Individual & Family Health Insurance Plans

Last year University of Utah Health Plans (UUHP) introduced individual and family health insurance plans available on and off the nation’s Health Insurance Marketplace.

This year coverage has been extended to individuals in 16 Utah counties including; Salt Lake, Utah, Weber, Davis, Tooele, Box Elder, Wasatch, Morgan, Summit, Rich, Cache, Uintah, Grand, Iron, Washington and Duchesne counties.

The individual and family plans offer key health benefits including outpatient/inpatient care, trips to the emergency room, pre- and post-natal care, mental health and substance use treatment, and prescription drug coverage.

Click Here to Learn More

Healthy Premier

- Member responsibility for In-Network services is indicated below, after In-Network deductible is met and until out-of-pocket maximum is met, except where noted.
- Bronze PPO is for residents in Salt Lake county only. Out-of-Network services are covered, please refer to Summary of Benefits and Coverage (SBC).

<table>
<thead>
<tr>
<th>FEATURES</th>
<th>BRONZE PPO</th>
<th>BRONZE HSA</th>
<th>BRONZE W/3 COPAY</th>
<th>SILVER COPAY</th>
<th>GOLD COPAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (individual/family)</td>
<td>$3,000/$6,000</td>
<td>$6,550/$13,100</td>
<td>$6,000/$12,000</td>
<td>$3,500/$7,000</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Prescription Drug Deductible (individual/family)</td>
<td>$1,000/$2,000</td>
<td>$500/$1,000</td>
<td>$350/$700</td>
<td>$250/$500</td>
<td></td>
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<tr>
<td>Annual Out-of-Pocket Maximum (individual/family)</td>
<td>$7,150/$14,300</td>
<td>$6,550/$13,100</td>
<td>$7,150/$14,300</td>
<td>$7,150/$14,300</td>
<td>$6,500/$13,000</td>
</tr>
</tbody>
</table>

### BENEFITS

#### Emergency and Urgent Care

- **Emergency Room**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded $300 copay/visit after ded $200 copay/visit after ded
- **Urgent Care**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded $75 copay/visit ded waived $65 copay/visit ded waived

#### Office Visits

- **Preventive Care/Screening/Immunizations**: No Charge
- **Primary Care**: 75% coinsurance after ded 0% coinsurance after ded $45 copay first three visits, then ded applies $30 copay/visit ded waived $25 copay/visit ded waived
- **Mental Health Services**: 75% coinsurance after ded 0% coinsurance after ded $30 copay/visit ded waived $25 copay/visit ded waived
- **Specialty Care**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded $75 copay/visit ded waived $40 copay/visit ded waived
- **Other Practitioner Care**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded $75 copay/visit ded waived $40 copay/visit ded waived
- **Habilitation Care**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded 30% coinsurance after ded 10% coinsurance after ded
- **Rehabilitative Care**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded 30% coinsurance after ded 10% coinsurance after ded
- **Substance Abuse Services**: 75% coinsurance after ded 0% coinsurance after ded 60% coinsurance after ded $30 copay/visit ded waived $25 copay/visit ded waived
Access and Availability Standards

University of Utah Health Plans is committed to ensuring that our members have timely access to the services they need. Providers are expected to assist in ensuring access to timely care by complying with the Access Standards below:

Appointment Wait Times

<table>
<thead>
<tr>
<th>Primary Care Providers</th>
<th>Type of Care</th>
<th>Specialty Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 2 Days</td>
<td>Urgent Care</td>
<td>Within 2 Days</td>
</tr>
<tr>
<td>Within 30 Days</td>
<td>Routine Care</td>
<td>Within 30 Days</td>
</tr>
<tr>
<td>Within 60 Days</td>
<td>Preventive Care</td>
<td></td>
</tr>
</tbody>
</table>

Appointment Scheduling

Providers are required to have implemented an appropriate scheduling system which allows for adequate allotments of time for different appointment types, and allows for adequate slots reserved for urgent/acute care. The provider’s telephone system shall be adequate enough to handle the volume of calls coming into the office.

Office Wait Times

For scheduled appointments with PCPs and Specialists, members should not wait longer than 45 minutes before being taken back to an exam room. Once in the exam room, the members should not wait longer than 15 minutes before seeing the provider.

After Hours Care

University of Utah Health Plans require all providers to have back up coverage during off hours or scheduled days out of the office and to have telephone coverage 24 hours per day, 7 days per week. The use of an in office recordings must state the operating hours of the office, whom to contact if after hours, and direct the member to call 911 if it is an emergency.

PCP providers are required to return member calls within 2 hours of being contacted, or have a mechanism in place to direct members to the appropriate after hours care.

If your office is not meeting these standards, please take the steps necessary to comply with them to ensure that our members, your patients, have access to quality care.
A Quick Guide to Modifiers 26 and TC

The total service/procedure described by a single CPT® code is comprised of two distinct portions: a professional component and a technical component.

The professional component of a diagnostic service/procedure is provided by the physician, and may include supervision, interpretation, and a written report.

The technical component of a diagnostic service/procedure accounts for equipment, supplies, and clinical staff (such as technicians). Payment for the technical component also includes the practice expense and the malpractice expense. Fees for the technical component generally are reimbursed to the facility or practice that provides or pays for the equipment, supplies, and/or clinical staff.

Separate payment may be made for the technical and professional components of a procedure if, for example, a clinic provides the technical component of a service/procedure, while an individual physician performs the professional component. In such situations, each provider must submit a claim and bill only for the service performed.

To identify professional services only for a service/procedure that includes both professional and technical components, append modifier 26 Professional component to the appropriate CPT® code, as instructed in CPT® Appendix A (“Modifiers”). Note that modifier 26 is appropriate when the physician supervises and/or interprets a diagnostic test, even if he or she does not perform the test personally. Do not append modifier 26 if there is a dedicated code to describe only the professional/physician component of a given service (e.g., 93010 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only).

Appending modifier TC Technical component indicates that only the technical component of a service/procedure has been provided. Generally, the technical component of a service/procedure is billed by the entity that provides the testing equipment.

A “global” service includes both the professional and technical components of a single service. When reporting a global service, no modifiers are necessary to receive payment for both components of the service.
Medical UM Review
How to submit a request

We now have three new UM request forms available for providers to use when requesting services that require prior authorization or review.

- UM Request Form
- Medical Utilization Management Review Guidelines
- Home Health Request Form
- Hospice Request Form

Changes to Healthy Advantage (Special Needs) and Healthy Advantage Plus (Medicare Advantage) plans, effective January 1, 2017

As you are aware, currently Molina Healthcare and University of Utah Health Plans have collaborated to offer both the Healthy Advantage (Special Needs Plan) and the Healthy Advantage Plus (Medicare Advantage) plans in Utah. Effective January 1, 2017, Molina Healthcare will assume sole responsibility for all operational functions, as well as provider relations and contracting responsibilities for both products.

During the first couple weeks of October 2016, you should have received an amendment from Molina Healthcare’s Contracting team adding you to Molina Healthcare’s version of the Healthy Advantage and Healthy Advantage Plus networks. As part of the contracting process you may receive a credentialing application, or you can provide Molina Healthcare access to your current CAQH application and attestation.

Molina Healthcare encourages providers to submit claims electronically via Molina’s Provider Web Portal or through a clearing house—please contact your Provider Relations Representative for a list of clearing houses. When submitting claims electronically, please use Molina Healthcare’s payer ID SX109 or 12X09.

For provider information regarding 2017 plans and coverage, please visit molinahealthcare.com (http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx)

Please reference the following table for claims, appeals, Member Services, and Provider Relations contact information:

<table>
<thead>
<tr>
<th>Dates of service on or before December 31, 2016</th>
<th>Dates of service on or after January 1, 2017</th>
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</thead>
<tbody>
<tr>
<td><strong>Claims</strong></td>
<td></td>
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<tr>
<td>University of Utah Health Plans</td>
<td>Molina Healthcare</td>
</tr>
<tr>
<td>ATTN: Claims</td>
<td>ATTN: Claims</td>
</tr>
<tr>
<td>P.O. Box 45180</td>
<td>P.O. Box 22811</td>
</tr>
<tr>
<td>Salt Lake City, UT 84145-0180</td>
<td>Long Beach, CA 90801</td>
</tr>
<tr>
<td>Phone: (801) 587-6480, option 5</td>
<td>Phone: 877-644-0344</td>
</tr>
<tr>
<td><strong>Appeals and Grievances</strong></td>
<td></td>
</tr>
<tr>
<td>University of Utah Health Plans</td>
<td>Molina Healthcare</td>
</tr>
<tr>
<td>ATTN: Appeals Committee Chairperson</td>
<td>ATTN: Appeals &amp; Grievances</td>
</tr>
<tr>
<td>6053 South Fashion Square Dr., Suite 110</td>
<td>P.O. Box 22816</td>
</tr>
<tr>
<td>Murray, UT 84107</td>
<td>Long Beach, CA 90801</td>
</tr>
<tr>
<td>Phone: 1-888-271-5870, option 1</td>
<td>Phone: 877-644-0344</td>
</tr>
<tr>
<td><strong>Member Services</strong></td>
<td></td>
</tr>
<tr>
<td>University of Utah Health Plans</td>
<td>Molina Healthcare of Utah</td>
</tr>
<tr>
<td>ATTN: Member Services</td>
<td>ATTN: Member Services</td>
</tr>
<tr>
<td>6053 South Fashion Square Dr., Suite 110</td>
<td>7050 Union Park Avenue, Suite 200</td>
</tr>
<tr>
<td>Murray, UT 84107</td>
<td>Midvale, UT 84047</td>
</tr>
<tr>
<td>Phone: (801) 587-6480, option 1</td>
<td>Phone: 877-644-0344</td>
</tr>
<tr>
<td><strong>Provider Relations</strong></td>
<td></td>
</tr>
<tr>
<td>University of Utah Health Plans</td>
<td>Molina Healthcare of Utah</td>
</tr>
<tr>
<td>ATTN: Provider Relations</td>
<td>ATTN: Provider Relations</td>
</tr>
<tr>
<td>6053 South Fashion Square Dr., Suite 110</td>
<td>7050 Union Park Avenue, Suite 200</td>
</tr>
<tr>
<td>Murray, UT 84107</td>
<td>Midvale, UT 84047</td>
</tr>
<tr>
<td>Phone: (801) 587-2838</td>
<td>Phone: 877-644-0344</td>
</tr>
</tbody>
</table>

Guardianship
What You Should Know

**General Information**

- Guardianship is a court process that grants an adult legal power to make decisions for another person.
- Guardianship for an adult does not need to be filed before someone turns 18. Doing so prior to 18 is considered guardianship for a child rather than an adult, and it would have to be done again after 18.
- The guardianship process is a court proceeding. It is a required process, even for parents, to ensure that an individual’s rights are maintained.
Guardianship, Continued...
What You Should Know

• Two attorneys are assigned: one to represent the person seeking to be a guardian, the second to represent and protect the rights of the person requiring guardianship.
• Guardianship may not be needed by everyone who has a disability involving mental functioning.
• Anyone over 18 can be a guardian if they have not been convicted of a felony or have not been declared disabled.
• There are several different types of guardianship; look into them before making a decision. There may be alternatives to formal guardianship that could be more appropriate for the individual, such as powers of attorney or living wills.
• Co-guardianship can be awarded if two people wish to take on the responsibility for an incapacitated person (or ward). This is often recommended.
• If you are a guardian and need to leave the country or state, be sure to establish a substitute in your place before you leave. It is costly and more complicated to do after you leave.

Questions & Answers
When is a guardianship necessary?
When a person cannot make adequate decisions about medical and other kinds of care and treatment, everyday life and/or their financial affairs, and as a result, health or safety are in jeopardy.

What guardianship is not:
• Legal guardianship does not mean that you must take your family member into your home.
• It does not mean a guardian becomes financially responsible for him/her.
• You do not take on the obligation to support that person or to become his/her caretaker.
• Guardians are not expected to use their own funds on behalf of the person.
• The duties of a guardian may be limited to those areas where he/she needs assistance, and not the ability to control all aspects of that person’s life.

What are the usual steps to appointing a guardian?
• Before starting any legal proceedings, psychological testing must be obtained that certifies that the person has a disability. The psychological report must be signed by all involved in the evaluation, and in most states one of the signers must be a physician licensed to practice in that state. A letter of need usually is requested from the patient’s doctor.
• A petition, which is the official request for the appointment of a guardian, will be prepared; it is then filed by the attorney for the guardian.
• A hearing date will be set and usually a summons or notification is served. The summons is the official notice to the person with disabilities about guardianship proceedings, the time, and the place for those proceedings. A hearing will be held and evidence presented about the need for guardianship.
THANK YOU

We hope you have enjoyed the University of Utah Health Plans Provider Connection Newsletter. We look forward to keep providing you the most timely and useful content. If you have suggestions or success stories you would like to share, please contact us.

The information that is contained in this newsletter does not guarantee benefits or change contractual status. If you have questions about benefits or claims issues, please call Customer Service at 801-587-6480 or toll free 888-271-5870.

WEBSITE AND ELECTRONIC SUPPORT

Please visit our website at uhealthplan.utah.edu/for_providers for additional resources and access to:

- Providers Updates
- Provider Manual
- Provider Newsletters
- University of Utah Health Plans Updates
- Electronic Data Interchange (EDI) Info
- ...And much more

PROVIDER CUSTOMER SERVICE NUMBERS

CUSTOMER SERVICE
801-587-6480, Option 1
Toll Free/Out of Salt Lake:
888-271-5870
Fax: 801-281-6121

CLAIMS / ELIGIBILITY
801-587-6480, Option 1

CARE MGMT. UTILIZATION REVIEW
801-587-6480, Option 2
Fax: 801-281-6121

PROVIDER RELATIONS
801-587-2838, Option 2
provider.relations@hsc.utah.edu

EDI SUPPORT
801-587-2638
uuhpedi@hsc.utah.edu

PROVIDER CREDENTIALING
801-587-2838, Option 3