



February 26, 2018

Craig Samitt, MD
Executive Vice President and Chief Clinical Officer
Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204

Dear Dr. Samitt:

Our organizations represent the physicians and hospitals who care for Anthem enrollees, as well as other individuals who need our care. We have each met with you and your team separately to express our concerns about Anthem's coverage policies for emergency care and outpatient imaging, which we believe adversely impact the quality, safety and coordination of care for patients. We write to urge you to rescind these policies, and to express our belief that there is a better way to ensure that patients access the right care, in the right place, at the right time. We invite you to work together with us on these efforts.

Recently, stories have surfaced that underscore the potential harm of these policies. In one instance, Anthem denied a claim for a woman seeking emergency care for extreme abdominal pain and fever. The patient believed she could have a ruptured appendix; however, the treating physicians ultimately determined that she had an ovarian cyst. They were able to treat her with pain medication and directed her to her primary care practitioner for follow up care¹. Anthem denied the claim. In another instance, a pedestrian who had been hit by a car was transported by EMS on a backboard to the emergency department, received a full examination, including a CT scan and X-rays, and was found not to have suffered serious injury. That patient was discharged with a diagnosis of bruises and abrasions². Anthem denied the claim. The Anthem denial notice that each of these patients, as well as countless others, received states: "Emergency room services can be approved ... when a health problem is recent and severe enough that it needs immediate care such as a stroke, heart attack or severe bleeding."

There are countless medical conditions beyond stroke, heart attacks or severe bleeding that still need immediate care. Patients do not have the full set of knowledge and tools to assess the level of care they may need. In fact, most clinicians cannot make a diagnosis with confidence without the support of a wide range of tools and tests. That is why the prudent layperson standard is so important – it protects those who seek emergency medical care when they believe there may be risk of serious impairment to his or her health. The changes to the policy announced by Anthem last week do not address the underlying problem of putting patients in the potentially dangerous position of having to decide whether their symptoms are a medical emergency before they seek

¹ <https://www.vox.com/policy-and-politics/2018/1/29/16906558/anthem-emergency-room-coverage-denials-inappropriate>

² <http://www.latimes.com/business/hiltzik/la-fi-hiltzik-anthem-er-20180124-story.html>

emergency care, or risk paying the entire bill if it is not. Only full rescission of the policy will ensure the safety of our patients and your enrollees.

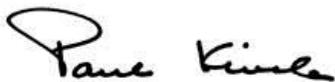
In addition, we reiterate our concerns about the change in coverage rules for outpatient imaging. While we appreciate that Anthem has made some changes to this policy to exempt additional patients, we believe more should be done to mitigate risk to patients. As we have previously discussed, this policy could negatively impact the safety and quality of care for patients by undermining the coordination of care entrusted to the patient's treating physician. Additionally, this policy dramatically reduces patients' options for where they may have their imaging studies performed and removes radiology from the continuum of patients' care by carving out these life-saving services as a commodity, going to the lowest-cost provider. Anthem's decision to unilaterally eliminate an entire site of service outside of any contract negotiation cycle that defines "in-network" providers is unprecedented and is not how parties in an ongoing business relationship should work together.

We ask that Anthem rescind these policies and work with us to design programs to educate patients about the appropriate use of health care services and improve the coordination of care among providers, while increasing transparency requirements surrounding patient out-of-pocket cost responsibility. Partnering together, we believe we can do a better job of helping patients navigate today's health care system by building on the high level of trust that exists between patients and their providers. We think this is a far better way to approach these difficult issues, and will lead to higher quality care while still constraining costs.

We appreciate your willingness to discuss these issues with us. We are confident that we can successfully meet our shared objectives.

Please contact us if you have questions: Cynthia Moran, Executive Vice President, American College of Radiology at cmoran@acr.org/703-582-0411; Laura Wooster, Associate Executive Director, Public Affairs, American College of Emergency Physicians at lwooster@acep.org/202-370-9298; or Molly Smith, Vice President for Coverage and State Issues Forum, American Hospital Association at mollysmith@aha.org/202-626-4639.

Sincerely,



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