2021 Executive Summary

Provider-Delivered Care Management (PDCM)

Summary of Changes for 2021

There are no major changes planned for Provider-Delivered Care Management for 2021:

- The program has seen many changes over the last couple of years. By reducing the amount of changes to PDCM in 2021, it will help stabilize the program.
- Monthly claims activity reporting has transitioned to the Michigan Data Collaborative (MDC), who will continue to disseminate these reports on a monthly basis.

Physician organizations will also continue working with Michigan Institute for Care Management and Transformation (MICMT) to optimize their care management performance.

Overview

The Provider-Delivered Care Management program is rooted in the Blue Cross Blue Shield of Michigan Patient-Centered Medical Home model. It is care management delivered in the physician's office, provided by trained care team members in conjunction with the physician. The PDCM program ensures chronic condition patients receive effective and efficient care, leading to better outcomes and lower costs for patients.

Currently, 1,716 primary care providers in 552 practices are receiving value-based reimbursement for Provider-Delivered Care Management, with an additional 165 practices being noted as "PCMH with care management" in the Find a Doctor tool on bcbsm.com due to meeting volume thresholds.

Background

The Provider-Delivered Care Management program originated with a select group of PCMH-designated primary care physicians in 2012, which was part of the five-year Michigan Primary Care Transformation Project (MiPCT). Prior to this, there was a pilot program in five Michigan communities from 2010-2012 to explore various facets of the PDCM model.

In 2015, the PDCM program expanded to allow every PCMH-designated physician to bill 12 PDCM-affiliated care management codes. By 2018, the program was available to employees in nearly every customer group.

Results

Michigan showed an estimated net cost savings of $230 million for Medicare patients over the five years of the MiPCT programs. For each dollar spent on MiPCT demonstration fees in Michigan there was a savings a savings of $4.54 in Medicare expenditures. This is compared to PCMH comparison practices that showed a savings of $2.16 in Medicare expenditures compared with non-PCMH comparison practices.[1]

©2019 Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

MiPCT attributed members had significantly fewer emergency room visits for all populations and significantly lower hospital readmission rates for high-risk adults. MiPCT practices also performed significantly better on quality metrics such as adult diabetes and adult cancer screening.

In mid-2015, PDCM was expanded to allow all PCMH practices to participate. Patients of PDCM providers have better rates on utilization metrics than their non-PDCM counterparts who are Patient-Centered Medical Home designated. This is particularly impressive because, as a group, PCMH providers have already shown lower utilization and better-quality scores than non-PCMH providers.

- PDCM providers had a 5.3 percent lower rate of ED visits for adults and a 12.2 percent lower rate of ED visits for the pediatric population compared to their PCMH-only peers.

- PDCM providers had a 6.6 percent lower rate of ED visits for conditions that could have been managed in the primary care setting for adults and an 18.9 percent lower rate of such visits for the pediatric population compared to their PCMH-only peers.

In addition, despite the complexity of evaluating the PDCM program at a member level, results of an internal analysis from 2018 showed consistent positive findings for the Commercial population with an estimated four percent savings equating to a $17 - $23 PMPM on engaged members.

Goals and objectives

The goal of Provider Delivered Care Management is to provide patient education, care coordination, and other support services either face-to-face or telephonically by health care teams working collaboratively with the patient and the patient's physician. The program is designed to help chronic condition patients address medical, behavioral, and psychosocial needs to ensure they are successful in meeting their health goals.

Measures tied to payment

There are three levels of reimbursement for PDCM providers. The first is delivering care management services and subsequently billing up to 12 care management codes (G9001, G9002, G9007, G9008, S0257, 98961, 98962, 98966, 98967, 98968, 99487 and 99489) for eligible Blue Cross members. The second is receiving value-based reimbursement for the ongoing delivery of care management services. To receive value-based reimbursement, providers must meet criteria related to being PCMH designated, billing PDCM services for a proportion of eligible patients, and having an engaged physician and staff. The third, started in 2020, is that providers can also receive value-based reimbursement for performance or improvement on up to four clinical quality/use metrics.
Additionally, in 2020, a new one-time initiative was implemented for PDCM. The PDCM Scheduling Initiative incentivized POs and practices for tracking and reporting the number of patient interactions per eligible care team member.

©2019 Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Data delivery timeline

Value Partnerships provides the following data to Physician Organizations participating in PDCM:

- Monthly patient lists via their EDDI folder, which provides information on attributed patients that assists the care management team in determining which patients are optimal candidates for care management. Note, this list should not be used to determine patient eligibility.
- Annual close-out reports showing practice performance on criteria for VBR.
- Monthly claims activity reports, including member-level detail, to help gauge how close practices are to meeting criteria for value-based reimbursement.

PO deliverables

Physician Organizations are expected to comply with all requests for information which include, but are not limited to, training documentation and examples of claims data.

About Value Partnerships

Over a decade of innovation, Value Partnerships is a collection of initiatives among physicians, hospitals, and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing health complications, controlling cost trends, eliminating errors, and improving healthcare outcomes throughout Michigan.

About PGIP

PGIP, part of BCBSM's **Value Partnerships** program, encourages and rewards practitioners to more effectively manage patient populations and build an infrastructure to more robustly measure and monitor care quality. Over **40** Physician Organizations across the state - representing nearly **20,000 primary care physicians and specialists** - are working together to improve the delivery of healthcare for all Michigan Blue Cross members. PGIP is cultivating a healthier future for all Michigan residents by catalyzing an all-payer system. Patients throughout the state, regardless of payer, benefit from improved care processes developed in the PGIP provider community. Visit www.valuepartnerships.com for more information.

For additional information about PGIP:

Send an email to valuepartnerships@bcbsm.com.

For additional information about this Initiative contact:

Barbara Brady, Health Care Manager, Value Partnerships, BCBSM at bbrady@bcbsm.com.

The information contained herein is the proprietary information of BCBSM. Any use or disclosure of such information without the prior written consent of BCBSM is prohibited.

©2019 Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association