

# SelectHealth Community Care

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## Provider Summary

This information is for contracted providers only. It is not intended for distribution to patients or enrollees.

### INTRODUCTION

SelectHealth administers a managed Medicaid plan known as SelectHealth Community Care® that is available to eligible members living in all Utah counties. This plan is one of three, including SelectHealth Advantage® and SelectHealth Share®, that support shared accountability between SelectHealth® and Intermountain Healthcare®. SelectHealth and Intermountain are responsible for ensuring access, service, and quality for the enrolled population.

Direct patients who may qualify for Medicaid to one of these online resources:

- > [Department of Workforce Services](#)
- > [Utah Department of Health Medicaid](#)
- > [Take Care Utah](#)

### MEDICAID SERVICE AREA AND NETWORK

SelectHealth Community Care operates in **all Utah counties**.

The Utah Department of Health implemented full Medicaid expansion on **January 1, 2020**. As a result, adults with household incomes up to 138% of the federal poverty level (FPL)—\$17,236 a year for an individual or \$35,535 for a family of four—are now eligible for Medicaid coverage.

An estimated 68,000 people became eligible for Medicaid in April 2019 due to a limited expansion for those earning up to 100% of the FPL. The state estimates another 45,000 people are now eligible for Medicaid under the full expansion.

As part of this expansion, some Medicaid members qualify for an **integrated physical and mental health plan** administered by an Accountable Care Organization (ACO). The integrated benefit covers SelectHealth members living in **Davis, Salt Lake, Utah, Washington, and Weber counties** who qualified for Medicaid under the expansion criteria. See [page 3](#) for more information on integrated Medicaid plans.

### COVERED SERVICES

All services covered by the Utah Medicaid Program are included in SelectHealth Community Care. Only services provided for the care of an emergency condition are covered outside of the service area, unless previously authorized.

#### Preventive Services

##### COMPREHENSIVE ANNUAL EXAMS

Exams are covered for Traditional plan members, but are not covered on Non-Traditional plans.\*

##### OTHER PREVENTIVE SERVICES

Other preventive services are consistent with United States Preventive Services Task Force (USPSTF) recommendations:

- |                                |                        |
|--------------------------------|------------------------|
| > Pap test                     | > Bone density testing |
| > Mammograms                   | > AAA screening        |
| > Nutrition visits for obesity | > STD screening        |
| > Colon cancer screening       |                        |

#### Never Events/Hospital-Acquired Conditions

Preventable conditions that occur in a facility are not covered. Access lists of:

- > [Never Events](#)
- > [Hospital-acquired Conditions \(HACs\)](#)

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\* **Traditional Medicaid members** include children, pregnant women, aged, blind or disabled adults, adults who are the primary person on a case under the age of 18 with dependent children, or women eligible under the Cancer Program. **Non-Traditional members** include adults on family Medicaid programs (adults over the age of 18 with dependent children) or adult care-taker relatives on Family Medicaid.

# Provider Summary, Continued

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## MEMBER BILLING

Contracted providers may not balance bill members. Members are only required to pay the applicable copays for covered services.

A provider must satisfy all of the criteria below to bill a member. :

- > The member is clearly advised prior to receiving a noncovered service that the plan will not pay for the service and that the member will be responsible to pay the full cost of the service.
- > The member agrees to be personally responsible for the payment. The agreement is made in writing between the provider and the member and details the service and the amount to be paid by the member.
- > The provider has an established policy for billing all patients for services not covered by a third party.

**Note:** A broken appointment is considered a non-covered service and billable to the patient/member.

## CARVED-OUT SERVICES

These services are managed by the Utah Medicaid Program:

- > Behavioral health medications\*\*
- > Emergency transportation
- > Long-term care
- > Apnea monitors
- > Dental services

## UTILIZATION MANAGEMENT

### Preauthorization

Preauthorization criteria were developed in careful consultation with SelectHealth physician leadership. Access online:

- > A complete online [list of services requiring preauthorization](#)
- > [Preauthorization forms](#)
- > [Care Affiliate® training](#) (Care Affiliate offers an online, streamlined process that results in a shorter turnaround time for submissions.)

Submit completed preauthorization forms with relevant clinical notes and medical necessity information for Medicaid members via:

- > Care Affiliate: 24/7 Help Desk at **800-442-4566**
- > Email: [medicaidUMintake@imail.org](mailto:medicaidUMintake@imail.org)

Only urgent requests are accepted by phone at **800-442-5305**. Turnaround time will be 14 days for standard requests and 72 hours for urgent requests.

For a list of pharmacy services with special requirements, including preauthorization, visit [SelectHealth Drugs with Special Requirements](#).

### When Preauthorization Is Not Obtained

If a contracted provider submits a claim without preauthorization for a service that requires it, payment will be denied to the provider. If the provider resubmits the claim with records, the claim will undergo retrospective medical review. Appropriate preauthorization criteria will be applied.

If the service is found to be a medically necessary covered service, the claim will be paid, but the provider will receive a payment reduction of 25 percent of the allowed amount. Members may not be balance billed for this amount when either of the following occurs:

- > If the service is found to be not medically necessary or not a covered service, the claim will be denied to the provider.
- > If the provider is unwilling or unable to provide medical records, the claim will be denied for lack of information.

### Questions, Concerns, Comments?

For more information, contact Provider Relations at **800-538-5054**.

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\*\* Effective January 1, 2020, Behavioral Health services are covered in five Utah counties as part of an integrated plan; see [page 3](#) for details.

# Provider Summary, Continued

## SERVICES PROVIDED BY SELECTHEALTH

### Care Management

Care managers are registered nurses (RNs) and licensed clinical social workers (LCSWs) who provide support and resources for members with complex or chronic diseases. Care managers may also:

- > Evaluate members with high utilization patterns
- > Review ER visits for conditions that can be referred to a primary care provider
- > Manage a high-risk prenatal program for expectant mothers
- > Provide hospital discharge assessments for:
  - Appropriate placement in a skilled nursing facility (SNF) or home care
  - Evaluation of resources to meet outpatient needs

### Inpatient versus Outpatient/Observation Status

SelectHealth will perform retrospective reviews to confirm that hospital stays greater than 24 hours are appropriately designated.

### Patient Education

Patient education directs members to appropriate resources and focuses on:

- > Preventive services
- > Chronic disease management and information
- > Cost-effective utilization
- > Medication compliance
- > Behavioral health concerns ([Access behavioral health resources](#) for providers and downloadable patient education)\*\*\*

## UTAH MEDICAID EXPANSION

### Impact of expansion on provider practices

While providers may experience an initial increase in Medicaid patients, dramatic surges are unlikely. Pediatric practices should not experience a significant increase because expansion primarily impacts adult populations.

### Identifying those with integrated plans

Look for the word “integrated” in the plan name (e.g., SelectHealth Community Care Integrated or Integrated SelectHealth). Providers can verify eligibility and plan information by:

- > Using either of these tools:
  - [The Utah Medicaid Patient Eligibility Lookup Tool](#)
  - OR**
  - [The Provider Benefit Tool](#) on the SelectHealth Provider Portal (secure content login required)
- > Submitting an [EDI Eligibility Benefit Inquiry and Response \(270/271\)](#) transaction
- > Calling SelectHealth Member Services at **855-442-3234**

### Behavioral health services require preauthorization with an integrated plan

Residential and inpatient treatment require preauthorization. For more information, call Member Services at **855-442-3234**.

### Where Medicaid members can get mental health care

Members on an integrated Medicaid plan may receive care at any in-network provider. Members on other Medicaid plans may continue to receive care through the county mental health system or a Federally Qualified Health Center (FQHC).

Several Intermountain Healthcare clinics are contracted for behavioral healthcare with county mental health systems and can provide services to our Medicaid members.

\*\*\*You can also access [Intermountain patient education handouts](#) developed by clinical teams on a variety of topics.