

Congress of the United States
Washington, DC 20515

September 30, 2019

Ms. Jill Hummel
President
Anthem Blue Cross and Blue Shield
108 Leigus Road
Wallingford, CT 06492

Dear Ms. Hummel,

We are writing to express our concern regarding the recently announced provider terminations from Anthem Blue Cross and Blue Shield's (Anthem) Medicare Advantage (MA) network in Connecticut. This action was first brought to our attention by the Connecticut State Medical Society (CSMS). Anthem has long been an important part of Connecticut's health insurance market, and we value your work in providing health insurance to the people of Connecticut and across the country. However, this unilateral decision to terminate so many providers from the Anthem MA network will significantly and adversely impact access to care for the tens of thousands of beneficiaries in Connecticut.

By law, Medicare Advantage organizations are required to maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to covered benefits and services to meet the needs of the population served. Anthem's decision to terminate Connecticut physicians from its network will leave an insufficient network that will not provide adequate access to care for many in our state, particularly for certain specialties in medically underserved areas of the state.

The individuals in our state most harmed by this decision include seniors and those living with a disability. The network terminations will put far too many vulnerable beneficiaries at risk of failing to receive the care they need to maintain their health and prevent medical emergencies. Furthermore, many of the providers remaining in the MA network are neither accepting any new patients nor are they providing their specialty at the level needed by many of the beneficiaries impacted by this termination.

We want to know why Anthem made the decision to unilaterally terminate providers that will harm our constituents, and answers to the following questions.

- Please detail how Anthem's MA network will meet the network adequacy requirements.
- How were providers selected for termination, and how many have been terminated? Please explain this decision-making process.
- What reason was given to providers for their termination from the MA network?
- How are providers able to appeal this decision? If they are unable to appeal or were not given a reason for their termination, what is the probability of a successful appeal?

- How many beneficiaries will be impacted by this decision?
- What notification has been given to beneficiaries enrolled in your MA program? If they have not been notified, when will they be notified?
- What assistance are you providing to beneficiaries to facilitate access to new providers, if their previous physician was terminated?
- Given Medicare Open Enrollment is quickly approaching, have you included information in your enrollment materials notifying current and prospective beneficiaries that your network of health care providers has drastically changed? Does this information inform beneficiaries that they have the ability to switch back to traditional Medicare during this enrollment period?

As you are well-aware, the open enrollment period for MA plans begins on October 15, 2019, and will end on December 7, 2019, so we request a response to the attached questions as soon as possible, but not later than October 11, 2019, so that we can serve our constituents and address any outstanding concerns that are brought to our attention in a reasonable amount of time.

Thank you in advance for your consideration of our request. If you have further questions about our request, please contact Caitlin Peruccio in Congresswoman Rosa DeLauro's office at 202-225-3661.

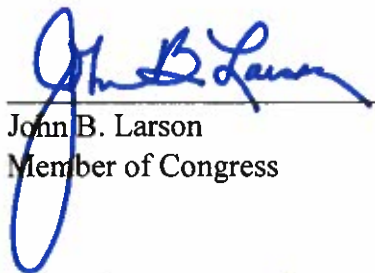
Sincerely,



Rosa L. DeLauro
Member of Congress



Richard Blumenthal
U.S. Senator



John B. Larson
Member of Congress



Joe Courtney
Member of Congress



James A. Himes
Member of Congress



Jolana Hayes
Member of Congress