

P4P Gap Reports FAQ

1. What is the purpose of the gap reports?

- Communicate potential care or measurement gaps to providers as per P4P specifications.
- Assist providers in tracking patients who fall into eligible populations for chronic conditions (i.e. hypertension or diabetes, based on claims, encounter & enrollment data).
- Give providers the opportunity to close gaps by:
 - Verifying identified gaps with internal records.
 - Ordering appropriate services/screenings.
 - o Faxing documentation for specific measures. (See Question #3)

2. How should provider offices use the gap reports?

- Review report patient-by-patient to evaluate potential care gaps.
- Use the IHA P4P Measure Manual for detailed information supporting the Notes/Specifications column in the Gap Report.
- Act on care gaps by either:
 - Ordering appropriate services/screenings.
 - o Faxing documentation for specific measures (See Question #3).
 - o Assessing patient care based on IHA P4P specifications and best-practices.

3. Which measures can be cleared by faxed documentation?

The following measures are highlighted in yellow on the most recent Gap Report.

- Adult BMI Assessment
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Immunizations for Adolescents
- Childhood Immunizations
- Diabetes Care:
 - HbA1c Two Tests
 - Nephropathy Monitoring
 - Eye Exam
 - HbA1C Good Control < 8 **
 - o BP Control (<140/90) **

4. For faxed documentation, what pieces of information are required for submission?

A copy of the primary source where the patient information was documented is ideal. The documentation should state:

- Patient's first & last name, DOB
- Evidence of service completed
- Corresponding date of the service

5. Do I need to fax documentation for the High-Risk Medication measure?

No, this measure is gathered from prescription data from the delegated health plans. The purpose of including this in the Gap Reports is to provide awareness that one of your patients is on a high-risk medication and patients should be evaluated regularly.

^{**}Note: For HbA1C Good Control and BP Control (<140/90), offices should submit the **latest** test/reading of the measurement year. The measurement year ends on 12/31/2017.