



Blue Cross
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Blue Care Network
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2017 Diagnosis Closure Incentive

A MEDICARE ADVANTAGE INCENTIVE PROGRAM FOR:

- **BCN AdvantageSM HMO-POS**
- **BCN AdvantageSM HMO**
- **Medicare Plus BlueSM PPO**
- **Medicare Plus BlueSM Group PPO**



2017 DIAGNOSIS CLOSURE INCENTIVE

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Executive summary

Physicians and health plans play a vital role in coordinating and improving the delivery and cost of health care. And, we're held accountable for the quality and efficiency of the care we deliver.

To this end, Blue Cross Blue Shield of Michigan and Blue Care Network have instituted a **Diagnosis Closure Incentive program** focused on yearly provider documentation of our Medicare Advantage members' chronic conditions based on previously reported (historical) conditions or suspected conditions.

Through this program, we provide our attributed physicians a comprehensive list of potentially applicable diagnoses and ask that you document whether our member has these conditions in their medical record following a face-to-face office visit. Or, we ask that you confirm that a historical or suspected diagnosis doesn't exist.

Complete and accurate diagnosis coding helps Blue Cross and BCN identify patients who may benefit from disease and medical management programs. It also gives the Centers for Medicare & Medicaid Services the most accurate patient risk scores to base their compensation to health plans. The result: improved quality care and benefits for members.

For these reasons, it's imperative that all member conditions are addressed every year and that diagnosis code data is diligently documented and accurately reported by health care providers following M.E.A.T. guidelines.

While diagnosis gaps identified by Blue Cross and BCN may not encompass all conditions, the information is intended to help providers care for their patients. Confirming and validating patient conditions every year allows us to maintain the most accurate patient data possible.

We'll issue you an incentive payment for your role in addressing all member conditions every year. This occurs simply by confirming a condition doesn't exist, or by identifying and documenting diagnoses following annual face-to-face visits with our members.

This booklet is intended to help you be successful with this program as you continue to provide outstanding care for our members.

Definitions

- **Attributed provider** is a provider who serves as a primary care physician contractually (through the HMO model) or has Blues Medicare Advantage patients attributed to him or her for whom the provider coordinates care (through the PPO model).
- **CMS** stands for the Centers for Medicare & Medicaid Services. CMS is a federal agency within the U.S. Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid and other programs.
- **CDC** stands for the Centers for Disease Control and Prevention. The CDC is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States with the goal of improving overall public health.
- **Diagnosis gap** is a historical or suspected condition that has not been documented and coded in the current calendar year or has not been confirmed that the diagnosis is not applicable to the member.
- **M.E.A.T.** stands for Monitor, Evaluate, Assess or Treat
 - **MONITOR** — signs, symptoms, disease progression, disease regression
 - **EVALUATE** — test results, medication effectiveness, response to treatment
 - **ASSESS** — ordering tests, discussion, review records, counseling
 - **TREAT** — medications, therapies, other modalities
- **Predictive Modeling** is a set of tools that use codes reported in the program year to determine the needs for the following year, which allows Blue Cross and BCN to help providers identify areas of treatment or diagnosis gaps.
- **Provider** refers to a physician who provides medical service to members.



Diagnosis Closure Incentive program highlights

The Diagnosis Closure Incentive program is effective for dates of service Jan. 1 through Dec. 31, 2017. Providers with one or more attributed Blue Cross or BCN Medicare Advantage patients with at least one open diagnosis gap identified by Sept. 30, 2017 are eligible for this incentive program. The provider must have a face-to-face visit with each member by Dec. 31, 2017 and address each suspected diagnosis **with appropriate documentation in the patient's medical record based on CDC and CMS requirements**. Or, the provider must report to Blue Cross or BCN that the member doesn't have the suspected diagnosis ([see below for more information](#)).

Once all of the member's diagnoses have been accurately reported to Blue Cross and BCN and there are no additional diagnosis gaps for the member, the provider will be reimbursed for closing 100 percent of the member's diagnosis gaps. Only diagnosis gaps identified between January 2017 and September 2017 that require closure will be eligible for the \$100 payment for that member. A suspected or historical diagnosis may be identified by Blue Cross and BCN any time between Jan. 1 and Sept. 30, 2017.

A diagnosis gap is a historical or suspected diagnosis that hasn't been addressed and coded in the current year. A gap can also be a suspected diagnosis that a provider has determined the member doesn't have, referred to as a "negative gap closure" or "negatively closed gap." To earn the \$100 per member incentive for closing all of the member's gaps, the **face-to-face** visit with the member must occur by Dec. 31, 2017.

A gap shouldn't be closed solely for the reason that you're not actively treating the condition or haven't seen the member. A diagnosis gap should **only** be closed if you've conducted an office visit, addressed the condition and determined that the patient no longer has the condition or the suspected condition doesn't exist.

Diagnosis gaps, as well as every condition a patient has, must be addressed, documented and submitted within the 2017 calendar year through the methods below. Each reported diagnosis must have a plan of treatment that involves managing, evaluating, assessing or treating (M.E.A.T.) the patient's conditions. Diagnosis gaps reset at the beginning of each calendar year.

Gaps can be closed through one of the following methods:

- Confirm the diagnosis code:
 - By submitting a claim with the diagnosis code
 - Through Health e-BlueSM entry
 - By submitting a *Member Diagnosis Evaluation and Treatment Opportunities* report, sent by Blue Cross three times a year (for those without access to Health e-Blue)
 - By submitting a patient medical record
- Notify Blue Cross or BCN that the patient doesn't have the condition:
 - Through Health e-Blue
 - By submitting a paper *Member Diagnosis Evaluation and Treatment Opportunities* report, sent by Blue Cross three times a year (for those without access to Health e-Blue)

Medical records submission

Submit a patient medical record by fax to the Blues at 1-866-707-4723. Include a cover sheet with physician name, physician NPI, physician tax identification number, physician contact information, patient name, patient contract number and patient date of birth. Double-sided medical records must have all required information on both sides of the page, including dates of service, patient contract number and date of birth.

Eligibility requirements and incentive program determination

Provider eligibility and incentive payment is calculated using the following methodology, regardless of membership level:

- Member must have Blue Cross or BCN Medicare Advantage coverage through one of the following products:
 - BCN AdvantageSM HMO-POS
 - Medicare Plus BlueSM PPO
 - BCN AdvantageSM HMO
 - Medicare Plus BlueSM Group PPO
- Member must be assigned to the physician through the HMO PCP selection process or the Blue Cross MA PPO attribution process.
- Member must have a minimum of one open diagnosis gap identified during the period of Jan. 1 through Sept. 30, 2017.
- A provider must close 100 percent of open historical and suspected diagnosis gaps identified by Blue Cross or Blue Care Network for the member supported by a **face-to-face** visit in calendar year 2017 **with the appropriate corresponding medical record documentation**, or confirm a diagnosis doesn't exist. See the "How do I close a diagnosis gap" section of the FAQ.
- Providers need to support closing diagnosis gaps by appropriate documentation in the paper or electronic medical record, for all Blue Cross and BCN Medicare Advantage patients each year following CDC and CMS guidelines. For more information on appropriate documentation, please refer to the following ICD-10-CM link: cdc.gov/nchs/icd/icd10cm.htm*
- Blue Cross and BCN recognize that many provider offices send reminder letters but may not see members who need services or have historical or suspected diagnoses that need evaluation. **Attempts to provide service won't count** in place of providing a face-to-face visit with a member.
- Blue Cross and BCN retain the right to modify the Diagnosis Closure Incentive program at any time. Modifications may include, but are not limited to:
 - Changes to the Diagnosis Closure Incentive program calculation methodologies
- **All provider data returns are subject to audit.** Blue Cross and BCN perform periodic, random audits to ensure accurate documentation and coding for closed diagnosis gaps.
 - Both the provider and member must be active on Dec. 31, 2017.
 - The attributed provider on Dec. 31, 2017, will be the provider who earns the incentive payment.

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Payment determination

Diagnosis gap closure – Providers who close 100 percent of all open historical and suspected gaps for each assigned (HMO) or attributed (PPO) Blue Cross or BCN Medicare Advantage member having at least one diagnosis gap between Jan. 1 and Sept. 30, 2017 will earn \$100 per attributed member.

- Calculating the diagnosis gap closure rate: A diagnosis gap closure rate will be calculated at the individual provider level. The individual provider will be compensated \$100 for every member who had all diagnosis gaps closed per the requirements documented in this booklet.

Calculation:

(Each eligible member) x (\$100) = provider payment

- Blue Cross and BCN will provide information on expected diagnoses for all members on Health e-Blue. (Please see the *Tools to help maximize closing diagnosis gaps* section below for more detail).
- A **face-to-face** visit by Dec. 31, 2017, is required to close each gap. All gaps must be closed following official ICD-10-CM coding guidelines, or the physician must document on Health e-Blue or the *Member Diagnosis Evaluation and Treatment Opportunities Report* that the patient doesn't have the conditions.

Please see the following link for more details on ICD-10-CM coding guidelines: cdc.gov/nchs/icd.htm*

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Tools to help close diagnosis gaps

Providers will receive tools from Blue Cross and BCN to measure and track progress throughout 2017 including:

- The *Diagnosis Evaluation* panel on Health e-Blue identifies patients with diagnosis gaps. Please see below for more details.
 - Member care alerts on web-DENIS identify patients with a diagnosis gap or treatment opportunity. See below for more details.
- *Member Diagnosis Evaluation and Treatment Opportunity* reports will be mailed three times a year to provider offices without access to Health e-Blue.

Health e-Blue entry

The Diagnosis Evaluation report on Health e-Blue includes historical and suspected diagnosis gaps for all Blue Cross and BCN Medicare Advantage members. The Health e-Blue report is refreshed monthly. Providers can use this report to:

- Confirm diagnosis gaps
- Request deletion of diagnosis gaps
- Add additional diagnoses

Web-DENIS member care alerts

When checking patient eligibility and benefits on web-DENIS, member care alerts will display a printable list of diagnosis gaps and treatment opportunities by patient. When you click on a diagnosis gap or treatment opportunity on the list, you'll be brought to the Health e-Blue home page where you can navigate to the *Diagnosis Evaluation* or *Treatment Opportunities by Condition/Measure* panels to close patient gaps.

Member care alerts are color-coded:

- **Red:** This member has an open diagnosis gap or treatment opportunity that requires action.
- **Green:** This member has a pending or closed diagnosis gap or treatment opportunity. No action is required.
- **Gray:** This member doesn't have a diagnosis gap or treatment opportunity at this time. No action is required.

Health e-Blue provides a valuable opportunity for provider offices to access their current performance and return patient data to Blue Cross and BCN.

All data entered into Health e-Blue must be for services rendered, not just ordered or reminders sent.

If your office doesn't have access to Health e-Blue, apply today. Go to bcbsm.com/providers and click on *Provider Secured Services*.

Provider offices are asked to support the Blue Cross and BCN efforts to address and document all chronic conditions of the Blue Cross and BCN's Medicare Advantage population each year following CDC and CMS guidelines.

If you need assistance with Health e-Blue, please contact Health e-Blue technical support by phone at 1-877-258-3932, by email at healthblue@bcbsm.com, or by contacting your provider consultant.

Report and payment distribution

Blue Cross and BCN will make every reasonable effort to remit the 2017 Diagnosis Closure Incentive program payment and payment reports by the end of the third quarter, 2018. Diagnosis Closure payments will be made according to the BCBSM's and BCN's incentive payment policy, subject to the requirements outlined in this document.

Questions

If you have questions or concerns regarding the Diagnosis Closure Incentive program, contact your provider consultant, or one of the following contacts:

Laurie Latvis

Director of Provider Consulting Services

llatvis@bcbsm.com

248-563-8811

Dan Martin

Director of Provider Outreach

dmartin@bcbsm.com

313-225-0531

Web Support Help Desk for Health e-Blue technical support:

1-877-258-3932 or email healththeblue@bcbsm.com



Frequently Asked Questions

2017 MEDICARE ADVANTAGE DIAGNOSIS CLOSURE INCENTIVE PROGRAM

OVERVIEW

The Medicare Advantage Diagnosis Closure Incentive program rewards primary care physicians for accurately and completely capturing diagnoses.

For complete specifications about the Diagnosis Closure Incentive program, Michigan physicians should visit Health e-BlueSM to download the Blue Cross and BCN 2017 *Medicare Advantage Diagnosis Closure Incentive Program* document. Out-of-state physicians can request a copy from Laurie Latvis, director, Provider Consulting Services, at 248-563-8811.

Diagnosis gaps, as well as every condition a patient has, must be addressed, documented and submitted for the 2017 calendar year. Each reported diagnosis must have a plan of treatment that involves managing, evaluating, assessing or treating the patient's condition(s). These efforts assist Blue Cross and BCN in identifying patients who may benefit from disease and medical management programs as we aim to provide affordable and high quality patient care.

ELIGIBILITY

Q. Who is eligible for the Diagnosis Closure Incentive program?

- A. Attributed physicians* who have one or more Blues Medicare Advantage patients with at least one open diagnosis gap during the year are eligible. Members must have Blues Medicare Advantage coverage through one of the following products:
- BCN AdvantageSM HMO-POS
 - BCN AdvantageSM HMO
 - Medicare Plus BlueSM PPO
 - Medicare Plus BlueSM Group PPO

**See below for the definition of an attributed physician.*

Q. What is an attributed physician for this incentive program?

- A. An attributed physician, who can earn an incentive for the Diagnosis Closure Incentive program, is one of the following:
- For BCN Advantage — An attributed physician is a primary care physician contracted with BCN Advantage.
 - For Blue Cross Medicare Plus Blue PPO — An attributed physician is a physician who coordinates the care of Blue Cross Medicare Advantage patients regardless of Medicare Advantage PPO contract status.

Q. Does the Diagnosis Closure Incentive program apply to specialists?

- A. For BCN Advantage, the Diagnosis Closure Incentive is always assigned to the patient's primary care physician.

For Blue Cross' Medicare Plus Blue PPO, the incentive also applies to the primary care physician rather than the specialist. However, if a member is only seeing a specialist who is acting as the member's primary care physician and doesn't see any other primary care physician, the specialist will receive the incentive.

CLOSING PATIENT GAPS IN CARE

Q. How does the Diagnosis Closure Incentive program work?

- A. To receive an incentive payment through the Diagnosis Closure Incentive program, all of the following must occur:
- An attributed physician must have one or more Blue Cross or BCN Medicare Advantage patients with at least one open diagnosis gap as identified by Blue Cross or BCN between Jan. 1 and Sept. 30, 2017.
 - The physician must close 100 percent of the open diagnosis gaps for the patient.
 - A required **face-to-face** patient visit to close a diagnosis gap must take place in the 2017 calendar year and the appropriate documentation must be placed in the patient's medical record based on requirements set by the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services.
 - The diagnosis gap closure must happen through a method that includes reporting the information to Blue Cross or BCN. (See "How do I close a gap?" below)
 - Physicians who close 100 percent of all identified gaps **for each attributed patient** will receive \$100 for **that patient**.

Q. What is a diagnosis gap?

- A. A diagnosis gap is a historic or suspected condition that hasn't been documented and coded in the 2017 calendar year or hasn't been confirmed that the diagnosis isn't applicable to the member.

Q. How do I find the diagnosis gaps that have been identified by Blue Cross and BCN?

- A. Michigan physicians with access to Health e-BlueSM can view their member diagnosis gaps on the Diagnosis Evaluation panel, which is updated monthly. Blue Cross physicians, who haven't enrolled in Health e-Blue, will receive a Member Diagnosis Evaluation and Treatment Opportunities report by mail three times in 2017. Blue Cross and BCN encourage Michigan physicians to sign up for Health e-Blue, a preferred paperless option for sharing patient data.

Out-of-state physicians will receive a *Member Diagnosis Evaluation and Treatment Opportunities* report by mail three times in 2017.

Q. Can I use web-DENIS to view patient diagnosis gaps?

- A. Yes. The web-DENIS patient eligibility screen displays member care alerts with printable lists of diagnosis gaps and treatment opportunities by patient. When you click on a diagnosis gap or treatment opportunity, you'll be brought to the Health e-Blue home page, if you have access. Once in Health e-Blue, you may navigate to the *Diagnosis Evaluation or Treatment Opportunities by Condition/Measure* panels to close patient gaps.

Member care alerts are color-coded:

- **Red:** This member has an open diagnosis gap or treatment opportunity that requires action.
- **Green:** This member has a pending or closed diagnosis gap or treatment opportunity. No action is required.
- **Gray:** This member doesn't have a diagnosis gap or treatment opportunity at this time. No action is required.

Q. How do I close a diagnosis gap?

A. A diagnosis gap can be closed after completing a **face-to-face** patient visit in the 2017 calendar year and placing the appropriate documentation in the patient's medical record in accordance with the CDC and CMS guidelines. A diagnosis gap can be closed through one of the following methods:

Confirm the diagnosis code:

- By submitting a claim with the diagnosis code
- Through Health e-Blue *Diagnosis Evaluation* panel entry
- By completing and submitting a paper *Member Diagnosis Evaluation and Treatment Opportunities* report (issued three times in 2017 to Blue Cross physicians who don't have access to Health e-Blue, including out-of-state physicians)
- By submitting a patient medical record by fax to Blue Cross and BCN at 1-866-707-4723. Include a cover sheet with physician name, physician NPI, physician tax identification number, physician contact information, patient name, patient contract number and patient date of birth

Notify Blue Cross and BCN that the patient doesn't have the condition:

- Through Health e-Blue *Diagnosis Evaluation* panel entry
- By completing and submitting a paper *Member Diagnosis Evaluation and Treatment Opportunities* report (issued three times in 2017 to physicians who don't have access to Health e-Blue, including out-of-state physicians)

Q. How do I submit a medical record to Blue Cross and BCN to close a patient's diagnosis gap?

A. Submit a patient medical record by fax to the Blue Cross and BCN at 1-866-707-4723. Include a cover sheet with physician name, NPI, and contact information as well as patient name, contract number and date of birth.

Q. If a physician closed 100 percent of his or her gaps in March, could another gap appear in August, for example?

A. Yes. For example, if a patient isn't a diabetic but receives a prescription for insulin, a suspected diagnosis gap of diabetes could be added. Physicians should check Health e-Blue on a monthly basis using the *Diagnosis Evaluation* panel.

Q. What will happen to gaps that appear in October through December?

A. Those gaps won't be part of the incentive program. However, they should still be closed to ensure the patient's accurate health status is reflected in the medical record and reported accurately to CMS.

Q. Can a PCP refer the patient to a specialist to close a diagnosis gap?

A. Yes. If a member sees another PCP or specialist, that specialist or PCP can close the gap for the referring physician through claims submission as long as they follow documentation guidelines.

Q. How often do medical conditions have to be treated and documented?

A. Medical conditions have to be treated and documented at least annually or it's assumed the member no longer has the condition per CMS guidelines.

Q. How does the incentive program work for a primary care physician who has an attributed member living in a skilled nursing facility who has face-to-face visits with the nursing facility physician and not the primary care physician?

A. Blue Cross and BCN partner with Mobile Medical Examination Services Inc.™ (MedXM) to offer free health assessments to Blue Cross and BCN Medicare Advantage members living in basic nursing homes or long-term care facilities. If a MedXM physician is sent into a skilled nursing facility or long-term care facility, their health assessment will be shared with the patient's primary care physician and can be used to close a diagnosis gap. The attributed physician will receive credit for closing the diagnosis gap.

Q. What tools are available to me to participate in the Diagnosis Closure Incentive program?

A. Michigan physicians with access to Health e-Blue can use a panel called *Diagnosis Evaluation* on Health e-Blue to identify patients with diagnosis gaps. Blue Cross physicians without access to Health e-Blue (including out-of-state physicians) will receive a mailed *Member Diagnosis Evaluation and Treatment Opportunities* report three times in 2017.

Q. What if I don't have access to Health e-Blue?

A. If you are a Michigan physician, apply for access online at bcbsm.com/providers. Click on *Provider Secured Services*. Your provider consultant can provide assistance. Out-of-state physicians don't have access to Health e-Blue and should use the paper reports received by mail. You can also contact Laurie Latvis, director, Provider Consulting Services, at 248-563-8811.

Q. How do diagnosis gaps appear on the *Diagnosis Evaluation* report?

A. There are two types of gaps that will appear:

- **Historic** – All member chronic diagnoses from previous years become historic diagnosis gaps on January 1 each year.
- **Suspected** – Blue Cross and BCN look at supplemental member data such as pharmacy claims or lab values. If this other data indicates that it's highly probable that the member has a condition for which the member hasn't been diagnosed, this becomes a suspected diagnosis gap. Suspected gaps are added as they occur throughout the year.

Q. How do I submit the *Member Diagnosis Evaluation and Treatment Opportunities* report to Blue Cross and BCN?

A. Submit the *Member Diagnosis Evaluation and Treatment Opportunities* report to Blue Cross and BCN by faxing to 1-866-707-4723 or mailing to: Blue Care Network, Mail Code G803, P.O. Box 68710, Grand Rapids, MI 49516-8710.

Q. If a physician receives the paper *Member Diagnosis Evaluation and Treatment Opportunities* report in the mail, and also receives access to Health e-Blue around the same time, which method of closing gaps is preferred?

A. Closing gaps electronically on the Health e-Blue *Diagnosis Evaluation* panel is preferred. Contact your provider consultant for assistance in obtaining access or learning how to use the system.

CODING AND DOCUMENTATION

Q. What are acceptable diagnosis codes?

A. Physicians must use ICD-10-CM codes that describe the condition to the highest level of specificity. The code must be based on a face-to-face encounter with the patient and must be documented in the patient's medical record following guidelines set by the CDC and CMS.

Guidelines differ for inpatient and outpatient settings:

- Inpatient settings, such as a hospital, can code **all diagnoses** documented and treated by the physician.
- Outpatient settings, such as a physician's office, can code only **confirmed diagnoses** documented and treated by physicians. Terms such as "possible," "rule out," or "probable" can be used, but don't confirm the diagnosis.

Q. How can I learn more about the required documentation and coding guidelines specified by the CDC and CMS?

A. You can access an online training:

1. Log in to web-DENIS.
2. Click on *BCBSM Provider Publications and Resources*.
3. Click on *Newsletters and Resources*.
4. Click on *Patient Care Reporting* and look for *Online training: Best Practices for Medical Record Documentation* (October 2015).

The presentation is also available in *BCN Provider Publications and Resources* under *Patient Care Reporting for Risk Adjustment*. Contact your provider consultant for assistance.



Q. How do I receive a set of ICD-10 tip cards for my office called *Documentation and ICD-10 Coding Tips for Professional Offices*?

A. Contact your provider consultant. The tip cards are also available electronically on web-DENIS. Click on *BCBSM Provider Publications and Resources*:

1. Click on *Newsletters and Resources*.
2. Click on *Patient Care Reporting* and look for *Documentation and ICD-10 coding tips for professional offices* (July 2015).

On *BCN Provider Publications and Resources*, click on *Patient Care Reporting for Risk Adjustment*.

HEALTH E-BLUE WEBSITE

Q. What if I don't have access to Health e-Blue?

A. If you are a Michigan physician, apply for access online at bcbsm.com/providers. Click on *Provider Secured Services*. Your provider consultant can also help. Out-of-state physicians don't have access to Health e-Blue and should use the paper reports received by mail.

Q. What should I do if I have trouble submitting the diagnosis evaluation report on Health e-Blue?

A. Contact your provider consultant for assistance.

Q. If there is a green check mark on the Health e-Blue Diagnosis Evaluation panel, will the physician get credit for closing a gap?

A. A green check mark doesn't necessarily mean the physician will receive an incentive. The green check mark means that either the patient has no diagnosis gaps (for which no incentive will be paid) or the patient had one or more gaps that have been closed. If there were open gaps between Jan. 1 and Sept. 30, 2017, and the physician closed the gaps, the physician will receive the incentive.

Q. What happens if a physician is showing several patients on the Health e-Blue *Diagnosis Evaluation* panel as "met" with a green check next to them and "0" gaps listed, but there has been no office visit in 2017? Are patients considered "met" because they have no identified gaps? If the physician submits a diagnosis, would he or she get the incentive?

A. In this situation, the physician would not earn the \$100. A "met" green check with "0" gaps listed means there are no identified gaps for this patient. Physicians are only eligible for the incentive if the patient has an identified open gap (for the time period of Jan. 1 to Sept. 30, 2017) and all the identified gaps are closed by conducting a **face-to-face** visit by Dec. 31, 2017. Adding additional diagnoses won't result in additional payment as the incentive is a per-patient incentive, not a per-gap incentive. Check back monthly in the Health e-Blue *Diagnosis Evaluation* panel as the patient's status may change.

REIMBURSEMENT

Q. How do physicians earn the \$100 gap closure incentive?

A. Physicians must close 100 percent of all diagnosis gaps identified between Jan.1 and Sept. 30, 2017 **for each attributed patient** to receive \$100 for **that patient**.

Q. How are payments calculated?

- A. To receive an incentive payment through the Diagnosis Closure Incentive program, all of the following must occur:
- An attributed physician must have one or more Blue Cross and BCN Medicare Advantage patients with at least one open diagnosis gap as identified by Blue Cross and BCN between Jan. 1 and Sept. 30, 2017.
 - The physician must close 100 percent of the open diagnosis gaps for the patient.
 - A **face-to-face** patient visit to close a diagnosis gap is required. The visit must take place in the 2017 calendar year and the appropriate documentation must be placed in the patient's medical record based on requirements set by the CDC and CMS. If the diagnosis doesn't exist, the appropriate documentation must be included in the patient's medical record.
 - The diagnosis gap closure must happen through a method that includes reporting the information to Blue Cross and BCN.

Q. What is the deadline for submitting gap closures to Blue Cross and BCN to receive an incentive payment?

A. Diagnosis and treatment opportunity closures must be submitted to Blue Cross and BCN by the following dates:

Method	Deadline
Claim submission – diagnosis closure	Received by Feb. 24, 2018
Claim submission – treatment opportunities	Received by Feb. 24, 2018
Health e-Blue	Entered before the Jan. 31, 2018 annual data changeover
<i>Member Diagnosis Evaluation and Treatment Opportunities</i> report (for Blue Cross out-of-state physicians and in-state physicians without access to Health e-Blue)	Faxed or postmarked by Jan. 31, 2018
Paper medical record (for BCBSM physicians) <ul style="list-style-type: none"> • Treatment opportunities submission • Diagnosis closure submission 	Faxed or postmarked by Jan. 5, 2018 Faxed or postmarked by Jan. 31, 2018

Q. When will I receive my incentive payment?

A. Your Diagnosis Closure Incentive payment will be mailed to you by the end of the third quarter 2018.

Q. If I miss the deadline for gap closure submission, will I still receive an incentive payment?

A. No, you won't receive an incentive payment for the 2017 incentive program. However, if your patient dates of service occurred in 2017, your gap closure will count toward the 2018 incentive program.







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