

# UPMC Health Plan HMO

## Frequently Asked Questions



UPMC HEALTH PLAN

## General Questions

### What is an HMO?

HMO stands for health maintenance organization. An HMO is an organized system for health care that provides or arranges for comprehensive health care services through a network of health care providers. In an HMO a primary care physician (PCP) coordinates your care, including office visits, diagnostic tests, hospital care, surgical care, emergency care, and preventive services. Services provided outside of the HMO's provider network are not covered, except for emergency services or services that the HMO approved before you obtained those services (prior authorization).

### What happens if I need emergency care and have a UPMC Health Plan HMO?

If you have a true medical emergency, seek care at the nearest hospital emergency department. In these cases you do not need a referral from your PCP, nor do you need to use a participating provider.

### What do I do if I visit an urgent care or emergency department and am advised to see a specialist?

Call your PCP to ensure the PCP is aware of the condition/ ailment that caused you to seek care. Let the PCP know you were advised to seek specialty care. The PCP will need to refer you to the specialist for the visit to be covered.

### My ob-gyn advised me to see a specialist. Can I?

If your ob-gyn is credentialed as a PCP, then he or she can refer you to seek specialty care. If not, you will need to follow up with your PCP to coordinate that specialty care. To find out if your ob-gyn is credentialed as a PCP, please contact UPMC Health Plan Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not enrolled.

## Providers and Network

### My current specialist does not participate with the HMO network, and I want to switch to an HMO plan. What should I do?

UPMC Health Plan provides a transition of care period. During this time you can change to a PCP who participates with our HMO. This period gives your specialist time to communicate with your new PCP to coordinate your care.

If you are in active, ongoing treatment with a non-participating provider, you may be able to continue this treatment at an in-network rate for up to 90 days from the effective date of your enrollment. You must complete and submit a Transition of Care Application within 30 days of your effective date.

To continue treatment with a non-participating provider beyond 90 days, you must obtain prior authorization from UPMC Health Plan.

### What happens if my doctor retires or leaves the network?

If you are in active, ongoing treatment for a medical condition with a participating provider and that provider's contract terminates, you may request a transition of care period of up to 60 days. If receiving an active course of treatment for a chronic condition, you may request to continue treatment for up to 90 days from the date that you are notified of the provider's termination. If you are in the second or third trimester of pregnancy, you may request to continue maternity care through the delivery of your child and postpartum care. You must obtain prior authorization from UPMC Health Plan to continue care with a provider whose contract is terminated.

When choosing a new doctor, please be sure to confirm that the new doctor participates in the Standard network.

### If I am on the HMO plan, what happens if I need to switch PCPs?

You may change your PCP anytime by logging in to MyHealth OnLine at [www.upmchealthplan.com](http://www.upmchealthplan.com) or by contacting UPMC Health Plan Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not enrolled. PCP changes processed by Member Services take effect immediately. You will receive by mail a new member ID card that reflects the PCP change. NOTE: If your PCP's participation in the UPMC Health Plan network ends for any reason, the Health Plan will notify you and help you select a new PCP.

### Is there a directory of HMO doctors and specialists?

Visit [www.upmchealthplan.com/find](http://www.upmchealthplan.com/find) to see a list of HMO doctors. Please select Coverage through your Employer, then search under Standard Network HMO Plan. You may also contact UPMC Health Plan Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not enrolled.

### Do my spouse and I need to have the same PCP on the HMO plan?

No. Each of you can select your own PCP. The UPMC Health Plan application has space on the form for the PCP number and practice number for each covered individual. Female members may select a participating ob-gyn as their PCP as long as the ob-gyn is credentialed as a PCP. Please use the online directory (link above) to locate a participating provider.

### I typically travel out of state. Does this mean I can't select the HMO plan?

You may select the HMO plan; however, keep in mind that for extended travel when you may need regular or routine care, you are not covered by the HMO. You will be responsible for out-of-network costs in full.

NOTE: You will have emergency travel services under UPMC Health Plan's Assist America plan. For information

on Assist America, contact Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not enrolled.

**I require special treatment for a condition, and I may have to go out of network for it. What are my options with the HMO?**

If you go to an out-of-network provider once you enroll in the HMO option, you will be responsible for paying 100 percent for those services. There is no out-of-network coverage unless it is an emergency.

**Do I always need a referral to visit a specialist if I have a UPMC Health Plan HMO?**

No. Referrals are not required for pediatric specialists, ob-gyns, dermatologists through eDermatology, and in-network behavioral health providers.

**If my PCP refers me to a specialist for a condition, can that specialist order tests, or do I need to see my PCP to give me a separate referral for the tests?**

Specialists may order services such as lab tests, x-rays, or MRIs without a referral. To check on a specific test, please call Member Services at the number listed on the back of your ID card or 1-800-644-1046 if you are not yet enrolled.

**If I have HMO coverage, can I use a convenience care clinic, such as MedExpress, or an urgent care clinic not owned by UPMC?**

Yes, as long as it participates in the network.

**Am I required to stay in the HMO network for preventive care visits even though they are supposed to be covered at 100 percent under the Affordable Care Act?**

Yes. You should receive all preventive care through your PCP. You need a referral from your PCP to go to a specialist. Your PCP must comply with the UPMC Health Plan referral processes. Female members have direct access to an obstetrician or gynecologist for health care services. Please refer to the Preventive Services Guide at [www.upmchealthplan.com](http://www.upmchealthplan.com) for detailed information.

**Who keeps track of whether the provider I am going to is in the network?**

You do. With the HMO plan, you are responsible for locating and using in-network providers. You can check with the doctor directly, go to [www.upmchealthplan.com/find](http://www.upmchealthplan.com/find) and search for the doctor, or call Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not yet enrolled.

**What if my dependent child resides outside of western Pennsylvania? Can I enroll him or her in the HMO option?**

Your dependents can obtain the care they need while living outside the service area by visiting providers within one of the Health Plan's contracted networks. UPMC Health Plan encourages your dependents to schedule appointments for health care services within the western Pennsylvania service area when possible. Non-emergency services they obtain while outside UPMC Health Plan's service area may require prior authorization. However, in an emergency your dependent should always go immediately to the nearest hospital. For specific questions or additional information about your dependent's coverage while living outside of the service area, please contact UPMC Health Plan Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not enrolled.

**With the HMO plan, when my doctor refers me to a specialist such as a physical therapist, can I assume the specialist accepts my HMO insurance?**

It is your responsibility to verify that the specialist accepts your HMO insurance. You can call the specialist directly, go to [www.upmchealthplan.com/find](http://www.upmchealthplan.com/find) and search for the specialist, or please contact UPMC Health Plan Member Services at the number on the back of your ID card or 1-800-644-1046 if you are not enrolled.

**If I have the HMO plan and need to have surgery, can the surgeon refer me to a specialist, or do I have to go back through my PCP for a referral?**

All specialist referrals must be provided by your PCP. The surgeon cannot refer you to another specialist.

**Do I need a referral to see a chiropractor?**

Yes, you will need a referral from your PCP to see a chiropractor.

**With the HMO I understand that specialist referrals last for 90 days.**

Yes. Referrals are valid for 90 days. You must see your specialist within 90 days, or the referral expires. Your PCP will need to submit a new referral at the end of that 90-day period.

**Do I need to obtain new referrals for ongoing treatment?**

Yes. Your PCP may submit a referral for up to six months. You need a new referral after six months.

**What if I am switching to an HMO plan from another type of plan?**

You have a 60-day grace period from the original date of the new HMO plan. During this time referrals will not be enforced. This does not apply for new hires or open enrollment election changes.

# HMO Plan: Referrals

You can check on the status of a referral on MyHealth OnLine. Go to **www.upmhealthplan.com** and log in as a member. Below are screenshots of what you will see.

**MyHealth OnLine** My Account Messages and Alerts (0) Quick Links Contact Us Log Out

SEARCH FOR  
 + DOCTOR  
 PHARMACY SERVICES  
 HOME  
 BETTER HEALTH AND WELLNESS  
 REWARDS AND INCENTIVES  
 SPENDING AND CLAIMS  
 COVERAGE AND BENEFITS

Complete your MyHealth Questionnaire  
 Get a summary of your health status and a list of activities that benefit you the most!  
 Start your survey now

NOVEMBER 18 Today, I want to: Self

SEARCH FOR  
 + DOCTOR  
 PHARMACY SERVICES  
 HOME  
 BETTER HEALTH AND WELLNESS  
 REWARDS AND INCENTIVES  
 SPENDING AND CLAIMS  
 COVERAGE AND BENEFITS

Current Plan  
 Your Benefits  
 Your Referrals  
 Covered Members  
 Previous Coverage

SMART HEALTHCARE  
 SELF-SERVICE TOOLS  
 LIFE SOLUTIONS  
 SITE FEEDBACK

Here Are the Referrals From Your PCP

You need referrals for certain medical services and treatments. Below are the referrals your primary care physician (PCP) submitted for you.

Referral #	PCP Name	Submit Date	Expires	Referred To:	Level	Status
<a href="#">D2444773</a>	GEOFFREY CAMP	11/16/2016	02/14/2017	Arison J Smith, MD	TRX	✓
<a href="#">D2444774</a>	GEOFFREY CAMP	11/16/2016	02/14/2017	Allergy & Immunology	CON	✓

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Frequently Asked Questions about Referrals

CON : Consult Only  
 SUR : Consult & Treat - Surgical  
 TRX : Consult & Treat - Medical  
 ✓ : Valid Referral  
 ✗ : Expired/Closed Referral

Need Help? We're available 7am - 7pm M-F and 8am - 3pm Saturday

CHAT WITH MEMBER SERVICES 1-888-876-2766  
 CHAT WITH A HEALTH COACH SEND A SECURE MESSAGE AVAILABLE 24/7

On The Go? Download Our Mobile App  
 Download on the App Store  
 GET IT ON Google play

Privacy Policy / Terms & Conditions / Provide Feedback / UPMCHealthPlan.com / Contact Us

SEARCH FOR  
 + DOCTOR  
 PHARMACY SERVICES  
 HOME  
 BETTER HEALTH AND WELLNESS  
 REWARDS AND INCENTIVES  
 SPENDING AND CLAIMS  
 COVERAGE AND BENEFITS

Current Plan  
 Your Benefits  
 Your Referrals  
 Covered Members  
 Previous Coverage

SMART HEALTHCARE  
 SELF-SERVICE TOOLS  
 LIFE SOLUTIONS

Here Are the Referrals From Your PCP

Referral Number: D2444774 Submitted: 11/16/2016 Expires: 02/14/2017 Print Copy

Member Referring PCP Specialty Treatment Level  
 Name: [REDACTED] Name: Geoffrey R Camp, MD Allergy & Immunology Consult Only  
 DOB: [REDACTED] Office: Penn Plum Family Medicine  
 ID#: [REDACTED] 7175 Salsburg Road Pittsburgh

A referral for specialty services does not guarantee or imply that payment will be made or require that the specialist provide those services. Payment is contingent upon the member's eligibility and benefit plan on the date services are rendered.

If you have a question or concern regarding the timeframe related to a specific referral and/or the scope of services requested, Members - please contact the referring physician listed on your referral. Providers - please contact the Clinical Operations Department at 1-800-425-7800, Monday through Friday 8 a.m. to 4:30 p.m.

TRX : Consult & Treat - Medical  
 ✓ : Valid Referral  
 ✗ : Expired/Closed Referral





### Nondiscrimination Notice

UPMC Health Plan<sup>1</sup> complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, contact the Civil Rights Administrator.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Administrator  
UPMC Health Plan  
600 Grant Street - 55<sup>th</sup> Floor  
Pittsburgh, PA 15219

Phone: 1-844-755-5611 (TTY: 1-800-361-2629)  
Fax: 1-412-454-5964  
Email: HealthPlanCompliance@upmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

<sup>1</sup>UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., and/or UPMC Benefit Management Services Inc.

### Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-869-7228 (TTY: 1-800-361-2629).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-869-7228 (TTY: 1-800-361-2629)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-869-7228 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-869-7228 (телетайп: 1-800-361-2629).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-869-7228 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-869-7228 (TTY: 1-800-361-2629) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-869-7228 (TTY: 1-800-361-2629).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-869-7228 (رقم هاتف الصم والبكم: 1-800-361-2629).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-869-7228 (ATS: 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-869-7228 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-869-7228 (TTY: 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-869-7228 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-869-7228 (TTY: 1-800-361-2629).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-869-7228 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-869-7228 (TTY: 1-800-361-2629).

## UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street  
Pittsburgh, PA 15219

[www.upmchealthplan.com](http://www.upmchealthplan.com)

