December 8, 2025

VIA ELECTRONIC TRANSMISSION

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

Dear Ms. Boudreaux,

We write to express strong opposition to your recently announced *Facility Administrative Policy: Use of a Nonparticipating Care Provider*, scheduled to take effect January 1, 2026, in 11 states. We urge you to rescind this policy immediately.

Ambulatory Surgery Centers (ASCs) frequently rely on contracted anesthesia, pathology and radiology groups while providing care to patients. This policy presents significant challenges to ASCs as these groups may be in-network at the time of agreement but can fall out-of-network without notice. ASCs have no control over these changes, nor can they swiftly replace such providers. Any prior authorization policy would require Anthem to greatly improve its communication about network status to facilities so that ASCs had accurate information about contracted providers involved in care between the time a surgery is scheduled and when it is performed. Without these assurances, we are left in a situation in which the burden of verification falls squarely on facilities, with the threat of significant penalties lurking behind any missteps.

Further, despite your policy including an exception for when no in-network provider is available in the same geographic area, the lack of a transparent process or advance notification system renders compliance unpredictable and burdensome. Additionally, we question how the exception for nonparticipating providers who have been granted Anthem's prior approval will work. It is unclear whether the facility or the nonparticipating provider is responsible for obtaining this authorization, what the process is to do so and how long the authorization will be effective.

We are also confused as to how this new policy interacts with Anthem's own offerings of out-of-network benefits. Based on our reading of the policy, there are no exceptions, even for instances when an Anthem beneficiary has out-of-network benefits that would otherwise allow use of nonparticipating providers: it would seem that in such situations facilities would still be penalized for the use of a nonparticipating provider, despite the beneficiary having paid for

coverage that allows such use. If Anthem does not want beneficiaries to use nonparticipating providers, why do you sell policies that allow beneficiaries to do so?

Beyond its impact on facilities, this policy will negatively impact patients' access to care. Care may be unnecessarily delayed for Anthem beneficiaries as procedures will be complicated by the need to verify (both at time of scheduling and when care is provided) that only participating physicians and other providers are part of the care team.

In addition, this policy appears to circumvent the policy under the *No Surprises Act* (NSA) that protects patients from surprise medical bills when out-of-network care is provided at an in-network ambulatory surgery center (ASC). Despite Anthem's justification for the policy as a response to provider behavior under the NSA's independent dispute resolution (IDR) process, the policy itself goes well beyond this narrow concern. By our reading, even in situations where a nonparticipating provider does not pursue the IDR process and accepts the median rate under NSA for reimbursement, the facility would still be subject to a 10 percent reduction and possible termination from Anthem's network. While we expect that Anthem will still pay such nonparticipating providers the median rate (or the rate established through IDR), we wonder if the reductions to facility payments are to be used to fund such reimbursements, an approach never intended by the NSA.

Anthem's new policy seeks to enlist facilities in a pressure campaign to get nonparticipating providers to accept Anthem contracts. Penalizing facilities for not aiding and abetting this campaign is punitive, counterproductive and threatens patient access and the continuity of care. We respectfully request you rescind this policy immediately and instead engage with both providers and facilities as you design future policies. We would also welcome a meeting with you and your team to further discuss our concerns surrounding your new policy.

Sincerely,

Alabama Association of Ambulatory Surgery Centers (AAASC)
American Academy of Ophthalmology (AAO)
American Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS)
American Association of Nurse Anesthesiology (AANA)
American Association of Orthopaedic Surgeons (AAOS)
American College of Gastroenterology (ACG)
American College of Obstetricians and Gynecologists (ACOG)
American Gastroenterological Association (AGA)
Ambulatory Surgery Center Association (ASCA)

American Society of Cataract & Refractive Surgery (ASCRS)
Arkansas Ambulatory Surgery Association (AASA)
Arizona Ambulatory Surgery Center Association (AASCA)
California Ambulatory Surgery Association (CASA)
Colorado Ambulatory Surgery Center Association (CASCA)
Connecticut Association of Ambulatory Surgery Centers (CAASC)
Dialysis Vascular Access Coalition (DVAC)
Georgia Society of Ambulatory Surgery Centers (GSASC)
Idaho Ambulatory Surgery Center Association (IASCA)
Illinois Ambulatory Surgery Center Association (IASCA)
Indiana Federation of Ambulatory Surgical Centers (IFASC)
Kansas Association of Ambulatory Surgery Centers (KAASC)
Louisiana Ambulatory Surgery Center Association (LASCA)
Maryland Ambulatory Surgery Association (MASA)
Massachusetts Association of Ambulatory Surgery Centers (MAASC)
Michigan Ambulatory Surgery Association (MASA)
Missouri Ambulatory Surgery Center Association (MASCA)
New Jersey Association of Ambulatory Surgery Centers (NJAASC)
Ohio Association of Ambulatory Surgery Centers (OAASC)
The OrthoForum
Outpatient Ophthalmic Surgery Society (OOSS)
Pennsylvania Ambulatory Surgery Association (PASA)
Tennessee Ambulatory Surgery Center Association (TASCA)
Texas Ambulatory Surgery Center Society (TASCS)
Association of Wisconsin Surgery Centers (WISCA)

Cc:

Ariel Bayewitz, Vice President, Health Economics

Samuel Marchio, Secretary & Vice President, Federal & External Affairs