

## Summary of MPTA Meeting with eviCore

On March 9, 2018, MPTA attended a meeting with eviCore hosted by BCBSM to discuss the corePath program implementation and MPTA's survey results. Topics of discussion included:

- Despite BCBSM previously telling MPTA that provider categorization would no longer factor into the authorization process, BCBSM now states that corePath is being used for Category B and C providers, and is only being used for Category A providers after 20 visits.
- BCBSM has noted significant shifting of providers between categories, and will be examining potential reasons for this finding and will follow-up with MPTA.
- eviCore apparently held several provider focus groups for feedback with very poor provider participation. MPTA asked that eviCore host additional focus groups open to all providers and that it can be widely publicized by MPTA.
- With regard to the corePath process itself, there are several hints and tricks that may be useful for providers:
  - When starting a re-authorization, you can avoid entering some duplicate data if you use the "duplicate case" function. Entering the original authorization number will pre-populate many fields.
  - If you use the worksheets to abstract clinical data from the medical record to permit non-clinical staff to complete the eviCore forms, be sure you are using the most current worksheets available on the eviCore website.
  - When uploading additional supporting documentation, you can copy and paste EMR data into a word document and upload that so long as it is less than 5 MB.
  - You can request a peer-to-peer consultation PRIOR TO submitting a reauthorization request. This can increase the likelihood of your request being approved. Peer-to-peer consultations must now be scheduled via the website, and can save you time by not waiting on hold on the phone.
    - Peer-to-peer consultations cannot reverse a denial decision, so being proactive can be helpful.
  - Following submission of an authorization request, eviCore will issue a recorded phone message warning of an impending adverse determination. It is critical that you respond quickly to that message to offer additional documentation to improve the odds of approval. Once a denial is issued, you then need to use the appeals process.
- For non-clinical determination related issues/concerns, contact provider relations by email at [providerrelations@evicore.com](mailto:providerrelations@evicore.com) (which generates a ticket number). If they are unable to address/resolve your concerns, you should contact Patricia Allen (Manager, Provider Engagement) at [pallen@evicore.com](mailto:pallen@evicore.com) with that ticket number.
- eviCore is considering the results of the MPTA survey, and will work to implement process-related changes and provider education resources.

It is important to note that MPTA expressed concern for continued use of provider categorization for the authorization process. Further, MPTA continued to express the strongest objection to utilization management programs that penalize all providers (i.e. does not target the few ineffective, over-utilizing providers who need utilization management), that focus only on units of service and visits, and that do not account for risk-adjusted clinical outcomes. MPTA stated that the present corePath approach would be unsustainable administrative burden if implemented with all BCBSM products. MPTA requested a delay in this implementation. BCBSM and eviCore have expressed willingness to collaboratively explore other models, and MPTA will be developing and proposing alternative solutions.