

**Physician Advisory Council Meeting Minutes  
December 7-8, 2007 – Westlake Village, California**

<b>PAC Members in attendance:</b>	
Samuel Nussbaum, MD	Verna Gibbs, MD
Alan London, MD	Richard Tuck, MD
Simeon Schwartz, MD	David Bernard, MD
Mitchell Miller, MD	Andrew Cheng, MD
Theodore Mazer, MD	Jeffrey Linzer, MD
Robert Berenson, MD	Hector Flores, MD
David Welsh, MD	

<b>PAC Members unable to attend:</b>	
<b>David Blumenthal, MD</b>	

<b>WellPoint staff in attendance:</b>	
Dave Prugh	Christina McGovern
Michael Brase, MD	Carolyn Miller
Amy Sansbury	

**Topics and Discussion:**

**1. Old Business**

A. Minutes

Minutes from the last meeting were approved by the Council.

B. Charter

The changes to the Charter were approved, although the group asked that the name be changed from “Physician Advisory Committee” to “Physician Advisory Council”. This change will be made to the document.

C. Provider Satisfaction Audit Recommendation

The Council was advised that a work group is being established to develop and implement a plan to carry out the recommendation. The Council asked for an update at its next meeting. Dr. Tuck and Dr. Mazer offered input regarding service complaints and will e-mail those topics to Christina McGovern to ensure these are considered within our satisfaction audit. Suggestions were made to include as part of the activity:

- metrics such as provider website availability, performance of the Provider Inquiry units (e.g., the percentage of callers who issues have been resolved and their satisfaction level with the service).
- an explanation of Member Touchpoint Measures (MTM scores)
- an update of activities out-sourced that affect the provider experience
- follow up regarding a response to appeal letter sent by WLP referring to medical necessity determination based on Milliman and Roberston criteria offered by Dr. Mazer. A redacted copy of this letter was supplied by Dr. Mazer.

D. Reimbursement Issues

- Vaccine Administration Fees—Mr. Prugh reviewed the proposed strategy WellPoint is considering to implement administration reimbursement levels to a “floor” of 100% of the applicable state Medicare reimbursement. WellPoint intends to accomplish the reimbursement adjustment by 1/1/09 for the majority of states (which collectively represents more than 65% of WellPoint’s membership). For financial reasons, the remaining states’ reimbursement adjustment would be completed by 12/31/2009. After discussion, the Council made the following recommendations:

-- WellPoint should look for ways to accelerate the adjustment in vaccine administration reimbursement for the 2 or 3 states currently expected to be completed by 12/31/2009. At a minimum, WellPoint should incrementally adjust fees for those states in early 2009.

-- Because Medicare announced significant fee schedule reductions, it was recommended that WellPoint consider whether the Medicare “floor” against which it is pricing the administration costs could be tied to the 2007 Medicare rates.

-- The cooperation between WellPoint and the Council regarding the overall vaccine reimbursement strategy is something that should be communicated to various medical societies. To that end, WellPoint was asked to put together a statement about the vaccine acquisition/administration recommendation for Council members to share with their respective societies and others.

- Vaccine Acquisition costs-- The Council requested that WellPoint provide an update on the vaccine acquisition costs at the next meeting (e.g., as comparison of the fees from 2006 –current). Mr. Prugh explained that the conversion of acquisition fees will not be complete until August, 2008, but was willing to provide preliminary comparison information. Discussion was also had regarding the Vaccination Economic Evaluation Project Steering committee (VEEPS), a sub-committee of NVAC, the National Vaccine Advisory Committee that has commissioned the Centers for Disease Control (CDC) to do a study on the all-in costs for physician practices for administering vaccinations and comparing that to the reimbursements received from payers.
- Edit Reimbursement Issues— It was reported to the Council that the questions regarding specific edit issues (such as E/M visit and ear wax removal) are being researched by the Enterprise Edit Committee (EEC), which meets the week of 12/17/2007. The Council requested that an update be provided once the EEC meeting has concluded. In the interim, documents containing WellPoint’s Significant Edits (as defined in the managed care settlement) from each plan will be distributed electronically to the Council members.
  - The Council asked WellPoint to educate it regarding the EEC decision-making process regarding changes that are contrary to the McKesson editing software. Additionally, WellPoint was asked to propose a process through which external physician input could be sought prior to the EEC finalizing changes to edits.
  - The Council asked WellPoint to report the number of claims it bundles involving Modifier 25 currently, versus the number that were bundled before the managed care settlement requirements went into effect.
- Rapid Flu Test reimbursement-- It was reported to the Council that information was being gathered from the various WellPoint plans, and would be reported to the Council at or before the next Council meeting.

E. Update on State Physician Advisory Committees

Information continues to be gathered regarding the various state committees, including recent agendas, member names, etc. The Council hopes that with this information, a best practice “physician council” model can be implemented at the state level. Council members asked for a presentation on this topic at a future PAC meeting and WellPoint agreed to provide such. PAC members from noted that Jeff Kamil, MD, VP, Senior Medical Director, Comprehensive Health Solutions Business Unit/Health Care Management was introduced at the California PAC meeting.

**2. WellPoint Behavioral Health**

Dr. Brase gave a presentation about WellPoint Behavioral Health (WBH), including topics such as allowing PCPs to continue to treat the majority of behavioral health diagnoses, integrated systems to support behavioral health treatment, and disease management and medication adherence programs.. The Council was complimentary of the WBH program, and

concluded that WBH needs to be more visible in the physician community. A recommendation was made by the Council as follows:

WellPoint needs to make an effort to publicize to physicians and members the existence of WBH and its programs.

In the course of the discussion, the WellPoint Member Medical History (MMH) tool was discussed in terms of aiding physicians through access of member claims history. The Council asked for additional information regarding what health care services are considered "sensitive", and would therefore not appear in the MMH. They also requested information about the prescription drug program known as "Dynamic CME". It was suggested that Dynamic CME be added to a future agenda.

### **3. Physician Performance Metrics**

The recent actions against health plans by the New York Attorney General were discussed. Although not part of the AG investigation, WellPoint voluntarily entered an agreement with the AG regarding physician tiering programs. A description of key elements of the Agreement and a copy of the agreement was distributed to the Council.

### **4. Blue Cross Blue Shield Initiative –Medical/Benefit/Payment Policy**

Ms. Miller, Director, Operations, Development, and Planning for National Management Support, provided an overview of the Blue Card process and the Medical/Benefit/Payment Policy all Blues are required to participate in, with the goal of improving Blue Card service for providers and members. Specific topics covered included a discussion of the BlueCard Program, BlueCard Provider Satisfaction and an overview of the Medical/Benefit/Payment Policy, designed by the Blue Cross and Blue Shield Association to help improve provider satisfaction going into effect 1/1/2008. In the course of this extensive discussion, the Council asked for WellPoint to research whether there is a way to obtain detailed benefit information on a Host member online. Additionally, one plan was specifically identified as posing unique operational issues for providers in "Host Plan" networks. Council members asked for additional information on the "Thomas Settlement" that may address some of these concerns.

### **5. During further discussion the following was requested by the Council:**

- A document that provides links to WellPoint's websites that contain information about the Council, about the Medical Necessity External Review process for physicians, and about the Billing Dispute External Review Board, and the circumstances under which it is appropriate for physicians to be directed to these various sites.
- Present a state-by-state analysis regarding the types of claims for which WellPoint Health Plans request clinical information, and the disposition of the claims once the clinical information is received (e.g., percentage of claims approved versus denied). To put this into perspective, WellPoint will also try to demonstrate the volume of claims that automatically pay upon receipt of the claim. Certain specialties, such as ENT will also be analyzed.

### **6. The Uninsured**

A presentation regarding the SCHIP program, and political candidate's views on the uninsured was made and resulted in significant discussion. As part of the discussion, the re-engineering of primary care was also considered, and the Council discussed e-prescribing and its potential impact. The Council suggested that it be further updated regarding e-prescribing, personal health records and Member Medical History.

**7. Tabled Topics**

Items not discussed will be added to a future agenda: Update on Member Health Index, Exploration of alternative reimbursement methodologies: Gainsharing- Hospital Specialists and WellPoint Medical Management Model

**8. Adjournment/Next Meeting**

The Council asked WellPoint to schedule three meetings in 2008; one in March/April in the Southeast (preferably Atlanta); one in early September in the Midwest (e.g., Chicago, Cincinnati), and one in early December in the West (e.g., Los Angeles). The Friday-Saturday meetings seem to meet the Council's needs.