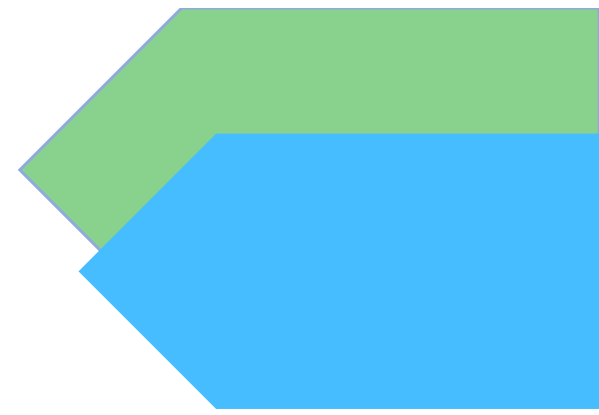


REMINDERS



For the listening benefit of webinar attendees, we have muted all lines and will be starting our presentation shortly.

- This helps prevent background noise (e.g., unmuted phones or phones put on hold) during the webinar.
- This also means we are unable to hear you during the webinar.
- Please submit your questions directly through the webinar platform only.

How to submit questions:

- Open the Q&A feature at the bottom of your screen, type your question related to today's training webinar and hit "enter."
- Once your question is answered, it will appear in the "Answered" tab.
- All questions will be answered by the end of the webinar.



Louisiana

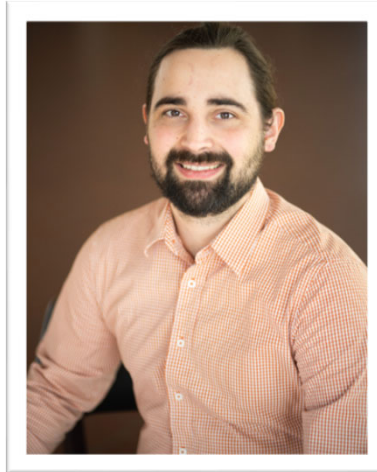
Blue Advantage (HMO) | Blue Advantage (PPO)

Blue Advantage PCP Incentives: Rewarding Quality Care

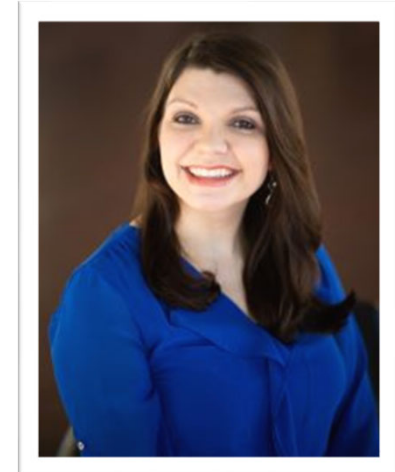
September 20, 2023



Anna Granen
Senior Provider Relations Representative
Blue Cross and Blue Shield of Louisiana



Clint Mercer
Value Program Manager
Blue Cross and Blue Shield of Louisiana



Brittany Blaylock, PharmD
Value Program Pharmacist Manager
Blue Cross and Blue Shield of Louisiana

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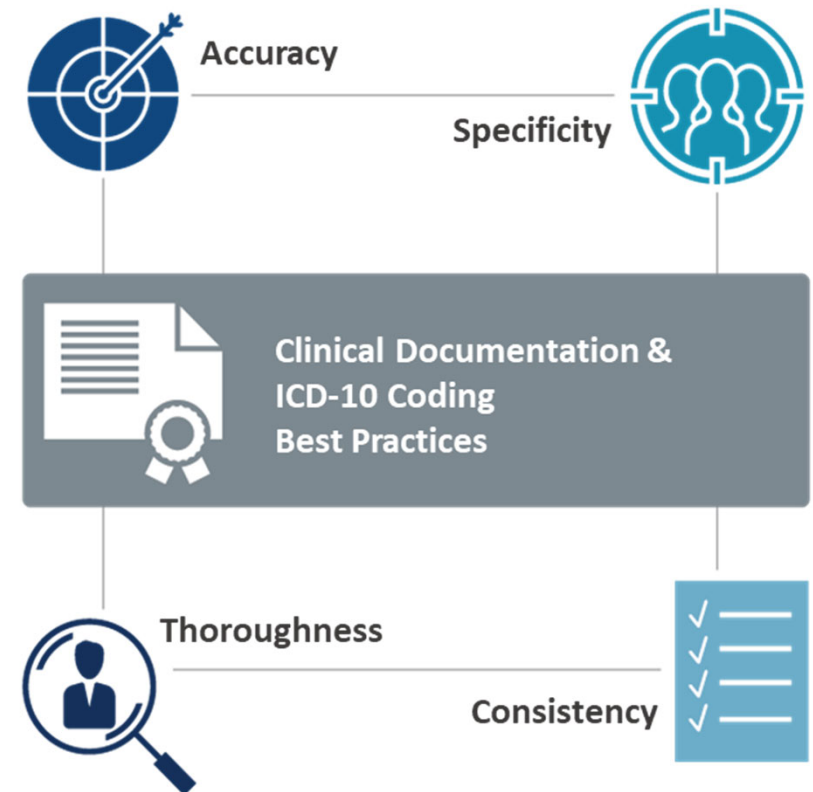
Who are we?



- Blue Advantage provides HMO and PPO networks to our Blue Advantage members.
- Offers support for population health visits as well as additional quality programs such as the Blue Advantage Coupon program and HEDIS®/Star ratings improvement for Blue Advantage members.

Best Practices in Medical Record Documentation

- Documentation needs to be sufficient to support and substantiate coding for claims or encounter data.
- Chronic conditions need to be reported every calendar year including key condition statuses (e.g., leg amputation and/or transplant status must be reported each year).
- Include condition specificity where required to explain severity of illness, stage or progression (e.g., staging of chronic kidney disease).
- Treatment and reason for level of care needs to be clearly documented; chronic conditions that potentially affect the treatment choices considered should be documented.





Importance of Complete and Accurate Clinical Documentation and ICD-10 Coding

- Physicians that treat sicker populations have higher average cost and utilization per patient. Risk-adjusted reporting can accurately reflect these sicker patients.
- The Centers for Medicare and Medicaid Services (CMS) sets risk scores for a calendar year based on diagnoses from the previous calendar year.
- All existing diagnoses must be submitted every calendar year for risk scores to be accurate.
- Member attribution is done by wellness exams.

Role of Primary Care Providers

The PCP should be involved in the overall care of the member

- Oversee, coordinate, discuss and direct the member's care with the member's care team, specialists and hospital staff.
- Develop and grow the provider-member relationship while being proactive and cost effective.
- Responsible for coordinating members' medically necessary services.

When a member changes PCPs, upon request, the prior PCP has 10 business days of request to submit records to new PCP.

Members who have a strong relationship with their PCPs are healthier, more adherent to their medication regimen and less likely to be hospitalized.

***Quality and Experience of Outpatient Care in the United States for Adults With or Without Primary Care:** <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2721037>

***Primary care visits increase utilization of evidence-based preventative health measures:** <https://bmcpriamcare.biomedcentral.com/articles/10.1186/s12875-020-01216-8>



Importance of Annual Wellness Visits

- Provides the ability to effectively assess your patients' chronic conditions, as well as close care and coding gaps for Blue Advantage patients.
- Covered at 100%, **once every calendar year**, for Blue Advantage patients.
- Quality
 - Assess and capture outstanding Star Rating care gaps for value-based contract performance and better patient outcomes.
- Risk Adjustment
 - Greater appointment time allotment for comprehensive assessment and care planning for chronic conditions.

Coding for Annual Wellness Visits

G0438: Initial Annual Wellness Visit (AWV)

G0439: Subsequent AWV

ICD-10: Z00.00 or Z00.01 medical examination with or without abnormal findings and all applicable diagnoses

For telemedicine visits, bill appropriate wellness visit CPT® code **(Modifier 95 and POS 10)**.



Blue Advantage Annual Wellness Coupon Program

- Blue Advantage members will receive a paper coupon in the mail as part of our Annual Wellness Coupon Program.
- The coupons are for the patient's annual wellness exam, which should be provided by a primary care provider.
- The current coupon program is limited to only Blue Advantage members.



Goals of the Annual Wellness Coupon Program



To help facilitate wellness visits by the patient's primary care provider.



Document commonly overlooked conditions/diagnoses that may be applicable to the patient.



Identify conditions based on claims history.



Ensure all diagnoses are submitted yearly.



Complete preventative services, including verification of medications and adherence.

Coupon Diagnosis Details

- Coupons are customized per patient and are based off claims and other health information.
- Category (1) diagnoses are previously submitted chronic diagnoses. If they still exist, bill them on the wellness claim.
- Category (2) diagnoses are suspected diagnoses. Only bill codes that apply to the patient.
- Category (3) diagnoses are commonly overlooked diagnoses.
- Generic wellness coupon – If no claims or medical history exist for a patient, they will not have Category (1) or (2) codes on their coupon. Code all diagnoses that the patient is known to have.



Generic Annual Wellness Coupon

2023 ANNUAL WELLNESS EXAM COUPON - DO NOT DISCARD

If you have any questions, please call 1-833-949-2788 (TTY 711), Monday - Friday from 8 a.m. to 5 p.m.



ATTENTION: Blue Advantage (HMO) | Blue Advantage (PPO) Member

Please take this coupon to your in-network Blue Advantage Primary Care Provider for an Annual Wellness exam AT NO CHARGE to you!

ATTENTION: HEALTHCARE PROVIDER & OFFICE MANAGER

Blue Advantage members have no deductibles, copays or coinsurance for this Annual Wellness exam. The following services (CPT codes) should be billed with the wellness ICD-10 Z00.00 or Z00.01 as primary, together with all other appropriate ICD-10 diagnosis codes including any of the diagnoses on the back of this page.

CODES TO BILL:

Annual Wellness Exam - G0439

AND THE FOLLOWING SCREENINGS:

85025 CBC
80053 CMP
80061 Lipid panel
81002 Urine Dip
93000 EKG if indicated (e.g., irregular heart rhythm)
82270 FOBT x 3 for patients 50-75
G0328 iFOBT x 1

For Diabetics, add the following:
83036 HgbA1C
82043 Urine Microalbumin
Schedule an annual eye exam for retinopathy screening
For Females, consider the following:
Mammogram and Pap Smear

Monitoring of chronic stable conditions, prescription refills and vaccinations may also be included in the examination.

Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross Blue Shield Association, offers Blue Advantage (PPO).

01MA2390 01/23

PROVIDER: PLEASE COMPLETE OTHER SIDE
Y0132_22-346_MKLA_C

Generic Annual Wellness Coupon

TO BE COMPLETED BY PROVIDER IN 2023

Patient Name: Patient Name Primary Care Provider (PCP): PCP Name
 Patient Address: 111 Sugarwood Blvd PCP Signature: _____
Monroe, La 71203 NPI#: _____ TAX ID (Optional): _____
 DOB: 3/1/1960 Date of Visit: _____
 Member ID #: MDV1234567 Coupon ID: 123456

PROBLEM LIST - Please select ALL that apply to this patient and KEEP A COPY OF THIS IN THE CHART. Blue Advantage pays an additional \$100 to the provider when this form is completed and faxed to 1-844-843-9770. ALSO, REMEMBER TO INCLUDE ALL SELECTED DIAGNOSES ON YOUR WELLNESS VISIT CLAIM. You may be requested to send a corrected claim if diagnoses marked are not billed on the wellness claim. For any questions or concerns, please call Blue Advantage at 1-833-949-2788 (TTY 711).

Bill one of the following as primary:

☐ Wellness Exam without abnormal findings (Z00.00)

OR

☐ Wellness Exam with abnormal findings (Z00.01)

Cardiovascular/Circulatory

☐ Abdominal Aortic Aneurysm - I71.4

☐ Angina Pectoris - I20.9

☐ Atherosclerosis of Aorta - I70.0

☐ Atherosclerosis of coronary artery with unsp. Angina - I25.119

☐ Atrial Fibrillation - I48.0

☐ Benign Hypertensive Kidney with CKD stage 5 - I12.0

Choose also CKD stage - N18.5

☐ Cardiomyopathy - I42.9

☐ Heart Failure, unspecified - I50.9

☐ Peripheral Vascular Disease - I73.9

☐ Hypertensive Heart Disease with Heart Failure - I11.0

☐ Disorder of arteries & arterioles, unsp. - I77.9

Respiratory

☐ Asthma - J45.909

☐ COPD - J44.9

☐ Cystic Fibrosis - E84.9

Neurological

☐ Epilepsy - G40.909

☐ Inflammatory Polyneuropathy, Unsp. - G61.9

☐ Late effects CVA Hemiplegia/Paresis - I69.959

☐ Parkinson's Disease - G20

Hematological

☐ HIV status - Z21

Endocrine

☐ DM without complications

☐ DM with hyperglycemia (A1C>7)

☐ DM with nephropathy

(2 + urine micro 3 mo. apart)

☐ DM with CKD

Choose also CKD stage N18's

☐ DM with unspecified DM retinopathy without macular edema

☐ DM with Periodontal Disease

☐ DM with DM Polyneuropathy

☐ DM with DM PVD without gangrene

☐ DM with Foot Ulcer

Use additional code to ID site and type (L97.40-L97.929)

☐ Long-Term Insulin Use - Z79.4

☐ Morbid Obesity (BMI > 40) - E66.01

BMI: _____

Please list any additional diagnoses with the corresponding ICD-10 codes:

01MA2390 01/23

Status Codes

☐ Tracheostomy - Z93.0

☐ Colostomy - Z93.3

☐ Renal Dialysis Status - Z99.2

☐ Status Amputation type: _____

Psychological

☐ Unspecified Mood (affective) Disorder - F39

☐ Alcohol Dependence - F10.20

☐ Opioid Dependence - F11.20

☐ Sedative, hypnotic, or anxiolytic dependence - F13.20

☐ Bipolar Disorder - F31.9

☐ Schizophrenia - F20.9

☐ Dementia, unsp. F03.90

Major Depressive Disorder Recurrent

☐ Mild - F33.0

☐ Moderate - F33.1

☐ Severe - F33.2

☐ Unspecified - F33.9

Gastrointestinal

☐ Celiac Disease - K90.0

☐ Chronic Hepatitis - K73.9

☐ Cirrhosis of Liver - K74.60

☐ Pancreatic Disease - K86.9

☐ Crohn's Disease - K50.90

Chronic Kidney Disease

Stage	GFR	ICD-10
<input type="checkbox"/> 1	>90	N18.1
<input type="checkbox"/> 2	60-89	N18.2
<input type="checkbox"/> 3	30-59	N18.30
<input type="checkbox"/> 4	15-29	N18.4
<input type="checkbox"/> 5	<15 or dialysis	N18.5

Other common diagnoses:

☐ Tobacco use disorder - F17.200

☐ Hypertension - I10

☐ Hyperlipidemia - E78.5

☐ Hypothyroidism - E03.9

☐ GERD - K21.9

☐ Anxiety - F41.9

☐ Insomnia - G47.00

Please list any current malignancies also. Specify type and site if indicated:

Common Errors – Coupon vs. Claim

Below are some of the common errors found when comparing coupons to filed claims:

- No PCP signature on a coupon.
- No DOS on a coupon.
- No claim submitted for DOS on a coupon.
- HCCs checked on a coupon but not billed on the claim.

PCPs may be asked to submit a corrected claim if diagnoses marked on the coupon are not billed on the claim.

What Should Primary Care Providers Do When They Receive the Coupon?

Review and complete the back of the coupon at the visit, marking appropriate diagnoses and adding notes as applicable. As with a standard claim, the diagnoses and clinical values should also be documented on the claim and in the provider's medical record.

To attest to the accuracy of the notes and diagnoses, add the provider's NPI, date of visit and provider's signature, then fax the completed coupon to
1-844-843-9770.

Primary care providers will be compensated \$100 per coupon for the additional administrative work associated with documentation and billing, in addition to their reimbursement for the claim.




What if the patient loses their coupon or does not bring it in?

- Coupons and copies of coupons may be requested by calling **1-833-955-3816**, even after a visit.
- Coupons are personalized and unique to each patient.
- Only the customized coupons that are received by patients will be processed.
- Duplicated coupons will not be accepted.

Coupons are Available on the Blue Advantage Portal

Using the **Member Lookup tab** on the left side of the home screen, you may search for the member using their Member ID, name or date of birth.

Search Criteria	
Member ID	
First Name	
Last Name	
Social Security #	
Date of Birth	

After selecting the member's profile, select "Download Wellness Coupon" and a PDF copy of the coupon will be generated. Please note that the member must be assigned to a provider associated with your group or this option will not be available.

Member Information			
Member contact and coverage status			
Name:			
DOB:			
Coverage Status:			
Primary Care Provider:			
VIEW CLAIMS	VIEW AUTHS	VIEW ID CARD	DOWNLOAD WELLNESS COUPON

Pay for Performance Medicare Advantage Star Rating Incentive

- We are optimizing the reimbursement for PCPs through a Pay for Performance Medicare Advantage Star Incentive (**P4P MA SI**) module related to outcomes surrounding population health measures.
- Since **October 1, 2022**, all PCPs participating in our BA network(s) are eligible to receive performance incentive payments for the 2022 calendar year and subsequent calendar years based on closing gaps in care for population health measures.
- We are structuring the P4P MA SI like the Blue Advantage Primary Care Provider Pay for Performance (QB BA PCP P4P) module that is part of the Quality Blue (QB) program. For BA PCPs in the QB program, self-contracted or contracted with another QB provider, your QB BA PCP P4P agreement remains the same.



2023 HEDIS Measures

2023 HEDIS MEASURES

BREAST CANCER SCREENING IN WOMEN AGES 50-74

- Mammogram in current calendar year or year prior -OR-
- Documented history of bilateral mastectomy (Z90.13)

CERVICAL CANCER SCREENING IN WOMEN AGES 21-64

- Cervical cytology age 21-64 performed in the past 3 years
- Cervical cytology with HPV co-testing age 30-64 performed in the past 5 years -OR-
- Documented history of total hysterectomy without residual cervix (Z90.710)

COLON CANCER SCREENING IN PATIENTS AGES 45-75

- Colonoscopy in current calendar year or 9 years prior -OR-
- Flexible Sigmoidoscopy in current calendar year or 4 years prior -OR-
- FOBT x3 in current calendar year -OR-
- The fecal immunochemical test (FIT) screening test x 1 in current calendar year -OR-
- Colorectal DNA test in current calendar year or 2 years prior -OR-
- Documented history of colorectal cancer or total colectomy

EYE EXAM FOR PATIENTS WITH DIABETES (EED) IN PATIENTS AGES 18-75

- Diabetic (Dilated Retinal) exam in current calendar year or negative eye exam in year prior
- Patients with Polycystic ovarian syndrome, gestational DM, or steroid-induced DM are excluded.

HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD) IN PATIENTS AGES 18-75

- Patients whose A1C was at the following levels during the measurement year:
 - High A1C control (<8.0%)
 - High A1C poor control (>9.0%)
- Patients with Polycystic ovarian syndrome, gestational DM, or steroid-induced DM are excluded.

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED) IN PATIENTS AGES 18-85

- Received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) -AND-
- One uACR (urine albumin-creatinine ratio) by either of the following:
 - Both a quantitative urine albumin test and a urine creatinine test with service dates 4 days or less apart -OR-
 - uACR (urine albumin-creatinine ratio)
- Patients with ESRD are excluded.

STATIN THERAPY FOR PATIENTS WITH DIABETES IN PATIENTS AGES 40-75

- One dispensed statin medication of any intensity for Diabetes in the current year

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE IN MALES 21-75 AND FEMALES 40-75

- One dispensed high- or moderate-intensity statin in the current year for patients with atherosclerotic heart disease (ASCVD)
- ASCVD Includes Peripheral Vascular Disease, Stroke, transient Ischemic attack (TIA), Aortic Aneurysm, or coronary artery disease.

ADULT CARE FOR SPECIAL NEEDS PLAN (SNP) MEMBERS IN PATIENTS AGES 66+ YEARS

- Documentation and/or billing the following CPT codes during current year with visit:
 - 1150F Medication list documented in medical record -AND-
 - 1160F Medication list reviewed by provider -AND-
 - 1170F Functional status assessed by noting ADL assistance needed with bathing, grooming, dressing, transferring, & walking -AND-
 - 1125F Pain is not present OR 1126F Pain is Present

NOTE: Patients in Hospice care are excluded from all measures listed.

WAPR03_202321_APPROVED

- Kidney health evaluation for patients with diabetes (KED) in patients ages 18-85.
 - Received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **-AND-**
 - One uCAR (urine albumin-creatinine ratio) by either of the following:
 - Both a quantitative urine albumin test and a urine creatinine test with service dates 4 days or less apart **-OR-**
 - uACR (urine albumin-creatinine ratio)
- Patients with end-stage renal disease (ESRD) are excluded.

Medication Adherence

- Three triple-weighted Part D Star Measures.
- Includes all Medicare beneficiaries 18 years of age and older that have at least two fills of the applicable medication.
 - Exclusion for those enrolled in hospice or with an ESRD diagnosis.
- Must have a PDC of 80% or greater to meet the measure.

DIABETES MEDICATIONS	CHOLESTEROL MEDICATIONS	HYPERTENSION MEDICATIONS
<ul style="list-style-type: none">• biguanides• sulfonylureas• thiazolidinediones• DPP-4 inhibitors• GLP-1 receptor agonists• meglitinides• SGLT2 inhibitors <p><i>Members with one or more prescriptions for insulin are not included in this measure.</i></p>	<ul style="list-style-type: none">• statins	<ul style="list-style-type: none">• angiotensin converting enzyme inhibitors (ACEI)• angiotensin receptor blockers (ARB)• direct renin inhibitors <p><i>Members with one or more prescriptions for sacubitril/valsartan (Entresto) are not included in this measure.</i></p>

Medication Adherence

- **There are factors that can make a member appear non-adherent:**

- Cash paying. i.e., Retail pharmacy locations with \$4 generic drugs.
- Samples from the providers office.
- Filling meds through the VA.
- Change in dose or direction. It's important to write a new prescription with updated directions.

- **Reasons for Non-Adherence:**

- Lack of Understanding of the Importance of Medication
- Side Effects or Fear of Side Effects
- Complexity of Medication Regimen
- Can't Afford Medication
- Forgetfulness
- Transportation

- **How Providers Can Help:**


- Prescribe 3-month supply prescriptions.
- Switch to lower cost generics medications when possible.
- Write an updated prescription for dose or direction changes.
- Explain why the medication is prescribed, what to expect, anticipated therapy duration and side effects.
- Encourage patients to use auto-refills, refill reminders and medication synchronization at their pharmacies.

STAR Report

4 Star: \$50 PMPY

5 Star: \$100 PMPY

*Payments are Risk Adjusted



Louisiana

Blue Advantage (HMO) | Blue Advantage (PPO)

843 MILLING AVENUE

LULING, LA 70070

Your Blue Advantage Star Report

Dear Provider:


Blue Advantage is providing you with a Star Report on your Blue Advantage patients. The report offers information that can help you deliver quality care and improve health outcomes.

The Star Report displays your performance on several Medicare measures. Your current Star rating for Medicare is a 3 out of 5. The Star Report identifies the entity's performance in each measure that rolls up to the overall Star rating. It also includes the number of patients needed to meet the 4-Star and 5-Star thresholds.

The Star Report also includes a list of all your Blue Advantage patients needing an intervention. This includes annual wellness visits, open gaps in care and suspected gaps in coding. Please evaluate these opportunities at the next patient visit. If there is medical chart documentation to make a patient compliant with a measure, fax the chart to the Vantage Health Plan® Quality Improvement Department at (318) 812-6280. If you did not treat a listed patient or a patient transferred to a new provider, fax that information to Vantage.

Thank you for your commitment to improving the health of your Blue Advantage patients. If you have any questions, contact the Quality Improvement Department at 1-855-545-9457.

Sincerely,



Benjamin V. Vicidomina

VP, Analytics and Quality Improvement

Analytics and Data

*Vantage is a Louisiana-based company that serves as the primary service administrator for all Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO provider services, including HEDIS and risk adjustment research for Blue Cross and Blue Shield of Louisiana and Blue Cross and Blue Shield of Louisiana HMO members.

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Blue Cross and Blue Shield of Louisiana HMO offers Blue Advantage (HMO). Blue Cross and Blue Shield of Louisiana, an independent licensee of the Blue Cross and Blue Shield Association, offers Blue Advantage (PPO).

Blue Advantage from Blue Cross and Blue Shield of Louisiana HMO is an HMO plan with a Medicare contract. Blue Advantage from Blue Cross and Blue Shield of Louisiana is a PPO plan with a Medicare contract. Enrollment in either Blue Advantage plan depends on contract renewal.

Medicare								
Measure	Eligible	Compliant	Rate	Star Rating	4 Star	Gaps to 4 Star	5 Star	Gaps to 5 Star
Breast Cancer Screening	1	1	100.00	5	70.00	0	76.50	0
Colorectal Cancer Screening	7	4	57.14	2	71.00	1	79.00	2
Eye Exam for Patients With Diabetes	4	3	75.00	4	71.00	0	79.00	1
Hemoglobin A1c for Patients With Diabetes	4	4	100.00	5	80.00	0	88.00	0
Kidney Health Evaluation for Patients With Diabetes	6	0	0.00	1	75.00	5	85.00	6
Medication Adherence - Hypertension Medication	6	5	83.33	2	89.00	1	91.00	1
Medication Adherence - Oral Diabetes Medication	4	3	75.00	1	88.00	1	92.00	1
Medication Adherence - Statin Medication	5	5	100.00	5	88.00	0	92.00	0
Statin Therapy for Patients With Cardiovascular Disease	6	5	83.33	3	85.00	1	89.00	1
Statin Use in Persons with Diabetes	2	1	50.00	1	86.00	1	90.00	1

⌚ Hub of services due and other relevant member information

⌚ A grid overview of where the provider stands with each measure

Reading Your STAR Report

Medicare

Dr. John Doe

Patients listed in gray are still in need of services.

Last Name	First Name	Date Of Birth	Last Known Phone	Risk Score
DOE	JANE	12/03/1947	(999)999-9999	0.39

Diagnoses that were submitted last year, but have not been submitted this year.

ICD10 Code	Description
070.54	Chrmc hpt C wo hpat coma

DOE	JON	09/16/1946	(999)999-9999	0.27
-----	-----	------------	---------------	------

Needs a High or Moderate intensity Statin Medication

DOE	JESSIE	09/16/1946	(999)999-9999	0.82
-----	--------	------------	---------------	------

Needs an Annual Wellness Exam

Diagnoses that were submitted last year, but have not been submitted this year.

ICD10 Code	Description
V85.41	BMI 40.0-44.9, adult

DOE	JON	11/21/1952	(999)999-9999	0.38
-----	-----	------------	---------------	------

Needs a Fecal Occult Blood Test (FOBT) x3 performed in current calendar year

Patient is diabetic. Please consider prescribing a statin. (Tier 1 Statins: Atorvastatin, Rosuvastatin, Simvastatin, Pravastatin, Lovastatin)

Needs a High or Moderate intensity Statin Medication

DOE	JON	0707/1936	(999)999-9999	2.91
-----	-----	-----------	---------------	------

Needs an Annual Wellness Exam

Diagnoses that were submitted last year, but have not been submitted this year.

ICD10 Code	Description	ICD10 Code	Description
454.0	Leg varicosity w ulcer	720.2	Sacroiliitis NEC
M00.9	Pyogenic arthritis, Unspecified		

Alternative drugs for patient's current brand name medications.

Brand Name	Alternative Drug 1	Alternative Drug 2	Alternative Drug 3
Mybetriq	Solifenacin Tabs (Tier 2)	Tolterodine Er Caps (Tier 2)	Trospium Er Caps (Tier 2)

DOE	JON	11/05/1938	(999)999-9999	0.73
-----	-----	------------	---------------	------

Diagnoses that were submitted last year, but have not been submitted this year.

ICD10 Code	Description	ICD10 Code	Description
F31.4	Bipolar disorder, current episode depressed,	F33.2	Major depressive disorder, recurrent severe without

Alternative drugs for patient's current brand name medications.

Brand Name	Alternative Drug 1	Alternative Drug 2	Alternative Drug 3
Bystolic	Atenolol Tabs (Tier 1)	metoprolol er tabs (Tier 2)	bisoprolol tabs (tier 2)

Page 1 of 6

- Members with services due will appear in grey.
- Members with all services complete will turn white.

Reading Your STAR Report (continued)

- Diagnosis codes should be submitted annually.
- Medications with lower cost formulary options will be listed.

Medicare				
Dr. John Doe				
Patients listed in gray are still in need of services.				
Last Name	First Name	Date Of Birth	Last Known Phone	Risk Score
DOE	JANE	12/03/1947	(999)999-9999	0.39
Diagnoses that were submitted last year, but have not been submitted this year.				
<u>ICD10 Code</u>	<u>Description</u>			
070.54	Chnrc hpt C wo hpat coma			
DOE	JON	09/16/1946	(999)999-9999	0.27
Needs a Fecal Occult Blood Test (FOBT) x3 performed in current calendar year				
Needs a High or Moderate intensity Statin Medication				
DOE	JESSIE	09/16/1946	(999)999-9999	0.82
Needs an Annual Wellness Exam				
Diagnoses that were submitted last year, but have not been submitted this year.				
<u>ICD10 Code</u>	<u>Description</u>			
V85.41	BMI 40.0-44.9, adult			
DOE	JON	11/21/1952	(999)999-9999	0.38
Needs a Fecal Occult Blood Test (FOBT) x3 performed in current calendar year				
Patient is diabetic. Please consider prescribing a statin. (Tier 1 Statins: Atorvastatin, Rosuvastatin, Simvastatin, Pravastatin, Lovastatin)				
Needs a High or Moderate intensity Statin Medication				
DOE	JON	0707/1936	(999)999-9999	2.91
Needs an Annual Wellness Exam				
Diagnoses that were submitted last year, but have not been submitted this year.				
<u>ICD10 Code</u>	<u>Description</u>	<u>ICD10 Code</u>	<u>Description</u>	
454.0	Leg varicosity w ulcer	720.2	Sacroiliitis NEC	
M00.9	Pyogenic arthritis, Unspecified			
Alternative drugs for patient's current brand name medications.				
<u>Brand Name</u>	<u>Alternative Drug 1</u>	<u>Alternative Drug 2</u>	<u>Alternative Drug 3</u>	
Mybetriq	Solifenacin Tabs (Tier 2)	Tolterodine Er Caps (Tier 2)	Trospium Er Caps (Tier 2)	
DOE	JON	11/05/1938	(999)999-9999	0.73
Diagnoses that were submitted last year, but have not been submitted this year.				
<u>ICD10 Code</u>	<u>Description</u>	<u>ICD10 Code</u>	<u>Description</u>	
F31.4	Bipolar disorder, current episode depressed,	F33.2	Major depressive disorder, recurrent severe without	
Alternative drugs for patient's current brand name medications.				
<u>Brand Name</u>	<u>Alternative Drug 1</u>	<u>Alternative Drug 2</u>	<u>Alternative Drug 3</u>	
Bystolic	Atenolol Tabs (Tier 1)	metoprolol er tabs (Tier 2)	bisoprolol tabs (tier 2)	

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Medical Record Retention and Requests

Specific documentation requirements can be found in the *Blue Advantage Provider Administrative Manual* in the "Medical Records" section.

The guidelines for the maintenance of medical records state they must be:

- Retained for a minimum of 10 years.
- Contain consistent and complete documentation of each member's medical history and treatment.

Medical record request:

- Should be responded to within 10 days of the request.

When members change their PCP and request a transfer of their medical records, the provider has 10 business days of the request to forward the records.

Note: Providers are contractually responsible for sending medical records without charge.

Blue Advantage Portal Training

Our **Provider Relations Representatives** are available to provide Blue Advantage portal training to providers and their staff.

To request training, please send an email to **provider.relations@bcbsla.com**. Put "Blue Advantage Portal Training " in the subject line.

Please include your:

- Name
- Organization name
- Contact information
- Brief description of the training you are requesting





Contact us:

Blue Advantage Customer Service

1-866-508-7145

customerservice@blueadvantage.bcbsla.com