



Elevance Health, Inc.
220 Virginia Avenue
Indianapolis, IN 46204

November 9th, 2022

CEO Gail Boudreaux,

We are writing out of extreme concern over Elevance/Anthem BlueCross BlueShields' (and the broader BCBS Networks') business practices. Your company (and the broader Network) routinely refuse care and reimbursements that your policyholders are rightfully entitled to through claim and pre-authorization denials. This practice leaves millions of your policyholders sick and in deep medical debt.

This issue is ongoing and urgent and we request a meeting with you immediately to discuss these concerns. Please respond by Friday, November 11th, 2022 to arrange an immediate meeting.

People's Action is made up of 38 organizations in 30 states, and we have over a million members from New Hampshire to Alabama, Los Angeles to Maine. Our organizations were at the center of the fight to win the ACA as well as campaigns to expand Medicaid in numerous states. From these experiences, we know that there are more than enough resources in our country to provide health care for everyone in America. Private health insurer claims and pre-authorization denial practices like those of your company present a barrier to the healthy and just society we all deserve.

In listening sessions across the country, many of our members have stated that their biggest obstacle to health care isn't lack of insurance but the private insurance companies themselves. Private insurance companies deny well over 240 million claim or pre-authorization requests from their policyholders annually. That's 240 million times that a medical professional determined that a patient needed medicine, tests, surgeries or other care to prevent or treat illness or injuries and companies like yours interfered in a doctor-patient relationship to block the patient from getting care they needed.

Furthermore, people only appeal their claim or pre-authorization denial 0.2% of the time. This is in large part due to the opaque, convoluted, and time-consuming appeals processes that companies like yours have constructed. While this issue of claim and pre-authorization denials

afflicts the entire private health insurance industry, the BCBS Network is the largest health insurer in the country and Elevance/Anthem BCBS is the largest BCBS Network affiliate.

We demand Elevance/Anthem BCBS (and the entire BCBS network) take the following measures immediately to address this crisis:

1. Anthem BCBS/Elevance (and the BCBS Network) overturn all claim/pre-authorization denials that we submit when we meet
2. Anthem BCBS/Elevance (and the BCBS Network) stop denying claims, and overturn any existing denials, for treatments recommended by medical professionals
3. Transparency: Anthem BCBS/Elevance (and the entire BCBS Network) provide a total number of:
 - Denied claims/pre-authorizations (and the value of them) broken down by market (employer/marketplace/Medicare Advantage/Medicaid MCO), state, geography (urban/suburban/rural), race, and gender. If Anthem BCBS/Elevance's insurance products result in disproportionate claim denials by race, gender, or geography, Anthem BCBS/Elevance must reform its practices to advance equity measures and repair this discrimination immediately
 - How many and the monetary value of claims/pre-authorizations that were overturned on appeal through Anthem BCBS's internal process (or that of another BCBS Network affiliate) and how many and the monetary value of those overturned by an external authority
 - Anthem BCBS/Elevance (and all BCBS Network affiliates) disclose the total percentage of their profits taken by denying care for their members
4. Anthem BCBS/Elevance CEO Gail Boudreaux and Anthem BCBS Medical Director (as well as the CEO's and Medical Directors of all BCBS Network affiliates) hold monthly open microphone meetings with members to discuss problems with your insurance products
5. Anthem BCBS/Elevance (and all BCBS Network affiliates) officially acknowledge they cannot be responsible for both denying claims (and pre-authorization requests) and running the appeals process and request relevant public authorities take over the claim appeals process.

Sincerely,

Sulma Arias, Director, People's Action

Aija Nemer-Aanrud, Health Care for All Campaign Director, People's Action

Jaime Izaguirre, Co-Chair, www.careovercost.org, Iowa Citizens for Community Improvement

Eleana Molies, Co-Chair, www.careovercost.org, Organizing Neighborhoods for Equality, Northside