



UNIVERSITY OF UTAH
HEALTH PLANS

Provider Connection

News & Information for University of Utah Health Plans Provider Partners



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ISSUE

January 2017

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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](#)

HealthyPremier

- 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.
- Coverage area includes: Box Elder, Cache, Rich, Weber, Morgan, Davis, Tooele, Salt Lake, Summit, Wastach, Utah, Duchesne, Uintah, Grand, Iron and Washington counties.
- **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).

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

Primary Care Providers	Type of Care	Specialty Providers
Within 2 Days	Urgent Care	Within 2 Days
Within 30 Days	Routine Care	Within 30 Days
Within 60 Days	Preventive Care	

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) (<http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx>)

For plan ratings, please see <http://www.molinahealthcare.com/members/ut/en-US/PDF/Medicare/plan-rating.pdf>



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

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

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

HAVE EDI QUESTIONS?

EDI SUPPORT:



801-587-2638 or 801-587-2639



801-281-6121



uuhpedi@hsc.utah.edu

Utah Health Information Network (UHIN):
801-466-7705 | uhin.org

Email provider changes to:
provider.relations@hsc.utah.edu

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