



BLUE CROSS AND BLUE SHIELD OF ILLINOIS FAQs

UPDATED: NOVEMBER 1, 2017

BCBSIL TERMINATED OSF

Q: Why did Blue Cross and Blue Shield of Illinois (BCBSIL) terminate OSF?

A: On October 2, BCBSIL terminated the contracts with three OSF hospitals effective January 1, 2018. For thirty years, BCBSIL has received discounted rates in exchange for a volume commitment to OSF. The proper balance between volume and rates is important to all hospitals and is particularly important for those providing the most sophisticated neonatal, cardiac, neurological, and other expensive and high-end services. BCBSIL unilaterally decided to end its volume commitment while at the same time insisting on paying OSF potentially lower rates. OSF has been and remains interested in a BCBSIL PPO agreement that provides for fair rates that allows OSF to maintain the same high quality of care and broad variety of services across the care continuum.

Q: Is it true that OSF demands exclusive contracts and would not allow BCBSIL to enter into agreements with other hospitals?

A: No. BCBSIL has long been free to negotiate and enter into agreements with any providers it chooses.

Q: When is the BCBSIL termination effective?

A: Effective January 1, 2018, all OSF hospitals in Illinois, except for OSF HealthCare Saint Anthony's Health Center in Alton, will not be included in the BCBSIL commercial PPO networks. Unless they have other coverage, patients enrolled in BCBSIL PPO network products would have to use their out-of-network benefit for care at the OSF hospitals.

Q: Which of OSF Illinois hospitals in Illinois are part of this BCBSIL termination?

A: The following OSF entities are affected by the BCBSIL termination:

- OSF HealthCare Saint Anthony Medical Center, Rockford
- OSF HealthCare Saint James-John W. Albrecht Medical Center, Pontiac
- OSF HealthCare Saint Elizabeth Medical Center, Ottawa
- OSF HealthCare Saint Paul Medical Center, Mendota
- OSF HealthCare St. Joseph Medical Center, Bloomington
- OSF HealthCare Saint Francis Medical Center, Peoria
- OSF HealthCare St. Mary Medical Center, Galesburg
- OSF HealthCare Holy Family Medical Center, Monmouth
- OSF HealthCare Saint Luke Medical Center, Kewanee

OSF HealthCare Saint Anthony's Health Center in Alton, Illinois, is **NOT** affected by this BCBSIL termination.

Q: BCBSIL terminated three of the OSF hospitals, so why has OSF terminated six other hospitals?

A: Blue Cross and Blue Shield of Illinois (BCBSIL) announced plans to drop three OSF hospitals in Peoria, Rockford, and Galesburg, Illinois from its PPO network as of January 1, 2018. By removing these hospitals from its network, BCBSIL eliminates important referral centers and in-network patient access to advanced, critical services within OSF HealthCare. This action by BCBSIL reduces the ability to care for the sickest and most vulnerable patients. Without in-network access to our terminated hospitals for patients, BCBSIL left OSF no choice but to terminate agreements with most of its other hospitals.

Q: What BCBSIL products were terminated?

A: The BCBSIL Commercial, PPO, EPO and Blue Choice products were all part of the termination.

Q: How many people are affected by this termination?

A: BCBSIL is the largest commercial insurance company in Illinois. Accordingly, BCBSIL is the largest non-governmental (i.e., not Medicaid and Medicare) payer for OSF providers and hospitals. OSF HealthCare remains hopeful that an agreement can be reached so that we can continue to provide high quality care to these patients.

Q: Do you anticipate coming to agreement with BCBSIL prior to termination?

A: It is our hope that BCBSIL will realize the value of having OSF hospitals in its network for its members, and enter into a new agreement. The care of our patients is our top priority—and will remain so—as we continue efforts to reach an agreement that includes OSF hospitals in BCBSIL PPO network products.

EFFECT OF TERMINATION

Q: Are services considered out-of-network on or after January 1, if a patient comes to an OSF facility that was terminated?

A: BCBSIL must cover emergency services even at out-of-network facilities in accordance with all state and federal laws. However, absent special authorization by BCBSIL, for all other services the BCBSIL terminated facilities will be considered out-of-network.

Q: What are my hospital options following this announcement?

A: OSF clinicians will continue to work with patients and their insurance companies to accommodate the best care recommended, according to clinically appropriate transfer or discharge protocols. This would include all available options, whether in-network or out-of-network. OSF will always do what is best for our patients' care with minimal disruption to their healing process.

Q: If a patient needs to have a procedure, can their doctor send them to their local OSF hospital?

A: A patient's doctor can send them to a local OSF hospital. However, unless the individual has other applicable coverage, the costs associated with the procedure will be considered out-of-network and processed in accordance with the patient's out-of-network benefits.

Q: Does this termination also affect outpatient hospital services?

A: Yes, the termination by BCBSIL will affect all outpatient hospital departments and locations, including, but not limited to diagnostic testing, audiology, sleep studies, rehabilitation, and ambulatory surgery.

Q: Are the OSF physician providers still in network for BCBSIL?

A: OSF employed providers, including OSF HealthCare: Medical Group, Cardiovascular Institute, Illinois Neurological Institute, and Children’s Hospital of Illinois, were **not** terminated by BCBSIL. However, some of these physicians may not continue as in-network providers in the BCBSIL PPO products based upon the hospitals where they have admitting privileges. Patients will continue to be able to see their OSF employed physician for the remainder of 2017. After January 1, 2018 it will be up to BCBSIL whether OSF employed physicians without admitting privileges at in-network hospitals will be considered in-network providers.

Q: What about PromptCare or other outpatient services?

A: Outpatient services provided by non-hospitals, such as OSF PromptCare or OSF physician office visits, will not be affected by the BCBSIL termination. However, some diagnostic tests (x-rays, lab work, etc.) performed at these locations may be sent to an OSF hospital for analysis. If they are sent to the OSF hospital, the diagnostic tests will only be covered as an out-of-network benefit.

Q: Are OSF Home Care providers still in-network for BCBSIL?

A: Yes. OSF Home Care, including OSF Hospice, OSF Home Health, OSF Home Medical Equipment and OSF Home Infusion Pharmacy will remain in the BCBSIL network.

Q: What about OSF HealthCare Center for Health Ambulatory Surgery Center on Route 91 in Peoria? Is it affected by the termination?

A: The OSF HealthCare Center for Health Ambulatory Surgery Center operates under separate ownership and is not affected by the BCBSIL termination.

Q: What about the Susan G. Komen Center at OSF HealthCare Center for Health – Route 91?

A: The Susan G. Komen Center at OSF HealthCare Center for Health – Route 91 is part of OSF HealthCare Saint Francis Medical Center and is affected by the BCBSIL termination. All services provided on or after January 1, 2018 will be considered out-of-network.

Q: How does this affect the hospitals in Danville and Champaign that will be joining the OSF family in February?

A: OSF HealthCare has no information at this time because these facilities are yet not part of OSF HealthCare. Both BCBSIL and Presence Health currently identify these two hospitals as participating in-network hospitals. OSF HealthCare has been—and remains—interested in BCBS PPO agreements that provide fair rates and allow OSF to maintain the same high quality of care and broad variety of services across the care continuum in every region we serve.

Q: What if a patient is currently getting treatment that will go past January 1?

A: If a patient is currently receiving treatment that is scheduled to go past January 1, unless they have other potentially applicable coverage, they will need to contact BCBSIL to find out if they will continue to cover treatment at our facilities as part of in-network benefits. If the patient needs to switch providers, OSF will work collaboratively with BCBSIL and the new provider to ensure a safe and clinically appropriate transition of care.

Q: What if I am a patient in the hospital on December 31 and need to stay for a few days in January?

A: You must call BCBSIL using the number on the back of your insurance card to find out if BCBSIL will continue to cover treatment as part of your in-network benefits. If the patient needs to be transferred to a different provider, OSF will work collaboratively with BCBSIL and the new provider to ensure a safe and clinically appropriate transition of care.

Q: What happens to patients who have BCBSIL PPO and want to keep their doctor but need hospitalization after January 1?

A: A patient's doctor can send them to a local OSF hospital. However, unless the individual has other applicable coverage, the costs associated with the procedure will be considered out-of-network and processed in accordance with the patient's out-of-network benefits. Many physicians maintain privileges at hospitals outside OSF HealthCare, so it may be possible that a provider could perform the same procedure at a non-OSF facility. As negotiations continue to progress, we will work with provider offices to ensure appropriate direction is given to patients about where to schedule these inpatient appointments.

Q: What about labs collected within the OSF HealthCare Medical Group setting and sent to an OSF hospital for processing?

A: If a patient with BCBSIL has labs drawn in the physician office, the lab will be billed by the physician office and be considered in-network. The exception to this would be any patient who has either Medicare or Medicaid AND BCBSIL (or any other commercial payer). Medicare and Medicaid require that any lab work must have the claim processed by the lab performing the testing. In the case of OSF HealthCare Medical Group, labs are processed through the OSF reference lab which falls under the hospital and any BCBSIL reimbursement would be at out-of-network rates.

Q: How will this affect mothers due to deliver in 2018?

A: After January 1, 2018, pregnant mothers, their babies in utero and their newborns may choose to receive care at OSF HealthCare hospitals according to their out-of-network benefits or other potentially applicable coverage they may have. Patients should consult with their insurance company on coverage. BCBSIL patients referred or transferred for advanced care will be subject to out-of-network benefits.

Q: What about OSF HealthCare Children's Hospital?

A: OSF HealthCare Children's Hospital is also a part of the termination and will be out of network effective January 1, 2018. Patients should contact BCBSIL using the number on the back of their identification card to ask questions about the ability to use the unique services provided at Children's Hospital. When talking with BCBSIL, be sure to obtain prior approval and obtain a clear understanding of how benefits will be paid.

Q: If an individual has a high-risk pregnancy and is due to deliver at OSF HealthCare Saint Francis after January 1, 2018 because of the NICU, will this be covered?

A: Patients should contact BCBSIL using the number on the back of their identification card to discuss their particular situation as both OSF HealthCare Saint Francis Medical Center and OSF HealthCare Children's Hospital will be out of network effective January 1, 2018. Patients must discuss their specific situation with BCBSIL, request prior approval, and determine the specific benefits that will be applied from BCBSIL in order to continue with the plan to deliver at OSF HealthCare Saint Francis Medical Center.

Q: How will this affect patient co-payment and deductibles?

A: Co-pays and deductibles will vary for any out-of-network services depending on the specific plan selected. Individuals should reach out directly to their insurance provider to determine specific benefits available in order to keep care at one of these OSF hospitals.

Q: What if an individual is in another Blue Cross plan that is outside of Illinois?

A: BCBSIL PPO networks accessed by BCBS plans outside of Illinois would be considered out-of-network for the OSF facilities affected by this BCBSIL termination as of the termination effective date.

Q: I have a commercial plan with BCBS, but it is not "Blue Cross Blue Shield of Illinois." Am I affected by these changes?

A: Patients insured by any BCBS PPO product who receive care in Illinois access the "Blue Cross Blue Shield of Illinois" network, therefore services would be considered out-of-network for the OSF facilities affected by this BCBSIL termination.

Q: Does this affect Medicare Select or Medicare Supplemental products?

A: No, it does not affect Medicare Select or Supplemental products. Patients may continue to use OSF hospitals and their OSF physician as before. BCBSIL has terminated only commercial products, including all PPO, EPO and Blue Choice products. The Medicare Select products are supplemental products to traditional Medicare. Medicare does not have a network and therefore Medicare Select products are not affected by this termination.

Q: Are federal employees with BCBSIL products affected?

A: Yes, all patients in the BCBSIL commercial PPO networks are affected. This also includes Federal Employee Products' (FEP) PPO Standard BCBS or Basic BCBS options. Please be sure to call your BlueCross FEP plan customer service to confirm the OSF hospitals' out-of-network status effective January 1. Unless they have other coverage, patients enrolled in BCBSIL PPO network products would have to use their out-of-network benefit for care at the OSF hospitals.

Q: What if an individual has BCBSIL Commercial, BCBSIL PPO/EPO, or Blue Choice as their secondary insurance?

A: Specific plan information can be obtained by dialing the phone number on the back of the individual's insurance card. If they have other coverage, such as through a spouse's employer or a government benefits program, OSF may be participating with that other insurance coverage. Therefore they may be able to have in-network coverage at OSF hospitals through that other coverage. Be sure to ask how your

secondary insurance benefits through BCBSIL will coordinate with the primary insurance plan and how the benefits will be paid by BCBSIL.

Q: What should patients with BCBSIL products do?

A: Patients who wish to use OSF hospitals can speak to their employer to learn what provisions are being made for employees who are BCBSIL members. Patients can visit the OSF [website](#) for a complete listing of other insurance companies and products accepted by the OSF hospitals. BCBSIL members can contact their local human resources department regarding other insurance company choices or express any concerns to the Blue Cross Blue Shield Customer Service phone number at (800) 538-8833.

Q: How can a BCBSIL member request that Blue Cross allow participation of the OSF hospitals?

A: We appreciate the desire for OSF to remain an in-network provider. BCBSIL members can contact their local human resources department regarding other insurance company choices or express any concerns to the Blue Cross Blue Shield Customer Service phone number at (800) 538-8833.

Q: If an individual is in Open Enrollment, how do they switch to a new plan?

A: If an employer has multiple options available during open enrollment, our OSF hospitals are participating in many other national and local managed care plans. Please refer to the OSF [website](#) for the list of the plans that OSF is participating with at this time.

Q: If an individual is NOT in Open Enrollment, how do they switch to a new plan?

A: If individuals are not currently in Open Enrollment, they will need to contact their employer's human resource department to determine their options. If they are able to change plans, they may refer to the OSF [website](#) for the list of other plans that OSF is participating with at this time.

Q: What other managed care payers does OSF participate with?

A: OSF participates in many national and local managed care payers, including most other major insurance companies. A full listing of our managed care contracts is available on the OSF [website](#).

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