Provider**Insight**®

Colorado Edition
February 2024

Welcome!

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

- Commercial
- Select Health Medicare

In this issue:

Select Health

Select Health News

Get Ready! Select Health's New Provider Portal Coming Soon

Select Health will soon launch a new Provider Portal for our contracted physicians and providers. With the new Provider Portal, you will have an easy-to-use place to manage key aspects of your relationship with Select Health.

Watch your email for an announcement when the Portal goes live!

We are excited to soon offer enhancements, such as:

- **One central login and simple-to-use interface.** Enjoy more efficient preauthorization and claims management with quick access to CareAffiliate®, Provider Benefit Tool, and other important online resources.

- **Streamlined credentialing.** Join Select Health networks, see credentialing status, and upload important information online.

- **Improved contracting process.** For providers directly contracting with Select Health, instantly find your contract status and request fully executed contract copies online.

- **Simple way to update demographic or practice information.** Access an easy-to-use online form for keeping your information up to date.

- **Expanded support.** Get help quicker with an online support function to submit questions and requests securely.

Questions? Contact our Provider Team at **800-538-5054** or by emailing **providerwebservices@selecthealth.org**.

Select Health by the Numbers

In 2023, Select Health totaled:

- **13 Million+:** Number of medical and dental claims processed (nearly the populations of Utah, Colorado, Nevada, and Montana combined)

- **1.2 Million:** Member service calls answered (enough to fill every NBA stadium — twice)

- **324,000:** Wellness solutions and rewards distributed to members (enough to fill 1,800 Airbus planes)

Protecting PHI from Artificial Intelligence (AI) Agent Calls

Over the past several months, Select Health has seen an increase in calls from AI agents requesting information on behalf of providers' offices. To protect PHI and prevent access by unknown sources, Select Health will **NOT** release any information to AI agents.

Rather than using AI agents for these calls, providers should instead access the current Select Health secure **Provider Portal** (login required) to gather the information they need (via **CareAffiliate**® for preauthorization requests or the **Provider Benefit Tool** for member eligibility or claims status).

Questions? Contact Provider Services at **800-538-5054** or via email at **provider.development@selecthealth.org**.

Select Health Growth in Colorado

To help meet the growing need for insurance services in Colorado, Select Health entered the Colorado market with Medicare Advantage and Individual Affordable Care (ACA) coverage, effective **January 1, 2024**. The state of Colorado has 5.8 million insured lives, and Select Health is excited to offer additional coverage choices for Colorado residents.

Expanded Network
Select Health and Intermountain Health are dedicated to fostering relationships with top-tier healthcare providers to continually enhance the quality and accessibility of healthcare services. The more lives covered by our insurance products, the more we expand our mission to help people live the healthiest lives possible. Recent key relationships include:

- **Trinsic Joint Venture**.
  In 2023, Intermountain entered a joint venture with UCHealth (University of Colorado Health) to accelerate value-based care in Colorado. Combining two of the four largest health systems in the Colorado market provides immediate strength, influence, and broad access across major metropolitan areas in the state. Trinsic seeks to improve care coordination and health outcomes through its 900 primary care physicians and multiple clinics and supports Select Health's insurance products and programs available in Colorado in 2024.

- **AdventHealth Network Addition**.
  Select Health added AdventHealth to its provider network effective **January 1, 2024**. This collaboration allows Select Health to broaden its provider networks statewide and offer members an expanded range of healthcare services.

"There was a geographical gap in the southern Denver metro area.... Patients would either drive long distances to get to an in-network facility or choose another carrier to gain access to their local hospital. This relationship allows us to increase access to exceptional care and facilities to more individuals, ensuring that members receive convenient and quality healthcare services close to home."

Curt Howell, Market President
Select Health Peaks Region

Community Partnerships
As part of our commitment to improving the health of the communities we serve, Select Health announced a donation totaling $25,000 to five nonprofit organizations across Colorado in December 2023. This philanthropic effort aligns with Select Health's and Intermountain's focus on social determinants of health and addresses crucial issues such as food insecurity, housing instability, transportation limitations, and access to essential healthcare. **Learn more.**

Future Growth
Rob Hitchcock, president and CEO of Select Health, was recently featured on the **Business Elevated Podcast**. Listen to learn more about Select Health, Rob's vision for the future, his focus on long-term sustainability, commitment to affordability, and more.

For additional information about Select Health, how to join our networks, and the various online resources we offer to support your practice, visit **selecthealth.org/providers**.

New Credentialing Tools Available

Select Health has recently published a new Credentialing Manual as well as a guide to credentialing steps for providers seeking to join our networks.

The Credentialing Manual includes policies and procedures for credentialing, recredentialing, and credentialing committee activities. This manual reflects updated credentialing and recredentialing policies, which are available upon request.

Credentialing Steps provides a walk through of the credentialing process as well as a checklist of required documentation to submit to join Select Health networks.

Need to add new providers in your clinic? Have them download, complete, and submit the **Provider Participation Request** to begin the credentialing process.

Questions? Please contact us at **provider.development@selecthealth.org**

Quality Provider Plus Program* News

Updated Online Resources

Visit the **Quality Provider Program area** of our website to access resources for clinics participating in any of our four quality programs. The Quality Provider Program* in Nevada is for Primary Care.

New resources for our 2024 programs include:

- **Measures Booklets:** Each program booklet outlines specifications for each program measure, including the description, denominator (qualifying event), numerator (requirements for gap closure), exclusions, and other details providers can use to close the gap.

- **Frequently Asked Questions:** Program- and measure-specific responses to the questions we receive most often from participating clinics.

- **Best Practice Manuals:** These manuals each include a quick guide to program-specific measures and best practices for care coordination and closing gaps in care.

- **Requirements Templates:** Fillable PDF templates for documenting program efforts, such as **Social Determinants of Health** and **Transitions of Care** processes for the Primary Care program.
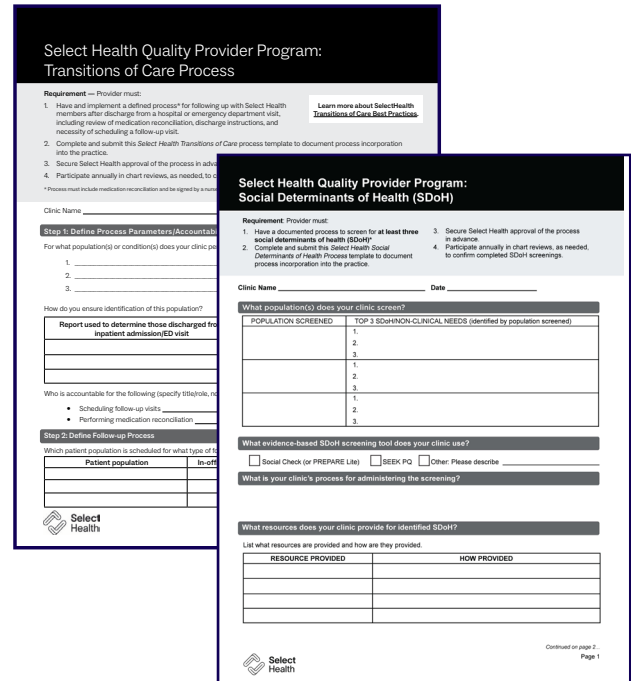
*Quality Provider Plus Program in Colorado may not available for all regions/networks.

Select Health Medicare News

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.

As part of a pilot program, Select Health is asking providers to take a brief survey about any barriers experienced with advance care planning with your patients. **Take the survey at https://www.surveymonkey.com/r/C7LWWCR.**

WHAT ELSE CAN PROVIDERS DO?

Share information and downloadable tools (available in English and Spanish) from the **Colorado Department of Public Health & Environment website** with your patients. 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**).

Reminder: Submit Statin Exclusions Each Year

Statin medications are recommended for reducing cardiovascular event risk in certain populations, including patients with diabetes or cardiovascular disease.

If a patient is unable to tolerate a statin, please submit a qualifying diagnosis code on a claim to Select Health each year. Use the list of required codes in **Figure 1**.

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 1** below.

Questions? Contact Kirstin Johnson, Select Health Quality Consultant RN at **801-442-8224** or via email at **kirstin.johnson@selecthealth.org**.

Figure 1. 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) • Adverse effects of antihyperlipidemic and antiarteriosclerotic drugs (T46.6X5A code)		• 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)

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:

- 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 for both CareAffiliate and the Provider Benefit tool, follow these **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 2).**

Pharmacy Preauthorization? Submit pharmacy preauthorization requests through **PromptPA**.

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

CareAffiliate Recent Updates

December 2023: Select Health's new logo and brand colors now display. You can access all resources through the CareAffiliate homepage by selecting the "Access online training & support materials here" link.
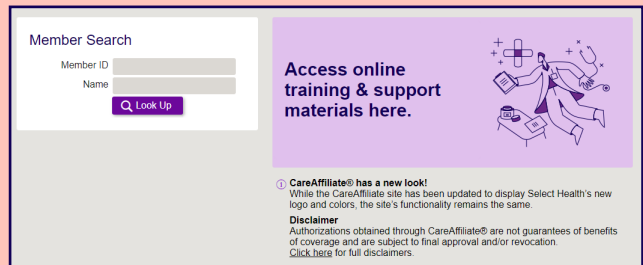
November 2023: Varicose Vein and Wound Vac request types have been updated to reflect current criteria and/or improve user experience.

REMEMBER:

- **Codes to Exclude**: Procedure codes that do not require review should not be included.
- **Intermountain Providers and Facilities:** To expedite the review process, please include the date, title, and location of iCentra-based clinical documentation in the Notes section.
- **Voided or denied authorizations**: Additional information, such as reason(s) for voiding or denying, may be found in the Notes section of the authorization.

Figure 2. Choose from Training Videos or Live Sessions
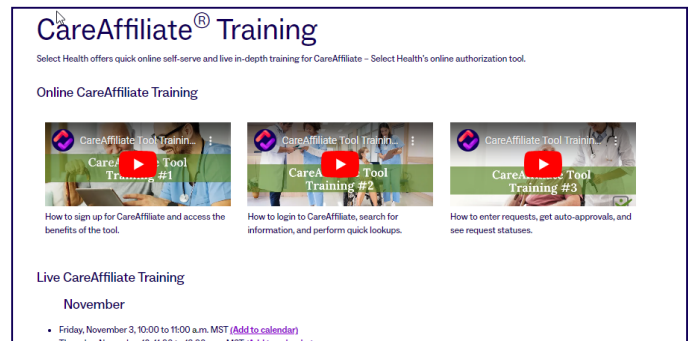
Colorectal Cancer Screening: What Providers Need to Know

Who should get colorectal cancer screening?

All adults, **ages 45 to 75, should be screened for colorectal cancer**. For those **ages 76 to 85**, screening should be discussed with their provider based on preferences, overall health, and past screening history.

Those **younger than 45** who have risk factors (e.g., family history, hereditary diseases) should discuss the need for screening with their providers.

What screening does Select Health cover?

Select Health covers colonoscopy and stool-based testing as follows:

- **Colonoscopy**: Members should have a colonoscopy every 10 years or every 3 to 5 years if there are risk factors (e.g., a history of polyps, family history, or other factors; see information at right).

- **Stool-based Testing:** These at-home tests of stool samples can be mailed into the lab for analysis (see instructions on **page 9**). Select Health promotes fecal immunochemical testing (FIT) because of its accuracy, cost, and frequency. FIT testing should be done every calendar year for eligible Select Health Advantage (Medicare) members and every 365 days for commercial members. See **page 9** for exclusions.

What risk factors are associated with colon cancer?

Colon cancer risk factors include:

- **Age.** About 90% of the time, colorectal cancer occurs in adults older than 45.

- **Family History.** A close relative who has had colon cancer or a colon polyp may increase risk.

- **Ethnicity.** Rates of colorectal cancer are higher in African Americans compared with other races.

Latest Screening Guidelines

The U.S. Preventive Services Task Force (USPSTF) recently expanded recommended adult colorectal cancer screening to those aged 45 to 49 years.[1] These guideline changes reflect that:

- **There has been a dramatic increase in colorectal cancer among those aged 40 to 49 years.** By expanding the recommendations and offering more screening options, we can help members live the healthiest lives possible.

- **Screening detects colon cancer at an early stage when it is curable.** The five-year survival rate for those treated in early stages is 90% as compared to 25% for those whose cancer is detected in later stages.[2]

Thanks to the new guidelines, many insurance plans cover colorectal cancer screenings with no copays (according to USPSTF) as mandated by the Affordable Care Act.

- **Medical Conditions.** Inflammatory bowel disease may increase risk of developing colon cancer.

- **Lifestyle**. Members can mitigate some risk factors (e.g., by stopping smoking, improving diet, being active, and keeping a healthy weight).

What is the process flow for screening?

The algorithm and associated notes in **Figure 3** on **page 9** provide a quick view of the care process associated with colorectal cancer screening.

Be sure to contact Select Health Member Services **(800-538-5038)** to verify plan-specific coverage for preventive screening tests.
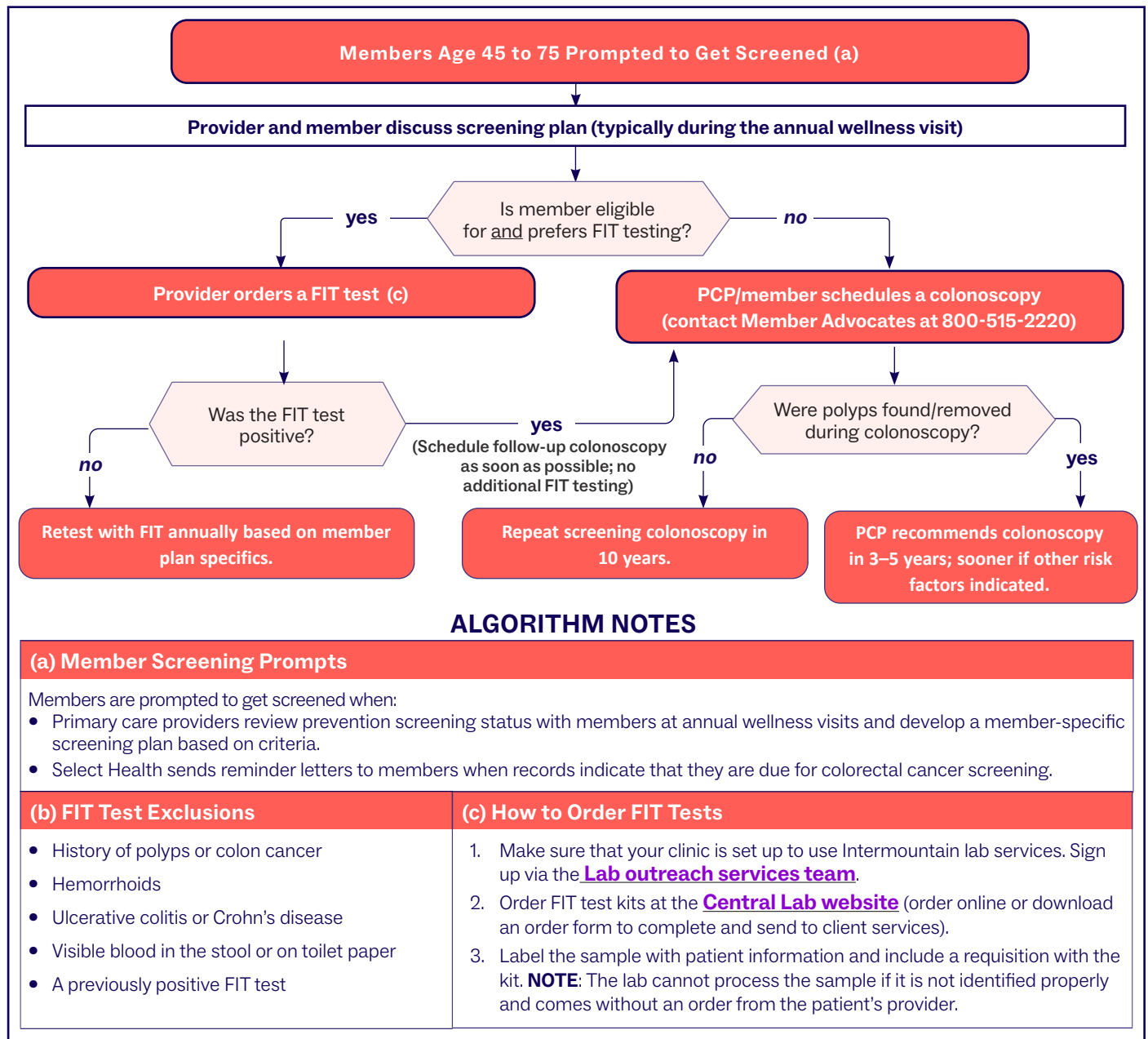
"We need each patient's help in preventing and screening for colorectal cancer, and we believe the best screening test is the one that gets done."

Dr. Nathan Merriman, Intermountain Gastroenterology Specialists

Colorectal Cancer Screening, Continued

Figure 3. Colorectal Cancer Screening Algorithm

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┌─────────────────────────────────────────────────────────────────┐
│         Members Age 45 to 75 Prompted to Get Screened (a)         │
└─────────────────────────────────────────────────────────────────┘
                                │
┌─────────────────────────────────────────────────────────────────┐
│ Provider and member discuss screening plan (typically during the  │
│                    annual wellness visit)                          │
└─────────────────────────────────────────────────────────────────┘
```

Is member eligible for and prefers FIT testing?

- **yes** → **Provider orders a FIT test (c)**
- **no** → **PCP/member schedules a colonoscopy (contact Member Advocates at 800-515-2220)**

Was the FIT test positive?
- **no** → **Retest with FIT annually based on member plan specifics.**
- **yes** (Schedule follow-up colonoscopy as soon as possible; no additional FIT testing) → PCP/member schedules a colonoscopy

Were polyps found/removed during colonoscopy?
- **no** → **Repeat screening colonoscopy in 10 years.**
- **yes** → **PCP recommends colonoscopy in 3–5 years; sooner if other risk factors indicated.**

ALGORITHM NOTES

(a) Member Screening Prompts
Members are prompted to get screened when: • Primary care providers review prevention screening status with members at annual wellness visits and develop a member-specific screening plan based on criteria. • Select Health sends reminder letters to members when records indicate that they are due for colorectal cancer screening.

(b) FIT Test Exclusions	**(c) How to Order FIT Tests**
• History of polyps or colon cancer • Hemorrhoids • Ulcerative colitis or Crohn's disease • Visible blood in the stool or on toilet paper • A previously positive FIT test	1. Make sure that your clinic is set up to use Intermountain lab services. Sign up via the **Lab outreach services team**. 2. Order FIT test kits at the **Central Lab website** (order online or download an order form to complete and send to client services). 3. Label the sample with patient information and include a requisition with the kit. **NOTE**: The lab cannot process the sample if it is not identified properly and comes without an order from the patient's provider.

1. U.S. Preventive Services Task Force. *Final Recommendation Statement - Colorectal Cancer: Screening*. May 18, 2021. **https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening#fullrecommendationstart**. Accessed September 13, 2021.

2. American Cancer Society. 2017. Colorectal Cancer Facts & Figures 2017-2019, Publication No. 861717. Available at **https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf**. Accessed February 7, 2024.

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

Figure 4. 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**.

Select Health

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/98df6ab82e-9942948035b36ebba71ddc?v=0c2ef5c1**
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**

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