



Frequently Asked Questions – Volume #1

1. Why is Mission Health leaving Blue Cross and Blue Shield of NC's network?

Mission Health and Blue Cross and BlueShield of North Carolina (BCBSNC) cannot come to an agreement concerning fees under their service contract. As a result, Mission Health announced its intent to terminate its contract with BCBSNC which means Mission Health providers and facilities will no longer be a part of the BCBSNC network beginning Oct. 5, 2017. As of today, the two parties are no longer in negotiations. However, the two parties have until midnight on Oct. 4, 2017 to negotiate and sign a new agreement.

2. When is the change effective?

If an agreement is not reached by Oct. 4, 2017, all Mission hospitals, outpatient facilities and most health care providers will no longer be part of the BCBSNC network beginning Oct. 5, 2017.

Some Mission health care providers – mostly therapists – may stay in-network until March 2, 2018. (See question 7 for a list of facilities that will remain within the BCBSNC network through March 2, 2018.)

You should contact Mission Health to see when your health care provider is leaving the BCBSNC network.

3. Where do I go in case of an emergency?

In an emergency, you should always go to the nearest hospital. Prior authorization is never required for emergency care. **Emergency care is always covered as an in-network benefit.** If, upon admission and treatment, the treating physician determines you are stabilized yet require additional continued inpatient care, BCBSNC may request that you be transferred to participating facility.

For urgent, non-emergency care, you may go to a Mission Health urgent care center or provider but services will be reimbursed at the out-of-network level beginning Oct. 5, 2017. To find an urgent care or primary care provider near you that is part of the BCBSNC network, visit bcbsnc.com.

Please note: Reimbursement levels are determined by the plan you are currently enrolled in through the State Health Plan. Visit shpnc.org to view your plan's benefits and reimbursement levels.



4. What hospitals are considered in-network in the BCBSNC network?

The following hospitals in western North Carolina are considered in-network BCBSNC facilities.

Location	Hospital(s)
Sylva (Jackson County)	<ul style="list-style-type: none"> Harris Regional Hospital
Clyde (Haywood County)	<ul style="list-style-type: none"> Haywood Regional Medical Center
Hickory (Catawba County)	<ul style="list-style-type: none"> Frye Regional Hospital Catawba Valley Medical Center
Hendersonville (Henderson County)	<ul style="list-style-type: none"> Pardee Hospital Park Ridge Health
Morganton (Burke County)	<ul style="list-style-type: none"> Carolinas HealthCare System Blue Ridge-Morganton
Valdese (Burke County)	<ul style="list-style-type: none"> Carolinas HealthCare System Blue Ridge-Valdese
Boone (Watauga County)	<ul style="list-style-type: none"> Watauga Medical Center

Please note: In an emergency, you should always go to the nearest hospital. Emergency care is always covered as an in-network benefit. Prior authorization is never required for emergency care.

5. Mission Hospital is a designated Level II Trauma Center in the western region of North Carolina. Do any of the other in-network hospitals have this designation?

No. Mission Hospital is the only State-designated Level II Trauma Center in western North Carolina. This designation means that the hospital has the resources available for trauma care such as:

- 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.
- Tertiary care needs such as cardiac surgery, hemodialysis and microvascular surgery may be referred to a Level I Trauma Center.
- Provides trauma prevention and continuing education programs for staff.
- Incorporates a comprehensive quality assessment program.

While other hospitals in the area may have some of the resources outlined above, they do not have the State-designation for being a Level II Trauma Center.

6. Where can I find a listing of providers/facilities that are part of the BCBSNC network?

If you need assistance in choosing a new hospital and/ or provider, please contact BCBSNC's Customer Service Department at the number listed on your ID card or visit www.bcbsnc.com, and search the database for an in-network hospital and or provider.



7. What happens if I continue to use Mission Health facilities?

You can receive benefits for services at a Mission health care provider for non-emergency use. However, services will be reimbursed at the out-of-network level which means:

- **You will pay more money for that care.** And usually, the price is much higher for out-of-network care than in-network care.
- BCBSNC will pay you for the allowed amount of care, and you will be responsible for paying the health care provider.

8. Which Mission Health facilities are remaining in the BCBSNC network until March 2, 2018?

Below is a list of centers that will remain part of the BCBSNC network until March 2, 2018.

- **CarePartners Outpatient Rehabilitation Center**
40 N. Merrimon Ave. Suite 115 Woodfin, NC 28804
- **CarePartners Outpatient Rehabilitation Center**
3 Town Square Boulevard Asheville, NC 28803
- **CarePartners Outpatient Rehabilitation Center**
68 Sweeten Creek Road Asheville, NC 28803
- **CarePartners Outpatient Rehabilitation Center**
534 Biltmore Avenue Asheville, NC 28801
- **CarePartners Outpatient Rehabilitation Center**
1 University Heights Asheville, NC 28801
- **CarePartners Outpatient Rehabilitation Center**
21 Hospital Drive Asheville, NC 28801
- **CarePartners Outpatient Rehabilitation Center**
1388 Sand Hill Road Candler, NC 28715

9. Do I have to wait until the State Health Plan of North Carolina's Open Enrollment to change my primary care provider?

No. You may designate a new primary care provider at any time.

10. What happens if I am currently in a treatment plan for a condition?

Patients who are already in a treatment plan for certain conditions at a Mission facility may be able to keep receiving care as part of **BCBSNC's continuity of care**. If you qualify for this program, you will receive a letter from BCBSNC. You may also contact the BCBSNC's Customer Service Department at the number listed on your ID card or visit www.bcbsnc.com to complete a Continuity of Care form.



11. What is the Continuity of Care program?

Continuity of care is a process that allows you to continue receiving care from an out-of-network provider for an **ongoing special condition** at the in-network benefit level for a short time period; while your provider and BCBSNC help you transition to an in-network provider for your care. To be eligible for continuity of care, you must be actively treated by the out-of-network provider for your ongoing special condition, and your provider must agree to BCBSNC's requirements for continued care.

BCBSNC must authorize services in advance for you to continue to receive in-network benefits for care from an out-of-network provider. **You have 45 days from the provider termination date to request continuity of care.** Please contact BCBSNC's Customer Service Department to obtain a continuity of care request form, and return it to the fax number provided on the form. You will be contacted by a BCBSNC nurse to discuss your specific situation. If your continuity of care request is approved, you may continue to use Mission Health through the timeframe specified on the authorization.

***Please note:** In-network payments for services approved for continuity of care on and after Oct. 5, 2017, will be paid directly to you, and you will be responsible for reimbursing Mission Health.*

12. What classifies as an ongoing special condition?

The following conditions may be eligible for continuity of care.

- **An acute illness**, which is a condition that is serious enough to require medical care or treatment to avoid a reasonable possibility of death or permanent harm.
- **A chronic illness or condition**, which is a disease or condition that is life-threatening, degenerative, or disabling, and requires medical care or treatment over a prolonged period of time.
- **A terminal illness**, which is when an individual has a medical prognosis of a life expectancy of six months or less.
- **Pregnancy**, which means the second and third trimester of pregnancy or completion of postpartum care.

13. If I choose to stay with a Mission Health provider, will my annual wellness visit be covered at 100%?

No. The visit will be covered at the out-of-network level. You must visit an in-network provider for your annual preventive visit to be covered at 100%.

14. I live far away from any BCBSNC network providers. Can I use a non-BCBSNC provider and pay for services at the in-network level?

BCBSNC is mandated to comply with Access to Care Standards which govern network adequacy and determine how far they can require a member to travel to get to a participating provider. If you are unable to locate an in-network provider within the [mileage guidelines](#), you will be allowed to see an out-of-network provider at the in-network benefit level.



15. I'm a retiree who has medical coverage under the State Health Plan, does this change affect me?

If you are a retiree who is not Medicare-eligible and you are enrolled in retiree medical coverage under the State Health Plan, the change to in-network/out-of-network provider/facilities applies to you and your covered dependents.

If you are a retiree who is Medicare eligible and enrolled in one of the UnitedHealthcare Group Medicare Advantage Plans, the change does not apply to you. However, if you are enrolled in the State Health Plan Traditional 70/30 Plan, the change in provider/facilities applies to you and your covered dependents.