



September 1, 2017

Joseph R. Swedish, Chair  
President and Chief Executive Officer  
Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204-4903

***Re: Anthem ER Policy***

Mr. Swedish:

On behalf of the Emergency Department Practice Management Association (EDPMA), we are writing to urge you to rescind the Anthem policy that does not cover care provided in the emergency department unless it is deemed an emergency. This policy is implemented, or will be implemented, in several states including Kentucky, Virginia, Georgia, Missouri, and Indiana.

The Emergency Department Practice Management Association (EDPMA) is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. Together, **EDPMA's members deliver (or directly support) health care for about half of the 136 million patients that visit U.S. emergency departments each year.** We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

**Our chief concern is that the policy poses a serious danger to Anthem beneficiaries because it discourages appropriate use of the emergency department.** If patients are aware that Anthem might not reimburse for care provided in the emergency department, this knowledge will surely discourage patients from receiving care in the emergency department even when it is an emergency and the emergency department is the most appropriate site of care. Patients are likely to second guess themselves and try to go to an alternative site of care in order to avoid the risk of being responsible for the bill. This creates a significant risk to the health of Anthem patients.

We are also very concerned that the policy may violate the prudent layperson (PLP) standard. It is our understanding that Anthem might use a diagnosis list in some or all of the states to determine if a visit is covered, yet diagnosis lists should not be used in this manner. For

September 1, 2017

Page 2

instance, in the Medicaid Managed Care Rule finalized last year, CMS stated that “we prohibit the use of codes (either symptoms or final diagnosis) for denying claims because we believe there is no way a list can capture every scenario that could indicate an emergency medical condition under the BBA provisions. ... The final determination of coverage and payment must be made taking into account the presenting symptoms rather than the final diagnosis. The purpose of this rule is to ensure that enrollees have unfettered access to health care for emergency medical conditions, and that providers of emergency services receive payment for those claims meeting that definition without having to navigate through unreasonable administrative burdens.” Because diagnosis lists cannot cover all emergencies, it would not be appropriate to use such lists to implement your policy. Moreover, if you are intending to change patient behavior with your policy, it would be inappropriate to expect patients to self-diagnose themselves before receiving care.

We would welcome the opportunity to discuss our concerns with you. Please contact Elizabeth Munding, Executive Director, EDPMA, at [emunding@edpma.org](mailto:emunding@edpma.org) with questions or if you would like to schedule a call or meeting.

Sincerely,



Andrea Brault, MD, FACEP, MMM, Chair of the Board  
Emergency Department Practice Management Association (EDPMA)