Health UPDATES

2018

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 2016 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 Doctor, and Rating of Specialist among Utah Health Plans. We are the 2nd-rated plan among Utah Health Plans for Rating of Health Care.

You can review these reports:

- To see the 2017 Consumer Satisfaction Report of Utah Health Plans, visit **http://stats.health.utah.gov/reports/cahps/2017/?page=commercial**

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 these:

> 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

Continued on page 2

In This Issue

3 Know Your Pharmacy Benefits
4 Patient-Centered Medical Home
4 Staying on the Cutting Edge
5 The Right Care When You Need It
5 When to Call 911
6 Your Rights and Responsibilities
7 The Appeals Process
8 Care Managers are Here to Help
8 Out-of-Area Coverage
8 Coverage Decisions
8 Privacy Notice

Continued from page 1

Our mission is *Helping People Live the Healthiest Lives Possible*®. To help our members get preventive care or treat conditions, we use reminder phone calls, send condition-specific newsletters, and help doctor's 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 high blood pressure
> Management of diabetes
> Cervical cancer screening
> HPV immunizations
> Adolescent immunizations
> Well child and well adolescent visits
> Avoiding inappropriate antibiotic treatment

We use outreach efforts to improve members' health, such as personalized phone calls and programs for providers to improve satisfaction regarding topics 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 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. Visit **hospitalcompare.hhs.gov** to learn more.

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®), 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 *My Health* to access useful pharmacy tools.

DOES MY HEALTH PLAN PAY FOR PRESCRIPTION DRUGS?

We cover select generic and brand-name drugs when prescribed by a doctor from our Approved Provider List. Some prescriptions need prior approval. If your doctor writes a prescription for a brand-name drug, it will be replaced with its generic equal unless prior approval is received.

If you do not get prior approval for a drug that requires it, you will have to pay the full retail price of the drug. For more information, look at the Preferred Drug List in your Medicaid Member Handbook.

> 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 brand-name or generic drugs.

Some drugs will be covered by state Medicaid. They will decide which drugs are covered and what guidelines will be met before they cover them. Drugs covered by the state Medicaid agency most often fall into these categories:

> 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.

The only prescriptions covered by SelectHealth Community Care for members with Medicare are:

> Some cough and cold medicines
> Medicaid-covered OTC medicine prescribed by your doctor

If you have questions about your drug benefits, call Member Services at **855-442-3234** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.

Patient-Centered Medical Home

As a SelectHealth member, you may get care from a doctor in the SelectHealth Patient-Centered Medical Home program. This program focuses on preventive care and managing diseases by coordinating your health care across settings. You are involved in making decisions about your care.

To make this program effective, SelectHealth may need to share some of your personal health records with your primary care doctor. This may include medical claims, pharmacy claims, hospital admissions, and visits to other doctors. 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 **800-999-3360**. Please have your ID card ready when you call.

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 M-Tech Committee, which is composed of doctors and other healthcare professionals, reviews devices, drugs, and procedures.

An M-Tech review includes studying all valid published studies, seeking feedback from local doctors, and an analysis of 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.

The Right Care When You Need It

When 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 Care℠, or Connect Care℠ might be better. For less serious illnesses and injuries, you can often save a great deal of time and money by choosing InstaCare℠.

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 facilities 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

CONSIDER MEDICAL SELF-CARE

Intermountain Connect Care®

This online tool gives you access to care for you or your child 24 hours a day, 7 days a week by letting you talk to a doctor using a mobile phone, tablet, or PC.

The $49 cost is covered by Community Care Medicaid. Make sure to enter in your Medicaid information so you will not be charged for the visit.

This tool is best for health problems that are not urgent such as sinus pain, stuffy and runny nose, sore throats, eye infections, and more. If the doctor feels that your health problem cannot be taken care of using this tool, they will suggest you see a doctor in person. To find out more, visit **intermountainhealthcare.org/campaigns/connect-care**.

Intermountain Health Answers®

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

The nurses can offer home-based remedies, tell you when to see a doctor, and/or refer you to the most appropriate care. To reach Health Answers, call **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 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 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 by our Appeals department 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:

> 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.

Care Managers Are Here to Help

We have trained nurses and programs to help members with health problems like asthma, heart failure, pregnancy, children with special healthcare needs, diabetes, and more. If you have a health problem and would like to sign up for a care program, call Care Management at **800-442-5305**, option 2 weekdays, from 8:00 a.m. to 5:00 p.m.

Out-of-area Coverage

CAN I GET EMERGENCY CARE OUTSIDE OF UTAH?

When you are outside of Utah, you are covered only for emergency care. If you have an emergency outside Utah, go to the closest ER. Show your State Medicaid ID Card. Call Member Services at **855-442-3234** about your emergency within 48 hours. An ER staff person can call for you. Make sure to see your PCP if you need follow-up care when you return.

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

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

Coverage Decisions

Our Utilization Management department makes coverage decisions based only on appropriateness of care and service and existence of coverage. We do not reward providers or other individuals for issuing denials of coverage or care.

Financial incentives for UM decision makers do not encourage decisions that result in underutilization. If you have questions or feel you or someone you know would benefit from these services, call **800-442-5305**.

Privacy Notice

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

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

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

Nonprofit Org.
U.S. Postage
PAID
Salt Lake City, UT
Permit No. 4547

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

© 2018 SelectHealth. All rights reserved. 1587 10/18

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.**