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## Self-funded plans sue Anthem, alleging overcharging and ...

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<https://portal.ct.gov/CHRO/Public-Hearing/Leftri...>

## Leftridge v Anthem Blue Cross Memo of Decision

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 Caseltext  
<https://caseltext.com/.../Supr.Ct./2002/December>

## Dardinger v. Anthem Blue Cross, 98 Ohio St. 3d 77

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### Los Angeles Anthem Blue Cross Health Insurance Denial ...

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### Description of Anthem's Material Pending Litigation

d/b/a Anthem Blue Cross and Blue Shield of Connecticut, No. 3:01 CV 426 was ... filed suit in federal court in Miami, Florida against the Blue Cross Blue Shield.

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 **Law.com**  
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### Class Action Filed: Self-Funded Health Plans Sue Anthem

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### Anthem Agrees to Record-Setting Class Action Settlement ...

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### Anthem agrees to pay record \$115M to settle data breach suit

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### Valley Health sues Anthem over 'egregious' reimbursement ...

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### Notification of Settlement of **Class Action Antitrust Lawsuit** ...

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### Important Update for Health Care Providers Regarding In ...

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 **USA Today**  
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### Anthem settles a security breach lawsuit affecting 80M

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### Blue Cross Blue Shield Association Files Amicus Brief in ...

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### Court briefs could delay Blue Cross Blue Shield settlement ...

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 **Justia Law**  
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### Talbott v. Anthem Blue Cross and Blue Shield, 147 F. Supp ...

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 **California Medical Association**  
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### Valley Health Files Suit to Recoup Millions in Past Due ...

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<https://legacy.lambdalegal.org/cases/east-v-bcbs>

## East v. Blue Cross Blue Shield of Louisiana

Lambda Legal filed a federal class action discrimination lawsuit in U.S. District Court for the Middle District of Louisiana against Blue Cross Blue Shield ...

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## Anthem Settles Medicare Advantage Fraud Case for \$100M

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## Anthem paying \$594M to settle antitrust litigation, but deal ...

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 **SEC.gov**  
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## Litigation

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## Elevance Health

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Sutter Health, Litigation Website. If you paid any portion of premiums for health insurance from Aetna, Anthem Blue Cross, Blue Shield of California, Health ...

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## Sommers Schwartz Files Suit Against Blue Cross ...

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 **Georgia Office of Insurance and Safety Fire Commissioner (.gov)**  
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## Georgia Insurance Commissioner's Office Fines Anthem Blue ...

Mar 29, 2022 — "This examination uncovered a number of serious issues, including improper claims settlement practices, violations of the Prompt Pay Act, ...

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<https://www.stopinsurancedenial.com/services/anth>

## Anthem Health Insurance Denial Claims and How To Appeal

But if Anthem unreasonably denies coverage under the policy, the policyholder may be entitled to file a bad faith claim. This means that if a court finds that ...



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## Georgia fines Anthem/Blue Cross \$5 million for consumer ...

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Michigan Hospital Payments Litigation

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Health Law & Business  
Feb. 23, 2023, 4:25 AM CST

# Suit Against Anthem Exposes Conflict Over Health Claims Data

By Sara Hansard

- Employers could save money with data, consultant says
- Insurers contend health claims data is proprietary

A lawsuit filed by an employer health plan against its health insurance administrator may open the door for other employers to demand access to their medical claims data, health-care consultants say.

In a lawsuit filed in US District Court for the Eastern District of Virginia, medical supply logistics company Owens & Minor Inc. said Anthem Health Plans of Virginia Inc., which does business as Anthem Blue Cross and Blue Shield, repeatedly refused to turn over claims data requested since 2021. Owens & Minor's health plan is self-funded and regulated under the federal Employee Retirement Income Security Act.

The case is the latest filed by employers demanding claims data so that they can perform their fiduciary duties in assessing whether payments for health services are correct and reasonable. Employers are now aided in that effort by the Consolidated Appropriations Act of 2021 (Public Law No. 116-260), which requires employer-sponsored health plans to have access to their own data.

"This case is important to plaintiff and self-funded plans in general," Owens & Minor said in its complaint. Health plans are entitled to analyze their claims data to determine whether fiduciary duties to operate the plan in the best interest of beneficiaries are being met, and plan administrators shouldn't interfere with those duties by withholding claims data based on the "erroneous" assertion that the data is the administrator's "proprietary" and "confidential" information, the suit said.

The suit, filed Feb. 13, cites recent reports of "instances where opportunistic claims administrators have employed illegal or unethical means to obtain windfall profits—at the expense of self-funded plans and taxpayers alike," including accusations that Anthem affiliates gave incentives to health-care providers to report that Medicare Advantage patients are sicker than they actually are because insurers received more income for patients with more serious documented conditions.



Owens & Minor is asking the court to provide injunctive relief by requiring Anthem to give them access to their data. Owens & Minor is a Fortune 500 company that employs over 17,000 people in 70 countries and is headquartered in Richmond, Va.

#### Potential for Employer Savings

"We finally have a plan sponsor with the guts to do this," Tony Sorrentino, a lawyer who is president of Health Plan Fiduciary Compliance LLC, a health-care compliance consulting firm based in Parker, Colo., said in an interview.

"If we go through this fiduciary process, and we understand where our claim dollars are being spent—that there's waste, there's abuse, there's misadjudication of claims—we're going to be able to save a lot of money," Sorrentino said.

"Those are the things that are going to take a \$10 million group down to an \$8 million group" in terms of health-care spending by plans, he said.

The law firm handling the case for Owens & Minor said neither it nor the company would comment on the case on the record. Anthem did not return a request for comment.

#### Claims Data as Proprietary

Third-party administrators typically claim the information is proprietary and they aren't willing to share it with the plan sponsor, Amy Gordon, a partner with Winston & Strawn LLP in Chicago, said in an interview.

"It's sort of a fine line, because if you are self-insuring your coverage," she said, "you have this financial obligation to pay those claims."

Transparency rules that took effect in 2022 "were supposed to essentially fix this problem," Gordon said. The rules, which require health plans to disclose their prices, are intended to provide full transparency into how much the plan is paying for services.

But health-care payments are complicated, with many types of payment arrangements between providers and insurers and administrators, such as reference-based pricing and pay for performance systems, she said.

"Anthem is saying we've got all these proprietary arrangements that we don't want to get out into the public, and yet Owens & Minor is saying we have a fiduciary obligation to our plan participants to know that what we're paying is fair and reasonable for the services that they are getting," Gordon said.

In addition to requirements that health plans provide the Centers for Medicare & Medicaid Services with their drug and health-care plan costs, plans are mandated to assess the impact of costs on employee premiums, Alex Jung, founder of Alex Jung Consulting LLC, said in an interview. Jung's company, based in Chicago, provides consulting for various segments of the health-care industry.

"They cannot properly investigate, or assess their claims, without claims data," she said.

The health insurer's duty to negotiate the best price for health plans "shouldn't create a situation where those prices are confidential," Jung said, "If I'm getting the best price, what exactly are you afraid of showing me?"

Recent transparency rules "made it very clear what data the employer has access to, Chris Deacon, owner and principal of VerSan Consulting LLC, said in an interview. "It's not a new fiduciary duty. But this fiduciary duty has always been both on the employer and those acting on the employer's behalf in a fiduciary capacity to engage in oversight."

"What the CAA did was just make much more clear cut that employers must have access to their data, which obviously makes it much easier to bring a lawsuit," she said.

### Other Litigation

Owens & Minor's lawsuit is the latest filed by employer health plans against insurers—including Anthem, now Elevance Health Inc., and other Blue Cross Blue Shield plans—for failing to share claims data, Deacon said.

The lawsuits have typically been settled out of court with nondisclosure agreements, leaving no public record, she said.

One case winding its way through the courts is *Massachusetts Laborers' Health and Welfare Fund v. Blue Cross Blue Shield of Massachusetts*, which was initially dismissed on the grounds that the insurer wasn't operating as a fiduciary, Deacon said.

In 2022, the Department of Labor filed an amicus brief supporting the Massachusetts Laborers' Health and Welfare Fund in an appeal to the US Court of Appeals for the First Circuit. The laborers' fund alleged the Blue Cross plan breached its fiduciary duties by overpricing claims and overpaying providers in violation of plan terms.

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**Related** [Owens & Minor Sues Anthem Blue Cross For Health Plan Claims Data](#)

**Stories** Feb. 14, 2023, 11:14AM CST


**H**ealth system **Bon Secours** has filed a lawsuit against the state's largest insurer, **Anthem Blue Cross and Blue Shield**, alleging the insurer owes tens of millions of dollars in unpaid claims from the past four years.

In a suit that demands \$93 million, Bon Secours said Anthem has arbitrarily denied, downgraded or delayed claims. While Bon Secours has worked to receive payment, the suit paints Anthem as obstinate and trying to overwhelm the health system with records requests.

At one point, the number of claims Bon Secours said were denied or remained unpaid reached 18,000.

"Anthem's slow-pay and no-pay tactics have caused and are causing significant damage to (Bon Secours)," the system said in the suit.

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Anthem disputed the allegations but didn't address them specifically. A spokesperson for the insurer said the suit was nothing more than an attempt to distract from the fact that Bon Secours had terminated contracts with Anthem.

In recent months, the two sides have tried to negotiate new contracts, but discussions have come to a stalemate. Patients with Anthem's Medicare Advantage policy became out of network at Bon Secours facilities in July. Anthem patients who receive Medicaid are due to go out-of-network this fall if a deal isn't reached. The rest of Anthem's customers are in network at Bon Secours until the end of 2024.

The two sides met repeatedly, but they were unable to reduce the number of unadjudicated claims, Bon Secours said. The health system notified Gail Boudreaux, CEO of Anthem's parent company, Elevance Health, in June 2020, and the two companies began speaking weekly. But the issues did not resolve.

Bon Secours tried to work with Anthem for almost two years, it said. But by 2022, Anthem had denied a higher number of claims, and the percentage of claims that were unpaid by 90 days reached almost half.

According to Bon Secours, Anthem devised a number of tactics to pay less or delay payment. It asserted that Anthem deployed a special investigations unit to make requests for medical records and unnecessarily audit emergency room claims.

It also downcoded emergency room claims — if a patient arrives at an ER with a cough, the staff might conduct a series of tests to rule out significant illness. If the final diagnosis is something relatively minor, like a cold, the insurer can attempt to pay according to the final diagnosis, disregarding the tests needed to achieve that diagnosis.

At the Emporia hospital, Anthem has demanded extra information about patients and treatment before agreeing to pay, despite any evidence of fraud or abuse, Bon Secours said. The extra requirement caused an “extreme administrative burden” on the hospital, the health system said.

By March 2023, the situation between the two had not improved, and Bon Secours notified Anthem it would terminate contracts for Anthem's Medicare Advantage customers in August and Anthem's Medicaid Managed Care customers October 1.

In response, Anthem called the suit a tactic to demand a double-digit price increase in premiums.

“With these actions, they are closing off opportunities to work collaboratively, despite numerous requests to refocus the discussion and reach a solution,” said Kersha Cartwright, a spokesperson for Anthem.



Bon Secours filed the suit Monday in Henrico County Circuit Court. It operates five hospitals in greater Richmond — St. Mary's Hospital, Memorial Regional Medical Center, Richmond Community Hospital, St. Francis Medical Center and Southside Medical Center. It also owns Southern Virginia Medical Center in Emporia, Rappahannock General Hospital in Kilmarnock and three others in Hampton Roads. About one in three Virginia residents has Anthem health insurance.

Bon Secours filed its suit against Anthem Blue Cross and Blue Shield in Henrico County Circuit Court on Monday. The health system operates five hospitals in greater Richmond — St. Mary's Hospital, left, Memorial Regional Medical Center, Richmond Community Hospital, St. Francis Medical Center and Southside Medical Center.

Bon Secours

Bon Secours says Anthem has not paid \$73 million in old claims dating to 2019. The contract between them requires Anthem to pay claims between 30 and 60 days, but some went more than 90 without Anthem cutting a check.