### HEMOGLOBIN A1C DATA GAP CLOSURE PROGRAM USER GUIDE



# **FIRST STEPS**

# Access EQUIPP<sup>®</sup> via your established method or by visiting equipp.pharmacyquality.com





# **HEMOGLOBIN A1C SCREEN**

		Osupport	🔲 Message (	Center		<b>—</b>		NPI: NCPDP:			
~	Select a provider	▼ Select	a Documentation Status	- A				<b>()</b>			
<b>1</b>	Hemoglobin A1C · B \$0.00 of \$18										
é			-					Search by first or last name Q			
٢	Last Name	,	First Name	Date of Birth	Compensation	Payer Program	A1C	Documentation Status			
	BONILLA		ALEXANDRI	11/28/1977	•	Health Plan Program	9.0	Completed			
	CAINE		ILA	01/26/2010	• 🕒	Health Plan Program	6.3	Completed			
	DAVIDSO	N	LYNDA	03/14/1990	0	Health Plan Program	N/A				
	FESSLER		CHUNG-WEI	07/25/1978	0	Health Plan Program	N/A	Not Started			
Q								Items per page: 10 ▼ 1-4/4 < >			

# On the Hemoglobin A1C page, view your pharmacy's list of patients who are eligible for A1C testing through the A1C program. You can:

Select the payer you wish to view opportunities for from the drop-down menu.

- Click the arrow next to "Hemoglobin A1C" to access links for A1C program guides.
  - Patient conversation resource guide
  - Additional program information
- $\mathbf{C}$

#### Track your progress towards the maximum payout for your pharmacy.

At the far right of the patient's row is the "Documentation Status"

- Completed: A1C testing already documented
- Not Started: patient eligible for paid reading, but documentation has not been started.
- Click the pencil next to the status to access the patient documentation popup.
- Patients with an "already completed" will be highlighted with a green check.
  - Number of Patients and Page Navigation

This screen defaults to ten patients per page. Toggle to increase the number of patients per page. Click the arrows at the bottom of the page to navigate between pages.



# **DOCUMENTATION STEPS**

- 1 Select yes or no depending on if you were able to test patient and review results.
- 2 Provide Intervention method, additional documentation, Date of A1C point of care testing, results, and documenting provider.

- 3 Once you have completed these questions, read the attestation and check the box, enter your name, and click "Save and Sign."
- 4 The patient documentation status will change to "Completed" and their A1C number will show, if applicable.

A1C point of care test was taken in the pharmacy and the res	ults were reviewed with the patient
◯ Yes	
○ No	
Intervention: *	
Medications reviewed	
Reviewed side effects from medications	
Assessed medication adherence	
Discussed diet and/or exercise	
Discussed statin therapy	
Discussed retinal eye exam	
Assessed needs for immunizations	
Other	
Additional Documentation	
Date of A1C point of care testing *	
Choose a date *	-
	•
MM/DD/YYYY	
MM/DD/YYYY A1C result *	ı.
MM/DD/YYYY A1C result * Enter a value *	E.
MM/DD/YYYY A1C result * Enter a value * Range: 2-15	Ľ
MMUDD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by *	Ľ
MMUDD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by *	Ľ
MMUDD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by *	
MMUDD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD O RPh O CPhT	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD O RPh O CPhT O RN	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD O RPh O CPhT O RN O RD/RDN	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD O RPh O CPhT O RN RD/RDN O Other	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD O RPh O CPhT O RN RD/RDN O Other Name of documenting provider *	
MMUDD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD PharmD O RPh O CPhT RN RD/RDN O Other Name of documenting provider *	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD O RPh O CPhT O RN RD/RDN O Other Name of documenting provider *	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * O PharmD RPh O CPhT RN RD/RDN O Other Name of documenting provider *	
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * PharmD PharmD PharmD Phr PharmD Phr	tion, I attest (1) that the medical observations I made when I evaluate observations I made when a variable observations I made when a variable ubject me to Fraud, Waste, or Abuse
MM/DD/YYYY A1C result * Enter a value * Range: 2-15 A1C documented by * PharmD PharmD PharmD CPhT RN CPhT RN RD/RDN Other Name of documenting provider * Sy checking here and signing and completing this document record entry and notations provided herein accurately reflect the above listed beneficiary and (2) this information is true, a falsification, omission, or concealment of material fact may s	tion, I attest (1) that the medical observations I made when I evaluat courate and complete and any ubject me to Fraud, Waste, or Abuse

Compensation	Payer Program	A1C	Documentation Status
٢	Health Plan Program	9.0	Completed

If you wish to view details of a patient's documentation at a later time, click on the patient's name or on the status of 'Completed' to view the record.

