

FAQs for End of Consent Decree Between Highmark and UPMC:

1. What is the Highmark/UPMC Consent Decree?

In 2012, UPMC announced it would no longer continue to contract with Highmark following Highmark's proposed affiliation with health care provider Allegheny Health Network (AHN). In 2014, Highmark and UPMC each entered into a Consent Decree with the Office of Attorney General, the Insurance Department and the Department of Health to provide clarity and certainty for consumers concerning in-network access for Highmark members to UPMC providers. The Consent Decree allowed for access to certain unique or exception UPMC hospitals and providers and for certain groups of people (such as seniors) to continue receiving in-network treatment until the expiration of the Decrees on **June 30, 2019**.

2. Who does the ending of the Consent Decree impact?

The ending of the Consent Decree will primarily impact current Highmark insureds in the Greater Pittsburgh and Erie areas who: (a) are in a continuing course of treatment with a UPMC provider; or (b) who are currently in or will seek oncology treatment from a UPMC provider; and/or (c) have Medicare Advantage plans.

These insureds will now need to decide to either:

- keep their Highmark insurance and start seeing a new in-network doctor,
- to continue seeing their UPMC doctor and change their insurance plan to one where UPMC providers are in-network
- or continue seeing their UPMC doctor and consider options for paying out-of-network provider costs.

Insureds do not necessarily have to choose between in-network access to AHN and in-network access to UPMC. Both commercial and Medicare Advantage plans that provide in-network access to both AHN and UPMC are offered by several national insurance companies.

3. Why is the Commonwealth allowing this to happen?

The Commonwealth cannot force an insurance company and a provider to contract at in-network rates with each other.

Governor Wolf has dedicated significant efforts and will continue to diligently work to protect consumers by overseeing the implementation of the Consent Decree and through the consummation of the January 2018 agreement, to ensure access for Highmark's commercial insureds who require critical, unique services.

4. What is in-network access, and why is it important?

In-network access is when an insurance company has a contract with a health care provider to provide services to enrollees for a negotiated rate. The health care provider agrees to accept the negotiated rate, together with any cost sharing by the enrollee (such as a copayment, coinsurance or deductible), as payment in full. Consequently, the patient does not receive a bill for the charges that exceed the insurers' payment. For many patients, it is often significantly less expensive for an insured to seek treatment from an in-network provider. However, each plan is different.

Some health insurance plans only pay for services when an enrollee visits an in-network provider unless it is an emergency (such as exclusive provider organizations (EPOs) and health maintenance organizations (HMOs)). If you have a traditional HMO and choose to seek non-emergency care from an out-of-network provider, you will pay the entire cost. Other health insurance plans will pay at least some of the costs even if the member visits an out-of-network provider (point of service (POS) and preferred provider organizations (PPOs)). However, if you receive care from an out-of-network provider you will pay more of the cost than if you saw an in-network provider, and your provider may ask you to pay the difference between the actual cost of the service and the amount paid by your insurance company. This is called balance billing. Note that balance billing is up to the providers' discretion and prohibited for Medicare beneficiaries.

5. How can I find out if the doctors and hospitals I want to use are in-network for a health plan I am considering?

The best way to find out if a provider you would like to visit is in-network would be to consult the website of the health plan in which you are considering enrollment. Additionally, you can reach out to the provider directly to confirm their network status with the health plan you are considering.

6. Is there a transition period for care if my hospital/provider is not in-network?

Yes, the transition period is through **June 30, 2019**. Highmark insureds in the Greater Pittsburgh region and Erie will not have in-network access to any UPMC facility beyond this date, except for the exceptions clarified in Question 9.

7. What is the impact to me if I am a Highmark member and I receive care from an out-of-network UPMC provider for non-emergency services?

With respect to in-network access to UPMC providers for Highmark members, the Consent Decree allows certain populations to take until June 30, 2019, to transition to a provider who is in-network with Highmark, explore out-of-network benefits, or change their health insurance coverage during the open enrollment period.

The end of the Consent Decree is almost here. If you have marketplace coverage or are enrolled in a Medicare Advantage plan, you will need to make decisions about your 2019 insurance coverage during open enrollment season. Since the Consent Decree ends mid-year 2019, the plan you select may or may not have access to most UPMC hospitals and/or physicians for the entire 2019 year.

People in the Greater Pittsburgh and Erie area who are planning on enrolling in a Highmark insurance plan must take into account which providers are in-network with Highmark insurance. Their UPMC provider may not be on that list for the entire year (there are a few exceptions listed in later questions), and so if they plan on staying with their Highmark insurance they may choose to switch providers. If they enroll in a Highmark insurance plan and try to continue seeing their UPMC provider, they will be required to pay higher out-of-pocket costs and may be subject to balance billing (if they are not a Medicare beneficiary).

It is important to understand your insurance plan's out-of-network coverage, if applicable. Your financial responsibility may be impacted by utilizing an out-of-network provider.

8. I have group coverage from a Blue Cross Blue Shield (BCBS) company other than Highmark, am I affected by this?

Yes, if you have a plan that utilizes a network of providers and seek treatment in Highmark's service area the rules for in-network access will be the same as outlined in question 7. The BlueCard program is a national program that enables members of one Blue Cross and Blue Shield (BCBS) Plan to obtain health care services while travelling or living in another BCBS Plan's service area. If you have group coverage from a BCBS company other than Highmark and seek treatment in Highmark's service area, you will be able to access providers that are in-network with Highmark. If you choose to see an out-of-network provider and your plan has an out-of-network benefit, you will be required to follow the provider and insurance plan's out-of-network process.

9. Are there any specific UPMC services or hospitals that are still in-network if I have Highmark commercial insurance?

Yes, there are UPMC hospitals that will remain in-network in 2019 for Highmark insurance plans.

In January of this year, Highmark and UPMC announced an agreement to continue access to UPMC providers for Highmark members with commercial coverage needing access to critical, unique services, including certain transplant services. This agreement also affects cancer patients and areas where there are not many other feasible options for access to non-UPMC providers. These exceptions are listed below.

Please be aware that these exceptions may not apply to certain “no UPMC” Highmark insurance plans, such as My Direct Blue and Community Blue Medicare HMO/PPO, which are designed to be out-of-network for all UPMC providers (although My Direct Blue is in-network at UPMC Children’s Hospital of Pittsburgh). You should check with Highmark to see if your coverage is a “no UPMC” plan in which you would not have in-network access under these exceptions.

The following specialty services by UPMC will remain in-network for Highmark insureds after June 30, 2019, even if the hospitals would otherwise be considered out-of-Network: UPMC Center for Assistive Technology, UPMC Center of Excellence for Treatment of Cystic Fibrosis, and services unique to UPMC in the region, such as living-donor liver transplants, lung transplants, heart-lung transplants and small bowel transplants. These specialty transplants are also in-network services for other Blue Cross and Blue Shield members accessing UPMC through the Blue Card program in accordance with Blue Card rules and the members specific benefit plan design.

As always, it is best to check with your insurer on the status of a provider from which you wish to receive care prior to obtaining services from the provider.

Pursuant to a term sheet agreed to by the parties to allow access following the Consent Decree expiration, Highmark’s commercial enrollees have the following access to UPMC facilities:

UPMC hospitals in the greater Pittsburgh area continuing to contract with Highmark insurance at in-network rates:

Greater Pittsburgh Area Hospitals	In-Network	Out-of-Network
UPMC Children's Hospital of Pittsburgh	✓	
UPMC Magee-Womens Hospital		✗
UPMC East		✗
UPMC McKeesport		✗
UPMC Mercy		✗
UPMC Montefiore		✗
UPMC Passavant (both campuses)		✗
UPMC Presbyterian		✗
UPMC St. Margaret		✗
UPMC Shadyside		✗
UPMC Hillman Cancer Center at UPMC Shadyside		✗
UPMC Western Psychiatric Hospital	✓	

In Western PA, UPMC hospitals continuing to contract with Highmark insurance at in-network rates:

Western PA Hospitals	In-Network	Out-of-Network
UPMC Altoona	✓	
UPMC Bedford	✓	
UPMC Hamot		✗
UPMC Horizon (both campuses)	✓	
UPMC Jameson	✓	
UPMC Kane	✓	
UPMC Northwest	✓	

In Central and Eastern PA, UPMC hospitals continuing to contract with Highmark insurance at In-network rates:

Central and Eastern PA Hospitals (After 6/30/19)	In-Network	Out-of-Network
UPMC Cole	✓	
UPMC Pinnacle Carlisle	✓	
UPMC Pinnacle Community Osteopathic in Harrisburg	✓	
UPMC Pinnacle Hanover	✓	
UPMC Pinnacle Harrisburg	✓	
UPMC Pinnacle Lancaster	✓	
UPMC Pinnacle Lititz	✓	
UPMC Pinnacle Memorial in York	✓	
UPMC Pinnacle West Shore in Mechanicsburg	✓	
UPMC Susquehanna Divine Providence in Williamsport	✓	
UPMC Susquehanna Lock Haven	✓	
UPMC Susquehanna Muncy Valley	✓	
UPMC Susquehanna Soldiers & Sailors in Wellsboro	✓	
UPMC Susquehanna Sunbury	✓	
UPMC Susquehanna Williamsport Regional	✓	
UPMC Chautauqua WCA in Jamestown, NY (via Blue Card program)	✓	

In the Greater Pittsburgh Area, UPMC Cancer and Radiation Centers continuing to contract with Highmark at In-network rates until 2021:

CANCER CENTERS	CENTER TYPE
UPMC Cancer Center Medical Oncology, Beaver	Medical Oncology Center
UPMC Cancer Center Medical Oncology, Washington	Medical Oncology Center
Excelsa Arnold Palmer Medical Oncology, Mt. Pleasant	Medical Oncology Center

Excelsa Arnold Palmer Medical Oncology, North Huntingdon	Medical Oncology Center
UPMC Cancer Center Medical Oncology, Sewickley	Medical Oncology Center
Heritage Valley Radiation Oncology at UPMC West	Radiation Oncology Center
UPMC/St. Clair Hospital Cancer Center	Radiation Oncology Center
Heritage Valley Radiation Oncology Beaver	Radiation Oncology Center
Washington Health System Radiation Oncology	Radiation Oncology Center
Butler Health System Medical and Radiation Oncology	Medical & Radiation Oncology Centers
Excelsa Arnold Palmer Cancer Center	Medical & Radiation Oncology Centers

In Western PA outside of the Greater Pittsburgh Area, UPMC Cancer and Radiation Centers continuing to contract with Highmark insurance at In-network rates until 2021:

The Regional Cancer Center, Erie	Radiation Oncology Centers
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In Western PA outside of the Greater Pittsburgh Area, UPMC Cancer and Radiation Centers continuing to contract with Highmark insurance at In-network rates until 2024:

CANCER CENTERS	CENTER TYPE
UPMC Cancer Center Medical Oncology, Johnstown	Medical Oncology Center
UPMC Cancer Center Medical Oncology, Uniontown	Medical Oncology Center
Grove City Medical Oncology (limited Med Oncology services)	Medical Oncology Center
UPMC Cancer Center Medical Oncology, Greenville	Medical Oncology Center
UPMC Cancer Center Medical Oncology, Windber	Medical Oncology Center
John P. Murtha Regional Cancer Center	Radiation Oncology Center
Uniontown Hospital Radiation Oncology, Robert E. Eberly Pavilion	Radiation Oncology Center
Jameson Radiation Oncology	Radiation Oncology Center
UPMC Cancer Center at UPMC Altoona	Medical & Radiation Oncology Centers
UPMC Cancer Center at UPMC Horizon	Medical & Radiation Oncology Centers

UPMC Cancer Center at UPMC Northwest	Medical & Radiation Oncology Centers
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10. Are there any specific Allegheny Health Network (AHN) services or hospitals that are still in-network if I have UPMC insurance?

The Consent Decree specifically involves Highmark insurance and UPMC providers. Although the Consent Decrees do not speak to the UPMC Health Plan and access to AHN, that is still something consumers should consider during open enrollment. Therefore, if you have UPMC Health Plan, you should go to the UPMC Health Plan’s website and look to see which providers are listed as in-network. Provider directories are subject to change, so it is important to check the health plan’s website periodically for the most up-to-date information.

11. What facilities are considered in-network with each plan?

Insurance companies and providers negotiate contracts that determine network access for individual insurance plans. For the most up-to-date information on which facilities are considered in-network for each health plan, the consumer should go to the insurance company’s website and check the provider directory, as they are subject to change.

12. I like my Primary Care Physician (PCP), can I just self-pay and continue to see him/her?

Yes, if you choose to keep both your PCP and your health insurance plan, you may continue to see your UPMC provider on an out-of-network basis. However, you should consider in advance your financial costs. If you choose to self-pay for your office visit you will likely also be personally responsible for any additional costs as a result of that visit, such as lab tests or procedures recommended by your provider.

13. What about providers (PCPs, specialists)? Both UPMC and Highmark’s websites suggest contacting the provider directly. Can we trust that the in-network provider listing is correct on the plan’s website?

It is the responsibility of the insurance company to have the most accurate information on its website, and that includes the listing of in-network providers.

If you notice incorrect listings on the company’s website, please reach out to the Pennsylvania Insurance Department’s Bureau of Consumer Services. Its contact information can be found below:

Toll-free: 1-877-881-6388
 Fax: (717) 787-8585
 TTY/TDD: (717) 783-3898

File a complaint by visiting this website:

<https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx>

It is always best to check with your insurer on the status of a provider from which you wish to receive care prior to obtaining services from that provider. Should you have questions after reviewing their website, please contact the customer service number on the back on your insurance card.

14. What if I have a Highmark PPO product, or a Highmark Medicare Advantage PPO product (such as Freedom Blue), or a Highmark HMO POS product (such as Security Blue) can I still go to an out-of-network facility?

Yes, if you have a Highmark commercial PPO plan, a Highmark Freedom Blue or Security Blue plan, you may still go to an out-of-network provider; you should refer to your plan's benefits for in and out-of-network coverage.

For commercial plans, you may be accountable for the difference between UPMC's charge and the insurance plan's allowed amount payment, after your cost sharing. Please see Question 4 for more information on balance bills.

For some services in Medicare plans, like physician visits, there may be no difference in cost-sharing for in or out-of-network. For other services, you may pay less for using a provider in Highmark's network. Medicare providers cannot require members to pay a copay or cost-sharing amount that exceeds the in or out-of-network payment stipulated by their plan. Note that emergent and urgent care is always covered as in-network coverage per federal regulations.

UPMC has stated that after June 30, 2019, it intends to require patients with out-of-network insurance products to pay in advance for all nonemergent services. For more information regarding this pre-pay policy, call Highmark at the number on the back of your ID card or UPMC at 1-800-533-8762.

Information specific to traditional Medicare, Medicare Supplement, and Medicare Advantage Enrollees

15. If I have traditional Medicare along with Medicare supplemental insurance, am I affected by this?

Consumers with Medicare supplemental insurance (also called Medigap) have access to all providers who accept Medicare, including UPMC.

Currently, most Medicare supplemental policies do not have networks. Therefore, there is no concept of in-network or out-of-network associated with those Medicare supplemental policies.

You should always review your providers' network status and your plan's network benefits before purchasing a plan.

16. If I have Medicare Advantage, am I affected by this?

There are certain UPMC services and hospitals that will continue to be in-network, as described further below. You should always check with your insurance company and/or your doctor before scheduling a visit to confirm their network status with your insurance.

17. What if Highmark Medicare Advantage subscribers find out that their provider is not in-network after all enrollment periods have ended? Will they have a Special Enrollment Period?

A Special Enrollment Period (SEP) is granted only on an exception basis and on terms set by the federal Centers for Medicare and Medicaid Services.

18. Are there any specific UPMC services or hospitals that are still in-network if I have a Highmark Medicare Advantage plan?

Most UPMC providers and hospitals in Greater Pittsburgh and Erie will be out-of-network for Highmark Medicare Advantage members after June 30, 2019. However, there are certain UPMC services and hospitals that will continue to be in-network, as described further below.

Please be aware that these exceptions may not apply to certain "no UPMC" Highmark insurance plans, such as My Direct Blue and Community Blue Medicare HMO/PPO, which are designed to be out-of-network for all UPMC providers (although My Direct Blue is in-network at UPMC Children's Hospital of Pittsburgh). You should check with Highmark to see if your coverage is a "no UPMC" plan, in which case you would not have in-network access under these exceptions.

As always, it is best to check with your provider and with your insurer on the status of a provider in which you wish to receive care prior to obtaining services from that provider.

For further questions about Medicare Advantage products, please contact the Medicare Services Center at 1-800-MEDICARE. For Pennsylvanians seeking assistance with Medicare coverage, you can contact the toll-free APPRISE helpline at 1-800-783-7067.

Pursuant to ongoing contracts between the parties, Highmark's Medicare Advantage enrollees have the following access to UPMC facilities:

UPMC hospitals in the greater Pittsburgh area continuing to contract with Highmark insurance at in-network rates:

Greater Pittsburgh Area Hospitals	In-Network	Out-of-Network
UPMC Children's Hospital of Pittsburgh	✓	
UPMC Magee-Womens Hospital		✗
UPMC East		✗
UPMC McKeesport		✗
UPMC Mercy		✗
UPMC Montefiore		✗
UPMC Passavant (both campuses)		✗
UPMC Presbyterian		✗
UPMC St. Margaret		✗
UPMC Shadyside		✗
UPMC Hillman Cancer Center at UPMC Shadyside		✗
UPMC Western Psychiatric Hospital	✓	

In Western PA, UPMC hospitals continuing to contract with Highmark insurance at in-network rates:

Western PA Hospitals	In-Network	Out-of-Network
UPMC Altoona	✓	
UPMC Bedford	✓	
UPMC Hamot		✗
UPMC Horizon (both campuses)	✓	
UPMC Jameson	✓	
UPMC Kane	✓	
UPMC Northwest	✓	

In Central and Eastern PA, UPMC hospitals continuing to contract with Highmark insurance at In-network rates:

Central and Eastern PA Hospitals (After 6/30/19)	In-Network	Out-of-Network
UPMC Cole	✓	
UPMC Pinnacle Carlisle	✓	
UPMC Pinnacle Community Osteopathic in Harrisburg	✓	
UPMC Pinnacle Hanover	✓	
UPMC Pinnacle Harrisburg	✓	
UPMC Pinnacle Lancaster	✓	

UPMC Pinnacle Lititz	✓	
UPMC Pinnacle Memorial in York	✓	
UPMC Pinnacle West Shore in Mechanicsburg	✓	
UPMC Susquehanna Divine Providence in Williamsport	✓	
UPMC Susquehanna Lock Haven	✓	
UPMC Susquehanna Muncy Valley	✓	
UPMC Susquehanna Soldiers & Sailors in Wellsboro	✓	
UPMC Susquehanna Sunbury	✓	
UPMC Susquehanna Williamsport Regional	✓	

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Heritage Valley Radiation Oncology Beaver	Radiation Oncology Center
Washington Health System Radiation Oncology	Radiation Oncology Center
Butler Health System Medical and Radiation Oncology	Medical & Radiation Oncology Centers
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John P. Murtha Regional Cancer Center	Radiation Oncology Center
Uniontown Hospital Radiation Oncology, Robert E. Eberly Pavilion	Radiation Oncology Center
Jameson Radiation Oncology	Radiation Oncology Center
UPMC Cancer Center at UPMC Altoona	Medical & Radiation Oncology Centers
UPMC Cancer Center at UPMC Horizon	Medical & Radiation Oncology Centers
UPMC Cancer Center at UPMC Northwest	Medical & Radiation Oncology Centers

19. Where can I ask more questions or file a complaint?

If you have questions or wish to file a complaint, there are various options for you to obtain assistance.

- If you are a Highmark health plan member with questions about your coverage, call the Member Service phone number on the back of your insurance card.
- Speak to your provider.
- If you wish to file a complaint, you can contact the Pennsylvania Insurance Department at the following:
1209 Strawberry Square
Harrisburg, PA 17120
Toll-free: 1-877-881-6388
Fax: (717) 787-8585
tty/tdd: (717) 783-3898
A complaint form can be accessed from the Insurance Department's website: www.insurance.pa.gov

Please note that the answers to these FAQs describe the current status as of the time of this posting. The Pennsylvania Insurance Department will update the information when and if new information becomes available.