Practitioner Performance Summary and Utilization Management Categories

Updated June 2024 for the

Blue Care Network Physical Therapy Program

EviCore
By EVERNORTH

Physical Therapy Provider Performance Summary

Your PPS Dashboard

- Insight into your practice patterns and how they compare with your network peers

- Timely access to information to monitor performance over time and by condition

- Patient visits adjusted for factors that account for variation in visit usage

- "Your Value" data points drill down to the claims data used to build your performance summary

Your Physical Therapy Utilization Management Category

Your risk-adjusted visits per episode (RAVE) establishes your category

Category A providers

- Providers with RAVE up to 90% of the peer average
- Expedited prior authorization - eviCore will issue an immediate approval for PT visits, not to exceed the patient's maximum benefit, for you to provide medically necessary care.

Category B providers

- Providers with RAVE above 90% of the peer average
- Providers that billed fewer than 10 episodes or new providers with fewer than 12 months of claims
- eviCore will approve visits in accordance with condition severity/complexity, functional loss, and confirmation that care is progressing as planned.

Select the correct rendering NPI when requesting authorization

IPTs & Physicians

- Select **your individual NPI as the rendering provider** when requesting authorization.
- Do not select the group's Type 2 organization NPI. Groups are not assigned a category.

Hospital & OPT facilities

- Follow the authorization process for your assigned category (A or B) for both PT and OT.
- When requesting authorization, search for the site by the facility NPI.

Accessing Your PPS Dashboard & UM Category

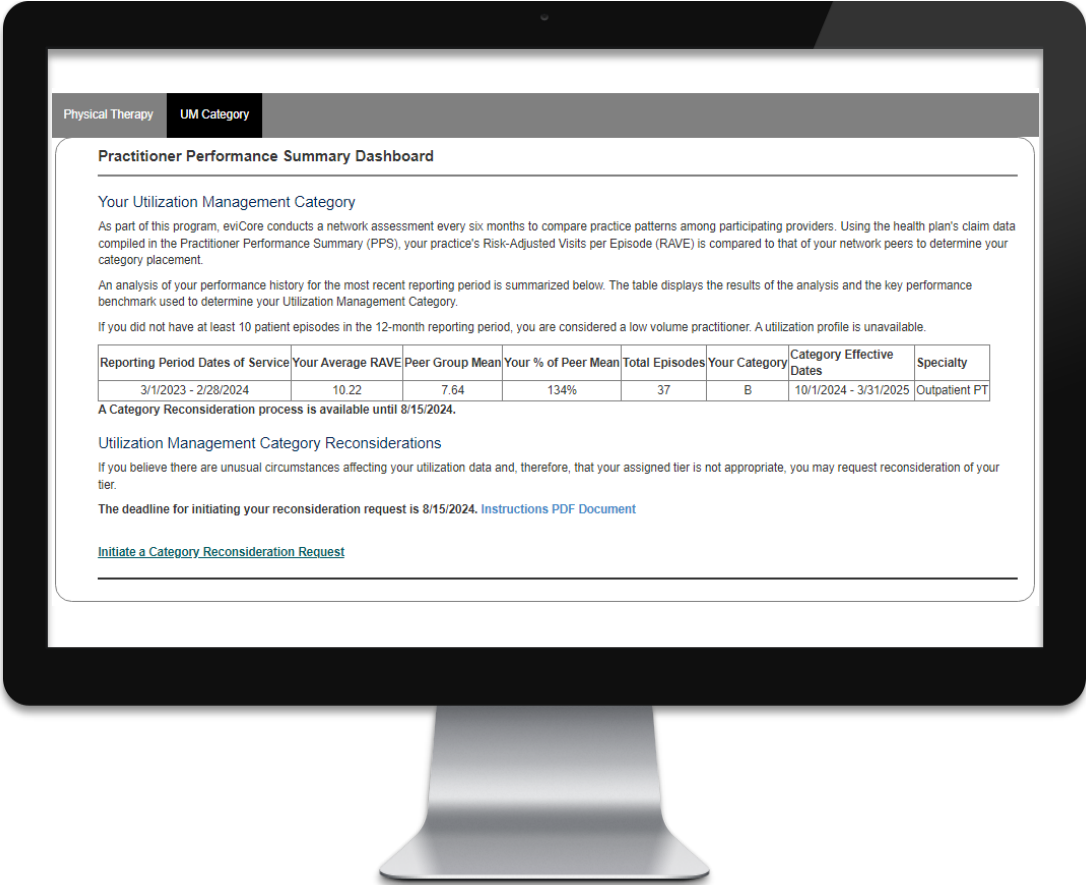| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | **MSM Practitioner Perf. Summary Portal** | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |

Musculoskeletal Management Program Practitioner Performance Summary Portal

Select the provider and healthplan, if necessary, for whom you want to access a report and click View Report.
Please note: You must have Javascript enabled in your web browser to use this functionality.

Select Provider: Provider - NPI

Select Healthplan:

BCBSMI
BCN

View PPS

1. Select Practitioner Performance Summary in the menu.
2. Select a provider that you have added to your web user account.
3. Choose BCN as the health plan.
4. Click View PPS. Your dashboard will open in a new tab.
5. Click the UM Category tab for your category analysis.

Physical Therapy | **UM Category**

Practitioner Performance Summary Dashboard

Your Utilization Management Category

As part of this program, eviCore conducts a network assessment every six months to compare practice patterns among participating providers. Using the health plan's claim data compiled in the Practitioner Performance Summary (PPS), your practice's Risk-Adjusted Visits per Episode (RAVE) is compared to that of your network peers to determine your category placement.

An analysis of your performance history for the most recent reporting period is summarized below. The table displays the results of the analysis and the key performance benchmark used to determine your Utilization Management Category.

If you did not have at least 10 patient episodes in the 12-month reporting period, you are considered a low volume practitioner. A utilization profile is unavailable.

Reporting Period Dates of Service	Your Average RAVE	Peer Group Mean	Your % of Peer Mean	Total Episodes	Your Category	Category Effective Dates	Specialty
3/1/2023 - 2/28/2024	10.22	7.64	134%	37	B	10/1/2024 - 3/31/2025	Outpatient PT

A Category Reconsideration process is available until 8/15/2024.

Utilization Management Category Reconsiderations

If you believe there are unusual circumstances affecting your utilization data and, therefore, that your assigned tier is not appropriate, you may request reconsideration of your tier.

The deadline for initiating your reconsideration request is 8/15/2024. Instructions PDF Document

Initiate a Category Reconsideration Request

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Enable Drill-Down with a PPS Security Code

Enter the PPS security code that eviCore sends you to enable the drill down to your PPS data.
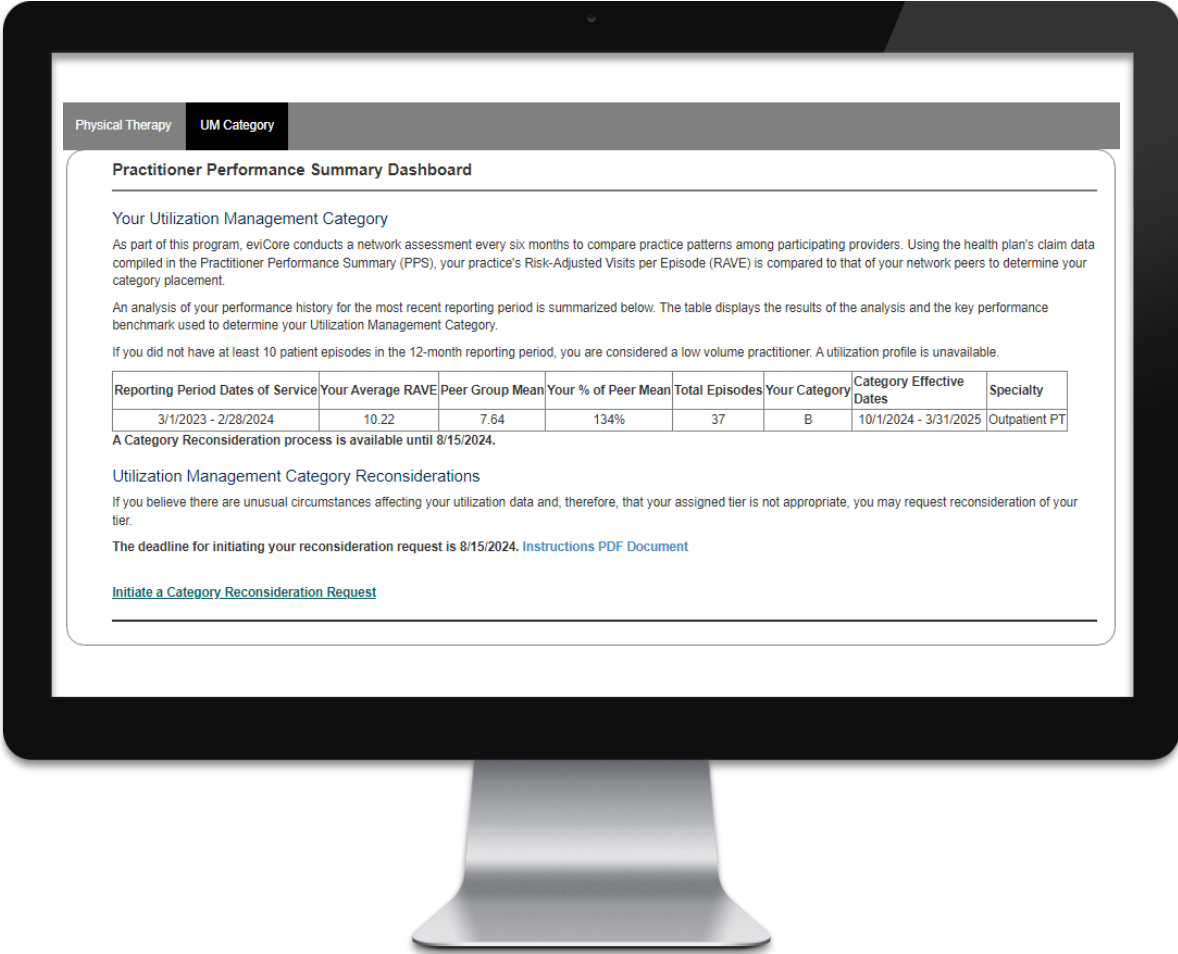
Requesting a PPS Security Code

- Scroll down to the end of your dashboard to select **Click here to have your PPS Security Code sent to you**.

- Choose to have your code sent securely by fax or mail.

- Enter a contact name and select the office fax number or address.

- Upon receiving your 5-digit code, enter it at the bottom of the screen to enable the drill down.

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Your Utilization Management Category

Do you want to request a category reconsideration review? Click *UM Category* and start the request online for the quickest process.

Physical Therapy | UM Category

Practitioner Performance Summary Dashboard

Your Utilization Management Category

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Initiate a Category Reconsideration Request

Reconsiderations require requesting providers to explain a basis for changing their category status. Please complete the information below to initiate your reconsideration and to receive an email with instructions for submitting documentation to support your request.

Contact Name
```
name
```
Email Address
```
email@email.com
```
Re-enter Email Address
```
email@email.com
```
☑ I have reviewed the following policies relating to tier reconsiderations:

Documentation to support my category reconsideration must be sent to eviCore within 15 days.
If eviCore requires additional information to complete its review, the requested information is due within 15 days of the date requested.
If the supporting documents and/or requested information are not submitted on time, the request will be considered withdrawn. The assigned category will remain in effect until the next category period.

Click "Submit" to initiate your Utilization Management Category reconsideration request. eviCore will contact you within two business days with instructions for submitting documentation to support your request.

[Submit]

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Tips for Category Reconsideration Reviews

Code the diagnoses on your claims carefully.

- Accurate ICD-10 coding on your claims is important so that eviCore can validate when your patients are treated for multiple episodes or have a surgical procedure during their course of care.

- eviCore does not accept category reconsideration requests based on claims missing ICD-10 codes for a patient's change in condition or for aftercare following surgery.

Initiate your reconsideration request & send supporting documents within required time frames.

- Initiate the request within 15 days from the category notice in eviCore's PPS portal. eviCore typically posts category notices in **February and August** – 60 days prior to the UM category effective dates of April 1st and October 1st.

- Request a PPS Security Code to enable the drill down into your claims data and to download the list of patients that eviCore analyzed for your category assignment.

- After you initiate a category review, check for an email from eviCore that will provide you detailed instructions and time frames to send back information on your PPS patient list.

- Follow the instructions in eviCore's email to upload the required documentation through eviCore's PPS portal.

Tips for Category Reconsideration Reviews

Identify additional episodes.

- An additional episode will be considered when a patient had surgery for the involved condition after treatment was started, or if a patient had a significant event such as - stroke, amputation etc.

- If there was a surgery after treatment was started, indicate the type and date of surgery (MM/YY).

- Only add notes when the patient had multiple episodes *during the category reporting period* noted at the top of the list.

Identify outlier patients.

- An outlier is a patient who requires more therapy than the typical patient because of the complexity of care required or the patient's medical condition.

- Provide a detailed explanation as to why the case is an outlier. You may be asked to provide your medical records to support the medical necessity for each of the visits delivered.

- List the dates and body parts or diagnoses involved with each episode. Use descriptions; do NOT use ICD-10 codes.

- We look at frequency of care, duration, and the skills needed to provide the care. If the care appears to be something that could have been done independently by the patient or with some help from a family member, we will consider that care not medically necessary.

Thank You

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8/7/2024