

HEDIS FAX BACK TIP SHEET

PURPOSE OF THIS FORM:

This form allows providers to submit evidence of one or more of the following services, which include well child visits (, W30 and WCV), postpartum visits (PPC2), prenatal visits (PPC1), diabetes testing (HBD, EED, BPD, KED), youth immunizations (CIS), and/or lead testing (LSC) where a claim cannot be generated for a service. This information is used in calculating HEDIS-based performance rates for participating MDwise providers. **Note: if a claim can be submitted for the service(s), please submit the claim(s) rather than this form.**

HOW TO FILL OUT THE FORM: (* Means the information is required)

Provider Name & NPI* – Please provide the name and NPI for the provider who rendered the services.

Office Contact* – Please provide the name of someone at the office we can contact if there are questions or issues.

Phone* & Email address – Please provide the contact information for the individual who is listed as the office contact.

Member Name* – Please provide the name of the member for whom this form is being submitted.

MID* – Please provide the member's MID number.

DOB* – Please provide the member's DOB.

Date* – Please provide the date for which documentation is being submitted to meet the measure.

WHAT DOCUMENTATION TO SUBMIT:

Option One – If a claim was submitted to another payer for this service (but not to MDwise), submit a copy of the superbill for that service (rather than medical record documentation).

Option Two – If a claim cannot be generated and there is no superbill for the service, submit medical record documentation demonstrating that the required components were provided. See instructions on the [HEDIS Fax Back Form](#).

Note: despite which option you choose, the documentation of services provided must include:

- Date of visit/test AND
- Member name AND
- Date of birth or MID AND
- Name of the provider who performed the services AND
- Date of delivery (for postpartum only).
- Estimated date of delivery (for prenatal only).

EXTRA TIPS:

- Please only submit one form per member.
- If possible, submit a superbill instead of the member's medical record.
- When submitting a medical record, try to highlight the information in the office note that meets the required components for that measure.