

Anthem Blue Cross MY2023 Medical Record Submission Form

Member Name: _____

Member D.O.B.: _____

Provider Name: _____

Provider NPI: _____

Provider contact person: _____

Provider Phone: _____

Check the type of record being submitted:

Record must include Member Name, Date of Birth, Date of Service, Test and Result.

- Cervical Cancer Screening – PAP test only (1/2021 through 12/2023)
- Cervical Cancer Screening – PAP + HPV test (1/2019 through 12/2023)
 - **Members must be 30 years or older at time of test.**
- Cervical Cancer Screening – HPV test only (1/2019 through 12/2023)
 - **Members must be 30 years or older at time of test.**
- Cervical Cancer Screening – Total Hysterectomy or other absence of cervix procedures
- Breast Cancer Screening– bilateral mammogram (10/2021 through 12/2023)
- Breast Cancer Screening – History of Double Mastectomy
- Comprehensive Diabetes Care- A1c Results (01/2023 through 12/2023)

Under approval from Anthem HEDIS Program Managers, Anthem will accept:

- Well-Child Visits in the First 30 Months of Life (Children who turned 15 and 30 months old during measurement year.)

***Please work with Julie Atchley and Kerry Brown on this measure. Only submit dates of service NOT listed on provided W30 report.

Attn: The Medical Record must be attached to this form.

Please only send records where claims were not submitted by your organization, for example, a PAP test done at Planned Parenthood. Only Mammograms, Mastectomy history, PAP tests and total or complete Hysterectomy documentation will be accepted. Please do not send any other records, they will not be reviewed, and you will not receive any credit for them.

Fax this cover sheet along with the compliant medical record to: (855) 325-5439

If you have further questions about this form or records you want to submit, please reach out to: Julie Atchley, Clinical Quality Program Manager (Julie.Atchley@Anthem.com) or Kerry Brown, Clinical Quality Program Manager (Kerry.Brown@Anthem.com).