



DEPARTMENT OF

Professional &
Financial Regulation

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

Anthem/Covenant Health Contract Dispute – Consumer FAQs

- 1) **My hospital and providers with Covenant Health tell me that they are leaving the Anthem network on July 4 of this year. I am an Anthem member. After July 4, how will I get the care I need when I need it, without paying more?** (*Network Adequacy protections*)

The law requires Anthem to provide “reasonable access” to the health services covered by their plans. That means, if you can't access a benefit (orthopedic surgery, for example) through an in-network healthcare provider, Anthem must make sure that you can get that benefit from an out-of-network provider **without paying more than you would have with an in-network provider.**

This applies to any of your covered benefits, including primary care and specialist office visits, labs, etc. Call the number on your Anthem ID card if you need help accessing your covered benefits.

Anthem is required to provide instructions in the notice they send to you on Covenant Health’s departure about how to obtain a new provider, and how to get in touch with Anthem to help you find a new provider.

If you can’t get the help you need from Anthem, you can **file a complaint** with the Maine Bureau of Insurance.

- 2) **What if I’m in the middle of a course of treatment when my provider leaves the network?** (*Continuity of Care protections*)

Both Maine and Federal law protect you if you have an existing treatment plan for certain health conditions when your provider leaves your insurance network.

Depending on which law applies to your specific treatment situation, you have a “continuity of care right” for up to 60 or 90 days after you are notified by Anthem that your provider is leaving the network. If you are in your second trimester of pregnancy when you are notified, you can continue with your current provider through your postpartum care. Check with Anthem customer service (using the number on your member ID card) about whether your specific situation gives you a continuity of care right.

Note that you do not need to be involved in any disputes between Anthem and Covenant providers or facilities about reimbursement during your continuity of care period. Call the Bureau of Insurance (800-300-5000) with any questions or concerns about services covered by your continued care protections.

3) What if I need emergency care and the closest hospital is not in Anthem’s network?

Emergency care is always treated as in-network, so what you will pay (deductibles, copayments, or coinsurance) does not change, even if the facility is otherwise out-of-network for Anthem.

If Anthem and the facility or provider disagree over the payment for your emergency care, you do not need to be involved in resolving the disagreement. Anthem and the provider can apply for an Independent Dispute Review through the online [portal](#) on the Bureau of Insurance website.

4) Will the end of Anthem’s contract with my providers qualify me for a Special Enrollment Period (SEP), so I can choose a plan from a different insurer at [CoverME.gov](#) - one that includes my providers in its network?

No. On its own, 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 provider is in Anthem’s network?

If you are unsure of the network status of your provider, contact Anthem before receiving services from that provider. Anthem must tell you whether the provider is in its network, and if not, how to obtain the same 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 person you spoke or corresponded with.

6) When open enrollment starts in November, should I consider which insurers have my providers in their network?

Yes, in addition to reviewing the premium price, cost-sharing (deductible, copays, coinsurance) and medications covered by the plans offered, you should check whether your providers are in the specific plan’s network before you enroll.

Additional information

- Anthem: www.anthem.com/covenantmaine/
- Covenant Health
 - Lewiston: www.stmarysmaine.com/anthem
 - Bangor: www.stjosephbangor.org/anthem

**Maine Bureau of Insurance
34 State House Station
Augusta ME 04333
(207) 624-8475 or (800) 300-5000
TTY: Maine Relay 711
www.maine.gov/insurance**