



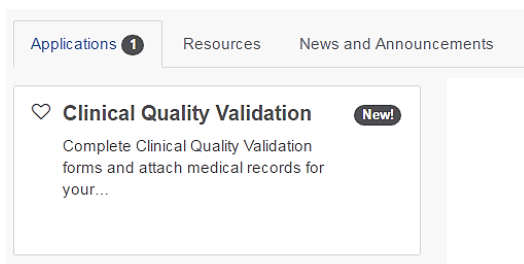
**Clinical Quality Validation (CQV)** is a web-based application in the Availity Portal that allows providers to quickly comply with Healthcare Effectiveness Data and Information Set (HEDIS) measures. Providers can electronically document their patient’s care and assessment to close quality HEDIS care gaps for Blue Cross and Blue Shield of Texas (BCBSTX) 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](http://availity.com) – at no charge.

## 1. Receiving and Accessing CQV Requests

New CQV requests from BCBSTX 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 Texas**
- ▶ On the BCBSTX 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 BCBSTX 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**

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

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

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

## 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 BCBSTX
- ▶ **Gray – Submitted:** request has been completed and submitted to BCBSTX

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

**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.

|                                      |  |                               |
|--------------------------------------|--|-------------------------------|
| <b>Patient Name:</b> Miguel Availity | <b>Patient Date of Birth:</b> 06/04/1940 | <b>Measurement Year:</b> 2018 |
| <b>Patient Phone:</b>                | <b>Patient Address:</b>                  |                               |

| 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 BCBSTX, 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.

|                       |               |                               |            |                          |      |
|-----------------------|---------------|-------------------------------|------------|--------------------------|------|
| <b>Patient Name:</b>  | Juan Avallity | <b>Patient Date of Birth:</b> | 12/20/1982 | <b>Measurement Year:</b> | 2018 |
| <b>Patient Phone:</b> |               | <b>Patient Address:</b>       |            |                          |      |

| 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><b>File Attachment:</b></p> <p><input type="text" value="DOS_PatientName.p..."/></p> <p><input type="button" value="Add File Attachment"/></p> | <p><b>Attachment Supports:</b></p> <p><input type="text" value="x Colorectal Screening"/></p> |
|---|---|

**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

**Quick Tips:**

- Select **Save** to complete the form at a later time. The form will remain in a pending 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.

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@bcbstx.com](mailto:PECS@bcbstx.com)  
 Be sure to include your name, direct contact information & Tax ID or billing NPI.