

NEWS RELEASE

FOR IMMEDIATE RELEASE

October 19, 2018

Contact: Steve Arnoff
202.370.9292
sarnoff@acep.org
newsroom.acep.org
faircoverage.org

ONE IN SIX PATIENTS COULD BE DENIED INSURANCE COVERAGE IN AN EMERGENCY IF ANTHEM POLICY CONTINUES TO SPREAD, NEW STUDY SHOWS

WASHINGTON, DC — A new study in [JAMA Network Open](#) underscores the risk to patients if the Anthem Blue Cross Blue Shield [policy to deny emergency coverage](#) based largely on a patient's diagnoses after a visit, is adopted nationwide. The study found that nearly one in six (15.7 percent) of emergency visits could qualify to be denied.

“It is unreasonable and dangerous to force patients to self-diagnose before going to the emergency room, said Vidor Friedman, MD, FACEP, president of the American College of Emergency Physicians (ACEP). “Insurers cannot expect a patient to know in advance whether a headache is a migraine or an aneurysm, or if abdominal pain is indigestion or something far worse. In addition to sticking patients with large medical bills, this policy could deter people from going to the emergency department in a situation where they need immediate medical attention.”

The study, “Analysis of a Commercial Insurance Policy to Deny Coverage for Emergency Department Visits With Nonemergent Diagnoses,” also found that, consistent with other JAMA [research](#), emergency symptoms overlapped with nonurgent symptoms 87.9 percent of the time.

More than 65 percent of patients that could be denied coverage received emergency-level services, such as imaging or multiple blood tests, according to the study.

“Our results demonstrate the inaccuracy of such a policy in identifying unnecessary emergency department visits. This policy could place many patients who reasonably seek emergency care at risk of coverage denial,” lead author Shih-Chuan (Andrew) Chou, MD, MPH, attending physician in the Department of Emergency Medicine at Brigham and Women's Hospital and senior author Jeremiah D. Schuur, MD, MHS, emergency physician and health policy researcher at Brigham and Women's Hospital, wrote.

Currently, Anthem's policy is active in six states, Indiana, Kentucky, Missouri, New Hampshire and Ohio and Georgia. ACEP and the Medical Association of Georgia [filed a federal lawsuit](#) in July asserting that Anthem BCBS of Georgia is violating the prudent layperson standard, which is a federal law requiring insurance companies to cover the costs of emergency care based on a patient's symptoms – not their final diagnosis.

Patient and consumer advocates, physician groups, elected officials and health experts continue to raise concerns about the insurer's misguided initiative. Visit www.faircoverage.org for more information.

Related Resources:

[An ER visit, a \\$12,000 bill — and a health insurer that wouldn't pay](#)

[Anthem expands its policy of punishing patients for 'inappropriate' ER visits](#)

[Physician Groups Take Legal Action Against Anthem's Blue Cross Blue Shield of Georgia](#)

[Sen. Claire McCaskill letter to Anthem CEO](#)

[Cardin, McCaskill Call on HHS, DoL to Uphold Prudent Layperson Standard](#)

[McCaskill Report on Anthem ER Policy Shows Thousands of Denied Claims, Poorly Enacted Policy](#)

ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.