

Provider Quality Care Learning Collaborative

July 2, 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. Provider Support
- C. The Medical Director's Corner
- D. Dario
- E. Quest Diagnostics
- F. Q & A
- G. Closing Remarks

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*

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. [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.

- August 6 – Pharmacy
- September 3 – Preparing for HEDIS Blitz

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

- August 12
- November 11

➤ Sentara Health Plans Spotlight: 10 - 11 a.m.

- September 23

➤ Claims Brush Up Clinics: 1 - 2 p.m.

- September 16
- December 17

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

- July 17 and 29

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>.

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

The Medical Director's Corner

Dr. Sinha

Agenda

- DSP Documentation Overview
- DSP for Endocrinology

DSP= Diagnosis, Status, Plan

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

Agenda

1. DSP Documentation Overview

2. DSP for Hematology/Oncology

DSP= Diagnosis, Status, Plan

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

Accurate and detailed documentation and diagnosis coding are critical to:

- Capturing a complete picture of the total clinical health status/burden of the patient
- Deploying the appropriate healthcare resources to the necessary care needs of a population.

The purpose of this presentation is to briefly discuss suggested documentation and coding concepts related to common risk adjustment **Hematology/Oncology** conditions/diseases.

Risk adjustment quantifies the overall health status/disease burden of an individual or population to predict expected healthcare costs by calculating a risk score using demographics (age, gender) and medical complexity, defined by provider reported ICD-10-CM diagnosis codes. Risk scores are utilized revenue to deploy the appropriate healthcare resources necessary to provide benefits and services to patients.



3 Components (DSP) of Diagnoses Documentation

Reflect specificity of medical complexity/disease burden in the documentation

D

Diagnosis – Document established definitive diagnoses.

- In a face-to-face visit (in person or telehealth), state the diagnosis to the highest specificity including complications/manifestations.
- Utilizing linking terms (due to, with, related to, etc.).
- Avoid use of “history of” for active diagnoses
- **Do not code diagnoses if documenting:**
 - History of
 - Probable or possible
 - Rule Out (R/O)
 - **Note:** Diagnosis codes should only be coded for active or confirmed conditions

S

Status – Document assessed/evaluated status of diagnoses.

Document response to treatment (not a complete list):

- Stable
- Worsening
- Exacerbation
- Recurrence
- Newly diagnosed
- Improving
- Remission

Documentation examples:

Provided as references, not as requirements

P

Plan – Document treatment plan for diagnoses.

- Each specific evaluated/assessed condition(s) or disease(s) should have a **linked** documented plan
- Labs ordered to monitor progression
- Medications adjusted for better control
- Plans for future diagnostic tests
- Follow up visits with PCP or specialists
- Observe/watch
- Document counseling or care coordination

Active vs History Concept for Coding Cancers

Not a complete list

D - Diagnosis

Document and code established definitive diagnoses:

- Only code cancer ICD-10-CM diagnosis codes for **conditions** that are **currently active**
- **Active surveillance** (also called watchful waiting)
 - Used if cancer has not been eradicated and no treatment is directed to malignancy
 - Monitoring recurrence
- Under **Active or Current Treatment**: Radiation, chemotherapy, immunotherapy, surgical intervention, adjuvant therapy, therapeutic medication prescribe for cancer, patient elects not to treat
- **In Remission**: Active codes that are stable and controlled with treatment

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses
- History of cancer codes used when:
 - Cancer is no longer active
 - Primary malignancy previously excised/eradicated, no further evidence of any exiting primary malignancy, no further treatment of malignancy
 - No evidence of disease

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

Malignant Neoplasms of Digestive Organs

Not a complete list

Malignant neoplasm of colon: ICD-10-CM codes: C18.0-C18.9

Malignant neoplasm of rectosigmoid junction: ICD-10-CM codes: C19

Malignant neoplasm of rectum: ICD-10-CM codes: C20

Malignant neoplasm of liver: ICD-10-CM-codes: C22.0

Malignant neoplasm of pancreas: ICD-10-CM codes: C25.-C25.9

D - Diagnosis

Document and code

established definitive diagnoses:

- Malignant neoplasm of colon [C18.X]
- Malignant neoplasm of rectosigmoid junction [C19]
- Malignant neoplasm of rectum [C20]
- Liver cell carcinoma [C22.0]
- Malignant neoplasm of pancreas [C25.X]
 - Specific location: head, tail, body, overlapping sites

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Hepatocellular carcinoma (HCC) w/mets to lungs. Discussed HCC mets. Doing well at this point, not ready to consider hospice.”
- “Recurring pancreatic carcinoma, palliative care involved. Managed by IV medications, nutritional, support, and physical therapy.”
- “Recurrent rectosigmoid cancer. Restaging CT scheduled for tomorrow.”
- “Colon cancer receiving Folfiri and Erbitux.”

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

Malignant Neoplasm of Bronchus and Lung

Not a complete list

Malignant neoplasm of bronchus and lung: ICD-10-CM codes: C34.0-C34.92

D - Diagnosis

Document and code established definitive diagnoses:

- Malignant neoplasm of bronchus and lung [C34.X]
- Type:
 - Main
 - Upper lobe
 - Middle lobe
 - Lower lobe
 - Overlapping sites
- Specificity
 - Right or Left

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “ Newly diagnosed lung adenocarcinoma of the RUL in a never smoker, currently no evidence of disseminated disease, however, not a surgical candidate given age and per patient choice. Insufficient tissue from biopsy for EGFR.”
- “Patient with LLL lung cancer. Unresectable at this time given age. Offered SBRT in hopes of disease treatment.”

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

Malignant Neoplasms of Breast

Not a complete list

Malignant neoplasm of breast: ICD-10-CM codes: C50.011-C50.929

D - Diagnosis

Document and code established definitive diagnoses:

Malignant neoplasm of breast [C50]

- Type:
 - Central portion
 - Quadrant (e.g., lower-inner, upper-outer quadrant)
 - Nipple and areola
 - Overlapping sites of breast
- Specificity
 - Female or Male
 - Right or Left

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Pt w/breast CA. Pt scheduled for lumpectomy and sentinel lymph node biopsy. To f/u w/oncology to determine treatment plan.”
- “Carcinoma of left breast with mets to axillary lymph nodes. Follow up in 4 months, continue chemotherapy treatment.”

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

Malignant Neoplasms of Genital Organs

Not a complete list

Malignant neoplasms of female genital: ICD-10-CM codes: C51-C58

Malignant neoplasms of male organs: ICD-10-CM codes: C60-C63

D - Diagnosis

Document and code established definitive diagnoses:

- Malignant neoplasms of corpus uteri [C54.X]
 - Type: Isthmus uteri, endometrium, myometrium, fundus uteri, overlapping site of corpus uteri
- Malignant neoplasm of ovary [C56.X]
 - Specificity: right, left, bilateral
- Malignant neoplasm of prostate [C61]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Adenocarcinoma of prostate per pathology.”
- “Metastatic ovarian left cancer. Patient has refused any further treatment.”
- “Prostate CA being treated with Lupron per Oncology.”

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

Malignant Neoplasms of Urinary Tract

Not a complete list

Malignant neoplasm of bladder: ICD-10-CM codes: C64-C68

D - Diagnosis

Document and code established definitive diagnoses:

- Malignant neoplasm of bladder [C67.X]
 - Specify location
 - Lateral wall [C67.2]
 - Overlapping sites [C67.8]
 - Unspecified [C67.9]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Metastatic right renal pelvis cancer, cont. Percocet as needed for pain. Obtain restaging Pet Scan prior to next office visit.”
- “Bladder cancer, not a candidate for any surgery or even chemotherapy. Prognosis is very poor.”

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

Malignant Neoplasms of Brain and Thyroid

Not a complete list

Malignant neoplasm of eye, brain, and other parts of central nervous system: ICD-10-CM codes: C69-C72

Malignant neoplasm of thyroid gland: ICD-10-CM codes: C73

D - Diagnosis

Document and code established definitive diagnoses:

- Malignant neoplasm of brain [C71.X]
 - Type:
 - Cerebrum, except lobes/ventricles [C71.0]
 - Lobes: frontal, temporal, parietal, occipital [C71.1-C71.5]
 - Cerebral ventricle [C71.5]
 - Cerebellum [C71.6]
 - Brain stem [C71.7]
 - Overlapping sites [C71.8]
- Malignant neoplasm of thyroid gland [C73]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Metastatic thyroid cancer. Per Oncology. Schedule for radioactive iodine treatment.”
- “Patient has metastatic frontal lobe brain cancer. Follows Oncology for chemotherapy.”

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

Secondary Malignant Neoplasms

Not a complete list

Secondary malignant neoplasm of lung: ICD-10-CM codes: C78.0-C78.8

Secondary malignant neoplasm of other sites: ICD-10-CM codes: C79.0-C79.9

Malignant neoplasm without specification of site: ICD-10-CM codes: C80.0-C80.2

D - Diagnosis

Document and code established definitive diagnosis

- Secondary malignant neoplasm of lung [C78.0X]
 - Specify: Left or Right
- Secondary malignant neoplasm of liver and intrahepatic bile duct [C78.7]
- Secondary malignant neoplasm of brain and cerebral meninges [C79.3X]
- Secondary malignant neoplasm of bone and bone marrow [C79.5X]
- Malignant (primary) neoplasm, unspecified [C80.1]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses
- Specify metastatic site(s)

Documentation examples:

- “Breast ca (right) w/mets to bone. Cont. Arimidex and Tarceva. Cont. Ultram prn for bone pain. Follow up with oncology.”
- “Metastasis Non-small cell lung cancer (NSCLC) with mets to bone and adrenal. Cont. Xgeva for bone metastasis, consider palliative radiation to right adrenal gland.”

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

Hodgkins & Non-Hodgkins Lymphoma

Not a complete list

Hodgkin lymphoma: ICD-10-CM codes: C81

Non-Hodgkins lymphoma: ICD-10-CM codes: C82-C85

D - Diagnosis

Document and code established definitive diagnosis

- Hodgkin Lymphoma [C81.X]
- Non-Hodgkins Lymphoma
 - Type
 - Diffuse large B-cell lymphoma [C83.3X]
 - Mycosis fungoides (T-Cell Lymphoma) [C84.XX]
 - Specify
 - Location: head, face, neck, limbs, intrathoracic, intra-abdominal
 - In remission

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “T-cell lymphoma- Completed chemotherapy with good tolerance. PET scan scheduled. Followed by Oncology to review results of PET scan results.”
- “Nodal T-cell follicular cell lymphoma. Complete sixth cycle of brentuximab, cyclophosphamide, and prednisone. No adverse effects. Cont. meds. PET scan in two to three 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

Myeloma & Leukemia

Not a complete list

Multiple myeloma and malignant plasma cell neoplasm: ICD-10-CM codes: C90

Lymphoid leukemia: ICD-10-CM codes: C91

Myeloid leukemia: ICD-10-CM codes: C92

D - Diagnosis

Document and code established definitive diagnosis

- Multiple myeloma [C90.0X]
 - Type:
 - Not having achieved remission
 - In remission
 - In relapse
- Lymphoid leukemia [C91.0X]
 - Type:
 - Not having achieved remission
 - In remission
 - In relapse
- Myeloid leukemia [C92.0X]
 - Type:
 - Not having achieved remission
 - In remission
 - In relapse

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Kappa light chain myeloma, in remission.”
- “Multiple Myeloma-IgG Kappa Type start Revlimid.”
- “Patient’s Chronic Lymphocytic Leukemia (CLL) has been stable since her dx in 2021. Lymphocyte count has not double, which is a positive sign.”

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

Anemias and Other Bone Marrow Failure

Not a complete list

Sickle-cell disorders: ICD-10-CM codes: D57.00-D57.819

*Aplastic anemias & other bone marrow failure syndrome:
ICD-10-CM codes: D60-D64*

Coagulation defects, purpura and other hemorrhagic conditions: ICD-10-CM codes: D65-D69

Disorders of blood and blood-forming organs: ICD-10-CM codes: D70-D77

D - Diagnosis

Document and code established definitive diagnosis

- Sickle-cell disorders
 - Type: Hb-SS, Hb-C disease, trait [D57.3], thalassemia
 - Specificity: with or without crisis
- Other pancytopenia [D61.818]
- Other primary thrombophilia [D68.59]
- Other thrombophilia [D68.69]
- Coagulation defect [D68.9]
- Purpura & other hemorrhagic conditions [D69.X]
- Secondary thrombocytopenia [D69.5X]
 - Type
 - Posttransfusion purpura [D69.51]
 - Other secondary thrombocytopenia [D69.59]
- Thrombocytopenia [D69.6]
- Neutropenia [D70.X]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Pt w/sickle cell anemia: Pain improved. Call infusion center or go to ED if pain increase or as needed. Continue medications to control pain.”
- “Mild normocytic anemia with blood cell count slightly below normal range. No iron deficiency present. Monitor blood counts repeat testing in three months.”
- “Platelet levels remain low, consistent with previous results. Monitor platelet levels as need.”

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

Immunodeficiency and Sarcoidosis

Not a complete list

Other immunodeficiencies: ICD-10-CM codes: D84.81-D84.9

Sarcoidosis: ICD-10-CM-codes: D86.0-D86.9

D - Diagnosis

Document and code established definitive diagnosis

- Immunodeficiency due to drugs and external causes
 - Immunodeficiency due to drugs [D84.821]
 - Immunodeficiency due to external causes [D84.822]
- Immunodeficiency [D84.9]
- Sarcoidosis [D86.0]

S- Status

Document response to treatment:

- Avoid use of “history of” for active diagnoses

Documentation examples:

- “Consult with ID if pt should hold off on immunosuppressants for Systemic lupus erythematosus (SLE).”
- “Immunocompromised 2/2 long term use of Imuran and Xeljanz.”
- “Sarcoidosis (lung). MTX has been d/c. F/u with rheumatologist.”

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

Dario - Sentara Health Plans Vendor Partner



Dario Overview for Provider Quality Care Learning Collaborative

Your Dario Team



Omar Manejwala, M.D.
Chief Medical Officer



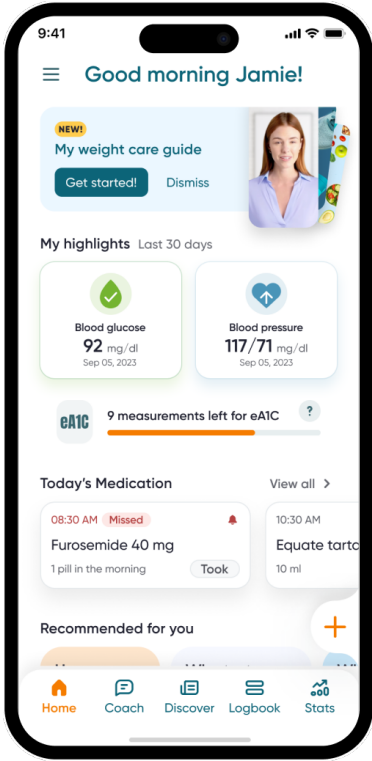
Jeremy Watson
Sr. Dir, Client Success

What is Dario

Relationship Timeline



Consumer-centric solutions proven to drive results



PROVEN CONSUMER APPEAL

250k+
members

4.9/5
stars

71-80%
retention rate

COMPREHENSIVE SOLUTIONS



Cardio-
metabolic



GLP-1
Support



Behavioral
Health



Musculo-
skeletal

1.6 pt Reduction in eA1c

Average for High Risk members
over the life of the program

PROVEN OUTCOMES

70+
clinical studies

\$5,077
in medical
cost savings

3.4–6x
ROI

Dynamic personalization for each member

AI insights continuously applied to six domains of personalization, engaging members throughout their journey

Dario's adaptive approach flexes to members' changing needs and circumstances, supporting them through challenges and helping them stay on their path to better health.




We work with you to address your priority personas

Our personas can also offer clear member supports as levers for your care teams



Samantha
High risk or recently diagnosed



Olivia
Challenges with managing condition



Mark
Long-term diagnosis fairly well managed

Enrollment Pathway	Enrollment Specialist	Digital or Telephonic Enrollment	Digital Enrollment
Recommended Member Supports	<p>Diabetes-Specific Care Plan with Specialty Coach + App</p> <ul style="list-style-type: none"> Medical Knowledge Medication Adherence Condition Specific Lifestyle Modification Ensure establish care provider Advanced SDoH condition management Condition Advocacy & external referrals <p>Most utilized App Features:</p> <ul style="list-style-type: none"> Understanding impact of logbook Relationship of food and physical activity tracking Setting Reminders Apple Health Kit Grocery Scanner Medication Cabinet for adherence 	<p>Care Plan with Health Coach + App</p> <ul style="list-style-type: none"> Identify motivation of change Overall health improvement Lifestyle changes Sustain healthy habits Address SDoH needs Encourage follow up with PCP <p>Most utilized App Features:</p> <ul style="list-style-type: none"> Chat with coach Understanding features of logbook Tracking food and physical activity Setting Reminders aligned with habits Apple Health Kit Grocery Scanner Medication Cabinet for awareness 	<p>Self-Guided Care Plan + App</p> <ul style="list-style-type: none"> Expand on existing motivation Device and App feedback based on engagement Light coaching intervention as requested <p>Most utilized App Features:</p> <ul style="list-style-type: none"> Use of logbook Tracking food and physical activity Apple Health Kit Grocery Scanner Medication Cabinet

Dario Health Diabetes Management

Digital solutions and medical devices to manage diabetes in one place



Members get everything they need for success:

- Smart blood glucose meter
- Unlimited test strips and supplies
- Personal one-on-one coaching
- Evidence-based 16-week diabetes management guide
- Personalized nutrition tools including a grocery scanner and recipe finder
- Medication tracker

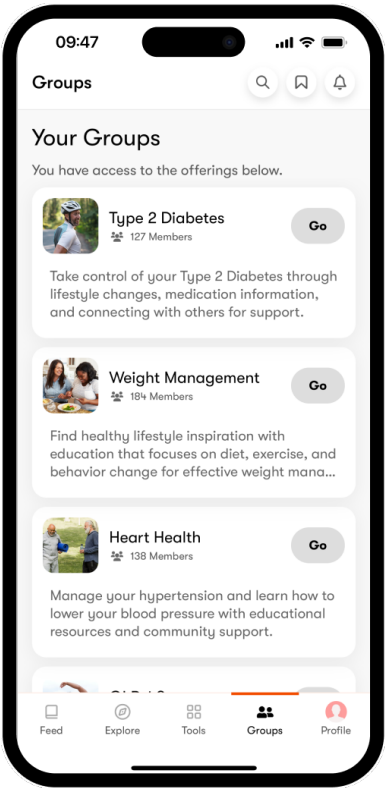
Types of support

Relevant resources and interventions based on member preferences and clinical needs, tailored to each condition

DIGITAL

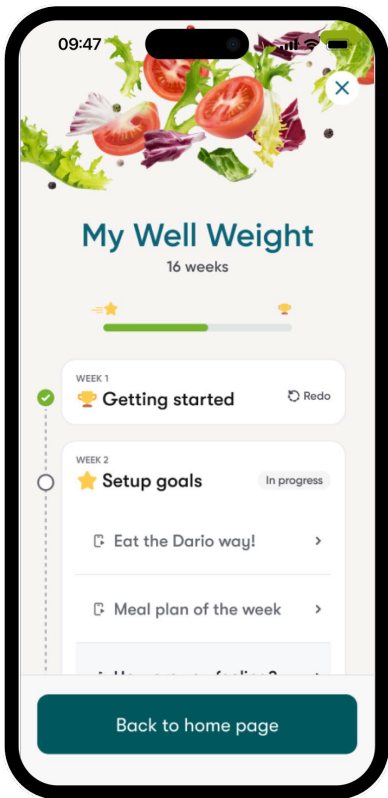
Community

Peer support groups
Access to medical experts
Educational content



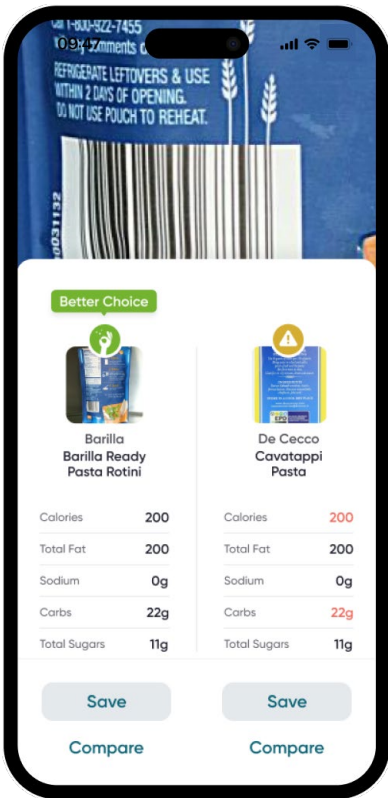
Programs & Guides

Health guides
Educational content
Goal tracking



Tools & Trackers

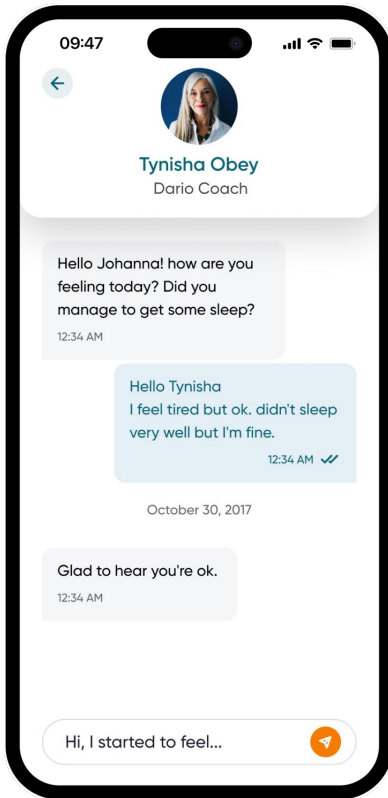
Health trackers
Medication adherence
Healthy habit tools



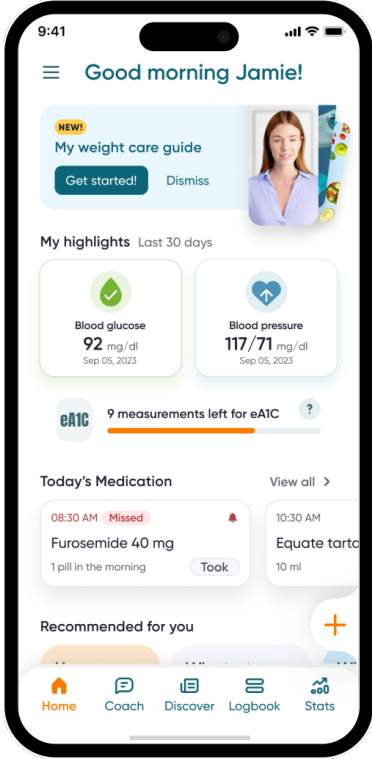
HUMAN

Coaching

Dedicated human coach
Available through chat & phone
Certified health coaches



Consumer-centric solutions proven to drive results



PROVEN CONSUMER APPEAL

250k+
members

4.9/5
stars

71-80%
retention rate

COMPREHENSIVE SOLUTIONS



Cardio-
metabolic



GLP-1
Support



Behavioral
Health



Musculo-
skeletal

1.6 pt Reduction in eA1c

**Average for High Risk members
over the life of the program**

PROVEN OUTCOMES

70+
clinical studies

\$5,077
in medical
cost savings

3.4–6x
ROI



Thank you

Quest Diagnostics - Sentara Health Plans Vendor Partner



TODAY'S Agenda



Quest Diagnostics Organization Structure

Pam Engel, Account Executive, Health Plans



Quest's Medical Resources & Lab Tests - Lead testing

Lee Hilborne MD, MPH, MASCP, FCAP, Senior Medical & Director,
Professor of Pathology and Laboratory Medicine, UCLA



Physician Providers Doing Business with Quest - Physician Services



Bridget Magee, Director, Integration Strategy
Evan Davis, Commercial Sales Director



Quest's Quality Programs for Gaps in Care - Capabilities & Sentara's Program



Dan Marks, Sr. Dir, Sales, Diagnostic Services
Dawn Peterson, Director, Operations

Unmatched capabilities to improve outcomes



>3,500 tests
to serve diverse
testing needs



Serves 1/3
of the US adult
population



77.8¹
Quest Diagnostics
Net Promoter Score



2,250+
Patient Service
Centers



20K+
Phlebotomists,
paramedics and
contract nurses



650+¹
Quest employed
MDs and PhDs

¹ Data on file. Quest Diagnostics; January 1, 2025 through YTD.

Innovative solutions across the healthcare continuum

Delivered through our **clinical testing segments/businesses/lines of business/operations**



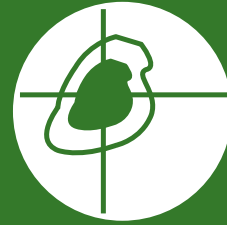
General Health and Wellness

Providing a deeper understanding of a patient's overall health to avoid more serious conditions



Cardiometabolic and Endo

250+ tests targeting CVD, diabetes, and endocrine disorders, offering insights for early diagnosis and treatment



Cancer Diagnostics

Cutting-edge testing solutions expand access to precision diagnostics, treatment options, and targeted therapies



Women's Health

Comprehensive menu spanning the continuum of women's care, supporting the diversity of female wellness and reproductive health needs



Prescription Drug Monitoring

Ongoing research and development of new tests to keep pace with the dynamic toxicology marketplace



Neurology

500+ Neurology genetics and immunology tests providing insights across the continuum of care for pediatric, adult, and geriatric populations



Infectious Disease and Immunology

1,200+ tests, providing insights from screening and diagnosis to treatment selection and monitoring



Sports Diagnostics

Customized diagnostics for athletes for optimizing performance, avoiding injury, and supporting overall health

A Quick Look At Pediatric Lead Testing

Lee H. Hilborne, MD, MPH, MASCP, FCAP
Senior Medical Director, Quest Diagnostics
Professor of Pathology and Laboratory Medicine, UCLA

In 2021, the CDC Lowered The Blood Lead Reference Value From 5 $\mu\text{g}/\text{dL}$ to 3.5 $\mu\text{g}/\text{dL}$

- Children with blood lead levels between 3.5–5.0 $\mu\text{g}/\text{dL}$ are now identified as having lead exposure greater than 97.5% of children based on the National Health and Nutrition Examination Survey (NHANES) by NCHS/CDC
- Encourages prompt action to mitigate potential health effects and identify and control exposure source
- Until this time, traditional methods for specimen collection included
 - Venous blood draw tube
 - Capillary blood collection tube
 - Dried blood spot filter paper

Quest Diagnostics Discontinued Dried Blood Spot (DBS) testing based on assay performance

- The reference threshold reduction from 5.0 $\mu\text{g/dL}$ to 3.5 $\mu\text{g/dL}$ raised concerns that lower cutoffs risk increasing the unreliability of the reported results
- The April 2024 CDC guidance “Testing for Lead Poisoning in Children” discusses tests available for lead testing and only mentions capillary and venous blood sampling. There is no longer a mention of filter paper testing.
 - ❖ AAP guidelines align reference CDC guidelines
 - ❖ Virginia Department of Health (2024): “Testing may be performed by venipuncture or capillary.”
- Several states explicitly address DBS testing
 - ❖ Florida (2022): **Capillary blood lead test using filter paper: The use of filter paper is not recommended.** Children screened using this method with an elevated BLL require a follow-up venous blood lead test.
 - ❖ California (2023): Venous samples should not be analyzed using a point-of-care testing device. **Filter paper blood lead testing is not accepted by the State of California. If filter paper testing is currently used for blood lead tests, please discontinue its use.**

We Analyzed Quest Data To Understand the Clinical Impact

Data used was before DBS testing was discontinued (2021)

Findings

- More tests could not be performed due to inadequate specimen collection when collected by DBS (2.3%) compared to capillary or venous collection (0.09%)
- More DBS test results were positive (5.5%) compared to capillary/venous samples (4.5%) using the 3.5 µg/dL current threshold
- However, confirmatory testing is more likely to be positive when collected using a capillary/venous sample collection
 - Using the 3.5 mcg/dL current threshold, DBS screening was confirmed by subsequent capillary/venous testing only 57.6% of the time whereas capillary screening was confirmed by a venous screen 67.1% of the time
- We determined that DBS screening lacked the sensitivity and specificity to confidently identify at risk children
- Most other large reference laboratories have discontinued DBS testing
 - LabCorp continues to offer the test, but with a reference interval of <5 µg/dL although their capillary blood interval is <3.5 µg/dL, consistent with CDC guidelines

We understand that this change has been disruptive to some pediatric practices

- Quest's discontinuation of DBS testing was based on quality concerns due to the new lower thresholds
- Data did not support an adverse impact on patients getting needed testing (2021-2023 data)
 - Total lead testing increased 1-2% with a 2022 blip due to post-COVID catch up testing. The discontinuation of DBS testing overall did not cause lead testing to decrease.
 - While we did about 60,000 DBS specimens in 2021 that volume was absorbed into the capillary and venous testing categories for subsequent years
 - In 2021 over 55% of all DBS specimens came from Pennsylvania with the next state (Colorado) accounting for another 8%
- We are excited to support the Sentara Health Plan team and will work with you to ensure that, when needed, we can educate and convert practices from DBS to capillary (or venous) blood specimen collections

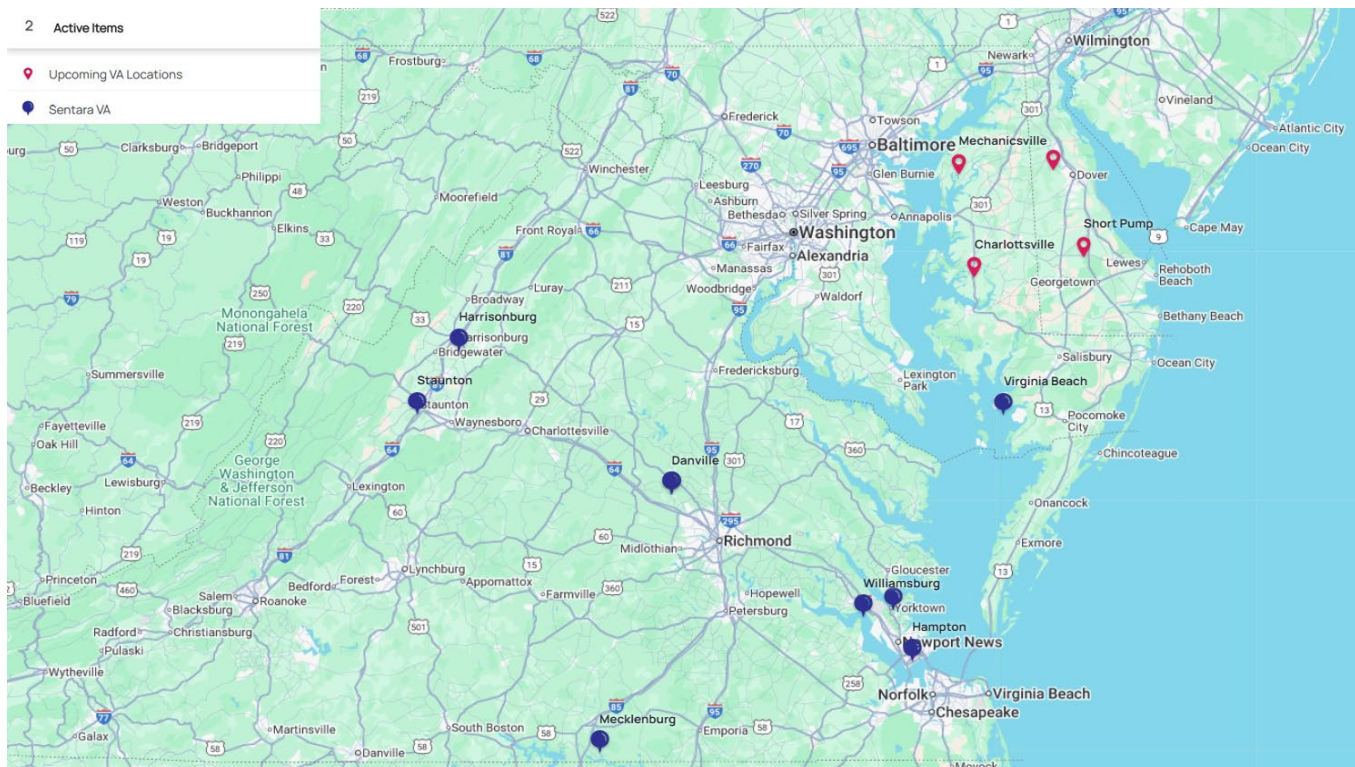


Delivering services to improve your patient outcomes

Bridget Magee, Director, Integration Strategy
Evan Davis, Commercial Sales Director



46 Virginia Patient Services Centers + 4 More Coming Soon



Newly Opened Patient Service Centers:

Hampton
Staunton
Williamsburg
Gloucester
Harrisonburg
Petersburg
Virginia Beach
Danville

Coming Soon:

Charlottesville
Mechanicsville
Short Pump
Chesapeake

Mobile Phlebotomy available in select VA counties

Brunswick, Charlotte, Cumberland, Greenville, Halifax, Lunenburg, Prince Edward, Mecklenburg, Nottoway

Mobile appointments are available 7:00 AM–4:00 PM, M-F, scheduled within 2 to 3 business days based on availability. Orders can be submitted to Quest, as a one-time or standing order by calling 571-382-9738

Ordering supplies

Order the supplies to be used exclusively for tests performed by Quest Diagnostics

Quest Diagnostics provides certain supplies necessary to collect and submit specimens for testing by Quest laboratories. The type and quantity of items must correlate with the number of specimens you submit to Quest for testing.



PREFERRED OPTION

Quanam[®] Lab Services Manager, our online self-service portal, is the preferred method for placing supply orders



ALTERNATIVE OPTIONS

For your convenience, alternative ways of ordering supplies are also offered

BY FAX OR EMAIL

Contact your Quest representative to obtain the appropriate supply order form for placing orders via fax or email

BY PHONE

Submit orders over the phone by calling the Enterprise Service Excellence Team (1.866.226.8046)

There are 2 Options for scheduling pickups

To ensure quality and timely lab testing, it's important that you follow the process and procedures for transporting your patients' specimens. There are several available options for scheduling specimen pickups.

WILL CALL

During account setup, your organization may have worked with Quest to decide that you will call when you need a specimen pickup. Check with your Quest representative to confirm.

BY PHONE:

Call 1.866.MYQUEST or contact your Quest representative

ONLINE:

Schedule ad hoc specimen pickups through Quanum® Lab Services Manager

STAT SPECIMEN PICKUP:

Call 1.866.MYQUEST.

Note: When requesting an additional or STAT specimen pickup record the confirmation number issued by the dispatcher onto your requisition. This number is used to track and confirm your receipt.

REGULARLY SCHEDULED

During account setup, your organization may have worked with Quest to schedule a regular time for specimen pickup. Check with your Quest representative to confirm.

BY PHONE:

Call 1.866.MYQUEST or work with your Quest representative to identify required collection days and pickup schedule based on the specimen type.

Getting lab results

Our technology solutions ensure you have quick access to the insights you need to help make clinical decisions and take action for your patients.

QUEST CAN PROVIDE LAB RESULTS BASED ON YOUR NEEDS



EHR INTERFACE

Lab results are seamlessly integrated with all other relevant clinical information in a patient's electronic medical record, making it easier for you to provide your patients with the best possible care.



QUANUM®

Access patient test results directly in Quantum® Lab Services Manager.



APP

Receive real-time notifications of patients' priority and STAT lab results via your mobile device with Quest Lab Alert for Physicians™.

Key Quest Contacts



For supplies, requisitions, billing questions, test information, results, Quantum® or eInvoice password reset, etc.

ENTERPRISE SERVICE EXCELLENCE TEAM

1.866.226.8046

DGXNational@questdiagnostics.com

QUANUM® HELP DESK

1.844.346.9580

QUEST IT HELP DESK

1.800.697.9302

LOGISTICAL REQUESTS

1.866.MYQUEST (1.866.697.8378)

Helpful tools and contacts

TESTING

To find, filter, and compare tests:

Test Directory

TestDirectory.QuestDiagnostics.com

To manage test changes and lab updates:

IntelliTest Manager™

IntelliTestManager.QuestDiagnostics.com

To view Quest's Policy on Priority Result Reporting by testing department:

Quest Diagnostics Critical/Priority Values [Priority Value Tables](#)

To access Quest's informed consent form for germline genetic testing:

Informed Consent for Germline Genetic Testing

QuestDiagnostics.com/Consent

BILLING

To enroll in Quest's online billing trailers to easily view and respond to missing billing information electronically:

Quest Electronic Billing Trailers

QuestDiagnostics.com/etrailer

To receive invoices electronically (if your account is billed for your patient testing):

Quest Diagnostics eInvoice™

QuestDiagnostics.com/eInvoice

INSURANCE

To confirm Quest's in-network status with a patient's health plan:

Quest Insurance Network

Insurance.QuestDiagnostics.com

Centers for Medicare and Medicaid Services (CMS)

CMS.gov

To view current limited coverage tests, reference guides, and policy information for Medicare patients:

Medicare Coverage & Coding Guides

QuestDiagnostics.com/MLCP

To enroll in PECOS per CMS mandate that providers enroll in Medicare to order and refer services (including clinical laboratory tests) for Medicare beneficiaries:

Medicare Enrollment through PECOS

QuestDiagnostics.com/PECOS

Gaps in Care Screening Solutions

Dan Marks

Sr. Dir, Sales-Diagnostic Services

Dawn Peterson

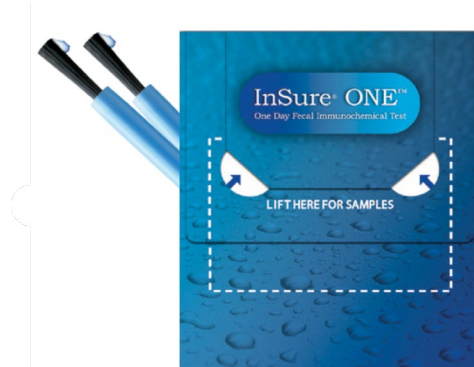
Director, Operations



Activate - to close gaps and engage members in their care.

Activate patients/members with our easy-to-use direct mail self-collection kits.

InSure® ONE™, a fecal immunochemical test, is proven to detect lower GI tract bleeding.



**Colorectal
screening**

**HbA1c
testing**

Hemoglobin A1c testing can accurately identify prediabetes and type 2 diabetes risk.



eGFR and UACR testing is critical for assessing kidney function in patients with diabetes.



Member Journey for In-Home Kits



HEDIS/Quality

Jacquie Chamberland, M.Ed., RN
Supervisor, Quality 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 # to send medical records at 844-518-0706

Questions?

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

Quality Team Contacts

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Quality HEDIS Team Coordinator

Asha Tillery

Supervisor, Quality HEDIS

Work Phone: 804-613-6547

axhudson@sentara.com

Member Incentives

Sentara Health Plans Medicaid Member Incentives 2025

Please contact Asha Tillery,
QHC Team Coordinator with any
questions axhudson@sentara.com
or call 804-613-6547

Sentara Health Plan MEDICAID Incentives	Reward Amount	Qualifying Members
Breast Cancer Screening	\$15	Women 40 – 74 years of age
Cervical Cancer Screening	\$15	Females 21 – 64 years of age
Child and Adolescent Well Care	\$15	Children turning 3 through 21 in the measurement year
Childhood Immunizations	\$15	Children turning 2 in the measurement year
Chlamydia Screening in Women	\$10	Females 16 – 24 years of age
Colorectal Cancer Screening	\$15	Members 45 – 75 years of age
Comprehensive Diabetes: <ul style="list-style-type: none"> ▪ Eye Exam- Retinal or Dilated ▪ Kidney Health Evaluation ▪ Hemoglobin A1C Control ▪ BP Control 	\$15 \$10 \$15 \$10	Members 18 – 75 years of age with diabetes (Type 1 and Type 2)
Controlling High Blood Pressure	\$10	Members 18 – 85 years of age with Diagnosis of Hypertension
Flu Vaccination	\$10	Members 18 – 64 years of age
Immunizations for Adolescents	\$15	Children turning 13 in the measurement year
Lead Screening	\$10	Children turning 2 in the measurement year
Prenatal and Postpartum Care <ul style="list-style-type: none"> ▪ Initial Assessment ▪ Physician Visit ▪ Postpartum Visit ▪ Postpartum Assessment 	\$15 \$20 \$15 \$15	Pregnant Members who deliver a live birth between October 8, 2024 and October 7, 2025
Weight Assessment and Counseling for Nutrition and Physical Activity	\$10	Children turning 3 through 17 in the measurement year
Well Care First 30 Months	\$15	Children turning 30 months in the measurement year

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



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 Mammography Van Schedule](#)

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

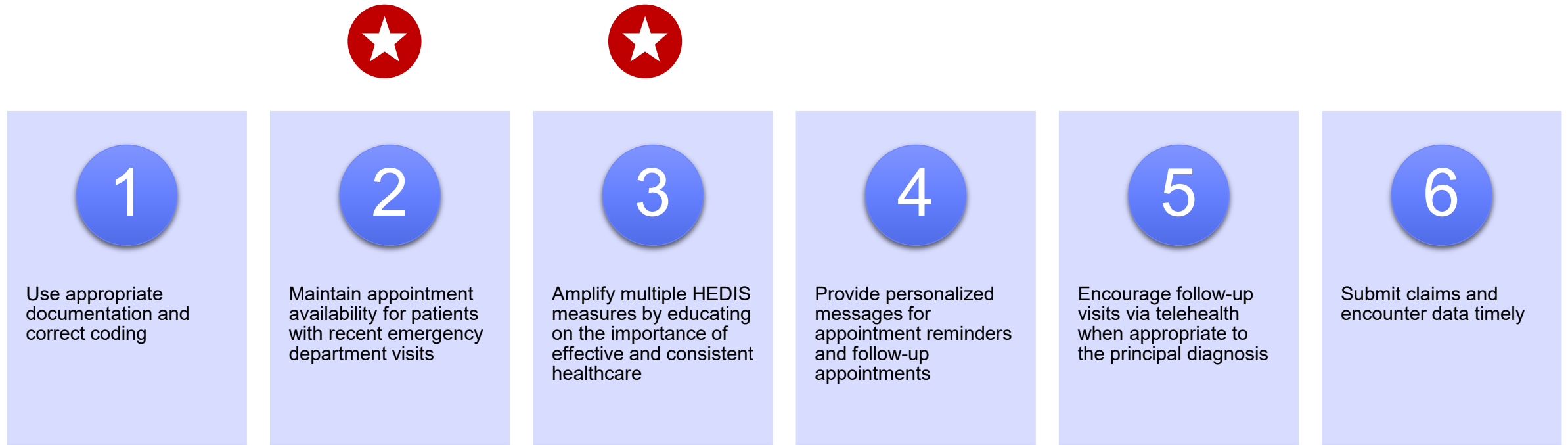


Mammography Van Schedule

- July 8, 2025- Rutter Mills, 160 W. Brambleton Ave, Norfolk, VA 23510
- July 9, 2025- Sentara RMH Timber Way, 13892 Timber Way, Broadway, VA 22815
- July 14, 2025- Par-Tee Against Breast Cancer, 2500 Tournament Drive, Virginia Beach, VA 23456
- July 14, 2025- Suffolk YMCA, 2769 Godwin Blvd, Suffolk, VA 23434
- July 15, 2025- CAHN, 2809 North Ave, Richmond, VA 23224
- July 17, 2025- Jencare Hampton, 49 W. Mercury Blvd, Hampton, VA 23669
- July 21, 2025- City of Chesapeake Human Resources, 100 Outlaw Street, Chesapeake, VA 23320
- July 21, 2025- Sentara RMH East Rockingham Health Center, 13737 Spotswood Trail, Elkton, VA 22827

Best Practices

Care Gap Closure Best Practices



Questions?



Appendix

Mobile Mammography Van Schedule 2025



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 Coulter Street Staunton VA 24401
Tuesday February 18, 2025	08:00-16:00	Sentara RMH Timber Way 13892 Timber Way Broadway, VA 22815

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

Programs for Members

[Sentara Mobile Care](#)

[Sentara Mobile Mammography Van Schedule](#)



Childhood Measures

Measure	Age Requirements	Documentation Needed
CIS-E Childhood Immunization Status	Children by 2 years of age	<ul style="list-style-type: none"> • 4 DTaP • 3 IPV • 3 HIB • 3 Hep B • 4 PCV • 1 MMR • 1 Hep A • 1 VZV • 2 Flu • 2-3 RotaV
LSC – Lead Screening	Children by 2 years of age	<ul style="list-style-type: none"> • 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-E Immunizations for Adolescents	Adolescents 9 - 13 years of age 10 - 13 years of age 10 - 13 years of age	<ul style="list-style-type: none"> • 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

Childhood Measures- Issues and Actions for Compliancy

Measure	Issues Impacting Compliance	Actions to Take
CIS-E Childhood Immunization Status	<ul style="list-style-type: none"> • Immunizations given after 2nd birthday • Missing documentation of complete series of immunizations given 	<ul style="list-style-type: none"> • Keep an eye on when the 2nd birthday will occur and coordinate the visits so that all vaccines will occur by 2 years of age • Inquire where immunization occurred if not within your records
IMA-E Immunizations for Adolescents	<ul style="list-style-type: none"> • Many members only have one HPV that was given in timeframe • Immunizations given after the 13th birthday or outside of date range 	<ul style="list-style-type: none"> • Keep an eye on when the 13th birthday will occur and coordinate the visits so that all vaccines will occur by 13 years of age
WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	<ul style="list-style-type: none"> • Lack of documentation for physical activity/exercise counseling or referencing “outside play” or “likes to play” or “play as a family” • BMI recorded as value instead of BMI % Percentile • Reference to “appetite” or “picky eater” without further details of nutrition counseling 	<ul style="list-style-type: none"> • Make sure to note what the child does that is physically active, if referencing limit screen time also mention exercise counseling • If BMI % not included, add BMI growth chart to documentation • Note what the child is current eating or counseling on nutrition

HEDIS Childhood Administrative Measure

Child and Adolescent Well-Care Visits (WCV)

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

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

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

HEDIS Hybrid Measure Issues and Actions for Compliancy-Adult

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

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

HEDIS Administrative Measures

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-M47.818, M47.896-M47.898, M48.061-M48.07, M48.08, M51.16- M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.88, M54.16-M54.18, M99.03, M99.04, S33.100 A, S33.9XXA, S39.002 A, S39.92XS

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

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

Breast Cancer Screening (BCS-E)

Percentage of women 40-75 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

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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• 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) <small>★ CMS Stars Measure</small>	Members 45-75 years of age during the measurement year (2025)	Date of one of the following colorectal cancer screenings was performed: <ul style="list-style-type: none"> • 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 <small>★ CMS Stars Measure</small>	Members 66 years of age or older during the measurement year (2025)	Evidence of all three of the following from a visit during 2025: <ul style="list-style-type: none"> • 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 <small>★ CMS Stars Measure</small>	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 <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	Adults 18 – 85 years of age with 2 diagnoses of HTN	<ul style="list-style-type: none"> 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  <ul style="list-style-type: none"> BPD – Blood Pressure Control for Patients With Diabetes EED – Eye Exams for Patients With Diabetes GSD – Glycemic Status Assessment for Patients With Diabetes (formerly HBD) 	Adults 18 – 75 years of age with the diagnosis of type 1 or type 2 diabetes	<ul style="list-style-type: none"> 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 A retinal or dilated diabetic eye exam by an eye care professional, the date and the results (2024 – 2025) 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> References to pregnancy or being pregnant Basic OB exam Office visit + screening labs or US

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
<p>*Childhood Immunization</p> <p>Children who turn 2 years old during the measurement year (2024)</p> <p>Vaccines must be completed on or before the second birthday.</p> <p>CPT Codes:</p> <p>Dtap: 90697, 90698, 90700, 90723</p> <p>IPV: 90697, 90698, 90713, 90723</p> <p>HiB: 90644, 90647, 90648, 90697, 90698, 90748</p> <p>Pneumococcal Conjugate: 90670, 90671</p> <p>Rotavirus (2 dose): 90681</p> <p>Rotavirus (3 dose): 90680</p> <p>VZV: 90710, 90716</p> <p>MMR: 90707; 90710</p> <p>Hepatitis A: 90633</p> <p>Hepatitis B: 90697, 90723, 90740, 90744, 90747, 90748</p> <p>Influenza: 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90765</p> <p>LAIV: 90660, 90672</p>	<ul style="list-style-type: none"> • 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). <p>Exclusions:</p> <ul style="list-style-type: none"> • 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. <p>Parental refusal is <i>not</i> an exclusion.</p> <p>Documentation of "immunizations are up-to-date" is not acceptable.</p> <p>Documentation of an immunization (such as the first hep B) received "at delivery" or "in the hospital" may be counted.</p> <p>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.</p>

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)

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