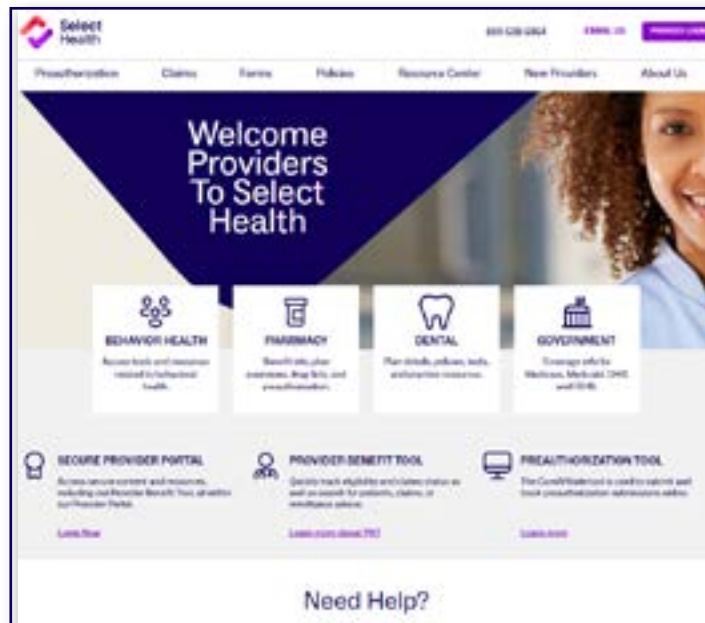# Select Health Provider Resources:
## Quick Guide

## Visit Select Health Websites for Providers

### SelectHealth.org/Providers Website

This publicly available site features all content that does not require a secure login, including forms, provider reference manuals, monthly and quarterly publications, coding/reimbursement policies, and a wealth of other downloadable guides/resources.

**Use these quick links for key resources:**

- **Medical/coding & reimbursement policies**
- **Monthly policy update bulletins**
- **Preauthorization lists and forms**
- **PromptPA pharmacy preauthorization tool**
- **Pharmacy Rx lists/formularies**
- **Provider Appeal Form**
- Notice of Medicare Non-Coverage - **Utah** / **Idaho**
- **Quarterly newsletters**
- **Provider reference manuals for medical, dental, and pharmacy plans**
- Claims Payment Forms (**electronic funds transfer/direct deposit** and **835/electronic remittance advice**)



### The Secure Provider Portal

This site (**https://phy.intermountain.net/selecthealth/Pages/Home.aspx**) requires a secure access login and enrollment in 2-step authentication. It features access to key practice management tools involving patient information and/or other sensitive data, including:

- **Provider Benefit Tool** (for tracking eligibility and claims status)
- **CareAffiliate**® (for certain preauthorization requests such as oral surgery)



**Learn More**
- Find out how the **Provider Benefit Tool** (**page 2**) and **CareAffiliate** (**page 3**) support your practice.
- Get started: Find instructions for gaining access to the secure Provider Portal on **page 3**.

Select Health

|1

## Discover Secure Provider Tools that Support Your Practice

### The Provider Benefit Tool (PBT)

**Log in to the PBT** to quickly verify benefits, eligibility, and claims status. Search options within the tool help you locate patients, claims, or remittance advice. Other features allow you to:

- Search for benefits and eligibility information by Select Health member ID number, Medicaid ID number, name and date of birth, or Social Security number.

- View a patient's claims history and status or processing information by individual claim or member rather than wading through an entire remittance advice (search via subscriber ID, claim number, or member name/date of birth).

- Access processing or detailed information for a specific payment.

- Securely request a reprint of a Remittance Advice/Explanation of Payment.

- Search for provider claims by date of service or within a given date range.

- Attach supporting documents to a specific dental; claim (when required) to facilitate reprocessing.

- View medical and dental member payment summaries, which provide more benefit details.

- Quickly locate deductible and out-of-pocket accumulators.

- Access outpatient physical, speech, and occupational therapy accumulators.

- If applicable, view coordination of benefits information to help determine the order of benefits for a member.

- View medical and dental coverage history.

### Tips for PBT Users:

1. If you haven't used this tool for **over 45 days**, the program suspends your account. To reactivate your account, contact Provider Web Services at **800-538-5054, Option 2** or **providerwebservices@selecthealth.org**.

2. Medical and dental payment summaries can be found once you log in to the PBT. For frequencies, limitations, and exclusions, you can check specific procedures for that information, and this document will personalize the results for the individual.

**Information Security:** Use of the PBT requires access to the Select Health secure Provider Portal (login required; see **page 3**). To protect the security of our providers, clinic staff with access can only view provider data for those practicing under the designated tax ID number(s) on file.

**Questions?** Contact Provider Development by calling **800-538-5054** or by sending an email to **providerwebservices@selecthealth.org**.

**Want to learn more?** Access **online training modules** as well as downloadable training resources, such as:

- **How Do I Search for a Member and View Eligibility?**
- **How Do I Search for a Claim?**
- **How Do I Search for a Remittance Advice?**
- **How Do I Search for All Claims within a Date Range?**
- **For Which Providers Can I View Data?**
- **How Do I Retrieve My Forgotten Username?**
- **How Do I Reset My Forgotten Password?**
- **How Do I Submit Additional Documentation for Claims?**

## CareAffiliate®

Access this preauthorization system (secure login required - see below), a great time-saver for your practice (some requests even qualify for auto-approval). As we transition from fax/email preauthorization requests to electronic requests only, switching to CareAffiliate now will help your practice prepare for the future.

With this preauthorization submission tool, your practice benefits from:

- Fewer overall required steps to preauthorization for your patients
- No more duplicative efforts and potential errors when staff enter information from a paper form
- Reduced response time, follow-up calls, and decision delays due to missing information
- No risk of faxed member information being lost or sent to the wrong fax number
- Automatic review and preauthorization decisions for many procedures

**Tips for CareAffiliate Users:**

1. When you request secure access to our Provider Benefit Tool, you will get CareAffiliate access by default.

2. Take advantage of CareAffiliate on-demand and scheduled training opportunities. Check out the **User Training area** of our website to get started with CareAffiliate today.

## Request Secure Provider Portal Access

The Portal is available to all Select Health-contracted providers/facilities and their authorized staff/proxies. We encourage you to save time by using these resources if you already have access and to sign up for access if you are new to these resources.

**Not a Select Health-contracted provider?** You can always call our Member Services Department at **800-538-5038** for eligibility and claims status information.

To set up first-time access, you will need to submit **BOTH:**

1. The **Login Application**—The official request for access; list all new users on this form.

2. The **Information Technology Services Agreement (ITSA)**—An agreement between your office and Select Health regarding access to the Select Health system. You need only complete and return pages 1 and 14 of the agreement.

To add a user to an existing account, **you only need to submit the login application.**

Email all completed documentation to **providerwebservices@selecthealth.org**.

**Tips for Requesting Access:**

1. Download and complete the Login Application using Google Chrome; there may be some functional limitations if using Internet Explorer.

2. Need instructions for setting up 2-step authentication? Access and download our online **Cybersecurity Guide**.

**Questions?** Contact Provider Development by calling **800-538-5054** or by sending an email to **providerwebservices@selecthealth.org**