Frequently Asked Questions
Regarding Hartford HealthCare and Anthem Blue Cross and Blue Shield Contract Negotiations

Patient Care Questions

Q: What is happening between Hartford HealthCare and Anthem Blue Cross and Blue Shield?
A: For the past few months, Hartford HealthCare has been negotiating with Anthem Blue Cross and Blue Shield on a new contract for Anthem’s members. This contract will determine how you and other Anthem members access care with Hartford HealthCare.

Q: When does the contract expire?
A: The existing three-year contract between Hartford HealthCare and Anthem will expire at midnight on September 30, 2017. Our focus remains on renewing the contract by this termination date.

Q: What happens until then?
A: For now, your access to care with Hartford HealthCare does not change. Your continued access to Hartford HealthCare’s high-quality and dedicated physicians, hospitals, ancillary services and staff members is our goal.

Q: What if there is no agreement by September 30, 2017?
A: If we do not reach an agreement by midnight, September 30, 2017:
  • Hartford HealthCare’s hospitals, ancillary providers and employed physicians will be considered out-of-network for patients with any Anthem health insurance. This includes commercial, exchange, and Managed Medicare plans.
  • On and after this date, Anthem’s members will be subject to higher out-of-pocket fees to use our services.

Q: What Hartford HealthCare facilities/physicians would be affected if out-of-network?
A: On and after September 30, 2017, only if we are out of Anthem’s network, facilities that would be affected include:
  • Hartford Hospital (Hartford)
  • The Hospital of Central Connecticut (New Britain and Southington)
  • MidState Medical Center (Meriden)
  • Backus Hospital (Norwich)
  • Windham Hospital (Willimantic)
  • The Institute of Living
  • Jefferson House
  • Jerome Home
  • Natchaug Hospital
  • Rushford
  • Hartford HealthCare Medical Group
  • Hartford HealthCare at Home
  • Hartford HealthCare Rehabilitation Network
  • Southington Care Center
Q: Which Anthem health insurance plans are impacted by the negotiations?
A: All Anthem health insurance plans are included in our negotiations:
• Commercial plans
• Medicare Advantage plans
• Exchange plans

The following information applies ONLY if Hartford HealthCare is out of network with Anthem after September 30, 2017.

Q: What would being out of Anthem’s network mean to patients?
A: After September 30, 2017, if we are out of Anthem’s network, Anthem members will pay higher out-of-pocket fees to use Hartford HealthCare services.

Q: How will my coverage change if Hartford HealthCare hospitals and facilities are no longer in-network with Anthem?
A: Patients can continue to access Hartford HealthCare services. However, if we don’t reach an agreement, starting October 1, 2017, the amount Anthem covers and what their members have to pay, meaning the out-of-pocket amount, will likely be higher.

Q: What if I have an emergency?
A: Call 911 or go to the closest emergency room anytime you have a life-threatening emergency. If you’re not sure it’s an emergency, call your doctor’s office for advice.

A guide to whether it’s an emergency is if your symptoms are so severe that you believe not getting medical care right away could place your or someone else’s health (or the health of an unborn child) at risk OR cause major harm to a body function or part.

If you feel you’re having an emergency, you don’t need an OK from Anthem or your primary care provider to get care.

Q: What should I do after I get emergency or urgent care?
A: Call your doctor and Anthem within 24 hours, or as soon as you can. The time period for contacting us may be different, depending on your health plan. You may not need to contact Anthem unless you were admitted to the hospital. Check your plan document (your contract, Evidence of Coverage, Summary of Benefits, Certificate of Coverage, or Member Handbook) for details.

Q: Anthem says Hartford HealthCare is going to terminate its contract with the insurer for Hartford HealthCare Medical Group doctors? Why?
A: Hartford HealthCare enters into insurance contracts as a system rather than as individual organizations. This uniformity is more efficient and prevents confusion for our patients and insured members. Many of our employed physicians (members of the Hartford HealthCare Medical Group) do not have admitting privileges outside of Hartford HealthCare; therefore, if Hartford HealthCare were to go out of Anthem’s network, these doctors would be out of compliance with Anthem’s policies — and subject to Anthem terminating them at a later date. This could cause confusion for our patients and could interfere with optimal patient care.

Q: I have a Medicare Advantage plan will I have to change my Primary Care Provider?
A: If you have selected a Hartford HealthCare employed primary care provider, then yes you will be required to change your PCP if we go out-of-network. You will be notified directly by Anthem if this will impact you.
Q: I am in a Medicare Advantage plan, and I have an Integrated Care Partners (ICP) primary care provider. I received a letter from Anthem saying I have to pick another primary care provider. Why?
A: For some Anthem Medicare Advantage plans, Anthem requires that your primary care provider participate in a value based contract. Since your primary care provider’s value based contract is terminating when Hartford HealthCare’s contract terminates, Anthem is requiring you to pick another primary care provider. We encourage you to contact Anthem directly to review your specific plan requirements and verify your preferred primary care provider’s status.

Q: I have a commercial plan with Anthem. Will I have to change my Hartford HealthCare Medical Group Primary Care Provider?
A: Yes, Hartford HealthCare Medical Group will be considered out-of-network. You will be notified directly by Anthem to choose a new in-network provider. We encourage you to contact Anthem directly for more information.

Q: Do I have any other options if I want to continue to use Hartford HealthCare medical professionals and facilities or continue to see my Integrated Care Partners primary care provider?
A: You have the option of changing your insurance carrier during your next open enrollment period if we are unable to agree on the terms of a new contract with Anthem prior to your next open enrollment period.

Q: I have an Anthem Supplemental Plan. Will I be impacted?
A: Patients who have Anthem plans whose purpose is to provide coverage their primary plan does not cover (commonly called “Medigap,” “wrap-around” or “supplemental” plans) are not affected by the expired contract and may continue to receive care at any Hartford HealthCare partner organization or provider with no change in coverage or cost. Supplemental plans have no network provisions and thus are not subject to being out of network.

Q: I am a Hartford HealthCare Retiree with Supplemental Anthem coverage. Am I impacted by the negotiations?
A: Patients who have Anthem plans whose purpose is to provide coverage their primary plan does not cover (commonly called “Medigap,” “wrap-around” or “supplemental” plans) are not affected by the expired contract and may continue to receive care at any Hartford HealthCare partner organization or provider with no change in coverage or cost. Supplemental plans have no network provisions and thus are not subject to being out of network.

Q: I am a State of Connecticut Employee. Am I impacted by the negotiations?
A: Hartford HealthCare’s contract is with Anthem, not the state. State of Connecticut Employees covered by an Anthem health plan may seek care at any Hartford HealthCare partner organization, but they will be billed at the Anthem out-of-network rate. There is no exception for state employees.

Q: I received a bill for services due to Hartford HealthCare’s out-of-network status. Who can I contact to discuss financial assistance?
A: Patients can call 860-696-6010 option 1 and option 2 to discuss payment options.
The following information concerns Continuation of Care benefits

Q: What are Continuation of Care benefits?
A: If a patient has Continuation of Care benefits through Anthem, they can continue receiving the medically necessary care they need at an in-network basis for a designated period of time after the contract end date. We encourage you to contact Anthem directly by calling the number on the back of your insurance card for any specific questions about your possible Continuation of Care. They can provide you with the correct mailing address/fax numbers that apply to your Anthem plan. You have until October 31, 2017 to submit the form to Anthem.

Q: How do I apply for Continuation of Care?
A: Patients in an ongoing treatment program can request approval to continue to receive services under Anthem’s Continuation of Care program. The patient or provider must submit the request for the continuation of care by mailing or faxing the completed request form to Anthem. Hartford HealthCare is providing Anthem’s forms to help make it easier for Anthem members. Please note: Anthem controls the review and approval process.

Q. What will happen if Anthem approves my participation in its Continuation of Care program?
A: For services related to Continuation of Care approval, Hartford HealthCare will accept our former negotiated rate with Anthem (the “in-network” rate that was in place before going out of network) as payment. These patients may still be responsible for payment of in-network copays, deductibles and coinsurance.

Q: What are some examples of eligibility for Anthem’s Continuation of Care program?
A: Examples of services that might qualify for continuation of care include, but are not limited to:
• Patients in an inpatient setting receiving treatment for acute medical conditions
• Patients with the diagnosis of cancer receiving surgical or radiation therapy
• Patients with acute trauma, e.g., trauma/bone fracture care
• Patients receiving short-term/cyclic chemotherapy
• Patients receiving immediate post-hospital or post-surgical care
• Patients with chronic medical conditions for which they are receiving active treatment
• Patients who are in their second or third trimester of pregnancy or the postpartum period

Q: What happens if Anthem denies my participation in its Continuation of Care program?
A: If you believe you were improperly denied, contact the state Office of Health Care Advocate at 866-466-4446, or by email at healthcare.advocate@ct.gov.

Q: If I am hospitalized at a Hartford HealthCare hospital before September 30, 2017, and leave the hospital after September 30, 2017, will my treatment be covered in-network?
A: Yes. All services until discharge from the hospital will be paid in accordance with in-network benefits.

Q: If I have surgery at a Hartford HealthCare hospital before September 30, 2017, will my post-surgical follow up be covered in-network?
A: Yes. Your routine post-surgical follow-up will be covered as in-network, provided that the surgery occurs before October 1, 2017.

Q: What if I already have services or a procedure scheduled at a Hartford HealthCare hospital for after the contract end dates?
A: A patient may qualify for Anthem’s Continuation of Care benefits. Patients who qualify can receive the same care or procedure they scheduled at in-network rates after the contract end date. Please contact Anthem as soon as possible by calling the number on the back of your insurance card to see if you are eligible for Continuation of Care.

Negotiations Update

Q: Why is this happening? Why are you negotiating a new contract?
A: Contract negotiations are part of the normal working relationship between health plans, like Anthem and Hartford HealthCare. We last negotiated our contract with Anthem in 2014, and we are working in good faith to reach an agreement that will allow us to operate more efficiently, reduce costs for all involved — patients included — and continue providing top-quality patient care.

Q: Where is Hartford HealthCare in the negotiating process?
A: For the past several months, we have been negotiating a new contract with Anthem regarding how the insurer pays Hartford HealthCare for services provided to members of Anthem. We continue to negotiate in good faith for a fair contract.

Q: Have you met with Anthem to try and reach resolution?
A: Yes, we have had regular meetings and have been speaking with our counterparts at Anthem regularly in an effort to reach a new contract to ensure our patients have continued in-network access to our health system. We remain open to discussions with Anthem to reach a contract agreement to avoid any interruption in patient care.

Q: Is there a possibility that your contract with Anthem will expire without a new one in place?
A: Yes, there is always a chance that we will not come to an agreement on a new contract — however, that is absolutely not our intention. We will continue to work in earnest to reach a new contract. In the meantime, we are actively reaching out to those who may be impacted — including Anthem patients and their physicians, and Anthem employers — to make them aware of the situation, answer questions, and as needed, provide alternative options to avoid disruption in care.

Q: How will I know when the contract is settled?
A: We will keep all affected parties updated as negotiations continue. Visit our website, http://www.hartfordhealthcare.org/anthem, to learn the status of negotiations on September 30, 2017.

Q: Whom should I call with questions?
A: We have established a dedicated, toll-free information line for patients. Please call 800-644-5905 if you have any questions about how these negotiations could affect your access to the care team you know and trust.

Rev. 9.29.17