

**Quality Compliance Form**

<b>Breast Cancer Screening (BCS)</b>		
<b>Provider Information</b>		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
<b>Patient Information</b>		
Patient Name		
DOB		
Highmark Blue Cross Blue Shield of Western New York Insurance	Primary	Secondary
ID#		
Measure/Description	Women age 52-74 (1947-1969) who had at least one screening mammogram between October 1, 2019 and December 31, 2021.	
Required Documents  *CCD's are not accepted per NCQA regulations	<ul style="list-style-type: none"> <li>• Bilateral mammogram with results</li> </ul> <p><b>Exclusions</b> - Documentation must include evidence of:</p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy performed, or</li> <li>• Two unilateral mastectomies performed (on two separate dates of service, which must be at least 14 days apart)</li> </ul>	
Comments		

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