ProviderInsight®

Colorado Edition
August 2024

Welcome!

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

- Commercial
- Select Health Medicare

[Click here to visit the new Join Our Networks page.]

Select Health

In this issue:

Select Health News

Select Health Marketplace Child & Adolescent Well-Care Visits (WCV) Ages 3–21

The Affordable Care Act (ACA) was enacted on March 23, 2010, to advance health care coverage throughout the United States. By 2014, Select Health entered the "Marketplace" offering ACA plans in Utah and Idaho. In 2021, Select Health began offering plans in Nevada and now in 2024, Colorado. ACA plans have also been referred to as Exchange, Qualified Health Plans (QHP), or Obamacare. This article will refer to Select Health plans as ACA.

NEW QUALITY IMPROVEMENT STRATEGY FOR 2025–2026

By offering plans through the "Marketplace," Select Health is required to conduct an improvement project called a Quality Improvement Strategy (QIS). To further clarify, for each state where an ACA plan has been offered for two years, a QIS is required. In the past Select Health has worked on HPV immunization and breast cancer screening. For the upcoming two-year project period, Select Health has chosen to work on the performance of well-care visits (WCV) for Utah, Idaho, and Nevada ACA plans.

Each fall, the Center for Medicare & Medicaid Services (CMS) releases ACA plan Star Ratings, which include HEDIS and CAHPS measures. Each individual measure has its own Star Rating, which then impacts the plan's overall Star Rating. This past fall, Select Health's WCV Star Rating for Utah was 2, Idaho 2, and Nevada 1. Therefore, it was logical to begin working on improving ACA plan performance for WCVs.

INCREASING WELL-CARE VISITS (WCV)

WCVs are recommended from birth to 21 and are covered 100% on most Select Health ACA plans. WCVs provide a vital opportunity for healthcare providers to screen for medical and psychosocial problems, track growth and development, provide guidance, and promote good health. The period from ages 3–21 is a time of rapid growth and change. Having a trusted healthcare provider can help the various stages of transition flow from childhood to adolescence to young adulthood much easier.

This spring, open WCV gaps are over 70,000 for ACA Utah members, over 7,000 for ACA Idaho members and over 1,000 for ACA Nevada members.

What Select Health is doing:

- Select Health's marketing department will be initiating an email campaign targeting members with an open gap since there are over 50% of emails on file for ACA members. They will also develop a postcard targeted at 18–21-year-olds to assist them with the transition to young adulthood and taking responsibility for their healthcare.
- Select Health's **Quality Provider Program (QPP)** reimburses contracted QPP providers $35 to close WCV gaps for their attributed members. The QPP Team (i.e., RN and Coordinator/Manager) will be helping their assigned clinics focus on WCVs. If your office or clinic is interested in joining this program, please reach out to **qualityprovider@selecthealth.org** for more information.

What providers can do:

Select Health's mission is to help people live their healthiest lives possible, so it is vitally important to get these members in for a visit. If your office or clinic has children, adolescents, or young adults that haven't been in for a while, please reach out to get them scheduled for a well-care visit.

(See **page 4** to learn more about best practices for scheduling well-care visits.)

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.

As a Member, you have the right to:

- Receive information about our services, providers, and members' rights and responsibilities.
- 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 race, religion, nationality, disability, sex, or sexual orientation; 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.
- Make recommendations regarding the organization's member rights and responsibilities policy.

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.
- 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.
- Provide all pertinent information needed by your provider to assess your condition and recommend treatment.
- Use our providers when applicable, carry your ID card, and pay copay/coinsurance amounts at the time of service.

Quality Provider Program News

Well-Child Check (WCC) Scheduling Best Practices

Pediatric well exams play an important role in helping children stay healthy. Ideally, children should always have at least one future well-check scheduled. Best practice ideas to make scheduling well exams a regular part of your clinic process include the following:

- As the patient checks-in, the patient service representative should verify the patient has at least one future WCC scheduled. If not, offer to schedule a WCC up to one year in advance.
- As the medical assistant is updating patient information and rooming the patient, verify the patient has at least one future WCC scheduled. If not, offer to schedule a WCC up to one year in advance.
- Provider verifies a WCC has been scheduled prior to patient departure. Clinician leadership matters.
- Follow this practice regardless of why the patient is currently in the office or on the telephone. Always look to ensure patients have at least one future WCC scheduled.

- Ask about other siblings in the patient's home: Are they due for a WCC?

For children under age 2 years, visits occur more frequently, so plan to schedule more than one visit at a time. For example, you can schedule a 1-month and 4-month appointment while they are in clinic for their 2-week visit.

Helpful Phrases to Use

It is easier for parents to understand the importance of well care if the message is consistent throughout their interactions with your staff. Here are some positive phrases you and your team can use to encourage scheduling:

- "Our providers prefer we get your child's next visit scheduled while you are here and in office so we don't have to inconvenience you later. Let's go ahead and get (patient's name) scheduled for their next WCC while I have you."
- "Let's schedule your next well-child check while we have you here in office so we can be sure to get you the appointment date and time you prefer."
- "Let's go ahead and save your spot for (patient's name) next well-child check. To ensure our patients stay healthy, our providers prefer their patients always have a future well-child check scheduled. Let's get that on the calendar for you."
- "Seeing you every year for your child's wellness check is important to me. Even if they are healthy and doing well, I want to ensure your family has the support they need at every different stage of life. Please make sure we schedule your next visit before you leave the office."
- "We'd like to save you a spot on my schedule for next year's well-child exam. Please make sure to schedule now so we get you the appointment that works best for you."
- "Wellness visits are such important visits to us. Please be sure to schedule (patient's name) for their next wellness visit so we have it planned for next year. If you ever need to reschedule, you are welcome to call the clinic to do so."

Continued on page 5...

Quality Provider Program News, Continued

Continued from page 4...

If you have a parent/caregiver that is hesitant or questions why regular well-checks are necessary, you can remind them that the visit is covered by their healthcare plan and will provide many benefits for the child and their family, including:

- An opportunity for families and providers to build trusting relationships
- Tracking of your child's growth and development to ensure they are meeting critical milestones
- Screening for physical/behavioral/social/emotional development
- Preventive services (including immunizations)
- Discussions about safety, school, relationships, and other age-appropriate parenting concerns
- Information on what to expect in the next stage of your child's life
- Support and assistance for family needs (housing, transportation, insurance, etc.)
- An opportunity for you to ask any questions or raise any concerns you have about your child

Questions?

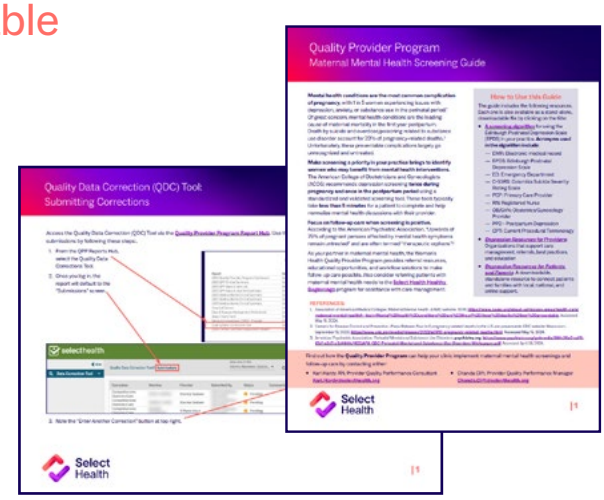
Please reach out to **qualityprovider@selecthealth.org** for more information.

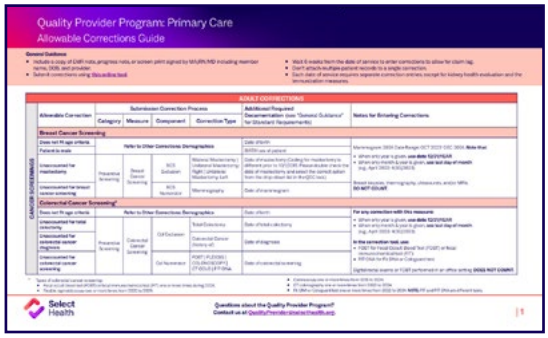
Updated Online Resources Now Available

Visit the **Quality Provider Program area** of our website to access new resources for clinics participating in any of our four quality programs. In Colorado, the Quality Provider Program includes Primary Care.

New resources include:

- **Instructions for Basic, Intermediate, and Super Users**
- **Quality Data Correction Tool instructions**
- **Primary Care Allowable Corrections Guide**
- **Maternal Mental Health Screening Guide**





Pharmacy News

Diabetes Formulary Changes in 2024

Changes are coming to our prescription drug coverage for members with diabetes. Several medications will no longer be covered; however, many alternatives will still be covered in addition to new alternatives.

Commercial

For Commercial formularies, we will remove Jardiance (empagliflozin) and combinations, and Tradjenta (linagliptin) and combinations from formulary effective **October 1, 2024** (effective **January 1, 2025**, for Colorado, Nevada, and FEHB). This change will be effective for all current users of these drugs and combinations as well as future users of SGTL-2 (sodium-glucose cotransporter 2) inhibitors and DPP4 (dipeptidyl peptidase IV) inhibitors. We will send notifications to providers and members multiple times before 10/1/24 as this will be a significant change. Brenzavvy (bexagliflozin) and Qtern (dapagliflozin/saxagliptin) will be added as preferred products. There will be no changes to insulin coverage. Please see **Figure 1** for a summary of changes.

Medicare

For Medicare formularies, the only change to formulary effective **July 1, 2024**, is the addition of Humalog. The SGLT2/DPP4 coverage will not change for Medicare members. Please see **Figure 2** for a summary of changes.

Figure 1. Commercial Formulary Changes

	Current Preferred Therapies	Preferred Therapies (Effective 10/1/24)
SGLT2 inhibitors	• **Farxiga** (dapagliflozin) • **Jardiance** (empagliflozin) • **Xigduo** (dapagliflozin/metformin) • **Synjardy** (empagliflozin/metformin)	• **Farxiga** (dapagliflozin) • **Xigduo** (dapagliflozin/metformin) • **Brenzavvy** (bexagliflozin)
DPP4 inhibitors	• **Tradjenta** (linagliptin) • **Jentadueto** (linagliptin/metformin) • aloglitpin • alogliptin/metformin	• alogliptin • alogliptin/metformin • saxagliptin • saxagliptin/metformin
SGLT2/ DPP4 inhibitors	• **Glyxambi** (empagliflozin/linagliptin) • **Trijardy** (empagliflozin/linagliptin/metformin)	**Qtern** (dapagliflozin/saxagliptin)

Figure 2. Medicare Formulary Changes

	Current Preferred Therapies	Preferred Therapies (Effective 7/1/24)
Short Acting Insulins	• Insulin aspart • **Novolog** (insulin aspart) • Insulin lispro	• Insulin aspart • **Novolog** (insulin aspart) • Insulin lispro • **Humalog** (insulin lispro)

Inflammatory Conditions Formulary Changes

The inflammatory categories were reviewed by Select Health's P&T Committee on **May 21, 2024.** The following changes were approved by the committee and will go into effect in the coming months.

Commercial

For Commercial formularies, four medications are being added (see **Figure 3**) and four medications are being removed (see **Figure 4**).

- Please note that reference brand Humira **will not** be covered after its removal date. No new prior authorizations are needed for coverage of Hadlima or Amjevita if a patient has been on brand Humira.
- Please note that reference brand Actemra (infused or SQ) **will not** be covered after its removal date. No new prior authorizations are needed for coverage of Tyenne if a patient has been on brand Actemra.
- Kevzara and Ilumya **will** be covered for continuation of therapy, but new-start requests **will not** be covered after their removal date.

Medicare

For Medicare formularies, the following changes are being made:

- Tyenne (tocilizumab) was added as a first line option.
- Taltz (ixekizumab) will be removed from the formulary for 2025.

Figure 3. Commercial Formulary — Medications Being Added

Medication	Formulary	Line of Biologic Therapy	Date to be Added
Tyenne (tocilizumab)	RxSelect & RxCore	2nd Line	October 1, 2024
Entyvio SC (vedolizumab)	RxSelect & RxCore	1st Line	October 1, 2024
Xolair Auto-Injectors (omalizumab)	RxSelect & RxCore	1st Line	July 1, 2024
Roflumilast (generic Daliresp)	RxCore	--	July 1, 2024

Figure 4. Commercial Formulary — Medications Being Removed

Medication	Formulary	Grandfather Status	Date to be Removed
Humira (adalimumab)	RxSelect	No	October 1, 2024
Kevzara (sarilumab)	RxSelect	Yes	October 1, 2024
Ilumya (tildrakizumab)	RxSelect	Yes	October 1, 2024
Actemra (tocilizumab)	RxSelect & RxCore	No	January 1, 2025

Select Health Medicare News

September 23–27 Is Falls Prevention Week

Over one in four Americans age 65+ are falling each year and according to the CDC, less than half of these individuals are having this conversation with their doctor. Communication is key when it comes to assessing falls risk as well as decreasing the chances of falling from occurring.

From 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, our goal is to raise awareness on preventing falls, encourage communication between the provider and member on topics surrounding falls risk and falls prevention, as well as reduce the risk and fear of falls.

Resources to Help Prevent Falls

Primary care providers (PCPs) and specialty care providers (SCPs) can play integral roles in helping to prevent falls. Here are some 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**, especially the **"Stay Independent" brochure**.
- Share Intermountain Health's **Fall Prevention 101 videos** with your patients.
- Share with your patients the National Council on Aging's **"Falls Free Check Up" interactive questionnaire** with the 13 standard falls assessment questions which provides a risk score and resources to prevent falls.
- Adopt the CDC's **STEADI algorithm**.
- To ensure your patients have added support, call Select Health's Medicare Care Management at **800-442-5305** (Monday through Friday 8:00 a.m. – 6:00 p.m.)

* Get the Facts on Falls Prevention. The National Council on Aging. March 13, 2023. Accessed July 26, 2024. **https://www.ncoa.org/article/get-the-facts-on-falls-prevention**.

Select Health Medicare News, Continued

Helping Patients with Advance Care Planning

The medical literature shows that patients and families have higher satisfaction rates if they have advance directives in place for end-of-life care, including emergent end-of-life care.

WHAT CAN PROVIDERS DO?

Share information about the **Colorado Advance Care Directive form/template** with your patients. This online, fillable form makes the process easier. You can also access additional resources for advance care discussions, such as:

- American Academy of Family Physicians articles:
  - ***Coding & Documentation: Advance Care Planning***
  - ***CMS clarifies advance care planning coding and billing requirements***
  - ***Advance Care Planning: Using the Health Care Team to Make Hard Conversations Easier***
- Centers for Medicare and Medicaid Services (CMS) resource: ***MLN909289 – Advance Care Planning***

CODING & REIMBURSEMENT

Select Health reimburses you for having advance care discussions with your patients, even in the same visit where other services are provided. Use these CPT codes:

- **99497** for the first 16–30 minutes (counts for 1.5 RVU)
- **99498** for the additional 30 minutes of service (counts for 1.4 RVU)

Questions? Contact either Dr. Catherine Burton (**catherine.burton@imail.org**) or Dr. Mary Suchyta (**mary.suchyta@selecthealth.org**).

Update to Statin Exclusion Coding

NEW: PQA has removed the ICD-10 code of **T46.6X5A** from the eligible rhabdomyolysis myopathy exclusions. Please refer to the updated table below for appropriate statin exclusions. As a reminder, exclusion coding must be submitted in a claim EACH year for the patient to be removed from statin measures. Charting a statin intolerance in the EMR does not remove a member from the statin measures. Use the list of required codes in **Figure 5** below; note that a statin allergy diagnosis does not count as an exclusion unless a claim for one of the following codes is submitted.

Figure 5. Overview of Qualifying Statin Exclusions to be Coded

For Diabetes Patients ONLY	For Cardiovascular Patients ONLY
• Prediabetes (R73.03, R73.09 codes) • PCOS (E28.2 codes)	• IVF • Myalgia (M79 codes) • Palliative Care

For BOTH Diabetes and Cardiovascular Patients			
• Cirrhosis	• Hospice Care	• Myopathy (G72 codes)	• Pregnancy
• Dialysis	• Lactation	• Myositis (M60 codes)	• Rhabdomyolysis (M62 codes)

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

Practice Management Resources

Eye Exam Documentation for Members with Diabetes

Diabetic retinopathy, a common complication of diabetes, underscores the importance of regular retinal eye examinations for patients with diabetes. These exams aid in early detection and timely intervention and are crucial for preventing vision loss. Given the prevalence of diabetes, primary care providers play a pivotal role in encouraging the importance of these exams and the meticulous documentation of exam results.

Best Practices & Tips

- Provide patient education on risks of diabetic eye disease and encourage scheduling an annual retinal eye exam.
- Educate your patient on the importance of sharing their diabetes diagnosis with their ophthalmologist/optometrist, so the correct type of eye exam is performed at their next eye care appointment.
- Build care gap "alerts" into your medical record if not already implemented to indicate when a patient is due for a retinal eye exam.
- Consider outreaches to patients who have not had a retinal eye exam.
- Obtain retinal exam reports. If you cannot get a copy of the retinal exam, you could note the date of the retinal exam, eye care provider's name (if possible) and include whether they are an optometrist or ophthalmologist in the chart, and what the results were (positive or negative for retinopathy).
  - Documentation example: "Last retinal eye exam with John Smith, OD, was June 20XX with no retinopathy."
- Consider requesting your patients get a fax back form filled out by their optometrist/ophthalmologist when a retinal eye exam is performed. An example is linked **here** from the American Diabetes Association.
- In-office retinal fundus photos (i.e. Retina Vue) is an option **BUT** images must be read by an optometrist or ophthalmologist. (AI interpretation is acceptable but will only count for 1 year of compliance regardless of result.)

Why use CPT II codes?

Using CPT II codes (see **Figure 6**) can help:

- Streamline administrative processes, which will decrease the need for record abstraction and chart review during HEDIS
- Provide more accurate medical data
- Identify and close gaps in care more accurately and quickly
- Improve patient outcomes

Figure 6. CPT II Codes for Use by Primary Care Providers

CPT II Code	Definition
Eye Exam without Evidence of Retinopathy *(All options MUST be interpreted by an ophthalmologist or optometrist)*	
2023F	Dilated retinal eye exam **without evidence of retinopathy**
2025F	7 standard field stereoscopic retinal photos **without evidence of retinopathy (Retina Vue/ Aurora/Smartscope in office)**
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **without evidence of retinopathy**

...*Continued* on page 11

Practice Management Resources, Continued

Figure 6. CPT II Codes for Use by Primary Care Providers, Continued

CPT II Code	Definition
Eye Exam with Evidence of Retinopathy *(All options MUST be interpreted by an ophthalmologist or optometrist)*	
2022F	Dilated retinal eye exam **with evidence of retinopathy**
2024F	7 standard field stereoscopic retinal photos **with evidence of retinopathy**
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; **with evidence of retinopathy**

Remember: "CPT codes 92250 and 92228 will only count as compliant for patients **when billed by an ophthalmologist/optometrist**. Using CPT II result codes will count toward measure compliance for patients."

Questions? Contact Amber Wray, Select Health Quality Consultant RN, at **Amber.Wray@imail.org**.

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 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.

Figure 7 indicates the CPT II codes that should be used when submitting claims.

Figure 7. 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**.

How Care Management Supports Your Practice

Select Health provides Care Management services for Select Health members. 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**.

Practice Management Resources, Continued

Immunization Updates and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met on **June 26–28, 2024**, for its regular triennial vaccine meeting.

Figure 8 below summarizes the votes, key guidance, and discussions from these meetings related to COVID-19, chikungunya, influenza, polio, RSV, and pneumococcal vaccines.

Learn more by accessing:

- **Related details** (vaccine evidence presented, committee discussion, and votes) for each recommendation summarized in **Figure 8** can be found on the **Select Health Provider Tools** area of our website under 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 8. Vaccines Guidance Summary

VOTES	
RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE, ADULT	ACIP voted to recommend a single lifetime dose for all adults ages 75 years and older and for those ages 60–74 years who are at risk for severe RSV disease. Recommendations for younger adults at risk will be evaluated in the future. mRESVIA™ mRNA RSV vaccine by Moderna was approved by the FDA for use in adults ages 60 and older.
HEXAVALENT VACCINE (DTAP, HEP B, IPV, HIB)	Vaxelis® is recommended preferentially in American Indian/Alaska Native (AI/AN) infants for H. influenzae protection as an option besides PedvaxHIB®, which also has a preferential recommendation.
COVID-19 VACCINES	ACIP recommends the 2024–2025 formulation as authorized or approved by the FDA in persons ages 6 months and older. As advised by the FDA, Moderna and Pfizer vaccines will target the KP.2 lineage (a sublineage of JN.1) and Novavax vaccine will target the JN.1 lineage
INFLUENZA VACCINES	Influenza vaccine composition will be trivalent for the 2024–2025 influenza season due to the removal of the B/Yamagata strain. Adult solid organ transplant patients on immunosuppressive medications ages 18 through 64 years may receive a high-dose or adjuvanted influenza vaccine.
PNEUMOCOCCAL VACCINES	ACIP recommends pneumococcal conjugate vaccine, 21-valent (PCV21:CAPVAXIVE™) by Merck as an option for adults ages 19 years and older who currently have a recommendation to receive a dose of PCV.

Continued on page 14...

Practice Management Resources, Continued

Continued from page 13...

Figure 8. Vaccines Guidance Summary, Continued

REVIEWS AND DISCUSSIONS	
MENINGOCOCCAL VACCINES	ACIP reviewed clinical trial data of a candidate GSK pentavalent meningococcal ABCWY (MenABCWY) vaccine, and continued discussion regarding a revised adolescent meningococcal schedule with a planned vote at its February 2025 meeting.
RSV IMMUNIZATIONS – MATERNAL/ PEDIATRIC	Nirsevimab was highly effective in the 2023–2024 season. Maternal RSV vaccine Abrysvo™ was safe with preterm deliveries in line with expected underlying population rates. Abrysvo™ is not recommended at this time for subsequent pregnancies, and Nirsevimab should be used to protect those infants.
OTHER VACCINES	The Human Papilloma Virus (HPV) vaccine work group is reconvening to evaluate fewer doses, wording around starting administration at age 9 years and shared clinical decision-making guidance for those ages 27–45 years. Chikungunya vaccine is being evaluated for use in U.S. territories as either a routine vaccine or as a response to outbreak. Dengue vaccine Dengvaxia® is being discontinued due to low demand even though cases have recently increased dramatically world-wide.

Questions about immunization? Contact Tamara Sheffield, MD, MPA, MPH, Medical Director, Immunization Programs, Intermountain Health Canyons Region, at **801-442-3946**.

Practice Management Resources, Continued

Navigate! How can we help you today?

Start with Select Health online self-service solutions. Access our provider website (selecthealth.org/providers) for the quickest way to get your questions answered. Direct links are in purple type.

Do you need to:	Go to:
Find member ID card information?	https://selecthealth.org/providers/claims/id-guides
Access non-covered codes/ preauthorization requirements?	https://selecthealth.org/providers/resources/tools
Request preauthorization?	https://selecthealth.org/providers/preauthorization
Appeal a claim?	https://files.selecthealth.cloud/api/public/content/provider_appeal_form.pdf
Find pharmacy resources?	https://selecthealth.org/providers/pharmacy
Access dental provider resources?	https://selecthealth.org/providers/dental
Access Select Health policies (medical, dental, coding/reimbursement)?	https://selecthealth.org/providers/resources/policies
Learn about our secure provider tools (Provider Benefit Tool, CareAffiliate®)?	For the Provider Benefit Tool (check eligibility and claims status): https://selecthealth.org/providers/claims/provider-benefit-tool For CareAffiliate (submit and track online preauthorization requests): https://selecthealth.org/providers/preauthorization/careaffiliate/ca-training

Contact us when you can't find answers online. We're here to help Monday through Friday. Phone and email requests are answered in the order they are received.

When you need to:	Access:
Verify member benefits or get help with claims payment issues and information	The Provider Benefit Tool or Member Services: **800-538-5038**
Resolve issues with provider setup or directory listing	Provider Development: **800-538-5054**; provider.development@selecthealth.org
Get help with access to tools on our secure Provider Portal and online tools (Provider Benefit Tool, CareAffiliate)	Provider Web Services: providerwebservices@selecthealth.org
Resolve claims appeals/preauth issues	Compliance and Appeals: **844-208-9012**
Manage Electronic Funds Transfer (EFT)	EDI Department: **800-538-5099** (fax: **801-442-0372**); edi@selecthealth.org
Change passwords, reactivate accounts, resolve issues with 2-Step Authentication (PingID)	Account Help Desk: **801-442-7979, Option 2**
Request fee schedules (contracted providers only)	Provider Development: SHFeeScheduleRequests@selecthealth.org

Select Health