

Provider-Delivered Care Management

Frequently Asked Questions

Revised - October 2017

1. What is Provider-Delivered Care Management?

Provider-Delivered Care Management is an integral part of Blue Cross Blue Shield of Michigan's Patient-Centered Medical Home program, which is a core element of Value Partnerships' Physician Group Incentive Program.

Provider-Delivered Care Management involves the delivery of care management services by a care manager working with a physician and care team in an eligible primary care or specialist office. *(Please see questions #23-28 for information about the PDCM-Specialist Program Blue Cross will launch during 2017.)*

2. What is the Michigan Primary Care Transformation Project?

The Michigan Primary Care Transformation project was a five-year, multi-payer CMS demonstration project that concluded December 31, 2016. Michigan Primary Care Transformation was initiated in 2012 with practices that had been PCMH-designated since 2010.

3. I've heard the term Provider-Delivered Care Management Phase 3. What does that mean?

Provider-Delivered Care Management Phase 3 was the term Blue Cross used when eligibility to bill the PDCM codes was expanded beyond MiPCT to include all PCMH-designated providers, effective July 1, 2015. The term PDCM Phase 3 was retired when MiPCT program ended on December 31, 2016.

4. Which physicians can participate in PDCM?

All Blue Cross PCMH-designated physicians are eligible to bill for PDCM services. Approved oncology practices are also currently eligible to bill for PDCM services, but note that PDCM-oncology is being incorporated into the new PDCM-specialist program launching July 1, 2017 as outlined in questions #23-28. *(Also see questions #20-21 for information about Blue Distinction Total Care eligibility to bill PDCM services.)*

5. Can non-designated primary care physicians participate in PDCM?

No, only PCMH-designated primary care physicians can participate in PDCM.

6. How are providers reimbursed for PDCM?

Providers who participate in PDCM receive reimbursement for care management services rendered through 12 procedure codes.

In addition, primary care practices that meet Blue Cross claims criteria, training criteria, and attestation process criteria will become eligible for the 5 percent PDCM value-based reimbursement beginning July 1 of each year. Eligibility for PDCM value-based reimbursement is re-evaluated annually.

7. What are the PDCM procedure codes?

Information about the PDCM procedure codes is in the PDCM billing guidelines, available on the PDCM Initiative page under the *Initiative/Projects/Workgroup* tab on the PGIP Collaboration site.

8. Do members have to pay for PDCM services?

There are no member co-pays or deductibles associated with the PDCM program; it is delivered at no cost to eligible members. This includes members with a high-deductible health plan who were liable for payment for PDCM services prior to January 1, 2016.

9. What are the training requirements for Provider Delivered Care Management?

The training requirements for PDCM-PCP are summarized in the table below

BCBSM Provider-Delivered Care Management Training Requirements -Must be completed within 6 months of beginning to bill PDCM codes-		
[For practices already billing PDCM codes as of April 2017, training requirements must be met by October 1, 2017]		
Primary Care		
Lead Care Manager	Every Qualified Health Professional member of PDCM Care management team	Every person in practice billing PDCM codes
MiCMRC Complex Care Management (CCM) Course	MiCMRC PDCM online course	BCBSM Online PDCM Billing Training course
MiCMRC approved Self-Management Support Course	8 hours of clinical education per year*	
12 hours of clinical education per year*		

- All MiCMRC courses are free of charge. The MiCMRC PDCM online course is approximately 3 hours, and does not need to be completed in one sitting.
- Only Lead Care Managers (RN, NP, LSMW, PA) are eligible to bill G9001 comprehensive assessment code.
- Qualified Health Professionals are: Clinical pharmacist, LPN, Certified diabetes educator, Registered dietitian, Master of Science-trained nutritionist, Respiratory therapist, Certified asthma educator, Certified health educator specialist (bachelor's degree or higher in health education), Licensed professional counselor, Licensed mental health counselor, licensed bachelors-level social worker.
- Medical Assistants are permitted to bill for care coordination (interactions with other providers), but not for patient interactions.
- To qualify for the Primary Care Practice PDCM Value-Based Reimbursement (VBR), PO must submit attestation for practice, and practice must meet PDCM claims criteria.

**Half of clinical education hours must be through MiCMRC; the other half may be through another training resource.*

10. What is the training requirement for lead care managers in primary care offices?

Lead care managers in primary care offices must complete the in-person MiCMRC complex care management course, a MiCMRC-approved self-management support course, the online PDCM billing course, and 12 or more hours of longitudinal clinical education per year. Longitudinal education refers to training that is completed throughout the year and may consist of live or recorded webinars, in-person educational offerings, and web-based interactive eLearning modules.

For practices already billing PDCM codes, the training must be completed by October 1, 2017. For practices that have not yet started billing PDCM codes, the training must be completed within six months of starting to bill.

Physician organizations will need to answer questions about completion of these training requirements at the practice level when attesting for value-based reimbursement each year. This will serve as verification that the PDCM training requirements were completed. Blue Cross reserves the right at any time to request documentation from the PO (e.g., training completion certificates) demonstrating the training requirements were met.

11. What is the training requirement for qualified health professionals?

Qualified health professionals must complete the three-hour MiCMRC PDCM online care management training course, the PDCM billing online training course, and 8 or more hours of longitudinal clinical education per year. Longitudinal education refers to training that is completed throughout the year and may consist of live or recorded webinars, in-person educational offerings, and web-based interactive eLearning modules.

For practices already billing PDCM codes, the training must be completed by October 1, 2017. For practices that have not yet started billing PDCM codes, the training must be completed within six months of starting to bill. Blue Cross reserves the right at any time to

request documentation from the PO (e.g., training completion certificates) demonstrating the training requirements were met.

12. Does a care manager need to be supervised by a lead care manager to bill PDCM codes?

No. Qualified health professionals may deliver care management services and bill PDCM codes without lead care manager involvement. *(Note that qualified health professionals don't qualify as lead care managers and thus can't bill G9001.)*

13. Does every PDCM patient need a care plan?

Yes, a care plan should be created for every patient, but that doesn't mean every patient needs a G9001 assessment. The care plan can be:

- A focused care plan (e.g., asthma action plan, notes in medical record about care transitions management), if clinically appropriate

OR

- A comprehensive care plan developed as part of the comprehensive assessment (G9001)
Please note that most complex patients are likely to benefit from a comprehensive assessment.

14. How does a PCP practice qualify for PDCM value-based reimbursement?

To qualify for the PDCM VBR, in addition to meeting the training requirement within 6 months of starting to bill PDCM codes, a primary care practice must

- Meet PDCM claims criteria, based on data from the previous calendar year
- Have physician organization complete annual attestation for the practice via the PCMH-designation nomination process in the PGIP Self-Assessment Data tool, and indicate that they have each element of care management in place

15. What is the PDCM claims criteria?

Blue Cross will assess the percent of paid care management claims for eligible Michigan members based on 12 months of claims averaged from the prior calendar year. *(Note: For practices in the first year of PCMH-designation, assessment will be based on six months of claims, so criteria will be 50 percent of the full year criteria, for example, 1 percent instead of 2 percent.)*

- 2017: At least one paid care management claim for 2 percent of eligible Michigan members, based on claims activity from 1/1/16-12/31/16 (excludes members added under BDTC)
- 2018: At least two paid care management claims for 3 percent of eligible Michigan members, based on claims activity from 1/1/17-12/31/17 (excludes members added under BDTC in 2017)

- 2019: At least two paid care management claims for 3 percent of all eligible Michigan members, based on claims activity from 1/1/18-12/31/18
- Practices should strive to engage all high complexity patients that will start to be flagged in the monthly lists during 2017
 - Blue Cross may in the future require practices to engage a certain percentage of high complexity patients to qualify for the PDCM value-based reimbursement
- PDCM codes included in the claims analysis:
 - HCPCS Codes G9001, G9002, G9007, G9008, S0257
 - CPT Codes 98961, 98962, 98966, 98967, 98968, 99487, 99489
 - In response to provider requests, we will also include the transitional care management code 99496 in the claims requirement analysis, beginning in 2017. (This code is not considered a “PDCM code” because it can be billed by all providers.)
 - Medication reconciliation code 1111F will be included in the claims requirement analysis
 - 99495 is not payable by BCBSM and therefore will not be included in the calculations for the claims requirement.
- Hosted members will be included in the numerator, but *not* in the denominator, for the PDCM claims requirement for both calendar year 2017 and 2018.
- Medicare Advantage members are not included in the PDCM VBR denominator or numerator because value-based reimbursement is not applied to Medicare Advantage claims
- Provider-Delivered Care Management eligible member counts will be the average count across the measurement period, so if a practice has 5% of patients engaged one month and 2% the next, that is okay – as long as the average over the entire measurement period meets the criteria.

16. What is the PDCM VBR attestation process and when does it occur?

The attestation process occurs each year during the PCMH nomination period (typically early November-January).

Attestation information must be submitted for all primary care practices that wanted to be assessed for eligibility for the PDCM VBR, including former MiPCT practices as well as State Innovation Model and Comprehensive Primary Care+ practices.

Physician organizations must attest that each primary care practice wishing to receive the VBR has:

- a) A physician champion who is a proponent of care management, understands PDCM and will refer patients for care management

- b) A practice panel manager such as a medical assistant or PO clinical lead who will actively work to close gaps in care across the patient population, manage the Active Care Relationship file, and support and organize care manager activity
- c) Ability to produce sample care plans upon request of field team or other PGIP staff
- d) Access to a care manager employed or contracted by the PO or practice
 - Care manager must complete required PDCM program training within six months of starting to bill the PDCM codes, actively deliver care management services to patients in the practice, and close gaps in care for engaged patients when appropriate. Care management must include risk stratification, integrate behavioral health, pharmacy and medical care, be team-based and integrated with the practice, and primarily face-to-face – either in-person or via telehealth. Care management team members must be fully engaged with the practice team, including with the physician. Occasional phone reporting to the doctor isn't sufficient.
 - PO must provide name of care manager, training dates and percent FTE allocated to care management per practice across all care management programs (PDCM, CPC+, etc.) upon request. **Care manager name to be entered in attestation form can be EITHER:**
 - Lead care manager - RN, NP, LMSW, PA – with Lead Care Manager training **OR** eligible qualified health professional (as defined in the billing guidelines) who is embedded part time or full time in the practice and integrated with the clinical team and has completed the required PDCM-qualified health professional training

If listing a qualified health professional as care manager in the attestation form, the practice must have access to a lead care manager through the PO from whom they can obtain support as needed when managing complex patients.

17. What is Comprehensive Primary Care Plus (CPC+)?

CPC+ is a regional, multi-payer, five-year CMS-supported initiative intended to strengthen primary care through efforts to transform payment reform and the care delivery system. CPC+ starts on January 1, 2017. Michigan is a participating region. For detailed information on CPC+, please visit the CMS Innovation Center [website](#).

Participation in this synergistic multi-payer opportunity has been a catalyst for BCBSM to consider what's next in BCBSM's evolving value-based payment model. Given the need to continue to advance practice transformation across the state, **BCBSM VBR opportunities available to CPC+ practices will also be available to all PGIP practices.** The CPC+ VBR

opportunities are the current PCMH designation, cost of care, clinical quality, and PDCM VBRs, plus a new “advanced practice” VBR, which will not be unique to CPC+. *Practices must meet BCBSM’s criteria for each VBR to qualify for the additional payment. Participation in CPC+ does not automatically qualify a practice for any additional BCBSM reimbursement.*

Criteria for the “advanced practice” VBR are currently under development and will be announced in 2017. In general, the goal is to catalyze advanced care management, with a special focus on the most complex patients, and delivery of telehealth services. The advanced practice VBR will begin by July 1, 2018.

18. How will primary care practices identify patients eligible for PDCM?

Patient lists are provided to POs monthly to aid in identifying patients in need of care management. Patient eligibility should always be confirmed via webDENIS.

POs receive lists for commercial eligible members and also for hosted members (see Blue Distinction Total Care questions, below).

19. How will I know if my primary care practices are on track to meet the claims requirement for PDCM?

Blue Cross is exploring options for establishing a process to update PO/practices mid-year regarding their progress towards meeting the claims requirement.

20. What is Blue Distinction Total Care?

Blue Distinction Total Care is a national program of the Blue Cross Blue Shield Association that recognizes doctors who spend more time on prevention, holistic (“total”) care and personalized care planning for their patients. The program encourages strong relationships between doctors and their patients that can lead to better health.

Blue Distinction Total Care brings together all PCMH-related efforts from Blues plans around the country into one unified program with a standard set of criteria for participation. In Michigan, all practices that are Blue Cross PCMH-designated are also recognized as BDTC practices.

For more information about BDTC, visit www.valuepartnerships.com, the PGIP Collaboration Site or the [BDTC website](#) hosted by the BCBSA.

21. How does BDTC affect PDCM?

Under BDTC, more patients will be eligible for PDCM services. Prior to BDTC, eligible members were those members fully insured by BCBSM or in self-insured groups that chose to participate.

Beginning in 2016, other Blue Cross plans began to implement BDTC, which resulted in “hosted members” (*members living in Michigan who are employed by a company outside of Michigan that has coverage under another Blue Cross plan*) becoming eligible for PDCM. Physician organizations receive hosted member lists each month to identify those eligible for PDCM.

During 2017, all ASC group customers will be eligible to receive PDCM services effective on their renewal date. By the end of 2017, we expect nearly all Blue Cross members to be eligible for PDCM services.

Please note that under BDTC, the number of PDCM-eligible members may increase dramatically during 2017. Understanding that POs and practices will need time to build capacity, we won’t include members new to PDCM in 2017 in the denominator when determining primary care practice eligibility for the 2018 VBR (but we will include *all* paid claims in the numerator). For the 2019 VBR, all Blue Cross members eligible for PDCM will be included in the denominator.

22. How do I learn more about billing for PDCM?

A PDCM billing webinar will be available as a pre-recorded training module on the PGIP Collaboration Site, and there are also plans to make it available on the MiCMRC website.

You may direct questions about PDCM billing or other PDCM matters to valuepartnerships@bcbsm.com, submit an inquiry through the PGIP Collaboration site, or visit the PDCM page under the *Initiatives/Projects/Workgroups* tab on the PGIP Collaboration site for the latest billing guidelines.

23. What about the PDCM-oncology program?

The PDCM-oncology program is being incorporated into the new PDCM-specialist program. The PDCM-oncology VBR ended in March 2016.

24. When will the PDCM-specialist program begin?

The PDCM-specialist program will begin on July 1, 2017. Providers should be aware that not all Blue Cross members will be PDCM-eligible at that time. Under Blue Distinction Total Care, we expect nearly all Blue Cross members to be eligible for PDCM by the end of 2017. Member eligibility should always be verified through webDENIS.

25. What specialists will be eligible to bill PDCM codes?

Practitioners in the following specialty types who belong to an OSC, and who employ or contract with care managers to deliver services to their patients, and meet the Patient-Centered Medical Home-Neighbor capability, training, and care plan requirements outlined in question #26, may bill PDCM codes.

- Oncologists
- Cardiologists
- Pulmonologists
- Nephrologists
- Endocrinologists
- Palliative care specialists

The care manager may be a lead care manager (RN, NP, PA, or LMSW) or one of the qualified health professionals* listed in the billing guidelines. Please note that while Medical Assistants may be part of the care management team, conduct panel management and care coordination, and may bill for care coordination, they are not eligible to bill for services involving patient/family interactions.

*Qualified health professionals eligible to be part of PDCM Specialty care team:

- Clinical pharmacist
- LPN
- Certified diabetes educator
- Registered dietitian
- Master of Science-trained nutritionist
- Respiratory therapist
- Certified asthma educator
- Certified health educator specialist (bachelor's degree or higher in health education)
- Licensed professional counselor
- Licensed mental health counselor
- Licensed bachelors-level social worker

26. What are the PCMH-N capability and care plan requirements for PDCM-Specialist?

1. Specialist practice PCMH-N capability requirements: Practice must have the following PCMH-N capabilities in place and actively in use within six months of starting to bill PDCM codes
 - Evidence-based guidelines used at point of care [4.3]
 - Action plan and self-management goal setting [4.5]
 - Medication review and management [4.10]
 - Identify candidates for care management [4.19]
 - Systematic process to notify patients of availability of care management [4.20]
 - Conduct regular case reviews, update complex care plans [4.21]

2. Specialist care plan requirement: A care plan should be created for every patient. The care plan can be:
 - A focused care plan (e.g., asthma action plan, notes in medical record about care transitions management), if clinically appropriate

OR

 - A comprehensive care plan developed as part of the comprehensive assessment (G9001)

Please note that most complex patients are likely to benefit from a comprehensive assessment

27. What are the training requirements for PDCM-Specialist?

1. Specialist PDCM training requirement: Care manager delivering PDCM-specialist services must complete required training within six months of beginning to bill PDCM codes
 - MiCMRC three-hour PDCM online training
 - Eight or more hours of clinical education webinars per year
 - BCBSM PDCM online billing training

BCBSM Provider-Delivered Care Management Training Requirements -Must be completed within 6 months of beginning to bill PDCM codes-	
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Specialist	
Lead care manager and every Qualified Health Professional member of PDCM Care management team	Every person in practice billing PDCM codes
MiCMRC PDCM online course	BCBSM Online PDCM Billing Training course
8 hours of clinical education per year*	
- All MiCMRC courses are free of charge. The MiCMRC PDCM online course is approximately 3 hours, and does not need to be completed in one sitting. -Only Lead Care Managers (RN, NP, LSMW, PA) are eligible to bill G9001 comprehensive assessment code. -Qualified Health Professionals are: Clinical pharmacist, LPN, Certified diabetes educator, Registered dietitian, Master of Science-trained nutritionist, Respiratory therapist, Certified asthma educator, Certified health educator specialist (bachelor’s degree or higher in health education), Licensed professional counselor, Licensed mental health counselor, licensed bachelors-level social worker. -Medical Assistants are permitted to bill for care coordination (interactions with other providers), but not for patient interactions. -Eligible specialty types as of July 1, 2017 are: cardiologist, oncologist, endocrinologist, nephrologist, pulmonologist, palliative care.	
<i>*Half of clinical education hours must be through MiCMRC; the other half may be through another training resource.</i>	

28. Why are the PDCM-Specialist lead care manager training requirements different from PDCM-PCP, and is there a PDCM-Specialist VBR?

PDCM-Specialist lead care manager training requirements are different because specialist offices typically employ multiple team members (RN, MSW, NP and/or PA) who are already engaged in managing patients with chronic conditions. To avoid major disruption to the practice caused by offsite training, and because currently there is no VBR associated with the PDCM-specialist program, in-person training not required for lead care managers in specialist offices, with one exception: If the specialist lead care manager is employed by the PO and has not been in a specialist practice performing care management, they are required to take the in-person lead care management training. Online training opportunities will focus on care plan development, transition care and other elements which may be new to the practice team members.

A PDCM-specialist VBR may be implemented in the future if a substantial number of eligible specialists actively engage and deliver services to a significant number of members with care management needs.

29. What is SIM and how does it relate to PDCM?

The State Innovation Model (SIM) is a program funded by CMS and run by the State of Michigan which focuses on the development and testing of multi-payer health care payment and service delivery models to achieve better care coordination, lower costs, and improved health outcomes for Michiganders. BCBSM is in active conversations with the State to assure that PDCM, CPC+ and SIM work in concert and achieve synergy. Please visit the [MDHHS website](#) for more information or to submit questions about SIM.

30. What is the MiCMRC?

The Michigan Care Management Resource Center provides education, resources and tools for care managers statewide, and reviews and approves training provided by other entities. For details about the educational offerings visit: www.micmrc.org. Please send questions to micmrc-requests@med.umich.edu.

Please note that MiCMRC courses are available only to Physician Organization leaders, practice leaders, and those practitioners qualified to deliver the relevant services.

a. MiCMRC delivers the following courses:

- MiCMRC Complex Care Management course – a blended learning activity with self-study and 2 in person days
- PDCM online training course for qualified health professionals and PDCM specialty care managers

- MiCMRC also has created a list of approved self-management courses. Please access the course list on the MiCMRC website and reach out to those self-management support vendors directly for more information about their programs.

MiCMRC provides longitudinal education offerings available throughout the year. Web based educational offerings may be accessed via MiCMRC.org. Examples include:

- Educational care management webinars - Live and recorded
- Self-paced on-line interactive educational modules “Basic Care Management” (eLearning series of modules)

The table below summarizes the training requirements for both PDCM-PCP and PDCM-Specialist.

BCBSM Provider-Delivered Care Management Training Requirements -Must be completed within 6 months of beginning to bill PDCM codes- [For practices already billing PDCM codes as of April 2017, training requirements must be met by October 1, 2017]				
Primary Care			Specialist	
Lead Care Manager	Every Qualified Health Professional member of PDCM Care management team	Every person in practice billing PDCM codes	Lead care manager and every Qualified Health Professional member of PDCM Care management team	Every person in practice billing PDCM codes
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MiCMRC approved Self-Management Support Course	8 hours of clinical education per year*		8 hours of clinical education per year*	
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- Eligible specialty types as of July 1, 2017 are: cardiologist, oncologist, endocrinologist, nephrologist, pulmonologist, palliative care.

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