

Care System Connection

News for providers participating in the Patient Choice programs

May 2006

Patient Choice Newsletter Gets New Look

Care System Connection has a fresh design and format to make it more readable and useful for you. The color emphasizes the Patient Choice brand so you can easily recognize it. New section headers help quickly guide you to the information that's important to you.

With the new format, general news about Patient Choice and its tiered network programs appears first, followed by information about each of our administrative partners—CBSA, Medica and Wausau Benefits.

We hope you like the changes.

Patient Choice 101

Patient Choice develops tiered network programs based on a pioneering approach that was co-developed by Patient Choice staff, and area employers and providers nearly a decade ago. Over the years, the model has evolved to better meet the needs of our customers and our network providers. The chart below provides an at-a-glance look at the Patient Choice programs currently available and how they are administered. Additional information about Patient Choice and its administrative partners is available on the Patient Choice Web site at www.pchealthcare.com in the "Physicians, Hospitals, Other Providers" section.

	Patient Choice Care System Program	Patient Choice Insights SM by Medica	Patient Choice Insights SM by Wausau Benefits
Service Area	Minnesota Western Wisconsin Eastern North Dakota Eastern South Dakota	Minnesota Eastern North Dakota	
Level of Tiering	Groups of providers/facilities called "Care Systems" are ranked into three tiers	Each clinic/facility is ranked into one of three tiers	
Tier Designation	Tier 1 (\$) = Lower premium Tier 2 (\$\$) = Middle premium Tier 3 (\$\$\$) = Higher premium	Tier 1 (\$) = Lower copay and/or coinsurance Tier 2 (\$\$) = Middle copay and/or coinsurance Tier 3 (\$\$\$) = Higher copay and/or coinsurance	
Member Choice	Member selects from 25 Care Systems at point of enrollment and visits providers affiliated with that system.	Member can visit any network provider, in any tier	
Administrative Platform	MN - Wausau Benefits & CBSA SD - Wausau Benefits	Medica	Wausau Benefits
Funding	Self-funded	Self-funded and Fully Insured	Self-funded

► Network Information

Patient Choice InsightsSM Enrollment Continues to Grow

This summer will mark the one-year anniversary of Medica's successful launch of Patient Choice Insights by Medica, an open access tiered network health plan product that combines the strengths of Medica and Patient Choice.

Nearly 7,000 individuals are already enrolled in this pioneering product that ranks physicians and hospitals on quality and cost, and equips consumers to take control of their health care decisions. Interest among both self-funded and fully insured employers continues to rise as it offers an innovative solution for employers who are looking to manage their health care costs and reward high-quality care—without limiting employee choice.

2007 Quality Credits Available for Specialty Care Clinics, Hospitals and Facilities

Highlighting provider performance and helping individuals to better understand the wide variations that exist in the cost and quality of health care has always been a primary focus for Patient Choice. For nearly 10 years, Patient Choice has collected and shared information about the programs and capabilities offered by the Care Systems participating in our network.

As part of our commitment to reward quality care, we developed a "Quality Credit" program in partnership with participating Care Systems. Over the last several years, Care Systems have earned credits for their performance on health outcomes, care processes and patient experience for preventive health and several other health conditions. With last year's launch of Patient Choice Insights, in which tiers are assigned to individual specialty clinics and facilities, the program was modified to offer quality credits for specialty clinics and facilities.

To participate, clinics and ambulatory surgery centers complete an online survey that includes questions about their quality processes, clinical guideline implementation and compliance, service capabilities, web tools and more. Survey responses are evaluated and scored on the quality components, resulting in a corresponding "quality credit." The credit is then incorporated into the tiering process. High scores can help a clinic/facility obtain a lower (or better) tier placement.

Each year Patient Choice conducts audits to validate the survey responses. Organizations that are awarded quality credits are chosen randomly for on-site reviews. During the on-site review process, representatives check the accuracy of the information submitted. In addition, they collect feedback about the process that is used to continually improve it.

In the coming weeks, eligible clinics and facilities will receive information about the survey process and details about how to access the surveys. Those who choose to participate will have until July 21st to complete their survey to be considered in the 2007 tiering process.

► Administrative Information – Wausau Benefits

Wausau Benefits Now Part of Fiserv Health Business Unit

Wausau Benefits recently combined with its sister companies to form Fiserv Health, part of Brookfield, Wis.-based information management services company Fiserv Inc. The realignment combines Fiserv's third-party administration businesses into a single unit in order to leverage their financial assets and capital resources to further invest in technology and create a new standard of value and delivery.

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(Fiserv Health, cont.)

Jay M. Anliker, chief executive officer of the Wausau Benefits unit, will direct health administration services of the consolidated entity. The current leadership at Wausau Benefits will remain in place.

For Patient Choice programs that are administered by Wausau Benefits, the change will be seamless. You will continue to experience the exceptional customer service and claims processing that you have come to expect from Wausau Benefits. The new logo will start to appear on member ID cards as groups enroll or renew.



▶ Administrative Information – Medica

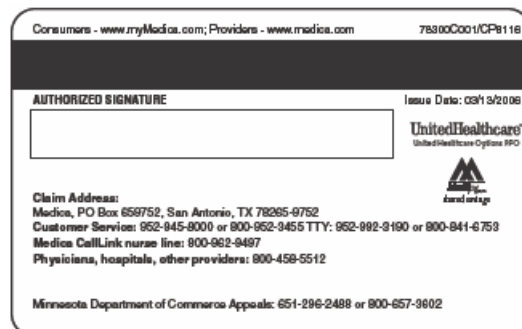
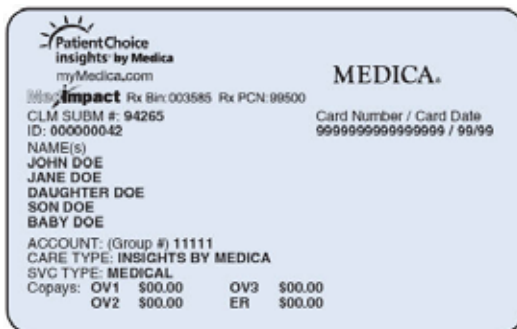
Note: The following articles are reprinted from recent issues of Medica's Connections newsletter. The content has been modified for those providers who participate in the Patient Choice Insights by Medica product.

New Out-of-area Travel Benefit for Patient Choice Insightssm by Medica Members Indicated by ID Card Change

Effective April 1, 2006, a new travel benefit will be offered to most Patient Choice Insights by Medica members when they travel outside the Patient Choice service area. This new travel benefit is intended for these members in case they have urgent, chronic or emergency health care needs when they travel. If this benefit is available to a member, the back of the member's ID card will include the UnitedHealthcare (UHC) logo and indicate the UHC Options preferred provider organization (PPO).

This change *does not* affect any coverage with Patient Choice-contracted providers. Providers will see the new ID cards starting April 1, 2006, for new and renewing groups with members in Patient Choice Insights by Medica as well as other Medica commercial products.

Below is a sample of a Patient Choice Insights by Medica ID card that reflects this change.



Effective July 1, 2006:

Medica Announces Surgeons, Hospitals Approved as ‘Centers of Excellence for Bariatric Care’

(Update to “Medica Implements New Initiative to Ensure High-Quality Bariatric Care for Its Members” article in January 2005 edition of *Medica Connections*®, on page 2.)

Medica’s new “Centers of Excellence for Bariatric Care” program will launch on July 1, 2006. Providers have completed a rigorous application process to earn the Centers of Excellence designation. A listing of approved hospitals and surgeons is now posted online at www.medica.com in the “Provider Resources” section, under “Clinical Programs.” This list is subject to change based on the ongoing approval process for the program.

Medica’s Centers of Excellence program applies to most Medica members including those enrolled in Patient Choice Insights by Medica. Out-of-pocket expenses for Medica members will vary depending on their coverage document. Employer groups enrolling or renewing with Patient Choice Insights by Medica will begin adding this benefit as of July 1, 2006. Members with this benefit change will then need to receive services from approved providers in the program to receive their highest benefit level. If a member sees a non-Center of Excellence provider, claims may be denied, depending on the member’s current coverage. Denial of coverage will depend on the member’s coverage document on or after July 1, 2006: For commercial members, benefits will vary by employer group and will be denied as member liability where applicable. Members will have no out-of-network benefit for non-Centers of Excellence providers.

Medica’s Centers of Excellence program relies on evidence-based care to ensure that Medica members get safe, quality care for procedures related to morbid obesity. The program identifies experienced surgeons and comprehensive surgical facilities related to bariatric care. Through an application process, surgeons and hospitals are required to meet certain qualifications in order to achieve an approved certification status for Medica’s bariatric care program. The Centers of Excellence program is administered by the Surgical Review Corporation (SRC) on behalf of the American Society of Bariatric Surgeons (ASBS). Providers can find further information about the Centers of Excellence program, including details about the application process, on the SRC Web site at www.surgicalreview.org.

Medica wants to help ensure access to quality, safe care for its members. Medica prefers that its members be directed to bariatric care surgeons/facilities that meet ASBS national standards for excellence and safety. If providers have patients who are Patient Choice Insights by Medica members seeking bariatric services from a non-approved surgeon or facility, they should be aware of Medica’s program and consult the approved list as necessary. The listing of providers approved for the Centers of Excellence program is also available by calling Medica’s Provider Literature Request Line.

Note: Medica will continue to require prior authorization for bariatric surgery.

Effective July 1, 2006:

Medica to Implement Incentive Pilot Program for Outpatient High-Technology Diagnostic Imaging Services

In the past several years, utilization of high-technology diagnostic imaging services has increased at a rapid pace, and is now the fastest-growing category of physician expenditures. National trend data reveal a double-digit rate of increase in radiology services, to the point that the growth has surpassed even the rate of growth of pharmaceutical costs. Medica’s utilization trends for these services have increased by 37 percent since 2003 and annual costs are projected to increase at a rate of 27 percent.

Leaders from the provider community as well as Medica recognize that one of the primary drivers of radiology volume increases is related to repeat studies because inappropriate modalities and/or under-powered equipment are used to conduct initial studies. To mitigate this trend, Medica is piloting a new high-tech imaging program for its Minnesota Health Care Programs (MHCP) population in which voluntary consultation for certain outpatient high-

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(Imaging Pilot, cont.)

tech imaging scans will be encouraged prior to service. Medica's program includes the following high-tech imaging services: positron emission tomography (PET), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and computed tomography (CT). A complete list of CPT codes for which this program applies is available online at www.medica.com in the "Provider Resources" section, under "Tools and Forms," "Claims Tools and Forms."

Note: Prior authorization will continue for radiology services for which there are existing Medica utilization management (UM) policies. Medica's existing coverage policies on radiology services also remain in effect.

Pilot program scope

Effective July 1, 2006, Medica will offer a \$1 million incentive program to primary care and specialty groups to participate in the pilot for its new high-tech imaging program. The six-month program incentive will be attributed to participating provider groups based on volumes.

Participation is limited and applications are due by June 1, 2006. Medica's partner HealthHelp, a nationally accredited radiology management company, will administer the pilot program. The aim of the program is for Medica members to receive appropriate high-tech imaging services on the initial study, decreasing the need for repeat studies. HealthHelp will conduct provider consultations for the high-tech imaging services included as part of the pilot (posted online at the location noted above). Physicians participating in the consultation will make the final decision as to whether or not they proceed with a particular service.

Provider groups participating in this voluntary program will contact HealthHelp via phone, fax or Internet for a consultation. Eighty percent of requests are completed within 4.5 minutes. The remainder of the requests go through a clinical review that is typically completed within 20 minutes. All requests will be completed within 48 hours.

If a volunteer clinic or provider group wishes to contact HealthHelp for radiology consultations for non-MHCP Medica enrollees, including those enrolled in Patient Choice Insights by Medica, Medica will reimburse the provider an amount in addition to the performance-based incentive for which it is eligible.

HealthHelp's consultative recommendations are based upon American College of Radiology (ACR) clinical guidelines. Medica will provide tools for ordering providers to aid them with ordering the appropriate study at the point of request.

Medica's objectives for its new high-tech imaging program are to:

- ensure appropriate, evidence-based ordering of high-tech imaging services for Medica members
- limit member exposure to unnecessary medical radiation
- develop actionable reports for providers to aid in understanding imaging ordering patterns, volume and costs
- review physician ordering patterns and make comparisons to evidence-based guidelines

Next steps

Any clinic or provider group that is interested in getting more information or participating may send an e-mail to imagingprogram@medica.com. Medica will respond to provider questions and send an application to providers that are interested in joining the pilot program. At this time, clinic inclusion will be on a first-come, first-served basis. *The deadline to respond and join this pilot is June 1, 2006.* Pilot participants will be notified about their inclusion by June 15, 2006.

During the fourth quarter of 2006, Medica will evaluate its high-tech imaging program and make decisions about expanding it to additional clinics or populations.