Advancing Health Together: Progress Report

2024 Executive Summary

Elevance Health

Care providers' dedication to their patients' health is at the heart of our healthcare system. At Elevance Health, we share the same drive to support the people who depend on us each day. By collaborating with care providers, we are making real progress by:

- Offering people access to personalized, integrated care.
- Supporting care providers with payment innovation, clinical collaboration, and less administration.
- Helping to create a simpler, more affordable healthcare system.

Together, we are accomplishing great things. Together, we have so much more to do.

Advancing Health Together summarizes meaningful, measurable progress that we and our care provider partners achieved in 2024. We're improving whole health one person at a time, going beyond contractual agreements to create a real impact — together.

> " Payers have the power to supercharge population health by offering actionable data to care providers. That data allows us to direct our attention and time where it is most needed. Elevance Health data, combined with a value-based payment model and Yale's high standards for clinical excellence, ensures the success of not only individual physicians and their patients, but the whole community we serve."
>
> — Rajlakshmi Krishnamurthy, MD, *Chief Population Health Officer, SVP, Yale New Haven Health System and Associate Dean for Population Health, Yale School of Medicine, Connecticut*

Physical Drivers   **Social Drivers**

Health History — 30%

50%

Whole Health Index

Clinical Quality — 20%
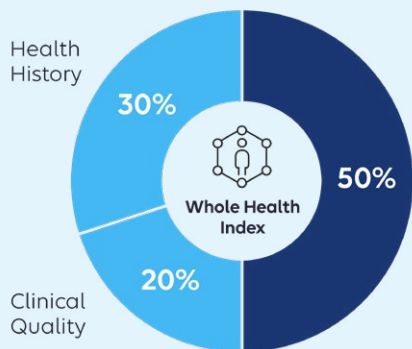
Total WHI combines the social drivers and physical drivers equally together (50% each) into one data point

Committing to Whole Health ⤢

To make healthcare more accessible, affordable, and effective, healthcare stakeholders must look at whole health — taking members' physical, behavioral, and social needs into account, and working with care provider partners and community stakeholders to address those factors in unison. Doing so yields promising results, especially for high-risk populations.

However, it can be challenging to quantify the elements of whole health outside of what happens at a medical appointment. Elevance Health developed the **Whole Health Index** to meet that challenge. The index accounts for both social and physical drivers of health and can be used to gauge overall health of an individual or a community on a scale of 0 to 100.

Watch the videos on our site to see how the index helps us deliver personalized, integrated care that addresses people's social, physical, and behavioral needs.

Contracting for Outcomes ⧉

Value-based care payment arrangements, primarily those involving shared risk, mean that both care providers and payers share financial responsibility for the cost and quality of healthcare. These agreements can help fund care providers' work to enhance patient outcomes, safety, and experience.

Our affiliated health plans further support these improvements with data insights and support for practice transformation. Their commitment to promoting value-based care across all lines of business is driven by data demonstrating that it results in:

- Improved access to healthcare and better clinical outcomes.
- Higher satisfaction for patients and care providers.
- More cost-effective care.

$1.2 billion

Care providers participating in our value-based care models earned $1.2 billion in additional payments for their performance.

4% increase

In 2024, 65.5% of our total medical expenditure was allocated to value-based care, with 37% in shared risk, an increase of 4% from the prior year.

> "The strongest point of our collaboration with Elevance Health is the ability to be open for innovation and new ideas. And I noticed that right from the beginning."
>
> — Ahmad Kilani, MD, *Medical Director, Enterprise Physician Advisors, Cleveland Clinic Revenue Cycle Management, Ohio*

Collaborating for Success ⧉

Care providers have always had the greatest role in advancing whole health, and as they work under increasingly advanced payment models, our goal is to become exceptional business and clinical partners.

By advancing data connectivity, offering direct clinical support — such as through our Provider Success Team — and providing automated solutions for tasks like prior authorizations and claims processing, we optimize processes for our care provider partners.

For example, with electronic medical record integration, our health plan affiliates can automatically access necessary information for inpatient admission authorizations, confirm medical necessity, and approve documentation requests, reducing time spent on administrative tasks.

Additionally, digital platforms enable care providers with timely, accurate information. Use of Elevance Health's self-service tools on Availity helped drive a 15% reduction in Commercial care provider contact center calls over the previous year.

73% reduction

For one large New York hospital system connected to our HealthOS platform, this automation resulted in a 73% reduction in lack of information (LOI) denials for patients enrolled in Medicaid in 2024.

300 hours

With as much as 15 minutes of nursing time spent on each LOI denial, this resulted in up to 300 hours of time saved annually — time that could be spent with patients instead.

Connecting for Health ⤴

Care providers need to see the full picture of a person's health — from their health and medication histories to their behavioral and social needs — to address all the factors that influence it. Through our subsidiary, Carelon, we give care providers the tools, services, and platforms they need to connect the dots and deliver integrated care.

Carelon's portfolio of businesses — including palliative care, behavioral health, and medical and pharmacy benefits management — combine clinical expertise with flexible, data-driven solutions that bring powerful, collaborative partnerships to care providers and community organizations.

Together with care providers, we leverage whole-health solutions to connect physical, behavioral, social, and pharmacy services and ensure members receive the right care and support at the right time.

Carelon Palliative Care **reduced unnecessary hospital admissions nearly 56%** for members with Medicare Advantage receiving end-of-life care.

Value-based care arrangements that included both medical and pharmacy metrics **yielded a $98 per-member-per-month savings** in overall medical spending.

Carelon Behavioral Health's RISE program **helped reduce avoidable inpatient admissions 37%** for participants diagnosed with substance use disorder.

" As part of Carelon, CareBridge is expanding what we can accomplish by increasing access to virtual healthcare. Many patients are happier and healthier when they can be treated in their home, and the benefits of virtual care for our home and community-based patients extend across the healthcare system — all thanks to the willingness to put the patients first."

— Melinda Henderson, MD, *Chief Medical Officer, CareBridge*

Read the Full Report ⤴

Collaboration is essential to creating healthier communities. By working in concert with our care provider partners, we can positively impact the lives of their patients.