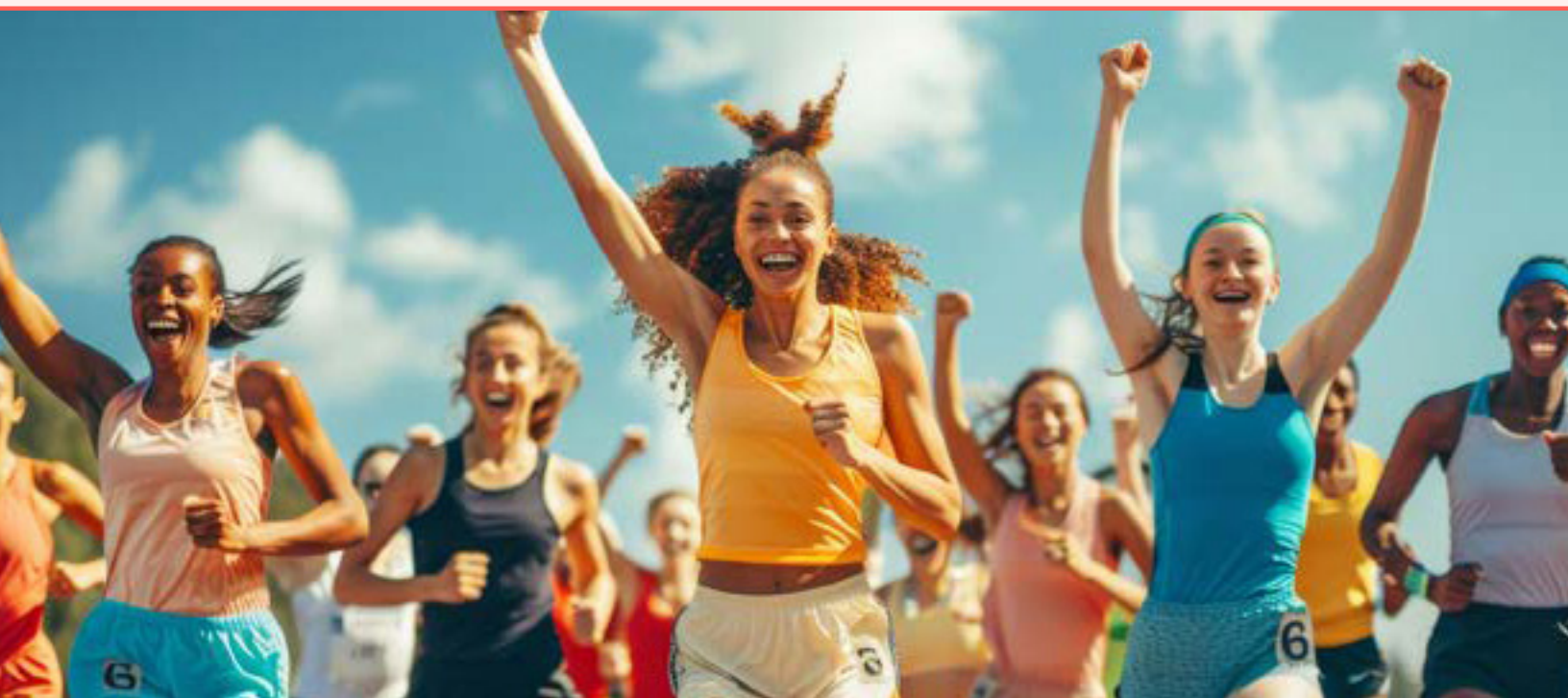


Select Health Quality Provider Program

CHLAMYDIA SCREENING

2026 Quality Measure Reference Guide



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Related Quick Links

- [Women's Health Measures Quick Guide](#)
- [Report Hub Instructions: Basic User](#)
- [Formatting a Gaps List in Excel](#)
- [Demographic Allowable Corrections](#)
- [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#)



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Measure Description

Chlamydia Screening in Women (CHL)

Description	The percentage of women ages 16–24 identified as sexually active who had at least 1 test for chlamydia during the measurement year
Denominator	Members ages 16 to 24 (any time in the measurement year) who have been identified as sexually active through the use of claim/encounter data and pharmacy data during the measurement year
Numerator	Members in the denominator who had one or more preventive chlamydia screening(s) during the measurement year
Measurement Period	January 1 through December 31 of the measurement year
Exclusions	<ul style="list-style-type: none"> • A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or within the 6 days after the pregnancy test • A pregnancy test during the measurement year and an X-ray on the date of the pregnancy test or within the 6 days after the pregnancy test • Members who were assigned male at birth or at any time in their history
Corrections Allowed	<p>Copy of electronic health record (EHR) note or progress note signed by provider indicating the result and result date of the screening. This can be the actual screening report or documentation by the provider in the medical record.</p> <p>NOTE: The National Committee for Quality Assurance (NCQA) does NOT allow exclusions for abstinence or monogamy.</p>

Allowable Corrections

General Guidance

Have this information available before you begin:

- **From your patient EHR:**

- Patient EMPI (found on gap list) and/or Member ID from your EHR
- Provider Name and NPI
- Electronic copy of screening 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 MD including member name, DOB, and provider.
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Each date of service requires separate correction entries
- Don’t attach multiple patient records to a single correction.

- **Tips for success:**

- Review gaps list on a regular basis (weekly is best practice).
- **Avoid a HIPPA Violation:** Do not attach multiple patient records to a single submission.

NOTE: Guidance for chlamydia screening appears below. **For all other Women’s Health measures**, manual corrections are **NOT** allowed. Please contact your Quality Provider Performance Representatives for more information (QualityProvider@selecthealth.org).

Allowable Corrections for the Chlymedia Screening Measure

Use the Quality Data Correction (QDC) tool to submit completed screenings for the chlamydia preventive screening measure.

Required supporting documentation must include:

- Patient name and date of birth
- Date of complete screening result
- Positive or negative screening result
- Name, credentials, and signature of instrument administrator
- Screening instrument documentation accepted:
 - EHR history and physical
 - EHR provider note
 - EHR progress note
 - Obstetric flow chart
- Laboratory documentation

CHLAMYDIA SCREENING (CHL)						
Allowable Correction	Submission Correction Process				Additional Required Documentation*	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.

* See “General Guidance” on [page 3](#) for Standard Requirements.

Frequently Asked Questions

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 administrator credentials.
- Submitted member is not within age range.

Working Your Open Gaps List

STEP 1
<p>Create a current gaps-in-care list:</p> <ol style="list-style-type: none"> 1. Open your Gaps-in-Care-for-Download report: QPP Report Hub 2. Apply these filters: <ul style="list-style-type: none"> — Super clinic: Choose your clinic. — Measure: Click on “Chlamydia Screening (CHL).” — Status: Unclick the “Compliant” box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from “Member” to “Download.” 4. Follow the instructions on the screen to export the data to Excel. <p>Refer to Report Hub Instructions: Basic User.</p>
STEP 2
<p>Format your Excel export. (Refer to Formatting a Gaps List in Excel.)</p>
STEP 3
<p>Review tips for working your gaps-in-care list (on page 6).</p>

Measure Information

Because chlamydia can present without symptoms, it is critical that all women ages 16–24 be tested for chlamydia annually, especially if they are prescribed birth control. The primary care provider’s language around educating members is key to their compliance and engagement with this screening.

For this measure:

- The beginning of the calendar year is the measurement start date.
- The end of the calendar year is the measurement end date.
- Any testing completed before or after the measurement year will NOT count as compliance for this measure.

If your team hasn’t already done so, please implement these best practices:

- Make sure the correct urine or pap smear labs are built into your provider order sets.
- Document screening results in the EHR using a coded field, and share the results electronically with Select Health.

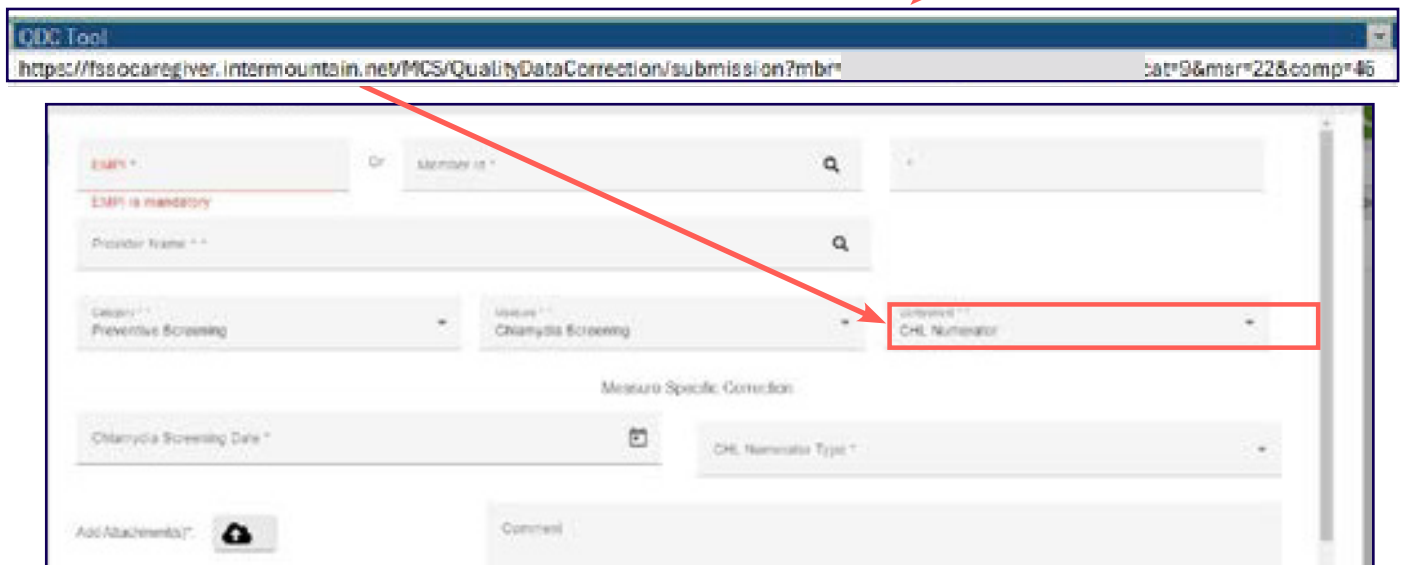
NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

Member	Birth Date	Age	Line of Business	Measure Name
Last Name, First Name	XX/XX/XXXX	24	MEDICAID - UTAH - LEGACY	CHL
Last Name, First Name	XX/XX/XXXX	23	COMMERCIAL	CHL
Last Name, First Name	XX/XX/XXXX	23	COMMERCIAL	CHL
Last Name, First Name	XX/XX/XXXX	22	COMMERCIAL	CHL
Last Name, First Name	XX/XX/XXXX	20	MEDICAID - UTAH - LEGACY	CHL
Last Name, First Name	XX/XX/XXXX	18	MEDICAID - UTAH - LEGACY	CHL
Last Name, First Name	XX/XX/XXXX	18	COMMERCIAL;MEDICAID - UTAH - LEGACY	CHL

Working Open Gaps List, Continued

Tips for Working your Gaps-in-Care List

1. Develop clinic-wide protocols to use standard orders for preventive testing.
2. Create standard orders for chlamydia screening on all pertinent visit types for:
 - New pregnancy
 - Annual wellness
 - Cervical cancer screening
 - Request for birth control or follow up
 - Any visit where a pregnancy test will be performed
3. Develop a payer-agnostic approach to screening and quality.
4. Document in coded fields to improve charge capture and reporting.
5. Be proactive by scheduling annual wellness visits.
6. Use opt-out conversations to bridge the gap of stigma around STI testing. The language around educating patients is key to their compliance and engagement with this screening. Emphasize that:
 - Screening is routine for everyone, just like flu shots or blood pressure checks.
 - Getting screened is not contingent on sexual history or any specific risk factors.
 - Providers are happy to explain standard of care to parents and ensure privacy in delivering results.
7. Enter corrections by:
 - Accessing the [Quality Data Corrections \(QDC\) Tool](#)
 - Using the link(s) provided in the downloaded Gapsin-Care Excel file to have member and measure information prepopulated



Learn More

Refer to the [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#) for more information.

Corrections Pro Tip

Please wait 6 weeks from the date of service before determining if a correction is needed. This allows time for claims to be processed, ultimately ensuring that only needed corrections are submitted.

Resources:

American College of Obstetricians & Gynecologists. Opioid Use and Opioid Use Disorder in Pregnancy, Committee Opinion No. 711. August 2017. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>. Accessed February 11, 2026.

New York State Department of Health: Office of Addiction Services and Supports. Screening and Testing for Substance Use in Pregnancy. April 2025. <https://www.health.ny.gov/diseases/aids/consumers/prevention/oduh/docs/21749.pdf>. Accessed February 11, 2026.

Best Practices: Closing Gaps in Care

To help close gaps in care:

- Develop protocols that include standard order sets for preventive chlamydia testing.
- Ensure chlamydia screening for female patients aged 16–24 years, including those who turn 16 during the year or age 25 by year's end.
- Prior to screening, educate patients that chlamydia is often asymptomatic and can harm fertility and fetal health, yet it is easily treated once detected.
- Hold opt-out conversations to decrease stigma and increase compliance with preventive screening.
- Work with billing departments and outsourced laboratories on appropriate billing codes that satisfy the HEDIS measure.

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.