



Making the Grade

Quality care and top-notch service are basic to all we do at SelectHealth®. They are part of our vision and culture. So, how do we know if we're doing a good job? One way we figure that out is through reports. These reports are done by people outside of SelectHealth. As a health plan, we must meet certain rules. The reports judge if we are meeting those rules. No matter if you get insurance through your job, buy it yourself, or have a government plan, these reports are a great way to compare health plans in Utah.

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The Utah Department of Health (UDOH) just made public the 2018 Utah Health Plan Performance Quality of Care Report (HEDIS)*, and the 2018 Utah Health Plan Patient Experience Report.†

These reports gauge the quality of the care and services we give, this includes care you need when you are sick and the care to keep you healthy. You can compare the quality of the care and services from health plans in Utah, such as commercial, Medicaid, and CHIP plans.

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

You can see 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 at stats.health.utah.gov/reports/cahps/2018/

WE'RE WORKING FOR YOUR HEALTH

HEDIS involves more than 88 standards that look at how well health plans do on key healthcare issues. Here are a few of the HEDIS measures:

- > Breast, cervical, and colon cancer tests
- > Pre-birth care and care after the birth of a child
- > Shots and well-child visits for children and teens
- > Proper use of antibiotics
- > Diabetes tests
- > High blood pressure control
- > COPD (Chronic Obstructive Pulmonary Disease) and asthma control
- > Flu shots

To help our members get preventive care or treat health issues, we use phone calls to remind you of doctor visits and shots, send newsletters about certain health issues, and help doctors track their patients' health with reports.

Our programs focus on quality in medical areas that are in the UDOH's Performance Report. Results show our efforts are working. This year, we saw big steps up in:

- > Taking care of diabetes
- > Taking care of COPD
- > Taking care of cardiovascular disease
- > Childhood shots
- > HPV shots
- > Teen shots
- > Lead tests
- > Well child visits
- > Using too many antibiotics

Plus, our personal phone calls help us share information to improve health. We have new programs for doctors to make their visits better, with a focus on diabetes, women's health, and well-child visits. These programs offer Care Management referrals, help making appointments, health education mail, and other tools to help you and your family better handle your health. We often get great input about our efforts and have used your comments to make our services better.



WE GAUGE QUALITY SO YOU CAN FIND SUPER, HIGH-QUALITY HEALTHCARE

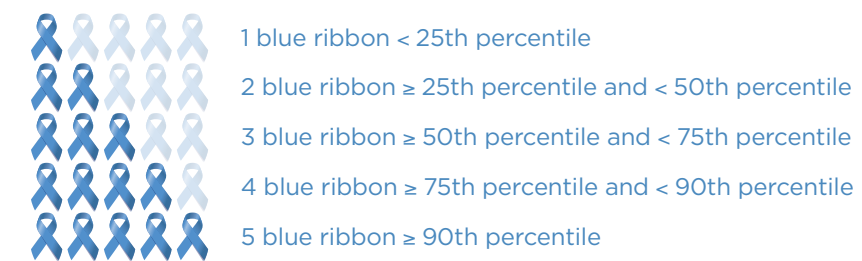
You can now find your primary care or women's health doctor on our website and see how they compare to local

and national averages. These use the HEDIS standards we talk about above. Here is how to start looking for a doctor:

- > Go to selecthealth.org/find-a-doctor
- > Search your doctor's name
- > Click their profile name or photo to view their page
- > See their total ribbon rating at the top of the page and facts about the standards are at the bottom of their page



Our blue ribbons show a doctor's quality based on their ratings compared to others in the USA:



The quality ratings aim to give you an honest idea about the quality of doctors. The ribbon ratings show you how much providers care about their patients' health, as well as how much they give the preventive care they should—based on national best practices.

These ratings are given to providers with 30 or more patients in our quality metrics. If a provider does not have a quality rating, this may mean that they do not have enough SelectHealth members to get data for the measures.

It does not mean that the provider performs below those with ratings.

As you view these scores, know that if a patient does not follow their doctor's orders, it can harm that doctor's score. Like, if a doctor advises a specific test or health service, and the patient chooses not to have the test or service, the doctor does not get "credit." This can harm the doctor's total score.

We measure in four main areas: 1) preventive tests, 2) diabetes tests, 3) if patients are taking medications as prescribed, and 4) pediatric care.

WE'RE MAKING CARE BETTER FOR PATIENTS IN THE HOSPITAL

Intermountain Healthcare® is working to make care better for people who are in the hospital for grave health issues. We work with Intermountain to make sure patients get the right medications, care, and tests. We also want to be sure that patients leave from the hospital with the right medications and training to help them take care of their health issue.

The Centers for Medicare & Medicaid Services (CMS) has clinical performance measurements for most hospitals, nursing homes, home health agencies, and other providers. The performance measurements gauge care given to patients who have stayed at a hospital and show:

- > if patients are happy with their care at the hospital
- > how fast and good that care was
- > if the patient went back to stay at the hospital after leaving
- > use of imaging
- > how easy it is to pay and value of care

Visit [medicare.gov/hospitalcompare/search.html](https://www.medicare.gov/hospitalcompare/search.html) to learn more.

We want to hear from you. If you have input, please contact us. For 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 (Rx) Benefits

This section gives information for members who have SelectHealth Rx benefits.

To learn more or ask for a hard copy of a prescription drug list, call Member Services at **855-442-3234** or visit selecthealth.org. You can also log into your SelectHealth member account to get useful Rx tools. **Note:** SelectHealth member accounts are only for members 18 years and older.

DOES MY HEALTH PLAN PAY FOR PRESCRIPTION DRUGS?

We cover some generic and name-brand drugs when a doctor from our Approved Provider list writes the prescription. Some prescriptions need prior approval. If your doctor writes a prescription for a name-brand drug, you will get the generic equal unless you have prior approval.

If you do not get prior approval for a drug that needs one, you must pay the full price of the drug. For more information, look at the Preferred Drug List on the Medicaid website.

- > You must use a drugstore from the Approved Provider List
- > You must show your state Medicaid ID card

- > We will not replace lost, stolen, or ruined drugs before the refill date
- > We will only cover up to 30 days of medication

Drugs that call for step therapy are covered only after you have tried the other treatment(s) and it didn't work. Step therapy may apply to either name-brand or generic drugs.

Some drugs will be covered by state Medicaid. They will decide which drugs are covered and what you must do before they will cover them. Drugs covered by State Medicaid often are for these types of health problems:

- > Attention Deficit Hyperactivity Disorder (ADHD)
- > Antidepressants
- > Antianxiety
- > Anticonvulsants
- > Antipsychotic

- > Hemophilia factor
- > Immunosuppressives
- > Substance abuse (opioid or alcohol)

SelectHealth does not cover prescriptions if you have Medicare. Prescriptions for people with Medicare are covered by Medicare Part D.

Prescriptions are only covered by SelectHealth Community Care for members who also have a Medicare Part D plan in some cases, such as:

- > Some cough and cold medications or other over-the-counter drugs prescribed by your doctor that are not covered by Medicare Part D

To ask about your drug benefits, call Member Services at **855-442-3234** weekdays, from 7:00 a.m. to 9:00 p.m., and Saturdays, from 9:00 a.m. to 5:00 p.m.

Staying Up-to-Date

NEW TECH!

New technologies are created to diagnose and treat health issues. Many of these are better than current options to treat a specific issues. But some new technologies may not be better and put patients in harm's way. Even if new technologies are okayed by the U.S. Food and Drug Administration (FDA), their okay does not promise the technology is helpful. Also, many surgeries do not require FDA approval.

To make sure our members get the right treatment, the Department of Health reviews coverage for new technologies and they make choices.



SelectHealth 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 healthcare and support you need. That means working as a team to connect you with the right doctors and community resources. You are involved in making choices about your care.

Your team will make sure you have the help you need. To find a medical home near you or learn more about it, call our Member Advocates at **800-515-2220**.



Choosing the Right Care

When you or a loved one is sick or hurt, you want to get care right away. But it pays to stop for a second and ask yourself what type of care is best. For some issues, you need to go to the Emergency Room (ER). Often, an Intermountain InstaCare®, Kids CareSM, or online doctor visit (Connect Care) might be better. For sickness or injuries that are not major, you can often save a lot of time and money by choosing the right care.

This list can help you choose where to go. Use your best judgement. If you are not sure, go to the ER.

URGENT CARE

Intermountain InstaCare Clinics

InstaCare clinics have licensed doctors and nurses who can treat urgent issues. This is when your life or limb is not at risk but you need care within 24 hours. You don’t need an appointment. Most InstaCare clinics are open seven days a week and offer later hours.

Intermountain KidsCare

KidsCare clinics have after-hours urgent pediatrics services for minor issues. Later hours give you the chance to get quality care. Call before you go to schedule a visit.

Here are some issues treated at a KidsCare clinic:

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

KEEP TELEHEALTH IN MIND

Intermountain Connect Care®

Use this to get care for you or your child 24 hours a day, 7 days a week, all year. Use a mobile phone, tablet, or PC to talk to a doctor face-to-face.

It is covered by SelectHealth Community Care. Make sure to enter in your Medicaid data so you won’t have to pay for the visit.

This tool is best for health issues that are not urgent such as sinus pain, stuffy and runny nose, eye issues, and more. If the doctor feels that your health issue cannot be taken care of, they will urge you see a doctor in person. To find out more, visit intermountainhealthcare.org/services/urgent-care/connect-care.

Intermountain Health Answers®

If you are not sure where to start, Intermountain Health Answers can help. A team of caring and experienced nurses are ready 24 hours a day to listen to your worries, answer questions, and help you choose what you need to do to feel better.

The nurses can teach about caring for your issues at home, tell you when to see a doctor, and/or guide you to the right care. Call Health Answers at **844-501-6600**.

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 says to think about these questions to help you choose:

- > Could the issue cause serious harm to your life or health?
- > Could the issue get worse on the way to the hospital?
- > If moved, will it hurt more?
- > If you said yes to any of these, would an ambulance get to the hospital sooner than you?

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 having the information you need to make decisions about your healthcare. We welcome your opinion about policies or services. Call Member Services at **855-442-3234** or submit your comments in writing.

YOUR RIGHTS

You have the right to:

- > Have information presented to you in a way that you will understand, including help with language needs, visual needs, and hearing needs
- > Be treated fairly and with respect
- > Have your health information kept private
- > Get information on all treatment options
- > Make decisions about your healthcare, including agreeing to treatment
- > Take part in decisions about your medical care, including refusing service
- > Ask for and get a copy of your medical record
- > Have your medical record corrected if needed
- > Get medical care regardless of race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability
- > Get information about grievances, appeals, and hearing requests
- > Ask for more information about our plan structure and how we operate
- > Get emergency and urgent care 24 hours a day, seven days a week
- > Not feel controlled or forced into making medical decisions
- > Ask how we pay your providers
- > Create an Advance Directive that tells doctors what kind of treatment you do and do not want in case you become too sick to make your own decisions

- > Be free from any form of restraint or seclusion used as a way of force, discipline, convenience, or retaliation. This means you cannot be held against your will. You cannot be forced to do something you do not want to do
- > Use your rights at any time and not be treated badly if you do
- > To be given healthcare services that are the right kind of services based on your needs
- > To get healthcare services that are close to where you live
- > To be given healthcare services in accordance with §§ 438.206 through 438.210

YOUR RESPONSIBILITIES

You are responsible to:

- > Follow the rules of your plan
- > Read your Member Handbook
- > Show your State Medicaid ID card each time you get medical care
- > Cancel doctor appointments 24 hours before the visit, if needed
- > Respect the staff and property at your doctor's office
- > Use doctors and hospitals in the SelectHealth Community Care network
- > Pay your copayments (copay)

The Appeals Process

WHAT TO DO IF YOU DISAGREE WITH A SELECTHEALTH DECISION

Call SelectHealth Member Services at **855-442-3234**. Not every situation needs an appeal and it's a good idea to know all about what is a denial. Member Services is available weekdays from 8:00 a.m. to 5:00 p.m. and Saturdays 9:00 a.m. to 2:00 p.m.

FORMAL APPEALS PROCESS

To start an appeal, you can get the appeal form at **selecthealth.org**. This form tells you what you need and guides you through the appeals process. Appeals, including asking for a fast-track appeal, can also be emailed to **appeals@imail.org**, faxed to **801-442-0762**, or submitted in writing to:

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

You can also call us at **844-208-9012** to start an appeal.

You, your doctor, or someone you choose has the right to appeal our decision. You may choose anyone, including a lawyer. To pick an authorized representative, you must do the Authorization to Disclose Health Information Form. You can find the form at **selecthealth.org**.

Appeals must be filed within 60 days from the date we send you our denial decision. The SelectHealth Appeals and Grievances department will review all relevant information. When filing an appeal, you have the right to submit written comments, documents, and other information you feel is important for your appeal. At the very least, we encourage you to include:

1. A statement about why you think our decision was wrong.
2. Copies of relevant documents, such as letters from a doctor, doctor's notes from surgeries, bills, and medical records.



Appeal decisions will be made by a person or committee that did not make the first decision (denial). When needed, a medical professional with appropriate training and experience will be consulted. The person or committee deciding on an appeal will not allow the initial decision to influence the appeal outcome.

We will let you know in writing our final appeal decision within 30 days after we get your appeal. The written decision will include the reason for our decision and the information we used to make the decision. If we need more information, we may need 14 more days to make a decision, but we will write you to let you know the reason we need more time.

While an appeal is pending, you or a person you choose to act for you may request that your coverage continue if:

1. You file the appeal within 10 days of the denial; and
2. Your treatment was previously authorized; and
3. The original period covered by the authorization has not expired when you file an appeal.

FAST-TRACK AN APPEAL

If you think the normal time frame of 30 days for an appeal could jeopardize your life, health, or ability to regain maximum function, you can request that we fast-track the appeal review. A request to process your appeal faster than normal can be made any time before we make a decision on your appeal.

To request a fast-track appeal, call the Appeals and Grievances department at **844-208-9012** or submit the request in writing at the Appeals address listed above. The Appeals department is available by phone weekdays from 8:00 a.m. to 5:00 p.m. When asking for a faster appeal decision, include the same information as you would in a normal appeal. If you have already submitted an appeal and you need it faster, you don't need to send additional information, but if you want to, you may.

If we agree your appeal needs to be fast-tracked, we will make a decision on your appeal within 72 hours. We may tell you our decision by telephone, but we will also send you a written decision within three days of our verbal notice.

Fast-tracked reviews are not available for services that have already happened. 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.



Out-of-Area Coverage

CAN I GET ER CARE OUTSIDE OF UTAH?

When you are not in Utah, you are covered only for ER care. If you have need an ER outside Utah, go to the closest ER. Show your State Medicaid ID card. Call Member Services at **855-442-3234** about your ER visit within 48 hours. An ER staff person can call for you. Make sure to see your doctor if you need care when you get home.

CAN I GET ER OR URGENT CARE OUTSIDE OF THE UNITED STATES?

No, ER and urgent care are not covered outside of the United States.

How We Decide on Coverage

To decide on coverage, we use policies and evidence-based guidelines to make sure we are fair and consistent. We always consider the patient's medical records, clinical standards, and the judgment of medical experts.

We do not reward providers or anyone for making coverage choices or not giving care. If you have questions or feel you or someone you know would benefit from these services, call **800-442-5305**.

Care Managers Can Help

You can have great health plan benefits—but if you aren't sure how to use them or where to go to get the right care, it can be hard. Good news! With our plan, our SelectHealth care managers can help you with all things healthcare. They will listen to your worries, help you in find the right care, help you figure out how to take care of tough health issues, and be a someone you can trust.

If you've never used a care manager, 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
- > Teach 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 figuring out healthcare, care managers are for everyone on a SelectHealth plan. If you have a question about an upcoming surgery, a health issue, or need help getting health services, we urge you to call: **800-442-5305**.

Privacy Notice

The Notice of Privacy Practices for SelectHealth is located at selecthealth.org. You can ask for a copy of the Notice by calling the Intermountain Privacy Office at **800-442-4845**, emailing privacy@imail.org, or writing to:

SelectHealth
Attention Privacy Office
P.O. Box 30192
Salt Lake City, UT 84120-8212



P.O. Box 30192
Salt Lake City, Utah 84130



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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**