

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

March 13, 2017

Dear Dr. Simmer, Dr. Johnson, and Mr. Wagner,

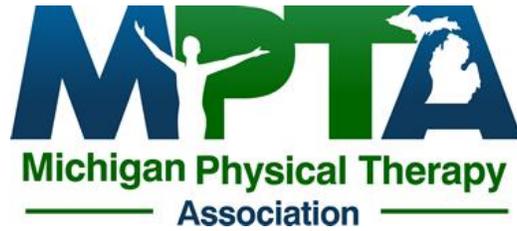
The Michigan Physical Therapy Association (MPTA) is writing to continue to express grave concern and the strongest objection to the eviCore utilization management program. This program has significant process-related problems and excessive administrative burden well-beyond what was proposed, and continues to reflect poor policy that ultimately adversely affects patient care and health outcomes.

With regard to the significant process-related problems and excessive administrative burden, the following has been experienced and reported by MPTA members:

- Unclear direction as to how to indicate the practice or individual provider in the “setting location” field for IPTs, resulting in assignment of the incorrect A, B, or C categorization.
- Need for unique login/password information for each provider in a practice, with passwords that need to be changed every 30 days.
- The requirement for seeking additional authorization upon completion of either visits or units is irrational, especially when units billed is ultimately the cost that is trying to be controlled by the program.
- Incompatibility between many EMRs and the requirement to delay billing for 5 days.
- Delays of up to 3-7 days for obtaining authorization.
- System entries of clinical data not saving for later completion (i.e. single sign-on), then having to call and provide information verbally.
- Duplication of data entry in both the medical record and the eviCore portal.
- Not advising the patient of the denial and the reason for denial.
- Only allowing extension of an authorization end date one time per authorization even when a patient hasn't utilized previously authorized visits due to cancellations, etc.
- Confusion among the more elderly patients who lack understanding of how of this authorization process works.

With regard to the eviCore program adversely affecting patient care:

- Significant delays in receiving authorization resulting in delayed treatment.
- Long and protracted appeals process.
 - If the full requested plan of care is denied, the long and protracted appeals process only further worsens the delays in care.
- Authorization denials and severely truncating duration of care inconsistent with Medicare standards of medical necessity, which:
 - Prevents full and adequate treatment for conditions which will ultimately result in increased costs long term.
 - This is especially true in instances where authorized visit limits clearly did not consider documented past medical history or comorbidities that might lengthen the episode of care.
 - Compromises patient safety for those conditions such as risk of falls that are associated with potential for patient harm.



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- Propagates the Medicare “improvement standard” myth. A recent US District court ruling had order CMS to better instruct contractors that Medicare will pay for necessary services, even if the patient does not demonstrate improvement, so long as the patient benefits from that care in quality of life and function.

The eviCore program reflects poor policy. It only seeks to contain cost and does not contribute to ensuring health care value by measuring patient satisfaction or functional outcome. In fact, its short-sighted, singular emphasis on utilization is contrary to modern approaches to health care payment reform. By changing to a single-focused utilization management program, BCBSM is getting away from the core values it promotes to its subscribers: affordable, quality health care that improves the health of Michigan’s citizens and communities.

Furthermore, the MPTA is concerned that the eviCore program reflects an arbitrary discrimination among providers with the BCBSM rehabilitation benefit category in that is not equally applied across all physical therapy settings or rehabilitation providers types such as chiropractors.

Although MPTA appreciates BCBSM’s responsiveness to the various process-related problems, the administrative burden associated with the eviCore program is untenable.

Regardless of whether the numerous process-related issues are resolved, the policy of using such a program is fundamentally flawed. The MPTA requests that it be terminated for the Medicare Plus Blue PPO product and not implemented for the commercial products. It is not what your subscribers expect of BCBSM.

Sincerely,

Janis Kemper, PT
Payment Director
Michigan Physical Therapy Association

Michael J. Shoemaker, PT, DPT, PhD
President
Michigan Physical Therapy Association