**Template Letter to Insurance Commissioner**

***Please personalize the template below to reflect you and your organization’s viewpoints and experience with Anthem’s [or other insurers’] new policy.***

[DATE]

[INSURANCE COMMISSIONER NAME], [TITLE]

[ORGANIZATION]

[ORGANIZATION ADDRESS]

Dear [INSURANCE COMMISSIONER NAME],

I am writing to express our deep concern with a recent policy enacted by Anthem Blue Cross Blue Shield (Anthem) in [STATE]. We believe the new policy will have a severe impact on [STATE] patients and their continuity of care, and we urge you to call on Anthem to retract their policy.

Anthem has begun to require prior authorization of advanced imaging services performed in the hospital outpatient setting. In addition, Anthem plans to roll out the same policy in California on January 1 followed by Connecticut, Maine, and Virginia on March 1, 2018. The insurer has now introduced a non-clinical middleman between patients and their physicians– their for-profit radiology benefits management company, AIM Specialty Health – to assess patients’ needs for diagnostic imaging and steer patients toward receiving services at alternative free-standing imaging centers. Anthem’s “Imaging Clinical Site of Care” program forces patients to leave their current physician and treatment plan and go offsite to determine next steps for their care. While the insurer publicly cites “cost” as the rationale behind the new policy, the insurer has been privately using the policy as a bargaining tool for negotiations with hospitals on pricing and contracts.

While there are a number of issues with this policy, we are most concerned by the insurer’s complete lack of consideration for patient care. Anthem’s economically-motivated “steerage” policy forces patients to weigh cost over the optimal care options for their health. Steerage programs like these make it difficult for patients to make well-informed decisions about their healthcare, and force patients to weigh the costs of their care while already enduring their fair share of stress. This solely cost-based determination of care ignores several important factors, among them options for efficient transferability of a patient’s medical records.

Anthem’s policy compromises the physician-patient relationship, and lets benefits management firms make decisions that should ultimately be made by treating physicians, their radiologist partners, and patients. Limiting patient options for imaging settings may produce an influx of patients steered to staff-and/or equipment-strapped facilities, further exacerbating scheduling issues and extending delays, which is particularly harmful for patients with complex medical conditions. Furthermore, Anthem’s third-party reviewers with no prior clinical relationship with the patient will be financially incentivized by Anthem to deny imaging in the hospital outpatient setting, and will have no regard for the unique complexities of a patient’s particular case.

All in all, Anthem’s policy introduces another nontransparent preauthorization process and more hospital bureaucratic red-tape that will delay or deny patient care. For inner-city and rural patients, this may be an even larger issue for the hospital outpatient setting may be the only immediate access point for their care. Patients may have to travel significant distances and spend precious time to find an approved site, and these various barriers to care may cause patients to skip necessary tests altogether.

[*INSERT PERSONALIZED/LOCAL IMPACT OF THE POLICY CHANGE OR POTENTIAL SCENARIO WHERE THE POLICY WOULD IMPACT PATIENT CARE*]

I urge you to further examine Anthem’s new policy and tell the insurer that this is not the right way to solve for high health care costs. We hope we can count on your commitment to stop this detrimental policy. Health care decisions should be made between a provider and a patient, not a third-party group that is purely financially motivated.

Sincerely,

[SIGNATORY] [TITLE]

[ORGANIZATION/COMPANY]