HEALTH PLANS
UNIVERSITY OF UTAH

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PROVIDER CONNECTION

U OF U HEALTH PLANS NEWSLETTER

AUGUST 2026

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GENERAL NEWS

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BETTERDOCTOR® ROSTER OPTION FOR LARGE GROUPS AND HEALTH SYSTEMS

The federal No Surprises Act requires health plans to verify the accuracy of provider directory information every 90 days. In addition to staying compliant, an accurate provider directory ensures our members are able to find you, removing barriers to health care for patients.

University of Utah Health Plans uses the BetterDoctor® online portal from Quest Analytics® to gather this data.

Groups with 20 or more providers or 5 or more facility locations can submit one roster instead of completing dozens or hundreds of individual attestations every quarter.

Once your roster is submitted, the Quest Analytics team will review your data for errors, inconsistencies, or missing information to help improve its overall quality. Your organization's accurate provider data is then delivered to U of U Health Plans to facilitate directory updates and meet regulatory requirements.

Read the BetterDoctor® Roster Solution FAQs for more information.

BETTERDOCTOR® ROSTER SOLUTION FAQS >>>

HOW TO FIND YOUR NETWORK PARTICIPATION AND NAVIGATE THE PROVIDER DIRECTORY

Providers can quickly verify their network participation using the U of U Health Plans Provider Directory. Here is a step-by-step guide to help you search for your clinic or facility, apply filters, and view the networks you're contracted with. This easy process helps ensure your participation details are accurate and up to date.

VIEW STEP-BY-STEP GUIDE >>>

WHEN AND HOW TO REQUEST A PEER-TO-PEER REVIEW

Peer-to-Peer (P2P) reviews provide providers an opportunity to discuss additional clinical information or context related to a denied prior authorization decision that may not have been included in the original submission. P2Ps must be requested within specific timeframes, require completion of the appropriate request form, and do not guarantee an overturned decision. Scheduling, availability, and submission guidelines must be followed, and cases that do not meet criteria may be directed to the appeals process. P2P reviews provide additional support to the prior authorization review but do not replace the authorization or appeal processes.

VIEW PEER-TO-PEER REVIEW GUIDELINES >>>

PROVIDER SATISFACTION SURVEY RESULTS: WHAT YOU SHARED WITH US

The results from the 2026 Provider Satisfaction Survey are in! Overall feedback was strongly positive, with high satisfaction ratings across contracting, credentialing, claims processing, prior authorizations, and customer service. Thank you to all who took the time to participate. Your feedback helps continue to improve the provider experience.

VIEW SURVEY RESULTS >>>

QUALITY IMPROVEMENT & PATIENT CARE

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HELPING MEMBERS WITH WELL-CARE VISITS

Regular well-care visits are one of the most important tools for keeping children healthy, on track developmentally, and caught up on preventive care. Unfortunately, many children — especially those between 15 and 30 months — are missing these visits, leaving meaningful gaps in their care. The good news is that providers are in a unique position to change that through proactive scheduling, consistent outreach, and thorough documentation. Small improvements in these areas can make a real difference for patients and the broader community.

LEARN MORE >>>

TO DO: SUBMIT YOUR ADA ATTESTATION

We're committed to making sure all members can access the care they need. If you haven't yet submitted this year's ADA Compliance Attestation, please complete the short survey as soon as possible. This helps us ensure our directory includes up-to-date information about physical access, accommodations, and equipment for members with disabilities.

SUBMIT YOUR ASSESSMENT AND ATTESTATION FOR ADA COMPLIANCE >>>

COMPLEX CASE MANAGEMENT SERVICES AND REFERRAL OPTIONS

Have you used our care management programs for complex and chronic condition management? Our programs offer:

- **Personalized support** from registered nurses and licensed clinical social workers
- **Education, advocacy,** and **coordination** of healthcare services
- **Collaboration** with treating providers and primary care physicians (PCPs)
- **No out-of-pocket cost** for eligible members

To refer a patient, contact us at 801-213-4008, option 2.

LEARN MORE ABOUT OUR CARE MANAGEMENT SERVICES >>>

SCHEDULE A CULTURAL COMPETENCY TRAINING FOR YOUR TEAM

Culturally competent care improves communication, trust, and patient satisfaction. We've created an optional training to help providers strengthen their skills and deliver more inclusive care.

VIEW THE TRAINING HERE >>>

PHARMACY NEWS

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CONTROLLED SUBSTANCE DATABASE (CSD) AND OPIOID PRESCRIBING GUIDELINES

The Utah Controlled Substance Database program (CSD) is a prescription monitoring program that helps identify potential cases of drug abuse and over-prescribing. However, many prescribers are not using this valuable resource.

Remember to check the database before prescribing for the first time. And if you're prescribing opioids, consider following these evidence-based interventions to help lower overdose death rates.

LEARN MORE >>>

PHARMACY RESOURCES

Our pharmacy and medication information is updated regularly as changes occur. Because drugs may be added or removed from the formulary throughout the year, we recommend reviewing our website at least quarterly for the most up-to-date information, including formulary change notices.

To support your needs, we have compiled a pharmacy resources page with links to our formularies, prior authorization policies and forms, and more.

CHECK OUT THE RESOURCES >>>

HEALTHY U MEDICAID NEWS

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OXYGEN CONCENTRATOR COVERAGE FOR HEALTHY U MEMBERS

Not all Healthy U members are limited to one Durable Medical Equipment (DME) supplier for oxygen concentrators in Utah. Coverage varies by county, and multiple contracted providers may be available.

LEARN MORE >>>

FEDERAL UPDATES: H.R. 1 (ONE BIG BEAUTIFUL BILL ACT OF 2025)

On July 4, 2025, H.R. 1, also known as the One Big Beautiful Bill Act (OBBBA), was signed into law and includes multiple Medicaid-related reforms. Many provisions are not expected to take effect until fall 2026 or later.

Utah Medicaid is currently reviewing the legislation, evaluating potential impacts, and preparing for future program changes. Additional federal guidance is anticipated in the coming months.

Providers are encouraged to visit the Utah Medicaid website for the latest updates and resources.

VIEW UTAH MEDICAID UPDATES >>>

MEDICAID STATEWIDE PROVIDER TRAINING

Utah Medicaid will be offering the 2026 statewide provider training in August and September. For more information, see the May 2026 Medicaid Information Bulletin (MIB).

Featured Session: Federal H.R. 1 / One Big Beautiful Bill Act (OBBBA) Updates

- **Date:** Thursday, September 17
- **Time:** 10:00–11:00 AM
- Providers are encouraged to register and attend to receive the latest information and updates regarding H.R. 1.

REGISTER HERE >>>

EARLY REFILL GUIDELINES FOR MONTHLY DISPOSABLE MEDICAL SUPPLIES

Early refill guidelines allow providers to dispense monthly disposable medical supplies between days 25–30 to prevent gaps in patient care. Claims must reflect the actual dates of service for the upcoming month, and providers must follow utilization limits without duplicating supplies. Proper billing practices, including accurate date ranges and documentation, help ensure compliance and avoid claim denials.

VIEW EARLY REFILL GUIDELINES >>>

UNDERSTANDING BILLING FOR STATUTORILY EXCLUDED CODES AND HEALTHY U

Statutorily excluded codes are services that Medicare does not cover, meaning claims for these services can be billed directly to Healthy U as the primary payer when applicable. When claims include both excluded and Medicare-covered services, providers can either submit the full claim to Medicare first or split the claim between Medicare and Healthy U. Understanding these options helps ensure accurate billing and reduces reimbursement delays.

LEARN ABOUT STATUTORILY EXCLUDED CODES >>>

CODING CORNER

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DURABLE MEDICAL SUPPLIES REIMBURSEMENT POLICY

The May 2026 Provider Connection Newsletter included updates to the Durable Medical Equipment (DME) Supplies Reimbursement Policy. Providers should refer to the policy for detailed guidance on rental and purchase requirements for DME items.

We have received questions regarding the appropriate use of the LL, RR, and NU modifiers. Please review the definitions below:

- **LL – Lease/Rental**
  Use the LL modifier when the rental payments for DME equipment will be applied toward the purchase price.
- **RR – Rental**
  Use the RR modifier when DME equipment is being rented and not intended for purchase.
- **NU – New Equipment**
  Use the NU modifier for DME items classified by CMS as inexpensive (IN), which are designated for purchase only.

COORDINATION OF BENEFITS (COB)

Coordination of Benefits (COB) ensures patients receive the full value of their coverage while preventing duplicate payments across multiple insurers. When a patient has more than one plan, providers must identify the correct payer order and submit claims to the primary payer first, followed by any secondary or tertiary payers with complete payment details. Accurate COB submissions require all claims to be properly balanced, including payments, adjustments, and denial codes at both the claim and line levels. Following best practices—such as verifying coverage, determining payer order, and submitting complete information—helps reduce delays and ensures efficient reimbursement.

READ FULL ARTICLE >>>

CODES REQUIRING PRIOR AUTHORIZATION

We regularly review our list of Codes Requiring Prior Authorization and update it as changes occur, including removing codes no longer requiring authorization. Please search this list before scheduling procedures or prescribing durable medical equipment to determine if prior authorization is required.

Also, take a moment to view Upcoming Changes to Codes Requiring Prior Authorization to ensure your authorizations for future procedures are also compliant.

COVERAGE POLICY UPDATES

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MEDICAL POLICY UPDATES

Medical policies for the following services have been recently created, revised, or archived:

- **REVISED** – Gender Affirming Surgery
- **REVISED** – Low Dose Computed Tomography for Lung Cancer Screening
- **REVISED** – Balloon Dilation of the Eustachian Tube
- **REVISED** – Myocardial Strain Imaging
- **REVISED** – General Policy on Genetic Testing
- **REVISED** – Cardiac Fludeoxyglucose-Positron Emission Tomography (FDG-PET) Scans
- **ARCHIVED** – Autologous Chondrocyte Implantation
- **ARCHIVED** – Circulating Tumor DNA and Circulating Tumor Cells for Cancer Management (Liquid Biopsy)
- **ARCHIVED** – Transcutaneous (Non-implantable) Vagus Nerve Stimulation (e.g. gammaCore)
- **ARCHIVED** – Formulas and Other Enteral Nutrition
- **ARCHIVED** – Drug Levels and Antibody Testing for Infliximab, Adalimumab, Vedolizumab and Ustekinumab
- **ARCHIVED** – Electric Tumor Treatment Field Therapy
- **ARCHIVED** – Vitamin D Testing

VIEW A SUMMARY OF CHANGES HERE >>>

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