

Medicare Advantage National Care Coordination Program

The BCBS National Care Coordination program for Medicare Advantage (MA) members aims to increase the quality of care for MA PPO group members wherever they access care. Providers in our Medicare Advantage BlueJourneySM PPO network are considered in-network for this program.

How the program works

We collaborate with BlueJourney network providers to promote quality care for out-of-area MA PPO members by:

- Analyzing claim data and sending providers information about possible gaps in care
- Requesting and reviewing medical records on behalf of the member’s BCBS Plan

Timely provider response is required

As possible gaps in care are identified, we send a “Patient Care Alert” to the provider indicating the action needed (e.g., a preventive screening or follow-up office visit). Timely responses to these care gap alerts are critical.


We may also request medical records related to this program to help maintain quality care for the best clinical outcomes. Your response is required within five days so we can quickly take the appropriate next steps. Be sure to follow all instructions in the request notice.

How to recognize out-of-area PPO members

Out-of-area BCBS MA PPO members will have ID cards with their Plan’s BCBS logo in the upper left corner and the MA PPO suitcase logo in the lower right corner.



Sample care alert message:

<p>Patient Care Alert - Action Needed Care Gap Data</p>		 <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>													
<p>MEMBER DATA</p> <table border="1"> <tr> <td colspan="2">Member Name</td> <td>Member ID</td> </tr> <tr> <td>Gender</td> <td>Date of Birth (mm/dd/yyyy)</td> <td>Phone</td> </tr> <tr> <td></td> <td>/ /</td> <td></td> </tr> </table>		Member Name		Member ID	Gender	Date of Birth (mm/dd/yyyy)	Phone		/ /		<p>DATE: / /</p>				
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Gender	Date of Birth (mm/dd/yyyy)	Phone													
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<p>PCP OR RENDERING PROVIDER DATA</p> <table border="1"> <tr> <td colspan="2">First Name</td> <td colspan="2">Last Name</td> </tr> <tr> <td colspan="2">Office Name</td> <td colspan="2">NPI #</td> </tr> <tr> <td colspan="2">Fax #</td> <td colspan="2">Email</td> </tr> </table>				First Name		Last Name		Office Name		NPI #		Fax #		Email	
First Name		Last Name													
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<p>ACTION REQUIRED BY PROVIDER</p> <p>The list of care gaps below is generated from previously reported diagnosis and procedure codes and provided for care management purposes. Blue Cross® Blue Shield® of Arizona (BCBSAZ) requests that providers reach out to the member to schedule a follow-up visit (if an office visit is not already scheduled) and use this report to discuss the importance of completing screenings and managing any chronic diagnostic condition for overall health and wellness. Please do NOT return this form to BCBSAZ.</p>															
<p>CARE GAP</p> <table border="1"> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </table>															