2019 Provider-Delivered Care Management Value-Based Reimbursement and Advanced Practice Value-Based Reimbursement FAQ

To Qualify for the 2019 Provider-Delivered Care Management Value-Based Reimbursement (PDCM VBR):

1. Dates for Analysis: January 1, 2018- December 31, 2018.

2. The denominator is the average number of attributed commercial members with the PDCM benefit over the same date range as the dates for analysis. (In 2018: For the 2019 PDCM VBR, hosted members are not being counted, Medicare Advantage members will be counted in the numerator and the denominator and FEP members will be counted in the numerator but NOT the denominator.)

3. PDCM-related codes (Transition of care codes 99495, 99496 and medication reconciliation code 1111F) will be counted in the touchpoint if somewhere across the practice a PDCM code (G9001, G9002, G9007, G9008, S0257, 98961, 98962, 98966, 98967, 98968 99487 and 99489) is also billed.

4. Additional PCMH capabilities related to PDCM activities have been added.

5. At least 3% of BCBSM PDCM attributed members need to be “touched.” The definition of “touched” members will be 2 PAID claims for 2 DIFFERENT DATES of SERVICE.

To Qualify for the Advanced Practice VBR:

The practice must have achieved the PDCM-VBR for 2019 plus:

1.. At least **5**% of BCBSM PDCM attributed members need to be touched. The definition of “touched” members will be 2 PAID claims for 2 DIFFERENT DATES of SERVICE.

and

2. PCMH Capability 13.11- Practice is actively participating in the ADT initiative- must be in place.