

## Frequently Asked Questions and Answers

**Q: *When was the Patient Choice Insights product first made available in this market?***

A: Patient Choice Insights has been available to self-funded employers through Wausau Benefits, Inc. since January 1, 2005.

This product has also available through Medica since July 1, 2005 and is being actively marketed to both fully insured and self-funded employers.

**Q: *Is the Insights product more like a traditional PPO since there is not a Care System/PCP designation required?***

A: Yes and no. It is like a PPO in that patients choose their provider at the point-of-service. It differs from a PPO in that there are incentives for consumers to use high-quality, lower cost providers. The provider panel, though broad, is differentiated to consumers by tiers. Providers whose quality, efficiency and pricing are competitive are placed into lower tiers and are more attractive to consumers.

**Q: *How are providers tiered?***

A: *Primary care clinics* are grouped into the care systems with which they are affiliated and tiered on cost, quality and efficiency measures. The process takes into account their price, the price of the specialists and hospitals they use, and their ability to effectively manage patient care; especially for patients with chronic illness.

*Specialty care clinics* are tiered on price, facility mix (if applicable) and the clinic's systems and/or special programs that can lead to improved quality and better patient outcomes--much of this information is collected through the *Patient Choice Quality and Service Practices Survey*.

*Hospitals and other outpatient facilities* are tiered on their overall pricing, combined with their performance on nationally accepted quality standards including the Leapfrog Group and National Quality Forum measures and participation in the Institute for Healthcare Improvement's 100,000 Lives Campaign.

**Q: *What will the benefit structure look like for members who wish to access specialty care through the Patient Choice Insights network?***

A: Members will have incentives to select high quality, lower cost providers—those providers in lower tiers. The incentives may be applied in a variety of ways such as benefit differentials on either copay or coinsurance amounts based on the provider's tier placement. For instance, a provider in a lower tier (tier 1) may require a \$15 office copay, a provider in the middle tier (tier 2) may require a \$40 office copay and a provider in the higher tier (tier 3) may require a \$65 office copay.

For some services, the in-network benefit level does not vary depending on the provider's tier. These services are identified as "non-tiered" in the member's coverage document. For example, if the plan covers preventive services at 100 percent, the level of benefits would be the same, regardless of the provider's tier. In other words, the coverage would be the same whether the provider was in tier 1, tier 2 or tier 3.

(over)

**Q: *What is the purpose of the Patient Choice Quality and Service Practices Survey?***

A: Patient Choice is committed to recognizing and rewarding group practices that have incorporated special programs and/or systems that can lead to improved quality and better patient outcomes. By completing the survey your practice may obtain “Quality Credits” which could make it eligible for a lower tier placement. In addition, certain results may be communicated in consumer materials to help members compare practice capabilities.

**Q: *Will I stay in the same tier each year?***

A: Not necessarily. Patient Choice reevaluates tier placement each year. Depending on cost and quality factors, the tier placement for your group practice may be different from year to year.

Each year Patient Choice informs specialty practices and ambulatory surgery centers of their opportunity to complete the *Patient Choice Quality and Service Practices Survey* to obtain quality credits.

**Q: *Who administers the Patient Choice Insights product?***

A: The product is administered by Medica and Wausau Benefits. The Medica product is called Patient Choice Insights by Medica.

**Q: *What contract is being applied for reimbursement for the Patient Choice Insights product?***

A: The Patient Choice contract is used to determine provider reimbursement.

**Q: *Will the ID cards look different for the Wausau and Medica Patient Choice Insights products?***

A: Yes. ID cards for the Patient Choice Insights product will carry the Patient Choice Insights logo, along with the product name and the administrator. In addition, the ID card will include specific information about the member’s responsibility for office visits by tier. OV1 = Tier 1, OV2 = Tier 2 and OV3 = Tier 3.

Note: ID cards for the legacy Patient Choice Care System program will continue to include the Patient Choice logo as well as the product name and the name of the administrator.

**Q: *How do I verify eligibility for Patient Choice Insights?***

A: For Patient Choice Insights by Medica members you will be able to verify eligibility by calling Medica’s customer service lines or by accessing their web site just as you do today.

For Wausau Benefits you will be able to verify eligibility by calling their customer service lines or by accessing their web site just as you do today.

**Q: *How will I know what copay/coinsurance amounts apply to my clinic?***

A: This packet includes information about your clinic’s tier placement for the remainder of 2005. The tier of your group practice will determine what copay to collect for Patient Choice Insights members.

The Patient Choice Insights member ID cards will carry the specific member responsibility by tier for office visits (i.e., OV1 = \$15; OV2 = \$40; OV3 = \$65). If you are a Tier 2 provider for the *Insights* product, you would collect a \$40 copay from the member based on their ID card. Another employer may choose to have different coinsurance amounts. In that example, the following information would appear on the ID card: OV1 = 10%, OV2 = 20%, OV3 = 30%. Again, if you were a Tier 2 provider, you would collect a 20% coinsurance from the member as patient responsibility.

