



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 the care and services we provide is through reporting, conducted by external sources. 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 2018 Utah Health Plan Performance Quality of Care Report (HEDIS)*, and the 2018 Utah Health Plan Patient Experience Report.†

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These reports measure the quality of the care and services we provide, which includes care that you need when you are sick and the care that keeps you healthy. You can compare the quality of the care and service you can expect from health plans in Utah, including commercial, Medicaid, and CHIP plans.

SelectHealth® was rated above the national average for Rating of Overall Health Care, Rating of Personal Doctor, and Rating of Specialist among Utah Health Plans.

You can review the 2018 Utah Health Plan Quality of Care Report (HEDIS) at stats.health.utah.gov/reports/hedis

The 2018 Consumer Satisfaction Report of Utah Health Plans is available at stats.health.utah.gov/reports/cahps/2018/

WE'RE WORKING FOR YOUR HEALTH

HEDIS includes more than 88 standardized measures that look at how well health plans perform on key healthcare issues. HEDIS measures cover topics such as:

- > Breast, cervical, and colon cancer screenings
- > Prenatal care and care after delivery of a child
- > 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 ensure we're providing the best possible service, we send reminder phone calls and condition-specific newsletters, provide incentive programs to our member/patients, and publish reports to help healthcare providers keep track of patients' progress.

Our focus on clinical areas included in UDOH's Performance Report has helped us to improve in the following areas:

- > Management of diabetes
- > Management of COPD
- > Management of cardiovascular disease
- > Childhood Immunizations
- > HPV immunizations
- > Adolescent immunizations
- > Lead screening
- > Well child visits
- > Antibiotic overutilization

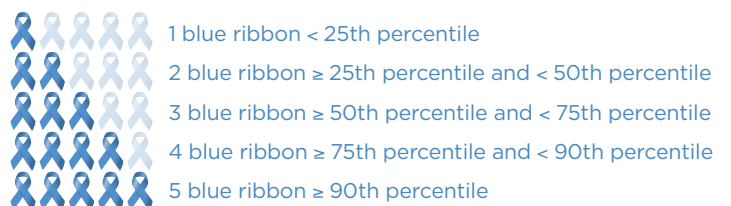
Additionally, we have developed new ways to improve patient satisfaction with providers. We offer care management referrals, assistance with appointments, condition-specific education materials, and other tools to help you and your family better manage your health.

WE MEASURE QUALITY SO YOU CAN FIND EXCELLENT, HIGH-QUALITY HEALTHCARE

You can now see how your primary care or women's health doctor compares with local and national averages on our website. These averages are measured using HEDIS standards. To see how your doctor measures up, follow the instructions below:

- > Go to selecthealth.org/find-a-doctor
- > Search your provider's name
- > Click their profile name or photo to view their unique provider page
- > Their overall ribbon rating is visible at the top of this page and detailed ratings of specific measurements are available if you scroll to the bottom of their page

Our blue ribbons indicate a provider's quality performance nationally, based on their ratings:





These ratings are intended to provide you with more transparency about the quality of providers. The ribbon ratings show you how invested providers are in our members' health and the preventive care they are encouraged to perform based on national best practices.

These ratings are assigned to providers with 30 or more patients in our quality metrics. If a provider does not have a quality rating, this usually means that he or she does not have enough volume of SelectHealth membership to gather data for the measures. It does not mean that the provider performs below those with ratings.

As you view these scores, remember that patients' compliance can impact a physician's score. For example, if a physician recommends a specific test or medical service, and the patient chooses not to have the test or service, the physician does not receive "credit" for that recommended care. This can negatively impact the provider's overall score.

We measure in four main areas: 1) preventive screenings, 2) diabetes screenings, 3) medication adherence (whether patients are taking medications as prescribed), and 4) pediatric monitoring.



WE'RE IMPROVING CARE FOR HOSPITALIZED PATIENTS

We've been working with Intermountain Healthcare to not only improve care for hospitalized patients, but also to ensure that they receive proper medications, treatments, and tests. When our patients are discharged from the hospital, we want to be certain that they have everything they need to properly manage their condition.

The Centers for Medicare & Medicaid Services (CMS) collects clinical performance measurements for most hospitals, nursing homes, home health agencies, and providers. These measurements evaluate care provided to patients who have been admitted to a hospital and include hospital-specific reports on patient satisfaction; timely and effective care; readmissions and complications; use of medical imaging; payment; and value of care. Visit [medicare.gov/hospitalcompare/search.html?](https://www.medicare.gov/hospitalcompare/search.html?) to learn more.

We would love to hear from you if you have comments, or would like more information 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 *2018 Utah Health Plan Performance Quality of Care Report (HEDIS)*,* and *2018 Utah Health Plan Patient Experience Report (CAHPS®)*, call 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 your SelectHealth member account 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. Not only does this save you time, but it also ensures that you aren't incorrectly charged for a prescription.

PRESCRIPTION DRUG LIST

SelectHealth plans that offer drug coverage use a tiered prescription drug list of name-brand 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 due to the introduction 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

You can save money by opting for a generic drug instead of its name-brand counterpart. Generic drugs must follow the same FDA regulations and they contain the same active ingredients as their name-brand counterparts.

Unless a doctor specifically prescribes a name-brand drug for medical reasons, a generic drug will usually be substituted. If you or your doctor request a name-brand drug when a generic is available, you will often pay a higher copay/



coinsurance, plus the difference in cost between the two drugs. In some cases, you will be required to pay the full cost.

90-DAY PRESCRIPTION BENEFIT

Some plans will offer a 90-day prescription for drugs you use regularly, or maintenance drugs. This benefit allows you to conveniently fill your prescription at a lower cost through an in-network 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 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. To find participating retail pharmacies, contact Member Services.

DRUGS WITH SPECIAL REQUIREMENTS (STEP THERAPY AND PREAUTHORIZATION)

Certain drugs must meet special requirements before they are covered. If your drug requires preauthorization, your doctor needs to contact SelectHealth for coverage preauthorization. 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 self-administered. The Intermountain Specialty Pharmacy can deliver specialty medications to your home at no additional cost. Call **877-284-1114** 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.

Staying on the Cutting Edge

EVALUATION OF NEW TECHNOLOGY

New technologies are developed to diagnose and treat medical conditions. While many of these new technologies are improvements on current options to treat specific conditions, some may not be as effective. It is important to note that approval of these technologies by the Food and Drug Administration (FDA) does not guarantee that they are beneficial. Many surgical procedures do not even require FDA approval.

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

A Medical Technology 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 when compared to the technology they are replacing.

Patient-Centered Medical Home

As a SelectHealth member, your doctor might be part of a “Patient-Centered Medical Home” program. A Medical Home isn’t a place, it’s a way of caring for patients. In a Medical Home, your doctor and care team work with you to make sure that you get the medical and non-medical care and support you need. This means working as a team to connect you with the right doctors and community resources, while making sure you are fully involved in decisions about your care.

Your team will make sure you have the support you need to live your healthiest life possible. To find a medical home near you or learn more about this subject, call our Member Advocates at **800-515-2220**.

Choosing the Right Care

When you or a loved one suddenly becomes ill or injured, you want to get care right away, but it can be difficult to determine where to go. While some issues should be handled in the emergency room, others might be better suited for an urgent care or Intermountain Connect Care. You can often save a lot of time and money by choosing the right kind of care for your situation.

While the following list can help you decide where to go, use your best judgement. 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 extended hours.

Intermountain KidsCare Clinics

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

Intermountain Connect Care

Healthcare on your schedule—no lines, no waiting room. Open 24/7, all year round. 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 \$0 out-of-pocket costs.* Download the app or visit intermountainconnectcare.org to get started.

** Members on a High Deductible Health Plan (HDHP) or Catastrophic Individual plan must meet their deductible first.*

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.

Your Online Privacy Matters

Scammers and online thieves may try to access your medical information via the web, over the phone, or through email. While SelectHealth works hard to protect your personal information, there are some best practices you can follow to provide further security.

- > Use a strong password unique to your SelectHealth account. We recommend using 12 or more characters.
- > Be cautious when sharing personal information via the web, over the phone, or through 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 **800-721-7233**

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

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?
- > Would an ambulance be able to 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, your privacy is important to us. You have the right to quality medical care and customer service. You are, however, responsible for following our guidelines and making informed decisions about your medical care. We welcome any suggestions you may have about our policies and services. You can submit your comments in writing or call Member Services.

YOUR RIGHTS

You have the right to:

- > 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, responsibilities, and benefits
- > Be informed by your provider about your health so you can make thoughtful decisions before receiving treatment
- > Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- > 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 within 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:

- > 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
- > Respectfully express your opinions, concerns, and complaints to the appropriate SelectHealth staff
- > Follow the policies and procedures for 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 for 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

Note: We do not restrict dialogue between patients and providers and we do not direct providers to restrict information regarding treatment options.

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 completing the online appeal form on selecthealth.org. You may also submit an appeal 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** of the date you received your denial notification 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



treates 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 external review applies only to the following considerations:

- > 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 with SelectHealth. The IRO employs healthcare providers with the appropriate level and type of clinical knowledge to properly judge an appeal. It is our responsibility (not yours) to pay 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**.



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

When traveling, members can access UnitedHealthcare Options PPO network outside of Utah, Idaho, and Nevada. This network includes access to 83% of all hospitals and two out of every three healthcare professionals in the U.S. You can use the SelectHealth website or mobile app to easily search for in-network providers and facilities anywhere in the country. Please note that for members on Individual plans, this only applies for urgent or emergency care.



Remember: Always present your ID card when you visit a UnitedHealthcare Options PPO 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/find-a-doctor**.

Care Managers Are Here to Help

You can have great health insurance benefits, but it can be frustrating if you aren't sure how to use your benefits or where to go to get the right care. Fortunately, your plan comes with access to SelectHealth care managers who are happy to be your guide to all things healthcare. They will listen to your concerns, support you in finding the right care, help you understand how to manage tough health conditions, and be a trustworthy source of information. If you've never used a care manager before, think of them as someone who will be on your side, like a part of your care team. Here are just a few of the things a care manager can do:

- > Spend time talking to you about your health needs
- > Explain how to get the right care or help you schedule it
- > Connect you with resources in your community

Whether you're dealing with a major trauma, a new diagnosis, or need help navigating healthcare, care managers are for everyone on a SelectHealth plan. If you have a question about an upcoming surgery, a health issue, or need assistance getting health services, we encourage you to reach out: **800-442-5305**.

SelectHealth member account

The SelectHealth member account is our secure member portal 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.



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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.

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GO PAPERLESS

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

SelectHealth obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 SelectHealth Advantage: **855-442-9900** (TTY: 711) / SelectHealth: **800-538-5038**