

## 2011 DATA SUBMISSION FORM

### About Submitting Data Updates

It can take several months from the date of service for a claim to move through all the steps necessary to be included in an Actionable Report. **If a service has been provided recently (within the last three months), you don't need to submit a data update.** These recently provided services will show up on your next report.

- Single year measures include Diabetes Management, Asthma Management, Preventive Visits, and Depression. All services for single year measures must be provided during the current calendar year. **Services provided prior to the current calendar year will not impact your year-end payout, so there is no need to submit a data update.**
- For multi-year measures, please pay close attention to the timing of the services. **Services provided too long ago will not impact your year-end payout.** Again, services provided too recently will not have had enough time to be included in the Actionable Reports. In both cases, completing a Data Submission Form will have taken up your valuable time and will not have improved compliance with the criteria.

Please submit one form for each patient and print clearly. Fax completed Data Submission Form(s) and any supporting documentation to OhioHealth Group at 614-566-0415. OhioHealth Group will update the information for your patient(s) to accurately reflect their clinical status. This update will be reflected on your next Actionable Report.

### Asthma and GERD

Because some plans do not provide prescription data, claims data for asthma and GERD may be incomplete. If you have written a prescription for long term control of asthma or a generic PPI in 2010 and it does not appear on your Actionable Report, please submit a Data Submission Form indicating this.

### Colorectal

Data for colorectal measures may not include information on services provided prior to 2006. If your patient has had a colonoscopy in the last nine years but prior to 2004 for OhioHealth, 2005 for Aetna, 2006 for CIGNA or 2008 for MMO please indicate this on the Data Submission Form.

### Removing a Patient

Claims history was used to attribute patients to individual physicians. If you are certain a patient is no longer yours, indicate that the patient has transferred, been released from your practice, or expired, and the patient will be removed from your future Actionable Reports. You must indicate the date the patient was transferred, released, or expired in order for the update to be processed.

### Patient Not Eligible

If a patient is not eligible for service (i.e. a mammogram because of previous mastectomy, or a pap because of a previous hysterectomy), please indicate the date of the surgery on the Data Submission Form, and the patient's status will be corrected for your next Actionable Report.

Fax completed form to OhioHealth Group at **614-566-0415**.

Over

## ACTIONABLE REPORT – 2011 DATA SUBMISSION FORM

GENERAL			
<b>1</b>	<b>Doctor's Name</b> as it appears on report:		
<b>2</b>	<b>Patient's Name</b> as it appears on report:		
<b>3</b>	<b>Name</b> of person to call if we need additional information:	Contact Phone:	
DATA UPDATE			
<b>4</b>	<b>Colorectal Cancer Screening</b> See Clinical Guidelines at <a href="http://www.theMGO.com">www.theMGO.com</a> for details on time frames.	Date Service Provided	____/____/____
<b>5</b>	<b>Breast Cancer Screening</b> Service must have been provided in 2010 or 2011.	Date Service Provided	<b>OR</b> Patient Not Eligible Date of Mastectomy  ____/____/____
<b>6</b>	<b>Cervical Cancer Screening</b> Service must have been provided in 2009, 2010, or 2011.	Date Service Provided	<b>OR</b> Patient Not Eligible Date of Hysterectomy  ____/____/____
<b>7</b>	<b>Gastroesophageal Reflux Disease</b> Generic prescription must have been written in 2010 or 2011.	Date Service Provided	____/____/____
<b>8</b>	<b>Diabetes HbA1C</b> Service must have been provided in 2011.	Date 1 <sup>st</sup> Service Provided	Date 2 <sup>nd</sup> Service Provided ____/____/____
<b>9</b>	<b>Diabetes LDL</b> Service must have been provided in 2011.	Date Service Provided	____/____/____
<b>10</b>	<b>Diabetes Nephropathy</b> Service must have been provided in 2011.	Date Service Provided	____/____/____
<b>11</b>	<b>Asthma</b> Prescription must have been written in 2011.	Date Prescription Written	____/____/____
<b>12</b>	<b>Preventive</b> Service must have been provided in 2011.	Date Service Provided	____/____/____
<b>13</b>	<b>Depression</b> Service must have been provided in 2011.	Date 1 <sup>st</sup> Service Provided	Date 2 <sup>nd</sup> Service Provided ____/____/____
NOT MY PATIENT			
<b>14</b>	<b>Patient transferred records to another practice</b>	Date of Transfer	____/____/____
<b>15</b>	<b>Patient released from practice</b>	Date of Release	____/____/____
<b>16</b>	<b>Adult patient not in pediatric panel</b>	Date of Birth	____/____/____
<b>17</b>	<b>Patient expired</b>	Date of Death	____/____/____