



The goal is for providers to submit claims/encounters with coding that administratively captures all required HEDIS data through claims. This decreases or removes the need for medical record review and improves timeliness of closing gaps in care.

- 🌱 Submit accurate claim/encounter data for each and every service rendered.
- 🌱 Ensure medical record documentation reflects all services billed.
- 🌱 Revise super bills (paper coding forms) to capture applicable coding requirements.
- 🌱 Submit claim/encounter data on a timely basis.
- 🌱 Incorporate templates into your EMR system as a reminder of HEDIS recommended screenings.
- 🌱 Develop EMR standing order sets capturing applicable coding requirements (e.g. CPT II codes).
- 🌱 Have a designated office staffer(s) tasked to gathering and submitting supplemental data.