

# Women’s Health Quality Program

## Guide to supplemental data for gap closure

Correct coding is the most accurate way to submit clinical quality gap closure data. 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 not officially on progress note, must be written on documentation and signed by physician or a demographic cover sheet should be included with the submission)
- Date of Service (month, day, year)
- Provider identified by name and credentials (if paper chart, provider signature)

| HEDIS Measures                         | Documentation Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plan/Product                                        |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Breast Cancer Screening (BCS)</b>   | <ol style="list-style-type: none"> <li>1. A mammogram report from the appropriate timeframe- <b>October 1</b> two years prior through measurement year (<b>October 1, 2018 - December 31, 2020</b>)</li> <li>2. A dated progress note that lists the date of the mammogram.</li> <li>3. A dated progress note with documentation of exclusion (date of bilateral mastectomy or dates of two unilateral mastectomies).</li> </ol> <p>Unilateral Mammogram must have documentation of unilateral mastectomy.</p> <p><b>Note:</b> Biopsies, breast ultrasounds or MRIs do not meet compliance for this measure because they are not appropriate methods for primary breast cancer screening.</p> | Medicare Advantage<br>Horizon NJ Health<br>FIDE-SNP |
| <b>Cervical Cancer Screening (CCS)</b> | <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/HPV.</li> </ol> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>- age 21-64 Cervical cytology within 3 years</li> <li>- age 30-64 High risk HPV testing within 5 years (age 30+ at time of test)</li> <li>- age 30-64 Cervical Cytology/high-risk HPV cotesting within 5 years (age 30+ at time of test)</li> </ul>                                                                                                                                         | Horizon NJ Health                                   |

| HEDIS Measures                     | Documentation Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Plan/Product      |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Chlamydia Screening in Women (CHL) | <ol style="list-style-type: none"> <li>1. Dated lab report showing screening was performed in measurement year.</li> <li>2. Dated progress note indicating screening was performed in measurement year.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Horizon NJ Health |
| Prenatal and Postpartum Care (PPC) | <p>Prenatal: 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, *Primary Care Physician (PCP)) 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/GYN panel must include: hematocrit, WBC with differential, Platelet count, hepatitis B antigen, rubella antibody, syphilis test, RBC antibody screen, Rh(D) 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>ACOG form with compliant info is acceptable.</p> <p>Ultrasound and lab results must be linked to a prenatal care visit.</p> <p>*All visits with PCP must include a diagnosis of pregnancy.</p> | Horizon NJ Health |

| HEDIS Measures                            | Documentation Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Plan/Product             |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <p>Prenatal and Postpartum Care (PPC)</p> | <p>Postpartum: Dated progress note with evidence of a Postpartum visit with an OB/GYN, other prenatal care practitioner or PCP on or between seven and 84 days after delivery which 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 abuse, 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 of the following topics: infant care or breastfeeding OR resumption of intercourse, birth spacing or family planning, OR sleep/fatigue <b>OR</b> resumption of physical activity <b>OR</b> attainment of healthy weight</li> </ul> | <p>Horizon NJ Health</p> |

## How to Submit Supplemental Data to Horizon BCBSNJ

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

- Member HorizonID#\_3 or 4 letter acronym for measure\_MMDDYYYY (date of the submission of the supplemental data)\_Practice acronym. Please use ALL CAPS with an underscore between each element  
example: 3HZN12345678\_ABA\_01012020\_XYZ  
example: 87654321\_ABA\_01012020\_XYZ
- If additional documentation is required for the same patient and for the same measure, the date needs to 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\_ABABCSCOLCDCH\_07012020\_XYZ). 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\_ABA\_01012020\_XYZ\_01

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

- 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 thru 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

### 5. Submit supplemental data to Horizon BCBSNJ via Secured Blue email.

Upload as an attachment through the Secure Blue Email site (<https://mailgate.HorizonBlue.com>).

Emails will be sent to the [MedicaidSuppData@HorizonBlue.com](mailto:MedicaidSuppData@HorizonBlue.com) or [MASuppData@HorizonBlue.com](mailto:MASuppData@HorizonBlue.com) (MA and SNP) email

- 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 file size to attach to the email should not exceed 1MB

### 6. Please see Secure Blue Messaging Instructions for step by step instructions on how to email to Horizon BCBSNJ.

## HorizonBlue.com

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