

# Quality Provider Program: Primary Care

## Allowable Corrections Guide

### General Guidance

- Include a copy of EMR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using [this online tool](#).
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction.
- Each date of service requires separate correction entries, except for kidney health evaluation and the immunization measures.

ADULT CORRECTIONS							
CANCER SCREENINGS	Allowable Correction	Submission Correction Process			Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections	
		Category	Measure	Component			Correction Type
	Breast Cancer Screening						
	Does not fit age criteria	Refer to Other Corrections: Demographics			Date of birth	Mammogram 2024 Date Range: OCT 2022–DEC 2024. <b>Note that:</b>	
	Patient is male				BIRTH sex of patient		
	Unaccounted for mastectomy	Preventive Screening	Breast Cancer Screening	BCS Exclusion	Bilateral Mastectomy   Unilateral Mastectomy: Right   Unilateral Mastectomy: Left	Date of mastectomy (Coding for mastectomy is different prior to 10/1/2015. Please double check the date of mastectomy and select the correct option from the drop-down list in the QDC tool.)	<ul style="list-style-type: none"><li>• When only year is given, <b>use date 12/31/YEAR</b></li><li>• When only month &amp; year is given, <b>use last day of month</b> (e.g., April 2023: 4/30/2023)</li></ul> Breast biopsies, thermography, ultrasounds, and/or MRIs <b>DO NOT COUNT.</b>
	Unaccounted for breast cancer screening			BCS Numerator	Mammography	Date of mammogram	
	Colorectal Cancer Screening <sup>1</sup>						
	Does not fit age criteria	Refer to Other Corrections: Demographics			Date of birth	<b>For any correction with this measure:</b> <ul style="list-style-type: none"><li>• When only year is given, <b>use date 12/31/YEAR</b></li><li>• When only month &amp; year is given, <b>use last day of month</b> (e.g., April 2023: 4/30/2023)</li></ul> <b>In the correction tool, use:</b> <ul style="list-style-type: none"><li>• FOBT for Fecal Occult Blood Test (FOBT) or fecal immunochemical test (FIT)</li><li>• FIT-DNA for Fit DNA or Cologuard test</li></ul> Digital rectal exams or FOBT performed in an office setting <b>DOES NOT COUNT.</b>	
	Unaccounted for total colectomy	Preventive Screening	Colorectal Cancer Screening	Col Exclusion	Total Colectomy		Date of total colectomy
	Unaccounted for colorectal cancer diagnosis				Colorectal Cancer (history of)		Date of diagnosis
	Unaccounted for colorectal cancer screening			Col Numerator	FOBT   FLEXSIG   COLONOSCOPY   CT COLO   FIT-DNA		Date of colorectal screening

<sup>1</sup> Types of colorectal cancer screening:

- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) one or more times during 2024.
- Flexible sigmoidoscopy one or more times from 2020 to 2024.

- Colonoscopy one or more times from 2015 to 2024.
- CT colonography one or more times from 2020 to 2024.
- Fit DNA or Cologuard test one or more times from 2022 to 2024. **NOTE:** FIT and FIT-DNA are different tests.

ADULT CORRECTIONS, CONTINUED							
DIABETES CARE	Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
	A1c						
	Unaccounted for HbA1c <8.0	Chronic Disease	Compre- hensive Diabetes Care	A1c Result	Hemoglobin A1c Result Value: 4.0–20.0	Lab result with report date and A1c value	If the collect date differs from the report date, use the report date. Please note: <ul style="list-style-type: none"><li>An A1c &lt;8 will count towards patient compliance.</li><li>An A1c &gt;=8 will not count toward compliance, but will be used for HEDIS reporting.</li></ul>
	Unaccounted for HbA1c ≥8.0						
	Patient is Not Diabetic						
	Exclusion	Chronic Disease	Compre- hensive Diabetes Care	CDC Exclusion	Not diabetic   PCOS	Chart note supporting correction signed by MD or DO	Select Health will research claims data and approve if acceptable.
	Eye Exam						
	Unaccounted for diabetic eye exam	Chronic Disease	Compre- hensive Diabetes Care	Diabetic Eye Exam	NEG RET   POS RET   NO RESULT	Date of eye exam, name of eye care professional (Ophthalmologist/Optometrist) and result (Normal or Retinopathy)	All eye exams must have a result to count.  If the documentation does not contain the name of the eye care profes- sional, it must state that the exam was read by an ophthalmologist or optometrist. The exception to this requirement is an exam read by AI.
	Kidney Health Evaluation (KED)						
Unaccounted for estimated glomerular filtration rate (eGFR)	Chronic Disease	Kidney Health Evaluation for Patients with Diabetes	KED1 Numerator (1-element entry)	eGFR	Date of test and result	<b>Do not use</b> the nephropathy option under Comprehensive Diabetes Care.  <b>Members must have all three components to be compliant for this measure.</b> All three component can be entered as one correction submission.	
Unaccounted for albumin-creatinine ratio (uACR)			KED2 Numerator (2-element entry)	Urine Creatinine			
			KED3 Numerator (3-element entry)	Urine Albumin			

PEDIATRIC CORRECTIONS							
IMMUNIZATION	Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance” for Standard Requirements)	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
	Immunization: Childhood and Flu						
	Unaccounted for vaccination: DTaP, IPV, MMR, HiB, HepB, VZV, Pneumococcal conjugate, Hep A, Rotavirus, Flu	Immunization	Childhood Immunization	CIS Numerator (1- to 4-dose entry) <sup>2</sup>	<ul style="list-style-type: none"><li>• DTaP</li><li>• IPV</li><li>• MMR</li><li>• HiB</li><li>• Hepatitis B</li><li>• VZV</li><li>• Pneumococcal conjugate</li><li>• Hepatitis A</li><li>• Rotavirus (2-Dose Schedule)</li><li>• Rotavirus (3-Dose Schedule)</li><li>• Influenza</li></ul>	<p><b>(Utah)</b> Intermountain Medical Group clinics enter into iCentra; affiliate clinics enter into USIIS. For corrections documentation, use the Immunization History Report from USIIS, which shows vaccination date.</p> <p><b>(Nevada)</b> Enter missing immunizations into WebIZ, which shows vaccination date, and use it for documenting corrections.</p> <p><b>(Idaho, Colorado)</b> Because Select Health does not receive data feeds from the state immunization records, use the QDC tool for data correction submissions.</p>	<ul style="list-style-type: none"><li>• All doses for childhood immunizations must have occurred on or before the 2nd birthday.</li><li>• Flumist (LAIV) is only acceptable if given on the 2nd birthday.</li><li>• Rotavirus:<ul style="list-style-type: none"><li>— <b>RotaTeq:</b> 3-dose series. <b>Rotarix:</b> 2-dose series.</li><li>— If note says “NOS” or unspecified, they must have a total of <b>3 doses</b> of rotavirus.</li></ul></li><li>• <b>NOTE:</b> A child may be considered complete in a vaccine forecast but not compliant for the measure if they fall behind on the vaccine schedule and <b>only receive:</b><ul style="list-style-type: none"><li>— <b>Three</b> pneumococcal conjugate (PCV) doses by the 2nd birthday</li><li>— <b>Two</b> RotaTeq doses before age 8 months</li></ul></li></ul>
	Immunization: Adolescence						
Unaccounted for vaccination: Meningococcal conjugate, HPV, Tdap (tetanus, diphtheria toxoids, and acellular pertussis)	Immunization	Adolescent Immunization	IMA Numerator (1- to 4-dose entry) <sup>2</sup>	Meningococcal   Tdap   HPV	<p><b>(Utah)</b> Intermountain Medical Group clinics enter into iCentra; affiliate clinics enter into USIIS. Use the Immunization History Report from USIIS for corrections documentation, which shows vaccination date.</p> <p><b>(Nevada)</b> Enter missing immunizations into WebIZ, which shows vaccination date, and use it for documenting corrections.</p> <p><b>(Idaho, Colorado)</b> Because Select Health does not receive data feeds from the state immunization records, use the QDC tool for data correction submissions.</p>	<ul style="list-style-type: none"><li>• <b>Meningococcal:</b> Between 11th and 13th birthday</li><li>• <b>Tdap:</b> Between 10th and 13th birthday</li><li>• <b>HPV:</b> Between 9th and 13th birthday (2-dose minimum 146 days apart)</li></ul>	
SCREENING	Unaccounted for screening: Childhood Lead	Preventive Screening	Lead Screening in Children	LSC Numerator	Assay of Lead	Uploaded documentation of the test date and test result.	Indicate the name of the specific antigen and the date of service.

<sup>2</sup> For immunization combo/series: Four immunization corrections can be submitted at one time. Submit additional correction(s) if more than four correction are needed.

PEDIATRIC CORRECTIONS, CONTINUED						
WELL-CHILD VISITS	Well-Child Visit: 0–15 Months & 15–30 Months					
	Unaccounted for Well Child Visit	Wellness Visit	Well Child Visits <sup>3</sup>	W30 Numerator	Well Care 1–15 Months   Well Care 16–30 Months	Indicating visit with PCP including key well-visit components <sup>4</sup>
	<b>Well Child Visits:</b> 1. When the visit was in the previous year, still use the date of visit (e.g., 12.20.2021 for measure 2022; use 12.20.2021). 2. When the child is 15 months +1 day old, select 16–30 month as the correction type. 3. When the child is 30 months +2 days old, submit a child and adolescent well care visit for 3–11 years. <b>4. Corrections for each visit date must be submitted individually to count.</b>					
	Well-Child Visits: 3–21 years					
	Unaccounted for Well Child Visit	Wellness Visit	Well Child Visits <sup>3</sup>	WCV Numerator	Well-Care Visits 12–17 Years Well-Care Visits 18–21 Years	Indicating visit with PCP including key well-visit components <sup>4</sup>
						Medication checks and sports physicals are only acceptable if components of well child are addressed.

<sup>3</sup> **General rules of a well-care visit:** The office encounter must be identifiable as a well-care or preventive-care visit. Notation of acute or sick care cannot be the primary focus for the visit. Immunizations/preventive lab screenings are allowable providing the encounter includes a provider notation.

<sup>4</sup> **Key required well-care visit components:**

- Date with height and weight and BMI percent or BMI chart with the plotted BMI
- Documentation of counseling for nutrition and physical activity that includes the date and a note indicating **AT LEAST ONE** of the following:
  - A checklist that nutrition and/or physical activity was discussed
  - Note that a handout was given discussing eating habits and physical activity
  - Referral for education for nutrition and/or physical activity
  - Anticipatory guidance specific to the child's nutrition and physical activity habits
  - Weight and obesity counseling

DEMOGRAPHICS							
Correction Type	Allowable Correction	Submission Correction Process				Required Documentation	Notes for Entering Corrections
		Category	Measure	Component	Correction Type		
Date of Birth	Birthday is incorrect in Quality Provider Program Gaps in Care for Download.	Member Detail	Demographics	Date of Birth	Member Date of Birth	<ul style="list-style-type: none"><li>Documentation from EMR</li><li>HIPAA consent form signed by patient requesting change of DOB</li></ul>	Select Health will research claims data and approve if acceptable.
Member Sex	Patient is included in wrong measure based on sex (e.g., patient is male, but included for breast cancer screening.)			Member Sex	Member Sex	Documentation from EMR of patient's birth sex	Select Health will research claims data and approve if acceptable. List measure exclusion if applicable.
Member Name	Member name is incorrect in Quality Provider Program Gaps in Care for Download.	Send member name change request to QPP representative, along with the supporting documentation, to be processed.				<ul style="list-style-type: none"><li>Documentation from EMR</li><li>HIPAA consent form signed by patient requesting name change</li><li>Copy of patient identification with correct name listed</li></ul>	Select Health will review and approve if acceptable.

NO ALLOWABLE CORRECTIONS FOR COMPLIANCE	
Statin Therapy for Diabetes	There is an option in the tool to enter a correction; however, it is not for the QPP measure. The only way for a patient to be compliant in this measure is through a pharmacy claim for a statin; or intolerance codes on a claim during the measurement year, which will remove the individual from the QPP measure.
Medication Adherence: Cholesterol, Diabetes, & Hypertension	The only way for a patient to be compliant in QPP measure is pharmacy claim for RX.
Adult Annual Wellness Visits	The only way for a patient to be compliant in QPP measure is to correct the claim with accepted AWV billing codes (i.e., G0402, G0438, G0439, Codes: 99381-99397).
Maternal Depression Screening	The only way for a patient to be compliant in QPP measure is correct the claim with accepted billing code: CPT96161.

