

Quality Compliance Form

Childhood Immunizations (CIS)		
Provider Information		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
Patient Information		
Patient Name		
DOB		
Highmark Blue Shield of Northeastern New York Insurance	Primary	Secondary
ID#		
Measure/Description	<p>Childhood Immunizations Children who received the following vaccinations on or before their second birthday (birth year 2021):</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 *CCD's are not accepted per NCQA regulations	<p>Medical record with date(s) the above vaccines 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		