



Making the Grade

Quality care and superior service are integral to everything we do at SelectHealth®. They're part of our vision and our culture. So how do we know if we're doing a good job? One of the ways we measure the quality of care and services we provide is through reporting, which is conducted by external sources and requires us to meet certain guidelines. Whether you get insurance through your employer, purchase it on your own, or are enrolled in a government plan, these reports are a great way to compare health plans in Utah.

The Utah Department of Health (UDOH) recently released the 2017 Utah Health Plan Performance Quality of Care Report (HEDIS) and the 2017 Utah Health Plan Patient Experience Report.[†] SelectHealth was rated above the national average for Rating of the Health Plan, Rating of Personal

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Doctor, and Rating of Specialist among Utah Health Plans. We are the second-rated plan among Utah Health Plans for Rating of Health Care.

You can see these reports:

- > 2017 Utah Health Plan Quality of Care Report (HEDIS) <http://stats.health.utah.gov/reports/hedis>
- > 2018 Consumer Satisfaction report of Utah Health Plans <http://stats.health.utah.gov/reports/cahps/2018>

WE'RE WORKING FOR YOUR HEALTH

HEDIS includes more than 80 standardized measures that look at how well health plans perform on key healthcare issues. Measures cover topics such as:

- > Breast, cervical, and colon cancer screenings
- > Pre- and postnatal care
- > Immunizations and well-child visits for children and adolescents
- > Appropriate use of antibiotics
- > Diabetes complication screening
- > High blood pressure control
- > COPD and asthma control
- > Flu immunizations

To help our members get preventive care or treat conditions, we use reminder phone calls, send condition-specific newsletters, and help doctors track their patients' progress with reports.

Our programs focus on excellence in clinical areas included in the UDOH's Performance Report. Results indicate our efforts are working. This year, significant improvements were seen in the following areas:

- > Management of diabetes
- > Management of COPD
- > Management of cardiovascular disease
- > Childhood immunizations
- > HPV immunizations
- > Adolescent immunizations
- > BMI measurement
- > Well-child visits

We use outreach efforts to improve members' health, such as personalized phone calls and programs for providers to improve satisfaction, with a focus on areas such as diabetes, women's health, and well-child visits. These programs offer care management referrals, help making appointments, educational mailings, and other tools to help you and your family better manage your health. We consistently receive positive feedback regarding these efforts and use your comments to improve our services.

WE'RE IMPROVING CARE FOR HOSPITALIZED PATIENTS

Intermountain Healthcare® is also working to improve care to those hospitalized for serious medical conditions. We work with Intermountain to ensure that patients receive proper medications, treatments, and tests. We also want to be certain that patients are discharged from the hospital with the appropriate medications and education to help them manage their illness.

The Centers for Medicare & Medicaid Services (CMS) has collected clinical performance measurements for most hospitals. The performance measurements evaluate care provided to patients who have been admitted to a hospital and include hospital-specific results of patient satisfaction; timely and effective care; readmissions and complications; use of medical imaging; and payment and value of care. To learn more, visit medicare.gov/hospitalcompare/search.html.

We would love to hear from you! If you have comments, please contact us. To learn more about our Quality Improvement programs, call **800-374-4949**, option 7 or email qualityimprovement@selecthealth.org.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.

† If you would like a copy of the 2016 Utah Health Plan Performance Quality of Care Report (HEDIS),* and 2017 Utah Health Plan Patient Experience Report (CAHPS®), contact the Office of Health Care Statistics at healthcarestat@utah.gov or **801-538-7048**.



Know Your Pharmacy Benefits

The following section outlines information for members who have SelectHealth pharmacy benefits. For more information or to request a hard copy of a prescription drug list, call Member Services at **800-538-5038** or visit **selecthealth.org**. You can also log into *My Health* to access useful pharmacy tools.

IN-NETWORK PHARMACIES

To get the most from your pharmacy benefits, use an in-network pharmacy and present your ID card when you fill a prescription. This helps ensure you don't get incorrectly charged for a prescription and it saves you time—that's a win-win!

PRESCRIPTION DRUG LIST

SelectHealth plans that offer drug coverage use a tiered Prescription Drug List of brand-name and generic drugs. An expert panel of doctors and pharmacists (called the Pharmacy and Therapeutics Committee) selects drugs for this list based on safety, quality, and cost-effectiveness. The list may change periodically because of new drugs, new

therapies, or other factors. The main difference between the tiers is the amount you pay. Using Tier 1 drugs, for example, will cost you less.

GENERIC DRUGS

Save money by using generic drugs, which contain the same active ingredients as their brand-name counterparts. The U.S. Food and Drug Administration (FDA) regulates generic drugs just like brand-name drugs.

A generic drug will usually be substituted, unless a doctor states on the prescription that the brand-name drug must be used for medical reasons. Some plans require that generic drugs be used and do not cover brand-name drugs when generics are available. If you or your doctor request a brand-name drug when a generic is available, you will often pay a higher copay/coinsurance plus the difference in cost between the generic drug and brand-name drug. In some cases, you will need to pay for the drug in full.

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90-DAY PRESCRIPTION BENEFIT

Some plans offer a 90-day prescription benefit for drugs you use regularly. These are referred to as maintenance drugs. This benefit allows you to get maintenance drugs conveniently and often at a lower cost through an in-network neighborhood pharmacy or by mail delivery.

For mail order, use the Intermountain Home Delivery Pharmacy by enrolling at intermountainrx.org. For retail pick-up service, use a participating Retail90 pharmacy. You are eligible for Retail90 if you have already filled your prescription once at any retail pharmacy or through an eligible home delivery pharmacy in the past six months using your SelectHealth benefit.

Call Member Services at **800-538-5038** or check the Prescription Drug List to find out if your medication

is eligible for the 90-day prescription benefit. Member Services can also tell you which retail pharmacies are participating on your plan.

DRUGS WITH SPECIAL REQUIREMENTS (STEP THERAPY AND PREAUTHORIZATION)

Certain drugs must meet special requirements before they are covered. If a drug requires preauthorization, your doctor must call us before you purchase your medication. Prescription drugs that require preauthorization are listed on our website and identified on your Prescription Drug List.

If a drug requires step therapy, your doctor must first prescribe an alternative drug. These are generally more cost-effective and do not compromise clinical quality. If your doctor feels that an alternative drug will not meet your needs, he or she can request an exception. These drugs are also listed on our website and identified on your Prescription Drug List.

SPECIALTY MEDICATIONS

Specialty medications are usually covered by your pharmacy benefits. In rare cases, some members may also have coverage for specialty medications through their medical benefits. These types of drugs may be administered orally, as a single injection, through an intravenous infusion, or through an inhaler or nebulizer. Generally used to treat an ongoing chronic illness, they can be given by a medical professional or through self-administration. The Intermountain Specialty Pharmacy can deliver specialty medications to your home at no additional cost. Call **844-442-4600** to start service with the Intermountain Specialty Pharmacy.

EXCLUDED DRUGS

Not all prescription drugs are covered. Call us or visit selecthealth.org to learn more.

Note: Some employers may choose a company other than SelectHealth to administer pharmacy benefits. For more information, please refer to your member materials.

Your Online Privacy Matters

SelectHealth works hard to keep your personal information safe. Scammers and online thieves may try to get your medical and financial information via the web, over the phone, or through email. But there are best practices you can follow to keep your information safe:

- > Use a strong, unique password. We recommend using 12 or more characters. Make sure your *My Health* password is unique—different from your other online accounts.
- > Be cautious when sharing your personal information via the web, phone, or email. If you are unsure whether you are speaking with a SelectHealth representative, hang up and call Member Services at **800-538-5038**.

We will never call you to ask for your username and password.

- > Report scams. If you believe that you have been a victim of fraud or a scam, please report it to **fraud@selecthealth.org** or call Member Services at **800-538-5038**. We also encourage scams to be reported to state agencies. The Utah Division of Consumer Protection can be reached at **800-530-6001**.

To learn more about how you can protect your account and information, visit selecthealth.org/security.



Patient-Centered Medical Home

As a SelectHealth member, you may be receiving care from a provider participating in the SelectHealth Patient-Centered Medical Home program.

The Patient-Centered Medical Home program focuses on preventive care and disease management by coordinating your healthcare across settings and actively involving you in making decisions about your care. To make this program more effective, SelectHealth may need to share some of your personal health information with your primary care doctor. This health information might include medical claims, pharmacy claims, hospital admissions, and visits to other doctors.

For more information about privacy, please see the Notice of Privacy Practices at selecthealth.org. If you do not wish to have your data shared as part of this program, call **801-442-7253**. Please have your Subscriber ID available when you call.

The Right Care When You Need It

When you or a loved one suddenly becomes ill or is injured, you want to get care right away. However, it pays to stop for a second and ask yourself what type of care is best. Some problems should send you to the emergency room, but in many cases, an Intermountain InstaCare®, Kids CareSM, or Connect CareSM might be better. For less serious illnesses and injuries, you can often save a great deal of time and money by choosing the right kind of care for your needs.

This list can help you decide where to go. Use your best judgment, and if you are unsure, go to the emergency room.

URGENT CARE

Intermountain InstaCare Clinics

InstaCare clinics offer a professional staff of licensed doctors and registered nurses who can treat urgent conditions—those that are not life-threatening but require medical attention within 24 hours. No appointment is necessary. Most InstaCare facilities are open seven days a week and offer expanded hours.

Intermountain KidsCare

KidsCare clinics offer after-hours urgent pediatrics services for minor illnesses. Extended weekday and weekend hours provide convenient access to quality medical care. Call ahead to schedule an appointment.

Here are some conditions treated at a KidsCare facility:

- > Minor burns or injuries
- > Broken bones needing X-rays
- > Sprains and strains
- > Earaches
- > Minor allergic reactions
- > Fever
- > Flu-like symptoms
- > Rash or other skin irritations
- > Mild asthma attacks
- > Animal and insect bites
- > Minor broken bones
- > Minor cuts and lacerations

OTHER CARE OPTIONS

Intermountain Connect Care

Healthcare on your schedule—no lines, no waiting room. Intermountain Connect Care® is a convenient



way to talk to a provider about urgent medical issues, no appointment necessary. So don't suffer on vacation or wait when other options aren't available: Use your smartphone, tablet, or computer to connect to a provider within minutes, for \$49 or less. Download the app or visit [intermountainconnectcare.org](https://www.intermountainconnectcare.org) to get started.

Intermountain Health Answers

Sick child at 3:00 a.m.? We're still awake. Call Intermountain Health Answers® to speak to a registered nurse who will listen to your concerns, answer any medical questions you may have, and help you decide what course of action to take. To reach Health Answers, call **844-501-6600**.

SelectHealth Member Advocates

You can also call SelectHealth Member Advocates® at **800-515-2220**. They can help you schedule an appointment with a specialist, find a doctor who speaks a language other than English, or determine the best location and provider for urgent care when your doctor is unavailable.

Find an Intermountain InstaCare, KidsCare, or hospital near you by visiting [selecthealth.org/facility](https://www.selecthealth.org/facility).

Out-of-area Coverage

When you are traveling, peace of mind is priceless. It's important to know where to go if you need medical care.

OUTSIDE OF YOUR SERVICE AREA

In-network benefits apply when you receive services for urgent or emergency conditions, no matter where you are.

SAVE MONEY WHILE TRAVELING

To reduce your medical out-of-pocket expenses while traveling, use the Multiplan and PHCS networks. If you use providers on these networks, you won't be responsible for excess charges.

Remember: Always present your ID card when you visit a Multiplan or PHCS provider or facility. The logos on the back of the card give you access to the networks.

OUTSIDE THE COUNTRY

If you are traveling outside the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service and submit a claim to SelectHealth that includes:

- > A printed receipt with the provider's address and phone number
- > The date of service
- > A description of the treatment received
- > The amount charged

With the exception of urgent and emergency situations, care provided outside of the United States for ongoing or chronic issues must be preauthorized.

For more information or help finding a provider, call Member Services at **800-538-5038** or visit **selecthealth.org**.

When To Call 911

As many as 75% of all calls to 911 aren't true emergencies. Sometimes it's hard to know if you should call.

If you or someone close to you is hurt or sick, the American College of Emergency Physicians recommends considering the following questions:

- > **Is the condition life- or limb-threatening?**
- > **Could the condition get worse on the way to the hospital?**
- > **If moved, will it hurt more?**
- > **If you answered yes to any of these questions, would an ambulance get to the hospital sooner than you could?**

If you have an emergency, call 911 or go to a hospital right away.



Your Rights and Responsibilities

As a SelectHealth member, you have the right to privacy and a high level of medical care and customer service. You are also responsible for following our guidelines and making informed decisions about your medical care. Suggestions regarding policies or services are always welcome. Call Member Services or submit your comments in writing.

YOUR RIGHTS

You have the right to do the following:

- > Review and obtain a copy of your policy and member records, subject to state law, and our policies and procedures
- > Receive information about our services, providers, and your member rights and responsibilities
- > Receive considerate, courteous care and treatment with respect for personal privacy and dignity
- > Receive accurate information regarding your rights and responsibilities and benefits in member materials and through phone calls
- > Be informed by your provider about your health so you can make thoughtful decisions before you receive treatment
- > Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage (we do not have policies that restrict dialogue between providers and patients, and we do not direct providers to restrict information regarding treatment options)
- > Participate with providers in decisions involving your health and the medical care you receive
- > Express concerns about SelectHealth and the care we provide and receive a response in a reasonable period of time
- > Request a second opinion
- > Refuse recommended medical treatment to the extent permitted by law
- > Select or change your primary care provider
- > Make recommendations regarding our Member Rights and Responsibilities policy
- > Have reasonable access to appropriate medical services—regardless of your race, religion, nationality, disability, sex, or sexual orientation—and 24-hour access to urgent and emergency care
- > Receive care provided by or referred by your primary care provider
- > Have all medical records and other information kept confidential
- > Have all claims paid accurately and in a timely manner

YOUR RESPONSIBILITIES

You have the responsibility to do the following:

- > Treat all providers and personnel at SelectHealth courteously
- > Read all plan materials carefully as soon as you enroll, understand your plan benefits and limitations, and ask questions when necessary
- > Understand that not all recommended medical treatment is eligible for coverage
- > Follow plans and instructions for care that you have agreed upon with your provider
- > Express constructively your opinions, concerns, and complaints to the appropriate SelectHealth staff
- > Follow the policies and procedures of your plan, and when appropriate, seek a referral from your primary care provider to SelectHealth providers or call us for assistance
- > Ask questions and understand the consequences of refusing medical treatment.
- > Communicate openly with your healthcare provider, develop a patient/provider relationship based on trust and cooperation, and participate in developing mutually agreed-upon treatment goals
- > Keep scheduled appointments or give adequate notice of cancellation
- > Obtain services consistently according to the policies and procedures of your plan
- > Provide all information needed by your provider to assess your condition and recommend treatment
- > Use our providers when applicable, carry your ID card, and pay copay/coinsurance amounts at the time of service

The Appeals Process

WHAT TO DO IF YOU DISAGREE WITH A SELECTHEALTH DECISION

We are committed to making sure all concerns or problems are investigated and resolved as soon as possible. Most situations can be resolved by contacting Member Services.

FORMAL APPEALS PROCESS

If you disagree with a decision that adversely affects your coverage or benefits, you or an authorized representative has the right to appeal the decision in writing by faxing the information to **801-442-0762**, emailing it to **appeals@imail.org**, or mailing it to the following address:

**Attn: Appeals
SelectHealth
P.O. Box 30192
Salt Lake City, UT 84120-8212**

If you wish for another individual, including an attorney, to represent you through any level of the formal appeals process, you must provide written authorization on an Authorization to Disclose Health Information Form to release information to the authorized representative. You can complete a copy of this form by visiting **selecthealth.org**.

All written appeals should be addressed to the SelectHealth Appeals and Grievances department within 180 days from the date of notification of the denial to be eligible for review through the formal appeals process. Upon receipt, the appeal will be investigated and reviewed by individuals who were not involved in the initial determination.

If the adverse benefit determination was based on medical judgment, the appeal will be reviewed by at least one healthcare provider working in the same or a similar specialty. This person typically treats the medical condition, performs the procedure, or provides the treatment in question.

Written notification of the decision will be completed no later than 30 calendar days from the date we receive the appeal. If the appeal involves coverage of a service or treatment for an urgent condition, you or your provider may request an expedited review. If your condition meets the criteria for an expedited review, you will be notified of the decision within 72 hours of the request.

If you are appealing a final internal adverse benefit determination, you may request that an Independent Review Organization (IRO) perform an external review of your appeal. An IRO review applies only to the following considerations:

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- > Medical necessity
- > Appropriateness
- > Healthcare setting
- > Level of care
- > Effectiveness of a covered benefit
- > Utilization review
- > Experimental and/or investigation services
- > Rescission of coverage

An IRO is a review organization that is not connected in any way to us. The IRO employs healthcare providers with the appropriate level and type of clinical knowledge to properly judge an appeal. It is our (not your) responsibility to pay for the costs of the external review process.

OTHER COMPLAINTS

If you have a complaint related to SelectHealth or one of our participating providers that does not involve coverage or payment of a claim, contact Member Services. These complaints might involve the quality of the care or customer service you received. You may file your complaint by phone, in

writing, or in person. We will look into your complaint and provide you with an answer as soon as possible but typically no later than 30 calendar days from the day SelectHealth receives the complaint. When filing a complaint, please provide a summary of the complaint with enough detail to allow SelectHealth to research the issue, and a description of the action you are requesting.

For more information, please call the Appeals and Grievances department at **844-208-9012**.

COVERAGE DECISIONS

When we make decisions on coverage, we use medical policies and evidence-based guidelines to make sure we are fair and consistent. We always consider your medical records, clinical standards, and the judgment of medical experts. We do not reward doctors or others for denying coverage or care.

Our decision-makers are not swayed by money. If you have questions about how we make decisions, call **800-442-5305**.

Staying on the Cutting Edge

EVALUATION OF NEW TECHNOLOGY

New technologies are developed to diagnose and treat medical conditions. Many of these improve current options to treat a specific condition. However, some new technologies may not be as effective and may expose patients to needless risks. Although new technologies may be approved by the U.S. Food and Drug Administration (FDA), their approval does not guarantee the technology is beneficial. Also, many surgical procedures do not require FDA approval.

To ensure that our members have the most appropriate treatment options, we evaluate new and existing medical technologies. The Medical Policy Committee, which is composed of doctors and other healthcare professionals, reviews devices, drugs, and procedures.

A Medical Policy Committee review includes studying all valid published studies, seeking feedback from local doctors, and analyzing the cost-effectiveness of the new technology. This helps the Committee determine whether a new technology should be paid for by SelectHealth.

NEW TECHNOLOGIES MUST MEET THE FOLLOWING REQUIREMENTS:

- > They must be medically necessary to preserve, restore, or improve the health of the individual.
- > They must provide a proven benefit.
- > They need to be of equal or better cost-effectiveness compared to the technology they replace.

Care Managers Are Here to Help

Dealing with urgent or ongoing medical needs can be overwhelming. We'll make sure you don't have to do it alone. Our care managers are registered nurses who are specially trained in all areas of healthcare. They can help you navigate the system and follow doctors' recommendations—answering questions about health and benefits and coordinating the best care possible.

Whether you're dealing with a major trauma, a new diagnosis, or managing a condition you've had for a while, care managers provide expertise and a listening ear so you can focus on getting better. Our care managers are local and familiar with area providers, hospitals, and healthcare services. There is no additional cost to consult with a care manager, and the information shared is confidential. A SelectHealth representative often contacts members immediately following certain diagnoses to see if they would like help. However, we invite you to contact us if you have questions or feel you or someone you know would benefit from these services.

WE'VE GOT SUPPORT FOR DISEASE MANAGEMENT

We offer ongoing care management support for those with chronic health conditions. You may receive educational materials, follow-up phone calls, and one-on-one access to a nurse as you learn to manage your condition long term. We specialize in the following conditions, among others:

- > Allergies and rhinitis
- > Asthma
- > Cancer
- > Chronic obstructive pulmonary disease
- > Depression
- > Diabetes
- > Heart disease
- > High blood pressure
- > High-risk pregnancy
- > Migraines

To talk to a nurse care manager about your urgent or ongoing needs, call 800-442-5305.

MY HEALTH

My Health is our secure member website that allows you to manage your health and benefit information from a single location.

To sign up, visit selecthealth.org and use your Subscriber ID (you'll find this on your ID card) to create an account.

GO PAPERLESS

Want to cut down that stack of mail? Sign up for paperless EOBs (Explanation of Benefits) in *My Health*, where you'll still be able to see how much your doctor billed and what you are responsible to pay.





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The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your doctor if you have any questions or concerns. The information that is contained in this newsletter does not guarantee benefits. Member discounts are not considered a plan benefit. If you have questions or want to confirm your benefits, call Member Services at **800-538-5038**.

If you have a Medicare Advantage® plan, call us toll-free at **855-442-9900**, weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday. Outside of these hours of operation, please leave a message and your call will be returned within one business day. TTY users, please call 711. SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal. © Coffey Communications 2017

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GO GREEN

GET WELLNESS INFO AT YOUR FINGERTIPS

Get the latest on a variety of health and wellness topics right in your inbox—no spam, no junk, we promise. You choose the topics you're interested in—fitness, women's health, nutrition, heart health, and more. Expecting a baby or a becoming a new parent? Be in the know with our *Pregnancy and New Parent* newsletters. Here's to your health. Subscribe today: selecthealth.org/newsletters.