

Keystone 65 Health Maintenance Organization (HMO)

Provider Reimbursement

How are providers reimbursed?

Our HMO reimbursement programs for health care providers are intended to encourage the delivery of quality, cost-effective care for our members. Below is a general description of our HMO reimbursement programs, listed by type of participating health care provider. Please note that these programs may change from time to time, and the arrangements with particular providers may be modified as new contracts are negotiated. If after reading this material you have any questions about how your health care provider is compensated, please speak with the provider directly, or contact us.

Primary Care Physicians (PCPs)

Most PCPs are paid in advance for their services, receiving a set dollar amount per member per month for each member selecting that PCP. This is called a capitation payment, and it covers most of the care delivered by the PCP. Services not included under capitation are paid fee-for-service according to the HMO fee schedule.

Many PCPs are also eligible to receive additional payments for meeting certain quality performance and medical cost management measures relative to other qualifying participating PCP practices. Independence Blue Cross (Independence) promotes and rewards high-quality, accessible, and cost-effective care through its Quality Incentive Payment System (“QIPS”) program. QIPS offer primary care practices incentives for delivering quality health care and effectively managing the care of their HMO populations, which works in tandem with our Accountable Care Organization (“ACO”) payment model to incent providers based on their performance against these established measures. The quality segment of QIPS incentives is based on HEDIS® measures which include childhood immunizations; adolescent immunizations; well-care visits; cancer screenings; diabetic care; acute care; and chronic care. Primary care providers are scored on how well their office performs relative to their peers of the same specialty type.

Specialists

Most specialists are paid on a fee-for-service basis, meaning that payment is made according to our HMO fee schedule for the specific medical services that the specialist performs. Obstetricians are paid global fees that cover most of their professional services for prenatal care and for delivery.

Independence also has specialty-specific provider incentive programs designed to promote quality improvement and cost-efficiency. For example, we have a program that focuses on hip and knee replacement procedures, and we have additional incentive programs in place with certain cardiologists and women's health providers to encourage quality improvement and cost-efficiency.

Designated Specialty Sites

For a few specialty services, PCPs are required to select a designated site to which they refer all of our HMO members for those services. The specialist services include, but are not limited to, laboratory, radiology, occupational therapy, and physical therapy. These specialists are paid a set dollar amount per member per month (i.e., capitation) for their services based on the PCPs who have selected them as their designated specialty site. Before selecting a PCP, HMO members may want to speak to the PCP regarding the designated specialty sites that the PCP has chosen.

Physician Group Practices and Physician Associations

Certain physician group practices and independent physician associations employ or contract with individual physicians to provide medical services. These groups are paid as outlined above. These groups may pay their affiliated physicians a salary and/or provide incentives for primary care providers based on efficiency, quality, service, or other performance standards. We also may have arrangements with physician practice management ("PPM") entities, independent practice associations ("IPAs"), or integrated delivery systems ("IDS") in which the IPAs or IDS are paid a global fee to cover the cost of all services, including hospital, professional, and ancillary services provided to members who choose a PCP in such IPA or IDS and which may encourage members either directly or through providers who participate with them to utilize certain providers based on quality and cost effectiveness. Such IPAs or IDS would be "at risk" for the cost of these services.

The PPM, IPA or IDS may also provide incentives to its affiliated physicians for meeting certain quality, service, and performance standards and may encourage members either directly or through providers who participate with them to use certain providers based on quality and cost-effectiveness.

Hospitals

For most inpatient medical and surgical covered services, hospitals are paid case rates, which are set dollar amounts paid for a complete hospital inpatient stay related to a specific procedure or diagnosis (e.g., a transplant). Some hospitals may also be paid per diem rates, which are specific amounts paid for each day a member is in the hospital. These rates usually vary according to the intensity of the services provided. For most outpatient and emergency

covered services and procedures, hospitals are paid specific rates based on the type of service performed. Hospitals may also be paid a global rate for certain outpatient services (e.g., laboratory and radiology) that includes both the facility and physician payment. For a few covered services, hospitals are paid based on a percentage of billed charges. The vast majority of our participating hospitals are paid through a combination of these payment methods for various covered services.

Accountable Care Organizations

The Accountable Care Organization (“ACO”) payment models are voluntary shared savings (and deficit) programs designed for an integrated health care provider network. The models are designed to promote care coordination, health care quality, and increased efficiency, all while reducing health care costs. Under this model, a provider’s earnings potential is tied to the provider’s level of improvement in quality measures and in medical cost management.

Skilled Nursing Homes, Rehabilitation Hospitals, and Other Care Facilities

Skilled nursing and other special care facilities are paid per diem rates, which are specific amounts paid for each day a member is in the facility. These amounts may vary according to the intensity of services provided. For example, we have programs in place with certain skilled nursing facilities to encourage quality improvement and cost-efficiency.

Ambulatory Surgical Centers (ASCs)

Most ASCs are paid specific rates based on the type of service performed. For a few services, some ASCs are paid based on a percentage of billed charges.

Ancillary Providers

Some ancillary providers, such as those providing durable medical equipment and home health care, are paid fee-for-service payments according to our HMO fee schedule for the specific medical services performed. Other ancillary providers, such as those providing laboratory services, are paid a set dollar amount per member per month (i.e., capitation). Capitated ancillary vendors are responsible for paying their contracted providers and do so on a fee-for-service basis. Independence has ancillary provider incentive programs designed to promote quality improvement and cost-efficiency. For example, we have incentive programs in place with certain home health providers to encourage quality improvement and cost-efficiency.

Behavioral Health/Substance Abuse

A behavioral health/substance abuse management company administers most of our behavioral health benefits and provides a network of participating behavioral health care providers. We pay administrative fees for the behavioral health management services provided. Most behavioral health/substance abuse health care providers are paid fee-for-service payments for the specific covered services provided in accordance with the behavioral health/substance abuse management company’s HMO fee schedule.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kantscht du Hilf griegie in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh. H0d77lnih koj8' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Keystone 65 HMO

The provider network may change at any time. You will receive notice when necessary.

Keystone 65 offers HMO plans with a Medicare contract. Enrollment in Keystone 65 Medicare Advantage plans depends on contract renewal.

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

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