

## **FAQs - PROVIDERS**

### **Discontinuation of Medicare and Commercial Lines of Business**

#### **Is Carle shutting down the Medicare Advantage and the Commercial lines of business?**

Yes. Following a comprehensive strategic and financial analysis, Carle Health has determined that Health Alliance and FirstCarolinaCare (FCC) will exit all lines of business – including commercial and Medicare Advantage, by December 31, 2025.

#### **Will members be notified that their coverage is ending?**

Yes, all members were notified over the summer that their coverage is ending. Formal notices will be sent to Medicare Advantage members at the end of September as required by the Centers for Medicare and Medicaid Services (CMS). We will also be communicating with our Health Alliance Individual and Family plan members and all Medicare Advantage members throughout the fall, providing them with resources to help them find a new plan.

#### **Can I get a list of members that have been treated by our providers, so that our office can contact them?**

No, we do not provide that information.

#### **Can you tell us what insurance company our members will have next year, so we can ensure that we are in-network?**

No, as we do not know this information.

#### **Where do I direct members who have questions or concerns about their insurance coverage ending?**

Please direct them to review the communications that we sent and also visit our website. On the website, we have resource pages to help our members understand their next steps and find resources to help them find a new plan.

[HealthAlliance.org](https://HealthAlliance.org)

[FirstCarolinaCare.com](https://FirstCarolinaCare.com)

### **Provider Contract**

#### **Will my contract be terminated? Do I need to terminate my contract and/or providers?**

You do not need to take any action at this time. Health Alliance and FCC will be mailing notification letters via the USPS, terminating provider contracts effective January 1, 2026.

**Will all terms and provisions in my contract continue to apply, including changes to fee schedules?**

Health Alliance and FCC will continue to abide by all requirements in their contracts with providers, including the implementation of all fee schedule updates, including those relating to any annual increases or chargemaster adjustments while the contracts are in effect.

**If I terminate my contract prior to January 1, 2026, can I request a Single Case Agreement (SCA) from Health Alliance or FCC, so that I can be reimbursed for elective services to members?**

We value you as a participating provider and hope that you will remain in the Health Alliance/FCC network through 2025. However, if you choose to terminate your contract prior to January 1, 2026, we will not negotiate an SCA; rather we will direct members to access in-network provider options for elective care.

**Can I join the network?**

Our networks are currently closed to all new contracting requests.

**Credentialing & Provider Updates**

**Can I add new providers to my group practice's current participation?**

We will accept new provider applications for existing, currently contracted groups through November 1, 2025.

**Do I have to recredential my providers?**

Yes, if you receive a request to recredential a provider, please complete and return that application to Health Alliance/FCC within the timeframe indicated in the request, as required under your network participation contract.

**Do I need to continue submitting provider demographic and address changes?**

Yes. Please submit provider name, demographic, and group changes by December 31, 2025, to ensure proper prior authorization and claims processing.

**As current participating providers, we will continue to see your members who have established care with our providers, but we will not accept any new Health Alliance or FCC members. How do I close my providers' panels?**

Health Alliance and FCC expect that while provider contracts are in effect, our participating providers will continue to accept our members through the end of 2025, in the same manner as they would accept new patients from other Commercial and Medicare Advantage plans in which they participate. As participating providers in our networks, if you are closing your panels to new patients in accordance with the above, you may notify Health Alliance and FCC and request your directory flags to be set as not accepting new members.

### **Claims Payment and Authorizations**

**How does Health Alliance's and FCC's discontinuation of health plan coverage at the end of 2025, impact timely claims payments, appeals and prior authorization requests?**

Health Alliance and FCC will assure adequate levels of operations after 2025, to support claims processing and to meet ongoing business needs, regulatory mandates and contractual terms and conditions, relating to the provision of health care services initiated and/or completed prior to January 1, 2026. We strongly encourage timely filing of claims and appeals, including all appropriate documentation.

**Who will be my contact after December 31, 2025, for claims and contract related questions/issues?**

Health Alliance and FCC will assure adequate levels of operations after 2025, to support claims processing and to meet ongoing business needs, regulatory mandates and contractual terms and conditions, relating to the provision of health care services initiated and/or completed prior to January 1, 2026.

For assistance, providers and members can contact our Customer Solutions team at:

Health Alliance: (800) 851-3379

FCC: (800) 481-1092

**Will I have access to the provider portal for claims and other health plan resources after December 31, 2025?**

Existing Users: The last day for existing users to access the Provider Portal will be December 31, 2026.

New User Requests: To access the Provider Portal through December 31, 2026, new user requests will need to be submitted by December 15, 2025. There will not be the ability to provide new user access to the Provider Portal after December 31, 2025.

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Note: As of December 31, 2025, we anticipate a reduction in resources that will impact our response time. We ask for your patience and understanding and request that you continue to submit your inquiries via the Provider Portal.

**What if a new provider, practicing in a Health Alliance or FCC participating group practice receives a referral or has been scheduled to render elective services to a member, but the provider has not been added to the network in accordance with the health plans' application submission deadline of November 1, 2025?**

Prior authorizations should follow standard operating procedures and will be reviewed on a case-by-case basis.