

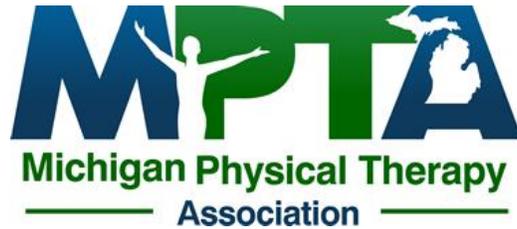
Michigan Physical Therapy Association, 1055 N. Fairfax St, Suite 205, Alexandria VA 22314

May 12, 2017

Dear Dr. Simmer, Dr. DiFranco, Mr. Wagner, Ms. Marvay, and Ms. Fleszar,

The Michigan Physical Therapy Association (MPTA) is again grateful for our meeting with you in March and the opportunity to have an open, ongoing dialogue about the eviCore utilization management program. Upon your invitation, the following are suggestions for improving the current system:

- Eliminate all administrative burden for Category A providers. BCBSM stated that this was due to computer systems issues. This is an unfair burden and must be eliminated.
- Eliminate duplication of data entry. Requiring providers to copy clinical data from the medical record into a separate system is inefficient, burdensome, and costly.
- Expand Category A to include 100% of the peer group mean. BCBSM's previously stated purpose for this program was to manage the highest utilizers. Punishing the majority of providers with a costly, burdensome, and unsustainable process is not appropriate.
- Do not punish those in Category B with an unnecessary administrative burden. MPTA recommends an increase with initial automatic authorization to 10 visits. Data from the two largest national outcomes databases (FOTO and WebOutcomes) has mean visits across most diagnoses well-above 6 visits.
- Automatically provide 4 additional visits when a provider is appealing a denial decision. The delays in patient care of up to 2 weeks associated with appealing a denial are unacceptable and adversely affect patient outcome which ultimately add to cost.
- Eliminate units from the authorization process. BCBSM abandoned this approach years ago.
- Stop only measuring utilization, and implement a program which measures and encourages value. Cost/utilization are only 1 element of the value equation. Without measurement of patient satisfaction, patient self-reported function, and objective measures of patient function, BCBSM is encouraging poor care and ultimately worse population health.
 - Since the inception of Landmark (now eviCore) for PT utilization management in 2008 there has been no process improvement to include outcome measures.
 - A stated reason for BCBSM not implementing an outcomes and value-based approach to utilization management is difficulties with BCBSM information technology systems. Such barriers are inexcusable in what should be a modern health care program.
 - Although many Category A providers are effective providers, a clinic with a low average number of visits may indeed be inadequate. Patients who are receiving poor care self-discharge from care after only a few visits. Without capturing this, BCBSM is rewarding and encouraging incompetent care in such cases.
 - Further, we continue to assert that eviCore is inappropriately shortening duration of care resulting in worse outcomes for all patients. This is due to denial of visits and threat of a down-grade in category.



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- Eliminate the 30-day window for authorized visits to allow remaining visits after the 30-day window to be completed as planned. MPTA has received complaints from practices that have been authorized to provide 8 visits in 30 days. If 6 visits were used within 30 days, the remaining 2 visits were then denied. Denial of pre-approved visits without addressing patient progress is arbitrary.
- Eliminate a mandatory wait time that negatively impacts on patient progress. MPTA has received a complaint that a post-surgical patient was approved for 8 visits. The patient needed physical therapy treatment 3 times/week; using up the approved visits in 3 weeks. eviCore would not process the request for more visits until the 30 days were up. Not acceptable.
- Delay implementation of the eviCore system to January 2019. The MPTA is unable to see how many critical changes can be made to this system in time for a January 2018 expansion to the other BCBSM products.
- Increase payment rates to compensate practices for the substantial financial damages incurred as a result of the eviCore implementation.
- Level the playing field among the providers in the rehabilitation benefit and include chiropractors under the same system. Not only are other rehabilitation providers such as PT unfairly discriminated against, but chiropractors are also exhausting rehabilitation benefit limits which prevent access to physical therapy and other rehabilitative care.

Thank you for your consideration of the above suggestions for improvement. However, we would like to continue to convey our grave concern and the strongest objection to this program. The MPTA continues to request that it be terminated for the Medicare Plus Blue PPO product and not be implemented for the commercial products. It is not what your subscribers expect of BCBSM.

Sincerely,

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