

How to Close HEDIS Gaps in Care (GIC)

HEDIS GIC Measure	Documentation to Submit for a "Pass"	Documentation to Submit for Exclusion from Measure
<p>BCS – Breast Cancer Screening</p> <p>Women 50-74 years of age who had a mammogram to screen for breast cancer in the specified timeframe: →</p>	<p>A mammogram completed on or between 10/1/17 to 12/31/19</p> <ul style="list-style-type: none"> • Send mammogram report • DO NOT SEND biopsies, US or MRIs of the breasts. • OR send an office note showing the name of screening and date <i>completed</i>. 	<p>Mastectomy- both breasts removed any time in the member's history through 12/31/19. This may take place during the same or separate operations.</p> <ul style="list-style-type: none"> • Send an office note showing the date and name of the procedure(s) • OR the Report(s) of Operation.
<p>CCS- Cervical Cancer Screening</p> <p>Women 21-64 years of age who were screened for cervical cancer in the specified timeframe as determined by the type of test: →</p>	<p>Women 21-64 who had Pap smear in 2019, 2018 or 2017; OR</p> <p>Women 30-64 who had Pap + High Risk HPV test (hrHPV) any year from 2015 – 2019 and were at least 30 years of age on the date of the test.</p> <ul style="list-style-type: none"> • Send the Pap, HPV or Pap/HPV report • OR send an office note showing the date, name of procedure AND the result. • Cervical biopsies cannot be substituted (they're not primary cervical cancer screening) 	<p>Evidence of a hysterectomy with no residual cervix:</p> <ul style="list-style-type: none"> • History of "complete", "radical", "total", "TAH", "TVH". • "Hysterectomy" alone does not meet criteria, as it doesn't indicate absence of cervix. • Send an office note showing the date of the surgery • OR a Report of Operation • OR a GU physical exam notation to indicate cervix is not present. • Cervical agenesis, or acquired absence of cervix are also exclusions; send an office note showing this history <p><u>If the type of hysterectomy is unknown:</u></p> <ul style="list-style-type: none"> • documentation of "hysterectomy" and "vaginal pap smear" together will be accepted OR • documentation of both "hysterectomy" and a statement to indicate "the pt. no longer requires cervical cancer screening." <p>These exclusions may occur any time in the member's history through 12/31/19.</p>
<p>CHL- Chlamydia Screening in Women-</p> <p>Women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during 2019.</p>	<p>Sexually Active females must be tested at least annually.</p> <ul style="list-style-type: none"> • Send lab report OR • Send an office note showing the name of test and date completed. 	<ul style="list-style-type: none"> • A pregnancy test during 2019 and a prescription for Accutane (Isotretinoin) on the date of the pregnancy test or the 6 days after the pregnancy test. • A pregnancy test during 2019 and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.

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<p>COL- Colorectal Cancer Screening</p> <p>Members 50-75 years of age who had appropriate screening for colorectal cancer in the specified timeframe as determined by the type of test: →</p>	<p><u>Any one of these tests</u>, within the specified timeframe will close a COL gap:</p> <ul style="list-style-type: none"> • FOBT in 2019- Guaiac stool cards or FIT kit- Do not count <i>digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.</i>) • Colonoscopy from 2010 – 2019 • Flexible sigmoidoscopy from 2015 – 2019 • FIT-DNA (Cologuard) from 2017-2019 • CT Colonography (virtual colonoscopy) from 2015 – 2019 • Submit procedure reports, path reports or office notes that show the <u>name and date</u> of the completed procedure. • The record must indicate the name of the test and date the screening was performed. This can include visit notes, procedure notes or pathology reports <i>that indicate the name of the procedure.</i> • A result is not required if the procedure documentation is clearly part of the "medical history" section of the visit note or EMR. 	<ul style="list-style-type: none"> • A note indicating a diagnosis of colorectal cancer any time through 12/31/19. • An office note showing documentation of a Total colectomy any time through 12/31/19. • OR a Report of Operation.

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CDC- Comprehensive Diabetes Care

Retinal Eye Exam

Members 18-75 years of age with Type I or Type II Diabetes who had a retinal eye exam performed by an optometrist or ophthalmologist in the specified timeframe: →

- Submit a report of retinal exam by an ophthalmologist or optometrist in 2019
- OR Submit a report of retinal exam by an ophthalmologist or optometrist in 2018 ONLY IF THE RESULT IS NEGATIVE FOR Diabetic Retinopathy or Hypertensive Retinopathy.

Documentation does not specifically have to state "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal exam and that retinopathy was not present.

- OR submit an office note stating the date and result of the retinal exam AND the credentials of the eye care professional.
- Documentation of "normal findings" for a dilated or retinal exam meets criteria and can be used.
- Notations limited to a statement that indicates "diabetes without complications" cannot be submitted.
- OR submit proof of **bilateral eye enucleation** (removal of both eyes) or acquired absence of both eyes any time during the member's history through 12/31/19- send office note or Report of Operation.

- **Members who do not have a diagnosis of diabetes** during 2019 or 2018 **and** who had a diagnosis of gestational diabetes **or** steroid-induced diabetes in any setting during 2019 or 2018.
- Blindness is not an exclusion for a diabetic eye exam

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CDC- Comprehensive Diabetes Care

Medical Attention for Nephropathy

Members 18-75 years of age with Type I or Type II Diabetes who received a screening test for nephropathy or at least one ACE inhibitor or ARB medication during 2019.

- Submit a urine test for albumin or protein done in 2019. Any of the following meet criteria:
 - ✓ "microalbumin", "macroalbumin" "micral"
 - ✓ spot urine (urine dipstick or test strip) for albumin or protein
 - ✓ 24-hour urine for albumin or protein
 - ✓ Timed urine for albumin or protein
 - ✓ Urine for albumin/creatinine ratio
 - ✓ Random urine for protein/creatinine ratio.
- OR Submit an office note showing **medical attention** for any of the following in 2019:
 - ✓ Diabetic nephropathy
 - ✓ ESRD
 - ✓ Chronic renal failure (CRF)
 - ✓ Chronic kidney disease (CKD)
 - ✓ Renal insufficiency
 - ✓ Proteinuria
 - ✓ Albuminuria
 - ✓ Renal dysfunction
 - ✓ Acute renal failure (ARF)
 - ✓ Dialysis (any method)
- OR Submit an office note showing a visit to a **nephrologist** in 2019
- OR Submit an office note or Report of Operation showing a history of **renal transplant** on or before 12/31/19
- OR Submit an office note or medication list showing an **ACE or ARB drug** was prescribed in 2019 (*refer to related drug list below*)

- **Members who do not have a diagnosis of diabetes** during 2019 or 2018
and
who had a diagnosis of gestational diabetes
or
steroid-induced diabetes
in any setting during 2019 or 2018.

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HEDIS 2020 ACE/ ARB List

The ACE/ARBs are sorted by brand name on the left and by generic name on the right. The same medications are included in each list.

Submit an office note or medication list showing an ACE or ARB drug was prescribed in 2019 to close the CDC-nephropathy gap.

Brand (A - Z)	Generic	Generic (A - Z)	Brand
Accuoril	Quinapril	Amlodipine/HCTZ/Olmesartan	Tribenzor
Accuretic	Quinapril/HCTZ	Amlodipine/Olmesartan	Azor
Aceon	Perindopril	Amlodipine/Perindopril	Coveram
Altace	Ramipril	Amlodipine/Perindopril	Prestalia
Atacand	Candesartan	Amlodipine/Telmisartan	Twynsta
Atacand HCT	Candesartan/HCTZ	Amlodipine/Valsartan	Exforge
Avalide	Irbesartan/HCTZ	Amlodipine/Valsartan/HCTZ	Exforge HCT
Avapro	Irbesartan	Azilsartan	Edarbi
Azor	Amlodipine/Olmesartan	Azilsartan/Chlorthalidone	Edarbyclor
Benicar	Olmesartan	Benazepril	Lotensin
Benicar HCT	Olmesartan/HCTZ	Benazepril/Amlodipine	Lotrel
Capoten	Captopril	Benazepril/HCTZ	Lotensin HCT
Capozide	Captopril/HCTZ	Candesartan	Atacand
Coveram	Amlodipine/Perindopril	Candesartan/HCTZ	Atacand HCT
Cozaar	Losartan	Captopril	Capoten
Diovan	Valsartan	Captopril/HCTZ	Capozide
Diovan HCT	Valsartan/HCTZ	Enalapril	Vasotec
Edarbi	Azilsartan	Enalapril/HCTZ	Vaseretic
Edarbyclor	Azilsartan/Chlorthalidone	Erosartan	Teveten
Entresto	Sacubitril/Valsartan	Fosinopril	Monopril
Exforge	Amlodipine/Valsartan	Fosinopril/HCTZ	Monopril HCT
Exforge HCT	Amlodipine/Valsartan/HCTZ	Irbesartan	Avapro
Hvzaar	Losartan/HCTZ	Irbesartan/HCTZ	Avalide
Lotensin	Benazepril	Lisinopril	Prinivil
Lotensin HCT	Benazepril/HCTZ	Lisinopril	Zestril
Lotrel	Benazepril/Amlodipine	Lisinopril/HCTZ	Prinzide
Mavik	Trandolapril	Lisinopril/HCTZ	Zestoretic
Micardis	Telmisartan	Losartan	Cozaar
Micardis HCT	Telmisartan/HCTZ	Losartan/HCTZ	Hvzaar
Monopril	Fosinopril	Moexioril	Univasc
Monopril HCT	Fosinopril/HCTZ	Moexioril/HCTZ	Uniretic
Prestalia	Amlodipine/Perindopril	Olmesartan	Benicar
Prinivil	Lisinopril	Olmesartan/HCTZ	Benicar HCT
Prinzide	Lisinopril/HCTZ	Perindopril	Aceon
Tarka	Trandolapril/Verapamil	Quinapril	Accuoril
Teveten	Erosartan	Quinapril/HCTZ	Accuretic
Tribenzor	Amlodipine/HCTZ/Olmesartan	Ramipril	Altace
Twynsta	Amlodipine/Telmisartan	Sacubitril/Valsartan	Entresto
Uniretic	Moexioril/HCTZ	Telmisartan	Micardis
Univasc	Moexioril	Telmisartan/HCTZ	Micardis HCT
Vaseretic	Enalapril/HCTZ	Trandolapril	Mavik
Vasotec	Enalapril	Trandolapril/Verapamil	Tarka
Zestoretic	Lisinopril/HCTZ	Valsartan	Diovan
Zestril	Lisinopril	Valsartan/HCTZ	Diovan HCT

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<p>IMA- Immunizations for Adolescents</p> <p><u>HPV series only</u> Human Papillomavirus Vaccine</p> <p>Female and Male adolescents who completed an HPV vaccine series by the 13th birthday (2 or 3 dose series as ordered by provider)</p> <p><u>Two-dose HPV Vaccination Series:</u></p> <ul style="list-style-type: none"> At least 2 HPV vaccines, with dates of service, at least 146 days apart on or between the member's 9th and 13th birthdays <p><u>Three-dose HPV Vaccination Series:</u></p> <ul style="list-style-type: none"> At least three HPV vaccines, with different dates of service, on or between the member's 9th and 13th birthdays. 	<ul style="list-style-type: none"> Submit a note indicating the name of the specific vaccine and the dates of administration. OR Submit an Immunization Record with completed HPV series. OR Submit a certificate of immunization prepared by an authorized health care provider or agency including the specific dates and names of immunizations administered. HPV Brand Names: Gardasil, Gardasil 9, Cervarix 	<ul style="list-style-type: none"> Members with documented anaphylactic reaction to the vaccine (or its components) are excluded. The exclusion must have occurred by the member's 13th birthday. Submit evidence in the form of an office note, allergy list or immunization record with notation of the contraindication.
<p>LSC- Lead Screening In Children</p> <p>Children 2 years of age in 2019 who had at least one lead blood test by the 2nd birthday.</p>	<ul style="list-style-type: none"> Submit a note indicating the date the lead test was performed and the result. (A result may be documented as a numeric value, or stated as "WNL" or "negative" for this measure) OR Submit the lab report showing the date and result. 	<ul style="list-style-type: none"> No exclusions for this measure

To CLOSE GAPS for these measures:

- Fax all Gaps in Care Documentation to MVP @ 518-388-2476
OR
- Securely Email records to HEDISQuality@mvphealthcare.com

Gaps will be closed if the submitted documentation meets measure criteria.

PLEASE REFER TO THE NEXT PAGE FOR INFORMATION ABOUT **ADDITIONAL EXCLUSIONS** THAT MUST BE APPLIED FOR THE FOLLOWING MEMBERS:

- Members using Hospice services
- Members with Frailty and/or
- Members with Advanced Illness