Provider-Delivered Care Management

Frequently Asked Questions

March 2020

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Useful Links

PDCM Page on PGIP Collaboration Site (approved users only)

Michigan Institute for Care Management and Transformation

Comprehensive Primary Care Plus – Michigan

Value Partnerships

BACKGROUND and PARTICIPATION REQUIREMENTS

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 trained care team working with a physician in an eligible primary care or specialist office.

2. **Which physicians can participate in PDCM?**
   All Blue Cross Patient-Centered Medical Home designated physicians are eligible to bill for PDCM services, as well as non-designated physicians participating in the Comprehensive Primary Care Plus (CPC+) Initiative.

   For more information on CPC+, please refer to the CPC+ FAQ or the CPC+ website.

   Specialists are also eligible to bill for PDCM services.

3. **Did the definition of "PDCM provider" change for the purpose of communicating to customer groups?**
   Yes. Previously, we defined a PDCM provider as any provider receiving PDCM VBR.

   Effective fall 2019, we started defining a PDCM provider *in our bcbsm.com provider search* as any physician delivering PDCM to 1% of their eligible commercial population with two or more PDCM codes billed on different days.

   Those providers can be found in the bcbsm.com provider search by filtering on "PCMH with Care Management" as an area of focus.

   This revised definition is also relevant for the *PDCM Outcomes VBR* described in the VBR section, because the PDCM Outcomes VBR opportunity is not based on the population management criteria, but rather, the 1% criteria.

PATIENT ELIGIBILITY

4. **Do members have to pay for PDCM services?**
   There are no member coinsurance, 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. Services that are billed for members that are not eligible will reject as provider liable.

5. **How will primary care practices identify patients eligible for PDCM?**
   Over 80 percent of BCBSM's customer groups now participate in PDCM.
   Patient lists are provided to POs monthly to help practices identify which patients are best-suited for care management.

   The patient list is 3-4 months old by the time it reaches the practices, *and should not be used to confirm eligibility*; please confirm the contract is still active and that the patient is still part of an eligible group via webDENIS or PARS.

   In addition, a list is available on the PDCM Initiative page on the PGIP Collaboration site indicating which groups do not currently participate in PDCM. Offices can assume that if a patient's coverage is not under one of those non-participating groups, they have the PDCM benefit.

BILLING

6. **Can non-designated primary care physicians participate in PDCM?**
   Non-designated primary care physicians in the CPC+ program can bill PDCM; however, they are *not* eligible to receive PDCM value-based reimbursement. All other non-designated, non-CPC+ primary care physicians are ineligible to participate in the PDCM program.

7. **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 criteria are eligible for up to two types of PDCM value-based reimbursement. Eligibility for PDCM value-based reimbursement is re-evaluated annually and goes into effect on 9/1 of each year.

8. **What are the PDCM procedure codes?**
   The codes are G9001, G9002, G9007, G9008, 98961, 98962, 98966, 98967, 98968, 99487, 99489, and S0257. Additional 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.

9. **Can non-PDCM providers bill the G9008 even if they are not doing care management?**
   Yes, the G9008 can be billed by specialist and primary care physicians who do not meet the PDCM criteria, in order to reflect that they provided consultation and guidance to their colleagues who *are* engaged in PDCM. The conversation must be documented in the medical record.

Although the code can now be billed by providers who do not routinely provide PDCM services, any physician billing the code must be engaged in PDCM at least tangentially; in other words, at least one of the physicians involved in delivering the service must be a PDCM provider, and the patient in question must be a PDCM patient (or have the potential to become one). Anytime the G9008 code is billed it must be in the context of delivering PDCM services. Note that the G9008 code cannot be billed for unsuccessful attempts to engage patients in care management.

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

The "PDCM billing webinar" is available as a pre-recorded training module on the PGIP Collaboration Site and the MICMT website.

You may also 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.

VALUE-BASED REIMBURSEMENT

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

There are two forms of PDCM value-based reimbursement. PCMH designation is required to receive either.

The *PDCM population management VBR* is based on percent of population engaged and having the appropriate amount of outreach, for both commercial and MA members. Practices must deliver PDCM services to a proportion of their attributed commercial and Medicare Advantage population, with at least 2 care management "touches" on different days for the engaged population. The analysis includes the 12 PDCM codes, as well as non-PDCM codes 1111F, S0280, S0316, 99495, and 99496.

Additionally, a new form of VBR called *PDCM Outcomes* will become available with the 9/1/2020 VBR cycle. Both are highlighted in the table below.

		Measurement Criteria	
Measurement Year	Payment Period	PDCM Population Management VBR (5%) *Replaces current 5% PDCM VBR*	PDCM Outcomes VBR (8%) *Replaces current 5% Advanced Practice VBR*
2019	9/1/2020-8/31/2021	3% + 2 Touches*	Quality and Utilization

2020	**9/1/2021-8/31/2022**	**4% + 2 Touches***	**Quality and Utilization**

The *PDCM Outcomes VBR* replaces the Advanced Practice VBR. The four metrics for the PDCM Outcomes VBR are worth 2% each (HbA1c control, blood pressure control, ED visits/1,000, and IP visits/1,000). These criteria are based on clinical quality (HEDIS blood pressure control and HbA1c control), and utilization (ED use and inpatient discharge) for commercial members. In PDCM Outcomes, data will be rolled up to the SubPO level for every practice type.

The PDCM Outcomes VBR does not require that a practice receive PDCM Population Management VBR to qualify; rather, a practice will be considered for the PDCM Outcomes VBR as long as they are PCMH designated and are delivering PDCM to at least 1% of their population with two touches on different days.

12. **Will billing the TCM (99495 and 99496), non-PDCM HICM (S0280 and S0281 for commercial and MA, S0316 for MA only) and med rec (1111F) codes count towards meeting the PDCM value-based reimbursement criteria?**
For the PDCM Outcomes VBR effective 9/1/2020, these codes will only count for practices that have billed the PDCM codes for 1% of their eligible commercial population with two touches on different days. Once the 1% with two touch threshold has been met, the practice can potentially be considered for Outcomes VBR assuming other criteria is met. PDCM Outcomes VBR is only based on commercial data.

    For PDCM Population Management VBR effective 9/1/2020, the non-PDCM care management codes will only count for practices that have billed the PDCM codes for 1% of their eligible population with two touches on different days. However, the actual population management VBR is based upon meeting the criteria for 3% of the eligible population. PDCM Population Management VBR is based on commercial and MA data. The exception is for RHCs and FQHCs – effective 9/1/2021, those two types of practices are only evaluated on their commercial data for PDCM Population Management.

    For both VBR types, the 1% with two touches can be thought of as a “gate” that opens the ability for non-PDCM care management codes to count in the VBR analysis.

13. **Will pediatricians be held to the same metrics for the PDCM Outcomes VBR as their counterparts in adult medicine and family medicine?**
For the PDCM Outcomes VBR effective 9/1/2020 based on 2019 calendar year data, pediatricians will be eligible for VBR based on the same four quality metrics as adult practices. For all four metrics, pediatricians’ practice data will roll up to the performance of their sub-PO. In this way, pediatricians will not be disadvantaged by lacking a measurable population. For the VBR effective 9/1/2021 (based on 2020 calendar year

data) we are exploring other metrics that can be used to effectively measure appropriate utilization in the pediatric population.

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

Blue Cross has historically provided routine claims reporting to help POs assess how their practices are tracking towards meeting the claims requirement, but that work has shifted to the Michigan Data Collaborative. MDC will begin distributing the claims activity report in tandem with the monthly PDCM patient list in the second quarter of 2020. *Please note that the percentages may fluctuate from one reporting period to the next due to member movement; we do not track patient-level detail and it is not used in our VBR calculations; hosted members are not included on the reports; and the claim criteria is a minimum, not a ceiling.*

The overall goal of the PDCM program continues to be engaging eligible patients in care management services as appropriate for their health care needs.

TRAINING REQUIREMENTS AND THE CARE TEAM

15. I hear there are a lot of changes to training requirements for 2020. What do those changes entail?

The training requirements have been modified to better support the needs of licensed and unlicensed care team members. The changes are summarized in the table below. Longitudinal or continuing education hours are still required. These credits can be earned through the courses described below, webinars on the MICMT website (www.micmt-cares.org), or through any other classes/courses the provide formal continuing education credits.

Current Curriculum Name	Purpose	Number of Longitudinal Learning Hours	Required?	Reimbursement?*	Historical Curriculum Name	Reason for change
Intro to Team-Based Care	Orientation to the role; describe **what** new care team members need to know.	8 hours (if the learner is re-taking the course only)	Yes for all Primary Care team members.	$500	Complex Care Management	More inclusive to all learners, organize learning elements.
Patient Engage-ment	Describe **how** care team members can use evidence-based motivational interviewing / self-management support skills to engage with patients.	8 hours	No	$500	Self-Management Support	Focus on skill development, moving away from broad program info like billing.

Intro to Specialty Team-Based Care	Orientation to the role; describe **what** new care team members need to know.	4 hours	Yes for all Specialty Care team members.	$250	NA	Focus on the specialty role.
Orientation to MAT	Introductory level training to educate care team members about MAT for OUD.	4 hours	No	$250	NA	NA
Introduction to Palliative Care	Introductory level training to educate care team members about Palliative Care.	4 hours	No	$250	NA	NA

16. What are the primary care training requirements for Provider Delivered Care Management?

The PDCM training requirements for Primary Care are as follows:

- **All newly hired** care team members must:
  - Take the Introduction to Care Management course, which will be in available in April 2020. This is a full day course.
  - Watch the online billing course available at www.micmt-cares.org
- **All** care team members must take at least 8 hours of 'longitudinal education' annually, which is pro-rated in the initial year of hire based on hire date. For example, if the care team member started their role in July, they would only need 4 additional hours of training for that year.
  - It is suggested that longitudinal training be one of the standardized courses that has been approved by MICMT.
  - Courses with formal continuing education may also count for the annual longitudinal training.
  - This training will be tracked through a care management attestation process.

17. What is the training reimbursement opportunity?

BCBSM will reimburse POs in the January PGIP payment for affiliated care team members who complete an MICMT approved training and pass the post-test through an approved state-wide trainer. Trainings conducted by MICMT will not be reimbursed. Each PO has a reimbursement limit, but if the limit is surpassed and there are still funds, the unused funds will be distributed to those POs that surpassed their limit.

18. Medical Assistants and Community Health workers can now bill for patient care using the three phone codes and the two coordination of care codes. What training do they need?

Effective 1/1/2020, MAs and CHWs can bill for five of the 12 PDCM codes. They need to complete the same training requirements as other care team members.

19. Who can be on the care team?

We have removed the distinction between lead care managers and qualified health professionals – now we simply have "physicians" and "care team members," and those care team members are either licensed (e.g., social workers, nurses) or unlicensed (e.g., MAs, CHWs).

The care team can be comprised of any health care or behavioral health professional the provider believes is qualified to serve on the care team.

20. **Do practices still need a lead care manager to bill the PDCM codes?**

No. For example, a practice that only has a medical assistant can bill the five PDCM codes that medical assistants can bill. However, because the medical assistant cannot bill a G9001 or G9002, this means the practice would not be able to deliver comprehensive care plans and engage patients in longitudinal care management. In those cases, it is important that a practice has access to other licensed care team members (such as pharmacists, social workers, or dieticians).

21. How do paramedics fit into the care team?

Paramedics can now be part of the care team and bill the PDCM codes, when they are working in conjunction with a physician to deliver patient care and avoid a visit to the emergency room. Paramedics must be trained fully within 6 months of starting to bill PDCM codes, like other care team members, as described in the table above.

PDCM FOR SPECIALISTS

22. Which specialists are eligible to bill the 12 PDCM codes?

Effective 1/1/19, all specialty types are eligible to bill the PDCM codes, provided they meet all three of the following requirements:

- Have access to a care team
- Members of the care team have been trained appropriately or will receive training within 6 months of starting to bill the codes
- Practice worked with PO to implement the five PCMH capabilities listed below.

23. What are the PCMH-N capability requirements for PDCM-Specialist?

The specialty practice must have the following five PCMH-N capabilities in place and actively in use within six months of starting to bill PDCM codes. Blue Cross reserves the right to validate that these capabilities are in place for any practice that has billed the PDCM codes. For more information, please refer to the PCMH Interpretive Guidelines:

- 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)

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

The PDCM training requirements for Specialty Care are as follows:

- **All newly hired** care team members must:
  - Take the Specialty Orientation course, which will be in available in April 2020. This is a half-day course.
  - Watch the online billing course available at www.micmt-cares.org
- **All** care team members must take at least 8 hours of 'longitudinal education' annually, which is pro-rated in the initial year of hire based on hire date. For example, if the care team member started their role in July, they would only need 4 additional hours of training.
  - It is suggested that this longitudinal training be one of the additional courses that has been approved by MICMT.
  - Courses with formal continuing education may also count for the annual longitudinal training.
  - This training will be tracked through a care management attestation process.

25. What is the specialist team-based care pilot (STBC), and is it different from the general PDCM-Specialist (PDCM-S) program?

Yes, the Specialist Team-Based Care pilot is a program that is different from the general PDCM-Specialist program. In the Specialist Team-Based Care pilot, eligible POs will:

- Encourage more specialists to adopt a team-based care approach focused on care management
- Leverage existing and developing HIE capabilities to facilitate team-based care

Participating POs will accomplish the following throughout the year:

- Onboard to the following statewide Health Information Exchange (HIE) use cases:
  - Active Care Relationship Service
  - Admission, Discharge, Transfer
  - Exchange C-CDA (formerly Medication Reconciliation)
- Have a mechanism for receiving real-time ADT notifications by mobile devices
- Secure a licensed care manager
- Participate in monthly workgroups

Participating providers in the Specialist Team-Based Care pilot will receive 105% of the standard fee schedule, and their POs are eligible for an incentive reward. This opportunity will be open to all eligible POs in 2021.

26. How exactly does the specialist team-based care pilot differ from the PDCM-Specialist program?

STBC	PDCM-S
Specialists must identify their high-risk patients through an ACRS file	Specialists identify patients through determining they need care management and checking eligibility
Specialists must have a mechanism for receiving real time ADTs via a mobile device	Mechanism for receiving mobile ADTs is not necessary
A licensed care manager is required and must be embedded in the practice at least 20% of the week	Practice must have access to a care team working in the office at least some of the time
Relevant PCMH-N capabilities are not required, although they are recommended	PCMH capabilities are required
Specialists that agree to the program requirements are eligible for 105% VBR	Specialists receive reimbursement for billing the 12 PDCM codes

NATIONAL PROGRAMS

27. 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+ started on January 1, 2017. Michigan is a participating region. For detailed information on CPC+, please review the CPC+ FAQ available at the Michigan Multipayer CPC+ website, or visit the CMS Innovation Center website.

Participation in this 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 are potentially available to all PGIP practices. *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.*

MICHIGAN INSTITUTE FOR CARE MANAGEMENT AND TRANSFORMATION

28. What is the Michigan Institute for Care Management and Transformation?

MICMT is the coordinating center for the BCBSM Provider Delivered Care Management (PDCM) program. Its mission is to work with Physician Organizations (POs) across Michigan to expand the team-based care model to positively impact performance on clinical outcomes measures. MICMT will accomplish this mission through:

- Engaging with PO leadership to expand team-based care: MICMT puts on two stakeholder-wide meetings per year. The Annual Meeting, held in the Fall, is directed towards PO Executive Leadership. At this meeting, the team reviews accomplishments from the past year and looks ahead into strategies and incentives for the following year. The spring Regional Meeting is held in multiple

locations and directed towards care team members and PO representatives / leadership. This meeting is used to help partners caring for patients engage with others in the role, learn more about how their role impacts the health of our community, and participate in trainings to refine their practice.
Additionally, MICMT meets one-on-one with PO Leadership three times per year to assure that state-wide leadership understands the opportunities and connects with appropriate resources.

- Supporting BCBSM with incentive design for PDCM-type programs: MICMT develops an annual Scorecard that is incentivized by BCBSM. This scorecard is intended to help align PO and BCBSM strategies and efforts throughout the year. Major elements of this scorecard are screening, collecting and aggregating social determinant of health information, participating in MICMT events and data collection processes, and achieving clinical outcomes.
  Additional examples of incentive design support include the Training Reimbursement opportunity, the MAT Champion Program, and others.
- Developing a statewide network of trainers and standardized curricula: There are currently 10 approved trainers across Michigan. MICMT is working with these state-wide trainers and other subject matter experts to develop standardized trainings and curricula that support the PDCM program. The curricula to be available by April 2020 include Introduction to Team-Based Care, Patient Engagement, Specialty Care Orientation, MAT Orientation, and Palliative Care Orientation.
- Continuously improving MICMT resource library: MICMT continuously evaluates and updating resources linked to partner organizations to assure that care team members can find up to date and valuable resources to topics of interest.
- Conducting an evaluation of the PDCM program: MICMT has a strong evaluation team that is gathering clinical outcomes and utilization data in addition to care team information across the state to evaluate the impact of the PDCM incentive program.

MICMT administers the PO Scorecard, and also offers training support for care team members, capped by PO and funded by Blue Cross Blue Shield of Michigan, based on care team members passing a training post-test.

PDCM ENGAGEMENT

29. What is the PDCM Engagement Initiative?

PDCM engagement is a PGIP initiative from 2018. *Please note*, *this one-time funding opportunity is distinct from PDCM value-based reimbursement and is evaluated differently, as described below.* The purpose of the initiative was to increase care management in primary care practices.

Physician organizations elected to sign up in March 2018, then received base funding plus an additional one-time per member funding amount in April 2018, contingent upon

number of PCMH designated practices and attributed members. Physician organizations have two years to meet the criteria, and must meet both to retain funding; if the criteria are not met, 70% of funds will be paid back to Blue Cross in January 2021.

The PDCM engagement criteria are:

- *Expand the number of members engaged in PDCM*: Minimum of 3% PDCM-eligible attributed commercial members engaged in PDCM in both PCMH designated practices and CPC+ non-designated practices (averaged across the PO).
- *Expand the number of practices engaged in PDCM:* 90% of PCMH designated practices and CPC+ non-designated practices billing at least one paid claim. Evaluated at PO level; analysis will only use 12 PDCM codes.