Care Gaps That Can Be Closed in the NaviNet Care Gap Response Form

Care Gap These correspond to Healthcare Effectiveness Data and Information Set (HEDIS®) measures.	Required documentation In the NaviNet Care Gap Response Form, you must attach one of the documents listed below to close each Care Gap.	Exclusion list You may request an exclusion for those Care Gaps indicated below by attaching one of the required documents listed in this column. If "none" is listed, no exclusion can be requested for the Care Gap.
Diabetes eye exam	• Copy of an eye exam report. • Copy of a medical record displaying the date and result of an eye exam.	None
Diabetes microalbumin test	• Copy of a laboratory report. • Copy of a medical record displaying the date and result of a microalbumin test. • Copy of a medical record documenting a visit to a nephrologist, including the visit date. • Copy of a medical record documenting renal transplant, end-stage renal disease (ESRD), or chronic kidney disease (CKD). • Copy of a medication list showing a prescription of angiotensin converting enzyme (ACE)-inhibiting or angiotensin II receptor blocker (ARB) medication.	None
Diabetes HbA1C test	• Copy of a laboratory report. • Copy of a medical record displaying the date and result of an HbA1C test.	None
Members with a diagnosis or medication that requires a diabetes HbA1C screening	• Copy of a laboratory report. • Copy of a medical record displaying the date and result of an HbA1C test.	None
Adolescent well care	Copy of a medical record displaying all of the following: • Date of the visit. • Physical and mental health and development history. • Physical examination. • Health education or anticipatory guidance.	None

Care Gap These correspond to Healthcare Effectiveness Data and Information Set (HEDIS®) measures.	Required documentation In the NaviNet Care Gap Response Form, you must attach one of the documents listed below to close each Care Gap.	Exclusion list You may request an exclusion for those Care Gaps indicated below by attaching one of the required documents listed in this column. If "none" is listed, no exclusion can be requested for the Care Gap.
Chlamydia screening in women	• Copy of a laboratory report. • Copy of a medical record displaying the date and result of a chlamydia test.	• Copy of a medical record indicating a pregnancy test was administered and the member was prescribed isotretinoin (Acutane) within seven days of the test. • Copy of a medical record indicating a pregnancy test was administered and the member had an X-ray within seven days of the test.
Breast cancer screening	• Copy of a mammography report.	• Copy of a medical record documenting bilateral mastectomy, including the date of procedure(s).
Cervical cancer screening	• Copy of a laboratory report. • Copy of a medical record displaying the test date, method of collection, and result.	• Copy of a medical record documenting hysterectomy with no residual cervix.
Lead screening in children	• Copy of a laboratory report. • Copy of a medical record displaying the date and result of the lead test.	None
Well-child visit 3 to 6 years	Copy of a medical record displaying all of the following: • Date of the visit. • Physical and mental health and development history. • Physical examination. • Health education or anticipatory guidance.	None

Care Gap These correspond to Healthcare Effectiveness Data and Information Set (HEDIS®) measures.	Required documentation In the NaviNet Care Gap Response Form, you must attach one of the documents listed below to close each Care Gap.	Exclusion list You may request an exclusion for those Care Gaps indicated below by attaching one of the required documents listed in this column. If "none" is listed, no exclusion can be requested for the Care Gap.
Well-child visit 15 months	Copy of a medical record displaying all of the following: • Date of the visit. • Physical and mental health and development history. • Physical examination. • Health education or anticipatory guidance.	None
Childhood immunization status (CIS) (complete CIS series or any submeasure): • Hepatitis B vaccination series. • Chicken pox vaccine. • Diphtheria/tetanus/ pertussis vaccine (DTap). • Haemophilus influenzae type B vaccine • Measles/mumps/rubella vaccine. • Pneumococcal conjugate vaccine. • Polio vaccine.	• Copy of an immunization record. • Copy of a medical record displaying the date of the immunization.	None

AmeriHealth Caritas®
Care is the heart of our work