

Provider Quality Care Learning Collaborative

August 6, 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. Pharmacy Update
- C. The Medical Director's Corner
- D. How Can Sentara Health Plans Help You?
- E. Q & A
- F. Closing Remarks

Pharmacy Update

Jessica Daw,
Vice President, Pharmacy



Top Indications/Rank by Line of Business


Drug Indication	MAPD	DSNP	Medicaid	CCC+	On/Off Exchange	Commercial
Diabetes	1	1	2	1	2	2
Cancer	2	3	9	5	3	3
Anticoagulant	3	5		8	6	7
Inflammatory	4	2	1	3	1	1
COPD	5	7		9		
HIV	6	6	3	4	4	4
Pulmonary Hypertension	7					
Asthma	8	9	8	7	7	9
GI disorders	9				10	10
High Cholesterol	10					
Mental Diseases		4	6	2		
Seizures		8		6		
Tardive Dyskinesia		10				
Atopic Dermatitis			4		5	5
Attention Disorders			5			
Chemical Dependence			7	10		
Other Specialty					9	6
Migraine Headaches			10		8	8

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

What's happening in Pharmacy?

- ✓ Legislative/Regulatory Changes
- ✓ Tariffs
- ✓ Pharmacy network/access
- ✓ High pharmacy trend
- ✓ Drug shortages
- ✓ e-PA

Inflation Reduction Act impacts 2026 (Medicare)


2026 MFP

- Maximum Fair Price (MFP)
- CMS negotiated the price for 10 Part D drugs for 2026 and 15 Part D drugs for 2027
- Impacts the actuarial model for bids – shift from rebates to lower ingredient cost


2026 MTF DM

- Facilitates data exchange between the pharmaceutical manufacturer and the dispensing pharmacy
- Require pharmacies to be enrolled in the Medicare Transaction Facilitator Data Module (MTF DM) through Part D sponsor network pharmacy contracts

2026 MFP

- 
- Actuarial model shifts – less rebates; ingredient cost is lower
 - May lead to new formulary edits (step therapies)
 - Biosimilar uptake may be negatively impacted for certain drugs
 - Impacts to market pricing – other patient populations like Commercial/employer groups

2026 MTF DM

- 
- Risk of pharmacies not providing access to MFP medications
 - Pharmacy cash flow issue
 - Network contract updates

Single PBM - Medicaid

- By 7/1/26, select and contract with a single TPA to serve as the state PBM
- All MCOs will contract with one PBM

C. The Department's contract with the state pharmacy benefits manager shall:

- 1. Establish the state pharmacy benefits manager's fiduciary duty owed to the Department;*
- 2. Require the use of pass-through pricing;*
- 3. Require the state pharmacy benefits manager to use the common formulary, reimbursement methodologies, and dispensing fees established by the Department;*
- 4. Require transparency in drug costs, rebates collected and paid, dispensing fees paid, administrative fees, and all other charges, fees, costs, and holdbacks; and*
- 5. Prohibit the use of spread pricing.*

- Kentucky, Ohio, Louisiana, and Mississippi have similar models in place
- Independent consultant to evaluate/study the impacts of the single PBM

The Pharmacy Network Landscape

Why Walgreens, CVS and Rite Aid are closing thousands of drug stores across America



THE BOTTOM LINE

Pharmacy deserts are appearing across U.S. as Rite Aid, Walgreens, CVS drug store closures spread

Rite Aid files for second bankruptcy in two years

More US Pharmacies Closed Than Opened In 2018–21; Independent Pharmacies, Those In Black, Latinx Communities Most At Risk

Over 300 Pharmacy Closures Reported in the Last 3 Months

March 14, 2025

<https://www.cnn.com/2024/06/28/business/walgreens-cvs-closing/index.html#:~:text=A%20Walgreens%20store%20in%20Queens%2C%20New%20York.&text=Walgreens%20said%20Thursday%20that%20it,close%20up%20to%20500%20stores.>

[Pharmacy Closures Are a Prescription for Catastrophe | New York Tech](#)

[Pharmacy deserts appear across U.S. as drug stores closures spread](#)

<https://www.cnbc.com/2025/05/05/rite-aid-files-for-second-bankruptcy-in-two-years.html>

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.00192>

<https://www.drugtopics.com/view/over-300-pharmacy-closures-reported-in-the-last-3-months>

Drivers of Drug Trend



Specialty Drugs

- 50% of the pharmacy spend
- Anti-inflammatory, atopic dermatitis, oncology
- Biosimilars
- Pipeline



Non-Specialty Drugs

- GLP-1s
- HIV
- Drugs to treat and prevent migraines
- Anticoagulants



Drug Shortages

- Generics and brand drugs
- Increased demand
- Manufacturing problems
- Active ingredient shortages
- Natural disasters

Pharmacy Star Measures

Name of Measure	Measurement
Diabetes Adherence	Percentage of members on diabetes medications that have a Proportion of Days Covered (PDC) 80% or better
Hypertension Adherence	Percentage of members on hypertension (RASA) medications that have a Proportion of Days Covered (PDC) 80% or better
Cholesterol Adherence	Percentage of members on cholesterol (statin) medications that have a Proportion of Days Covered (PDC) 80% or better
Statin Use in Diabetes (SUPD)	Percentage of members ages 40-75 who have diabetes (defined as 2 fills of a diabetes medication) that have at least one fill of a statin
Statin Use in Cardiovascular Disease (SPC) – PART C	Percentage males ages 21-75 or females ages 40-75 who have ASCVD and have had at least one fill of a moderate or high intensity statin
Concurrent Use of Opioids and Benzodiazepines (COB)	Percentage of members with two fills of opioids and two fills of benzodiazepines that overlap by at least a cumulative 30-day supply
Polypharmacy – Anticholinergics (Poly-ACH)	Percentage of members with two fills of at least two anticholinergic medications on different dates of service that overlap by at least a cumulative 30-day supply

The Medical Director's Corner

Dr. Sinha

Agenda

- DSP Documentation Overview
- DSP for Nephrology & Genitourinary

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 Nephrology & Genitourinary

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 **Hematology/Oncology** 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

DSP for Common Conditions: Nephrology & Genitourinary

Not a complete list

D - Diagnosis

Document and code established definitive diagnoses:

Kidney failure:

- **Chronic kidney failure (CKD):**
ICD-10-CM codes: N18.1-N18.9
- **Acute kidney failure:** ICD-10-CM codes: N17.0-N17.9

Incontinence: ICD-10-CM codes: N39.3-N39.498

Benign prostatic hyperplasia (BPH): ICD-10-CM codes: N40.0-N40.1

Endometriosis: ICD-10-CM codes N80.00-N80.9]

S- Status

Document **assessed/evaluated status** of diagnoses. **Documentation examples:**

“CKD 3b-creatinine at baseline-will monitor serum creatine and potassium in 4-6 weeks. Follow-up with nephrology.”

“Chronic urinary incontinence with urgency and lack of control. Discussed pelvic floor physical therapy. Consider referral to urogynecology for surgical evaluation.”

“BPH-elevated PSA at 30.52. Defer management to urology.”

“Endometriosis. Start combined oral contraceptive pills daily to suppress menstruation, reduce lesion activity, and alleviate pain.”

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

How Can Sentara Health Plans Help You?

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

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*

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

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

What questions do you have?



Appendix

Nephrology

Renal Tubulo-Interstitial Disease

Not a complete list

Obstructive and reflux uropathy: ICD-10-CM codes: N13.0-N13.9

D - Diagnosis

Document and code established definitive diagnoses:

- Other obstructive and reflux uropathy [N13.8]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Obstructive and reflex uropathy confirmed by renal ultrasound without stones. Obstruction linked to enlarged prostate. Urology referral for possible ureteral stent placement.”

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

Acute Kidney Failure

Not a complete list

Acute kidney failure: ICD-10-CM codes: N17.0-N17.9

D - Diagnosis

Document and code established definitive diagnoses:

- Acute kidney failure
 - Type:
 - Tubular necrosis [N17.0]
 - Acute cortical necrosis [N17.1]
 - Medullary necrosis [N17.2]
 - Other acute kidney failure [N17.8]
 - Unspecified [N17.9]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Acute kidney disease in diabetic patient. Recheck kidney function and referred to endocrinology.”

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

Chronic Kidney Failure

Not a complete list

Chronic kidney failure: ICD-10-CM codes: N18.1-N18.9

D - Diagnosis

Document and code established definitive diagnoses:

- Chronic kidney disease (CKD) [N18.1-N18.9]
 - Code any associated underlying conditions: diabetic chronic kidney disease [E08.22, E09.22, E10.22, E11.22, E13.22], hypertensive chronic kidney disease [I12.0, I12.9, I13.0-I13.2]
- Type
 - CKD Stage 1 [N18.1]
 - CKD Stage 2 [N18.2] (Mild)
 - CKD Stage 3 (Moderate)
 - Stage 3a [N18.31]
 - Stage 3b [N18.32]
 - Stage 3 unspecified [N18.30]
 - CKD Stage 4 (Severe) [N18.4]
 - CKD Stage 5 [N18.5]
 - End Stage renal disease [N18.6]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses
- Use additional code to identify dialysis status [Z99.2]

Documentation examples:

- “CKD 3b-creatinine at baseline-will monitor serum creatine and potassium in 4-6 weeks. Follow-up with nephrology.”

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 Disorders of Kidney and Ureter

Not a complete list

Disorder resulting from impaired renal tubular function: ICD-10-CM codes: N25.0-N25.9

Other disorder of kidney and ureter, not elsewhere classified: ICD-10-CM codes: N28.0-N28.9

D - Diagnosis

Document and code established definitive diagnoses:

- Renal osteodystrophy [N25.0]
- Nephrogenic diabetes insipidus [N25.1]
- Other disorders resulting from impaired renal function [N25.81-N25.89]
 - Secondary hyperparathyroidism of renal origin [N25.81]
 - Other disorders resulting from impaired renal tubular function [N25.89]
- Cyst of kidney [N28.1]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Evidence of renal tubular dysfunction. Start oral sodium bicarbonate 650 mg. Monitor kidney function. Nephrology consult.”

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

Organ Transplant and Artificial Opening

Not a complete list

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

Transplanted organ and tissue status: ICD-10-CM codes: Z94

D - Diagnosis

Document and code established definitive diagnoses:

- Cystostomy Status [Z93.5-Z93.59]
 - Unspecified cystostomy status [Z93.50]
 - Cutaneous-vesicostomy status [Z93.51]
 - Appendico-vesicostomy status [Z93.52]
 - Other cystostomy status [Z93.59]
- Other artificial openings of urinary tract status (e.g., nephrostomy, ureterostomy, urethrostomy) [Z93.6]
- Kidney transplant status [Z94.0]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses
- Transplants should be coded for each year

Documentation examples:

- “Continue routine suprapubic catheter care.”
- “Continue regular transplant nephrology clinic visit every 1-2 weeks.”

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

Genitourinary

Other Disease of the Urinary System

Not a complete list

Other specified disorders of bladder: ICD-10-CM codes: N32.81-N32.89

Incontinence: ICD-10-CM codes: N39.3-N39.498

D - Diagnosis

Document and code established definitive diagnoses:

- Overactive bladder [N32.81]
- Other specified disorders of bladder [N32.89]
- Incontinence
 - Stress incontinence (female) (male) [N39.3]
- Other specified urinary incontinence [N39.41-N39.46]
 - Type: Urge incontinence, incontinence without sensory awareness, post void dribbling, continuous leakage, mixed incontinence
- Other specified urinary incontinence [N39.490-N39.498]
 - Type: Overflow incontinence, coital incontinence, postural (urinary) incontinence, other specified urinary incontinence

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Chronic urinary incontinence with urgency and lack of control. Discussed pelvic floor physical therapy. Consider referral to urogynecology for surgical evaluation.”

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

Diseases of Male Genital Organs

Not a complete list

Benign prostatic hyperplasia without lower urinary tract symptoms: ICD-10-CM codes: N40.0

Benign prostatic hyperplasia with lower urinary tract symptoms: ICD-10-CM codes: N40.1

D - Diagnosis

Document and code established definitive diagnoses:

- Benign prostatic hyperplasia without lower urinary tract symptoms [N40.0]
- Benign prostatic hyperplasia with lower urinary tract symptoms [N40.1]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “BPH-elevated PSA at 30.52. Defer management to urology.”
- “BPH-Terazosin improved symptoms but efficacy has diminished. Monitor symptoms and consider adding Proscar.”

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 Female Genital Organs

Not a complete list

Salpingitis and oophoritis: ICD-10-CM codes: N70.0-N70.9

Other female pelvic inflammatory disease: ICD-10-CM codes: N73.0-N73.9

Endometriosis ICD-10-CM codes: N80.0-N80.9

D - Diagnosis

Document and code established definitive diagnosis:

- Salpingitis and oophoritis [N70.0-N70.93]
 - Acute or Chronic
- Other female pelvic inflammatory diseases [N73.0-N73.9]
 - Acute or Chronic
- Endometriosis [N80.00-N80.9]
 - Type: Uterus, ovary, fallopian tube, pelvic sidewall, pelvic brim, uterosacral ligaments, pelvic peritoneum, rectovaginal septum and vagina, sigmoid colon, cecum, appendix, small intestine, other parts of colon
 - Specificity: Right, left, bilateral, adenomyosis, anterior cul-de-sac, posterior cul-de-sac

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “PID with salpingo-oophoritis. Send cervical/vaginal swabs for Chlamydia trachomatis, Neisseria gonorrhoeae. RX ceftriaxone 500mg add metronidazole 500mg x 14 days.”
- “Endometriosis. Start combined oral contraceptive pills daily to suppress menstruation, reduce lesion activity, and alleviate pain.”

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

Diseases of Female Genital Tract

Not a complete list

Female genital prolapse: ICD-10-CM codes: N81.0-N81.9

Noninflammatory disorders of ovary, fallopian tube and broad ligament: ICD-10-CM-codes: N83.0-N83.9

D - Diagnosis

Document and code established definitive diagnosis:

- Female genital prolapse [N81.1-N81.9]
 - Type: Urethrocele, cystocele, incomplete, complete, uterovaginal prolapse, vaginal enterocele, rectocele, other female genital prolapse
- Ovarian cysts [N83.00-N83.9]
 - Type: Follicular cyst, corpus luteum cyst, other and unspecified ovarian cyst
 - Specificity: Right or Left side

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “ Unilateral lower abdominal pain coinciding with menstrual cycle. Ultrasound identifies cyst in left ovary. No evidence of neoplasm. Pain control. Watchful waiting. Repeat ultrasound 6-8 weeks.”

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

Education and Contacts

Upcoming Provider Education Opportunities - 2025

Register for our Upcoming Webinars

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

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

- September 3 – Preparing for HEDIS Blitz
- Vendor Presentation – Onduo – Diabetes Support Vendor (Commercial)

➤ 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.

- September 16
- December 17

➤ **New** Lunch & Learn - Provider Website Tours: 12 – 1 p.m.

- August 12 and 26
- September 9 and 25

➤ **Pop Up**- Navigating the Appeals, Reconsiderations and Contestment Processes

- August 20; 8-9 a.m.
- September 10; 7-8 a.m.
- September 25; 1-2 p.m.

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>.

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	welcomingbaby@sentara.com 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	members@sentara.com 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
DeAnna James-Anderson, MBA Director, Quality Improvement & Accreditation	804-219-7106 ddjamesa@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

Member Incentives & Resources

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

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



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. Simply provide your primary care physician's contact information.



Mammography Van Schedule

[2025 Mammography Van Schedule](#)

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

Programs for Members

[Sentara Mobile Care](#) 

[Sentara Mobile Mammography Van Schedule](#)



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 has it all at 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

Rooming protocol

Ask about all quality components and record dates of completion

Record where things were done to 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 plans incentive programs

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

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](#)