

Anthem BC of California Reverses Poor Policy

Doctors of chiropractic are seeing a disturbing trend beginning to unfold across the country – [health insurance](#) companies and networks are placing "all or nothing" restrictions on health care providers' participation. In other words, provider participation in one type of plan is contingent upon participation in another type of plan. This form of coercion essentially forces providers to participate in unwanted health care plans so that they can continue to participate in their current plans. Many providers feel this practice interferes with their ability to make sound decisions for their practice and retain the right to choose the plans with which they will participate without undue influence.

The good news is that efforts by the chiropractic profession to combat this form of coercion have been successful. In a recent example, in early March of this year, Anthem Blue Cross (BC) of California sent a notification to all network doctors of chiropractic informing them of a new requirement that would force providers to participate in the Anthem Blue Cross Automobile Medical Coverage Network Access Plan, or they would lose their participation in all other Anthem contracts administered by American Specialty Health Network (ASHN) with the exception of worker's compensation. This would have compelled doctors to either accept further in-network discounted reimbursement for services provided to patients with Progressive automobile insurance (the only current eligible payer under the Medical Coverage Network Access Plan) or resign from their participation in all ASHN-administered Anthem BC products, severing their relationships with many existing patients.

"The proposed change was bad for doctors here in California, as it threatened us with an unfair choice between keeping Anthem patients and participating in plans with arrangements that are not right for our practices overall," said Brad Sullivan, DC, [California Chiropractic Association](#) (CCA) Department of Insurance chairman and American Chiropractic Association's (ACA) Southern California delegate. "But most importantly, the change would have been bad for chiropractic patients, many of whom would have lost a doctor with whom they have an established relationship."

Immediately after Anthem BC sent its notification out to providers, the CCA contacted Anthem BC, citing a list of grievances including undue coercion of providers, the arbitrary nature of the policy change, the lack of clear rationale behind the policy change and the rapid implementation date – which gave providers less than 30 days to make a decision that would significantly affect their practices.

Anthem BC, however, did not acknowledge the CCA's initial correspondence. At that point, Dr. Sullivan contacted the ACA and requested its assistance. After meeting with CCA leadership to discuss the issue, the ACA issued a letter to Anthem President Pam Kehaly reiterating the concerns of doctors in California. Nidhi Jagani, Anthem's director of network management, then contacted Laurie Douglass-Wilson, ACA senior vice president of insurance relations, stating that much internal discussion was being held surrounding the ACA's request related to the opt-out provision, and asking for patience.

"ACA's Insurance Relations Department stands ready to help defend the profession against exactly

this type of intimidation by health insurers," said Douglass-Wilson. "Too often, payers make this type of decision with the expectation that providers will not make their voices heard. However, with the help of state and national associations and our partners in the Local Liaison Program, doctors of chiropractic can take a stand against these unfair practices."

For more than three months, ACA and CCA maintained an open dialogue with Anthem BC regarding the proposed policy update, which included a follow-up letter re-emphasizing the concerns of the profession.

On July 16, 2012, all of the stakeholders participated in a conference call during which Anthem BC informed CCA and ACA leadership that it had decided to reverse its "all or nothing" policy, allowing DCs to opt out of the Automobile Medical Coverage Network Access Plan while maintaining their other Anthem contracts. Anthem stated that ASHN would be notified of its decision, and that the applicable payer summaries would be updated during the next revision. In the meantime, providers can simply contact Anthem BC and notify them if they choose to opt out of the plan.

"What happened in California sets an important precedent that will have a nationwide impact," said ACA President Keith Overland, DC. "It will give health insurers pause before they consider implementing unfair policies that negatively impact both providers and patients, and it demonstrates that when the chiropractic profession collaborates together, we truly can effect positive change."

Article authored by American Chiropractic Association staff. For more information about this policy reversal, please contact the ACA at insinfo@acatoday.org.

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