

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
1	Anthem Blue Cross & Blue Shield	KY	\$321,118.80	August 2023	Kentucky Dept. for Medicaid Services	Medicaid Market	<p>A. Anthem failed to submit timely encounter files.</p> <p>B. Anthem failed to resubmit erroneous files that were identified by the Medicaid office.</p> <p>C. Anthem's threshold error for encounter files exceeded percentage required by the Medicaid office.</p> <p>D. Failed to submit encounter data in the required format.</p> <p>E. Failed to submit required attestations.</p> <p>F. Failed to timely submit encounter files from adjudication date.</p>
2	Anthem Blue Cross & Blue Shield	KY	\$354,024.70	October 2022	Kentucky Dept. for Medicaid Services	Medicaid market	<p>A. Anthem failed to submit timely encounter files.</p> <p>B. Anthem failed to resubmit erroneous files that were identified by the Medicaid office.</p> <p>C. Anthem's threshold error for encounter files exceeded percentage required by the Medicaid office.</p> <p>D. Failed to submit encounter data in the required format.</p> <p>E. Failed to submit required attestations.</p> <p>F. Failed to timely submit encounter files from adjudication date.</p>
3	Anthem Blue Cross & Blue Shield	KY	\$311,230.00	March 2022	Kentucky Dept. for Medicaid Services	Medicaid market	<p>A. Anthem failed to submit timely encounter files.</p> <p>B. Anthem failed to resubmit erroneous files that were identified by the Medicaid office.</p> <p>C. Anthem's threshold error for encounter files exceeded percentage required by the Medicaid office.</p> <p>D. Failed to submit encounter data in the required format.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<p>E. Failed to submit required attestations.</p> <p>F. Failed to timely submit encounter files from adjudication date.</p>
4	Anthem Blue Cross & Blue Shield	KY	\$262,555.65	June 2022	Kentucky Dept. for Medicaid Services	Medicaid market	<p>A. Anthem failed to submit timely encounter files.</p> <p>B. Anthem failed to resubmit erroneous files that were identified by the Medicaid office.</p> <p>C. Anthem's threshold error for encounter files exceeded percentage required by the Medicaid office.</p> <p>D. Failed to submit encounter data in the required format.</p> <p>E. Failed to submit required attestations.</p> <p>F. Failed to timely submit encounter files from adjudication date.</p>
5	Anthem Blue Cross & Blue Shield	KY	\$267,109.26	May 2020	Kentucky Dept. for Medicaid Services	Medicaid market	<p>A. Anthem failed to submit timely encounter files.</p> <p>B. Anthem failed to resubmit erroneous files that were identified by the Medicaid office.</p> <p>C. Anthem's threshold error for encounter files exceeded percentage required by the Medicaid office.</p> <p>D. Failed to submit encounter data in the required format.</p> <p>E. Failed to submit required attestations.</p> <p>F. Failed to timely submit encounter files from adjudication date.</p>
6	Anthem Blue Cross & Blue Shield	KY	\$278,489.57	December 2019	Kentucky Dept. for Medicaid Services	Medicaid market	<p>A. Anthem failed to submit timely encounter files.</p> <p>B. Anthem failed to resubmit erroneous files that were identified by the Medicaid office.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<p>C. Anthem's threshold error for encounter files exceeded percentage required by the Medicaid office.</p> <p>D. Failed to submit encounter data in the required format.</p> <p>E. Failed to submit required attestations.</p> <p>F. Failed to timely submit encounter files from adjudication date.</p>
7	Anthem Blue Cross Partnership Plan	CA	\$265,000.00	December 2022	California Dept. of Health Care Services	Medicaid market	A. Failure to meet minimum performance levels.
8	Anthem Blue Cross Partnership Plan	CA	\$323,000.00	December 2023	California Dept. of Health Care Services	Medicaid Market	<p>A. Failure to meet performance measures.</p> <ul style="list-style-type: none"> The scope of violations is determined by the number of insured impacted by the quality-of-care violation. <p>B. Failure to provide preventative services. Preventative measures include:</p> <ul style="list-style-type: none"> Child and adolescent well care visits Immunization for children and adolescents Lead screening in children Well child visits Reproductive health and cancer prevention <ul style="list-style-type: none"> Breast cancer screening Cervical cancer screening Chlamydia screening for women Prenatal and postpartum care and timeliness of prenatal care Chronic disease management <ul style="list-style-type: none"> Comprehensive diabetes care Controlling high blood pressure Behavioral healthcare: <ul style="list-style-type: none"> Follow up after emergency department visits for mental illness.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<ul style="list-style-type: none"> Follow up emergency department visits for substance use.
9	Anthem Health Plans Inc.	CT	\$320,000.00	February 2022	Connecticut Dept. of Insurance	Commercial – Individual Market – Small Group Market – Large Group Market	<p>The Connecticut Department of Insurance examined Anthem's market conduct practices and procedures from January 2016 through December 2018. Anthem failed as follows:</p> <p>A. Failed to utilize licensed producers.</p> <p>B. Utilizing producers without required appointments.</p> <p>C. Failure to take corrective action regarding producer licensing and appointments as required under prior administrative action against Anthem on June 11, 2015,</p> <p>D. Failure to pay claims without conducting a reasonable investigation.</p> <p>E. Failure to pay claims in a timely manner.</p> <p>F. Failure to maintain sufficient controls for the handling of policyholder co-payments and co-insurance for emergency room claims.</p> <p>G. Failure to maintain proper controls for the payment of out of network claims.</p> <p>H. Failure to maintain sufficient procedures relative to policyholder service.</p> <p>I. Failure to take corrective action for the prompt payment and investigation of claims as required under prior administrative action against Anthem in 2015.</p> <p>J. Failure to properly investigate claims for certain preventive services including 3D mammograms.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<p>K. Failure to maintain sufficient controls to ensure claims are properly investigated and sufficiently documented.</p> <p>L. Failure to pay interest on claims not paid in a timely manner.</p> <p>M. Failure to maintain proper controls for the loading and adjudication of policyholder deductibles and coinsurances.</p> <p>N. Failure to implement proper control for payment of autism services.</p>
10	Anthem Health Plans of Virginia Inc.	VA	\$300,000.00	June 2023	Virginia Dept. of Insurance	Commercial Market – Individual Market – Small Group Market – Large Group Market	A. Failure to pay clean claims to contract providers and failed to pay claims in a timely fashion.
11	Anthem Life Insurance Company	CT	\$54,500.00	February 2022	Connecticut Dept. of Insurance	Commercial Market – Individual Market – Small Group Market – Large Group Market	<p>A. Failure to establish proper procedures to ensure that sufficient documentation is available to demonstrate that individuals negotiating or effecting insure on Respondent's behalf are properly licensed and appointed as required by law.</p> <p>B. Failure to take corrective action regarding producer licensing as required under prior administrative action from 2015.</p> <p>C. Use of unlicensed individuals to solicit, negotiate, or effecting insurance on Policyholder's behalf and producers acting as agents without proper appointment as required by law.</p> <p>D. Anthem failed to provide documentation sufficient for regulatory review.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
12	Blue Cross Blue Shield Healthcare Plan of GA., Inc.	GA	\$5 million Consent agreement and corrective action plan	2015 - 2021	Georgia Dept. of Insurance	Commercial Market – Individual Market – Small Group Market – Large Group Market	<p>A market conduct examination conducted by the Georgia Department of Insurance provided that:</p> <p>A. Anthem failed to adopt and implement procedures for the prompt investigation and payment of claims for policyholders and providers from 2018 to 2021.</p> <p>B. Anthem had numerous provider complaints and processing errors regarding claims from in network providers processing as out-of-network and rejecting claims for unknown reasons.</p> <ul style="list-style-type: none"> ○ Anthem entered into a consent agreement and corrective action plan. <ul style="list-style-type: none"> • The corrective action plan is in effect until March 2023. ○ Anthem not allowed to pay any ordinary dividend above \$100 million or any other dividends while under departmental supervision without first obtaining commissioner approval. ○ Anthem is subject to periodic examinations by a qualified individual or firm of the department's choosing. ○ Anthem is ordered to be monitored by a single appointed contact to ensure compliance and to assist the Georgia healthcare providers. ○ Anthem is required to take action within 15 days of initial complaints and inquires filed with the department. ○ Anthem will adhere to all prompt payment requirements.
13	Blue Cross of California	CA	\$2.8 million	corrective actions required by July 31, 2019	California Dept. of Managed Health Care	Commercial Market – Individual Market – Small Group Market –	<p>A. Failure to adequately consider a grievance/appeal and/or to initiate the grievance process required by law.</p> <p>B. Failure to provide an enrollee with written acknowledgment of its receipt of a grievance/appeal within 5 calendar days of receipt as required by law.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
						Large Group Market	<p>C. Failure to resolve enrollee grievances/appeals within 30 calendar days of receipt as required by law.</p> <p>D. Failure to issue clear and concise written resolution of a grievance/appeal as required by law.</p> <p>E. Failure to provide the appropriate notification within 3 days of receipt of a grievance/appeal concerning imminent and serious threat to the health of the patient as required by law.</p> <p>F. Failure to include appropriate language in an appeal-related communication as required by law.</p> <p>G. Failure to timely provide info to the department as required by rule or regulation.</p> <p>○ \$2.8 million administrative penalty assessed against Anthem and entered into a corrective action plan.</p>
14	Blue Cross of California dba Anthem Blue Cross	CA	\$725,000.00 and corrective action plan	December 2022	California Dept. of Managed Health Care	Commercial Market – Individual Market – Small Group Market – Large Group Market	<p>A. Failure to timely reimburse providers or enrollees after receiving independent medical review decisions that overturn Blue Cross's denial of claim.</p> <p>B. BCBS denied healthcare services that were medically necessary and improperly denied claims for experimental or investigational coverage.</p> <p>C. BCBS improperly denied coverage of healthcare services included in their health insurance policy.</p> <p>○ The group of violations is not an isolated incident. They were fined in 2020 and 2021.</p> <ul style="list-style-type: none"> • In 2020 they were fined \$20,000.00 administrative penalty. • In 2021 they were fined \$70,000.00 administrative penalty.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
15	Blue Cross of California dba Anthem Blue Cross (Plan)	CA	\$360,000.00 and corrective action plan	March 2022	California Dept. of Managed Health Care	Commercial Market – Individual Market – Small Group Market – Large Group Market	<p>A. Violation of the Knox-Keen Act of 1975</p> <ul style="list-style-type: none"> The Knox-Keen Act requires plans to provide coverage for seven broadly defined categories of “basic health care services,” which include: Physician services, including consultation and referral. Hospital inpatient and ambulatory care services. Diagnostic laboratory and diagnostic and therapeutic radiologic services. The plan reported that approximately 2,047,077 claims involving 362,877 enrollees were impacted. Explanation of benefits had not been issued to enrollees. An EOB is issued to the insured to inform them of the processing of the claim and to advise the insured of any amounts that the plan did not cover and any liability for payment for which the enrollee is responsible.
16	Blue Cross of California dba Anthem Blue Cross (Plan)	CA	\$750,000.00 And corrective action plan	2015-2020	California Dept. of Managed Health Care		<p>A. Violation of the Knox-Keen Act of 1975</p> <ul style="list-style-type: none"> The Knox-Keen Act requires plans to provide coverage for seven broadly defined categories of “basic health care services,” which include: Physician services, including consultation and referral. Hospital inpatient and ambulatory care services. Diagnostic laboratory and diagnostic and therapeutic radiologic services. Anthem’s audit determined that 59,443 individual claims were applied incorrectly. Anthem initiated remediation efforts, which resulted in \$8,558,138.88 in reprocessed claims. Additionally, Anthem issued a total of \$600,836.05 in interest payments, using a 10% per annum interest rate. In total, Anthem issued \$9,158,975.93 total repayments to impacted members.
17	Blue Cross of California Partnership Plan	CA	\$1 million and corrective action plan	October 2020	California Dept. of Managed Health Care	Commercial Market – Individual Market – Small Group	<p>A. Violation of the Knox-Keen Act of 1975</p> <ul style="list-style-type: none"> The Knox-Keen Act requires plans to provide coverage for seven broadly defined categories of “basic health care services,” which include: Physician services, including consultation and referral. Hospital inpatient and ambulatory

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
						Market – Large Group Market	<p>care services. Diagnostic laboratory and diagnostic and therapeutic radiologic services.</p> <p>B. Enrollee was denied a health care service and subsequently appealed it to an Independent Medical Review (IMR). The IMR overturned the denial of the health care service and authorized that the health care service be provided to the enrollee.</p> <ul style="list-style-type: none"> 200 days elapsed between the date the plan was required to authorize the service and the day it was actually authorized by Blue Cross of California.
18	Anthem Blue Cross Partnership Plan	CA	\$11,408,600.00	April 2019	California Dept. of Health Care Services	Medicaid Market	<ul style="list-style-type: none"> Anthem Blue Cross Partnership Plan was sanctioned for 48,551 noncompliant grievance/appeal notices.
19	Elevance Health, Inc. and affiliated health plans (Please note this is an action of a rating taken by CMS and is not considered a fine or administrative action.)						<ul style="list-style-type: none"> CMS-Medicare has reduced Elevance's rating from a 4.5 to a 3.5 on a scale (with rating of a 1 being worse and rating of 5 being best). As a result of this rating reduction, Elevance could potentially lose a \$500,000.00,000.00 Dollar Bonus, one of the major reasons for the reduction of complaints against Elevance. On October 13, 2023, the Centers for Medicare & Medicaid Services ("CMS") released its 2024 Star Ratings for Medicare Advantage ("Medicare Part C") and Medicare Part D prescription drug plans. Based on the newly released 2024 Star ratings, the percentage of Medicare Advantage members of Elevance Health affiliated health plans in 4 Star or higher-rated plans is expected to drop to approximately 34% as compared to approximately 64% based on the 2023 Star Ratings result. This will impact both the Star quality bonus payments and the plan level rebates in 2025.
20	HealthPlus HP, LLC	NY	\$289,067.00	August 2023	New York Dept. of Health	Medicaid Market	<p>A. Failed to submit patient specific medical information and claims including encounter data to the New York office of Medicaid to allow oversight of quality assurance for compliance of state and federal law.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
21	HealthPlus HP, LLC	NY	\$376,791.44	2022-2023	New York Dept. of Health	Medicaid Market	A. Failed to submit patient specific medical information and claims including encounter data to the New York office of Medicaid to allow oversight of quality assurance for compliance of state and federal law.
22	Healthy Blue of Louisiana	LA	\$250,000.00	July 2019	Louisiana Dept. of Health	Medicaid Market	A. Healthy Blue's pharmacy benefit manager (PBM) IngenioRx improperly steered enrollees to certain network providers in violation with its contract with the Louisiana Department of Health (LDH).
23	Healthy Blue of Louisiana	LA	\$1,186,420.24	December 2019	Louisiana Dept. of Health	Medicaid Market	A. Failure to meet quality performance measures regarding: <ul style="list-style-type: none"> Follow up after hospitalization after mental illness within 30 days of discharge. Comprehensive diabetes care.
24	Blue Cross of California	CA	\$20,000.00	December 2023	California Dept. of Managed Health Care		A. Plan disregarded its obligation to pay for emergency care and services until an independent medical reviewer found the enrollee's entire claim to be for medically necessary services. B. Failure to comply with the Knox-Keene Act Plan asserted as the basis for the claim denial, specifically, that full hospital admission was medically unnecessary.
25	Blue Cross of California	CA	\$22,500.00	August 2022	California Dept. of Managed Health Care		A. Failed to initiate a grievance and adequately investigate. B. Failed to adequately investigate and resolve all issues raised in the grievance. C. response to the enrollee's grievance was not clear and concise as required under Rule 1300.68
26	Blue Cross of California	CA	\$30,000.00	December 2023	California Dept. of Managed Health Care		A. Failure to provide the Department the enrollee's grievance filed with the Plan (3 Enforcement matter included in this fine (10k each)

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
27	Blue Cross of California	CA	\$30,000.00	December 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. The Plan acted at variance with the enrollee's EOC (Company assigned incorrect benefit and financial responsibility). C. Improper processing of the enrollee's claim. D. Failed to adequately consider the enrollee's grievance.
28	Blue Cross of California	CA	\$10,000.00	November 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improperly denied the claim.
29	Blue Cross of California	CA	\$10,000.00	October 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to issue its written response to the grievance within 30 days of receipt.
30	Blue Cross of California	CA	\$30,000.00	July 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improperly denied the Enrollee's ambulance claim at variance with the Enrollee's EOC and continued to improperly contest the claim after the Enrollee complained to the Plan.
31	Blue Cross of California	CA	\$40,000.00	April 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improper denial of an authorized service. C. Failure to properly process grievance.
32	Blue Cross of California	CA	\$20,000.00	April 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Plan acted at variance with the EOC by improperly processing a claim (Claim for lab services improperly denied).

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							C. Failing to provide the Enrollee written acknowledgment of the Plan's receipt of the grievance and failing to consider and rectify the Enrollee's grievance within 30-days of receipt.
33	Blue Cross of California (dba Anthem Blue Cross)	CA	\$45,000.00	February 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act B. Failed to adequately resolve the enrollee's grievances and appeals when it failed to initiate grievances.
34	Blue Cross of California	CA	\$12,500.00	January 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act B. improper processing of the Enrollee's claim C. Failing to adequately consider the Enrollee's grievance.
35	Blue Cross of California	CA	\$35,000.00	January 2023	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act B. Multiple improper denials of the claim for the pre-authorized surgery performed by the Provider. C. Failed to adequately consider and resolve the enrollee's grievances.
36	Blue Cross of California	CA	\$116,500.00	December 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act B. Failed to provide the enrollees written acknowledgment of the receipt of the grievances within five days of receipt. C. Failed to resolve an enrollee's grievance and issue its written response to the grievance within 30 days of receipt of the grievance. • 19 Matters.
37	Blue Cross of California	CA	\$10,000.00	December 2022	California Dept. of		A. Failure to comply with the Knox-Keene Act.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
					Managed Health Care		B. Improperly denied, adjusted, or contested a claim. C. Failed to adequately investigate and resolve all issues raised in the enrollee's grievance.
38	Blue Cross of California (dba Anthem Blue Cross)	CA	\$60,000.00	November 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to Timely Implement an IMR Decision.
39	Blue Cross of California	CA	\$75,000.00	November 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to provide prescription drug coverage for a drug previously approved by the Plan operating at variance with the Evidence of Coverage. C. Failure to ensure adequate consideration of enrollee grievance and rectification where appropriate.
40	Blue Cross of California	CA	\$12,500.00	September 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Violated the Confidentiality of Medical Information Act.
41	Blue Cross of California	CA	\$12,500.00	September 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to issue a grievance acknowledgement letter within 5 days. C. Failed to resolve the enrollee's grievance within 30 calendar days.
42	Blue Cross of California	CA	\$12,500.00	June 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improperly adjustment of claim.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							C. Failed to follow through with the claim adjustment after determining an adjustment was needed during the grievance process.
43	Blue Cross of California (dba Anthem Blue Cross)	CA	\$40,000.00	May 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to pay the ambulance claim within 45 working days and failed to include interest in the claim payment. C. Failed to resolve within 30 days the enrollee's grievance.
44	Blue Cross of California	CA	\$15,000.00	May 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to process the January 10, 2020, claim at the enrollee's in-network provider benefit level. C. Failure to process the January 10, 2020, claim at the enrollee's in-network provider benefit level. D. Failed to adequately consider the enrollee's grievance.
45	Blue Cross of California	CA	\$15,000.00	May 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improper processing of claim (excess amount for ER services). C. Failed to adequately consider the enrollee's grievance.
46	Blue Cross of California	CA	\$15,000.00	May 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improper denial of the out-of-area emergency room services. C. Failed to adequately consider the enrollee's grievances.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
47	Blue Cross of California	CA	\$20,000.00	May 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to reimburse the provider within five business days of the IMR.
48	Blue Cross of California	CA	\$10,000.00	April 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to ensure that the enrollee's grievance was adequately considered.
49	Blue Cross of California	CA	\$10,000.00	March 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improperly adjusted and recouped payment for services at variance with enrollee's EOC.
50	Blue Cross of California	CA	\$10,000.00	February 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to achieve the required target sample size without exhausting all providers in some or all provider group/county combinations.
51	Blue Cross of California	CA	\$30,000.00	January 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improperly processed a claim for ER services. C. Failed to ensure that the enrollee's grievance was adequately considered.
52	Blue Cross of California	CA	\$50,000.00	January 2022	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to maintain a quality assurance program that consistently satisfies regulatory requirements.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<p>C. Failure to consistently issue communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees.</p> <p>D. Include a clear and concise explanation of the reasons for the plan's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity in their communications regarding decisions to deny, delay, or modify health care services requested by providers.</p> <p>E. Failure of a plan to correct deficiencies.</p>
53	Blue Cross of California	CA	\$15,000.00	November 2021	California Dept. of Managed Health Care		<p>A. Failure to comply with the Knox-Keene Act.</p> <p>B. The Plan's failure to provide proper benefits (enrollee's EOC provided for coverage of infertility services, with a lifetime maximum of \$25,000.00. However, the Plan erroneously applied a \$ 10,000.00-lifetime maximum benefit to the enrollee's infertility prescriptions).</p>
54	Blue Cross of California	CA	\$10,000.00	September 2021	California Dept. of Managed Health Care		<p>A. Failure to comply with the Knox-Keene Act.</p> <p>B. Failed to send a grievance acknowledgment letter within 5 days.</p> <p>C. Failed to adequately consider the enrollee's grievance.</p>
55	Blue Cross of California	CA	\$17,500.00	July 2021	California Dept. of Managed Health Care		<p>A. Failure to comply with the Knox-Keene Act.</p> <p>B. Incorrectly processed the claim.</p> <p>C. Failed to correctly reprocess the claim after the enrollee's grievance.</p> <p>D. Failed to pay interest on the late-paid claim.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
56	Blue Cross of California	CA	\$15,000.00	July 2021	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to provide coverage of a prosthetic device for reconstructive surgery following a mastectomy. C. Failed to ensure that the enrollee's grievance was adequately considered.
57	Blue Cross of California (dba Anthem Blue Cross)	CA	\$50,000.00	July 2021	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improper processing of claims.
58	Blue Cross of California dba Anthem Blue Cross)	CA	\$70,000.00	June 2021	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to promptly implement IMR decision.
59	Blue Cross of California	CA	\$27,000.00	March 2021	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to initiate the enrollees' grievances in two of the matters and the failure to adequately consider the enrollees' grievances in three of the matters.
60	Blue Cross of California	CA	\$31,500.00	March 2021	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to timely provide written acknowledgment of a grievance.
61	Blue Cross of California	CA	\$10,000.00	November 2020	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failing to process the claim in accordance with the EOC. C. Failed to adequately consider and resolve the enrollee's grievance.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
62	Blue Cross of California	CA	\$44,750.00	October 2020	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Assigning an erroneous co-payment.
63	Blue Cross of California	CA	\$10,000.00	October 2020	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Acting at variance with the terms of a document (EOC) filed with the Department (Emergency Services – Co-insurance). C. Failure to adequately consider and respond to an enrollee grievance.
64	Blue Cross of California	CA	\$35,000.00	July 2020	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failed to provide five non-APTC enrollees with a 30-day grace period from the date of notification prior to cancellation of coverage (* 7 different instances). C. Failed to duly notify and bill enrollees in three separate instances. D. Cancelled enrollees' health plan coverage due to billing errors, employee errors, or other health plan errors, in eight separate instances in. E. Cancelled health plan coverage for five APTC enrollees without proper notification.
65	Blue Cross of California	CA	\$15,000.00	April 2020	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Plan acted at variance with the EOC by improperly failure to protect from balance billing. C. Failed to adequately consider the enrollee's grievances.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
66	Blue Cross of California	CA	\$17,500.00	February 2020	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Improper Denial of Claims
67	Blue Cross of California	CA	\$30,000.00	December 2019	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Failure to maintain compliance with KKA through the actions of their TPA.
68	Blue Cross of California (dba Anthem Blue Cross)	CA	\$10,000.00	December 2019	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Contracted health plans failed to ensure that it had the administrative and financial capacity to meet its contractual obligations.
69	Blue Cross of California (dba Anthem Blue Cross)	CA	\$10,000.00	November 2019	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act.
70	Blue Cross of California	CA	\$20,000.00	April 2019	California Dept. of Managed Health Care		A. Failure to comply with the Knox-Keene Act. B. Denial of prescription drug claim.
71	HMO Colorado, Inc. (CO)	CO	\$13,800.00	October 2022	Colorado Division of Insurance		A. Denial of Mental Health Claims. B. Failure to provide denial notices. C. Failure, in certain instances, to display the correct maximum amounts for in-network deductibles or out-of-pocket expenses on the Explanation of Benefits for Medical/Surgical claims.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
72	Rocky Mountain Hospital and Medical Service, Inc.	CO	\$13,800.00	October 2022	Colorado Division of Insurance		A. Failure, in certain instances, to provide complete denial notice information on the Explanation of Benefits.
73	HMO Colorado, Inc. (CO)	CO	\$10,350.00	October 2022	Colorado Division of Insurance		A. Contract that states "The following treatments will not be considered experimental or investigational and will be considered appropriate, effective, or efficient for the treatment of autism spectrum disorders where We determine such services are Medically Necessary" is contrary to Colorado insurance law § 10-16-104(1.4)(a)(XII), C.R.S., on all individual and small group contracts.
74	Rocky Mountain Hospital and Medical Service, Inc. (CO)	CO	\$57,500.00	July 2019	Colorado Division of Insurance		A. Used untiled rates for disabled seniors age 65 and older enrolled in company's Medicare supplement plans and placed conditions on the enrollment of disabled consumers seeking coverage under the Company's Medicare supplement plans.
75	Anthem Health Plans, Inc. (CT)	CT	\$35,000.00	December 2021	Connecticut Dept. of Insurance		<p>A. Market Conduct Exam Found With respect to the in operation comparability analysis, the Insurance Commissioner alleges that the Respondent was unable to provide to the Department's satisfaction, sufficient documentation demonstrating compliant parity analyses, notwithstanding that it was noted that during the period under examination, the Respondent's application of the NQTLs appeared to be contributing to operational results that produced differing outcomes.</p> <p>(a) Auto-Adjudication denial rates on SUD benefits were meaningfully higher than for Med/Surg benefits.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<p>(b) Prior-Authorization claims experience was meaningfully higher on SUD benefits than it was for Med/Surg benefits.</p> <p>(c) In-Network and In-Patient denial rates on SUD benefits were meaningfully higher than for Med/Surg benefits.</p> <p>(d) Out-Of-Network claim experience was meaningfully higher on SUD benefits than for Med/Surg benefits.</p>
76	Anthem Health Plans, Inc. (CT)	CT	\$15,000.00	April 2021	Connecticut Dept. of Insurance		A. Failure to provide current network appointment wait times for the 2021 network adequacy survey submission for the five appointment wait time categories.
77	Anthem Health Plans of Kentucky, Inc.	KY	\$16,000.00	August 2023	Kentucky Dept. of Insurance		A. Violations of Prompt Pay Statutes
78	Anthem Health Plans of Kentucky, Inc.	KY	\$29,000.00	May 2023	Kentucky Dept. of Insurance		A. Violations of Prompt Pay Statutes
79	Anthem Health Plans of Kentucky, Inc.	KY	\$20,500.00	February 2023	Kentucky Dept. of Insurance		A. Violations of Prompt Pay Statutes
80	Anthem Life Insurance Company	ME	\$50,000.00	October 2023	Maine Dept. of Professional and		<p>A. Failed to maintain adequate records in violation of § 2164-D(3)(D)</p> <p>B. Failed to adequately communicate with claimants.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
					Financial Regulation Bureau of Insurance		<p>C. Failed to conduct adequate claims investigations.</p> <p>D. Failed to pay benefits owed in violation.</p> <p>E. Failed to apply policy language.</p> <p>F. Made false statements regarding relevant facts.</p> <p>G. Exhibited undue delay in the investigation and settlement of claims.</p>
81	Healthy Alliance Life Insurance Company	MO	\$29,000.00	July 2022	Department of Commerce & Insurance (MO)		A. Anthem improperly denied claims for emergency services with a dental diagnosis code without conducting a reasonable investigation.
82	Anthem Health Plans of New Hampshire, Inc.	NH	\$32,500.00	December 2023	State of New Hampshire Insurance Department		A. Failed to pay interest on life insurance claims paid 31 days or more beyond the date of death of the decedent.
83	Anthem Health Plans of New Hampshire Inc	NH	\$10,000.00	May 2023	State of New Hampshire Insurance Department		A. Only an invoice documenting payment of a fine.
84	Anthem Health Plans of New Hampshire, Inc.	NH	\$50,000.00	October 2020	State of New Hampshire Insurance Department		A. Underwriting Practices

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
85	Empire Health Choice Assurance Inc.	NY	\$85,325.00	April 2019	New York Department of Financial Services		<p>A. Denied coverage of required Food and Drug Administration (FDA) approved contraceptives (or generic equivalents).</p> <p>B. Respondents, as of March 20, 2017, violated:</p> <p>C. Failed to disclose that their formulary included at least one form of contraception within each of the eighteen methods of contraception that the FDA identified must be made available for women at no cost-sharing.</p>
86	Anthem Health Plans of Virginia, Inc.	VA	\$132,600.00	March 2020	Virginia Bureau of Insurance		<p>A. Violations of §§38.2-109 B, 38.2-316 A, 38.2-316 B, 38.2-316 C 1, subsection 1 of § 38.2-502, subsection 2 of § 38.2-508, 38.2-514 B, 38.2-1812 A, 38.2-1833 A1, 38.2-1834 D, 38.2-3405 B, 38.2-3407.1 B, 38.2-3407.3 A, 38.2-3407.4 B, 38.2-3407. 14 C, 38.2-3407. 15 B 1, 38.2-3407. 15 B 2, 38.2-3407. 15 B 3, 38.2-3407. 15 B 4, 38.2-3407. 15 B 5, 38.2-3407. 15 B 6, 38.2-3407.15 B 7, 38.2-3407. 15 B 8, 38.2-3407. 15 B 9, 38.2-3407.15 B 10, 38.2-3407.15:1 B 1, 38.2-3407.15:1 B 2, 38.2-3407.15:1B 3, 38.2-3407. 15:1 B 4, 38.2-3407. 15:1 B 5, 38.2-3407. 15:1 B 6, 38.2-3407. 15:1 B 7, 38.2-3407. 15:1 B 8, 38.2-3407. 15:1 B 9, 38.2-3407. 15:1 C, 38.2-3542 C, 38.2-3561 J, 38.2-5804 A, and 38.2-5805 B of the Code, in addition to, 14 VAC 5-90-50 A, 14 VAC 5-90-55 A, 14 VAC 5-90-55 B, 14 VAC 5-90-60 A 2, 14 VAC 5-90-90 A, 14 VAC 5-90-90 C, 14 VAC 5-90-110 of Rules Governing the Advertisement of Accident and Sickness Insurance, 14 VAC 5-216-40 E 1 of Rules Governing Internal Appeal and External Review, 14 VAC 5-400-60 A, 14 VAC 5-400-70 A, and 14 VAC 5-400-70 B of Rules Governing Unfair Claim Settlement Practices.</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
87	Anthem Health Keepers Inc	VA	\$161,400.00	March 2020	Virginia Bureau of Insurance		A. Alleged Violations of §§ 38.2-316 A, 38.2-316 B, 38.2-316 C 1, 38.2-510 A 3, 38.2-510 A 14, 38.2-514 B, 38.2-1812 A, 38.2-1833 A 1, 38.2-1834 D, 38.2-3407.3 A, 38.2- 3407.4, 38.2-3407 .4 B, 38.2-3407 .15 B 1, 38.2-3407. 15 B 2, 38.2-3407. 15 B 3, 38.2-3407.15 B 4, 38.2-3407.15 B 5, 38.2-3407.15 B 6, 38.2-3407.15 B 7, 38.2- 3407.15 B 8, 38.2-3407.15 B 9, 38.2-3407.15 B 10, 38.2-3407.15:1 B 1, 38.2-3407.15:1 B 2, 38.2-3407.15:1 B 3, 38.2-3407. 15:1 B 4, 38.2-3407.15:1 B 5, 38.2-3407.15: 1 B 6, 38.2-3407.15: 1 B 7, 38.2-3407. 15:1 B 8, 38.2-3407.15:1 B 9, 38.2-3407.15:1 C, 38.2-3451 A, 38.2-3542 C, 38.2-4304 B, 8.2-4306. 1 B, 38.2-5804 A, 38.2-5804 A 1, 38.2-5805 C 1, 38.2-5805 C 4, 38.2- 5805 C 5, 38.2-5805 C 7, 38.2-5805 C 8, 38.2-5805 C 9 and 38.2-5805 C 10 of the Code, in addition to, 14 VAC 5-90-40, 14 VAC 5-90-50 A, 14 VAC 5-90-55 A, 14 VAC 5-90-60 A 1, 14 VAC 5-90-90 C, 14 VAC 5-90-160 of Rules Governing the Advertisement of Accident and Sickness Insurance, 14 VAC 5-211-30 C, 14 VAC 5-211-80 B, 14 VAC 5-211-90 B, and 14 VAC 5-211-150 A of Rules Governing Health Maintenance Organizations.
88	Anthem Health Keepers Inc	VA	\$27,000.00	February 2020	Virginia Bureau of Insurance		A. Alleged violations of Code of Virginia §§ 38.2-1318 C, 38.2-3407.15 8 5 c, 38.2-3407.15 86, 38.2-3407.15:281, 38.2-3407.15:2 82, 38.2-3407.15:2 83, 38.2-3407.15:2 84, 38.2-3407.15:2 85, 38.2-3407.15:2 86, 38.2-3407.15:2 B 7, 38.2-3407.15:2 B 8, 38.2-3407.15:2 B 9, 38.2-3407.15:2 B 10, 38.2-3407.15:2 B 11, and 38.2-3407.15:2 B 12
89	Anthem Health Keepers Inc	VA	\$50,000.00	November 2019	Virginia Bureau of Insurance		A. Claims Settlement Practices
90	Anthem Health Plans of Virginia	VA	\$40,000.00	November 2019	Virginia Bureau of Insurance		A. Coordination of Benefits violations/Subrogation Settlement

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
91	Anthem Health Keepers Inc.	VA	\$10,000.00	July 2019	Virginia Bureau of Insurance		A. Violations of Unfair Claims Settlement Practices Act
92	Blue Cross of Wisconsin	WI	\$22,275.00	April 2022	Office of the Commissioner of Insurance (WI)		A. Respondent failed to make provision for adequate claims handling systems and procedures to effectively service claims in this state incurred under insurance coverage issued or delivered in this state. B. System errors, approximately 900 claims were not timely processed and paid in accordance with Wis. Stat. § 628.46 (2m) (a) beginning in 2018.
93	Anthem Kentucky Managed Care Plan, Inc.	KY	\$188,340.00	March 2022	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
94	Anthem Kentucky Managed Care Plan, Inc.	KY	\$26,875.00	February 2022	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
95	Anthem Kentucky Managed Care Plan, Inc.	KY	\$51,080.00	January 2022	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
96	Anthem Kentucky Managed Care Plan, Inc.	KY	\$98,380.00	December 2021	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
97	Anthem HealthKeepers Plus	VA	\$10,000.00	February 2022	Virginia Department of Medical Assistance Services		A. Continued failure to meet the requirements detailed in the Encounter Evaluation Guide and Data Quality Score Card (DQSC).
98	Anthem Kentucky Managed Care Plan, Inc.	KY	\$62,645.00	September 2021	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
99	Anthem Kentucky Managed Care Plan, Inc.	KY	\$18,720.00	August 2021	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
100	Anthem Kentucky Managed Care Plan, Inc.	KY	\$23,015.00	May 2021	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
101	Anthem Kentucky Managed Care Plan, Inc.	KY	\$16,456.00	January 2021	KY Cabinet for Health and Family		A. General Reporting and Data Requirements
102	Anthem Kentucky Managed Care Plan, Inc.	KY	\$13,112.00	November 2020	KY Cabinet for Health and Family		A. Encounter Penalty Notification
103	Anthem Kentucky Managed Care Plan, Inc.	KY	\$15,179.00	November 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
104	Anthem Kentucky Managed Care Plan, Inc.	KY	\$12,179.00	October 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
105	Anthem Kentucky Managed Care Plan, Inc.	KY	\$83,379.00	September 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
106	Anthem Kentucky Managed Care Plan, Inc.	KY	\$200,398.00	August 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
107	Anthem Kentucky Managed Care Plan, Inc.	KY	\$106,000.00,00	August 2020	KY Cabinet for Health and Family		A. General Reporting and Data Requirements

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
108	Anthem Kentucky Managed Care Plan, Inc.	KY	\$24,701.00	May 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
109	Anthem Kentucky Managed Care Plan, Inc.	KY	\$213,069.00	April 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
110	Anthem Kentucky Managed Care Plan, Inc.	KY	\$18,290.00	March 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
111	Anthem Kentucky Managed Care Plan, Inc.	KY	\$106,000.00,00	February 2020	KY Cabinet for Health and Family		A. Regulatory Reporting
112	Anthem Kentucky Managed Care Plan, Inc.	KY	\$142,050.00	February 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
113	Anthem Kentucky Managed Care Plan, Inc.	KY	\$11,000.00,00	January 2020	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
114	Anthem Kentucky Managed Care Plan, Inc.	KY	\$24,500.00,00	January 2020	KY Cabinet for Health and Family		A. Complaint/Appeal Processing
115	Anthem Kentucky Managed Care Plan, Inc.	KY	\$234,342.00	November 2019	KY Cabinet for Health and Family		A. Failure to Submit Encounters in accordance with the Contract.
116	Blue Cross of California Partnership Plan, Inc.	CA	\$15,000.00	November 2021	Department of Managed Health State of California		A. Regulatory Reporting B. The Plan failed to achieve the required target sample size without exhausting all providers in one or more provider group/county combinations in the Plan's MY 2017 PAAS

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							<p>submission, in violation of Health and Safety Code Section 1367.03, subdivision (f)(3),2 and Rule 1300.67.2.2, subdivision (g)(2)(B), and MY 2017 PASS Methodology.</p> <p>C. The Plan failed to submit the External Vendor Validation Report, in violation of Section 1367.03 subdivision (f)(3), Rule 1300.67.2.2 subdivision (g)(2)(B), All Plan Letter (APL) 17-007: (OPM) TIMELY ACCESS COMPLIANCE REPORTS MEASUREMENT YEARS 2016 AND 2017, and MY 2017 PAAS Methodology.</p>
117	Blue Cross of California Partnership Plan, Inc.	CA	\$10,000.00	January 2021	Department of Managed Health State of California		<p>A. Complaint/Appeal Processing</p> <p>A. The Plan operated at variance with its Evidence of Coverage and is subject to discipline under Health and Safety Code section 1386, subdivision (b)(1).</p> <p>B. The Plan's grievance system failed to adequately consider the enrollee's grievance in violation of Section 1368, subdivision (a)(1).</p>
118	Blue Cross of California Partnership Plan, Inc.	CA	\$230,000.00	December 2020	Department of Managed Health State of California		<p>A. Claims Processing</p> <p>B. Failure to timely acknowledge a provider dispute. (Cal. Code Regs., tit. 28, §1300.71.38, subd. (e)(2).).</p> <p>C. Failure to timely issue a written determination to a provider dispute. (Cal. Code Regs., tit. 28, § 1300.71.38, subd. (f).).</p>
119	Blue Cross of California Partnership Plan, Inc.	CA	\$10,000.00	November 2020	Department of Managed Health State of California		<p>A. Claims Processing</p> <p>B. The Plan failed to issue an acknowledgment of receipt of the provider dispute in violation of the California Code of Regulations, title 28, section 1300.71.38, subdivision (e)(1).</p>

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
							C. The Plan failed to issue a written determination of the provider dispute in 45 business days, in violation of the California Code of Regulations, title 28, section 1300.71.38, subdivision (f).
120	Blue Cross of California Partnership Plan, Inc.	CA	\$205,000.00	September 2020	Department of Managed Health State of California		A. Complaint/Appeal Processing B. The Plan failed to authorize services compelled by the IMR within five working days. Health and Safety Code section 1374.34, subdivision (a). C. The Plan is subject to administrative penalties of not less than \$5,000.00 per day that the IMR was not implemented. Health and Safety Code section 1374.34, subdivision (b).
121	Blue Cross of California Partnership Plan, Inc.	CA	\$100,000.00	March 2019	Department of Managed Health State of California		A. Provision of Services. B. Failure to make timely authorization of services.
122	Anthem Insurance Companies, Inc.	IN	17,300.00	May 2021	Indiana Family and Social Services		A. Late Submission of Reports
123	Anthem Insurance Companies, Inc.	IN	\$49,200.00	August 2019	Indiana Family and Social Services		A. Failure to meet the 2% Target for Hoosier Healthwise.
124	Anthem Kentucky Managed Care Plan, Inc.	KY	\$17,005.00	December 2023	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
125	Anthem Kentucky Managed Care Plan, Inc.	KY	\$43,910.00	November 2023	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
126	Anthem Kentucky Managed Care Plan, Inc.	KY	\$16,870.00	June 2023	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
127	Anthem Kentucky Managed Care Plan, Inc.	KY	\$10,880.00	May 2023	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
128	Anthem Kentucky Managed Care Plan, Inc.	KY	\$20,000.00	May 2023	Cabinet For Health and Family Services		A. Regulatory Reporting B. MCO is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Anthem Blue Cross & Blue Shield ("Anthem").
129	Anthem Kentucky Managed Care Plan, Inc.	KY	\$17,035.00	January 2023	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
130	Anthem Kentucky Managed Care Plan, Inc.	KY	\$11,440.00	November 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
131	Anthem Kentucky Managed Care Plan, Inc.	KY	\$14,140.00	October 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
132	Anthem Kentucky Managed Care Plan, Inc.	KY	\$13,500.00	September 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
133	Anthem Kentucky Managed Care Plan, Inc.	KY	\$97,490.00	August 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
134	Anthem Kentucky Managed Care Plan, Inc.	KY	\$20,000.00	August 2022	Cabinet For Health and Family Services		A. Regulatory Reporting B. Failure to Respond to Requests penalty on December 7, 2020, AN2021FTR-1, and a Corrective Action Plan, AN2021FTR-2, on December 14, 2021.
135	Anthem Kentucky Managed Care Plan, Inc.	KY	\$20,000.00	August 2022	Cabinet For Health and Family Services		A. MCO is not in substantial compliance with certain material provisions of the Managed Care Contract ("Contract") between the Commonwealth of Kentucky and Anthem Blue Cross & Blue Shield ("Anthem").
136	Anthem Kentucky Managed Care Plan, Inc.	KY	\$20,000.00	August 2022	Cabinet For Health and Family Services		A. Regulatory Reporting B. Failure to Respond to Requests penalty on December 7, 2020, AN2021FTR-1, and a Corrective Action Plan.
137	Anthem Kentucky Managed Care Plan, Inc.	KY	\$10,000.00	August 2022	Cabinet For Health and Family Services		A. Regulatory Reporting B. Failure to Respond to Requests penalty on December 7, 2020, AN2021FTR-1, and a Corrective Action Plan.
138	Anthem Kentucky Managed Care Plan, Inc.	KY	\$20,000.00	August 2022	Cabinet For Health and Family Services		A. Regulatory Reporting B. Failure to Respond to Requests penalty on December 7, 2020, AN2021FTR-1, and a Corrective Action Plan.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
139	Anthem Kentucky Managed Care Plan, Inc.	KY	\$233,860.00	July 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
140	Anthem Kentucky Managed Care Plan, Inc.	KY	\$52,480.00	June 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
141	Anthem Kentucky Managed Care Plan, Inc.	KY	\$194,365.00	May 2022	Cabinet For Health and Family Services		A. Failure to Submit Encounters in accordance with the Contract.
142	Healthy Blue (LA)	LA	\$150,000.00	May 2022	HSF		A. The contract between Healthy Blue (HBL) and the Louisiana Department of Health (LDH) requires HBL to meet encounter data submission requirements.
143	Healthy Blue (LA)	LA	\$50,000.00	May 2022	HSF		A. Failure to meet encounter date submission requirements for January 2022.
144	Healthy Blue (LA)	LA	\$15,000.00	April 2022	Louisiana Dept. of Health		A. By Notice of Action dated February 24, 2020, Healthy Blue (HBL) was notified of the obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.
145	Healthy Blue (LA)	LA	\$50,000.00	March 2022	Louisiana Dept. of Health		A. Failure to Meet Encounter Data Submission Requirements for November 2021.
146	Healthy Blue (LA)	LA	\$15,000.00	June 2023	Louisiana Dept. of Health		A. Failure to Provide NEMT Timely.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
147	Healthy Blue (LA)	LA	\$49,000.00	May 2023	Louisiana Dept. of Health		A. By Notice of Monetary Penalty dated February 2, 2023, Healthy Blue (HBL) was notified of its failure to ensure accurate data is on file for all contracted providers. The contract between HBL and the Louisiana Department of Health.
148	Healthy Blue (LA)	LA	\$10,000.00	March 2023	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of the obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.
149	Healthy Blue (LA)	LA	\$15,000.00	March 2023	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of the obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.
150	Healthy Blue (LA)	LA	\$50,000.00	February 2023	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to ensure accurate data is on file for all contracted providers.
151	Healthy Blue (LA)	LA	\$35,000.00	November 2022	Louisiana Dept. of Health		A. Failure to meet brand over generic PDL compliance rate.
152	Healthy Blue (LA)	LA	\$50,000.00	July 2022	Louisiana Dept. of Health		A. Failure to Meet Encounter Data Submission Requirements for May 2022.
153	Healthy Blue (LA)	LA	\$25,000.00	June 2022	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of the obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.
154	Healthy Blue (LA)	LA	\$50,000.00	June 2022	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to ensure accurate data is on file for all contracted providers.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
155	Healthy Blue (LA)	LA	\$50,000.00	December 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to program denials of 340B claims for Hepatitis C direct acting anti-viral (DAA) agents and is not in compliance with its contract with the Louisiana Department of Health (LDH).
156	Healthy Blue (LA)	LA	\$30,000.00	December 2021	Louisiana Dept. of Health		A. Failed to program denials of 340B claims for Hepatitis C direct acting anti-viral (DAA) agents and it not in compliance with its contract with the Louisiana Department of Health (LDH).
157	Healthy Blue (LA)	LA	\$50,000.00	December 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to ensure accurate data is on file for all contracted providers.
158	Healthy Blue (LA)	LA	\$10,000.00	November 2021	Louisiana Dept. of Health		A. By Notice of Action dated February 24, 2020, Healthy Blue (HBL) was notified of its obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract.
159	Healthy Blue (LA)	LA	\$50,000.00	October 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to ensure accurate data is on file for all contracted providers.
160	Healthy Blue (LA)	LA	\$50,000.00	September 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to ensure accurate data is on file for all contracted providers.
161	Healthy Blue (LA)	LA	\$10,000.00	August 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of its obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.
162	Healthy Blue (LA)	LA	\$10,000.00	August 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of its obligation to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.

ADMINISTRATIVE ACTIONS AND FINES

	Entity	State	Fine Amount/ Admin Action	Date	Entity Who Issued Fine	Insurance Market	Violation Description
163	Healthy Blue (LA)	LA	\$640,000.00	May 2021	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of errors made in adjudicating claims and reprocessing claims in a timely manner and placed on notice that additional instances of these errors could result in monetary penalties.
164	Healthy Blue (LA)	LA	\$50,000.00	April 2021	Louisiana Dept. of Health		A. Provider Data Integrity
165	Healthy Blue (LA)	LA	\$50,000.00	October 2020	Louisiana Dept. of Health		A. Healthy Blue (HBL) has failed to ensure accurate data is on file for all contracted providers.
166	Healthy Blue (LA)	LA	\$15,000.00	August 2020	Louisiana Dept. of Health		A. Healthy Blue (HBL) was notified of the requirement to provide non-emergency medical transportation to eligible enrollees in accordance with the terms of its contract with the Louisiana Department of Health.