

The Consent Decrees Will End on June 30, 2019 – Are Your Employees Ready?

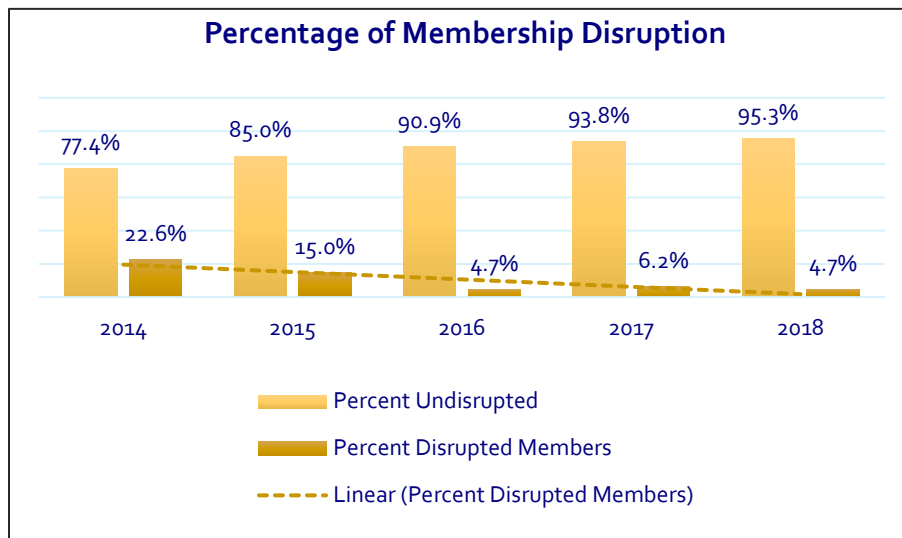
With the end of the consent decrees just two months away, the following are a few important reminders:

- ✓ Highmark members who continue to use most UPMC providers and facilities are at high risk for significant out-of-network expenses, including higher deductibles, coinsurance, and out-of-pocket maximums, potential balance billing, and possibly being required to pay upfront before services are rendered.
- ✓ If your employee needs help finding an in-network provider, they can contact **HealthAdvocate** at 1-866-695-8622 or contact **Highmark** Member Services (number on back of ID card) or search www.highmarkbcbs.com (Find a Doctor).

How Many Are Still Using Out-of-Network Services?

Reports indicate that over the last five years you and your employees have done a remarkable job moving to network providers. Of the more than 9,500 Highmark members within the MBS Trust, over 95% will likely **not** be disrupted come July 1. From 2014 to 2018, there has been a considerable decrease in Highmark members utilizing UPMC Health System providers – **nearly 80%**! The remaining 4.7% has improved even more since Highmark sent its targeted mailing to those members in February.

The remaining 300 members (**down from 2,250 in 2014**) may be at risk of still utilizing a UPMC provider/facility (i.e., 'disrupted') if they do change providers. Another 490 members are using '*conditional providers*', which means they may or may not be disrupted depending on where they receive services, as these providers have dual admitting privileges at both network and non-network facilities.



If you have questions, please contact your Client Managers:

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