

# Quality Program Guide to Supplemental Data for Gap Closure

Correct coding is the most accurate way to submit clinical quality gap closure data. But when the gap is not closed via claims, supplemental data can also be submitted. To be HIPAA compliant, please provide only the necessary documentation required to close the gap in care. All supplemental data must include:

- Patient’s name
- Patient’s date of birth (If the birth date is not officially on the progress note, it must be written on documentation and signed by the physician. Or a demographic cover sheet should be submitted.)
- Date of service (month, day, year)
- Provider identified by name and credentials (if paper chart, provider signature)

Adult HEDIS Measures		Product or Program
<p><b>Appropriate Testing for Children with Pharyngitis (CWP)</b></p> <p>Age: 3 years and older</p>	<p>Dated progress note or dated lab report indicating a group A streptococcus test (Group A Strep Test) in the seven-day period from three days prior to the Episode date through three days after the episode date<sup>1</sup>.</p> <p><sup>1</sup> Episode date: The date of service for any outpatient, phone, online assessment, observation or ER visit, e-visit or virtual check-in during the Intake Period with a diagnosis of pharyngitis.</p>	<p><b>Product:</b> Medicaid</p>
<p><b>Asthma Medication Ratio (AMR)</b></p> <p>Age: 5-64 years</p>	<p>Provide documentation of any of the following for the measurement year:</p> <p>Progress notes indicating Rx refills of asthma medications during the measurement year or log of prescription refills of asthma medications in the measurement year:</p> <ul style="list-style-type: none"> <li>- Samples given in the provider office or Rx from Veteran Affairs, Patient-Assistance Programs, etc., with all identifying components for the entire measurement year.</li> <li>- Dated pharmacy receipts with all identifying components for the entire measurement year.</li> <li>- Images of prescription medication bottles with all identifying components for the entire measurement year. Identifying components: patient name, DOB, medication name, strength/dose, route and date when the medication was dispensed.</li> </ul>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>

Adult HEDIS Measures		Product or Program
<p><b>Breast Cancer Screening (BCS)</b></p> <p>Age: 50-74 years</p>	<ol style="list-style-type: none"> <li>1. A mammogram report from the appropriate time frame <b>October 1</b> two years prior through measurement year; (<b>October 1, 2019 – December 31, 2021</b>)</li> <li>2. A dated progress note with the date of the mammogram</li> <li>3. Unilateral mammogram must have documentation of unilateral mastectomy.</li> <li>4. A dated progress note with documentation of exclusion (date of bilateral mastectomy or two unilateral mastectomies).</li> </ol> <p><b>Note:</b> Biopsies, breast ultrasounds and MRIs do not meet compliance for this measure because they are not appropriate methods for primary breast cancer screening.</p>	<p><b>Product:</b></p> <p>Medicare Advantage Medicaid Fully Integrated Dual Eligible Special Needs Program (FIDE-SNP)</p> <p><b>R&amp;R Program:</b></p> <p>Women's Health Primary Care Provider</p>
<p><b>Controlling High Blood Pressure (CBP)</b></p> <p>Age: 18-85 years</p>	<ol style="list-style-type: none"> <li>1. A dated progress note documenting the most recent BP in the measurement year.</li> <li>2. A vital sign flowsheet with name, date of birth and date of service.</li> </ol> <p><b>Notes:</b> The last BP reading for the measurement year will determine compliance. The lowest systolic and lowest diastolic BP reading on the same date is considered the representative BP.</p> <p>BP readings performed or taken by the member with a digital device is acceptable.</p>	<p><b>Product:</b></p> <p>Medicare Advantage Medicaid</p> <p><b>R&amp;R Program:</b></p> <p>Primary Care Provider Cardiology</p>
<p><b>Cervical Cancer Screening (CCS)</b></p> <p>Age: 21-64 years</p>	<ol style="list-style-type: none"> <li>1. Dated lab/pathology report showing cervical cytology and the result or finding.</li> <li>2. A dated progress note indicating date and result or finding of cervical cytology/high risk HPV.</li> </ol> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- age 21-64 years: Cervical cytology within 3 years</li> <li>- age 30-64 years: High risk HPV testing within 5 years (age 30+ at time of test)</li> <li>- age 30-64 years: Cervical cytology/high-risk HPV cotesting within 5 years (age 30+ at time of test)</li> </ul>	<p><b>Product:</b></p> <p>Medicaid</p> <p><b>R&amp;R Program:</b></p> <p>Women's Health Primary Care Provider</p>
<p><b>Chlamydia Screening in Women (CHL)</b></p> <p>Age: 16-24 years</p>	<ol style="list-style-type: none"> <li>1. Dated lab report showing screening performed in measurement year</li> <li>2. Dated progress note indicating screening done in the measurement year</li> </ol>	<p><b>Product:</b></p> <p>Medicaid</p> <p><b>R&amp;R Program:</b></p> <p>Women's Health Primary Care Provider</p>

Adult HEDIS Measures		Product or Program
<p><b>Colorectal Cancer Screening (COL)</b></p> <p>Age: 50-75 years</p>	<ol style="list-style-type: none"> <li>1. A dated progress note indicating the procedure type (Colonoscopy: 2012-2021, Sigmoidoscopy: 2017-2021, CT Colonography: 2017-2021, FIT-DNA: 2019-2021, FOBT: 2021) and date of service. <ul style="list-style-type: none"> <li>• A result is not required if the documentation is clearly part of the member's "medical history;" if not, the result or finding must also be present.</li> </ul> </li> <li>2. A dated procedure or pathology report from the appropriate timeframe can be submitted.</li> <li>3. When lab reports are imported directly into the Electronic Health Record (EHR), the lab report from the appropriate time frame can be submitted.</li> </ol> <p><b>Note:</b> Digital rectal exams and/or FOBT performed in the office setting are not acceptable to meet this measure.</p>	<p><b>Product:</b> Medicare Advantage FIDE-SNP</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
<p><b>Comprehensive Diabetes Care: HbA1c Testing (CDCH)</b></p> <p>Age: 18-75 years</p>	<ol style="list-style-type: none"> <li>1. Any HbA1c test within the measurement year meets the HbA1c testing metric.</li> <li>2. A dated progress note documenting collection date and result of HbA1c test.</li> <li>3. When lab results are imported into the EHR by interface, a dated medical record documentation of the HbA1c test.</li> </ol> <p><b>Note:</b> In-office, point-of-care testing performed during the measurement year will also meet the metric when documented in the medical record and includes date and results. Billing with administrative claim codes is preferred.</p>	<p><b>Product:</b> Medicare Advantage Medicaid FIDE-SNP</p> <p><b>R&amp;R Program:</b> Endocrinology Primary Care Provider</p>
<p><b>Comprehensive Diabetes Care: HbA1c Control &lt;=9 (CDCC) &lt;8 (CDC8)</b></p> <p>Age: 18-75 years</p>	<ol style="list-style-type: none"> <li>1. A dated progress note documenting the date of collection and result of the most recent HbA1c test.</li> <li>2. Lab report with resulted or reported date and result.</li> <li>3. Lab results imported into the EHR by interface with date and result of HbA1C test.</li> </ol> <p><b>Note:</b> In-office, point-of-care testing performed during the measurement year will also meet the metric when documented in the medical record and includes date and results. Submit the most recent HbA1c performed during the measurement year. Billing with administrative claim codes is preferred.</p>	<p><b>HbA1c &lt;8:</b></p> <p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Endocrinology Primary Care Provider</p> <p><b>HbA1c &lt;=9:</b></p> <p><b>Product:</b> Medicare Advantage FIDE-SNP</p> <p><b>R&amp;R Program:</b> Endocrinology Primary Care Provider</p>

Adult HEDIS Measures		Product or Program
<p><b>Comprehensive Diabetes Care: Eye Exam (CDCE)</b></p> <p>Age: 18-75 years</p>	<ol style="list-style-type: none"> <li>1. A signed and dated report/progress note in the measurement year from an eye care professional.</li> <li>2. A progress note from the PCP indicating the eye care professional's name, date, and result of ophthalmoscopic exam.</li> <li>3. A fundoscopic photo that is read by an eye care professional is eligible when signed, dated, and result is present.</li> <li>4. A negative eye exam for retinopathy from the previous year is compliant.</li> </ol> <p><b>Note:</b> Results that were read by a system that provides an artificial intelligence (AI) interpretation are acceptable.</p>	<p><b>Product:</b></p> <p>Medicare Advantage Medicaid FIDE-SNP</p> <p><b>R&amp;R Program:</b></p> <p>Endocrinology Ophthalmology Primary Care Provider</p>
<p><b>Comprehensive Diabetes Care: Medical Attention for Nephropathy (CDCN)</b></p> <p>Age: 18-75 years</p>	<ol style="list-style-type: none"> <li>1. A dated progress note documenting lab test and result for nephropathy can be submitted. In-office urine tests also meet this metric (e.g., Urine for Microalbumin, Protein).</li> <li>2. A dated progress note indicating that an ACE or ARB was ordered within the measurement year and the ACE or ARB is on the current medication list.</li> <li>3. A dated progress note indicating documentation of nephropathy (e.g., ARF, RI, CKD, CRF, ESRD, renal transplant) if not coded on claim.</li> <li>4. A dated progress note from a nephrologist can be submitted.</li> </ol>	<p><b>Product:</b></p> <p>Medicare Advantage</p> <p><b>R&amp;R Program:</b></p> <p>Endocrinology Primary Care Provider</p>
<p><b>Comprehensive Diabetes Care: Blood Pressure Control (CDCB)</b></p> <p>Age: 18-75 years</p>	<ol style="list-style-type: none"> <li>1. A dated progress note documenting the most recent BP in the measurement year.</li> <li>2. A vital sign flowsheet with name, date of birth and date of service.</li> </ol> <p><b>Notes:</b> The last BP reading for the measurement year will determine compliance. The lowest systolic and lowest diastolic BP reading on the same date is considered the representative BP. BP readings performed or taken by member with a digital device, is acceptable.</p>	<p><b>Product:</b></p> <p>Medicaid</p> <p><b>R&amp;R Program:</b></p> <p>Endocrinology Ophthalmology Primary Care Provider</p>
<p><b>Care for Older Adults: Functional Status (COAF)</b></p> <p>Age: 66 years and older</p>	<p>Dated progress note with evidence of a complete or comprehensive functional status assessment and must include one of the following:</p> <ul style="list-style-type: none"> <li>- Notation of at least five Activities of Daily Living (ADL)</li> <li>- Notation of at least four Instrumental Activities of Daily Living</li> <li>- Result of a standardized functional status assessment tool (e.g., Bayer, Katz, etc.)</li> <li>- A progress note stating, "All ADLs met"</li> </ul> <p><b>Note:</b> Components can take place during different visits in the measurement year.</p>	<p><b>Product:</b></p> <p>FIDE-SNP</p>

Adult HEDIS Measures		Plan/Product
<p>Care for Older Adults: Pain Assessment (COAP)</p> <p>Age: 66 years and older</p>	<ol style="list-style-type: none"> <li>1. Dated progress note in the measurement year with evidence of pain assessment.</li> <li>2. Result of standardized pain assessment tool performed in the measurement year (e.g., Numeric rating scales, Pictorial Pain Scales, Brief Pain Inventory, Chronic Pain Grades, etc).</li> </ol> <p><b>Note:</b> Do NOT use pain associated with an acute event, notation of pain management, pain treatment alone, chest pain, or pain assessments performed in an acute inpatient setting.</p>	<p><b>Product:</b> FIDE-SNP</p>
<p>Care for Older Adults: Medication Review (COAM)</p> <p>Age: 66 years and older</p>	<ol style="list-style-type: none"> <li>1. Dated progress note with evidence of current medication list (Rx, OTC, supplements) <b>and</b> a notation that medications were reviewed or reconciled by a prescribing practitioner or pharmacist in the measurement year.</li> <li>2. Notation in the medical record that patient is "not taking medication", and the date when it was noted.</li> </ol> <p><b>Notes:</b> A review of side effects for a single medication at time of prescription is not sufficient. An outpatient visit is not required to meet criteria.</p>	<p><b>Product:</b> FIDE-SNP</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
<p>Care for Older Adults: Advance Care Planning (COAA)</p> <p>Age: 66 years and older</p>	<p>Evidence must include one of the following in the measurement year:</p> <ol style="list-style-type: none"> <li>1. The presence of an advance care plan in the medical record on or before <b>December 31</b>. <ul style="list-style-type: none"> <li>- Examples include: advance directive, actionable medical orders, living will and surrogate decision maker</li> </ul> </li> <li>2. Documentation in the medical record of an advance care planning <b>discussion</b> with the provider <b>and</b> the date it was discussed. <ul style="list-style-type: none"> <li>- Documentation that member declined to discuss advance care planning <b>OR</b></li> <li>- Conversations with relatives or friends about life-sustaining treatment and end-of-life care</li> </ul> </li> <li>3. Notation that the member previously executed an advance care plan, dated on or before <b>December 31</b>.</li> </ol>	<p><b>Product:</b> FIDE-SNP</p>

Adult HEDIS Measures		Plan/Product
<p><b>Prenatal and Postpartum Care (PPC)</b></p>	<p><b>Prenatal:</b> A signed progress note indicating date of prenatal care visit in first trimester or within 42 days of enrollment with an appropriate provider (OB/GYN, Midwife, PCP<sup>1</sup>) and evidence of one of the following:</p> <ol style="list-style-type: none"> <li>1. A diagnosis of pregnancy.               <ol style="list-style-type: none"> <li>a. Documentation in prenatal flow sheet <b>OR</b></li> <li>b. Documentation of LMP, EDD, or gestational age <b>OR</b></li> <li>c. A positive pregnancy test <b>OR</b></li> <li>d. Documentation of gravidity and parity <b>OR</b></li> <li>e. Documentation of complete OB history <b>OR</b></li> <li>f. Documentation of prenatal risk assessment and counseling/education</li> </ol> </li> <li>2. A basic obstetric exam that includes               <ol style="list-style-type: none"> <li>a. Auscultation of fetal heart tones (FHT) <b>OR</b></li> <li>b. Pelvic exam with obstetric observations <b>OR</b></li> <li>c. Measurement of fundal height (FH)</li> </ol> </li> <li>3. Evidence that a prenatal procedure was performed.               <ol style="list-style-type: none"> <li>a. Screening OB panel must include: hematocrit, WBC with differential, platelet count, hepatitis B antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO typing <b>OR</b></li> <li>b. TORCH antibody panel alone <b>OR</b></li> <li>c. A rubella antibody test/titer with Rh incompatibility (ABO/Rh) blood typing <b>OR</b></li> <li>d. Ultrasound of pregnant uterus</li> </ol> </li> </ol> <p><b>Notes:</b> ACOG form with compliant info and provider signature log is acceptable.</p> <p>Ultrasound and lab results must be linked to a prenatal care visit.</p> <p><sup>1</sup> All visits with PCP must include a diagnosis of pregnancy.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Women's Health</p>
<p><b>Prenatal and Postpartum Care (PPC)</b></p>	<p><b>Postpartum:</b> Dated progress note with evidence of a postpartum visit with an OB/GYN, other pre-natal care practitioner or PCP on or between seven and 84 days after delivery that includes ONE of the following:</p> <ul style="list-style-type: none"> <li>- Evidence of a pelvic exam <b>OR</b></li> <li>- Evaluation of weight, BP, abdomen AND breast <b>OR</b></li> <li>- Notation of "Postpartum (PP) Care, PP Care, PP check, six-week check" <b>OR</b></li> <li>- Perineal or cesarean incision/wound check <b>OR</b></li> <li>- Screening for depression, anxiety, substance use disorder, tobacco use or preexisting mental health disorder <b>OR</b></li> <li>- Glucose screening for women with gestational diabetes <b>OR</b></li> <li>- Documentation of any <b>ONE</b> of the following topics: infant care or breastfeeding <b>OR</b>, resumption of intercourse, birth spacing or family planning, sleep/fatigue <b>OR</b>, resumption of physical activity <b>OR</b>, attainment of healthy weight</li> </ul>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Women's Health</p>

Adult HEDIS Measures		Plan/Product
<p><b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b></p> <p>Age: Males 21-75 years Females 40-75 years</p>	<p>Provide documentation of any of the following for the measurement year:</p> <ul style="list-style-type: none"> <li>- Samples given in the provider office or Rx from Veteran Affairs, Patient-Assistance Programs, etc., with all identifying components for the entire measurement year.</li> <li>- Dated pharmacy receipts with all identifying components for the entire measurement year.</li> <li>- Images of prescription medication bottles with all identifying components for the entire measurement year.</li> </ul> <p><b>Identifying components:</b> patient name, DOB, medication name, strength/dose, route, date when the medication was dispensed and prescribing provider.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Cardiology</p>
<p><b>Statin Therapy for Patients With Diabetes (SPD)</b></p> <p>Age: 40-75 years</p>	<p>Provide documentation of any of the following for the measurement year:</p> <ul style="list-style-type: none"> <li>- Samples given in the provider office or Rx from Veteran Affairs, Patient-Assistance Programs, etc., with all identifying components for the entire measurement year.</li> <li>- Dated pharmacy receipts with all identifying components for the entire measurement year.</li> <li>- Images of prescription medication bottles with all identifying components for the entire measurement year.</li> </ul> <p><b>Identifying components:</b> patient name, DOB, medication name, strength/dose, route and date when the medication was dispensed, prescribing provider.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
Pediatric HEDIS Measures		Product or Program
<p><b>Childhood Immunization Status (CIS10) (CIS4)</b></p> <p>Age: On or before 2nd birthday</p>	<p>Immunization record or documentation from NJIIS with dates of administration ON OR BEFORE the child's second birthday:</p> <p><b>Combo 10:</b></p> <ul style="list-style-type: none"> <li>(4) diphtheria tetanus and acellular pertussis (DTaP)</li> <li>(3) polio (IPV)</li> <li>(1) measles, mumps and rubella (MMR)</li> <li>(3) haemophilus influenza type B (HiB)</li> <li>(3) hepatitis B (HepB)</li> <li>(1) chicken pox (VZV)</li> <li>(4) pneumococcal conjugate (PCV)</li> <li>(1) hepatitis A (HepA)</li> <li>(2 or 3) rotavirus (RV)</li> <li>(2) influenza (flu)</li> </ul> <p><b>Combo 4:</b> All of the above minus rotavirus and flu vaccines.</p> <p><b>Note:</b> A note stating that the "member is up to date" with all immunizations, but does not list them, is not considered compliant.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>

Pediatric HEDIS Measures		Product or Program
<p>Immunizations for Adolescents (IMA)</p> <p>Age: 13 years</p>	<p>Immunization record, documentation from NJIIS, or progress notes with dates of administration.</p> <p>HPV: At least two vaccines between ninth and 13th birthday</p> <p>Meningococcal (MCV): One vaccine between 11th and 13th birthday</p> <p>Tdap: One vaccine between 10th and 13th birthday</p> <p>Combo 1: MCV and Tdap vaccines administered</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
<p>Lead Screening in Children (LSC)</p> <p>Age: On or before 2nd birthday</p>	<p>Lab report, progress note, or NJIIS form indicating lead test, date, and result before the patient's second birthday.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
<p>Weight Assessment &amp; Counseling for Nutrition and Physical Activity for Children/ Adolescents: BMI Percentile (WCCB)</p> <p>Age: 3-17 years</p>	<p>Documentation of weight, height and BMI percentile, <b>OR</b> BMI percentile plotted on age-growth BMI chart in the measurement year.</p> <p>Notes: Ranges and thresholds do not meet criteria for the BMI percentile.</p> <p>Member reported biometric values are acceptable when associated with a telehealth visit</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
<p>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children/ Adolescents: Counseling for Nutrition (WCCN)</p> <p>Age: 3-17 years</p>	<p>Documentation must note the date and at least one of the following in the measurement year:</p> <ol style="list-style-type: none"> <li>1. Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)</li> <li>2. Checklist indicating nutrition was addressed</li> <li>3. Counseling or referral for nutrition education</li> <li>4. Member received educational materials on nutrition during a face-to-face visit</li> <li>5. Anticipatory guidance for nutrition</li> <li>6. Weight or obesity counseling</li> </ol> <p><b>Note:</b> WIC referrals may be used for compliance.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>



Pediatric HEDIS Measures		Product or Program
<p><b>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children/Adolescents: Counseling for Physical Activity (WCCP)</b></p> <p>Age: 3-17 years</p>	<p>Documentation must note the date and at least one of the following in the measurement year:</p> <ol style="list-style-type: none"> <li>1. Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</li> <li>2. Checklist indicating physical activity was addressed</li> <li>3. Counseling or referral for physical activity</li> <li>4. Member received educational materials on physical activity during a face-to-face visit</li> <li>5. Anticipatory guidance for physical activity</li> <li>6. Weight or obesity counseling</li> </ol>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>
<p><b>Well-Child Visits (W30)</b></p> <p>Age: 15 months; 30 months</p>	<p>Two rates for compliance:</p> <ol style="list-style-type: none"> <li>1. Member had at least six well visits within the first 15 months of age.</li> <li>2. Member had at least two well visits between the ages of 15 months plus 1 day, through 30 months of age.</li> </ol> <p>Dated progress notes for well-child visits with a PCP showing six or more well-child visits on different dates of service on or before the 15-month birthday.</p> <ol style="list-style-type: none"> <li>1. Health history (i.e., illness history, hospitalizations)</li> <li>2. Physical development history (ie. holding objects, crawling/walking, drinking from cup)</li> <li>3. Mental developmental history (ie. pretend play, waving hello or bye, fear of strangers, cooing/babbling/talking)</li> <li>4. Physical exam – minimum of 5 systems assessed “hands on”</li> <li>5. Health education/anticipatory guidance</li> </ol> <p><b>Notes:</b> Sick child visits can be included if components of the well child visit are met and are unrelated to the illness or complaint. All dates of service must be at least 14 days apart. The PCP does not have to be the practitioner assigned to the child.</p>	<p><b>Product:</b> Medicaid</p> <p><b>R&amp;R Program:</b> Primary Care Provider</p>

## How to Submit Supplemental Data to Horizon Blue Cross Blue Shield of New Jersey

### 1. Scan/image the required medical record documentation and name the file as follows:

- Member Horizon ID#\_3 or 4 letter acronym or measure\_MMDDYYYY (date of the submission of the supplemental data)\_Practice acronym\_Line of Business (for Medicaid add “CAID”; for Medicare add “CARE”; and for FIDESNP add “SNP”). Please use ALL CAPS with an underscore between each element.
  - example: 3HZN12345678\_COL\_01012021\_XYZ\_CARE
  - example: 87654321\_COL\_01012021\_XYZ\_SNP
  - example: 24681357\_COL\_01012021\_XYZ\_CAID
- If your practice is in a specialty R&R Program (e.g., Cardiology, Endocrinology, Ophthalmology, Women’s Health/OBGYN), please be sure to include the assigned lowercase letter at the end of the Practice Acronym:
  - Endocrinology: Lowercase “e”
  - Cardiology: Lowercase “c”
  - Ophthalmology: Lowercase “p”
  - Women’s Health/OBGYN: Lowercase “o”
    - example: 3HZN12345678\_CDCH\_01012021\_XYZe\_CARE
- If additional documentation is required for the same patient and for the same measure, the date must be changed to reflect the new date of submission. This will eliminate confusion when additional information is requested.
- If the same document meets multiple measures, the name of the file may include all acronyms satisfied by the document (example: 3HZN12345678\_BCSCOLCDCH\_07012021\_XYZ\_CARE). This file name would indicate the document will satisfy BMI, Breast Cancer Screening, Colorectal Cancer Screening and HbA1c testing.

### 2. Save the file as a PDF, JPEG, GIF or PNG.

- If unable to save all documentation as a single file, please add underscore 01, 02, etc., to the name of the file to denote multiple parts for the same member, measure and submission date.
  - example: 3HZN12345678\_COL\_01012021\_XYZ\_CARE\_01

### 3. Multiple files may be saved as a zip file separately for each program.

- All individual files within the zip file, must be named with the correct naming convention, as noted above.
- Naming convention for zip file should be:

Medicaid	TIN_MMDDYYYY_MCD.zip
Medicare Advantage	TIN_MMDDYYYY_MA.zip
FIDESNP	TIN_MMDDYYYY_SNP.zip

### 4. Upload via Horizon Docs (recommended way to submit medical records):

- Select *Health Plans* on the NaviNet toolbar, then select *Horizon NJ Health* or *Horizon BCBSNJ*
- Under *Workflows for this Plan*, select *HorizonDocs* then go to *Upload Documents* and complete required fields
- Category: *Quality*
- Sub-category: either *Medicaid* or *Medicare Supplemental Data* (as applicable)
- Ensure charts are named with the appropriate naming convention prior to upload

### 5. Upload through the MFT (Managed File Transfer).

- Save the documentation to the “Medicare Supplemental Files” or “Medicaid Supplemental Data” sub-folder in the “Partner to Horizon” folder on the MFT site.

**6. Submit supplemental data to Horizon BCBSNJ via Secure Blue email.**

Upload as an attachment through the Secure Blue Email site (<https://mailgate.HorizonBlue.com>).  
Email **MedicaidSuppData@HorizonBlue.com** or **MASuppData@HorizonBlue.com**  
(MA and SNP).

- No supplemental data can be sent via unsecure email.
- All documentation that satisfies a measure for a single patient should be saved as a single file.
- The maximum attachment filer size should not exceed 1MB.
- Please see Secure Blue Messaging Instructions on how to email to Horizon BCBSNJ.

No supplemental data can be sent via unsecure email. Please see Secure Blue Messaging Instructions on emailing PHI to Horizon BCBSNJ.