



Attestation Form for the Physician Outreach Portion of the 2008 Breast Cancer Screening QI Fund Project

IPA Name :

IPA #:

NPI #:

Name and phone number of the IPA contact for the Outreach Portion of the Breast Cancer Screening QI Fund Project:

Name: _____

E-mail: _____

Phone Number _____

I attest that the information provided for the Physician Outreach Portion of the 2008 Breast Cancer Screening QI Fund Project is accurate. I understand that payment is dependent upon the IPA meeting project requirements. The IPA may be ineligible for the outreach portion of the 2008 Breast Cancer Screening QI Fund payment if the HMO determines that the information submitted is incomplete or not accurate.

Signature of Medical Director or Administrator: _____

Printed name of Medical Director or Administrator: _____ Date: _____

Member List

For BCBSIL use only

1. Was a 2008 Measurement Year - IPA Interim Rate: Not Meeting Criteria list for Breast Cancer Screening downloaded from D2? [] Yes [] No

If yes, document the following information:

a. Enter the date the member list was downloaded from D2. [][] / [][] / [][][][]

b. Enter the number of members on the 2008 Measurement Year - IPA Interim Rate: Not Meeting Criteria list for Breast Cancer Screening. [][][][][] []

c. (Optional) Enter the number of members on the 2008 Measurement Year - IPA Interim Rate: Not Meeting Criteria list for whom the IPA identified a claim or encounter for a mammogram. [][][][][]

d. Enter the final number of members identified as needing outreach for breast cancer screening. [][][][][] []

Physician Outreach

2. Was physician outreach performed for breast cancer screening?

Yes

No

If yes, document the following information:

a. Enter the date physician outreach was completed and the total number of physicians who received an outreach list.

Date / / Number of physicians

b. Enter the total number of members on the outreach list sent to the physicians.

c. Check the box and attach the list of physicians and members.

d. Check the box and attach a copy of the communication(s) for the physician outreach.

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