

# Musculoskeletal Specialized Therapy Program for HMSA

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### What is the Practitioner Performance Summary?

The PPS is an online dashboard available for you to compare your practice efficiency with those of your peers on the HMSA network. eviCore's PPS reports analyze your billed procedures on the following utilization measures:

- ✓ Average per-visit use of therapeutic interventions
- ✓ Average visit utilization over time
- ✓ Average visit utilization by diagnostic category

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### What claims data are used in my PPS?

eviCore uses outpatient physical therapy claims data from HMSA. Provider performance measures are based on the provider group or facility identifier submitted on the claims.

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### What is the network average in eviCore's PPS reporting?

eviCore calculates average utilization separately for each health plan, based on the physical therapy peer group.

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### How does eviCore assign my utilization management category?

eviCore assesses utilization efficiency based on risk-adjusted visits per episode (RAVE). Your visits billed per episode are compared to your peer group. If your visits billed per episode are below the network's 60<sup>th</sup> percentile, and you average fewer than 4 units billed per visit, eviCore places you in the Clinical Autonomy utilization management category.

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### How does my category impact my pre-certification requirements for physical therapy visits?

Providers in the Clinical Autonomy category do not require pre-certification from eviCore.

Providers in the corePath category (above the 60<sup>th</sup> RAVE percentile and/or that average 4 or more units per visit) require pre-certification. The clinical information requested by eviCore may differ by patient condition and by request type (initial or subsequent). eviCore approves visits over a duration that is specific to the patient's condition and severity.

**Note:** When submitting requests, it is important that you select the rendering site/location that is assigned a utilization management category. Select the office address where the patient is receiving treatment when you enter the rendering site for your pre-certification request.

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### How do I access my PPS dashboard and find out the category eviCore assigned to my practice?

Access eviCore's provider portal and select **MSM Practitioner Performance Summary** from the main menu. You will be prompted to select from a list of providers who have been added to your web account. Then select the health plan and click **View PPS** to display the PPS dashboard for the selected provider.

The utilization of physical therapists who work together in a group with the potential to share patients is combined. All physical therapists in the group have access to the same online PPS dashboard.

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### How often does eviCore assess providers for a new category?

eviCore reviews claims data twice each year to assign provider utilization management categories. You can access your category in the provider portal 60 days prior to the effective date. Category changes for HMSA are **posted on May 1<sup>st</sup> and November 1<sup>st</sup>**. The category is applied to your pre-certification requests **effective on January 1<sup>st</sup> and July 1<sup>st</sup>**.

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### How does my category impact my pre-certification requirements for occupational therapy?

The utilization management category determines pre-certification requirements for physical therapists. Refer to the guides available on eviCore's website for information about pre-certification requirements for occupational therapists, medical doctors, and chiropractors.

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### What changes can my practice incorporate to be considered for a different category?

Modifying your practice patterns can help you achieve a category change. Refer to eviCore's Tips for Improving Treatment Efficiency for opportunities to lower your practice's average visits per episode.

**Note:** Accurate ICD coding on your claims is also important so that eviCore can validate when your patients are treated for multiple episodes.

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### Can I request a category review if there are circumstances that impacted eviCore's assessment of my practice?

If you believe there are circumstances adversely affecting your utilization data, you can request a category review within 15 days of eviCore's notification. Initiate your request in eviCore's PPS portal.

eviCore will email instructions and time frames for submitting the clinical documents needed to review your request. You'll be required to provide information to support an adjustment to your visits per episode if there were outlier cases that impacted your category assessment.

An outlier is a patient who requires higher intensity and/or duration of services due to medical complexity that affects the member's response to therapy. Documentation must demonstrate medical necessity for the services provided.

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### I didn't receive a category notice. How do I know my category?

Log in to the eviCore provider portal to view your PPS dashboard. Click the **UM Category** tab to review eviCore's network assessment and your assigned category.

Providers who did not submit physical therapy claims in the PPS reporting period, or who are new to the network, are in the corePath utilization management category.

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### Can members or ordering physicians get information about a provider's category?

No. eviCore maintains provider categories in its secure provider portal.

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### How does the PPS address more complex cases?

Each provider's visits per episode are risk-adjusted to account for differences in patient age, gender, and condition. eviCore applies an externally validated statistical model to claims data to account for these three factors.

Measuring risk-adjusted visits per episode, or RAVE, allows eviCore to compare providers with different patient populations. Where patient characteristics are shown to increase the number of visits typically used, eviCore adjusts down patients' actual visits. For example, if a physical therapist with a high number of neuro-rehab patients shows a 6.9-visit average, the average may fall to 6.4 visits after eviCore applies the risk adjustment.

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### What is a patient episode of care?

When determining RAVE, a patient episode of care is all treatment provided to a member for a body part or related body part within a 12-month period.

When the focus of treatment changes over time from one body part to a distinctly different body part, it counts as two episodes. In this case, eviCore calculates RAVE by dividing the patient's visits between the two distinct episodes.

The physical therapy PPS counts a new episode if therapy resumes after surgery (identified when you bill an aftercare ICD as the secondary diagnosis).

**Note:** Your visits-per-episode calculation determines your category assignment. eviCore uses the primary ICD-10 code billed to determine the focus of treatment for a given visit. When a patient's focus of treatment changes, you must bill the primary ICD-10 code accordingly. **Accurate ICD coding on your claims is required, so eviCore can accurately calculate your visits per episode when assigning your utilization management category.**

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### Does eviCore adjust for comorbidities?

Comorbidities aren't an explicit adjustment factor. Comorbidities are randomly distributed across a given population, so it is likely you will have as many or as few patients with comorbidities as the next provider.

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