

Practitioner Performance Summary FAQs for Physical Therapy Providers (for physical therapists only)

1. How is the PPS used?

Blue Care Network's physical therapy network is divided into three categories based on each provider's utilization experience during the PPS reporting period. The PPS determines your placement in one of the variable intensity review (VIR) categories. Your authorization requirements depend on your category placement.

2. How were the three utilization management categories established?

Based on utilization efficiency, the variable intensity review (VIR) program stratifies providers into three different utilization management (UM) categories, which are each managed differently. Efficiency is measured by risk-adjusted visits per episode of care (RAVE) based on Blue Care Network physical therapy claim data. The benchmarks between UM categories are set using percentile ranks in physical therapy providers' average RAVE.

- PTs with average RAVE below the 50th percentile are in UM Category A.
- PTs with average RAVE between the 50th and the 75th percentile are in UM Category B.
- PTs with average RAVE at or above the 75th percentile are in UM Category C.

How are the data aggregated to determine independent physical therapists' (IPTs') UM Category?
IPT utilization data are analyzed at the group level. In other words, the utilization of all IPTs practicing in the group are combined to determine the utilization metrics for that practice.

3. How often does eviCore re-evaluate a provider's category?

eviCore evaluates PPS data every six months to re-establish each provider's category status. Your UM category placement is based on 12 months of claim data. Changes in your utilization may move you into or out of a category that increases or reduces administrative requirements.

4. I did not receive a PPS. How do I know which category I am in?

Providers for whom a PPS is not prepared are placed in Category B. These providers include all physical therapists who did not have at least 10 episodes in the 12 month reporting period. A category is not assigned for these practices because there is not enough Blue Care Network data to make the PPS meaningful.

5. You can confirm your UM Category by visiting the eviCore Connect website and selecting UM Requirements tab.

Are members or physicians able to find out what category a provider is in?

No. Neither Blue Care Network nor eviCore shares this information with others. The category you are in is confidential and maintained on the secure eviCore website.

6. Does eviCore's profiling take into account the fact that my cases are more complex than those seen by the average therapist?

The visits per episode of care metric is risk-adjusted to account for differences in age, gender and diagnostic category between your patient population and those of other therapists in Blue Care Network. eviCore utilizes an externally validated statistical model to account for these three factors. This adjustment allows practitioners with different patient populations to be fairly compared with each other.

7. How are these risk-adjustment factors used?

Where patient characteristics are shown to increase the number of visits typically used, the risk factors will adjust downward the visit averages of therapists who treat such patients. For example, if you have a high number of neuro-rehab patients and your visit average is 6.9 before risk adjustment, after applying the risk adjustment factors your average may fall to 6.4 risk-adjusted visits per episode. You will see a similar result if you have an elderly population.

8. Do you adjust for co-morbidities?

Co-morbidities are randomly distributed across a given population, so it is likely you will have as many or as few Blue Care Network patients with co-morbidities as the next clinic. Co-morbidities are not an explicit adjustment factor.

9. What is a “patient episode?”

eviCore defines an “episode” as all physical therapy treatment provided to a member for a body part within the 12-month reporting period. If you are treating two separate body parts, enter each condition in the primary diagnosis field of the claims at least once per episode. The physician signature is required to support the diagnosis being used.

10. What is the “peer average?”

Peer averages are calculated based on claims data gathered from Blue Care Network’s physical therapy providers.

11. Will claims where Blue Care Network is the secondary payor, e.g., Blue Care Network is secondary to Medicare, be included in the data from which my practice profile is constructed?

Secondary payor claims data are included in eviCore's data analysis used for the development of your PPS and for the categorization process.

12. How was the criterion of visits per episode for Category A established?

The criterion is based on the utilization of visits by all physical therapists in the Blue Care Network. The Category A RAVE threshold represents the 50th percentile of the network. However, this number is not meant to be a goal for every episode of care. More importantly it is not a limit on the number of visits a patient can have. Many episodes will require more visits, but many will require fewer.

13. Who should I contact if I have questions about the PPS?

Contact eviCore Customer Service between the hours of 8:00 a.m. to 5:00 p.m. EST at our toll free telephone number (877) 531-9139