

## Provider Newsletter

Spring 2025

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## Sentara Health Plans News

## Introducing Health Simplified – A New Podcast from Sentara Health Plans

Navigating your health doesn't have to be complicated. In fact, it just got easier with *Health Simplified*, the new podcast from Sentara Health Plans that makes sense of complex health topics in a way that's clear, relatable, and easy to follow.

Each month, trusted experts from across Sentara's health system break down the topics that matter most, like menopause, postpartum depression, teen vaping, men's health, opioid addiction, and more.

Whether you're managing your own health or caring for someone you love, *Health Simplified* delivers real conversations with real experts—no fluff, just facts.

Watch on YouTube or listen on Apple, Spotify, iHeart, and wherever you get your podcasts.

New episodes drop on the first Tuesday of every month. Tune in and take the guesswork out of health care.



## New Sentara Health Plans' Benefit: Free Nutrition and Lifestyle Support for Autoimmune Patients

Sentara Health Plans is offering a new benefit to patients (18+) enrolled in our fully insured commercial plans. These patients will have free access to WellTheory, a personalized nutrition and lifestyle care program for autoimmune health. Patients with conditions such as Hashimoto's, Rheumatoid Arthritis, celiac, psoriasis, or undiagnosed symptoms like fatigue, brain fog, joint pain, and digestive issues are eligible.

WellTheory provides evidence-based support from registered dietitians and personal health coaches to help reduce inflammation, manage symptoms, and improve patients' quality of life.

Encourage eligible patients to enroll at welltheory.com/partner/sentara.

### Keeping Your Contact Information Up to Date

Accurate contact information is essential for seamless communication and ensuring our members can easily reach your practice. If your phone number has recently changed, please update it as soon as possible using our **Provider Update Form**.

We also encourage you to take a moment to verify other key details like your address, email address, and office hours to ensure everything is current.

Regularly updating your phone number and other details helps to:

- Ensure timely communication with our team and members.
- Maintain accurate directories for referrals and inquiries.

To view the provider directory, visit **sentarahealthplans.com**. Thank you for helping us provide the best care possible.

Verily Onduo has partnered with Sentara
Health Plans to help members with Type 2
diabetes manage their health. This program offers
a comprehensive digital therapeutic solution
specifically designed for Type 2 diabetes, delivered
through an integrated technology platform. Verily
Onduo provides personalized benefits that focus
on promoting behavioral changes for better health
using evidence-based interventions, specialized
coaching, and more.

Verily Onduo is covered by Sentara Health Plans for eligible insured commercial members, aged 18 and older, with a diagnosis of Type 2 diabetes. Eligible members must have a smartphone. Members can receive a blood glucose monitor (BGM) with unlimited supply refills, a trial continuous glucose monitor (CGM), the option for a long-term CGM prescription, and at-home A1c test kits. Verily Onduo can help your patients improve their A1c with streamlined support to develop and maintain a healthier lifestyle. Please note that for qualified high-deductible health plan members, there may be a cost associated with the program if their deductible has not yet been met.

To learn how your patients can enroll and discover more about Verily Onduo, visit **join.onduo.com/sentara**.



## Verily Onduo

### Understanding the Benefits of Collaborating with Sentara Health Plans' Care Management Team

#### How can Sentara Health Plans' care managers help your patients meet their health goals?

- The care manager team can discuss benefits with you as a provider and with your patients.
- Care managers can assist in managing your patients healthcare needs. Care managers can provide disease-specific education and provide your patients with information about community resources.
- Sentara Health Plans has care managers who specialize in all ages and populations.

#### **An Overview of Care Management (CM)**

Sentara Health Plans provides comprehensive care for individuals with complex medical needs through personalized and coordinated care management.

We do this by seeking to:

- · Improve the quality of care
- Enhance patient outcomes

- Optimize healthcare resources
- Provide personalized, coordinated, and cost-effective care

#### Departments providing CM services for your patients include:

- Cardinal Care management
- Welcoming Baby/Fosters/High-risk Infants/High-risk Pediatrics
- Nursing facility and waiver teams

- Addiction and Recovery Treatment Services (ARTS) and behavioral health (BH)
- Transition of care (medical and behavioral health)
- Chronic disease management

#### **Ways that CM Supports Members:**

- Avoids unnecessary emergency department visits
- Avoids preventable hospital admissions and readmissions
- Assists with the acquisition of durable medical equipment (DME)
- Assists members with local resources to address social determinants of health
- Connects with specialty providers

- Helps with pharmacy-related issues, such as delays in prior authorizations, formulary questions, incorrect prescriptions, or medication renewal delays
- Appointments for those experiencing worsening health conditions
- Condition-specific interventions and educational resources
- Members understand their benefits more clearly

#### **CM Supports your Patients Post-Discharge in Transition of Care Partnership:**

- Assists with medical admissions
- Aftercare resources:
  - Therapy
  - Medication management
  - Community-based services
  - Housing referrals

- ARTS/BH inpatient hospitalizations
  - Food
  - Peer support
  - Transportation



**How can a care manager help?** Your patient's care manager can answer questions about health care, schedule medical appointments, and help get the services they need.

If your patient is eligible, your care manager can arrange personal assistance services for personal care. Personal care helps older and disabled members with their daily needs. The goal is to allow the members a level of independence. Some examples of personal care include:

- Bathing
- Shopping
- Cooking
- Other services
- Laundry

#### What is a Plan of Care (PoC)?

- A PoC is a plan made by your patient's care manager and team to ensure your patient meets their health goals.
- It is based on the patient's health risk assessment (HRA). After an HRA is completed, the patient's care team will meet with the provider and the patient to discuss how to meet the patient's health goals.
- Together, the healthcare team will make a personalized plan to fit your patient's short and long-term health needs. This plan is updated as your patient's needs change.
- On April 1, 2025, skilled nursing facility (SNF) and inpatient rehabilitation (IPR) authorization requests for commercial members must be faxed to Sentara Health Plans at 1-844-715-6318 or 757-822-6201.

### **Critical Incident Reporting**

#### What Is a Critical Incident?

A critical incident is defined as any actual, or alleged, event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of a member. Critical incidents are categorized as either quality of care incidents, sentinel events, or other critical incidents as defined in the Sentara Health Plans Commercial and Medicare Provider Manual.

#### **Why Should Providers Report a Critical Incident?**

- Ensure patient/ member quality of care and safety
- Avoid repeatable errors
- Address areas of concern
- Comply with regulatory reporting requirements

#### **Critical Incident Types:**

- Abuse
- Attempted suicide
- Deviations from standards of care
- Exploitation, financial, or other
- Medical error

- Medication discrepancy
- Missing person
- Neglect
- Sentinel death
- Serious injury
- Theft
- Other

#### **Critical Incident Categories:**

**Quality of Care**: Any incident that calls into question the competence or professional conduct of a healthcare provider while providing medical services and has adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events. All sentinel events are critical incidents.

**Sentinel Event:** A patient safety event involving a sentinel death (not primarily related to the natural course of the patient's illness or underlying condition for which the member was being treated or monitored by a medical professional at the time of the incident) or serious physical or psychological injury, or the risk thereof. All sentinel events are critical incidents.

**Other Critical Incidents:** An event or situation that creates a significant risk to the physical or mental health, safety, or well-being of a member, not resulting from a quality-of-care issue and less severe than a sentinel event.

As mandated reporters, providers must report critical incidents to Sentara Health Plans within 24 hours of knowledge using one of the methods listed below. The **Provider Critical Incident Reporting Form** is available in the **provider toolkit** section listed under "forms on our website."



#### **How To Report:**

Email: CIReporting@sentara.com

Fax: **1-833-229-8932** 

Phone: **757-252-8400**, option 1 Toll-Free Phone: **1-844-620-1015** 

### **Quest Diagnostics Reminder**

Effective January 1, 2025, Quest Diagnostics is now the exclusive independent national laboratory provider of clinical laboratory and anatomic pathology services for members of Sentara Health Plans commercial and government programs. Sentara Reference Labs will remain in-network for all employer group plans, Individual & Family plans, Medicare Advantage, and D-SNP products statewide.

LabCorp no longer provides services to Sentara Health Plans members effective January 1, 2025. Their patient service centers will not be in-network to utilize as draw sites. In addition, providers collecting specimens within their office or facility should discontinue sending these to LabCorp for testing.

Review the operations update on **sentarahealthplans.com** for more information.

#### Well Child Visit Reward

Sentara Health Plans offers a \$25 gift card to Individual and Family Health Plans members for completing their annual well child visit! Members 3 to 21 years of age are eligible for this incentive.

Use these tips to help our members by encouraging them to complete a well child visit in 2025:

- Offer parents well-care appointment times outside of normal working hours
- Inform parents and members about the importance of regular check-ups
- Use appointment reminders and ensure parents are signed up to receive them
- Schedule the annual checkup during the current visit
- Mention the \$25 gift card incentive to the member or parent

Members may submit for their well child visit gift card at **sentarahealthplans.com**.





## **Medicaid Updates**

### Welcoming Baby<sup>SM</sup> Program

Welcoming Baby is Sentara Community Plan's incentive-based prenatal and postpartum care program for our members. It includes:

- Pregnant members from conception
- Birth
- Postpartum care for up to 12 months

 Watch Me Grow child outreach to babies from birth to 15 months

What do your patients receive from this program?

- One-on-one supportive services from a certified community health worker (outreach representative) and a maternity case manager and/or behavioral health maternity care coordinator
- Screening and referral to maternity case managers or care coordinators for care planning and goal setting
- Management of high-risk conditions
- Virtual and in-person <u>baby showers</u>

- Education and community referrals for identified needs
- Family planning, long-acting reversible contraception (LARC), and birth spacing education
- Access to breast pumps
- Maternal/child education series classes (virtual)
- Referrals to parenting resources, breastfeeding classes, and lactation services
- Virtual and in-person hospital tours
- · Timeliness of care incentives

Contact the Welcoming Baby outreach team

Phone: 1-844-671-2108 (TTY: 711) Monday through Friday 8 a.m.-5 p.m.

Email: welcomingbaby@sentara.com



#### **Timeliness of Prenatal and Postpartum Care**

Our members are encouraged to seek timely and consistent prenatal and postpartum care with their providers. Members receive reminders, education, and incentives from Welcoming Baby if they have their first prenatal visit within 42 days of enrolling with Sentara Community Plan or within their first trimester. Members will receive the same benefits if they have a timely postpartum provider visit within 7-84 days of giving birth.

#### **OB Registration Program: Early Identification of Pregnancy**

- Providers are eligible to receive a \$25 incentive for referring pregnant patients to Sentara Health Plans'
   Welcoming Baby program upon identification of pregnancy for Medicaid members.
- Providers must complete the <u>Welcoming Baby OB Registration Form</u>, fax it to Outreach at 804-799-5117, and submit a claim using the code G9001.
- Providers can also email the form to **welcomingbaby@sentara.com**.

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

- All Sentara Community Plan members, from birth to 20 years old, are eligible for EPSDT services. These
  services include annual wellness checkups with providers, pediatricians, primary care physicians, or general
  practitioners. Children can receive comprehensive health screening and developmental assessments, vision,
  dental, and hearing services, and medically necessary services as identified.
- With Sentara Community Plan, the Watch Me Grow, Infant and Child Wellness program screens children at birth through 15 months in the doctor's office or hospital, and other Sentara Community Plan children in the home, for any health needs and ensures access to care. Children identified with additional needs are referred to our internal high-risk pediatric case management for further assessment and follow-up. Parents are provided with education on timely well-child visits and immunizations to include oral healthcare and vision care.



## Billing Reminder: Personal Care Services

As a reminder, providers should bill for service according to the Department of Medical Assistance Services (DMAS) billing instructions as outlined in the **Provider Manual CCC Plus Waiver,** which states: "Only whole hours can be billed. If an extra 30 or more minutes of care are provided over the course of a calendar month, the next highest hour can be billed. If less than 30 extra minutes of care are provided over the course of a calendar month, the next lower number of hours must be billed. Providers may bill for services more than one time each month per member. However, the rounding up of hours is for the total monthly hours and not each time the provider bills DMAS."

Claims submitted to Sentara Health Plans that do not follow DMAS billing instructions, including obtaining proper authorization, will be denied.

This **includes, but is not limited to, the following** Long Term Services Support (LTSS) codes: S5102, S9123, S9124, T1002, T1003, and T1019.

### Clarification to Behavioral Health Providers

Behavioral health providers are reminded to submit claims for behavioral health services in accordance with the Department of Medical Assistance Services (DMAS) billing guidelines, as outlined in the **DMAS Provider Manuals**.

To ensure timely and accurate reimbursement, please adhere to the following:

- Submit claims using the correct billing codes and formats as specified in the DMAS manuals.
- **Obtain all required authorizations** following the DMAS authorization requirements.
- Claims that do not comply with DMAS billing instructions will be denied.

This **includes, but is not limited to, the following** behavioral health service codes:

S9445, T1012, H0024, H0025, H0036, H2011, H2017, H2018, H2033, S9485, H0040,

Rev 0100, H0011, H2036, H0010, H2034, S0201, H0015, H0006, H0023, H0035,

H0046, H2012, H2016, S9480, S9482, 97155

## Update on Three-Day Payment Window Implementation

As communicated in April 2024, Sentara
Health Plans has implemented the Three-Day
Payment Window in alignment the Centers for
Medicare & Medicaid Services (CMS) regulations.
The necessary claim edits have now been deployed
and are actively enforced.

For detailed billing instructions and updates, please refer to the **DMAS Provider Manuals Library**.

## Sentara Health Plans to Move CGM from the Medical Benefit to the Pharmacy Benefit for Medicaid Members

Effective August 1, 2025, Medicaid members who receive CGMs through their medical benefit will now have their CGMs covered through their pharmacy benefit. Members who currently have an active, approved prior authorization for these products will have their authorization moved to their pharmacy benefit. On or after August 1, 2025, Medicaid members will need to obtain these products from their local retail pharmacy. If members need assistance in locating an in-network pharmacy, they can visit **sentarahealthplans.com**.



#### Reimbursement for Rental of DME

Effective June 1, 2025, Sentara Health Plans will reimburse Medicaid providers in monthly increments for the rental of DME.

One unit of service for the rental of DME will receive the reimbursement rate for 30 days of service.

#### When submitting claims, providers must document the following:

- 1. Fnter '1' in the unit field.
- 2. Enter the start date of the rental period in the dates of service field.
- 3. Enter the end date of the rental period in the dates of service field.

Multiple months may be billed on the same claim form; however, providers must submit each month of rental on a separate line of the claim. Months will be counted as a rolling 30-day period from the start of the rental period. Providers will be reimbursed at a rate equivalent to 30 days of rental for each unit billed.

If the provider submits a claim with more than one unit in the unit field, the claim will be denied, and the provider will need to submit a corrected claim. If the provider submits a claim with one unit of service with dates of service of greater than one month on a single line, only one unit will be reimbursed per claim line.

Each rolling 30-day period of rental must be entered on a separate line of the claim form.

#### **Examples:**

- 1. Equipment was rented from January 15 to February 14:
  - Providers should submit a claim with '1' unit.
  - January 15 should be entered in the date of service field.
  - February 14 should be entered in the date of service field.

Providers will be reimbursed for 30 days.

- 2. Equipment was rented from January 15 to February 1:
  - Providers must submit a claim with '1' unit.
  - January 15 should be entered in the date of service field.
  - February 1 should be entered in the date of service field.

Providers will be reimbursed for 30 days.

- 3. Equipment was rented from January 15 to March 15:
  - Providers must submit a claim with '1' unit on the first line.
    - January 15 should be entered in the date of service field.
    - February 14 should be entered in the date of service field.
  - Providers must submit a claim with '1' unit on the second line.
    - February 15 should be entered in the date of service field.
    - March 15 should be entered in the date of service field.





## **Quality Improvement**

## Dr. Melvin T. Pinn, Jr. Quality Excellence Award

Sentara Health Plans is now accepting nominations for the 2026 Quality Excellence Award. We value quality and safety, especially when coordinating and managing care for our members. Sentara Health Plans has a physician recognition program to promote and salute excellence—the Dr. Melvin T. Pinn, Jr. Quality Excellence Award (QEA).

Founded in 2006, this prestigious award was created to recognize providers for their commitment to quality care. Dr. Pinn advocated for the medically underserved and was a pillar in the community. He received countless awards throughout his career for his many contributions to safe, high-quality patient care.

We will annually recognize an outstanding in-network provider who promotes safe clinical practice and delivery of quality care.

All Sentara employees, members, network providers, and provider office staff can nominate a physician from January 1 to December 31 each year.



To submit a nomination for the QEA award, click the link or use the QR code.

To read more about the QEA, visit **sentarahealthplans.com/qea**.

## Provider Satisfaction and Access Surveys

In July, our contracted survey vendor, Press Ganey, will conduct several surveys of participating providers that will assist Sentara Health Plans in identifying and prioritizing service improvements, allocating resources, and meeting the National Committee for Quality Assurance (NCQA) and government regulatory requirements.

#### **Appointment Access and After-hours Survey**

This survey determines how effectively providers meet our standards for appointment access and after-hours coverage. A random sample of providers will be selected to participate. Press Ganey will conduct the appointment access survey by phone during regular business hours and the after-hours survey by phone outside of business hours.

#### **Provider Satisfaction Survey**

A random sample of provider offices will receive mail, email, and/or a phone call from Press Ganey, asking them to participate in our Provider Satisfaction Survey. This survey asks providers to rate the services Sentara Health Plans gives to our providers and is an excellent tool for anonymous feedback and suggestions for operational areas within the health plan. We encourage your participation.



## The Significance of Hospital Readmission Reduction

Reducing hospital readmissions is crucial for several reasons, as shown below.

#### **Patient Well-Being**

- Emotional and physical impact: The stress, uncertainty, and disruption caused by repeated hospital visits can be emotionally draining to patients and their families. Physically, patients may face complications related to their health conditions or treatments.
- readmissions can erode patients' trust in the healthcare system. They may question the quality of care received during their initial hospital stay and wonder why they need to return so soon.

#### **Financial Implications**

- Cost to patients: Hospital readmissions often result in out-of-pocket expenses for patients. Copayments, deductibles, and other costs accumulate with each admission.
- Healthcare institutions' costs: Readmissions strain healthcare resources, including hospital beds, staff time, and medical supplies. Hospitals must allocate additional resources to manage these cases.
- Overall cost of care: The cumulative cost of readmissions contributes significantly to healthcare expenditures. Reducing readmissions can mitigate this financial burden.

#### **Resource Optimization**

- Efficient use of resources: When patients are readmitted, it diverts resources from other patients who also need care. By minimizing readmissions, we optimize resource allocation.
- Focus on preventive measures: Efforts to reduce readmissions encourage healthcare providers to focus on preventive strategies. This includes better discharge planning, patient education, and post-discharge follow-up.

Source: Dhaliwal, J. S., & Dang, A. K. (2024, June 7). Reducing hospital readmissions. StatPearls - NCBI Bookshelf.

https://www.ncbi.nlm.nih.gov/books/NBK606114/

# May is National Osteoporosis Awareness and Prevention Month

As a healthcare professional, you play a vital role in helping your patients maintain strong, healthy bones throughout their lives. National Osteoporosis Awareness and Prevention Month provides an excellent opportunity to enhance awareness, knowledge, and understanding. You can support your patients in the following ways:

- Educate patients about the importance of bone health, risk factors for osteoporosis, and benefits of early detection and treatment.
- Promote healthy lifestyles by encouraging your patients to adopt bone-healthy habits, such as a balanced diet rich in calcium and vitamin D, regular weight-bearing exercise, and avoiding smoking and excessive alcohol consumption.
- 3. Advocate for regular bone density screenings for at-risk patients to catch osteoporosis early and initiate appropriate interventions.
- 4. Collaborate with specialists such as endocrinologists, rheumatologists, and other specialists to develop comprehensive care plans for patients with osteoporosis.
- 5. Stay abreast of the latest clinical guidelines for prevention, diagnosis, and treatment.

For more information on Sentara Health Plans' Clinical Practice Guidelines on Osteoporosis, please visit <u>sentarahealthplans.com/providers/clinical-reference/clinical-quidelines</u>.

Source: LeBoff, M. S., Greenspan, S. L., Insogna, K. L., Lewiecki, E. M., Saag, K. G., Singer, A. J., & Siris, E. S. (2022). The clinician's guide to prevention and treatment of osteoporosis. Osteoporosis International, 33(10), 2049–2102. https://doi.org/10.1007/s00198-021-05900-y



#### Low Back Pain

The HEDIS® measure "Use of Imaging Studies for Low Back Pain" assesses whether imaging studies (plain x-ray, MRI, CT scan) are overused in the evaluation of members 18-75 years of age who present with low back pain within 28 days from the day of diagnosis. Clinical guidelines for treating patients with acute low back pain strongly recommend against the use of imaging in the absence of "red flag" conditions such as a history of cancer, osteoporosis, and IV drug use. Evidence shows that unnecessary or routine imaging of the lower spine before six weeks does not improve outcomes, but rather increases healthcare costs.

For more information on Sentara Health Plans Clinical Practice Guidelines on Acute and Chronic Low Back Pain, please visit **sentarahealthplans.com/providers/clinical-reference/clinical-guidelines**.

### Statin Use in Persons with Diabetes (SUPD)

Sentara Health Plans is committed to promoting the health and wellness of our members, including optimizing cardiovascular risk management for patients with diabetes. Below are some important facts about this pharmacy quality measure.

#### What is the measure?

The percentage of patients with diabetes who receive any statin therapy.

#### How is the measure defined?

Medicare Part D beneficiaries who are **40-75** years of age and were dispensed at least two diabetes medications **(denominator)** and received at least one statin medication **(of any intensity)** during the measurement year **(numerator)**.

Quality Measure	Target Group	Recommendation for Improvement
Statin therapy for patients with diabetes (SUPD)	Patients 40-75 years of age with diabetes and not currently taking statin therapy	Addition of any statin therapy (any dose)

#### Why is this important?

Diabetes is an independent risk factor for atherosclerotic cardiovascular disease (ASCVD). ASCVD is the leading cause of death in patients with diabetes. The increased prevalence of hyperlipidemia and other potentially coexisting conditions, such as hypertension, enhances the risk of cardiovascular disease in diabetic patients.<sup>2</sup> The current guideline recommendation from the American College of Cardiology/American Heart Association (ACC/AHA) and the American Diabetes Association (ADA) proposes statin therapy as a first-line treatment option for lowering cholesterol and reducing ASCVD risk in patients with diabetes.<sup>12</sup>

#### **Statin Intolerance**

Statin intolerance is defined as the inability to take any dose of statin therapy. This is uncommon and only affects less than five percent of patients.<sup>4</sup> For patients experiencing statin intolerance or side effects, we recommend prescribing a different statin, changing the dose, and/or dosing frequency (every other day or twice weekly).<sup>4</sup>

To exclude members from this quality measure for statin intolerance, a claim must be submitted annually using the appropriate ICD-10-CM codes below:

Condition	ICD-10-CM Codes
ESRD	l12.0, l13.11, l13.2, N18.5, N18.6, N19, Z91.15, Z99.2
Myositis	M60.80, M60.819, M60.829, M60.832, M60.849, M60.859.M 60.869, M60.879, M60.9
Myopathy	G72.0, G72.89, G72.9
Rhabdomyolysis	M62.82
Pre-Diabetes	R73.09, R73.09
Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69
PCOS	E28.2
Pregnancy & Lactation	Abbreviated List: O09-O16.0, O20-O36, O26.899, O40-O48.0, O91-O92, O98-O99, O99.891, Z33.1, Z34.00

These codes are only to be used to close STAR measure gaps and do not apply to payment or reimbursement.

#### Tips to help with measure compliance

- After a trial of statin therapy, prescribe a 90-day supply of the medication.
- If dose adjustments are warranted, please send an updated prescription to the pharmacy.
- Remind patients to use their prescription insurance when filling their medications.

#### Sources:

- American College of Cardiology (ACC)/American Heart Association (AHA). 2019. "ACC/AHA Guideline on the primary prevention of cardiovascular disease: executive summary." <a href="https://www.jacc.org/doi/epdf/10.1016/j.jacc.2019.03.009">https://www.jacc.org/doi/epdf/10.1016/j.jacc.2019.03.009</a>
- American Diabetes Association Professional Practice Committee. 2024. "Cardiovascular disease and risk management: Standards of Medical Care in Diabetes-2024." <a href="https://diabetesjournals.org/care/article/47/Supplement\_1/S179/153957/10-Cardiovascular-Disease-and-Risk-Management">https://diabetesjournals.org/care/article/47/Supplement\_1/S179/153957/10-Cardiovascular-Disease-and-Risk-Management</a>
- 3. Centers for Medicare & Medicaid Services (CMS). 2025. "Medicare 2025 Part C & D Start Ratings Technical Notes." <a href="https://www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf">https://www.cms.gov/files/document/2025-star-ratings-technical-notes.pdf</a>
- Journal of Clinical Lipidology. 2022. "NLA scientific statement on statin intolerance: a new definition and key considerations for ASCVD risk reduction in the statin intolerant patient." <a href="https://www.sciencedirect.com/science/article/pii/S1933287422001672?via%3Dihub">https://www.sciencedirect.com/science/article/pii/S1933287422001672?via%3Dihub</a>
- Pharmacy Quality Alliance (PQA). 2022. "Measure Overview."
   https://www.pqaalliance.org/measures-overview#pdc-dr



### Six Communication Strategies to Enhance Consumer Assessment of Healthcare Providers and Systems (CAHPS) Scores and Overall Patient Satisfaction

#### 1. Actively Listen and Provide Empathy

- Listen attentively: Make sure to listen to members without interrupting. This will help members feel valued and understood.
- Show empathy: Acknowledge members' feelings and concerns. Simple phrases like "I understand how you feel" can go a long way in building trust.

#### 2. Give Clear and Concise Communication

- Avoid jargon: Use plain language when explaining medical conditions, treatments, and procedures. This ensures members fully understand their care.
- Summarize key points: At the end of each visit, summarize the main points discussed and the next steps. This helps reinforce understanding and retention.

#### 3. Encourage Questions

- Ask open-ended questions to encourage members to share more about their concerns and experiences.
- Create a comfortable environment to let members know they can ask questions. This can be done by saying, "Feel free to ask any questions you have."

#### 4. Utilize Visual Aids and Written Materials

- Use diagrams, charts, and models to explain complex medical information.
- Provide written instructions for home care, medication schedules, and follow-up appointments to assist members in remembering their care plans.

#### 5. Follow-Up Communication

- Call or send messages to check on members after their visits. This can address any additional questions or concerns they may have.
- Send reminders for upcoming appointments and medication refills to help members stay on track with their care.

#### 6. Provide Staff Training

• Training on effective communication techniques and member-centered care helps ensure everyone in the practice is aligned to improve member communication goals.

#### Sources:

- CAHPS Health Plan Survey 5.0 measures. (n.d.). Agency for Healthcare Research and Quality. <a href="https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html">https://www.ahrq.gov/cahps/surveys-guidance/hp/about/survey-measures.html</a>
- 2. Essential Communication Skills for Improving Patient Outcomes. (2024, October 1). *Quality Interactions*. <a href="https://www.qualityinteractions.com/blog/essential-communication-skills-for-improving-patient-outcomes">https://www.qualityinteractions.com/blog/essential-communication-skills-for-improving-patient-outcomes</a>





## Authorizations, Medical Policies, and Billing

### **Authorization Updates**

<u>Visit our website</u> to view the most recent authorization updates. Access all current behavioral health, DME, imaging, medical, obstetrics, pharmacy, and surgical policies at <u>sentarahealthplans.com/providers/clinical-reference/medical-policies</u>.

View the related authorization forms on **sentarahealthplans.com**.



## Pharmacy

### Pharmacy Formulary Updates

The Sentara Health Plans Pharmacy and Therapeutics Committee (P&T) meets at least bimonthly to provide strategic clinical direction on formulary management and clinical programs. Clinical recommendations made by the committee may result in drug formulary placement updates. These updates help ensure that the most clinically appropriate, cost-effective formulary drugs remain accessible and that contractual obligations are maintained.

Formulary updates for our commercial, exchange, FAMIS, Medicaid, and Medicare lines of business can be found on our **website**.

Once at the 'Formularies and Drug Lists' page, choose the appropriate line of business. The 'Quarterly Pharmacy Changes' document(s) are updated quarterly. Updates are posted a minimum of 60 days before implementation.





## Important Updates and Reminders

### Register for Our Upcoming Webinars

Mark your calendars to join our upcoming quarterly educational sessions. **Visit our website** to learn more and register. Presentations from previous sessions are also available.

#### **Provider Quality Care Learning Collaborative**

June 4 at 12 p.m. July 2 at 12 p.m.

#### **New Provider Orientation**

June 5 at 8 a.m. June 11 at 1 p.m. June 17 at 8 a.m.

#### **Authorization Tips & Updates**

June 10 at 7 a.m. June 12 at 12 p.m.

#### **Claims Brush-up**

June 18-1 p.m.

#### Stay connected!

Follow Sentara Health Plans on social media for updates that support your patients and practice.

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