



November 1, 2017

Samuel J. Marchio
Regional Vice President and Head of Congressional Affairs
Anthem, Inc.
1001 Pennsylvania Ave., NW, Suite 710
Washington, DC 20004

Submitted via email: Samuel.Marchio@anthem.com

RE: Outpatient Imaging Prior Authorization Policy

Dear Mr. Marchio:

On behalf of the Radiology Business Management Association we urge Anthem to retract or revise the policies currently issued in nine states (Indiana, Kentucky, Missouri, Wisconsin, Colorado, Georgia, Nevada, New York, Ohio) regarding the steering of advanced imaging services from hospital settings to freestanding outpatient settings. These policies present several issues that interject insurance payers into the medical decision-making process and create needless business process issues with radiology practices. Further, we believe that patients are the ultimate arbiter of their health care decisions based upon the health care plan that they have selected. Our joint goal should be to educate, engage and empower.

RBMA represents over 2,300 radiology practice managers and other radiology business professionals. In the aggregate, RBMA's influence extends to over 24,000 radiologic technologists and 26,000 administrative staff. RBMA is the leading professional organization for radiology business management and have had an active dialogue with the payer community for many years seeking solutions to these very issues that affect both your customers and our patients.

As the Anthem policy begins to be implemented in nine states with expansion planned for 13 states, RBMA has identified several issues that need to be addressed:

- The directing of advanced imaging from hospital settings to freestanding imaging providers takes the primary decision-making away from the patients and their physician regarding their right to use any reasonable imaging provider. In fact, this policy disrupts the patient-physician relationship using economic sanctions against the patient. While RBMA understands that Anthem has an obligation to negotiate the best reimbursement rates with hospitals on behalf of your clients, we view this action as using the patients as pawns in this negotiation process.
- Radiologists provide a broad area of clinical expertise to referring physicians. In most communities referring physicians come to depend upon and trust the expertise of certain radiologists, many of these radiologists, hospital and freestanding based, have subspecialty expertise. Anthem's policy interjects an economic wedge into this clinical decision-making by not allowing clinicians to refer and seek clinical consults from radiologists they've grown to trust and respect. Treating radiology professional interpretations as a commodity further erodes this professional relationship between the referring physician and radiologist. In fact, in some settings and

communities, this policy could adversely result in increased ordering of advanced imaging if the referring physician does not trust or have confidence in the professional interpretation of the unknown radiologist.

- A broad policy such as this does not consider network adequacy in several markets throughout the country. The hardship a patient must face in being directed to a facility up to 30 miles from their home adds personal cost to the patient. This could be a tremendous burden to the elderly and in areas that lack adequate public transportation. Network adequacy also should consider clinical quality metrics that up to this point have not been considered. Additionally, patients may choose to pay more to support their community provider.
- It has become increasingly apparent that there are interoperability issues regarding electronic health record exchanges between hospital based and community based imaging centers. The problems surrounding an absence of interoperability between providers will be exacerbated by policy and puts the patient at risk. For instance, the policy may put the responsibility for transporting images between a hospital setting and a free-standing center upon the patient. The freestanding center would then upload those images into their EHR and PACS systems for scanning and professional interpretation. Anthem should consider policies that enhance connectivity. Where there is connectivity there is continuity.
- This policy fails to recognize the fragile nature of hospital imaging operations. While recent history shows that many radiologists have sold their financial interests in freestanding imaging centers, there is still as strong case that both hospital imaging and freestanding imaging can coexist and provide vibrant services within communities. This is a clinical and financial relationship that should be fostered by payors to build a mutually beneficial clinical dynamic for communities.
- Anthem's policy seems to be exclusively focused on cost and not quality. There needs to be a quality element in these patient directive policies including the use of "accredited" imaging facilities whether hospital based or freestanding.
- In Ohio and Missouri, Anthem will begin to conduct retroactive reviews of advanced imaging services (CT and MRI) effective November 15, 2017. In Kentucky, Anthem will only conduct these reviews on MRIs. In addition, Anthem will conduct "prepayment reviews" in these three states. These policies place an additional burden on the patient to decide if their condition is emergent or not. In addition, RBMA feels this policy violates the Emergency Medical Treatment and Labor Act (EMTALA). Under EMTALA, hospitals and by extension, hospital based physicians, are required to provide services regardless of a patient's ability to pay. If an advanced imaging exam is ordered by an ED physician, performed in a hospital setting then the radiologist has a duty to provide a professional interpretation of that scan. Only after that scan and the radiologist's interpretation does the ED physician and patient know if the patient had an emergent condition. Radiologists should be "held harmless" if the retroactive review, by Anthem's standards, is considered non-emergent and, therefore, should have been performed in an outpatient setting. Neither patient nor providers should be penalized for this interaction.

RBMA urges Anthem to reconsider this patient steerage policy, which is based seemingly exclusively on cost. We stand ready to work with Anthem to develop policies and processes that address network adequacy, interoperability, consumer engagement, cost transparency, and most importantly, patient choice. With this productive collaboration, together we will meet the needs of the patients and providers in providing cost effective and high quality imaging services.

Sincerely,



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CC: Payor Relations Committee
Linda Wilgus