



MEETING MINUTES

Meeting topic: Meeting with Michigan Physical Therapy Association (MPTA) to discuss utilization management program

Date	June 30, 2017
Time	10:00 AM
Location	Lyon Meadows; Conference Center; Navy - Video Conf Rm
Facilitator(s)	William Wagner
Physician Lead	Dr. Duane DiFranco
Attendees	BCBSM: Carla Laethem, Rozanne Fleszar, Barbra Ward, Laurie Latvis, Deb Marvay, Diane Sypien, Bob Crawford, Vicki Rupakus, and Siri Sarvepalli MPTA: Michael Shoemaker, Chris Nawrocki, Jake Kovacek, Josh Croulx, Dave Gilboe, Barbra Herzog, Matt Schroeder, Scott MacDonald, and Janis Kemper
Meeting Objective	Review concerns brought by the MPTA

Minutes:

Meeting began with introductions

Blue Cross Blue Shield of Michigan (BCBSM) stated that this is one of many utilization management programs that BCBSM has. BCBSM was tasked by our customers to provide savings - and implement a utilization management program. BCBSM is concerned that the Michigan Physical Therapy Association (MPTA) has kept a letter on their website stating that this program is a barrier to care. BCBSM stated this program is not to be a barrier to care. MPTA stated that they feel this program is a barrier to care.

Michigan Physical Therapy Association (MPTA) discussed letters from patients regarding how they perceived the program as barriers for care. BCBSM will review the letters but needs the patient's name, contract number, date of birth or a case number to appropriately review each case. BCBSM advised that they do have an appeal process that members and providers should utilize to address concerns.

MPTA is experiencing difficulty getting the appropriate number of visits. Especially when patients come back in for a different issue than the issue currently under treatment. BCBSM advised that we need to look at that patient's case. EviCore stated that for manipulation cases, they should approve about 10 to 12 visits. MPTA stated they have not seen this.

In the case of a total knee replacement, eviCore generally approves 6 to 8 visits in the first 30 days. When those visits are used, the provider can submit a request for more visits. MPTA stated that when they do this, they only get two additional visits. EviCore stated that unless they submit clinical documentation showing the need for more than two visits, then that is the maximum they will receive. If additional visits are needed after the first 30 days, the provider needs to submit documentation showing why the patient needs those additional visits. EviCore stated that in the first 30 days, they typically see physical therapists requesting 6 to 8 visits.

BCBSM and eviCore are willing to look at the number of visits granted for post-surgical visits. They will look at eviCore's nation wide data and see if the number of visits granted is appropriate to providing quality care. MPTA also recommends that eviCore add comorbidities that could extend the amount of care needed. EviCore responded that in order to do this, the provider can fax in the worksheet and include the patient's condition documentation. MPTA asked if there was a way to do this electronically. EviCore responded that they are looking into it, but it is not available at this time.

MPTA discussed therapy for Parkinson's disease. MPTA stated that eviCore does not provide enough visits for this treatment, which causes treatment delays. BCBSM requested documentation and evidence of the effectiveness of the program and that a physical therapist is needed.

MPTA asked if the physician office physical therapy and hospital based physical therapy are held to the same standards. BCBSM stated yes they are. MPTA stated some have noticed hospitals get more visits. BCBSM stated they will need the case information and will look into it, but that should not be the case. BCBSM also stated that all hospitals are categorized the same as physician owned physical therapy. Chiropractors will also be part of a similar program effective January 1, 2018.



MEETING MINUTES

MPTA asked that the standard allotment of six initial visits be increased to at least eight. BCBSM stated that eviCore did an analysis that shows that two-thirds of the cases are resolved in six visits or less; and 90% are resolved within two additional visit requests. MPTA asked how BCBSM and eviCore know they were resolved, and BCBSM and eviCore stated that there were no additional requests for visits and no complaints by the patient or provider.

BCBSM stated they want consistent tiers for the HMO and the PPO. This will create ease of administration for providers.

MPTA asked if providers can request reconsideration of the tier level. BCBSM stated yes and there is a process for it. MPTA stated they only get 14 days to get their case prepared and feels it should be extended to 30 days due to the amount of data requested.

MPTA asked for data on problem issues and how they were resolved or if they were resolved. BCBSM is unable at this time to share the data with the MPTA.

MPTA also stated that partial approval letters are confusing for members, and BCBSM customer services is informing members that they have unlimited visits. BCBSM stated that they will contact customer service and inform them of the appropriate response to avoid confusion. However; Medicare might not allow too much flexibility with the letter.

MPTA asked about skilled maintenance therapy programs that Medicare has and how eviCore handles it. EviCore stated that they follow skilled maintenance therapy as defined and outlined by Medicare.

BCBSM shared the attached presentation regarding current program statistics with the eviCore program.



MPTA update June
30 2017 .pptx

MPTA asked about visits approved for one provider but the patient wants to see another provider. MPTA says patients have to call to get the original authorization canceled. EviCore stated that to do this, the provider would have to call or submit an authorization request and state that the patient discontinued service with the provider on the current authorization, and provide the date.

MPTA asked more specific data than what is included in the slides. BCBSM said they will work with eviCore to get the data.

MPTA asked about the chiropractic program and how it will be implemented. BCBSM stated that the program is going in on January 1, 2018. BCBSM stated it will check and see which BCBSM plans are included in this program. BCBSM will also verify that they are included in the Medicare Plus Blue program; and if not, BCBSM will explain why.

Delay implementation of the eviCore system to January 2019

BCBSM stated the implementation is on track for January 2018.

Stop only measuring utilization, and implement a program which measures and encourages value

MPTA would like our categorization system to be outcome based and not based on the number of visits. MPTA will send the evaluation data to eviCore and have them use that data to determine provider effectiveness. BCBSM is interested in adding outcome - based categorization.

MPTA would like BCBSM and EviCore to use data sources other than eviCore's outcomes and instead use a third-party source. EviCore explained their current data collection and how they survey providers regarding appropriate levels of care. The data is not utilization management conditions but data based on total visits and requested visits and why that number of visits was needed. BCBSM offered to create a joint group between eviCore and the MPTA to develop outcome-based category rating and number of visits approved. MPTA agreed and stated that we also need a way to communicate acuity to eviCore so they can use it to determine the number of visits. BCBSM is also wondering if providers may be not providing the information needed to make a decision when requested. BCBSM feels that provider education may be required.

MPTA would like to encourage eviCore to use third-party data collection such as Photo. EviCore states they want a data submission that is accessible for all and free to use. Currently the tools used by eviCore to collect data are: The Oswestry Disability Index (ODI), Neck Disability Index (NDI), Lower Extremity Functional Scale (LEFS), and Disabilities of the Arm, Shoulder and Hand (DASH or QuickDASH)



MEETING MINUTES

EviCore is willing to consider other tools recommended by the MPTA. MPTA stated that when requesting further visits, they have very limited choices in the patient outcomes tool. EviCore said they use the Patient Specific Functional Scale at this time but are moving towards something more industry specific. Also eviCore stated that additional information can be added to the comments section.

Eliminate all administrative burdens for Category A providers

MPTA stated that we are requiring too much of a burden on category A providers without compensating them for having to do the work. BCBSM stated we can take this back to the area that handles provider fees and for further discussion.

Eliminate units from the authorization process

MPTA asked that eviCore eliminate unit limitations from each visit. EviCore responded by stating that historically eviCore has noticed that when some providers have reduced the number of visits, then the number of units per visit increases. MPTA stated that if we are not capturing outcomes, then we cannot determine the relationship between number of units and number of visits. BCBSM stated that they want to work with the MPTA on outcome - based authorization. BCBSM asked if eviCore can use the units' modality in Michigan. EviCore stated we can discuss that and include the MPTA in that conversation.

Next meeting:

Date	
Time	
Location	