

Breast Cancer Screening *Checklist*

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Novillus Care Gap Management Application.

#	Required Element	Example(s)	Notes
1	Patient name DOB	“Jane Jones” “1/1/1959”	Two patient identifiers needed for all chart notes.
2	Date of service within acceptable timeframe	<ul style="list-style-type: none"> • “10/1/2018” • “05/2019” • “2020” 	Month must be indicated for DOS in 2018. YYYY can be used for DOS in 2019 or 2020.
3	One of the following:		
Rendered Service:	October 1 (2 years prior to the MY) through December 31		
	Bilateral Mammogram	“Mammogram in 2019”	The following mammograms meet criteria: Screening, diagnostic, film, digital or digital breast tomosynthesis. Mammogram must be complete, not just ordered. Does NOT include biopsies, ultrasounds, or MRIs.
	Unilateral Mammogram with Hx of Unilateral Mastectomy/Absence of Breast	“Left Mastectomy in 2010” or “Right Mammogram in 2017”	Must specify left/right for both events. Documentation in Medical History is acceptable.
Exclusions:	Any time during the member’s history through December 31		
	Bilateral Mastectomy	“History of bilateral mastectomy in 2010”	<ul style="list-style-type: none"> • Breast cancer is not an exclusion. • Mastectomy is an optional exclusion; if mammogram performed within measurement period, it can be submitted for compliance.
	Two Unilateral Mastectomies	“Right mastectomy in 2010, left Mastectomy in 2012”	
	Absence of Both Breasts	“Absence of both breasts”	

Trillium Medicare Advantage is a Coordinated Care Plan (HMO SNP) with a Medicare contract and a contract with the Oregon Medicaid program.



CDC A1C Checklist

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#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Smith" "1/1/1959"	Two patient identifiers needed for all chart notes.
2	HbA1c Lab Test	"Hemoglobin A1c test"	Accepted test names: A1c, HbA1c, HgbA1c, Hemoglobin A1c, Glycohemoglobin A1c, Glycohemoglobin, Glycated hemoglobin, Glycosylated hemoglobin.
3	Date	"11/19/2020"	Test must be the most recent during the measurement year.
4	Result	"6.4%"	<ul style="list-style-type: none"> Result value must be \leq 9%. A distinct numeric result is required, not ranges or thresholds. Result with a black box around a "!" or "Λ" that indicates a high value is accepted as long as there is a clearly visible, unobstructed value.

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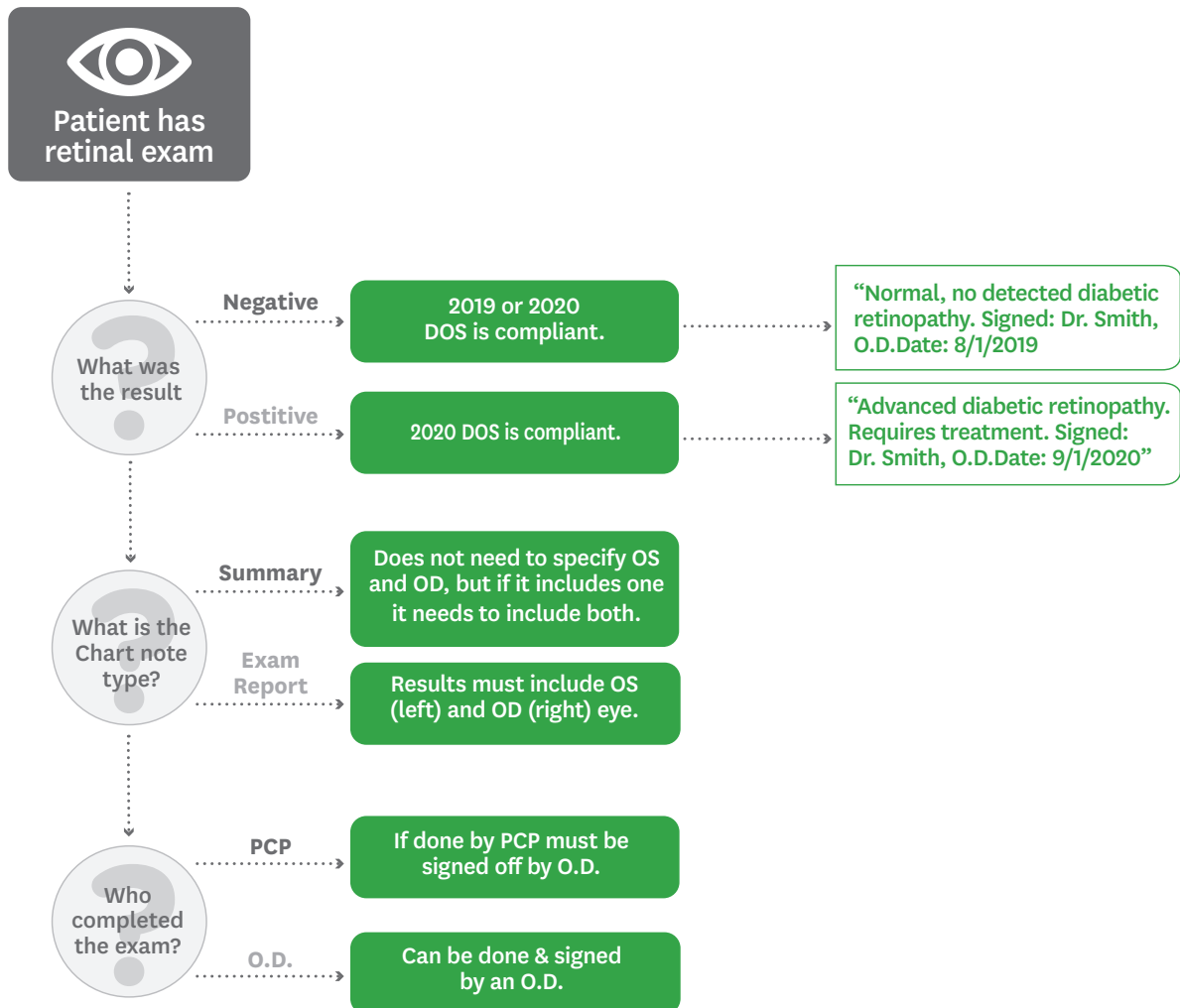
CDC Eye checklist

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#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Smith" "1/1/1959"	Two patient identifiers needed for all chart notes
2	Signed by an optometrist or ophthalmologist	Signed: Dr. Smith, O.D. "Date: 9/1/2020"	<ul style="list-style-type: none"> Eye exam can be done by an optometrist or ophthalmologist and signed or; Can be done by PCP but needs to be signed off by an O.D.
3	One of the following:		
	Negative Result	"Normal, no detected diabetic retinopathy. Signed: Dr. Smith, O.D. Date: 8/1/2019"	<ul style="list-style-type: none"> Prior (2019) or current measurement year (2020). "No diabetic retinopathy or no changes in retinopathy" cannot be included in one sentence to indicate a negative result since it is not specific enough.
	Positive Result	"Advanced diabetic retinopathy. Requires treatment. Signed: Dr. Smith, O.D. Date: 9/1/2020"	Compliant for current measurement year only (2020).
	Bilateral Eye Enucleation	"History of Bilateral Eye Enucleation"	<ul style="list-style-type: none"> Any time in patient history through December 31. Indicates both eyes have been removed. This is not exclusion criteria, and is numerator-compliant.
4	One of the following:		
	Exam Report		Results must include OS (left) and OD (right) eye.
	Summary		Does not need to specify OS and OD, but if it includes one it needs to include both.

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Eye Exam Tip Sheet



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CDC Kidney Checklist

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#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Jones" "1/1/1959"	Two patient identifiers needed for all chart notes.
2	One of the following:		
	Urine Protein Test	"Urine microalbumin test Result: 30 mg Date: 6/1/2020"	Must indicate the date the test was performed and result/finding: <ul style="list-style-type: none"> • 24-hour urine for albumin or protein. • Timed urine for albumin or protein. • Spot urine (e.g., urine dipstick or test strip) for albumin or protein. • Urine for albumin/creatinine ratio. • 24-hour urine for total protein. • Random urine for protein/creatinine ratio.
	ACE/ARB Therapy	"Patient takes 10mg daily Lisinopril Date: 5/1/2020"	Documentation that a prescription for an ACE inhibitor/ARB was: <ul style="list-style-type: none"> • Written during the measurement year. • Filled during the measurement year. • Documentation that the member took an ACE inhibitor/ARB during the measurement year. • ACE/ARB in a medication list dated in the current measurement year.
	Medical Attention for Nephropathy	"Hemodialysis dialysis Treatment in 2020"	<ul style="list-style-type: none"> • Diabetic nephropathy. • ESRD. • Chronic renal failure (CRF). • Chronic kidney disease (CKD). • Renal insufficiency. • Proteinuria. • Albuminuria. • Renal dysfunction. • Acute renal failure (ARF). • Dialysis, hemodialysis or peritoneal dialysis.
	Nephrectomy or kidney transplant	"Kidney Transplant in 2020"	<ul style="list-style-type: none"> • Documentation of a renal transplant.
	Visit with nephrologist	"Patient saw nephrologist on 7/1/2020"	<ul style="list-style-type: none"> • Documentation of a visit to a nephrologist.

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Colorectal Cancer Checklist

This checklist specifies all required elements that need to be present for measure compliance when uploaded to the Novillus Care Gap Management Application.

#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Jones" "1/1/1959"	Two patient identifiers needed for all chart notes.
2	One of the following:		
Rendered Service:	Guaiac Fecal Occult/ Immunochemical Blood Test (gFOBT or FIT)	"Results negative from 3 gFOBT samples on 3/17/2020"	<ul style="list-style-type: none"> • Must be done during current MY. • Results must be included unless in the patient's medical history (results ensure screening was performed and not just ordered). • gFOBT- minimum of 3 samples required if multiple sample test. • FIT- no minimum number of samples. • In-office gFOBT/FIT or digital rectal exam not measure-compliant.
	Fecal Immunochemical Test (FIT-DNA)	"Normal or negative FIT- DNA result on 11/6/2019"	<ul style="list-style-type: none"> • Must be done within the prior two years or current year. • Results must be included unless in the patient's medical history. • The number of samples are not needed to be compliant. • In-office FIT-DNA or digital rectal exam not measure-compliant.
	CT Colonography	"CT Colonography negative Feb.2014"	<ul style="list-style-type: none"> • Must be done within the prior four years or current year. • Results must be included unless in the patient's medical history.
	Flexible Sigmoidoscopy	"Biopsy negative from flexible sigmoidoscopy procedure on 12/10/17"	<ul style="list-style-type: none"> • Must be done within the prior four years or current year. • Results must be included unless in the patient's medical history. • For pathology reports only, evidence it was successfully completed and not aborted.
	Colonoscopy	"Colonoscopy findings Normal or Negative Dec. 2016"	<ul style="list-style-type: none"> • Must be done within the prior nine years or current year. • Results must be included unless in the patient's medical history. • For surgical reports only, evidence it was successfully completed and not aborted.
Any time during the member's history through December 31 (MY)			
Exclusions:	Colorectal cancer	"History of colorectal cancer in 2010"	
	Total colectomy	"Total colectomy in 2012"	

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Rx Medication Reconciliation Post Discharge *checklist*

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#	Required Element	Example(s)	Notes
1	Patient name DOB	"Jane Smith" "1/1/1959"	Two patient identifiers needed for all chart notes
2	State reason for visit	"Post-hospitalization follow up"	Applicable if patient was seen for a TCM visit.
3	In HPI, reference the hospitalization	"I reviewed recent hospitalization"	
4	In the HPI, indicate that records were reviewed.	"Patient hospitalized 1/10/2020 - 1/20/2020" or "Patient was recently hospitalized" or "Patient was discharged this week"	Discharge date and med rec date must be within 31 days including day of discharge.
5	Evidence that the discharge medications were reconciled with most current outpatient medication list	"Medication list reviewed and reconciled with the patient" or "Medication list reviewed and reconciled"	Med rec does not need to be done with the patient present for measure compliance.
6	Current outpatient medication list or a notation of no medications	"No medications were prescribed or ordered upon discharge"	Current OP Rx list is the result of doing the med rec.
7	Signed by an RN, clinical pharmacist, or prescribing practitioner within 31 days of discharge	"Electronically signed by Jane Smith, MD on 1/29/2020"	Med rec can be done by an LPN or MA, but it needs to be signed by one of the listed provider types for measure compliance. Signature must include credentials.

