

Advancing Health Together: Progress Report

Executive Summary

As a leading health company, Elevance Health is dedicated to improving lives and communities, and making healthcare simpler at every touchpoint. Through our affiliated companies, we're transforming from a traditional health benefits organization into a lifetime, trusted health partner.

Our purpose — improving the health of humanity — is an endeavor that takes true collaboration on many fronts, especially with our care provider partners. The [2022 Advancing Health Together: Progress Report](#) summarizes how we are working toward that purpose.

Elevance Health by the Numbers



1.7 million+
care provider relationships nationwide



47 million+
total medical membership



11.6%
of U.S. births covered by a health plan affiliate



119 million+
people served
• Total Commercial: 66.6%
• Total Government: 33.4%



Our affiliated health plans' networks (across the U.S.)

8,793
hospitals

357,621
primary care providers

672,185
specialists

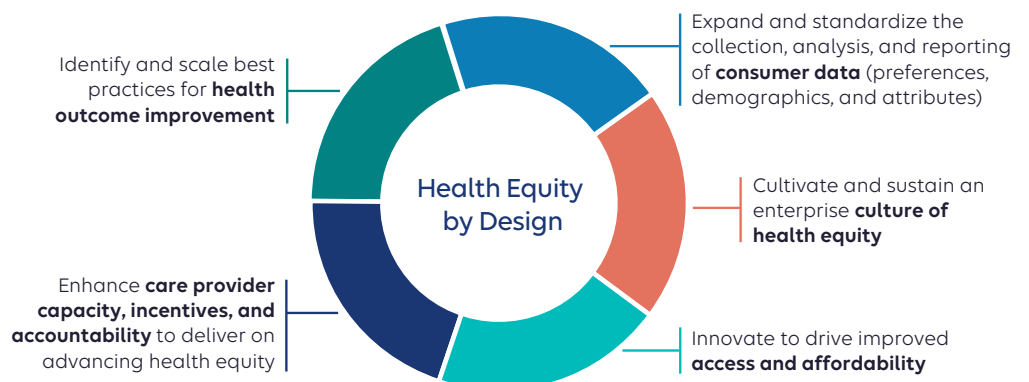
486,629
behavioral care providers

Committing to Whole Health

With 80% of a person's health driven by what happens outside the doctor's office, health is no longer just about receiving treatments and tests; it's about caring for the whole person.

To help our consumers achieve their best health, we must address the [physical, behavioral, social, and pharmacy drivers of health](#). That's why we are working to create a better system — one that supports whole health by improving access to care, advocating for value, improving quality, coordinating care, and addressing affordability.

Our efforts to improve whole health are anchored in the need to advance health equity — where everyone has a fair and just opportunity to be as healthy as possible. [Our approach](#) is personalized and intentional to optimize health for all.



The Case for Change

Several trends emphasize that a change is needed. Meeting these challenges calls for a whole health approach.

We are starting by taking stock of whole health in the communities where we live and work. We developed our Whole Health Index to do that by considering the physical, behavioral, and social drivers of care to assess overall health, identify opportunities to address different drivers, and advance care delivery.

Elevance Health remains dedicated to partnering with care providers to build models of healthcare delivery that not only address the current climate but also position care providers well into the future.

Partnering with care providers to address whole health and its drivers is the hallmark of our business strategy. To get there, we are contracting for outcomes, collaborating for success, and connecting for health.

Contracting for Outcomes

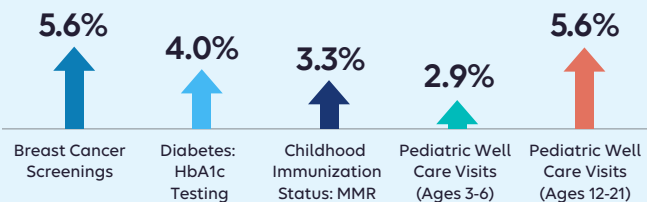
Value-based care, particularly shared-risk arrangements, delivers on affordability, health outcomes, and experience, but a truly different way of collaborating is required to advance whole health. Our approach to value-based care is:

- Outcomes-aligned.
- Partnership-oriented.
- Market-agnostic.
- Consumer-focused.

There are approximately 100,000 care providers and 200 accountable care organizations participating in these value-based payment arrangements.

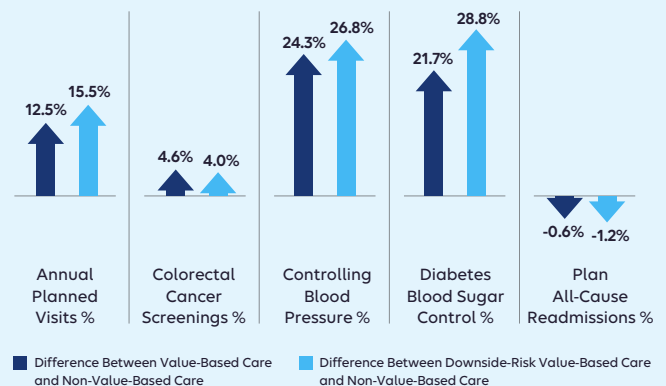
We see better scores on critical health indicators for Commercial consumers who visit care providers in value-based care arrangements compared to those with care providers in fee-for-service arrangements.

Enhanced Personal Health Care vs. Non-Value-Based Care



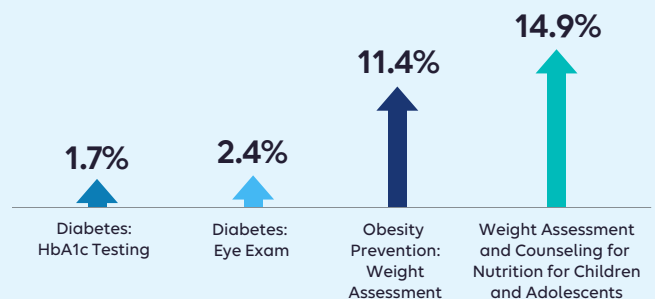
These results demonstrate the promise and potential of value-based care to impact not only the health of populations but also cost of care.

When it comes to our affiliated Medicare Advantage health plan consumers, our data shows a stark difference as well. Results improve even more when care providers take on downside risk.



Among our Medicaid affiliated health plans, we have seen measurably improved clinical quality performance by care providers participating in our Provider Quality Incentive Program.

Difference Between Value-Based Care vs. Non-Value-Based Care



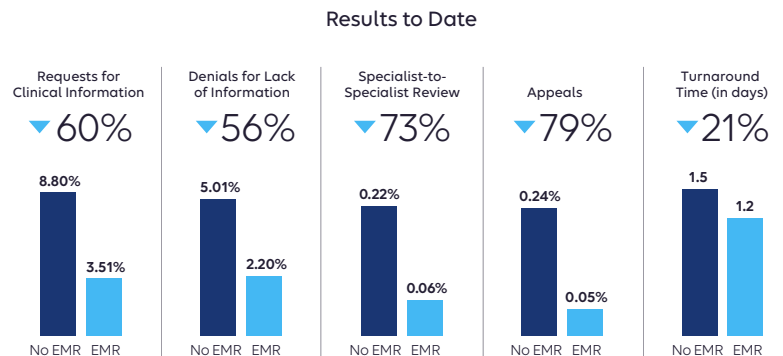
Collaborating for Success

Our efforts to reduce administrative pain points include sharing data, aligning care management, and automating authorizations. The transition to value-based care arrangements allows care providers to focus more on the health of their patients and spend less time on administrative tasks, like “chart chasing.”

Our value-based care provider partners conduct an average of 12% more annual wellness visits, reducing emergency cases by 19% and inpatient admissions by 15%. This lowers overall costs in the healthcare system.

Effective and efficient access to data is critical for all. We're simplifying the prior authorization process by accessing electronic medical records (EMR) safely and securely. This data sharing has led to lower denial rates and faster authorization turnaround times.

We are also developing complementary clinical programs to make impactful improvements in the way we support, connect, and collaborate with our care provider partners. Consisting of thousands of medical doctors, nurses, dietitians, health coaches, and pharmacists, these teams connect annually with over 450,000 consumers and work hand in hand with our care provider partners.



Inpatient Reviews Comparing Facilities With EMR Access Against Those Without EMR Access

Connecting for Health

To help care providers better connect the dots and see the full picture of a patient's health, we offer access to information beyond medical charts and claims.

As a company serving nearly 50 million consumers, our size and scale makes Elevance Health uniquely qualified to create those connections. It's why we partner locally in our communities and why we launched our subsidiary, Carelon.

As a healthcare services company with a portfolio of businesses, Carelon brings together clinical expertise, powerful capabilities, unmatched data, flexible solutions, and collaborative partnerships with a single goal in mind: making it easier to deliver whole health.



Building a digital platform to deliver the latest clinical insights for data-based decisions and automated clinical workflows



Integrating pharmacy benefits with medical benefits to coordinate care



Addressing behavioral health needs, including a range of supports and services



Offering palliative care services to help manage patients with complex and chronic conditions, and ensure appropriate critical illness care



Meeting social integration needs to address the connection between social and health factors

Read the Full Report 

Being active partners that go beyond the contract can have a real impact on health. Working closely together with our care provider partners, we can make a meaningful difference for their patients, our consumers.