

From: [Marc Lacroix](#)
To: [DOI: Requests](#)
Cc: [Marc Lacroix](#)
Subject: Anthem-Cigna merger
Date: Tuesday, January 26, 2016 6:38:11 PM
Attachments: [New Hampshire Insurance Department Letter.docx](#)

Please accept these comments from the NH Physical Therapy Association.

Marc Lacroix, PT, MBA

Marc Lacroix, PT, MBA

Specialty Services
Occupational Health
Concord Hospital
603-227-7000 X 3051

New Hampshire Insurance Department
21 South Fruit Street
Suite 14
Concord, NH 03301

December 4, 2015

Dear Commissioner,

Thank you for the opportunity to express our thoughts to the proposed merger of Anthem and Cigna. The New Hampshire Physical Therapy Association is made up of Physical Therapists and Physical Therapist Assistants who work in various settings including hospitals, nursing homes and independent practices.

New Hampshire Physical Therapy Association opposes the merger of Anthem and Cigna.

New Hampshire residents do not want big out of state corporations dictating their care. They want to see their trusted provider and mutually agree on the course of treatment.

Our patients are currently experiencing difficulty access the physical therapy services. Out of pocket expenses in the form of copayment and coinsurance have risen dramatically over the last few years. Frequently, patients do not understand the access limitations until they need the service. Benefits described in their plans are deceiving due to limitations by contract utilization management companies and tiering of providers. The patient long term physical therapist provider is now out of network through the creation of narrow networks which require higher out of pocket expenses if not in the narrow network. If Anthem and Cigna merge, one corporation would own more than 60% of the market for Commercial Insurance and would be in a position to further dictate the care patients receive.

The above statements are supported by researchers at the University of Pennsylvania's [Leonard Davis Institute of Health Economics](#) found that among 2014 Silver-level qualified health plans, 41 percent nationwide had "small" or "x-small" networks. Under their definition, this means only 10-25 percent (small) or less than 10 percent (x-small) of office-based physicians in the area were in-network.

For independent physical therapists (non institutional based), commercial insurance companies currently set fee schedules for payment of services. There is already downward pressure on the fee schedules by insurance companies with use of utilization management companies. With a controlling interest in the market, insurance companies could drive independent providers to make a decision on closing their doors, not providing services to long time patients or taking cost cutting measures which ultimately affect our patients. An independent provider would have no recourse, nor any negotiation leverage against an insurance company which owns 60% of the commercial market.

Once again I thank you for the opportunity to input. If you have questions I can be reached at mmlacroix@crhc.org.

Sincerely,

Marc Lacroix, PT, MBA
New Hampshire Physical Therapy Association.