



UTAH EDITION

providerINSIGHT®

Select Health® | August 2023

WHAT'S INSIDE

Welcome to the *Provider Insight* newsletter.

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

- > Commercial
- > Select Health Medicare
- > Select Health 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.

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Select Health® News

Canyons Region President Announced

Sean Dunroe has been selected as Select Health's Canyons Region President. In this role, Sean will be responsible for leading the development and execution of strategic initiatives for all aspects of our participation in the Canyons Region health insurance markets, which include Utah and Idaho.

As Canyons Region President, Sean will be responsible for sales distribution strategies of Individual and Small Employer and will oversee Large Employer sales in the region. Sean will work closely with Ed Castledine, Idaho's market president.

He will lead our work to source new business opportunities and build relationships to identify and execute new partnership deals in the future. This will include collaboration with regulatory, legislative, business, and other Canyons Region community stakeholders, along with network provider partners (including Intermountain Health), to align at-risk lives with the Select Health provider network.

Sean is a long-time Select Health caregiver with many years of leadership experience. He has extensive experience leading policy, product management and development, marketing, corporate strategy, and commercial lines of business.

Sean started his Select Health career in 1997, after graduating from college. He has worked in Marketing, Policy determination, Product Management, and Product Development before moving to oversee all of Marketing for Select Health. He also worked as a Strategy Director for the Intermountain Health system before returning to Select Health to focus on Corporate Strategy and Commercial lines of business. Most recently, Sean served as Chief Strategy Officer and President of ACA Markets.



Encouraging Patients to Select a Primary Care Physician (PCP)

As part of our ongoing efforts to connect members with quality preventive care, Select Health will soon urge members without an associated PCP to select and assign one to their account.

What this means for you

You may see an increased number of new patient requests as our members are asked to select a doctor online or by contacting our service center.

To ensure this process is as easy as possible, we ask that all providers review and update their practice information online by logging in to our [Provider Benefit Tool](#) and clicking the Provider Update link.

Get answers to your questions

Questions? Contact us at providerwebservices@selecthealth.org or 800-538-5054.

Select Health News, continued

Get to Know Our Member Rights and Responsibilities

It is important that all caregivers understand the rights and responsibilities of Select Health members. Please become familiar with the following Select Health Member Rights and Responsibilities statement. This is meant as a general overview for all provider offices.

Select Health Member Rights and Responsibilities Statement

As a Member, you have the right to:

- > Receive information about our services, providers, and members' rights and responsibilities.
- > Make recommendations regarding the member rights and responsibilities policy
- > Receive considerate, courteous care and treatment with respect for personal privacy and dignity.
- > Receive accurate information regarding your rights and responsibilities and benefits in member materials and through telephone contact.
- > Be informed by your provider about your health so they may make thoughtful decisions before you receive treatment.
- > Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage. We do not have policies that restrict dialogue between provider and patient, and we do not direct providers to restrict information regarding your treatment options.
- > Have reasonable access to appropriate medical services regardless of their race, religion, nationality, disability, sex, or sexual preference; and 24-hour access to urgent and emergency care.
- > Receive care provided by or be referred by your primary care provider.
- > Have all medical records and other information kept confidential.
- > Have all claims paid accurately and in a timely manner.

Access all member rights and responsibilities statements online.

As a Member, you have the responsibility to:

- > Treat all our providers and personnel at Select Health courteously.
- > Read all plan materials carefully as soon as you enroll and ask questions when necessary.
- > Ask questions and make certain you understand the explanation and instructions you are given.
- > Understand the benefits of your plan and understand not all recommended medical treatment is eligible for coverage.
- > Follow plans and instructions for care that have been agreed upon with the provider.
- > Express constructively your opinions, concerns, and complaints to the appropriate people at Select Health.
- > Follow the policies and procedures of your plan, and when appropriate, seek a referral from your primary care provider to Select Health providers or call Select Health for assistance.
- > Ask questions and understand the consequences of refusing medical treatment.
- > Understand your health problems, communicate openly with your healthcare provider, develop a patient-provider relationship based on trust and cooperation, and participate in developing mutually agreed-upon treatment goals.
- > Read and understand your plan benefits and limitations, and call us with any questions.
- > Keep scheduled appointments or give adequate notice of cancellation.
- > Obtain services consistently according to the policies and procedures of your plan.
- > Use our providers when applicable, carry your ID card, and pay copay/coinsurance amounts at the time of service.
- > Provide all pertinent information needed by your provider to assess your condition and recommend treatment.

Intermountain Health News



Immunization Updates and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met on **June 21-23, 2023**, for its regular triennial vaccine meeting to discuss bivalent COVID-19 vaccines.

Figure 1 below summarizes the key guidance from these meetings related to influenza, polio, pneumococcal, RSV, COVID-19, Mpox, and meningococcal vaccines.

The ACIP also discussed evidence concerning Dengue vaccine, and Chikungunya vaccine and Vaccine Safety was presented.

Learn more by accessing:

- > **Related details** (vaccine evidence presented, committee discussion, and votes) for each recommendation summarized in **Figure 1** can be found on the Select Health provider website at [ACIP Meeting Updates](#).
- > **Archived meeting minutes and slides** are available on the [ACIP meeting website](#) (click on "Meeting Materials").
- > **COVID Vaccine Recommendations** are available on the CDC's [Clinical Considerations](#) website.

Figure 1. Vaccines Guidance Summary

Influenza	VOTE: Influenza Vaccine Recommendations for the 2023-2024 season were approved including removal of any special considerations for egg-allergic patients. Safety protocols should be the same for egg-allergic and non-egg allergic patients.
Polio (Adult)	VOTE: <ul style="list-style-type: none"> - All adults who are unvaccinated or incompletely vaccinated in the U.S. should complete their primary polio vaccination series with inactivated polio vaccine (IPV). - Adults who are at increased risk for poliovirus exposure may receive a single lifetime booster of IPV.
Pneumococcal Conjugate (Child)	VOTE: Pneumococcal conjugate vaccine 20-valent (PCV20:Prevnar20) was recommended for the standard pneumococcal series in children age <2 years and for children ages 2-18 years with chronic medical conditions.
RSV	<ul style="list-style-type: none"> • VOTE: Older Adult: Adults ages 60 years and older may receive a single dose of RSV vaccine, using shared clinical decision-making. • Maternal and Infant: Maternal RSV bivalent prefusion F (RSVpreF) vaccine administered to pregnant women at 27 to 36 weeks gestation and Nirsevimab RSV monoclonal antibody (mAb) administered to infants prior to RSV season are both effective strategies but are extremely cost prohibitive when both are used for the same child. When providing maternal RSVpreF vaccine, it should be offered from June through February.
COVID-19 Vaccines	<ul style="list-style-type: none"> • The CDC is preparing for the transition to a monovalent XBB.1.5 COVID vaccine booster in the fall. • Following updated FDA vaccine authorizations, ACIP will review evidence to inform updated recommendations
Mpox Vaccine Vote	Clinical guidance for the administration of Mpox vaccine in pregnant women and persons less than 18 years was discussed.
Meningococcal	Cost-effectiveness of various meningococcal schedule strategies were presented substituting Pfizer pentavalent (subtypes A, B, C, W, Y) meningococcal vaccine for doses of quadrivalent (subtypes A, C, W, Y) meningococcal vaccine, MenB vaccines or both.

Weight Stigma in Healthcare

In 2022, \$75 billion was spent on weight-loss products and services in the U.S.¹ Our weight-centered social climate and negative perceptions towards people with obesity have harmful effects on these individuals. Obesity has been linked with discrimination, lower wages, lower quality of life, and depression.²

Unfortunately, the healthcare community isn't exempt from this discrimination, which often labels individuals with obesity as non-compliant, lazy, or dishonest.

The associated effects of weight stigma and medical discrimination include:

- > Healthcare avoidance; 69% of higher-weight individuals report feeling stigmatized by physicians.³
- > Fewer preventive screenings and reduced medical care, leading to a 31% increased risk of death.⁴
- > Twice the risk of high allostatic load.^{5, 6}
- > An increase in mortality risk of nearly 60%.^{6, 7}

As we work with patients to improve their health and reach a healthy weight, it is important to acknowledge our biases and work to reduce weight stigma by treating our patients with respect and dignity no matter their body size. We can reduce the negative effects of weight stigma by supporting positive, sustainable behavior change regardless of weight status.

Systematic reviews with grade 1 supporting evidence have demonstrated that successful weight loss through lifestyle change is best achieved by working with a registered dietitian. Dietitians work with patients to identify the most appropriate eating strategy for long-term success.⁸ To connect with a dietitian, visit [Intermountain Nutrition Services](#).

References:

1. Marketdata LLC. The U.S. Weight Loss & Diet Control Market." 2023.
2. Jackson SE. Obesity, weight stigma and discrimination. 2016. *J Obes Eat Disord* 2:3.
3. Mensinger JL, Tylka TL, Calamari ME. Mechanisms underlying weight status and healthcare avoidance in women: A study of weight stigma, body-related shame and guilt, and healthcare stress. *Body Image*. 2018;25:139-147.
4. Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. *Obes Rev*. 2015; 16(4): 319-326.
5. Vadiveloo M and Mattei J. "Perceived weight discrimination and 10-year risk of allostatic load among US adults. *Ann Behav Med*. 2017; 51(1): 94-104.
6. Sutin AR, Stephan Y, and Terracciano A. Weight discrimination and risk of mortality. *Psychol Sci*. 2015; 26(11): 1803-1811.
7. Wu, YK and Berry DC. Impact of weight stigma on physiological and psychological health outcomes for overweight and obese adults: A systematic review. *J Adv Nurs*. 2018;74(5):1030-1042.
8. Academy of Nutrition and Dietetics. Evidence Analysis Library. MNT: RDN IN MEDICAL TEAM (2015). Available at <https://www.andeal.org/topic.cfm?menu=5284&cat=5233>. Accessed July 18, 2023.

Quality Provider Program News

Don't Miss the 2023 Fall Best Practice Conference!

The annual Fall Best Practice Conference is an opportunity for Quality Provider Program participants to review program updates, hear from notable guest speakers, and connect clinics to discuss common barriers and solutions.

Our program has greatly expanded in the last year, and we look forward to collaborating with our larger pool of participants.

There will be breakout sessions for professionals in Adult Primary Care, Pediatrics, Behavioral Health, and Women's Health.

Questions? Please email us at QualityProvider@selecthealth.org with questions.

Save the Date

Quality Provider Program Virtual Fall Best Practice Conference

Join us for:

- Program Updates
- Breakout Sessions* (topics coming soon)—[Adult Primary Care](#), [Pediatrics](#), [Behavioral Health](#), and [Women's Health](#)
- Roundtable and Q&As

Speakers will focus on:

- Care Coordination: The “Why” behind a Patient-Centered Medical Home concept
- Social Determinants of Health
- Provider & Caregiver Engagement

* Underlined text links to relevant Teams Meeting calendar invitations.



September 27, 2023
7:30 to 9:30 a.m.

Select Health Medicare News

CMS Stars Measure: Osteoporosis Management in Women (OMW) Who Had a Fracture

This CMS Stars measure applies to women ages 67–85 on a Medicare plan who have a fracture.

It looks at the percentage of these women who have a bone density scan or begin a medication to treat osteoporosis within 180 days (6 months) of the fracture. These two approaches reflect Select Health recommendations for evidence-based follow-up care after a fracture.

Questions? Contact Ali Jackson at ali.jackson@selecthealth.org

Bone Density Testing

Because those who've had a low-impact fracture are at an increased risk for future fragility fractures and bone health issues like osteoporosis, we encourage patients to have a follow-up bone density test within 180 days of their fracture. Select Health currently offers members \$50 for their Medicare Flexible Benefits card if they do this.

Medication to Treat Osteoporosis

Initiating osteoporosis pharmacological treatment also meets the measure and may be indicated in some patients. The medications, indicated in **Figure 2** below, are listed in the technical specifications from the National Committee for Quality Assurance (NCQA). However, there is no member incentive for medications as we are not allowed to incentivize medication therapy.

Exclusions for this measure include:*

- > Hospice or palliative care
- > Bone density scan within 2 years prior to fracture
- > Osteoporosis medication dispensed within 1 year prior to fracture
- > Fracture of finger(s), toe(s), face, or skull
- > Members living in a long-term institution

- > Members ages 67–80 who meet coding requirements of advanced illness and frailty through coding on claims billed to Select Health. **Requirements are for 2 indications of frailty AND one of the following:**

- 2 indications of advanced illness in an outpatient setting
- 1 indication of advanced illness in an acute inpatient setting

- A dispensed dementia medication
Code value sets are available through NCQA.

- > Members 81+ with at least 2 indications of frailty through coding on claims billed to Select Health

Select Health Outreach

Select Health currently sends:

- > **A mailed letter** to members identified as being in the measure that encourages them to follow up with their PCP and obtain a bone density test. Bone health tips are also included.
Note that:

- Castell representatives contact the PCP for those patients who see an Intermountain Health Medical Group PCP to arrange for a DEXA scan order.
- Other members are referred to a vendor who offers in-home bone density screenings.

- > **A faxed letter** to these members' PCPs to let them about patient fractures.

- > **An email** to PCP clinic representatives for those clinics participating in the Quality Provider Program.

Figure 2. Overview of Qualifying Statin Exclusions to be Coded

Description	Prescription	
Bisphosphonates	<ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol 	<ul style="list-style-type: none"> • Ibandronate • Risedronate • Zoledronic acid
Other agents	<ul style="list-style-type: none"> • Abaloparatide • Denosumab 	<ul style="list-style-type: none"> • Raloxifene • Romosozumab • Teriparatide

* Providers will need to identify contraindications that might warrant treatment medication exclusions.

New Medicare Reimbursement and Claims Payment Approach

We are excited to announce that, effective **April 1, 2023**, Select Health has teamed up with Optum to use their system for pricing, payment, and claims editing and adjudication. For Medicare reimbursement and claims payment, this will help us better align with The Centers for Medicare and Medicaid Services (CMS) payment methodologies.

This update applies to all contracted and non-contracted CMS providers. Hospitals are excluded at this time. Changes will only affect Select Health Medicare.

Potential Billing Changes Needed

Providers may need to make some changes to their billing to be more in line with Medicare. One area of specific impact is the use of LT, RT, and 50 modifiers. Please note that:

- > You will need to bill 50 modifiers instead of LT/RT as outlined by CMS.

- > Select Health will pay 50 modifiers in accordance with CMS guidelines.
- > If an LT and an RT are billed, the claim may be tagged with Medically Unlikely Edit (MUE) and denied. In this case, a 50 modifier may need to be billed instead.

Multiple Procedure Discounting Update

The Optum Physician Pricer applies many different types of multiple procedure discounting, just like CMS, to physician and non-physician practitioner claims, including endoscopic, diagnostic imaging, therapy service, surgical, cardiovascular, and ophthalmology discounting.

NOTE: Select Health is not currently applying some of these discounts. Payments may differ from what you have been seeing.

Questions? Contact Provider Development at **800-538-5054**.

Reminder: Don't Forget to 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 Select Health **each year**. Use the list of required codes in **Figure 3** 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 3** below.

Questions? Contact either Kirstin Johnson, Select Health Quality Consultant RN (for cardiovascular measure) at **801-442-8224** or kirstin.johnson@selecthealth.org OR LeeAnn Madrid (for diabetes measure) with the Select Health pharmacy team at leeann.madrid@selecthealth.org.

Figure 3. Overview of Qualifying Statin Exclusions to be Coded

For Diabetes 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) 	
For Cardiovascular Patients ONLY	
<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 - Dialysis - Hospice Care - Lactation 	<ul style="list-style-type: none"> - Myopathy (G72 codes) - Myositis (M60 codes) - Pregnancy - Rhabdomyolysis (M62 codes)

Select Health Medicare News, Continued

Fall Prevention Week: September 18-22, 2023

With over one in four Americans age 65+ falling each year, the financial toll for falls is expected to increase to as much as \$101 billion by 2030.

According to the National Council on Aging (NCOA) and the Centers for Disease Control & Prevention (CDC): “Falls are the leading cause of fatal and nonfatal injuries for older Americans. Falls threaten seniors’ safety and independence and generate enormous economic and personal costs. However, falling is not an inevitable result of aging. Through practical lifestyle adjustments, evidence-based falls prevention programs, and clinical-community partnerships, the number of falls among seniors can be substantially reduced.”

In working with our health system partners, the goal is to raise awareness on preventing falls, reduce the fear of falling, and reduce fall risks.

Select Health Medicare Initiatives

Key initiatives for fall prevention include:

- > **Mailings:** By using predictive modeling, approximately 8,200 of Select Health’s Medicare Advantage members have either a moderate risk for falls, high risk for falls, or any risk for falls. These members will be sent non-slip socks along with falls prevention education.
- > **Social media messages:** Posting messages, such as: “Don’t trip up! More than one in four Americans age 65+ has a fall each year.* Avoid being a statistic and talk with your provider about your falls risk and prevention strategy today!”
- > **Email messages:** Sending out messages, such as: “We’ve got the tips, guidance, and resources you need to stay upright during Falls Prevention Month and beyond.” The message would include additional details provided under headings:
 - “Did You Know?”
 - “Are You at Risk for Falls?”
 - “Want to Learn Ways to Stay on Your Feet?”

We will be measuring success of the campaign to enhance and improve it in 2024.

Primary Care and Specialty Care Providers are Key to Helping Prevent Falls

Primary care providers (PCPs) and specialty care providers (SCPs) can play integral roles in reducing falls in this population. Access these resources to help with this growing health threat:

- > Watch the CDC’s **“Stopping Elderly Accidents, Deaths, and Injuries (STEADI)” video** on making fall prevention part of your clinic practice and receive free continuing education credit.
- > Download or order patient educational material from the CDC’s website. Especially the “Stay Independent” brochure (available in **English** or in **Spanish**).
- > Share with your patients the **National Council on Aging’s “Falls Free Check Up” interactive questionnaire** with the 13 standard falls assessment questions. This questionnaire then provides a risk score and resources to prevent falls.
- > Call Select Health’s Medicare Care Managers at **800-442-5305** to ensure your patients have added support.
- > Adopt the **CDC’s STEADI algorithm**.



Select Health Community Care® (Medicaid) News

Medicaid Children's Health Insurance Program (CHIP) & Well-Child Visits (WCV) for Ages 3-18

The American Academy of Pediatrics stresses the importance of pediatrician visits for healthy children; however, many CHIP members have not had a recent well-child visit (WCV). As of **June 8, 2023**, Select Health has 2,675 CHIP members 3-18 years old. Of those members, **over 80% have not had a recent WCV**. Of that 80%, 23% (503) do not have a primary care physician (PCP).

The link between the two groups is important as one of the most prevalent root causes of missing WCVs is that the member does not have a PCP. Select Health is working on a WCV CHIP Process Improvement Project (PIP) to decrease the number of members who have not had a recent WCV and do not have a PCP by 10%. As part of that project, we are sending out the following communications:

- > **In July**, the PIP Team sent out letters to the 503 members' parent/guardian encouraging them to make a WCV for the child and earn a \$25 gift card when the WCV is completed. The time frame for WCV completion is from July through December.
- > **In late September**, the team will assess the impact of the incentive letter and, if needed, supplement with phone calls to those members who haven't yet had a WCV.

If your office or clinic has any members who haven't been in for a recent WCV, please contact them to schedule one.

Medicaid Policy and Requirements Updates

Medicaid Unwinding

As Utah State Medicaid continues eligibility unwinding, please remind Medicaid members to watch for mail, email, text, and other types of communication from Select Health to:

- > Validate their current contact information
- > Alert members when they need to help Department of Workforce Services determine their Medicaid eligibility.

Members can get assistance during this period by accessing:

- > **myCase**: An online resource to check to see when their eligibility review date will be.
- > **Take Care Utah**: A resource for members needing additional assistance with this process. A local enrollment counselor can offer free assistance with Medicaid paperwork and finding other insurance if a member no longer qualifies for Medicaid (**Figure 4**).

Figure 4. Take Care Utah Information



Need Help with Medicaid Paperwork? Take Care Utah Can Help.

Take Care Utah is a free program that guides people in Utah through the healthcare system and helps them find health insurance.

They can also help you fill out your Medicaid enrollment forms. If you don't qualify for Medicaid, they can help you find other insurance. To schedule an appointment, call **801-433-2299** or visit takecareutah.org/bookings.

Continued on page 11...

[Select Health Community Care \(Medicaid\) News, Continued](#)

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PRISM PT/SP/SSP Profile

To become a billing, rendering, referring, or ordering provider for Medicaid, it's crucial to identify your provider type, specialty, and subspecialty (PT/SP/SSP). Medicaid's PRISM system requires this information to process and pay claims accurately.

If you have not already done so, please take a moment to complete the PRISM Provider Type, Specialty, and Subspecialty Update form. In

addition to the form, [this link](#) also provides more information on how to update/submit your information.

NOTE: You will need to scroll down the page on the linked Medicaid site to the form shown in **Figure 5** below. **Be sure to click "Continue" at the bottom of the screen and then "Start" (yellow arrow at left) to complete this information.**

Figure 5. PRISM Form for Specifying Provider Type, Specialty, and Subspecialty Updates.

Non-Emergency Transportation Benefits

As a reminder, some Medicaid members have additional benefits for non-emergency transportation, which includes UTA Transit cards and services provided by FlexTrans, Dial-A-Ride, and ModivCare Services. If members have questions regarding this benefit, refer them to their online Medicaid Member handbook. They can also call our Member Services line at **855-442-3234**.

Further details regarding transportation can be found on the [State's website](#).

PRISM Retro Enrollment Extended to October 5, 2023

Practitioners not yet enrolled in the PRISM program can still do so until **October 5, 2023**. Retro enrollments may be granted for:

- > Up to 12 months for ordering, referring, prescribing (ORP) providers
- > Up to 7 months for billing providers

If you have not done so already, enroll in PRISM before the deadline by visiting the [Utah Medicaid PRISM site](#). **NOTE:** Enrollment is contingent on the provider meeting all credentialing and licensing requirements for the requested retro effective date.

Questions? Contact Nathan Garlick at nate.garlick@selecthealth.org.

Practice Management Resources

Automate Select Health Preauthorization Requests: Switch to CareAffiliate®

CareAffiliate is our online preauthorization tool that enables you to submit preauthorization requests and supporting documentation online rather than through fax or email. This electronic functionality improves security and the speed at which requests are reviewed.

As the industry moves to online preauthorization, there will come a time when faxing requests is no longer a viable option for payers and providers.

Why should I use CareAffiliate?

Compared to faxed and emailed requests, using the CareAffiliate tool offers many benefits, such as:

- > Requiring fewer steps overall
- > Eliminating duplicative efforts and potential errors when staff enter information from a paper form
- > Decreasing response time
- > Reducing follow-up calls and decision delays due to missing information
- > Eliminating the risk of faxed member information being lost or sent to the wrong fax number
- > Enabling automatic review and preauthorization decisions for many procedures

How do I access CareAffiliate?

To request access to the Provider Benefit Tool and CareAffiliate, visit our [online instructions](#).

Where can I learn more?

Learn more by reading the CareAffiliate [Frequently Asked Questions](#) or by visiting our [online training area](#), where we now feature **short training videos and live training appointments** (see **Figure 6**).

Questions? Email careaffiliate@selecthealth.org.

CareAffiliate Recent Updates

New request types were added to allow electronic preauthorization submission of the following services:


- Genetic Testing
- Infertility
- Inpatient Hospice
- Long-Term Acute Care
- Private Duty Nursing - COMMERCIAL - for the submission of Commercial plan requests only.

Figure 6. Choose from Training Videos or Live Sessions


CareAffiliate Training

Select Health offers quick online self-serve and live in-depth training for CareAffiliate – Select Health's online authorization tool.


Online CareAffiliate Training



CareAffiliate Training #1
How to sign up for CareAffiliate and access the benefits of the tool.



CareAffiliate Training #2
How to login to CareAffiliate, search for information, and perform quick lookups.



CareAffiliate Training #3
How to enter requests, get auto-approvals, and see request statuses.

Live CareAffiliate Training

August

- Friday, August 4, 10:00 to 11:00 a.m. MST ([Add to calendar](#))
- Wednesday, August 9, 2:00 to 3:00 p.m. MST ([Add to calendar](#))
- Thursday, August 17, 11:00 to 12:00 p.m. MST ([Add to calendar](#))
- Wednesday, August 23, 1:00 to 2:00 p.m. MST ([Add to calendar](#))

September

- Friday, September 1, 10:00 to 11:00 a.m. MST ([Add to calendar](#))
- Wednesday, September 13, 2:00 to 3:00 p.m. MST ([Add to calendar](#))
- Thursday, September 21, 11:00 to 12:00 p.m. MST ([Add to calendar](#))
- Wednesday, September 27, 1:00 to 2:00 p.m. MST ([Add to calendar](#))

To sign up, please email careaffiliate@selecthealth.org

Practice Management Resources, Continued

Claims Coding for Blood Pressure

Each year Select Health participates in the HEDIS audit with some HEDIS measures also impacting our STARS rating. Controlling blood pressure (CBP) is one of these measures.

In our efforts to improve the rating of this measure along with the health of our members, we are looking to simplify the way we collect information for us and for clinics to comply with this measure.

The CBP measure requires nurse auditors from Select Health to request and review patient charts to abstract blood pressure readings. This is time consuming for auditors and requires clinics to take time to provide access to the required charts.

How has this worked in the past?

In the past, we have used many ways to request patient charts, including direct access to clinic EMRs, asking clinics to pull and send charts, and having our auditors come to the clinic to gather needed charts. This current process requires a great deal of time for clinic staff as well as Select Health nurse auditors.

How can we simplify this process?

When a claim is submitted with CPT II codes for blood pressure, there is no need for the clinic to send a chart and there is also no need for the Select Health nurse auditor to review the chart. The CPT II codes are captured administratively, and no further action is needed.

If your clinic is not already submitting CPT II codes for blood pressure readings, please consider implementing this change to decrease workload for clinics and for Select Health. It will also allow us to target education and resources to those members most in need.

The following CPT II codes should be used when submitting claims:

CPT II Code	Blood Pressure Reading
Systolic	
3074F	Less than 130
3075F	130-139
3077F	Equal to or greater than 140
Diastolic	
3078F	Less than 80
3079F	80-89
3080F	Equal to or greater than 90

Questions?

Contact Kirstin Johnson at **801-442-8224** or via email at: kirstin.johnson@selecthealth.org.

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