

Helping your company and members reduce the cost of imaging, sleep studies and many other medical procedures.

The costs of imaging, sleep studies and other medical services have rapidly increased in recent years, contributing to higher medical expenses for employers and members. And, these costs can range greatly depending on the local market and service providers. For example, the costs of a Computed Tomography (CT) scan can vary by over \$1,000.

These increasing costs are directly experienced by employers, and members may also pay for these increased costs, if they are responsible for a percentage of them.

We are committed to helping members have access to the right care at the right time and in the right setting. We think they'll find our cost and quality program to be a valuable tool in helping them make more informed health care decisions.

FAQ

Q. How do these services work?

A. We offer two types of services: outbound and inbound telephone models

- Imaging and sleep study services are based on an outbound telephonic model. A provider directs a member to receive a diagnostic imaging service (MRI, CT scan) or a facility-based sleep study (in-lab, facility-based, multiple sleep latency tests). If the facility selected is a higher-cost facility, and there are other lower-cost, quality facilities available, we communicate that information with the provider, at the time of prior authorization. If the provider does not select the highest value option, we will proactively call members to provide information to them about their options, giving them the decision-making ability.
- Cost information on many common medical procedures is offered through an inbound telephonic model. Members call us at 877.309.4886 to receive live assistance when they are scheduled for a qualifying procedure, and we educate them about options available to them. Some of these procedures include:

knee/hip/shoulder surgeries	mammograms	PET scans
laparoscopies	ultrasounds	colonoscopies
deliveries	catheterizations	tonsillectomies

Q. How do these services benefit employers?

A. Employers want more control over their health care costs. This program helps them better manage medical expenses by encouraging employees to make informed health care choices that may result in lower costs.

Q. Are they available to all health-plan members?

A. Yes, they are available to members whose employers are participating in the program and who live in one of the targeted regions or markets where there is a high availability of alternate facilities and, likewise, sufficient cost data for the provider network in those particular markets. Some geographic areas may not be served by this program.

Our Cost & Quality Program

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Q. How do these services benefit members?

A. This program gives members an opportunity to make more informed choices about their health care and the associated costs. It helps them to become smarter health care consumers. Members may be able to get the same quality procedure for less out-of-pocket expense, just by switching to a different facility. Depending on their policies, many of our members pay coinsurance of 20 percent toward health care costs, often after an initial deductible is met.

Q. How do members know if the quality is the same?

A. For the outbound imaging service, members are given information and guidance about alternate providers based on a site's quality score first, and cost second. This ensures members are given the option to be redirected only to facilities that provide the same or better quality service. Alternative sleep study providers include Joint Commission and The American Academy of Sleep Medicine or the Accreditation Commission for Health Care. The inbound service suggests alternative providers that are all operating within our network of providers, and are credentialed as such.

Q. Can members view the cost and quality information on their own?

A. Members have access to cost information at our "Estimate Your Cost", available on our website, by registering/logging in anthem.com. There members can see and compare cost information for imaging, sleep and other services.

Q. If a member elects to use a lower-cost service can you help schedule the appointment for the member at this location?

A. Yes, for the outbound telephonic services (imaging and sleep studies). When we have members on the phone who express this preference, we will try to reach the provider and connect the member to schedule an appointment. If the provider isn't available, we will give the member the provider's phone number and the procedure's prior-authorization number to schedule an appointment at a later time.

Q. What happens if a member chooses NOT to use the lower-cost provider?

A. This is a voluntary program. If a member has the prior-authorization, he or she may receive services at the facility originally indicated by the ordering provider.

Q. Where is this service available, and much does the program cost?

A. In many of our markets, the outbound and inbound services are included in our fully insured client business. For self-insured clients, please contact your sales representative for more information. Some services are offered separately. Members are not charged for service.