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

June 6, 2017

Dear Dr. Fox, Mr. Walker, and Ms. Quick,

The Michigan Physical Therapy Association (MPTA) notes that Priority Health is beginning to adopt some of the eviCore utilization management products. Due to our incredibly challenging experiences with eviCore being used by one of the Blue Cross Blue Shield of Michigan (BCBSM) products, we want to express our concern for any other payers implementing similar programs for their rehabilitation benefits.

What follows is a summary of the most significant issues our members have experienced in the past 6 months. Please note that this list does not include many other minor issues (delays of >48 hours in authorization, computer glitches, login problems, etc) that, when taken together, still resulted in a significant waste of clinician and administrative staff time and delays in care.

- Category A providers (those with average visits <80% of the peer group mean) have an unfair burden by being required to still enter a redundant dataset into the eviCore/BCBSM system to initiate care.
- Category B providers (the majority of providers- those with average visits 80-120% of the peer group mean) have an incredible administrative burden by being required to seek authorization for >6 visits, including duplication of data entry and appeal of denials (rarely are requested visits approved).
    - Further, the 6 visit threshold is inappropriate given that data from the two largest national outcomes databases (FOTO and WebOutcomes) has mean visits across most diagnoses well-above 6 visits.
- As already noted above, duplication of data entry adds to considerable administrative burden (10-40 minutes per patient, more if denials are appealed) by requiring providers to copy clinical data from the medical record into a separate system. This is inefficient, burdensome, and costly.
- There are delays in patient care of up to 2 weeks associated with appealing a denial.
- Both visits AND units are included in an authorization, limiting flexibility to adapt the plan of care to limited number of visits.
- The program only measures only utilization. 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, the eviCore program is encouraging poor care and ultimately worse population health.
    - 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, the eviCore program 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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- There is a 30-day window for authorized visits preventing use of 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.
- There is a mandatory wait time that negatively impacts 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. However, eviCore would not process the request for more visits until after 30 days.

MPTA believes that utilization management programs that categorize providers solely based on visits and without consideration for case mix/patient complexity are discriminatory at their face, are unjust mechanisms for payment to providers, limit consumer access to necessary care, and are counter to value-based health care delivery systems.

Thank you for listening to these concerns as your organization explores the most modern and effective mechanisms for ensuring that your subscribers receive high-quality, high-value health care. We appreciate that Priority Health prides itself on consumer choice and access to health care.

Sincerely,

Janis Kemper, PT
Payment Director
Michigan Physical Therapy Association

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