

Health updates

2023



Making the grade

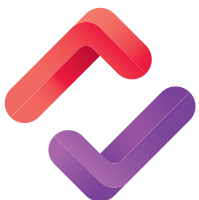
Quality care and superior service are integral to everything we do at Select Health®. They're part of our vision and our culture. So how do we know if we're doing a good job? One of the ways we measure the quality of the care and services we provide is through reporting, conducted by external sources.

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.

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**Select
Health**

We're working for your health

The Health Plan Performance Quality of Care Report includes more than 88 standardized measures that look at how well health plans perform on key healthcare issues. These 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
- Chronic Obstructive Pulmonary Disease (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, and publish reports to help healthcare providers keep track of members' progress.

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

- Management of diabetes
- Management of COPD
- Management of cardiovascular disease
- Childhood Immunizations
- Human papillomavirus (HPV) immunizations immunizations
- Adolescent immunizations
- Lead screening
- Well child visits
- Antibiotic overutilization

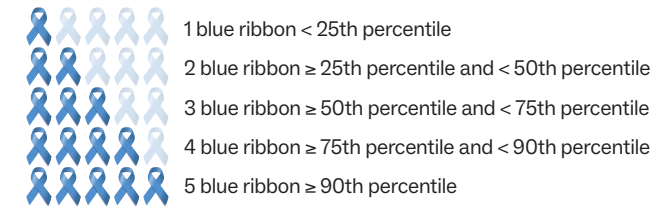
Additionally, we have developed new ways to improve patient satisfaction with providers. We offer care management referrals, assistance with appointments, condition-specific education materials, and other tools to help you and your family better manage your health.

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 Healthcare Effectiveness Data and Information Set (HEDIS) standards. To see how your doctor measures up, follow the instructions below:

1. Go to selecthealth.org/find-a-doctor
2. Search your provider's name
3. Click their profile name or photo to view their unique provider page
4. 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 Select Health 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.

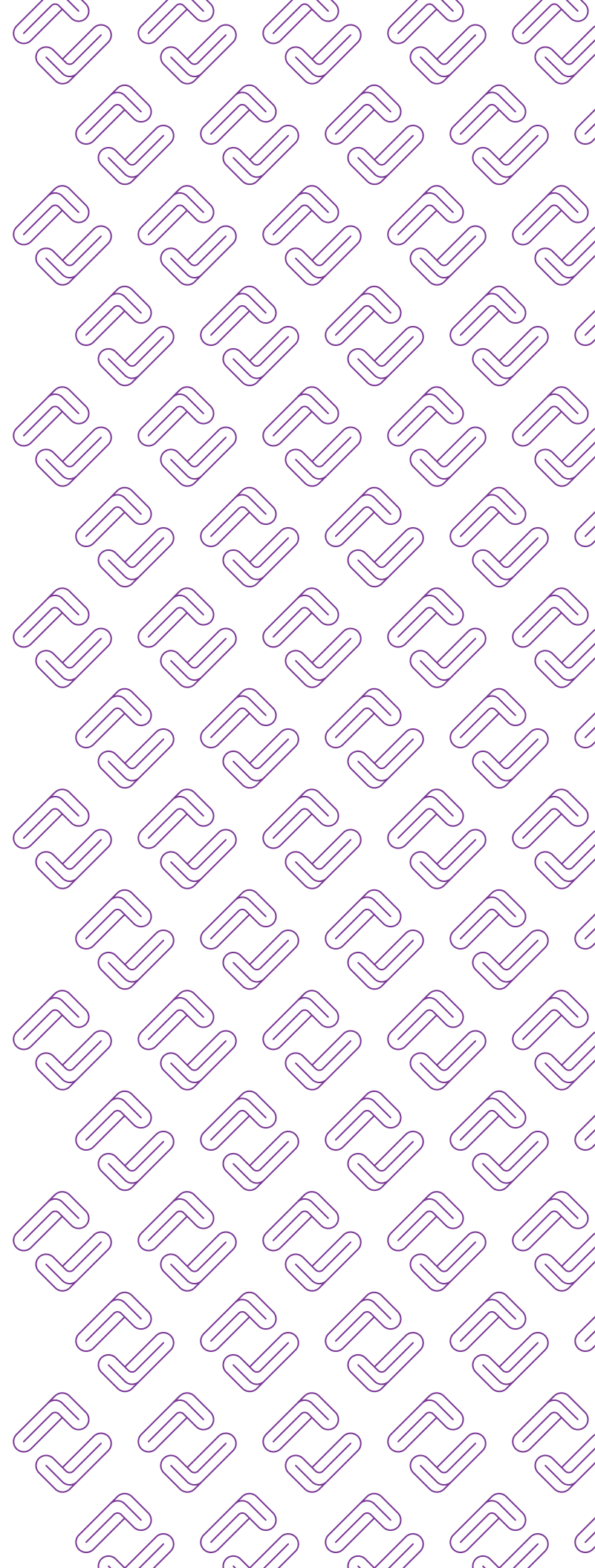
We're improving care for hospitalized patients

We've been working with Intermountain Health 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) collect 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.



Know your pharmacy benefits

The following section outlines information for members who have Select Health 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 Select Health 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

Select Health 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.

Prescription limits and quotas can be found on the Preferred Prescription Drug List available at selecthealth.org/pharmacy/pharmacy-coverage, in membership materials, or as a hard copy (upon request).

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 **MAY** 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 Select Health 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 have special requirements that must be met before they are covered. If your drug requires preauthorization, your doctor needs to contact Select Health 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.

*Certain exceptions apply, please contact Pharmacy Services for more information

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 may 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 Select Health 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 Guideline Review Group, 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 overall value of the new technology. This helps the Group determine whether a new technology should be paid for by Select Health.

New technologies must meet the following requirements:

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



Quality provider program

As a Select Health member your healthcare provider may be part of the “Quality Provider Program;” designed to support clinic transition to a Patient-Centered Medical Home (PCMH). PCMH is a team-based healthcare delivery model led by healthcare practitioners to deliver comprehensive and continuous medical care for our members. Within this model, your provider will establish relationship-based care with you and your family to understand and respect your unique needs, culture, values, and preferences. This means you have an active role in making decisions regarding your care.

It’s crucial to find a provider you have confidence in. Providers who participate in the Quality Provider Program go the extra mile to ensure the well-being of their patients and involve them in their care. Additionally, they actively engage in quality improvement projects to enhance the level of care provided.

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

Sexual Orientation and Gender Identity

Collecting patient Sexual Orientation and Gender Identity (SOGI) data is essential for improving health care access, quality, and outcomes. At Select Health we ask because we care about our members who are part of the LGBTQIA+ community as much as we care about members who are not part of this community. We recognize that members of the LGBTQIA+ community require care and services tailored to their unique needs. The process of asking all members about their SOGI empowers Select Health to get to know our members better and to provide them with culturally responsive, member-centered services to meet their needs.

Please be patient with us when we ask for this information and remember that you can always state that you prefer not to answer these questions.

We ask because we care.



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 telehealth visit. You can often save a lot of time and money by choosing the right kind of care for your situation.

You can find a provider or facility on our online doctor search at selecthealth.org/find-care.

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

Urgent Care centers 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. Many of these facilities offer extended hours.

Examples of conditions treated at urgent care include:

- 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

Emergency Care

You should call 911 or visit the Emergency Room immediately if you have any of these warning signs:

- Chest pain or pressure
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing blood or vomiting blood
- Difficulty breathing or shortness of breath
- Sudden dizziness, weakness, or changes in vision
- Severe or persistent vomiting or diarrhea
- Changes in mental status, such as confusion

If you are unsure whether you are having a life-threatening medical emergency, go to the ER.

Telehealth and Virtual Visits

Telehealth is any kind of medical service a patient can get without going to a location in person. For some, telehealth looks like having a video call with a nurse practitioner to ask about a cough. Others may call their pediatrician to ask about their toddler’s pink eye, while some may be staying at home with devices that monitor sleep patterns or brain activity and sending the data remotely to a medical professional. Patients can also text, email, and exchange files from an online portal.

Contact your provider to see if they offer any telehealth or virtual visit options.

For those in Utah or Nevada, consider using [Intermountain Connect Care](https://intermountainconnectcare.com)®.

SelectHealth Member Advocates

You can also call Select Health 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.

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 Select Health 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 Select Health 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 Select Health 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

Many calls to 911 don’t involve true emergencies. Sometimes it’s hard to know if you should call. If someone close to you is hurt or sick, you could consider 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 Select Health 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 Select Health 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 Select Health 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 Select Health staff
- Follow the policies and procedures for your plan, and when appropriate, seek a referral from your primary care provider to Select Health network 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 network 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 Select Health 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.

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 and Grievances

Select Health

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 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 Select Health 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 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 your appeal is not granted, you may request that an Independent Review Organization (IRO) perform an external review of your appeal in certain circumstances. 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 Select Health. 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 Select Health or one of our in-network 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 90 calendar days from the day Select Health receives the complaint. When filing a complaint, please provide a summary of the complaint with enough detail to allow Select Health 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, In-network benefits apply when you receive services for urgent or emergency conditions when you are outside of your service area.

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 visit selecthealth.org or use the 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 Select Health 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.

Data Privacy

Permissible Use of Data

We will utilize data to address disparities and focus quality improvement efforts toward providing appropriate services according to race, ethnicity, access, and language (REAL) data, sexual orientation, and gender identity (SOGI) data, and disability status.

Impermissible Use of Data

We will not use race, ethnicity, access, and language (REAL) data, sexual orientation, and gender identity (SOGI) data, and disability status data specific to performing underwriting, denial of coverage or benefits, rate setting, and any prohibited the Plan policy, HIPAA rules, or other applicable regulatory or contractual requirements.

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 Select Health 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 Select Health 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**.

Select Health member account

The Select Health 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 Select Health Medicare 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. Select Health is an HMO plan sponsor with a Medicare contract. Enrollment in Select Health Medicare 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 Select Health member account, where you'll still be able to see how much your doctor billed and what you are responsible to pay.

Select Health 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 by contacting **Select Health Medicare: 855-442-9900 (TTY: 711) / Select Health: 800-538-5038**.

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