



PROVIDER CONNECTION

University of Utah Health Plans
Provider Publication
Spring 2018

COVERAGE DECISIONS

All utilization review decisions and care management actions are based on a determination of appropriateness of care and service according to the benefit coverage for the member. U of U Health Plans provides no incentive or reward for issuing denials of coverage. There is no use of incentives to encourage barriers to care and services. Utilization Review decisions are based on nationally recognized criteria, plan benefits and adherence of utilization management policies and procedures.



NEW MEDICARE ID CARDS ARE COMING!

The New Medicare ID cards are coming! Patients will start receiving them in April. Many U of U Health Plans members have Medicare as their primary insurance. It is important that you and your staff understand the differences in these new cards, and the new identification numbers assigned to Medicare recipients. For more information, please review the Provider website with CMS:

<https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers.html>





CARE MANAGEMENT PROGRAMS

U of U Health Plans offers Care Management programs for Complex Care Management and Disease Management of members with Asthma or Congestive Heart failure. Our Care Management programs offer members individual attention and online resources to help meet their health care goals. Services include education, advocacy and coordination of the members needed services. Our care managers work with our members and the treating provider and/or Primary Care Provider to help our members reach optimal health. Providers may reach out to our Care Managers at any time to provide assistance with managing your patient's overall healthcare services. The programs are no-cost for members who are interested in our care management nursing services. To refer a patient, contact us at 801-587-6480, option 2.

UTILIZATION MANAGEMENT DECISIONS

U of U Health Plans makes every effort to assure that services being provided to our members meet nationally recognized guidelines and are provided at the appropriate setting (inpatient or outpatient) and that the length of stay can be supported for medical indications. We reference InterQual and Hayes criteria, nationally recognized guidelines, to help determine medical necessity.

We would be happy to provide you with a copy of the criteria we use to make utilization management decisions. Please contact the UM team at 801-587-6480 or 888-271-5870, Option 2, for additional information. You may also email your request for criteria to UUHP_UM@hsc.utah.edu.

PRESCRIPTION DRUG SERVICES

U of U Health Plans provides prescription drug coverage. General information about our pharmacy coverage is available on our website at uhealthplan.utah.edu/individual/pharmacy.php, including the preferred drug list for each member's plan, information on how to use the pharmaceutical procedures, an explanation of limits, the process for generic substitution, therapeutic interchange, and step therapy, and how prescribing practitioners must participate in an exception request. Preferred drug lists may change from time to time, but updates are posted on the website on or before the effective date of any change. We recommend that providers review the website quarterly for formulary updates.

Member Rights & Responsibilities

WHAT ARE MEMBER RIGHTS?

University of Utah Health Plans want to give our members the best care and service. As a Health Plans member, members have the right to:

- Get information about the organization, plan, its services, its practitioners and providers and member rights and responsibilities.
- Be treated with respect, dignity and a right to privacy.
- Have their medical visits, conditions, and records kept private.
- Ask for and receive a copy of their medical record, and ask to have it corrected if needed.
- Get information about their health and medical care, such as how a treatment will affect the member and their treatment options.
- Make decisions about their health care with their healthcare provider, including refusing treatment.
- Talk to U of U Health Plans about appropriate or medically necessary treatment options, regardless of cost or benefit coverage.
- Voice a complaint or appeal about the organization or the care it provides.
- Make recommendations about these rights.
- Use their rights at any time without being treated badly.
- Be free from restraint or seclusion if it is used to coerce (force), discipline, retaliate, or for convenience.
- Get health care within appropriate time frames.
- The following information upon request:
 - Member rights and responsibilities
 - The services U of U Health Plans offers
 - How to get help and emergency care when their doctor's office is closed
 - Involvement in medical research
 - Grievances and Appeals
 - How U of U Health Plans operates such as our policy for selecting providers, what we require of them, any practice guidelines (rules) they use to care for members, and our confidentiality policy. If members need help understanding any of this information, call us at (801) 587-6480 or 1-888-271-5870.

WHAT ARE MEMBER RESPONSIBILITIES?

To keep members and their family healthy and help us care for them, please remember to:

- Read the Member Guide. If members need help understanding it, please call University of Utah Health Plans Member Services at (801) 587-6480 or 1-888-271-5870.
- Follow provider recommendations, plans and instructions for care that members and providers have agreed upon. If members don't agree, or have questions about treatment plan or goals, talk to their provider.
- Understand members health problems, work with member's provider to develop agreed upon treatment goals and do all members can to meet goals.
- Keep appointments or let the provider's office know as soon as possible if member can't make it.
- Supply information needed to the Health Plans and to treating providers in order to provide care.
- Let the group administrator know if member moves, changes phone number, get married or divorced, have a baby, or someone in the family dies.
- Respect the staff and property at their provider's office.
- Stay fit and well by taking care of themselves and their family.
- Always talk to your doctor about any health information in any newsletter or on any website to make sure it is best for them. Never use this information instead of what your doctor says is best.

PRACTITIONER RIGHTS REGARDING CREDENTIALING APPLICATION

- The applicant shall have the right to be informed of their application status (Ready for Committee, Application In-process, Application Incomplete or Missing Information) upon request.
- The Practitioner will have the opportunity to correct any erroneous information, as applicable, during the 2-3 month credentialing process. Erroneous information must be lined through with black ink, corrections above or to the side and initialed. No white out will be accepted. Corrections will be communicated to our Credentials Verification Organization (CVO) within 2 business days.
- Upon request, applicants may review the information s/he has submitted in support of their credentialing or re-credentialing application, including but not limited to:
 - information from outside sources
 - malpractice insurance carrier face sheet
 - state licensing board
 - DEA agency verification
 - education verification letter from a school
 - board certification verification, if applicable

U of U Health Plans is not required to reveal sources of information that are not part of our verification requirements or if federal or state law prohibits us, such as NPDB reports. The applicant may view their file in the presence of the U of U Health Plans Medical Director and a member of the credentialing team. All corrections or requests may be submitted to provider.credentialing@hsc.utah.edu. For more information and to review our Credentialing Policy, please visit our website's Provider Credentialing page at: uhealthplan.utah.edu/for-providers/Provider%20Credentialing.php

Our Group Healthy Preferred Primary Care Provider (PCP) benefits just got an upgrade!

Now offering better coverage & copays.

\$0 copay Primary Care Provider (PCP)
Office Visits

100% covered Virtual Visits

100% covered Minor Diagnostic Tests

Offered on Group Healthy Preferred traditional plans.
Deductible may apply on Qualified High Deductible
Health Plans (QHDHP's) for these services.

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