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 the three well child visits (W15, W34 and AWC), post partum visit and/or lead test 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 & LPI* – Please provide the name and LPI 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* & Fax – 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.
RID* – Please provide the member’s RID 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.

• Required components of a well child visit include:
  o A health and developmental history (physical and mental) AND
  o A physical exam AND
  o Health education/anticipatory guidance.

• Required component(s) of a post partum visit include:
  o A pelvic exam OR
  o Evaluation of weight, breasts (or breast feeding), BP and abdomen OR
  o A notation of “post partum exam.”

• Required component of a lead test include:
  o A copy of the lab report with result.

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 RID AND
• Name of the provider who performed the services AND
• Date of delivery (for post partum 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.