CareFirst PCMH

PCMH Care Plans

What they are, how to identify patients for one, and what you need for reimbursement

As a Patient-Centered Medical Home (PCMH) primary care provider, you are asked to devote special attention to your unstable, high-risk, multiple-chronic-disease patients and take the lead in establishing Care Plans for them.

What is a Care Plan?

A care plan is an online document that shows the medical diagnoses and outlines the nursing care to be provided to a member. It is a set of actions the nurse will implement to resolve care coordination needs identified by nursing assessment and clinical judgment. It guides in the ongoing provision of nursing care and assists in the evaluation of that care.

The Top 3 Ways to Identify a Care Plan-eligible Patient

1) Contact your Local Care Coordinator (LCC).

Your LCC is there to support you. If you choose to give them access to your patient's charts and Electronic Medical Records (EMRs), they can further assist you in identifying your sickest patients who may need more coordinated care.

Your LCC can help you identify patients who have:

- clinically unstable chronic conditions
- poor self-care conditions
- a need for weekly care coordination
- a need for care beyond simple diet and exercise
- significant barriers to chronic condition management

2) Review your Member Roster in the PCMH Provider Portal.

Your Member Roster displays all of the Members attributed to your Panel, including each Member's Illness Burden Score.

What to look for:

- deteriorating physiologic indicators (ie: elevated measurements, tests or diagnostics)
- numerous hospitalizations or emergency room (ER) visits
- multiple specialists
- polypharmacy (10 or more medications)
- a high risk for impending hospitalization
- new diagnoses of conditions showing progressing health deterioration

Did you know?

It only takes 23 seconds for a provider to approve a Care Plan.

PCM1028-1P (2/17)

3) Access your Top 10-50 report in the PCMH Provider Portal.

Highlights your high-risk and high-cost patients based on 10 different categories.

What to look for:

- Patients who rank the highest in:
  - Overall per member per month (PMPM) $
  - Pharmacy PMPM $
  - Drug Volatility Score (DVS)
  - Specialty Drug PMPM $
  - High Rx Utilization
  - Hospital Use
  - Multiple Comorbidities
  - Gaps in Care
  - Disease Instability
  - Heath Risk Assessment Results

Once you have identified your Care Plan-eligible patients, your LCC will work with you and your patients to:

- complete an Election to Participate form
- obtain a complete social and family history
- compile necessary medical history information, including:
  - a list of current medical conditions, details from their last physical, notes from the last three visits, relevant lab and diagnostic test information, past and present medications and vaccination records.

How do you submit for Care Plan reimbursement?

When submitting claims for Care Plan activation and maintenance for reimbursement, use the procedure codes below*:

- **S0280 – Required when activating Care Plan. This code is reimbursed at $200.00**
- **S0281 – Required when maintaining Care Plan. This code is reimbursed at $100.00. Bill this code when substantive changes to the Care Plan occur (usually quarterly).**

NOTE: You can only submit for Care Plan reimbursement *after* the Care Plan has been activated.

*** If your patient is currently enrolled in a high deductible health plan that is HSA compatible, certain charges may apply until their deductible is met.**

Important Update:

CareFirst is making additional care coordination programs and specialized care services available to your patients, including:

- Behavioral Health and Substance Abuse
- Comprehensive Medication Review
- Home Based Services
- Enhanced Monitoring
- Expert Consult
- Home Hospice
- Wellness and Disease Management Coaching

If you have patients in these programs, their costs (copayments, coinsurance, deductibles and visit limits) may be waived for certain services.

If you bill for services that are waived, you will be required to provide your patients with a refund.

To verify your patients' eligibility and benefits, log into the PCMH Provider Portal (**www.carefirst.com/providers**) and click on the "View Benefits Summary."