2020 Care Management Review

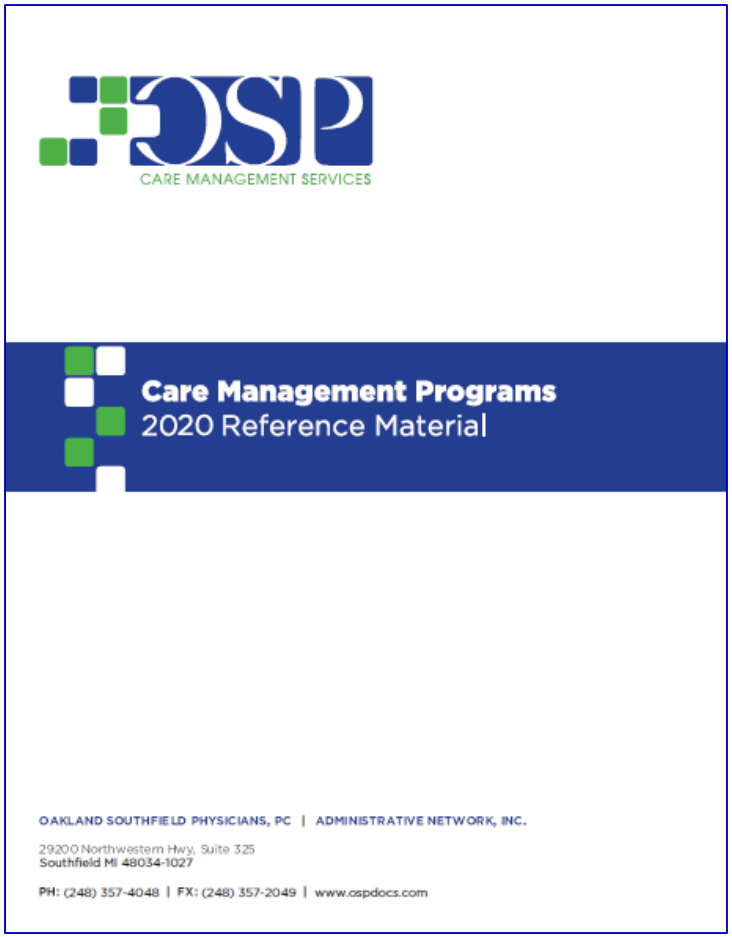
Office Leadership Forum
OSP Sponsored
10:30AM to 11:30AM
April 22, 2020

confidential not for distribution

CARE MANAGEMENT SERVICES

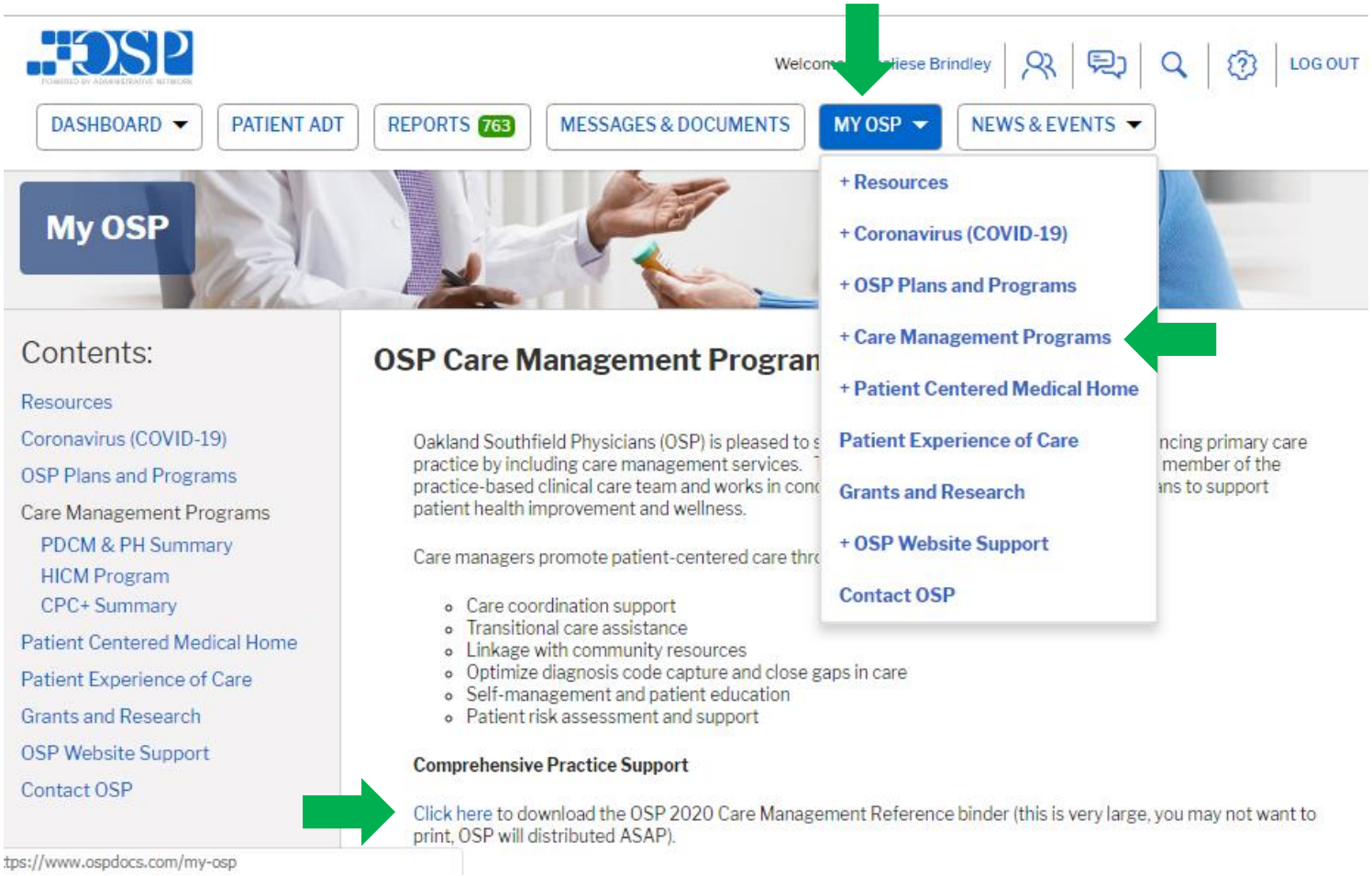
OSP Care Management Binder

- Delivery as soon as possible



confidential not for distribution

2020 OSP *Virtual* CM Binder



confidential not for distribution

CARE MANAGEMENT SERVICES

Topics to Cover

- Overview
- BCBSM Provider Delivered Care Management (PDCM)
- Priority Health (PH)
- Comprehensive Primary Care Plus (CPC+)
- High Intensity Care Management (HICM)
- Medicaid
- Resources

confidential not for distribution

Overview

- All Program Requirements
- General
  - *Update Michigan Institute for Care Management and Transformation (MICMT)
    - Replaced MiCMRC
    - Statewide hub for care management
    - Includes training information for each program
      - Training completed within 6 months for new hire
  - OSP support
    - Monthly care management meetings first Friday
    - Bi-monthly program support calls

confidential not for distribution

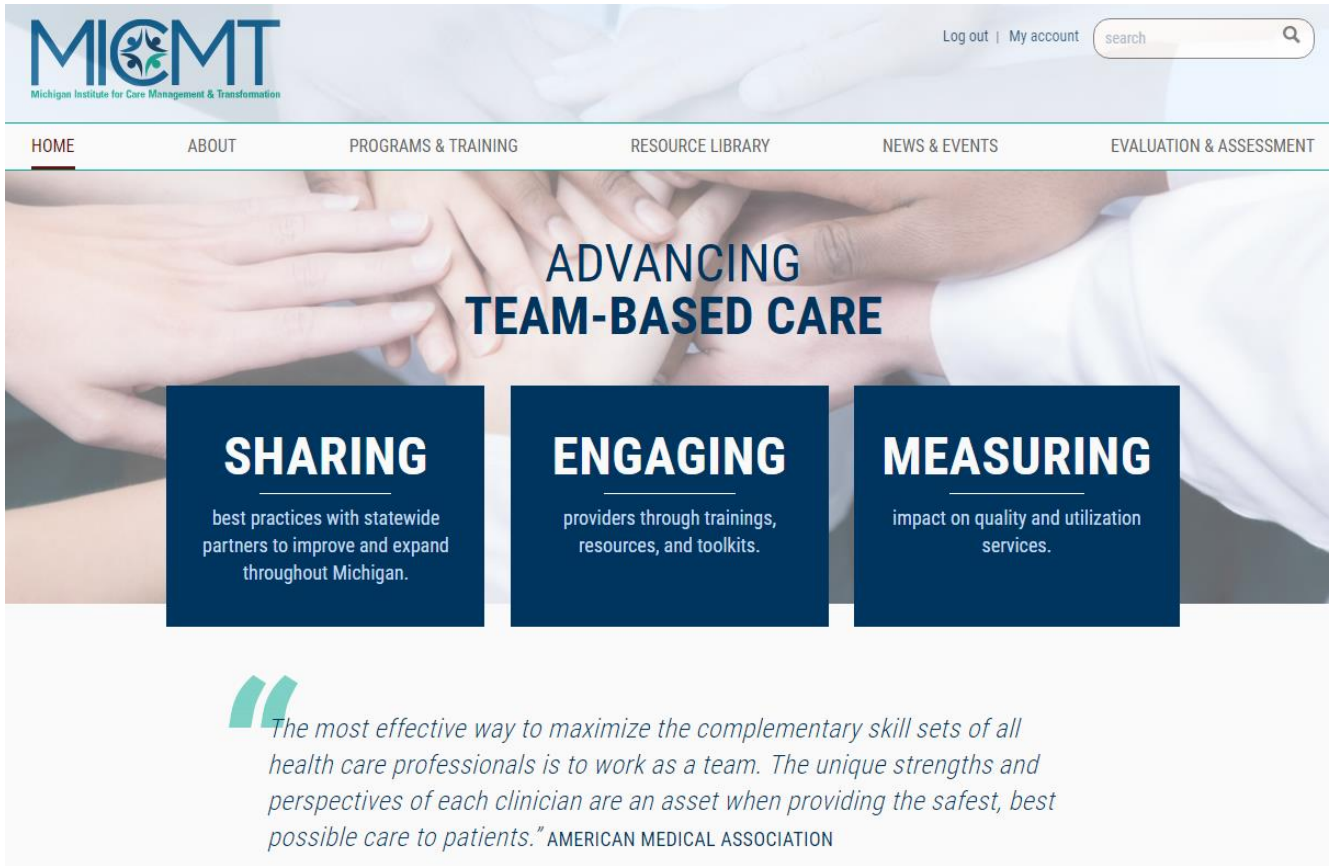
Overview

- OSP Care Management Program Support
  - Bi-monthly Webinars, 11:00 AM – 12:00 PM
    - 1st Thursday: PDCM
    - 3rd Thursday of every other month: CPC+ and HICM
      - April, June, August, October, December
  - Monthly In-person Networking, 9:30 – 11:30 AM
    - 1st Friday: all program
    - Review program updates and requirements, operational planning, clinical education, and team building
  - Details for call-in/link and location are available at www.ospdocs.com on the Calendar

confidential not for distribution

Overview

- MICMT website: www.micmt-cares.org

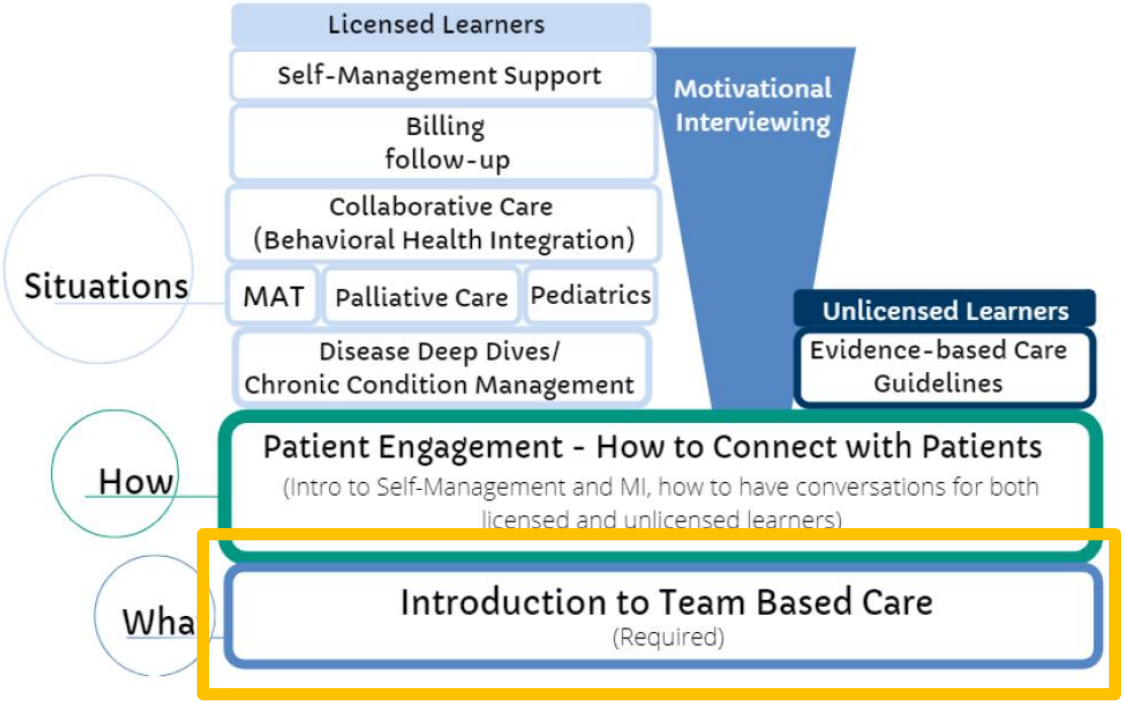


confidential not for distribution

DSP
CARE MANAGEMENT SERVICES

Overview

Primary Care Training Framework



Legacy training satisfies requirement

confidential not for distribution

CARE MANAGEMENT SERVICES

Overview

- OSP is an approved training organization
  - Current course offering is Introduction to Team Based Care
  - In process for approval of Patient Engagement Training
  - Trainings held at Southfield administrative office
  - Contact OSP for registration support
    - Jamie Kopiczko / 248-357-4048 / jamie@aniosp.com

POWERED BY ADMINISTRATIVE NETWORK

confidential not for distribution

CARE MANAGEMENT SERVICES

Overview

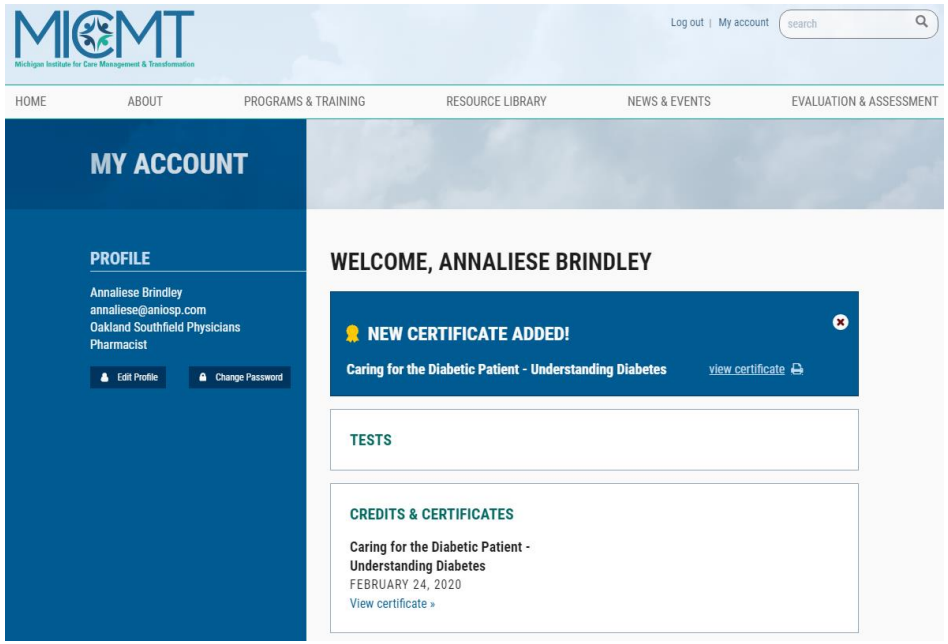
- Continuous Learning
  - 8 hours are required for PDCM & PH

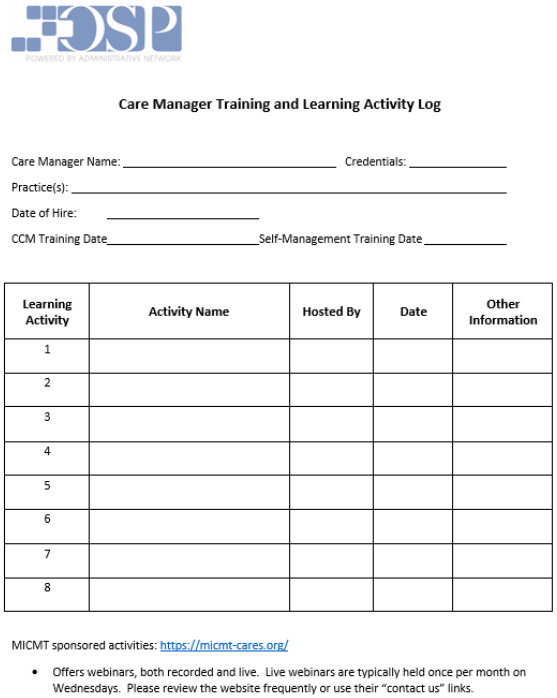
CE Options	PDCM	Priority Health
Recognized CE by licensure		
MICMT sanctioned trainings (webinars offered by MICMT, both live and pre-recorded)		
OSP trainings (monthly webinars, first Friday meetings)	2020 UPDATE	

confidential not for distribution

Overview

- Training Tracking
  - Track all care management training using OSP training tracker and/or personal MICMT dashboard
  - Email Jamie training dashboard upon completion
    - Email: jamie@aniosp.com





Care Manager Training and Learning Activity Log

Care Manager Name: _____ Credentials: _____

Practice(s): _____

Date of Hire: _____

CCM Training Date_____Self-Management Training Date _____

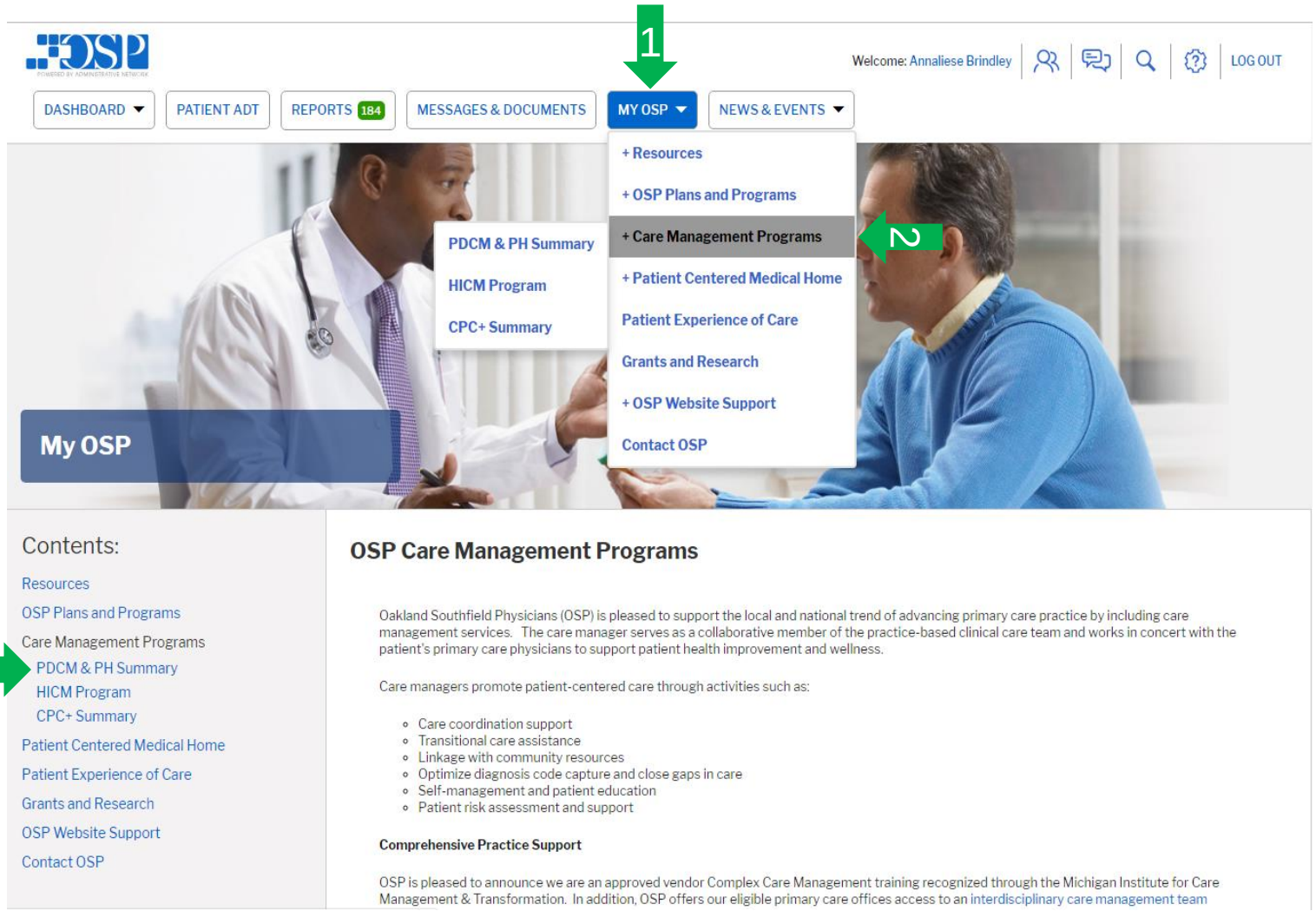
Learning Activity	Activity Name	Hosted By	Date	Other Information
1				
2				
3				
4				
5				
6				
7				
8				

MICMT sponsored activities: https://micmt-cares.org/

- Offers webinars, both recorded and live. Live webinars are typically held once per month on Wednesdays. Please review the website frequently or use their "contact us" links.

confidential not for distribution

BCBSM PDCM



confidential not for distribution

CARE MANAGEMENT SERVICES

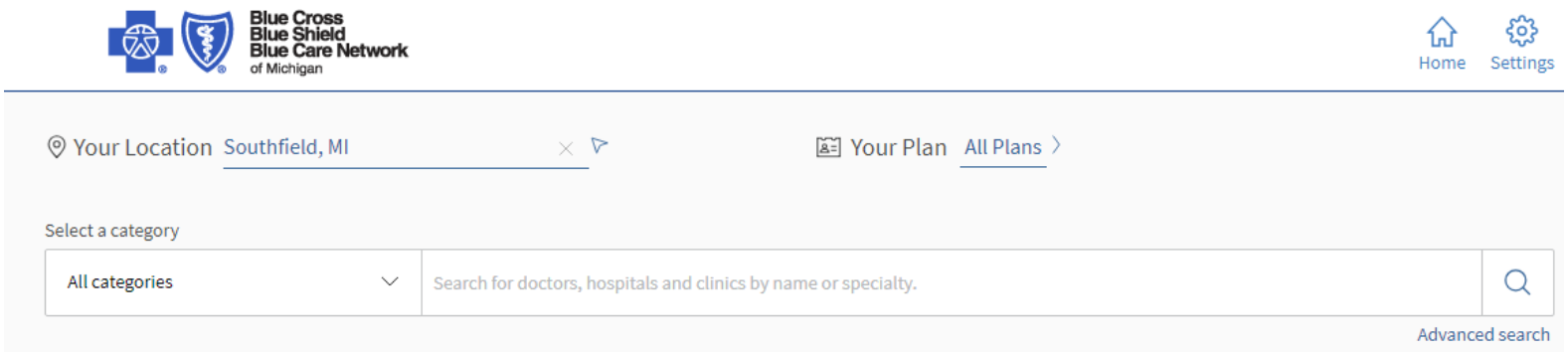
BCBSM PDCM

- Overview
  - Available for current PCMH designated offices
  - Care management delivered by a qualified health professional
  - Updated BCBSM Commercial Billing Guidelines and FAQ published March 2020
    - *New* Training requirements
    - *New* Performance targets
    - *New* Expanded billing opportunities

confidential not for distribution

BCBSM PDCM

- BCBSM's Definition of PDCM Provider
  - Recognize providers actively offering PDCM
    - Provider engages ≥ 1% eligible *commercial* patients with 2 or more PDCM core care management codes* billed on separate dates of service
    - Providers will be identified on the BCBSM provider search tool with PDCM recognition



*Core PDCM Codes
G9001, G9002, G9007, G9008, S0257, 98961, 98962, 98966, 98967, 98968, 99487, and 99489

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Care Team Members
  - Licensed Health Professional
    - Training required
    - May bill G9001, G9002, S0257, 98966-98968, 99487, 99489
  - Unlicensed Health Professional
    - Training required
    - May bill telephone codes (98966, *98967, 98968*) and clinical coordination (99487, 99489) codes
  - Physician
    - No training required
    - May bill G9007, G9008, S0257

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Training Updates

Current Curriculum Name	Historical Curriculum Name	Purpose	Number of Longitudinal Learning Hours	Required
Introduction to Team-Based Care	Complex Care Management	Orientation to the role; describe what new care team members need to know	8 hours (only if re-taking the course)	Yes, for all primary care team members
Patient Engagement	Self-Management Support	Describe how care team members can use evidence-based motivational interviewing/self-management support skills to engage with patients	8 hours	No
Introduction to Specialty Team-Based Care	NA	Orientation to the role; describe what new care team members need to know	4 hours	NA
Orientation to MAT	NA	Introductory level training to educate care team members about MAT for OUD	4 hours	NA
Introduction to Palliative Care	NA	Introductory level training to educate care team members about Palliative Care	4 hours	NA

confidential not for distribution

BCBSM PDCM

- Required Training
  - Initial

Current Curriculum Name	Historical Curriculum Name	Required
Introduction to Team-Based Care	Complex Care Management	Yes
Patient Engagement	Self-Management Support	No

  - Annual continuing education for care managers
    - 8 additional hours
      - Shall NOT *NEW* be PO sponsored (OSP calls/events)
      - Recognized CE by licensure
      - MICMT sponsored events available at http://micmt-cares.org

confidential not for distribution

BCBSM PDCM

- Value Based Reimbursement (VBR)

Measurement Year	Payment Period	PDCM Population Management VBR (5%)	PDCM Outcomes VBR (8%)
2020	9/1/2021 – 8/31/2022	4% + 2 Touches	Quality and Utilization

confidential not for distribution

BCBSM PDCM

- Performance Targets
  - Population VBR – 5% VBR on eligible members
    - Measured at a practice level
  - Target for PDCM Population VBR to be awarded 9/1/2021
    - Practice engages ≥ **4%** of eligible members during calendar year 2020
      - At least **1%** of this target must be engaged using only core care management codes* for commercial patients during calendar year 2020
    - 2 claims per patient on different dates of service

*Core PDCM Codes
G9001, G9002, G9007, G9008, S0257, 98961, 98962, 98966, 98967, 98968, 99487, and 99489

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Performance Targets
  - Outcomes Value-Based Reimbursement (VBR) – **Up to** an additional 8% VBR on eligible members
    - Measured at an organization level
  - Introduction of Pediatric Measures
  - Target for PDCM Outcomes VBR to be awarded 9/1/2021
    - Practice engages ≥ **1%** of eligible **commercial members** during calendar year 2020
      - Engagement calculated using only core care management codes*; and 2 claims per patient on different dates of service

*Core PDCM Codes
G9001, G9002, G9007, G9008, S0257, 98961, 98962, 98966, 98967, 98968, 99487, and 99489

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Performance Targets
  - Outcomes VBR – Quality - **Adult**
    - Blood pressure control – 2% VBR
    - HbA1c control in diabetes – 2% VBR
  - Separate VBR award per measure
  - Two paths to earn Outcomes VBR
    1) Meet/exceed BCBSM target, or
    2) Trend improvement

confidential not for distribution

BCBSM PDCM

- Performance Targets
  - Outcomes VBR – Utilization - **Adult**
    - Emergency Department (ED) utilization rate – 2% VBR
    - Inpatient discharge rate (non-maternity) – 2% VBR
  - Separate VBR award per measure
  - Two paths to earn Outcomes VBR

    1) Meet/exceed BCBSM target, or

    2) Trend improvement

confidential not for distribution

BCBSM PDCM

- Adult Outcomes VBR (CY 2020)

Metric	Population	Performance Threshold	VBR
Emergency Department Encounters (per 1000 members per year)	Adult	175 encounters (per 1000 members per year)	2%
Inpatient Encounters (per 1000 members per year)	Adult	45 encounters (per 1000 members per year)	2%
HbA1c Control <8%	Adult	70%	2%
Blood Pressure Control <140/90	Adult	70%	2%

- Up to 8% VBR awarded in 2021
  - Measured at an organization level

confidential not for distribution

BCBSM PDCM

- Performance Targets
  - Outcomes VBR – Quality – **Pediatric** ***NEW***
    - Composite measure – 4% VBR
      - Medication Management for People with Asthma
      - Follow-Up after Emergency Department Visit for Mental Illness
      - Follow-up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase
  - Separate VBR award per measure
  - Two paths to earn Outcomes VBR

    1) Meet/exceed BCBSM target, or

    2) Trend improvement

confidential not for distribution

BCBSM PDCM

- Performance Targets
  - Outcomes VBR – Utilization – **Pediatric** ***NEW***
    - Emergency Department (ED) utilization rate – 2% VBR
    - Inpatient discharge rate (non-maternity) – 2% VBR
  - Separate VBR award per measure
  - Two paths to earn Outcomes VBR

    1) Meet/exceed BCBSM target, or

    2) Trend improvement

confidential not for distribution

BCBSM PDCM

- Pediatric Outcomes VBR (CY 2020)

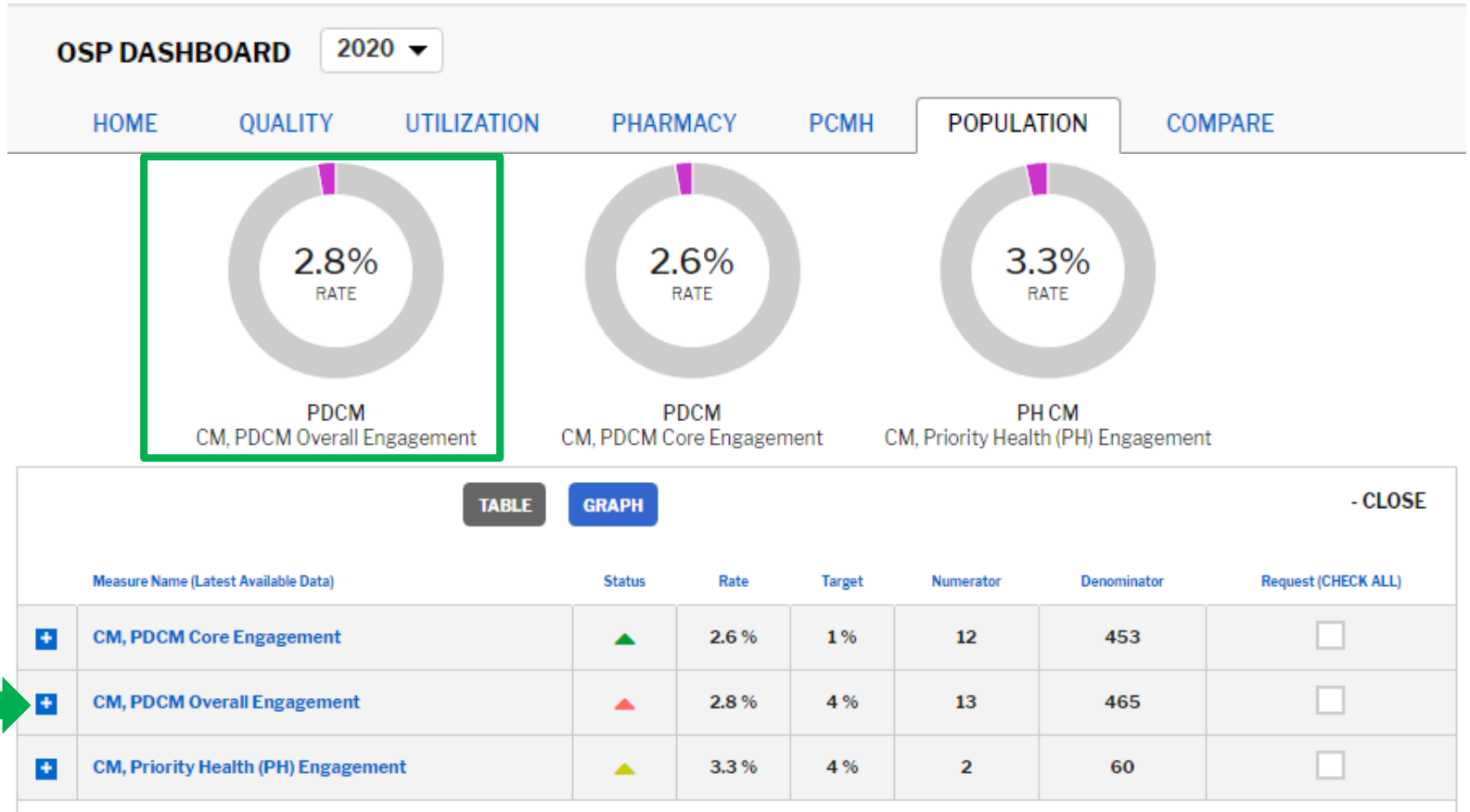
Metric	Population	Performance Threshold	VBR
Emergency Department Encounters (per 1000 members per year)	Pediatric	164 encounters (per 1000 members per year)	2%
Inpatient Encounters (per 1000 members per year)	Pediatric	13.5 encounters (per 1000 members per year)	2%
Composite Measure: • Medication Management for People with Asthma • Follow-Up after Emergency Department Visit for Mental Illness • Follow-up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase	Pediatric	TBD	4%

- Up to 8% VBR awarded in 2021
  - Measured at an organization level

confidential not for distribution

BCBSM PDCM

- Patient Engagement

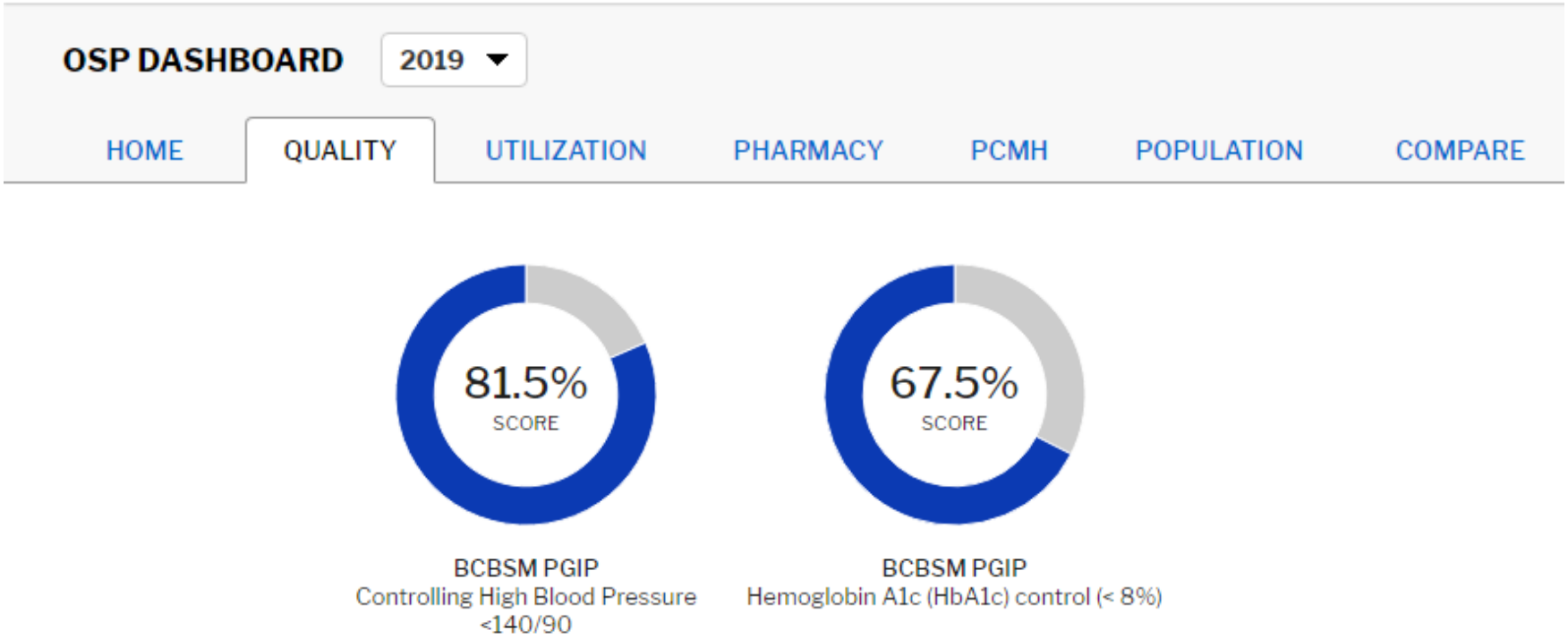


confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Adult – Quality Outcomes

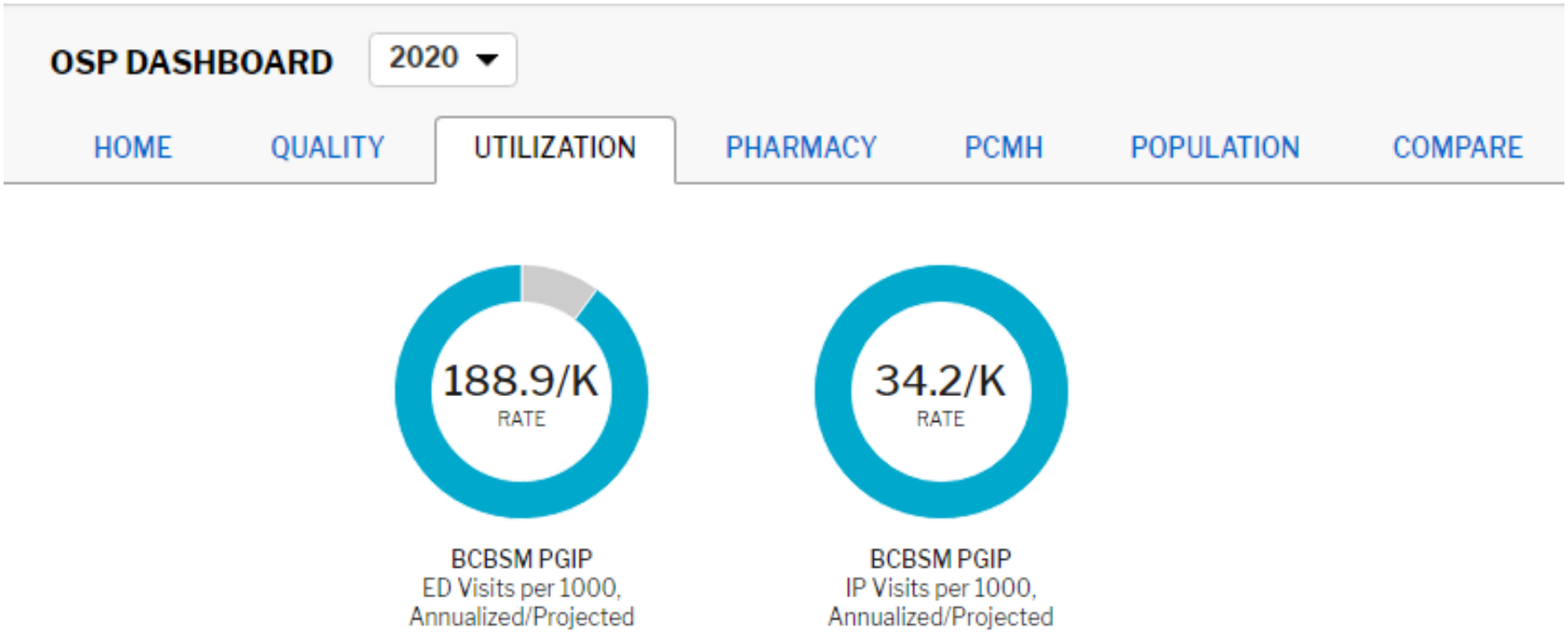


confidential not for distribution

OSP CARE MANAGEMENT SERVICES

BCBSM PDCM

- Utilization Outcomes



confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Eligibility - Commercial Groups Excluded

Commercial Groups Excluded from PDCM/BDTC	Group Number
Advancez	71779
Android Industries	71778
EDW. C. Levy Company	71777
Mid Michigan Health	71776
Presence Health	71766
United Food and Commercial Workers (UFCW)	71345
Michigan Conference of Teamsters Welfare Fund (MCTWF)	71549
Ascension	71748, 71761, 71762, 71764, 71574, 71740, 71767, 71763
TriMedX Holdings	71744
Bronson Health Systems	71701
Sheet Metal Workers - Local 7	71754
Sheet Metal Workers - Local 80	71725
Cherokee Insurance Company	71749
Dart Container	71750
Adventist Midwest Health	71760
Alexian Brothers Health System	71752
Corizon Health Inc (Inmate group)	71499
Kent County Inmates	71563
Saginaw County Inmates	71564
Daimler Chrysler German Ex Patriots	72529
Fiat Chrysler Automotive (FCA)	21010, 82100, 82140, 82142, 82300, 82301, 82311, 82321, 82326, 82331, 82336, 82352, 82357, 82366, 82368, 82376, 82378, 82400, 82401, 82411, 82421, 82426, 82431, 82436, 82500, 82512, 82552, 82591, 82593, 82594, 82600, 82651, 82652, 82899
Coalition of Public Safety Employees Health Trust	71792
Detroit & Vicinity Trowel Trades	71784

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Eligibility - Medicare Advantage Groups Excluded

MA Groups Excluded from PDCM	Group Number
Accident Fund Retiree's	67527, 67532, 67537
Blue Cross Blue Shield of Michigan Retiree's	67553, 67557
Michigan Public School Employment Retirement Systems (MPSERS)	59000
URMBT - Medicare Advantage	60325
URMBT - Medicare Advantage	60322
URMBT - Medicare Advantage	60315
URMBT - Medicare Advantage	60305
URMBT - Medicare Advantage	60292
URMBT - Medicare Advantage	60287
URMBT - Medicare Advantage	60274
URMBT - Medicare Advantage	44911
URMBT - Medicare Advantage	44906
URMBT - Medicare Advantage	44898
URMBT - Medicare Advantage	44870
URMBT - Medicare Advantage	44866
URMBT - Medicare Advantage	44863
URMBT - Medicare Advantage	25971
URMBT - Medicare Advantage	25207

confidential not for distribution

BCBSM PDCM

- Billing
  - Billable Codes
    - Core care management code review

	Provider Type	
Care Management Services	Care Manager	Physician
Initial assessment	G9001	G9008
Face-to-face encounter	G9002	
Telephone encounter	98966, 98967, 98968	
Group visit	98961, 98962	
Team conference (without patient)		G9007*
Complex care coordination	99487, 99489	
Advance directives or end of life care planning	S0257	S0257

    - Additional codes - 99495, 99496, 1111F
    - Physician billing codes G9007/G9008

confidential not for distribution

BCBSM PDCM

- Billing
  - Expanded use of G9008
    - Physician discussion with patient to engage in care management
      - *Ex. Physician speaks to a patient and initiates care management services to be delivered by another team member*
    - Physician to external care team member "curbside consult"
      - *Ex. Physician conversation with ED physician*
      - *Ex. Physician speaks with a pathologist to determine which genetic test is appropriate for the patient's medical condition*
  - Documentation of the care coordination should be in the medical record

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Billing
  - Unlicensed care team member (medical assistant, community health worker, etc.)
    - May bill telephone codes (98966, 98967, 98968)
      - Discussion of care issues, progress towards goals, follow-up to ED visit, not appropriate for appointment reminders or delivering lab results
    - May bill non-face-to-face clinical coordination (99487, 99489)
    - Must attend required initial training and fulfill annual continuing education requirements
    - Requires a signed document that authorizes the types and scope of services to be provided

confidential not for distribution

BCBSM PDCM

- Billing
  - Care Management and transitional care management (TCM) code clarification
    - Care managers/practices **<u>can</u>** bill care management codes during 30 day TCM period
    - To bill care management codes during TCM period, these codes must be associated with a separate and distinct diagnosis and/or service from the TCM event

confidential not for distribution

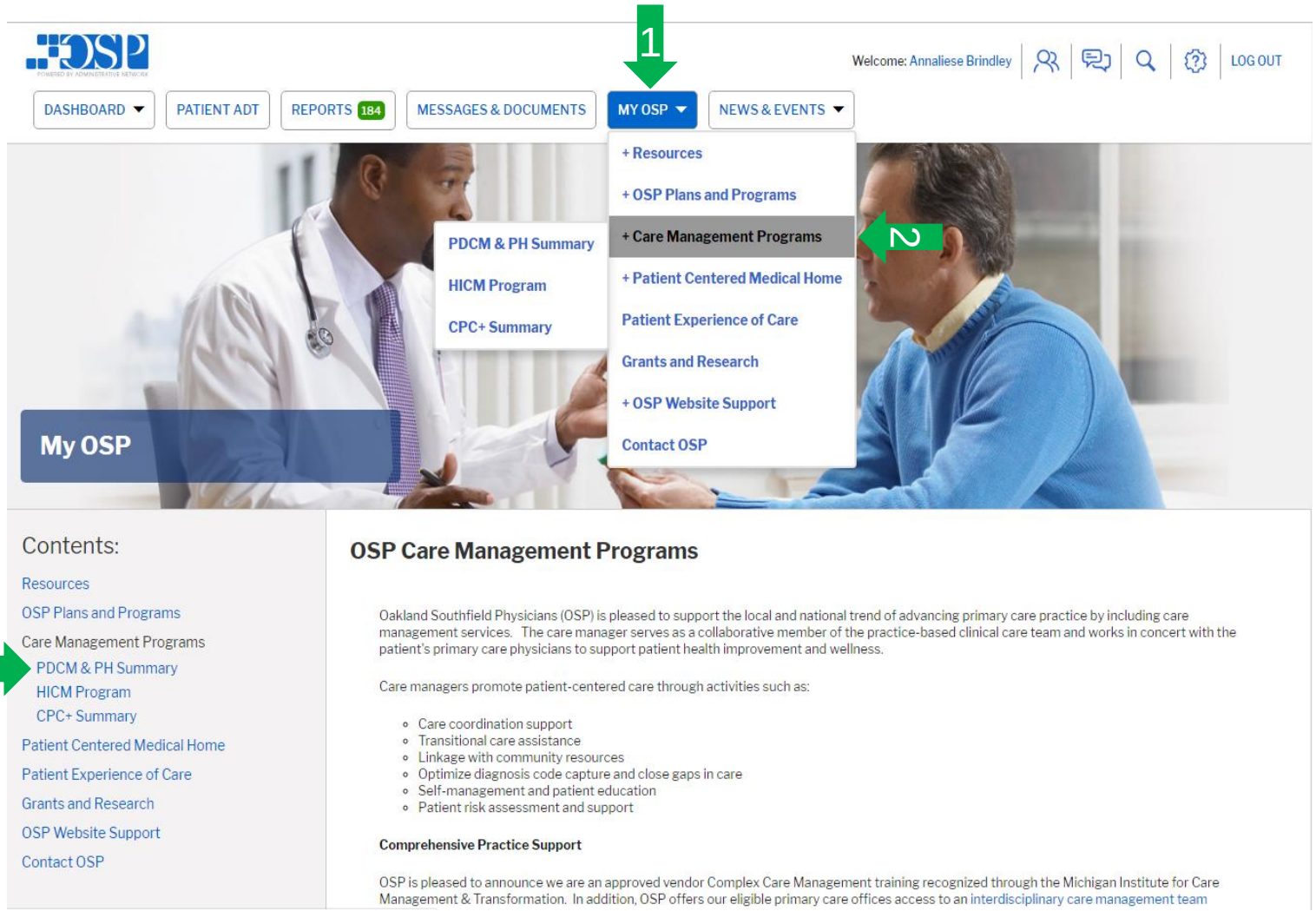
BCBSM PDCM

- Billing
  - *NEW* 2P Modifier
    - Payable when PDCM program is discussed with patient and patient declines engagement
    - Billable once per condition per year
    - Billable with G9002, 98966, 98967, 98968
    - Used for tracking purposes only
      - May still bill claim that will count towards engagement

confidential not for distribution

CARE MANAGEMENT SERVICES

Priority Health



confidential not for distribution

CARE MANAGEMENT SERVICES

Priority Health

- Overview
  - Annual attestation
    - March 13th for CPC+ practices – ✓completed
    - May 29th for all other practices
    - OSP will reach out for needed information
  - Care management delivered by a qualified health professional
  - Abridged PIP manual in OSP Care Management Program binder

confidential not for distribution

Priority Health

- Required Training
  - Must be trained by May 1, 2020
  - Initial
    - Introduction to Team-Based Care (aka Complex Care Management)
    - Patient Engagement (aka Self-Management)
  - On-going clinical education for care managers
    - 8 additional hours annually

confidential not for distribution

Priority Health

- Performance Targets
  - Practice-level incentive reward
    - Variable PMPM rate based on risk adjusted target
    - Standard PIP and CPC+ Track 1 offices
      - Target range: 2%-4%
      - If practice is CPC+, elected to receive prospective incentive payment, and PH engagement target is not met, PH will request repayment of CPC+ funds
    - CPC+ Track 2 offices
      - Target range: 2%-5%

confidential not for distribution

CARE MANAGEMENT SERVICES

Priority Health

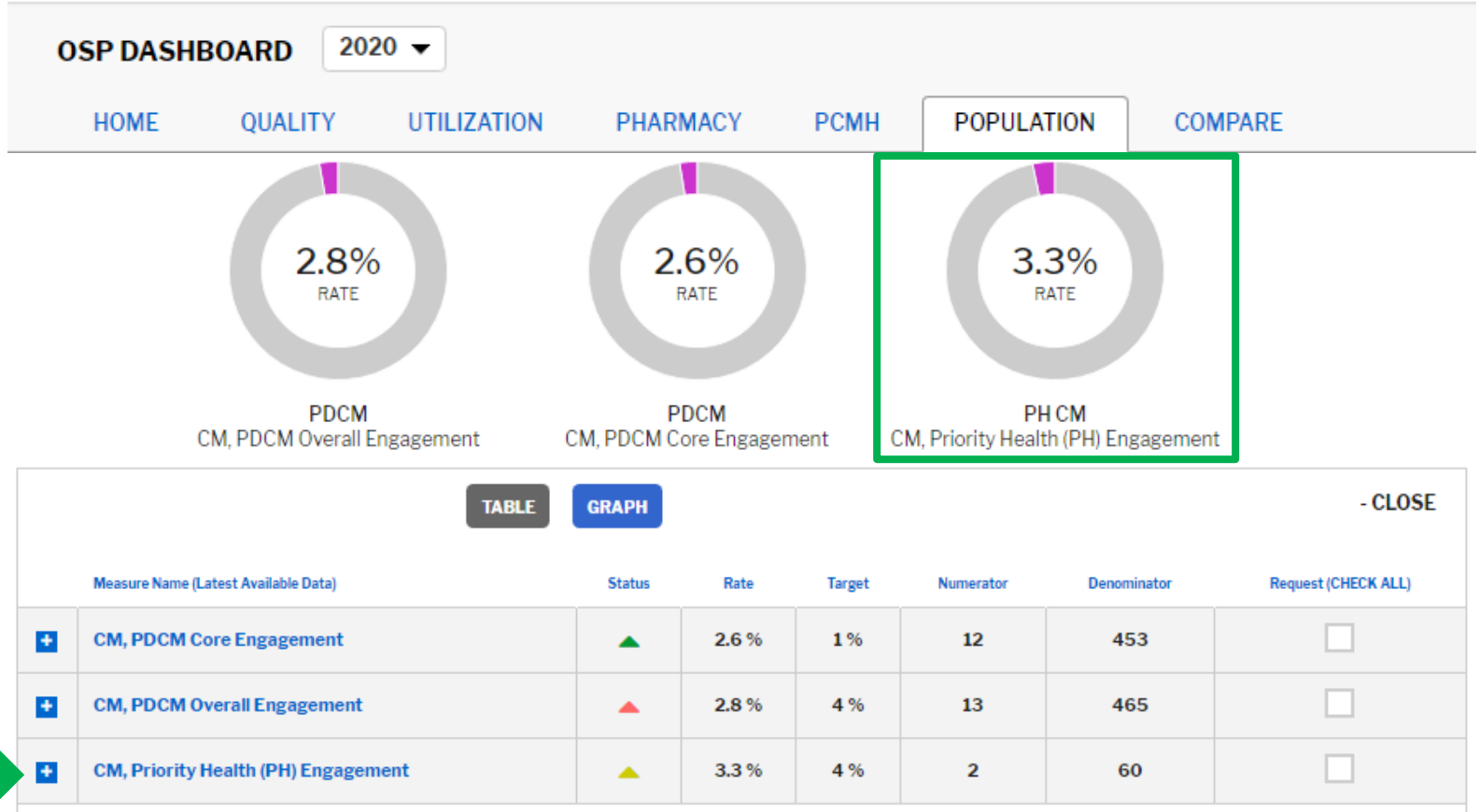
- Performance Targets
  - Target for reward
    - Engagement of at least 4% of eligible members during calendar year 2020
      - OSP imposed target
    - 2 claims per patient on different dates of service

confidential not for distribution

CARE MANAGEMENT SERVICES

BCBSM PDCM

- Patient Engagement



Measure Name (Latest Available Data)	Status	Rate	Target	Numerator	Denominator	Request (CHECK ALL)
CM, PDCM Core Engagement	▲	2.6 %	1 %	12	453	☐
CM, PDCM Overall Engagement	▲	2.8 %	4 %	13	465	☐
CM, Priority Health (PH) Engagement	▲	3.3 %	4 %	2	60	☐

confidential not for distribution

CARE MANAGEMENT SERVICES

Priority Health

- Eligibility
  - All lines of business

confidential not for distribution

DSP CARE MANAGEMENT SERVICES

Priority Health

- Billing
  - Billable codes
    - Care management code review
    - Physician billing codes G9007/G9008
  - Care Management and transitional care management (TCM) code clarification
    - Care managers/practices **<u>can</u>** bill G-codes (G9001, G9002, G9007 and/or G9008) during 30 day TCM period
    - Care managers/practices **<u>cannot</u>** bill telephone codes (98966-98968) during 30 day TCM period

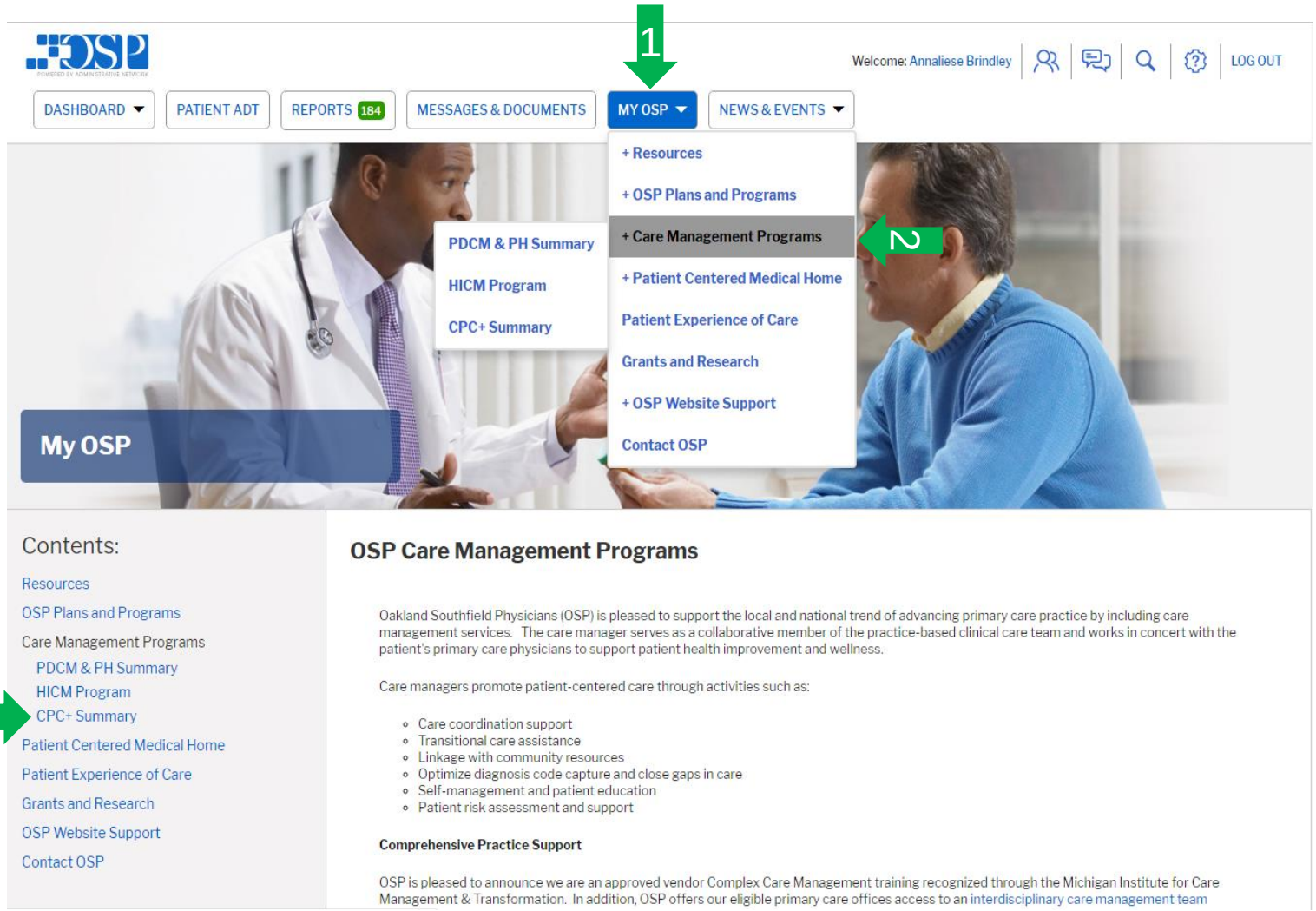
confidential not for distribution

Priority Health

- Claims payment process
  - Claims are auto-adjudicated and a $0 payment is applied
  - Remittance Advice processing code
    - CO96: no compensation allowed for this service – reporting only
  - Every 60 days, payments are batched for practice's billed G & CPT codes
  - Check payment and Remittance Advice report mailed to provider

confidential not for distribution

CPC+



confidential not for distribution

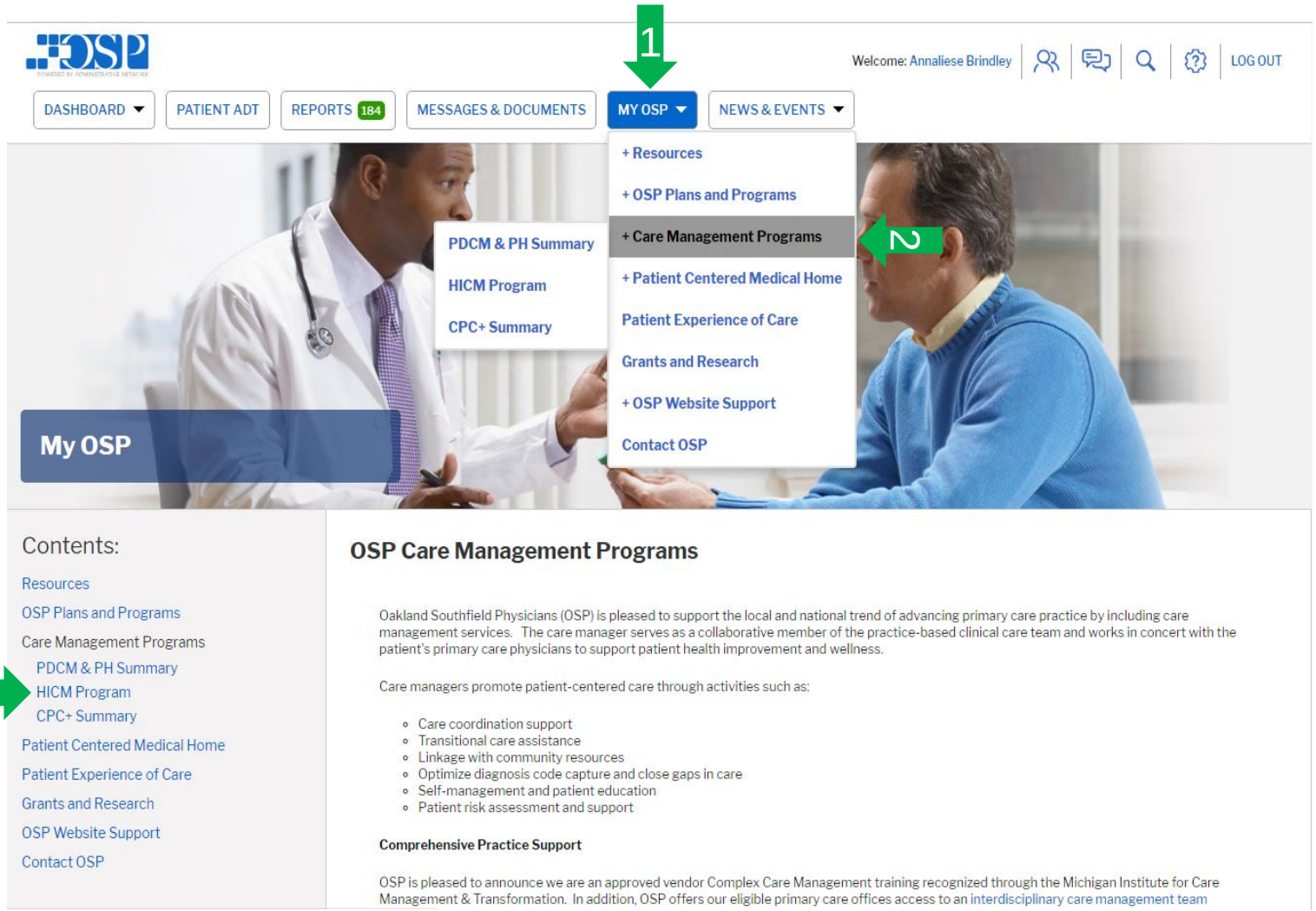
CARE MANAGEMENT SERVICES

CPC+

- Details available in OSP Care Management Program binder for participating practices
- Contact Carla Lough for questions
  - Phone: 248-357-4048
  - Email: carla@aniosp.com

confidential not for distribution

HICM



confidential not for distribution

CARE MANAGEMENT SERVICES

HICM

- Details available in OSP Care Management Program binder for participating practices
- Services provided by OSP or OSP-approved care managers only
  - Program requires specialized training

confidential not for distribution

CARE MANAGEMENT SERVICES

Medicaid

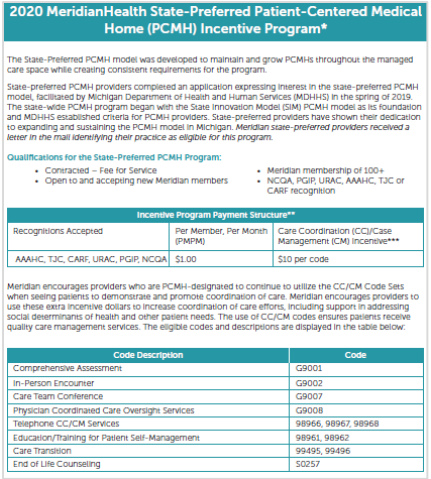
- State Innovation Model (SIM) ended December 31, 2019
- Medicaid Health Plans (MHP) implemented individual care management initiatives
- Details available in OSP Care Management Program binder for OSP contracted Medicaid plans

confidential not for distribution

OSP CARE MANAGEMENT SERVICES

Medicaid

- Meridian Health
  - Program details faxed to offices in December
  - Two incentive programs
    - State Preferred PCMH incentive program
    - PCMH incentive program
  - Eligibility and Reimbursement
    - Open and accepting new members
    - PCP Meridian membership of 100+
      - Meridian Health HMO and Healthy Michigan Plan only
    - PMPM (paid quarterly .75 or $1.00) and $10 per care management code



2020 MeridianHealth State-Preferred Patient-Centered Medical Home (PCMH) Incentive Program*

The State-Preferred PCMH model was developed to maintain and grow PCMHs throughout the managed care space while creating consistent requirements for the program.

State-preferred PCMH providers completed an application expressing interest in the state-preferred PCMH model, facilitated by Michigan Department of Health and Human Services (MDHHS) in the spring of 2019. The state-wide PCMH program began with the State Innovation Model (SIM) PCMH model as its foundation and MDHHS established criteria for PCMH providers. State-preferred providers have shown their dedication to expanding and sustaining the PCMH model in Michigan. *Meridian state-preferred providers received a letter in the mail identifying their practice as eligible for this program.*

Qualifications for the State-Preferred PCMH Program:

- Contracted – Fee for Service
- Open to and accepting new Meridian members
- Meridian membership of 100+
- NCQA, PGIP, URAC, AAAHC, TJC or CARF recognition

Incentive Program Payment Structure**		
Recognitions Accepted	Per Member, Per Month (PMPM)	Care Coordination (CC)/Case Management (CM) Incentive***
AAAHC, TJC, CARF, URAC, PGIP, NCQA	$1.00	$10 per code

Meridian encourages providers who are PCMH-designated to continue to utilize the CC/CM Code Sets when seeing patients to demonstrate and promote coordination of care. Meridian encourages providers to use these extra incentive dollars to increase coordination of care efforts, including support in addressing social determinants of health and other patient needs. The use of CC/CM codes ensures patients receive quality care management services. The eligible codes and descriptions are displayed in the table below:

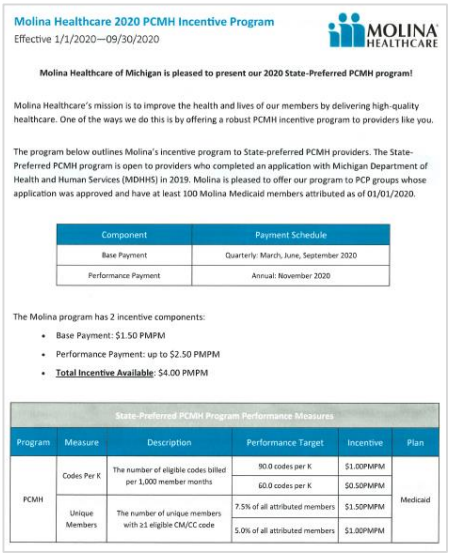
Code Description	Code
Comprehensive Assessment	G9001
In-Person Encounter	G9002
Care Team Conference	G9007
Physician Coordinated Care Oversight Services	G9008
Telephone CC/CM Services	98966, 98967, 98968
Education/Training for Patient Self-Management	98961, 98962
Care Transition	99495, 99496
End of Life Counseling	S0257

confidential not for distribution

CARE MANAGEMENT SERVICES

Medicaid

- Molina Healthcare of Michigan
  - Eligible practices must meet the State Preferred PCMH criteria
    - Molina still validating eligible practice lists
  - Practice must have ≥100 members
  - Program reimbursement structure
    - PMPM quarterly payment in arrears
    - Linked to care management engagement target
    - Incentive corresponding to the highest achieved performance target for each measure will be paid



Molina Healthcare 2020 PCMH Incentive Program

Effective 1/1/2020—09/30/2020

MOLINA HEALTHCARE

Molina Healthcare of Michigan is pleased to present our 2020 State-Preferred PCMH program!

Molina Healthcare's mission is to improve the health and lives of our members by delivering high-quality healthcare. One of the ways we do this is by offering a robust PCMH incentive program to providers like you.

The program below outlines Molina's incentive program to State-preferred PCMH providers. The State-Preferred PCMH program is open to providers who completed an application with Michigan Department of Health and Human Services (MDHHS) in 2019. Molina is pleased to offer our program to PCP groups whose application was approved and have at least 100 Molina Medicaid members attributed as of 01/01/2020.

Component	Payment Schedule
Base Payment	Quarterly: March, June, September 2020
Performance Payment	Annual: November 2020

The Molina program has 2 incentive components:

- Base Payment: $1.50 PMPM
- Performance Payment: up to $2.50 PMPM
- **Total Incentive Available**: $4.00 PMPM

State-Preferred PCMH Program Performance Measures

Program	Measure	Description	Performance Target	Incentive	Plan
PCMH	Codes Per K	The number of eligible codes billed per 1,000 member months	90.0 codes per K	$1.00PMPM	Medicaid
			60.0 codes per K	$0.50PMPM	
	Unique Members	The number of unique members with ≥1 eligible CM/CC code	7.5% of all attributed members	$1.50PMPM	
			5.0% of all attributed members	$1.00PMPM	

confidential not for distribution

CARE MANAGEMENT SERVICES

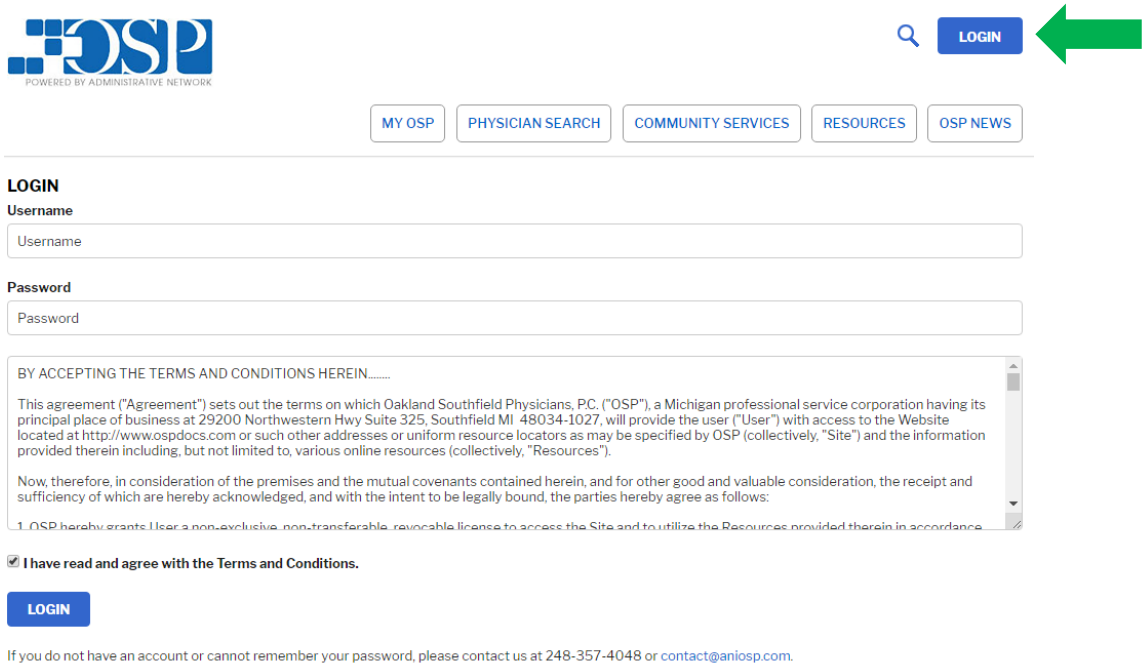
OSP Resources

- Tools to improve performance
  - All Program Care Management Roster
  - OSP Quality Worksheets
  - Patient ADT on OSP website
  - Care Management Marketing Piece for Patients
  - Care Management Brochure
  - Care Manager Introduction Letters
  - Documentation Templates
  - Social Determinants of Health Resources
  - Monthly Practice Billable Report
  - OSP Event Calendar

confidential not for distribution

OSP Resources

- Accessing OSP sponsored All Program Care Management Patient Roster report
  - Requires private login to access sensitive PHI
  - To get a login, call OSP at 248-357-4048



confidential not for distribution

OSP Resources

- OSP email alert when new rosters are available

New Reports Available

OSPDocs.com <info@notifications.ospdocs.com>
To Molly Klaserner

Reply | Reply All | Forward | ...

Wed 4/8/2020 1:27 PM

If there are problems with how this message is displayed, click here to view it in a web browser.

New Reports Available

New Reports are available on your REPORTS menu

- All Program Care Management Patient Roster

To access reports follow the steps below:

1. Log into www.ospdocs.com using your secure username and password
2. Click REPORTS at the top
3. Click the report you would like to view

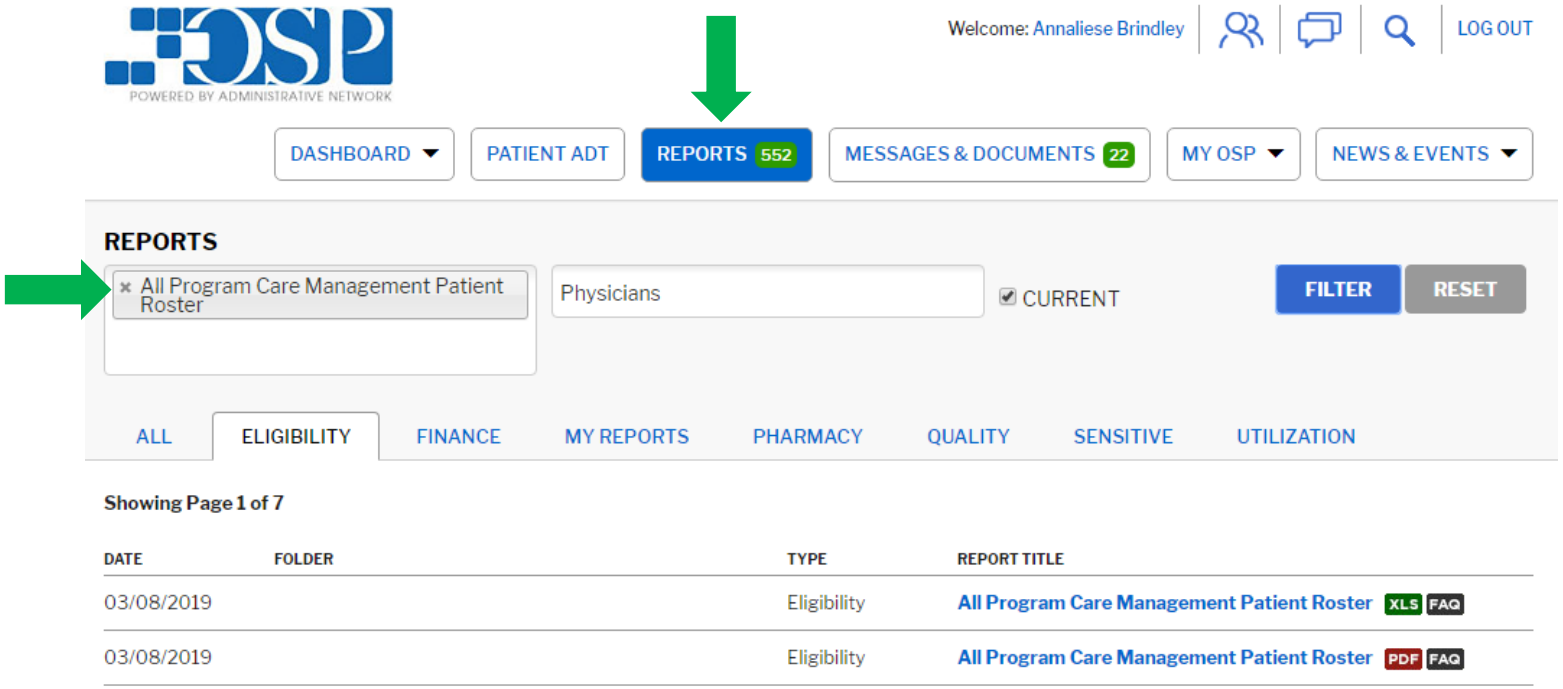
Please call Oakland Southfield Physicians at 248.357.4048 for assistance.

OAKLAND SOUTHFIELD PHYSICIANS PC
29200 Northwestern Hwy Suite 325
Southfield MI 48034-1027
Ph: 248.357.4048 / Fx: 248.357.2049 / contact@aniosp.com

confidential not for distribution

OSP Resources

- Accessing OSP sponsored All Program Care Management Patient Roster in REPORTS button



confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Interpreting All Program Care Management Roster

	Estimated Engagement		
Program	Engagement Target (%)	Average Patient Count	Current Engagement
CPC+ Engagement	N/A	359	2.2% (8)
HAP Primary Choice Engagement	N/A	4	0.0% (0)
HICM (BCBS MA-PPO)	50.0 %	37	0.0% (0)
PDCM Core Engagement	1.0 %	563	0.2% (1)
PDCM Overall Engagement	4.0 %	615	0.2% (1)
Priority Health (PH)	4.0 %	144	0.0% (0)

Estimated engagement is subject to change, validated by claims system, and does not guarantee target achievement.

PCP	Plan	Contract Number	CM Programs	Engaged Status	Member Name	Gender	Date of Birth	Phone Number	Conditions

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Care management patient roster update

Care Management Patient Roster Enhancements (Excel)

You will see an update to the Engaged Status column and five **NEW** columns added to the Excel version of the monthly All Program Care Management Roster to assist with targeting patients for care management.

- An **asterisk (*)** next to a Partial and/or Full status indicates one of the touches for this patient is a Transition of Care (TOC) or Medication Reconciliation code (99495, 99496, 1111F). This touch will **NOT** count towards the core engagement for Provider Delivered Care Management (PDCM).
- The **IP Visits** and **ED Visits** columns will display the number of inpatient (IP) visits and emergency department (ED) visits over a rolling 12-month period.
- **Last OV (Office Visit)** column will display the date of the patient's last office visit with your practice.
- **Rx Non-Adherent** column will display a 'Yes' if the patient's latest fill of any medication has a proportion of days covered (PDC) of less than 80% in the current year. For detailed information, download your most current Adherence Report located on the Reports tab.
- **# Open Quality Gaps** column will display the number of open quality gaps in the current year.

Plan	CM Programs	Engaged Status	Member Name	Gender	Date of Birth	Phone Number	Conditions	IP Visits	ED Visits	Last OV	Rx Non-Adherent	# Open Quality Gaps
BCBSM MA	HICM, PDCM	Full	Patient 1	F	00/00/1900	000-000-000	DM, EBMI, HTN		5	07/11/2019	Yes	2
BCBSM	PDCM	Full*	Patient 2	M	00/00/1900	000-000-000	CHF, EBMI, HTN	2	1	04/09/2019		1
PH MA	PH		Patient 3	F	00/00/1900	000-000-000	HTN			05/29/2019		
BCBSM	PDCM	Partial*	Patient 4	F	00/00/1900	000-000-000	CHF, CKD, COPD	1	5	07/29/2019	Yes	3
Meridian	SIM		Patient 5	M	00/00/1900	000-000-000	EBMI	2		11/20/2017		1
HAP PC	HAP		Patient 6	M	00/00/1900	000-000-000	DM.HTN		2			1

confidential not for distribution

OSP Resources

- Use the All Program Care Management Roster to identify patients for engagement

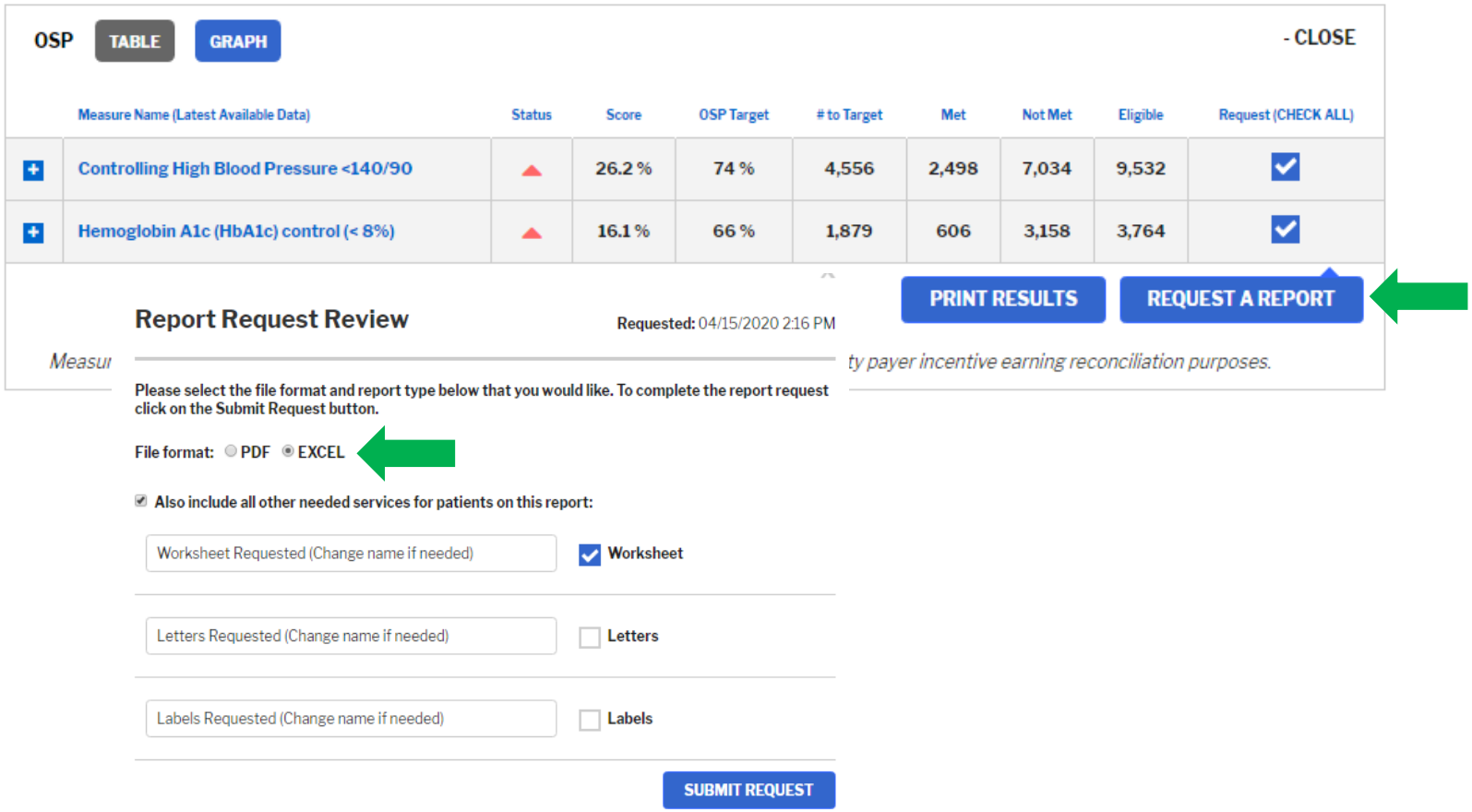
Gender	Date of Birth	Phone Number	Conditions	IP Visits ★	ED Visits ★	Last OV	Rx Non-Adherent	# Open Quality Gaps ★
M	02/07/1965		DM,HTN		2	11/09/2018		4
M	04/20/1957		DM,EBMI,HTN			01/14/2019		3
M	10/30/1958		CHF,DM,HTN	1		01/28/2019		1

- These additional columns available on Excel version only!

confidential not for distribution

OSP Resources

- Use OSP quality worksheets to target patients

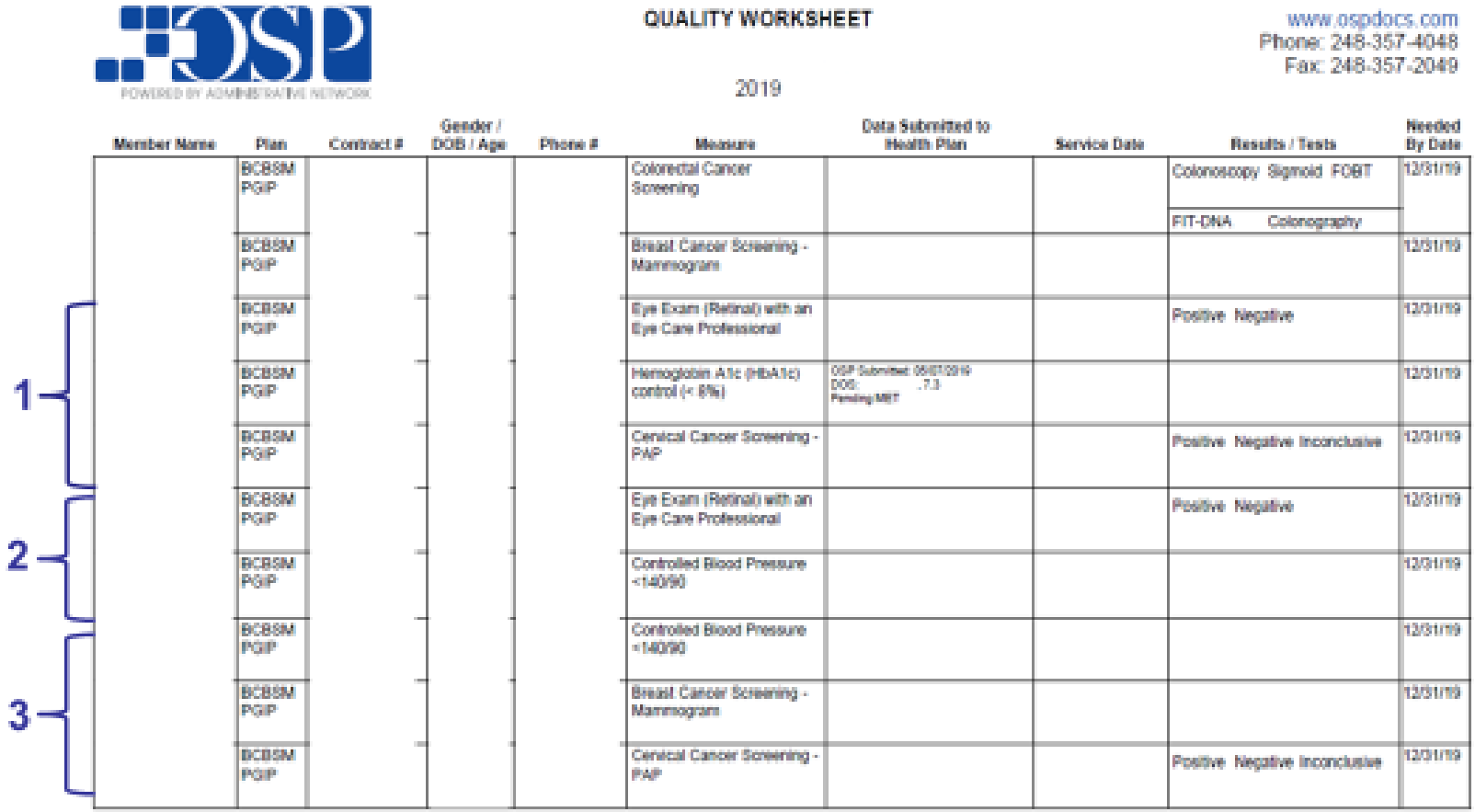


confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Use OSP quality worksheets to target patients



QUALITY WORKSHEET

2019

www.ospdocs.com
Phone: 248-357-4048
Fax: 248-357-2049

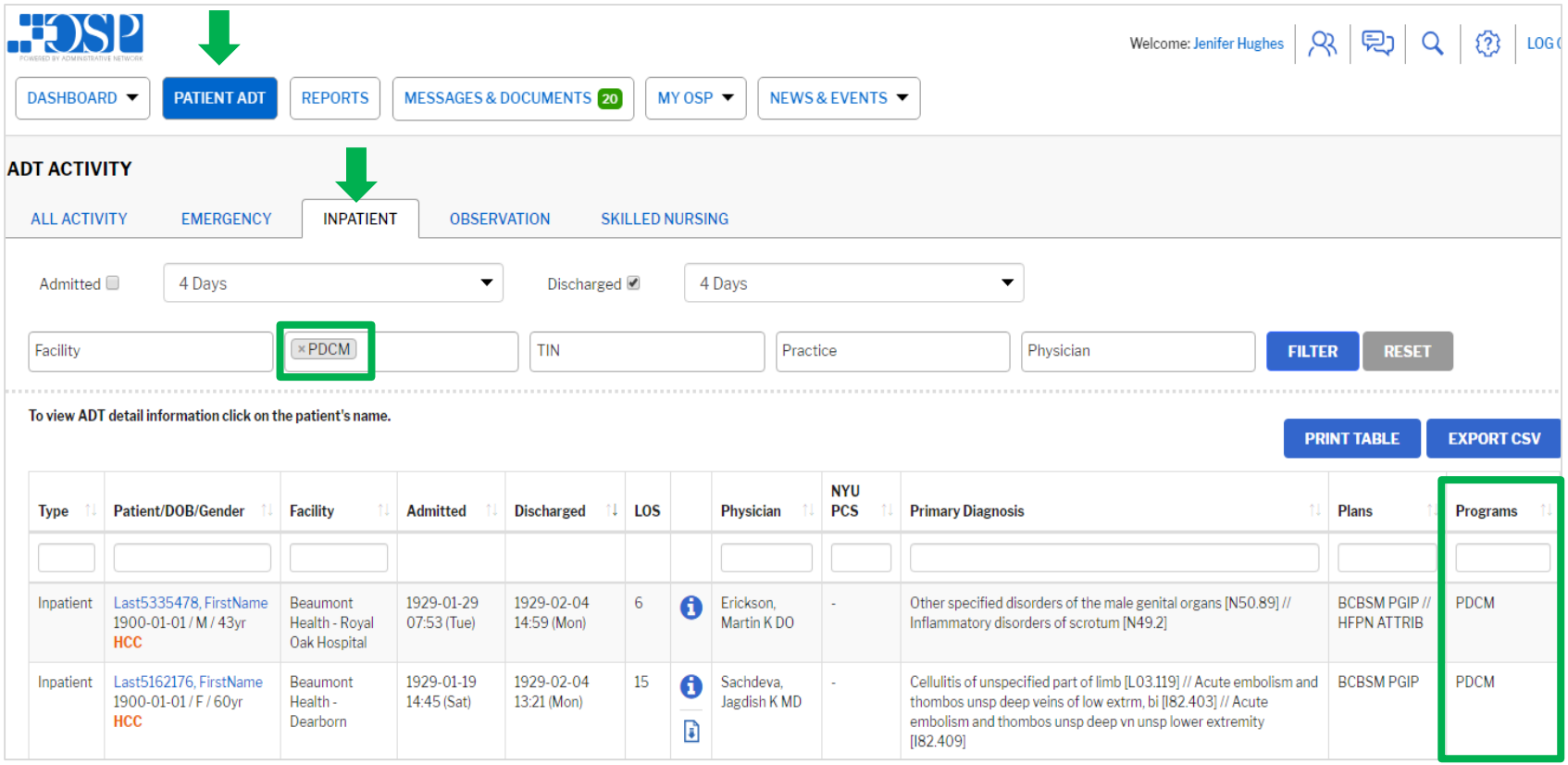
	Member Name	Plan	Contract #	Gender / DOB / Age	Phone #	Measure	Data Submitted to Health Plan	Service Date	Results / Tests	Needed By Date
		BCBSM PGIP				Colorectal Cancer Screening			Colonoscopy Sigmoid FOBT FIT-DNA Colonography	12/31/19
		BCBSM PGIP				Breast Cancer Screening - Mammogram				12/31/19
1		BCBSM PGIP				Eye Exam (Retinal) with an Eye Care Professional			Positive Negative	12/31/19
1		BCBSM PGIP				Hemoglobin A1c (HbA1c) control (< 8%)	OSP Submitted: 08/07/2019 DOS: , 7.3 Pending MBT			12/31/19
1		BCBSM PGIP				Cervical Cancer Screening - PAP			Positive Negative Inconclusive	12/31/19
2		BCBSM PGIP				Eye Exam (Retinal) with an Eye Care Professional			Positive Negative	12/31/19
2		BCBSM PGIP				Controlled Blood Pressure <140/90				12/31/19
2		BCBSM PGIP				Controlled Blood Pressure <140/90				12/31/19
3		BCBSM PGIP				Breast Cancer Screening - Mammogram				12/31/19
3		BCBSM PGIP				Cervical Cancer Screening - PAP			Positive Negative Inconclusive	12/31/19

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Use the **PATIENT ADT** to target patients

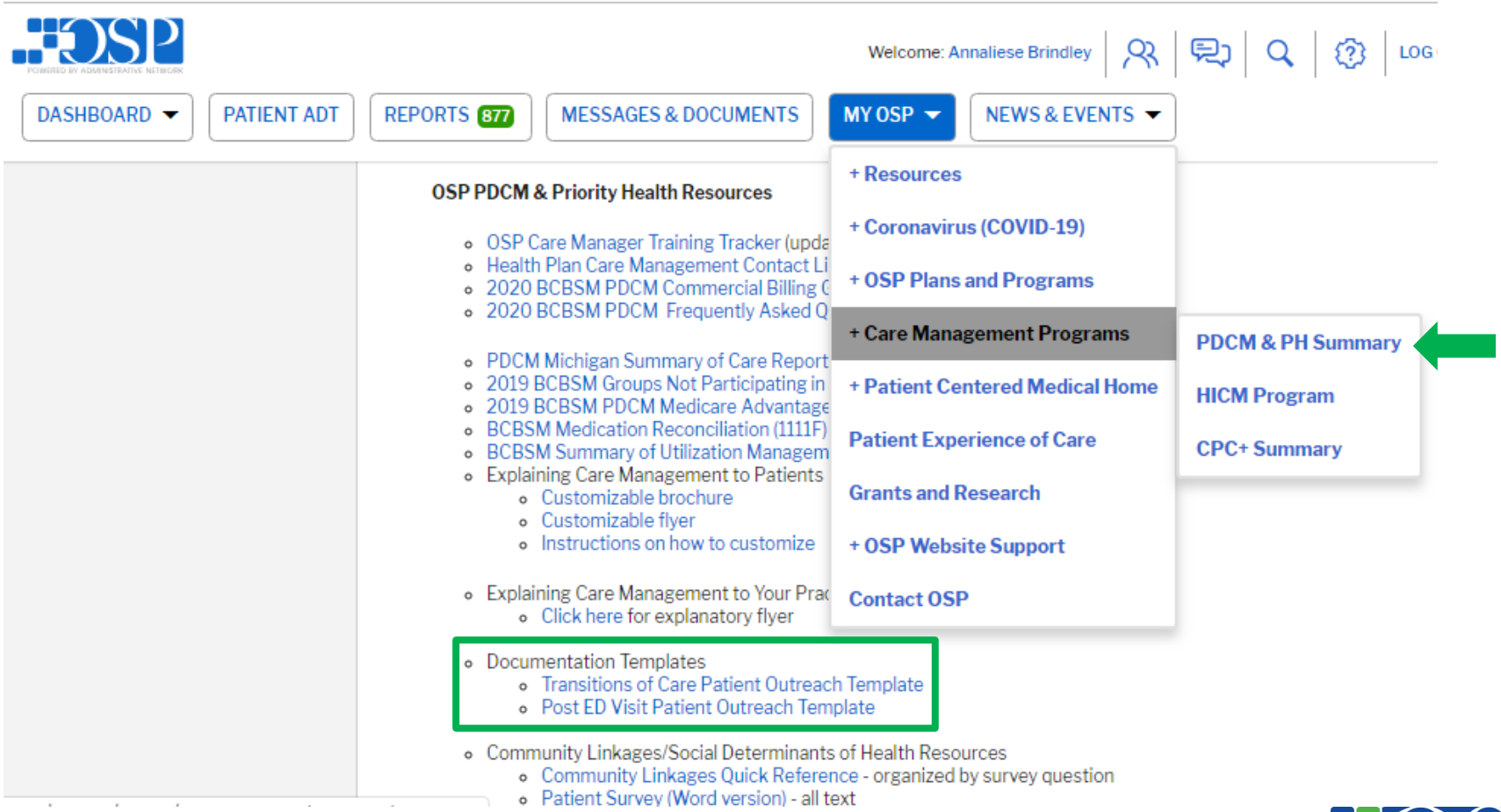


confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Templates for post-discharge outreach

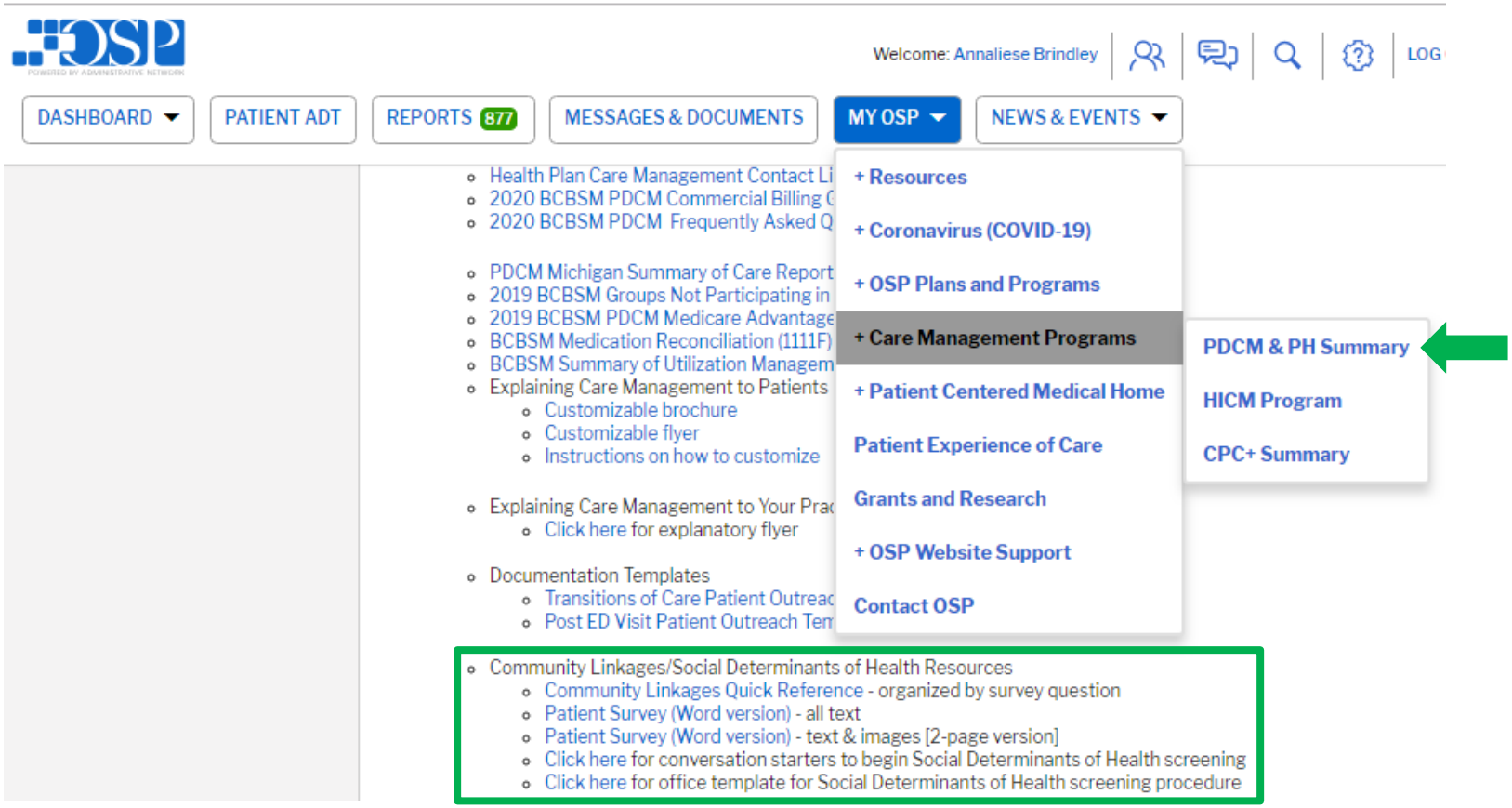


confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

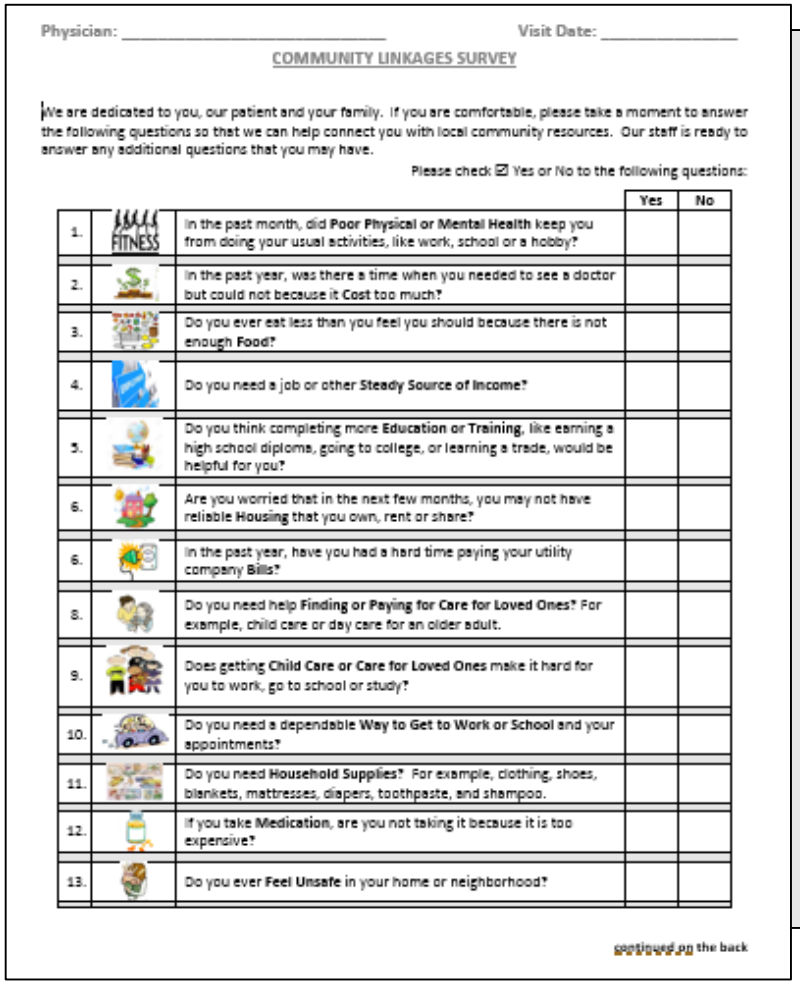
- Social Determinants of Health (SDoH)



confidential not for distribution

OSP Resources

- Community Linkages Survey (text and pictures)



Physician: _____ Visit Date: _____

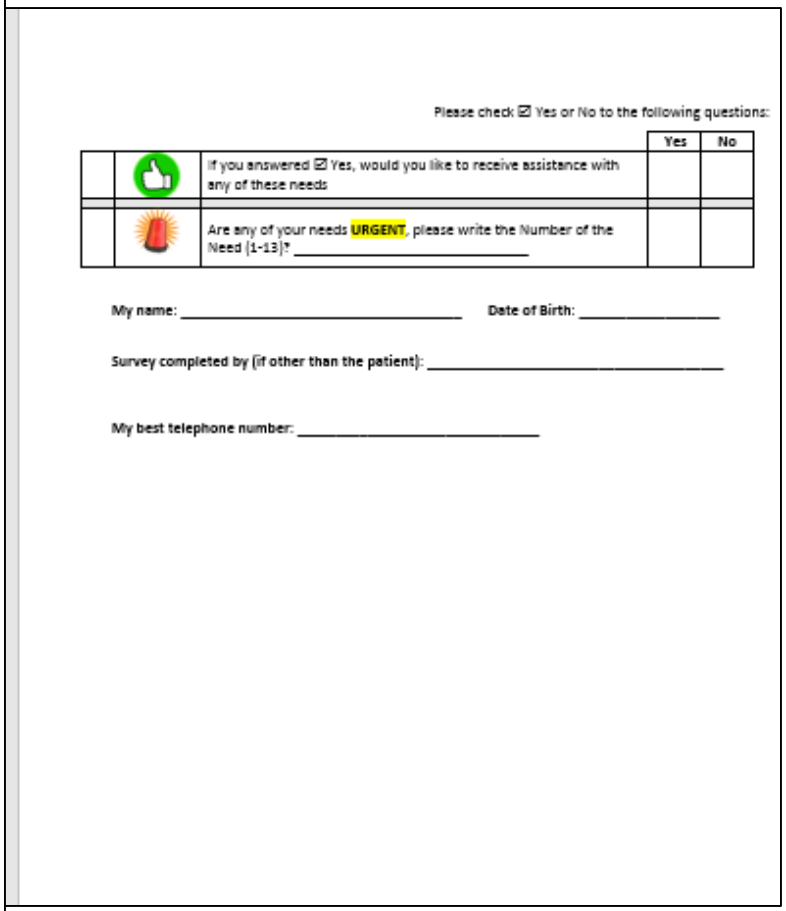
COMMUNITY LINKAGES SURVEY

We are dedicated to you, our patient and your family. If you are comfortable, please take a moment to answer the following questions so that we can help connect you with local community resources. Our staff is ready to answer any additional questions that you may have.

Please check ☑ Yes or No to the following questions:

		Yes	No
1.	In the past month, did **Poor Physical or Mental Health** keep you from doing your usual activities, like work, school or a hobby?		
2.	In the past year, was there a time when you needed to see a doctor but could not because it **Cost** too much?		
3.	Do you ever eat less than you feel you should because there is not enough **Food**?		
4.	Do you need a job or other **Steady Source of Income**?		
5.	Do you think completing more **Education or Training**, like earning a high school diploma, going to college, or learning a trade, would be helpful for you?		
6.	Are you worried that in the next few months, you may not have reliable **Housing** that you own, rent or share?		
6.	In the past year, have you had a hard time paying your utility company **Bills**?		
8.	Do you need help **Finding or Paying for Care for Loved Ones**? For example, child care or day care for an older adult.		
9.	Does getting **Child Care or Care for Loved Ones** make it hard for you to work, go to school or study?		
10.	Do you need a dependable **Way to Get to Work or School** and your appointments?		
11.	Do you need **Household Supplies**? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo.		
12.	If you take **Medication**, are you not taking it because it is too expensive?		
13.	Do you ever **Feel Unsafe** in your home or neighborhood?		

continued on the back



Please check ☑ Yes or No to the following questions:

		Yes	No
	If you answered ☑ Yes, would you like to receive assistance with any of these needs		
	Are any of your needs **URGENT**, please write the Number of the Need (1-13)? _____		

My name: _____ Date of Birth: _____

Survey completed by (if other than the patient): _____

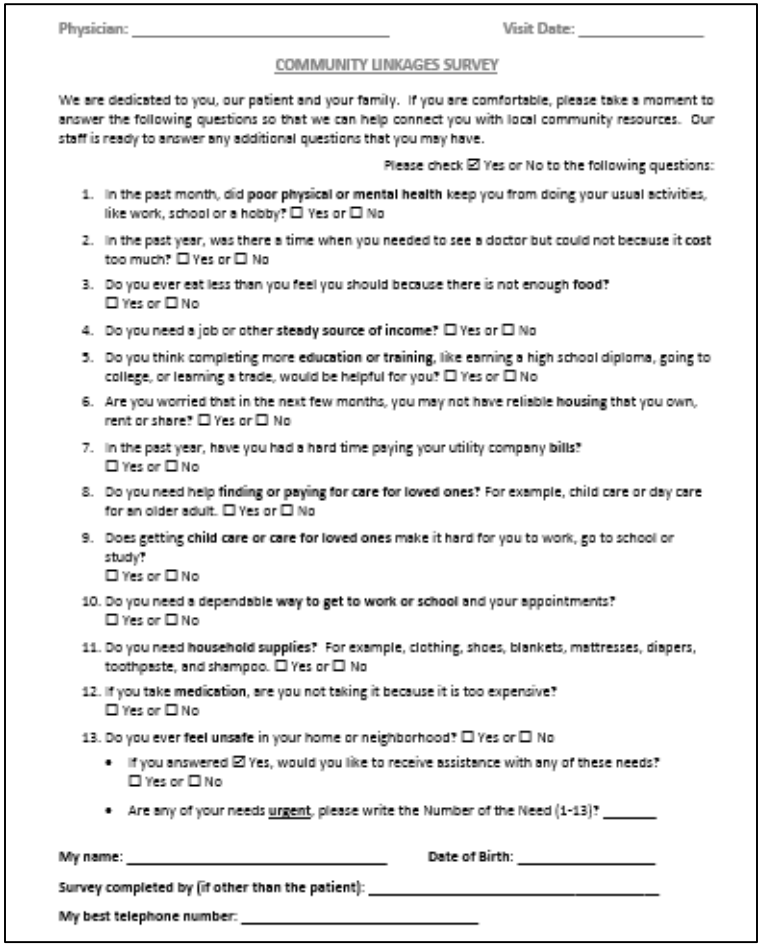
My best telephone number: _____

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Community Linkages Survey (text only)



Physician: _____ Visit Date: _____

COMMUNITY LINKAGES SURVEY

We are dedicated to you, our patient and your family. If you are comfortable, please take a moment to answer the following questions so that we can help connect you with local community resources. Our staff is ready to answer any additional questions that you may have.

Please check ☑ Yes or No to the following questions:

1. In the past month, did **poor physical or mental health** keep you from doing your usual activities, like work, school or a hobby? ☐ Yes or ☐ No
2. In the past year, was there a time when you needed to see a doctor but could not because it **cost** too much? ☐ Yes or ☐ No
3. Do you ever eat less than you feel you should because there is not enough **food**? ☐ Yes or ☐ No
4. Do you need a job or other **steady source of income**? ☐ Yes or ☐ No
5. Do you think completing more **education or training**, like earning a high school diploma, going to college, or learning a trade, would be helpful for you? ☐ Yes or ☐ No
6. Are you worried that in the next few months, you may not have reliable **housing** that you own, rent or share? ☐ Yes or ☐ No
7. In the past year, have you had a hard time paying your utility company **bills**? ☐ Yes or ☐ No
8. Do you need help **finding or paying for care for loved ones**? For example, child care or day care for an older adult. ☐ Yes or ☐ No
9. Does getting **child care or care for loved ones** make it hard for you to work, go to school or study? ☐ Yes or ☐ No
10. Do you need a dependable **way to get to work or school** and your appointments? ☐ Yes or ☐ No
11. Do you need **household supplies**? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo. ☐ Yes or ☐ No
12. If you take **medication**, are you not taking it because it is too expensive? ☐ Yes or ☐ No
13. Do you ever **feel unsafe** in your home or neighborhood? ☐ Yes or ☐ No
    - If you answered ☑ Yes, would you like to receive assistance with any of these needs? ☐ Yes or ☐ No
    - Are any of your needs **urgent**, please write the Number of the Need (1-13)? _____

My name: _____ **Date of Birth:** _____

Survey completed by (if other than the patient): _____

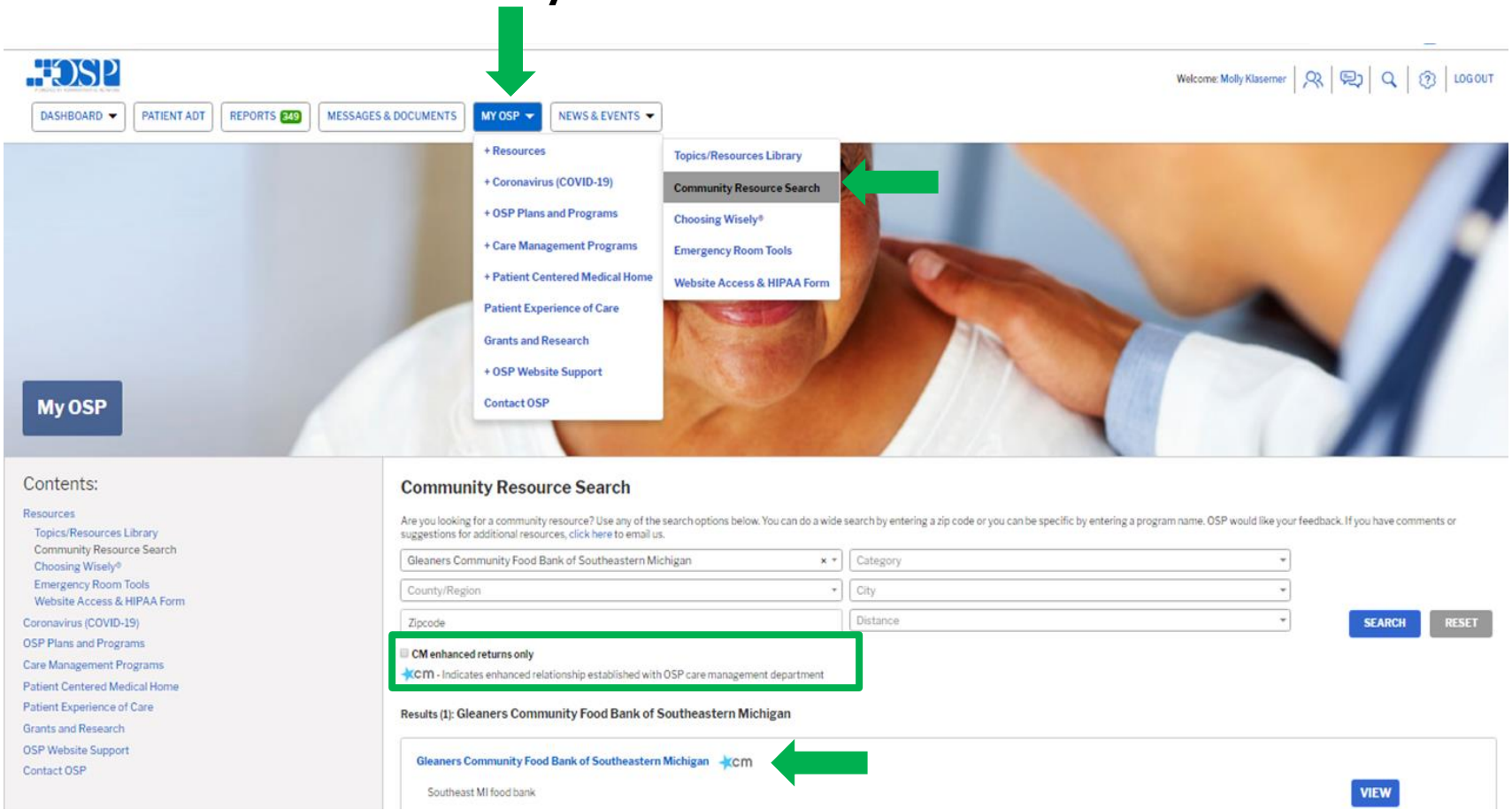
My best telephone number: _____

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- OSP community resource search



confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

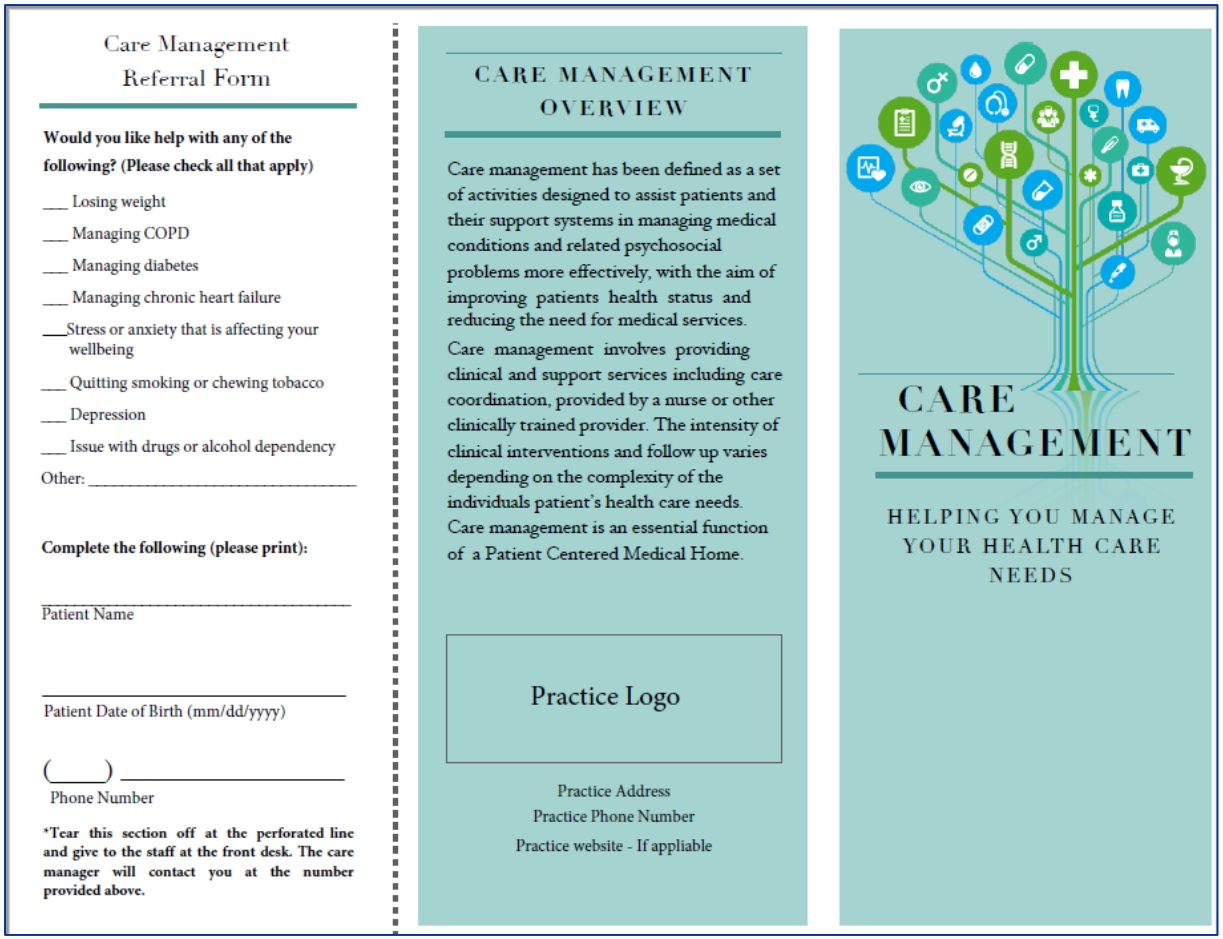
- Care management program messaging
  - Customizable for office and care manager

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Care management brochure



Care Management Referral Form

Would you like help with any of the following? (Please check all that apply)

___ Losing weight
___ Managing COPD
___ Managing diabetes
___ Managing chronic heart failure
___ Stress or anxiety that is affecting your wellbeing
___ Quitting smoking or chewing tobacco
___ Depression
___ Issue with drugs or alcohol dependency
Other: _____

Complete the following (please print):

_____
Patient Name

_____
Patient Date of Birth (mm/dd/yyyy)

(____) _____
Phone Number

***Tear this section off at the perforated line and give to the staff at the front desk. The care manager will contact you at the number provided above.**

CARE MANAGEMENT OVERVIEW

Care management has been defined as a set of activities designed to assist patients and their support systems in managing medical conditions and related psychosocial problems more effectively, with the aim of improving patients health status and reducing the need for medical services.

Care management involves providing clinical and support services including care coordination, provided by a nurse or other clinically trained provider. The intensity of clinical interventions and follow up varies depending on the complexity of the individuals patient's health care needs. Care management is an essential function of a Patient Centered Medical Home.

Practice Logo

Practice Address
Practice Phone Number
Practice website - If appliable

CARE MANAGEMENT

HELPING YOU MANAGE YOUR HEALTH CARE NEEDS

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Sample care manager introduction letters

Dear <Patient First Name>,

Happy holidays! Many people think of their health at this time of the year and we would like to help you reach your personal health goals in <year>. I am would like to invite you to meet our nurse and health coach <NCM name>. Now might be a good time for you to take advantage of the extra support. <NCM name> works closely with me to help you feel your best! She is your very own ***"personal"*** care manager.

As your personal care manager, <NCM name> will:

- Schedule time for a one-on-one to meet with you (at no cost to you) to discuss any health problems or concerns
- Help you achieve your personal health goal(s) by working with you and me to develop an individualized care plan
- P
  r
- E

Hartland Family Physicians welcomes

Molly Klaserner, MA, RDN

Molly will join our team to work closely with patients on improving their overall health. As a dietitian care manager, Molly will be able to provide personalized care and help patients set goals, discuss nutritional concerns and gain a healthy lifestyle.

Molly is a Registered Dietitian Nutritionist (RDN). In 2015, she received her Bachelor of Science in Nutrition and Dietetics at Ashland University and went on to complete her Master's Degree from Ball State University. She has

Dr. Mickey Mouse

Welcomes our new Care Manager, Crystal Watson, RN.

Crystal joins our team at <Practice Name> as our Nurse Care Manager. Crystal is a Registered Nurse with over 20 years of experience in a wide variety of health care settings.

As a Care Manager, Crystal will work closely with you and your health care team. She will be a resource to help you meet your personal health care goals and improve your overall health.

What Crystal can do for you?

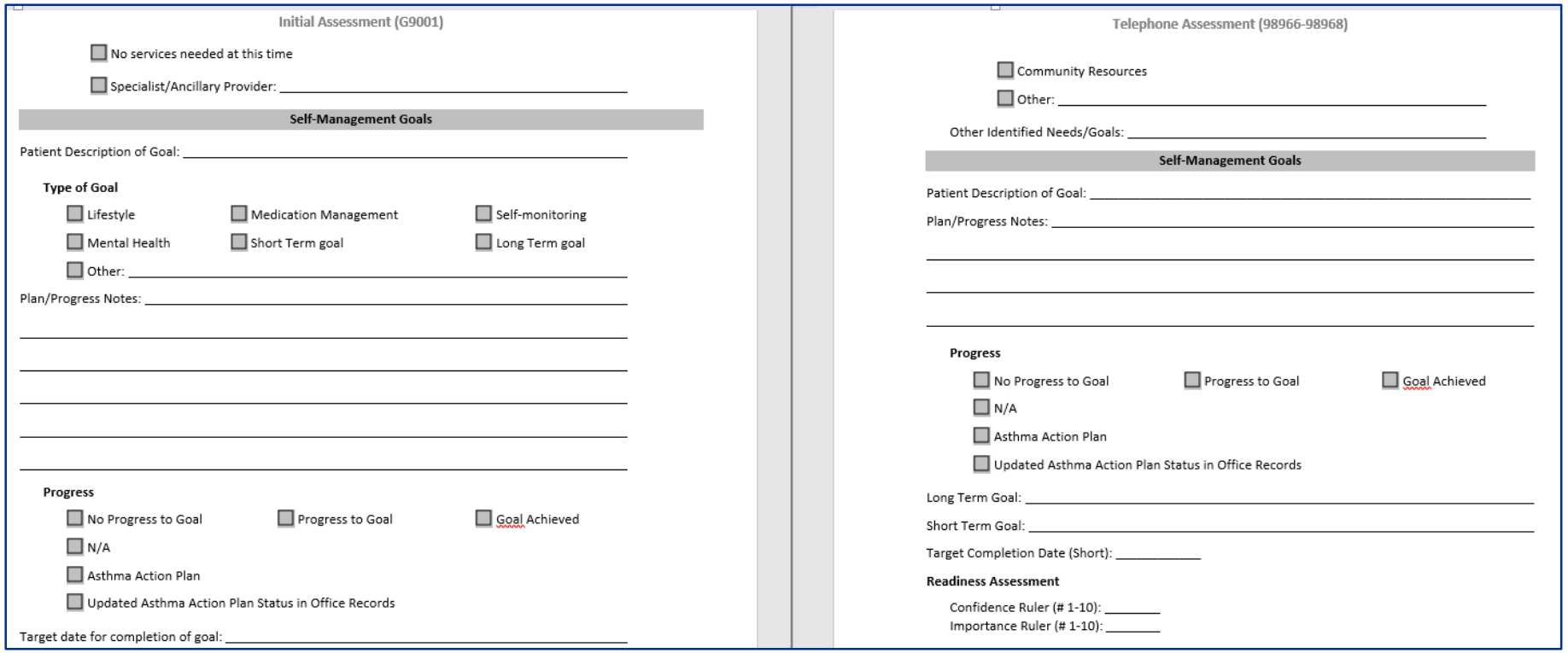
- Provide you with personal one-on-one support to help increase your confidence and skills for managing your health.
- Answer questions about information provided by your physician or health care team members.

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Resources

- Documentation
  - Template Samples



Initial Assessment (G9001)

☐ No services needed at this time

☐ Specialist/Ancillary Provider: _____

Self-Management Goals

Patient Description of Goal: _____

Type of Goal

☐ Lifestyle ☐ Medication Management ☐ Self-monitoring

☐ Mental Health ☐ Short Term goal ☐ Long Term goal

☐ Other: _____

Plan/Progress Notes: _____

_____

_____

_____

_____

_____

Progress

☐ No Progress to Goal ☐ Progress to Goal ☐ Goal Achieved

☐ N/A

☐ Asthma Action Plan

☐ Updated Asthma Action Plan Status in Office Records

Target date for completion of goal: _____

Telephone Assessment (98966-98968)

☐ Community Resources

☐ Other: _____

Other Identified Needs/Goals: _____

Self-Management Goals

Patient Description of Goal: _____

Plan/Progress Notes: _____

_____

_____

_____

Progress

☐ No Progress to Goal ☐ Progress to Goal ☐ Goal Achieved

☐ N/A

☐ Asthma Action Plan

☐ Updated Asthma Action Plan Status in Office Records

Long Term Goal: _____

Short Term Goal: _____

Target Completion Date (Short): _____

Readiness Assessment

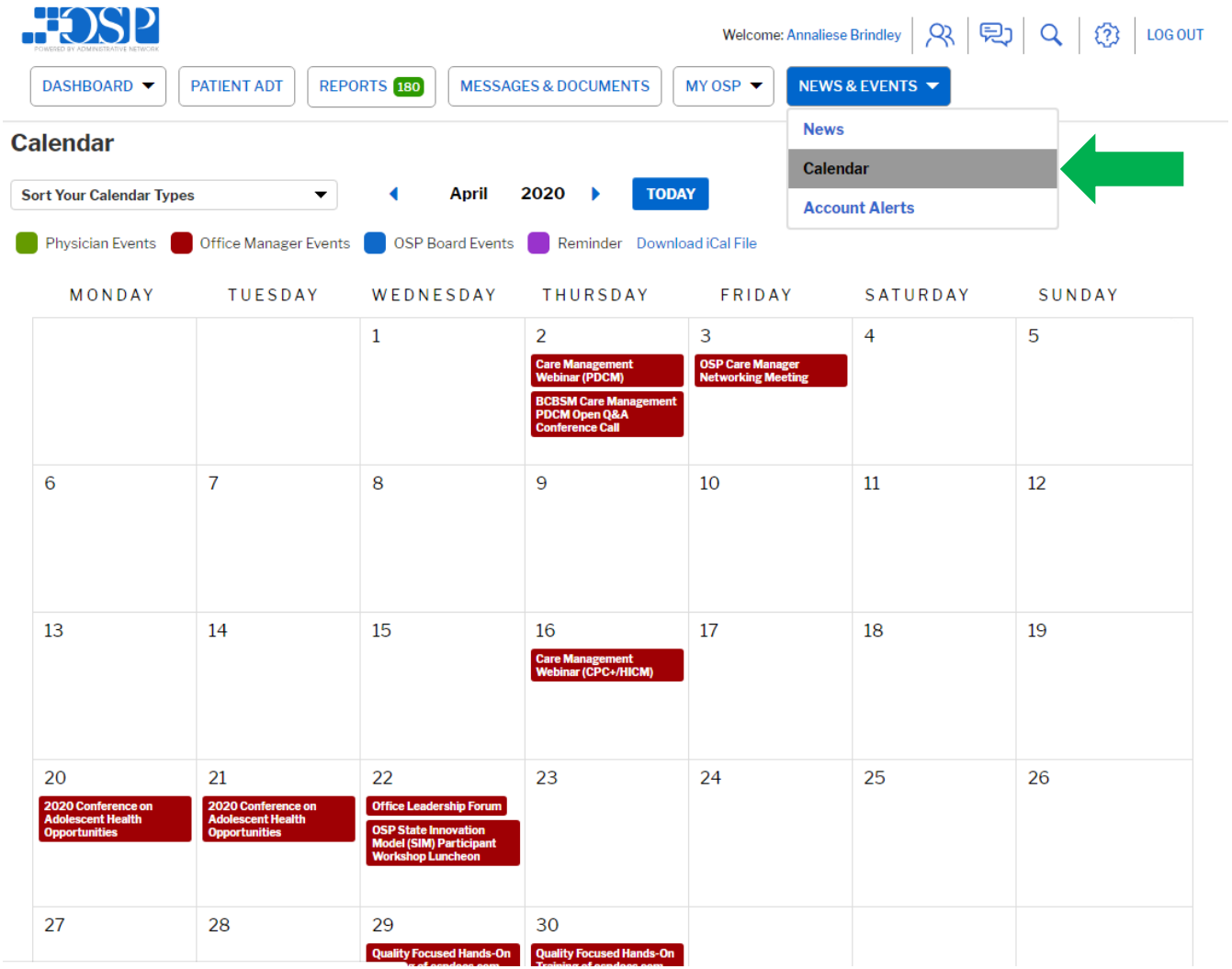
Confidence Ruler (# 1-10): _____

Importance Ruler (# 1-10): _____

confidential not for distribution

CARE MANAGEMENT SERVICES

OSP Event Calendar



confidential not for distribution

CARE MANAGEMENT SERVICES

Concluding Remarks

- Overview
- BCBSM Provider Delivered Care Management (PDCM)
- Priority Health (PH)
- Comprehensive Primary Care Plus (CPC+)
- High Intensity Care Management (HICM)
- Medicaid
- Resources

confidential not for distribution