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Medicare Advantage Quality Incentive Program (MA QIP) Fax

Please print clearly

Date _____

Fax #: 1 (888) 891-0768

To: QIP intake team

of pages (Including this page) _____

From (First and last name) _____

TIN _____

Provider group name _____

Telephone # _____ FAX # _____

Email _____ (preferred method for feedback)

Instructions: To close gaps for the MA QIP, submit the following along with the patient medical record that supports the gap closure:

- Patient name, date of birth (DOB) and Asuris member number
- Name of gap(s) being closed
- Date of service for gap closure
- The page number in this fax where that medical record documentation can be found (please mark or circle the information on that page to help our reviewers verify the gap closure).

Include only one member per fax

Patient (Last name, first name) _____

DOB: _____ Asuris member # _____

Gap	Date of service	Page #	For risk adjustment (RA) gaps:	Disagree reason (for RA gaps only)
			Agree/Disagree	