Blue Cross
Blue Shield
of Michigan

Provider-Delivered Care Management Presentation

How Do PCMH and PDCM Interrelate?

Value Partnerships

Physician Group Incentive Program

Patient-Centered Medical Homes

Provider-Delivered Care Management

What is Provider-Delivered Care Management?

Primary care physicians lead multi-disciplinary care teams in the PCMH

Care managers and qualified health professionals deliver services to patients with chronic conditions

Expands traditional health plan delivered-care management; convenient for patient, maximizes existing relationships

No diagnostic restrictions; available to adults and peds; intervention includes groups, face-to-face, and phone visits

PDCM expanded to specialists in July 2017, provided they meet program criteria.

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Expanded PDCM Care Team

Physician, Nurse Practitioner, Physician Assistant

Diabetes Educator

Community Health Worker

Nurse

Professional Counselor

Respiratory Therapist

Pharmacist

Medical Assistant

Dietician/Nutritionist

Social Worker

Paramedic

Asthma Educator

Patient List

- Each month, a patient list is produced by BCBSM. It is distributed to our Physician Organizations and MCGs, via their Edifecs box. It is the responsibility of the PO to disseminate the information to the practice.

- This list includes eligible patients who have the PDCM benefit.

- The patient list does contain a lot of information for the PO's and practices to use in targeting the right individuals for care management. Beginning 2nd quarter 2024, we have expanded the patient list for BCN/BCNA to mirror the information that is listed on the PDCM BCBSM patient lists.

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Eligibility Commercial and Medicare Plus Blue PPO

- BCBSM has produced a list of groups who are not participating in the PDCM program. This list is posted on the PGIP Collaboration site or on MiCMT's website. We do indicate to use this as a guide and that the practice/Physician Organization will still need to confirm that the member has an active contract. Additionally, the listing is updated as needed. For the groups who are not participating, we are meeting with those groups and their respective account managers to hopefully get them in the PDCM program. This applies to both BCBSM and BCN.

- BCBSM Medicare Advantage (Medicare Plus Blue PPO) is included in PDCM; however, because this is considered an enhanced benefit, Availity will not speak to the program; however, some of our groups do have the PDCM information listed. For these members, we have provided a listing of Excluded groups to our PO's (that is the 2nd tab on the list of groups not participating under Medicare Advantage). They will still need to confirm that the member has an active contract. Incidentally, the excluded groups are MPSERS, Accident Fund Retiree's and BCBSM retirees.

- For BCN/BCNA there is one group who is not included and that is FCA (Stellantis). You can find this information on the 2nd tab of the Groups not participating in PDCM.

- Traditional Medicare enrollees are not eligible for the PDCM program.

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PDCM Procedure Codes

- G9001* - Coordinated Care Fee – Initial
- G9002* - Coordinated Care Fee – Maintenance
- 98961* - Group Education 2–4 patients for 30 minutes
- 98962* - Group Education 5–8 patients for 30 minutes
- 98966* - Phone Services 5-10 minutes
- 98967* - Phone Services 11-20 minutes
- 98968* - Phone Services 21-30 minutes
- 99487* - Care Management Services 31-75 minutes per month
- 99489* - Care Management Services, every additional 30 minutes per month
- G9007* - Team Conference
- G9008* - Physician Coordinated Care Oversight Services (Enrollment Fee)
- S0257* - End of Life Counseling

- *HCPCS Level II and CPT codes, descriptions and two-digit numeric modifiers only copyright 2023 American Medical Association. All rights reserved

PDCM Program

- All claims should be billed with the rendering physicians NPI. We are seeing claims billed with the APP (PA or CNP) NPI and because we don't attribute to APP's, we are unable to see all claims for the VBR analysis. This applies to both BCN, BCNA, Ma PPO and BCBSM populations even though BCN/BCNA does not provide VBR.

- In case you missed this, time spent communicating with the patient through the patient portal can now be counted towards the monthly care coordination. This would apply towards procedure codes 99487 and 99489. We are still not allowing messaging between the physician and care team members via the EMR. The billing guidelines have been updated to reflect this information.

- BCN/BCNA is now allowing specialists to render and bill the PDCM procedure codes.

- BCBSM has changed the requirement to continue to allow procedure codes G9001 (comprehensive assessment), G9002 (face to face follow up), 98961 (group education/training 2-4 patients) and 98962 (group education/training 5-8 patients) to be conducted via telephone. It should be documented within the patient's medical record that the patient wasn't comfortable coming into the office or that the patient didn't know how to do a video conference. This information has been updated in our billing guidelines.

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PDCM Program Phone Codes

When is it appropriate to use PDCM telephone codes (98966 for 5-10 minutes, 98967 for 11-20 minutes, 98968 for 21-30 minutes)?

- **Potential Uses of Phone Service Codes**
  - ✓ Reaching out to a patient enrolled in Care Management to discuss changes in medication or management plan
  - ✓ Contacting patients to close care gaps in HEDIS
  - ✓ Follow up, or document plan update after an ED visit or hospital stay
- **Inappropriate use of Phone Service Codes**
  - ✓ Scheduling routine appointments
  - ✓ Relaying normal lab values
  - ✓ Triage phone calls for typical illnesses (i.e. sore throat, ear pain, urinary tract infection, ect.) unless the conditions above are satisfied
- *** As always, we would encourage you to contact your internal compliance department to ensure you are in alignment with your organizations policies on care management delivery to your patient population.

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PDCM Outcomes VBR (PaMPM)

- We are doing this type of reimbursement to accommodate the BCBS Association mandate that was imposed in 2019.

- We are producing a claim each month for members who are attributed to eligible providers who met the PDCM Outcomes VBR criteria. Reimbursement ranges from $.40 - $1.60.

- These claims are easily identified by a specific procedure code (S0281), the date of service is always the first day of the month, i.e. 01/01/24, 02/01/24, 03/01/24 etc.; diagnosis code Z02.89.

- We have separated these payments from the vouchers of the regular claims. The payments will still be issued as a claim, just on their own voucher.

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Questions?