



UTAH EDITION

providerINSIGHT®

SelectHealth® | February 2023

Welcome to the *Provider Insight* newsletter.

Here, you'll find medical, dental, and pharmacy information as well as updates to our plans:

- > Commercial
- > SelectHealth Medicare™
- > SelectHealth Community Care® (Medicaid)
- > Federal Employee Health Benefits (FEHB) plans

We encourage you to read *Provider Insight* to stay up to date on policies affecting our members and your patients.

OTHER SELECTHEALTH PROVIDER PUBLICATIONS

- [Pharmacy and Therapeutics](#)
- [SelectHealth Policy Update Bulletin](#)

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SelectHealth® News

Rob Hitchcock Named SelectHealth President and CEO

After a thorough executive search process, Rob Hitchcock has been selected as the president and chief executive officer for SelectHealth from a strong slate of internal candidates. He began serving in the interim president and CEO role for SelectHealth in November after joining as the president of government programs and chief value-based officer in August. Rob will also serve as a member of the Enterprise Leadership Team (ELT) for Intermountain Health.

Rob is excited to continue leading the SelectHealth team, bringing his extensive national insurance provider leadership experience to the role. Before joining SelectHealth, he built a distinguished 25+ year career in executive leadership roles for national insurance provider organizations. Most recently, he served as the chief operating officer for Carelon, a division of Anthem. He has held various executive leadership roles for other organizations, including Centene, Blue Cross Blue Shield, and Humana.



“Rob has demonstrated keen ability in building positive relationships and collaborating across the organization while serving in the interim role,” said Nannette Berensen, chief operating officer for Intermountain Health. “I am confident he will continue providing great leadership to the SelectHealth team and build on partnerships within the enterprise in his permanent role as president and CEO. This is an exciting time for SelectHealth, and I am confident in Rob’s leadership and ability to enhance and grow SelectHealth in existing and new markets to better serve members. Please join me in congratulating Rob on his new role. I look forward to seeing the impact his leadership will have in the communities we serve.”

Rob holds a Bachelor of Science degree in economics and a Bachelor of Science degree in sociology from the University of Utah. He also holds a Master of Health Administration degree from Virginia Commonwealth University. He and his wife Michelle are proud to call Salt Lake City home.

UPDATE: 2023 Credentialing/Contracting Changes for Utah Affiliate Providers

SelectHealth is changing our credentialing process in 2023 to improve provider experience, decrease duplication, and accelerate credentialing/reappointment.

What is changing and when?

Historically, we have delegated provider credentialing to Intermountain Medical Staff Services (MSS).

Starting summer 2023, the credentialing process for Utah affiliate providers, including quarterly attestations, will transition to being managed by SelectHealth in partnership with the Council for Affordable Quality Healthcare® (CAQH) rather than being managed by MSS.

How will this work?

For new providers:

- > Starting in summer 2023, SelectHealth will process new credentialing applications through CAQH.
- > Providers will need to provide SelectHealth access to their profile upon request, and update/manage their information with CAQH on an ongoing basis.

For providers currently credentialed by MSS, SelectHealth will:

- > Continue to process quarterly attestations for providers until their time of recredentialing when the provider will be credentialed by CAQH.
- > Provide notification to providers before the time of their recredentialing to get all relevant information entered, or updated, with CAQH.
- > Work with CAQH going forward to manage the credentialing as well as tracking of sanctions, quarterly attestations, and directory data.

Providers will continue to be credentialed by MSS until summer 2023. We will provide notice in advance of the transition in credentialing.

Delegated credentialing arrangements will continue to remain in place through the transition.

What about hospital privileges?

Hospital privileges at a contracted hospital will continue to be a network participation requirement for certain provider specialties. Privileges for Intermountain hospitals will still be granted and managed by Intermountain.

What do providers need to do to prepare for this change?

As part of any recredentialing application, we will collect provider CAQH ID numbers for accessing your information.

Please be sure that you:

- > Use the guidance on the next page to update or create your CAQH profile.
- > Enable SelectHealth permission to access your CAQH application in the “authorize” section of your application when requested.
- > Keep your information in CAQH current to prevent any issues with your network participation status.

Questions?

Contact your
Provider Relations
representative.

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SelectHealth News, continued

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Creating or Updating Your CAQH Profile

Please enroll and/or update your CAQH profile using the guidance below:

- > **Update your CAQH profile on their portal; failure to do so will delay credentialing and contracting in the future.** Be sure to review, update, and attest to all relevant data. As a reminder, information within CAQH needs to be current, including licenses and insurance documentation. National Committee for Quality Assurance (NCQA) accreditation standards require that we directly notify providers of credentialing decisions. Please include an email for each applicant in their CAQH profile.
- > As soon as possible, update documentation expiring in the next 30–60 days to prevent delays or impacts to network participation.
NOTE: An active license in the state(s) where you practice is a requirement for credentialing and network participation. Please ensure your license is valid and updated within CAQH to avoid any network participation impacts.
- > **Notify practitionercontracting@selecthealth.org** when your profile is updated.
- > **Create a CAQH profile if you do not have a CAQH number** by following these three steps:
 - 1 Visit the **CAQH registration site**.
 - 2 Complete the provider registration.
 - 3 Receive your CAQH ID number.

Preauthorization Requirement Change for Skilled Nursing Visits

Effective **January 1, 2023**, SelectHealth will no longer require preauthorization for skilled nursing visits through Home Health in Utah and Idaho as indicated below:

- > **For fully insured commercial and Medicare plans**, no preauthorization will be needed for Home Health skilled nursing visits.
- > **For Medicare plans**, no preauthorization will be needed for rehab services as well.
- > **For all plans**, other services will continue to require preauthorization according to the SelectHealth online preauthorization lists.

SelectHealth made this change because approval rates for preauthorization requests for these services are very high, suggesting close alignment between providers and SelectHealth.

We recognize that preauthorization is an administrative burden to providers and consumes a lot of utilization review resources that could be better used elsewhere when this high rate of alignment exists.

Questions?

Contact Suzanne Bretz
at suzanne.bretz@selecthealth.org.

SelectHealth News, continued

Name Change for AIM Specialty Health® Coming March 2023

Effective **March 1, 2023**, AIM Specialty Health will become Carelon Medical Benefits Management (AIM joined the Carelon family of companies in **June 2022**). Carelon is a new healthcare services brand dedicated to solving the industry's most complex challenges.

This change does not impact the services AIM offers or the way AIM works with providers.



In **March**, any documents (e.g., determination letters) that mention AIM Specialty Health and the website will begin using the new Carelon Medical Benefits Management name. This is only a name shift; there will be no changes to the way you submit a case or the contact information you use for checking case status. [Learn more.](#)

SelectHealth Changes Hospital Privileging Policy

We have changed our policy regarding hospital privileges as part of the credentialing requirements and processes. This change aligns with our upcoming credentialing transition to the Council for Affordable Quality Healthcare® (CAQH).

Current SelectHealth Participating Providers:

You will not be impacted by this change, so there is nothing you need to do other than be aware of the change.

What has changed?

Effective February 1, 2023, providers applying for panel participation (unless granted an exception by the SelectHealth Medical Director, in advance) must:

- > Obtain and maintain medical staff membership (in good standing) and clinical privileges appropriate to the provider's specialty at a SelectHealth contracted hospital(s) **within 120 days** of being approved as a participating provider
- > Meet all other credentialing criteria before their application will be presented to the SelectHealth Credentials Committee

If hospital privileges are **not** granted within 120 days, panel participation may be terminated, effective immediately, until such time as privileges are granted.

This change applies as well to advanced practice providers (APPs) whose specialty requires them to hold hospital privileges.

How will providers benefit from this change?

As a result of this change, practitioners will be able to:

- > Avoid having to seek temporary privileges at hospital(s) for the purpose of being considered for SelectHealth Panel Participation.
- > Start seeing patients who are SelectHealth members in the office while hospitals are completing the credentialing and privileging process.

Questions?

Contact your Provider
Relations representative.

SelectHealth Medicare™ News

Health Outcomes Survey (HOS) and Member Perception of Care

The HOS is a patient-reported outcomes measure used in Medicare managed care plans by the Centers for Medicare and Medicaid Services (CMS). The goal of the HOS is to:

- > Gather valid and reliable meaningful data for quality improvement activities
- > Monitor health plan performance
- > Improve the health of the Medicare Advantage (MA) population
- > Help members make informed health care choices

Managed care plans with MA contracts must participate, and survey results impact CMS Star ratings of MA plans.

Questions?

Contact Anita Sachs at
anita.sachs@selecthealth.org.

How CMS implements HOS

Each year, a CMS-approved survey vendor surveys a random sample of MA members. Last year's results demonstrated that providers are doing a great job on the questions related to physical activity.

In response to HOS questions, there are two areas where providers can significantly impact how MA members assess their health care experience:

- 1 Reducing the Risk of Falling
- 2 Improving Bladder Control

Typically, these discussions occur during a clinic visit or an annual wellness visit (AWV). For each of these areas, **Figure 1** (on the next page) presets sample HOS questions and possible provider questions and discussion topics.

Provider support tools from SelectHealth

SelectHealth offers these tools to help clinicians plan for and monitor success:

- > **Survey Reports:** SelectHealth administers a survey like the HOS to SelectHealth Medicare™ members each year. If one of your patients reports on a topic where they received no provider discussion, a report will be sent to you in **May/June 2023**.
- > **My Doctor's Visit:** This member education booklet can help facilitate in-office discussions of the above topics. Many clinics use this booklet as a handout for the AWV and other visits. Download [a PDF version](#) of this booklet. Intermountain Healthcare providers using iCentra can access and print this document in education, where it is titled, "Adult Wellness Visit."



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SelectHealth Medicare News, continued

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Figure 1. Sample HOS Questions & Possible Provider Discussion Topics

REDUCING FALL RISK	
Sample HOS Questions	Possible Discussion Topics
<ul style="list-style-type: none"> • In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking? • Did you fall in the past 12 months? • In the past 12 months, have you had a problem with balance or walking? • Has your doctor or health provider done anything to help you prevent falls or treat problems with balance or walking? 	<ul style="list-style-type: none"> • Encourage exercise, physical therapy, strengthening and balance activities (tai chi, yoga). • Review medications the patient takes for increase fall risk. • Discuss home safety tips such as removing trip hazards, installing handrails, and using nightlights. • If needed, suggest the use of a cane or walker. • If needed, recommend a vision or hearing test.
IMPROVING BLADDER CONTROL	
Sample HOS Questions	Possible Discussion Topics
<ul style="list-style-type: none"> • In the past six months, have you experienced leaking of urine? • There are many ways to control or manage the leaking of urine, including bladder training exercises, medication, and surgery. • Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches? 	<p>Ask patients if they have any trouble holding their urine. If yes, determine possible cause by asking:</p> <ul style="list-style-type: none"> • Does this occur during exercise, coughing, or after urinating (incomplete emptying)? • Do you have an abrupt, strong, often overwhelming, need to urinate associated with the leaking? • How often do you go to the bathroom during the day and night? • Do you have pain or notice a change in color, smell, appearance, or volume with urination? • Do your urinary issues impact your daily life? <p>In addition to the above questions, be sure to ask men:</p> <ul style="list-style-type: none"> • Is there any change in stream? • Are you experiencing any sexual dysfunction (new, historical, or changing)? <p>Communicate that, although urinary leakage may be common as we grow older, there are treatments that can help (e.g., exercises, medications, medical devices, behavioral therapy, and surgery). If available, provide informational brochures and materials to assist with discussion for this sensitive topic.</p>

Reminder: Submit Statin Exclusions Each Year

Statin medications are recommended for reducing cardiovascular event risk in certain populations, including patients with diabetes or cardiovascular disease. If a patient is unable to tolerate a statin, please submit a qualifying diagnosis code on a claim to SelectHealth **each year**. Use the list of required codes in **Figure 2** below. **Note that:**

- > These exclusions must be submitted on a claim each year, not just charted.
- > A statin allergy does not count without coding for one of the listed exclusions in **Figure 2** below.

Questions? Contact either Kirstin Johnson, SelectHealth Quality Consultant RN (for cardiovascular measure) at **801-442-8224** or kirstin.johnson@selecthealth.org OR Cody Olsen (for diabetes measure) with the SelectHealth pharmacy team at cody.olsen@selecthealth.org.

Figure 2. Overview of Qualifying Statin Exclusions to be Coded

For Diabetes Patients ONLY		For Cardiovascular Patients ONLY	
<ul style="list-style-type: none">- Prediabetes (R73.03, R73.09 codes)- PCOS (E28.2 codes)- Adverse effects of antihyperlipidemic and antiarteriosclerotic drugs (T46.6X5A code)		<ul style="list-style-type: none">- IVF- Myalgia (M79 codes)- Palliative Care	
For BOTH Diabetes and Cardiovascular Patients			
<ul style="list-style-type: none">- Cirrhosis	<ul style="list-style-type: none">- Hospice Care	<ul style="list-style-type: none">- Myopathy (G72 codes)	<ul style="list-style-type: none">- Pregnancy
<ul style="list-style-type: none">- Dialysis	<ul style="list-style-type: none">- Lactation	<ul style="list-style-type: none">- Myositis (M60 codes)	<ul style="list-style-type: none">- Rhabdomyolysis (M62 codes)

SelectHealth Quality Provider Program News*

Why the Quality Provider Program Makes Sense

The Quality Provider Program (QPP) offers:

- > A team-based healthcare delivery model focused on providing comprehensive care
- > A partnership between a team of healthcare professionals, families, and community resources to enhance primary care while controlling cost
- > Programs in primary care, women's health, behavioral health, and nephrology

Benefits for your patients

This approach offers improved:

- > **Accessibility** through enhanced office hours, use of telephone or video chat, and after-hours access
- > **Coordination** with doctors, nurses, and pharmacists; community resources; and other key members of the healthcare team
- > **Collaboration** with their healthcare providers in decision making about disease management and preventive care
- > **Cultural sensitivity** by working to recognize, value, and respect patients' and their families' beliefs, traditions, and language

Benefits for your practice

This approach offers improved care delivery and a payment model that encourages quality. The QPP has the potential to boost health outcomes and patient satisfaction by improving:

- > Focus on preventive care and disease management
- > Patient involvement in healthcare decisions
- > Information sharing
- > Continuity of care for patient safety, quality, and prevention of unnecessary tests and/or procedures
- > Medical treatment pathways, based on local and national policies and evidence-based care

practices, that minimize unnecessary testing and standardize patient care

Under this model, the team can **earn additional compensation** through:

- > Quarterly quality payment or "performance-based pay" for meeting defined clinical quality and cost/utilization outcomes
- > End-of-year bonus payments for eligible specialties

Support from SelectHealth

We provide participating clinics with:

- > Enhanced reporting
- > A consultant resource
- > The opportunity to earn quarterly and annual payments for quality gaps

Learn more about the Quality Provider Program

Contact your Provider Relations representative at provider.development@selecthealth.org for information on how to participate. We can now add clinics throughout the year.

Clinics that participate in this program strive to meet annual clinical goal thresholds as well as a series of participation requirements (outlined at an orientation meeting), such as:

- > Educating patients on how to engage in their own healthcare plan
- > Screening patients for social determinants of health (SDoH)
- > Utilizing community resources
- > Following up with patients after discharge from an inpatient setting

Current program participants*, contact your Quality Provider Program representative for more information.

* SelectHealth Medical Home, also known as Advanced Primary Care (APC), changed its name to "SelectHealth Quality Provider Program" this year. (In Idaho, the program is referred to as the "Quality Plus Provider Program.")

SelectHealth Quality Provider Program News, continued

Pediatric Well Care Visit Best Practices

Well care visits from birth to age 21 are essential for ensuring patients are up to date on screenings, immunizations, and any other health/social needs. The Quality Provider Program recommends involving all team members in the strategy for scheduling and completing pediatric well care visits. This can be done by:

- > Holding meetings or huddles and soliciting feedback on how the clinical processes might be improved
- > Using the reports and tools provided by the Quality Provider Program to facilitate outreach to patients who are coming due for their well care visit

Contact your Quality Provider Program representative for more tips and tricks on ways to improve in this or other measures.

2023 Materials Now Available Online

Access new online materials for the **Quality Provider Program** for 2023. These include new measures booklets for:

- > **Primary Care (Adult and Pediatric)**
- > **Women's Health**
- > **Behavioral Health**
- > **Nephrology**

You can also download updated requirements templates (fillable forms) for:

- > **Corrective Action Plan**
- > **Social Determinants of Health Process**
- > **Transitions of Care Process**



SelectHealth Community Care® News

Medicaid Continuous Enrollment Changes Coming

On **December 23, 2022**, Congress approved, and the President signed into law the FY 2023 Omnibus Appropriations bill. While several key provisions of this bill affect the Medicaid program, an important provision of **Congress' plan** decouples the federal public health emergency (PHE) and Medicaid's continuous enrollment policy. This law set the date of **April 1, 2023**, for the end of Medicaid continuous enrollment.

What does this mean for SelectHealth Community Care® (Medicaid) members?

Medicaid enrollees will begin getting notices from the state that they need to complete their eligibility redetermination as early as April. The review letter will tell members one of three things:

- > Utah is renewing your Medicaid coverage, **or**
- > Utah is ending your Medicaid coverage, **or**
- > Department of Workforce Services (DWS) needs more information to determine if you still qualify for Medicaid. If more information is needed, a review form will be included.

Medicaid enrollees should make sure their contact information is up to date with DWS so they get the notices from the state. Enrollees can:

- > Update their contact information by calling a Health Program Representative at **866-608-9422**
- > Report changes to their case (household size, marital status, income, etc.) to DWS at **866-435-7414**

Find more information and resources on [Utah's continuous enrollment unwinding plan](#).



Important Reminders for Medicaid Providers

Requesting Preauthorization

Access updated [preauthorization forms](#), and remember to check code coverage prior to submitting requests to verify that the requested code requires preauthorization.

Submission of requests for codes that do not require preauthorization can lead to unnecessary delays in service. Providing relevant clinical documentation that supports the medical necessity of the service being requested is also required.

Provide a valid phone number and extension or email address for the individual who can answer questions about preauthorization requests and

receive preauthorization outcome notifications. Direct phone numbers are preferred. For voicemail boxes, please indicate if it is a secure voicemail as well as the owner of the voicemail.

When requesting services that require a trial of conservative treatment, please include ALL of the following:

- > What has been trialed
- > When it was trialed
- > How long it was trialed
- > Number of treatments trialed (if applicable)
- > Response to the conservative treatment

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SelectHealth Community Care News, continued

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For hysterectomy requests, the Medicaid Hysterectomy Acknowledgment form is required, which can be found [online](#). The sterilization consent is not required for a hysterectomy.

For durable medical equipment requests, a valid prescription and justification of medical necessity is required.

Medicaid Eligibility

Medicaid member eligibility should be verified during every visit. The most accurate and up to date information can be found using the Medicaid Eligibility Lookup Tool through the [Utah Department of Health and Human Services](#). The lookup tool will also identify if a member is restricted. SelectHealth is not obligated to pay unapproved providers for restricted members. Please call our Care Management team with any questions at **801-442-5305**.

988—The New Suicide and Crisis Lifeline Phone Number

If you have patients who struggle with mental health or substance use, remind them that telephonic crisis care is available whenever they need it via a new easy phone number to use – **988**.

The 988 hotline responds 24/7 to calls, chats, or texts from anyone who needs support for issues such as suicide, mental health, and/or substance use crisis, and connects people to trained crisis counselors.

Here's what happens when someone calls 988:

- > The caller will hear a greeting message while their call is routed to the local Lifeline network crisis center (based on the caller's area code).
- > A trained crisis counselor answers the phone, listens to the caller, provides support, and shares resources if needed.
- > If the local crisis center is unable to take the call, the caller is automatically routed to a national backup crisis center.

988 provides services in English and Spanish and uses Language Line Solutions to provide translation services as needed.

Additional information about the 988 services can be found on the [U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration website](#).

Support for Pregnant Women on Medicaid

Share information about these two programs for women who become pregnant:

- 1 **Pregnant Woman's Program**—Utah Medicaid offers this plan for pregnant women, which is a medical assistance program that covers the medical care of the mother from the date she submitted her application through 60 days after the birth of her child.

If someone is currently on Medicaid and becomes pregnant, it is important for the member to contact the Utah Department of Workforce Services (DWS) to update their status with the state. Doing so will allow the state to move the member to the Pregnant Woman's Program coverage, which offers additional medical benefits that are not part of the traditional or non-traditional benefit package, such as eye wear, chiropractic care, and dental.

- 2 **SelectHealth Healthy BeginningsSM**—SelectHealth offers this program for pregnant mothers, which works with the member and providers to help ensure a safe and healthy pregnancy. Once a member signs up, they can talk to a nurse care manager who can answer questions, give emotional support, and help find the right doctors.

Members will receive a book on pregnancy that covers the baby's growth, nursing, and more. Members may also get incentives when they meet program goals. To sign up or learn more, call the Healthy Beginnings Program at **866-442-5052**.



High-Risk Reward Program

SelectHealth now offers a reward program for providers on the Community Care (Medicaid) plans in the state of Utah. This program offers \$75 per high-risk patient seen through **June**. Rewards payments are made to the providers who submit claims for eligible visits.

Eligibility criteria includes:

- > The member appears on the eligibility list you receive from your Castell representative

(network manager, care coordinator, or clinical documentation specialist).

- > Established patient E/M visits are documented and coded appropriately (**99202-99205, 99212-99215, 99381-99387, & 99391-99397**).

Learn more about this program by accessing the program [Frequently Asked Questions](#).

Clinic Workflow for High-Risk Reward Program

Obtain list of eligible members from your Castell representative.

Schedule regular office visits for identified high-risk members.

For each visit, document and code chronic conditions using forms provided.**

Receive payment (dispersed Q4).

Colorectal Cancer Screenings: The Best Approach for Your Patients

The U.S. Preventive Services Task Force (USPSTF) recommends adult colorectal cancer screening to those **aged 45 to 75 years**. This guideline reflects that:

- > There has been a dramatic increase in colorectal cancer among those aged 40 to 49 years. By offering more screening options, we can help members live the healthiest lives possible.
- > Screening detects colon cancer at an early stage when it is curable. The five-year survival rate for those treated in early stages is 90% as compared to 25% for those whose cancer is detected in later stages.¹

Take these five steps to help members get the screening tests they need:

- 1 Encourage members ages 45 to 75 to be screened for colorectal cancer.
- 2 Order the appropriate screening depending on the patient (e.g., FIT test, colonoscopy).
- 3 Schedule the screening based on frequency guidelines.

- 4 Follow-up on screening results. Schedule a colonoscopy for those who have positive FIT tests: Call the Member Advocates team at **801-442-4993** (Salt Lake area) or **800-515-2220**.
- 5 Order FIT kits as needed through Intermountain Central Lab.

Access these SelectHealth online colorectal cancer screening resources:

- > **Colorectal Cancer Screening: What Providers Need to Know** (includes a treatment algorithm on page 2)
- > **Ordering FIT At-Home Colorectal Cancer Screening Tests**
- > **Utah Preventive Care Recommendations: Adult - Ages 19 and Above** (see page 5 for colorectal screening guidelines)

Other helpful links include:

- > **Prevent Colorectal Cancer website** published by the American Society for Gastrointestinal Endoscopy (ASGE)
- > **Colorectal Cancer Screening website** published by the American Society of Clinical Oncology (ASCO)

¹ American Cancer Society. 2017. *Colorectal Cancer Facts & Figures 2017-2019*, Publication No. 861717. Available at <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf>. Accessed January 26, 2022.

Practice Management Resources

Care Management Services for Social Determinants of Health

SelectHealth care managers work to improve social determinants of health (SDoH), which continue to impact members' well-being and overall quality of life. The pandemic further exposed and amplified SDoH related to health care, poverty, and an individual's physical environment.

To genuinely meet the needs of our members and patients, we depend on providers to identify when social determinants impact member outcomes and know how care management services can help.

The impact of SDoH on healthcare

Studies have shown that medical care accounts for only 10–20% of modifiable contributors to healthy outcomes. The other 80–90% relate to social, economic, and environmental factors.¹

The three determinants of health most often encountered by care managers and for which health is often the last priority are lack of:

- 1 **Transportation:** These limitations affect how members get to medical appointments and how they manage to pick up prescriptions. Care managers work with outside organizations that help transport patients to meet their healthcare needs.
- 2 **Housing:** Housing insecurity impacts a person's ability to manage health conditions. Poor housing quality and inadequate conditions (e.g., the presence of lead, mold, or asbestos, poor air quality, and overcrowding) can all contribute to negative health outcomes.

- 3 **Food:** Food scarcity in homes is one reason members are unable to fully recover. There are a couple of options based on members' plans that can provide them with post-discharge meals or deliver food to their door.

How SelectHealth care managers help

The care management team at SelectHealth coordinates, develops, and implements social services needed by members so that they can better prioritize their health. Care managers listen to members' concerns, connect them to resources in the community, and spend time talking to them about their health needs.

Care managers collaborate with practices by helping members navigate medical treatment and better understand their medical conditions as well as by advocating for patients' health. They also help close the loop when providers refer members to [2-1-1 resources](#).

Our knowledgeable and friendly care managers are here to support you and your patients. Learn more; call **801-442-5305**, or scan the QR code below.



¹ Healthcare Information and Management Systems Society, Inc. (HIMSS). *Social Determinants of Health*. 2023. HIMSS website. <https://www.himss.org/resources/social-determinants-health#:~:text=The%20sustained%20and%20stable%20relationship%20between%20socioeconomic%20status,status%2C%20and%20this%20occurs%20across%20a%20social%20gradient>. Accessed January 31, 2023.

Helping Members Better Manage Hypertension

Many of our members have diverse health care needs, requiring them to interact with multiple providers in differing specialties. While not all providers manage a patient's hypertension, most providers check a patient's blood pressure. If an office blood pressure is above 140/90, we encourage all providers to:

High blood pressure does not wait until a patient is at a visit with their primary care provider. It can surface or resurface at any time.

- > Allow the patient to sit quietly for 5-10 minutes and recheck the blood pressure. This allows for a more accurate reading.
- > Make sure to document all follow up blood pressures in the medical record.
- > If a blood pressure continues to be elevated, encourage the patient to see their primary care provider to discuss ways to improve blood pressure.

In this new environment of expanded telehealth visits, we would also ask providers to help capture accurate blood pressure readings and trends even if the patient is not being seen in the office. Two ways to do this are:

- > Documenting home blood pressure readings in the EMR during a telehealth visit.
- > Including specific systolic and diastolic reading of patient-reported blood pressure (e.g., patients' blood pressure this morning was

135/78). Blood pressure ranges (e.g., patient blood pressure averages 125-135/70-80) do not count towards HEDIS and STARS measurement. While including a range can be helpful for trending purposes, we ask

that you also include a most recent blood pressure.

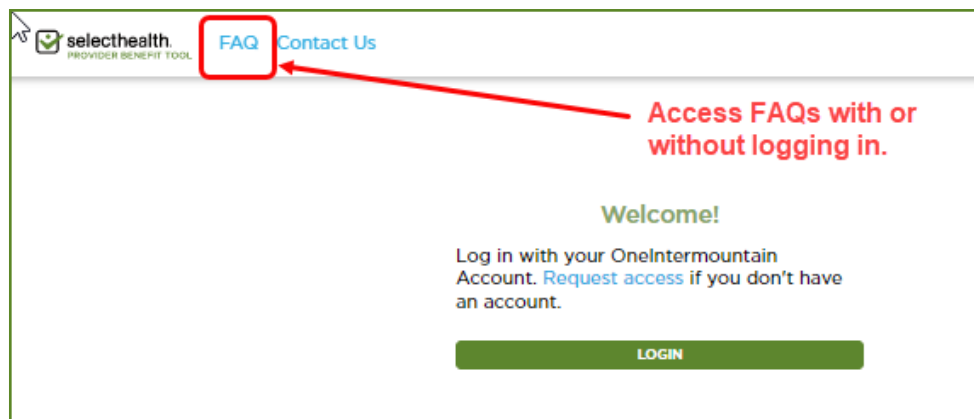
SelectHealth also encourages members with hypertension to monitor their blood pressure at home by purchasing a blood pressure cuff and using these benefits to obtain one for home use:

- > Medicare members in Utah and Nevada have an over the counter (OTC) benefit each quarter that they can use to order a blood pressure cuff through the [SelectHealth OTC guidebook](#) (via mail, phone, or online form).
- > SelectHealth will help cover the cost for Medicaid members if they have a prescription for a blood pressure cuff from their provider. Encourage Medicaid members to contact member services at **835-442-3235** for benefits and coverage information.
- > A home BP cuff is also a covered health savings account (HSA) item.

Please share these resources with your SelectHealth patients to cover the cost of a home blood pressure cuff.

Using the Provider Benefit Tool Self-Service Resources

Need to determine member eligibility and claim status? Be sure to primarily use the Provider Benefit Tool (PBT) resources to get answers to your questions. Go to the [PBT area](#) to access the [Provider Benefit Tool FAQ page](#), which offers several resources for more effectively navigating the tool.



Not a Provider Benefit Tool user yet? Find out [how to request access](#).

You can view and download a [quick guide for accessing these FAQs](#). Please review and share the information in this quick guide with your colleagues and staff to ensure all users know how to navigate to and use these self-service tools, especially related to finding and interpreting claim status. It is important to use the self-service FAQ page **before** calling Member Services or Provider Development.

Watch for these PBT enhancements coming soon:

- > Claim Reason codes (GC/CARC/RARC) descriptions, which helps providers understand denial codes. This will reduce the number of clicks required to locate claim information.
- > The ability to view online and download a member's ID card, making it easier for providers to access a patient's ID card if a member does not have a physical copy with them.
- > A tooth chart history, which allows the provider to view 5-year history, including procedure codes, begin/end teeth, surfaces, etc. This will help dental providers when submitting claims and/or documents.
- > An active primary care provider (PCP) view for members, which will help providers identify the member's chosen PCP or if a PCP assignment still needs to be made.
- > A reference chart for claim status explanations, which will give providers a dynamic resource for any claim status wording they encounter.







Questions? Contact Member Services at **801-442-3692** or Provider Web Services at providerwebservices@selecthealth.org.

Practice Management Resources, continued

More CareAffiliate® Resources Now Available Online

Visit the [CareAffiliate area of the provider website](#) to explore additional resources now available. These include:

- > A [direct link](#) to the tool for current users
- > Information about [the benefits of using CareAffiliate](#) in your practice
- > [News items](#)
- > An area for [user training](#), where you will be able to find upcoming training sessions, agenda for the sessions, and related training materials for new users to download
- > Direct links to Non-Covered Code Lists (with preauthorization requirements) by state and plan type
- > Additional user resources

 <h3>Current Users</h3> <p>Start a new request or monitor one already submitted.</p> <p>Access CareAffiliate</p>	 <h3>Why CareAffiliate</h3> <p>CareAffiliate can be a great timesaver for your practice.</p> <p>Learn more</p>	 <h3>CareAffiliate News</h3> <p>Learn about new features and resources.</p> <p>Read latest news</p>
 <h3>User Training</h3> <p>Check out our drop-in online training offered each month.</p> <p>Learn more</p>	 <h3>Code Lists</h3> <p>Non-covered codes/preauthorization needs: Commercial: Utah, Idaho, Nevada Medicare: Utah, Idaho, Nevada Medicaid: Utah Only</p>	 <h3>Resources</h3> <p>FAQs Quick Guide Request Type List Authorization Status Guide</p>

Change Healthcare: An Educational Tool for Coding Accuracy

SelectHealth contracts with Change Healthcare as a service to our providers. Change Healthcare's Coding Advisor tool reviews code combinations and provides information on how a clinic's coding practices compare with regional peers in the same specialty treating patients of a similar age as well as national data.

For their analysis, Change Healthcare uses the provider's primary taxonomy code, a 10-digit designation defining a provider's specialty from the publicly available National Plan & Provider Enumeration System (NPPES) from the Centers for Medicare and Medicaid Services (CMS).

Questions? Contact Change Healthcare at **844-592-7009, option 3**.

SelectHealth only uses this service to help practices look at areas where they may want to change some aspects of coding practices, not as a basis of claims decision making.

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