



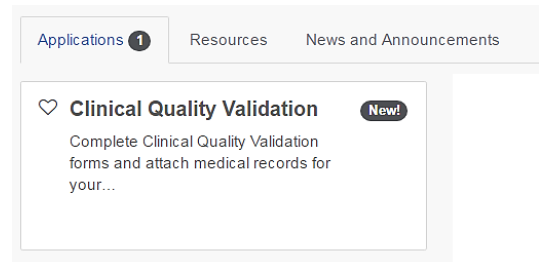
Clinical Quality Validation (CQV) is a web-based application in the Availity Portal that allows providers to quickly comply with Healthcare Effectiveness Data and Information Set (HEDIS) measures. Providers can electronically document their patient’s care and assessment to close quality HEDIS care gaps for Blue Cross and Blue Shield of Illinois (BCBSIL) members using this application.

Mailing and faxing medical records remain options for providers when responding to these requests. Providers who are not Availity users will continue to receive these requests by mail, fax or in-person visits. If you are not a registered Availity user, you may complete the guided online registration process at availity.com – at no charge.

1. Receiving and Accessing CQV Requests

New CQV requests from BCBSIL will display in the **Notification Center** on the Availity Portal home page.

- ▶ To access CQV, select **Payer Spaces** from the top menu on the Availity home page
- ▶ Choose **Blue Cross and Blue Shield of Illinois**
- ▶ On the BCBSIL Payer Spaces page, select the **Applications** tab
- ▶ Choose **Clinical Quality Validation**



Note: Contact your Availity Administrator if **Clinical Quality Validation** is not listed under the Applications tab in BCBSIL Payer Spaces. Availity Administrators must assign the **Medical Staff** and **Office Staff** roles to users for CQV access.

2. Navigating CQV Work Queue

Select your **Organization** from the drop-down listing.

Note: The **Organization** field will default to your assigned organization if there is only one assigned.

Use one or more fields at the top of the page to filter and locate specific requests:

- ▶ **Status** – filter by new, pending or submitted forms
- ▶ **Provider**
- ▶ **Patient Last Name**
- ▶ **Patient First Name**
- ▶ **Product**
- ▶ **Measure**

After filters are selected, select **Apply**.

Note: Select **Reset** to clear the filters.

Quick Tip:
→ All filter options allow users to select multiple options, **except** the **Patient Last Name** and **Patient First Name** fields.

2. Navigating CQV Work Queue – continued

The **Work Queue** list will display patient cards in the middle of the CQV page with the following color-coded status:

- ▶ **Green – New:** request has not been submitted
- ▶ **Yellow – Pending:** request was started and save, but not submitted to BCBSIL
- ▶ **Gray – Submitted:** request has been completed and submitted to BCBSIL

Expand **Show Patient Measures** within the patient card to view the additional information requested from BCBSIL.

Legend: NEW PENDING SUBMITTED

PATIENT NAME	PATIENT DOB	PROVIDER NAME	PRODUCT
Availity, Juan	12/20/1982	Allergy, Betty	PPO
▶ Show Patient Measures			

PATIENT NAME	PATIENT DOB	PROVIDER NAME	PRODUCT
Availity, Miguel	06/04/1940	Allergy, Betty	PPO
▶ Show Patient Measures			

PATIENT NAME	PATIENT DOB	PROVIDER NAME	PRODUCT	SUBMITTED DATE
Availity, Patricia	09/22/1940	Allergy, Betty	PPO	06/20/2015
▶ Show Patient Measures				

PATIENT NAME	PATIENT DOB	PROVIDER NAME	PRODUCT
Availity, Sofia	04/02/1947	Family, Robert	PPO
▶ Show Patient Measures			

Export to:

« Prev 1 Next » Show 25 results Showing forms 1-4 of 4

Quick Tip:

→ Select **Export to** option at the bottom of the CQV page to export the form to a CSV file.

3. Completing the CQV Form

Select the patient card to view the prepopulated patient and provider information.

Patient Name:	Miguel Availity	Patient Date of Birth:	06/04/1940	Measurement Year:	2018
Patient Phone:		Patient Address:			

Patient Information		Provider Information	
PATIENT GENDER	M	PROVIDER NAME	Betty Allergy
HCCID	HC9920	BCBS PROVIDER ID	A82483
GROUP NAME	Blue	GROUP NAME	Blue
GROUP NUMBER	F443812	GROUP NUMBER	A22894
PRODUCT	PPO		

3. Completing the CQV Form – *continued*

Identified quality HEDIS measures not yet reported to BCBSIL, called patient care gaps, will display for the specific patient. A care gap is a variation between health care needs and health services rendered for a patient.

Expand each **Patient Measure(s)** section (i.e., **BMI Assessment**, **Colorectal Screening**, etc.) and enter the necessary information.

Patient Name:	Juan Avallity	Patient Date of Birth:	12/20/1982	Measurement Year:	2018
Patient Phone:		Patient Address:			

Patient Information		Provider Information	
PATIENT GENDER	M	PROVIDER NAME	Betty Allergy
HCCID	H51864832	BCBS PROVIDER ID	A82483
GROUP NAME	Blue	GROUP NAME	Blue
GROUP NUMBER	F443812	GROUP NUMBER	A22894
PRODUCT	PPO		

▼ BMI Assessment

Date of Service

Height (inches)

Weight (lbs)

For members 20 years and older on the date of service, enter the BMI value as documented in the medical record for that date of service.

▶ Controlling Blood Pressure ◊

▶ Diabetes Screening

▶ Colorectal Screening

Quick Tip:

→ Some quality measures and sub-measures have specific date requirements. If you enter a date that does not meet the requirements, an error message will display. Refer to the Availity **Help & Training** section, then **Find Help** to view a listing of quality measures and sub-measures that have specific date requirements.

File attachments should relate to the **Patient Measure** sections completed on the form.

To add an attachment, select **Add File Attachment** in the **File Attachments** section.

For each attachment, select the correlating quality measure from the **Attachment Supports** drop-down listing.

▼ File Attachments (Up to 5)
File attachments should relate to the sections completed on this form. You can add up to five file attachments. Each file must be a PDF, TIF, or JPG file.

<p>File Attachment:</p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;"> 📎 DOS_PatientName.p... </div> <div style="border: 1px solid #ccc; padding: 2px; width: fit-content;"> ➕ Add File Attachment </div>	<p>Attachment Supports:</p> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;"> ✕ Colorectal Screening </div>
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Quick Tip:

→ Accept files formats in TIF (.tif), JPEG (.jpg) or PDF (.pdf)

Note: One attachment is required, but users may add up to five attachments.

4. Submitting the CQV Form

Complete the **Submitted by** section and include the following information:

- ▶ **Name of Office Contact**
- ▶ **Contact Phone Number**

Select **Submit**

▼ **Submitted by**

In the event the payer needs to contact the office for additional information

Name of Office Contact:

Contact Phone Number:

Reference Id: 3

Save Clear Close Submit

Quick Tips:

- Select **Save** to complete the form at a later time. The form will remain in a pended status until the user selects **Submit**.
- The form cannot be changed or edited after it has been submitted.

After selecting **Submit**, you will receive a confirmation message.

Submit ×

By submitting this record you are confirming that the information is true, accurate, and complete.
 After you submit, you will no longer be able to edit the form.

Yes No

Select **Yes** to finalize and submit the form.

5. Working Pending CQV Forms

Select the patient card that is in a **Pending** status.

On the form that displays, enter the necessary information in each **Patient Measure**.

Legend: NEW PENDING SUBMITTED

PATIENT NAME	PATIENT DOB	PROVIDER NAME	PRODUCT	
Availity, Juan	12/20/1982	Allergy, Betty	PPO	☰
▶ Show Patient Measures				
PATIENT NAME	PATIENT DOB	PROVIDER NAME	PRODUCT	SUBMITTED DATE
Availity, Patricia	09/22/1940	Allergy, Betty	PPO	06/20/2015
▶ Show Patient Measures				

Quick Tip:

→ To view and save submitted CQV forms as a PDF, select the **Action Menu** from the submitted patient card and click **View as PDF**.

Have questions or need additional education? Email the Provider Education Consultants at PECS@bcbsil.com
 Be sure to include your name, direct contact information & Tax ID or billing NPI.

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