

# MY2021 Prospective Fax Cover Sheet



27180

Johns Hopkins HealthCare LLC  
Quality Improvement Department  
7231 Parkway Drive  
Hanover, MD 21076  
Phone: 410-424-4943  
Fax: 410-424-4882



**JOHNS HOPKINS**  
MEDICINE  
JOHNS HOPKINS  
HEALTHCARE

## PLEASE PRINT CLEARLY

**Return this form with the corresponding Medical Record information**

To Fax: 410-424-4882

**(Please be sure to include a fax cover sheet with any fax that contains PHI)**

The information supplied is used as claims supplemental data to update and remove the member from the Opportunity Report or Member Gaps in Care Report

Date Sent:

**Indicate the Health Screenings Services by filling in the appropriate circles:**

**Date of Birth** must be on the medical record. Member's age is not considered date of birth.

For information on what to send as supplemental data please refer to the Provider Tip Sheet

- |  |  |
|--|--|
| <input type="checkbox"/> Adolescent Immunizations  | <input type="checkbox"/> Breast Cancer Screening (BCS)                   |
| <input type="checkbox"/> Cervical Cancer Screening<br>(Pap Smear or Total Hyst. cervix absent) | <input type="checkbox"/> Childhood Immunizations                         |
| <input type="checkbox"/> Colorectal Screening  | <input type="checkbox"/> Diabetic Eye Exam (date done and retina status) |
| <input type="checkbox"/> Diabetes-HbA1C  | <input type="checkbox"/> HPV in Adolescents                              |
| <input type="checkbox"/> Postpartum  | <input type="checkbox"/> Transitions of Care (Medicare ONLY)             |
|  | <input type="checkbox"/> Weight Assessment and Counseling in Children    |

**Please Print Members Name: (Last Name First Name)      Print Date of Birth**

Format:  
00/00/0000

Please send medical records for the following health plans:

- Priority Partners    • EHP    • USFHP    • JH Advantage MD

**Date of Service**

**Provider's Office Name**

**Phone Number**

**Fax Number**

(This information collected is used in case additional information is needed to remove member off the opportunity list or to provide feedback when documentation is not sufficient)

Once information is received and processed, please allow approximately 2 months before the member will be removed from your Opportunity Report or the Gaps in Care Report.

**Please make sure the the member's name and date of birth are on the medical record. Member's age is not considered date of birth.**