



Provider Quality Learning Collaborative

February 4, 2026



Welcome to Sentara Health Plans

Sunil Sinha, MD

Medical Director, Value Based Care/
Provider Network

Purpose

1. Provide a platform to build strong relationships with our practice partners.
2. Share resources and best practices to improve health care outcomes, increase HEDIS measure compliance, close care gaps and increase quality scores.
3. Decrease interruptions caused by multiple outreaches to provider offices from the health plan.

You are welcome to post your questions in the chat.

Agenda

Welcome

HEDIS

- Year End Summary – 2025
- What's New in 2026
- Annual Wellness Visit (AWV)
- Tips for Avoiding Non-Compliance During Medical Record Review

Pharmacy Updates – 2026

Member Incentives – 2026

How Can Sentara Health Plans Help You?

Q & A

Closing Remarks

HEDIS/Quality

Jennifer J. Williams, BSN, RN

Senior Quality Improvement Coordinator HEDIS



Year End Measurement Year 2025

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

Time to Prepare for HEDIS® Medical Record Review

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

What's New for HEDIS MY2026

New Measures

Risk Adjusted Utilization Measures:

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

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

Changes to Existing HEDIS Measures:

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

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

Retired Measures:

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

Annual Wellness Visit (AWV)

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

HCPCS Codes for AWV:

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

Care for Older Adults (COA)

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

- Medication Review
- Functional Status Assessment

CPT /CPT Cat II Codes for COA:

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

Medication list: 1159F

Transition care management: 99495, 99496

Functional Status Assessment: 1170F, 99483

HEDIS Hybrid Measure Issues and Actions for Compliancy-Adult

Measure	Issues Impacting Compliance	Actions to take
ALL MEASURES	- Medical records do not have a name and DOB or MRN on every page, so oftentimes unable to verify that the medical record belongs to the same member - Hand-written documentation in medical records is often difficult to interpret	- Need name and DOB or MRN clearly documented on every page - Switch from hand-written documentation to an electronic (typed) version
BPD/CBP - Blood Pressure-Diabetes - Controlling High BP	- Lack of documentation for BP re-takes when BP elevated - Lack of documentation of BP value or "average" value during a telehealth or telephone visit	- Recheck BP if > 140 and/or >90, document original and retake - During telehealth visits document BP taken by member with a digital device or average BP (no ranges)
COA Care of Older Adults	- Functional status assessment not including enough ADLs/IADLs - Medication Review – Only including the code for the presence of a medication list	- Need to document at least 5 ADLs and/or 4 IADLs - Need to include the second code that indicates a medication review took place
EED Eye Exam - Diabetes	No documentation of details on last diabetic eye exam	Need documentation of retinal/dilated eye exam by an eye care professional (who the professional was), the date and the results
PPC Prenatal/Postpartum Care	Lack of pregnancy diagnosis for confirmation of pregnancy visit with PCP	Need positive pregnancy test, as well as diagnosis of pregnancy
TRC Transitions of Care	- No documentation of when provider is notified of member's hospital admission and/or when provider receives member's DC summary - Follow up after inpatient admission - lack of documentation stating admission or inpatient stay along with hospitalization dates	- Need documentation of the date when provider is notified of member's inpatient admission and when DC summary is received along with provider signature or initials - Include documentation that references visit for "hospital follow-up", "admission", "inpatient stay" along with dates of admission

Childhood Measures - Issues and Actions for Compliancy

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

How You Can Assist in Closing Gaps in Care

- What is the best process for retrieving records to close gaps in care for HEDIS 2026
 - 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



Sentara Health Plans Pharmacy Updates

Theresa Carpenter
Manager, Clinical Pharmacy

1. Formulary Management Strategies
2. 2025 New Drug Approvals
3. Me-Too or Clinically Equivalent Drugs
4. GLP-1s
5. 2026 Pipeline
6. Electronic Prior Authorizations (ePA)



How are Formulary/Policy Decisions Made?

Monitor new drug approvals, indications, prescribing trends, prior authorization requests to determine agenda



Research pivotal trials, clinical literature, guidelines, safety



Understand the market – utilization, competitors, cost, value, physician feedback



Propose recommendations to the Pharmacy and Therapeutics (P&T) Committee



Reassess decisions for impact, real-world data

2025 New Drug Approvals- Key Highlights

Total Novel Drug Approvals: 46 new drugs approved by the U.S. FDA in 2025

Rare Diseases and Unmet Need

- Twenty-three novel drugs received Orphan Drug Designation, supporting the treatment, diagnosis, or prevention of rare diseases.
- Approvals span oncology, genetic disorders, immunologic diseases, and other areas where limited treatment options previously existed.

Biosimilar Development

- 18 biosimilars in 2025
- Including biosimilars for reference drugs Stelara, Prolia, Xgeva, and Actemra

2025 New Drug Approvals- Key Highlights

Drug Name	Route	Commercial Benefit Type	Indication	Annual Cost (est.)	US Prevalence/Incidence
Andembry	SC	Dual	Hereditary Angioedema	\$440,000	~6,000 in US; ~1:10,000–1:150,000 globally
Anzupgo	Topical	Pharmacy	Chronic Hand Eczema	\$23,832	Affects 9.6% of adult US population
Avmpaki Fakzynja	Oral	Pharmacy	Ovarian Cancer	\$350,000	~20,890 new US cases annually
Brinsupri	Oral	Pharmacy	Non-Cystic Fibrosis Bronchiectasis	\$88,000	~500,000 in US; ~70,000 new cases annually
Ctexli	Oral	Pharmacy	Cerebrotendinous Xanthomatosis	\$634,324	~1:70,795–1:233,597 in US; higher in US Asian population
Datroway	IV	Medical	Breast Cancer	\$84,777	HR+/HER2- ~91.3 per 100k women (2018–2022)
Dawnzera	SC	Pharmacy	Hereditary Angioedema	\$691,704	~6,000 in US; ~1:10,000–1:150,000 globally
Ekterly	Oral	Pharmacy	Hereditary Angioedema	\$33,440	~6,000 in US; ~1:10,000–1:150,000 globally
Emrelis	IV	Medical	Non-Small Cell Lung Cancer	\$500,000	~51.7 per 100k; ~169,637 incident cases (2022)
Encelto	Intravitreal	Medical	Idiopathic Macular Telangiectasia Type 2	\$500,000	~0.1% of US (~250,000)
Gomekli	Oral	Pharmacy	Neurofibromatosis Type 1	\$360,000	~1:2,500–1:3,000 in US
Hernexeos	Oral	Pharmacy	Non-Small Cell Lung Cancer	\$312,000	~51.7 per 100k; ~169,637 incident cases (2022)
Ibtrozi	Oral	Pharmacy	Non-Small Cell Lung Cancer	\$353,856	~51.7 per 100k; ~169,637 incident cases (2022)
Imaavy	IV	Medical	Generalized Myasthenia Gravis	\$300,000	~37 per 100k in US (2021)
Inluryio	Oral	Pharmacy	Breast Cancer	\$352,000	HR+/HER2- ~91.3 per 100k women (2018–2022)
Jascayd	Oral	Pharmacy	Progressive Pulmonary Fibrosis	\$237,000	~6.9–70.3 per 100k in US
Lynozytic	IV	Medical	Multiple Myeloma	\$454,000	~35,000 new US cases/year
Modeyso	Oral	Pharmacy	Diffuse Midline Glioma	\$300,000	~3,940 living with tumor in US
Onapgo	SC	Dual	Parkinsons Disease	\$100,000	~1,000,000 in US; ~1.3M by 2030
Palsonify	Oral	Pharmacy	Acromegaly	\$352,800	~13.7 per 100k in US
Papzimeos	SC	Medical	Recurrent Respiratory Papillomatosis	\$750,000	~20,000 active cases in US
penpulimab-kcq	IV	Medical	Nasopharyngeal Carcinoma	\$200,000	<1 per 100k annually in US
Qfitlia	SC	Dual	Hemophilia A or B	\$642,000	~30,000–33,000 males in US
Rhapsido	Oral	Pharmacy	Chronic Spontaneous Urticaria	\$66,000	~0.78% prevalence in US
Romvimza	Oral	Pharmacy	Tenosynovial Giant Cell Tumor	\$150,000	~14,500 incident cases (2022)
Sephience	Oral	Pharmacy	Phenylketonuria	\$492,000	~1:10,000–1:15,000 births; ~13,500 in US (2024)
Vanrafi	Oral	Pharmacy	Immunoglobulin A Nephropathy	\$162,500	~2.1–2.2 per 100k in US
Vykat XR	Oral	Pharmacy	Hyperphagia in Prader-Willi Syndrome	\$466,000	~2.7 per 100k in US
Wayrilz	Oral	Pharmacy	Immune Thrombocytopenia	\$210,000	~9.5 per 100k in US
Yeztugo	SC	Dual	HIV Pre-Exposure Prophylaxis	\$16,930	~600,000 using PrEP (2024)
Zevaskyn	Topical	Medical	Recessive Dystrophic Epidermolysis Bullosa	\$3,100,000	~95 per million live births in US

Me-Too/Clinically Equivalent Drugs

Drugs that share similar mechanisms, indications, and real-world outcomes — without meaningful differences for most members

- Same efficacy & safety
- Member affordability
- Responsible stewardship of resources



CED DRUG	FORMULARY DRUG	CHEMICAL	COST OF CED	COST OF CED/30DS	COST OF FORMULARY	COST OF FORMULARY/30DS
VABRINTY 22.5 MG SYRINGE KIT	ELIGARD 22.5 MG SYRINGE KIT	LEUPROLIDE ACETATE	\$16,560.00	\$5,520.00	\$1,626.08	\$542.03
VABRINTY 30 MG SYRINGE KIT	ELIGARD 30 MG SYRINGE KIT	LEUPROLIDE ACETATE	\$22,080.00	\$5,520.00	\$2,168.11	\$542.03
VABRINTY 45 MG SYRINGE KIT	ELIGARD 45 MG SYRINGE KIT	LEUPROLIDE ACETATE	\$33,120.00	\$5,520.00	\$3,252.16	\$542.03
ESCITALOPRAM 15 MG CAPSULE	ESCITALOPRAM 5 MG TABLET	ESCITALOPRAM OXALATE	\$6.80	\$204.00	\$0.31	\$27.90
	ESCITALOPRAM 10 MG TABLET	ESCITALOPRAM OXALATE	\$6.80	\$204.00	\$0.41	\$18.45
ZANAFLEX 8 MG CAPSULE	TIZANIDINE HCL 4 MG CAPSULE	TIZANIDINE HCL	\$69.98	\$6,298.20	\$0.39	\$70.20
	TIZANIDINE HCL 4 MG TABLET	TIZANIDINE HCL	\$69.98	\$6,298.20	\$0.13	\$23.40
XROMI 100 MG/ML SOLUTION	HYDROXYUREA 500 MG CAPSULE	HYDROXYUREA	\$6.16	\$3,696.00	\$0.43	\$51.60

The GLP-1s keep coming

Type 2
Diabetes

MASH

Obesity /
Overweight

Decrease Risk
of CKD
Progression*

Decrease Risk
of CV Events

Obstructive
Sleep Apnea

Diabetic
Retinopathy

Peripheral
Arterial
Disease

Alzheimer's
Disease

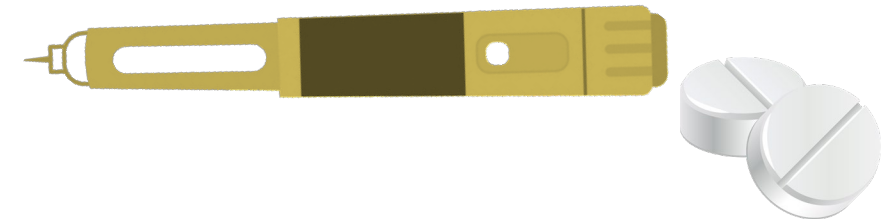
Chronic
Heart Failure

Osteoarthritis
of Knee

FDA approved indications



Pipeline



2026 Pipeline

DRUG PIPELINE- 1H 2026			
BEHAVIORAL HEALTH	DERMATOLOGY	HEMATOLOGY	OPHTHALMOLOGY
SMOKING CESSATION	PLAQUE PSORIASIS	HEMOPHILIA A	RETINITIS PIGMENTOSA
CARDIOLOGY	PUSTULAR PSORIASIS	PROTOPHOPHYRIA	LEBER AMAUROSIS
CHRONIC HEART FAILURE	DIABETES	INFECTIOUS DISEASE	LEBER HERIDITARY NEUROPATHY
HYPERTENSION	TYPE 2 DIABETES	COMPLICATED UTI	RHEUMATOLOGY
CNS	ENDOCRINE	RECURRENT RESPIRATORY PAPILLOMATOSIS	SJOGRENS DISEASE
MYASTHENIA GRAVIS	CHRONIC WEIGHT MANAGEMENT	IMMUNOLOGY	
MUSCULAR DYSTROPHY (DUCHENNE AND LIMB GIRDLE)	VON GIERKE DISEASE	ANAPHYLATIC REACTIONS	
FRIEDREICHS ATAXIA	MUCOPOLYSACCHARIDOSIS	LEUKOCYTE ADHESION DEFICIENCY	
SPINAL MUSCULAR ATROPHY	ONCOLOGY	NEPHROLOGY	
NARCOLEPSY	POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER	IGA NEPHROPATHY	
OTOFERLIN-RELATED HEARING LOSS	BREAST CANCER	PULMONARY	
PARKINSONS DISEASE	CONDITIONING FOR STEM CELL TRANSPLANT	APAP	

- Specialty and Orphan drug applications submissions continue to grow
- GLP-1 drugs and indications (heart failure, peripheral artery disease)
- New biosimilars (Eylea and Xolair)
- Gene therapies and cancer care continues to be a major focus

Benefits of electronic Prior Authorization

Faster PA decisions

Research published in the Journal of the American Pharmacists Association showed ePA reduced decision times by 13 hours on average

J. Am. Pharm. Assoc. (2022) – ePA Study of 40k+ transactions

Less administrative work

Integrated into EHR workflows; eliminates phone and fax.

Fewer errors

Less guessing which form, ePA allows for the correct clinical questions set for the drug, formulation, route, reducing misrouted or incomplete submissions

Compliance with future federal standards

CMS' new interoperability and prior authorization rule (CMS-0057-F) does not apply to drug prior authorizations but early adoption of ePA will prevent disruption as payers phase out manual fax and phone-based processes

How Providers can start using Surescripts ePA

Option 1: Use Your EHR's Built-In ePA

- Many EHRs support Surescripts ePA solutions such as CompleEPA.

Option 2: Use the Surescripts Prior Authorization Portal

- Submit and track requests electronically if EHR is not enabled.
- sentarahealthplans.com/en/providers/provider-portals

Best Practices

- Ensure complete directions; avoid vague instructions; include PRN indication.



Sentara Health Plans is actively working toward a partnership with CoverMyMeds

Member Incentives that Close Gaps in Care

Rosalind Jenkins

Manager, Provider Training & Education



Sentara Health Plans Medicaid Member Incentives 2026

Please contact **Asha Tillery**

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

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

Sentara Health Plan MEDICAID Incentives	Reward Amount	Qualifying Members
Breast Cancer Screening	\$15	Women 40 – 74 years of age
Cervical Cancer Screening	\$15	Females 21 – 64 years of age
Child and Adolescent Well Care	\$15	Children turning 3 through 21 in the measurement year
Childhood Immunizations	\$15	Children turning 2 in the measurement year
Chlamydia Screening in Women	\$10	Females 16 – 24 years of age
Colorectal Cancer Screening	\$15	Members 45 – 75 years of age
Comprehensive Diabetes: ▪ Eye Exam- Retinal or Dilated ▪ Kidney Health Evaluation ▪ Hemoglobin A1C Control ▪ BP Control	\$15 \$10 \$15 \$10	Members 18 – 75 years of age with diabetes (Type 1 and Type 2)
Controlling High Blood Pressure	\$10	Members 18 – 85 years of age with Diagnosis of Hypertension
Flu Vaccination	\$10	Members 18 – 64 years of age
Immunizations for Adolescents	\$15	Children turning 13 in the measurement year
Lead Screening	\$10	Children turning 2 in the measurement year
Prenatal and Postpartum Care ▪ Initial Assessment ▪ Physician Visit ▪ Postpartum Visit ▪ Postpartum Assessment	\$15 \$20 \$15 \$15	Pregnant Members who deliver a live birth between October 8, 2025 and October 7, 2026
Weight Assessment and Counseling for Nutrition and Physical Activity	\$10	Children turning 3 through 17 in the measurement year
Well Care First 30 Months	\$15	Children turning 30 months in the measurement year

Sentara Health Plans Medicare Healthy Rewards 2026

Please contact **Nicole Myers**
Manager Quality Performance and
Outreach with any questions
namyers@sentara.com
757-373-9779

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

How Can Sentara Health Plans Help You?

Ebony Franklin
Network Relations Manager

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



Care Gap Closure Best Practices



1

Use appropriate documentation and correct coding

2

Maintain appointment availability for patients with recent emergency department visits

3

Amplify multiple HEDIS measures by educating on the importance of effective and consistent healthcare

4

Provide personalized messages for appointment reminders and follow-up appointments

5

Encourage follow-up visits via telehealth when appropriate to the principal diagnosis

6

Submit claims and encounter data timely

Join the Provider Quality Learning Collaborative Monthly

February – November
12-1 p.m.

Visit the Care Gaps page for related resources

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

Support Visits



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

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

Provider Education - 2026

Provider Newsletter Schedule

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

➤ Provider Quality Care Learning Collaborative: 12 - 1 p.m.

- March 4 – Possible Preventable Admissions and Best Practices
- April 1 – Provider Spotlight – Blood pressure checks and elevated A1C

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

- February 10
- May 12

➤ New Provider Orientation

- February 11 and 19
- March 3, 11 and 19

➤ Claims Brush Up Clinics: 1 - 2 p.m.

- March 11
- June 17

➤ Lunch & Learn - Provider Website Tours: 12 – 1 p.m. (New Provider Orientation Part 2 & Refresher)

- February 12 and 24
- March 10 and 26

➤ Appeals, Reconsiderations and Contestment Process: 1 – 1:30 p.m.

- April 8

View Schedule/Register



Register Today 😊

[View Schedule/Register](#)



March 4th designed primarily for general practice and pediatric providers and their staff interested in reducing preventable admissions, specifically in patients diagnosed with diabetes, congestive heart failure, and asthma/COPD. We will provide an overview of our disease management programs and review how we can partner using our care management teams and resources provided by the health plan. Our quality and risk management teams will review best practices for medical record and risk code documentation.

April 1st designed for all providers and their staff interested in discovering new workflow ideas to improve care gap performance. You will hear a provider's journey to utilize their EMR "ticketing" system to electronically schedule nurse visits for blood pressure rechecks and lab visits for elevated A1c results. Our quality team will introduce a new provider resource which will soon be available that outlines developmental screening best practices.

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

Let's Talk

Any questions you want to ask?

Any challenges you would like to discuss?

Any successes you would like to share?



Appendix

Helpful Resources



Useful Contacts

Frequent Sentara Health Plans Contacts – Members

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

Frequent Sentara Health Plans Contacts – Quality

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

Things to Consider to Improve Quality Gap Closure

Early Visits

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

Pre-visit Planning

Include orders in chart in advance

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

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

Daily Huddle

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

Pre-identify challenging patients to plan time accordingly

Boosts productivity and teamwork

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

Templates

Creating EMR templates and rooming protocol

Ask about all quality components and record dates of completion

Record where things were done so you can retrieve records

EMR

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

Grant EMR access to health plan

Billing & Member Incentives

Use NCQA recommended billing codes

Encourage patients to learn their plan's incentive programs

Resources

Care Gap Closure Resources [Value-Based Care](#) | [Providers](#) | [Sentara Health Plans](#)

[Annual Wellness visit and Annual Routine Physical Exam](#)

[Comprehensive Care Gap Documentation Guide 2025](#)

[SHP-HEDIS Measures for 2025](#)

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

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

Provider Tool Kit [Provider Toolkit](#) | [Providers](#) | [Sentara Health Plans](#)

Provider Manuals [Provider Manuals and Directories](#) | [Providers](#) | [Sentara Health Plans](#)

Medical Policies [Medical Policies](#) | [Providers](#) | [Sentara Health Plans](#) | [Sentara Health Plans](#)

Prior Authorization Tool to review if authorization is required [Search PAL List: Sentara Health Plans](#)

Jiva Tutorial / Demo [JIVA Resources](#) | [Providers](#) | [Sentara Health Plans](#) | [Sentara Health Plans](#)

Billing and Claims [Billing and Claims](#) | [Providers](#) | [Sentara Health Plans](#)