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- 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.

Quality Blue - Condition Assessment Program

Evolving incentives for Medicare Advantage

LOUISIANA **BLUE**   Blue adVantage (HMO) | Blue adVantage (PPO)

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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

- Providers treating 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.

Importance of Primary Care Providers

The PCP should:

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

When a member changes PCPs, upon request, the prior PCP has 10 business days of the 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://bmcpimcare.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 AWW

G0402: Initial Preventative Physical Examination (IPPE)

G0468: FQHC Encounter for AWW or IPPE

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)**.

More information about these codes can be found on CMS.gov at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html#IPPEsits>

RHC Reporting Requirement – Modifier CG

Rural health clinics (RHCs) shall report Modifier CG (policy criteria applied) on RHC claims and claim adjustments. Providers should report Modifier CG on one line with a medical and/or mental health HCPCS code that represents the primary reason for the medically necessary face-to-face visit. This line should have the bundled charges for all services subject to coinsurance and deductible. If only preventative services are furnished during the visit, report Modifier CG with the preventive service HCPCS code that represents the primary reason for the medically necessary face-to-face visit.

- Medical and preventative services HCPCS codes are billed with revenue code 052X.
- Mental health services HCPCS codes are billed with revenue code 0900.

Claims submitted without Modifier CG will process incorrectly and the provider will need to adjust the claim.

For additional details, please review the following:

- [Rural Health Clinics Reporting Requirements Frequently Asked Questions](#)
- [Rural Health Clinic Qualifying Visit List \(RHC QVL\)](#)

Quality Blue - Condition Assessment Program

Evolving incentives for Medicare Advantage





Wellness Coupon Program

- Used by Vantage since 2015 & Louisiana Blue since 2020
- Educated on proper billing MA Annual Wellness Visits
- Alerted PCPs to suspect diagnoses
- Incentivized completion of visits

Patient Name: _____ Primary Care Provider (PCP): _____
 Patient Address: _____ PCP Signature: _____
 DOB: _____ NPI#: _____
 Member ID #: _____ Date of Visit: _____

PROBLEM LIST - Please select ALL that apply to this patient and KEEP A COPY OF THIS IN THE CHART. Vantage pays an additional \$20 to the provider when this form is completed and faxed to (318) 361-2159. **ALSO, REMEMBER TO INCLUDE ALL SELECTED DIAGNOSES ON YOUR WELLNESS VISIT CLAIM TO RECEIVE THE \$20.00.** 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 Vantage Health Plan at (318) 998-0409.

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 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
 Heart Failure, unspecified - I50.9
 Peripheral Vascular Disease - I73.9
 Hypertensive Heart Disease with Heart Failure II 1.0

Respiratory
 Asthma - J45.909
 COPD - J44.9
 Cystic Fibrosis - E84.9
 Emphysema - J43.9

Neurological
 Epilepsy - G40.909
 Polyneuropathy, unspecified - G62.9
 Late effects CVA Hemiplegia/Paresis - I69.959
 Parkinson's Disease - G20

Hematological
 HIV status - Z21
 Sickle Cell without crisis - D57.1
 Sickle Cell Trait - D57.3

Endocrine (select ALL that apply)	Type II	Type I
<input type="checkbox"/> DM without complications	<input type="checkbox"/> E11.9	<input type="checkbox"/> E10.9
<input type="checkbox"/> DM with hyperglycemia (A1C>7)	<input type="checkbox"/> E11.65	<input type="checkbox"/> E10.65
<input type="checkbox"/> DM with nephropathy	<input type="checkbox"/> E11.21	<input type="checkbox"/> E10.21
(2+ urine micro 3 mo. apart)		
<input type="checkbox"/> DM with CKD	<input type="checkbox"/> E11.22	<input type="checkbox"/> E10.22
Choose also CKD stage N18's		
<input type="checkbox"/> DM with unspecified DM retinopathy without macular edema	<input type="checkbox"/> E11.319	<input type="checkbox"/> E10.319
<input type="checkbox"/> DM with DM Polyneuropathy	<input type="checkbox"/> E11.42	<input type="checkbox"/> E10.42
<input type="checkbox"/> DM with DM PVD without gangrene	<input type="checkbox"/> E11.51	<input type="checkbox"/> E10.51
<input type="checkbox"/> DM with Foot Ulcer	<input type="checkbox"/> E11.621	<input type="checkbox"/> E10.621

Use additional code to ID site and type (L97.4-L97.5)
 Long-Term Insulin Use - Z79.4
 Morbid Obesity (BMI > 40) - E66.01
 Choose also: BMI: _____

Status Codes
 Tracheostomy - Z93.0
 Colostomy - Z93.3
 Ileostomy - Z93.2
 Renal Dialysis Status - Z99.2
 Non-Compliant with renal Dialysis - Z91.15
 Status Amputation type: _____

Psychological
 Alcohol Dependence - F10.20
 Substance Dependence - F19.20
 Specify type of substance: _____
 Bipolar Disorder - F31.9
 Schizophrenia - F20.9

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
 Ulcerative Colitis - K51.90
 Crohn's Disease - K50.90

Chronic Kidney Disease	ICD-10
Stage	GFR
<input type="checkbox"/> 1	>90
<input type="checkbox"/> 2	60-90
<input type="checkbox"/> 3	30-59
<input type="checkbox"/> 4	15-29
<input type="checkbox"/> 5	<15 or dialysis
	N18.1
	N18.2
	N18.3
	N18.45
	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:

Please list all other diagnoses with ICD-10 code: _____

Louisiana Blue spent 2024 evaluating the effectiveness of the Wellness Coupon program after frequent provider feedback indicated its limitations.

Limitations of Coupon Program

- Paper Based
- Limited scalability
- Extra work for PCP & Plan to complete & reconcile
- Poor distribution tool for suspect DX

In 2025, the Blue Advantage Wellness Coupon Program will be replaced by the new Quality Blue – Condition Assessment Program.

Coupons for 2024 DOS were accepted through 2/28/2025.

QB – Condition Assessment Program

- AWW Completion – Payment of \$60 per completed AWW, available to all network PCPs
- Two options for Condition Assessment:
 1. Condition Assessment via Epic – Payment of \$40 per condition assessed
 2. Condition Assessment via Stellar Health – Payment of \$40 per condition assessed
 - Minimum attribution requirements apply to enrollment in Stellar Health

QB – Condition Assessment Program

- Providers who do not participate in condition assessment with Epic or Stellar **and** have 10+ members are eligible for an escalating Annual Incentive for reaching thresholds of AWW completion.
- Panel AWW Completion Rate:
 - Over 50% - \$5 PMPY
 - Over 60% - \$15 PMPY
 - Over 80% - \$20 PMPY
 - Over 90% - \$25 PMPY

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 Blue Advantage 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.
- In prior years, Blue Advantage has evaluated each PCP individually. Effective in 2024, Star Ratings will be evaluated at the QB group or Tax ID Number (TIN) level.

2025 MA Star Measures Changes



Measures are categorized as Foundational, Enhanced, and High Focus:

Measure	Category	Factor	Steward
Breast Cancer Screening (BCS)	Foundational	1.0	HEDIS
Colorectal Cancer Screening (COL)	Foundational	1.0	HEDIS
Kidney Health Evaluation for Patients with Diabetes (KED)	Foundational	1.0	HEDIS
Medication Adherence for Diabetes Medications (ADH- Diabetes)	Foundational	1.0	CMS
Medication Adherence for Hypertension (ADH- RAS Antagonists)	Foundational	1.0	CMS
Medication Adherence for Cholesterol (ADH- Statins)	Foundational	1.0	CMS
Eye Exam for Patients with Diabetes (EED)	Enhanced	0.5	CMS
Hemoglobin A1c for Patients with Diabetes (HBD)	Enhanced	0.5	CMS
Controlling High Blood Pressure (CBP)	Enhanced	0.5	CMS
Plan All-Cause Readmissions (PCR)	Enhanced	0.5	CMS
Statin Therapy for Patients with Cardiovascular Disease (SPC)	High Focus	1.5	HEDIS
Statin Use for Patients with Diabetes (SUPD)	High Focus	1.5	HEDIS

- **Foundational:** Measured using claims data. **These measures carry a factor of 1.0.**
- **Enhanced:** More advanced and may require the exchange of clinical data or medical coding including applicable CPT II codes as defined by measure, in the absence of a data feed. **These measures carry a factor of 0.5.**
- **High Focus:** Those where members have a significant need to improve health outcomes. These are medication measures. **These measures carry a factor of 1.5.**

2025 MA Star Measures Changes



Sample Scorecard - For illustrative purposes only

Measure	Category	Num.	Den.	Rate	Star	Weight ⁽¹⁾	Factor	Weight * Factor	Star * Weight * Factor			
		A	B	A/B = C	D	E	F	E*F	D*E*F			
Breast Cancer Screening (BCS)	Foundational	40	50	80%	5	10	1	10	50			
Colorectal Cancer Screening (COL)	Foundational	70	100	70%	3	10	1	10	30			
Kidney Health Evaluation for Patients with Diabetes (KED)	Foundational	25	30	83%	4	10	1	10	40			
Medication Adherence for Diabetes Medications (ADH- Diabetes)	Foundational	23	30	76%	4	10	1	10	40			
Medication Adherence for Hypertension (ADH- RAS Antagonists)	Foundational	29	30	97%	5	10	1	10	50			
Medication Adherence for Cholesterol (ADH- Statins)	Foundational	5	7	71%	4	7	1	7	28			
Eye Exam for Patients with Diabetes (EED)	Enhanced	61	70	87%	3	10	0.5	5	15			
Hemoglobin A1c for Patients With Diabetes (HBD)	Enhanced	26	30	87%	3	10	0.5	5	15			
Controlling High Blood Pressure (CBP)	Enhanced	62	70	86%	3	10	0.5	5	15			
Plan All-Cause Readmissions (PCR)	Enhanced	6	7	86%	4	7	0.5	3.5	14			
Statin Therapy for Patients With Cardiovascular Disease (SPC)	High Focus	6	7	86%	4	7	1.5	10.5	42			
Statin Use for Patients With Diabetes (SUPD)	High Focus	6	7	86%	4	7	1.5	10.5	42			
								H	I			
Total Weights								97	381			
Star Rating Unrounded								3.95				
Rounded Star Rating								★	★	★	★	

I/H

(1) If denominator is over 10, a weight of 10 is applied. Otherwise weight is denominator.

Retired Measures

- **Diabetes Care- Hemoglobin A1C Test**
- **Care of Older Adults measures**
- **Osteoporosis Management in Women who had a Fracture**

New Measures

- **Diabetes Care- Blood Sugar Controlled**
- **Controlling High Blood Pressure**
- **Plan All Cause Readmissions**

CPT II Resources for new Star Measures



Measure	Definition	CPT II Codes
Controlling High Blood Pressure	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mmHg) during the measurement year.	3074F (systolic < 130 mmHg) 3075F (systolic = 130-139 mmHg) 3077F (systolic ≥ 140 mmHg) 3078F (diastolic < 80 mmHg) 3079F (diastolic = 80-89 mmHg) 3080F (diastolic ≥ 90 mmHg)
Controlling Blood Sugar	The percentage of members 18-85 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was > 9% during the measurement year.	3044F A1c < 7% 3046F A1c > 9% 3051F A1c ≥ 7% and < 8% 3052F A1c ≥ 8% and ≤ 9%

Statin Use in Persons with Diabetes (SUPD)

Measure Description

- Percentage of patients with diabetes receiving statin therapy

Calculation (numerator/denominator)

- **Numerator:** Number of patients in the denominator who received *any* statin medication fill during the current measurement year
- **Denominator:** Number of patients 40-75 years old with at least two diabetes medication fills, on two separate dates, during the current measurement year

Measure Rationale

- The American Diabetes Association (ADA) Standards of Medical Care in Diabetes recommends the use of a statin regardless of lipid levels in patients 40-75 years of age with diabetes.
- These patients without additional ASCVD risk are recommended to use a moderate-intensity statin.
- Patients with ASCVD and diabetes are recommended to use a high-intensity statin.

Exclusion Criteria and ICD-10-CM Codes

- **Hospice**
- **ESRD or Dialysis:** I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
- **Myopathy:** G72.0, G72.89, G72.9
- **Rhabdomyolysis:** M62.82
- **Pre-diabetes:** R73.03, R73.09
- **Liver Cirrhosis:** K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
- **PCOS:** E28.2
- **Pregnancy, lactation, or infertility:** Please call Clinical Pharmacy Services toll-free at 1-833-955-3820 (TTY 711) Monday - Friday from 8 a.m. to 5 p.m. for qualifying ICD-10 codes.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Description

- Percentage of patients with clinical atherosclerotic cardiovascular disease (ASCVD) receiving statin therapy

Calculation (numerator/denominator)

- **Numerator:** Patients that were dispensed at least one *high* or *moderate-intensity* statin during the measurement year
- **Denominator:** Males 21-75 years of age and females 40-75 years of age during the measurement year identified as having clinical ASCVD

Measure Rationale

- In members that are 75 years or younger with ASCVD, the American College of Cardiology (ACC) and American Heart Association (AHA) 2018 guidelines recommend a high-intensity statin.
- A moderate-intensity statin is recommended for those who experience statin-associated side effects at a high-intensity dose.

Exclusion Criteria and ICD-10-CM Codes

- **Hospice**
- **Deceased during the measurement year**
- **Palliative Care:** Z51.5
- **ESRD or dialysis:** I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
- **Myalgia:** M79.10–M79.12, M79.18
- **Myositis:** M60.80, M60.9
- **Myopathy:** G72.0, G72.89, G72.9
- **Rhabdomyolysis:** M62.82
- **Liver Cirrhosis:** K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
- **Pregnancy, infertility or dispensed clomiphene prescription:** Please call Clinical Pharmacy Services toll-free at 1-833-955-3820 (TTY 711) Monday - Friday from 8 a.m. to 5 p.m. for qualifying ICD-10 codes.
- **Members 66 years of age and older:** Institutional SNP (I-SNP) enrolled, living in a long-term care facility, frailty & advanced illness diagnosis, or a dispensed dementia medication

Best Practices to Help Close the Gap in Care

Evaluate Gaps in Care Information

- Identify patients who meet measure criteria and who do not have a statin fill
- Identify which prescribers have the most opportunities for statin initiation

Recommendations to Encourage Appropriate Statin Therapy

- Build alerts into the EMR to notify providers of patients in need of a statin based on diagnoses
- Develop a protocol to initiate statins in patients who meet the criteria

Prescribing Statins

- Prescribe three-month supplies and remind patient to refill on schedule to encourage better adherence
- Utilize mail order and turn on auto-refills when using Express Scripts Pharmacy

Statin Intolerance

- Studies show that almost half of patients can tolerate the same statin upon rechallenge;
 - Rosuvastatin, pravastatin and fluvastatin are the least likely to have drug interactions
- Consider alternate dosing schedule

Pay for Performance (P4P) Medicare Advantage Star Rating Incentive

4 Star: \$50 PMPY

5 Star: \$100 PMPY

Note: Payments are Risk Adjusted



All PCPs participating in our Blue Advantage network(s) are eligible to receive performance incentive payments based on closing gaps in care for CMS HEDIS® measures.

Blue Advantage P4P Module

Financial Incentive for Quality Blue Providers

- Paid annually to the Quality Blue (QB) Provider (contracted entity).
- Financial incentives are named P4P PMPY.
- Earn incentives by achieving a four or five-Star Rating.
- Further risk adjusted per member based on Hierarchical Condition Category (HCC) risk score.
- P4P PMPY can be reconciled by the QB Provider using the Checks feature in the Blue Advantage Provider Portal.
 - The link to the Provider Portal is available under the “Other Sites” section of iLinkBlue (www.lablue.com/ilinkblue).

Star Report



Blue adVantage (HMO) | Blue adVantage (PPO)

Your Blue adVantage Incentive Plan Update

Dear :

We are providing an update on your earnings from its incentive plans, which includes a Star Report that offers information that can help you maximize incentive payments.

The Star Report displays your performance on several quality measures that are part of the Pay for Performance Medicare Advantage Stars Incentive module. Your current Star rating is a out of 5 (to receive an incentive payment, you must achieve at least a rating of 4, as provided in the Quality Blue Primary Care Program Manual Exhibit which is attached for reference).



The Star Report includes a list of your Blue Advantage patients that have care gaps related to Star measures. Please evaluate these opportunities at the next patient visit. Medical chart documentation can be faxed to our Quality Improvement Department at (318) 812-6280. If you have any questions, you may call 1-855-545-9457.

Thank you for your commitment to improving the health of your Blue Advantage patients.

Sincerely,

Network Operations
Health Services Division

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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

Utilizing 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.				
<u>ICD10 Code</u>	<u>Description</u>			
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.				
<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)	Totterodine 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)	

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

Utilizing Your Star Report

- 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.	
ICD10 Code	Description
070.54	Chrc 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.	
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)				
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
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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)

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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@lablue.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@blueadvantagela.com

Provider Relations

1-800-716-2299, option 4

provider.relations@lablue.com

