



MEETING MINUTES

Meeting topic: Update on the Medicare Advantage PPO Physical Therapy Program

Date	March 13, 2017
Time	2:00 PM to 4:00 PM
Location	Lyon Meadows; Conference Center; Cobalt - Conf Room C
Facilitator(s)	Dr. Thomas Simmer and William Wagner
Attendees	BCBSM: Dr. Jerry Johnson, Dr. Duane DiFranco, Rozanne Fleszar, Aeysha Hannah, Carla Laethem, Deborah Gase, Laurie Latvis, Deb Marvay, and Diane Sypien eviCore: Vycki Rupakus, Aaron Kronz, Scott Mac Donald, and Pamela Govender MPTA: Marty Systema, Michael Shoemaker, Gina Otteubein, Barb Hertzog, David Gilboe, and Janis Kemper
Meeting Objective	To discuss issues with the Medicare Advantage PPO Physical Therapy Program.

Minutes:

Meeting was opened with introductions

Blue Cross Blue Shield of Michigan (BCBSM) presented on the Medicare Advantage Preferred Provider Organization (MAPPO) update to the utilization management program, which is attached to these minutes.



MAPPO Update.pptx



Definition
comparison2-23-17 (2)

The Michigan Physical Therapy Association (MPTA) asked if any notification was sent out when it was when it was determined that the notification of the provider's status was going to be late. BCBSM advised a record article was sent out and a web alert. This information was also announced in the categorization letters. MPTA asked if a deadline for appeal was provided. We advised no, it needed to be sent in within 15 days of the initial letter. BCBSM also made exceptions if the provider contacted us and wanted to be reconsidered.

BCBSM stated that 99% of cases for prior authorization were finalized in two days in the month of February. BCBSM asked the MPTA if that number sounded accurate. They suggested that it could be off depending on how people count the days. The MPTA asked, at what point do they start counting the days and is it business days or regular days. EviCore stated that it is from when the case is initiated and when the clinical information is submitted. It was confirmed that the time period is in business days and the time is based on when all of the clinical information is submitted that eviCore starts counting the turnaround time.

BCBSM asked eviCore for clarification regarding medical necessity for physical therapy when using therapy to maintain the member's current mobility or slow deterioration. Specific clarification was requested on how it relates to Medicare's policy which allows physical therapy to maintain the patients mobility even if it will not improve.

EviCore stated that their policy allows for the establishment of a safe and effective maintenance program. MPTA stated that the inclusion of the statement "improvement potential must be significant in relation to the extent and duration of the therapy required" contradicts what they said. EviCore stated that they can adjust the language to be clearer about allowing maintenance therapy.

BCBSM asked the MPTA on how they can determine they are providing preventative maintenance therapy for the provider not associated with any improvement. MPTA says that this relies on the patient history and the patient disease. MPTA is concerned that some of the language in the policy can be interpreted differently by different people. Therefore, the MPTA is encouraging members and non members to use the denials process to work these out.

EviCore stated that if a patient who is able and has been instructed on using a home program but chooses not to do the home program; instead opting to go see the physical therapist, eviCore would reject those authorizations. EviCore would look for documentation showing that the patient and caregiver have been given education on a home program. The MPTA responded that if the physical therapist has articulated the barriers the patient is having with a home program, would that allow the patient to be able to receive more treatments. EviCore responded that the provider would have to document what the skill need is if there is a safety



MEETING MINUTES

concern or other issue. BCBSM sought confirmation that physical therapy visits are when the patient needs skilled treatment and guidance. EviCore verified that this is correct. MPTA advised that there is times that this interpretation does not always take place and there is many times where the insurance company assumes that self therapy is appropriate when it is not.

MPTA would like to BCBSM and eviCore to focus on an outcome targets as opposed to visit targets. BCBSM asked that the 6 to 10 visits for the B classified providers. Why is justification for additional visits beyond the initial 6 to 10 not being in the clinical notes? MPTA stated that it does not give us enough information to know how many visits the patient will need. EviCore said that the 6 visits come from an analysis of claims data from around the country that shows most people's issues are resolved in 6 visits. EviCore knows that this does not apply to surgery which is why there is a claims specific waiver for these cases that covers the first 30 days. MPTA asked how eviCore is judging improving quality of care and cost savings. EviCore states it is from claims data and looking at the first and last visit. MPTA states that its statistics show completely different results and much higher utilization.

EviCore stated that they are not pressured to deny care. MPTA asked what data can be collected to prove that this is the case. BCBSM stated that we do not have contractual language that encourages eviCore to withhold care. BCBSM suggested using the appeal process if they do not believe authorizations were rejected correctly.

MPTA wants to know why there are units attached to the per visit amount. Providers are getting six visits with four units per visit or three units per visit. It seems random. BCBSM stated we will look at this with eviCore and see if it can be changed. MPTA stated that in past discussions, units per visit were never mentioned before. EviCore stated that it was included in the training and in the units per visit is where the expense is. MPTA stated that BCBSM had gotten away from the number of units per visit and bringing it back was never discussed.

MPTA presented BCBSM documents from a patient portal that patients can use to document their frustration with the eviCore process.

BCBSM discussed the relationship with chiropractors with physical medicine. BCBSM has discontinued the use of the term physical therapy for chiropractors. BCBSM advised the MPTA that we did meet with the athletic trainers and the State of Michigan changed their scope of practice allowed for general supervision under a MD/ DO but not a physical therapist. The MPTA stated that to practice as an athletic trainer with supervision, prescription, or collaboration with an MD/DO. Also MPTA stated that physical therapy can only be delegated to a physical therapy assistant not an athletic trainer. Medicare does not allow for physical therapy intervention unless it is by a physical therapist or physical therapy assistant. BCBSM asked the MPTA for information regarding what athletic can do that we can communicate.

MPTA advised that they need to wait for their attorney to see what athletic trainers are allowed to do. MPTA is excited and wants to work with BCBSM on provider and insurance collaboration. However, with fee for service payment models and utilization management as currently implemented this collaboration is very difficult.

BCBSM discussed the expansion of the scope of practice for chiropractors, to allow this to bill for what BCBSM considers procedure codes for physical therapy. As a result our members are complaining that they are exhausting their physical therapy benefits and our costs have gone up 100%. Chiropractors can go 30 days and must get approval from an MD or DO by the end of the 30 days if they do then the authorization is retroactive. Otherwise, we can take the money back. Chiropractors want us to allow them to supervise physical therapist, physical therapy assistants, and massage therapist. MPTA stated that house bill 4712 was to add chiropractors to be able to prescribe physical therapy. This bill was rejected. There are regulatory hurdles that restrict a chiropractor from referring a patient to physical therapy. A person can only get physical therapy for 21 days before they have to get a prescription.

BCBSM sees physical therapy as goal directed therapy, with progression. With chiropractors, it is seen as treatment with no goal in mind. BCBSM has taken the position that chiropractors cannot supervise massage therapist, physical therapist, or physical therapy assistants. BCBSM also believes that chiropractors cannot prescribe to physical therapist or a massage therapist. MPTA is very supportive of this.

MPTA believes that chiropractors should be subject to the same scrutiny as physical therapist, when it comes to physical medicine services. The chiropractors were given a grace period before the utilization management program was applied to them.

MPTA said that BCBSM appears to go after everyone instead of the outliers that are abusing the system. The MPTA recommends that BCBSM goes after the outliers while respecting the providers that practice in an effective and efficient way. BCBSM asked the MPTA how well BCBSM followed the suggestions from the last meeting. The MPTA said BCBSM has done a poor job of this. The MPTA feels the utilization management program is a huge cost and administrative burden on providers. MPTA stated that all the category A's have always been A's and C's have always been C's. EviCore stated that if there is not enough data on a provider, they automatically go into the category B column. Also there is a reconsideration process that a provider can do if they disagree with



MEETING MINUTES

where they are placed. BCBSM stated that our customers want us to better manage the costs of services. MPTA stated that the increase in member cost share has already reduced services.

MPTA stated that it is the one of the least expensive ways to treat certain issues. MPTA also stated that having utilization management programs make providers change treatment patterns for fear of having to do authorizations. BCBSM stated that they are meeting with people in systems on how to find a better way to do authorizations that includes functional outcomes. However, getting all providers on the same software platform and properly communicating seems out of reach at this point. MPTA suggested that BCBSM pay for the software for each provider office. Part of the reason some physical therapist do not use certain software is due to cost. By providing the software the provider opens themselves up to review. This would be more effective than using visit limits because the providers are using outcome data. The cost of the software is much less than the cost of additional staff. BCBSM stated that they will look into this as a possibility. MPTA stated there is another payer that pays for this type of software.

MPTA asked when the PPO program utilization management was going to go into effect. BCBSM advised the start date was pushed back to January 1, 2018.

MPTA advised BCBSM that nurse practitioners can prescribe physical therapy and sign the plan of care due to a nurse practitioner scope of practice bill. MPTA asked what is BCBSM's position on this. BCBSM said that the wording of the policy currently states only an MD/DO can prescribe physical therapy. We have not heard of any issues regarding this. BCBSM is concerned that chiropractors would hire nurse practitioners. Until there is an issue, we do not want to open another way for chiropractors to get to provide this service.

BCBSM asked if chiropractors are able to use the outcomes based software called photo. MPTA advised that they should be able to.

The MPTA asked why we require patients to get a prescription from a doctor to see a physical therapist, if eviCore is providing more scrutiny than a doctor would. BCBSM is concerned about self referral.

MPTA wanted to make sure that we understand the problems and kinks that our system has, has cost providers time and resources to work out the problems with our systems. MPTA suggested that we try piloting the program with a practice and provide an incentive to them for piloting it.

Next meeting:

Date	
Time	
Location	