

**WellPoint Physician Advisory Council Meeting Summary
January 22-23, 2010 - Indianapolis, Indiana**

PAC Members in Attendance	
Robert Berenson, M.D.	Theodore Mazer, M.D.
David Bernard, M.D.	Mitch Miller, M.D.
Andrew Cheng, M.D.	Sam Nussbaum, M.D.
Verna Gibbs, M.D.	Simeon Schwartz, M.D.
Margaret Juarez, M.D.	Richard Tuck, M.D.
Jeffrey Linzer, M.D.	David Welsh, M.D.
Alan London, M.D.	

WellPoint Staff in Attendance	
Amy McCormack	Amy Sansbury
Dave Prugh (Friday only)	Brian Sweet (Friday only)
Tobin Richer	

Welcome & Introductions

After welcoming the attendees, Dr. Nussbaum introduced Margaret Juarez, M.D., who will fill the vacancy left by Dr. David Blumenthal. Dr. Juarez is board certified in Obstetrics/Gynecology and practices in the San Gabriel Valley/ Los Angeles areas of California.

Pharmacy and Therapeutics Process

Mr. Sweet gave a presentation on WellPoint's Pharmacy and Therapeutics (P&T) process, which promotes evidence based medicine and consistency across all WellPoint health plans. He also highlighted the WellPoint Health Technology Assessment (HTA) guidelines. Clinical formulary and related decision making remains with WellPoint after the sale of the NextRx pharmacy benefit management subsidiaries ("NextRx") to Express Scripts.

Continuing Topics

Coding/Reimbursement Meeting

Mr. Prugh reported to the PAC a summary of discussions which occurred with the Coding sub-team since the July 2009 PAC meeting and the actions that resulted. Drs. Linzer, Mazer, Miller and Tuck, all of whom are on the sub-team, contributed to the report. Topics discussed included:

- Diagnosis code V67.59: a provider communication will be distributed in 2010 to provide guidance on the appropriate use of V67.59 (follow up treatment when condition no longer exists).
- 2010 CMS Consultation Code Changes: feedback from the sub-team teleconference influenced.
- Emergency office visit - CPT code 99058 (services provided in the office on an emergency basis): based on WellPoint's preliminary data, this code appears to be most frequently billed for non-emergent diagnoses. WellPoint will collect data from other states; additional data analysis may suggest that reimbursement for this code will reduce ER visits. After review of the data, we expect to identify a narrow list of ICD codes and will determine whether to distinguish between urgent care and convenience care for payment purposes.

Coding sub-team teleconferences will continue to be scheduled; all PAC members may send agenda items to Dave Prugh.

Medical Necessity Definition

The Council reviewed the draft medical necessity definition. Discussion of the distinction between medical necessity and benefit coverage ensued. PAC member feedback will be shared internally.

Review of Charter

The Charter was updated to reflect the addition of Dr. Juarez; and the resignations of Drs. Blumenthal and Flores. Charter language will be expanded to allow PAC members to place an item on the agenda at any time.

H1N1

Dr. Nussbaum described WellPoint's response to the H1N1 influenza pandemic, which was managed quickly with feedback from American's Health Insurance Plans (AHIP), the American Medical Association (AMA) and the federal government. Although a few ASO accounts opted out, the vast majority agreed to waive deductibles and co-pays and preventive service exclusions for H1N1 vaccine administration.

WellPoint had requested that the AMA create two administration codes for the H1N1 vaccine - one with physician counseling and another without physician counseling. A single code was created for H1N1, which included the code for administration but does not differentiate between when there is or is not physician counseling. The single code includes administration in retail clinics, general public health and work place site "shooter clinics," and physician offices. Reimbursement is based on a blend of with and without supervision fee. WellPoint based its decisions on having been told that not many physician offices would receive the vaccine because it would be strongly recommended that the vaccine be administered almost exclusively through public health outlets.

PAC members were receptive to convening on ad hoc basis in order to discuss decisions that could significantly impact the provider constituency.

Open Discussion

Angela Braly met with the PAC, and thanked PAC members for their participation. Discussion of communication timeliness; payment reform; Blue Card; and electronic member eligibility data ensued. PAC members were in favor of increasing engagement with physician networks and state medical associations to strengthen relationships and increase transparency. They also encouraged working with state medical associations to broadcast key policy decisions or major innovations. It was noted that WellPoint's commitment to innovation and data analytics demonstrate the value it brings to the delivery system and member health. The PAC believes WellPoint can distinguish itself through additional publicity of programs and innovations.

Follow up from July 2009 Meeting

Claims Issue in Indiana and Ohio

Although the Indiana State Medical Association filed a grievance in July 2009, a final recommendation is not available. It was noted that claims payment is much improved. The Ohio State Medical Association issues appear to be resolved.

Imaging Management

American Imaging Management, Inc. (AIM), a WellPoint company, manages outpatient diagnostic imaging services for ~15 Blue plans. Preliminary evidence demonstrates that a large percentage of echocardiogram requests don't meet any scientific criteria. AIM's CEO and Senior Medical Director will both attend the July 2010 PAC meeting.

Health Care Reform and Legislative Update

All were in agreement that there is no single solution that will address health care delivery system concerns. Multiple solutions and further cross-industry collaboration was discussed. Analyses of how health reform could impact premiums in WellPoint's Blue-licensed subsidiaries are available on WellPoint.com.

Innovative Programs to Promote Quality and Value

The PAC reviewed care and reimbursement models presented by Dr. Nussbaum, including WellPoint's patient-centered medical home (PCMH) pilots, embedded care management, avoidable re-hospitalizations, emergency utilization management and the Member Health Index (MHI). Council members also discussed opportunities to enhance provider relationships.

Improving Physician Relationships

Dr. Miller shared with the PAC concerns communicated to him by physicians in Virginia. Specific issues, one related to a member and another related to one of the larger specialty society providers, were discussed. These concerns will be investigated.

Standing Items**Medical Policy**

A list of medical policy updates since the last PAC meeting was included in the meeting binder.

Review of PAC Recommendations

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

Next Physician Advisory Council meeting

The Physician Advisory Council will convene next on Friday, July 30 and Saturday, July 31, 2010 in New York City. *[In April 2010, the PAC was notified via e-mail that the meeting location was changed to San Francisco, CA.]*

Adjournment

The meeting adjourned at noon ET on January 23, 2010.