

From: Kris Elliott

Sent: Tuesday, April 16, 2019 7:36 AM

Subject: BCBSM Care Management Updates - INCLUDES REVENUE OPPORTUNITY FOR PRACTICES NOT PROVIDING CARE MANAGEMENT - Please read

BCBSM is improving the Care Management (also known as Provider Delivered Care Management - PDCM) program to increase utilization; in addition, there are now added revenue opportunities for all PCP practices, including those not yet participating in the BCBSM Care Management program.

For ALL PCP Offices

- Physicians billing G9008 code: the G9008 code can be used by any primary care physician to reflect that they have provided consultation and guidance to their colleagues. The conversation must be documented in the medical record. Examples are:
 - PCP speaks to a pathologist to determine which genetic test is appropriate for a patient's medical condition
 - PCP speaks to an ED physician while the patient is in the ED to inform the delivery of services there and to coordinate a follow-up plan

For PCP Offices Providing Care Management to at Least 1% of the Eligible BCBSM Population (including practices earning the PDCM VBR)

- Previously, BCBSM offered practices an opportunity to earn an *Advanced Practice VBR* worth 5%. This VBR is now being replaced by the *PDCM Outcomes VBR*. Practices providing Care Management Services to at least 1% of the eligible BCBSM population (2 PDCM codes billed on different dates of service) can earn these VBRs. Details of these VBRs are still being worked on, but the outcomes are based on metrics NPO practices have already been focusing on:
 - a. HEDIS Blood Pressure Control
 - b. HbA1c Control
 - c. Emergency Department Utilization
 - d. Inpatient Utilization
- An additional 1.5% VBR can be earned for each of these for a potential 6% VBR total possible. Performance will be measured against benchmarks yet to be defined and will likely be measured at the NPO level rather than the practice level. All practices contribute to the NPO level.
- When details are available, NPO will share. *In the meantime, continuing the good work your practice has already been conducting around these measures will enhance the potential for success.* BCBSM informed POs that Michigan is higher than the national average for both ED utilization and inpatient utilization, in addition to BCBSM being higher than their sister plans in these measures which contributes to the BCBSM focus on these measures. BCBSM also shared that the greatest single indicator of readmission is that the patient lives alone.

For PCP Offices Providing Care Management to at Least 3% of the Eligible BCBSM Population Thereby Earning the PDCM VBR

- The PDCM FAQs have been updated and are attached.
- The slides from the UPDATED BCBSM PDCM Online Billing Course, required education for those billing Care Management Codes, are attached. The webinar itself is at <https://micmrc.org/webinars/2019-blue-cross-blue-shield-pdcm-online-billing-course>. I draw

your attention to the second bullet on slide 5. BCBSM has the expectation that, if an MA is billing the Care Management codes that an MA can bill, there is a signed agreement or protocol describing the MA role. An MA Collaborative Practice Agreement Template is attached.

- PDCM Education requirements are being streamlined in a very positive manner. There will be more information about this forthcoming.
 - Continuing Education can count if offered by the PO, MiCMRC, an/or any program eligible for CE/CME credits.
 - One item is that POs will be able to apply to offer the Complex Care Management and Self-Management Training; this training is being combined into 8 hours of training. NPO does plan to apply as soon as this is offered. These education changes are being discussed with Priority.
- BCBSM shared this about PDCM reports:
 - PDCM monthly claims trend reporting will begin this spring. The first round of reports are slated for distribution the first week of May and will ideally align with distribution of the monthly PDCM patient list. Questions, comments, or feedback on the monthly reports will only be reviewed during the seven-day period after the reports are placed in the EDDI folder.
 - The 2018 PDCM Close-Out Report will be available in early June 2019. As a reminder, this report is not necessarily indicative of which practices will receive PDCM VBR starting in September and is merely meant to be informational. Questions, comments, or feedback on the PDCM close-out report will only be accepted for 21 days after the data is made available to POs.

Please contact me with any questions or concerns.

Thank you,

Kris

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