

Hello,

I am writing in response to a front page article in the January 20, 2016 issue of the Tribune Review entitled, "Plan targets unexpected medical bills." I have been dealing with issues which I feel relate to some of those described in the article and would like to share them.

I have a chronic condition stemming from an injury I sustained ten years ago. At the time of the injury, I received treatment from a UPMC physician—including several surgeries. Throughout the years since my procedures, I have seen this doctor (along with a couple other UPMC physicians) on a regular basis to monitor the status of my condition. In August of 2015, I had an appointment with the doctor who performed my original procedures and he indicated that it was necessary to perform another surgery as a follow-up to those he executed ten years prior. At the time of this recommendation, I had recently been enrolled in a new Highmark Community Blue Flex Plan by my employer and was still trying to learn a lot of its intricacies and tiered levels of coverage. I made several calls to Highmark and UPMC before the surgery and, under the so-called Continuity of Care Clause previously agreed to by both parties, was given the impression the surgery would be covered by virtue of my previous relationship with my physician.

I had the surgery at UPMC Mercy Hospital. Shortly thereafter, and much to my dismay, I began receiving explanations of benefits from Highmark and bills from UPMC indicating that I was on the hook for thousands of dollars of medical bills. I was sick. After countless hours on the phone with both organizations, I came to find that my understanding of both my medical benefits under my new plan and the Continuity of Care Clause was incorrect. The most frustrating part of the whole scenario is that I now know that I could have had the procedure performed by another doctor at a different hospital and received full in-network "enhanced" coverage under my plan.

I exhausted all of my options for appeal with my insurer and the PA insurance commission and was denied on all fronts. In talking with people and gathering information from various media outlets, I have discovered that my situation is not a unique one. Unfortunately, there is a patent lack of understanding that seems to exist between UPMC and Highmark employees as it pertains to the language of their current agreement and patients are the ones that have to suffer because of it.

Thank you for hearing my story. I would be in support of any legislation that could prevent this from happening to someone else.

Matt Faló

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