Steps for Eligibility

Verify PDCM Benefits

The Goal of Eligibility Verification

Assuring the patient:

- Has PDCM as a benefit
- Is aware of the services being offered
- Has an understanding of the potential out-of-pocket cost

Verifying PDCM Eligibility - BCBSM

Before getting started, verify the patient's eligibility for the PDCM benefit.

1. Does the member have an active contract (Do they still have insurance through BCBSM, BCN, Priority Health)?
    1. If yes, proceed.
    2. If no, check with your practice and organization the protocol for providing PDCM/CM services for patients that do not have coverage.
    3. Not sure or didn't see the statement "This member's group allows coverage for provider delivered care management and total care?" when you verified coverage using Availability.
    4. Review the list of employers/ groups that are not participating in PDCM
        - Patient's employer/organization is **on the list – PDCM is not covered**.
            - Where do I find the list? Go to the MICMT website at https://micmt-cares.org/pdcm-reference-materials
            - If on the list, follow your practice/organizations protocol for delivering PDCM for patients that do not have coverage.

Now let's look at the steps to verifying eligibility on Availability and how to locate the list of groups that do not cover PDCM!

BCBSM/BCN Verification Tool: Availability

Checking the Provider Delivered Care Management Benefit in Availity

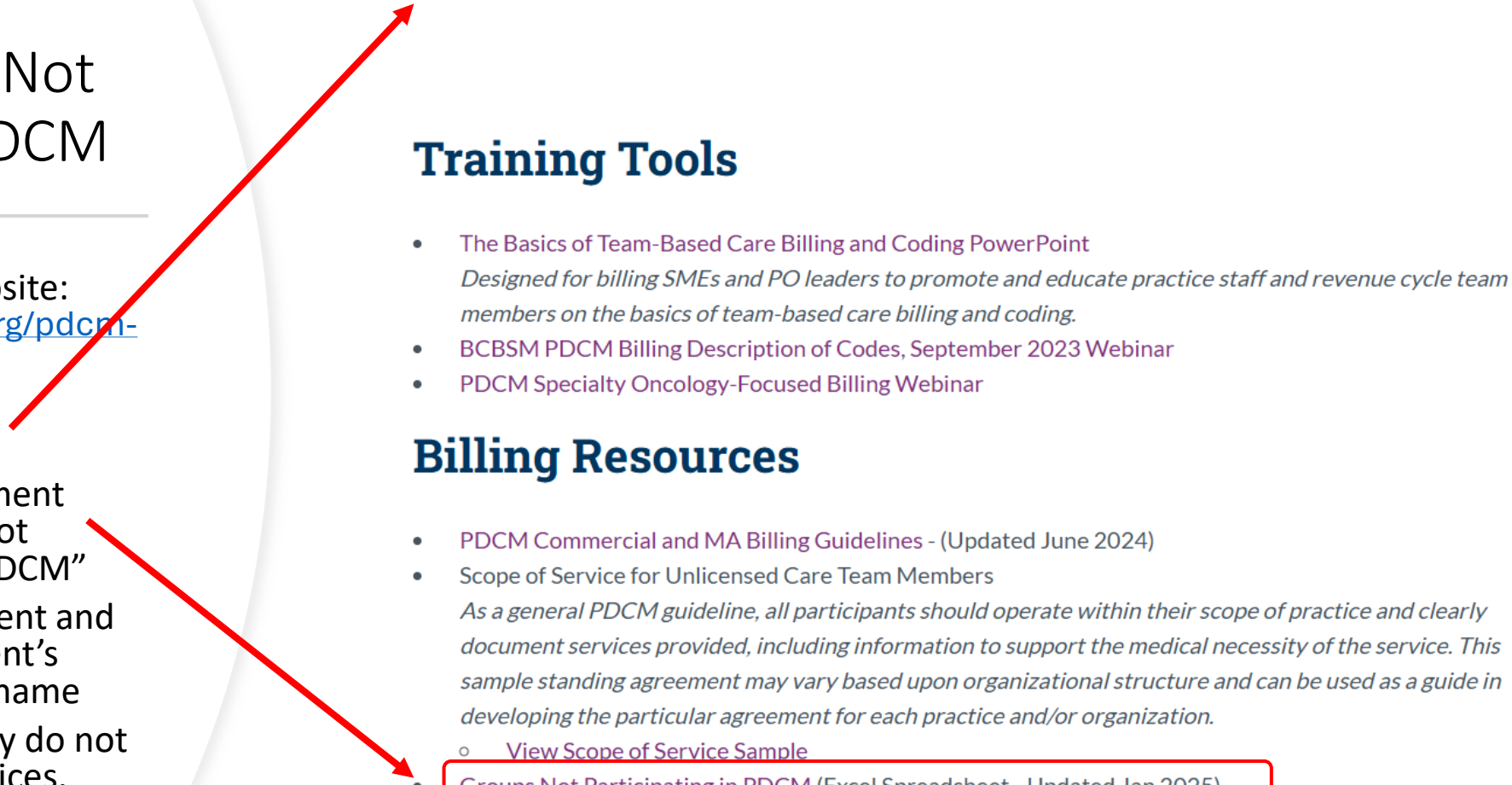
How do I check that the patient has PDCM Provider Delivered Care Management (PDCM) benefits?

You can check that a patient has PDCM benefits through the **Availity portal.**

- Select **Eligibility and Benefits** Inquiry
- **Enter information on the doctor and the patient**
- **Select Benefit Information** and **expand the category**
- **Scroll down** to Physician Visit Office Well
  - Select Physician Visit Office Well Additional Details
- **Look for the following statement: This member's group allows coverage for provider delivered care management and total care.**
- If this **statement is present, the member has PDCM benefits**. If this statement is **not present**, the **member does not have PDCM** benefits. Please note, the benefit information can be found in multiple sections on Availity, as anything relating to medical care will feed into different categories.

Checking Groups Not Participating in PDCM

1. Go to the MICMT Website: https://micmt-cares.org/pdcm-reference-materials
    1. PDCM Reference Materials Page
    2. Locate the document titled, “Groups Not Participating in PDCM”
    3. Open the document and look for the patient’s insurance group name
    4. If it is listed – they do not cover PDCM services.



PDCM Reference Materials

Training Tools

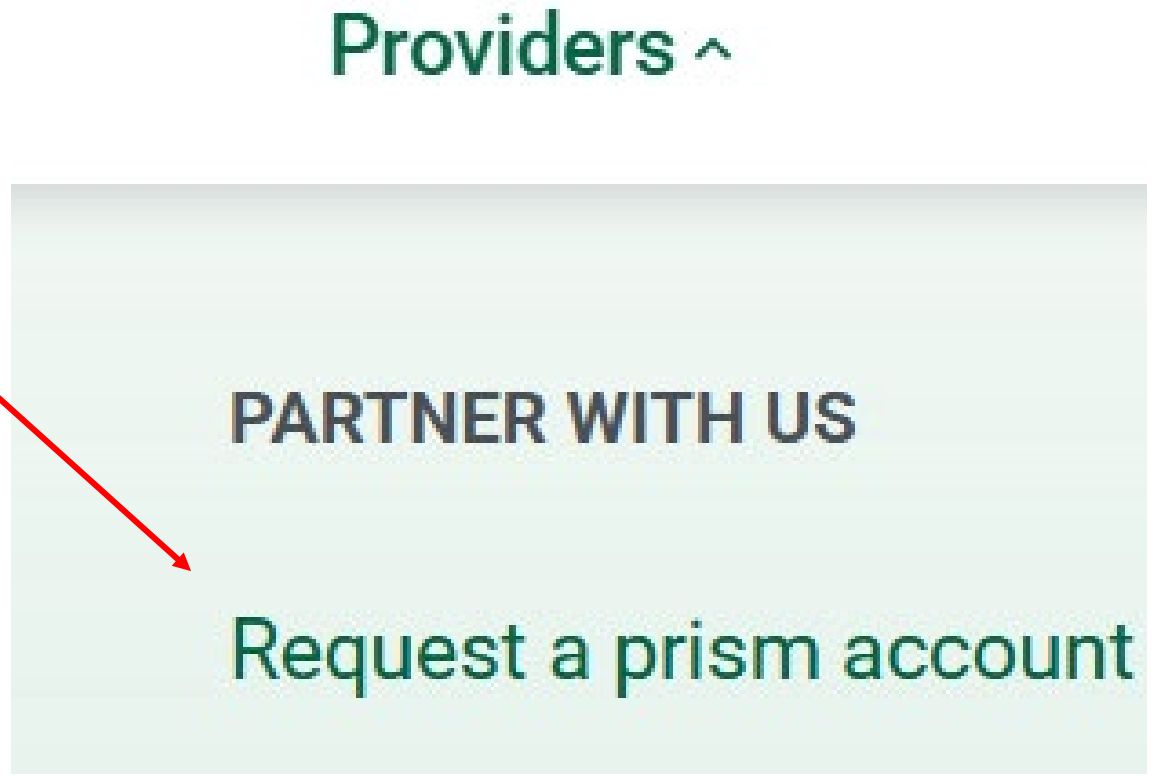
- The Basics of Team-Based Care Billing and Coding PowerPoint
  Designed for billing SMEs and PO leaders to promote and educate practice staff and revenue cycle team members on the basics of team-based care billing and coding.
- BCBSM PDCM Billing Description of Codes, September 2023 Webinar
- PDCM Specialty Oncology-Focused Billing Webinar

Billing Resources

- PDCM Commercial and MA Billing Guidelines - (Updated June 2024)
- Scope of Service for Unlicensed Care Team Members
  As a general PDCM guideline, all participants should operate within their scope of practice and clearly document services provided, including information to support the medical necessity of the service. This sample standing agreement may vary based upon organizational structure and can be used as a guide in developing the particular agreement for each practice and/or organization.
  - View Scope of Service Sample
- Groups Not Participating in PDCM (Excel Spreadsheet - Updated Jan 2025)
- BCN and BCN Advantage℠ PDCM FAQs (PDF - Updated March 2023)
- Multipayer Table: BCBSM PDCM and Priority Health (PDF)

Steps to Verify Eligibility – Priority Health

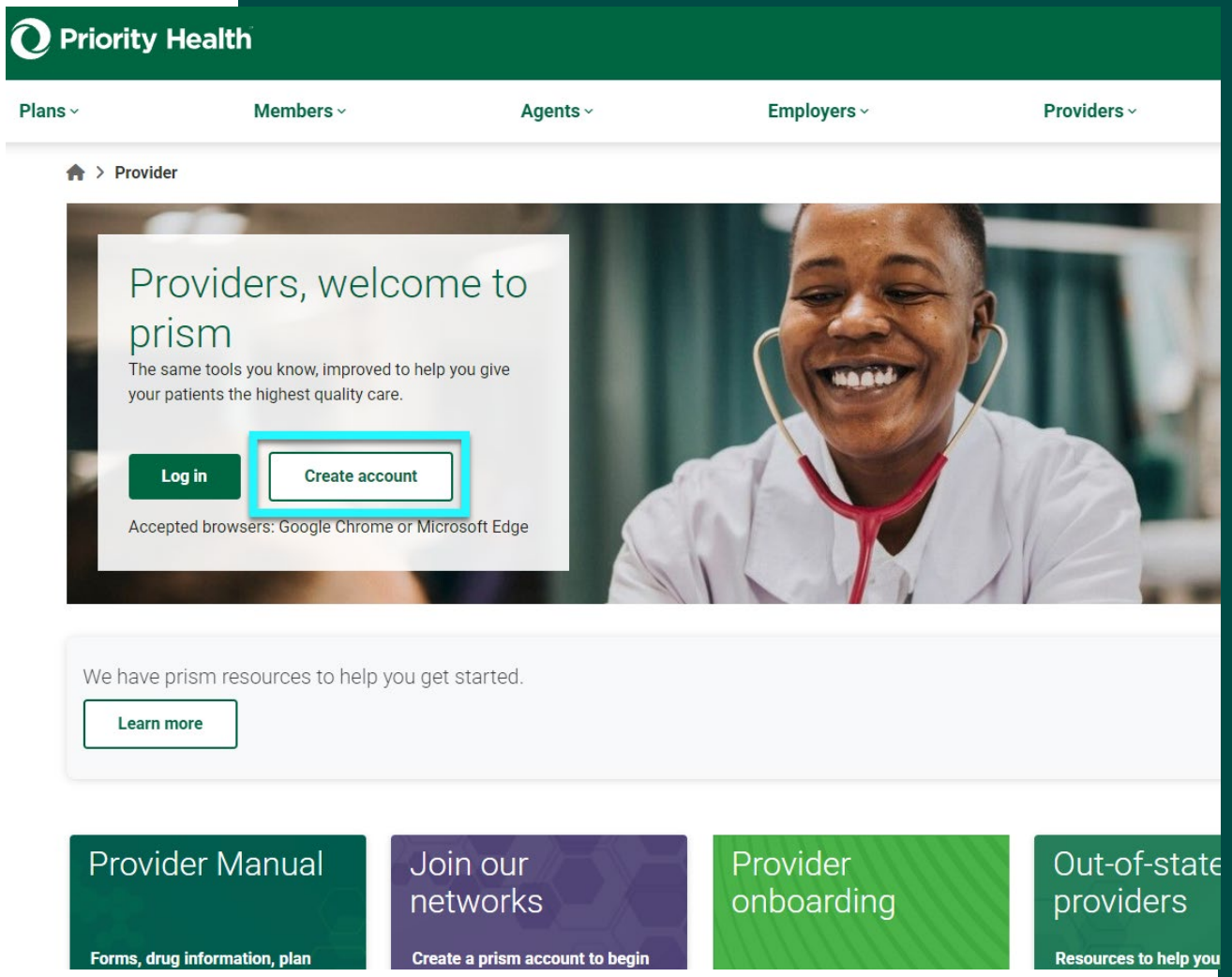
1. Go to Priority Health at https://www.priorityhealth.com/
2. For care managers that do not have a Prisms account:
    1. Under the Provider tab, click on the "Request a Prisms account"



Priority Health

Register or login to prism

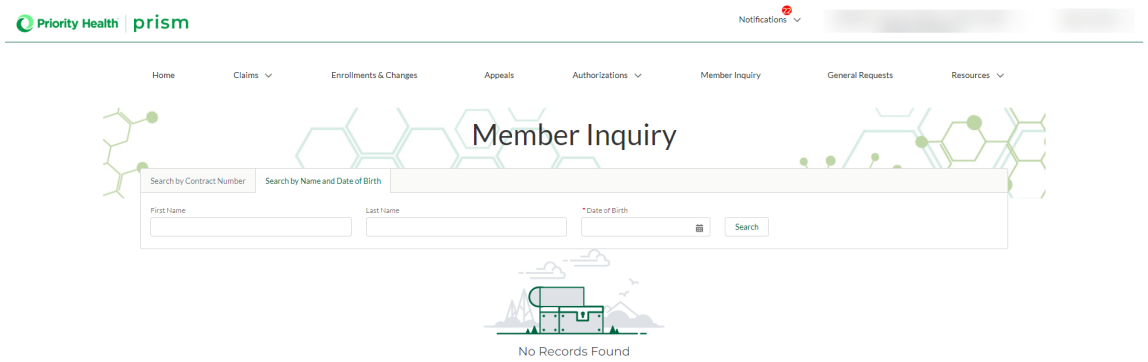
1. Go to *Priorityhealth.com/provider*
2. Select **Create account**
3. To register, all users must go through our required security process via ID.me. Once verified, users can continue registration.
4. All users must use an NPI/TIN of the provider group they are requesting to access (affiliate to). The prism Security Admin will need to review and approve your access.



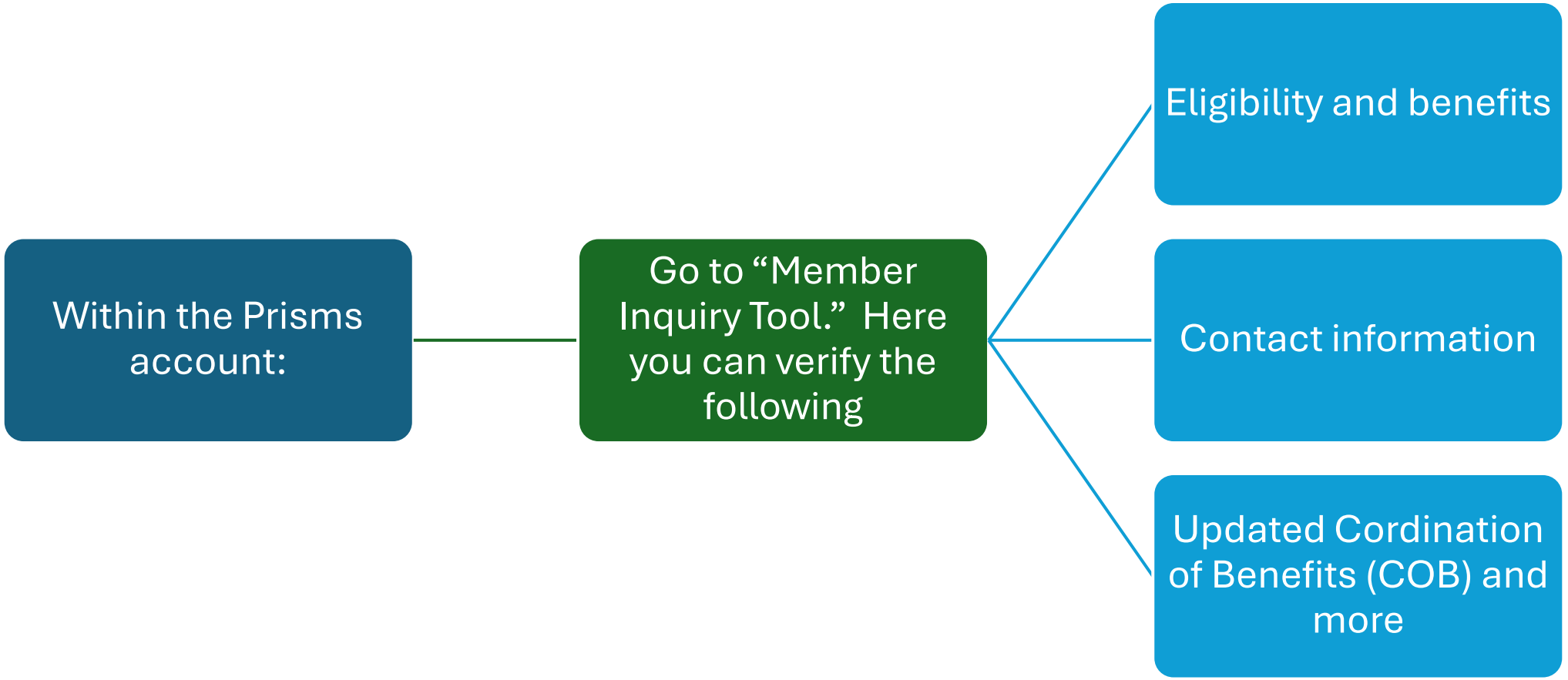
For more help on account creation, click Learn more under prism resources, then Creating an account

Verify eligibility through Member Inquiry

- Login to prism
- Click on Member Inquiry in the navigation bar
- Search the member by either contract number or name and date of birth (required).
- View contact information, eligibility and benefits



Prisms Account Navigation



Checking Eligibility

- The benefit
  1. Provides the patient information to make an informed decision on the service.
  2. Builds trust by lessening confusion and or problems later due to unexpected charges.

- Ongoing visits/telephone encounters
  1. Best practice: Check the eligibility prior to all encounters!
  2. Be prepared: Know why the service is important for the patient. What will they gain by agreeing to PDCM/CM services?
  3. Ask the patient, “has your insurance changed since the last time we met?”

PDCM/CM services make a difference!

Reflect on the value PDCM/CM services

- If you were billed a PDCM/CM code:

1. What would upset you when you saw the bill or EOB with the service on it?
2. What would justify the cost?

PDCM CM Value

From the Commission of Case Management:

“Case management is a dynamic process that assesses, plans, implements, coordinates, monitors, and evaluates to improve outcomes, experiences, and value……..

….In pursuit of health equity, priorities include identifying needs, ensuring appropriate access to resources/services, addressing social determinants of health, and facilitating safe care transitions.”

The BCBSM and Priority Health billing codes provide a payment methodology to sustain and financially support the advanced team-based roles and responsibilities to deliver PDCM a;nd CM services.

Today, we will explore, how, throughout the care management process, we can use the codes, that we can add value and support PDCM and CM services.