

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

10/24/17

The Michigan Physical Therapy Association (MPTA) appreciates Blue Cross Blue Shield of Michigan (BCBSM) willingness to meet to address our member's numerous concerns regarding eviCore's demonstrated administrative barriers to providing quality physical therapy services to BCBSM subscribers. Further, the MPTA appreciates the delay in implementation of eviCore to BCBSM's commercial products to July 2018.

The MPTA would like to clearly affirm our desire and willingness to collaborate with BCBSM on reforming its current utilization management approach. From the numerous MPTA member complaints, concerns and barriers while interacting with eviCore, the eviCore approach appears to be based on arbitrary visit targets, without incorporation of objective data regarding patient diagnosis, co-morbidities and functional gains that can be achieved with physical therapy services. eviCore (formally Landmark Health Care) has stated since at least 2008 that it wants to integrate functional outcomes into its utilization management tools. After 9 long years and counting – eviCore had NOT yet integrated functional outcomes into their utilization management program.

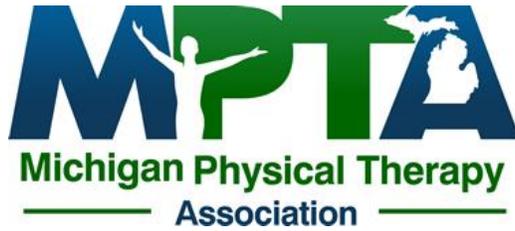
It is those aforementioned issues that has driven MPTA's opposition to eviCore. MPTA is committed to continue to work with BCBSM and eviCore to resolve issues that prevent BCBSM subscribers from receiving timely, quality physical therapy services which is the benefit they purchased when their subscribers purchased BCBSM products for their health insurance.

However, the MPTA supports efforts to develop a value-based healthcare purchasing and payment structures, and it is on that basis that we would like to move forward in collaboration with BCBSM to help ensure its subscribers receive quality, cost-effective care.

To that end, MPTA hopes that our next meeting can begin a generative discussion about how to best approach a value-based mechanism for evaluating the physical therapy services delivered to your subscribers. We recognize that there is not yet a strong Federal precedent for how to do this (e.g. Medicare is slowly moving in this direction), and that there are not yet any widely accepted models in the private sector. However, MPTA believes that we can arrive at several possible models that are feasible for physical therapists and BCBSM.

MPTA has very recently been alerted by some of its members to changes in the eviCore program that appear to at least attempt to address some of the aforementioned concerns. What follows are our questions and concerns about these recent changes:

- Increasing automatic authorization of 12 visits for 6 weeks for post-surgical patients is certainly an improvement, however, it does not address the issues associated with non-surgical patients, nor does it address the issues associated with denial/partial denial or requests for continued care and the inappropriate basis on which those denials are made.



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

Page 2/2

- With regard to the increase in initial authorization for those surgical patients, it is not clear whether this allows for request for additional visits to be made ahead of time. That is, how much in advance of the 12 visit/6 week expiration can a request be made? Is this the 7-day window referenced in the FAQ document?
- It is also not clear whether the frequency of those initial 12 post-surgical visits is restricted to two visits per week. If so, this prevents effective use of front-loaded, higher intensity services that are effective for some types of patients.

Regarding the corePath model:

- Why is “[applying] the authorization to the initial course of treatment only” beneficial?
- Why is requiring “a more detailed review of a member’s special needs [for ongoing care]” beneficial?
- How restrictive will the acceptable list of “validated measurement tools” be? What will be the standard for determining an eligible tool?
- If provider profiling tiers are eliminated, what is the intent of “grandfathering” especially with regard to Tier A providers, and why would Tier A providers need to still perform a notification?

Another significant, ongoing concern is the reason that is commonly given for denials- that the patient should be able to adequately complete care independently with a home exercise program. Although a home exercise program is a critical component of a rehabilitation plan, it is not a replacement for the skilled care that might be required in the clinic, nor is it a replacement for the skilled guidance and progression required for many home exercise programs. On what research evidence is eviCore drawing upon to support the frequent use of this as the reason for denial of care?

We look forward to our next meeting with you to begin this important discussion about value-based care, and to discuss our ongoing concerns and questions about the eviCore program.

Sincerely,

Janis Kemper, PT
Payment Director
Michigan Physical Therapy Association

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