

OB GYN Reconsideration Document for Tiering 2019 & 2020

Practice Name _____

Contact Name _____

Practice Billing NPI _____

Contact Phone _____

Practice Location _____

Contact Email _____

QUALITY ***Evidenced Based Measures:***

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening

Potentially Avoidable Complications (PAC):

- Childbirth Potentially avoidable complications
- Hysterectomy Potentially Avoidable complications

Please submit rationale, DOS, and copy of report as appropriate for each ***evidenced based medicine*** reconsideration category and what guidelines the physicians may be using in addition to HEDIS measures: _____

Measure	Patient Name	Patient ID	Reconsideration Category (attribution, Screen not appropriate, Screening done)	Date of Service	Rationale	Report Enclosed?

Potentially Avoidable Complications: Please submit rationale for each request for reconsideration

PAC (hysterectomy or Child birth)	Complication type (anemia, infection etc.)	Patient Name	Patient ID	Rationale why not appropriate

Registry Attestation

Registry (NCQA Recognition:PCSP or BQPP)	% of doctors in practice utilizing registry (must be 80% or greater)	rationale for not submitting attestation previously requested

COST Please submit any reason you feel data not appropriate and rationale:

Issue	Rationale why not appropriate/accurate

Completed Reconsideration Document should be sent to the Tiered Network via email tierednetwork@bcbsnc.com, fax (919-287-5491) or by mail: Tiered Network/reconsiderations, BCBSNC, P.O. Box 2291, Durham NC 27702-2291. Once all data is received, reconsiderations will be processed in 45 days. Please check reconsideration notification preference: Email (Address): _____ or Letter.