

How to Close HEDIS Gaps in Care (GIC) for 2019



HEDIS GIC Measure	Documentation to Submit for a “Pass”	Documentation to Submit for Exclusion from Measure
<p>BCS—Breast Cancer Screening</p> <p>Women age 50–74</p>	<p>A mammogram completed on or between October 1, 2018 to December 31, 2019</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, 2019. 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 age 21–64</p>	<p>Women age 21–64 who had Pap smear in 2017, 2018 or 2019; OR</p> <p>Women age 30–64 who had Pap + HPV co-testing any year from 2015-2019.</p> <ul style="list-style-type: none"> The HPV must be run at the same time as the cytology portion, regardless of the Pap result. HPV reflex tests cannot be submitted. Cervical biopsies cannot be substituted (they are not primary cervical cancer screening). Send the Pap or Pap/HPV report. 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”, “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 OR a GU physical exam notation to indicate cervix is not present. <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, 2019.</p>
<p>CHL—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 2019. 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 six days after the pregnancy test. A pregnancy test during 2019 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—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. • 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 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. • 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 name and date of the completed procedure. 	<ul style="list-style-type: none"> • A note indicating a diagnosis of colorectal cancer any time through December 31, 201 • An office note showing documentation of a total colectomy any time through December 31, 2019 • OR a Report of Operation.

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<p>CDC— 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 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. <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, 2019—send office note or Report of Operation. 	<ul style="list-style-type: none"> • Members who do not have a diagnosis of diabetes during 2018 or 2019 and who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during 2018 or 2019. • Blindness is not an exclusion for a diabetic eye exam.

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<p>CDC Comprehensive Diabetes Care— Medical Attention for Nephropathy</p>	<ul style="list-style-type: none"> • Submit a urine test for albumin or protein done in 2019. 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 2019: <ul style="list-style-type: none"> ◦ 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 December 31, 2019. • OR submit an office note or medication list showing an ACEI or ARB drug was prescribed in 2019. <i>(see next page for related drug list)</i> 	<ul style="list-style-type: none"> • Members who do not have a diagnosis of diabetes during 2018 or 2019 and who had a diagnosis of gestational diabetes or steroid-induced diabetes in any setting during 2018 or 2019.

HEDIS 2019 ACE/ARB List	Brand (A—Z)	Generic	Generic (A—Z)	Brand
<p>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.</p>	Accupril	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	Eprosartan	Teveten
	<p>Submit an office note or medication list showing an ACE or ARB drug was prescribed in 2019 to close the CDC-nephropathy gap.</p>	Entresto	Sacubitril/Valsartan	Fosinopril
Exforge		Amlodipine/Valsartan	Fosinopril/HCTZ	Monopril HCT
Exforge HCT		Amlodipine/Valsartan/HCTZ	Irbesartan	Avapro
Hyzaar		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
MicardisHCT		Telmisartan/HCTZ	Losartan/HCTZ	Hyzaar
Monopril		Fosinopril	Moexipril	Univasc
Monopril HCT		Fosinopril/HCTZ	Moexipril/HCTZ	Uniretic
Prestalia		Amlodipine/Perindopril	Olmesartan	Benicar
Prinivil		Lisinopril	Olmesartan/HCTZ	Benicar HCT
Prinzide		Lisinopril/HCTZ	Perindopril	Aceon
Tarka		Trandolapril/Verapamil	Quinapril	Accupril
Teveten		Eprosartan	Quinapril/HCTZ	Accuretic
Tribenzor		Amlodipine/HCTZ/Olmesartan	Ramipril	Altace
Twynsta		Amlodipine/Telmisartan	Sacubitril/Valsartan	Entresto
Uniretic		Moexipril/HCTZ	Telmisartan	Micardis
Univasc	Moexipril	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—HPV series only—Human Papillomavirus Vaccine</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. 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.

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<p>LSC—Lead Screening in Children</p> <p>Children two years old in 2019 who had at least one lead blood test by their second 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(s) showing the result. 	<ul style="list-style-type: none"> There are no exclusions for this measure.
<p>CWP—Appropriate Testing for Children with Pharyngitis</p> <p>Children ages 3–18, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode in the seven-day period from three days prior through three days after the dx date in 2018 or 2019.</p>	<ul style="list-style-type: none"> Submit a visit note clearly indicating that a rapid strep test was performed and the DOS. OR submit the lab report showing the result in 2019. 	<ul style="list-style-type: none"> There are no exclusions for this measure.
<p>OMW—Osteoporosis Management in Women Who Had a Fracture</p> <p>Women age 67–85 who suffered a fracture and had a bone mineral density study (BMD, DEXA Scan) on the fracture date or in the six month period following the fracture date in 2018 or 2019.</p>	<ul style="list-style-type: none"> Submit a note stating that the BMD test (Dexa Scan) was performed and the DOS. OR submit the test report. 	<ul style="list-style-type: none"> There are no exclusions for this measure.