

SPECIAL BULLETIN

FOR PROFESSIONAL PROVIDERS

APRIL 18, 2016

ATTN: PARTICIPATING PROVIDERS

HIGHMARK DELAWARE AND BAYHEALTH MEDICAL CENTER: AGREEMENT STATUS

Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) has been in ongoing contract negotiations with Bayhealth Medical Center (Bayhealth) regarding its provider agreement with Highmark Delaware. Unfortunately, despite good faith efforts, we have not been able to reach a new agreement on reimbursement rates. The current agreement ends May 15, 2016. Because this date is fast approaching, we want to communicate this news as quickly as possible to our network providers.

Please note that this contract termination does not affect patients with Medicare Supplemental or Medigap coverage, nor those with Medicaid (through Highmark Health Options). These members may continue to receive services at Bayhealth after May 16, 2016, as the hospital continues to be a participating provider for these patients.

We are committed to continuing our long-standing relationship with Bayhealth under mutually agreeable terms that help maintain affordable health benefit programs for our members. Our goal is to balance the needs and concerns of our customers and members with the need to provide fair reimbursement to an important health care provider.

Highmark Delaware has begun the process of informing affected members and group customers of this impending termination.

Additionally, Highmark Delaware has sent a letter directly to physicians whose hospital admitting privileges are exclusive to Bayhealth.

Attached to this Special Bulletin, you'll find helpful information that physicians need to know.

Please be assured that Highmark Delaware and Bayhealth will continue discussions, and we are hopeful that we can reach a new agreement. In the meantime, we appreciate your support and understanding as we work toward an agreement that is fair for our members, for Bayhealth and for the community.

If you have questions, please call our Provider Service staff. They will be ready and able to assist you in addressing whatever questions you may have related to this news.



What Providers Need to Know

- **PPO Health Plan Members**

- As of May 16, 2016, most services will be covered at the out-of-network level of benefits. Members with this coverage will be responsible for the difference between the amount that Highmark Delaware pays and the amount that the facility charges for the services. After this date, members should call the Member Service number printed on their ID cards for help locating an in-network provider.

- **EPO and IPA (HMO) Health Plan Members**

- As of May 16, 2016, most care at Bayhealth will not be covered, as there are no out-of-network benefits for routine medical services. Members with this coverage will be responsible for all charges. After this date, members should call the Member Service number printed on their ID cards for help locating an in-network provider.

Exceptions to this termination:

- Emergency services at Bayhealth will still be covered for all members even if we do not reach an agreement before May 16, 2016. Going to an out-of-network emergency provider will not reduce the member's coverage.
- We will provide a "Continuity of Care" process for members in an ongoing course of treatment. This allows a transition period for care needed with an existing provider to continue after May 15, 2016, even if we have not reached an agreement with Bayhealth. For services to be covered under the Continuity of Care process, members must first call the Member Service team at the number printed on their Highmark Delaware ID card, and Highmark Delaware must approve the request.