FAQs on Consumer Protections re: Anthem and Northern Light Health – 7/25/2025

Background: As of today, Anthem and Northern Light Health have been unable to come to an agreement on contract terms. Northern Light Health (NLH) has notified Anthem that if no agreement is reached by September 30, 2025, the following providers will leave Anthem's network on October 1, 2025:

- All NLH practices and doctors, including primary care physicians (PCPs), specialists, and other professionals;
- Northern Light Walk-in Care;
- Northern Light Dialysis;
- Northern Light Continuing Care, Lakewood and Mars Hill; and
- Northern Light Medical Transport and Emergency Care (ambulance).

Further, if an agreement is not reached by the end of 2025, the following Northern Light hospitals will leave Anthem's network on January 1, 2026:

- Acadia Hospital (behavior health)
- AR Gould Hospital (Presque Isle)
- CA Dean Hospital (Greenville)
- Blue Hill Hospital (Blue Hill)
- Eastern Maine Medical Center (Bangor)
- Maine Coast Hospital (Ellsworth)
- Mayo Hospital (Dover-Foxcroft)
- Mercy Hospital (Portland)
- Sebasticook Valley Hospital (Pittsfield)

These network terminations will affect all of Anthem's lines of business – individual, small group, large group including self-funded plans (such as the State of Maine employee plan), Medicare Supplement plans, and Federal/Blue Card.

For Medicare Advantage Plans, if an agreement is not reached all Northern Light doctors, hospitals and other providers will be out-of-network starting January 1, 2026.

The Bureau of Insurance urges Anthem and Northern Light Health to come to an agreement before Maine people face disruptions in health care services. The Bureau will continue to monitor the situation between the parties, and will ensure that consumer protections are upheld should they fail to come to an agreement.

The Bureau is always available to answer questions, including the following:

1) **If my preferred hospital or healthcare provider is no longer included in Anthem's network, how will I get the care I need when I need it, without paying a lot more?**

All major medical insurers must provide reasonable access to the health services covered by your plan. If you can't access a covered benefit through an in-network healthcare provider, the insurer must make sure that you can obtain the benefit at no greater cost from an out-of-network provider. Call the number on your insurer member ID card for help finding out if there is another provider in the network that can provide the covered benefit before you schedule an appointment to see an out-of-network provider. (Note: If the network is geographically adequate but capacity is not available, it would be considered an inadequate network and the same consumer protections would apply.)

2) **What if I'm in the middle of a course of treatment when my provider leaves the network?**

Under Maine's continuity of care law:

- The insurer must send you a notice that your provider is leaving at least 60 days before that provider's last day, or as soon as possible if providing 60-days' notice isn't possible. This notice must include instructions on obtaining another provider, and must offer help with obtaining another provider. The insurer must ensure that there is no inappropriate disruption in your treatment.

- The insurer must provide you, for at least 60 days from the date of this notice (not from the date of the provider's termination), the ability to continue treatment with the outgoing provider. If you are in the 2nd trimester of pregnancy at the time the provider leaves, this transitional period must extend through the delivery and directly related postpartum care.

- It's important to understand that the insurer and the provider must agree on a reimbursement rate for this transitional period that treats you the same as if you are getting care from an in-network provider.

Under Federal continuity of care law:

- The insurer must provide coverage if you are a "continuing care patient," which is someone who:

    - has a "serious and complex condition" (defined as an acute illness serious enough to require specialized treatment to avoid death or permanent harm, or a life-threatening chronic condition that requires care over a long time),
    - is receiving inpatient care at a facility,
    - is scheduled for nonelective surgery,
    - is pregnant and undergoing treatment, or
    - is terminally ill and receiving treatment.

- The coverage must last until the earlier of 90 days from the date of the insurer's notice to members, or the date when the patient is no longer a "continuing care patient".

- The provider must accept the insurer's reimbursement rate as payment in full during this transitional period, and treat you the same as if you are getting care from an in-network provider.

Contact your insurance company prior to obtaining services from a provider if you are not sure of their network status. Your insurer must let you know their network status and whether you will be billed for the services as in-network or out-of-network.

3) What if I need emergency care and a local hospital is not in my insurer's network?

- Cost-sharing requirements (deductibles, copayments, or coinsurance) for out-of-network emergency services must be the same as if the services were provided in-network, and must be applied to your in-network cost-sharing limits.

- Your responsibility for covered out-of-network emergency services is limited so that if you pay your share for in-network services, your insurer must hold you harmless from any additional amount owed to an out-of-network provider for covered emergency services.

- If your insurer and the provider disagree over the reimbursement rate, you do not need to be involved in resolving the disagreement. Your insurer and the provider can apply for an Independent Dispute Review through the Bureau of Insurance's online portal: https://www.maine.gov/pfr/insurance/Consumers/independent-dispute-resolution.

4) If one of my providers leaves my insurer's network before the next Open Enrollment, would that qualify me for a Special Enrollment Period (SEP) through CoverME.gov to disenroll from my current coverage and enroll in a plan offered by a different insurer that includes that provider in its network?

No. Maine follows the SEP eligibility guidelines set by the federal government for Marketplace plans. In general, a hospital or other provider leaving an insurer's network is not considered a reason for a special enrollment period.

5) **What should I do if I am unsure whether my healthcare provider is in my insurer's network?**

If you are unsure of the network status of your provider, contact your insurance company before receiving services from that provider. Your insurer is required to inform you whether the provider is in its network, and, if not, how you can obtain the same covered services from another provider in its network. It is always a good idea to take notes on conversations you have with your insurer, including the date and time and the name of the person you spoke or corresponded with.

6) **I purchased my insurance on CoverME.gov. When open enrollment starts in November, should I consider which insurers have my regular providers in their network?**

Yes, in addition to reviewing the monthly premium and cost-sharing (deductible, copays, coinsurance) of the plans offered, you should check whether your providers are in the plan's network before you enroll.