



ACCESS TO UPMC

The Consent Decree: Understanding network access in 2016.

Get information about in-network access to UPMC

What is the Consent Decree?

In June 2014, the Governor's Office and the Pennsylvania Attorney General facilitated the Consent Decree, which describes how members can access UPMC after the commercial contracts between Highmark and UPMC, which have been terminated by UPMC, ended on Dec. 31, 2014. Highmark fully supports this arrangement because it provides a "roadmap" for how members can access high-quality, affordable health care across western Pennsylvania, including services from UPMC, Allegheny Health Network and a comprehensive network of community hospitals.

Know Your Options for Care

Understand how and when you can access UPMC providers.



Oncology/Cancer Services

Members who have been diagnosed with cancer have in-network access to all UPMC services, facilities, doctors and joint ventures for oncology covered services. (The member's physician must determine that the member should be treated by a UPMC provider who renders oncology services.)¹



Continuation of Care

Members who are in a continuing course of treatment for a chronic or persistent condition in 2013, 2014 or 2015 with a UPMC provider or an independent provider and received care for that condition at UPMC can receive care from those providers at the in-network level of benefits through June 2019. Routine preventive care does not qualify as a chronic or persistent medical condition.

Members who were treated at UPMC or by a UPMC physician for a confirmed pregnancy in 2015 may continue to access UPMC on an in-network basis for maternity care, delivery and post-partum care related to that pregnancy. This includes delivery at Magee-Womens Hospital.



Safety Net

The safety net provision of the Consent Decree expires Dec. 31, 2015. After 2015, members will need to change providers if they want care at the in-network benefit level. If they choose to stay with UPMC providers, care they receive from those providers may be paid at the out-of-network benefit level.



Balance Billing Protection

Out-of-network UPMC providers can only bill Highmark members up to the difference between the Plan's payment and 60% of the UPMC provider's billed charges for covered services.



ER Access

Members who seek care at any UPMC emergency room will be covered at in-network rates, including any inpatient admission through discharge.²



Access for Seniors

Highmark members (excluding *Community Blue Medicare Advantage HMO*) who are age 65 or older, and covered by or eligible for Medicare, will have access to all UPMC providers on an in-network benefit level. This in-network access also applies to CHIP and Medicaid members.



Network

To learn which UPMC facilities and physicians are in-network for 2016, [click here](#).

Avoid Out-of-Network Costs

Need help finding network providers?

Questions

If you have additional questions, you can contact MyCare Navigator at 1-888-BLUE-428

All terms of the Consent Decree affect Highmark members in most products, such as *PPO Blue*, *EPO Blue*, *Keystone Blue HMO* and *Classic Blue* traditional indemnity health insurances.

Highmark members in the *Community Blue Flex* products and *Connect Blue* are covered by the Consent Decree and can access UPMC facilities for Cancer Care, Continuation of Care and Safety Net at a higher member cost sharing.

This site will be updated as new information becomes available.

¹ For *Community Blue Flex* products and *Connect Blue*, oncology care from UPMC providers is covered at the Standard Value Level of Benefits.

² Emergency room and any related inpatient care is covered at the Enhanced Value Level of Benefits for *Community Blue Flex* products and at the Preferred Value Level of Benefits for *Connect Blue*.