

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:
 - A health and developmental history (physical and mental) **AND**
 - A physical exam **AND**
 - Health education/anticipatory guidance.
- Required component(s) of a post partum visit include:
 - A pelvic exam **OR**
 - Evaluation of weight, breasts (or breast feeding), BP and abdomen **OR**
 - A notation of "post partum exam."
- Required component of a lead test include:
 - 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.