

HEDIS Fax Back Form

This form allows providers to submit evidence of services provided where a claim cannot be generated for a service. This information is used in calculating HEDIS-based performance rates for participating MDwise providers.

- IF A CLAIM SHOULD BE SUBMITTED FOR THIS SERVICE, SUBMIT A CLAIM RATHER THAN THIS FORM.

Provider Name: _____ Provider LPI: _____

Office Contact: _____ Phone: _____ Fax: _____

Member Name: _____ Rid: _____ DOB: _____

Instructions:

1. Indicate one or more of the following:

- AWC: Date of well child visit for which documentation is being submitted: ___/___/____.
- W34: Date of well child visit for which documentation is being submitted: ___/___/____.
- W15: Date of 0-15 month well child visit(s) for which documentation is being submitted:
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
- PPC: Date of Postpartum visit for which documentation is being submitted: ___/___/____.
 If member did not experience a live birth between November 6 of 2017 and November 5 of 2018, please check this box
- AAP*: Date of service for which documentation is being submitted: ___/___/____.
- LSC: Date of lead screening for which documentation is being submitted: ___/___/____.

2. Documentation of services provided must include:

- Date of visit
- Member name
- Date of Birth
- Provider name who performed the services

3. 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).
4. 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.

*** Please note that only superbills will be accepted for the AAP measure. Any medical records submitted will automatically be denied.**

Provider/Office Representative Signature: _____ Date: ___/___/____

PLEASE SUBMIT YOUR COMPLETED FORM ALONG WITH ALL SUPPORTING DOCUMENTATION TO:

(877) 822-7189 or faxback@mdwise.org