

## 2021 Scorecard

2021 Provider Delivered Care Management Funding will be distributed to Physician Organizations through two avenues, with different payment timelines:

- Training Reimbursement → BCBSM will reimburse for care team member training at a flat rate of \$500 per person who passes the test for full-day approved training courses and \$250 per person who passes the test for half-day approved training courses for licensed and unlicensed care team members. This reimbursement will occur in the January, 2022 PGIP check and include those trainings that occur between November 2020 and November 2021.
- 2. Scorecard Distribution

The following scorecard shows the infrastructure elements that MICMT / BCBSM consider fundamental for care management program success. This distribution will occur in the October, 2022 PGIP check to allow time for outcomes evaluation.

		2021 Scorecard		
Measure #	Weight	Measure Description	Points	Data Source
1	50	<ul> <li>Outcomes:</li> <li>Consistently follow the process for sharing all payer (including BCBSM) clinical data in the appropriate format to MiHIN in coordination with PPQC throughout 2021.</li> <li>PO should send clinical data on all patients and all payers.</li> <li>Expectation is that the PO is sending info from, at minimum, all PDCM-defined offices.</li> </ul>	10         % of       # of         PDCM       points         offices       90%         90%       10         75%       8         50%       5         25%       3	MiHIN report
		Points for the below outcomes measures are earned based on the PO performance with the PDCM Outcomes VBR. <i>(See Appendix A for more information)</i> A1c performance	10	Aligns with BCBSM outcomes reporting for PDCM practices.
		BP Performance ED Utilization IP Utilization	10 10 10	

		2021 Scorecard			
Measure	Weight	Measure Description	Points	Data	Source
# 2	25	Health Disparities			
2	25	Unconscious Bias Training: Percentage PDCM offices that attested to <b>both</b> of the Unconscious Bias training PCMH/PCMH-N capabilities by the first 2022 snapshot .	10 total           % of         # of           PDCM         poin           offices         90%           90%         10           75%         8           50%         5           25%         3	ts	
		Expand the PO process for having a registry that collects SDoH. Points provided for the percentage of PDCM- defined practice units with PCMH/PCMH-N capability 2.25 in place by the first 2022 snapshot.	10 total           % of         # of           PDCM         poin           offices         90%           90%         10           75%         8           50%         5           25%         3	ts	
		Develop/expand the PO process for creating a feedback loop for social needs among Practice Units. Points provided for the percentage of PDCM- defined practice units with PCMH/PCMH-N capabilities 10.7 in place by the first 2022 snapshot.	5 total           % of         # of           PDCM         point           offices         90%           90%         5           75%         4           50%         3           25%         2	ts	
3	5	Care Management Operations (Note: this will			
		Clinic Dedicated Care Management: The BCBSM PDCM program is different from other care management programs, such as payer or vendor-based care management, because of the direct connection to the provider and point of care.	5 % of # of PDCM poin offices 90% 5 75% 4	attes	manager tation 255.
		<ul> <li>POs should support practices to develop dedicated care management.</li> <li>For small practices with less than 2.0FTE or fewer providers, there should be at least 4 hours / week of dedicated time, through a single or combination of care team members.</li> <li>For practices with greater than or equal to 2.0 FTE of providers, dedicated care team member time should minimally be 4 hours per week, per individual care team member.</li> </ul>	50%     3       25%     2		

2021 Scorecard						
Measure #	Weight	Measure Description	Points	Data Source		
4	20	Engagement:				
		Care Team Survey & Attestation / Verification	9	MICMT reporting		
		At least 3 scheduled phone conferences (30 minutes) with the MICMT to review scorecard performance and program updates	5	MICMT reporting		
		Participation in a Regional MICMT meetings by at least 1 PO representative.	3	MICMT reporting		
		Participation in the Annual MICMT meeting by at least 1 PO Representative with a leadership role in Care Management activity at the PO level.	3	MICMT reporting		

## Appendix A – Outcomes Measurement Description

The 2021 Scorecard has fifty out of one hundred points dedicated to outcomes measurement. As listed on the Scorecard, there are four outcomes measures with ten points each: A1c, Blood Pressure, ED utilization, and IP utilization. On the scorecard itself, specific targets for each of these are not mentioned, although these metrics were created with the intent to align with the practice level, adult measurements for PDCM Outcomes VBR analysis.

Practice level VBR is earned at either a Sub-PO or PO level. If the population within that Sub-PO or PO performs at threshold or achieves the improvement threshold, then the Sub-PO or PO earns the VBR. MICMT will align the Scorecard outcomes measurement use a weighted average of Sub-PO performance to determine whether or not a PO earns the outcomes points.

## For example:

The below PO has 2 Sub-POs that represent different portions of their population:

Sub-PO	Population
Sub-PO A	60%
Sub – PO B	40%

If only Sub-PO B earns the A1c practice-level PDCM Outcomes VBR for adults, then in the Scorecard, the PO would only earn 4 points for A1c.