

**Medical Record Submission/Member List**

Please use this form when submitting medical records on behalf of your TexanPlus® HMO/HMO-POS/HMO-SNP patient, including documentation related to Annual Physical Exams and Quality Measures.

**Instructions**

- Type directly into the open fields or print the form and complete it by hand.
- Check each box that corresponds to the record you are submitting.
- Fax or e-mail the cover sheet and medical records as indicated below.

Physician Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Total # of Pages: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Member Name(s): First and last names/middle name or initial

- |           |   |  |
|-----------|---|--|
| 1. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 2. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 3. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 4. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 5. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 6. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 7. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 8. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 9. _____  | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |
| 10. _____ | <input type="checkbox"/> Annual Physical Exam | <input type="checkbox"/> Quality Measure Documentation |

**Submission of Medical Records**

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|---|--|
| <ul style="list-style-type: none"><li>• <b>Annual Physical (H&amp;P) Program:</b><ul style="list-style-type: none"><li>– Fax #: 713-838-346</li><li>– Email: RiskAdjustment@UniversalAmerican.com</li></ul></li></ul> | <ul style="list-style-type: none"><li>• <b>Quality Measure Documentation (PQPP/HEDIS):</b><ul style="list-style-type: none"><li>– Fax #: 844-879-4412</li><li>– Email: QualityMeasures@UniversalAmerican.com</li></ul></li></ul> |
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