

What is the Member Condition Tracker?

The Member Condition Tracker identifies members who were diagnosed with one or more of eleven chronic conditions in one of the previous two calendar years who have not yet had these diagnoses documented through claims in the current year. These are considered “diagnosis gaps.” The information on this report is extracted directly from Blue Cross and Blue Shield of Alabama claims data. It’s important that these chronic conditions are reported through claims data as a member’s health status is “wiped clean” January 1 of every year. The eleven chronic conditions include:

- Diabetes
- Cancer
- Transplants
- Cardiac
- Neuro-Quadriplegic/Paraplegic
- Coagulation Defects
- Mental/Nervous
- Stroke
- Chronic Obstructive Pulmonary Disease/Asthma
- Chronic Kidney Disease/End-Stage Renal Disease
- Autoimmune Disease



Since chronic conditions are typically ongoing, they should be identified each year through an office visit that results in a claim. The claim verifies that the condition still exists and that it is being managed.

To locate the Member Condition Tracker, follow these steps:

1. Sign in to *ProviderAccess* on our website, www.bcbsal.com/providers.
2. Select “Provider Functions.”
3. Under Provider Profile Information and Reporting, select “Physician Member Condition Tracker.”

Primary Care Value-Based Payment (VBP) Program Providers

If you are a VBP Program participant, you can earn points within the Administrative category of the 2014 program by completing a self-audit review of five members listed on the Member Condition Tracker. See the 2014 VBP Program Terms and Conditions for details.

Self-Audit Review Exercise

Use the following forms to meet criteria for this measure:

- [Self-Audit Review Form](#) (keep in your files)
- [Attestation for 2014 Administrative Risk Measures](#) (submit to Blue Cross)
- Member Condition Tracker (data for the Self-Audit Review exercise)

You can begin this self-audit immediately by using the Member Condition Tracker. The report will flag members who have had a recent office visit in the calendar year who should be included in your self-audit review. If you have less than five members on your Member Condition Tracker or none at all, you should review the medical records and claims data of patients who have had a recent visit with you in order to meet the minimum audit requirement of five reviews. However, always first audit members listed on your Member Condition Tracker.

Keep in mind that this is simply an exercise that will help you gauge the accuracy of your documentation and coding. Accurate coding that shows the complete picture of a member's health is imperative to ensure that providers are reimbursed appropriately for the care they provide.

If you have questions, contact your Provider Network Services Representative at 1-866-904-4130.

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