

Physician Advisory Committee Meeting Summary

December 4th, 2006 –New York City

PAC Members in Attendance:	
Sam Nussbaum, M.D.	Theodore Mazer, M.D.
Robert Berenson, M.D.	Mitchell Miller, M.D.
David Blumenthal, M.D.	Richard Tuck, M.D.
Verna Gibbs, M.D.	Simeon Schwartz, M.D.
Jeffrey Linzer, M.D.	David Welsh, M.D.
Alan London, M.D.	
PAC Members unable to attend:	
Hector Flores, M.D.	
Other Support	
Charles Kennedy, M.D., VP Health Information Technology	
Amy Sansbury, Associate General counsel, WellPoint, Inc.	
Christina McGovern, PMP, Sr. Project Manager, WellPoint, Inc.	

Topics and Discussion:

I. Old Business

The group discussed the results of WellPoint's follow-up to open items from the July, 2006 PAC meeting. These topics included more detailed information on transparency, answers to questions about specific coding combinations, reimbursement practices, and processes regarding pre-certification of services.

The PAC agreed that WellPoint should identify specific opportunities to help ease the administrative requirements on pre-certification and post-review of claims for discussion at the next PAC meeting. More detail was requested on several of the topics discussed during this portion of the meeting. WellPoint agreed to bring responses back to the PAC.

II. Health IT: ePrescribing, Medical Records in the Emergency Room and Personal Health Records

Dr. Charles Kennedy, referring to materials provided in advance of the meeting, provided an overview of certain WellPoint Health IT initiatives.

Group discussion followed regarding the impact these data-rich enhancements could have on physicians, such as coding/reimbursement of non-face-to-face interactions, the physician's capacity to manage high volumes of detailed data, impacts to physician/patient ratios and the potential for establishing a fundamentally new reimbursement model.

III. Retail Based Clinics

Dr. Nussbaum, referring to materials distributed in advance of the meeting, discussed WellPoint's position on retail based clinics and outlined some key issues and concerns raised by employer groups related to this topic.

Group discussion reflected consensus regarding the need and advantage for physicians to ensure continuity of care and after hours availability thereby limiting the need and concerns for physicians regarding these convenience clinics. Additionally, WellPoint has established rigorous criteria with respect to administrative requirements for such clinics. WellPoint agreed to follow up on a few reimbursement questions asked in the context of retail based clinics.

IV. Medical Policy Changes

The group agreed that in light of the “filing” requirement under the managed care litigation settlement, they will be notified of medical policy changes via a list of topics that are new or modified during quarterly Medical Policy & Technology Assessment Committee meetings. This list will include a link to the What’s New section of the medical policy web site so that PAC members can review, in detail, any topics of particular interest. All of WellPoint’s medical policies and clinical utilization management guidelines are publicly available.

V. Reimbursement

Vaccine Reimbursement

A list of vaccine reimbursement rates was supplied to the PAC members. Though WellPoint was recognized for immediate adoption of approved vaccines, it was recommended that a common pricing methodology be established in each market. A motion was made, seconded and passed as follows: Given WellPoint’s commitment to improve the health of its members and the community, its payment practice regarding vaccines should encourage physicians to provide this service. WellPoint should provide a standard reimbursement of vaccines to physicians across the country using an “ASP plus X%” methodology. The percentage component should be reflective of the costs that physicians encounter related to acquisition, storage and disposal.

Medicare Reimbursement

Dr. Nussbaum provided an overview of WellPoint reimbursement compared to Medicare reimbursement rates. Discussion followed.

Miscellaneous

A brief discussion ensued regarding pay for performance and clinical metrics and how to work in an engaged way with primary care and specialties within the states. The PAC suggested that appropriate physician specialty societies at the state level be apprised of pay for performance programs prior to implementation.

Dr. Nussbaum also provided an overview of WellPoint’s recent organizational changes. He stressed WellPoint’s commitment to establish consistent processes across the organization while maintaining relationships with our hospital and physician communities at the local and state levels.

Because this meeting was held in New York City, the following members of WellPoint’s leadership team, located in NY, were invited to meet the PAC members and introduce themselves:

Mark Wagar, President and General Manager, New York, met with PAC and shared his background and his philosophy of the importance of working together with physicians

Jason Gorevic, SVP, Chief Marketing and Product Officer also talked to group about CDHP and his philosophy regarding product development strategies including a smart card for physician reimbursement.

- #### **VI. Tabled:**
- i. Pharmacy & Therapeutic (P&T) Process**
 - ii. Health Core Outcomes Research**

VII. Next Meeting Date and Location:

TBD