

WellPoint Physician Advisory Council Meeting Summary January 23-24, 2009 - New York, NY

PAC Members in Attendance	
David Bernard, M.D.	Mitch Miller, M.D.
Hector Flores, M.D.	Sam Nussbaum, M.D.
Verna Gibbs, M.D.	Simeon Schwartz, M.D.
Alan London, M.D.	Richard Tuck, M.D.
Theodore Mazer, M.D.	David Welsh, M.D.

PAC Members Not in Attendance	
Robert Berenson, M.D.	Andrew Cheng, M.D.
David Blumenthal, M.D.	Jeffrey Linzer, M.D.

WellPoint Staff in Attendance	
Amy McCormack	Amy Sansbury
Dave Prugh (Friday only)	Earl Steinberg, M.D.
Tobin Richer	

Minutes from the September 2008 Physician Advisory Council (PAC) meeting

WellPoint was asked to amend the September 2008 meeting summary to include a follow up as to whether Federal Employee Program (FEP) payment practices and claim adjudication differs in California and whether WellPoint off-shores anything related to physicians. Rather than amending the previous meetings' minutes, these topics will be discussed and recorded in the July 2009 PAC meeting minutes.

Continuing Topics

Mr. Prugh provided a summary of the two interim subcommittee coding discussions. The following follow-up items from the subcommittee were also discussed:

- Gardasil: Gardasil is a three-dose vaccine that can protect against certain strains of HPV and is recommended for patients under 25 years old. Some PAC members reported claim denials for Gardasil when the first and/or second dose were given before a member's 25th birthday and the remaining dose or doses were given after the 25th birthday. Mr. Prugh is researching whether these mid-dose denials and their subsequent appeal can be avoided.
- Vaccination Reimbursement
 - The National Vaccine Economics Evaluation Projects Steering (VEEPS) Committee may recommend a reduction in vaccine administration fees. At this time, WellPoint continues to implement its commitment to bring all administration fees up to the Medicare rate. WellPoint is currently 55-60% implemented, with implementation in California (non-capitated), New York and Virginia expected complete by 2010.
 - A question arose regarding multiple antigen vaccines and whether an adjusted administrative fee that considers the counseling time for the multiple vaccines could be paid versus a single administrative fee. Some PAC members suggested this may encourage physicians to use the multiple vaccines versus individual vaccines and with individual administration fees.
- Telephonic visits:
 - The PAC was advised that WellPoint has benefit plans that specifically exclude coverage for telephonic visits. The PAC asked WellPoint to report on a state-by-state basis whether our benefit plans exclude telephonic visits, and if so, whether physicians may bill the member for those services. The PAC also asked that WellPoint research the EOB messaging surrounding telephonic messaging.
- Electronic communication: The PAC discussed the value of other electronic communication vehicles such as WellPoint's "Integrated Health Records."
- It was confirmed that WellPoint appropriately pays Modifier 25.

- Deep sedation reimbursement was discussed. Some PAC members asked that WellPoint reassess its reimbursement policy when Modifier 47 is used.
- After hour codes were discussed and specifically, how and when codes 99050 and 99058 will be reimbursed.
- WellPoint was asked whether it pays for site of service differentials for physicians performing certain services in office instead of in the facility setting, particularly in California.
- Other reimbursement changes will be researched, including B-diagnosis codes and Modifier 58 debridement. WellPoint was asked to research the bundling of urinalysis reimbursement across all product lines, and whether it covers a 30 month preventive medicine visit, as recently recommended by the American Academy of Pediatrics.

Impact of Severity Adjusted DRG

Mr. Prugh gave a presentation regarding CMS's Severity Adjusted DRG and its impact.

Appropriate Use of Zetia

Dr. Miller noted that WellPoint includes Zetia on its 3rd tier formulary, forcing members to pay higher cost for this drug. Dr. Miller opined this may create a barrier for patients who cannot tolerate statins or for whom statins are not effective. Dr. Nussbaum explained the evidence-based process that the National Pharmacy and Therapeutics (P&T) Committee uses to make formulary decisions, and that the P&T Committee determined that there is insufficient evidence to support that Zetia provides any additional benefit in reducing cardiovascular risk. Dr. Nussbaum agreed to communicate the concern to the P&T Committee regarding the higher payment if a patient is unable to tolerate statins.

Impact of the Current Economic Crisis on Medical Trend

Mr. Prugh gave a presentation regarding the impact of the current national economic environment on medical cost trend. The PAC discussed this topic. Dr. Nussbaum explained that although WellPoint has no plans to substantially reduce networks or heavily promote medical tourism, some customers have asked about implementing these and other innovative cost-reducing strategies.

A brief discussion was conducted concerning Anthem Care Comparison, a tool that compares costs and provides quality data for certain procedures. The Council requested more information on Anthem Care Comparison be presented at the next PAC meeting.

Central Host Migration/Ohio State Medical Association

Ms. Sansbury provided an update on the claims issues experienced in Ohio as the result of a system conversion that affected Blue Card customers. Drs. London and Tuck reported having been on a call with the Ohio State Medical Association (OSMA) earlier in the week and were told that there are still issues. Dr. Welsh reported similar concerns were being expressed by the Indiana State Medical Association. Ms. Sansbury agreed to provide the name and contact information of a high level person for OSMA to work with on this issue.

Dr. Nussbaum explained that sentiment of the Ohio and Indiana PAC members had been shared with the WellPoint leadership after past meetings and that he will continue to emphasize the considerations raised by the PAC.

Conducting Business Post-Shane Settlement

Dr. Nussbaum provided an overview of WellPoint's current thinking regarding the activities it will continue once the Shane settlement period expires. The Council understood that circumstances may change and WellPoint may not continue a commitment exactly as the settlement was written. The Council was happy to learn that the PAC will continue in some form after the expiration of the settlement.

Some PAC members expressed concern regarding WellPoint's intention to revert to statutory prompt pay law. The Council asked for more information regarding Blue Card rules to help protect timely claims payments. The PAC also requested that WellPoint share the new definition of medical necessity it intends to use post-settlement.

XPrize Overview and Discussion

Dr. Nussbaum explained the XPrize concept, noting that WellPoint is seeking innovative recommendations to improve quality and affordability in the health care industry. Dr. Nussbaum encouraged the Council to learn more about this opportunity and to educate others. The Council discussed innovations currently underway in various geographies, and Dr. Nussbaum committed to providing an update at the next PAC meeting.

What to Anticipate with Health Care Reform

Dr. Nussbaum led a discussion regarding health care reform. The Baucus model and Obama campaign proposals were discussed along with the current Massachusetts program. Dr. Nussbaum agreed to provide additional information about the Massachusetts program to PAC members.

A question arose regarding an employer's ability to directly negotiate with WellPoint for insurance, rather than through a broker. Dr. Nussbaum agreed to provide the PAC with an answer.

Optimal Models for Physician Engagement

The Council engaged in discussion on this topic as part of the "Information at the Point of Care - Physicians Practicing Better Medicine" presentation.

Information at the Point of Care - Physicians Practicing Better Medicine

Dr. Steinberg described Resolution Health (RHI) and requested feedback from the PAC regarding the content and design of communications currently under development by RHI. The PAC provided input into the types of communications and their viability in the course of practice.

Standing Items

A list of medical policy updates since the last PAC meeting was distributed to attendees.

Review of PAC Recommendations

The PAC did not make any formal recommendations at this meeting.

The next WellPoint Physician Advisory Council meeting will be held July 24-25, 2009 in San Francisco, California.