

Physical Medicine Management Program Advisory Committee Meeting Minutes

February 3 2015

7:00 - 8:30 am

I. Call to Order

Meeting Chairperson: Virginia Petraglia, Director, Post-Acute & Ancillary Services, called the meeting to order at 7:00a.m.

II. Roll Call:

Completed by Chairperson Virginia Petraglia

Participants:

Western PA:

John Bonaroti, PT, ATC, Director, East Suburban Sports Medicine Center Ltd.

Scott Gettings, OTR/L, CHT, Keystone Rehabilitation Systems

Richard Ross, DC, Ross Chiropractic

Ernest Sekerak, MPT, X-Cel Physical Therapy

Cheryl Auth, Care Manager, Highmark

Sharon Zink, Care Manager, Highmark

Virginia Petraglia, Director, post-Acute & Ancillary Services, Highmark

Kimberly Mitchell, Senior Provider Relations Representative, Highmark

Central PA:

Brian Cardin, PT, C.Ped, President, Cardin & Miller Physical Therapy, PC

III. Review and Approval of Meeting Minutes:

The Committee reviewed and approved the 11/4/2014 Physical Medicine Management Program Advisory Committee Meeting Minutes

IV. Welcome and Opening Remarks

Virginia Petraglia welcomed Brian and Scott, new committee members, and everyone for their attendance at the meeting today

V. Follow-up to Action items:

- 1) Dr. Olson confirmed that the only level 1 and 2 are in that ratio mix and level 3 review is not included Care Authorization Approval Rate
- 2) Sharon provided a sample of the diagnosis classification in Category 1 and Category 2 that are on the scorecards:
 - a. Category 1 diagnosis are less complicated conditions and include headaches, lumbago, cervical neuralgia, lateral epicarditis, vertigo, sprains and strains.
 - b. Category 2 diagnosis are those conditions more involved such as congenital and developmental conditions: cerebral palsy, multiple sclerosis, RSDs, rotator cuffs, CVAs and developmental coordination disorders.

Where do status post surgery knees and hips fall into? Knees and Hips are in category 2. Start using CPT code for the surgery itself.

- 3) The committee members were informed that each will receive their provider profile that includes an introductory cover letter that has educational tips on how to meet pathway criteria suggested by Healthways. Due to the high mail volume this year, the provider profiles should be out by the end of the week. The score cards will be received at the end of the year for those who are currently in the qualifying provider status.

Committee members requesting a better understanding of auth/approval rate from Healthways. Members feel that they are being penalized for sending to review. Ultimately post- surgery seem to automatically go to review.

Members do not understand the algorithm being used.

Will follow-up with Healthways if the patient satisfaction and patient outcome is included. Do the members receive any information on this? Are the patients' satisfied with the amount of care given by their insurance? How do you justify to the patient?

- 4) MMP has not had the opportunity to develop three tiers for the Provider Pathway Program and will be held off for a later date.

Is there any practitioners that made Tier 1? There were 420. If this could be broken down to the size of the office – large practices would have more volume vs smaller practices. Broken down by vendor number. How many were larger and how many smaller practices?

The committee member were provided with the year to date Utilization Management ratios for Pennsylvania

	Commercial	Medicare
Approval/Prescreening	44.37%	35.24%
Approval/Partially Approved	16.84%	16.57%
Approved	25.74%	36.67%
Denied	13.05%	11.52%
P2P Overturn	37.55%	42.00%
P2P Denial Upheld	26.37%	28.88%
P2P Modified	36.08%	29.11%
Appeals Overturned	35.70%	39.88%
Appeals Upheld	29.79%	30.95%
Appeals Modified	34.52%	29.17%

VI. Discussion related to PMMP:

- 1) Regarding educational resource tools, this is in its infancy stage as well as taking a Deep Dive into the data looking into the denials and appeals; what information we can extract from that to use as an educational resource and providing that you have the knowledge so that you can course correct or keep the qualifying status or obtain the qualifying status.
- 2) A member asked “When you pull the data, what is the definition of approval prescreening?” This is going through the Rapid Response System with initial entry when you do a care authorization. Request 8 you get 5. Approvals for prescreening not sure what it means. Never get what we request on prescreen – the number makes it appear when you say approval in prescreening that 35% provider gets what they request. What is the definition of approval in prescreening?

If you accept then you will become Tier I. If they authorize 8 or 12. I accept it, I never send to review. Whereas the other 2 members send to review and they are Tier II. Does the patient’s outcome play a part of the algorithm? Are we delivering the patient care – is the client satisfied with the amount of time given? Are Highmark members satisfied with their Physical Therapy? Can we focus on clinic outcomes and play a part of the algorithm.

Will there be a provider rep that will educate us?

- 3) Multiple Coding – In previous conversations there was talk about maybe adding a radio button for post op.

VII. Provider discussion and feedback:

- 1) The committee will be informed of responses of their questions as they are received.

VIII. Topic suggestions for future meetings:

- 1) Committee members requested better understanding of requests/approval rate
- 2) Definition of prescreening approval

IX. Outstanding Business

None

X. Closing comments:

Virginia Petraglia thanked everyone for their attendance and for the feedback received regarding the PMMP.

XI. Adjournment:

Virginia Petraglia adjourned the Physical Medicine Management Program Advisory Committee meeting at 8:20 a.m.

**The next Physical Medicine Management Program Advisory Committee will be held on
May 5, 2015**