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September 13, 2023

Dear Mr. Caldwell,

I am writing to express my concern regarding the upcoming public hearing on October 5th and 6th, 2023 to determine if the Plan of Reorganization submitted by Louisiana Health Service and Indemnity Company d/b/a/ Blue Cross and Blue Shield of Louisiana (1) properly protects the interests of the policyholders and serves the best interests of policyholders and members; (2) serves the best interests of policyholders and members; and (3) is fair and equitable to policyholders and members as required by La. R.S. 22:236.4(a).


I believe it is important to ensure that the rights and interests of policyholders are protected in any reorganization plan. It is my understanding that if approved, the current plan would change from a Mutual Insurance Company to a Stock Insurance Company, which changes the company's priority from the policyholders to shareholders and removes voting rights from policyholders. I don't see how this would serve the best interests of policyholders. I believe that serving the interests of shareholders would shift the priority to investor profits and dividends resulting in an increase in the denial of claims.

It appears that Anthem (Elevance) has a history of denying coverage and canceling policies of those who need expensive medical care. In recent years, Anthem (Elevance) has had several claim denials that has resulted in several lawsuits and fines for issues such as failing to resolve consumer complaints, failing to address claim grievances within a reasonable time and dropping the health insurance coverage of those who submitted expensive bills. In addition, research indicates that Anthem (Elevance) insurance denies claims twice as often as the industry average.

Furthermore, I am concerned about the previous and current lawsuits against Anthem and Elevance Health. These lawsuits allege systemic failures resulting in providers being unexpectedly dropped from provider directories, resulting in out of network status, and a lack of transparency for denied claims. The suits claim that a large percentage of denials are listed as "for other reasons," and Anthem's internal benefits management system misrepresents what procedures need prior authorization. They allege that it then denies claims that are not pre-approved after saying prior authorization was not required.

I urge you to take these concerns seriously and to ensure that the public hearing protects the interests of the policyholders. Thank you in advance for your attention to this important matter.

Sincerely,



Jimmy Watson  
Mayor, City of Walker

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Commissioner of Insurance  
Legal Division