Definitive Agreement: UPMC and Highmark

UPMC and Highmark have reached a definitive agreement implementing the terms of the binding May 2 mediation agreement facilitated by Governor Corbett.

The definitive agreement sets the stage for the date-certain expiration of the existing contracts between Highmark and UPMC on December 31, 2014. It also defines each party’s obligations after that date, including providing protection to vulnerable populations as well as continued access to unique UPMC services or facilities such as WPIC, UPMC Bedford, UPMC Northwest, and certain oncological services.

Most important, and in the wake of the Supreme Court’s June 28 decision upholding the Affordable Care Act, this agreement creates a foundation for increased competition in the health insurance market that will benefit patients, subscribers, and businesses in western Pennsylvania.

UPMC Health Plan offers one of the nation’s leading integrated delivery and financing systems. We will continue to provide full access to all UPMC hospitals and clinical programs; a robust network of community hospitals and physicians; the highest quality, nationally recognized customer service; and affordable health insurance, wellness products, and services.

We appreciate your ongoing support of our members, your patients, in offering the high quality of services they have come to expect.
Since UPMC Health Plan adopted the concept, more and more physician practices in our network of providers have become Patient-Centered Medical Homes (PCMH). The practices — and their patients — benefit from these key features of the PCMH:

- **Improved education** helps patients understand their disease and its treatment, how to manage their condition, and the importance of taking an active role in their health care.
- **Focus on wellness and preventive care** makes screenings a priority. Tracking allows patients to get timely reminders.
- **Improved coordination of care** makes it easier to:
  - Schedule appointments for referred specialists and tests
  - Ensure that all reports and results are received and reviewed
  - Promptly communicate test results and care plans to patients
- **A holistic view of health care** considers the roles of patients, physicians, families, health plans, and community resources.

Partnerships between UPMC Health Plan and primary care physician practices have played a major role in developing PCMH practices. Physician input continues to guide our support for the PCMH, which includes:

- Providing practice-based care managers in primary care physician offices
- Providing important, up-to-date information about patients' ED, hospital, and urgent care utilization; specialist visits; and timeliness of medication refills
- Scheduling patients for a follow-up visit within five calendar days post-hospital discharge
- Identifying and helping to overcome patients' barriers to care — including issues such as transportation, housing, caregiver support, and cost of care
- Health coaching to improve patient education in key areas such as smoking cessation, disease-specific condition management, and preventive care management
- Helping to implement and effectively use electronic health records
- Providing patients with enhanced access, in any of the following ways:
  - Expanding hours, including evenings and weekends
  - Web-based scheduling
  - Additional communication options, like email and/or Web-based visits

A truly integrated health care system must have the resources to take a comprehensive view of patients' lives. Effectively using those resources will improve patient care.

The patient is at the heart of the PCMH, and primary care physicians know their patients’ needs best. By partnering with UPMC Health Plan to refine patient care in a PCMH, the physician’s role will only become more central.

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**QUALITY CORNER**

**PCPs Have a Central Role in the PCMH**
Nicholas DeGregorio, MD, FACP, MMM

**ACA Update: Women’s Preventive Care Enhancements Effective 8/1/12**

In accordance with the Affordable Care Act (ACA), UPMC Health Plan will cover these preventive care services for women without a copayment, coinsurance, or deductible:

- Annual well-woman visits
- Screening for gestational diabetes
- Testing for human papillomavirus (HPV)
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Contraceptive methods and counseling
- Generic oral contraceptives (1 pack per 28 days or 3 packs per 84 days)
  - Diaphragms
  - IUDs (Mirena only — covered under the medical benefit)
  - Generic emergency contraceptives (e.g., generic Plan B – Levonorgestrel and Next Choice)
- Breastfeeding support and breast pumps
- Domestic violence screening

This coverage is for contracts that renew on or after August 1, 2012. It applies to in-network services incurred on or after the plan’s renewal date.

You will recognize many of these services as having been covered for the member without cost-sharing in prior plan years, and you will see new services (e.g., birth control prescription drugs and devices and breastfeeding services) that are enhanced.

Note that for preventive pharmacy services, a prescription is still required. Covered prescriptions must be filled at a network pharmacy. Medications and contraceptive methods available without a prescription (e.g., condoms and spermicidal agents) are not part of the ACA and will not be covered.

For more details about the changes, including options for religious organizations and employers affiliated with a religion that do not want to cover contraceptives as part of preventive benefits, please contact Provider Services at 1-866-918-1595 or your Physician Account Executive.
When a Member Is Incarcerated

As a provider, you are often the first point of contact for our members. When members are incarcerated, your office may be alerted to this information before UPMC for You.

UPMC for You is required to notify the Department of Public Welfare (DPW) within 60 days of finding out that a member is incarcerated (Section 392.2, Medicaid Eligibility Handbook). Please notify us when you learn that a member is incarcerated in a penal facility, correctional institution (including work release), or youth development center. Hospitals should advise Medical Management of these details when calling for an admission authorization. Be sure to include the name of the facility where the member is being held, as well as the date of incarceration.

We appreciate your support in maintaining accurate, timely member records.

Quick Update on UPMC Individual Advantage

UPMC Individual Advantage is a new, affordable health plan your patients buy directly — not through an employer. Plan options include varying levels of deductibles, cost, and coverage, and enable members to choose the option that best meets their individual or family health care needs.

Individual Advantage members enjoy many key benefits, including:

- Direct and coordinated access to the renowned hospitals of UPMC, along with outstanding community hospitals, behavioral health centers, cancer centers, and physician practices.
- Preventive care covered at 100 percent, including checkups, screenings, and mammograms.
- Easy access to health coaches, maternity experts, and mental health counselors at no extra cost for health, fitness, and nutrition information and health coaching.
- Triple tax savings and greater financial security when members choose the plan option that is paired with a health savings account (HSA).

And because UPMC Individual Advantage is an exclusive provider organization (EPO) plan, members don’t require time-consuming referrals to see specialists within the network. This saves administrative time for you and your staff.

Your patients can visit www.upmchealthplan.com for a sample quote and to learn more about UPMC Individual Advantage.
The Technology Assessment Committee meets regularly to review medical technology. The following chart details recent committee decisions. Please refer to the designated policy for complete indications and limitations.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Reason for Review</th>
<th>UPMC Health Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Management of Low Back Pain - MP.043</td>
<td>Updated Policy Review</td>
<td>• Effective 9-1-2012, this will require prior authorization for the Medicaid and Special Needs Plans products. (The Policy is already in effect for the Commercial, Medicare, and CHIP products.)</td>
</tr>
<tr>
<td>Percutaneous Kyphoplasty - MP.086</td>
<td>New Policy</td>
<td>• Effective 9-1-2012, this will require prior authorization for the Commercial, CHIP, Medicare, and Special Needs Plans products.</td>
</tr>
<tr>
<td>miRview mets and miRview mets² Testing for Cancers of Unknown Primary</td>
<td>Clinical Review</td>
<td>• Effective 9-1-2012, considered Experimental and Investigational for the Commercial, CHIP, and Medicaid products.</td>
</tr>
<tr>
<td>Amyvid (F-18 Florbetapir) Radio Tracer for use with PET Scans for diagnosis of Alzheimer’s disease</td>
<td>Clinical Review</td>
<td>• Effective 9-1-2012, considered Experimental and Investigational for all products.</td>
</tr>
<tr>
<td>Mechanical wound suction, disposable (SNaP® Smart Negative Pressure wound care system), includes dressing, all accessories, and components.</td>
<td>Clinical Review</td>
<td>• Effective 9-1-2012, considered Experimental and Investigational for all products.</td>
</tr>
<tr>
<td>Hippotherapy for Autism and all other diagnoses</td>
<td>Clinical Review</td>
<td>• Effective 9-1-2012, considered Experimental and Investigational for all products.</td>
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<tr>
<td>Magnetic Resonance Spectroscopy</td>
<td>Clinical Review</td>
<td>• Effective 9-1-2012, considered Experimental and Investigational for all products.</td>
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<tr>
<td>CT Colonography</td>
<td>Clinical Review</td>
<td>• Effective 9-1-2012, considered Experimental and Investigational for the MA product. See policy PAY.055 on CT Colonography.</td>
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