

From: [REDACTED]
To: [ETF SMB Board Feedback](#)
Subject: Aspirus Network & United Healthcare
Date: Friday, October 13, 2023 9:58:05 AM
Attachments: [REDACTED]

**CAUTION: This email originated from outside the organization.
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Dear Board--I am writing to inquire about the status of negotiations between Aspirus Network and United Healthcare (UHC). Aspirus indicated in a form letter I received several weeks ago (attached) that if they cannot come to an agreement with UHC, they would be considered out-of-network as a provider after 12/31/2023. As a state retiree, I am on Medicare and have a UHC Advantage Plan. If Aspirus is considered out-of-network, I would then have to either leave Aspirus (and all the doctors I have been seeing) and replace them with new doctors at the only other health network in Portage County, Marshfield Clinic. If I want to remain using Aspirus, I will have to choose another It's Your Choice Insurance option. These options are more than twice the price of the UHC Advantage Plan. A 3rd option is to find a policy outside of ETF, which is not a good choice as my banked sick leave is paying my premium. This does not just affect me, but thousands of retirees across the state!

Time is of the essence as Open Enrollment ends 10/20/2023. We have 7 days left. Since I received the letter, I have been calling state retiree friends, various folks at ETF, Aspirus headquarters, Aspirus local, local/state politicians, etc. trying to get a handle on the status of this issue. No one seems to know what is going on. Everyone tells me to call someone else. Very, very frustrating.

Can you please help?

Vicki Lobermeier

[REDACTED]

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Dear Valued Patient,

Our records show that at the time of your last visit to Aspirus Health, you and/or members of your family receive your health coverage through a UnitedHealthcare plan. Aspirus has since engaged in negotiations with UnitedHealthcare to reach a more sustainable agreement that ensures we can continue to deliver high-quality, community-based care both now and into the future.

Our existing agreement is set to expire after December 31, 2023, and no longer adequately covers the rising cost of care we deliver to our patients covered by a UnitedHealthcare health plan. As a result, Aspirus Health is negotiating in good faith for a new agreement that protects the care our shared members and patients like you deserve. **We are simply working to ensure Aspirus can continue to employ best-in-class doctors, specialists, and nurses and invest in the cutting-edge care resources and services that you deserve close to home.**

Nothing changes for now, and over the coming months we expect UnitedHealthcare will join us in meaningful discussions to reach a fair agreement with us that protects your ability to seek care from Aspirus facilities, and from our network of providers and specialists. If UnitedHealthcare refuses to collaborate with us, patients with UnitedHealthcare would be considered out of network after December 31, 2023.

At this time, please continue to seek care from Aspirus as you normally would. We remain committed to reaching an equitable agreement that ensures we will continue to serve our community members for years to come. You can also help encourage UnitedHealthcare to protect your affordable access to our trusted healthcare facilities and providers in the following ways:

- **Call UnitedHealthcare.** Use the number on the back of your health insurance card to let them know it is vital that you continue to have in-network access to Aspirus Health so that you can continue to access local healthcare you trust and deserve.
- **If you have insurance through your employer, speak with your benefits manager directly.** Ask them to contact UnitedHealthcare to ensure they can guarantee in-network access to Aspirus Health into 2024.
- **If you have a Medicare Advantage Plan through UnitedHealthcare, speak to a health insurance broker or a trusted family member.** Although there is still time for an agreement to be reached, you may want to consider your health care options ahead of open enrollment including those that protect your in-network access to Aspirus Health.
- **Visit [AccessAspirus.com](https://www.AccessAspirus.com).** We are dedicated to keeping our community members updated on our discussions with UnitedHealthcare. Visit our website to learn more.

Thank you for entrusting us with your care. It is a privilege to serve you.



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
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October 30, 2023

Vicki Lobermeier
[REDACTED]

Dear Vicki Lobermeier:

Thank you for your October 13, 2023, email to the Group Insurance Board (Board) and the Department of Employee Trust Funds (ETF) regarding your concerns about the provider negotiations between UnitedHealthcare's (UHC's) Medicare Advantage plan and Aspirus Health Care providers (Aspirus).

Health plans that have been accepted by the Board into the State of Wisconsin Group Health Insurance Program (GHIP) are given complete authority in negotiating provider contracts. Plans base their renewal rates upon financial assessments of their provider contracts, administrative costs, the utilization of health care services, and the demographics of their enrollees. The Board's actuary reviews the bids and other data supplied by the plans. We make every attempt to have plans only submit rates that are justified by their claims experience. We believe that our system has resulted in lower premium increases compared to other employer groups, especially given that the GHIP continues to offer consistently high benefits.

We understand your concern about the possibility that Aspirus may not sign a provider contract with UHC for 2024. Note that the It's Your Choice Medicare Advantage plan pays out-of-network providers with the same member out-of-pockets costs as in-network providers, as long as they accept Medicare and will bill UHC. However, if Aspirus, as an out-of-network provider, refuses to bill UHC, claim payments will be cumbersome for members. Members may have to pay their claims to the provider first and submit requests for member reimbursement to UHC.

ETF offers a late open enrollment process that may be of interest to you. If you feel that you were not offered an adequate open enrollment option, you may write an appeal to ETF and also submit an application to choose another health plan. Your letter of appeal must include the facts or circumstances regarding the reason(s) for your late open enrollment application, why it is being filed late, and what outcome you are seeking. While approval of such appeals is not guaranteed, if they are received prior to January, in this situation, they seem likely to be approved.

Vicki Lobermeier
October 30, 2023
Page 2

I hope you have found this response helpful. If you have additional questions or concerns, please feel free to reach out using the contact information provided below. A copy of your email and ETF's response will be included in the materials for the November 15, 2023, Board meeting.

Sincerely,

Arlene Larson, Manager of Federal Program and Policy
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Department of Employee Trust Funds
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