ProviderInsight®

Utah Edition
February 2024

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

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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**.

New Credentialing Tools Available

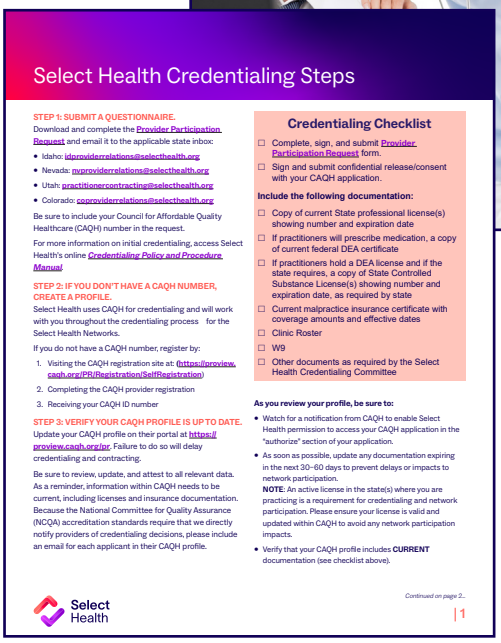
Select Health has recently published a new Credentialing Manual as well as a guide to credentialing steps for providers seeking to join our networks.

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**



Intermountain Health

Utah-licensed Intermountain Providers and Caregivers No Longer Need to Submit DOPL Statement

On **December 7, 2023**, the Division of Professional Licensing (DOPL) sent an email communication to Utah healthcare providers informing them of House Bill 312, which passed during the 2023 legislative session. The passing of HB 312 mandated that any licensed healthcare provider who sees patients and uses a third-party service for medical record requests must submit a statement to DOPL.

Since that announcement, DOPL has clarified that it will accept the entity-wide statement submitted by Intermountain Health regarding the third-party service Intermountain uses for medical records requests.

You may disregard the email you received from DOPL requiring you to submit a statement if you are:

- An Intermountain Health provider or healthcare worker licensed in Utah
- An affiliated provider who documents in Intermountain's electronic medical record (EMR)

For Intermountain providers who have already submitted an individual statement, you are not required to take any action as the entity-wide statement will fulfill the requirement.

Questions? Please contact April Ellis at **april.ellis@imail.org** or Meghan Flaherty at **meghan.flaherty@imail.org**.

Article adapted from the January 11, 2024 edition of *Caregiver Brief* article by Meghan Flaherty, Intermountain Compliance and Ethics Director II.

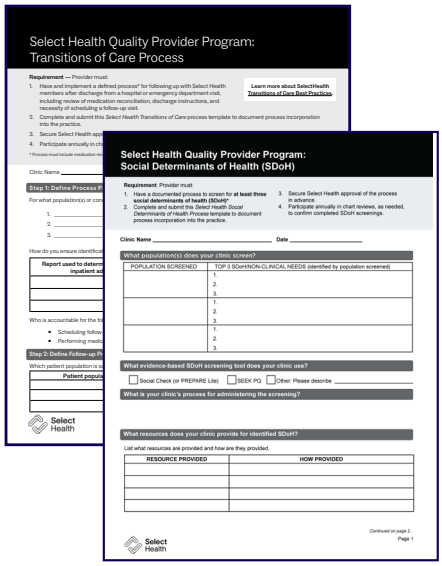
Quality Provider Program News

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 Programs* include Primary Care (all states), Women's Health (Utah and Idaho), Behavioral Health (Utah), and Nephrology (Utah).

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**



*Referred to as Quality Provider Plus Program in Idaho, Colorado, and Nevada but 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 about the **Utah 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**).

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)

Select Health Community Care® (Medicaid) News

Increasing Medicaid Well-Child Visits

The American Academy of Pediatrics (AAP) recommends that children receive 11 well-child checkups by the time they reach three years old. Health plans that obtain certification from the National Committee for Quality Assurance (NCQA) following Healthcare Effective Data Information Set (HEDIS) recommend that children (both apply):

- Who turn 15 months old during the measurement year have obtained six or more well-child visits
- Between 15–30 months during the measurement year have obtained an additional two or more well-child visits

Following the recommended schedule of visits helps keep children's immunizations up to date, makes sure important milestones are met, and ensures that developmental screenings are completed.

As of **November 29, 2023**, 38% of the 6,075 W30-eligible Children's Health Insurance Plan (CHIP) and Legacy Select Health members had an open gap in the recommended well-child visit schedule. In an effort to reduce this gap, Select Health collaborated with the Utah Department of Health and Human Services, Health Choice Utah, Healthy U, and Molina Healthcare to create a well-child visit record card that follows the AAP recommendation of 11 visits. Providers may access and print the card in both English and Spanish for in-office use from the Utah Department of Health and Human Services website.

In 2023, Select Health mailed out 1,060 of these cards in both English and Spanish to members with an open gap and without a primary care provider. Beginning in September, the cards were included in the Healthy Beginnings packets that target members identified with a high-risk pregnancy, resulting in approximately 500 cards being mailed per month. Through a partnership with Intermountain Community Health, cards were also placed at local food pantries and billboards and social media campaigns were launched with targeted messages regarding the importance of well-child visits.

Other efforts included teaming up with Castell Health to contact 27 parents/guardians of members in the 0–15 months age range about scheduling a well-child visit. Additionally, the Quality Provider Program (QPP) has ongoing outreach work with QPP clinics on targeted Medicaid lists.

Questions? Contact Member Services at **800-538-5038**.

High-Risk Reward Program

Select Health now offers a reward program for providers on the Community Care (Medicaid) plans in the state of Utah. This program offers $75* per high-risk patient seen through **June**.

Eligibility criteria includes:

- The member appears on the eligibility list you receive from your Castell representative (network manager, care coordinator, or clinical documentation specialist).
- Established patient E/M visits are documented and coded appropriately (**99202-99205, 99212-99215, 99381-99387, & 99391-99397**).

What is the purpose of this program?

This pilot reward program seeks to expand our chronic condition risk-adjustment efforts and help ensure complete and accurate documentation and coding for members. This contributes to better patient outcomes and ensures appropriate resource allocation for our patient panels. This program runs from February to June to encourage gap closure for those members who are not doing so as part of their normal course of care.

Why are only some members eligible?

There are many patients with Select Health Community Care. We are prioritizing patients who are at the highest risk for health concerns and who may have conditions needing to be addressed by a provider.

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.

What is the associated clinic workflow?

Follow the steps outlined in the **Figure 2** below to participate.

How do I obtain a list of eligible members?

Network managers will start sending out lists of patients who are eligible for the reward in February. Additional patients may be added in subsequent phases; in that case, you will receive an updated list.

Where do I access my forms?

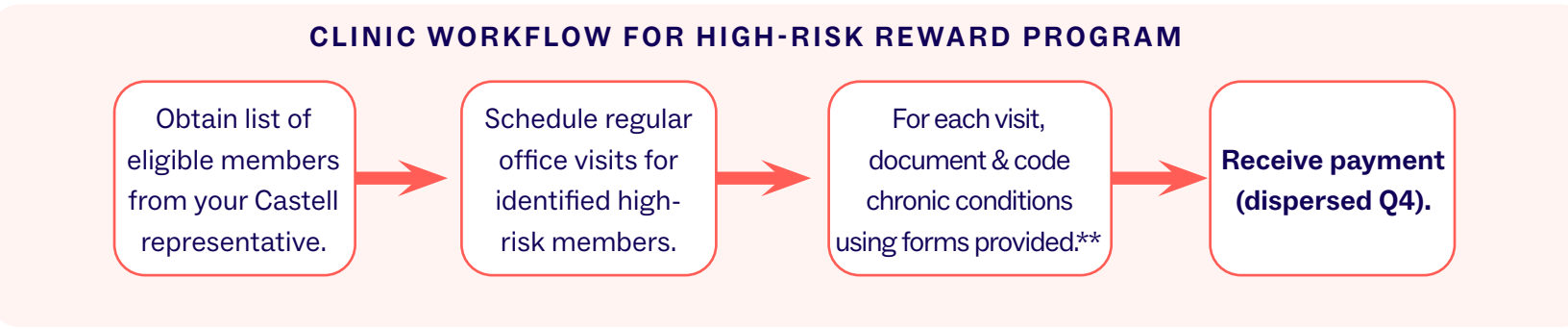
The chronic condition forms will be provided to you by your network manager. If any updates are made to the form, they will be sent to you prior to the patient's scheduled appointment by your clinical documentation specialist or care coordinator.

How will providers receive the $75 reward?

Select Health will pull data from submitted claims to determine which providers had a visit with eligible members. **Reward payments will be sent to the TIN in Q4.** (Sometimes the provider will get the payment; sometimes the clinic will get payment.)

Continued on page 9...

Figure 2. Steps for Program Participation



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High-Risk Reward Program, Continued

What if I have already seen this patient this year for an office (new/established patient) visit?

Even if you've already seen a patient, they will only appear on the list **if they meet the eligibility criteria**. Listed patients still have conditions needing to be assessed, and you can bring them in for a subsequent visit for this purpose.

Will the reward be paid to the member's attributed provider or the billing provider?

For this program, the provider who performs the visit with the patient and submits the claim to Select Health will receive the payment regardless of whether the patient is attributed to that provider.

What are the program deadlines?

This pilot program follows Medicaid year end (June 30), so the reward will be paid for:

- Any eligible date of service visit on or before **June 30**
- Associated claim filed and paid in our system by the end of **Q3**

What Castell resources are available to help me with this program?

Contact the appropriate Castell professional for support as indicated below:

- **Answers to questions about this program or to coordinate Castell support:** your Castell network manager
- **Scheduling support:** the Castell care coordinator assigned to your clinic
- **Risk-adjustment education and/or record reviews to surface suspect conditions:** a Castell clinical documentation specialist (if assigned to your clinic)

* Reward payments are made to the providers who submit claims for eligible visits.

** During the visit, assess the patient and document and code all conditions that affect the patient using the "conditions forms" provided by Select Health. Document using MEAT—how the condition is **M**onitored, **E**valuated, **A**ssessed, or **T**reated.

Medicaid Reminders

State Medicaid Known Participating Provider List

As a reminder for the new year, providers need to be listed on Utah's Known Participating Provider list in order to receive any payments on claims. Providers not registered with the state will have claims denied, as the provider will not be listed as registered or enrolled with State Medicaid. To avoid claim denials, providers should also be sure that multiple NPIs, and referring/ordering providers are also registered. This requirement also applies to CHIP members.

Medicaid Enrollment

Unwinding is coming to an end, but the responsibility does not end here. Please be sure to remind Medicaid members to update their enrollment information with State Medicaid and to keep an eye out for reenrollment information from the state. As a reminder, Take Care Utah is a great resource that can help members with enrollment questions and concerns.

Questions? Contact Member Services at **855-442-3234**.

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?

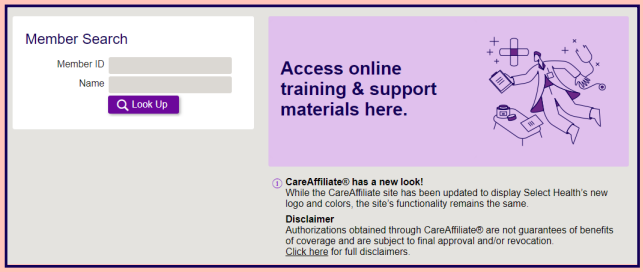
Learn more by reading the CareAffiliate **Frequently Asked Questions** or by visiting our **online training area**, where we now feature **short training videos and live training appointments** (see **Figure 3).**

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 home page by selecting the "Access online training & support materials here" link.

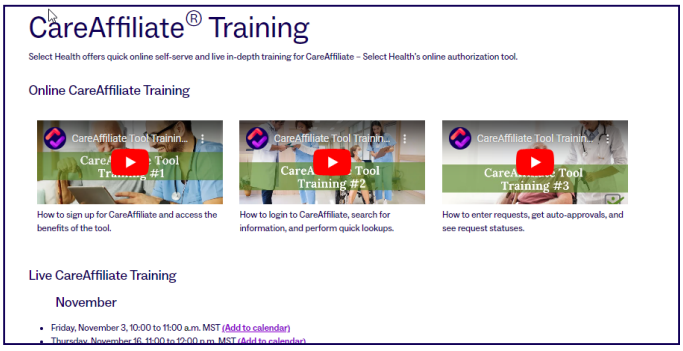


November 2023: Varicose Vein and Wound Vac request types have been updated to reflect current criteria and/or improve user experience.

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 3. 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 12). 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 12 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 4** on page 12 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 12...

"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

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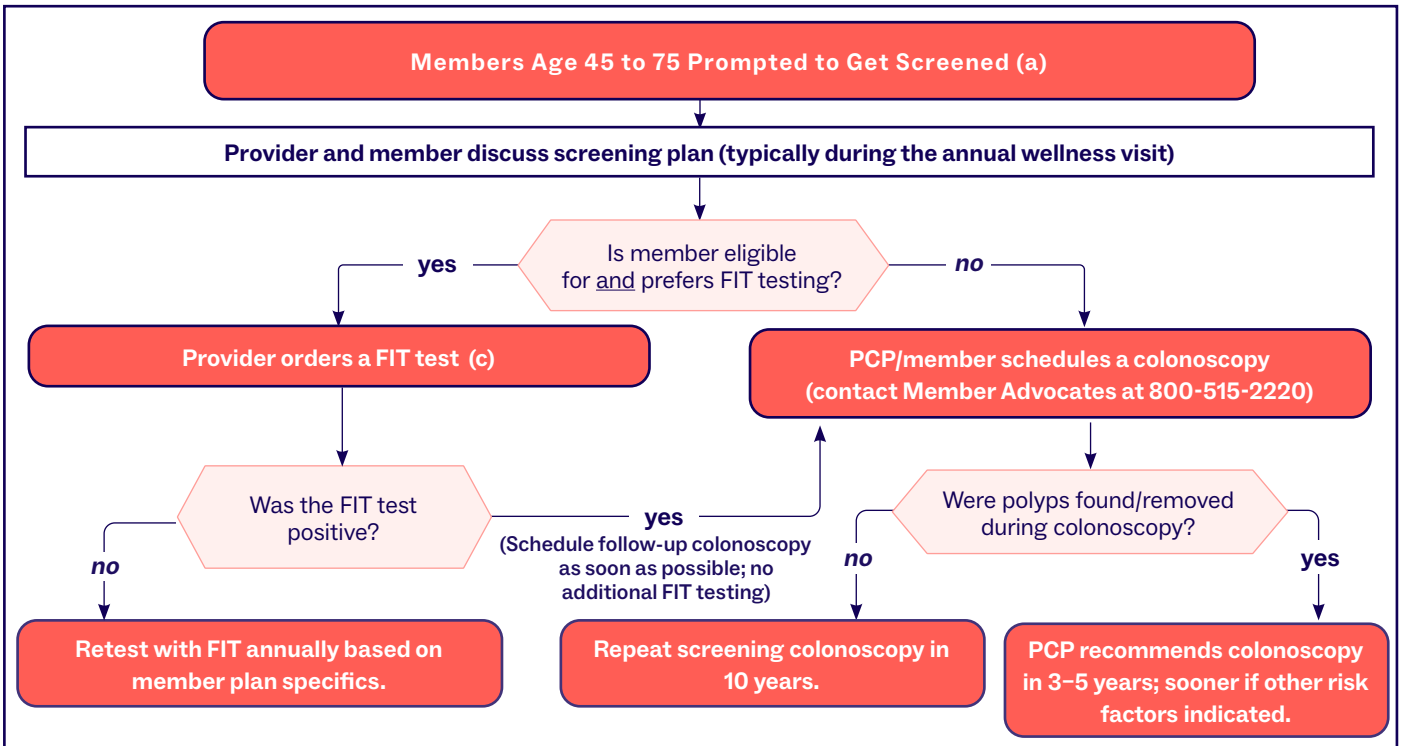
Colorectal Cancer Screening, Continued

Figure 4. Colorectal Cancer Screening Algorithm



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

- 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

(c) How to Order FIT Tests

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.

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

Figure 5. 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**.

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**

Select Health