HEDIS GIC Measure	Documentation to Submit for a "Pass"	Documentation to Submit for Exclusion from Measure
BCS – Breast Cancer Screening Women 50-74 years of age who had a mammogram to screen for breast cancer in the specified timeframe: →	<ul> <li>A mammogram completed on or between 10/1/17 to 12/31/19</li> <li>Send mammogram report</li> <li>DO NOT SEND biopsies, US or MRIs of the breasts.</li> <li>OR send an office note showing the name of screening and date completed.</li> </ul>	<ul> <li>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.</li> <li>Send an office note showing the date and name of the procedure(s)</li> <li>OR the Report(s) of Operation.</li> </ul>
CCS- Cervical Cancer Screening Women 21-64 years of age who were screened for cervical cancer in the specified timeframe as determined by the type of test: →	<ul> <li>Women 21-64 who had Pap smear in 2019, 2018 or 2017; OR</li> <li>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.</li> <li>Send the Pap, HPV or Pap/HPV report</li> <li>OR send an office note showing the date, name of procedure AND the result.</li> <li>Cervical biopsies cannot be substituted (they're not primary cervical cancer screening)</li> </ul>	<ul> <li>Evidence of a hysterectomy with no residual cervix:</li> <li>History of "complete", "radical", "total", "TAH", "TVH".</li> <li>"Hysterectomy" alone does not meet criteria, as it doesn't indicate absence of cervix.</li> <li>Send an office note showing the date of the surgery</li> <li>OR a Report of Operation</li> <li>OR a GU physical exam notation to indicate cervix is not present.</li> <li>Cervical agenesis, or acquired absence of cervix are also exclusions; send an office note showing this history</li> <li>If the type of hysterectomy is unknown:</li> <li>documentation of "hysterectomy" and "vaginal pap smear" together will be accepted OR</li> <li>documentation of both "hysterectomy" and a statement to indicate "the pt. no longer requires cervical cancer screening."</li> </ul>
CHL- Chlamydia Screening in Women- Women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during 2019.	<ul> <li>Sexually Active females must be tested at least annually.</li> <li>Send lab report OR</li> <li>Send an office note showing the name of test and date completed.</li> </ul>	<ul> <li>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.</li> <li>A pregnancy test during 2019 and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.</li> </ul>

HEDIS GIC Measure	Documentation to Submit for a "Pass"	Documentation to Submit for Exclusion from Measure
COL- Colorectal Cancer Screening Members 50-75 years of age who had appropriate screening for colorectal cancer in the specified timeframe as determined by the type of test: →	<ul> <li><u>Any one of these tests</u>, within the specified timeframe will close a COL gap:</li> <li>FOBT in 2019- Guaiac stool cards or FIT kit- Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.)</li> <li>Colonoscopy from 2010 – 2019</li> <li>Flexible sigmoidoscopy from 2015 – 2019</li> <li>FIT-DNA (Cologuard) from 2017-2019</li> <li>CT Colonography (virtual colonoscopy) from 2015 – 2019</li> <li>Submit procedure reports, path reports or office notes that show the <u>name and date</u> of the completed procedure.</li> <li>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 that indicate the name of the procedure.</li> <li>A result is not required if the procedure documentation is clearly part of the "medical history" section of the visit note or EMR.</li> </ul>	<ul> <li>A note indicating a diagnosis of colorectal cancer any time through 12/31/19.</li> <li>An office note showing documentation of a Total colectomy any time through 12/31/19.</li> <li>OR a Report of Operation.</li> </ul>

CDC- Comprehensive Diabetes Care <u>Retinal Eye Exam</u> 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: →	<ul> <li>Submit a report of retinal exam by an ophthalmologist or optometrist in 2019</li> <li>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.</li> <li>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.</li> <li>OR submit an office note stating the date and result of the retinal exam AND the credentials of the eye care professional.</li> <li>Documentation of "normal findings" for a dilated or retinal exam meets criteria and can be used.</li> <li>Notations limited to a statement that indicates "diabetes without complications" cannot be submitted.</li> <li>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</li> </ul>	<ul> <li>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.</li> <li>Blindness is not an exclusion for a diabetic eye exam</li> </ul>

<ul> <li>Renal dysfunction</li> <li>Acute renal failure (ARF)</li> <li>Dialysis (any method)</li> <li>OR Submit an office note showing a visit to a nephrologist in 2019</li> <li>OR Submit an office note or Report of Operation showing a history of renal transplant on or before 12/31/19</li> <li>OR Submit an office note or medication list showing an ACE or ARB drug was prescribed in 2019 (refer to related drug list below)</li> </ul>
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HEDIS 2020       Brand (A - Z)         ACE/ ARB       Accuoril         List       Accoon         The       Atacand         ACE/ARBS       Atacand HCT         ACE/ARBS       Avalide         are sorted       Avaoro         by brand       Benicar         name on the       Benicar HCT         left and by       Capozide         generic       Coveram         name on the       Cozaar         right. The       Diovan HCT         same       Edarbi         medications       Entresto         are included       Exforee         in each list.       Hvzaar         Lotrel       Lotrel         Submit an       Micardis         office note       Micardis HCT         or       Monooril         medication       Prinivil         an ACE or       Prinivil	Ouinapril         Ouinapril/HCTZ         Perindooril         Ramioril         Candesartan         Candesartan         Candesartan         Candesartan         Candesartan         Candesartan         Candesartan         Perindooril         Irbesartan         Amlodipine/Olmesartan         Olmesartan         Olmesartan         Olmesartan         Olmesartan         Olmesartan         Olmesartan         Olmesartan         Olmesartan         Valsartan         Valsartan         Valsartan         Valsartan         Valsartan         Azilsartan/Chlorthalidone         Sacubitril/Valsartan         Amlodipine/Valsartan         Amlodipine/Valsartan	Amlodipine/HCTZ/Olmesartan         Amlodipine/Olmesartan         Amlodipine/Perindooril         Amlodipine/Perindooril         Amlodipine/Perindooril         Amlodipine/Perindooril         Amlodipine/Perindooril         Amlodipine/Nelmisartan         Amlodioine/Valsartan         Amlodioine/Valsartan         Amlodioine/Valsartan         Azilsartan         Azilsartan         Azilsartan/Chlorthalidone         Benazeoril         Benazeoril/Amlodipine         Benazeoril/HCTZ         Candesartan         Candesartan         Cantooril         Cantooril         Cantooril         Cantooril         Enalaoril         Enalaoril         Enosinopril         Fosinopril	Tribenzo Azor Coveran Prestalia Twynsta Exforge HCI Edarby Edarby Lotensin Lotrel Lotensin HCI Atacand HCI Caoozide Vasotec Vaseretic Teveter
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Mavik       Office note     Micardis       Micardis HCT     Micardis       Dr     Monopril       nedication     Prestalia       Prinivil     Prinivil	Benazepril/Amlodipine	Lisinopril/HCTZ	Prinzid
office note <u>Micardis HCT</u> OF <u>Monopril</u> nedication <u>Prestalia</u> <u>Printvil</u>	Trandolapril	Lisinopril/HCTZ	Zestoreti
Micardis HCT       Dr     Monopril       Monopril HCT       nedication       Prestalia       Printvil	Telmisartan	Losartan	Cozaa
or <u>Monopril</u> nedication <u>Prestalia</u> ist showing <u>Printvil</u>	Telmisartan/HCTZ	Losartan/HCTZ	Нугаа
medication Prestalia Printyil	Fosinopril	Moexipril	Univas
ist showing Printia	Fosinooril/HCTZ	Moexipril/HCTZ	Unireti
ist showing Prinivil	Amlodipine/Perindopril	Olmesartan	Benica
	Lisinoori	Olmesartan/HCTZ	Benicar HC
	Lisinopril/HCTZ	Perindopril	Aceo
Tarka	Trandolapril/Verapamil	Quinaori	Accupr
ARB drug	Eorosartan	Ouinapril/HCTZ	Accureti
/as Tribenzor	Amlodipine/HCTZ/Olmesartan	Ramioril	Altac
Twynsta	Amlodipine/Telmisartan	Sacubitril/Valsartan	Entrest
orescribed Uniretic	Moexipril/HCTZ	Telmisartan	Micardi
n 2019 to Univasc	Moexioril	Telmisartan/HCTZ	Micardis HC
Vaceretic	Enalapril/HCTZ	Trandolaoril	Mavi
lose the Vasotec	Enalapril	Trandolapril/Verapamil	Tarka
CDC- Zestoretic	Lisinooril/HCTZ	Valsartan	Diovar
	Lisinopril	Valsartan/HCTZ	Diovan HC
ephropathy Zestri			

HEDIS GIC Measure	Documentation to Submit for a "Pass"	Documentation to Submit for Exclusion from Measure
<ul> <li>IMA- Immunizations for Adolescents</li> <li><u>HPV series only</u> Human Papillomavirus Vaccine</li> <li>Female and Male adolescents who completed an HPV vaccine series by the 13<sup>th</sup> birthday (2 or 3 dose series as ordered by provider)</li> <li><u>Two-dose HPV Vaccination Series:</u> <ul> <li>At least 2 HPV vaccines, with dates of service, at least 146 days apart on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays</li> </ul> </li> <li><u>Three-dose HPV Vaccination Series:</u> <ul> <li>At least three HPV vaccines, with different dates of service, on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays.</li> </ul> </li> </ul>	<ul> <li>Submit a note indicating the name of the specific vaccine and the dates of administration.</li> <li>OR Submit an Immunization Record with completed HPV series.</li> <li>OR Submit a certificate of immunization prepared by an authorized health care provider or agency including the specific dates and names of immunizations administered.</li> <li>HPV Brand Names: Gardasil, Gardasil 9, Cervarix</li> </ul>	<ul> <li>Members with documented anaphylactic reaction to the vaccine (or its components) are excluded.</li> <li>The exclusion must have occurred by the member's 13th birthday.</li> <li>Submit evidence in the form of an office note, allergy list or immunization record with notation of the contraindication.</li> </ul>
LSC- Lead Screening In Children Children 2 years of age in 2019 who had at least one lead blood test by the 2 <sup>nd</sup> birthday.	<ul> <li>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)</li> <li>OR Submit the lab report showing the date and result.</li> </ul>	• No exclusions for this measure

