Provider Quality Care Learning Collaborative

March 5, 2025

Sentara® Health Plans

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. The Medical Director's Corner
C. Behavioral Health Support
D. Program Updates
    - Medicare Stars (HOS Health Outcomes)
    - Vendor Incentives
    - HEDIS & Target Measures
    - HEDIS/Quality
        - Member Incentives
        - Best Practices
    - Provider Support
E. Appendix

The Medical Director’s Corner

Dr. Sinha

Agenda

- DSP Documentation Overview
- DSP for Behavioral Health

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 **behavioral health** 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 to deploy the appropriate healthcare resources necessary to provide benefits and services to patients.

Three 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: Diagnoses codes should only be coded for active/confirmed conditions

S

Status – Document assessed status of diagnoses.

Examples (not a complete list):

- Stable
- Worsening
- Exacerbation
- Recurrence
- Newly diagnosed
- Improving
- Remission
- Response to treatment

P

Plan – Document treatment plan for diagnoses.

- Labs ordered to monitor progression
- Medications adjusted for better control
- Plans for future diagnostic tests
- Follow-up visits with primary care provider (PCP) or specialists
- Observe/watch

Dementia

Not a complete list

Vascular dementia (result of infarction of brain due to vascular disease) ICD-10-CM codes: F01.5 – F01.C4

Dementia (non-vascular) ICD-10-CM codes: F02.8 – F03.C4

D - Diagnosis

Document and code established definitive diagnoses:

- Vascular versus non-vascular
  - Code specificity:
    - **Severity**: mild, moderate, severe
    - **Associated conditions**: agitation, mood disturbance, anxiety
- Dementia (non-vascular):
  - Dementia in other diseases classified elsewhere (F02.8 – F02.C4)
    - Also code underlying condition (e.g., Alzheimer's, Parkinson's)
  - Unspecified dementia (F03.9-F03.C4)

S - Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of "history of" for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)

Substance Use

Not a complete list

Alcohol: ICD-10-CM codes: F10.10 – F10.99

Opioid: ICD-10-CM codes: F11.10 – F11.99

Cannabis: ICD-10-CM codes: F12.10 – F12.99

Cocaine: ICD-10-CM codes: F14.10 – F14.99

Other Stimulant (e.g., amphetamine, caffeine): ICD-10-CM codes: F15.10 – F15.99

Other psychoactive substance (e.g., antidepressant): ICD-10-CM codes: F19.10 – F19.99

D - Diagnosis

Document and code established definitive diagnoses:

- Code specificity t**ype**:
  - Abuse
  - Dependence
  - Use
- Other code specificity:
  - In remission
  - With intoxication
  - With withdrawal
  - With delusions
  - With hallucinations

S - Status

- Document substance(s)
- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P- Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Schizophrenia, Delusional, Psychotic Disorders

Not a complete list

Schizophrenia ICD-10-CM codes: F20.0 – F21

Delusional disorders (e.g., paranoia) ICD-10-CM codes: F22

Brief psychotic disorder ICD-10-CM codes: F23

Schizoaffective disorders ICD-10-CM codes: F25.0 – F29

D - Diagnosis

Document and code established definitive diagnoses:

- Schizophrenia **Type**:
  - Paranoid (F20.0)
  - Disorganized (F20.1)
  - Catatonic (F20.2)
  - Unspecified (F20.9)
- Schizoaffective disorders:
  - Bipolar type (F25.0)
  - Depressive type (F25.1)

S - Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Imaging ordered
- Follow-up visit timeline (e.g., follow up in three months)

Mood Affective Disorders

Not a complete list

Bipolar disorder ICD-10-CM codes: F31.0 – F31.9

Depressive/Depression ICD-10-CM codes: F32.0 – F33.9

Post-Partum Depression ICD-10-CM codes: F53.0

Disruptive mood dysregulation disorder ICD-10-CM codes: F34.81

Unspecified mood affective disorder ICD-10-CM codes: F39

D - Diagnosis

Document and code established definitive diagnoses:

- Bipolar specificity:
  - **Type**: manic, hypomanic, depressed, mixed, in remission
  - **Severity**: mild, moderate, severe
- Depression specificity:
  - **Type:** major depressive, depression
  - **Episodic**: single episode, recurrent, partial remission, full remission
  - **Severity**: mild, moderate, severe

S - Status

- Patient Health Questionnaire-9 (**PHQ-9**) results *(depression screening)*
- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Anxiety and Stress-Related Disorders

Not a complete list

Post-traumatic stress disorder (PTSD) ICD-10-CM codes: F43.10 – F43.12

Adjustment disorder ICD-10-CM codes: F43.20 – F43.29

D - Diagnosis

Document and code established definitive diagnoses:

- Code PTSD **type**:
  - Unspecified (F43.10)
  - Acute (F43.11)
  - Chronic (F43.12)
- Code adjustment disorder **type**:
  - With anxiety (F43.22)
  - With mixed anxiety and depressed mood (F43.23)
  - With disturbance of conduct (F43.24)
  - With mixed disturbance of emotions and conduct (F43.25)

S - Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Eating Disorders

Not a complete list

D - Diagnosis

Document and code established definitive diagnoses

- Code specificity t**ype**:
  - Anorexia nervosa (F50.00)
  - Eating disorder unspecified (F50.9) - *(e.g., atypical anorexia or bulimia, feeding or eating disorder)*

S - Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months

Adult Personality Disorders

Not a complete list

D - Diagnosis

Document and code established definitive diagnoses

- Code adult personality disorder specificity **type**:
  - Paranoid (F60.0)
  - Borderline (F60.3)
  - Obsessive-compulsive (F60.5)
    - document any hoarding, skin-picking, obsessive acts, or neuroses

S- Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P- Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Attention-Deficit Hyperactivity Disorders (ADHD)

Not a complete list

ICD-10-CM codes: F90.0 – F90.9

Note*:* codes may be reported for patients of any age

D - Diagnosis

Document and code established a definitive diagnoses

- Code ADHD **Type**:
  - Predominantly inattentive (F90.0)
  - Predominantly hyperactive (F90.1)
  - Combined (F90.2)
  - Other type (F90.8)
  - Unspecified type (F90.9)

S - Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Behavioral and Emotional Disorders

Not a complete list

ICD-10-CM codes: F91.0 – F98.9

Note*:* Per ICD-10-CM guidelines, codes may be reported for patients of any age. Conditions typically have an onset in childhood or adolescence, but may continue throughout a patient's live or not be diagnosed until adulthood

D - Diagnosis

Document and code established definitive diagnoses

- Code **type**:
  - Oppositional defiant disorder (F91.3)
  - Conduct disorder, unspecified (F91.9)
  - Separation anxiety disorder of childhood (F93.0)
  - Selective mutism (F94.0)
  - Reactive attachment disorder of childhood (F94.1)

S - Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of "history of" for active diagnoses

P - Plan

- Medications (changes, discontinue, start, continue with same dose)
  - **Link** medication to the condition it treats
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Suicide Attempt

D - Diagnosis

Document and code established definitive diagnoses

- Code suicide attempt **type**:
  - Initial encounter (T14.91XA)
  - Subsequent encounter (T14.91XD)
  - Sequela (T14.91XS) – refers to residual or long-term effect

S- Status

- Document time invested in counseling or care coordination
- Response to treatment
- Avoid use of “history of” for active diagnoses

P- Plan

- Medications (changes, discontinue, start, continue with same dose)
- Specialist follow-up as appropriate
- Labs ordered
- Follow-up visit timeline (e.g., follow up in three months)

Questions?

Behavioral Health Support

Lavinia Smith, PhD, MSN, RN
Sr. Director of Strategy, Behavioral Health

2025 Behavioral Health (BH)Programs

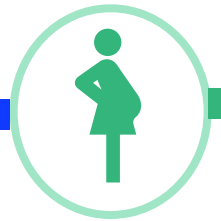
Onsite Navigators

*To decrease readmission rates, the Onsite Navigator program utilizes **early discharge planning** to encourage better transitions of care and provide education about wrap around BH services*

School Liaison Program

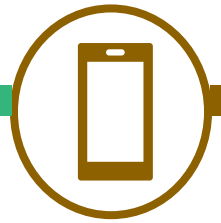
*Beginning as a pilot program in the Tidewater region, our school liaison serves as the **bridge between schools and health services,** able to get the healthcare they need to stay in school*

SUD Pregnant and Parenting



*Provide BH case management for mothers and fathers with SUD. Ensure they **are connected to community and clinical resources** to support pregnancy and parenting in all stages of recovery*

Digital Tools and Resources



*Sentara has developed a toolkit full of **digital tools and resources** to assist individuals in their healthcare journey. Tools consist of mobile applications, online databases and a website.*

Special Programs Care Coordination

*Sentara developed **specialized care coordination programs** focused on individuals in some of the most underserved and at-risk populations, such as tribal and justice-involved members.*

School Liaison Digital Toolkit

VirginiaYouth2Adult

- Sentara Health Plans has developed a free, online youth to adult transition tool for Virginians
- Empowers youth, parents and caregivers to grow successfully into adulthood
- Virginians are able to access this tool via the "Health and Resources" section of the Sentara Health Plans website
- To visit this resource:

virginiayouth2adult.com/

BridgingApps

- Free online mobile application database improving access to healthcare support through technology
- Applications are reviewed and rated by subject matter experts, consisting of parents, veterans, therapists, doctors, educators and people with disabilities
- To visit this resource:

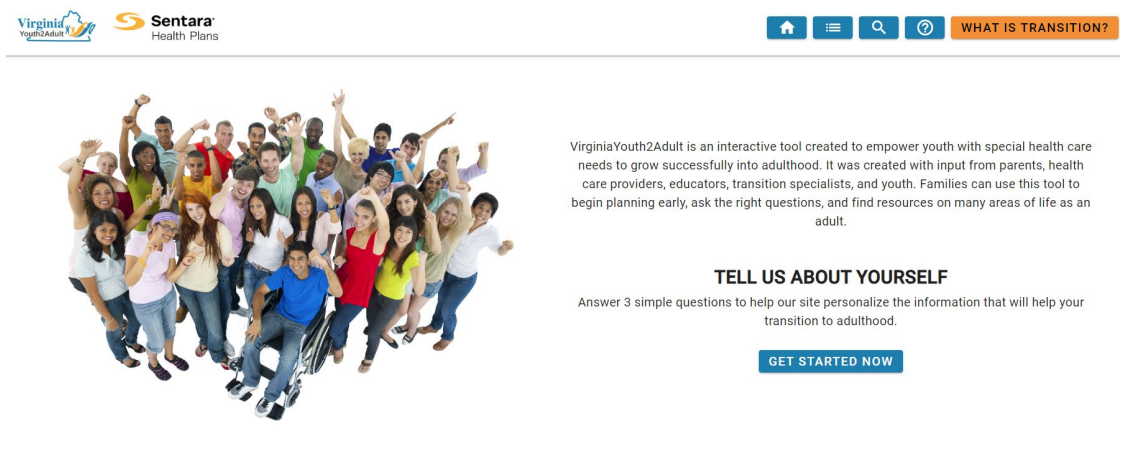
https://search.bridgingapps.org/all-list/search?q=sentara&utm_source=sentara.com&utm_medium=referral

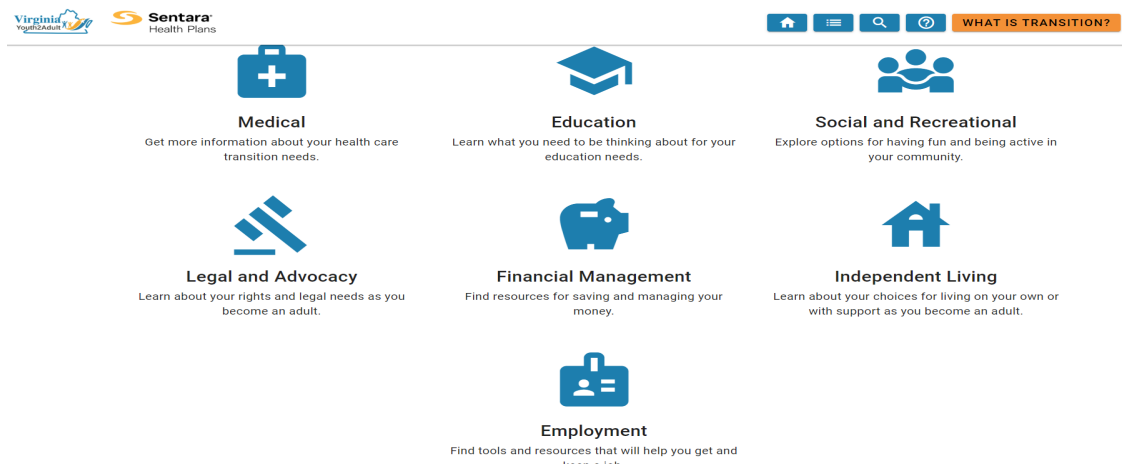
BeMe Health

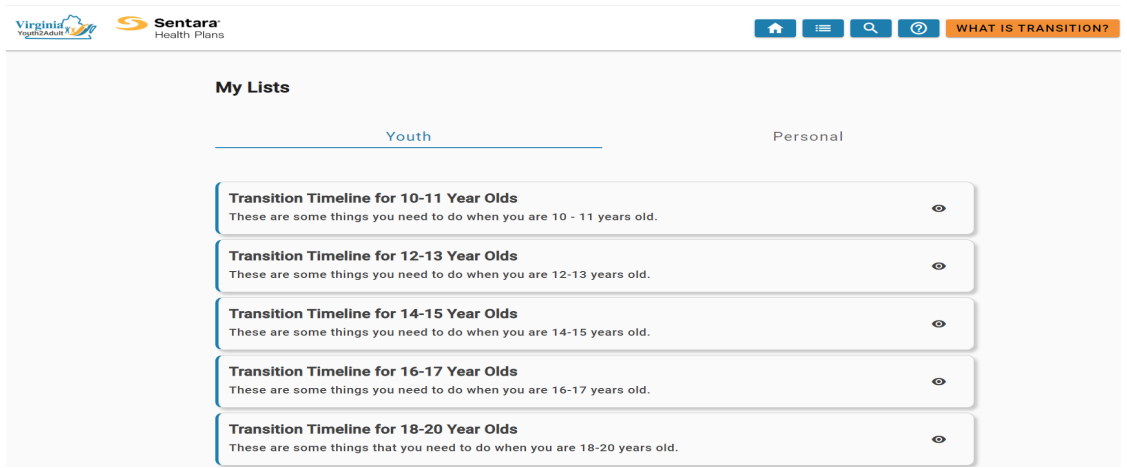
- Digital mental health company that provides mobile application support for teens designed by teens
- Application offers secure access to content, skill-building activities and one-on-one coaching to navigate the stressors of being a teen
- Content addresses specific teen-centric challenges
- Free access codes available
- To visit this resource:

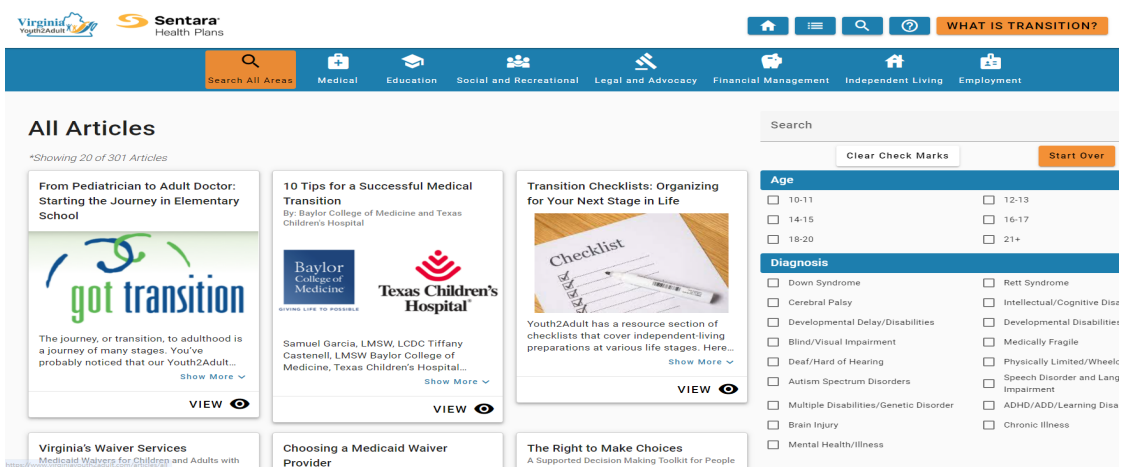
https://beme.com/

Virginia Youth2Adult

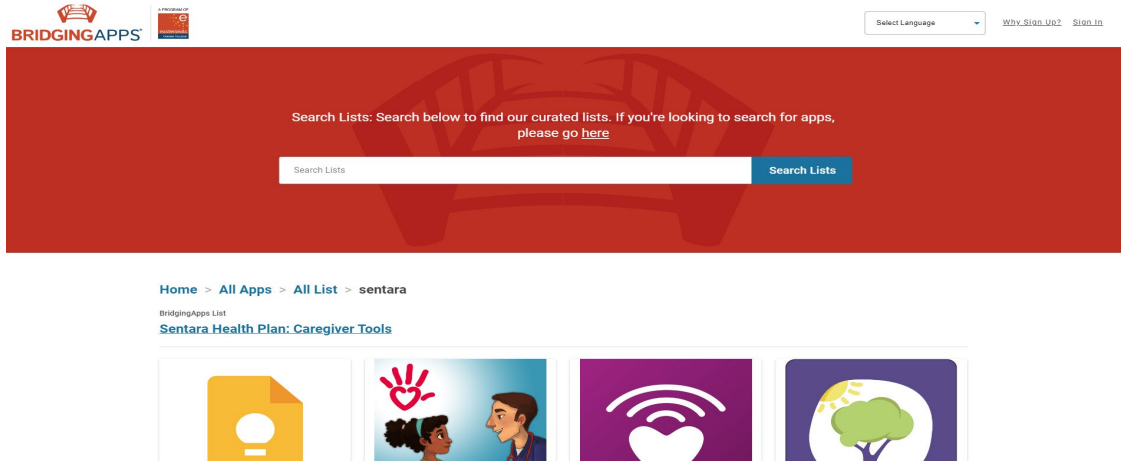


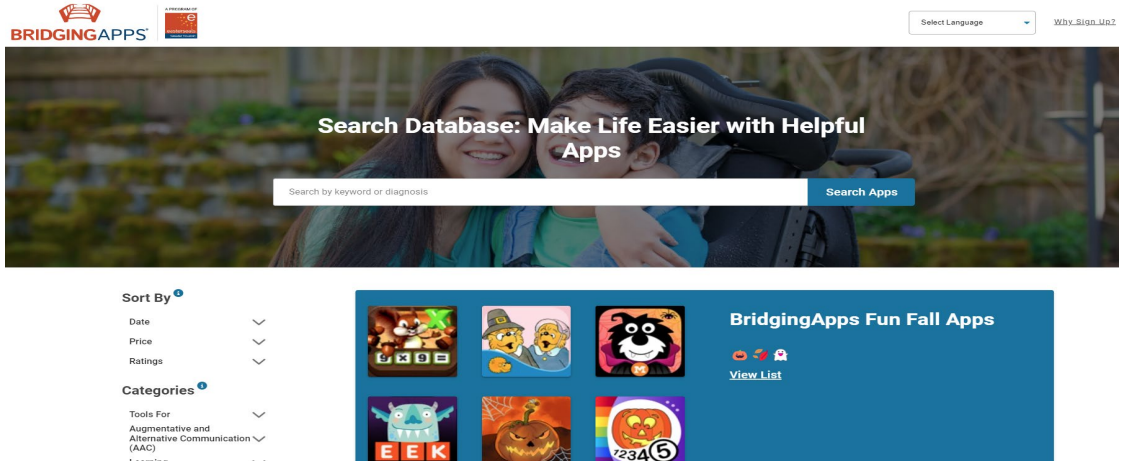


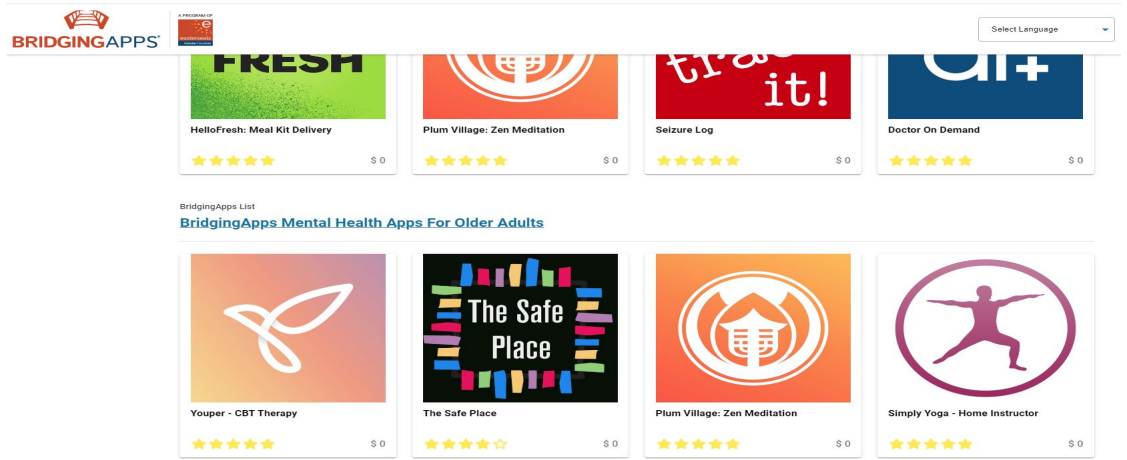


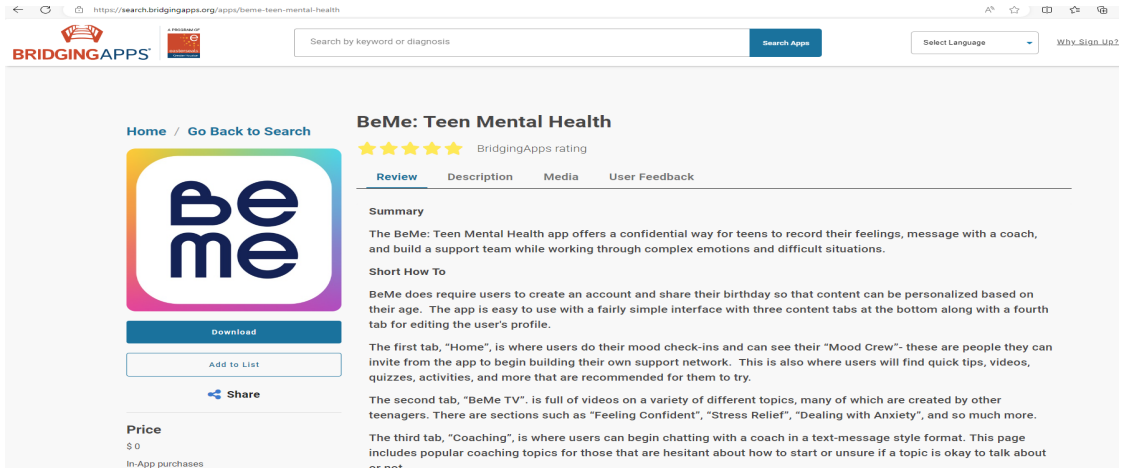


BridgingApps Database





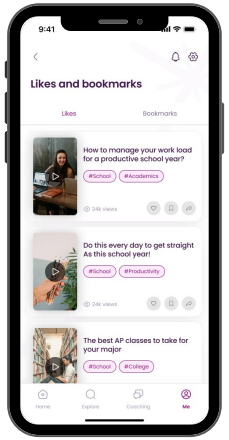




BeMe Health

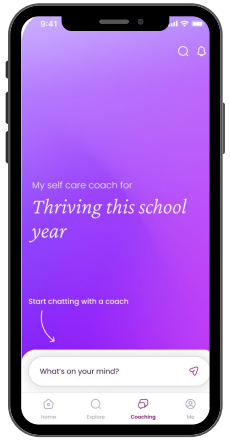
Diverse & educational content

Coping and resilience skills-based activities



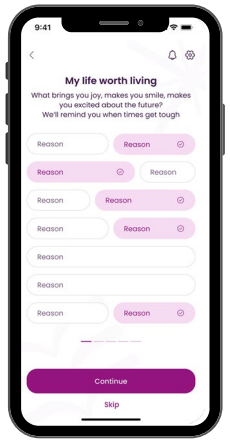
Dynamic check-in for engaged experiences

One-on-one live coaching via text



Clinical measurement & triage

24/7 crisis support & safety planning



Tech ‹ › **Touch**

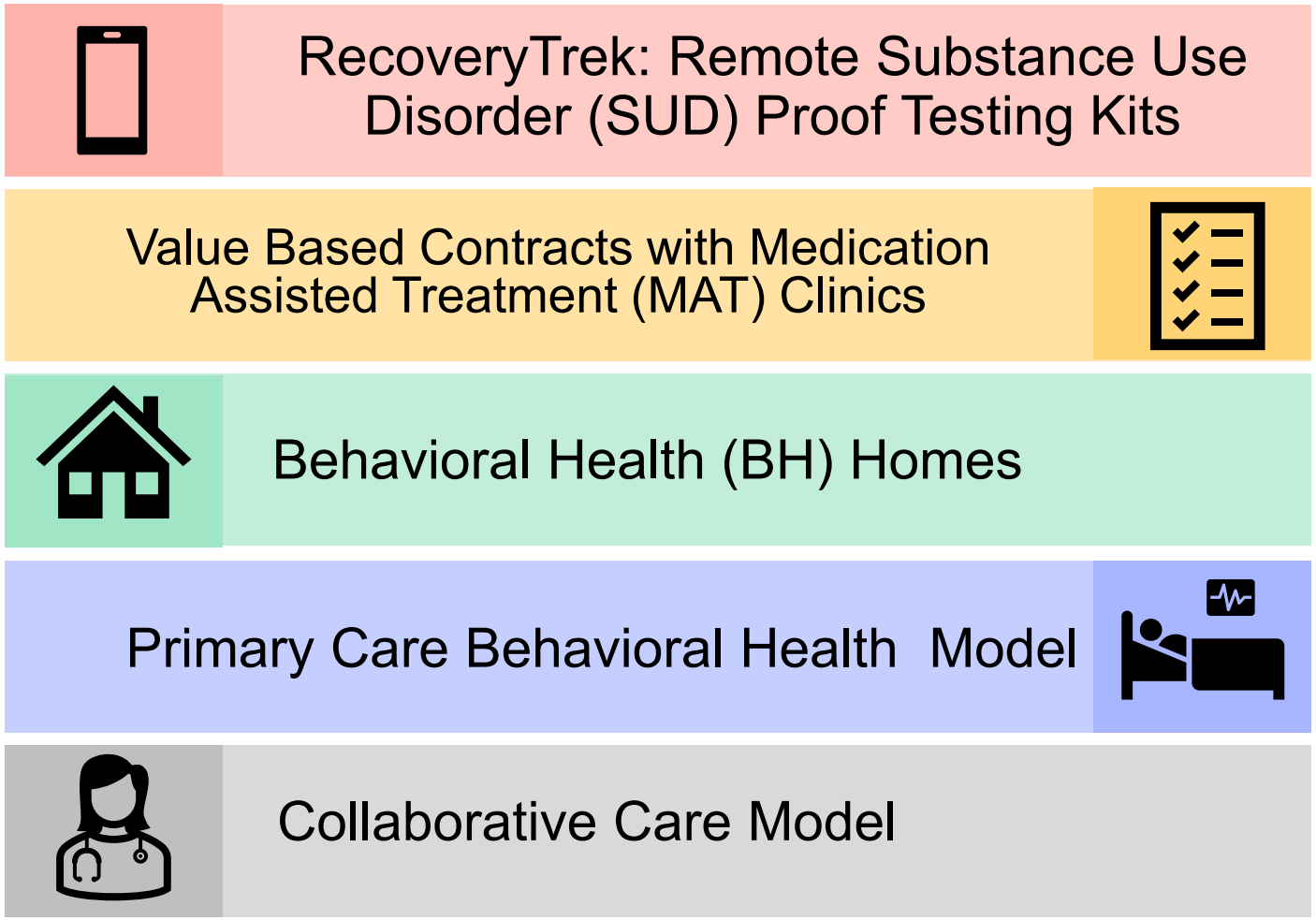
Step 1: Scan the QR

Step 2: Enter the Access

SHP4YT

Sentara Health Plans

Other Behavioral Health Programs



How Can Providers and Sentara Health Plans Collaborate?

Collaborating with Sentara Patient Care Management	• Ensure frequent and ongoing communication with the Patient Care Management team to efficiently manage the member's condition
Improved Communication with the Health Plan	• Notify Sentara Health Plans of any additional appointments the member needs or any change in the member's condition
Participation in Integrated Care Plans (ICP) for High-Risk Members/Utilizers	• Ensure proper documentation and coordination with Sentara Health Plans staff to develop an Integrated Care Plan for members
Connecting Members to Social Determinants of Health Services	• Provide suggestions of organizations that can assist members with their Social Determinants of Health concerns
Reducing Readmissions by Providing Education on Disease Process	• Educate members on how to care for their disease and what steps they need to take to prevent readmission
Follow-Up After Hospitalization Appointments	• When notified of a discharge, reach out to members to check-in and schedule a follow-up appointment

How Can Providers Connect with Sentara Health Plans?

- Provider Advocate – contactmyrep@sentara.com
- Provider Education – contactmyrep@sentara.com
- Clinically Led BH Medical Necessity Training “Now Let’s Talk BH!” – contactmyrep@sentara.com
- Behavioral Health Care Center – 757-507-7270
- 24-Hour Nurse Advice Line – 1-833-933-0487
- Behavioral Health/ARTS Crisis Line – 1-833-686-1595
- Mental Health Crisis National Crisis Line – 988
- Medicaid Transportation – 1-877-892-3986
- Pharmacy Help Desk – 1-844-604-9165
- Dental – 1-888-912-3456
- Member Services (Hearing Impaired/Virginia Relay) – 711 or 1-800-828-1140

Behavioral Health Provider Resource Tool Kit

Resource Category	Facility	Address	City	Telephone Number	
ASAM Treatment Center	Bacon Street Youth and Family Services	**Locations:** Williamsburg, Yorktown, Hampton, and Gloucester	Williamsburg	(757) 253-0111	http://baconstreet.org
ASAM Treatment Center	Hampton- Newport News CSB	300 Medical Dr, Hampton, VA 23666	Hampton	(757) 788-0300	https://www.hnncsb.c
ASAM Treatment Center	The Farley Center	5477 Mooretown Rd, Williamsburg, VA 23188	Williamsburg	(757) 243-1426	https://farleycenter.c
ASAM Treatment Center	South-Eastern Family Project (SEFP)	2351 Terminal Avenue, Newport News, VA 23607	Newport News	(757) 245-1070	file:///C:/Users/local
ASAM Treatment Center	Virginia Beach Psychiatric Center	1100 First Colonial Rd, Virginia Beach, VA 23454	Virginia Beach	(757) 496-6000	https://vbpcweb.com
ASAM Treatment Center	The Pavillion at Williamsburg	5483 Mooretown Rd, Williamsburg, VA 23188	Williamsburg	(757) 941-6400	https://pavilionwp.cor
ASAM Treatment Center	Addiction Recovery Center of Virginia- Dr. Brown	5000 New Point Rd STE 3201, Williamsburg, VA 23188	Williamsburg	(757) 645-3558	https://www.addictior
ASAM Treatment Center	Hampton CSB (2 Locations)	2351 Terminal Avenue, Newport News, VA 23607	Newport News	(757) 245-1070	https://www.hnncsb.c
Community Service Board	Western Tidewater CSB	5268 Godwin Blvd, Suffolk, VA 23434	Suffolk	(757) 656-6303	https://www.wtcsb.or
Community Service Board	Virginia Beach CSB	3432 Virginia Beach Blvd, Virginia Beach, VA 23452	Virginia Beach	(757) 385-3200	https://hs.virginiabea
Community Service Board	Portsmouth Department of Behavioral Healthcare Services	1811 King Street, Portsmouth, VA 23704	Portsmouth	(757) 393-5357	https://www.portsmo
Community Service Board	Norfolk CSB	7447 Central Business Park Dr, Norfolk, VA 23513	Norfolk	(757) 756-5600	https://www.norfolk.g
Community Service Board	Middle Peninsula Northern Neck CSB	5372B Old Virginia Street, Saluda, VA 23149	Saluda	(800) 542-2673	https://www.mpnncs
Community Service Board	Hampton-Newport News CSB	300 Medical Drive, Hampton, VA 23666	Hampton	(757) 788-0300	https://www.hnncsb.c
Community Service Board	Eastern Shore Community Services Board	24233 Lankford Highway, Tasley, VA 23441	Tasley	(757) 442-3636	https://escsb.org/
Community Service Board	Colonial Behavioral Health	1657 Merrimac Trail, Williamsburg, VA 23185	Williamsburg	(757) 220-3200	https://www.colonialb
Community Service Board	Chesapeke Integrated Behavioral Healthcare	224 Great Bridge Blvd, Chesapeake, VA 23320	Chesapeake	(757) 547-9334	https://www.cityofche
Community Stabilization	Benevolent Family Services	1919 Commerce Drive, Suite 240, Hampton, VA 23666	Hampton	(757) 755-3253	https://www.benevole
Community Stabilization	Intensive Community Outreach Services (ICOS)	5900 E. Virginia Beach Blvd., Suite 619, Norfolk, VA 23502	Norfolk	(757) 424-1010	https://www.icoservic
Functional Family Therapy (FFT)	Virginia Regional CSB Team, McLean	7025 Harbour View Blvd, Ste 119, Suffolk, VA 23425	Suffolk	(757) 282-3189	**Locations Served:** Eastern Shore, Acco Neck, Essex county, Lancaster County, R
Functional Family Therapy (FFT)	Strategic Therapy Associates	812 Live Oak Dr. Ste. D Chesapeake, VA 23320	Chesapeake	(757) 354-3418	**Location Served:** C
Homeless Shelters	THE UNION MISSION MINISTRIES	5100 East Virginia Beach Blvd. Norfolk, VA – 23502	Norfolk	(757) 627-8686	
Homeless Shelters	THE SALVATION ARMY EMERGENCY MENS SHELTER	203 W 19TH Street, Norfolk, VA 23517	Norfolk	(757) 622-3471	
Homeless Shelters	HOPE FOUNDATION	900 Brambleton Ave, Norfolk, VA 23504	Norfolk	(757) 241-6900	
Homeless Shelters	YWCA	500 East Plume Street, Suite 700, Norfolk, VA 23510	Norfolk	(757) 625-4248	
Homeless Shelters	THE CITY OF NORFOLK - THE CENTER	7447 Central Business Park Dr, Norfolk, VA	Norfolk	(757) 756-5600	
Homeless Shelters	Friends Faith House - Transitional Housing	Norfolk, VA 23509	Norfolk	(757) 724-2273	
Homeless Shelters	Barrett Transitional Home Norfolk	Norfolk, VA 23504	Norfolk	(757) 624-6991	
Homeless Shelters	Barrett Transitional Home (for Single Women And Pregnant Women)	Norfolk, VA 23501	Norfolk	(757) 624-6990	
Homeless Shelters	Forkids Norfolk	4200 Colley Ave, Norfolk, VA 23508	Norfolk	(757) 622-6400	
Homeless Shelters	Union Mission Ministries - Hope Haven Children's Home	5100 East Virginia Beach Blvd. Norfolk, VA – 23502	Norfolk	(757) 427-1500	
Homeless Shelters	Union Mission Ministries - Hope Haven Adult Home (for Seniors Age 62+)			(757) 427-1500	
Homeless Shelters	JUDEO-CHRISTIAN OUTREACH CENTER	1053 VIRGINIA BEACH BLVD	Virginia Beach	(757) 385-5160	
Homeless Shelters	HOUSING RESOURCE CENTER	104 N. Witchduck Road, Virginia Beach, Virginia, 23462	Virginia Beach	(757) 385-5167	
Homeless Shelters	SAMARITAN HOUSE			(757) 587-4202	
Homeless Shelters	SETON YOUTH SHELTERS			(757) 498-4357	
Homeless Shelters	LOVE AND CARING MINISTRIES	2804 SALEM ROAD, VIRGINIA BEACH, VIRGINIA 23456	Virginia Beach	(757) 430-4101	

Hampton Roads & Tidewater | Northern | Charlottesville Region | Alleghany & Harrisonburg Region | Southwest | Central | Statewide | Hotlines ...

Behavioral Health HEDIS Measures

- Follow-up after Emergency Department Visit Mental Illness (FUM)
- Follow-up after Emergency Department Visit for Substance Use (FUA)
- Follow-up after Hospitalization for Mental Illness (FUH)
- Follow-up After High Intensity Care for Substance Use Disorder (FUI)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Follow-up Care for Children Prescribed ADHD Medications (ADD-E)
- Antidepressant Medication Management (AMM)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Unhealthy Alcohol Use Screening and Follow-up (ASF-E)
- Deprescribing of Benzodiazepines in Older Adults (DBO)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Diagnosed Substance Use Disorder (DSU)
- Use of Opioids at High Dosage (HDO)
- Postpartum Depression Screening and Follow-up (PDS-E)
- Prenatal Depression Screening and Follow-up (PND-E)
- Pharmacotherapy for Opioid Use Disorder (POD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotics (SSD)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
- Diabetes Monitoring for People with Diabetes & Schizophrenia (SMD)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Health Outcomes Survey (HOS)

Lindsay Lopez
Medicare Stars Program Manager

HOS
Health Outcomes Survey

A member experience survey that impacts CMS Medicare Stars ratings

Collects self-reported data from Medicare members beginning in July through November

Questions measure member perception of their health status

Includes a baseline survey and a follow-up survey to the same respondents two years later

Improving or Maintaining Mental Health

- The percentage of sampled Medicare patients 65 years of age and older (denominator) whose mental health status was the same or better than expected after two years (numerator).
- Increase from a weight of 1 to a weight of three for Measurement Year 2025

Improving or Maintaining Mental Health

1. How much time in the last four weeks:
   Have you felt calm and peaceful?
   Did you have a lot of energy?
   Have you felt downhearted and blue?

2. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

3. During the past four weeks, have you accomplished less than you would like, or didn't do work or other activities as carefully as usual as a result of any emotional problems?

The Health Outcomes Survey is administered once per year, but Providers can make a difference year-round.

Normalize the conversation around mental health

- Routinely ask patients about their mental health status, including mood, sleep patterns, and stress levels.
- Destigmatize mental health concerns by treating them like any other medical issue.

Use validated tools such as the PHQ Depression Screening at routine checkups

- Identify a screening workflow that works for your practice.
- Follow up on positive screens.

Use “conversation starters” to initiate difficult conversations

- Issue pre-appointment checklists to patients.
- Display posters and pamphlets that prompt mental health conversations.

Provider Tips

Provide patient education

- Explain common mental health conditions including symptoms and treatment options.
- Adapt communication style to each patient’s needs and understanding.

Develop personalized treatment plans

- Refer patients to behavioral health services.
- Make a plan with your patient that considers sleep, exercise, social activities and healthy eating.

Address social isolation

- Be aware of community resources.
- Talk to families about the importance of social interaction.
- Consider a hearing test when appropriate.

Sentara Medicare has your patients covered.

✓ **Extra benefits and services can make it easier for your patients to get the care and services they need.**

Transportation Services	In addition to medical transportation, eligible Medicare members have access to Non-Medical Transportation to attend social and community events.
In-home support services	This in-home, non-medical benefit connects eligible members with a network of friendly helpers who are available for companionship, light housework, tech help, and more.
Hearing aid allowance	$0 copay for a routine hearing exam each year. If hearing aids are needed, members get free fittings and an allowance for a set of hearing aids.
Silver Sneakers	Medicare members have a fitness benefit through Silver Sneakers online and at participating locations. Online resources offer additional content on stress management, self-care and more.
Referral to health plan resources*	Make a referral to the health plan care coordination team for additional support. Or, for select conditions, make a referral to the chronic condition management team for more specialized support.

Benefits vary by plan. Members can call Member Services using the number on the back of their ID card to learn more about using these important benefits and to check their eligibility.
*Members can call Member Services to see which care coordination support team may be right for them.

Sentara Medicare Member Services

1-800-927-6048 (TTY: 711)

October 1–March 31 | 7 days a week | 8 a.m.–8 p.m.
April 1–September 30 | Monday–Friday | 8 a.m.–8 p.m.

Sentara Health Plans

Vendor Initiatives

Lucas White, PMP, CSM

Project Management Manager, Clinical Shared Services

Active Vendors supporting Member Health

Retina Labs

Brief Description of Services:
Supports members with in-home screening for diabetic retinopathy and in-home bone density screening after a fracture.

Of Note:
Ship to member test kits for A1c, Kidney Function, and fecal immunochemical tests will be provided by our Sentara Lab partner, **Quest Diagnostics,** soon. These were previously provided by Retina Labs.

Performance Metrics:
Care Gap Closure

Dario

Brief Description of Services:
Provides members who have a cell phone a smart app-compatible glucose monitor and multiple tools within the app to help them successfully manage diabetes.

Of Note:
Inclusion criteria have recently been modified to provide services to all Members with a Type II Diabetes diagnosis, subject to defined exclusions.

Members are no longer disenrolling at the end of 12 months if they have an A1C value below 7.9.

Performance Indicators:
Members Eligible/Members Enrolled

Onduo

Brief Description of Services:
Onduo is like Dario but supports our commercial members.

Of Note:
Diabetes management support like Dario, but for opted-in Commercial plan Members. Onduo provides in-app consultations with vendor employed physicians and submits claims for their services.

Performance Metrics:
Care Gap Closure, Member Engagement

Active Vendor cont.

Ovia

Brief Description of Services:
Provides members education and coaching on fertility, pregnancy, and parenting related topics.

Performance Metrics:
Reduction in NICU stays; improvement of prenatal and postnatal rates

Pfizer/Televox

Brief Description of Services:
Free postcard vaccine reminder campaign

Performance Metrics:
Vaccination compliance rates

Koda

Brief Description of Services:
Provides advanced care planning through digital and 1:1 platforms.

Performance Metrics:
Reduced cost of care

Vendors in the pipeline for 2025

HealthMap

Brief Description of Services:
Lowers medical costs by developing disease-specific, vendor-led programs for members with Chronic Kidney Disease and End-Stage Renal Disease.
When this goes live, it will assist members with tools and education to better manage their condition.

Performance Metrics:
Cost of Care, Member Outcomes, and Medication Adherence

Upfront

Brief Description of Services:
Utilize AI and Behavioral Nudging to support better health for members and patients through person-centered communications

Performance Metrics:
HEDIS, Stars, and PWP

HEDIS and Target Measures

Sandra L. Spencer, MSN, RN
Team Coordinator, Quality Improvement HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a set of standardized performance measures, developed and maintained by the National Committee for Quality Assurance (NCQA), designed to ensure that consumers have the information they need to reliably compare the performance of managed health care plans (MCO). HEDIS measures are derived from a number of health issues including cancer, heart disease, obesity, and diabetes. Some other measures are related to prenatal care, well child visits, and immunizations.

HEDIS Hybrid Measure Issues and Actions for Compliancy

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 • Handwritten documentation in medical records is often difficult to interpret	• Need name and DOB or MRN clearly documented on every page • Switch from handwritten documentation to an electronic (typed) version
BPD/CBP	• 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)
CIS	• Immunizations given after the second birthday • Missing documentation of a complete series of immunizations given	• Keep an eye on when the second birthday will occur and coordinate the visits so that all vaccines will occur by two years of age • Inquire where immunization occurred if not within your records
COA	• Functional status assessment not including enough ADLs/IADLs	• Need to document at least five ADLs and/or four IADLs
EED	• 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	• Lack of pregnancy diagnosis for confirmation of pregnancy visit with PCP	• Need positive pregnancy test, as well as diagnosis of pregnancy
TRC	• 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

What's' New for HEDIS 2025

New Measure:

Blood Pressure Control for Patients with Hypertension (BPC-E)

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was <140/90 mm Hg during the measurement period.

Intent:

This new measure has a component that captures members with hypertension who may not have been included in the denominator for Controlling Blood Pressure (CBP).

- BPC-E is an administrative measure vs CBP, which is a hybrid measure (includes medical record review).
- The denominator includes a pharmacy data method with a hypertension diagnosis.

Revised/Retired Measures:

Eye Exam for Patients With Diabetes:

NCQA retired the Hybrid Method; this measure is now reported using the **Administrative Method only**.

Care of the Older Adults (COA)

NCQA has retired the **Pain Assessment** indicator from the COA measure.

HEDIS Administrative Measures

Child and Adolescent Well-Care Visits (WCV)

Youth 3-21 years of age during the measurement year (2025)

Looking for a comprehensive well visit with either a PCP or OB/GYN during the measurement year

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

Use Of Imaging Studies For Low Back Pain (LBP)

Members ages 18-75 with primary diagnosis of low back pain who did not have an imaging study (plain Xray, MRI, CTI within 28 days of the diagnosis.

The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain. The purpose of this measure is to assess whether imaging studies are overused to evaluate patients with low back pain.

NCQA Recommended Codes: M47.26-M47.28, M47.816-H47.818, M47.896-M47.898, M48.061-M48.07, H48.08, H51.16-M51.17, M51.26, M51.27-M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.88, M54.16-M54.9, M99.03-M99.84, S33.100A-S33.9XXA, S39.002A-S39.92XS

Kidney Health Evaluation for Patients With Diabetes (KED)

Commercial/ Medicaid/ Medicare- members 18-85 years of age with Diabetes (type 1 and type 2) who received a kidney health evaluation as defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio(uACR) performed in the measurement year(2025)

NCQA Recommended Codes: (eGFR) 80047-80048, 80050, 80053, 80059 or 82565; (uACR) 82043, 82570) 82043, 82570

Osteoporosis Management in Women Who Had a Fracture (OMW)

Women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

NCQA Recommended Codes: (Bone Mineral Bone Density Tests) 76977-77078, 77080, 77081, 77085-77086: (Osteoporosis Medications) HCPCS: J0897, J1740, J3110, J3111, J3489

Breast Cancer Screening (BCS-E)

Percentage of women 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to and December 31 of the measurement year.

The purpose of this measure is to evaluate primary screening through mammography. Do not count biopsies, breast ultrasounds, or MRIs for this measure.

NCQA Recommended Codes: 77061-77063, 77065-77067

HEDIS/Quality

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

EMR Access

Do you struggle with HEDIS season?

Our HEDIS team can pull the records for you by granting us EMR access.

How You Can Assist in Closing Gaps in Care

- What is the best process for retrieving records to close gaps in care for HEDIS 2025?
  - EMR Access
  - Email/Fax
  - Portal
- **Using NCQA Recommended Billing Codes**
- **Make appointments available for members who may be calling you**
- Members will be incentivized for closing gaps in care
- HEDIS fax number to send medical records: 1-844-518-0706

Questions?

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

Sentara Health Plans

Quality Team Contacts

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Sentara Health Plans

Member Incentives

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

Sentara Health Plans Medicaid Member Incentives 2025

Please contact Asha Tillery,

QHC Team Coordinator, with any questions.

Email: axhudson@sentara.com

Phone: 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: ▪ 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, 2024 and October 7, 2025
Weight Assessment and Counseling for Nutrition and Physical Activity	$10	Children turning 3 through 17 in the measurement year
Well Care First 30 Months	$15	Children turning 30 months in the measurement year

2025 Medicare Healthy Rewards Program

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

*The Annual Physical Exam must be completed at the same appointment as the Annual Wellness Visit to earn the additional $20.

- *One per calendar year*
- *Receipt is 8-10 weeks after we receive the claim*
- *May not be converted to cash or to buy tobacco, alcohol, firearms*
- *2025 rewards funds are available for members to spend until March 31, 2026*

Welcoming Baby celebrates you!

Get ready for your baby in a fun way at the **Sentara Health Plans Baby Shower**. Enjoy food, gifts, and expert advice to help you have a healthy pregnancy.

You're invited to the Sentara Health Plans Baby Shower

Sentara Health Plans Welcoming Baby® Program is Hosting Baby Showers in June

The baby shower provides pregnant Sentara Community Plan (Medicaid) members in Virginia with education and resources to help have a healthy pregnancy and delivery.

March 6: Northern Virginia – Sentara Northern Virginia Medical Center, 2300 Opitz Blvd, Woodbridge, VA

March 26: Statewide – Virtual

What to expect

- Evenflo® and Aeroflow® baby items raffle
- Guest speakers
- Prenatal care
- Breastfeeding tips
- Postpartum support
- Member benefits
- Local resources
- Games and prizes

Ways to register

Online: sentaramedicaid.com/babyshower
Email: welcomingbaby@sentara.com
Call: 1-844-563-4205 (TTY: 711),
Mon–Fri, 8 a.m.–5 p.m.

Members may bring one guest.
Parking is free. If you need a ride, call 1-877-563-4205 (TTY: 711),

Welcoming Baby℠

Pink Promise

Sentara Individual & Family Health Plans members who receive a breast cancer screening mammogram in 2025 can also earn a **$25 wellness reward.**

Eligibility:

1. Female
2. Sentara Individual & Family Health Plans member
3. 40-74 years old
4. Receive a breast cancer screening mammogram between January 1, 2025 and December 31, 2025

Busy schedule? Visit a Sentara mobile mammography van in your neighborhood. No physician's referral required.

2025 Mammograraphy Van Schedule

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

Mammography Van Schedule

March 11, 2025 - Sentara RMH Timber Way, 13892 Timber Way, Broadway, VA 22815
March 13, 2025 - Pilgrim's Pride, 330 Co Op Drive, Timberville, VA 22853
March 14, 2025 - Bluestone Elementary, 750 Garbers Church Road, Harrisonburg, VA 22801
March 17, 2025 - Mamma Mia Italian Restaurant, 701 S 3rd Street, Shenandoah, VA 22849
March 19, 2025 - Shenandoah National Park, 3655 US Highway 211 East, Luray, VA 22835
March 21, 2025 - Sentara RMH Timber Way, 13892 Timber Way, Broadway, VA 22815
March 24, 2025 - Mt Jackson Food Lion, 5300 Main Street, Mt Jackson, VA 22842
March 25, 2025 - Elkton Area Community Center, 20493 Blue & Gold Drive, Elkton, VA 22827

Best Practices

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

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

Provider Support

Ebony Franklin
Network Relations Manager

How Can Sentara Health Plans Help You?

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

Support Visits

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

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

Sentara Health Plans

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

Provider News. Provider News | Providers | Sentara Health Plans | Sentara Health Plans ***most recent provider alerts and Newsletter***

Sentara Mobile Care Get the Sentara Health Plans Mobile App | Members | Sentara Health Plans *for members to get access to their health plan information*

Provider Tool Kit Provider Toolkit | Providers | Sentara Health Plans

Provider Manuals Provider Manuals and Directories | Providers | Sentara Health Plans

Medical Policies Medical Policies | Providers | Sentara Health Plans | Sentara Health Plans

Prior Authorization Tool to review if authorization is required Search PAL List: Sentara Health Plans

Jiva Tutorial / Demo **JIVA Resources | Providers | Sentara Health Plans | Sentara Health Plans**

Billing and Claims Billing and Claims | Providers | Sentara Health Plans

Upcoming Provider Education Opportunities - 2025

Register for our Upcoming Webinars

- **Provider Quality Care Learning Collaborative: 12 - 1 p.m.**
  - March 5
  - April 2
- **Let's Talk Behavioral Health: 1 - 2 p.m.**
  - May 13
  - August 12
- **Sentara Health Plans Spotlight: 10 - 11 a.m.**
  - March 5
  - September 23
- **Claims Brush Up Clinics: 1 - 2 p.m.**
  - March 12
  - June 18

Provider Newsletter Schedule

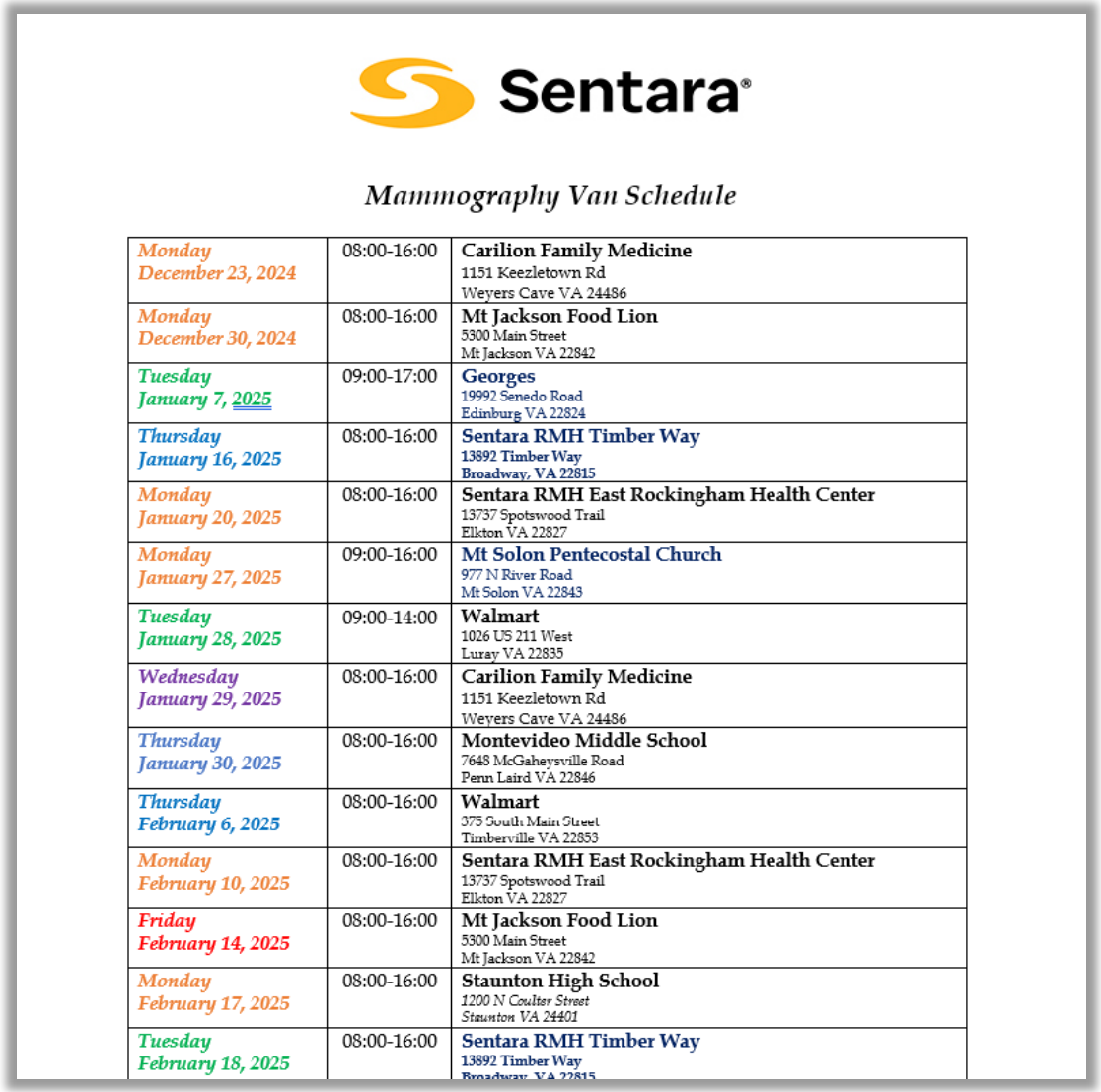
Edition
Winter (January)
Spring (April)
Summer (July)
Fall (October)

Past issues are available on the provider webpages sentarahealthplans.com/providers/updates.

Register for Upcoming Webinars as well as view previous webinars here: sentarahealthplans.com/providers/webinars.

Appendix

Mobile Mammography Van Schedule 2025



Sentara

Mammography Van Schedule

Monday *December 23, 2024*	08:00-16:00	**Carilion Family Medicine** 1151 Keezletown Rd Weyers Cave VA 24486
Monday *December 30, 2024*	08:00-16:00	**Mt Jackson Food Lion** 5300 Main Street Mt Jackson VA 22842
Tuesday *January 7, 2025*	09:00-17:00	**Georges** 19992 Senedo Road Edinburg VA 22824
Thursday *January 16, 2025*	08:00-16:00	**Sentara RMH Timber Way** 13892 Timber Way Broadway, VA 22815
Monday *January 20, 2025*	08:00-16:00	**Sentara RMH East Rockingham Health Center** 13737 Spotswood Trail Elkton VA 22827
Monday *January 27, 2025*	09:00-16:00	**Mt Solon Pentecostal Church** 977 N River Road Mt Solon VA 22843
Tuesday *January 28, 2025*	09:00-14:00	**Walmart** 1026 US 211 West Luray VA 22835
Wednesday *January 29, 2025*	08:00-16:00	**Carilion Family Medicine** 1151 Keezletown Rd Weyers Cave VA 24486
Thursday *January 30, 2025*	08:00-16:00	**Montevideo Middle School** 7648 McGaheysville Road Penn Laird VA 22846
Thursday *February 6, 2025*	08:00-16:00	**Walmart** 375 South Main Street Timberville VA 22853
Monday *February 10, 2025*	08:00-16:00	**Sentara RMH East Rockingham Health Center** 13737 Spotswood Trail Elkton VA 22827
Friday *February 14, 2025*	08:00-16:00	**Mt Jackson Food Lion** 5300 Main Street Mt Jackson VA 22842
Monday *February 17, 2025*	08:00-16:00	**Staunton High School** *1200 N Coalter Street* *Staunton VA 24401*
Tuesday *February 18, 2025*	08:00-16:00	**Sentara RMH Timber Way** 13892 Timber Way Broadway, VA 22815

sentarahealthplans.com/en/providers/value-based-care

Programs for Members

Sentara Mobile Care

Sentara Mobile Mammography Van Schedule

Sentara Health Plans Phone Numbers

Resources	
Care Management	DL_SHP_MCM_MGR@sentara.com 757-552-8360 or toll-free 1-888-512-3171 Available Monday through Friday, 8:00 a.m. – 5 p.m.
Behavioral Health	757-552-7174 or 1-800-946-1168
Welcoming Baby	Monday-Friday, 8 a.m.-5 p.m. Phone: 1-844-671-2108 (TTY: 711) Email: welcomingbaby@senatar.com
24/7 Nurse Advice Line	Medicaid: 833-933-0487 Calling the 24/7 Nurse Advice Line puts the member in contact with a professional nurse who can assess your medical situation, advise you as to where to seek care, and if possible, suggest self-care options until you can see your primary care provider (PCP). In any life-threatening emergency situation, always go to the closest emergency room or call 911.
Behavioral Health Crisis Line	Toll-free. Available 24 hours a day, 7 days a week. 1-833-686-1595 (TTY: 711)
Member Services	757-552-7401 or toll-free at 1-877-552-7401 Available Monday through Friday, 8:00 a.m. – 5 p.m. members@sentara.com

Sentara Health Plans Vendor Partnerships

Resources	
DentaQuest (Dental Care)	Contact a DentaQuest representative at **1-888-912-3456** to find a dentist and learn more about the new dental benefit for adults enrolled in Medicaid.
VSP (Vision)	Members age 21 and up get one eye exam and $100 for frames each year. Must use an in-network provider. Contact: **1-844-453-3378 (TTY: 711)** or online.
Assurance Wireless (Cell Phones)	Approved member households can get a free smartphone. The plan includes: • a free smartphone with unlimited texts, 350 minutes, and free calls to SHP • free unlimited wireless, texts, minutes, and hotspot (one per household) Contact: Assurance Wireless at **1-888-321-5880** or online
Omada (Diabetes Prevention)	Members most at risk for developing diabetes are invited into a special program. It features health coaching and a weight management program. Watch this video to see how the program works. Not a FAMIS or managed long term services and supports added benefit. Contact: Member Services at **1-800-881-2166 (TTY: 711) to be connected with Health and Prevention.**
Transportation (Modivcare)	Members call to schedule pick up for "will call" return trips: • **Members call 1-877-892-3986** • M-F 6 a.m.- 6 p.m. • Closed Saturdays, Sundays and national holidays

Medicare Only Measures

Measure	Age/Measure Eligibility Requirements	Documentation Needed
COL-E – Colorectal Cancer Screening (**Admin measure starting 2025)** ★ CMS Stars Measure	Members 45-75 years of age during the measurement year (2025)	Date of one of the following colorectal cancer screenings was performed: • FOBT during the measurement year (2025) • FIT-DNA (2023 through 2025) • Flexible sigmoidoscopy (2021 through 2025) • CT colonography (2021 through 2025) • Colonoscopy (2016 through 2025)
COA - Care for Older Adults ★ CMS Stars Measure	Members 66 years of age or older during the measurement year (2025)	Evidence of **all** three of the following from a visit during 2025: • **Medication Review** Presence of a medication list and indication that the list was reviewed by a prescribing practitioner • **Functional Status Assessment** Notation that ADLs (minimum of 4 IADLs or 5 ADLs) were assessed • **Pain Assessment** Notation of at least one pain assessment, ie: numeric pain scale, or pain assessment in Review of Systems
TRC - Transitions of Care ★ CMS Stars Measure	Members 18 years of age and older who had an inpatient discharge on or between January 1 and December 1 of the measurement year (2025)	**Any** medical record that is accessible to either the member's PCP or ongoing care provider • **Notification of Inpatient Admission** Notice must include date of receipt plus acknowledgement on the day of admission through 2 days following admission • **Receipt of Discharge Summary** Evidence of a discharge summary or form, including date of receipt plus acknowledgement on day of discharge through 2 days after discharge • **Patient Engagement** Evidence of a patient engagement within 30 days after discharge (outpatient visit, including office visits, home visits, telephone visit or telehealth visit) • **Medication Reconciliation** Documentation that discharge medications were reconciled with most recent medication list in the outpatient medical record

Childhood Measures

Measure	Age Requirements	Documentation Needed
CIS - Childhood Immunization Status	Children by 2 years of age	• 4 DTaP • 3 IPV • 3 HIB • 3 Hep B • 4 PCV • 1 MMR • 1 Hep A • 1 VZV • 2 flu • 2-3 RV
LSC – Lead Screening	Children by 2 years of age	• At least one lead capillary (finger stick) or venous (venous puncture) blood test • Clear evidence of the date the test was performed • The actual result or finding
IMA – Immunizations for Adolescents	Adolescents 9 - 13 years of age 10 - 13 years of age 11 - 13 years of age	• 2 HPV at least 146 days apart • 1 Tdap • 1 Meningococcal
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Child & Adolescents 3 - 17 years of age	Ht/Wt/BMI% Counseling for nutrition and physical activity

Adult Measures

Measure	Age/Measure Eligibility Requirements	Documentation Needed
CBP – Controlling High Blood Pressure ★ CMS Stars Measure	Adults 18 – 85 years of age with 2 diagnoses of HTN	• Last blood pressure of the year (2025) from office visits/telephone/e-visits/virtual check-ins • Both systolic and diastolic readings must be < 140/90
Diabetes ★ CMS Stars Measure	Adults 18 – 75 years of age with the diagnosis of type 1 or type 2 diabetes	
• BPD – Blood Pressure Control for Patients With Diabetes		• Last blood pressure of the year (2025) from office visits/telephone/e-visits/virtual check-ins • Both systolic and diastolic readings must be < 140/90
• EED – Eye Exams for Patients With Diabetes		• A retinal or dilated diabetic eye exam by an eye care professional, the date and the results (2024 – 2025)
• GSD – Glycemic Status Assessment for Patients With Diabetes *(formerly HBD)*		• Date and result of the most recent A1c lab of the year (2025).
CCS – Cervical Cancer Screening	Women 24 – 64 who had either a pap smear/pap + hrHPV co-testing/hrHPV testing	• Cytology results of pap smear (2022-2025) • Cytology results pap/hrHPV co-testing (2021-2025) • Cervical hrHPV testing (2021-2025)
PPC – Prenatal and Postpartum Care	Live births on or between October 8, 2024 and October 7, 2025	• References to pregnancy or being pregnant • Basic OB exam • Office visit + screening labs or US

HEDIS Hybrid Measure Issues and Actions for Compliancy

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	• 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)
CIS	• Immunizations given after 2nd birthday • Missing documentation of complete series of immunizations given	• 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
COA	• Lack of documentation of a pain assessment • Functional status assessment not including enough ADLs/IADLs	• Include a pain scale (especially with the vital signs is helpful) • Need to document at least 5 ADLs and/or 4 IADLs
EED	• 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	• Lack of pregnancy diagnosis for confirmation of pregnancy visit	• Need positive pregnancy test, as well as diagnosis of pregnancy
TRC	• 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

Breast Cancer Screening (BCS)

- For women ages 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to and December 31 of the measurement year.
- The purpose of this measure is to evaluate primary screening through mammography.
- Do not count biopsies, breast ultrasounds, or MRIs for this measure.

Child and Adolescent Well-Care Visits (WCV)

HEDIS Administrative Measure

For Members ages 3-21 years of age during the measurement year (2025).

- Looking for a comprehensive well visit with either a PCP or OB/GYN during the measurement year

Childhood Immunization Measure

MEASURE	SCREENING, TEST, OR CARE NEEDED
***Childhood Immunization** Children who turn 2 years old during the measurement year (2024) Vaccines must be completed **on or before the second birthday.** **CPT Codes:** Dtap: 90697, 90698, 90700, 90723 IPV: 90697, 90698, 90713, 90723 HiB: 90644, 90647, 90648, 90697, 90698, 90748 Pneumococcal Conjugate: 90670, 90671 Rotavirus (2 dose): 90681 Rotavirus (3 dose): 90680 VZV: 90710, 90716 MMR: 90707; 90710 Hepatitis A: 90633 Hepatitis B: 90697, 90723, 90740, 90744, 90747, 90748 Influenza: 90655, 90657, 90661, 90673, 90674, 90685,90686, 90687, 90688, 90689, 90765 LAIV: 90660, 90672	• **4 DTaP** or anaphylaxis or encephalitis due to diphtheria, tetanus, or pertussis vaccine (do not count any before 42 days of age) • **3 IPV** or anaphylaxis due to the IPV vaccine (do not count any before 42 days of age) • **1 MMR**; history of measles, mumps, and rubella; or anaphylaxis due to the MMR vaccine (do not count any before 42 days of age) • **3 HiB** or anaphylaxis due to HiB vaccine (do not count any before 42 days of age) • **3 hepatitis B**, anaphylaxis due to hepatitis B vaccine, positive serology, or history of hepatitis B • **1 VZV**, anaphylaxis due to the VZV vaccine, positive serology, or documented history of chicken pox disease • **4 pneumococcal conjugates** or anaphylaxis due to the pneumococcal conjugate vaccine (do not count any before 42 days of age) • **1 hepatitis A**, anaphylaxis due to the hepatitis A vaccine, or documented hepatitis A illness • **2 or 3 rotavirus vaccines** – depends on the vaccine administered or documented anaphylaxis due to the rotavirus vaccine (do not count any before 42 days of age) • **2 influenza** with different dates of service or anaphylaxis due to the influenza vaccine – One of the two vaccinations can be a live attenuated influenza vaccine (LAIV) if administered on the child's second birthday (do not count any given prior to 6 months of age). **Exclusions:** • members in hospice or using hospice services anytime during the measurement year. • members who had a contraindication to a childhood vaccine on or before their second birthday. • members who died anytime during the measurement year. **Parental refusal is *not* an exclusion.** Documentation of "immunizations are up-to-date" is **not** acceptable. Documentation of an immunization (such as the first hep B) received "at delivery "or "in the hospital" may be counted. For documented history of illness, a seropositive test result, or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the the member's second birthday.

2024-2025 Medicare Benefit Changes (High Level)

Plan	Benefits Changes
Hampton Roads Value H2563-017 (001/002) **Southside 001/Peninsula 002**	**MOOP:** Changed from $3,000 to $3,500 **Comprehensive Dental:** Changed from $3,000 Max to $2,500 and copay changed from $25 to $35 **Over-the-Counter (OTC):** Changed from $100 to $130 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI) :** No Changes – stays $90 monthly allowance **Routine Chiropractic:** Removed Benefit
Hampton Roads Prime H2563-005 (001/002) **(Southside 001 and Peninsula 002)**	**MOOP:** Changed from $5,500 to $3,500 **Comprehensive Dental:** Changed from $3,500 Max to $3,000 and copay changed from $75 to $50 **Over-the-Counter (OTC):** No changes – stays at $100 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $25 to $20 **Food and Produce (SSBCI):** N/A **Routine Chiropractic:** No change – stays $10 (18 visits/year) **Premiums: (001):** Changed from $63 to $75 **Premiums (002):** Changed from $53 to $65
Engage – Diabetes and Heart (C-SNP) H2563-018	**MOOP:** Changed from $3,400 to $3,500 **Comprehensive Dental:** Changed from $3,000 Max to $2,500 and copay changed from $25 to $35 **Over-the-Counter (OTC):** Changed from $100 to $130 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** Changed from $115 to $100 monthly allowance **Routine Chiropractic:** No Change – stays $10 (18 visits/year)

Sentara Health Plans

2024-2025 Medicare Benefit Changes (High Level)

Plan	Benefits Changes
Roanoke/Alleghany/ Value **(Members that were in this plan initially)** **H2563-016**	**MOOP:** Changed from $3,700 to $3,900 **Comprehensive Dental:** $2,500 max (no change) and copay changed from $25 to $35 **Over-the-counter (OTC):** Changed from $100 to $156 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** Changed from $100 to $90 monthly allowance **Routine Chiropractic:** No Change
Northern Virginia Value **H2563-008**	**MOOP:** Changed from $3,500 to $4,300 **Comprehensive Dental:** Copay changed from $25 to $35 **Over-the-counter (OTC):** Changed from $100 to $181 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** Changed from $100 to $50 monthly allowance **Routine Chiropractic:** No changes
Central/Halifax Value **H2563-009**	**MOOP:** Changed from $3,300 to $3,400 **Comprehensive Dental:** Copay changed from $25 to $35 **Over-the-Counter (OTC):** Changed from $100 to $139 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $10 to $15 **Food and Produce (SSBCI):** No change **Routine Chiro:** Changed from $0 (12 visits/year) to $15 (12 visits/year)

2024-2025 Medicare Benefit Changes (High Level)

Plan	Benefits Changes
Salute **H2563-014**	**MOOP:** Changed from $3,400 to $3,550 **Comprehensive Dental:** Changed from $2,000 Max to $1,500 and copay no change at $50 **Over-the-counter (OTC):** Changed from $125 to $75 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from $25 to $35 **Food and Produce (SSBCI):** Changed from $75 to $90 monthly allowance **Routine Chiro:** No changes at $20 (18 visits/year)
FIDE D-SNP **H4499**	**MOOP:** Changed from $8,850 to $9,250 **Comprehensive Dental:** No changes **Over-the-counter (OTC):** Changed from $500 to $200 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from Max $55 to Max $45 **Food and Produce (SSBCI):** Changed from $100 to $350 monthly allowance **Routine Chiropractic:** No changes
Partial D-SNP **H2563-020**	**MOOP:** Changed from $8,850 to $9,250 **Comprehensive Dental:** No changes **Over-the-counter (OTC):** Changed from $400 to $150 quarterly allowance **In Home Support Services:** Changed from 90 hours to 40 hours **Urgently Needed Services:** Changed from Max $55 to Max $45 **Food and Produce (SSBCI):** Changed from $100 to $200 monthly allowance **Routine Chiropractic:** No changes