PROVIDER CONNECTION

U OF U HEALTH PLANS NEWSLETTER

AUGUST 2026

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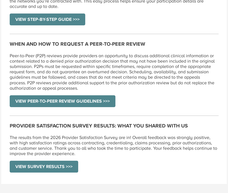
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GENERAL NEWS



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 and contact you directly if they need clarification or additional information. You will 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 medical necessity for a service that has been denied or modified. P2P reviews are not a substitute for a claim 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 >>>

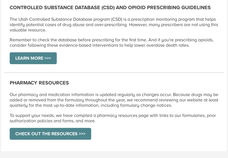
PROVIDER SATISFACTION SURVEY RESULTS: WHAT YOU SHARED WITH US

The results from the 2026 Provider Satisfaction Survey are in! Overall feedback was strongly positive, with high marks for claims processing, provider relations, and customer service. Providers also highlighted ease 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 ages 0 to 6 — are not getting the well-care visits they need. Because you see your patients the most, you're in a unique position to change that trend 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 completed your ADA attestation, please do so as soon as possible. The sooner we receive it, the sooner we can update our directory. Including your ADA attestation helps us provide accurate 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 significant 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 21 and 25 of the current supply cycle. This helps ensure members have uninterrupted access to their 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 appropriate. When claims include both Medicare and Healthy U coverage, providers must submit claims to Medicare first. Providers can also 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 purpose of 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 the appropriate claim adjustments. Accurate COB submissions require patients to be properly balanced, including copayments, adjustments, and denial codes at both the claim and line levels. Following these guidelines helps reduce delays, minimize rejections and denials, 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 Fluoroangiotension Positron Emission Tomography (PDG-PET) Scan
- **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
- **ARCHIVED** – Drug Levels and Antibody Testing for Adalimumab, Natalizumab and Ustekinumab
- **ARCHIVED** – Electric Tumor Treatment Field Therapy
- **ARCHIVED** – Vitamin D Testing

VIEW A SUMMARY OF CHANGES HERE >>>

Please share this newsletter with providers and staff in your office, and encourage them to subscribe to receive notifications when new editions are available. Past newsletters can be viewed here.

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