

# Provider Quality Care Learning Collaborative

**September 3, 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. HEDIS Blitz
- C. The Medical Director's Corner
- D. How Can Sentara Health Plans Help You?
- E. Q & A
- F. Closing Remarks

# HEDIS Blitz

Jodie Harrell Manager, MSN, RN  
PWP and HEDIS Blitz Updates  
Manager, Medicaid Quality & Performance Withhold  
Program

Maria Lenis, Pharm.D, MBA, MS, BCGP, CCM  
Director Quality Medicare

Jacqueline Chamberland, RN, M.Ed  
Supervisor- Quality Improvement HEDIS

Ms. Harrell

# PWP and HEDIS Blitz Updates

# Measure Year 2025 PWP Opportunities

## Measure Descriptions

### PPC:

Prenatal and Postpartum Care

### Diabetic Measures:

A1c < 8

A1c > 9

Diabetic Eye Exam

Blood Pressure (Diabetes)

### Key Opportunities Open Care Gaps:

<u>Measure</u>	PPC	GSD	WCV
<u>Gap</u>	3,407	18,720	62,570

### Child Health:

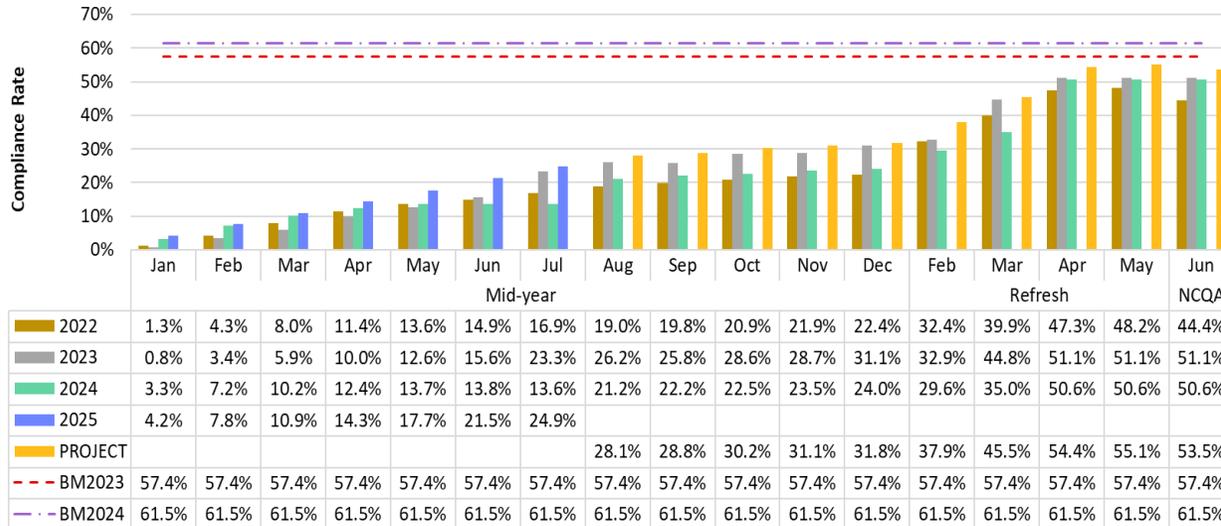
Well Child Visits Ages 3-21

Combo 3 Immunizations Ages 0-2

# Chronic Illness

# Hemoglobin A1c Control for Patients W/Diabetes (GSD): Projections

**Sentara Health Plan**  
**Performance Withhold Program for Cardinal Care Population**  
**MY22-MY25 Mid-Year Trending & Prediction**  
**Glycemic Status Assmt. for Patients With Diabetes (GSD) - A1c ≤ 8.0**



Service date through Jul 2025 Mid-year Period

## Performance Summary Notes

**HBD: A1c ≤ 8.0**

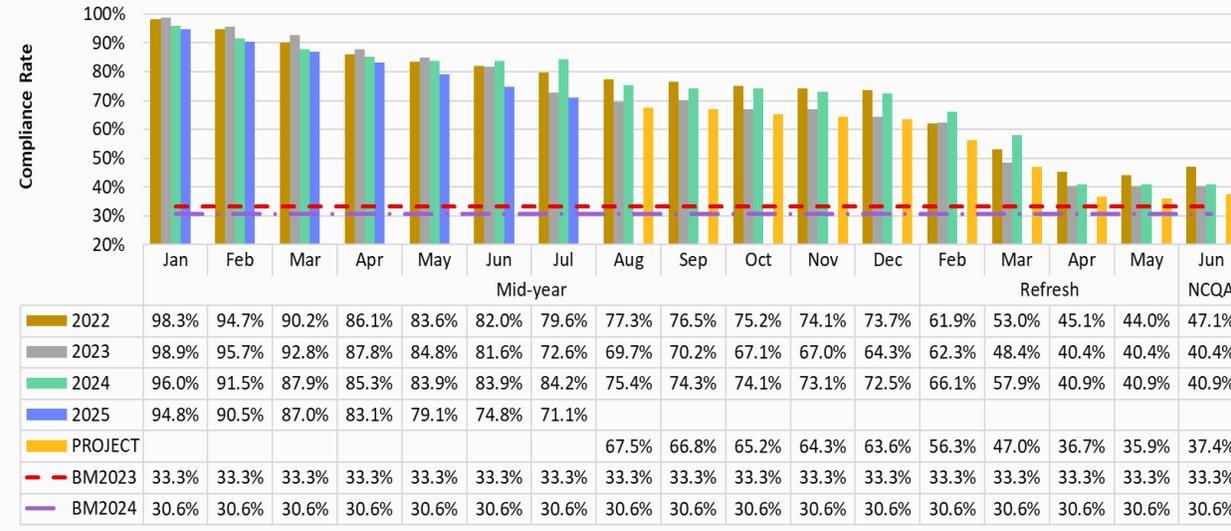
Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	8,881	▼ 954 ▼ 9.79%	83.8% Above

8,881

▼ 954  
▼ 9.79%

83.8%  
Above

**Sentara Health Plan**  
**Performance Withhold Program for Cardinal Care Population**  
**MY22-MY25 Mid-Year Trending & Prediction**  
**Glycemic Status Assmt. for Patients With Diabetes (GSD) - A1c > 9.0**



Service date through Jul 2025 Mid-year Period

## Performance Summary Notes

**HBD: A1c > 9.0**

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	9,839	▼ 1,038 ▼ 9.54%	15.6% Above

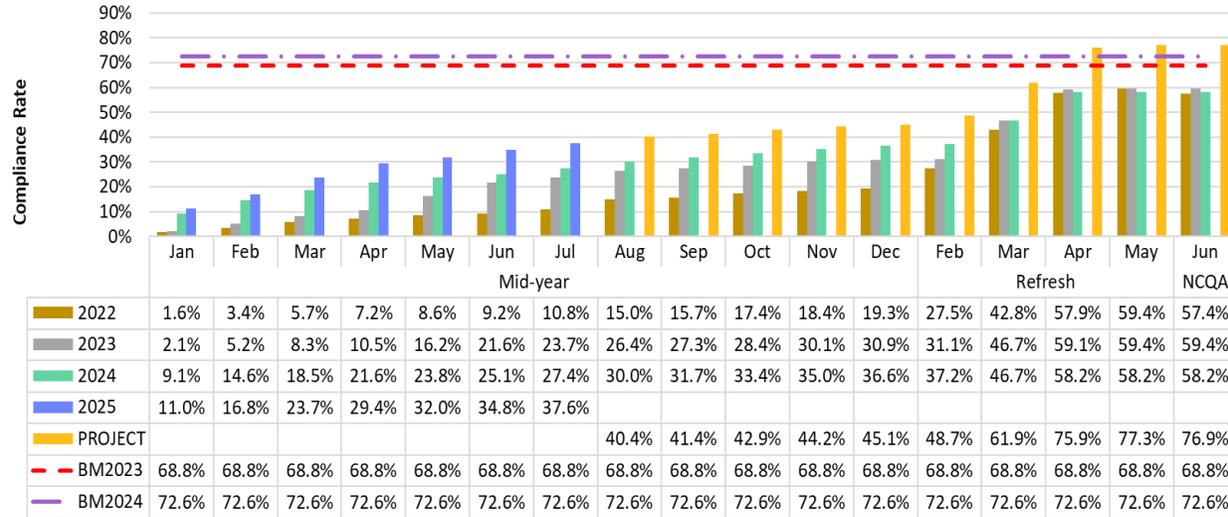
9,839

▼ 1,038  
▼ 9.54%

15.6%  
Above

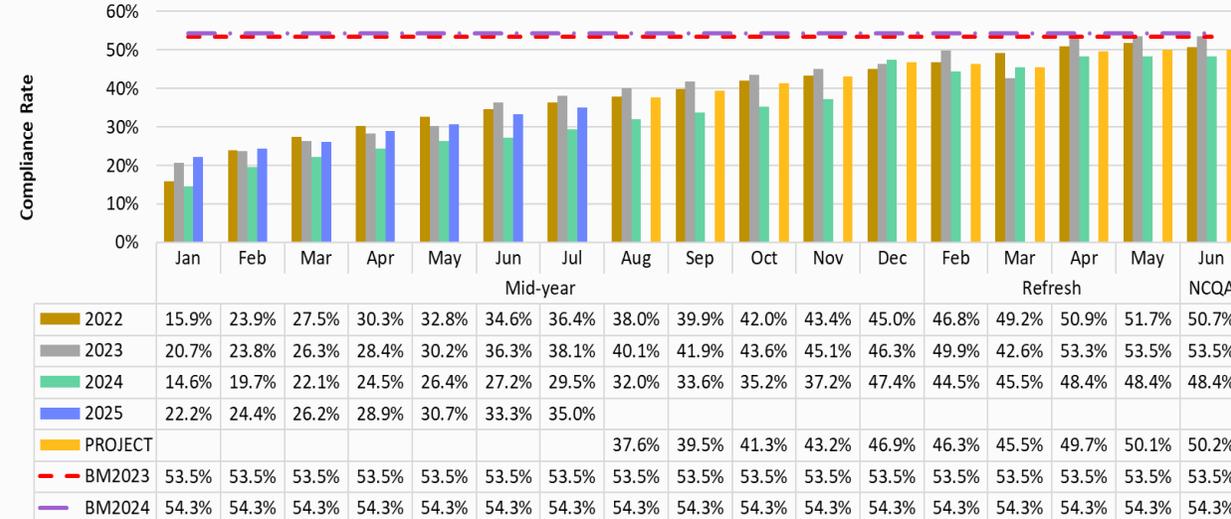
# Diabetic Measures for Blood Pressure and Eye Exam: Projections

**Sentara Health Plan**  
**Performance Withhold Program for Cardinal Care Population**  
**MY22-MY25 Mid-Year Trending & Prediction**  
**Blood Pressure Control for Patients With Diabetes (BPD)**



Service date through Jul 2025 Mid-year Period

**Sentara Health Plan**  
**Performance Withhold Program for Cardinal Care Population**  
**MY22-MY25 Mid-Year Trending & Prediction**  
**Retinal Eye Exam for Patients With Diabetes (EED)**



Service date through Jul 2025 Mid-year Period

## Performance Summary Notes

### BPD

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	8,494	▼ 797 ▼ 8.58%	37.4% Above

## Performance Summary Notes

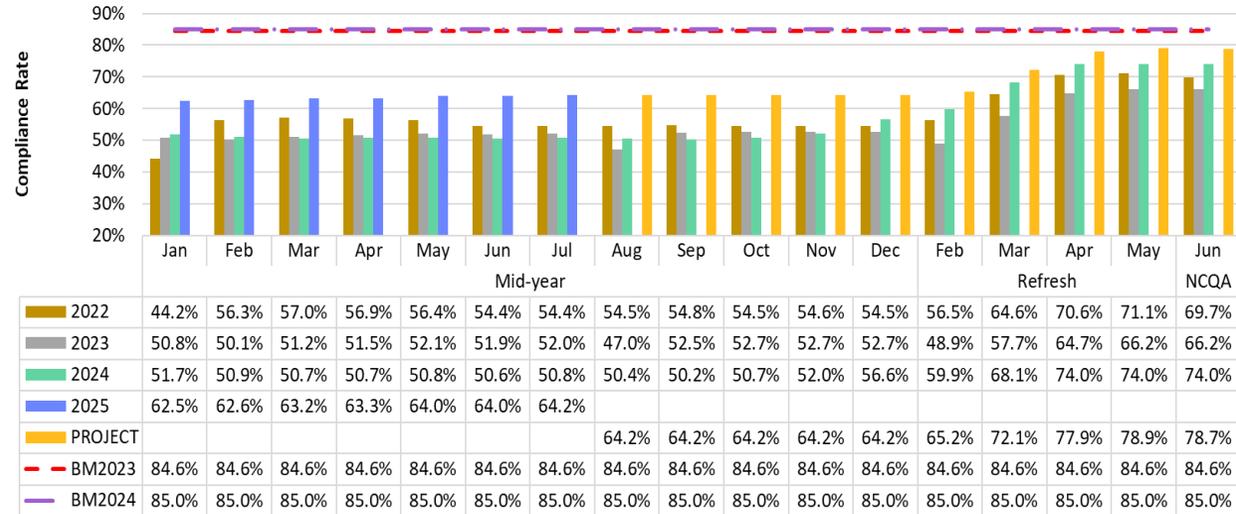
### EED

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	4,678	▼ 492 ▼ 9.52%	18.9% Above

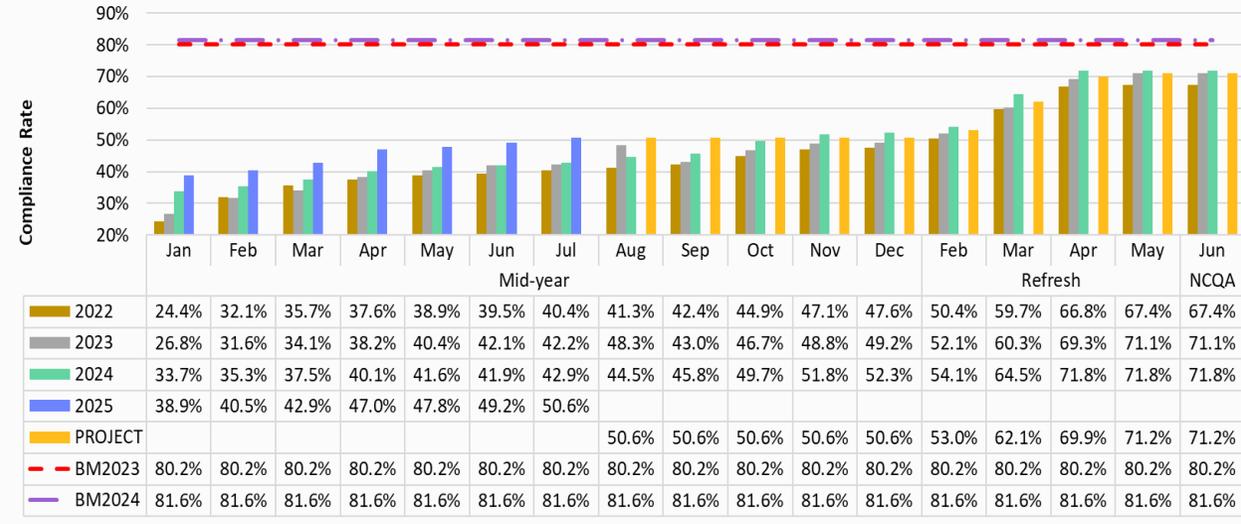
# Child and Maternal Health

# Prenatal and Postpartum Care (PPC): Projections

**Sentara Health Plan**  
**Performance Withhold Program for Cardinal Care Population**  
 MY22-MY25 Mid-Year Trending & Prediction  
 Prenatal and Post Partum Care (PPC) - Prenatal



**Sentara Health Plan**  
**Performance Withhold Program for Cardinal Care Population**  
 MY22-MY25 Mid-Year Trending & Prediction  
 Prenatal and Postpartum Care (PPC) - Postpartum



## Performance Summary Notes

### Prenatal

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	1,369	▲ 170 ▲ 14.18%	26.5% Above

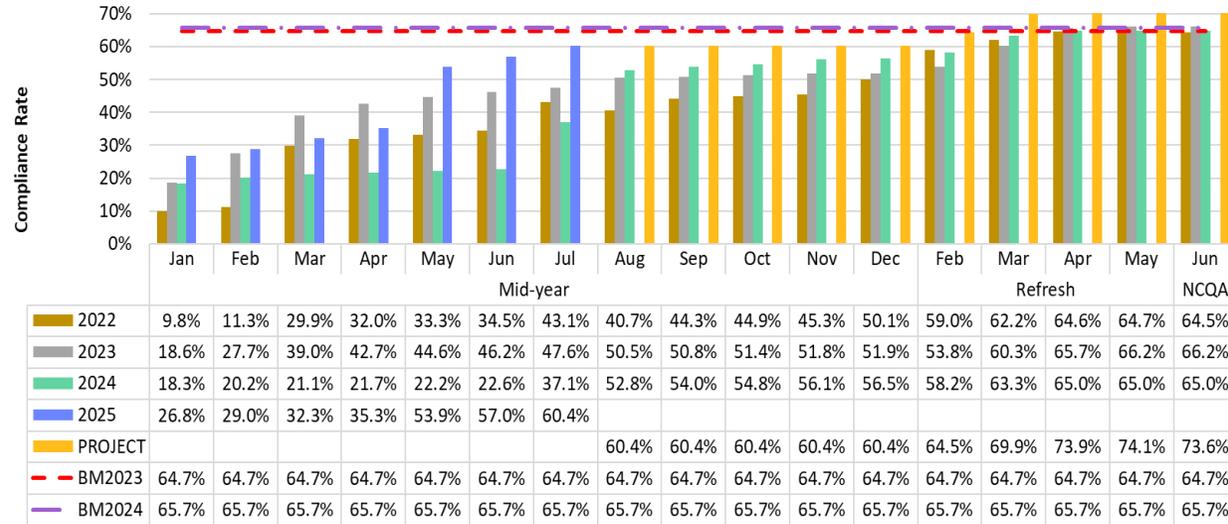
## Performance Summary Notes

### Postpartum

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	2,038	▲ 191 ▲ 10.34%	18.0% Above

# WCV and Combo 3 Immunizations: Projections

**Sentara Health Plan**  
Performance Withhold Program for Cardinal Care Population  
MY22-MY25 Mid-Year Trending & Prediction  
Childhood Immunization Status (CIS) - Combo 3



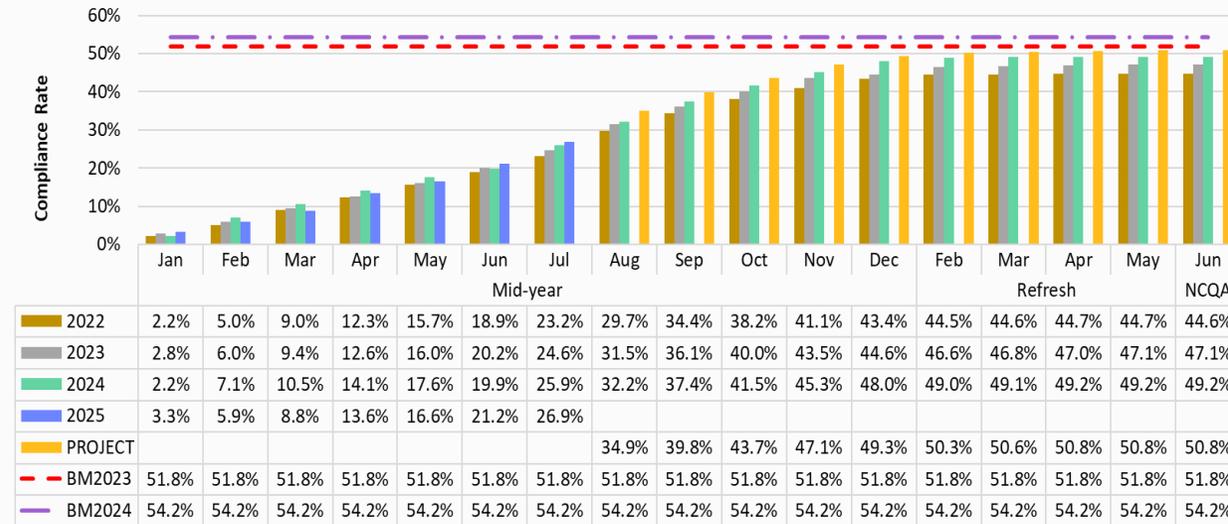
Service date through Jul 2025 Mid-year Period

## Performance Summary Notes

### CIS: Combo 3

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	561	▼ 374 ▼ 40%	62.7% Above

**Sentara Health Plan**  
Performance Withhold Program for Cardinal Care Population  
MY22-MY25 Mid-Year Trending & Prediction  
Child and Adolescent Well-Care Visits (WCV) - Ages 3 - 21



Service date through Jul 2025 Mid-year Period

## Performance Summary Notes

### WCV: Total (Ages 3 - 21)

Projected Payout Diff.	Curr. Rate Gap to Benchmark	Gap Chg. Fr Prev. Month	Current vs Year Prior
	62,570	▼ 16,251 ▼ 20.62%	3.6% Above

# 2025 HEDIS Blitz

## **Time Frame**

Start: September 22, 2025

End: December 17, 2025

## **Focus**

Diabetic, Prenatal/Postpartum and Well Child Visits/Combo 3 Immunizations will be areas of focus

## **Structure**

Case Management, Outreach, Chronic Care and Quality teams will telephonically outreach to members, assist with making appointments and encourage members to complete health actions to close care gaps

Dr. Lenis

# Dedicated Team for Medicare and DSNP

- Dedicated team of 6 Rn's and two non-clinical team members working on closing gaps

Calling members to educate, encourage them to complete the testing, assess for barriers, and make appropriate referrals to ensure gap closure. Review records for documents to close gaps.

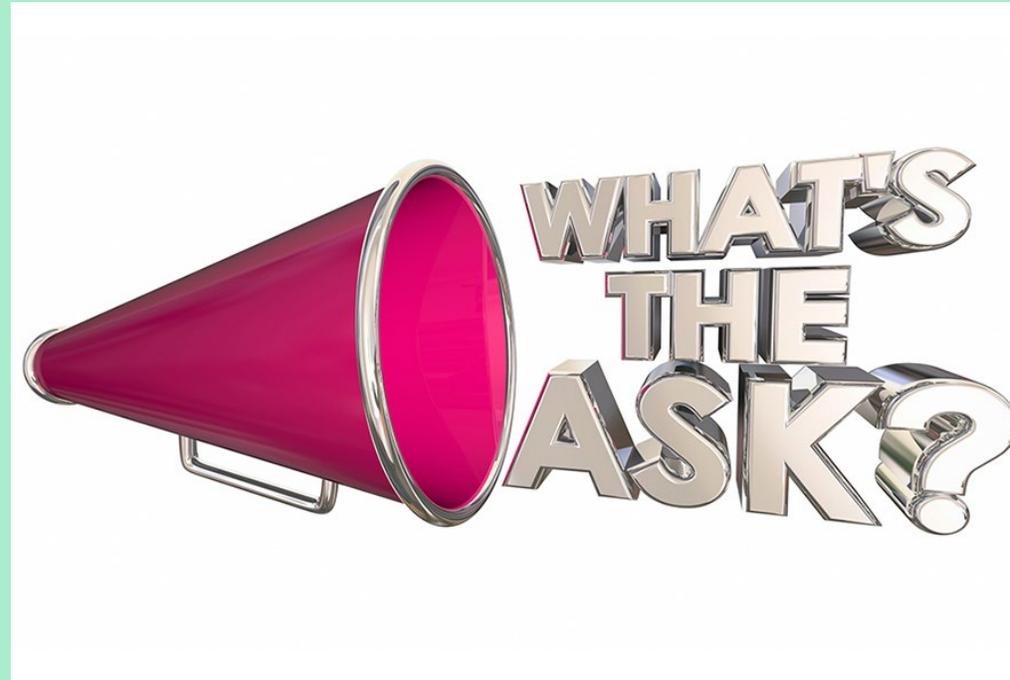
- Two non-clinical team members calling and sending faxes to providers requesting records

They will call the office and then fax a request for the records needed to close the gap in care



# The Ask

- If a team member sends a fax or calls for a record, please send it as soon as possible
- Consider scheduling members who have not been seen in 2025
- Consider rechecking high blood pressure, as the last one of the year is the one that counts
- Consider ordering an A1C if above 9 if clinically appropriate, as the last one of the year is the one that counts



Ms. Chamberland

# HEDIS Hybrid Measure Issues and Actions for Compliancy-Adult

Measure	Issues Impacting Compliance	Actions to take
ALL MEASURES	<ul style="list-style-type: none"> <li>Medical records do not have a <b>name</b> and <b>DOB or MRN</b> on every page, so oftentimes unable to verify that the medical record belongs to the same member</li> <li>Hand-written documentation in medical records is often difficult to interpret</li> </ul>	<ul style="list-style-type: none"> <li>Need name and DOB or MRN clearly documented on every page</li> <li>Switch from hand-written documentation to an electronic (typed) version</li> </ul>
BPD/CBP <ul style="list-style-type: none"> <li>Blood Pressure-Diabetes</li> <li>Controlling High BP</li> </ul>	<ul style="list-style-type: none"> <li>Lack of documentation for BP re-takes when BP elevated</li> <li>Lack of documentation of BP value or "average" value during a telehealth or telephone visit</li> </ul>	<ul style="list-style-type: none"> <li>Recheck BP if &gt; 140 and/or &gt;90, document original and retake</li> <li>During telehealth visits document BP taken by member with a digital device or average BP (no ranges)</li> </ul>
COA <ul style="list-style-type: none"> <li>Care of Older Adults</li> </ul>	<ul style="list-style-type: none"> <li>Functional status assessment not including enough ADLs/IADLs</li> <li>Medication Review – Only including the code for the presence of a medication list</li> </ul>	<ul style="list-style-type: none"> <li>Need to document at least 5 ADLs and/or 4 IADLs</li> <li>Need to include the second code that indicates a medication review took place</li> </ul>
EED <ul style="list-style-type: none"> <li>Eye Exam - Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>No documentation of details on last diabetic eye exam</li> </ul>	<ul style="list-style-type: none"> <li>Need documentation of retinal/dilated eye exam by an eye care professional (who the professional was), the date and the results</li> </ul>
PPC <ul style="list-style-type: none"> <li>Prenatal/Postpartum Care</li> </ul>	<ul style="list-style-type: none"> <li>Lack of pregnancy diagnosis for confirmation of pregnancy visit with PCP</li> </ul>	<ul style="list-style-type: none"> <li>Need positive pregnancy test, as well as diagnosis of pregnancy</li> </ul>
TRC <ul style="list-style-type: none"> <li>Transitions of Care</li> </ul>	<ul style="list-style-type: none"> <li>No documentation of when provider is notified of member's hospital admission and/or when provider receives member's DC summary</li> <li>Follow up after inpatient admission - lack of documentation stating admission or inpatient stay along with hospitalization dates</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Include documentation that references visit for "hospital follow-up", "admission", "inpatient stay" along with dates of admission</li> </ul>

# 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"> <li>• Immunizations given after 2nd birthday</li> <li>• Missing documentation of complete series of immunizations given</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor for when the 2nd birthday will occur and coordinate visits so that all vaccines will occur by 2 years of age</li> <li>• Inquire where immunization occurred if not within your records</li> </ul>
WCV - Child and Adolescent Well-Care Visits	<ul style="list-style-type: none"> <li>• Use of appropriate codes</li> <li>• Appropriate provider/visit type</li> </ul>	<ul style="list-style-type: none"> <li>• Recommended CPT Codes: 99381–99385, 99391–99395, 99461</li> <li>• Recommended ICD-10 Codes: Z00.00–Z00.01, Z00.110–Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z02.84, Z76.1–Z76.2</li> <li>• PCP or OBGYN</li> <li>• Telehealth visits no longer allowed</li> </ul>

# Updates for HEDIS 2025

## **New Measure:**

**Blood Pressure Control for Patients with Hypertension (BPC-E)** - NCQA has developed this new measure that includes a pharmacy component and will be captured administratively through claims

## **Retired Measures:**

**Care of the Older Adults (COA)** - NCQA has retired the **Pain Assessment** indicator from the COA measure

## **Revised Measures - transitioned from Hybrid to Administrative Method:**

**Eye Exam for Patients With Diabetes (EED)**

## **Revised Measures - transitioned from Hybrid to ECDS Method:**

**Childhood Immunization Status (CIS)**

**Immunization for Adolescents (IMA)**

**Cervical Cancer Screening (CCS)**

# The Medical Director's Corner

**Dr. Sinha**

**Lisa Garrett, RN, MSHA, CPC, CPC-I, CPC-P, CRC**  
**Director, Revenue Management**

DSP Documentation Overview

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 **Neurology** 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 adjustment enables deployment of 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.).
- **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):**

- **Avoid** use of “history of” phrase for active diagnoses
- Stable
- Worsening
- Exacerbation
- Recurrence
- Newly diagnosed
- Improving
- Remission

## P

**Plan – Document treatment plan for diagnoses.**

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Labs and/or imaging 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

# 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](mailto:emfrankl@sentara.com)*

# 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.**
  - October 1, Vendor Presentation – Onduo – Diabetes Support (Commercial)
  - November 5, Value Based Care
- **Let's Talk Behavioral Health: 1 - 2 p.m.**
  - November 11
- **Sentara Health Plans Spotlight: 10 - 11 a.m.**
  - September 23
  - October 1
- **Claims Brush Up Clinics: 1 - 2 p.m.**
  - September 16
  - December 17
- **Lunch & Learn - Provider Website Tours: 12 – 1 p.m.**
  - September 9 and 25
  - October 14 and 23

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

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

## Provider Newsletter Schedule

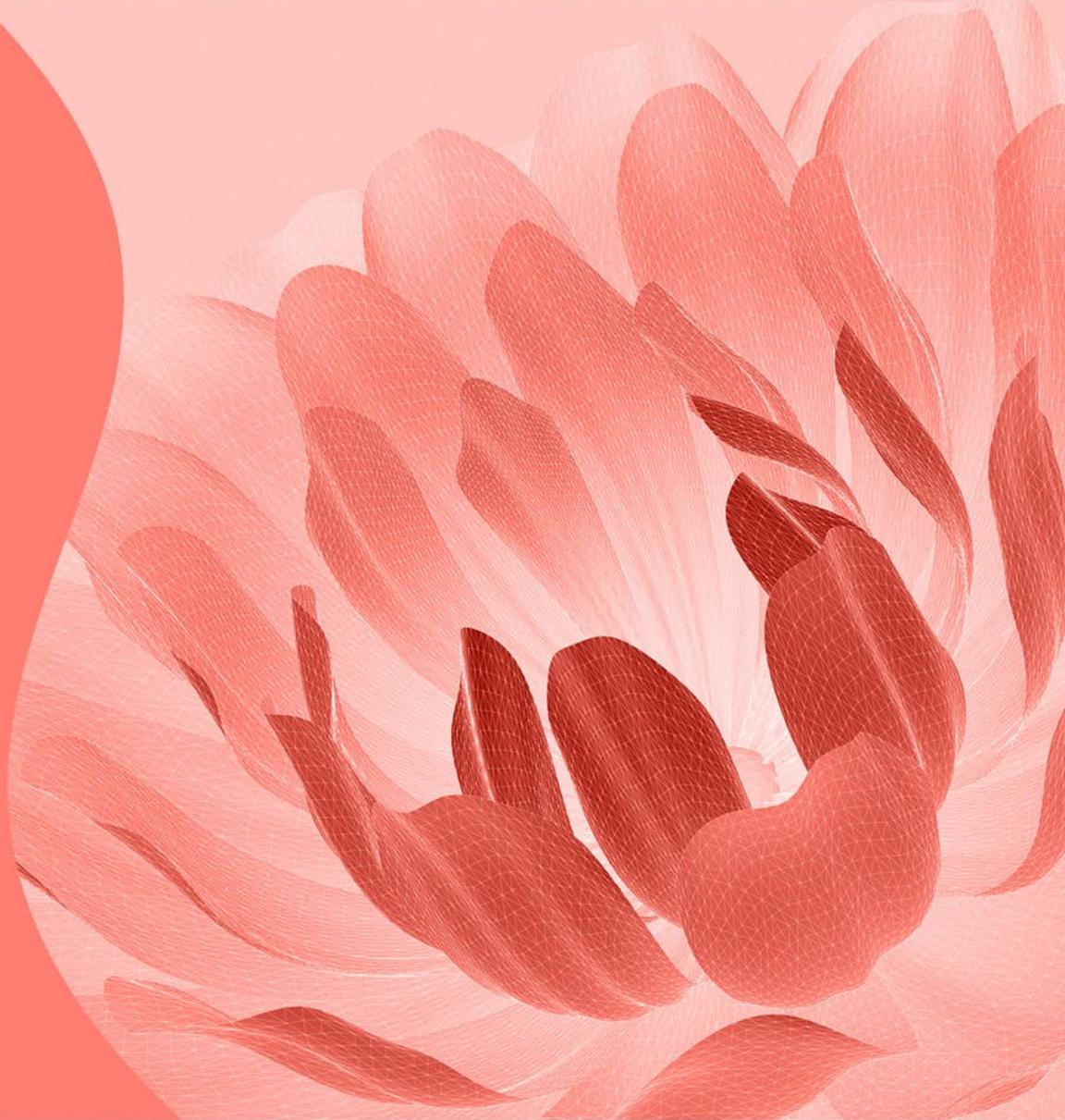
Edition
Winter (January)
Spring (April)
Summer (July)
Fall (October)

Past issues are available on the provider webpages  
<https://www.sentarahealthplans.com/providers/updates>.

What questions do you have?



# Appendix



# Risk Adjustment – Neurology

# Agenda

1. DSP Documentation Overview
2. DSP for Neurology

*DSP= Diagnosis, Status, Plan*

*Content applies to all insurance types, such as, Medicare, Medicaid, Affordable Care Act (ACA) Exchanges*

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The purpose of this presentation is to briefly discuss suggested documentation and coding concepts related to common risk adjustment **Neurology** 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 adjustment enables deployment of appropriate healthcare resources necessary to provide benefits and services to patients.



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# Huntington's & Motor Neuron Diseases

*Huntington's disease: ICD-10-CM codes: G10*

*Motor neuron disease: ICD-10-CM codes: G12.20-G12.9*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Huntington's Disease [G10]
- Motor neuron disease [G12.20-G12.29]
  - Type:
    - Amyotrophic lateral sclerosis [G12.21]
    - Progressive bulbar palsy [G12.22]
    - Primary lateral sclerosis [G12.23]
    - Familial motor neuron disease [G12.24]
    - Progressive spinal muscle atrophy [G12.25]
    - Other motor neuron disease [G12.29]

## **S- Status**

**Document assessed/evaluated status of diagnoses**

(documentation examples provided as reference, not as requirement):

- "Confirmed Huntington's disease, cognitive decline, and mood disturbances. Cont. medication. Monitor depression. Follow-up with neurology."
- "Progressive weakness over past 12 months now in with both upper and lower motor neuron. Support group information provided."

## **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

# Extrapyramidal and Movement Disorders

*Not a complete list*

*Parkinson's disease: ICD-10-CM codes: G20.A1-G21.9*

*Dystonia: ICD-10-CM codes: G24.0-G24.9*

*Other extrapyramidal and movement disorders: ICD-10-CM codes: G25.0-G25.9*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Parkinson [G20.A1-G20.C]
  - Type: with or without dyskinesia, with or without fluctuations
- Other drug induced secondary parkinsonism [G21.19]
- Vascular parkinsonism [G21.4]
- Dystonia [G24.0-G24.9]
  - Type: Drug induce (subacute, acute), spasmodic torticollis, blepharospasm,
- Other extrapyramidal and movement disorders [G25.0-G25.9]
  - Type: Essential tremor, myoclonus

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- “Patient with Parkinson’s Disease currently worsening. Interfering with daily activities. Mild gait. Adjust medication. Follow up with neurology in two 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

# Disease of Nervous System

*Not a complete list*

*Alzheimer's Disease: ICD-10-CM codes: G30.0-G30.9*

*Other degenerative disease of nervous system, not elsewhere classified: ICD-10-CM codes: G31.01-G31.9*

*Multiple sclerosis: ICD-10-CM codes: G35*

## D - Diagnosis

**Document and code** established definitive diagnoses:

- Alzheimer's disease [G30.0-G30.9]
  - Type: Early, late
- Frontotemporal dementia
  - Pick's disease [G31.01]
  - Other frontotemporal neurocognitive disorder [G31.09]
- Senile degeneration of brain, not elsewhere classified [G31.1]
- Neurocognitive disorder with Lewy bodies [G31.83]
- Mild cognitive impairment of uncertain or unknown etiology [G31.84]
- Multiple sclerosis [G35]

## S- Status

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- "Pick's disease confirmed via imaging. Progressive personality and behavioral changes. Continue to monitor with neurologist."
- "Multiple sclerosis with worsening fatigue. Consider modafinil if fatigue is disabling."

## 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

# Epilepsy and Other Seizures

*Not a complete list*

*Localization-related (focal) (partial) idiopathic epilepsy: ICD-10-CM codes: G40.001-G40.119*

*Localization-related (focal) (partial) symptomatic epilepsy: ICD-10-CM codes: G40.101-G40.219*

*Epilepsy: ICD-10-CM code: G40.90-G40.919*

*Other seizure: ICD-10-CM codes: G40.89*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Idiopathic epilepsy [G40.001-G40.019]
  - Type: Intractable, not intractable, with or without status epilepticus
- Symptomatic epilepsy [G40.101-G40.119]
  - Type: Simple or complex partial
    - Specificity: Intractable, not intractable, with or without status epilepticus
- Epilepsy [G40.901-G40.919]
  - Type: Intractable, not intractable, with or without status epilepticus
- Other seizures [G40.89]

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- “Most recent seizure one month ago. Continue current Antiepileptic Drug (AED) management. Consider neurology referral for adding second AED.”

## **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

# Polyneuropathies

*Not a complete list*

*Other hereditary and idiopathic neuropathies: ICD-10-CM codes: G60.0-G60.9*

*Inflammatory polyneuropathy: ICD-10-CM codes: G61-G61.9*

*Other and unspecified polyneuropathies: ICD-10-CM codes: G62.0-G62.9*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Idiopathic progressive neuropathy [G60.3]
- Inflammatory polyneuropathy [G61.0-G61.9]
  - Guillain-Barre syndrome [G61.0]
  - Serum Neuropathy [G61.1]
- Other and unspecified polyneuropathies [G62.0-G62.2]
  - Drug-induce polyneuropathy [G62.0]
  - Alcoholic polyneuropathy [G62.1]
- Other specified polyneuropathy [G62.81-G62.89]
  - Critical illness polyneuropathy [G62.81]
  - Radiation-induce polyneuropathy [G62.82]
- Polyneuropathy, unspecified [G62.9]

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- “Durg-induce polyneuropathic patient with continued numbness, tingling and burning pain. Discuss drug’s role in causing symptoms. Consider neurology referral.”

## **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 Myoneural Junction and Muscle

*Not a complete list*

*Myasthenia gravis: ICD-10-CM codes: G70.0-G70.9*

*Muscular dystrophy: ICD-10-CM codes: G71.0-G71.29*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Myasthenia gravis [G70.00-G70.01]
  - Acute with or without exacerbation
- Muscular dystrophy [G71.00]
- Duchenne or Becker muscular dystrophy [G71.01]
- Congenital myopathies [G71.20-G71.29]
  - Nemaline myopathy [G71.21]
  - Centronuclear myopathy:
    - X-linked myotubular myopathy [G71.220]
    - Other centronuclear myopathy [G71.228]
  - Other congenital myopathy [G71.29]

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- “Provided resources on Myasthenia Gravis disease. Discussed medication and stress/fatigue triggers. Regular follow-up with neurology.”

## **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

# Cerebral Palsy and Other Paralytic Syndromes

*Not a complete list*

*Cerebral palsy: ICD-10-CM codes: G80-G80.9*

*Hemiplegia and hemiparesis: ICD-10-CM codes: G81.0-G81.94*

*Paraplegia (paraparesis) and quadriplegia (quadriparesis): ICD-10-CM codes: G82.20-G82.54*

*Other paralytic syndromes: ICD-10-CM codes: G83.0-G83.9*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Cerebral palsy [G80-G80.9]
  - Type: Spastic quadriplegic, spastic diplegic, spastic hemiplegic, ataxic, other cerebral palsy
- Paralytic Syndromes
  - Hemiplegia and hemiparesis [G81.0-G81.94]
    - Type: Flaccid, spastic, hemiplegia
    - Specificity: Dominant, nondominant, right, left
  - Paraplegia and quadriplegia [G82.20-G82.54]
    - Specificity: Complete, incomplete
  - Diplegia of upper limbs [G83.0]
  - Monoplegia [G83.10-G83.34]
    - Type: Lower or upper limb
    - Specificity: Dominant, nondominant, right, left

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- “Patient with Cerebral Palsy. Continue coordination of care with neurology and PT/OT.”
- “Left hemiplegia with complete loss of motor function. Range of motion exercises to prevent contractures.”

## **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 the Nervous System

*Not a complete list*

*Disorders of autonomic neuropathy: ICD-10-CM codes: G90.01-G90.1*

*Hydrocephalus: ICD-10-CM codes: G91.0-G91.9*

*Other disorders of brain: ICD-10-CM codes: G93.0-G93.6*

*Other and unspecified diseases of spinal cord: ICD-10-CM codes: G95.9*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Other idiopathic peripheral neuropathy [G90.09]
- Familial dysautonomia (Riley-Day) [G90.1]
- Hydrocephalus
  - Obstructive [G91.1]
  - Unspecified [G91.9]
- Anoxic brain damage [G93.1]
- Compression of brain [G93.5]
- Cerebral edema [G93.6]
- Disease of spinal cord, unspecified (Myelopathy) [G95.9]

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- “Patient with hydrocephalus currently stable. Normal pressure hydrocephalus. Continue co-management with neurosurgery.”

## **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

# Status Codes

*Not a complete list*

*Acquired absence of toe(s), foot, and ankle: ICD-10-CM codes: Z89.411-Z89.449*

*Acquired absence of leg below knee: ICD-10-CM codes: Z89.51*

*Acquired absence of leg above knee: ICD-10-CM codes; Z89.61*

## **D - Diagnosis**

**Document and code** established definitive diagnoses:

- Acquired absence of:
  - great toe [Z89.411-Z89.419]
  - other toes(s) [Z89.421-Z89.429]
  - foot [Z89.431-Z89.439]
  - ankle [Z89.441-Z89.449]
  - leg below knee [Z89.511-Z89.519]
  - leg above knee [Z89.611-Z89.619]
- Type: Right, left, unspecified

## **S- Status**

**Document assessed/evaluated status of diagnosis**

(documentation examples provided as reference, not as requirement):

- **Status codes should be captured and documented at least once a year**
- “Patient with history of left below-knee amputation presenting with phantom limb 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

# Education and Contacts

# Useful Sentara Health Plans Contacts – Members

Department	Contact
Care Management	<a href="mailto:DL_SHP_MCM_MGR@sentara.com">DL_SHP_MCM_MGR@sentara.com</a> 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	<a href="mailto:welcomingbaby@sentara.com">welcomingbaby@sentara.com</a> 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	<a href="mailto:members@sentara.com">members@sentara.com</a> 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
<b>DeAnna James-Anderson, MBA</b> Director, Quality Improvement & Accreditation	804-219-7106 ddjamesa@sentara.com
<b>Anita Grant, BSN, RN</b> Manager, Quality HEDIS	804-613-5512 asgrant@sentara.com
<b>Jacqueline Chamberland, M.Ed., RN</b> Supervisor, Quality HEDIS	804-613-5811 jlchamb1@sentara.com
<b>Asha Tillery</b> 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* <b>NEW</b>	+\$20	
Breast cancer screening	\$20	All members
Colorectal cancer screening	\$20	All members
COVID-19 vaccine <b>NEW</b>	\$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 <b>NEW</b>	\$15	All members
Flu vaccine <b>NEW</b>	\$10	All members
In-home assessment	\$25	All members
RSV vaccine <b>NEW</b>	\$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](mailto: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"> <li>▪ Eye Exam- Retinal or Dilated</li> <li>▪ Kidney Health Evaluation</li> <li>▪ Hemoglobin A1C Control</li> <li>▪ BP Control</li> </ul>	\$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"> <li>▪ Initial Assessment</li> <li>▪ Physician Visit</li> <li>▪ Postpartum Visit</li> <li>▪ Postpartum Assessment</li> </ul>	\$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 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

# 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](#)