

# Quality Provider Program: Women's Health

## Allowable Corrections Guide

### General Guidance

- Ensure you have this information available **before you begin**:
  - **From your patient Electronic Health Record (EHR):**
    - Patient EMPI (found on gap list) and/or Member ID from your EHR
    - Important dates, including last menstrual period (LMP), estimated due date (EDD), delivery date/date of pregnancy loss
    - Provider Name and NPI
    - Electronic copy of screening instrument documentation
  - **From your Select Health Women's Health Dashboard and Website:**
    - Current Open Gap List
    - Quality Data Correction (QDC) Instruction Manual
    - Women's Health Measure Booklet
- Submit corrections using [this online tool](#). Be sure to:
  - Include a copy of EHR note, progress note, lab note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
  - 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.
- **Tips for success:**
  - If not sending electronically, enter screening as soon as possible (recommended daily).
  - Review Gap List on a regular cadence (weekly recommended as best practice).
  - **Avoid a HIPPA Violation:** Do not attach multiple patient records to a single submission.

**NOTE:** Guidance for pregnancy screening measures and chlamydia screening appear below and on the following pages. **For all other Women's Health measures**, manual corrections are allowed. Please contact your Quality Provider Performance Representatives for more information ([QualityProvider@selecthealth.org](mailto:QualityProvider@selecthealth.org)).

### ALLOWABLE CORRECTIONS FOR THE PREGNANCY SCREENING MEASURES

Use the Quality Data Correction (QDC) tool to submit completed screenings for the Prenatal Depression Screening (PND-E), Postpartum Depression Screening (PDS-E), and Substance Use Disorder Screening (SUD) measures for all screenings not sent via electronic transfer. Corrections and/or gap closure may also be communicated using the Quality Data Correction (QDC) tool.

Supporting documentation is required and **must** include the following:

- Patient name and date of birth
- Name of screening instrument administered
- Date of completed screening
- Total score of administered screening instrument
- Name, credentials, and signature of instrument administrator
- Types of screening instrument documentation accepted:
  - EHR History and Physical
  - EHR Provider Note
  - EHR Progress Note
  - Obstetric Flow Chart
  - Completed Screening Instrument (submitted as PDF, PNG, or screen shot)

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Prenatal Depression Screening (PND-E) and Postpartum Depression Screening (PDS-E)						
Allowable Correction	Submission Correction Process					
	Category	Measure	Component	PREG BH* Screening Date	PREG BH* Numerator Type 1	Required Documentation (see “General Guidance for Standard Requirements”) PREG BH* Screening Value
Unaccounted for Prenatal or Postpartum Depression Screening	Women's Health	Pregnancy Screenings (BH and SUD)	PREG BH* Numerator	Date of screening instrument completion	Select 1: <ul style="list-style-type: none"><li>• EPDS</li><li>• PHQ2</li><li>• PHQ9</li></ul>	Enter total score from completed screening instrument
Substance Use Disorder Screening (SUD)						
Allowable Correction	Submission Correction Process					
	Category	Measure	Component	PREG SUD** Screening Date	PREG SUD** Numerator Type	Required Documentation (see “General Guidance for Standard Requirements”) PREG SUD** Screening Value
Unaccounted for Substance Use Disorder Screening	Women's Health	Pregnancy Screenings (BH and SUD)	PREG SUD** Numerator	Date of screening instrument completion	Select 1: <ul style="list-style-type: none"><li>• NIDA</li><li>• 4P</li><li>• CAGE_AIM</li><li>• TAPS</li><li>• CRAFT</li></ul>	Enter total score from completed screening instrument

\* Pregnancy Behavioral Health  
\*\* Substance Use Disorder

Chlamydia Screening (CHL)						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see “General Guidance for Standard Requirements”)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
Unaccounted for Chlamydia Screening	Preventive Screening	Chlamydia Screening	CHL Numerator	Chlamydia Culture	Date of result and result value of chlamydia screening	The National Committee for Quality Assurance (NCQA) does not allow exclusions for abstinence or monogamy.

## FAQS FOR SCREENING MEASURES ALLOWABLE CORRECTIONS

**Q: What are the most common reasons for submission rejection?**

**A:** Common reasons for rejection include:

- Specific screening tool was not identified in supporting documentation
- Supporting documentation does not include screening tool total score
- Not assessed with age-appropriate screening tool
- Missing patient identifier(s)
- Gap closed with documentation of earlier screening

**Q: What are typical measure-specific rejections?**

**A:** Common measure-specific rejections include:

- **Prenatal:** Screening must be within 1 day of start or end of pregnancy.
- **Postpartum:** Screening must fall 7–84 days after delivery date.
- **Substance Use:**
  - Screening must be within 1 day of start or end of pregnancy.
  - Documentation is missing tool administrator credentials.

**Q: Are there exclusions for transfer of care or pregnancy loss?**

**A:** Not currently. Encourage best practice of tracking these internally.

**Q: Is the PREG BH Screening Val field required even if the result total is zero?**

**A:** Yes. This prevents creating a submission with missing results and duplication of work. The score also determines denominator of the follow-up measure.

**Q: Are other depression screening tools eligible for credit?**

**A:** Yes. A list of eligible screening tools can be found in the [Measure Booklet](#). Please let your QPP team know if your organization uses one of these screening tools.