

Health updates

2024



Making the grade

Quality care and top-notch service are basic to everything we do at Select Health®. They are part of our vision and our culture. So how do we know if we're doing a good job? One of the ways we figure that out is through reports, conducted by people outside of Select Health. These reports judge if we are meeting those rules.

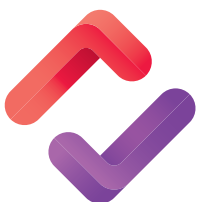
We're working for your health

The Health Plan Performance Quality of Care Report includes more than 88 standards that look at how well health plans do on key healthcare issues. These measures cover topics such as:

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**Select
Health**

- Breast, cervical, and colon cancer tests
- Pre-birth care and care after the birth of 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 focus on quality in medical areas that are in the Performance Report has helped us to improve in the following areas:

- Taking care of diabetes
- Taking care of COPD
- Taking care of cardiovascular disease
- Childhood shots
- Human papillomavirus (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 gauge quality so you can find super, high-quality healthcare

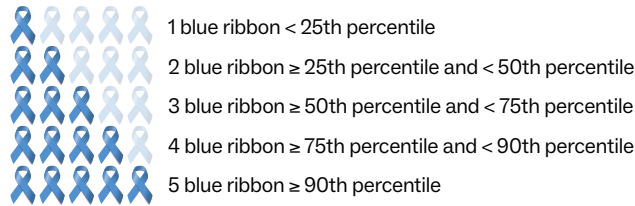
You can now find your primary care or women's health doctor on our website and see how their scores compare to local and national averages. These use the Healthcare Effectiveness Data and Information Set (HEDIS) standards we talk about above. Here is how to start looking for a doctor:

Go to selecthealth.org/find-a-doctor

1. Search your doctor's name
2. Click their profile name or photo to view their page
3. See their total ribbon rating at the top of the page and facts about the standards are at the bottom of their page

The quality ratings aim to give you an honest idea

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



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 Select Health 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 Health is working to make care better for people who are in the hospital for grave health issues. We work with them 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 issues.

The Centers for Medicare & Medicaid Services (CMS) have clinical performance measurements for most hospitals, nursing homes, home health agencies, and providers. These measurements gauge care given to patients who have been admitted to a hospital and show: if patients are happy with their care at hospital; how fast and good the 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 would love 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.

Know your pharmacy (Rx) benefits

This section gives information for members who have Select Health 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 Select Health member account to get useful Rx tools.

Does my health plan pay for my 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
- Most medications are covered up to 30 days

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)

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

Prescriptions are only covered by Select Health 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 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 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.



Quality provider program

As a Select Health member, your doctor might be part of a “Quality Provider Program”; meant to help clinics move to a “Patient-Centered Medical Home (PCMH). PCMH is a way of caring for patients. Your doctor and care team work with you to make sure 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 provider near you or learn more about it, 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:

- Could the issue cause serious harm to your life or health?
- 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, 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

Your responsibilities

You have the responsibility 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 Select Health Community Care network
- Pay your copayments (copay)

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

Call Select Health Member Services at **855-442-3234**. Not every situation needs an appeal and it's a good idea to get all the information before appealing. 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.

Appeals process

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

Attn: Appeals and Grievances

Select Health

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 Select Health 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 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 and Grievances 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.

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

Can I get care outside of Utah?

When you are in the United States, but not in the state of Utah, you are covered only for ER care. If you 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 care outside of the United States?

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

How We Decide 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**.

Privacy Notice

The Notice of Privacy Practices for Select Health 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:

Select Health

Attention Privacy Office

P.O. Box 30192

Salt Lake City, UT 84120-8212

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 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 Select Health care managers can help you with all things healthcare. They will listen to your worries, help you find the right care, help you figure out how to take care of tough health issues, and be 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 Select Health 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**.

Advanced Care Planning

Planning for end of life care or other emergencies can be uncomfortable, but it's a vital step to make sure your wishes are properly documented and followed prior to being hospitalized. Even if you've had discussions with your loved ones about what you'd want, it's highly recommended that you put your preferences into a legally binding agreement, also known as an advance directive. Find out more about Advanced Directives by visiting [Selecthealth.org/ACP](https://selecthealth.org/ACP).



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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 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.

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