

BCN and BCN AdvantageSM PDCM

Frequently Asked Question

1. What is Provider-Delivered Care Management?

Provider-Delivered Care Management builds upon PCMH in transforming care delivery, enabling providers to deliver coordinated team-based care. The program allows physician-led health care teams to deliver services that are billed by qualified practitioners. By partnering with health care providers to deliver care management in the doctor's office, Blue Care Network helps to ensure that patients with chronic conditions receive more effective, personalized care that leads to better clinical outcomes and lower costs for patients.

2. What are additional benefits of PDCM?

- a. • Decreased unnecessary emergency department utilization and inpatient admissions
- b. • Increased closure of quality gaps in care – a HEDIS® measure for BCN Advantage
- c. • Better patient experience through care coordination by the support of a larger care team
- d. • Improved chronic disease management and outcomes (hypertension, diabetes, etc.)

3. What is date of change?

Effective Jan. 1, 2023, BCN commercial and BCN AdvantageSM Patient-Centered Medical Home designated primary care providers may begin billing Blue Care Network for Provider-Delivered Care Management services.

4. How are providers reimbursed for PDCM?

Providers who participate in PDCM receive reimbursement for care management services rendered through 12 procedure codes. These fee-for-service payments do not have a corresponding reduction in capitation and are equal to the PPO base fee schedule.

5. Is there any VBR targets or incentives?

BCN does not have VBR so currently there are no performance or outcome metrics for BCN. Metrics/incentives for the future may be reviewed later.

6. Will monthly patient lists be distributed?

Yes, we are finalizing this process and will be sending these out shortly. The first iteration of these reports will only contain patient demographic and provider information. We are looking into adding more information such as claims and utilization in the future, to these reports.

7. Are there any billing restrictions for PDCM services?

The current billing guidelines for PDCM PPO have been updated to reflect BCN. These guidelines are available on the PDCM Initiative page under the Initiative/Projects/Workgroup tab on the PGIP Collaboration site.

8. 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 member liable.

9. What are the PDCM codes?

The codes are G9001, G9002, G9007, G9008, 98961, 98962, 98966, 98967, 98968, 99487, 99489, and S0257. For additional code descriptions, delivery methods, scenarios, and FAQ's please see Michigan Institute for Care Management (MICMT) website: <https://micmt-cares.org/g9001-comprehensive-assessment> or PDCM page under the Initiatives/Projects/Workgroups tab on the PGIP Collaboration site.

10. Which physicians can participate in PDCM?

All primary care physicians who have been designated through Blue Cross Patient-Centered Medical Home are eligible to bill for PDCM services. Currently, specialists are ineligible to participate in the PDCM program for BCN commercial and BCN AdvantageSM.

11. Are all customer groups participating in PDCM for BCN/BCNA?

Currently, there is only one group not participating in PDCM for BCN/BCNA – Stellantis (formerly FCA). The list of opt-out groups is available on the PDCM Initiative page under the Initiative/Projects/Workgroup tab on the PGIP Collaboration site. You can find the BCN/BCNA information on the second tab of the document.

12. Can I check to see if the member has PDCM coverage?

Currently, member coverage is not displayed in Availity. However, we are looking into adding this in the future.

13. 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.

14. Are there any requirements for PDCM Training?

Please work with Michigan Institute for Care Management (MICMT) for more details. <https://micmt-cares.org/training-requirements-framework>

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

MICMT is the coordinating center for the BCBSM Provider Delivered Care Management (PDCM) program. (<https://micmt-cares.org/>) 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. In the Spring, MICMT hosts a Team-Based Care Conference designed with topics of interest for front-line care team members and those within the POs involved in PDCM. 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. The specific measures are developed each year to align with current priorities.
- Providing training opportunities including standardized courses delivered via a statewide network of trainers and many webinar opportunities throughout the year. MICMT offers continuing education opportunities for many disciplines. POs are offered training reimbursement for care team members funded by BCBSM and administered by MICMT.
- Conducting an evaluation of the PDCM program: MICMT has a strong evaluation team that has used clinical outcomes and utilization data in addition to care team information across the state to evaluate the impact of the PDCM incentive program.

16. How do I learn more about PDCM?

You may 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.