Closing Member Gaps in Care
Provider Incentive Programs

BlueCross BlueShield of Western New York

We are committed to collaborating with providers to improve health outcomes for patients. Accomplishing this goal includes providing incentive programs that recognize and reward primary care providers who improve quality and close patients' gaps in care.

How do I close a gap in care?
The standard way to close a patient gap in care is to make sure that claim(s) have been submitted with the appropriate CPT, CPT II, and/or ICD-10 code. All claims must be submitted in a timely manner. In order to reflect accurate risk scores for your patients, please be sure that all diagnoses affecting treatment and care are thoroughly documented and coded to the highest specificity.

However, there are instances where it is not possible to submit a claim (e.g. for a retrospective measure or for services where we are a secondary payer). Medical record submission for patients who had services rendered within a retrospective time period (per HEDIS technical specifications) will be accepted from **July 1, 2021 through January 14, 2022**. *Retrospective measures include: Childhood Immunization Status, Immunizations for Adolescents, Breast Cancer Screening, Colorectal Cancer Screening, Cervical Cancer Screening, Diabetes Care Eye Exam and Osteoporosis Management in Women with a Fracture.*

Accepted medical records will be entered into Risk Manager™. Please allow up to 60 days for these updates to appear in the gap in care reports.

How do I assess if my patients have an open gap in care?
1.) Run a report using Risk Manager™.
2.) For each patient and measure, determine the following:
- If the service required by the quality measure was NOT rendered, the provider office may reach out to the patient to coordinate scheduling the service.
- If the service WAS rendered, determine if a claim has been submitted to us.
- If a claim was submitted in the past 60 days, allow time for the claim to process. **Do not submit any medical record documentation at this time.**
- If a claim was not submitted, do so now: use the appropriate CPT, CPT II and/or ICD-10 code.
- If the service was rendered prior to the current year, such as for a *retrospective* P4P measure, or if we are the secondary payer, submit the medical record documentation via secure file transfer through Axway or by fax, using the appropriate Quality Compliance Form (QCF), found on our website at **bcbswny.com/provider.** Medical records received by fax will not be accepted unless accompanied by the appropriate QCF. A QCF must be filled out for *each* measure for *each* individual member's medical record. The documentation should be faxed to the Clinical Team for review at (716) 887-7967.

  For more information on SFT through Axway, contact Charlene Kozak at (716) 887-6750

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What records will not be accepted?

- Records for measures that are not included in our incentive programs
- Records for services performed in 2021 (except for secondary insurance)
- Records that are submitted after January 14, 2022
- Records submitted without the appropriate QCF
- Records for inactive members