

# Minutes

## 2008 Physicians' Advisory Committee Meeting

March 14, 2008

11:00 AM – 2:00 PM

Location: Chicago Office Columbus A

Conference Call: 877-518-4272; 312 653 7728

### Meeting called by:

Thomas Love Settlement

### Facilitators:

Dr. Lawrence Wilson- Chairperson

### Attendees:

Dr. Peter Beaudette (NM)  
Dr. Charles Derus (IL)  
Gail Larsen  
Marla Ludacka  
JeTaun Mitchell  
Dr. William Mitchell (NM)  
Dr. Joe Nicholson (OK Chief Medical Officer)  
Dr. Robert Parker (IL)  
Dr. Mary Peterson (TX)  
Dr. Kim Reed (IL Sr. Medical Director)

### Agenda Topics

Welcome and Introductions	Dr. Lawrence Wilson
Thomas Love Settlement Overview	Gail Larsen
Claim Check Overview	Marla Ludacka
Medical Policy Process	Dr. Lawrence Wilson
The Direction of PAC	Dr. Lawrence Wilson, All

### Minutes

#### Thomas Love Settlement Overview

Gail Larsen welcomed the physicians and thanked everyone for participating in the meeting. She explained the Thomas Love Settlement, who was involved and that this committee was established because of one of the provisions outlined in the settlement. Gail also pointed out how although the committee was established as a result of the settlement it is a great idea and great opportunity to open the lines of communication between HCSC and the physicians' community. During the introduction Blue Card was questioned. Gail explained that the settlement only holds HCSC responsible for Blue Card between our four plans but the best route would be to seek assistance from the Blue Cross association. Blue Card claims processing involving Blue Cross Blue Shield of California seems to be an opportunity for improvement for most physicians represented at the meeting.

#### Claim Check Overview

Marla Ludacka gave a very detailed introduction of the Claim Check application. Claim Check is HCSC's corporate code auditing application owned by McKesson. As Marla explained how Claim Check works Dr. Nicholson added and further explained some of the advantages of Claim Check. One thing that surprised the doctors was that Claim Check processes claims allowing the highest allowances to become the primary procedure. The misconception is that we pay at the lowest allowance but Claim Check actually finds the procedure with the highest allowance and processes accordingly. There was a question about McKesson's reliability and customer satisfaction. The response was that we are very satisfied with McKesson and their ability to stay current with technology. McKesson has an advisory committee (PAMS) that we actively participate on. Marla also hinted that a new system is in the works, Claims Extend, however this project is being evaluated, it should help throughput but will take several years so Claim Check will remain available for years to come. It was also explained that Medical Policy and Claim Check are consistent with one another. Medical Policy will not intervene with Claim Check. In determining reimbursement we

follow CMS methodology.

Medical Policy Process

Dr. Wilson explained how new medical policy comes to be. HCSC has several avenues for determining medical policy. We research what our competitors are doing. Conduct forums in a team room between the plans to discuss ideas and policy. Once a decision has been agreed upon the outcome is posted to the web and then sent to our participating physicians for review and feedback. If well received, the new policy becomes effective immediately. Other policies are posted with a 90 day review period.

The appeal process was explained noting that all appeals are reviewed by another area to avoid conflict. Dr. Nicholson pointed out that while anyone can approve, all denials have to be reviewed and determined by a physician. The common problem with denials and appeals are incomplete information and the difficulty in obtaining additional information. It was pointed out that external reviews are very expensive and unfortunately it is difficult to obtain the information needed to properly review claims until we have denied them. Most cases can be resolved with a phone call or fax. Opening the lines of communication can lead to a resolution for that problem and cut down on cost.

Suggestion: Bundling previous years claims and target those providers or provider group. Perhaps looking at the top 10 providers will help tailor our communications to the needs of a specific group of physicians as opposed to general mailings.

The Direction of PAC

The purpose of PAC is to initiate better communication between HCSC and the provider community and solicit input and suggestions from the physicians. Our hope is that the physicians will reach out to their peers for input and suggestions. Some topics to discuss in future meetings are claims technology, Dr. Alerts- around new information, and practice patterns- identifying specific doctors and source of claims.

All contact information was verified so that we can reach out to the committee members with updates.

Next Steps

Next meeting will be on:

September 08 (tentatively)

\*Please note that while the settlement has not yet be signed we are proceeding in the spirit of the settlement.