

WellPoint, Inc. Physician Advisory Council Meeting Summary September 12-13, 2008 - Chicago, Illinois

September 12, 2008 PAC Summary

The meeting was called to order at 11:15 a.m. Central time.

PAC Members in attendance:	
Sam Nussbaum, M.D.	Alan London, M.D. (Friday only)
Robert Berenson, M.D.	Theodore Mazer, M.D.
Andrew Cheng, M.D.	Mitchell Miller, M.D.
Verna Gibbs, M.D.	David Welsh, M.D.
Jeffrey Linzer, M.D.	David Blumenthal, M.D. (Saturday only)
Simeon Schwartz, M.D. (Saturday only)	

PAC Members not in attendance:	
David Bernard, M.D.	Richard Tuck, M.D.
Hector Flores, M.D.	

WellPoint staff in attendance:	
Christina McGovern	Tobin Richer
Amy McCormack	Amy Sansbury
Dave Prugh (Friday only)	Alan Rosenberg, M.D. (Saturday only)

Topics and Discussion:

I. Old Business

A. Minutes

- Minutes from the March 13-14, 2008 meeting were approved by the Council. In addition to online availability, the meeting minutes were distributed to PAC members at the September 12, 2008 meeting.

B. Follow up items from the March 2008 PAC meeting

- The Council reviewed the information contained in the discussion documents with respect to coding issues. Dave Prugh explained that regulatory issues will in part drive WellPoint's work to implement the McKesson ClaimsXten claims editing software across the enterprise. At the next PAC meeting, Mr. Prugh will provide an update to the following:
 - Confirm whether or not the reimbursement for ICD-9 and Modifier 25 with respect to office visit codes also applies to ED, E&M and inpatient observation services
 - WellPoint's position on Modifier 57 for office visit/major surgery on the same day
 - Clarification regarding Modifier 57; Modifiers 25 and 57 are often both used for a medical evaluation prior to surgery. Modifier 25 is for an E&M on the same day as a minor procedure while Modifier 57 is usually used in a major procedure that has a pre and post op global period (which could be the previous day)
 - Clarify if Modifier 47 (deep procedural sedation vs. moderate sedation) can be billed by the physician performing the surgery. Does the physician also receive reimbursement for an E&M visit?
 - Does payment of anesthesia require the patient be intubated?
 - Determine if FEP or self-insured/rental networks (particularly in California) may use different claims editing than Anthem Blue Cross
- Mr. Prugh asked the Council to send additional input from practicing physicians regarding how to identify modifier 58 and 99058, so that we may better understand the use of these codes.
- Drs. Richard Tuck, Mitchell Miller, Ted Mazer and Jeff Linzer will periodically meet by teleconference with representatives from the reimbursement committee that is chaired by Dave Prugh.

C. Ohio State Medical Association (OSMA)

- Dr. London reported that beginning in mid-May 2008, OSMA saw an increase in the number of issues reported related to unpaid claims. OSMA distributed a survey to physicians regarding this issue. Dr. Nussbaum explained the issue from WellPoint's perspective; a claim system conversion occurred during this time and claim inventories increased. The claim system conversion also coincided with the May 23, 2008 National Provider Index (NPI) implementation date. Some PAC members expressed opinions that WellPoint missed an opportunity to clearly explain the issue and planned resolution to its physician constituency. When these issues arise, some members of the Council expressed an opinion that WellPoint should clearly outline how issues will be addressed, work with providers to prevent resubmission of claims, and use a local "SWAT" team to resolve issues.

D. Vaccination Reimbursement

- WellPoint continues to adjust vaccine administration fees. Mr. Prugh reported on the findings of a CDC work group consisting of providers and payers, the Vaccine Economics Evaluation Projects Steering (VEEPS) Committee, which looked at costs associated with vaccine delivery. The study suggests that the average cost associated with vaccine reimbursement is approximately \$30, which equates to approximately \$6 to \$9 per vaccine for administrative costs. This is much lower than the current Medicare reimbursement rate. Mr. Prugh will present additional information to the PAC at the Council's next meeting.

E. CMS "Nevers"

- Dr. Gibbs distributed an article from *OR Manager* related to retained items in surgical procedures. The Council engaged in discussion on this topic. Dave Prugh will provide information comparing claims pre- and post- CMS "nevers" being implemented.

F. Off-Shoring

- The Council asked WellPoint to confirm whether provider calls other than Level 1 inquiries are handled off-shore.

II. **New Business**

A. On-Line and Telephone Services

- Dr. Miller asked WellPoint to review the specific guidelines for the time involved for these services. Mr. Prugh will research reimbursement for telemedicine codes (98966-99868) and remote ICU monitoring/VisiQ (98969) and provide an update at the next PAC meeting that will include information on WellPoint's pilot programs.

B. Member ID Cards

- Christina McGovern provided information related to member ID cards. The Blue Cross Blue Shield Association will implement an ID card standardization mandate on January 1, 2009. All newly issued or reissued cards must be in the new format; as must all remaining cards by January 1, 2011 for all remaining cards. This mandate will not include a standard requirement for the inclusion of policy effective dates.

C. Senate Finance Testimony on Health Care Quality

- Dr. Nussbaum reported on his testimony before the Senate Committee on Finance regarding Improving Health Care Quality, an Integral Step toward Health Care Reform.

D. Open Discussion

- Dr. Berenson described his research on the medical home initiative, "A House is Not a Home."
- The increased use of services, the cost of drugs and higher hospital costs are driving up health care costs. Dr. Nussbaum noted that a better model to recognize and reward primary

care physicians is necessary. This may include incentives for quality and investment in infrastructure and health IT.

- WellPoint supports legislation; partners with academic institutions and invests in HealthCore, which performs comparative effectiveness research.

E. Medical Policy Discussion

- Dr. Rosenberg described WellPoint's medical policy development process and the role of the Medical Policy & Technology Assessment Committee. A list of medical policy updates since the last PAC meeting was distributed to attendees.
- WellPoint's practice of vetting draft medical policies with specialty societies and academic medical centers during the development process is now provided to the Blue Cross Blue Shield Association as a product known as the Technology Compendium, as one part of an effort to attain consistency in medical policy across the Blues system.
- At this time, WellPoint's medical policy *ADMIN.00002 Preventive Health Guidelines* considers the "Bright Futures" guideline medically necessary.
- Specific medical policies including those about balloon sinuplasty and IMRT were discussed.

F. Health Care Disparities

- Dr. Nussbaum summarized the health disparities information contained in the Council's meeting materials. Included was a presentation Dr. Nussbaum delivered at the spring meeting of the Congressional Black Caucus at which WellPoint was the recipient of the CBC's Corporate Leadership Award for its work in reducing health inequalities. Dr. Nussbaum highlighted that in addition to the CBC award, WellPoint's health disparities research and programs also earned the "*Recognizing Innovation in Multicultural Health Care Award*" from the National Committee for Quality Assurance (NCQA) and a 2008 Blue Works award from the Blue Cross and Blue Shied Association that involves Harvard Medical School's Department of Health Care Policy in the review of programs and selection of winners. Dr. Nussbaum described WellPoint's ability to overcome an absence of self-reported race and ethnicity membership information and identify racial and ethnic inequalities in health indicators such as colorectal and mammography screening rates. Using geographic mapping software, WellPoint can then identify health disparity "hot spots" and implement programs to improve medical care and access.

G. PAC Post-Settlement

- The Council reviewed the "Continuation of Activities Post-settlement" information contained in the meeting materials. WellPoint will continue to honor the dates and continue work to improve relationships with the physician community. The PAC post-settlement topic will be a primary discussion point for the next PAC meeting.

H. Adjournment/Next Meeting

- The meeting adjourned at 12:10 p.m. Central time. The next PAC meeting will be moved from December 2008 to late January or early February 2009. The PAC will be surveyed regarding 2009 availability and meeting dates will be established.