



A HIGHER LEVEL OF CARE

HEALTH INSURANCE EXCHANGE QUESTIONS AND ANSWERS FOR PHYSICIANS AND PATIENTS

Q1: Which Exchange Plans is St. Joseph's Hospital considered "in network"

A: with? St. Joseph's Hospital is considered "in network" with Excellus and MVP.

Q2: Why is St. Joseph's Hospital only "in network" with Excellus and MVP?

A: We believe that Excellus and MVP have the most comprehensive network of providers who can meet the needs of our patients. Furthermore, we are comfortable that Excellus and MVP will treat these patients most like a commercially insured population and market.

Q3: Why is St. Joseph's Hospital "out of network" for the other Plans that offer Exchange products?

A: Some plans (Fidelis) have opted to create narrow provider networks for their Exchange enrollees. This means that they are limiting the choice of providers that their members and your patients can be referred to. These plans have opted to not include St. Joseph's in their Exchange networks. As a result, the hospital is considered "out of network" for their products sold on the State's Health Insurance Exchange (please see below for a discussion on what it means to be "out of network"). Other plans, such as, Health Republic (Freelancers) and American Progressive (Today's Options) have created their provider networks with the assistance of two national Preferred Provider Organizations (MagnaCare and MultiPlan). Since these health plans are new to the commercial insurance market, we felt it was prudent to wait and see how these plans develop, how they treat our patients, and whether they will have sufficient network of health care providers. To reiterate, St. Joseph's will continue to be "in network" for Fidelis and MVP products that are not sold on the Health Insurance Exchange.

Q4: What about the large national plans like United and Aetna?

A: United and Aetna are not selling any Exchange products in the Upstate New York rating regions. Many large national plans have decided to take a "wait and see" approach to the Exchanges. The only plans offering Exchange products in Onondaga County are: Excellus, Health Republic, American Progressive, MVP and Fidelis.

Q5: What is the difference between “in network” and “out of network”?

A: Health plans contract with doctors, hospitals, labs, imaging centers, and pharmacies. The providers that have agreed to accept your plan’s contracted rate as payment in full for services are considered “in network”. “Out of network” providers have not agreed to accept the plan’s contracted rate.

Q6: How does the hospital being “out of network” impact your office?

A: Scheduling an elective procedure at an “out of network” facility may or may not require an “out of network” authorization. Whenever possible, services should be scheduled at “in network” facilities. Your office should contact the plan for prior authorization for any procedure scheduled at an “out of network” facility. This authorization number should be provided to the hospital prior to the date of the procedure.

Q7: How does the hospital being “out of network” impact your patients?

A: First, your patients should understand that, by law, emergent care is a covered benefit. Patients who need emergent care will always be treated by the hospital without regard to insurance coverage. However, for elective care, the patient’s “out of pocket” costs will vary depending on their product (e.g. HMO, EPO, PPO, POS). In a HMO or EPO product, the patient will be responsible for the full cost of care (except for emergent care). For a PPO or POS product, it means that the patient may have either a higher deductible or higher copayment, plus a higher percentage of coinsurance. As a result, patients could be responsible for a larger portion of the bill than what would have otherwise been covered at an “in network” facility. Patients should check with their insurance company to determine coverage benefits and limits prior to receiving any elective service. Most Exchange plans are considered EPO (Exclusive Provider Network) products. With the exception of emergency services, individuals will pay for “out of network” care.

Q8: What if a patient wants to know the cost of receiving “out of network” hospital or physician services?

A: By virtue of the complexity of the services provided, hospital costs are inherently difficult to estimate. A patient’s financial responsibility is determined by their health plan after considering eligibility, benefits, medical necessity, and negotiated rates. Health plans and hospitals have been developing technology to assist their members and patients to generate “estimates” of their costs of a health care service. Excellus and MVP offers its members an online treatment cost estimator. Information about this service can be found at www.excellusbcb.com and <https://swp.mvphealthcare.com>. Patients interested about the cost of a service should always be directed to their health plan.

Q9: What if I only have privileges at St. Joseph’s Hospital or I am unable to perform the procedure at another “in network” facility?

A: You should contact the plan for an “in network” authorization. You may have to explain why the service must be performed at St. Joseph’s Hospital.

Q10: How do I know if my practice is “in network” with those exchange plans?

A: As always, physicians are encouraged to carefully review their contracts to understand the terms and conditions of participation. Some plans may attempt to reimburse doctors and hospitals at lower levels. You do not have to accept substandard contracts that are not beneficial to your practice.

Q11: “I like going to St. Joseph’s Physicians and St. Joseph’s Hospital. Do I have to change?”

A: Possibly. If you purchase insurance through the Exchange, only Excellus and MVP will provide full benefit coverage for care from St. Joseph’s Hospital and St. Joseph’s Physicians. You should check with your plan to see if your physician is “in network” with your plan prior to selecting a plan on the “New York State of Health” website.

Q12: Where can patients go to learn more about their insurance benefits?

A: Patients should be referred back to their insurance plan. The plans have a responsibility to educate their members about their benefits.

Q13: Where can patients go to learn more about “The New York State of Health” insurance marketplace?

A: Patients can be directed to marketplace’s website (www.nystateofhealth.ny.gov) for additional information about the enrollment process. They can get help online, in person where they live or work, and by phone at 1-855-355-5777.

Q14: What if a patient needs Financial Assistance for hospital services?

A: A patient may contact a financial counselor at 315-448-5775. Our counselors are here to assist in any way they can (Monday through Friday, 8 a.m. to 4:30 p.m.). A patient may also download a financial assistance application from our Financial Assistance website, <http://www.sjhsyr.org/financial-assistance>. Once completed the application should be mailed to:

St. Joseph’s Hospital Health Center
Attn: Financial Counseling Unit
301 Prospect Ave
Syracuse, NY 13203