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# SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

REVISED FEB. 17, 2016 (ORIGINALLY PUBLISHED FEB. 15, 2016)

## EFFECTIVE APRIL 1, 2016, HIGHMARK TO ADJUST FEES FOR KHPW AND PREMIER BLUE SHIELD ACA INDIVIDUAL PRODUCTS

The Patient Protection and Affordable Care Act (ACA) of 2010 enabled countless Americans who previously lacked health care to enjoy access to coverage. Shopping for coverage through state or federal health insurance exchanges enabled them to purchase the policy that best met their needs and budgets. And some consumers who did not have access to employment-based coverage or couldn't afford coverage because of their income level were eligible for federal subsidies to help defray premium costs. As a result, more than 12 million Americans have coverage through the ACA.

Many of these members were previously uninsured and, once they obtained coverage, had a high rate of health care utilization. (See "ACA Products: A Closer Look" on Page 2 of this Special Bulletin for details.) As a result, insurers across the country, including Highmark, are now faced with finding more sustainable ways to provide a viable product for this previously underserved ACA population. Highmark is taking many steps to better serve this market. As a part of this overall approach, the difficult decision to adjust fees paid to providers was necessary.

**Effective April 1, 2016, we will adjust our provider fee schedule to implement new fees for our Keystone Health Plan West (KHPW) and Premier Blue Shield ACA individual (direct-pay) products. Current fees are available in NaviNet®, and the ACA fees will be viewable in the system on or before April 1, 2016. (For more information on accessing current fees in NaviNet, please see "Fees Available Via NaviNet" on the next page. If you don't yet have NaviNet, visit [navinet.net](http://navinet.net) to get access to the system.)**

*(continued)*

## ACA PRODUCTS: A CLOSER LOOK

The cost of providing care to ACA members has been higher than anticipated. Close to 50 percent of our ACA enrollment was “new to Highmark,” and it’s highly likely that many were either uninsured or underinsured. These members are older and more chronically ill than we had anticipated. For example, ACA members have 57 percent higher inpatient charges than commercial members, and they had 49 percent more chemotherapy claims per member than commercial members. Additionally, ACA members have a rate of congestive heart failure 43 percent higher than commercial members.

As a result, Highmark has been paying more in claims than we have been collecting in premiums and has experienced unsustainable losses on ACA business. In order to continue to provide viable products to this underserved population, we must make changes.

Adjusting our provider fee schedule to account for our ACA products is just one of several actions we are taking to keep these products sustainable. For example, we’ve already modified our 2016 ACA plan offerings and benefits. We implemented the allowable portion of our requested rate increases. We reduced, and in some instances eliminated, broker commissions. And we are developing an enhanced care management program to aid ACA members with their care.

It’s imperative that we explore all avenues for creating sustainable ACA products. The modifications we are making to our ACA plans are intended to stabilize and ensure products are viable for the future. We cannot continue to subsidize this market to the degree to which we have. Like any business would, we must make necessary changes to sustain our ability to continue offering ACA products.

We thank you for your continued commitment to serving our ACA product members and ask for your patience and understanding as we look for new and better ways to serve our customers, members and you, our valued network providers.

## FEES AVAILABLE VIA NAVINET

On or before April 1, 2016, you will be able to access all applicable payment information online. Visit the Provider Resource Center (via NaviNet), and select *Administrative Reference Materials* and then *Fee Schedule Information*.

**Please note that fees are not published on the public Provider Resource Center.** On April 1, 2016, and after, you can use the following methods to view all applicable payment information.

1. **NaviNet** — Hover on *Allowance* and then select *Allowance Inquiry* to determine the pricing for specific procedure codes by plan/product type.
2. **NaviNet’s Resource Center** — Download the full list of ACA fees by clicking *Administrative Reference Materials* and looking for the link on the bottom half of the page.

**Note:** The inclusion of a procedure code and allowance in the list does not necessarily indicate that it is eligible for payment under Highmark’s programs. Highmark will apply the appropriate network rules, member benefit limitations and medical policy guidelines to the services you report. Highmark may also apply a site-of-service differential for facility-based services. Allowances are subject to change.