

	SERVICE	DESCRIPTION
Employer Resources	Account Manager	Employer groups have a dedicated account manager to answer questions, resolve issues, and assist with open enrollments and other employee meetings. They are a valuable resource for your HR Department.
	Standard Employer Reporting	Reporting package includes membership, utilization trends, top providers, claims, and large claimant reporting.
	Claims Data Feeds	We provide standard claims data feeds to a broker or vendor as requested by the group. If vendor is unable to accept our standard data feed layout, additional costs may apply to create custom feeds.
	Reinsurance Reporting	Claims in excess of the spec or aggregate amounts will be billed as usual on weekly claim invoices. U of U Health Plans will coordinate with the employer group's reinsurer to provide a standard monthly report and claim filing. Reinsurers will reimburse the group directly. If the reinsurer will not accept standard reporting packages and requires additional paperwork or reports, additional fees may apply.
	Employer Portal	We have an employer portal allowing HR representatives to see current enrollees' benefits, eligibility, and demographics, and pull or print member ID cards. Users can drill down to individual members and their claims, access policies, SBC's, OOC's, prescription drug lists, provider directories, and other helpful materials.
	Enrollment Feeds	We accept standard 834 file feeds for enrollment. Our enrollment team works closely with you or your vendor to set up and test file feeds. If custom file feeds are needed additional costs may apply.
Member Resources	Customer Service	Our internal customer service team is based in Murray, Utah, available Monday - Friday from 7am to 7pm MST. Customer service may be utilized by a member to answer eligibility, benefit and claim questions. Language assistance / interpretation is available.
	Access Assistance	We have a team of coordinators to help members find and schedule appointments with in-network providers to best treat their needs.
	Member Portal	Members have secure online access to benefit details and claim information 24/7, including access to digital ID card, provider directories, deductible and out-of-pocket accumulators, eligibility information, and plan documents.
	Member Education	We will work with the group to provide employee education through on-site employee meetings, open enrollment assistance, and member materials.
	HealthWise	Our member portal provides access to Healthwise Knowledgebase which has a large selection of health coaching, information on medical treatments for various conditions, support for mental and substance abuse health, and other educational materials members may access 24/7.

Member Resources	Member Documents	Most member documents are available through the member portal. ID card and Member Guides are mailed to homes when enrolling and annually, at renewal. Additional copies may be requested by contacting customer service.
	Price Transparency	Our member portal has a cost comparison tool where members can see estimated costs for their out-of-pocket costs by service and in-network provider. Estimates can also be provided by our customer service team.
	Utilization Management	Our utilization management program includes pre-service targeted review of high cost, problem prone services using standard preauthorization services list. Reviews are conducted by our registered nurses using evidence-based criteria and/or policies. Services not meeting criteria are also reviewed by board certified physicians prior to denial. Our Medical Director is available to conduct peer to peer reviews with treating physicians upon request. Concurrent review of ongoing services and discharge planning are included in the utilization management program. Admissions and continued services are also reviewed as outlined above to make sure they are medically appropriate. Utilization management and care management teams work closely with the delivery system discharge planners and members to remove barriers to discharge and support safe transitions.
	Acute and Chronic Care Management	We have various programs available to support acute episodes of care and/or chronic condition management. Nurses, social workers, community health workers and coordinators who help members meet their healthcare goals at the right time, in the right setting and for the best value. Our care management team always considers the cultural and linguistic preferences of our members. Care management programs offer members individual attention and provide education, advocacy and coordination of needed services. There are several ways we identify members who may benefit from care management including analytics (claim reports, disease registries, etc.), transplant cases, inpatient stays (catastrophic cases, complex medical issues, etc.), health risk assessments (optional) and referrals from multiple sources.
	24/7 Crisis Line	We work closely with Huntsman Mental Health Institute for crisis services. No one should be expected to face a mental health challenge alone. This phone line provides 24/7 support for crisis intervention and suicide prevention, not just for our members, but for their entire household.
	WELL YOU Wellness Program	Our wellness program includes basic biometric screenings, smart phone or online application, health risk assessment if selected, and quarterly newsletters. The application allows for self-managed challenges and goal tracking.
	Appeals	We follow a standard appeals process based on NCQA standards, including cases that need to go through an Independent Review Organization (IRO).

Member Resources	Medical Claim Administration	We pay claims in accordance with the summary plan description and outlines of coverage for claims received during the plan year and for 12 months following the termination of the contract.
	Pharmacy Claim Administration	We have partnered with industry experts to create RealRx, our own Pharmacy Benefit Management (PBM) company. RealRx gives members and clients a transparent and personalized experience. RealRx is designed to balance cost, service, and quality. By integrating medical and pharmacy care, we enhance the overall healthcare experience for better outcomes and seamless coordination. We are redefining pharmacy benefits by removing PBM black boxes and passing the value to our clients. Not only do we provide local, responsive, customer service, we provide medical management and hands-on oversight of the pharmacy benefit. 70% of rebates received by U of U Health Plans will be passed on to you each quarter as they are received.
	Pharmacy Prior Authorization	Prior authorizations help ensure medications are safe, appropriate, and used for the right conditions before they're covered under the plan. This process helps manage costs while maintaining quality care for members.
Administrative Services	Network Access	We have contracted with hospitals, facilities, and providers throughout Utah including University of Utah Health, MountainStar Healthcare, and Holy Cross.
	National Network Access	We contract with either First Health (a fully owned subsidiary of Aetna), or Aetna ASA for member care while traveling or for those who live out of state. We will work with the group to choose the appropriate option. Any percentage of savings on charges incurred while using the National Network will be passed through for payment.
	Qualified Payment Amount Calculation	In compliance with the federal No Surprises Act, U of U Health Plans will work with qualified out-of-network providers to determine Qualified Payment Amounts (QPA) for claim payments when appropriate.
	Independent Dispute Resolution	In compliance with the federal No Surprises Act, if a provider disputes the QPA amount and a settlement cannot be reached the provider may elect to go through an Independent Dispute Resolution process (IDR). Any charges associated with the IDR will be passed through for payment.
	Payment Integrity	U of U Health Plans performs payment integrity including regular audits, coding validation and medical necessity validation.
	Subrogation	The use of U of U Health Plans contracted subrogation vendor to provide recovery services is included. 21.75% of the savings is retained by this agency, the rest is provided back to the client.
	Fraud, Waste and Abuse	As part of our efforts to improve the health care system, U of U Health Plans has an ongoing commitment to detecting, correcting, and preventing fraud, waste, and abuse.

Optional Services	<input type="checkbox"/> Broker Commission (Optional)	We will collect and pass-through broker commission or consulting fees. Please complete the amount to be collected on the proposal page before signing.
	<input type="checkbox"/> Chronic Condition Management (Optional)	Chronic condition management is available to assist members with key identified conditions in managing chronic disease. Care teams work with members to focus on individualized whole person care plans including education, self-management, medication adherence, and addressing health related social needs. Programs are designed to promote independence in managing chronic disease, improving clinical outcomes, and reducing unnecessary costs.
	<input type="checkbox"/> U Baby Care (Optional)	Pregnant members are encouraged to notify the plan as soon as they know they are pregnant. Pregnant members are also identified through reports and claim triggers. The U Baby team proactively reaches out to members to conduct screenings to determine if a member is at high risk for having a pre-term birth. The care manager makes referrals to a maternal fetal medicine specialist if a member is at high risk for pre-term birth. The U Baby program offers support for members through all stages of pregnancy. Services include education, ensuring adequate preparation and planning, connecting members to support groups and systems and overall facilitation of care. U Baby care managers are experienced OB nurses and are committed to ensuring the healthiest outcomes for mom and baby.
	<input type="checkbox"/> 24/7 Nurse Advice Line (Optional)	Members have access to a registered nurse 24 hours a day for answers to health-related questions.
	<input type="checkbox"/> Health Risk Appraisals (Optional)	Questionnaires are sent to all adult members to gain insight into their medical history or current concerns. These questionnaires allow our care management team to identify and outreach to members rather than relying on claims data on their own.
	<input type="checkbox"/> Medical and Behavioral Virtual Visits (Optional)	Through a partnership with MD Live, the leading digital provider of online health care, members can receive online medical care from expert providers 24/7 nationwide and online behavioral health care from expert licensed social workers, psychologists, and psychiatrists 9am-5pm Monday- Friday, through their phone, tablet, or computer.
	<input type="checkbox"/> HSA Admin (Health Equity) (Optional)	Provided through Health Equity, the employer group has the option to have the Health Equity account fees collected and passed through by U of U Health Plans as part of the administrative bill. Enrollment and claim files may be integrated at no additional cost.
	<input type="checkbox"/> EAP (Optional)	We offer a collaborative approach to mental health benefits. Utilizing both Huntsman Mental Health Institute and Blomquist Hale to provide the highest quality, cost-effective care to members with mental health concerns and integrating directly into the health plan.

Optional Services	<input type="checkbox"/> WELL YOU Enhanced Wellness Program (Optional)	<p>We work closely with the group to create a customized, data-driven wellness program. In conjunction with the University of Utah Office of Wellness and Integrative Health, we provide a more enhanced program including onsite coaching, targeted health information based on HRAs, and custom wellness challenges. Customized based on options chosen. Costs are passed through to the employer group.</p>
	<input type="checkbox"/> Bluebook Price Transparency (Optional)	<p>We partner with Healthcare Bluebook to provide a health care cost transparency tool designed to help employees identify the lowest cost quality provider for a specific procedure. The group may also choose to fund an awards program for using a lower cost provider. These awards would be in addition to the PEPM and are the employer's responsibility.</p>
	<input type="checkbox"/> Bill Review (Optional)	<p>U of U Health Plans works through a vendor to perform additional bill review on targeted high dollar claims. This review includes DRG validation, clinical coding, and itemized pre-payment bill review. A 21% of savings is charged up to a \$30,000 maximum per claim. Savings and charges will be passed through to the plan.</p>
	<input type="checkbox"/> Pharmacy ePrescribe (Optional)	<p>ePrescribing provides prescribers with real-time access to a member's eligibility, medication history, and drug coverage, supporting safer, more informed, and cost-effective prescribing.</p>