

BCM BILLING: PRIMARY CARE (OR SPECIALIST) PHYSICIANS WHO ARE NOT PARTICPATING IN THE BLENDED CAPITATION MODEL BUT WHO ARE BILLING FOR A PATIENT ROSTERED TO A BLENDED CAPITATION GROUP IN THE SAME EMR

Both primary care family physicians (and specialists) who are not participating in the Blended Capitation Model (BCM) can work from the same EMR as a Blended Capitation Group (BCG) of physicians and can provide care for a patient who is rostered to a BCG in that EMR.

The non-BCM primary care family physician (or specialist) will see the Blended Capitation features in the billing window as these are set at the EMR site level. The non-BCM physician (or specialist) will not use the features for Blended Capitation.

There is an additional step in the billing window for non-BCM primary care family physicians as described below.

NON-BCM PRIMARY CARE FAMILY PHYSICIANS

To bill for a rostered patient in the billing window, the physician and or billing clerk will need to select "4 - Non Blended Capitation Claim" from the **Provider Capacity** field which will deselect the **BCM check box**. The "4 - Non Blended Capitation Claim" selection and the automatic removal of the BCM check will allow payment from MCP at 100% of the fee code for the physician who is not participating in Blended Capitation.

SPECIALISTS

The specialist who provides care for a patient rostered to a Blended Capitation Group can work and bill from the same EMR. The specialist will see the Blended Capitation features of the billing window on a rostered patient. However, the specialist MCP Fee Codes are not "in-basket" fee codes and so by default will not have the BCM check box checked. The specialist will be paid at 100% of their fee codes for a rostered Blended Capitation patient.

