Anthem Talking points

Anthem has recently issued policies in nine states that are strictly cost driven and not focused on patient care. Since Anthem is a nationwide insurer, it is reasonable to anticipate these policies may soon be rolled out across the United States. What should be addressed as a fee negotiation with hospital providers is now being addressed through broad Anthem policies that put patients at risk.

These policies drastically curtail patient’s access to hospital based care and make exceptions only case by case.

Regardless of the need to address site of service payment differentials, Anthem is singularly removing diagnostic imaging from the continuum of patients health care services and treating vital, life-saving radiology care as a commodity going to the lowest priced provider. As a result, patients and their physicians are now pawns in insurance negotiations.

Impacts of Anthem Imaging Policy:

1) With few exceptions, outpatient (OP) imaging policy limits access of patients based on geographic proximity to independent imaging centers. In rural America, this can mean patients may have to drive significant distances to find an approved site. In urban America, a short distance can mean very complex travel. Regardless of geography, patients may just skip necessary tests as a result of Anthem’s building a care access barrier that does not focus on patient needs.

2) This policy blatantly interferes with the patient-physician relationship by dictating to the referring provider where their patient can receive care, thus negating the experience and trust a referring physician has developed in specific, often subspecialized, radiologists and facilities.

3) Prior site of service approval interrupts continuity of imaging care, particularly in severe (follow-up post-hospital discharge imaging) and chronic disease (cancer, multiple sclerosis, cystic fibrosis, cardiovascular and neurological disease) where comparison to prior imaging exams is key.

4) By referring imaging to potentially multiple off-site locations, the interpreting radiologist’s access to important medical information in hospital electronic health records (EHR) may be unavailable.

5) Interferes with care coordination for patients seeing providers in a hospital-based clinic environment as treating physicians may have no or limited (e.g. disc) access to imaging from independent centers.

6) This aggressive steerage policy is a transparent attempt by Anthem to force hospitals back to the bargaining table without having to renegotiate their contracts.

7) Additionally, effective November 15th in OH and MO, Anthem will conduct retroactive reviews of both CTs and MRIs administered in the ER setting, while Kentucky will review only MRIs. Anthem will conduct “pre-claim” reviews in these three states to ensure that CTs and MRIs administered in the ER setting are for truly emergent situations. If Anthem determines the services were not truly emergent, the claim will ultimately be denied.