses of HTN | <ul style="list-style-type: none"> 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  <ul style="list-style-type: none"> BPD – Blood Pressure Control for Patients With Diabetes EED – Eye Exams for Patients With Diabetes GSD – Glycemic Status Assessment for Patients With Diabetes (formerly HBD) | Adults 18 – 75 years of age with the diagnosis of type 1 or type 2 diabetes | <ul style="list-style-type: none"> 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 A retinal or dilated diabetic eye exam by an eye care professional, the date and the results (2024 – 2025) 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 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 ages 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 |
|--|---|
| <p>*Childhood Immunization</p> <p>Children who turn 2 years old during the measurement year (2024)</p> <p>Vaccines must be completed on or before the second birthday.</p> <p>CPT Codes:</p> <p>Dtap: 90697, 90698, 90700, 90723</p> <p>IPV: 90697, 90698, 90713, 90723</p> <p>HiB: 90644, 90647, 90648, 90697, 90698, 90748</p> <p>Pneumococcal Conjugate: 90670, 90671</p> <p>Rotavirus (2 dose): 90681</p> <p>Rotavirus (3 dose): 90680</p> <p>VZV: 90710, 90716</p> <p>MMR: 90707; 90710</p> <p>Hepatitis A: 90633</p> <p>Hepatitis B: 90697, 90723, 90740, 90744, 90747, 90748</p> <p>Influenza: 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90765</p> <p>LAIV: 90660, 90672</p> | <ul style="list-style-type: none"> • 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). <p>Exclusions:</p> <ul style="list-style-type: none"> • 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. <p>Parental refusal is <i>not</i> an exclusion.</p> <p>Documentation of "immunizations are up-to-date" is not acceptable.</p> <p>Documentation of an immunization (such as the first hep B) received "at delivery" or "in the hospital" may be counted.</p> <p>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.</p> |

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) |

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) |

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 |