

THE QUARTERLY advantage

SUMMER | 2019

UPMC Health Plan's Producer Newsletter

NETWORK UPDATES

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New UPMC Pinnacle Memorial campus set to open this summer

In an effort to meet the growing needs of the York County community, UPMC plans to replace UPMC Pinnacle Memorial with a new hospital and outpatient center this summer in West York.

The 220,000-square-foot hospital is slated to open August 18. It will have 126 beds; a modern, five-level design; and these features:

- Three heart catheterization labs with suites specially designed for electrophysiology and interventional radiology procedures
- Four leading-edge operating rooms
- An emergency department with 28 treatment rooms
- A critical care unit with 14 beds
- Chronic disease management services
- Private rooms for all patients

The hospital will also offer care that is currently not available at UPMC Pinnacle Memorial, including a Level II specialty care nursery, cardiovascular surgeries, and treatment for patients in need of long-term acute care.

The UPMC Outpatient Center will have 120,000 square feet and five levels. It will be connected to the hospital via an enclosed, two-story walkway.

This outpatient facility—which is set to open August 19—will house an ambulatory surgery center, an outpatient imaging space, a sleep lab, an infusion center, and more.

The hospital-outpatient center campus will have a number of environmentally friendly components, plus a serenity garden and a public walking trail to promote health and wellness.



Thank you for continuing to be a trusted partner. We realize that the UPMC-Highmark agreement will once again bring change to the western Pennsylvania insurance market. We are committed to continuing to provide you with the resources and products you need to best serve your clients.

This *Quarterly Advantage*

contains valuable information on the recent UPMC-Highmark agreement, sales strategies, legislative updates, and much more. I hope you use the information we've provided to help you on your path to success. We're right here with you every step of the way.

Providing access to the best

We strive to provide access to the best care—always. Recent awards—like UPMC's "Best Doctors" designations—and our Hip and Knee Centers of Excellence underscore our commitment to offering exceptional care through our high-quality providers. And UPMC's innovative new facilities in Pittsburgh and across the state make clear our commitment to improving and expanding access to care that's second to none.

We're proud of this work, and as our partner, we hope you are too.

Improving employee health and productivity

Your clients want healthy employees who perform at their best. They can benefit from our health coaching and employee assistance programs, which encourage and support wellness. These programs are effective at helping employers establish and maintain a healthy and engaged workforce. Read about what's new in this space so you can offer your clients the solutions that best meet their needs.

Taking technology to the next level

Access to emerging telemedicine technology and updates to our secure member website, MyHealth OnLine, make it easier for members to get and stay healthy. Learning about these innovations can help you talk with your clients about the benefits for their organization.

Once again, thank you for being a dedicated partner. As we navigate through this period of change, we will continue to support you with competitive products and services.



Kimberly L. Orth
President, UPMC Commercial Products

Executive Spotlight



The valuable benefits at UPMC Health Plan are only available because of the innovative efforts of our thought leaders. Their knowledge, skills, education, and experience are behind the ideas that turn into our products, plans, and services. Each quarter, we will feature a person from our leadership team.

Steven P. Johnson, MPA, FACHE | President | UPMC Susquehanna

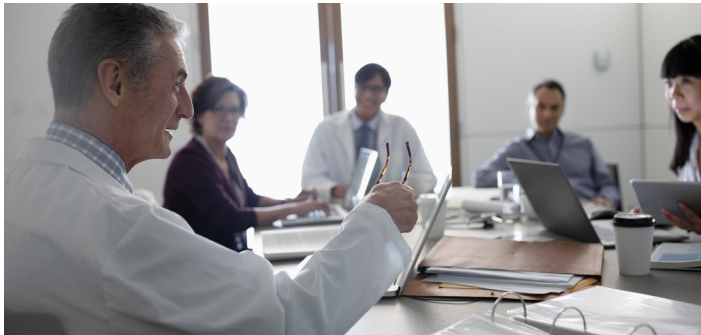
In his role at UPMC Susquehanna, Mr. Johnson ensures that the health system—consisting of six hospitals, numerous outpatient clinics, and four nursing homes, among other associated facilities—achieves operational excellence. He has a range of responsibilities: from managing day-to-day operations that help the health system meet compliance standards and provide high-quality patient care, to leading strategic development initiatives to ensure the long-term success of the organization. Another key area of importance for Mr. Johnson is creating a positive culture that supports the health system's mission, vision, and values.

Mr. Johnson has nearly 40 years of experience in the health care industry. He served as the chief operating officer for Divine Providence Hospital; Muncy Valley Hospital; and The Williamsport Regional Medical Center, which became UPMC Susquehanna in 1994 through a joint venture. He became president and chief executive officer in 2004 and oversaw the additions of the Laurel Health System, Lock Haven Hospital, Sunbury Hospital, and Cole Memorial Hospital. He also led the effort to select a larger organizational partner, culminating in the merger with UPMC in the fall of 2016.

He serves on the boards of the Pennsylvania College of Technology, the Williamsport Lycoming Economic and Community Development Corporation, and the regional advisory board for M&T Bank.

Mr. Johnson holds a bachelor's degree from Lycoming College and a master's degree in public administration from Marywood University. He is a Fellow of the American College of Healthcare Executives, and he recently received an honorary Doctor of Laws degree from Lycoming College.

UPMC-Highmark contract



Pennsylvania Attorney General Josh Shapiro announced on June 24 that UPMC and Highmark have agreed to a long-term contract that will give Highmark members continued in-network access to all UPMC physicians and facilities in western Pennsylvania. This news has been well-received by the Pittsburgh community, which has benefited from a transformation of the insurance market over the past decade, but feared some would lose access to the excellent clinical care provided by UPMC physicians and hospitals.

During the past two decades, UPMC Health Plan—with the support of all of you—has helped to transform western Pennsylvania into a highly competitive, pro-consumer insurance market with some of the lowest costs in the nation. The ability to offer high-value networks of providers with robust products to facilitate improved quality and cost outcomes is our signature.

The coming decade will require a further effort to improve quality and affordability in health care. We believe competition is essential to that formula. UPMC's unique ability to align outstanding clinical services with outstanding coverage and superior member services will serve us well as we strive to meet the needs of the employers and individuals in our market who are looking for maximum value.

Please note that the UPMC-Highmark announcement will not have any impact on the network status of the excellent UPMC and independent community hospitals and physicians that participate in UPMC Health Plan's network today. This includes products with access to 95 percent of all hospitals and physicians in western Pennsylvania, including AHN physicians and select AHN facilities. UPMC Health Plan will continue to offer a variety of networks and products that support physicians and hospitals as they deliver exceptional value and service to their patients and our members.

We appreciate your ongoing commitment to assist your clients in choosing the UPMC Health Plan products that offer the most value and best meet their needs for high-quality coverage and care.

Please see the UPMC press release below:

UPMC, Highmark agree on new long-term, in-network contract

UPMC today announced that, with Attorney General Josh Shapiro's support and facilitation, it has reached an agreement with Highmark to enter into a long-term contract to provide Highmark members with the in-network access to the UPMC physicians and facilities they desire—not only in greater Pittsburgh and Erie, but across western Pennsylvania. This agreement includes an extension of the UPMC Children's and UPMC Western Psychiatric agreements and provides for UPMC in-network access at the highest benefits levels.

Over the past decade, the insurance market in western Pennsylvania has transformed into a highly competitive, multi-insurer, pro-consumer market with some of the lowest costs in the nation. In that same time, UPMC continued to invest in the world-class medicine and research that makes UPMC the indispensable provider of health care throughout Pennsylvania.

Following the June 14 Commonwealth Court decision, UPMC held a productive, congenial meeting with Highmark to outline its offer to provide in-network access to the UPMC Hillman Cancer Center for Highmark members with a suspected or confirmed cancer or hematologic diagnosis. Highmark recognized—as do all—that the UPMC Hillman Cancer Center is as essential to the region's well-being as specialty hospitals UPMC Children's and UPMC Western Psychiatric. Those discussions then quickly expanded to other areas, and an agreement in the best interests of the patients and communities we serve was reached.

UPMC believes in the importance of informed consumer choice and has always sought to ensure that when UPMC is part of any insurance network, those members have full access to UPMC without contractual terms used to discourage or limit the use of UPMC's physicians and facilities. This important consumer issue was resolved in a collaborative fashion and UPMC's network will now be available to Highmark members. UPMC appreciates that we were able to reach this agreement with Highmark on a long-term, in-network contract.

UPMC is grateful for the attorney general's leadership, as the agreement announced today was built on a foundation of trust, compromise, and collaboration. As always, UPMC remains committed to exceptionally serving the health care needs of the citizens of Pennsylvania.



Personalized health coaching can help improve employees' wellness, productivity

Many employers are concerned about controlling their health care costs. One way they can work toward that goal is by giving their employees an easy way to take control of their health.

Population health management tools—like health coaching—can empower employees to improve their health, adopt healthy behaviors, and manage their health conditions. Companies that prioritize and support wellness efforts strive to create a healthier workforce with the goal of reducing absenteeism and presenteeism.

A UPMC Health Plan exclusive

UPMC Health Plan health coaching is available only to UPMC Health Plan members. Five programs are available, and members can choose the ones that most interest them. Each program is designed to help members make healthy lifestyle changes while working with a supportive, knowledgeable professional.

- **Tobacco cessation:** UPMC MyHealth Ready to Quit® gives members the information and support they need to prepare for their Quit Day, successfully stop using tobacco, and navigate through their first few tobacco-free weeks.
- **Weight management:** UPMC MyHealth Weigh to Wellness® teaches members to make healthy food choices and increase their physical activity as they manage their weight.
- **Nutrition:** UPMC MyHealth Eating Well teaches members how to improve their eating habits as they work to build a healthier lifestyle.
- **Stress:** UPMC MyHealth Less Stress helps members learn stress-reducing techniques so they can enjoy a healthier lifestyle.
- **Physical activity:** UPMC MyHealth Step Up to Wellness® gets members started on a walking program. When they're ready, they can add strength training and flexibility activities.

UPMC Health Plan members can get started today

Members can connect with a health coach at no cost by calling 1-866-778-6073 (TTY: 711) or logging in to MyHealth OnLine.

An EAP is crucial to employees' health and productivity

Employees face a variety of challenges at work and home. Left unchecked, the resulting stress and distraction can affect their morale and performance—and your clients' bottom line. Here are a few statistics you can share with your clients to show them how staggering the impact can be:¹

- About 1 million U.S. employees miss work each day because of workplace stress.
- Workers who take time off because of anxiety or a related condition are absent an average of 21 days.
- Employees who are at work but distracted by personal or work-related issues are not operating at their full capacity.
- The impact of these issues on a company's bottom line may be double or triple that of direct medical costs.

An employee assistance program can help

Life Solutions—WorkPartners' employee assistance program (EAP)—gives employees access to resources that can help them resolve their personal and work-related challenges. It is included with all UPMC Health Plan medical plans but can be purchased as a standalone product and used with other insurers.

Life Solutions takes a holistic approach to employee well-being and attempts to address workers' physical, emotional, social, and financial concerns. The program connects employees to the services they need—from counseling, coaching, and online work-life resources to critical incident interventions and legal services.

Small group accounts with two to 49 employees have access to telephonic counseling through Life Solutions. Employers can add in-person counseling for a modest monthly charge.

Accounts with 50 to 499 employees can add a rider to provide telephonic and face-to-face counseling. Life Solutions can also work as a standalone product with other medical insurers.

An EAP can really pay off

Adding an EAP can yield a return on investment for your clients. One study found that for every dollar spent on a typical EAP, employers realized a return of \$5.17 to \$6.47 in increased work productivity.² The study's results indicated that 80 percent of lost productivity was a result of presenteeism (employees who are at work but not fully functioning because of a medical condition).²



Your clients can't be competitive in today's marketplace unless their employees are fully engaged and motivated. An EAP can help them build a resilient workforce, attract top talent, build loyalty among their workers—and bolster their bottom line.

Talk to your account executive to learn how Life Solutions can help your clients' employees stay healthy and productive.

Case study

WorkPartners provided counseling and a referral to additional behavioral health services.

The challenge

A supervisor sent a mandatory EAP referral for one of his employees after the employee threatened to hit a co-worker.

WorkPartners' action

Upon receiving the referral, WorkPartners coordinated anger management counseling sessions for the employee. The employee worked with a WorkPartners EAP professional for six sessions, focusing on anger management and controlling impulsivity. During the counseling sessions, the EAP professional discovered that the employee needed support from a physician. The employee was connected with a doctor who treats adult attention-deficit/hyperactivity disorder.

A successful result

The client saw an increase in their program participation, wellness visits, and healthy choices among employees. The client also noticed a decrease in the risk factors that contributed to rising health care costs. The wellness program continues to drive employee engagement.

Sources

¹ WorkPartners. Employee assistance programs. Accessed February 19, 2019, from WorkPartners' website: <https://www.workpartners.com/products-services/employee-assistance/eap-program.aspx>.

² Hargrave, G., Hiatt, D., Alexander, R., & Shaffer, I. (October 2008). EAP treatment impact on presenteeism and absenteeism: Implications for return on investment. *Journal of Workplace Behavioral Health*, 23(3).

Expertise makes a difference

Our programs are led by credentialed clinicians and practitioners. They provide high-quality care through leading-edge programming, and they approach each employee's situation with an individualized plan.



UPMC Hillman Cancer Center

A transformational project has been planned at the UPMC Hillman Cancer Center. UPMC plans to create a new space that will unite patient care, clinical research, and medical education. This will allow the health system to administer breakthrough treatments in a calming and nature-infused environment.

“This is where—in partnership with the University of Pittsburgh—we will take the research advances that are in the laboratory today directly and swiftly to our patients to provide highly personalized, effective, and compassionate care,” said Steven D. Shapiro, MD, executive vice president and chief medical and scientific officer for UPMC. “We are creating an environment where bench-to-bedside treatments will be expedited, and we know that doing this will radically change health care as we know it.”

The facility—which will be built at UPMC Shadyside—will include a 240,000-square-foot (eight story) patient tower and a 160,000-square-foot (four story) outpatient center. The goal is for it to serve as a healing space where new and emerging cancer treatments—including technologies developed in part by the city’s academic and entrepreneurial communities—can be delivered seamlessly.

Partnerships with technology providers will ensure patients have more information about their treatments and more control over their environment. Hospital floors and patient rooms will be designed to accommodate robots that can deliver critical medical supplies.

This new space is part of a \$2 billion investment by UPMC that involves constructing the UPMC Vision and Rehabilitation Hospital at UPMC Mercy and the UPMC Heart and Transplant Hospital at UPMC Presbyterian. The new hospitals will bolster UPMC’s complement of advanced specialty hospitals at UPMC Magee-Womens Hospital, UPMC Western Psychiatric Hospital, and UPMC Children’s Hospital of Pittsburgh.

These facilities will not increase the number of inpatient hospital beds because existing rooms will be repurposed. They will, however, dramatically advance the way UPMC delivers care of the highest quality—not only in Pittsburgh, but across the state and globally.

The UPMC Hillman Cancer Center is the region’s only National Cancer Institute-designated Comprehensive Cancer Center. It gives UPMC Health Plan members access to the latest advances in cancer prevention, detection, diagnosis, and treatment.

Knowing what consumers want can help you sell

When meeting with your clients or prospects, you take their challenges, goals, and budget into consideration. But understanding what their employees want in a health plan can help you match your clients with the solutions that will best fit their business.

A recent article by BenefitsPRO offered some key insights on what consumers want when it comes to a health plan.

Cost of care: According to a 2017 Brigham Young University study, nearly three-quarters of health plan shoppers listed price as a deciding factor.¹ When designing a plan for your clients, try to offer a balance of low deductible plans and those that are more robust with additional benefits.

Quality: Relationships reign when people consider an insurance plan. In a 2017 study by The Physicians Foundation, 90 percent of participants said the doctor-patient relationship is the most important element of quality care—primarily because patients want their doctor to advocate for them.²

Access: In today's busy world, consumers want access to care when and where it's convenient for them. Telemedicine is an emerging technology that consumers are now demanding. In a 2017 American Well survey, a majority of respondents said that they would see a health care provider through a video visit for chronic care management.³

Online technology: The vast majority of consumers want to manage their health insurance online. A 2016 Cognizant poll revealed that 84 percent of consumers preferred to interact

digitally with their health plan.⁴ Brokers can play a key role in researching insurers' technological capabilities.

Member service: An insurer's customer service reputation can be a deal maker or breaker. In a 2018 Forrester study, 74 percent of health plan members said they would renew their membership if they felt valued and appreciated.⁵ Insurers that have garnered key awards—like Stevie and J.D. Power awards—are more likely than their competitors to meet employees' expectations.

When you approach a client with offerings, make sure you consider the aforementioned factors. Employees can have a great deal of influence on your clients' decision-making process, as employee satisfaction is key to having a happy and productive workplace.

Sources

1 Karpowitz, C.F., Pope, J.C. (2017 November). *The American family survey*. Accessed February 22, 2019, from Brigham Young University website: http://csed.byu.edu/wp-content/uploads/2017/11/AFS-Report-2017_Full_Embargoed.pdf.

2 American Academy of Family Physicians. (2017, October 17). *What do patients think about U.S. health care system*. Accessed February 22, 2019, from AAFP website: <https://www.aafp.org/news/practice-professional-issues/20171017patientsurvey.html>.

3 American Well. (2017, January 23). *One in five consumers would switch to a doctor that offers telehealth visits*. Accessed February 22, 2019, from American Well website: <https://www.americanwell.com/press-release/one-in-five-consumers-would-switch-to-a-doctor-that-offers-telehealth-visits/>.

4 Cognizant. (2016). *The digital mandate for health plans*. Accessed February 22, 2019, from Cognizant website: <https://www.cognizant.com/InsightsWhitepapers/The-Digital-Mandate-for-Health-Plans-codex1760.pdf>.

5 Forrester's Study. (2018). <https://healthpayerintelligence.com/news/customer-service-is-primary-driver-of-health-plan-satisfaction>

U.S. government wants employers to help lower health care costs



U.S. Health and Human Services Secretary Alex Azar is proposing several initiatives to increase the role employers play in lowering health care costs and guiding employees through the health care system.

One initiative calls for employers to connect their employees with providers or use intermediaries who can provide guidance on the best use of health care services. Employers have readily adopted consumer-directed health plans to encourage competitive pricing, but this added measure would help employees become more informed health care consumers.

Azar also wants to replace hidden prescription drug rebates with upfront discounts. This measure aims to increase transparency and competition among both brand name and generic prescription drugs as a way to reduce health care costs.

Source

Otto, N. (2019, April 11). *HHS secretary calls on employers to drive down health costs*. Accessed May 15, 2019, from Employee Benefit News website: <https://www.benefitnews.com/news/hhs-secretary-alex-azar-tells-employers-to-lower-healthcare-costs>.



UPMC Health Plan earns top marks for LGBTQ equality

UPMC Health Plan has always been committed to dignity, respect, and inclusion. The Human Rights Campaign (HRC) Foundation recently recognized these efforts.

HRC awarded the Health Plan a 100 percent rating on its 2019 Corporate Equality Index. This rating makes UPMC Health Plan a “2019 Best Places to Work for LGBTQ Equality.”

HRC is the largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people. These individuals often experience discrimination and other challenges because of their sexual orientation or gender identity.

Dedication to the LGBTQ community

UPMC Health Plan earned this rating because of its policies, benefits, and practices aimed at improving equity for the LGBTQ community in the workplace and beyond. The Health Plan’s dedication extends to LGBTQ patients and caregivers at UPMC and in the community. The Health Plan ensures that they have easy access to clinical care and supportive services that help them navigate their health care journey.

Specialized services and supports

The Health Plan has a website dedicated to LGBTQ health. It also participates in many partnerships, sponsorships, and other initiatives that support LGBTQ employees and their families.

In addition, the Health Plan has a dedicated Member Services team for transgender members. The team can answer coverage and benefits questions, provide referrals to community resources, and more.

These team members are trained to provide support related to a variety of departments, including:

- General customer service.
- Pharmacy.
- Care management.
- Medical policy.
- Pediatrics.



UPMC Health Plan members who are interested in learning more about transgender coverage are encouraged to call Member Services at 1-844-202-0126 (TTY: 711). They can also call the phone number on the back of their member ID card.

Access to the ‘Best Doctors’

Nearly 600 UPMC physicians have been recognized as 2019 “Best Doctors” across more than 70 areas of expertise. UPMC doctors represent 75 percent of the physicians listed in Pittsburgh.

These physicians are part of the Best Doctors in America® list, which is compiled by Best Doctors Inc. An exhaustive peer review determines which physicians are included on

the list. Doctors cannot buy listings. Only those who earn the consensus support of their peers and meet additional qualification criteria are included.

Shari Kienzle received CAR T-cell therapy—an innovative cancer therapy—at UPMC Hillman Cancer Center. The center is home to some of UPMC’s “Best Doctors.”

“The care I received at UPMC was amazing,” Ms. Kienzle says. “The doctors, nurses, researchers, even the number of blood transfusions from donors—that’s dozens of people who came together to help me. It’s the best miracle I’ve ever had.”



15 UPMC hospitals earn an 'A' grade for spring 2019 through the Leapfrog Group

Twice per year, the Leapfrog Group assigns a score to hospitals across the United States based on their ability to prevent medical errors, infections, and other harms to patients in their care.

Fifteen UPMC hospitals earned an "A" grade. [Click here](#) to learn more.

The Leapfrog Hospital Safety Grade system was developed under the guidance of an expert panel. It uses 28 measures of publicly available safety data to assess participating facilities.

We encourage you to review all of the hospital grades in Pennsylvania. [Click here](#) to learn more.

HSA limit increases give employees more saving power

More and more employees are enrolling in health savings accounts (HSAs) as a way to save for medical expenses. The trend is expected to continue as a growing number of employers offer to contribute to these accounts. The number of open HSAs increased by 13 percent during the past year—topping 25 million—and assets grew 19 percent to nearly \$54 billion.¹

Next year, employees enrolled in an HSA will get some help from the IRS. An increase in the HSA limit means they will be able to contribute more to their accounts in 2020.

More information

Annual updates to HSA contribution limits reflect cost-of-living adjustments. Details on the increases taking effect in January can be found in Revenue Procedure 2019-25.

Source

Mayer, K. (2019, May 28). IRS increases 2020 HSA limits. Retrieved June 6, 2019, from Employee Benefit News website: <https://www.benefitnews.com/news/irs-announces-2020-hsa-limits>. www.irs.gov/pub/irs-drop/rp-18-30pdf.

2020 HSA limits

Annual limit on deductible contributions			
	2019	2020	
Individual	\$3,500	\$3,550	
Family	\$7,000	\$7,100	

High-deductible health plan (HDHP) policy limits			
		2019	2020
Minimum deductible (qualifying HDHPs)	Individual	\$1,350	\$1,400
	Family	\$2,700	\$2,800
Maximum out-of-pocket limit (deductibles, copayments and other amounts that do not include premiums)	Individual	\$6,750	\$6,900
	Family	\$13,500	\$13,800

Government lowers civil penalties cap for HIPAA violations

The Department of Health and Human Services' Office of Civil Rights (OCR) has taken action to reduce the annual limit on civil penalties applied to HIPAA violations for three of the four penalty tiers.

This change is intended to eliminate inconsistencies in the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The penalties structure was implemented in 2013.

The change comes after a year with a significant level of enforcement by the OCR.

Annual limits, which formerly were \$1.5 million for every tier, have changed to:

- \$25,000 for the first tier (no knowledge).
- \$100,000 for the second tier (reasonable cause).
- \$250,000 for the third tier (willful neglect—corrected).

The \$1.5 million penalty for the fourth tier (willful neglect—not corrected) has not changed.

The minimum penalties per violation did not change. They are:

- \$100 for the first tier (no knowledge).
- \$1,000 for the second tier (reasonable cause).
- \$10,000 for the third tier (willful neglect—corrected).
- \$50,000 for the fourth tier (willful neglect—not corrected).



The maximum penalty per violation (\$50,000 for all four tiers) did not change.

This penalty structure, adjusted for inflation, will apply until further notice from HHS.

Sources

Davis, J. (2019, April 29). HHS OCR to Reduce Maximum Civil Penalties for HIPAA Violations. Accessed May 15, 2019, from Health IT Security website: <https://healthitsecurity.com/news/hhs-ocr-to-reduce-maximum-civil-penalties-for-hipaa-violations>
<https://www.hhs.gov/hipaa/for-professionals/compliance-enforcement/data/enforcement-results-by-year/index.html>

WorkPartners delivers results as a workers' compensation third-party administrator

As part of the UPMC Insurance Services Division, WorkPartners provides innovative health, wellness, and productivity solutions that help its clients transform the well-being of their employees. WorkPartners has more than 20 years of experience as a workers' compensation third-party administrator within a variety of industries across the country. Included on its client list is UPMC—WorkPartners' parent company and the largest employer in the state with approximately 87,000 employees.

WorkPartners' best-in-class account management team routinely exceeds expectations in administration, communication, and compliance while providing the management tools and resources organizations need to measure their programs' performance and cost savings. The company's experienced claims management professionals, senior medical director, nurse case managers, and vocational rehabilitation counselors work hard to decrease absenteeism, improve employees' health, and lower claims costs.

Producer benefits

Cutting-edge, easily updateable claims management technology allows you (the broker/consultant) and your organization to view all claims activity notes, payment history, and claims demographic information in real time. With this information, you can help your clients reduce their workers' compensation claims and costs associated with legacy claims, and minimize their projected liability costs by settling and managing workers' compensation claims.

Case study

WorkPartners helped UPMC minimize indirect costs from lost productivity and achieve an annual savings of \$7.5 million.

The challenge

Significant growth at UPMC led to an increase in unscheduled time away costs from occupational and non-occupational claims. As with all health care organizations, UPMC's absence rate far surpassed the average.

WorkPartners' action

Together, UPMC and WorkPartners developed a strategy to minimize the indirect costs of lost productivity resulting from absences.

The result

WorkPartners successfully reduced employees' total hours of unscheduled time away from work, helping UPMC achieve an average annual savings of \$7.5 million.



Case study

WorkPartners delivered measurable results by reducing legacy claims.

The challenge

At the time it signed a contract with WorkPartners, a public sector client had 448 open legacy claims. The outstanding liability of these claims totaled more than \$5 million.

WorkPartners' action

WorkPartners implemented a program to proactively manage claims and control losses. The program was focused on strong and consistent underwriting that effectively broadened the health and productivity network through WorkPartners' relationship with UPMC.

The result

Over the course of its relationship with this client, WorkPartners decreased total legacy claims by 94 percent—from 448 claims to 26. This resulted in a cost savings of more than \$4.9 million over the contract period. In addition, WorkPartners' strategic system settled 53 workers' compensation claims over five years, which yielded more than \$33 million in future liability cost savings.



UPMC Health Plan has the ticket to worry-free travel

Whether they are traveling for business or pleasure, UPMC Health Plan members can roam the world knowing that they have access to global emergency assistance services through Assist America.¹

Who can use this service, and when can they use it?

UPMC Health Plan members can use Assist America when they experience a medical emergency while traveling more than 100 miles from home—including to another country—for less than 90 days.

Their covered family members—including enrolled dependents—can use Assist America too. If a member's dependent child is studying abroad, they can retain coverage that lasts beyond 90 days through the Expatriate/Extended Coverage program.²



How does Assist America work?

This service—which is available 24 hours a day, 365 days a year—connects UPMC Health Plan members to doctors, hospitals, pharmacies, and other emergency services free of charge. When members call Assist America, they will speak to trained multilingual and medical personnel who can provide advice and assistance during a medical emergency.

Assist America's services include, but are not limited to, the following:

- Emergency medical evacuation
- Medical monitoring and referrals
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance

Nonmedical emergency services include compassionate visits, care for minor children, the return of mortal remains, emergency trauma counseling, the return of a vehicle, lost luggage and document assistance, and more.

When your clients choose UPMC Health Plan, they can feel confident that their employees will have access to care no matter where they travel.

¹ Assist America is not travel or medical insurance, and its services do not replace health coverage while members or their dependents are away from home. All services must be arranged and provided by Assist America. Bills for any medical costs incurred by members should be submitted to UPMC Health Plan. They will be subject to the policy limits of the member's health coverage.

² There is a fee for the Expatriate/Extended Coverage program. Members must contact extended network Member Services for more information.



Tips to boost telemedicine use

Today, people want everything delivered on their schedule, and health care is no exception.

Telemedicine—also known as virtual health care—allows people to engage with a health care provider using a live video feed. This can eliminate the need for them to take time away from work or find child care. Telemedicine has become so popular that many employees now view the service as a necessary part of any good benefits package.

Employers are embracing telemedicine too. They realize that the service can reduce their health care costs and keep their employees healthier. As such, more companies are beginning to offer telehealth programs like UPMC AnywhereCare.

The following tips can help your employer group clients better understand and promote telemedicine.

Emphasize advertising. Your clients should use every opportunity to promote virtual health care. It can be explained during the onboarding process, included in employee communications, and advertised on posters in high-traffic places.

Recommend readiness. Your group accounts should encourage their employees to register for the telehealth service before they need to use it. That way, they can quickly access care when they have a nonemergency illness. Registration could even be included in the onboarding process.

Offer an easy explanation. With UPMC AnywhereCare, employees can quickly create an account to access care. They will then use the camera on their mobile device or computer to connect with a health care provider. The provider will assess the employee, then provide a diagnosis and treatment plan (if necessary).

Promote the benefits. Employees who use telemedicine can skip the hospital waiting rooms and parking hassles. They can quickly see a provider and have prescriptions sent to their preferred pharmacy, if needed.

Explain the cost savings. Surveys show that the average cost of an emergency department visit is \$700, and urgent care visits average \$150.¹ With telemedicine, the average cost is much less—about \$40.¹ For UPMC Health Plan members, the cost is less than or comparable to what they would pay to see their primary care provider.

Telemedicine allows users to access quality health care when and where they need it. The service can be a tremendous benefit to employees and their employers—but only if it's used. Talk with your clients about telehealth services like UPMC AnywhereCare, and encourage them to promote the benefit to their employees.

Source

¹ UPMC Health Plan. (2016). *Telemedicine: What's in it for employers and employees.*

Telemedicine services like UPMC AnywhereCare allow members to conveniently connect with a health care provider using a computer or mobile device. They can receive care for a variety of conditions, including cold and flu symptoms, bronchitis, diarrhea, pink eye, allergies, insect bites, infections, and rashes.

The patient's information is kept private, and the connection is secure and HIPAA-compliant.

Ways to help your clients have an easy Open Enrollment

It is nearly time for Open Enrollment—the period when many of your clients can change the health insurance benefits they offer their employees. With a little preparation and your assistance, your clients can choose plans that will help them attract top talent, keep their employees healthy, and enjoy a smooth Open Enrollment.

Help them do their homework

It's important for your clients to evaluate their current health insurance offerings and determine whether they need to make changes. You can help with this process by providing information about health care legislation and deadlines for adding, dropping, or changing coverage.

Your clients may also want to develop a frequently asked questions flier and an Open Enrollment checklist. The flier can help employees better understand their benefits, and the checklist will emphasize the topics they need to consider before selecting their health plan (from their beneficiary choice to their flexible spending account needs).

Download our easy Open Enrollment checklist for more tips:

[UPMC Health Plan Open Enrollment checklist](#)

[Tower Health-UPMC Health Plan Open Enrollment checklist](#)

Encourage communication

Your clients should use various channels to connect with their employees. They may want to start with a kickoff meeting for on-site employees, then set up a webinar for remote workers or those who are out sick. Supplemental sessions and group presentations are in-person options that can add a level of support for employees.

In the months leading up to Open Enrollment, your clients should provide information via email, direct mail, and posters. They can also post messages on a dedicated intranet page (if available) and include notices on workers' paychecks.

Check and double-check

If your clients still use paper enrollment forms, you should encourage them to check for missing or incorrect information. They should ensure their employees' addresses are correct and that Social Security numbers are included for dependents.

You should also suggest that they transition to a digital process. Doing so can streamline Open Enrollment, minimize their administrative costs, and reduce mistakes.

These tips can improve the Open Enrollment experience for both your clients and their employees.





CENTERS OF EXCELLENCE



Hip and Knee

UPMC Health Plan Hip and Knee Joint Replacement Surgery Center of Excellence program

Hip and knee joint replacement surgery is one of the most frequently performed orthopedic procedures in the United States. Knowing that, UPMC Health Plan established a Center of Excellence (COE) program for elective hip and knee joint replacement surgeries to promote high-quality outcomes for our members.

Strict standards and high-quality outcomes

The COE program recognizes orthopedic surgeons and surgical facilities that have a record of high-quality outcomes, low complication rates, and excellent experiences for UPMC Health Plan members in need of joint replacement surgery.

Orthopedic surgeons and facilities in the program have established patient-centered, evidence-based care pathways and an outcomes-based quality improvement program. They must demonstrate that they provide high-quality care that

results in an optimal patient experience throughout the care process—from the presurgical consultation to post-operative recovery.

To remain in the program, COE providers must adhere to all requirements.

Maximizing surgery success

Patients who use COE providers are less likely to have problems related to their surgery. This allows them to return to their daily activities sooner. It also helps reduce the chance that they will need another surgery.

Learn more

Visit upmchp.us/hip-knee-coe for more information about our Hip and Knee Joint Replacement Surgery Center of Excellence program.

MyHealth OnLine has a new look

MyHealth OnLine

Hello, Morgan Member ID No. *****1801 Show

active benefits ☒ Medical ☒ Dental ☒ Vision ☒ Wellness

Popular with members like you

Take a Healthy Step Review your coverage View claims View spending account

What can we help you with?

Your Insurance

Plans and Coverage
View the details of your benefits

Claims
Check a claim status, review and print
Explanations of Benefits

Spending Summary
See where you are in meeting your deductible and out-of-pocket maximum

More in Your Insurance
ID Cards
Non-UPMC Coverage

Your Care and Treatment

Find Care
Search for in-network providers using their names or specialties

Pharmacy and Prescriptions
See a list of your medications, plus our formulary and drug pricing

Estimate and Explore Treatment Options
Find out the cost of common procedures as well as their pros and cons

More in Your Care and Treatment
Resources for Common Conditions

Better Health and Wellness

Resources for Healthier Living

Discounts with MyHealth Rewards
Explore available perks, including deals on fitness centers, local attractions, and much more

Take a Health Step incentive program

More in Better Health and Wellness
Tower Health Self-Reported Activities
Your Health Measurements and Vitals

Switch to paperless EOBs
Receive Explanations of Benefits via email. (You can change this preference at any time.)

Update preferences

Forms and Guides

Access reimbursement forms, manage your coverage, understand your rights, and more.

Browse forms and guides

You're covered at work

Need to request a leave of absence or get help with a personal matter? We're here for you.

Leave of Absence Short-Term Disability
Workers' Compensation Life Solutions Employee Assistance Program

Take a Healthy Step 2019

Earn your full deductible credit — Take your Health Questionnaire by Nov. 7.

Complete Questionnaire

Highlights from UPMC Health Plan

LifeSolutions' new website connects you with resources to face life's challenges. Visit the new LifeSolutions' website for information about a wide range of services LifeSolutions offers, as well as resources like articles and skill builders.

The Active&Fit Direct™ Program
The Active&Fit Direct program allows you to choose from 5,000+ participating fitness centers and UPMC's nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes).

Stuffy head? Runny nose? Aches and pains?
Now you can get fast, convenient care from a UPMC provider day or night — from your computer. All thanks to an easy online visit or "e-visit." As a UPMC Health Plan member, you can access UPMC AnywhereCare at an affordable cost.

Preventive Dental Coverage
Enjoy preventive dental coverage for cleanings and exams.

Learn More > Learn More > Learn More > Learn More >

Need additional help? 3 ways to reach us.

Chat with Us
Start chat now
@ 1801 assistance
Monday through Friday: 7 AM - 7 PM
Saturday: 8 AM - 3 PM

Call Us
1-844-835-0524
@ 1801 assistance
Monday through Friday: 7 AM - 7 PM
Saturday: 8 AM - 3 PM

Send Us a Message
Send questions and issues 24/7
Available
Messages will be answered during available business hours

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We listen to what our members say. And when they said it was time to update our flagship member website, MyHealth OnLine, we did. All the health information, tools, and care resources they need are still there, but we made them easier to access.

We made these and other updates to improve the member experience:

- We simplified the way members access popular tools and resources.
- We implemented a mobile-friendly design that works on any device.
- We made it easier to use our provider search tool. Members can now look for doctors and hospitals based on their plan, providing more accurate and personalized results.
- We refreshed the claims page. This change makes it simpler for members to understand and track their health care claims.
- We customized the homepage to put the most-researched information right in front of members.
- We gave members the ability to access their plan benefit information, print an Explanation of Benefits, or order a new member ID card in as little as two clicks.

UPMC Health Plan mobile app provides on-the-go access to health information

Everyone is on the go these days, and they need their health information to go with them. With the UPMC Health Plan mobile app, members have instant access to their health care information anytime, anywhere.



Members can use the app to:

- Access digital member ID cards for their family.
- Contact Member Services through secure messaging or live chat.
- View their claims information and medical history.
- Contact their doctor, pharmacist, or the UPMC MyHealth 24/7 Nurse Line.
- Manage their prescriptions.
- Search for in-network providers.

The free mobile app can be downloaded to any mobile device from the Apple App Store or Google Play.