



Healthcare Benefits Program

University of Pennsylvania Mental Health and Chemical Dependency Benefit Changes in Response to Parity for Active Members Questions and Answers

1. What is Parity

On October 3, 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (the "Act") became law. The law requires group health plans that offer mental health (MH) or substance abuse (SA) benefits to provide those benefits on par with medical and surgical benefits. The Federal regulators were given until the end of January 2010 to issue coordinated guidelines for the Act. There may be additional changes to the benefit designs as the Act is more fully defined but organizations currently are required to implement the new regulations as of July 1, 2010 for all health benefit plans.

2. Who is impacted?

All active members of the University of Pennsylvania who are enrolled in either the PENNCare/Personal Choice PPO or the UPHS Point of Service POS Plans (Keystone and AmeriHealth) for Fiscal Year 2011 which are covered by PENN Behavioral Health (PBH). Pre-65 Retirees who are enrolled in the PENNCare/Personal Choice were also impacted by some of these changes in their plan at the beginning of the year.

3. When will it take effect?

For the active members, the changes will take effect on July 1, 2010 and will run through the fiscal year 2011 and all years thereafter for all Mental Health and Chemical Dependency plans for all organizations with over 50 employees.

4. What are the recent changes that I need to be aware of?

Parity will have a major effect on the amount of services that will be provided for members for both inpatient and outpatient treatment across both mental health and chemical dependency services. In essence all limits on days and visits will be taken away for inpatient and outpatient care and all co-pays and co-insurance will match those of the medical/surgical benefits.

5. How will these changes impact my benefits?

The impact of the changes will be a positive enhancement of your current benefit coverage for mental health or substance abuse in the following ways:

- The limits of days or visits for both in and out of network mental health and substance abuse coverage have been eliminated making the days and visits unlimited.
- There will no longer need to be an exchange of benefits (between inpatient and outpatient care) for those who have previously exhausted their limited days or visits.
- The co-pays for in-network and percentage of coverage for out-of-network services now match those in the medical/surgical plan.
- Emergency Room care specifically for Mental Health or Chemical Dependence treatment will be the same as emergency room coverage for Medical/Surgical care.
- The lifetime maximums now also match those in the medical plan and the out of pocket maximums and deductibles will be satisfied across both the medical/surgical and the mental health/chemical dependency plan.

6. What do I need to do?

The changes to the designs will be effective on July 1, 2010 and will immediately go into effect for all members seeking care through their mental health/chemical dependency benefits from that date forward.

For those who are currently receiving mental health or chemical dependency care at the time of the change, the new plan design will go into effect on July 1, 2010 but there will be no adverse impact on the number of days or visits they will be entitled to under the new plan because they will now become unlimited.

Those currently receiving the services will need to be aware of a change in the co-payments if they are using in-network providers and a change in the co-insurance rates if they are using out-of-network which will now match the medical benefit co-pays and co-insurance for the same categories of coverage.

For those using both medical/surgical and mental health/substance abuse benefits, the deductibles and the out of pocket maximums will be combined between the medical/surgical and the mental health/substance abuse (meaning that both should be satisfied when either side of the benefit is used).

If you would like to contact PENN Behavioral Health to discuss the transition process for mental health or substance abuse coverage and how these changes might affect you, please call **1-888-321-4433**.

7. Who is PENN Behavioral Health?

PENN Behavioral Health (PBH) is the name for the clinical programs under the Department of Psychiatry at the University of Pennsylvania.

PENN Behavioral Health has administered the PENNCare Personal Choice and the UPHS Point of Service (Keystone and AmeriHealth) mental health and substance abuse benefit plans of the University of Pennsylvania with great satisfaction and success over the past six years. They have also effectively managed the mental health and substance abuse PPO and POS benefits for all of the University Health System's plans for over ten years.

8. What are the benefits of PENN Behavioral Health?

PENN Behavioral Health provides benefits administration for active and retired Health System staff and dependents with a large network of providers (including the University of Pennsylvania's own Department of Psychiatry).

- **Extensive Provider Network**

Members of the covered plans will be able to access services at PENN Behavioral Health in the Department of Psychiatry located at 3535 Market Street and/or use the PENN Behavioral Health large regional network with hundreds of providers.

- **Better Access to Information and Assistance**

Members will have access to PENN Behavioral Health Member Advocacy services, which will provide them with information and resources regarding their benefits and will follow up with them to assure continuity of care.

- **Complete Confidentiality**

PENN Behavioral Health is compliant with all applicable HIPAA requirements. Each individual's confidentiality is highly regarded, protected, and systems are set up to ensure privacy. Your confidentiality will be secure.

- **24 Hour Emergency Telephonic Coverage**

PENN Behavioral Health operates 24 hours a day, 7 days a week for emergency assistance when an individual or family is in crisis and needs immediate support and guidance. The phones are covered by a licensed professional clinician.

9. What number do I call for more information about my own benefits?

For specific questions regarding your individual coverage under the new plan, please call PENN Behavioral Health at **1-888-321-4433**. You can access one of our licensed clinicians who will assist you in getting the appropriate clinical services for your needs 7 days a week, 24 hours a day.

10. Do I now have to go to a PENN Behavioral Health provider?

No, you still have the choice to use either an in-network or an out-of-network provider however in some cases you may want to use PENN Behavioral Health providers who are in the staff or regional network to obtain a better level of coverage.

You can call **1-888-321-4433** to determine if a particular provider is in-network. You always have the option to use the qualified provider of your choice via your out-of-network benefit.

11. What happens if I am currently in outpatient care?

If your provider is already in the PENN Behavioral Health network your claims will be processed as in-network. Out-of-network providers can always join the network; by becoming credentialed and contracting with PENN Behavioral Health, otherwise the claims will be processed as out-of-network.

12. What if I have an emergency?

If you or an eligible family member needs inpatient emergency care for a mental health or substance abuse problem, you should seek care immediately. If the inpatient facility is in-network the coverage is 100%. Out-of-network emergency stays will be covered at 100% of the Plan's reasonable and customary rate. However, if charges are above that rate it will be your financial responsibility to pay the difference.

If the situation is not considered an emergency, but treatment was provided, each Plan allows for in-network coverage when treatment is provided by in-network facilities, and out-of-network coverage for out-of-network facilities. Please see the language of your Plan for coverage details.

If the care is received in an emergency room, the individual is covered for all necessary emergency care and there is a \$75 co-payment at the emergency room which is waived if the person is admitted to the hospital.

13. How can my provider join the PENN Behavioral Health network?

As long as your provider is qualified, licensed, and willing to negotiate an in-network agreement with PENN Behavioral Health, they can become credentialed to join. Any qualified out-of-network provider can apply for in-network status by calling PENN Behavioral Health at **1-888-321-4433**. We encourage you to suggest this to your provider.

14. Is there a time limit in which my provider must apply to the network?

Providers can make application at any time. However, qualified providers will only obtain an in-network status as of the date in which they join and services will begin to be covered as in-network as of the date on which the provider joins the network.

15. What if my provider does not want to join?

You have the option to continue to use your current qualified provider and receive out-of-network benefit coverage or choose a new in-network provider. At any time, you can call **1-888-321-4433** for a referral to an in-network provider.

16. Who is a qualified out-of-network provider?

Qualified out-of-network providers are those who are licensed in the state in which they practice, in an appropriate clinical discipline, who have demonstrated clinical competency, and are under no current sanctioning by the licensing board.

17. Who is a qualified in-network provider?

Qualified in-network providers must satisfy the requirements listed above, and must then be credentialed and agree to negotiate an in-network agreement with PENN Behavioral Health. Not all University of Pennsylvania Department of Psychiatry staff participate as in-network providers. You can call **1-888-321-4433** to determine if a particular staff or regional provider is in-network.

18. What happens if my physician refers me to a provider?

When your physician refers you to a provider in the PENN Behavioral Health network, those services will be considered in-network. If the qualified provider to whom you are referred is not in the PENN Behavioral Health network, the services will be considered out-of-network and will be covered by the out-of-network provisions of your plan.

You can call PENN Behavioral Health **1-888-321-4433** and request that the provider (if they are willing) applies for in-network status.

For additional questions or more information, please go online at www.pennbehavioralhealth.org or contact PENN Behavioral Health by phone at 1-888-321-4433 or by e-mail at pbhcs@mail.med.upenn.edu.