

Quality Compliance Form

| Cervical Cancer Screening (CCS) | | |
|--|---|-----------|
| Provider Information | | |
| Provider Name | | |
| Address | | |
| Specialty | | |
| NPI | | |
| Tax ID | | |
| Contact Name | | |
| Contact Phone | | |
| Patient Information | | |
| Patient Name | | |
| DOB | | |
| Highmark Blue Cross Blue Shield of Western New York Insurance | Primary | Secondary |
| ID# | | |
| Measure/Description | This measure targets women 21-64 years of age who were screened for cervical cancer. | |
| Required Documents *CCD's are not accepted per NCQA regulations | <ul style="list-style-type: none"> Women ages 24-64 who had cervical cytology/pap test with results, performed any time in the calendar years 2019, 2020, or 2021. <p>OR</p> <ul style="list-style-type: none"> Women ages 34-64 who had a cervical cytology/human papillomavirus (HPV) co-testing with the results, performed any time in the calendar years 2017-2021. <p>Exclusion:</p> <ul style="list-style-type: none"> Documentation of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31, 2021. | |
| Comments | | |

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