

FREQUENTLY ASKED QUESTIONS FOR HIGHMARK MEDICARE ADVANTAGE MEMBERS WHO WISH TO ACCESS UPMC SERVICES ON AN OUT-OF-NETWORK BASIS AFTER JUNE 30, 2019

Q What does “out-of-network” mean?

A A hospital, facility, or physician that is not contracted with your insurance company is referred to as “out-of-network,” meaning that provider does not have an agreement with your insurance company to accept designated amounts as payment in full. A provider has no obligation to treat a patient who is out-of-network, except in emergency situations.

Most UPMC hospitals and physicians in western PA will be out-of-network for Highmark Freedom Blue and Security Blue Medicare Advantage members after June 30, 2019. Highmark Community Blue Medicare Advantage members will be out-of-network for all of 2019. Although UPMC is under no obligation to schedule appointments for out-of-network patients, it recognizes that patients who choose a product with no in-network access to UPMC might still want occasional care. To accommodate these patients, UPMC will continue providing services to them on an out-of-network basis as it has during the several years of the Consent Decrees.

Q What if I want to access care on an out-of-network basis after June 30, 2019? Can I do that?

A Yes, but subject to important constraints. UPMC has developed a process to facilitate requests from patients who choose a product with no in-network access to UPMC, but who still want to receive UPMC care. This process will be centralized, and patients will need to pay in advance to schedule that care.

To ensure that a patient is comfortable with the costs of accessing out-of-network care and receives an accurate payment estimate, the patient will work with UPMC’s estimate service before the care can be scheduled. It is important to remember that payment of the estimate will need to be made in advance of visits or procedures being scheduled.

Any reimbursement to the patient will be between the insurer and the patient.

Q Will I always have to pay in advance to see a UPMC provider that is out-of-network? What if my insurance company said I was authorized for out-of-network care?

A Yes. Patients with a Medicare Advantage product that includes out-of-network benefits, including Highmark Medicare Advantage members, who wish to receive services on an out-of-network basis from a UPMC provider will need to pay in advance for all nonemergent services. The authorization received for the service is not an agreement by the insurer to make payment. The patient will need to make the payment in advance to move forward with the services.

Q Could there be other costs to me, in addition to the advance payment?

A Yes. If the care ultimately costs more than the prepayment amount, a bill will arrive in the mail for the additional amount due. It will be the patient's responsibility to pay the additional amount. Any reimbursement to the patient will be between the insurer and the patient.

Q Can I make a partial payment? Or do a payment plan?

A No. UPMC will not accept partial payments or arrange a payment plan for the estimated cost of the care. It will be due in full and in advance of services.

Q Will I need to prepay for lab work or testing?

A Yes. To access these UPMC services a patient will work with the estimate service and pay in advance of receiving the services.

Q If I have original Medicare, with or without a Medigap plan, will I be out-of-network after June 30, 2019? Will I have to pay in advance for care at UPMC?

A No. Original Medicare (sometimes called traditional Medicare) is administered by the government. All UPMC providers and facilities accept original Medicare and will continue to do so after June 30, 2019. No advance payment will be required. In addition, Medigap insurance, also known as Medicare supplemental insurance, is not generally a networked product. Patients with original Medicare plus Medigap coverage can receive care at any provider that accepts Medicare, including all UPMC providers. UPMC accepts all Medigap plans, including Highmark's Medigap Blue and Signature 65. Patients with original Medicare plus Medigap will not need to pay in advance at UPMC.

Q What if my Medicare Advantage plan includes out-of-network benefits?

A Patients with a Medicare Advantage product that includes out-of-network benefits, such as some Highmark Medicare Advantage members, who wish to receive services on an out-of-network basis from a UPMC provider will still need to pay in advance for all nonemergent services.

Q What about an emergency? Will I have to pay in advance after June 30, 2019?

A No. All patients, regardless of insurance, who present to any UPMC Emergency Department for care will receive an appropriate medical screening examination and any stabilizing care necessary for their emergent condition. No advance payment will be required for these services. Upon stabilization, patients who are out-of-network for their insurance plan may be transferred to a hospital in their insurance plan network. Transfer decisions will be made in consultation with the Emergency Department treating physician, the patient, and the patient's insurer.

Q Will Highmark Medicare Advantage patients have access to any cancer services on an in-network basis?

A Yes. Many UPMC cancer care facilities in western PA, including those operated in conjunction with other community health care providers, will remain in-network for Highmark members. A full listing is available at UPMC.com/Choice2019.

Q Will UPMC's advance payment requirement for nonemergent out-of-network care apply only to Highmark Medicare Advantage members?

A No. Advance payment for nonemergent out-of-network care will apply to all patients with a Medicare Advantage insurance product that is out-of-network at UPMC.

Q How can I ensure full, in-network access to UPMC doctors and hospitals after June 30, 2019?

A Patients should evaluate their health insurance options and choose a Medicare Advantage plan with full, in-network access. Many insurance carriers offer this coverage, including Aetna, Aetna Coventry, United Healthcare, and UPMC Health Plan.

Original Medicare, with or without a Medigap plan (including Highmark Medigap), also provides full, in-network access to UPMC doctors and hospitals.

**If you have additional questions,
please call the help line at 1-855-946-8762.**

MEDICARE FAQs FOR RETIRED FEDERAL EMPLOYEES

Q Is it possible to have both Medicare coverage and Highmark commercial insurance?

A Yes, it is possible in some cases. Retired federal employees are permitted to keep their commercial medical insurance after they become eligible for Medicare, under the Federal Employees Health Benefit (FEHB) Program. The commercial insurance is typically Blue Cross Blue Shield, and therefore Highmark for people in this region. If a patient has both forms of coverage, original Medicare is the primary insurance, and the commercial plan is secondary.

Q After July 1, 2019, how will UPMC billing work if I have original Medicare as my primary insurance and Federal Employees Health Benefit Program (Highmark) as my secondary coverage?

A The billing procedure depends on the type of original Medicare that you have. Medicare Part A covers inpatient hospital care. Medicare Part B covers physician services and outpatient care. Although Part B is optional for retired federal employees, many patients have opted to have it.

If you have **both** original Medicare Part A and Part B, you will be in-network at UPMC for all services. UPMC will bill Medicare directly for any services we provide to you. You will not need to make any advance payment to UPMC. If you have a Highmark commercial insurance product or other FEHB plan as your secondary insurance, UPMC will send you a bill for any outpatient coinsurance amount, inpatient or outpatient deductible amount, inpatient coinsurance days, and/or inpatient lifetime reserve (LTR) days. Your secondary insurer, whether FEHB/Highmark or another plan, may pay these amounts for you, but you will need to work that out with your insurer.

If you do not have Medicare Part B, you will be out-of-network at UPMC for physician services and outpatient care. UPMC will ask you to pay in advance for any services in these categories. We will give you an estimate of the amount due. After you receive the services, you may need to submit a claim for reimbursement to FEHB/Highmark insurance. What FEHB/Highmark pays you will depend on the out-of-network benefits that you have under your Highmark plan.

Q How can I make sure I am reimbursed for any advance payments I make to UPMC?

A You should ask FEHB/Highmark, or the insurer that provides your secondary coverage if you have a non-Highmark plan, about the steps you should take to obtain whatever reimbursement is available to you if you are required to make an advance payment to UPMC.

Q Can I have Highmark Freedom Blue or Highmark Security Blue as my secondary insurance?

A No. Freedom Blue and Security Blue are Medicare Advantage plans and are always primary coverage. They cannot be combined with original Medicare. If you have both original Medicare and a secondary Highmark plan, your Highmark plan will be commercial insurance.

Q What if I have other questions about accessing UPMC?

A Please call the UPMC help line at **1-855-946-8762**.