



**BlueCross BlueShield
BluePlus
of Minnesota**
Independent licensees of the Blue Cross and Blue Shield Association

2011 Recognizing Excellence Measurement Outcomes Report

Due by February 22, 2012

Mail all materials to:
Blue Cross Blue Shield
of Minnesota
Attn: Tracy Krech
Route: R259
PO Box 64560
St. Paul, MN 55164

Clinic Name:			
Person submitting this form:	Name:		Title:
	Address:		
	City:	State:	Zip:
	Phone:	Fax:	
	Email:		
Clinic Administrator:		Title:	Credentials:
Phone:	Fax:	Email:	
Address if different from clinic address:			
City:	State:	Zip:	
QI Coordinator:		Title:	Credentials:
Phone:	Fax:	Email:	
Address if different from clinic address:			
City:	State:	Zip:	

Calculation Worksheet for Recognizing Excellence Program

Instructions: Insert the total numerator for each clinical measurement topic sample of 60 charts. Divide the numerator by the denominator and multiply by 100% to obtain your rate. Record the rate in the "rate" column.

Specialty & Measurement Topic	Total Number in Eligible Population	Selection Interval used for Randomized Sample	Total Number of Discards	Number in Sample that Met Numerator	Denominator	Rate	Threshold	Total Number of BCBSMN Members in Sample
Family Practice/Internal Medicine								
Diabetes	Reported through MN Community Measurement					37%	N/A	
Cardiovascular Disease	Reported through MN Community Measurement					45%	N/A	
OB/GYN								
Breast Cancer Screening					60		Top 20%	
Chlamydia Screening					60		67%	
Pediatrics								
Optimal Asthma Care	Reported through MN Community Measurement						Top 20%	
Acute Otitis Media	Not required to report measurement data due to AOM ICSI Guideline being retired.							
Cardiology								
Cardiovascular Disease	Reported through MN Community Measurement						45%	N/A

Information Contact: Tracy Krech 651-662-3627, toll free 800-382-2000, ext. 23627, or email:
RecognizingExcellence@bluecrossmn.com

<i>Specialty & Measurement Topic</i>	<i>Total Number in Eligible Population</i>	<i>Selection Interval used for Randomized Sample</i>	<i>Total Number of Discards</i>	<i>Number in Sample that Met Numerator</i>	<i>Denominator</i>	<i>Rate</i>	<i>Threshold</i>	<i>Total Number of BCBSMN Members in Sample</i>
Spinal Surgery								
Spinal Surgery ODI					60		Top 20%	
Lumbar Spinal Surgery Complications					60		89%	
Behavioral Health								
Alcohol Screening					60		Top 20%	
Major Depression	Reported through MN Community Measurement						Top 20%	N/A
Universal Measure								
BMI – Documentation (Tally)					60		90%	
BMI – Action Plan							Top 20%	
Colorectal Cancer Screening	Reported through MN Community Measurement						Top 20%	

Reporting Requirements (paper submission, for electronic audit database see database User Guide):

- **Retain a copy of your sample list, without personal identifiers, indicating the sample selection method used for each measure.**
- **Retain all audit forms and sample selection list for a period of 2 years, for auditing or validation.**

To request an electronic version of this form, or to submit this form electronically, email:

RecognizingExcellence@bluecrossmn.com

Information Contact: Tracy Krech 651-662-3627, toll free 800-382-2000, ext. 23627, or email:

RecognizingExcellence@bluecrossmn.com

10/25/2011