HISTORICAL DATA FORM

Historical Data Form:

The Historical Data form found on the following page is for submissions of visits, procedures or services to close quality gaps in care as reflected on the Preventative Care Rosters that cannot be submitted via claims or encounters (e.g. services received prior to IEHP Membership, historical surgical procedures, etc.). Any form submitted without appropriate proof of service documentation or any form that doesn’t include Member name, DOB and date of service will NOT be processed.

Lab/radiology results for Members active with IEHP on the date of the test from the following sources do not require submission as IEHP receives this information directly:

<table>
<thead>
<tr>
<th></th>
<th>LabCorp</th>
<th>RadNet</th>
<th>Quest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Loma Linda</td>
<td>ARMC</td>
<td>RUHS</td>
</tr>
</tbody>
</table>

Monthly Submission Status Report:

A monthly status report is sent to the Provider Fax Number on record at IEHP for the previous month’s submissions. For example: The monthly status report sent on February 25th would include all provider submissions received by IEHP during the month of January.

Recommended Actions:

1. Regularly review the IEHP Preventative Care Rosters at https://providers.iehp.org to confirm data has been received by IEHP and showing a status of “compliant”. A green checkmark (☑) indicates that IEHP has received records confirming the Member has completed the needed screening, lab, or immunization.

2. Please allow up to 4 months processing time for data submitted via claims/encounters, lab results, or the Historical Supplemental Data process to reflect on the IEHP Provider Portal Preventative Care Rosters at https://providers.iehp.org.

3. Prior to submitting data using the Historical Data Form, review the Preventative Care Rosters on the IEHP Provider Portal to confirm IEHP has NOT received the data previously. Duplicate submissions may ultimately be rejected or disregarded.

4. If it is identified that data was submitted and it is not reflected on the IEHP Preventative Care Rosters as expected and it has been more than 4 months since the original date of service, please provide specific examples to your assigned Provider Services Representative for the IEHP data integration team to research.

Last Rev: 10-30-2020
**Measure Category** | **Test Type**
---|---
Breast Cancer Screening | ☐ Mammogram
☐ History of Mastectomy
Cervical Cancer Screening | ☐ PAP or HPV Testing
☐ History of Total/Complete Hysterectomy [NO residual cervix]
Depression Screening for Adolescents and Adults | ☐ Depression Screening
☐ Depression Screening Result
Diabetes Care | ☐ HbA1c Results (in-office Point of Care Testing)
☐ Dilated Retinal Exam with Results
Wellness Visits | ☐ Well Child Visits in the First 15 Months of Life
☐ Well Child Visits 3-21 Years of Age
☐ Weight Assessment and Counseling for Nutritional and Physical Activity
☐ Initial Health Assessment
☐ Immunizations Note: Immunizations submitted through the CAIR2 website (https://cair.cdph.ca.gov) do not require a Historical Data Form Submission
Children with Pharyngitis | ☐ Group A Streptococcus (Strep) Test – Throat
Colorectal Cancer Screening | ☐ Colonoscopy
☐ History of Colon Cancer
Chlamydia Screening in Women | ☐ Test for Chlamydia
Prenatal Care | ☐ Prenatal Care Visit in the First Trimester

Only measures listed above can be processed via Historical Data Form medical record submission

**Member Information**

Member Name: ____________________________________________
IEHP ID #: ____________________________________________ DOB: ______________________________

**Provider Information**

Provider Name: ____________________________________________
IEHP Provider #: __________________________ Address: ____________________________________________
City: __________________________ State: __________ Zip: __________________________
Provider Phone #: __________________________ Provider Fax #: __________________________

**PLEASE FAX TO:** (909) 477-8568  
Attn: Inland Empire Health Plan - Quality Informatics [HEDIS] Department

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