

CRITERIA FOR ADVANCED PRACTICE VBR	
PCMH and Care Management	How Administered
1. BCBSM PCMH-designated	PGIP data
2. Receiving PDCM VBR	PGIP data
3. ADT PCMH capability in place (13.11 - participating in ADT)	PGIP data
4. Engaged in medication reconciliation <ul style="list-style-type: none"> • <u>Either</u> 13.12 (medication reconciliation use case) OR 4.10 (medication reconciliation) OR submitting claims for 1111F 	PGIP data Claims data
5. Delivering at least 2 care management services per year to at least 4% of BCBSM patients who have PDCM benefits (underwritten or employer has opted in to PDCM/BDTC)	Attestation process and PDCM claims analysis (same calculation methodology as for 3% PDCM VBR criteria)
6. At least 1 lead care manager per 2,500 eligible members (RN, NP, LMSW, PA), to ensure capability to deliver care management to most complex patients	Attestation process and spot-checking against MiCMRC training records
Telehealth, Coordination, and Transition Care – Any <u>ONE</u> of the following:	
7. PO attests that practice is actively delivering and billing for <u>at least one</u> of the various types of telehealth services using HIPAA compliant technology. <ul style="list-style-type: none"> • Can be any type of telehealth service (<u>excluding</u> PDCM telephone codes), including patient-initiated urgent care telehealth visit, or codes billed with the GT modifier, including scheduled telemedicine visits between the PCP and patient at home or consulting specialist, or between patient and any care management team member qualified to bill PDCM codes 	Attestation process and spot-checking of claims data 99444 E&M codes with GT modifier 99441, 99442, 99443, 98969 PDCM codes with GT modifier
8. New PCMH capability 12.14: Practice routinely uses patient portal to prepare patient for planned visits, alerting patients to needed tests that can be done in advance, gathering information about questions and issues patients would like to discuss	PGIP data
9. Telephonic follow-up within 7 days after ED or IP admission for every patient who does not have an in-person PCP follow up office visit	Spot-checking of claims data 99441, 99442, 99443, 98966, 98967, 98968, 98969