YOUR PATIENTS FIRST ANSWERS

Consent Decree

Did the Consent Decrees entered on June 27, 2014 resolve all issues between Highmark and UPMC?

No, these Consent Decrees set forth an outline of the agreements reached between Highmark and UPMC through the efforts of the Governor’s Office and the Pennsylvania Attorney General. Highmark and UPMC are working to clarify many details of how this framework will be put into effect. For this reason, as these details emerge, some of the answers to these questions may be modified.

How will these Consent Decrees be enforced?

The PA Attorney General, PA Insurance Department and PA Dept. of Health have exclusive jurisdiction to enforce the Consent Decree. If a violation takes place, there are procedures outlined in the decree that call for quick resolution of issues.

Community Blue

When you say the vast majority of Highmark members will be able to keep their doctors, what does that mean exactly? This infers that only a very small segment of the population will need to transition to a new doctor.

This is correct. We believe that only a VERY small segment of our members will need to transition to new doctors in 2015. A one-year Safety Net provision in the Consent Decree allows any member who has seen a UPMC provider in 2014, and cannot find an alternative provider, to keep that same provider through 2015. Also, members who qualify for Continuity of Care and members involved in cancer treatment can continue to receive treatment for at least the five years that this consent decree is in effect, perhaps even longer. These provisions apply to members with PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage only. Therefore, a very large percentage of the UPMC-owned physicians currently in our network will continue to see Highmark members.

How will out-of-network balance billing apply regarding the Community Blue product? Will there be any limits on patient liability as with the PPO product?

We believe that out-of-network billing for Community Blue will be the same as out-of-network billing for any other PPO product. It is our interpretation that the Consent Cecree provides Community Blue members with a 40 percent discount for out-of-network services. This has not been formalized but this is our understanding.

We're getting a lot of Producer questions around Community Blue and if, like the last agreement, UPMC will just turn these folks away.

We do not believe that UPMC will turn Community Blue patients away as the Out-of-Network Services provision in the Consent Decree states that UPMC will accept ALL Highmark members, even if it is on an out-of-network basis. At this time, it is our understanding that care for Community Blue members will be delivered and then billed on an out-of-network basis, except for emergency room services, which will be treated as in-network.

Clarify what the UPMC Community Blue network/benefits will look like in January 2015? How will Community Blue PPO, EPO, and HMO products be impacted?

Details of the how the Consent Decree affects Community Blue are being resolved by Highmark and UPMC. Once those decisions are finalized, we will release those details.

<u>Cancer Care/Oncology/Hillman</u>

Clarify when members can access Hillman. Can they choose to go there themselves, or do they need their physician to decide that? I'm understanding that they have access, but upon physician recommendation.

The Consent Decree gives any member with PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage in-network access to UPMC services, providers, facilities and physicians involved in the treatment of cancer, including, but not limited to Hillman Cancer Center if the patient's treating physician determines that a patient should be treated at such facility and/or physician. As with any specialty medical care, members should consult with their providers to determine which facility is most appropriate for their individual needs.

The information under "Cancer Coverage" states "Highmark members will have in-network access to all UPMC services for oncology care, including the Hillman Cancer Center." Will Highmark members pay in-network rates for such services? The article in Saturday's PG 6/28/14 states: "… UPMC put out a news release telling patients that UPMC's Hillman Cancer Center, while technically available by physician referral to all Highmark customers, is <u>not in-network</u>…" The article later states "…if a patient's treating physician determines that a

patient who is diagnosed with cancer should be treated by a UPMC oncologist and the patient agrees to be so treated, <u>at rates that are still to be negotiated</u>."

Yes, Highmark members in PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage will pay in-network rates for all services related to the treatment of cancer, including those provided at Hillman Cancer Center. There are several areas in the consent decree that call for UPMC and Highmark to negotiate rates. In most cases, if rates are not agreed to by July 15, 2014, there is a dispute resolution process to settle rates. For instance, the rates for 2015 will be the current, in-force rates, plus MBI for 1/1/15. There is currently a dispute resolution process underway to resolve certain issues pertaining to oncology rates. The result of this process will not be determined until later this year.

When is cancer "beaten?" I was treated last year for breast cancer at UPMC. I am now under the care of a physician at a cancer center that is Highmark/ independent. There is no sign of cancer, but it has only been one year. If I tried to get life insurance, they would look for years of being "cancer-free" before deciding that I had beaten it.

It appears that this member is currently under the care of in-network providers. If the member had a recurrence and wanted to go back to UPMC for treatment, the member should consult with her doctor. If the treating physician recommends a UPMC provider, care would be provided at in-network rates under the Continuity of Care provision as long as the member has PPO Blue, EPO Blue, Keystone Blue HMO, or Classic Blue or traditional indemnity coverage.

You have in-network access to all UPMC services, facilities, doctors and joint ventures for oncology care and for any related illnesses/complications resulting from complications of cancer treatment, including but not limited endocrinology, orthopedics and cardiology. Is this just for 2015 or for the foreseeable future?

Members with PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage have in-network access to UPMC providers for oncology care for 5 years under the terms of this consent decree.

<u>ER Access</u>

If someone is flown to UPMC's emergency department and treated, what's next? Do they have to be transported again to a Highmark affiliated hospital for treatment beyond that trauma care or pay out-of-network charges?

Members with PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage will be covered at in-network rates for care received at any UPMC emergency room. The Consent Decree calls for establishment of patient transfer protocols. These protocols include the transfer of the patient, once stabilized to an in-network facility if the patient or patient's representative approves.

What if the ER use is deemed to be for a non-emergency medical service? How would that claim pay?

The Consent Decree does not in any way change the standard Highmark uses in reviewing emergency room claims. Therefore, non-emergency medical services would likely be treated as out-of-network. .

65+/Seniors

The "Under the Vulnerable Population" provision indicates that seniors "will have continued ongoing access to UMPC providers and facilities." My spouse is 66, but covered as a dependent on my PPO active insurance with Highmark. Will she still have access to UPMC providers and facilities? Or is this provision assuming that seniors are on Medicare?

According to the Consent Decree, members over the age of 65 eligible or covered by Medicare and who are who are covered under PPO active insurance with Highmark will have full access to UMPC providers.

If an employee reaches 65 and is still an active employee enrolled in a PPO plan, will they have full access to UPMC? This question came from the quote released re UPMC and Highmark: "Vulnerable Populations: UPMC and Highmark agree that vulnerable populations such as consumers age 65 or older, Medicare, Medicaid, CHIP, Medigap and Signature 65 will not be impacted and continue to have access to UPMC providers and facilities."

According to the Consent Decree, members over the age of 65 who are covered under PPO active insurance with Highmark, or who are eligible or covered by Medicare will have full access to UMPC providers.

Will employer group covered employees that are 65 or older and on the group PPO plan have access to all UPMC facilities and providers?

Yes, members over the age of 65 who are covered under a group PPO plan, or who are eligible or covered by Medicare will have full access to UMPC providers.

Continuation of Care

Will UPMC doctors know what to tell patients as it relates to continuation of care – regardless of diagnosis? They want to make sure the doctors have all the answers at hand.

We're not privy to UPMC's communications to its doctors. But we will communicate to our members that, if they need help understanding how the Continuity of Care provision applies to their particular situation, they can call myCare Navigator or the Member Service number on their ID cards.

Clarify "continuity of care". Is this indefinite treatment of an existing diagnosis, or is it interchangeable with "transition of care"? For instance, will a member who is being treated by a UPMC doctor for MS be able to continue to see that doctor at the in-network level?

Continuity of Care does not equal Transition of Care. Continuity of Care is a special provision in the Consent Decree that permits all members in a continuing course of treatment with a UPMC provider—no matter what the diagnosis—to continue to receive care on an in-network basis at in-network rates. This provision is determined by the treating physician acting in consultation with the wishes of the member. This provision applies to members with PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage. Transition of Care refers to the process of assisting those members who need to select an alternative in-network provider in cases where their prior provider becomes out-of-network.

Is there a defined time limit on this? Does the provider or member decide when the course of treatment has ended?

The Consent Decree does not specify any duration to the continuity of care period. The need for a continuing course of treatment is determined by the patient's treating physician, in accordance with the patient's wishes.

Safety Net

Who determines whether or not a member is "unable" to find an alternative physician in their area? What are the criteria?

The patient. The one-year Safety Net provision gives Highmark members who used UPMC physicians or services during 2014 time to evaluate and select an alternative in-network provider in their locality. Highmark offers many resources to help members in selecting new providers. Members can call myCare Navigator or the Member Service number on their ID cards. They can also search for new providers using YourNetwork2015.com, our new microsite that shows what our network will look like in 2015.

RE: Safety net – need more clarification on what it means if those members "are unable to find an alternative physician in their area". I personally don't see many instances when a doctor in the member's area cannot be found, so who makes that decision?

The patient. The one-year Safety Net provision gives Highmark members who used a UPMC physician or service during 2014 time to evaluate and select an alternative in-network provider in their locality. Highmark offers many resources to help members in selecting new providers. Members can call myCare Navigator or the Member Service number on their ID cards. They can also search for new providers using YourNetwork2015.com, our new microsite that shows what our network will look like in 2015.

Coverage for Specific Conditions

RE: Existing PPO customer covered under Allegheny Intermediate Unit: Members' spouse had a kidney transplant within the last few years at a UPMC facility. All follow up was done and the patient is OK from the transplant point of view. Now he needs a knee replacement, and the only doctor willing to operate is out of UPMC Shadyside. They are being told other providers do not want to operate on him due to his risk of infection/low immunity from his recent transplant. Will the member be able to have the knee replacement done after 1/1/15 by a UPMC facility/doc at the in network level of benefits? The member thought this may qualify under our transition as a unique case since he is a previous transplant patient.

Answer TBD

What if someone gets newly diagnosed with a rare condition and that particular service is only available at one of UPMC facilities.

Rare instances such as this will be evaluated by the Department of Health on a case-by-case basis. Decisions on how to handle these situations will be based on each member's individual circumstances.

One of the trustees sees a UPMC doctor for "headache management"; will she be able to continue to see that UPMC doctor?

If the trustee is covered by a PPO Blue, EPO Blue, Keystone Blue HMO, or Classic Blue or traditional indemnity plan, she likely qualifies for continuation of care. Any member in a continuing course of treatment with a UPMC provider may continue that care on an in-network basis at in-network rates so long as the treating physician approves and the patient agrees.

In-network vs Out-of-Network

Confirm that ANY UPMC doctor that treats a patient at an exception hospital (Children's and Western Psych) will be treated as in-network and that ANY UPMC physician that treats a patient at a community hospital (is this the Allegheny hospitals?) will be treated as in-network.

Confirmed. All UPMC joint ventures, physician services provided at or on behalf of independent hospitals will be in-network. Currently, all of Highmark's networks include the UPMC doctors who treat patients at exception hospitals such as Children's and Western Psych. Our network also includes UPMC-owned physicians performing services at the Community Hospitals. Allegheny Health Network and community hospitals are also in-network.

Will UPMC oncologists, pediatricians, and behavioral health providers be treated as in-network regardless of where they treat the patient?

Yes. Members with PPO Blue, EPO Blue, Keystone Blue HMO, and Classic Blue or traditional indemnity coverage have in-network access to all UPMC oncology providers, pediatricians and behavioral health providers.

RE: UPMC providers being considered in-network: will they accept currently contracted rates as payment in full? Having the plan pay at in-network levels is great, but if providers are not required to accept some fee as payment in full, members could still be liable for large dollar amounts via balance billing.

All in-network providers agree to accept Highmark's payment as payment in full and are prohibited from balance billing. A member's liability is limited to any cost sharing that applies for in-network benefits as specified in their particular plan design.

How many total UPMC physicians are there; how many are in 5 county Pittsburgh (these will be out of network, right?), how many are outside of 5 county Pittsburgh (these will be in network right?), how many are in the specialty categories listed (oncology, peds, behavioral health).

UPMC owns approximately 3,500 physicians. We believe that Highmark members will continue to have access to a large majority of them in 2015. Providing specific messaging about UPMC physicians in any communications materials is contrary to Highmark's strategic objectives. In addition, members will likely be concerned about their own situations and whether they will have continued access their current UPMC physicians.

Sometimes UPMC physicians have privileges in non-UPMC facilities. What about cases where members receive care at independent or Highmark-affiliated hospital, but from a UPMC physician. Since hospital and physician charges are usually separately billed, what then? Do they have to ask if the person treating them is a UPMC affiliated physician?

When a member is being treated by a UPMC physician at a non-UPMC facility, the physician is ALWAYS considered in-Network.

Non-participating Hospitals

What are the limitations/circumstances for patients to obtain in-network services at non-participating UPMC hospitals? For example, in a maternity case, if the patient remains with her UPMC physician if she cannot find a new OBGYN doctor, is the inpatient delivery at Magee Women's covered in network? Does this mean that access to UPMC facilities will be included in-network for Highmark PPO participants?

Answer TBD

New Q&A Microsite?

Will we be posting these Q & As to a microsite (as we did for healthcare reform) so Sales has a reference base for questions already asked and answered? If that is not in the planning now, I suggest that we build it.

We are evaluating what location would offer easiest to access the accumulated questions and answers. Most likely, we will post them on SFA in the new Patients First Q & As library. Based on the urgent necessity to distribute answers, we do not have adequate time to create a microsite.

Member Communications

Is there going to be a Q/A Mail group for members as well?

The current PatientsFirstQAs@highmark.com mailbox is for internal use only. Members who have questions should call myCare Navigator or the Member Service number on their ID cards for personal assistance.