

December 17, 2025

Ms. Gail Boudreaux
President and Chief Executive Officer
Elevance Health
220 Virginia Avenue
Indianapolis, IN 46204

Dear Ms. Boudreaux:

America's hospitals, health systems and its caregivers have significant concerns regarding Anthem's nonparticipating provider policy¹ and the harm it will inflict on patients. We strongly urge Elevance Health, as the parent company to the Anthem brand of health plans, to rescind the policy and work directly with applicable out-of-network providers to address their concerns and, if that fails, participate more meaningfully within the No Surprises Act (NSA) Independent Dispute Resolution (IDR) process.

Effective January 1, 2026, Anthem intends to impose punitive measures on hospitals participating in the plan's network in instances where an out-of-network provider is part of an Anthem enrollee's care team. Under the policy, Anthem could penalize hospitals equal to 10% of the allowed amount of the hospital's claims that involve the use of an out-of-network provider and potentially terminate the hospital from its networks. Penalties and termination can be applied to hospitals under the policy even though hospitals may not own, control or manage independent providers involved in a patient's care.

Anthem contends that this policy is about protecting its enrollees from higher bills associated with out-of-network care. However, the NSA already protects patients from unanticipated out-of-network bills, and it is notable that Anthem's policy is substantively similar to the "network matching" policy Congress considered *and rejected* when

¹ Anthem Blue Cross and Blue Shield. *Commercial – Facility Administrative Policy: Use of a Nonparticipating Care Provider*. MULTI-BCBS-CM-093315-25. Approved October 1, 2025. Accessed December 9, 2025. https://files.providernews.anthem.com/6740/MULTI-BCBS-CM-093315-25-Nonparticipating-Care-Provider-Policy_FINAL.pdf.



crafting the NSA², possibly due to the harm such an approach introduces to patients. **Specifically, Anthem's approach would limit patients' choice of providers and could even mislead them about where they can access care.** If Anthem fails to secure adequate physician coverage for an in-network hospital, enrollees' access to the care presented to them as in-network options could be rendered largely meaningless. This is because in attempting to comply with the policy, the hospital may be forced to forego providing needed care to Anthem enrollees when there are gaps in the plan's provider network. Thus, the hospital would appear available to patients as an in-network provider, but they could not effectively use their health plan benefits at that facility.

Moreover, Anthem's policy is fundamentally unworkable for hospital operations. The policy will require hospitals to verify in advance the network status of every provider involved in a patient's care, a task made impossible by the current state of Anthem's provider directories. Major gaps and errors in provider directories are well documented and routinely confuse patients, providers and even the insurers themselves about who is in-network.^{3,4} Further, the policy fails to consider the very real challenges of hospital staffing shortages, the independent status of most provider groups and basic clinical coverage requirements hospitals must meet.

The policy appears designed to address Anthem's dissatisfaction with its IDR results, specifically the large number of IDR disputes initiated against the plan and its high loss rate. **However, Anthem today could address many of its concerns with the IDR process by making changes in its own operations.** For example, federal data indicate Anthem failed to participate in more than 30% of the IDR disputes of which it was a party to in 2024, resulting in default judgements for providers. Additionally, AHA member hospitals report that Anthem often fails to share with providers essential information for determining whether a dispute is eligible for IDR. Moreover, Anthem does not consistently respond to providers during the open negotiation period, which was established by Congress to enable providers and plans to resolve disputes before triggering the IDR process. Finally, given that the IDR process is baseball-style arbitration where the IDR entity must pick a single offer, Anthem should ensure that it is putting forward compelling offers.

² Rachel Bluth, "Senate Panel Makes Surprisingly Fast Work of 'Surprise Medical Bills' Package," *KFF Health News*, June 26, 2019, available at <https://kffhealthnews.org/news/senate-panel-makes-surprisingly-fast-work-of-surprise-medical-bills-package/> (last visited Dec. 8, 2025).

³ Kevin B. O'Reilly, *Evidence on Inaccurate Directories Piles Up. It's Time to Act.*, Am. Med. Ass'n (May 18, 2023), <https://www.ama-assn.org/health-care-advocacy/access-care/evidence-inaccurate-directories-piles-it-s-time-act>.

⁴ Haeder SF, Zhu JM. Inaccuracies in provider directories persist for long periods of time. *Health Aff Sch.* 2024 Jun 4;2(6):qxae079. doi: 10.1093/haschl/qxae079. PMID: 38915809; PMCID: PMC11195574.

In addition, federal agencies already have issued a proposed rule that would, if finalized, address many of the issues Anthem has raised.⁵ For example, the rule would reduce the number of ineligible IDR disputes by requiring plans to share the information necessary for providers to determine claim eligibility. However, to reiterate, there is nothing stopping Anthem from providing that information voluntarily today.⁶

The core objectives of the NSA were to protect patients and to incentivize network participation. Anthem undermines this landmark legislation by introducing new patient harms and targeting the very hospitals that have worked in good faith to participate in the plan's network. **The AHA calls on Elevance Health to do right by its Anthem enrollees and ensure it is a credible partner to its network hospitals and health systems and rescind this deeply flawed policy.**

Sincerely,

/s/

Richard J. Pollack
President and Chief Executive Officer

⁵ Federal Independent Dispute Resolution Operations, Proposed Rule, *88 Fed. Reg.* 75744 (Nov. 3, 2023). Available at: <https://www.federalregister.gov/documents/2023/11/03/2023-23716/federal-independent-dispute-resolution-operations>.

⁶ <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/caa-nsa-rarc-codes.pdf>