



# ProviderInsight®

Idaho 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 NEWS

Get Ready! Select Health's New Provider Portal Coming Soon.....	2
Protecting PHI from Artificial Intelligence (AI) Agent Calls .....	2
New Senior Medical Director for Idaho and Utah .....	3
New Credentialing Tools Available.....	4
Growing Select Health Networks in Idaho .....	5

#### QUALITY PROVIDER PROGRAM NEWS

Updated Online Resources.....	6
-------------------------------	---

#### SELECT HEALTH MEDICARE NEWS

Helping Patients with Advance Care Planning .....	7
Reminder: Submit Statin Exclusions Each Year .....	7

#### PRACTICE MANAGEMENT RESOURCES

Automate Select Health Preauthorization Requests: Switch to CareAffiliate® .....	8
Colorectal Cancer Screening: What Providers Need to Know .....	9
Claims Coding for Blood Pressure .....	11
Navigate! How Can We Help You Today?.....	12



# 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](mailto: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](mailto:provider.development@selecthealth.org).

## New Senior Medical Director for Idaho and Utah

**Dr. Kenny Bramwell, MD**, has joined Select Health as a senior medical director for Idaho and Utah.

Bramwell will assist in the development and support the implementation of Select Health strategic initiatives, maintain effective working relationships with leadership of Clinical Programs and Services, Intermountain Medical Group, and affiliated physician groups.

He will also oversee credentialing and support the assigned clinical relations and Medicare products. His expertise enhances Select Health's ability to provide high-value care to its members, helping them live the healthiest lives possible.

Bramwell previously served as the system medical director at St. Luke's Health System, where he supervised clinical care and provided operational support for the children's hospital.

Prior to that, he served as the executive medical director at Regence BlueShield of Idaho, where he developed medical and pharmacy policies and fostered relationships with physicians and hospitals.

Bramwell has 20 years of clinical leadership experience and has held various roles in pediatric emergency medicine in Idaho, the University of Arizona, and Primary Children's Medical Center. He is an experienced lecturer, frequently educating on pediatric emergency medicine and the healthcare landscape.

Bramwell has a Doctor of Medicine from the University of California San Diego, where he completed his residency in emergency medicine. He then completed a pediatric emergency medicine fellowship at the University of Utah.



## 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](mailto:provider.development@selecthealth.org)



### Select Health Credentialing Steps

**STEP 1: SUBMIT A QUESTIONNAIRE.**  
Download and complete the [Provider Participation Request](#) and email it to the applicable state inbox:  
• Idaho: [idproviderrelations@selecthealth.org](mailto:idproviderrelations@selecthealth.org)  
• Nevada: [nevproviderrelations@selecthealth.org](mailto:nevproviderrelations@selecthealth.org)  
• Utah: [utahproviderrelations@selecthealth.org](mailto:utahproviderrelations@selecthealth.org)  
• Colorado: [colorproviderrelations@selecthealth.org](mailto:colorproviderrelations@selecthealth.org)  
Be sure to include your Council for Affordable Quality Healthcare (CAQH) number in the request.  
For more information on initial credentialing, access Select Health's online [Credentialing Policy and Procedure Manual](#).

**STEP 2: IF YOU DON'T HAVE A CAQH NUMBER, CREATE A PROFILE.**  
Select Health uses CAQH for credentialing and will work with you throughout the credentialing process for the Select Health Networks.  
If you do not have a CAQH number, register by:  
1. Visiting the CAQH registration site at: <https://proview.caqh.org/PRI/Registration/SelfRegistration>  
2. Completing your CAQH provider registration  
3. Receiving your CAQH ID number

**STEP 3: VERIFY YOUR CAQH PROFILE IS UP TO DATE.**  
Update your CAQH profile on their portal at <https://proview.caqh.org/>. Failure to do so will delay credentialing and contracting.  
Be sure to review, update, and attest to all relevant data. As a reminder, information within CAQH needs to be current, including licenses and insurance documentation. Because the National Committee for Quality Assurance (NCQA) accreditation standards require that we directly notify providers of credentialing decisions, please include an email for each applicant in their CAQH profile.

#### Credentialing Checklist

- Complete, sign, and submit [Provider Participation Request](#) form.
- Sign and submit confidential release/consent with your CAQH application.


**Include the following documentation:**

- Copy of current State professional license(s) showing number and expiration date
- If practitioners will prescribe medication, a copy of current federal DEA certificate
- If practitioners hold a DEA license and if the state requires, a copy of State Controlled Substance License(s) showing number and expiration date, as required by state
- Current malpractice insurance certificate with coverage amounts and effective dates
- Clinic Roster
- W9
- Other documents as required by the Select Health Credentialing Committee

**As you review your profile, be sure to:**

- Watch for a notification from CAQH to enable Select Health permission to access your CAQH application in the "authorize" section of your application.
- As soon as possible, update any documentation expiring in the next 30-60 days to prevent delays or impacts to network participation.  
**NOTE:** An active license in the state(s) where you are practicing is a requirement for credentialing and network participation. Please ensure your license is valid and updated within CAQH to avoid any network participation impacts.
- Verify that your CAQH profile includes **CURRENT** documentation (see checklist above).

Continued on page 2.





## Growing Select Health Networks in Idaho

We continue to see growth in all networks in Idaho. **Figure 1** below provides an overview of sales service areas and plans in each network. Participating network providers are available in non-sales areas across the state as well.

Select Health statewide membership now exceeds 100,000 members as well as access to top local hospital and health system relationships. For 2024, we are expanding our Medicare Advantage plans in Bonneville County (eastern Idaho) as well as individual and family plans on the Select Health Med Network.

For providers, Select Health offers these benefits:

- **Exceptional Service:** Idaho provider positive experience ratings (based on results from the 2022 Provider Office Manager Survey):
  - Contracting: 95%
  - Claims: 96.3%

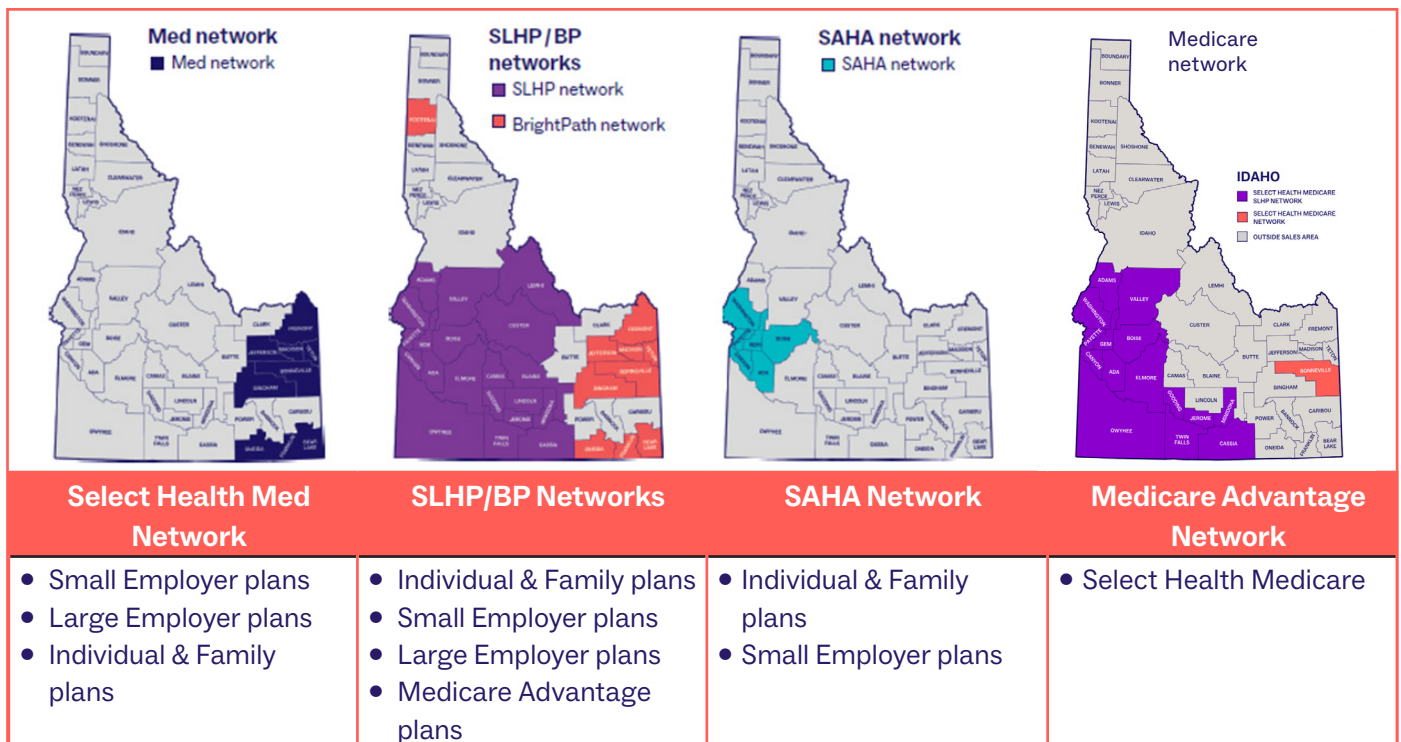
### LEARN MORE

- Find out how to become a participating provider: Contact [IDProviderRelations@selecthealth.org](mailto:IDProviderRelations@selecthealth.org).
- Access [Member ID Card updates](#).
- Download the [Select Health Credentialing Policy & Procedure Manual](#).
- View [Credentialing Steps](#).

- Provider Team: 96.5%
- Utilization Management: 96.8%

- **Accurate and responsive claims payment:**
  - 12-month claim processing accuracy: 98.5%
  - 30-day claim turnaround: 97.3%
  - Automatic claim processing average: 90%
- **Local Support:** We have a local provider support team available when needed. Contact us at: [IDProviderRelations@selecthealth.org](mailto:IDProviderRelations@selecthealth.org).

Figure 1. Idaho Network Overview



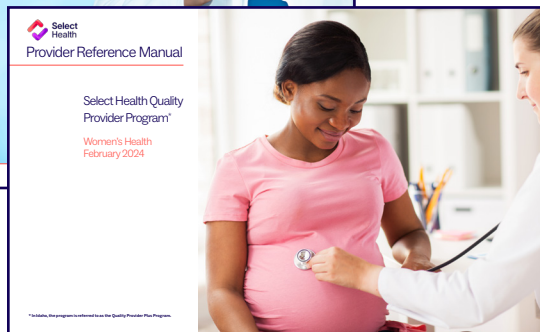
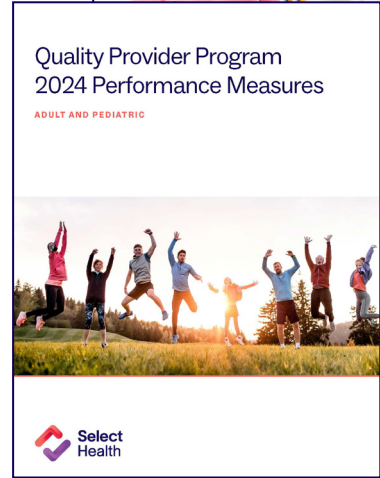
# Quality Provider Plus Program\* News

## 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. Quality Provider Plus Programs\* in Idaho include Primary Care and Women's Health.

### 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. Additionally, there are these screening and referral requirements templates for the Women's Health program (Utah and Idaho):
  - [Substance Use Screening and Referral Process](#)
  - [Prenatal Depression Screening and Referral Process](#)
  - [Postpartum Depression Screening and Referral Process](#)



**Select Health Quality Provider Program: Corrective Action Plan**

**Requirement:** Provider must complete two continuing process improvement projects during 2024, both of which must be approved by Select Health and be related to the Quality Provider Program. Substantial deadlines by 2024 are:

- February 28: First project plan
- June 30: Provide evaluation and results of first project
- August 31: Second project plan
- December 31: Provide evaluation and results of second project

Clinic Name: \_\_\_\_\_ Project Facilitator: \_\_\_\_\_  
 Project Title: Select Health Quality Provider Committee Action Plan: "Quality of Incentive"  
 \*If compliance is not met, the Select Health Steering Committee will determine the clinic is no longer eligible for participation.

Provider Quality Improvement Champion: \_\_\_\_\_  
 Quality Improvement Lead: \_\_\_\_\_  
 Quality Improvement Team: \_\_\_\_\_

**Step 1: Identify Issue/Deficiency/Concern and Impact on SelectHealth Members**

Approximate # of Select Health members affected by clinic: \_\_\_\_\_  
 Participation in Select Health Quality Provider Program (Primary Medical Interest) since \_\_\_\_\_  
 Fall Rates for 2023: \_\_\_\_\_ 2022: \_\_\_\_\_ 2021: \_\_\_\_\_

**Step 2: Define Action Plan and Monitoring**

**Intention:** Identify action plan elements (select all that apply).

- Escalate staff and provider on Select Health Quality Provider Program participation.
- Develop and implement a process to improve staff and provider engagement within the clinic.
- Hold provider or provider meeting to discuss deficiencies and plan of action by (date) \_\_\_\_\_.
- Other action (please describe): \_\_\_\_\_

**Intervention:** Identify monitoring process for action plan described above.

- Holds bi-monthly provider/staff meetings discussing Select Health Quality Provider Program.
- Select Health Quality Provider Program Dashboard: Monitor and evaluate monthly rates by practice sites by product—Medical, Commercial, and Medicaid—to identify potential barriers in clinic (see sheet).
- Written monthly update from \_\_\_\_\_, detailing on progress.
- Other monitoring process: \_\_\_\_\_
- Other monitoring process: \_\_\_\_\_

**Select Health Quality Provider Program: Transitions of Care Process**

**Requirement – Provider must:**

- Have and implement a defined process\* for following up with Select Health members after discharge from a hospital or emergency department visit, including review of medication reconciliation, discharge instructions, and necessary follow-up to follow-up visit.
- Complete and submit the Select Health Transitions of Care process template to document process incorporation into practice.
- Select Health approval of the process is achieved.
- Participate annually in client review, as needed to monitor completed process implementation.

\*Process must include medication reconciliation and be signed by a Select Health representative or POC pharmacist or physician.

Clinic Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3: Define Process Parameters/Accountability**

For what population(s) or condition(s) does your clinic perform transition of care follow-up activities?

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Who do you measure identification of the population?

Report used to determine those discharged from inpatient admission/ED visit	Title/role of person(s) accountable for identification
_____	_____
_____	_____

Who is accountable for the following identify activities, not named:

- Scheduling follow-up visit \_\_\_\_\_
- Performing medication reconciliation \_\_\_\_\_

**Step 3: Define Follow-up Process**

Which patient population is affected by your follow-up process(es)?

Patient population	In-office or phone call	Seen within what # of days
_____	_____	_____
_____	_____	_____

\*Quality Provider Plus Program in Idaho 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 the informational guide from [Honoring Choices Idaho](#) 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](mailto:catherine.burton@imail.org)) or Dr. Mary Suchyta ([mary.suchyta@selecthealth.org](mailto: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](mailto:kirstin.johnson@selecthealth.org).

Figure 1. Qualifying Statin Exclusions to be Coded

For Diabetes Patients ONLY		For Cardiovascular Patients ONLY	
<ul style="list-style-type: none"> <li>● Prediabetes (R73.03, R73.09 codes)</li> <li>● PCOS (E28.2 codes)</li> <li>● Adverse effects of antihyperlipidemic and antiarteriosclerotic drugs (T46.6X5A code)</li> </ul>		<ul style="list-style-type: none"> <li>● IVF</li> <li>● Myalgia (M79 codes)</li> <li>● Palliative Care</li> </ul>	
For BOTH Diabetes and Cardiovascular Patients			
<ul style="list-style-type: none"> <li>● Cirrhosis</li> <li>● Dialysis</li> </ul>	<ul style="list-style-type: none"> <li>● Hospice Care</li> <li>● Lactation</li> </ul>	<ul style="list-style-type: none"> <li>● Myopathy (G72 codes)</li> <li>● Myositis (M60 codes)</li> </ul>	<ul style="list-style-type: none"> <li>● Pregnancy</li> <li>● Rhabdomyolysis (M62 codes)</li> </ul>

# 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?

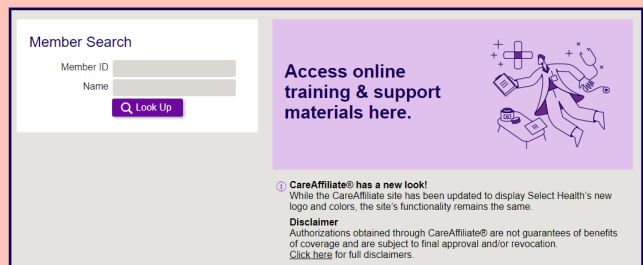
Learn more by reading the CareAffiliate [Frequently Asked Questions](#) or by visiting our [online training area](#), where we now feature **short training videos and live training appointments** (see **Figure 2**).

**Pharmacy Preauthorization?** Submit pharmacy preauthorization requests through [PromptPA](#).

**Questions?** Email [careaffiliate@selecthealth.org](mailto: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 home page 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 10](#)). 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 10](#) 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.<sup>1</sup>

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.<sup>2</sup>

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 10](#) 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.

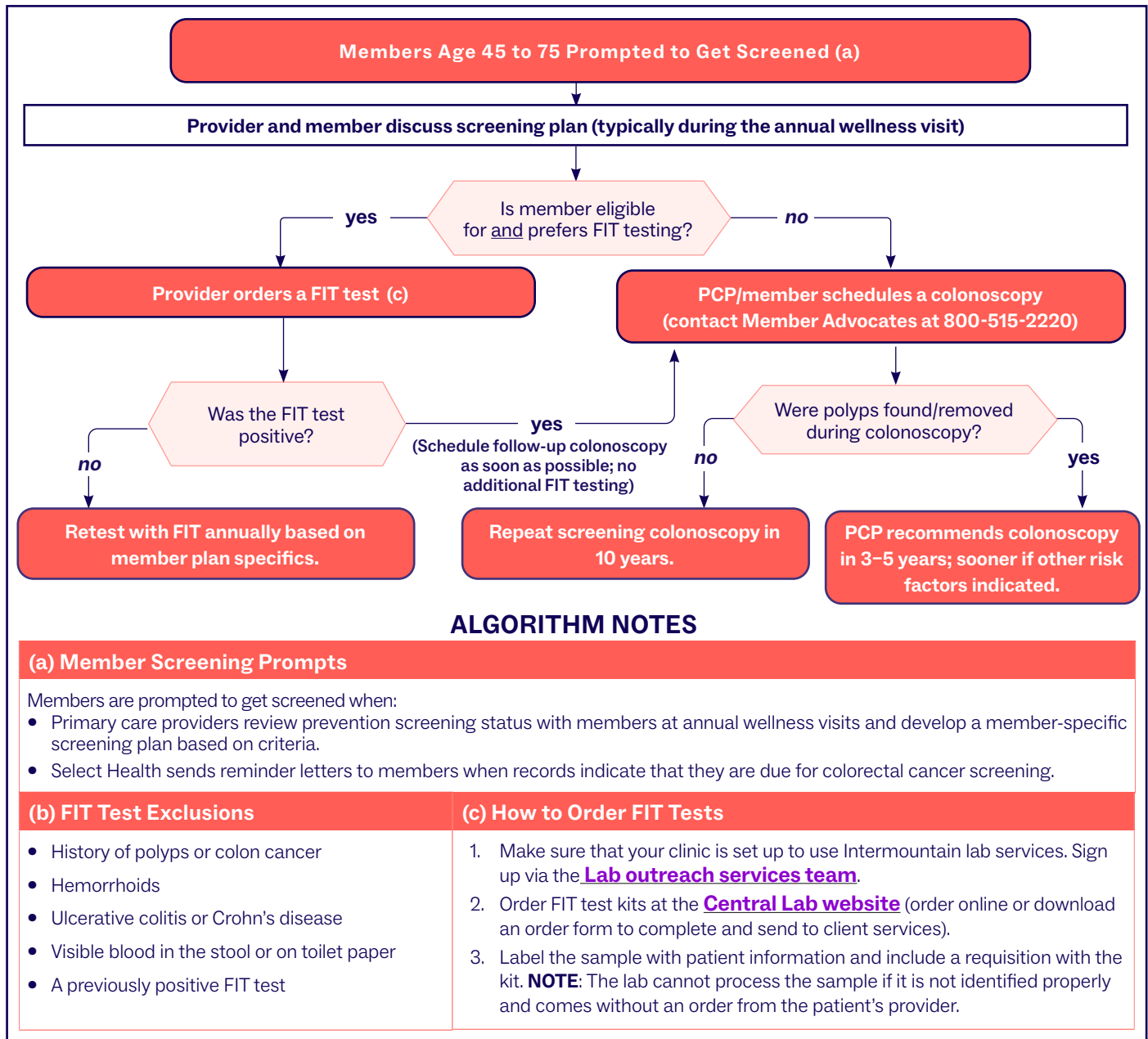
*Continued on page 10...*

*"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



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.

## 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
<b>Systolic</b>	
3074F	Less than 130
3075F	130-139
3077F	Equal to or greater than 140
<b>Diastolic</b>	
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](mailto:kirstin.johnson@selecthealth.org).

**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](https://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?	<a href="https://selecthealth.org/providers/claims/id-guides">https://selecthealth.org/providers/claims/id-guides</a>
Access non-covered codes/ preauthorization requirements?	<a href="https://selecthealth.org/providers/resources/tools">https://selecthealth.org/providers/resources/tools</a>
Request preauthorization?	<a href="https://selecthealth.org/providers/preauthorization">https://selecthealth.org/providers/preauthorization</a>
Appeal a claim?	<a href="https://files.selecthealth.cloud/api/public/content/98df6ab82e-9942948035b36ebba71ddc?v=0c2ef5c1">https://files.selecthealth.cloud/api/public/content/98df6ab82e-9942948035b36ebba71ddc?v=0c2ef5c1</a>
Find pharmacy resources?	<a href="https://selecthealth.org/providers/pharmacy">https://selecthealth.org/providers/pharmacy</a>
Access dental provider resources?	<a href="https://selecthealth.org/providers/dental">https://selecthealth.org/providers/dental</a>
Access Select Health policies (medical, dental, coding/reimbursement)?	<a href="https://selecthealth.org/providers/resources/policies">https://selecthealth.org/providers/resources/policies</a>
Learn about our secure provider tools (Provider Benefit Tool, CareAffiliate®)?	For the Provider Benefit Tool (check eligibility and claims status): <a href="https://selecthealth.org/providers/claims/provider-benefit-tool">https://selecthealth.org/providers/claims/provider-benefit-tool</a> For CareAffiliate (submit and track online preauthorization requests): <a href="https://selecthealth.org/providers/preauthorization/careaffiliate/ca-training">https://selecthealth.org/providers/preauthorization/careaffiliate/ca-training</a>

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



**Disclaimers:**

Select Health refers to many of the products in this issue by their respective trademarks, but Select Health does not own those trademarks; the manufacturer or supplier of each drug owns the drug's trademark. By listing these products, Select Health does not endorse or sponsor any drug, manufacturer, or supplier. And these manufacturers and suppliers do not endorse or sponsor any Select Health service or plan and are not affiliated with Select Health.

Select Health uses third-party links in this newsletter for informational purposes only. Information contained in these third-party links is the sole responsibility of the owner of the third-party link. Select Health is not responsible for the accuracy, legality, or content of third-party links, and use of these links is at the discretion of the end-user.