**Anthem Media Statement:**
For the past several months, Anthem Blue Cross and Blue Shield has been negotiating in good faith with Hartford HealthCare in an effort to reach a new contract. Unfortunately, a contract agreement was not reached. As a result, effective Oct. 1 HHC is no longer part of the Anthem’s network.

Our priority right now is to our members and ensuring that they have access to ongoing and uninterrupted high quality health care. Anthem is doing everything we can to facilitate a smooth transition for our members. Our nurse case managers are working closely with our members to transition their care to other high quality in-network hospitals and providers, or continue their care at HHC’s hospitals when clinically necessary.

We’re fortunate that we will continue to have a robust network of participating providers at numerous convenient locations throughout Hartford and the surrounding areas. This includes Saint Francis Hospital, Yale New Haven Health System, Western Connecticut Health Network, and every other non-HHC hospital in the state who can meet our members’ health care needs.

We are committed to continue negotiations and trust that Hartford HealthCare will work with us to negotiate fair and sustainable contract terms that are in the best interest of our members.

**Facts:**
Effective, Oct. 1, 2014, HHC and its acute care hospitals are no longer in Anthem’s provider networks.
HHC’s facilities include:
- Hartford Hospital
- The Hospital of Central Connecticut
- MidState Medical Center
- The William W. Backus Hospital
- Windham Hospital

In addition, HHC has notified Anthem of its intent to terminate the participation agreements for the below facilities. Unless HHC rescinds these termination notices, these providers will change from being participating (in-network) to non-participating (out-of-network) as of Oct. 31, 2014.
- Natchaug Hospital
- Rushford
- VNA HealthCare
- Southington Care Center
- Jerome Home

**Q&A:**

What services will remain at in-network rates?
• Anthem members hospitalized at one of the HHC acute care hospitals before October 1, 2014 who are discharged on or after this date, will be covered as in-network.

• Coverage for emergency care will not be affected in any way. For emergency care, all services at the hospital will be covered as though they are in-network. Emergency care means services performed in the Emergency Department or admissions from the Emergency Department as described in the plan documents. An emergency is any situation or condition, such as the onset of a serious illness or injury that you reasonably believe requires emergency care.

• Anthem members who have been approved for Continuation of Care will be covered as in-network.

• The following are some examples of the type of medical situations or conditions that would normally qualify for continuation of care with an out-of-network provider:
  ➢ Patients in an inpatient setting receiving treatment for acute medical conditions;
  ➢ Patients with the diagnosis of cancer receiving surgical or radiation therapy; and
  ➢ Patients with chronic medical conditions for which they are receiving active treatment.

• The following examples generally do not qualify for continuation of care benefits with an out-of-network provider:
  ➢ Patients with short-term self-limiting diseases, e.g., muscle injuries, bronchitis; and
  ➢ Patients scheduled for elective surgery.

• Behavioral Health - For members receiving behavioral health services, there will be no need for a Continuation of Care Form. Any member that has been admitted as an inpatient or undergoing Intensive Out Patient (“IOP”) treatment or partial hospitalization will be treated as “in-network” for benefit purposes through discharge from that level of care.

Where can I get a Continuation of Care form and learn more?

This form may be obtained by calling the number on the back of the Member ID Card and is also located on Anthem’s website, http://group.anthem.com/HHC. Anthem members have until October 31, 2014 to submit the form to Anthem. If approved, the member will receive notice as to how long they may continue to use the hospital on an in-network basis which may be up to ninety (90) days after their notification.

Should I reschedule elective surgeries?
Each member should make the best decision based on their individual needs and circumstances. For members with out of network benefits, Anthem will adjudicate claims at the lower out of network level. When claims are paid at out of network benefit levels members typically have higher out of pocket costs. In some cases these differences may be significant. Members without out of network benefits, will be liable for the HHC hospital’s billed charges. In some cases, Continuation of Care may apply so we would encourage members to pursue that option. Only claims for services that meet Continuation of Care will be adjudicated at the higher in network level of benefits.

**Does this affect primary care and other usual procedures, such as physicals, colonoscopies, etc.?**

The contracts with the professional providers affiliated with HHC are not impacted by the current terminations so they remain in-network providers. Their professional services will be covered as in network regardless of where they provide their services. If, however, a participating professional provider performs a procedure, such as a colonoscopy, at an HHC facility, any claims submitted for the procedure’s facility fee will be paid at the out of network level of benefits.

**What is the chance these services will be covered retro-actively at in-network rates if the contract negotiations resolve in a week, a month or later?**

Unfortunately, we are unable to provide any indication of the likelihood that we would retroactively adjust claims because HHC would need to agree to this. To date, HHC has been firm that they expect to receive full billed charges, and will hold member’s responsible, for all services they provide while they are out of network.

**What is the difference in rates for in-network and out-of-network procedures?**

Anthem adjudicates claims for services rendered by out-of-network providers in accordance with the member’s benefits. Because our members’ out of network benefits vary, we recommend that members call the customer service number on the back of their ID card if they have questions.

**Who may I call if I have questions?**

Member Services at the phone number on the back of your Member ID Card or visit our website [http://group.anthem.com/HHC](http://group.anthem.com/HHC)