

**Physician Advisory Council Meeting Minutes
March 13-14, 2008 – Westlake Village, California**

PAC Members in attendance:	
Samuel Nussbaum, MD	Alan London, MD
Andrew Cheng, MD	Theodore Mazer, MD
David Bernard, MD	Mitchell Miller, MD
Hector Flores, MD	David Welsh, MD
Verna Gibbs, MD	

PAC Members unable to attend:	
Robert Berenson, MD	Simeon Schwartz, MD
David Blumenthal, MD	Richard Tuck, MD
Jeffrey Linzer, MD	

WellPoint staff in attendance:	
Kristin Binns	Christina McGovern
Jeff Kamil, M.D.	Amy Sansbury
Dave Prugh	

Topics and Discussion:

1. Old Business

A. Minutes

Minutes from the last meeting were approved by the Council. They had been sent via e-mail prior to this meeting.

B. The Council reviewed the information contained in the discussion documents with respect to coding issues. The Council asked for more information on:

- The timing of changes for those states with an inconsistent approach on edits (such as 99000) as set forth in the handouts as well as more clarity on causes of inconsistencies
- How physicians are notified regarding changes in coding
- The use of Modifier 58 in relation to sinus surgery. The Council advises it seems inconsistent as to whether it pays or denies as global.
- Whether separate reimbursement will be paid if the same ICD-9 is used with Modifier 25 and an E&M code.
- 99283 and 01820 (Deep sedation for fracture set in Emergency Department) with Modifier 25

C. Physician Input in Claim Editing

Dave Prugh explained the ongoing work being done by WellPoint to implement McKesson's Claim Extend claims editing software across the enterprise. This project is expected to be completed in 2009. Mr. Prugh agreed to provide information describing the physician input McKesson receives to create and maintain Claim Extend. He will also provide a description of the physician input WellPoint receives when making customizations.

D. State Committees

A description of the various physician committees in WellPoint states was presented in the discussion documents prepared by WellPoint. Some members of the Council encouraged WellPoint to consider establishing state committees similar to that currently in place in California throughout the enterprise, and channeling state specific concerns through the Council.

E. Provider Service

The Council reviewed the handouts provided. The Council requested rates for BCC's average speed of answer and average handle time. They also asked for "first pass rates" for claims that are auto-adjudicated.

Significant discussion was had regarding how WellPoint views physicians. Some members of the Council commented that physicians do not feel WellPoint considers them their customers, but rather as a network supplier WellPoint uses to serve its members. The Council discussed ways for WellPoint to distinguish itself from its competitors in the eyes of physicians, so that ultimately WellPoint could be the most trusted health plan in the country. Suggestions included:

- Improving reimbursement rates;
- Eliminating or reducing administrative burdens to enable physicians to take care of patients instead of having to focus on administrative issues.
 - Gold carding;
- Invest in educating physicians including CME programs and, based on our utilization data, paying enhanced fees to reward physicians for appropriate utilization;
- For long term network physicians, letters thanking them for their participation and asking for suggestions to improve the relationship could go a long way;
- When significant decisions are made by WellPoint, discuss them with the state physician relations committee prior to implementing them;
- End practice of requesting clinical information in retrospective reviews; those types of cases should be reviewed prior to service.
- Provide more education and messaging regarding the positive programs that we have in place. The Council felt the average physician does not know about the services and programs WellPoint offers.

F. Blue Card

The Council reviewed the prepared Blue Card discussion document. The Council recognizes that the role of Blue Card is unique to Blue Plans, but some Council members also expressed frustration about the inability to easily access benefit information regarding Blue Card members.

G. Vaccine Reimbursement

Dave Prugh shared the current reimbursement rates for several vaccines. Discussion followed regarding the financial results for immunization acquisition and administration for small volume practices compared to larger practices. The Council asked if WellPoint could explore ways to set up purchasing cooperatives .

Mr. Prugh explained that presently WellPoint is continuing its implementation of the vaccine administration reimbursement as previously described, however WellPoint may change this depending on anticipated recommendations by the CDC NVAC committee. WellPoint agreed to schedule an ad hoc teleconference for the Council if the recommendations are published prior to the next meeting.

2. New Business

A. Ingenix/UCR

A brief discussion was conducted regarding the New York Attorney General's actions against Ingenix and its establishment of "Usual and Customary" rates. Physician's expressed concern that United's ownership of Ingenix was a significant conflict of interest.

B. Never Events

Discussion was conducted regarding WellPoint's position on adverse clinical events referred to in the industry as "nevers". WellPoint will provide the Council a list of the eight specific conditions identified by CMS as "present on admission" that will not be paid.

C. Anthem Care Compare

The Council reviewed the discussion document. Christina McGovern will send a link to the Council members so they can access the site. The Council suggested Anthem Care Compare be made available on WellPoint's Provider Portal, and that the existence of this tool be better publicized

D. Zagats

The Council reviewed the discussion document. Some members of the Council suggested the site should have the ability to verify that a commenter actually saw the physician, that the comments should be entered within a short time from the episode of care, and that physicians should be notified that comments have been made and have the opportunity to respond. Some Council members also suggested the name of the service be changed to "Physician Survey" from "Health Survey".

E. Member Health Index

Dr. Nussbaum reported on the 2007 results, and referred the Council to the materials prepared for this Council meeting.

F. Dayton Ohio Project Update

Dr. Nussbaum reported on the 2007 pilot results and referred the Council to the supporting materials

G. Tort Reform

Dr. Cheng distributed a handout and discussed litigation against health plans involving cochlear implants.

3. Miscellaneous

A list of medical policy updates since the last meeting was distributed. Although not included in the documents, Dr. Nussbaum reported on a change made the week before the Council meeting to WellPoint's medical policy on Oncotype DX.

The re-branding of Blue Cross of California to Anthem Blue Cross of California was discussed. It was suggested by the Council that the name change from Blue Cross of California to Anthem Blue Cross missed an important opportunity to provide advance notice to physicians (including the local PRC) and to adequately communicate/market the change to the large minority populations in California.

It was suggested that WellPoint survey the Council members to determine if there was a common date for the group to meet sooner than the next planned meeting in September.

4. Adjournment/Next Meeting

The meeting adjourned at 11:00 AM PST. The Council asked we move the September meeting up earlier in the year. The group will be surveyed regarding availability and a new date will be established.