Provider Quality Care Learning Collaborative – February 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. Medicare Advantage - 2025
D. Best Practices of Coding
E. Program Updates
    - Vendor Incentives
    - Provider Support
    - HEDIS/Quality
        - Member Incentives
        - Best Practices

The Medical Director's Corner

Dr. Sinha

Risk Adjustment – Cardiology/Cardiovascular

DSP= Diagnosis, Status, Plan

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

DSP Documentation Overview

DSP for Cardiology/Cardiovascular

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 **Cardiology/Cardiovascular** 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

Hypertension (HTN)/Hypertensive Heart Disease

ICD-10-CM codes: 110 – I130, I160 – I169

D - Diagnosis

Document and code established definitive diagnoses:

- HTN (I10.0)
- Hypertensive heart disease term applies to: LVH, myocarditis, myocardial degeneration, and CHF
- Hypertensive heart disease with CHF (I11.00)
- **Document correlation** between hypertensive heart disease with other conditions (e.g., CHF, CKD)

S- Status

- Document as controlled, uncontrolled, stable
- 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)

Congestive Heart Failure

ICD-10-CM codes: I50 – I51

D - Diagnosis

Document and code established definitive diagnoses:

- Acute versus chronic
- Acute on chronic
- Diastolic
- Systolic
- Combined diastolic and systolic

S- Status

- Document as improving, worsening, stable, exacerbation
- Response to treatment
- Avoid use of “history of” for active diagnoses

P- Plan

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

Myocardial Infarction (MI)

ICD-10-CM codes: I21 – I25.2

D - Diagnosis

Document and code established definitive diagnoses:

- MI acute condition may be documented and coded as **ACUTE** for up to four weeks (28 days): I21.01 – I21.4
- After four weeks (28 days), code as '**History of MI**' I25.2 and/or CAD with angina if applicable

S- Status

- **Document date of MI**, if known
- Document as stable, worsening, resolved
- Avoid use of "history of" for active diagnoses

P- Plan

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

Angina

ICD-10-CM codes: I20.0 – I23.7

D - Diagnosis

Document and code established definitive diagnoses:

- Stable
- Unstable
- Angina unspecified – I20.9
- Angina with spasms (Prinzmetal's angina) – I20.1
- Other forms of angina – I20.89

S- Status

- Document as stable, worsening
- Response to treatment
- Avoid use of "history of" for active diagnoses

P- Plan

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

Atherosclerotic Heart Disease

ICD-10-CM codes: I25

D - Diagnosis

Document and code established definitive diagnoses:

- Also known as CAD
- Specify:
  - Native or bypass graft, if known
  - If atherosclerotic disease w/ angina or w/o angina
- **If the patient is being treated for angina and is stable**, the patient still has atherosclerotic heart disease **WITH angina**
  - This includes the patient taking anti-angina medication (e.g., PRN nitroglycerin)

S- Status

- Document as stable, unstable, worsening
- Response to treatment
- Avoid use of “history of” for active diagnoses

P- Plan

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

Cardiomyopathies

ICD-10-CM codes: I25.5, I42 – I43

D - Diagnosis

Document and code established definitive diagnoses:

- Ischemic Cardiomyopathy – I25.5
- Dilated Cardiomyopathy – I42.0
- Obstructive Hypertrophic Cardiomyopathy – I42.1
- Restrictive Cardiomyopathy – I42.5
- Alcoholic Cardiomyopathy – I42.6
- Do **not** code transient cardiomyopathy that is now resolved as an active condition

S- Status

- Document as stable, improving, worsening
- Response to treatment
- Avoid use of “history of” for active diagnoses

P- Plan

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

Arrhythmias and Heart Blocks

ICD-10-CM codes: I44, I45, I47, I48, I49, Q246

D - Diagnosis

Document and code established definitive diagnoses:

- Atrial fibrillation: persistent, paroxysmal, chronic, unspecified
- Atrial flutter: typical, atypical, unspecified
- Heart blocks: First degree, Second degree I, Second degree II, Complete
- Supraventricular tachycardia
- Sick Sinus Syndrome

S- Status

- Document stable, worsening
- Response to treatment
- Avoid use of “history of” for active diagnoses
- **Presence of heart assist device**:
  - LVAD
  - BIVAD
  - AICD
  - Pacemaker
- If arrhythmia treated with heart assist device (e.g., pacemaker), **still code arrhythmia as active** condition

P- Plan

- Medications (changes, discontinue, start, continue)
- Specialist follow-up as appropriate
- Labs ordered
- Imaging
- Diagnostic tests
- Procedures
- Follow-up visit timeline (e.g., follow up in three months)

Medicare 2025

Daniel Hoffman

Director, Government Programs - Medicare

2025 Medicare Advantage Overview

NEW PLANS

- Increased our C-SNP footprint in the state of Virginia.
  - Now offering Diabetes and Heart C-SNP plans in the Hampton Roads, Northern VA, Roanoke/Alleghany, and Central/Halifax Regions of Virginia.
  - In Hampton Roads, we are offering a new C-SNP for members with chronic lung disorders.
- Migrated our FIDE D-SNP Plan (Sentara Community Complete) to a new D-SNP Only Contract (H4999).

TERMINATED PLANS

- The Sentara Medicare Savings plan (Part B buydown plan) has been terminated for CY2025.
- The Sentara Medicare Value plan in Southwest VA has been merged with the Roanoke/Alleghany Value plan.

Sentara Health Plans - Virginia

Region	Plan Name	Contact/PBP	Notes
STATEWIDE	Sentara Community Complete (FIDE D-SNP) Sentara Community Complete Select (Partial D-SNP) Sentara Medicare Salute (MA-Only)*	H4499-001 H2563-020 H2563-014	Salute plan not available in Fredericksburg City or Spotsylvania
Hampton Roads	Sentara Medicare Value Sentara Medicare Prime Sentara Medicare Engage (Heart and Diabetes) Sentara Medicare Engage (Lung)	H2563-017-001/002 H2563-005-001/002 H2563-018 H2563-025	
NOVA	Sentara Medicare Value Sentara Medicare Engage (Heart and Diabetes)	H2563-008 H2563-020	
Central	Sentara Medicare Value Sentara Medicare Engage (Heart and Diabetes)	H2563-009 H2563-023	
Roanoke/Alleghany	Sentara Medicare Value Sentara Medicare Engage (Heart and Diabetes)	H2563-016 H2563-024	
Southwest	Sentara Medicare Value	H2563-016	This is the same Value plan as available in Roanoke/Alleghany Region

2025 Medicare Advantage Benefit Changes Summary

- Increased over-the-counter coverage
- Alignment of dental cost shares and coverage among plans
- Changes in copays for urgent care services
- Reduction in hours covered for In-Home Support Services
- Slight reduction in coverage for food and produce (SSBCI) on some plans
- Modest increases to maximum out-of-pocket (MOOP) on most plans
- Slight increases and decreases to copays for many Medicare-covered services to better align with market needs

Supplemental Benefits Overview

Benefit	Benefit Description
OTC	OTC Program is catalog sales only. Items can be ordered online, by phone or mail.
Meals	Post-discharge pre-packaged meal kits meal benefit. Up to 56 meals within 28 days after hospital discharge
Grocery Card	Flex card with separate wallets for Rewards and Grocery allowances.
Transportation	Plans cover routine transportation for medical services. Non-Medical routine transportation is also covered under SSBCI for qualified members.
Routine Podiatry	Routine foot care for members with certain medical conditions affecting the lower limbs. Treatment of the foot which is generally considered preventive, i.e., cutting or removal of corns, warts, calluses, and nail care.
Routine Vision	Routine vision exams and coverage of glasses/contacts are covered
Routine Dental	All plans offer both non-Medicare comprehensive and preventive services
Routine Chiropractic	Routine Chiropractic benefit covers only the therapeutic manipulation/adjustment. Ancillary services such as x-rays are not covered.
Worldwide Coverage	Worldwide coverage includes emergent and urgent and transportation coverage. $0 copay with max $50,000 per year.
Routine Hearing	Routine hearing exam and hearing aids/fittings are covered on all Medicare Advantage and D-SNP plans
Fitness Benefit	Members Fitness benefit is covered through SilverSneakers® at participating locations and online.
PERS	Personal Emergency Response System (PERS) lets members call for help in an emergency at the press of a button
In-Home Support Services	Members can receive In-Home support services, inclusive of services like grocery shopping, Medication pick up, light household help, and light exercise and activity
Rewards	$10-$50 funds loaded to Flex card per occurrence depending on the action (Annual Wellness Visit, Medicare Health Risk Assessment (DSNP only), Mammogram, Colorectal Screening, Bone Density Check, Diabetic Eye Exam, Diabetic Kidney Function Test, and HbA1C). MTM, HRA and AWV $50 reward can be used for groceries only.

2025 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, or firearms*
- *2025 rewards funds are available for members to spend until March 31, 2026*

Preferred & Standard Pharmacy Networks

Sentara Medicare offers our MAPD members **Preferred** and **Standard** Pharmacy network benefits

Preferred and Standard network cost-sharing **does not apply** to **D-SNP** and **D-SNP Select** Plans

Preferred Network

- **Lower costs** for prescriptions at Preferred Networks
- Below example shows **Value** member's Preferred Retail Pharmacy Cost-Sharing for a 30-day supply
- **$0 Copay** - Preferred Generic Drugs (30-day) for **Value, Prime, and CSNP.**

Preferred Pharmacy	
Tier 1 : Preferred Generic Drugs	$0
Tier 2: Generic Drugs	$10
Tier 3: Preferred Brand Drugs	$42
Tier 4: Non-preferred Drugs	$95
Tier 5: Specialty Drugs	31%
Tier 6: Select Care Drugs	$0

Standard Network

- **Higher costs** for prescriptions at Standard Networks
- Below example shows **Value** member's Standard Retail Pharmacy Cost-Sharing for a 30-day supply

Standard Pharmacy	
Tier 1 : Preferred Generic Drugs	$5
Tier 2: Generic Drugs	$20
Tier 3: Preferred Brand Drugs	$47
Tier 4: Non-preferred Drugs	$100
Tier 5: Specialty Drugs	31%
Tier 6: Select Care Drugs	$0

2025 Catastrophic Coverage Change

Catastrophic Coverage Change: Out-of-pocket spending for Part D enrollees will be **capped** at **$2,000**.

Beginning in 2025, members are now are looking at three drug payment stages: **Yearly Deductible Stage, Initial Coverage Stage, and the Catastrophic Stage**.

In short, after the Yearly Deductible Phase, you will have set tier copays that will not balloon up at any point during the year. Once you reach the maximum $2,000 out of pocket, then you will move into the Catastrophic Coverage Stage, and Medicare Part D drugs will be $0 copay.

*The Coverage Gap Stage is gone.

Yearly Deductible Stage: During this stage, you pay the full cost of your drugs until you have reached the yearly deductible. The deductible does not apply to covered insulin products and most Part D vaccines, including shingles and tetanus.

*Sentara Health Plans has a deductible stage only on Tiers 4 and 5.

Initial Coverage Stage: Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of cost of your drugs, and you pay your care of the cost (a copay or coinsurance).

Catastrophic Coverage Stage: Third and final stage. If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

2025 M3P

For 2025, there is a **new payment option** to help our members manage their out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January – December) for payment. *This payment option and participation is voluntary*.

Not all members will benefit from joining this plan! Those with higher costs at the beginning of the year would benefit the most.

If you select this option**, each month** you'll continue to pay a plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). **There is no cost to participate in M3P**.

- Member receives M3P notification and reads about the program
- Members opts in to M3P program
- Members opts in to M3P program
- Member receives confirmation of opt-in
- Member accesses white-labeled web portal to manage enrollment
- Member heads to pharmacy to fill prescription and pays $0 at the pharmacy
- Member receives monthly statement
- Member pays monthly statement via M3P portal or via telephone

Sentara Health Plans is delegating M3P responsibilities to ESI.

Best Practices of Coding

Mary Cortellessa
Payment Policy Manager
Payment Policy Committee

Payment Policy Management Team

Mission Statement:
The Payment Policy Management Team will develop and manage payment policy governance process through a multi-disciplinary team for Sentara Health Plans inclusive of payment policy publication.

Purpose:
The Payment Policy Management Team exists to align payment policy to industry standard rules and competition to achieve the highest level of payment integrity and support medical cost savings goals.

The Importance of Correct Coding

- Supporting Quality Patient Care
- Supporting Accurate Patient Records
- Ensuring Proper Reimbursement
- Reducing the Risk of Compliance Issues
- Improving Data Quality for Research and Public Health
- Enhancing Workflow Efficiency

How to Stay Up-To-Date on Correct Coding

Accurate Coding is Essential for Proper Billing.

Stay Updated on New Codes and Changes	• Leverage coding resources (AMA Guidelines) • Validate software is up-to-date
Member's Medical Records (MMR)	• Ensure MMR accurately reflects diagnosis and services reported
Use Specific Codes to Describe Procedures	• Code to the most specific diagnosis and procedure
Check Your Pointers	• Make sure the diagnosis pointers are pointing to the appropriate diagnosis code.

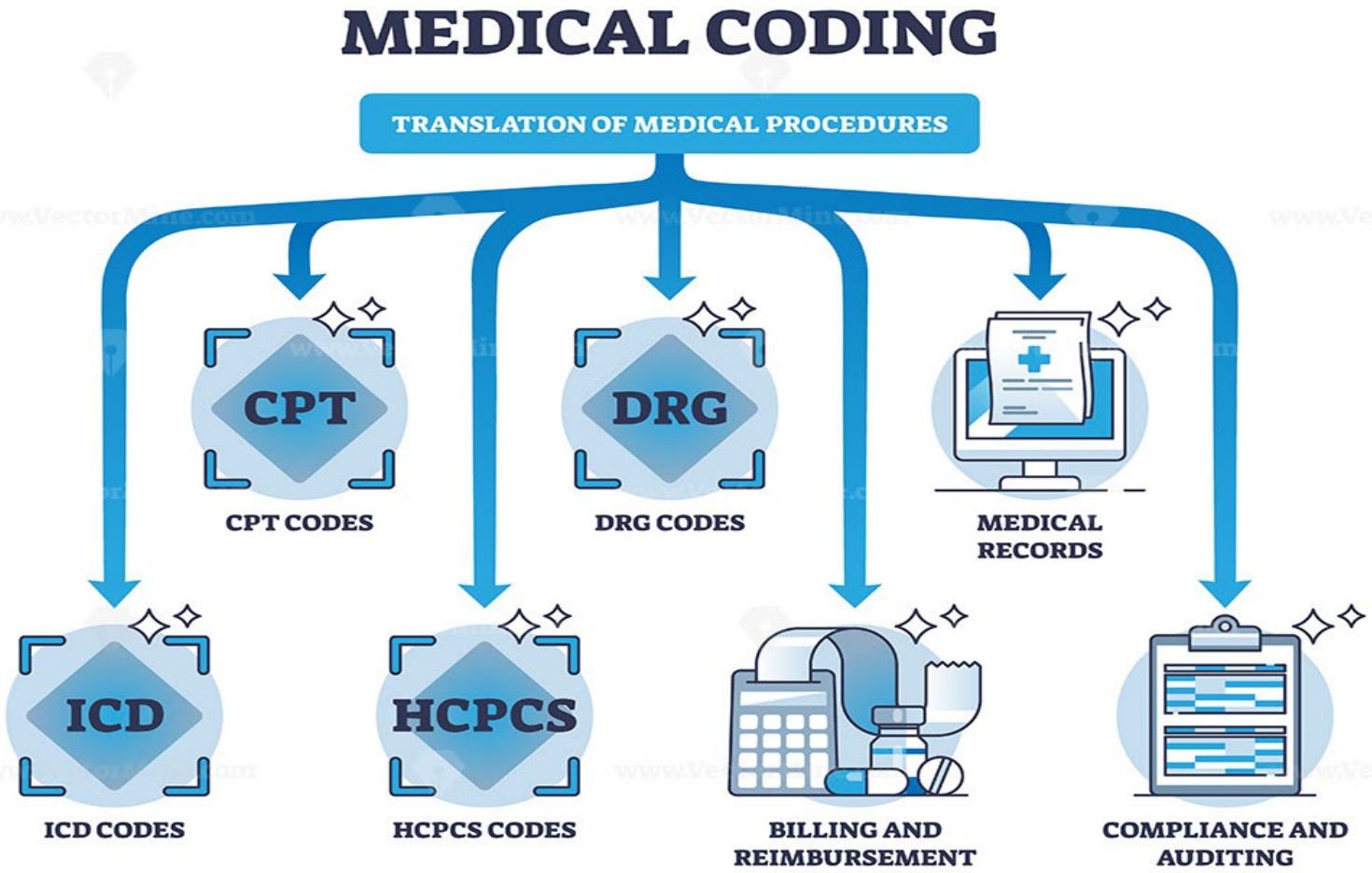
Correct Coding

Applies to:

Medical Policies

Payment Policies

HEDIS Measures



Sentara Health Plans Common Claim Edit Examples

National Correct Coding Initiative (NCCI) Procedure to Procedure Edit (PTP) Edits- Prevents inappropriate payment of services that should not be reported together.

NCCI PTP Example:

12004-simple repair of superficial wound reported for same member on same date as 96365-IV Infusion (column 2 code which is not reimbursable with 12004)

Unspecified Laterality Diagnosis Code-Identify whether the condition occurs on the right, left or is bilateral.

Unspecified Laterality Diagnosis Code Example:

I83.10-Varicose veins of unspecified lower extremity with inflammation

Should be reported with I83.11-Varicose veins of right lower extremity with inflammation or I83.12 Varicose veins of left lower extremity with inflammation

Sentara Health Plans Payment Policy Example Virginia Vaccines For Children (VVFC)

Sentara Health Plans Payment Policy #3826 Virginia Vaccines for Children (VVFC) Medicaid

Provides an overview of the Vaccine for Children's Program

Provides a list of the approved vaccines through the Advisory Committee on Immunization Practices (ACIP)

Provides Billing Instructions on proper reporting of CPT/HCPCs codes for the vaccines

- No reimbursement for the vaccine
- $11.00 reimbursement for the administration of the vaccine

Type of Claim Edits from a Payment Policy Review that may impact reporting of services under the VVFC Program

Inappropriate Age Code Use

- The procedure is inconsistent with patient's age
- The diagnosis is inconsistent with patient's age

Medical Unlikely Edits (MUE)

- Units of Service Exceed the Medicaid Practitioner MUE value

Evaluation and Management and Preventative Service on the Same Date

- Review Appropriate Use of Modifier 25
- Modifier 25 is required to a significant, separately identifiable evaluation and management code

HEDIS Measure-
Childhood Immunization Example

Closing the Gap for HEDIS Measurement

Inappropriate Age

Inappropriate Date of Service

Documentation Does Not Support HEDIS Requirements

Administrative Accuracy

The requirements for medical policies, payment policies and HEDIS measures may be unique, or they may cross over many functional areas but using best practices to adhere to these requirements will always be beneficial to all parties.

- Reduce Adjustments on Claims
- Improve Revenue Cycle
- Close the Gap
- Improve collaboration amongst healthcare providers
- Improve Compliance
- Improved Patient Care

Resources
Sentara Health Plans
Website

Where to Locate Payment Policies

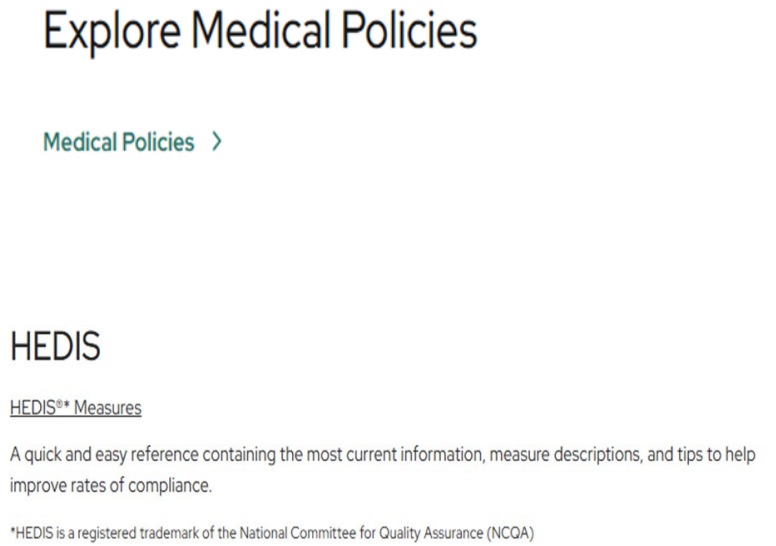
Providers who are registered for Availity can currently access the payment policies when they log into their Availity Accounts.

“Payment Policies” is listed on the left-hand side of the page in Availity.

There are currently 120 active payment policies.

Where to Locate Medical Policies and HEDIS Measures

sentarahealthplans.com/en/providers/clinical-reference



Vendor Initiatives

Lucas White, PMP, CSM

Project Management Manager, Clinical Shared Services

Vendor Initiatives Supporting Member Health

Retina Labs

(Sentara Health Plans Medicare and Medicaid)

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

(Sentara Health Plans Medicare and Medicaid)

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 recently 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

(Sentara Health Plans Commercial – Business Edge, Self-Funded for Members opted-in)

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

Vendor Initiatives cont.

Emmi

(Sentara Health Plans Commercial, Medicare and Medicaid)

Brief Description of Services:
Provides member education and communication services via email, IVR, or SMS.

Performance Metrics:
Pharmacy teams leverage Emmi services to meet HEDIS Medication Adherence (Diabetes, Hypertension, Statin meds)

Ovia

(Sentara Health Plans Commercial and Medicaid)

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

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

Pfizer/Televox

(Sentara Health Plans Medicare and Medicaid)

Brief Description of Services:
Free postcard vaccine reminder campaign

Performance Metrics:
Vaccination compliance rates

Sentara Health Plans Initiatives

01

Koda

Provides digital tools to all Medicare-eligible members and one-on-one support for high-risk members, assisting in the completion of advance care planning documents. Koda will also refer members to palliative care when appropriate.

The first members were contacted by Koda on January 31.

02

Health Map

Lowers medical cost 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.

03

Upfront

Utilize AI and behavioral nudging to support better health for members and patients through person-centered communications.

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 me 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

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.**
  - February 11
  - May 13
- **Sentara Health Plans Spotlight: 10 - 11 a.m.**
  - **February 25**
  - **March 5**
- **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.

Sentara Health Plans

HEDIS/Quality

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

How You Can Assist in Closing Gaps in Care

- What are the best processes for retrieving records to close gaps in care for HEDIS 2024?
  - 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

2025 Sentara Health Plans Medicaid Member Incentives

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 50–74 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 50–75 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 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 (Live birth)
Weight Assessment and Counseling for Nutrition and Physical Activity	$10	Children turning 3 through 17 in the measurement year
Well Care First 30 months	$15	Children turning 30 months in the measurement year

Sentara Health Plans

2025 Sentara Health Plans Medicaid Member Incentives

Please contact Asha Tillery,

QHC Team Coordinator, with any questions.

Email: axhudson@sentara.com

Phone: 804-613-6547

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Breast Cancer Screening*	$15	Women 50–74 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 50–75 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 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 (Live birth)
Weight Assessment and Counseling for Nutrition and Physical Activity	$10	Children turning 3 through 17 in the measurement year
Well Care First 30 months	$15	Children turning 30 months in the measurement year

Sentara Health Plans

You're invited to the Sentara Health Plans Baby Shower

Sentara Health Plans Welcoming Baby® 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.

February 12: Central Virginia – Petersburg Public Library, 201 W. Washington Street, Petersburg, VA 23803

February 27: Southwest Virginia – Sentara Health Plans, 275 Village Circle, Bristol, VA 24201

March 6: Northern Virginia – Sentara Northern Virginia Medical Center, 2300 Opitz Blvd., Woodbridge, VA 22191

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℠

Sentara® Health Plans

Pink Promise

Sentara Individual & Family Health Plans members who receive a breast cancer screening mammogram in 2024 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.

Members may learn more and register online:
https://cloud.email.sentarahealthplans.com/ifp-mammo-incentive-form

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

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

Sentara Health Plans

Best Practices

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

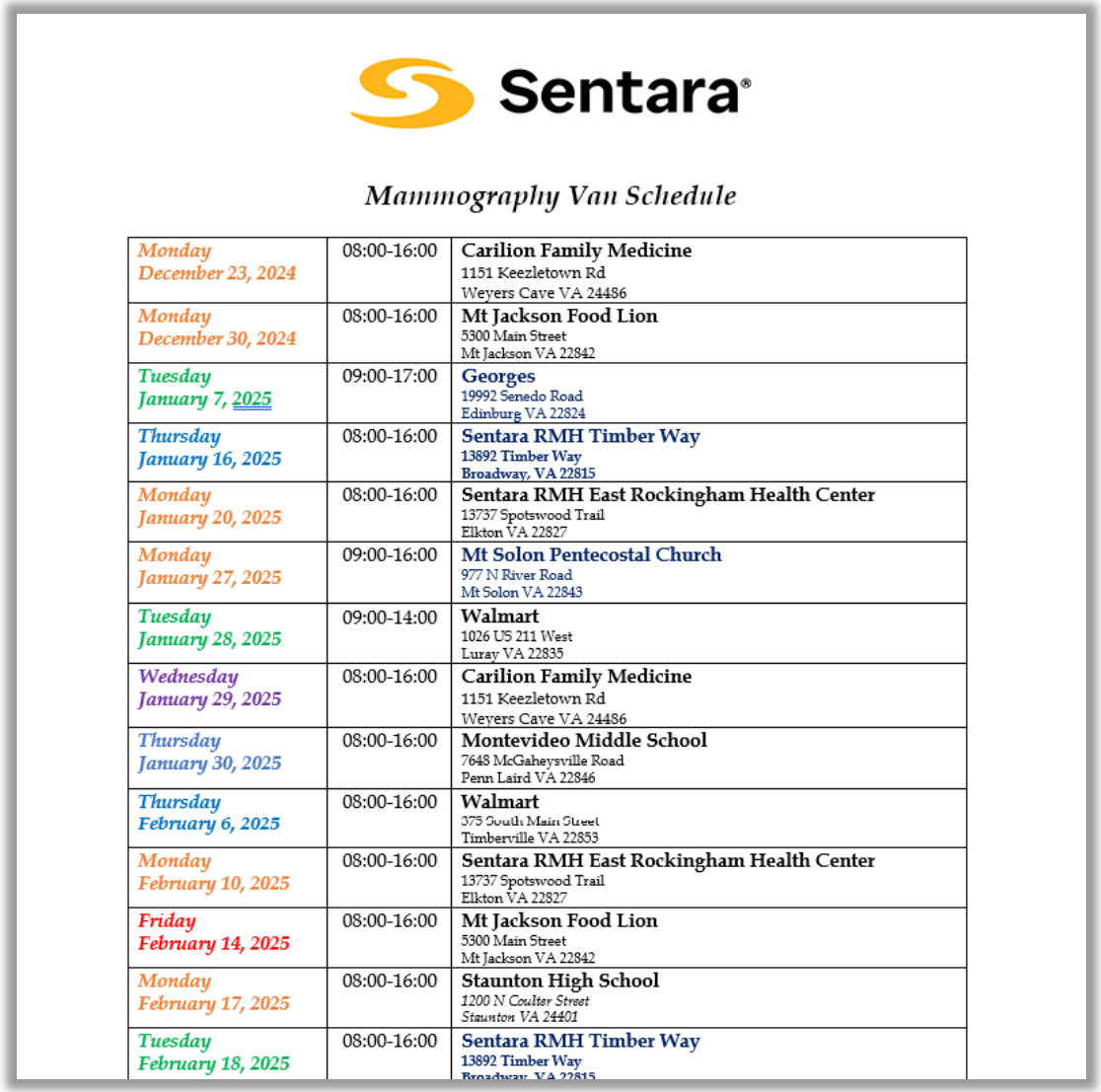
Next Steps -

- Our next session will be held on Wednesday, March 5, at noon.
- Today's presentation will be sent out to you for your reference.
- Thank you for your partnership!

Request a support visit by emailing emfrankl@sentara.com.

Appendix

Mobile Mammography Van Schedule 2025

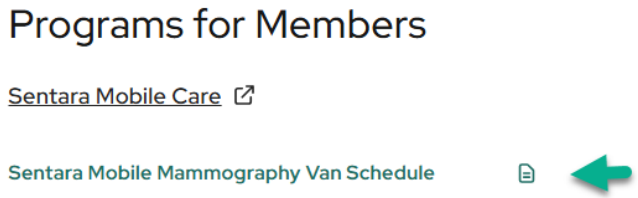


Sentara

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

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



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.

EMR Access

Do you struggle with HEDIS season?

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

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.

Sentara Health Plans

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)

Sentara Health Plans

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