



Patient Name: _____

Member ID: _____

DOS: _____

DOB: _____

Preventive Screenings

Breast Cancer Screening	The Breast Cancer Screening quality measure focuses on ensuring your female patients between the ages of 52-74 receive the recommended screening every two years.		
	Please fill in all appropriate dates (only ONE is needed to meet the measure)	Date:	Result:
	Mammography performed in past two calendar years		
	Excluded due to bilateral mastectomy		Surgeon:
	Excluded due to two unilateral mastectomies with different dates of service 14 or more days apart		Surgeon:
	Excluded due to unilateral mastectomy with right side modifier and a unilateral mastectomy with a left side modifier on the same or different date of service		Surgeon:
	Excluded due to unilateral mastectomy with a bilateral modifier		Surgeon:

Colorectal Cancer Screening	The Colorectal Cancer Screening quality measure focuses on ensuring your patients between the ages of 50-75 receive an appropriate colorectal cancer screening by having an annual fecal occult blood test, a flexible sigmoidoscopy in the past five years or a colonoscopy in the past 10 years.		
	Please fill in all appropriate dates (only ONE is needed to meet the measure)	Date:	Result:
	Colonoscopy performed during the measurement year or the nine years prior to the measurement year		
	Flexible sigmoidoscopy performed during the measurement year or the four years prior to the measurement year		
	Fecal occult blood test (FOBT) performed during the measurement year		
	Excluded due to total colectomy		Surgeon:
	Excluded due to diagnosis of colorectal cancer		

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BMI	The Adult BMI quality measure focuses on ensuring your adult patients between the ages of 18-74 who you see for outpatient visits have a BMI documented in the medical record in the past two years.		
	Please fill in appropriate date for screening received:	Date:	Result:
	Body mass index performed in the past two calendar years		<input type="checkbox"/> Body Mass Index (BMI): _____ Weight: _____ Height: _____
	Excluded due to diagnosis of pregnancy during the measurement year or the year prior		

Musculoskeletal Conditions

Osteoporosis Management in Women Who Had a Fracture	The Osteoporosis Management in Women who had a Fracture quality measure focuses on ensuring your female patients between the ages of 67-85 who suffered a fracture received either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.		
	Please fill in all appropriate dates (only ONE is needed to meet the measure)	Date:	Result:
	No fracture occurred or fracture was a finger, toe, face or skull	<input type="checkbox"/> If checked, move to next screening section	
	Osteoporosis medication was prescribed or is currently taken within six months after the fracture	_____ Date of Prescription	<input type="checkbox"/> Biphosphonates <input type="checkbox"/> Alendronate <input type="checkbox"/> Alendronate-cholecalciferol <input type="checkbox"/> Ibandronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Zoledronic acid <input type="checkbox"/> Other Agents <input type="checkbox"/> Calcitonin <input type="checkbox"/> Denosumab <input type="checkbox"/> Raloxifene <input type="checkbox"/> Teriparatide <input type="checkbox"/> Estradiol-norethindrone
	Bone mineral density test completed within six months after the fracture		
	Excluded due to bone mineral density testing within 24 months prior the fracture		
Excluded -- patient received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior			

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Musculoskeletal Conditions

Osteoporosis Management in Women Who Had a Fracture	The Osteoporosis Management in Women who had a Fracture quality measure focuses on ensuring your female patients between the ages of 67-85 who suffered a fracture received either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture.		
	Please fill in all appropriate dates (only ONE is needed to meet the measure)	Date:	Result:
	No fracture occurred or fracture was a finger, toe, face or skull	<input type="checkbox"/> If checked, move to next screening section	
	Osteoporosis medication was prescribed or is currently taken within six months after the fracture	_____ Date of Prescription	<input type="checkbox"/> Biphosphonates <input type="checkbox"/> Alendronate <input type="checkbox"/> Alendronate-cholecalciferol <input type="checkbox"/> Ibandronate <input type="checkbox"/> Risedronate <input type="checkbox"/> Zoldronic acid <input type="checkbox"/> Other Agents <input type="checkbox"/> Calcitonin <input type="checkbox"/> Denosumab <input type="checkbox"/> Raloxifene <input type="checkbox"/> Teriparatide <input type="checkbox"/> Estradiol-norethindrone
	Bone mineral density test completed within six months after the fracture		
	Excluded due to bone mineral density testing within 24 months prior the fracture		
	Excluded -- patient received a dispensed prescription or had an active prescription to treat osteoporosis during the 12 months prior		

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Rheumatoid Arthritis Management	The Rheumatoid Arthritis Management quality measure focuses on ensuring your patients 18 years and older who have been diagnosed with rheumatoid arthritis were dispensed at least one ambulatory disease-modifying anti-rheumatic drug (DMARD) during the calendar year.		
	Please fill in all appropriate dates (only ONE is needed to meet the measure)		Result:
	Patient does not have diagnosis of RA	<input type="checkbox"/> If checked, move to next section	
	Dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)	<div><div></div><div>Date of Prescription</div></div>	<div><input type="checkbox"/> 5-Aminosalicylates</div> <div><input type="checkbox"/> Alkylating agents</div> <div><input type="checkbox"/> Aminoquinolines</div> <div><input type="checkbox"/> Anti-rheumatics</div> <div><input type="checkbox"/> Immunomodulators</div> <div><input type="checkbox"/> Immunosuppressive agents</div> <div><input type="checkbox"/> Janus kinase (JAK) inhibitor</div> <div><input type="checkbox"/> Tetracyclines</div>

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Comprehensive Diabetes Care

HbA1C Control	The HbA1C Control quality measure focuses on ensuring that your patients between the ages of 18-75 diagnosed with Type 1 or Type 2 Diabetes have evidence of an HbA1C performed in the calendar year.		
	Please fill in all appropriate dates for screenings received (only ONE is needed to meet the measure)	Date:	Result:
	HbA1C performed this year (most recent)		<input type="checkbox"/> HbA1c level is: _____
	Excluded – gestational diabetes diagnosed in past two calendar years		
	Excluded – steroid induced diabetes diagnosed in past two calendar years		
	Excluded due to diagnosis of polycystic ovarian syndrome at any time during the current measurement year		

Retinal Eye Exam	The Retinal Eye Exam quality measure focuses on ensuring your patients between the ages of 18-75 diagnosed with Type 1 or Type 2 Diabetes have had an eye screening for diabetic retinal disease by an eye care professional in the calendar year.		
	Please fill in all appropriate dates for screenings received (only ONE is needed to meet the measure)	Date:	Result:
	Retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) during calendar year		Name of Optometrist or Ophthalmologist: _____
	Negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) during last calendar year		
	Excluded – gestational diabetes diagnosed in past two calendar years		
	Excluded – steroid induced diabetes diagnosed in past two calendar years		
Excluded – polycystic ovarian syndrome diagnosed at any time during the current measurement year			

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Comprehensive Diabetes Care (continued)

Medical Attention for Nephropathy	The Medical Attention for Nephropathy quality measure focuses on ensuring your patients between the ages of 18-75 diagnosed with Type 1 or Type 2 Diabetes have had a nephropathy screening test or documentation of evidence of nephropathy within the calendar year.		
	Please fill in all appropriate dates (only ONE is needed to meet the measure)	Date:	Result:
	Nephropathy screening test during calendar year		
	Evidence of treatment for nephropathy or angiotensin-converting enzyme (ACE) Inhibitor/angiotensin receptor blocker (ARB) therapy during calendar year		Name of medication: _____ Dosage: _____
	Nephrologist visit during calendar year		
	Evidence of Stage 4 Chronic Kidney Disease		
	Evidence of End Stage Renal Disease		
	Evidence of kidney transplant		
	Excluded due to diagnosis of gestational diabetes during past two calendar years		
	Excluded due to diagnosis of steroid induced diabetes during past two calendar years		
	Excluded due to diagnosis of polycystic ovarian syndrome at any time during the current measurement year		

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Controlling Blood Pressure	The Controlling Blood Pressure quality measure focuses on ensuring your patients between the ages of 18-85 with a diagnosis of HTN had adequate BP control in the calendar year.		
	Please fill in appropriate date for screening received:	Date:	Result:
	Blood pressure screening performed this year (most recent)		Most Recent Systolic BP reading: _____ Most Recent Diastolic BP reading: _____
	Excluded due to diagnosis of end stage renal disease (ESRD)		
	Excluded due to history of kidney transplant		Transplant Facility: _____ Surgeon: _____
	Excluded due to diagnosis of pregnancy during the measurement year		
Excluded due to non-acute inpatient admission during the measurement year			

Attestation Statement

☐ By checking this box I hereby attest that the information entered above is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact may subject me to administrative, civil or criminal liability. I understand that BlueCross BlueShield of Tennessee may perform an audit of my patient's chart to verify that these measures have been properly documented and I will submit the medical records requested in a timely manner.

Sign: _____ Credentials: _____

Print: _____ NPI: _____

Date: _____