ProviderInsight

Utah Edition
November 2023

Welcome!

Find medical, dental, and pharmacy information as well as program and plan updates for:

- Commercial
- Select Health Medicare
- Select Health Community Care® (Medicaid)
- Federal Employee Health Benefits (FEHB)

Select Health

In this issue:

Select Health News

INSIGHTS
from our Executive Team

Rob Hitchcock, President and CEO

For the third consecutive year, Select Health's Medicare HMO plan has earned a 5-star rating from the Centers for Medicare and Medicaid Services (CMS). This recognition reflects the dedication of Select Health Medicare to provide access to high-quality healthcare coverage and exceptional services to its valued members, making it the trusted choice for Medicare beneficiaries.

The 5-star rating, the highest possible score, reflects Select Health Medicare's commitment to excellence in all aspects of healthcare delivery and we could not achieve this honor without the excellent help of our providers and their staffs across our many networks.

Achieving a perfect 5-star rating from CMS for a third straight year is a testament to Select Health's member-centered approach. These ratings provide valuable insights into the performance of Medicare Advantage and Prescription Drug Plans, helping beneficiaries make informed decisions about their healthcare coverage by identifying health plans who consistently deliver access to high-quality care and services.

Bottom line is that with this 5-star rating, beneficiaries can have full confidence in the quality of care and service they receive from our provider network when they choose Select Health Medicare for their healthcare coverage. What's more is that in our newest market, Colorado, residents in the most populated counties in the state will have access to this exceptional Medicare option as we open this new market in January.

Thank you for your ongoing relationship with Select Health!

Important Reminders for Network Providers

Behavioral Health Referrals:

When a member presents a possible mental health or substance use disorder to their primary care provider (PCP), it is the PCP's responsibility to determine whether the enrollee should be referred to a psychologist, pediatric specialist, psychiatrist, neurologist, or other specialist. Mental health or substance use disorders may be handled by the PCP, or if more specialized services are needed, referred to the member's primary mental health program.

Domestic Violence:

Network providers and staff must be knowledgeable about:

- Methods to detect domestic violence
- Mandatory reporting laws when domestic violence is suspected
- Resources in the community to which patients can be referred.

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Important Reminders, Continued

Select Health Quality Assessment Performance Improvement Program (QAPIP):

Network providers must be aware of the QAPIP and related activities. Network providers' agreement with Select Health includes that cooperation is secured with the QAPIP and Select Health is allowed access to the medical records of enrollees they treat.

Accommodations for Members with Physical/Mental Disabilities:

Network Providers must provide physical access, reasonable accommodations, culturally competent communications, and accessible equipment for enrollees with physical or mental disabilities.

Treating Family/Friends:

Per the Federation of State Medical Boards "When a member of a physician's immediate family such as a child, sibling, spouse, or parent, or even a close personal contact, needs medical care, it is recommended that care be sought from and delivered by a different provider, rather than the physician with whom they have a personal relationship. Physicians should also avoid treating themselves, even for what may appear to be mild medical conditions, and instead seek medical treatment from another, more objective physician."

The AMA code of medical ethics states that physicians should not treat themselves or members of their own families due to concerns around letting personal feelings unduly influence the medical judgment. Histories and examinations around sensitive areas may be excluded in spite of medical indications. Additionally, neither the provider nor the patient may be comfortable refusing treatment.

For these reasons, Select Health coverage policy states that, "Related Provider Services: Services provided, ordered, and/or directed for you or your dependent by an immediate family member are not covered." Any claims identified as meeting this criterion will be denied.

There are some exceptions that could be applied in limited circumstances including an emergency, in geographically isolated settings where there is no other qualified provider available and where necessary care cannot be accessed by other means. If it is felt that the situation met these exception criteria, an appeal could be filed for review.

Select Health has been working diligently to have providers available in person or virtual for diverse conditions in all of the geographies we serve. This would help alleviate the sense that treating ourselves, family, or friends is necessary.

Get to Know your Network Engagement Team

Your Utah Provider Relations representatives are here to help! The grid in **Figure 1** below indicates who works with providers in each area we service and their contact emails.

Figure 1. Meet the Team

Utah Markets	Manager	Utah Network Engagement Team		
		Rep Name	**Territory**	**Contact**
NORTH (Davis, Weber, Morgan, Cache, Rich, and Box Elder Counties)	Amanda.Averett@selecthealth.org	Kailey Miller	**City**: Ogden **Counties**: Box Elder, Cache, Morgan, Rich	kailey.miller@selecthealth.org
		Britany Haueter	**Counties**: Davis, Weber (except Ogden)	britany.haueter@selecthealth.org
CENTRAL (Salt Lake, Tooele, Summit, Wasatch, Duchesne, Uintah, & Daggett Counties)	Tim.Gill@selecthealth.org	Melissa Shoemaker	**Cities**: Murray, Midvale, Holladay	melissa.shoemaker@selecthealth.org
		Amanda Alayeto	**Cities**: Salt Lake City (proper), South Salt Lake, Millcreek	amanda.alayeto@selecthealth.org
		Jamie Stevens	**Cities**: Cottonwood Heights, Sandy, Draper **Counties**: Summit, Wasatch, Duchesne, Uintah	jamie.stevens@selecthealth.org
		Trent Leverich	**Cities**: Bluffdale, Herriman, Kearns, Riverton, South Jordan, Taylorsville, West Jordan, West Valley City, Magna **Counties**: Tooele	trenton.leverich@selecthealth.org
SOUTH (Utah County, Other Cities and Counties to the South)	Amanda.Averett@selecthealth.org	Brittany Jones	**Cities**: Alpine, American Fork, Cedar Fort, Cedar Hills, Eagle Mountain, Fairfield, Highland, Lehi, Lindon, Pleasant Grove, Saratoga Springs, Vineyard **Counties**: Carbon, Grand	brittany.jones@selecthealth.org
		Maranda Dickson	**Cities**: Elk Ridge, Genola, Goshen, Mapleton, Orem, Payson, Salem, Santaquin, Spanish Fork, Springville, Woodland **Counties**: Sanpete, Juab, Millard, Sevier, Emery, Beaver, Piute	maranda.dickson@selecthealth.org
		Tami Plant	**City**: Provo	tami.plant@selecthealth.org
		Paige Moffatt	**Counties**: Washington, Iron, Garfield, Kane, San Juan, Wayne	paige.moffatt@selecthealth.org

Immunization Updates and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met on **October 25–26, 2023**, for its regular triennial vaccine meeting.

Figure 2 below summarizes the key guidance from these meetings related to meningococcal, monkey pox (mpox), influenza, RSV, COVID-19, and pneumococcal, vaccines and combined immunization schedules. The ACIP also discussed **Chikungunya and Dengue vaccines.**

Learn more by accessing:

- **Related details** (vaccine evidence presented, committee discussion, and votes) for each recommendation summarized in **Figure 2** can be found on the Select Health Provider Tools area of our 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 2. Vaccines Guidance Summary

MENINGOCOCCAL (VOTE)	ACIP recommended Pentavalent Meningococcal ABCWY vaccine (PENBRAYA™: Pfizer) may be used when both MenACWY and MenB are indicated at the same visit.
MPOX (VOTE)	The two-dose series of mpox vaccine (JYNNEOS®: Bavarian Nordic A/S) is recommended for persons ages 18 and older at risk for mpox. This is an interim recommendation that will be reevaluated in 2 to 3 years.
COMBINED IMMUNIZATION SCHEDULE (VOTE)	The proposed schedules — 2024 Child and Adolescent Immunization and Adult Immunization — were approved. CDC will publish these **online** in **November 2023**, earlier than in previous years.
INFLUENZA	• Presentations on safety in pregnancy and coadministration included studies showing recombinant influenza vaccine (RIV4, Flublok) and cell culture Influenza vaccine (ccIIV, Flucelvax) to be safe when administered during pregnancy compared to standard dose influenza vaccine (SD-IIV4). Reactogenicity of COVID-19 and influenza vaccine was comparable when given either simultaneously or sequentially. Local or systemic reaction and adverse reactions were similar when either adjuvanted influenza vaccine (aIIV4, Fluad) or high-dose inactivated influenza vaccine (HD-IIV4, High-dose Fluzone) were coadministered with dose 1 Recombinant Zoster Vaccine (RZV: SHINGRIX). • Presentation of the first U.S. study showing that maternal vaccination was associated with reduced odds of influenza hospitalization and Emergency Department (ED) visits in infants less than 6 months of age, particularly when administered during the third trimester of pregnancy was presented. • Due to an absence of cases caused by B/Yamagata lineage viruses, the World Health Organization (WHO) recommends that the inclusion of that antigen is no longer warranted and manufacturers should move to exclude it, leading to influenza vaccines becoming trivalent rather than quadrivalent.

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Immunization Updates and ACIP Highlights, Continued

Figure 2. Vaccines Guidance Summary, Continued

RESPIRATORY SYNCYTIAL VIRUS (RSV) — ADULT 50-59	Immunobridging study of RSV Vaccine (Arexvy:GSK) showed non-inferiority of immune response in adults ages 50-59 compared to adults ages 60 and older with a similar safety profile in both cohorts.
COVID-19 VACCINE	Implementation is progressing on shifting from publicly provided to commercially provided COVID-19 vaccine. Recent clinical considerations were reviewed.
PNEUMOCOCCAL	Pneumococcal vaccines of higher valences are currently being studied.
CHIKUNGUNYA	Evidence to recommend Chikungunya vaccine was presented.
DENGUE	Takeda TAK-003 Dengue vaccine has been withdrawn from consideration by the FDA

Questions about immunization? Contact Tamara Sheffield, MD, MPA, MPH, Senior Medical Director, Preventive Medicine, Intermountain Healthcare, at **801-442-3946**.

Pharmacy News

RxCore Five-Tier Formulary Changes

RxCore is a five-tier formulary used for members on an Individual plan or Small Employer plan in Utah, Idaho, Nevada, and Colorado.

Coverage Changes

Beginning **January 1, 2024**, coverage will:

- Be removed for some drugs, and members will be directed to work with their prescriber to find covered therapeutic alternatives
- Impact about 1% of members using the RxCore formulary
- Result in higher cost sharing for some members on covered medications as some drugs move to higher tiers

These changes received approval from our Pharmacy & Therapeutics committee, which includes many local physicians. Regular updates to our prescription coverage are essential to our commitment to provide members with access to the best, most cost-effective treatments possible.

Outreach Activities

Members who may be affected were mailed a letter informing them of these changes and urging them to contact their doctor to explore alternative treatment options. Members will receive additional letters through the end of 2023. An online FAQ at **selecthealth.org/rxfaq** is available to help answer common questions and educate members on formulary changes.

Letters have also been mailed to prescribers who have members impacted by these changes.

Learn More

To review all updates to our 2024 RxCore Commercial Formulary, visit **selecthealth.org/providers/pharmacy**. You can also call Select Health Pharmacy Services at **866-841-1954** on weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. for more information.

Changes in Before-Deductible Coverage for Chronic Condition Medications

Plan changes for these medications are:

- **Small Employer Plans:**
  Upon plan renewal in 2024, plans will no longer cover medications for chronic condition (e.g., diabetes, asthma, heart failure, COPD) before the deductible is met. These drugs, instead, will be covered under normal plan benefits.
- **Individual Plans:**
  Beginning January 1, 2024, plans will no longer cover medications for chronic conditions (e.g., diabetes, asthma, heart failure, COPD) before the deductible is met. These drugs, instead, will be covered under normal plan benefits.*

* For Individual plans in Utah and Idaho, enrolled members and their covered dependents will continue to have $0 cost sharing before deductible for non-GLP-1 diabetes medications on Tiers 1-3. Note: Capitation will be applied as necessary per state requirements.

Dental News

Using Provider Benefit Tool Features: The Dental Claims History

The dental claims history functionality (see key below) gives providers an historical summary of dental code procedures performed for a member/patient over the last five years, offering better insight about frequencies, limitations, and exclusions. Keep in mind that some of these procedures may have been performed by a provider other than those within your practice and that you won't have access to those claim details if this is the case. Access the **Dental Claims History Key** online.

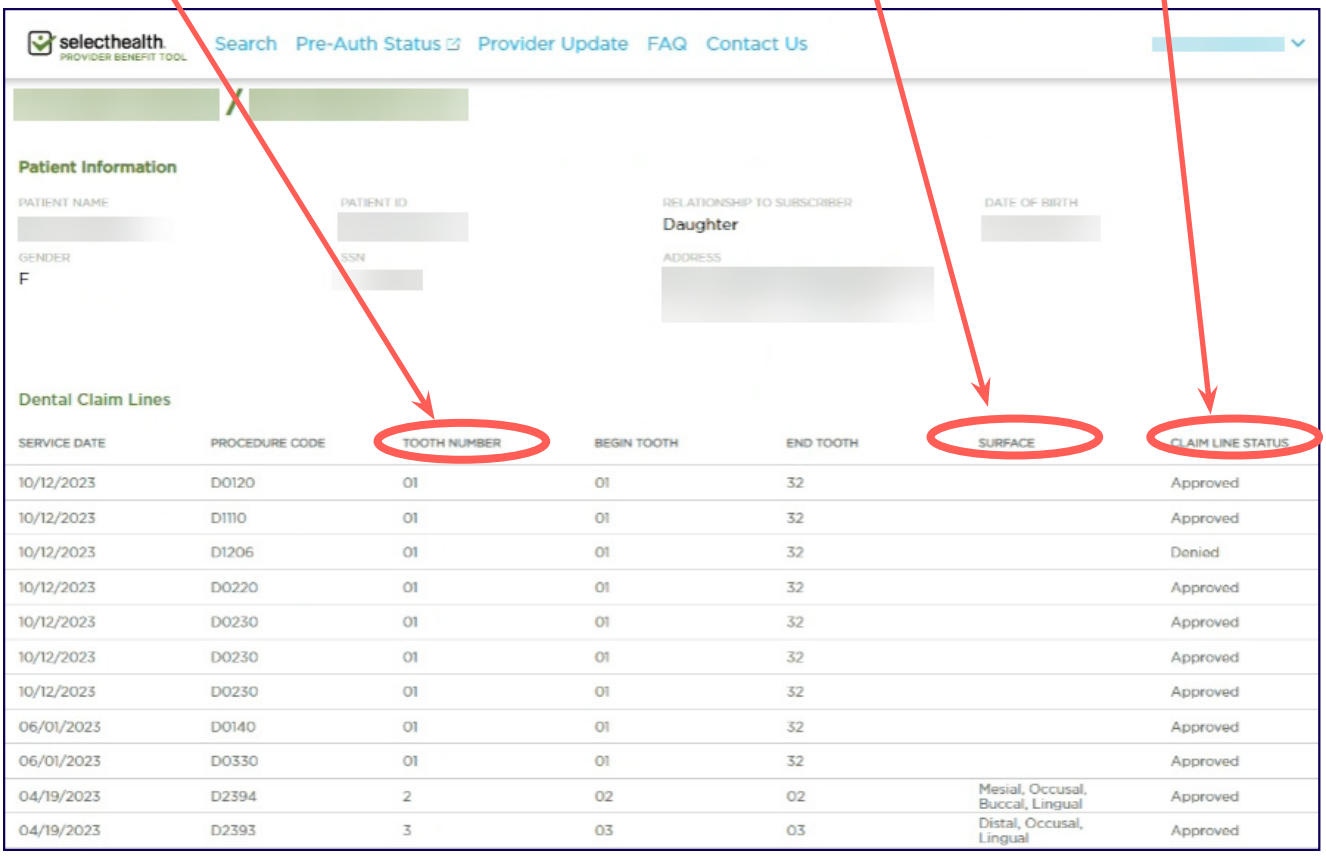
Please review the Dental Payment Summary (DPS) for further details on dental coverage (access the **DPS key** for guidance).

If the procedure code is performed on a singular tooth, the specific tooth number will display here. And the begin tooth and end tooth listed below will reflect the same tooth number.

If the procedure code is done for the whole mouth, the begin tooth will always display as "01" (with an "A" for pediatric patients), and the end tooth will always display as "32" (with a "T" for pediatric patients).

This column displays the surface of the tooth on which the procedure code was performed (i.e., distal, facial, labial, buccal, incisal, lingual, mesial, occlusal, or proximal).

This column displays the determination made when the claim was processed by Select Health.



QUESTIONS? CONTACT MEMBER SERVICES AT 800-538-5038.

Quality Provider Program News

The Quality Provider Program Fall Best Practices Conference

Held in September, this conference covered key topics in all four programs: primary care, women's health, behavioral health, and nephrology.

Conference materials are available online and include:

- **Agenda**
- **Survey**
- **Presentations**
- **Session Videos**

Improving Outcomes

The Quality Provider Program (QPP) focuses on improving quality and better outcomes for Select Health members. We have been able to show success in our program through many data points.

Here are some examples of improved outcomes for those in a QPP:

- **1.37 times more** adolescent and well child visits completed.
- **1.5 times more** patients with diabetes with A1c in control.
- **410,081 care gaps closed** (as of **August 31, 2023**), resulting in 8.3% improvement in the population's health over 2022.
- **Deliveries are 3 times less likely** to be associated with neonatal abstinence syndrome (NAS).

We are excited to expand the reach of our program by adding new clinics to provide quality focus and resources in the following areas:

- Primary Care (adult & pediatrics)
- Women's Health
- Mental Health
- Nephrology

Want to learn more? Contact your Provider Development representative or Kelli Burnham at **kelli.burnham@selecthealth.org**.

Select Health Medicare News

New Select Health Medicare + Kroger Plan

Beginning **January 1, 2024**, Select Health will launch Medicare Advantage plans in Colorado, Idaho, Nevada, and Utah that are co-branded with Kroger Health. These benefits apply as follows:

- All members on the new **Select Health Medicare + Kroger** plans will be given monthly funds on a flexible spending card to use for OTC health-related purchases.
- **To qualify for grocery dollars**, members must:
  - Have one or more of the conditions listed in **Figure 3** (at right).
  - Spend grocery dollars at Kroger-owned stores (e.g., Smith's, King Soopers, City Market, Fred Meyer, etc.). Access a **full list of eligible grocery brands** across the nation.

Figure 3. Qualifying Conditions for Grocery Dollars

Qualifying Condition	Examples/Other Qualifying Information
Autoimmune disorders	Rheumatoid arthritis, lupus, vitiligo, hypothyroidism
Cancer	Any type of cancer or precancer diagnosis, includes cancer diagnoses currently treated or treated within the past year
Cardiovascular disorders	Heart attack, heart valve disease, peripheral vascular disease
Chronic alcohol and other drug dependence	
Chronic and disabling mental health conditions	Depression, anxiety, bipolar disorder, ADHD
Chronic heart failure	
Chronic kidney disease	Kidney stones, elevated kidney test results
End-stage renal disease (ESRD)	Dialysis or transplant
Chronic liver disease	Fatty liver, chronic hepatitis
End-stage liver disease	
Chronic lung disorders	Chronic obstructive pulmonary disease, asthma
Dementia	Significant memory loss, Alzheimer's disease
Diabetes	Type 1 or Type 2 diabetes, prediabetes
HIV/AIDS	
Hypertension	Currently treated for high blood pressure
Malnutrition	Vitamin or mineral deficiencies, eating disorders
Musculoskeletal disorders	Arthritis, muscle wasting/weakness, back pain, foot pain, other chronic joint pain
Neurologic disorders	Migraines, peripheral neuropathy, ALS
Obesity	BMI higher than recommended for patient's age/gender/ethnicity
Severe hematologic disorders	Anemia, hemophilia, polycythemia, leukemia)
Stroke	

Help us verify diagnoses for members with the listed chronic conditions. A Select Health service member will contact providers by phone or in writing to confirm the diagnoses listed in **Figure 3**. We will also review diagnoses submitted on claims, so please include these diagnoses to minimize the need for annual verification. The Centers for Medicare and Medicaid Services (CMS) requires us to verify annually that the member has one of the qualifying conditions. Verifying these diagnoses as quickly and efficiently as possible ensures that members have grocery funds available when their plan starts in January 2024.

AEP begins on October 1 and ends December 7. We need your assistance to ensure that as many of our Medicare enrollees as possible can get financial support to purchase groceries.

Questions? Contact Provider Development at **provider.development@selecthealth.org**.

Select Health Community Care (Medicaid) News

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 free resource for members needing additional assistance with this process. A local enrollment counselor can offer assistance with Medicaid paperwork and finding other insurance if a member no longer qualifies for Medicaid. To schedule an appointment, call **801-433-2299** or visit **takecareutah.org/bookings**.

Member Questions and Concerns

Remember, if Community Care members have questions or concerns regarding their Medicaid plan, please refer them to Select Health Member Services **(855-442-3234**) for questions or problems.

Lead Screening in Children (LSC) Measure for Those Ages 2 and Under

Centers for Medicare and Medicaid Services (CMS) guidance indicates that all children enrolled in Medicaid should get tested for lead at ages 12 and 24 months, or age 24–72 months if not tested earlier. Statistics show that many are not getting tested. Select Health data for 2022 shows that **only about 32% of Medicaid members 0–24 months had a blood lead level checked.**

Testing and Education is Crucial

Don't forget to test your young patients for lead and to educate your patients and families on lead poisoning prevention.

Since no safe blood lead level in children has been identified and most children have no obvious immediate symptoms after lead exposure, the importance of testing for lead exposure cannot be overemphasized. All children ages 12 and 24 months should be tested for lead. If never tested, children up to 6 years should be tested.

Young children are at higher risk for lead toxicity due to their small size and hand-to-mouth behaviors, and lead exposure can come from unexpected sources. These sources include not only old paint, but also soil, water pipes in buildings children spend time in, toys, dishes, and even the clothing of caregivers who have contact with lead via their vocations or hobbies (e.g., ceramics, building renovation or repair, use of firearms, and welding).

Lead Exposure is Dangerous

The effects of lead exposures can be severe and permanent and may include:

- Damage to the brain or nervous system
- Slowed growth and development
- Learning and behavior problems
- Hearing and speech problems

These impacts cause difficulty in school, at home, and other places.

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Lead Screening in Children (LSC) Measure, Continued

Screening is Quick

Blood lead testing does not need to take a lot of time or effort for the provider or for the patient and family. A point-of-care finger stick capillary sample can just take 178 seconds of an office visit. Follow-up venous testing is recommended for detected capillary lead levels, but parents are more likely to comply with this following a positive finger stick for lead.

NOTE: When you test, please include the **DATE** and **RESULT** of the test in your visit note so that lead testing can continue to be tracked and improved. Remember that completion of a lead risk assessment does not count as lead screening.

Local Resources Support Your Education Efforts

The **Utah Lead Coalition website** has written and video resources for healthcare providers as well as family education on lead poisoning prevention, screening, and local programs and services, some of which include:

- Environmental lead testing
- Free lead remediation for qualifying homes
- Early intervention programs for children with developmental delays or disabilities

Questions? Please contact Jenny Bullock, Select Health Quality Consultant RN (for lead screen measure) at **801-442-7024** or **jenny.bullock@selecthealth.org**.

SOURCES:

Centers for Disease Control and Prevention. Childhood Lead Poisoning Prevention. CDC website. Last Reviewed: September 20, 2023. Available at: **https://www.cdc.gov/nceh/lead/default.htm**. Accessed October 25, 2023.

Utah Lead Coalition website. Last Updated: September 5, 2023. Available at: **https://utahleadcoalition.org/**. Accessed October 25, 2023.

Flu Shots and COVID Vaccines

Flu season is coming up, and now is a great time to remind members to get their flu shots for the year as well as any COVID vaccines if they are needed. As of **July 1. 2023**, COVID vaccines are paid for by the member's Medicaid ACO rather than State Medicaid.

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.

CareAffiliate Recent Update

The survey questionnaire for Tonsillectomy and/or Adenoidectomy request type was updated to reflect current criteria and improve user experience.

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:

- Reduced response time
- 24/7 preauthorization status information
- No risk of faxed information being lost, sent to the wrong number, or other errors
- Reduced follow-up calls and decision delays due to missing information
- Automatic review and preauthorization decisions for many procedures

How do I access CareAffiliate?

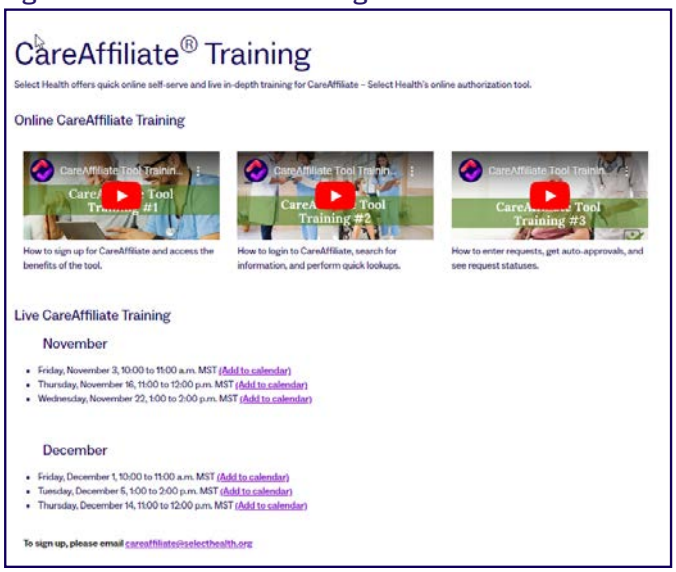
To request access to the Provider Benefit Tool and CareAffiliate, visit our **online instructions**.

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 4).**

Questions? Email **careaffiliate@selecthealth.org**.

Figure 4. Choose from Training Videos or Live Sessions



Antibiotic Awareness

"Be Antibiotics Aware" is a national effort by the Centers for Disease Control and Prevention (CDC) to help fight antibiotic resistance and improve antibiotic prescribing and use. This CDC educational effort complements U.S. Antibiotics Week, held **November 18–24, 2023**, which focused on raising awareness about using antibiotics appropriately and the dangers of antimicrobial resistance.[1]

The CDC's **Be Antibiotics Aware Partner Toolkit** offers providers:

- Key messages for providers and other helpful information
- Messaging for patients
- Links to graphics and videos that can be used to help promote antibiotic awareness

Relevant HEDIS Measures

The National Committee for Quality Assurance (NCQA) has developed four Health Effectiveness Data and Information Set (HEDIS) measures to help monitor appropriate antibiotic treatment (see **Figure 5** below).[2]

If you would like more information on these measures, Visit the **National Committee for Quality Assurance (NCQA) website**.

Tips for Providers

Tips for following appropriate antibiotic treatment and improving related HEDIS rates include:

- **For a diagnosis of pharyngitis**, administer appropriate testing if symptoms indicate by conducting a group A streptococcus test before dispensing an antibiotic. Remember to submit the appropriate CPT code for each strep test to ensure accurate reporting of the CWP

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Figure 5. Overview of NCQA-Developed Antibiotic Treatment HEDIS Measures

Measure Name	What We Measure	What the Rate Indicates
Appropriate Testing for Pharyngitis (CWP)	The percentage of episodes for members 3 years of age and older with a diagnosis of pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode.	A **HIGHER** rate indicates appropriate testing was completed for the antibiotic treatment.
Appropriate Treatment for Upper Respiratory Infection (URI)	The percentage of episodes for members 3 months and older with a diagnosis of upper respiratory infection that did not result in an antibiotic-dispensing event.	Reported as an inverted rate, a **HIGHER** rate on this measure indicates appropriate upper respiratory treatment.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	The percentage of episodes for members 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic-dispensing event.	Reported as an inverted rate, a **HIGHER** rate on this measure indicates appropriate acute bronchitis/bronchiolitis treatment.
Antibiotic Utilization for Respiratory Conditions (AXR)	(New measure released in 2022) The percentage of episodes for members 3 months and older with a diagnosis of a respiratory condition that resulted in an antibiotic-dispensing event.	A **LOWER** rate indicates appropriate treatment for respiratory conditions.

Antibiotic Awareness, Continued

measure. If there is another diagnosis that warrants the antibiotic, such as otitis media, please submit the diagnosis codes for both.

- Educate your patients on the appropriate use of antibiotics **for upper respiratory infections and bronchitis/bronchiolitis**. Discuss symptomatic treatment and any follow-up recommendations.
- If prescribing an antibiotic, document any competing diagnosis codes or comorbid conditions that warrant antibiotic use if they also have a diagnosis of an upper respiratory infection or acute bronchitis/bronchiolitis. This ensures that you are not being inappropriately counted as prescribing an antibiotic for **upper respiratory infections or acute bronchitis/bronchiolitis**.

Questions? Please contact **Stacey Merrill, BSN RN**.

REFERENCES

1. Centers for Disease Control and Prevention. *Antibiotic Prescribing and Use.* CDC website. Last reviewed: September 7, 2023. Available at https://www.cdc.gov/antibiotic-use/index.html. Accessed October 25, 2023.\
2. National Committee for Quality Assurance. *HEDIS Measures and Technical Resources.* NCQA website. 2023. Available at: https://www.ncqa.org/hedis/measures/. Accessed October 25, 2023.

HEDIS Measure Overview: FMC

What is the FMC HEDIS measure?

This HEDIS measure, Follow-up After ED (Emergency Department) Visit for People with Multiple High-risk Chronic Conditions (FMC), measures the percentage of members 18 years of age and older, who have **(ALL REQUIRED)**:

- Multiple high-risk chronic conditions
- Visited an emergency department (ED)
- Had a follow-up service within 7 days of the ED visit

Because these members are at a higher risk of mortality and readmission than members without chronic conditions, it's crucial to ensure follow-up visits as soon as possible after an ED visit.

What high-risk chronic conditions are covered by this measure?

- COPD, asthma, bronchitis
- Alzheimer's disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack

How can you help fulfill this open gap for your patients?

- Encourage patients to schedule a follow-up visit within 7 days of an ED visit. You can remind them at their annual wellness visit.
- Suggest that patients use other follow-up services (e.g., telehealth or care management) if can't visit in-person within the 7-day time frame.
- Remind members who may visit the ED often that they can use telehealth or connect with their primary care physician instead when emergency care isn't required.
- Consider receiving notifications from hospital systems when one of your patients has visited an ED to facilitate scheduling follow-up visits.

Questions? For more information regarding this measure:

- **Access NCQA's online information about FMC**.
- **Contact Azure Gaskill, Quality Consultant RN**.

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 reviewers from Select Health to request and review patient charts to abstract blood pressure readings. This is time consuming for reviewers 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 reviewers 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 reviewers.

How can we simplify this process?

When a claim is submitted with CPT II codes for blood pressure, there is no need for either the clinic to send a chart or for the Select Health nurse auditor to review the chart. The CTP 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.

Figure 6 indicates the CPT II codes that should be used when submitting claims.

Figure 6. Claims Coding for Blood Pressure

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**.

Policy and Coverage Guidelines for Newly Released RSV Vaccine

The newly released respiratory syncytial virus (RSV) vaccine can be a game changer in reducing hospitalizations. RSV poses a significant challenge for children's hospitals as they risk running out of beds each year during the respiratory virus season.

Please review the **frequently asked questions** below to learn more about Select Health policy and coverage guidelines for this vaccine. You can also access information from the **Centers for Disease Control and Prevention (CDC)** and review the relevant Advisory Committee on Immunization Practices (ACIP) Updates on RSV vaccines from **June 2023**.

What is Beyfortus (nirsevimab)?

Nirsevimab is a monoclonal antibody that offers passive immunization. Recommended use is similar to a vaccine for protection from respiratory syncytial virus (RSV), and expected duration is at least 5 months (the typical duration of RSV season).

Who should nirsevimab be administered to?

According to the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), nirsevimab is recommended for:

- **Infants and newborns under 8 months of age entering their first RSV season.** For example, if a healthy patient who is 7 months old in October presents in clinic in November at 8 months of age, the CDC does NOT recommend the use of nirsevimab.
- **Infants ages 8 to 19 months entering their second RSV season:** A second immunization is recommended ONLY for those patients who are at elevated risk of severe RSV (e.g., severely immunocompromised, chronic lung disease of prematurity requiring medical intervention during the six-month period before the start of the second RSV season, cystic fibrosis, etc.).

Will nirsevimab be administered in the hospital?

Intermountain Health plans to administer this inpatient to all infants requiring NICU or other pediatric intensive care admission. Work is in progress to expand this plan to offer nirsevimab to ALL infants prior to discharge.

Is nirsevimab covered by Select Health?

Effective September 1, 2023, nirsevimab will be covered as:

- A preventive benefit for infants up to 19 months of age, in accordance with ACIP's recommendations
- Part of the federal Vaccines for Children (VFC) program

How is nirsevimab supplied and administered?

Nirsevimab comes in a pre-filled syringe and can be administered intramuscularly (IM) by anyone authorized to administer pediatric injections.

What is the recommendation for an Infant whose Mother received the maternal RSV vaccine (Abrysvo)?

ACIP does NOT recommend nirsevimab for most infants born to a mother who received the maternal vaccine unless the time between vaccination and birth has been less than 14 days.

Can nirsevimab be co-administered with other vaccinations?

Yes. It is appropriate for simultaneous administration of nirsevimab with other age-appropriate vaccinations.

How do I bill and code for the administration of nirsevimab?

Please reference the **American Academy of Pediatrics (AAP) guidance for coding and payment**.

Administrations should be reported to your applicable immunization reporting programs.

New Kidney Health Evaluation for Patients with Diabetes (KED)

Beginning in 2022, the National Committee for Quality Assurance (NCQA) changed the kidney health evaluation recommendations for patients with diabetes. Previously, the evaluation required only a urine test*; now these patients need **both:**

- **A urine test-uACR (urine albumin-creatinine ratio).** This can be ordered as a separate quantitative urine albumin test and a urine creatinine test as long as they have service dates four days or less apart.
- **A blood test-eGFR (estimated glomerular filtration rate).**

Coding for KED

Although providers can continue ordering any tests necessary for a patient's care, the codes listed in **Figure 7** below fulfill an open care gap for your patients.

Figure 7. Coding for KED

Test	CPT codes	LOINC codes
Urine albumin creatinine ratio lab test	N/A	9318-7, 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9
Quantitative urine albumin lab test	82043	1754-1, 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine creatinine lab test	82570	2161-8, 20624-3, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Estimated glomerular filtration rate lab test	80047, 80048, 80053, 80069, 82565	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6

Learn More

For more information on the KED measure, access these NCQA tools:

- **Kidney Health Evaluation for Patients with Diabetes**
- **Kidney Health Toolkit**

Questions? Contact Select Health Quality Consultant RNs: **Azure.Gaskill@selecthealth.org** or **Stacey.Merrill@selecthealth.org.**

*Proof of ACE/ARB medication no longer meets measurement criteria.

How Care Management Supports Your Practice

Select Health provides Care Management services for Select Health members. Case Managers work closely with the Intermountain Clinical Program work groups. Members are stratified using multiple tools and a member of the care management team contacts those found to be at risk.

The following **services** are currently provided:

- Proactive outbound call support
- Needs assessments performed by a nurse
- Individual member coaching
- Educational materials mailed to the member's home
- Referral to facility-based classes
- Assistance with medication compliance, equipment, and supplies
- Assistance with insurance benefit questions

Care management is a vital resource for dealing with the overwhelming stress of **urgent or special medical needs**. Whether it's a new diagnosis or a major injury, specially trained care managers can help members:

- Navigate through the healthcare system
- With self-care by assessing needs and designing and executing a member-centric care plan
- By acting as a liaison between the member and providers to make sure immediate and ongoing needs are met and that the best possible care is received

Care management focuses on members who repeatedly cycle through the healthcare system without lasting benefit and/or are unable to adhere to a treatment plan without help.

We seek to **identify and intervene with members**, such as those who:

- Have medically complex and impactable needs
- Struggle to use healthcare resources appropriately
- Experience comorbid behavioral health and medical conditions or a catastrophic health event (e.g., multiple trauma, new disability)
- Have significant and complex social determinants of health needs

We also support members who have less-complicated health issues but are struggling to manage their health by:

- Coaching for health habits
- Resolving short-term barriers to care
- Helping guide complex referrals to providers and services
- Finding resources

Treating a Select Health member where a care manager could help?

Please call our Care Management Department at **800-442-5305, option 2**.

HEDIS Measure Overview: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

What does this HEDIS measure evaluate?

WCC measures the percentage of members ages 3 through 17 who had an outpatient visit with a primary care provider (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year:

- BMI percentile documentation based on Centers for Disease Control and Prevention (CDC) BMI-for-age growth charts*
- Counseling for nutrition as identified by administrative data or medical record review
- Counseling for physical activity as identified by administrative data or medical record review

Why is this measure important?

Given that childhood obesity has more than doubled in children and tripled in adolescents over the last 30 years, monitoring weight problems in this cohort and providing guidance for maintaining healthy weight and lifestyle can help mitigate the immediate and long-term effects on health and well-being.

What ICD-10 Codes apply to this measure?

It is important to use NCQA coding guidance to accurately reflect the type of care rendered for this measure. **Figure 8** below indicates key approved codes; for a complete list, refer to the **NCQA website.**

Figure 8. Example NCQA-Approved Codes for Identifying WCC-related Services

<table>
<tr><th>BMI Percentile</th><th>Nutrition Counseling</th><th>Physical Activity Counseling</th></tr>
<tr><td rowspan="2">• Z68.51 Less than 5th percentile for age
• Z68.52 5th percentile to less than 85th percentile for age
• Z68.53 85th percentile to less than 95th percentile for age
• Z68.54 greater than or equal to 95th percentile for age</td><td>• ICD-10: Z71.3 Dietary counseling and surveillance
• CPT: 97802–97804 Nutrition counseling
• HCPCS: S9470 Nutritional counseling, dietitian visit</td><td>• ICD-10: Z02.5 Encounter for examination for participation in sport
• ICD-10: Z71.82 Exercise Counseling
• HCPCS: S9451 Exercise Classes, non-physician provider, per session</td></tr>
<tr><td colspan="2">HCPCS: G0447 Face-to-face behavioral counseling for obesity, 15 minutes</td></tr>
</table>

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WCC HEDIS Measure Overview, Continued

What documentation MEETS criteria for each component of the WCC measure?

Documentation from at least one visit per year (sick or wellness visit) should meet the criteria listed in **Figure 9**. It is also important to document all screenings, including follow-ups, results, and anticipatory guidance.

Figure 9. Documentation that Meets Measure Criteria During the Measurement Year

BMI Percentile	Nutrition Counseling	Physical Activity Counseling
• Height, weight, & BMI percentile from same data source • BMI percentile documentation (e.g., 85th percentile) or plotted on an age-growth chart • Member-collected biometric values for height, weight, & BMI percentile must comply with **General Guideline 39: Member-Reported Services and Biometric Values**.	• Date counseling occurred and at least ONE of the following: • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). • Checklist indicating nutrition was addressed. • Counseling or referral for nutrition education. • Member received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling.	• Date counseling occurred and at least ONE of the following: • Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation). • Checklist indicating physical activity was addressed. • Counseling or referral for physical activity. • Member received educational materials on physical activity during a face-to-face visit • Anticipatory guidance specific to a physical activity. • Weight or obesity counseling.
	Services rendered during a telephone visit, e-visit, or virtual check-in as long as the appropriate code is submitted with the GT modifier.	

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WCC HEDIS Measure Overview, Continued

What documentation DOES NOT MEET criteria for each component of the WCC measure?

Providers should be aware of the documentation that does not meet the criteria as indicated in **Figure 10** below.

Figure 10. Documentation that DOES NOT Meet Criteria for this Measure

BMI Percentile	Nutrition Counseling	Physical Activity Counseling
• Ranges and thresholds (BMI percentile must be documented in medical record or plotted on age-growth chart.) • Notation of BMI value only. • Notation of height and weight only.	Services specific to the assessment or treatment of an acute or chronic condition.	
	• No counseling/education on nutrition and diet. • Counseling education before or after the measurement year. • Notation of "health education" or "anticipatory guidance" without specific mention of nutrition. • A physical exam finding or observation alone (e.g., well-nourished): non-compliant because doesn't indicated counseling for nutrition. • Documentation related to a member's appetite (e.g., decreased appetite due to a chronic condition).	• No counseling/education on physical activity. • Counseling education before or after the measurement year. • Notation of "cleared for gym class" alone without documentation of a discussion. • Notation of "health education" or anticipatory guidance" without specific mention of physical activity. • Notation of anticipatory guidance related solely to safety (e.g., wears helmet) without specific mention of physical activity recommendations. • Notation solely related to screen time (computer or television) without specific mention of physical activity.

Who can I contact if I have questions about this measure?

Should you have questions or need assistance coding for this measure, please contact Stephanie Frederick at **801-442-7431** or via email at **stephanie.frederick@selecthealth.org**.

Select Health