

## 2025 Gaps in Care feedback submission process

**For Epic Payer partners**, established Epic Payer Platform connections will automatically share clinical encounter-level and supplemental information with Independence Blue Cross via the Clinical Data Exchange upon the appropriate member match. Therefore, we will not accept or review any additional data submitted from an Epic Payer partner.

### What measures to submit

- Additional information will only be accepted on the following measures:
  - Colorectal Cancer Screening
  - Cervical Cancer Screening
  - Diabetes Eye Exam
  - Kidney Health Evaluation
  - Glycemic Status Assessment\*
  - Osteoporosis Management in Women with a fracture
- Measure-specific guidelines on what will be accepted as appropriate forms of feedback are identified below under **Measure submission guidelines** on page 2. It's imperative that you adhere to these guidelines, as no other data will be accepted.

\* Data will only be accepted in the 4th quarter of each year. If information is supplied prior to October 1, it will not be accepted, and resubmission will be required.

### When to submit data

- We will begin collecting documentation for gap closures in the 2nd quarter of each year. Please hold all gap closure submissions until the 2nd quarter.
- Submissions are only valid for open gaps in the current year.
- The deadline for submission of additional data is **December 19** of each calendar year. If this date falls on a Saturday, the deadline will be the Friday before. If the date falls on a Sunday, the deadline will be the Monday after.
- Data for Glycemic Status Assessment will only be accepted in the **4th quarter** of each year. If information is supplied prior to the 4th quarter, it will not be accepted, and resubmission will be required.

### How to submit data

- **Fax line:** 215-761-0258. The fax **MUST** include a cover sheet with the name of the practice submitting the information, as well as the member ID numbers and care gaps they are trying to close.
- Use Globalscape to submit your information. If you don't already have an established link, please contact [Sheila Burton](#).

## Questions?

Contact your Population Health Specialist or email [pophealthprograms@ibx.com](mailto:pophealthprograms@ibx.com).

## Measure submission guidelines

Measure	Acceptable documentation to submit	Unacceptable documentation – Do NOT submit
<b>CCS</b> <b>Cervical Cancer Screening</b>	<p>Lab reports, progress notes, or consults that contain:</p> <ul style="list-style-type: none"> <li>• HPV testing with a result during the current year or 4 years prior</li> <li>• PAP SMEAR with a result during the current year or 3 years prior</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Evidence of <b>TOTAL</b> hysterectomy/no residual cervix (TAH, TVH, TLH, etc.) on or before the end of the current year</li> </ul> <p><b>Note:</b> Documentation of just “hysterectomy” still requires screening.</p> <ul style="list-style-type: none"> <li>• Most recent progress note in the current year with surgical history, pelvic exam, and ALL Hysterectomy Operative and Pathology reports</li> </ul>	<ul style="list-style-type: none"> <li>✗ Documentation without Name and DOB noted within the record</li> <li>✗ Documentation of “Hysterectomy” without mention of cervical status (i.e., “hysterectomy” in Surgical History only)</li> </ul>
<b>COL</b> <b>Colorectal Cancer Screening</b>	<p>Procedure report, progress notes with dated medical history, consults, or pathology and lab reports that show documentation of:</p> <ul style="list-style-type: none"> <li>• Colonoscopy with result during the current year or 9 years prior (<i>most common</i>)</li> <li>• Flexible sigmoidoscopy or CT colonography with result during the current year or 4 years prior</li> <li>• FOBT result in the current year</li> <li>• Cologuard® (FIT-DNA) with result during the current year or 2 years prior</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• History of colorectal cancer or TOTAL colectomy on or before the end of the current year</li> </ul>	<ul style="list-style-type: none"> <li>✗ Documentation without Name and DOB noted within the record</li> </ul>
<b>EED</b> <b>Eye Exam for Patients with Diabetes</b>	<p>ALL retinal eye exams during the current year and one year prior:</p> <ul style="list-style-type: none"> <li>• Performed by an Eye Care Professional, Qualified Reading Center, or AI Interpretation (e.g., RetinaVue®)</li> <li>• Progress notes, retinal imaging, etc.</li> </ul> <p><b>OR</b></p> <p>Documentation of bilateral enucleation OR absence of both eyes at any time on or before the end of the current year</p>	<ul style="list-style-type: none"> <li>✗ Documentation without Name and DOB noted within the record</li> <li>✗ Refraction/Contacts/Glasses ONLY exams</li> </ul>

Measure	Acceptable documentation to submit	Unacceptable documentation – Do NOT submit
<b>GSD</b> <b>Glycemic Status Assessment</b>	<p>Lab reports, Continuous Glucose Monitoring (CGM), and progress notes/consults indicating date of test and result during the current year:</p> <ul style="list-style-type: none"> <li>• MOST RECENT Hemoglobin A1c in the current year</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• MOST RECENT CGM report in the current year</li> </ul>	<ul style="list-style-type: none"> <li>✗ Documentation without Name and DOB noted within the record</li> <li>✗ Result only with no date of lab test</li> <li>✗ <b>IMPORTANT: Do not submit documentation before the 4th quarter. Only documentation received from October 1 to December 19 of the current year will be reviewed. Any documentation received prior to October will not be accepted.</b></li> </ul>
<b>KED</b> <b>Kidney Health Evaluation for Patients with Diabetes</b>	<p>Lab reports and progress notes/consults indicating date of test and result during the current year:</p> <ul style="list-style-type: none"> <li>• Estimated Glomerular Filtration Rate (eGFR) or GFR (BLOOD LAB)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Urine Albumin-Creatinine Ratio (uACR) (URINE LAB) <ul style="list-style-type: none"> <li>– Urine Creatinine-Albumin Ration Test</li> <li>– Quantitative Urine Albumin Test AND Urine Creatinine Test</li> </ul> </li> </ul> <p><b>OR</b></p> <p>Evidence of a diagnosis of ESRD or dialysis at any time on or before the end of the current year. Submitting one of the following 2 or 3 test combinations meets compliance:</p> <p><b>2 tests (most common):</b></p> <ol style="list-style-type: none"> <li>1. Estimated Glomerular Filtration Rate (eGFR)/GFR (<i>commonly found in BMP/CMP</i>)</li> <li>2. Urine Albumin-Creatinine Ratio (uACR)</li> </ol> <p><b>OR</b></p> <p><b>3 tests:</b></p> <ol style="list-style-type: none"> <li>1. Estimated Glomerular Filtration Rate (eGFR)/GFR (<i>commonly found in BMP/CMP</i>)</li> <li>2. Quantitative Urine Albumin</li> <li>3. Urine Creatinine Test</li> </ol>	<ul style="list-style-type: none"> <li>✗ Documentation without Name and DOB noted within the record</li> <li>✗ Only ONE test submitted (at least 2 or 3 required)</li> </ul>

Measure	Acceptable documentation to submit	Unacceptable documentation – Do NOT submit
<b>OMW</b> <b>Osteoporosis Management for Women who had a fracture</b>	<p>Diagnostic Reports or progress notes during the current year and one year prior that contain:</p> <ul style="list-style-type: none"> <li>• BMD (Bone Mineral Density) tests within 180 days after listed fracture date</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Evidence of an active DISPENSED prescription of an osteoporosis medication within 180 days after listed fracture date</li> </ul>	<ul style="list-style-type: none"> <li>✗ Documentation without Name and DOB noted within the record</li> <li>✗ Just a Medication List. <i>(Evidence it was dispensed is required.)</i></li> </ul>