Premier Health Network: Frequently Asked Questions

Q1: Did Premier Health’s contract with UnitedHealthcare terminate?
Premier Health Network has decided to not renew its participation for employer-sponsored, individual and Medicaid plans, which means its hospitals and physicians are no longer in-network for commercial and Medicaid health plans as of May 14, 2017. As a reminder, Premier and UnitedHealthcare have extended their network relationship for UnitedHealthcare Medicare Advantage plans, providing uninterrupted network access to Premier hospitals and physicians for Medicare Advantage members through Dec. 31, 2017.

Q2: Why did Premier Health Network leave UnitedHealthcare’s commercial and Medicaid network?
Despite repeated efforts to reach a compromise, all of Premier Health Network’s proposals maintained their position as one of the most expensive health systems in Southwest Ohio and demanded local businesses be restricted from offering competitive benefits that put consumer choice first and allow workers to be rewarded for choosing quality, cost efficient care providers.

Q3: Did UnitedHealthcare consider extending the contract through the end of 2017 for employer-sponsored, individual and Medicaid plans?
Premier has not shown a willingness to compromise and meet in the middle. Extending the current agreement means the health system will likely only repeat its same restrictive demands of employers eight months from now and put members in the middle of a negotiation once again. UnitedHealthcare’s goal remains to find an acceptable, long-term solution that would renew in-network access to Premier’s hospitals and physicians with a contract focused on quality, affordable health care that preserves consumer choice.

Q4: What happens now that Premier Health’s hospitals and physicians are no longer in UnitedHealthcare’s network for employer-sponsored, individual and Medicaid plans?
Premier’s hospitals and physicians are out of network, as of May 14, 2017 for UnitedHealthcare employer-sponsored, individual and Medicaid plans. Individuals enrolled in commercial or Medicaid plans could have higher out of pocket costs if they continue to go to a Premier hospital or physician.

In addition, any Medicaid member who has not obtained a prior authorization, or who is not in their Transition of Care (TOC) period, could be responsible for the cost of services provided.
Q5: **What would Premier’s demands mean for employers?**
Nearly 80 percent of our employer customers in the Dayton area are self-funded – meaning they pay the cost of their employees’ medical bills themselves. We believe that it is unfair for a hospital system to restrict an employer group from providing incentives to their employees who choose to seek care at quality, lower-cost facilities.

Q6: **Premier has said that employers who use tiered benefits as a way to incentivize their employees limits patient choice. Is that true?**
No. All of the same local providers, including Premier, would still be covered as in network with tiering, preserving choice. Financial incentives are then used by employers to reward their workers who choose care providers that are both quality and lower cost.

Q7: **Where else can patients go for care?**
We are fortunate to have relationships with several other hospitals and physicians in the area to ensure the families we serve have uninterrupted access to the care they need. For information regarding in-network providers, members can call the number on their Health Insurance card.

You can also find network hospitals and physicians online at:
- **Employer-sponsored and individual health plans**: www.myuhc.com
- **Medicaid health plans**: www.myuhc.com/communityplan

Q8: **What will happen if members are currently accessing care at a Premier hospital or physician?**
We are working directly with our members who may have ongoing health concerns or may be in the middle of a treatment at a Premier Health facility or with a Premier physician to ensure appropriate accommodations are made to avoid disruption in their care.

Members who are pregnant or undergoing treatment may qualify for Continuity of Care, which provides continued in-network benefits for a period of time. These benefits are subject to the hospital’s contract, the member’s benefit plan, applicable law, and will be limited to a specified period of time.

Q9: **What if I have a surgery or procedure scheduled at a Premier Health hospital on or after May 14?**
UnitedHealthcare members are encouraged to call the number on their health plan ID card with questions about Continuity of Care and to learn more about qualifying conditions. The service may be covered under Continuity of Care if it’s related to ongoing treatment for an existing illness or condition.

Q10: **What if I have an emergency and need to go to the hospital?**
UnitedHealthcare members should always go to the nearest hospital in the event of an emergency and their services will be covered at the in-network benefit level, regardless of whether the hospital participates in UnitedHealthcare’s network.
Q11: Where can I find ongoing information about this matter?
Please visit http://www.uhc.com/premier-health-network for important updates, additional information and resources.