**2018 BCBSM PDCM Attestation**

Practice Unit Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax to 231-421-8506 or email to [kelliott@npoinc.org](mailto:kelliott@npoinc.org) by 12/27/17

**Provider Delivered Care Management (PDCM) VBR Eligibility**

By answering “yes” to all questions on this form, you are indicating that a practice is currently engaged in delivering PDCM services. To receive value-based reimbursement for PDCM, a practice must 1) have an answer of “yes” for all questions below; 2) receive PCMH designation in 2018, and 3) meet the PDCM claims criteria as stated in the PDCM FAQ.

1. The practice has at least one physician who is a proponent of care management, Understands the goals and objectives of the BCBSM PDCM program, and is actively referring patients to the PDCM care manager.

**Yes \_\_\_No\_\_**

* 1. *Please provide proponent physician name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The practice currently has access to a care manager. **Yes\_\_\_No\_\_\_**
   1. *Please provide care manager name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The practice will continue to have access to a care manager during the coming calendar year. **Yes\_\_\_No\_\_\_**
   1. *Please provide care manager name*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. The care manager for the practice meets all training requirements outlined in the PDCM FAQ. **Yes\_\_\_No\_\_\_**
4. The care manager is actively working to close gaps in care for patients engaged in care management when appropriate. **Yes\_\_\_No\_\_\_**
5. Practice panel managers and/or clinical leads are actively working to close gaps across the patient population. **Yes\_\_\_No\_\_\_**