



2010 Noncompliant Member Information

BCN Performance Recognition Program

Scope of Review: January 1, 2010 – December 31, 2010

Noncompliant policy is for BASE PRP services only
Fax to 1-800-431-9358 between October 1 and December 31, 2010.

Member Name: Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female Contract #: DOB:	PCP Name: PCP #: Telephone #: Submitter:
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Reasons for Noncompliance:	Include Documentation:
<input type="checkbox"/> Three or more attempts made to provide appropriate care	<input checked="" type="checkbox"/> Copy of letter(s) to member stating specific noncompliant services needed and the medical need for regular follow-up <input checked="" type="checkbox"/> Medical record notes regarding telephone conversation with member or parent <input checked="" type="checkbox"/> Documentation showing at least 15 days between each attempt made
<input type="checkbox"/> Terminal illness	<input checked="" type="checkbox"/> Medical record notes indicating terminal illness
<input type="checkbox"/> Waiver signed by member stating member does not want to receive one or more of the following services: ➤ Immunizations ➤ Breast cancer screening ➤ Cervical cancer screening ➤ Colorectal cancer screening	<input checked="" type="checkbox"/> Copy of signed waiver
<input type="checkbox"/> Unable to reach – Member never seen in office and member address and phone number are incorrect	<input checked="" type="checkbox"/> Documentation of returned letter to member <input checked="" type="checkbox"/> Medical record note of telephone call to wrong number

Total number of pages in this fax =

Remember to also document noncompliant member information in Health e-BlueSM.