

Effective Jan. 1, 2018, Blue Cross will collaborate with eviCore to introduce a new therapy authorization model called corePathSM. This model will streamline the authorization process and will be easier for the Medicare Advantage provider community to follow.

The program has been designed to:

- Reduce administrative burden on providers and their staff
- Provide recommendations on allocated physical therapy visits based on the severity of the member's condition and functional loss
- Apply the authorization to the initial course of treatment only
 - A second approval must be requested to add physical therapy visits to the member's treatment plan
- Empower providers with the ability to identify attributes that are unique to a specific member's condition
- Grant approvals for additional physical therapy visits with confirmation that a member's condition is progressing as expected
 - A more detailed review of a member's special needs is required for ongoing care
- Reduce the amount of clinical information required
- Integrate professionally accepted standard scores, using validated measurement tools such as Oswestry Disability Index and Neck Disability Index
- Allow providers to submit and receive same day authorizations in real time
- Exclude preset maximums and waivers and will be based on the member's condition and needs
- Eliminate provider tiers as a factor in the utilization management process
 - Blue Cross will grandfather in current Tier A providers
 - Blue Cross will still require notification of requested visits from current Tier A providers

Blue Cross will provide training, which will help make this transition easier.

Blue Cross will continue to evaluate the eviCore program and look for ways to improve its operational effectiveness.

Blue Cross thanks you for your continued partnership.