

Physical Medicine Management Program Advisory Committee Meeting Minutes

February 10, 2015

7:00 – 8:30 am

I. Call to Order

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

II. Roll Call:

Completed by Virginia Petraglia

Participants:

West Virginia:

Joyce Landers, Director, Provider Relations Network Development, Highmark
Lori Lovern, PT, Orthopedic Center of Virginia Physical Therapy
Deborah Schmidt, DO, Robert C. Byrd Clinic
Cindy Skiles, PT, Teays Physical Therapy
Ganim Howard, DC, Kanawha Valley Family Chiropractic

Pennsylvania:

Virginia Petraglia, Director, Post-Acute & Ancillary Services, Highmark
Cheryl Auth, Care Manager, Highmark
Sharon Zink, Care Manager, Highmark

Healthways:

William P. Dorney, DC, CHCQM, Physical Medicine, Healthways
Richard E. Olson, DC, Senior Executive Director, Clinical Services, Healthways
Beth Rohrer, PT, DPT, OCS, Physical Medicine, Healthways

III. Review and approval of Meeting Minutes:

The Committee reviewed and approved the 11/11/2014 Physical Medicine Management Program Advisory Committee Meeting minutes.

IV. Welcome and Opening Remarks

Virginia Petraglia welcomed everyone in attendance.

V. Follow-up to Action items:

- 1) Healthways response to the addition of Pregnancy to the authorization questionnaire: They have added this topic to the list of items for consideration to their next major update the next update for the authorization questionnaire which is done on a yearly basis. Healthways has started looking into the research related to this. Healthways agree that is good to add as an additional data element and is being considered.
- 2) Healthways respond to date extension process through Navinet vs faxing: This recommendation is on the list and being strongly considered for future provider portal upgrades in their Rapid Response System. With Highmark, this is a single sign-on where providers go into the Navinet portal, then into an interphase then into Healthways. So there are 2 environments opposed to the provider going directly into Healthways portal. The development team is working on this and takes time for the developing, designing and testing before it is released.

VI. Discussion related to PMMP:

- 1) Committee members were provided with the year to date (Jan 2014 – Dec 2014) Approval/Denial ratios for West Virginia

	<i>Commercial</i>	<i>Medicare</i>
<i>Overall Approval</i>	37.73%	35.27%
<i>Approved/ Medical Records submitted</i>	21.69%	27.92%
<i>Partial Approval</i>	26.45%	22.78%
<i>Denial</i>	14.13%	14.04%
<i>Peer-to-Peer Overturned</i>	32.09%	56.25%
<i>Peer-to-Peer Upheld</i>	20.15%	25.00%
<i>Peer-to-Peer Modified</i>	47.76%	18.75%
<i>Appeals Overturned</i>	22.58%	16.67%
<i>Appeals Upheld</i>	19.35%	50.00%

Appeals Modified 47.76% 33.33%

- 2) A discussion took place about the Pathways Program that kicked-off on Jan. 5, 2015. We are hoping to get the profiles out by the end of the week as we had system issues. In the cover letter that will be included with the profiles will be tips interpreting the key performance indicators that we have to meet the qualifying status, tips to improve your approval rate. I would like to thank the staff working with Healthways to get that information.

Committee Member asked if the profile was generated from last year's data regarding compliance with specific providers with the Navinet system. Members were informed, Yes, that is one of the key points and the other threshold as far as visits per member, care registration, care authorization requests, those kinds of metrics is part of the program.

We had a verbal discussion about this, but will something be mailed out? There is a resource guide that is out on the provider resource guide that has some of the thresholds - more detailed. If that does not address your question, please follow-up with one of your provider rep.

On behalf of the advisory board, a member asked for a clear picture of the program that is being put into place this calendar year. I would still recommend to go to the administrative guide, it will give you a clear picture as it is very detailed and specific to tell you what to do.

The benefit of the pathways program compliance is to streamline the authorization process for compliant providers, is that right? Yes, that is part of it. In yesterday's world the care registration was only 8 visits, in the qualifying status, it can be 12 and then in care authorization you could have between 12 – 20.

VII. Provider discussion and feedback:

- 1) On average, how long does it take Healthways to set-up a new Highmark member into their database system for physical medicine so that we can do the authorization? I have had 2 patients that signed up with Highmark and neither one of them have been put into the system. Joyce Landers confirmed that there was some disconnect with some 2015 member enrollment set-up for January 1st.

VIII. Topic suggestions for future meetings:

IX. Closing comments:

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

X. Adjournment:

Virginia Petraglia adjourned the Physical Medicine Management Program Advisory Committee meeting at 7:45 a.m.

**The next Physical Medicine Management Program Advisory Committee will be held on
May 12, 2015**

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