



Humana Insurance Termination

Contract negotiations are an important part of the relationship between healthcare providers and health insurers, and they are regularly reviewed to ensure they are best meeting the needs of patients and the community. You may have heard that Aultman and Humana have reached an impasse in negotiations recently. Please refer to the questions and answers below to learn more.

Q: What is happening between Aultman and Humana?

A: Aultman and Humana attempted to negotiate to ensure there is fair payment for the services Aultman provides given the current economic climate. Unfortunately, no agreement was reached.

Q: Why did these negotiations take place?

A: Contract negotiations are part of the relationship between healthcare providers and insurers. We need our insurance providers to agree to reasonable contracts that include fair payment that reflect the true costs of the market. These compensation needs are based on the stark reality of our current and anticipated costs of providing care, which have increased due to inflation, rising wages and the costs of supplies, medication and medical equipment. Humana was unwilling to address these realities.

Q: When does the contract with Humana expire?

A: Aultman hospitals will no longer be in network with Humana insurance plans after July 1, 2024, and Aultman physicians will no longer be in network after Aug. 1, 2024. This will affect your access to all the services our office uses to provide your medical care, including your lab work, diagnostic services, urgent care, hospital care and specialists.

Q: What does this mean for me if I'm an Aultman patient? Can I still see my doctor?

A: Aultman Medical Group (AMG) primary care physicians and care providers will continue to see existing Humana patients until Jan. 1, 2025, subject to your plan's out-of-network benefit, which may lead to additional costs. We encourage you to start looking into other healthcare coverage options that have Aultman in-network or to seek other providers in your current provider network to avoid these additional out-of-network costs.

For patients currently undergoing treatment for a serious and complex condition, you may choose to extend your care at Aultman through a Humana Continuity of Care form, which will temporarily extend coverage for care at Aultman. Aultman can provide support in supplying the required information for a patient to complete the form with Humana. For patients who have this form approved, Aultman will temporarily continue to provide care and refer to Aultman specialists and facilities. For patients who do not have an approved Continuity of Care form, Aultman physicians will refer them to in-network providers after July 1.

Q: If I have traditional Medicare and the Humana supplement plan, can I continue to come to Aultman and see my current providers?

A: Yes, you can continue to see Aultman providers without additional out-of-network costs. Traditional Medicare continues to be accepted at all Aultman facilities, and the Humana supplement plan is not impacted by these changes.

Q: What is causing the economic issues?

A: It is well known that the costs of providing healthcare are on the rise and have been for years. As such, Aultman must ensure fair payment from health plans for the services we provide to ensure we remain financially viable in the long term, or we risk not being able to provide the same access to high-quality care that our patients have come to depend on. Regrettably, Humana is unwilling to work with us to find a reasonable solution to this issue. Additionally, Aultman is routinely facing burdensome administrative processes with Humana resulting in delays in patient care. These include inadequate reimbursement, delays in prior authorizations and denials of claims.

Q: What if I still have additional questions?

A: We are happy to take your questions and answer them to the best of our ability. If you have additional questions that have not been addressed above, please call 330-363-0475. You may also contact Humana by calling the number on the back of your insurance card.

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