



2022 Scorecard

2022 Provider-Delivered Care Management funding will be distributed to Physician Organizations through two avenues, with different payment timelines:

1. Training Reimbursement → BCBSM will reimburse for the training of anyone affiliated with the PO at a flat rate of \$500 per person who passes the test for full-day approved MICMT training courses and \$250 per person who passes the test for half-day approved MICMT training courses. (For reimbursement, the test is expected to be completed within 5 business days of the training course. Learners are instructed to complete it during the course and via email following the course.) Reimbursement will be provided for the cost of approved non-MICMT training up to the standard reimbursement rate (\$250 per ½ day). Reimbursement will be paid up to the training cap for each PO. This reimbursement will occur in the January 2023 PGIP check and include those trainings that occur between October 11, 2021, and October 10, 2022.
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 **January 2024** PGIP check to allow time for outcomes evaluation.

NOTE: The % of PDCM offices will be assessed using the 2022 1% Threshold List from 2021 Claims.

2022 Scorecard				
Measure #	Weight	Measure Description	Points	Data Source
1	48	Outcomes		
		Points for the below outcome measures are earned based on the PO performance with the PDCM Outcomes VBR. <i>(See Appendix A for more information)</i>		Outcomes measures align with BCBSM outcomes reporting for POs/sub-POs.
		Peds: IP Utilization	6	
		Peds: ED Utilization	6	
		Peds: Composite Metric	12	
		Adult: A1c performance	6	
		Adult: BP Performance	6	
		Adult: ED Utilization	6	
		Adult: IP Utilization	6	



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2	22	Care Management Operations (Note: This will not impact PDCM Outcomes or Population Outreach VBR)										
Percentage of care team members on the 2022 Care Team Member Attestation document who have attended the MICMT Patient Engagement course (since it was launched in April 2020).		<table border="1"> <thead> <tr> <th>% of care team</th> <th># of points</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>5</td> </tr> <tr> <td>75%</td> <td>4</td> </tr> <tr> <td>50%</td> <td>2</td> </tr> <tr> <td>25%</td> <td>1</td> </tr> </tbody> </table> MICMT data on the course and the care manager attestation.	% of care team	# of points	90%	5	75%	4	50%	2	25%	1
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75%	4											
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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. POs should support practices to develop dedicated care management. <ul style="list-style-type: none"> 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. 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. 		<table border="1"> <thead> <tr> <th>% of PDCM offices</th> <th># of points</th> </tr> </thead> <tbody> <tr> <td>90%</td> <td>5</td> </tr> <tr> <td>75%</td> <td>4</td> </tr> <tr> <td>50%</td> <td>2</td> </tr> <tr> <td>25%</td> <td>1</td> </tr> </tbody> </table> Care manager attestation process.	% of PDCM offices	# of points	90%	5	75%	4	50%	2	25%	1
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3	30	Engagement:		
		Billing SME Identified	3	MICMT Reporting
		Billing Training Completed	5	
		Billing Meeting Participation (All meetings)	8	
		Care Team Survey & Attestation / Verification	5	
		At least 3 scheduled phone conferences (30 minutes) with MICMT.	3	
		Participation in the entire Annual Team-Based Care Conference by at least 1 PO representative.	3	
		Participation in the entire Annual MICMT meeting by at least 1 PO Representative with a leadership role in Care Management activity at the PO level.	3	



Appendix A – Outcomes Measurement Description

The 2022 Scorecard has 48 out of 100 points dedicated to outcomes measurement. As listed on the Scorecard, there are 7 outcomes measures. On the scorecard itself, specific targets for each of these are not mentioned as these metrics align with the measurements for PDCM Outcomes VBR analysis. The measures cover adults and pediatrics. If either set of measures does not apply to a specific PO, those points will be dropped from the scorecard. For example, a PO that does not have the potential to earn the PDCM Outcomes for VBR for pediatrics due to a lack of pediatric cases will have 24 points dropped from the denominator of the scorecard and the possible scorecard points will be 76 instead of 100.

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 40% of the points for A1c.