Important Provider Information

Instructions

2019

Patient Diagnosis Evaluation and Treatment Opportunities Report

Diagnosis evaluation and gap closure methods

Confirm whether your patient has or does not have the diagnosis by:

- Submitting a claim with the diagnosis code
- Using the Diagnosis Evaluation panel on Medicare Advantage Health e-Blue℠
- Completing the enclosed Patient Diagnosis Evaluation and Treatment Opportunities report (for providers without access to Health e–Blue)
  - Submission of a patient medical record is required to confirm a diagnosis using this method. Please fax completed forms and other supporting documentation to 1-866-707-4723.

The Diagnosis Closure Incentive Program rewards providers for closing diagnosis gaps. Blue Cross Blue Shield of Michigan will pay you $100 per patient for closing all of the diagnosis gaps identified for that patient by Dec. 31, 2019. The diagnosis gaps must have been monitored, evaluated, assessed and/or treated during an office visit that occurred within the program year to confirm or deny a diagnosis.
Instructions – Patient Diagnosis Evaluation and Treatment Opportunities Report

We provide a report for each Blue Cross Medicare Plus Blue® patient who has a diagnosis gap or a treatment opportunity. Please note there are two types of diagnosis gaps:

- Historic – The patient has had a diagnosis in previous years, but this diagnosis has not been submitted during the current calendar year.
- Suspected – The patient may have a condition for which he or she hasn’t been diagnosed. This is based on supplemental data, such as pharmacy claims, lab, durable medical equipment or self-reported conditions through the patient health assessment.

**Diagnosis Evaluation**

Confirm your patients’ diagnoses during a face-to-face office visit this calendar year and record the date.

Enter an ICD-10 code.

If the patient has the condition, check the box for “Yes,” and place supporting documentation in patient’s medical record. If the patient doesn’t have the condition, check the box for “No.”

**Patient Treatment Opportunities**

Review the services needed and submit the portion of the patient health records that support the service/test and results. Provide a copy of the medical record documenting the service/test and results.

If the patient hasn’t had the service, contact the patient to schedule an appointment and encourage the patient to obtain the service listed.

This information is required:

1. Signature
2. Printed name
3. Tax ID# and name
4. Enter Office Manager contact name and phone number

Use the checkbox to indicate your credentials here.

Please fax the completed report to 1-866-707-4723. Or, mail to Blue Care Network, Mail Code G803, P.O. Box 68710, Grand Rapids, MI 49516-8710.

For complete specifications about the Diagnosis Closure Incentive program, visit Medicare Advantage Health e-Blue® to download the 2019 Medicare Advantage Diagnosis Closure Incentive Program document.
Treatment Opportunities Can be Closed in the Following Ways:

• Submit a claim with the CPT® code* supporting the Healthcare Effectiveness Data and Information Set service.

• Submit a claim with a CPT code for the service and the CPT Category II code when results are included.

• Complete and submit the enclosed reports. Include the associated patient medical record. Please fax/mail completed forms and other supporting documentation to 1-866-707-4723 by Jan. 2, 2020.

The 2019 Performance Recognition Program and Clinical Quality Value Based Reimbursement programs, rewards providers for closing treatment opportunity (HEDIS) gaps for their Medicare Advantage patients by Dec.31, 2019.

For questions about your enclosed reports or the incentive programs referenced in this booklet, please contact Clinical Consultants Tom Rybarczyk at 313-378-8359 or Corinne Vignali at 313-969-0417.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved. ®HEDIS is a registered trademark of the National Committee for Quality Assurance.