

This document provides responses to the most frequently asked questions that Blue Cross Blue Shield of Michigan has received from the Blue Cross Medicare Plus BlueSM PPO (Medicare Advantage PPO) provider community about the eviCore physical therapy program.

1. What is being done to improve the eviCore peer-to-peer review process?

Although we have heard some concerns regarding the physical therapy program transition, the initial provider feedback we have received about the peer-to-peer review process has been overwhelmingly positive. Nonetheless, eviCore is constantly looking for ways to enhance the provider experience. We shared the concerns that we have received from our providers with eviCore. Based on that provider feedback, eviCore has introduced an online peer-to-peer review scheduling option.

Blue Cross believes that this new functionality will address many of the concerns that our providers have expressed. The new feature provides the following enhancements:

- Offers providers more flexibility, allowing them to conduct peer-to-peer reviews when it is more convenient
- Reduces the amount of time spent in the peer-to-peer review to 15 minutes
 - Providers will select a 2-hour window that fits their schedule, and an eviCore representative will contact the provider as early as 24 hours later with a 15-minute window within the timeframe they selected
- Gives providers the option to request a peer review by practice specialty
- Eliminates the need for providers to make multiple phone call attempts or wait for long periods of time to schedule a peer review
- Decreases the likelihood of misrouted provider calls
- Schedules online peer-to-peer reviews for all eviCore authorization programs except Post Acute Care
- Allows providers to specify their preferred type of communication (for example: phone vs email)

To access this new scheduling option, providers should go to www.eviCore.com and click on “PROVIDERS” at the top of the page. Also, as a reminder, providers may also request a peer-to-peer review via phone by contacting Blue Cross at 1-877-917-BLUE (2583).

2. How can providers submit requests for consideration of co-morbid conditions?

Providers may report co-morbid conditions in the “additional information” field on the eviCore website, or by uploading the supporting clinical documentation that includes the information.

- Cases needing extensive care beyond two authorizations, or where the patient is not making progress because of the comorbid conditions will require full clinical information, including comorbidities.
 - Where possible, providers should use the streamlined pathways before emphasizing the comorbid conditions.

3. How can providers get help with their questions about the eviCore provider web portal?

Providers should call the eviCore Provider Web Portal Support Line at 1-800-646-0418 and choose option 2, when prompted.

4. Will there be process improvements to the eviCore provider web portal that allow users to toggle between screens as well as access and complete saved drafts of their authorization requests later?

eviCore is currently working on improved functionality and plans to make updates to its web portal in January 2018.

5. Why do providers have to fax their document submissions over multiple times?

Currently, fax submissions cannot exceed 5MB. However, eviCore is investigating this issue and will work to identify an appropriate resolution.

6. What is the average turnaround time for decisions on physical therapy requests?

Approximately 99 percent of Blue Cross Medicare Plus Blue PPO physical therapy cases are turned around in three calendar days. All urgent requests are completed in one day.

7. Can a provider submit a request to extend an authorization for a member who has PT visits remaining?

If a member has physical therapy visits remaining under an authorization that has expired, then the provider must submit a new authorization for the member. However, if the authorization will expire soon and the member has physical therapy visits remaining from the approval, a one-time extension is available for the use of the member's remaining visits. The extension can be requested for up to 30 additional days.

As a reminder, providers may submit their physical therapy request, even if the member has visits remaining. Requests to continue care may be submitted as early as seven days prior to the requested new start date. eviCore recommends that providers take advantage of this seven-day window to avoid a lapse in a member's care.

8. Did eviCore remove the free text box field from the eviCore provider portal to allow for more clinical presentation?

The free text box field is still available.

9. Will there be any revisions made to the partial approval letter language?

Blue Cross is currently working to improve the language used for partial denial letters. Once a completion date has been determined, we will communicate that information.