



Participation Agreement

I understand and agree to the following requirements for membership under the Utah Comprehensive Health Insurance Pool, known as HIPUtah:

1. I understand and agree to the benefits and the managed care delivery system explained to me by the HIPUtah Representative.
2. I understand and agree that it is in my best interest to select a participating provider to help coordinate my care.
3. I understand and agree to follow the Care Management Program administered by SelectHealth. This plan is designed to help ensure the services I receive are medically necessary, appropriate and consistent with current medical practice. The Plan has three methods of reviewing the healthcare I receive: Prenotification; Precertification Requirements; and Case Management. I understand it is my responsibility to acquire prenotification or precertification before receiving certain services as outlined in my HIPUtah Enrollee Agreement. I also agree that the HIPUtah Administrator, SelectHealth, is not liable for the acts or omissions of any provider providing care to HIPUtah Enrollees, including participating providers.
4. I understand that use of an emergency room is for life-threatening emergencies only and that SelectHealth reserves the right to review all emergency claims to determine whether such claims satisfy the requirement for Emergency Services/Emergency Care as defined in the HIPUtah Enrollee Agreement.
5. Pursuant to the Authorization for Use and Disclosure of Protected Health Information ("PHI"), I authorize any source, including but not limited to health-care providers, insurers, risk pools of other states, and current and former employers, to release to the HIPUtah Administrator, SelectHealth, any requested information, including but not limited to medical insurance, medical records, risk pool coverage, and employment records. If I choose not to sign this authorization, SelectHealth, on behalf of HIPUtah, will be unable to enroll me in the HIPUtah health plan or to pay claims that were incurred while I had insurance coverage with HIPUtah.
6. I understand and agree that SelectHealth acts only as the HIPUtah Administrator and shall have no liability to make claims payments under HIPUtah except as funds are provided for that purpose by the State of Utah.
7. I certify that I am not currently eligible for or covered by, and agree to immediately inform the HIPUtah Administrator, SelectHealth, in writing should I become eligible for or covered by, any other health insurance or health coverage, including but not limited to Medicaid. I further certify that I will immediately notify HIPUtah if my (or that of my family member) employment status changes during the course of my enrollment with HIPUtah.
8. Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"), I certify that I have received notice of HIPUtah's Privacy Practices.
9. It is my responsibility to review the HIPUtah Enrollee Agreement before seeking services. If there is a specific question on coverage, please contact the HIPUtah administrator, SelectHealth.

(See Reverse For Signatures)

ENROLLEE SIGNATURE

Enrollee Signature _____ **Date** _____

Enrollee's Printed Name _____ **Enrollee's ID Number** _____

RESPONSIBLE PARTY SIGNATURE (IF APPLICABLE)

Check One:

- Parent
- Legal Guardian
- Spouse
- Responsible Party (Please Specify) _____

If the enrollee whose signature appears above lacks the legal capacity to contract due to age or disability, or if the enrollee for whom enrollment is sought is incapable of executing the Participation Agreement, the undersigned parent, legal guardian, spouse or other responsible party agrees he or she has read and understands the above requirements and provisions and will ensure compliance with them with regard to this enrollee.

Responsible Party Signature _____ **Date** _____

Enrollee on Whose Behalf Executing _____

Enrollee's ID Number _____

Administered by

