

## Frequently Asked Questions Anthem (Elevance Health) Insurance Coverage

For patients in Virginia with Anthem Managed Medicaid primary insurance Patients with Anthem employer-provided plans and plans purchased directly from Anthem are not impacted.

GENERAL		
What are Bon Secours and Anthem's negotiations about?	Negotiations are a standard part of business operations between health systems and health plans. We have been negotiating with Anthem (or Elevance Health), hoping to compromise on a modest increase on the reimbursement rates for our contracts that will help address additional financial burden created by recent inflation and supply chain shortages, and build a sustainable partnership that will support the quality care we offer for years to come. Our contract negotiations with Anthem do not just focus on improving reimbursement rates, but also on eliminating some of Anthem's onerous and restrictive policies, which are not in alignment with our organization's values of integrity and stewardship. These include a very high claims denial rate compared to other health plans, an increasing accounts receivable balance due to unpaid bills, a lack of transparency around medical policies, an unwillingness to offer peer-to-peer review and an unreasonable volume of medical chart requests. All of these business practices create a significant burden on us and you.	
	<ul> <li>Patients and employers often have lengthy delays before receiving clear explanation of their benefits and associated costs. This often results in patients receiving final statements months to years after services have been provided.</li> <li>In a recent <i>Modern Healthcare</i> article, it was noted that Anthem reported earnings of \$2.8B in the first quarter of this year alone – a 16.6% year-over-year increase – all while owing Bon Secours more than \$100M in late and unpaid claims.</li> </ul>	
	It's unfortunate that this is the current situation; though our contract has expired, we promise to continue doing our part to reach a new agreement with Anthem with a clear understanding that it takes two parties working hand in hand to reach a resolution.	
Who does this affect?	<ul> <li>Only patients in Virginia with Anthem Managed Medicaid as their primary insurance may be impacted. As of Oct. 1, our Bon Secours providers and facilities will be considered out-of-network for patients with Anthem Virginia Managed Medicaid.</li> <li>All other patients with Anthem insurance are not impacted. This includes patients with Anthem employer-provided plans and plans purchased directly from Anthem. (Our patients in Medicare Advantage plans (Medicare Replacement) have been out-of-network with Anthem since Aug. 1, 2023.)</li> </ul>	
What about patients with Anthem's commercial (employer- sponsored) insurance?	<ul> <li>Different plan types have different contract renewal periods, or periods where you are legally allowed to negotiate the details of the contract.</li> <li>That said, we are asking for modest increases for all of our Anthem contracts, including Medicare Advantage (terminated Aug. 1, 2023), Managed Medicaid (terminating Oct. 1, 2023) and commercial plans.</li> </ul>	
When do our contracts with Anthem expire?	We take a holistic approach to payer relationships and will negotiate across all of our agreements with Anthem, depending on how long negotiations persist. This includes all	

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	Managed Medicaid, Medicare Advantage and commercial (employer-sponsored) contracts with Anthem.			
	If we're unable to reach a fair agreement with Anthem, Bon Secours physician practices throughout Virginia and Bon Secours hospitals in Richmond and Hampton Roads will be <b>considered out of network</b> for patients who are covered by <b>Managed Medicaid plans</b> with Anthem as their primary insurance <b>effective Oct. 1, 2023</b> .			
		with Anthem Medicare Advantage in Virginia already expired Aug. 1. Further d, commercial contracts could terminate.		
Does this affect doctor's offices AND hospitals?	Yes. Effective Oct. 1, Bon Secours physician practices throughout Virginia, and Bon Secours hospitals in Richmond and Hampton Roads will be considered out-of-network for patients with Anthem Virginia Managed Medicaid as their primary insurance.			
	see or sched	each an agreement, effective Oct. 1, Bon Secours will <b>no longer be able to</b> <b>Jule appointments</b> for patients in Virginia with Anthem Managed Medicaid as health insurance, unless the patient has a Continuity of Care authorization		
	Affected practices and facilities include:			
	Market	Hospitals		
	Richmond	<ul> <li>Bon Secours – Southern Virginia Medical Center</li> <li>Bon Secours – Southside Medical Center</li> <li>Memorial Regional Medical Center</li> <li>Rappahannock General Hospital</li> <li>Richmond Community Hospital</li> <li>St. Francis Medical Center</li> <li>St. Marvia Hospital</li> </ul>		
	Hampton Roads	<ul> <li>St. Mary's Hospital</li> <li>Bon Secours – Southampton Medical Center</li> <li>Bon Secours Health Center at Harbour View</li> <li>Bon Secours Mary Immaculate Hospital</li> <li>Bon Secours Maryview Medical Center</li> </ul>		
What does it mean for Bon Secours to be out- of-network?	<ul> <li>By not compromising on a reasonable contract, Anthem may force you to leave the Bon Secours doctors you know and trust. We promise to continue doing our part to reach a new agreement with Anthem so you can regain access to our doctors.</li> <li>Effective Oct. 1, patients who hadn't switched from Anthem's Managed Medicaid health plan to a new plan will no longer have access to Bon Secours providers and facilities unless Anthem has authorized Continuity of Care for them. Patients should seek Continuity of Care authorization from Anthem before Oct. 1.</li> </ul>			
		is contracted with all Managed Medicaid plans in Virginia, with the exception nd we will continue to serve our patients under their new health plans.		
What can I do?	for Cause long-term • If it h	linal Care, Virginia's Medicaid Program, at <b>800-643-2273</b> to initiate a Change e transfer to an alternative Managed Medicaid plan to ensure you can retain a access to your Bon Secours providers and facilities. has been less than 90 days since enrollment, you should have the option to ose a new plan.		

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	<ul> <li>If it has been more than 90 days since enrollment, Anthem's actions may qualify you for a Change for Cause transition to a new Managed Medicaid plan.</li> <li>Please note: Bon Secours is contracted with all Managed Medicaid plans in Virginia, with the exception of Anthem, and we will continue to serve our patients under their new health plans.</li> <li>If you are currently under the care of a Bon Secours provider, call Anthem at the number on the back of your insurance card.</li> <li>Ask Anthem if you qualify for Continuity of Care. <ul> <li>Your Bon Secours care team can help you fill out any paperwork, but Anthem will ultimately need to approve it.</li> <li>Tell Anthem how important it is for you to keep your uninterrupted in-network access to Bon Secours.</li> </ul> </li> </ul>		
When is the next open enrollment for Virginia Medicaid patients?	This date varies by county. <u>Click for details</u> , especially for Tidewater, Central and Northern VA regions.		
What if I have a medical emergency on or after Oct. 1, 2023?	You should always go to the closest emergency room if you're experiencing any type of emergency. All patients will continue to have access to all Bon Secours hospitals <b>in cases of</b> <b>emergency treatment</b> , regardless of the network status with Anthem. Our emergency rooms will always be available at no higher out-of-pocket cost to patients.		
What if I'm pregnant and/or receiving critical care for a chronic illness that will require care on or after Oct. 1, 2023?	Certain conditions, such as pregnancy or care for chronic or complex illnesses, may be eligible for Continuity of Care, which would provide approved patients the opportunity to continue seeing their current care team at in-network rates, even if Bon Secours is out-of- network with Anthem. Patients must request approval for Continuity of Care through Anthem, and Anthem will approve or deny those requests on a case-by-case basis. Ultimately, it is up to Anthem whether they will continue to cover your care at Bon Secours.		
Isn't this contrary to Bon Secours' Mission?	Our Mission compels us to serve our patients who come to us for care, and that will not change. We will continue to provide safe, compassionate, high-quality care to our patients. To be an advocate for our Mission and for your continued, high-quality care, we encourage you to call Anthem at the number on the back of your insurance card and urge them to reach agreement with Bon Secours. Your support will enable us to continue to provide the best care possible for you and others like you.		
What can members do to ensure Anthem takes action to reimburse fairly?	Call Anthem. Make your voice heard and let Anthem know how important it is to keep your Bon Secours providers and facilities. We encourage patients to call Anthem at the number on the back of their insurance card to urge that they fulfill their responsibility by putting patients first and keeping Bon Secours in network by reimbursing fairly for quality care.		
Where can I learn more?	Real-time updates are available on <u>bonsecours.com/elevancehealth</u> .		