



IDAHO 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™

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

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- [SelectHealth Policy Update Bulletin](#)

Questions? Contact us at

IDProviderRelations@selecthealth.org

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 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

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.

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. Rob and his wife, Michelle, are proud to call Salt Lake City home.

Geoff Swanson, MD, Joins SelectHealth Idaho Team

Welcome to Dr. Geoff Swanson who joined the SelectHealth Idaho team in August 2022.

In his role as **AVP and Senior Medical Director**, Geoff will oversee clinical operations, strategy, and services for our Idaho networks with the goal of delivering high-quality care to SelectHealth members.

An Idaho native, Geoff recently returned to the state with the goal of delivering high-value care to SelectHealth members. He has more than 20 years of experience as a family physician and health system leader. Most recently, Geoff served as chief medical officer for approximately 350 providers at MultiCare Rockwood Clinic in Spokane, Washington. Previously, he was the vice president of

Population Health at Asante in southern Oregon.

With years of experience managing risk in large medical groups and now working for a health plan, Geoff is uniquely positioned to drive value to our members. He is actively connecting with clinical practice leaders throughout Idaho to strengthen relationships and align information and incentives.



Questions? Contact the Idaho provider relations team at IDProviderRelations@selecthealth.org.

SelectHealth News, continued

Growing Our Idaho Networks

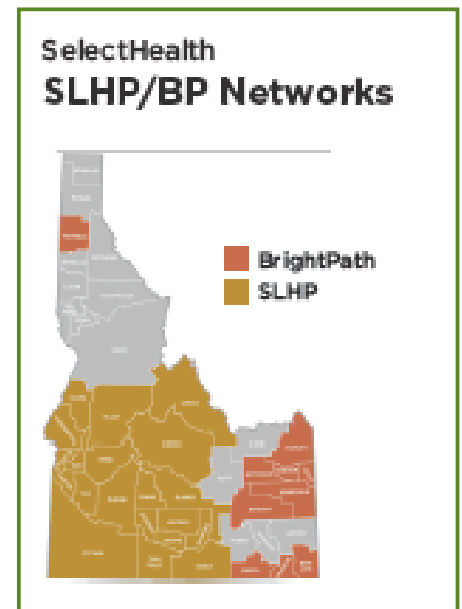
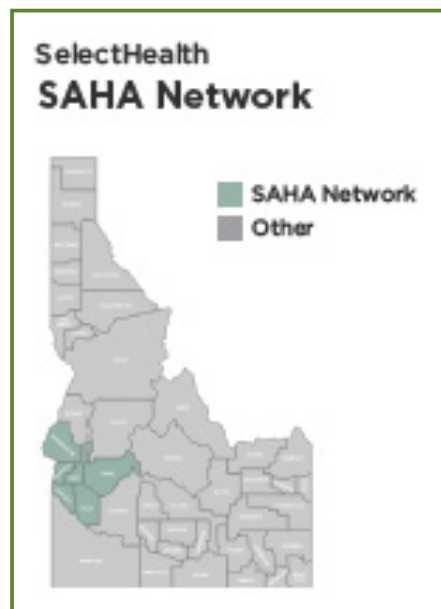
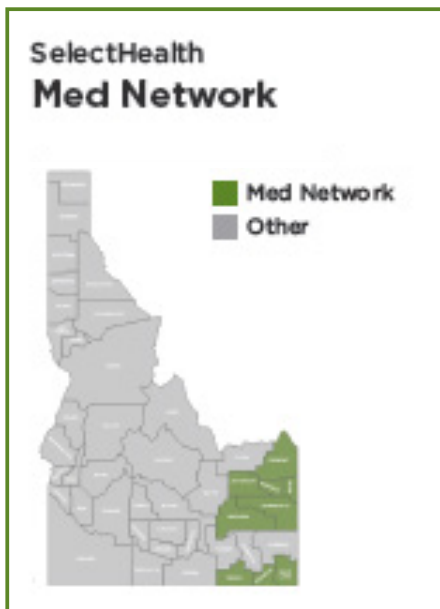
As a regional health plan, SelectHealth takes a thoughtful approach to developing local networks that meet both members' and providers' needs. We have two new networks:

- > **SelectHealth Med Network:** Providers and facilities in Idaho are joining, and continue to join, our new direct Med network, including EIRMC, Mountain View Hospital, and Idaho Falls Community Hospital.
- > **Saint Alphonsus Health Alliance (SAHA):** A new relationship with Saint Alphonsus Health Alliance gives SelectHealth members in-

network access to over 3,000 providers in six counties in the Treasure Valley, including:

- Saint Alphonsus Regional Medical Center
- Saint Alphonsus Medical Center- Nampa
- Saint Alphonsus Medical Center- Ontario
- Saint Alphonsus Regional Rehabilitation Hospital and 70 outpatient clinics

- > **St. Luke's Health Partners (SLHP)/BrightPath:** Our collaboration continues with SLHP, a clinically integrated network, and BrightPath network, throughout the state.



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 News, continued

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 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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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 Plus Program News*

Why the Quality Provider Program Makes Sense

The Quality Provider Program (QPP) offers primary care providers:

- > 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

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 the SelectHealth Quality Manager at kelli.burnham@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 Plus Program representative for more information.

* This program is ONLY available in Eastern Idaho at this time.

SelectHealth Quality Provider Plus 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 Plus 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 Plus Program to facilitate outreach to patients who are coming due for their well care visit

Contact your Quality Provider Plus 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**



Practice Management Resources

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:

- > 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.

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.

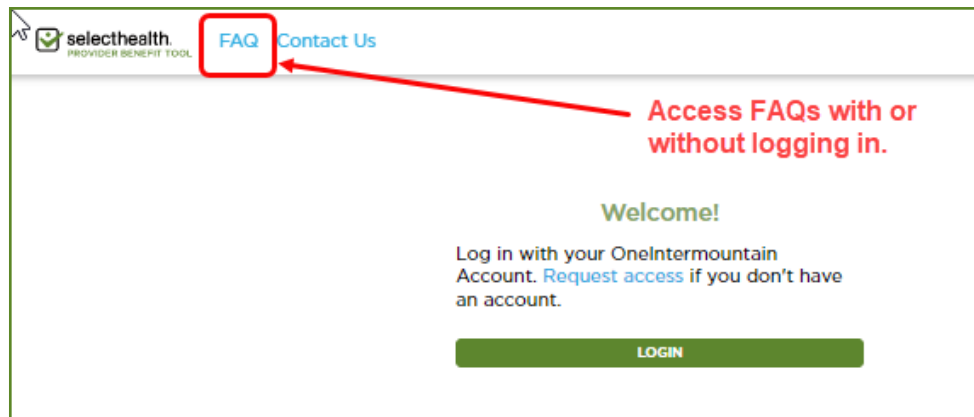
SelectHealth also encourages members with hypertension to monitor their blood pressure at home by purchasing a blood pressure cuff and using these benefits to obtain one for home use:

- > 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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