

Quality Compliance Form

| Osteoporosis Management in Women (OMW) | | |
|--|--|-----------|
| 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 intervention targets women 67-85 years of age (1936-1954) who suffered a fracture and who had a bone mineral density test (BMD) ordered to treat osteoporosis in the six months after the fracture occurring July 1, 2020 through June 30, 2021. | |
| Required Documents *CCD's are not accepted per NCQA regulations | Documentation of appropriate testing or treatment for osteoporosis. This documentation includes: <ul style="list-style-type: none"> • A BMD test in any setting, or • Osteoporosis therapy (osteoporosis medication) or, if an inpatient stay, long-acting osteoporosis therapy during the inpatient stay. (Evidence that the member is receiving medication samples during 2021. NDC code must be included). | |
| Comments | | |

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