

UW Medicine Contract Renewal Frequently Asked Questions

What is happening between Aetna and UW Medicine?

Our network agreement with UW Medicine ends on May 31, 2025. We are continuing our discussions and hope to reach a new agreement before the current one ends. Without a new agreement, UW Medicine hospitals and providers will be out of network for Aetna Commercial and Medicare Advantage health plans as of June 1, 2025.

Is UW Medicine currently still in network?

Yes, our current network agreement with UW Medicine is in effect through May 31, 2025. We are working diligently and hope to reach a new agreement before then.

Do I need to take any action if I am currently undergoing treatment with UW Medicine?

Not yet. As we get closer to May 31, 2025, if you are receiving an active course of treatment at a UW Medicine facility or from a UW Medicine provider that may go past that date, you should call the Member Services number on your member ID card to get a Transition of Care request form for your care team to fill out.

Transition of Care coverage can apply when your doctor or facility leaves your plan's network or changes network status or if certain laws or regulations require coverage. Approved Transition of Care coverage allows a member who is receiving treatment to continue the treatment for a limited time at the highest plan benefits level.

What is an active course of treatment?

An active course of treatment means that you have begun a program of planned services with your doctor to correct or treat a diagnosed condition. The start date is the first date of the service or treatment. An active course of treatment covers a certain number of services or period of treatment for special situations. Some active course of treatment examples may include, but are not limited to, members who:

- Are pregnant and have begun a course of treatment (including pre-natal care) for the pregnancy from the obstetrician (OB) or facility.
- Are undergoing a course of treatment for a serious and complex condition from the provider or facility, such as chemotherapy or radiation therapy.
- Are or was determined to be terminally ill (if the individual has a medical prognosis that the individual's life expectancy is 6 months or less) and is receiving treatment for such illness from such provider or facility.
- Need more than one surgery, such as cleft palate repair.
- Have recently had surgery.
- Are being treated for a mental illness or for substance abuse. (The member must have had at least one treatment session within 30 days before the status of the member or the participating health care provider changed.)
- Have an ongoing or disabling condition that suddenly gets worse.
- May need or have had an organ or bone marrow transplant.
- Are scheduled to undergo non-elective surgery from the provider, including receipt of post-operative care from such provider or facility with respect to such a surgery.

To be considered for Transition of Care coverage, treatment must have started before the date your doctor or facility left the health plan's network or before the date a doctor or facility's network status changed.

How long does Transition of Care coverage last?

Usually, Transition of Care coverage lasts 90 days, but this may vary based on your condition (for example pregnancy). We will tell you if your Transition of Care coverage request is approved and how long the coverage will last.

How do I sign up for Transition of Care coverage?

Call the Member Services number on your ID card to get a Transition of Care request form for your care team to fill out.

You must submit a Transition of Care request to the health plan within 90 days of the date the health care provider left the plan's network or within 90 days from the date on the letter notifying you of the change. You or your doctor can send in the request form.

What if I have more questions about TOC coverage?

Call the Member Services number on the back of your member ID card.