



**BlueCross BlueShield
of Texas**

Provider Talking Points for High Priority Measures and Member Incentive

Quality improvement measures help ensure our members receive appropriate care. We created this guide focusing on high priority measures to help close the gap. Please visit the Blue Cross and Blue Shield of Texas (BCBSTX) [Quality Improvement web page](#) for more details and tip sheets.

Gift Card Incentive

Our providers can assist in the TX Medicaid High Priority Measures. We are rewarding our members to help them stay healthy. For members on the gap list, we will provide a **\$25.00 HEB Gift Card** to the member for the following measures when the appointment is completed:

- Breast Cancer Screening (BCS)
- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (A1c) Test (CDC-A1c)
 - Comprehensive Diabetes Care - Eye Exam (CDC-EYE)
- Childhood Immunization Status (CIS3)

Gap Closure Efforts

- Outreach to members and have them VISIT the provider within a month
- Submit claims within 30 days
- Update the Diagnosis Reconciliation List for the member/patient
- Use proper coding with Current Procedural Terminology (CPT®) Category II codes to help streamline your administrative processes and ensure gaps in care are closed
- Member-reported values are eligible only if the information is collected and documented by provider in the patient's record

How to Document

After the member has seen the provider and had any of the services completed, we will provide the \$25.00 HEB Gift Card to the member. Please send an email with the name of the member to:

Roletha Cathy: Roletha_Cathy@BCBSTX.com

TX Medicaid Quality Improvement

High Priority Measures: Measurement Year is current year – 2021

Breast Cancer Screening (BCS)

For the percentage of women 50–74 years of age who had a mammogram screening for breast cancer any time on or between Oct. 1 two years prior to the measurement year (MY) and Dec. 31 of the measurement year

Documentation must include:

Evidence of one or more mammograms any time on or between Oct. 1, two years prior to the measurement year, and Dec. 31 of the measurement year*

or

Evidence that indicates a mastectomy on *both* the left *and* right side on the same or different dates of service

Controlling High Blood Pressure (CBP)

For the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (doesn't include ER visits)

Documentation must include:

The most recent BP reading (date and result) during the measurement year*

The LAST BP is used and must be in control (<140/90 mm Hg)

Comprehensive Diabetes Care

For the percentage of members 18-75 years of age with diabetes (type I and type II) who had the required testing and monitoring during the specified timeframes

Documentation must include these 3 components:

Hemoglobin A1C - The most recent A1c (*date and result*) during the measurement year

Hemoglobin testing

HbA1c Control <8%

Blood Pressure (<140/90 mm Hg)*

The most recent BP reading (*date and result*) during the measurement year

Do not include BPs taken during an acute inpatient stay or emergency room (ER) visit, or on the same day as a diagnostic test or therapeutic procedure that requires a change in diet or medication.

Retinal or Dilated Eye Exam by an Eye Care Professional (optometrist or ophthalmologist)

Exam and results during measurement year

Exam with negative results during the year prior to measurement year

Childhood Immunization Status (CIS3)

For the percentage of children 2 years of age in the measurement year who had all required immunizations by their second birthday

Note: Documentation of illness history is sufficient for MMR, HepB, VZV (Chicken Pox) and HepA

Documentation must include all the following with date of administration:

4 DTap

1 MMR

3 Hep B

1 Hep A

2 or 3 Rotavirus (RV)

o Rotarix = 2 doses

RotaTeq – 3 doses

3 IPV

3 HiB

4 Pneumococcal (PCV)

1 VZV or has had chickenpox

2 Influenza

*MY 2021: Member-reported values are eligible only if the information is collected by Provider

NOTE: Please use correct CPT II Code for claim submission

Resources

- [BCBSTX Quality Improvement tip sheets](#)
- [BCBSTX Preventive Care Guidelines](#)
- [BCBSTX Clinical Practice Guidelines](#)
- [Texas Health Steps for Medical Providers](#), which includes all current vaccine schedules, the IMMTrac2 Texas Immunization Registry and other important guidance for treating members

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