

How to Close HEDIS Gaps in Care (GIC) for 2021



HEDIS GIC Measure	Documentation to Submit for a “Pass”	Documentation to Submit for Exclusion from Measure
<p>BCS</p> <p>Breast Cancer Screening</p> <p>Women age 50–74</p>	<p>A mammogram completed on or between October 2018 through December 31 of the measure year.</p> <ul style="list-style-type: none"> Send test report (only Film, Digital, or 3D mammos). DO NOT SEND biopsies, US, or MRIs of the breasts. OR send an office note showing the name of screening and date completed. 	<p>Mastectomy—both breasts removed any time in the member’s history through December 31, 2020. 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>Note: Members who received Palliative Care services in 2020 are excluded.</p>
<p>CCS</p> <p>Cervical Cancer Screening</p> <p>Women age 21–64</p>	<p>Women age 21–64 who had Pap smear in 2018, 2019 or 2020; OR</p> <p>Women 30–64 years of age as of December 31, 2020 who had cervical high-risk human papillomavirus (hrHPV) testing from 2016-2020 and who were 30 years or older as of the date of testing. The HPV test alone or Pap/HPV co-testing may be accepted.</p> <ul style="list-style-type: none"> Cervical biopsies cannot be substituted (they are not primary cervical cancer screening). Send results of the Pap (cervical cytology), the Pap/HPV co-testing or the hrHPV test alone. Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present"; this is not considered appropriate screening. <p>Note: Lab results that indicate the sample contained "no endocervical cells" may be used if a valid result was reported for the test.</p> <ul style="list-style-type: none"> OR send an office note showing the date, name of procedure AND the result. 	<p>Evidence of a hysterectomy with no residual cervix:</p> <ul style="list-style-type: none"> History of “complete”, “radical”, “total” hysterectomy, vaginal hysterectomy, TAH, or TVH. “Hysterectomy” alone does not meet criteria as it does not indicate absence of cervix. Send an office note showing the date of the surgery OR a Report of Operation for the hysterectomy procedure 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>If the type of hysterectomy is unknown:</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 December 31, 2020.</p> <p>Note: Members who received Palliative Care services in 2020 are excluded.</p>
<p>CHL</p> <p>Chlamydia Screening in Women</p> <p>Women age 16–24</p>	<p>Sexually active females must be tested at least annually.</p> <ul style="list-style-type: none"> Send lab report AND the result from 2020. OR send an office note showing the name of test and date completed. 	<ul style="list-style-type: none"> A pregnancy test during 2020 and a prescription for Accutane (Isotretinoin) on the date of the pregnancy test or the six days after the pregnancy test. A pregnancy test during 2020 and an x-ray on the date of the pregnancy test or the six days after the pregnancy test.

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<p>COL</p> <p>Colorectal Cancer Screening</p> <p>Members age 50–75</p>	<ul style="list-style-type: none"> • 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. If the name of the procedure is not documented on the pathology report, it can be accepted if it indicates the anatomical location of the specimen to be beyond the splenic flexure, meeting criteria for a completed colonoscopy; an incomplete colonoscopy meets criteria for a flexible sigmoidoscopy if the scope was advanced at least to the sigmoid colon. • A result is not required if the procedure documentation is clearly part of the Medical History, Preventive Maintenance, or Health Care Maintenance section of the record showing the name of the test and date of completion. <p>Any one of these tests, within the specified timeframe will close a COL gap:</p> <ul style="list-style-type: none"> • FOBT in 2020—Guaiac stool cards or FIT immunochemical test (iFOBT)—Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE (the test may be analyzed in an office lab, but not collected in the office setting) • Colonoscopy from 2011-2020 • Flexible sigmoidoscopy from 2016-2020; an incomplete colonoscopy can be considered a flexible sigmoidoscopy if the scope was passed at least to the sigmoid colon. • FIT-DNA (Cologuard) from 2018-2020; the report must state "DNA" or "Cologuard" • CT Colonography (virtual colonoscopy) from 2016-2020 • Submit procedure reports, path reports or office notes that show the name and date of the completed procedure. If the name of the procedure is not documented on the pathology report, it can be accepted if it indicates the anatomical location of the specimen to be beyond the splenic flexure, meeting criteria for a completed colonoscopy; an incomplete colonoscopy meets criteria for a flexible sigmoidoscopy if the scope was advanced at least to the sigmoid colon. 	<ul style="list-style-type: none"> • A note indicating a diagnosis of colorectal cancer any time through December 31, 2020 • An office note showing documentation of a total colectomy any time through December 31, 2020 • OR a Report of Operation. • OR Palliative Care services in 2020

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<p>CDC</p> <p>Comprehensive Diabetes Care —Retinal Eye Exam</p> <p>Members age 18–75 with Type I or Type II Diabetes</p>	<ul style="list-style-type: none"> • Submit a report of retinal exam by an ophthalmologist or optometrist in 2020. All eye exam reports must include the credential of the eye care professional. • OR submit a report of retinal exam by an ophthalmologist or optometrist in 2019 ONLY IF THE RESULT IS NEGATIVE for diabetic retinopathy or hypertensive retinopathy. <p>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.</p> <ul style="list-style-type: none"> • OR submit an office note stating the date and result of the retinal exam AND the name and 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 December 31, 2020—send office note or Report of Operation(s). 	<ul style="list-style-type: none"> • Members who did not have a diagnosis of diabetes during 2019 or 2020 and who had a diagnosis of gestational diabetes, steroid-induced diabetes, or Polycystic Ovarian Syndrome (PCOS) in any setting during 2019 or 2020. • Blindness is not an exclusion for a diabetic eye exam. <p>At a minimum, documentation in the medical record must include one of the following:</p> <ul style="list-style-type: none"> • A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results. • A chart or photograph indicating the date when the fundus photography was performed. <p>* Palliative Care services during 2020</p>
<p>Comprehensive Diabetes Care —Hemoglobin A1c Testing</p>	<p>Submit the latest HbA1c test in 2020 (the most recent)* ranges (ie...A1c between 7-8) and thresholds (ie...A1c) do not meet criteria. A distinct numeric result is required.*</p> <p>*At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result. A laboratory report is preferable.</p>	<ul style="list-style-type: none"> • Members who did not have a diagnosis of diabetes during 2019 or 2020 and who had a diagnosis of gestational diabetes, steroid-induced diabetes, or Polycystic Ovarian Syndrome (PCOS) in any setting during 2019 or 2020. • Blindness is not an exclusion for a diabetic eye exam. <p>At a minimum, documentation in the medical record must include one of the following:</p> <ul style="list-style-type: none"> • A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results. • A chart or photograph indicating the date when the fundus photography was performed. <p>* Palliative Care services during 2020</p>

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<p>CDC</p> <p>Comprehensive Diabetes Care</p> <p>Medical Attention for Nephropathy</p> <p>*EFFECTIVE 2020: This sub-measure applies to Medicare Members only.</p>	<ul style="list-style-type: none"> • Submit a urine test for albumin or protein done in 2020. Any of the following meet the criteria: <ul style="list-style-type: none"> ◦ “Microalbumin”, “macroalbumin”, or “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 2020: <ul style="list-style-type: none"> ◦ Diabetic nephropathy ◦ End stage renal disease (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 2020. • OR submit an office note or Report of Operation showing a history of renal transplant or nephrectomy on or before December 31, 2020. • OR submit an office note or medication list showing an ACEI or ARB drug was prescribed in 2020. <p><i>(See page 5 for related drug list)</i></p>	<ul style="list-style-type: none"> • Members who do not have a diagnosis of diabetes during 2019 or 2020 and who had a diagnosis of gestational diabetes, steroid induced diabetes or PCOS in any setting during 2019 or 2020.

HEDIS 2020 ACE/ARB List

Angiotensin converting enzyme inhibitors (ACE) and Angiotensin-receptor blockers (ARB). Acceptable ACE/ARB drugs are shown in the table to the right.

Submit an office note or medication list showing an ACE or ARB drug was prescribed in 2020 to close the CDC-nephropathy gap.

Use of drugs listed here will score the sub-measure as compliant. Refer to the MVP Formulary to learn which of these medications are covered by the member's plan; visit mvphealthcare.com and select *Providers*, then *Pharmacy*, then *MVP Formularies*.

Acceptable ACE Inhibitor/ARB Medication Therapies (not all-inclusive)

Accupril	Cozaar	Losartan	Teczem
Accuretic	Diovan	Lotensin	Telmisartan
Aceon	Edarbi	Lotrel	Trandolapril
Altace	Edarbydor	Mavik	Tribenzor
Altace	Enalapril	Micardis	Twynsta
Altacand	Entresto	Moexipril	Uniretic
Avalide	Epaned	Monopril	Univasc
Avapro	Eprosartan	Olmесartan	Valsartan
Azilsartan	Exforge	Peridopril	Valturna
Azor	Fosinopril	Prestalia	Vaseretic
Benazepril	Hyzaar	Prinivil	Vasotec
Benicar	Irbesartan	Quinapril	Zestoretic
Candesartan	Lexxel	Quinaretic	Zestril
Captoen	Lisinopril	Ramipril	
Capozide	Lotensin	Tarka	

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<p>IMA</p> <p>Immunizations for Adolescents—Human Papillomavirus Vaccine (HPV) series only</p> <p>Female and male adolescents who completed an HPV vaccine series by the 13th birthday. (Two- or three-dose series as ordered by provider)</p> <p>Two-dose HPV Vaccination Series:</p> <ul style="list-style-type: none"> At least two HPV vaccines, with different dates of service, on or between the member’s 9th and 13th birthdays. <p>There must be at least 146 days (5 months, 4 days) between the first and second dose of the HPV vaccine.</p> <p>Three-dose HPV Vaccination Series:</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. OR submit an immunization record obtained from a state vaccine registry or from a local RHIO (ie HIXNY) HPV brand names: Gardasil, Gardasil 9, Cervarix 	<p>Exclude members who had a contraindication, such as an anaphylactic reaction to the HPV vaccine or its components.</p> <p>Submit evidence in the form of an office note, allergy list or immunization record with notation of the contraindication.</p> <p>*Members in hospice during 2020</p>
<p>LSC</p> <p>Lead Screening in Children</p> <p>Children two years old in 2020 who had at least one lead blood test by their second birthday.</p> <p>Lab test can either be capillary or venous lead blood testing.</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(s) showing the result. <p>A lead risk screening is not accepted in place of the lab blood test.</p>	<ul style="list-style-type: none"> There are no exclusions for this measure.