

# FAX Cover Sheet



To: HEDIS Intake Team	From:
Fax: 855-727-0868	Phone:
Phone: 623-277-3386	Date:
Re: HEDIS Gap Closure	# of Pages:

Practice or Provider Name: \_\_\_\_\_

MEASURE	REQUIREMENTS
ABA- Adult BMI Assessment	<p><i>Each of the following:</i></p> <ul style="list-style-type: none"> <li>• Documentation of a calculated BMI AND weight in 2017 or 2018</li> <li><i>*Both elements must be documented by the same data source</i></li> </ul>
BCS- Breast Cancer Screening	<p><i>At least one of the following:</i></p> <ul style="list-style-type: none"> <li>• Mammogram performed in 2017 or 2018</li> <li>OR</li> <li>• Evidence that the member has had a bilateral mastectomy.</li> <li><i>*Breast ultrasound does not meet requirement.</i></li> </ul>
CBP-Controlling High Blood Pressure	<p><i>Each of the following:</i></p> <ul style="list-style-type: none"> <li>• Documentation of diagnosis of high blood pressure or hypertension prior to June 30, 2018</li> <li>• Most recent (last) blood pressure in 2018 by treating physician.</li> <li>OR</li> <li>• Diagnosis of ESRD, kidney transplant, dialysis</li> <li>• Diagnosis of pregnancy during measure year</li> <li><i>*Diagnosis of HBP/HTN and most recent blood pressure cannot be on the same date of service</i></li> </ul>
CDC- Comprehensive Diabetes Care	<p><i>Each of the following:</i></p> <ul style="list-style-type: none"> <li>• Retinal Eye Exam in 2017 or 2018, by an eye care professional</li> <li>• Most recent (last) blood pressure in 2018</li> <li>• Most recent (last) HbA1c result/date in 2018</li> <li>• Evidence of nephrologist visit 2018</li> <li>• Evidence of treatment for ESRD, Chronic Renal Failure, Chronic Kidney Disease, results of urine test for protein or albumin, or documentation of treatment with ACE/ARBs in 2018.</li> <li>OR</li> <li>Evidence that member did not have diagnosis of diabetes, and had a diagnosis of gestational or steroid induced diabetes only during the measure year or year prior.</li> </ul>
COA- Care of Older Adult	<p><i>Each of the following:</i></p> <ul style="list-style-type: none"> <li>• Advanced Care Planning</li> <li>• Medication Review 2018</li> <li>• Functional Status Assessment in 2018</li> <li>• Comprehensive Pain Screening in 2018</li> </ul>
COL- Colorectal Cancer Screening	<p><i>At least one of the following:</i></p> <ul style="list-style-type: none"> <li>• FOBT in 2018</li> <li>• Flexible sigmoidoscopy between 2014-2018</li> <li>• Colonoscopy between 2009-2018</li> <li>• Cologuard between 2016-2018</li> <li>• CT Colonography between 2014-2018</li> <li>OR</li> <li>Diagnosis of colorectal cancer or total colectomy</li> </ul>