

ABOUT ACCESS TO UPMC FOR HIGHMARK MEMBERS IN 2015

GENERAL/BACKGROUND:

Do Highmark and UPMC have a new contract?

Most of the current contracts between Highmark and UPMC will expire on December 31, 2014. These contracts have not been extended, and there is not a new contract. There is a "Consent Decree" that affects access to UPMC providers for certain Highmark members.

How does the consent decree affect Highmark members?

The recent agreement, facilitated by the state, means that Highmark members in broad-network products – such as *PPO Blue* and *Keystone Blue* – may continue to have access to most UPMC providers even after the current contracts expire on December 31, 2014.

What are the major points Highmark members should know about?

There are five specific provisions in the Consent Decree that are most important for members:

- Access for cancer patients
- Continuation of care
- The "safety net"
- "Balance billing" protection for out-of-network services
- Access to emergency care

CANCER:

Can cancer patients currently receiving care from UPMC providers continue to see these providers?

Yes, the Consent Decree gives Highmark members access on an in-network basis to all UPMC services, facilities, doctors and joint ventures (with other hospitals) for oncology care and for any illnesses/complications resulting from cancer treatment, including (but not limited to) endocrinology, orthopedics and cardiology.

What choices do Highmark members have if they need cancer care in the future? Can they see UPMC providers?

If the patient and his or her treating physician agree that the patient should be treated by a UPMC oncologist, members in Highmark broad-network products have in-network access to all UPMC services, facilities, doctors and joint ventures (with other hospitals) for oncology care and for any illnesses/complications resulting from cancer treatment, including (but not limited to) endocrinology, orthopedics and cardiology.

Who decides if Highmark members should receive cancer care from UPMC or another provider?

Cancer patients will work with their doctor to determine the best provider to treat them. Highmark wants to ensure that patients have a choice so that they get the best care for their specific condition.

CONTINUATION OF CARE:

If members currently see a UPMC provider for an ongoing condition, do they have to change providers in 2015?

No, members in the midst of a course of treatment with any UPMC provider – no matter what the diagnosis – can continue to see that provider.

Does Highmark have to approve members continuing to see a UPMC provider for an ongoing condition?

The decision to continue receiving care will be made by patients in consultation with their doctor.

SAFETY NET:

If members don't have any specific health problems but see a UPMC physician, for example, once a year, can they see this physician again in 2015?

The Consent Decree includes a provision called a "safety net." If members received care in 2014 from a UPMC provider and cannot find an alternative provider in their area, they can continue to receive care from that same provider in 2015 on an in-network basis. After 2015, they'll need to change providers. If they choose to stay with a UPMC provider, any care they receive from that provider will be paid at the out-of-network benefit level.

What support will Highmark provide to help members find a new physician?

Highmark will partner with our group customers to determine the best way to support efforts to transition members who need to find new physicians. For example, if the employer requests, Highmark will send letters to members who have recently used UPMC physicians, identifying these physicians and providing suggestions for alternative physicians members may want to consider.

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All communications will clearly explain the protections offered under the consent decree, such as the safety net that allows members to continue seeing their UPMC physician through the end of 2015.

Members will also have access to myCare NavigatorSM, which can help them find a new network provider, make an appointment and even transfer medical records.

BALANCE BILLING PROTECTION:

What happens if members receive care from a UPMC provider who is not in the network in 2015?

If members do not qualify for in-network access to UPMC providers because of the oncology, continuation of care or safety net provisions and they choose to receive care from an out-of-network UPMC provider, they will be responsible for the out-of-network cost-sharing according to their benefit design. UPMC can only “balance bill” Highmark members the difference between Highmark’s payment amount and 60 percent of their actual charge.

EMERGENCIES

What happens in case of an emergency?

If members receive care at any UPMC emergency room, it will be covered on an in-network basis. This includes not only the emergency room visit but also any inpatient admissions and continued care for the emergency condition for which the member was treated.

If a member is admitted to a UPMC hospital for an emergency, will Highmark have the member transferred to another hospital?

As is the practice now, patients and their doctors will determine if and when a transfer to another facility may be appropriate.

NETWORK QUESTIONS:

Will there be any UPMC hospitals in the broad Highmark network in 2015?

Yes, members can receive care – on an in-network basis – from the following UPMC hospitals at least through the dates indicated:

- In Allegheny County:
 - Children’s Hospital of Pittsburgh of UPMC (through 6/30/22)
 - Western Psychiatric Institute and Clinic (through 12/31/19)
 - UPMC Mercy (through 6/30/16)
 - Hillman Cancer Center (through 6/27/19)
- In other counties in western PA:
 - UPMC Altoona (through 12/31/19)
 - UPMC Bedford (through 12/31/19)
 - UPMC Hamot and its affiliate Kane Community Hospital (through 12/31/19)
 - UPMC Horizon (through 12/31/19)
 - UPMC Northwest (through 12/31/19)

What UPMC physicians will be in the broad Highmark network in 2015?

Any physicians who have admitting privileges at any of the UPMC hospitals listed above will be in network under certain circumstances in 2015.

What UPMC hospitals will be out of network in 2015?

Starting January 1, 2015, the following UPMC hospitals will be out of network:

- Magee-Womens Hospital
- UPMC East
- UPMC McKeesport
- UPMC St. Margaret
- UPMC Passavant
- UPMC Presbyterian-Shadyside

How can members find out what physicians will be in the broad Highmark network in 2015?

In September, a new website, www.YourNetwork2015.com, will include an online directory that consumers can use to search for doctors that will be in the Highmark PPO Blue network as of January 1, 2015.

You’ll note the website is mentioned in several support pieces.

Members can also call myCare Navigator at 1-888-BLUE-428 or the Member Service number on their Highmark ID card. Highmark representatives can confirm if a doctor will be in-network in 2015, help members find a new doctor (if they need one), even make an appointment and help transfer medical records.

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