Michael Shoemaker

From: Michael Shoemaker
Sent: Monday, October 15, 2018 17:09
To: 'Patton, Roxanne M.'; 'DiFranco, Duane J., MD.'
Cc: 'Janis Kemper'
Subject: Recent Events Regarding Prior Auth in Medicare Advantage Programs
Attachments: Medicare Advantage OIG Report.pdf

Dear Dr. DiFranco and Roxanne-

You likely have already been made aware of these recent events (OIG report, US House Letter to CMS, and related NY Times article https://www.nytimes.com/2018/10/13/us/politics/medicare-claims-private-plans.html), but wanted to pass them along just in case. They underscore our ongoing concerns about the eviCore program for both the Plus Blue and BCN products.

In particular, the OIG report underscores the concern for low appeals rates. I recall that we had discussion about this in a previous meeting where a BCBSM representative expressed disbelief that PTs would not help the patient through the appeals process. Per the OIG report:

> "High rates of overturned denials upon appeal are especially concerning because beneficiaries and providers appealed relatively few of the total number of denials issued each year. The appeals process is one of the safeguards against inappropriate denials in Medicare Advantage and gives beneficiaries and providers the ability to appeal denials that they believe should be overturned. However, patient advocates have raised concerns that the appeals process can be confusing and overwhelming, particularly for critically ill beneficiaries."

This illustrates the fact that low rates of appeal of denials are not unique to PT and BCBSM members. I am aware of one recent Plus Blue case that required the intervention of a US Senator to help with successfully navigating the process to obtain a successful appeal for medically necessary services. The amount of time invested by the clinician was substantial and costly.

It is this cost and burden of prior authorization on providers and restriction of access to care that ultimately led to a recent letter to CMS, written by a bipartisan group of 101 Congressman and Congresswomen, which stated:

> "It is our understanding that some plans require repetitive prior approvals for patients that are not based on evidence and may delay medically necessary care…Many of these PA requirements are for services or procedures performed in accordance with an already-approved plan of care, as part of appropriate, ongoing therapy for chronic conditions, or for services with low PA denial rates."

MPTA appreciates BCBSM's ongoing dialogue about utilization management, and hope that you will continue to consider alternatives to the current eviCore program that we have previously proposed. We welcome an opportunity to meet in the near future to provide input on your ongoing decisions related to BCBSM and BCN products and processes.

Thank you for your consideration of these comments.

mike

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

Board-Certified Geriatric Physical Therapist
Associate Professor of Physical Therapy
Grand Valley State University

Cook-DeVos Center for Health Sciences, Suite 200
301 Michigan Street N.E.
Grand Rapids, MI 49503-3314

Phone: (616) 331-3509
Fax: (616) 331-5654
Email: shoemami@gvsu.edu