



Quality Compliance Form

Fax: (716) 887-7967

Childhood Immunizations (CIS)	
Provider Information	
Provider Name	
Address	
Specialty	
NPI	
Tax ID	
Contact Name	
Contact Phone	
Patient Information	
Patient Name	
DOB	
BlueCross BlueShield Insurance	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
ID	
Measure/Description	<p>Childhood Immunizations Combo 10 Children who received the following vaccinations on or before their second birthday (birth year: 2018):</p> <ul style="list-style-type: none"> Four DTaP (diphtheria, tetanus, and acellular pertussis) Three IPV (polio) One MMR (measles, mumps, rubella) Three HiB (H influenza type B) Three HepB (hepatitis B) One VZV (chicken pox) Four PCV (pneumococcal conjugate) One HepA (hepatitis A) Two rotavirus (two-dose schedule), or three rotavirus (three-dose schedule) Two influenza including FluMist <p>All immunizations must be on or prior to the second birthday to receive credit for compliancy.</p>
Required Documents	<p>Medical record with date(s) the above shots were given. For MMR, hepatitis B and VZV, any of the following will meet criteria:</p> <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine Documented history of illness A seropositive test result for each antigen <p>For DTaP, IPV, HiB, and pneumococcal conjugate, the following will meet criteria:</p> <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine
Comments	