

**Physician Advisory Board
Meeting of May 15, 2009**

The Aetna Physician Advisory Board met on May 15, 2009 in New York, New York.

Drs. William Gee, Robert Gunby, Scott Hayworth, H. Robert Harrison, Leonard Lichtenfeld, Diane Wallis and Michael Workings attended.

Also attending for Aetna were Dr. James Cross, Lynda Goodwyn, William Kramer and Amanda St. Amand. Attending for Aetna by phone were Jay Eisenstock, Elysa Ferrara, Wayne Gowdy, Dr. Wendy Richards and Michele Toscano.

Referring to materials distributed in advance of the meeting, Mr. Kramer then provided an update on compliance and legal activities. He gave background and an overview of class action litigation involving payment to out-of-network physicians and the use of the Ingenix database to determine payment to those physicians. Dr. Cross noted that the majority of out-of-network physicians are paid on a reasonable and customary scale. Mr. Kramer indicated that Aetna, along with a number of other national and New York health plans, had entered into an agreement with the NY Attorney general to resolve issues related to the use of Ingenix. As part of the agreement, Aetna will help fund the creation of a new database to replace Ingenix, and will use the new database once it is up and running. Board members asked to be kept abreast of any additional significant legal action.

Mr. Kramer went on to provide an update on improvements to both member and provider Explanations of Benefits. The improvements include clarification of language and enhanced formatting.

Then Mr. Kramer provided an update on the remaining four open compliance disputes including one related to Explanations of Benefits, and an overpayment recovery issue.

Referring to materials distributed in advance of the meeting, Mr. Eisenstock then provided information on the Provider Payment Estimator initiative, in development. He discussed the increase in consumer-directed health plans and the higher cost of collection from patients. Mr. Eisenstock shared what the payment estimator tool would include, draft designs and the project timeline. There was discussion among the Board members about the benefits of standardizing electronic resources across the insurance industry. Dr. Cross indicated that Aetna is supportive of efforts toward standardization and suggested that the group discuss industry activities related to common systems at an upcoming Physician Advisory Board meeting.

Referring to materials distributed in advance of the meeting, Dr. Cross then shared with the group new Immunization Resource web pages created with the help of Dr. Libby. He noted that the pages are located on Aetna's secure provider website and that Aetna continues to work with Dr. Libby and various internal departments to add content.

Referring to materials distributed in advance of the meeting, Dr. Cross next shared Aetna's policy on CT colonography screening for colorectal cancer. The participants discussed the advantages and disadvantages of the screening procedure, as well as recommendations from the American Cancer Society and the Centers for Medicare and Medicaid Services (CMS).

Referring to materials distributed in advance of the meeting, Dr. Richards and Ms. Toscano provided an update on GetNHealthy with AetnaSM, Aetna's childhood obesity Chairman's Initiative. They noted that the program is run in partnership with *Alliance for a Healthier Generation* and five employer customers. They discussed the eligibility criteria for the pilot program and shared the process and workflow. The communication strategy supporting the program was outlined. There was discussion regarding the types of data collected in the program reporting and ways to address activity level.

Referring to materials distributed in advance of the meeting, Dr. Cross and Ms. Ferrera shared Aetna's upcoming policy on Serious Reportable Events. They discussed the history that lead to the development of the policies and the types of incidents included. They reviewed events that would not receive reimbursement, those that would receive reimbursement review and those requiring reporting without reimbursement impact. There was discussion on the positive impact the policies might have on patient safety, as well as which health care providers would be affected by the policy.

Referring to materials distributed in advance of the meeting, Mr. Gowdy provided information on Aetna's Price Transparency tools available to Aetna members. He noted that the ultimate goal was to be able to provide the member with their anticipated out-of-pocket expense. He stated that Aetna physician contract language supports the display of "allowed amount" information to the member. There was discussion about how the member might access information to compare fees for services performed in different locations, as what information a member might use in selecting a physician. Dr. Cross noted that the tools do not typically receive negative feedback from the medical community.

Then, referring to materials distributed in advance of the meeting, Dr. Cross outlined the new ClaimsXten system of claim adjudication. He noted that the new system will allow Aetna to implement policies much more quickly than today, and that it will automate complex policy decisions. There was discussion about the implementation timeline and additional benefits of the new system.

Referring to materials distributed in advance of the meeting, Dr. Cross highlighted issues that were raised through the Physician Advisory Board mailbox, including a question about Aetna's coverage for biological debridement, which resulted in an update to the policy allowing for use of medical maggots in certain non-healing necrotic skin and soft tissue wounds. He also addressed a submission regarding coverage for CPT 77082 – screening for vertebral fractures with dual energy x-ray absorptiometry. He then described how Aetna's policy related to procedures deemed experimental/investigational.

The group then discussed Aetna's collaboration with other payors on multi-state efforts to support the patient-centered medical home. There was discussion of the need for fundamental reform in the deliver and compensation for primary care.

Dr. Cross then notified the Board of an upcoming policy change regarding concurrency of multiple Evaluation and Management (E&M) services. He noted that effective August 15, 2009, we will apply concurrency rules (100/50) when two E&M services are billed and allowed with Modifier 25. The preventive medicine visit will be considered the primary service and payable at 100 percent of allowed, and the eligible office, or problem-focused, E&M will be considered the secondary service, payable at 50 percent of allowed.