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

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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
- Substance abuse (opioid or alcohol)

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.
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.

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 CareSM, or Connect CareSM might be better. For less serious illnesses and injuries, you can often save a great deal of time and money by choosing InstaCareSM. 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 pediatric 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.

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.

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

YOUR RESPONSIBILITIES
You have the responsibility to do the following:
> Have all medical records and other information kept confidential
> Have all claims paid accurately and in a timely manner

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@mail.org, or mailing it to the following address:
Att: Appeals
SelectHealth
P.O. Box 50192
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.

Your Rights and Responsibilities
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@mail.org, or writing to this address:

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

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

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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 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.