

Important

Healthy Advantage Phone Numbers:

Member Services:

1-877-644-0344

24 Hour Nurse Advice Line:

1-866-472-0601

(TTY: 1-866-735-2929)



University Health Care

Healthy Advantage

Other providers are available in our network

About Our Members: Protecting Your Privacy

Your privacy is important to us. We take confidentiality very seriously. Healthy Advantage wants to let you know how your health information is shared or used.

Your Protected Health Information

PHI stands for these words: protected health information. PHI means health information that includes your name, member number, or other things that can be used to identify you, and that is used or shared by Healthy Advantage.

Why does Healthy Advantage use or share our members' PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law

When does Healthy Advantage need your written authorization (approval) to use or share your PHI?

Healthy Advantage needs your written approval to use or share your PHI for purposes not listed above.



What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI



How does Healthy Advantage protect your PHI?

Healthy Advantage uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or PHI in a computer. Below are some ways Healthy Advantage protects PHI:

- Healthy Advantage has policies and rules to protect PHI.
- Only Healthy Advantage staff with a need to know PHI may use PHI.
- Healthy Advantage staff is trained on how to protect and secure PHI.
- Healthy Advantage staff must agree in writing to follow the rules and policies that protect and secure PHI.
- Healthy Advantage secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What can you do if you feel your privacy rights have not been protected?

- Call or write Healthy Advantage and file a complaint.
- File a complaint with the U.S. Department of Health and Human Services.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our members' PHI. Our Notice of Privacy is on our website at <http://uhealthplan.utah.edu/HealthyAdvantage/>. You also may get a copy of our Notice of Privacy Practices by calling our Member Services Department.



We Care About Your Health **Improving Services to Healthy Advantage Members**

Your health care is important to us. We want to hear how we are doing. That's why you may receive a survey about Healthy Advantage and your health care services. One of these surveys is called CAHPS.

CAHPS stands for the Consumer Assessment of Healthcare Providers and Systems. This survey asks questions about your health care. It asks about the care you or your child receives from Healthy Advantage. We may send you a few questions about how we are doing and what is important to you. Please take the time to complete the survey if you receive it.

HEDIS is another tool we use to improve care. HEDIS stands for Healthcare Effectiveness Data and Information Set. This is a process where we collect information on services that you or your child may have received. These services include shots, well-child exams, Pap and mammogram screenings, diabetes care, and prenatal and after-delivery care. Through this process we can find out how many of our members actually got needed services. This information is made available to you. It can be used to compare one health plan to another plan.

Each year Healthy Advantage strives to improve all services provided. This is done by setting goals. These goals are included in a Quality Improvement (QI) plan. Our goal is to help you take better care of yourself and your family.

As part of the QI plan, Healthy Advantage helps you take care of your health and get the best service possible.

Some of the ways we do this include:

- Reminders about getting well-child exams and immunizations
- Asthma and diabetes education
- Education on prenatal care and after-delivery exams
- Reminders about getting Pap and mammogram screenings
- Better processing of member grievances (complaints)
- Help finding the Healthy Advantage website
- Telling you about special services for members

To learn more or to request a copy of our QI plan, call your Healthy Advantage Member Services Department.



Healthy Advantage Patient Safety Program:

Healthy Advantage wants you and your family to be safe and healthy. We have a Patient Safety Program to help us meet this goal. This program gives you safety facts so you can make better health care choices. Here are a few of the things we do to improve your safety:

- Give providers and hospitals information on safety issues and where to get help.
- Keep track of our member's complaints about safety problems in their provider's office or hospital.
- Look at reports from groups that check hospital safety. Reports tell us things such as, if there are enough staff in the Intensive Care Unit (ICU) to care for patients, use of computer drug orders, and so forth.

These groups are:

- Leap Frog Quality Index Ratings (www.leapfroggroup.org)
- JCAHO National Patient Safety Goal Ratings (www.jointcommission.org)

You can look at these websites to:

- See what hospitals are doing to be safer.
- Help you know what to look for when you pick a provider or a hospital.
- Get information about programs and services for patients with problems like diabetes and asthma.



We also let you know:

- How to make your home safer.
- How to keep poisons and medicines out of the reach of your children.
- About people selling unsafe medicine.
- How to have fun and still be safe outdoors.
- Why exercise is good for you.

Call our Member Services Department to get more information about our Patient Safety Program. You can also visit us online at <http://uhealthplan.utah.edu/HealthyAdvantage/>.



We Want to Give You Good Care!

Healthy Advantage works with your providers and hospitals to give you good health care. We make choices about your care based on what you need. We also look at your benefits. We do not reward providers to deny you care. We also do not reward staff or other people to deny you care or give you less care. We do not pay extra money to providers or our staff to deny tests or treatments that you need to get better or stay healthy.

Our staff is here to take your calls about any Utilization Management (UM) issue. If you ever have a concern about your health care, you may call our toll-free number. You can also talk to our nurses about getting needed care. Our staff are here to take your call Monday through Friday (except holidays) between 8:00 a.m. and 8:00 p.m. They can answer questions about how we make health care choices. Just call our toll-free number listing at the front of this booklet. This number is also listed on the back of your I.D. card. If you call after 8:00 p.m. or over the weekend, please leave a message and your phone number. Our staff will call you back during the next normal business day.

After Hours Care

There may be times when you may need care and your Primary Care Provider (PCP) is closed. If it is after hours and your PCP's office is closed you can call your PCP or Healthy Advantage's Nurse Advice Line. Nurses are available to help you at any time of the day. Call 1-866-472-0601, 24 hours a day, 7 days a week.

Healthy Advantage's Nurse Advice Line has highly trained nurses. They can help you decide if you or your child should see a provider right away. The nurses can also help you make an appointment if you need to see a provider quickly. Sometimes, you have questions but you do not think you need to see your PCP. You can call the Nurse Advice Line and talk to a nurse. They will help you.



Emergency Care

Emergency care is for sudden or severe problems that need care right away. It can also be care that is needed if your life or health is in danger. Emergency care is a covered benefit. If you need emergency care, call 911 or go to the nearest hospital. You do not need prior approval. If you have an urgent matter that does not threaten your life, you can also call Healthy Advantage's Nurse Advice Line. Highly trained nurses are available to help you at any time of the day. Call 1-866-472-0601, 24 hours a day, 7 days a week.

Looking at What's New

We also look at new types of services. And we look at new ways to provide those services. We review new studies to see if new services are proven to be safe and should be added to your benefit package. Healthy Advantage reviews the type of services listed below at least once a year:

- Medical services
- Mental health services
- Medicines
- Equipment

Complex Case Management

Living with health problems and dealing with the things to manage those health problems can be hard. Healthy Advantage has a program that can help. The Complex Case Management program is for members with difficult health problems that need extra help with their health care needs. The program allows you to talk with a nurse about your health problems. The nurse can help you learn about those problems and teach you how to better manage them. The nurse may also work with your family or caregiver and provider to make sure you get the care you need. There are several ways you can be referred for this program. One way is through medical or pharmacy claims. Another way is through your provider. There are also certain requirements that you must meet. It is your choice to be in these programs. You can choose to be removed from the program at any time.

If you would like more information about the program, please call Member Services. The phone number is listed on the back of your ID card.

Your Rights as a Healthy Advantage Member

Did you know that as a member of Healthy Advantage you have certain rights and responsibilities? Knowing your rights and responsibilities will help you, your family, your provider and Healthy Advantage ensure that you get the covered services and care that you need.

You have the following rights to:

- Be treated with dignity, respect and fairness.
- The privacy of your medical records and personal health information.
- See plan providers, get covered services, and get your prescriptions filled within a reasonable period of time.
- Know your treatment options and participate in decisions about your health care.
- Use advance directives (such as a living will or a power of attorney).
- Make complaints.
- Get information about our Plan, plan providers, drugs, health care coverage, network pharmacies and costs.





You also have the responsibility to:

- Get familiar with your coverage and the rules you must follow to get care as a member.
- Let us know if you have additional health insurance coverage.
- Notify providers when seeking care (unless it is an emergency) that you are enrolled in our Plan and you must present your plan enrollment card to the provider.
- Give your doctor and other providers the information they need to care for you, and following the treatment plans and instructions that you and your doctors agree upon. Be sure to ask your doctors and other providers if you have any questions and have them explain your treatment in a way you can understand.
- Act in a way that supports the care given to other patients and helps the smooth running of your doctor's office, hospitals, and other offices.
- Pay your co-payments/coinsurance for your covered services. You must pay for services that aren't covered.
- Let us know if you have any questions, concerns, problems, or suggestions.

This is only an outline of your rights and responsibilities. For more detail, please look in your Member Handbook. You can also visit the Healthy Advantage website at <http://uhealthplan.utah.edu/HealthyAdvantage/> or call Member Services.

Grievances and Appeals

Are you having problems with your medical care or our services? If so, you have a right to file a grievance or appeal.

A grievance is a complaint for things like:

- The care you get from a provider or hospital;
- The time it takes to get an appointment or be seen by a provider or;
- The lack of specialty providers in your area.

You can submit a grievance by calling Member Services. You may also submit a grievance in writing. You must file your grievance within (60) days of the event.

An appeal is a request to review or reconsider an action (decision) from Healthy Advantage. You can submit this request over the phone or in writing. Appeals can be filed for actions such as:

- A service that is stopped, changed, suspended, reduced or denied;
- Denied payment for services, this may make you responsible for the bill;
- An outcome for a grievance that you do not agree with.

Any “action” by Healthy Advantage can be appealed. Our appeals process makes sure that you have access to all of your rights. These are the different levels your appeal will go through if you are unhappy with our decision.

- Appeal Level 1 – Reconsider our decision
- Appeal Level 2 – Independent review
- Appeal Level 3 – Administrative Law Judge review
- Appeal Level 4 – Medicare Appeals Council review
- Appeal Level 5 – Federal Court review

Our staff wants to help you. Every request for an appeal or hearing is seen as a chance to make sure that you get all of the benefits and

care to which you are entitled. You may request for a “fast” decision if a delay in the action may risk your health.

Check our website, <http://uhealthplan.utah.edu/HealthyAdvantage/> or your Member Handbook to read about grievance and appeal:

- Processes and rights;
- Timeframes;
- Who can file?

Disease Management Programs

Healthy Advantage wants you to know all you can to help you stay healthy. We have programs that can help you manage your condition. There are many ways you can enroll in our programs. One way is through medical or pharmacy claims. Another way is through your provider. It is your choice to be in these programs. You can choose to be removed from the program at any time. For more details about our programs, please call Disease Management at 1-877-644-0344.



- The **breathe with easesm** asthma program is for adults ages 18 years and over with asthma. You will learn how to manage your asthma and work with your provider.
- The **Healthy Living with Diabetessm** program is for adults age 18 years and over with diabetes. You will learn about diabetes self-care (meal planning, exercise tips, diabetes medicines and much more).
- The **Chronic Obstructive Pulmonary Disease (COPD)** program is for members who are 21 years and older who have emphysema and chronic bronchitis. With this program you can learn how to better control your breathing.
- The **Heart-Healthy Living Cardiovascular** program is for members 18 years and older who have one or more of these conditions: coronary artery disease, congestive heart failure or high blood pressure.

motherhood matterssm

motherhood matterssm pregnancy program is a simple program to follow. It can really help you and your baby during your pregnancy. Pregnant mothers get support and education as well as follow up by telephone from nurses or health educators. Special care is given to those who have a high risk pregnancy. To find out more, just call Healthy Advantage's motherhood matterssm Program at 1-877-644-0344.





Getting the Care You Need

Here are some tips to help you get the health care you need.

See your primary care provider (PCP) for a health checkup.

Many people wait until they are very sick to see a provider. You do not need to wait. Make sure you schedule a checkup before you get sick. This will help keep you and your children well.

Your PCP can handle most of your health care needs. But sometimes you have special problems such as a broken bone or heart disease. You may need to visit a provider who has extra training. This provider is called a specialist. If you need to see a specialist, your PCP will make sure you see the right one and may be able to help you get an appointment faster.

When you travel away from your hometown, Healthy Advantage pays for emergency care for you. You may go to a local emergency room (ER) or an urgent care clinic. Healthy Advantage will also pay for renal dialysis (kidney) services when you are out of the service area for a short amount of time. You must go to a certified Medicare

facility. Tell them you are a Healthy Advantage member. Show them your Healthy Advantage ID card. But don't forget, routine care is not covered when you travel away from home.

Are you having trouble speaking to your provider in English?

You have a right to an interpreter. There is no cost to you. Tell the office staff if you would prefer to talk in your own language. If you need help, call Member Services.



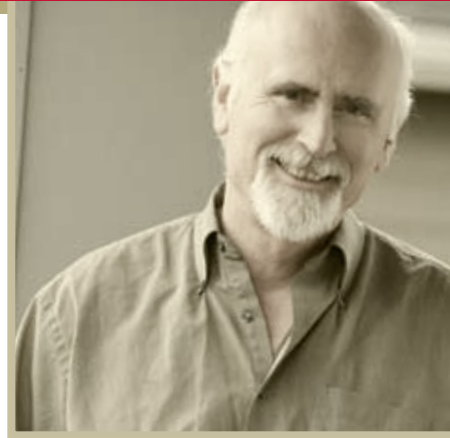
Women's Healthcare Services

You can get women's health care services from any provider who has a contract with Healthy Advantage without a referral from your PCP. This may include services such as:

- Pap tests
- Breast exams
- Mammograms (x-rays of the breast)

Your Right to an Advance Directive

All members have the right to accept or refuse treatment offered by a provider. But what if you are not able to tell the provider what you want? To avoid decisions being made against your will, it is important to have an Advance Directive.



An Advance Directive is a legal form that tells medical providers what kind of care you want if you can not speak for yourself. An Advance Directive is written before you have an emergency. This is a way to keep other people from making important health decisions for you if you are not well enough to make your own. There are different types of Advance Directives.

Some examples are:

- Power of Attorney for Health Care
- Living Will

It is your choice to complete an Advance Directive. No one can deny you care based on whether or not you have an Advance Directive. Talk with someone you trust, like a family member or friend, to help you make decisions about your health care. You can also talk with your lawyer or PCP if you have questions or would like to complete an Advance Directive.

You may call Healthy Advantage to get information regarding State law regarding Advance Directive, and to receive information from Healthy Advantage regarding changes to Advance Directive laws.

If you have signed an Advance Directive and you believe the provider has not followed your instructions, you may file a complaint.

We are Here to Help You

It can be hard for members to get the care they need when receiving health services for ongoing health problems. If you are one of these members, Healthy Advantage is here to help. To make sure you receive the proper care, we offer a service to help coordinate your care.

A care coordinator can:

- Help you find services that are not benefits. This includes community and social services programs such as physical therapy with the schools or “Meals on Wheels”.
- Help you access services that you are eligible to receive.
- Help coordinate appointments and tests.
- Help coordinate transportation.
- Help access resources to help individuals with special health care needs and/or their caregivers deal with day to day stress.

Please call Member Services to learn more about how we can help you get the care you need.

Check out the Healthy Advantage Website

Check out our website at <http://uhealthplan.utah.edu/HealthyAdvantage/>. “Click” on the member button. Choose your state in the drop-down box. You can get information on our website about:

- Healthy Advantage’s contracted doctors and hospitals
- Your benefits, including co-payments and other charges (if they apply)
- What to do if you get a bill or a claim
- FAQs (frequently asked questions and answers)
- Drug formulary (approved drugs that doctors can prescribe)
- How to contact UM staff about a UM issue or question

- How to get primary care, hospital, specialty, and emergency services
- How to get care after normal office hours
- Preventive health guidelines and immunization schedule
- Your rights and responsibilities and the privacy of your information
- Restrictions on benefits or how to obtain care outside the Healthy Advantage service area
- Quality Improvement, Health Education, and Disease Management programs
- How to voice a complaint or appeal a medical decision
- How we decide about using new technology

You can ask for printed copies of anything posted on the website by calling Member Services. Your member handbook is also a good resource. You can find it on our website.

Preventive Health Guidelines

	<p style="text-align: center;">Adult Women (19 years and over)</p>
<p>Well Visits</p>	<p>Every 1 – 3 years</p>
<p>Immunizations</p>	<ul style="list-style-type: none"> • Influenza (flu shot): Yearly • Tetanus-diphtheria (TD): Every 10 years • Meningococcal: 1 dose, for high risk • Pneumococcal: 1 dose, 65 years & older • Measles, Mumps, Rubella (MMR): 1 dose, if no proof of shots or immunity • Hepatitis A (HepA): 2 doses, for high risk • Hepatitis B (HepB): 3 doses, for high risk • HPV: 3 doses, age 26 years or younger • Herpes Zoster (Shingles): 60 years & older • Varicella (Chickenpox): 2 doses if no proof of shots or immunity

**Adult Men
(19 years and over)**

Every 1 – 3 years

- Influenza (flu shot): Yearly
- Tetanus-diphtheria (TD): Every 10 years
- Meningococcal: 1 dose, for high risk
- Pneumococcal: 1 dose, 65 years & older
- Measles, Mumps, Rubella (MMR): 1 dose, if no proof of shots or immunity
- Hepatitis A (HepA): 2 doses, for high risk
- Hepatitis B (HepB): 3 doses, for high risk
- Herpes Zoster (Shingles): 60 years & older
- Varicella (Chickenpox): 2 doses if no proof of shots or immunity

Preventive Health Guidelines – *Continued*

	Adult Women (19 years and over)
Exams & Screenings	<ul style="list-style-type: none">• Height, weight & body mass index• Blood Pressure: Yearly• Cholesterol screening: Every 5 years• Chlamydia for sexually active 25 years & younger. Other asymptomatic women at increased risk for infection• Mammogram: Every 1-2 years starting at 40 years of age or sooner based on provider recommendations.• Pap test & pelvic exam: Yearly• Bone density for osteoporosis: 65 years & older. 60 & older at increased risk for fractures due to osteoporosis• Colorectal cancer screening: Routine screening every 5-10 years starting at age 50 or sooner based on provider recommendations.

**Adult Men
(19 years and over)**

- Height, weight & body mass index
- Blood Pressure: Yearly
- Cholesterol screening: Every 5 years
- Colorectal cancer screening: Routine screening every 5-10 years starting at age 50 or sooner based on provider recommendations.



University Health Care

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Other providers are available in our network