ProviderInsight®

Utah Edition
February 2025

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

In this Issue

Select Health News and Networks

Select Health 2024: Year in Review

2024 was a challenging yet rewarding year for Select Health and its members. Much of the success we enjoyed last year can be directly attributed to the exceptional work of our network providers. Together, we helped our members live the healthiest lives possible, thus fulfilling the ongoing mission of Select Health.

Major provider milestones of 2024 include:

- Over **13 million** claims were paid.
- Addressed over **12,000** appeals
- Gold-carded over 100 providers resulting in **1,600 fewer preauthorizations.**
- Over **2,500 new contracts** were executed systemwide for greater access to more providers.
- More than 6,000 providers were credentialed or recredentialed.
- All credentialing policies and procedures were transferred to Select Health for **better service.**
- The Musculoskeletal program enrolled **1,300 members**, reaching nearly 3,000 visits.
- We enrolled more than **5,000 members** in our disease management program, with a 58% improvement in depression and a 60% improvement in adherence to statins.
- Our online provider directory accuracy improved from 83% to **95% year over year.**
- The **Quality Provider Program** improved diabetes control by 12% and medication adherence by 5% among participating provider clinics.

These are just some of the many positive outcomes that directly result from our work with network providers. With your help, we can continue in 2025 to ensure that Select Health members get the very best medical care.

Thank you.

What Makes Select Health Networks Different

Select Health has been recognized as one of the highest-rated plans in Utah each year since 2005 according to NCQA's Health Insurance Plan Ratings, and we are continually working to bring new improvements that help meet the needs of our members and providers. Here's what makes our Utah networks different:

- Local provider support teams (see team information on the next page)
- Tailored plan offerings
- Statewide membership (1 million+)
- Top local hospital and health system partnerships
- Community involvement
- Quick and accurate claim processing

Select Health Utah offers three signature community relations programs:

1. **The Select Health Awards** for local nonprofits
2. **Select Health Scholarships** for Salt Lake Community College students needing financial assistance and interested in a healthcare career.
3. **B3: Brain, Body, Boost** for K-6 educators

We are also a proud member of local Chambers of Commerce and regularly donate to charitable causes that help people live their healthiest lives.

Visit our **website** to learn more about what we're doing to support Utah providers.

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WORKING WITH YOUR PROVIDER REP TEAM

Select Health's mission is to help people live the healthiest lives possible. We achieve this mission with the important relationships we have with our physicians, clinics, and providers.

Our Utah provider team is local to you, so you can access personalized support and service when and where you need it. Plus, our phone center teams are available to help you with any concern, like access to our online tools or claims information. You can get support from the Utah provider team at **UTProviderRelations@selecthealth.org**.

MEET THE TEAM

Tim Gill, Network Engagement Manager

Tim has been with Select Health since 1996, with ongoing experience in operations, product management, and provider development. Tim is passionate about strengthening provider relationships to enhance the care Select Health members receive.

Amanda Averett, Network Engagement Manager

Since 2008, Amanda has been managing provider networks in a variety of key capacities. With a background in network development, account management, and pharmacy, Amanda has a deep understanding of the challenges providers face as well as the opportunities that a strong provider/payer relationship can create. Additionally, Amanda's education and training with a focus on health policy and medical coding gives her important insight on all aspects of managed care.

Melissa Shoemaker, Network Engagement Representative

With over 20 years of experience in healthcare, Melissa has extensive knowledge in both insurance and clinic administration, covering various private practice specialties, billing and A/R cycle management, clinic growth, and operational aspects.

Amanda Alayeto, Network Engagement Representative

Amanda has been with Select Health for two and a half years and enjoys making an impact for members in the community. She holds a bachelor's degree in sociology from Florida State University and is currently pursuing a master's degree in healthcare management from Florida National University.

Jamie Stevens, Network Engagement Representative

Jamie brings over 11 years of diverse experience in the health insurance industry, with expertise in broker relations, appeals, and provider development. She values making meaningful connections and focuses on continuous growth.

Trent Leverich, Network Engagement Representative

Trent holds an MBA in health administration and has been with Select Health for four years. With a background in training and home health hospice marketing, he brings valuable experience to his role and loves to help members get the right care from the right provider.

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Mona Kashefi, Network Engagement Representative

Mona has over seven years of clinical and administrative experience, having worked with Intermountain, the University of Utah, and the Maliheh Free Clinic. She enjoys outdoor activities like hiking and running, as well as painting and traveling. Currently, she is focused on building relationships with clinics and supporting member needs.

Brittany Jones, Network Engagement Representative

Originally from Orange County, California, Brittany's healthcare career began at Primary Children's Hospital in the outpatient department, followed by 10 years in orthopedics at McKay-Dee Hospital. She then worked on Value Based Care at Castell before joining Select Health. Brittany is currently working towards a degree in health administration from Weber State University and loves helping the community through network participation and clinic engagement.

Britany Haueter, Network Engagement Representative

Britany started with Intermountain Healthcare in 2015, working in patient registration, appeals, and payer contracting before joining Select Health in 2022. Her current focus is on developing relationships with providers in the community to ensure members have access to the best care possible.

Allee Lane, Network Engagement Representative

Allee holds a bachelor's degree in early childhood development and an MBA in healthcare management. She joined Select Health in 2024 after 8 years of experience at Molina Healthcare and loves building relationships with community providers.

Maranda Dickson, Network Engagement Representative

Maranda received a bachelor's degree in health, society, and policy with a minor in nutrition from the University of Utah. Her past experience included roles as a patient placement specialist at the Huntsman Mental Health Institute, nutrition representative and diet clerk at the University of Utah Hospital, and lead dietary tech at Intermountain Health.

Paige Moffatt, Network Engagement Representative

Paige has extensive experience in the healthcare industry, including opening and managing optometry and ophthalmology practices in California, and serving as a care management and practice supervisor for Intermountain Sunset Clinic in St. George. She loves living in the community she serves, learning about the providers, and ensuring members receive the best care possible.

Kailey Miller, Network Engagement Representative

Kailey Miller has been with Select Health for five years, following five years with Intermountain. She is currently pursuing a degree in healthcare administration. Kailey has experience in revenue cycle management, appeals, training and development, contracting, and network engagement. Her favorite part of the job is inspiring others to work towards a more equitable healthcare system and fostering a collaborative environment where everyone feels valued and motivated.

Provider Tools and Programs At a Glance

Use the information below to quickly manage claims and preauthorization requests as well as to access key programs Select Health offers for supporting providers and their practices. **To sign up for online tools**, fill out a **login application** and **ITSA agreement form**, and email both to **providerwebservices@selecthealth.org**.

Claims

1. Verify Select Health member eligibility by:
   - Checking **member ID cards**, or
   - Using the **Provider Benefit Tool,** our online tool for quickly viewing member eligibility and claims information
2. Submit claims using one of the following:
   - **Electronic Data Interchange (EDI) transactions:** Contact the Select Health EDI Team:
     edi@selecthealth.org
     800-538-5099
   - Send via U.S. mail to:
     P.O. Box 30192
     Salt Lake City, UT 84130
     (for Commercial/Medicaid/CHIP)

     P.O. Box 30196
     Salt Lake City, UT 84130
     (for Medicare claims ONLY)
3. Monitor claim status in the **Provider Benefit Tool**.

Preauthorization

For services and procedures requiring preauthorization, use one of the following to submit requests:

1. Select Health's secure online preauthorization tools:
   - **CareAffiliate®:** Our online tool for submitting requests and checking status saves time for your practice (some requests qualify for auto-approval).
   - **PromptPA:** An online preauthorization tool for medications and durable medical equipment. For assistance with PromptPA, contact Select Health Pharmacy Services:
     - **800-442-3129** (for Commercial, PBM, Community Care)
     - **855-442-9988** (for Medicare)
2. Send a request form via email. **Preauthorization forms** must be submitted via email if not using CareAffiliate or PromptPA as follows:
   - Commercial: **commercialUMintake@imail.org**
   - Medicaid: **medicaidUMintake@imail.org**
   - Medicare: **medicareUMintake@imail.org**

Programs

Quality Provider Program (QPP):
QPP is an outpatient care delivery model that offers patients a collaborative relationship with a team of providers. This team-based healthcare delivery model is led by a healthcare practitioner and provides comprehensive and continuous patient care for enhancing health outcomes and patient satisfaction. **Learn more**: Visit us online or contact us at **qualityprovider@selecthealth.org**.

Quality Ribbon Transparency (QRT) Program:
QRT compares provider's scores to national standards through Healthcare Effectiveness Data and Information Set (HEDIS) quality metrics. Badges are then awarded for preventive care, diabetes, medication adherence, and pediatrics care excellence. **Access your report, tutorials, and frequently asked questions**.

Risk Adjustment:
Visit the Risk Adjustment section of our website for ongoing education, reports, and engagement tools to help patients with chronic health conditions get proper and timely care. Contact us at **riskadjustment@selecthealth.org** for support.

Dental Program:
Dental provider resources related to coverage, claim payments, online tools, and dental plans offered by Select Health.

Compliance Matters

Compliance requirements center on ensuring:

- Accurate provider demographic information
- Equal access for those with disabilities
- Fraud, waste, and abuse training attestations

Contact your Provider Relations representative if you have questions or have **not** previously provided a preferred email address needed for these required attestations:

1. PROVIDER DEMOGRAPHIC INFORMATION ATTESTATION

Per **CMS and the Consolidated Appropriations Act**, practitioners are required quarterly to attest and update their demographic information.

Select Health provides for these attestations via a quarterly Qualtrics survey sent to your email inbox.

Effective **July 1, 2025**, if a provider offers telehealth services, it will be indicated in the provider directory. **Learn more**.

2. EQUAL ACCESS FOR THOSE WITH DISABILITIES

When you update your information In your quarterly demographic attestation, please update accommodations for those with disabilities along with your clinic location to specify whether your location is meeting the ADA standards.

Per **CMS (42 CFR 438.206a), the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act**, these standards require healthcare providers to provide individuals with disabilities full and equal access to their healthcare services and facilities.

Learn more about these standards.

Questions about compliance? Contact your Provider Relations representative at **provider.development@selecthealth.org**.

3. FRAUD/WASTE/ABUSE (FWA) TRAINING ATTESTATIONS

Per **CMS Medicare Managed Care Manual Ch. 21 (50.3.2)**, practitioners who see patients **on Medicare** are required to:

- Participate in FWA training
- Attest that compliant training has been completed in the first 90 days of contract/hire date and annually thereafter. Access the **online attestation form**.

NOTE: Using the previously required, CMS-issued content is no longer mandatory; however, **this training** is still available as an option.

In addition, Select Health offers access to required and suggested training encouraged by regulatory bodies as follows:

1. CULTURAL SENSITIVITY TRAINING

Per **NCQA (QI, Element E, Factor 2)** and **CMS (42 CFR 438.10)**, practitioners are required to complete cultural competency/sensitivity training.

Select Health offers a **brief, online training** that complies with this requirement in the education area of our website.

2. QUALIFIED MEDICARE BENEFICIARIES (QMBs)

This Centers for Medicare and Medicaid Services (CMS) program helps low-income Medicare beneficiaries by:

- Paying for their premiums, deductibles, copayments, and coinsurance
- Prohibiting billing for Medicare A/B deductibles and cost sharing
- Not discriminating against or refusing service because they are protected from paying cost sharing.

Learn more about **CMS requirements for QMBs.**

Quality Improvement Programs

Quality Provider Program (QPP) Updates

SAVE THE DATE!

The Quality Provider Program spring Gather & Grow Conference will be held on **May 7, 2025**. The focus for this conference will be hypertension measures with additional sessions on using the Quality Data Corrections tool, allowable corrections, and how to supercharge your online tool use. **Stay tuned for details!**

NEW ENDOCRINOLOGY PROGRAM

For 2025, we are piloting a new program with **Intermountain Health physicians** for endocrinology measures. This new pilot program focuses on:

- Diabetes care and medication adherence
- Osteoporosis screening and management (senior women only)
- Statin therapy

Learn More!

2025 UPDATED PROGRAM MATERIALS NOW ONLINE.

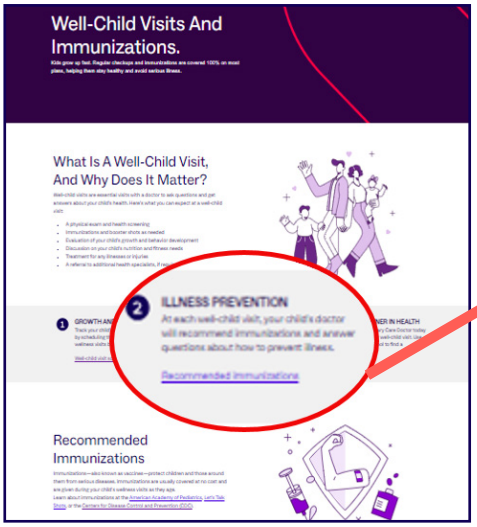
Check out new 2025 program materials for: **primary care**, **women's health**, **mental health**, and **nephrology measures**.

Focus on Child and Adolescent Immunizations

Update on the Quality Provider Program's focus on immunizations. QPP has successfully achieved their target for adolescent immunizations, reaching 39% compliance by vaccinating 3,497 members over the past year (preliminary data to be finalized after March 2025).

QPP is working to strengthen efforts in boosting childhood immunization rates, with the goal of meeting our 2025 entry goal of 74.48% and 67.8% for childhood immunizations (CIS_CB7) and childhood flu vaccinations (CIS_FLU), respectively.

VISIT THE SELECT HEALTH WELL-CHILD VISITS PAGE FOR RESOURCES



18-MONTH WELL-CHILD VISIT IS KEY!

All well-child visits are important, but data shows that the 18-month visit is the most impactful in determining if a child is complete with the recommended vaccine schedule by the 2nd birthday.

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UTAH RECOMMENDED CHILDHOOD IMMUNIZATION TIMING

Follow recommended guidance for these childhood immunizations:[1]

- **Rotavirus (RV):** RotaTeq® vaccine is a 3-dose series given at 2, 4, and 6 months of age. Rotarix® vaccine is a 2-dose series given at 2 and 4 months of age. Vaccination with either rotavirus vaccine should not be started for infants 15 weeks of age or older. All doses should be completed by 8 months of age.
- **Hepatitis B series:** The hepatitis B vaccine is a 3-dose series (it is not given at birth). Doses are given at:
  - — Two months of age
  - — Four months of age
  - — Greater than or equal to 24 weeks of age

  If using the combination vaccine ComVax® (combined Hib and hepatitis B), a 4th dose can be given. When using ComVax®, the final dose is given at 12–15 months of age.
- **Hib series:** The number of doses depends on the type of vaccine used. This 6-month dose of Hib vaccine can be skipped if using certain combination vaccines (PedVax® and/or ComVax®).
- **IPV:** If Pentacel® (DTaP, IPV, Hib) vaccine is used, a 4th dose of IPV at 12–15 months of age may be given. For school entry, one dose of IPV should be given ≥4 years of age.
- **Hib & PCV:** The final dose of Hib and pneumococcal (PCV) vaccines should be given at ≥12 months of age.
- **DTaP:** The 4th dose of DTaP may be given as early as age 12 months of age, provided at least 6 months have passed since the 3rd dose. For school entry, 1 dose of DTaP should be given at ≥4 years of age.

Figure 1 (below) provides an overview of Utah Department of Health guidance on administration timing for these immunizations.[1]

Figure 1. Utah Department of Health-Recommended Childhood Immunization Timing

Schedule	Immunizations								
By 2 months	DTaP	Hib	PCV (pneumo)	Polio (IPV)	Rotavirus (RV)	HepB			
By 4 months	DTaP	Hib	PCV (pneumo)	Polio (IPV)	Rotavirus (RV)	HepB			
By 6 months	DTaP	Hib	PCV (pneumo)	Polio (IPV)	Rotavirus (RV)	HepB			
By 12 months		Hib	PCV (pneumo)				MMR	Varicella (Chickenpox)	HepA
By 18 months	DTaP								HepA
By 2 years	2 doses of influenza (From ages 6 months to 2 years, 2 doses can be given 4 weeks apart, ideally during the child's first flu season)								

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ADDITIONAL RESOURCES FOR PROVIDERS

Advisory Committee on Immunization Practices (ACIP) Reports: Under the auspices of the Centers for Disease Control and Prevention (CDC), ACIP develops recommendations on how to use vaccines and passive immunizations to control diseases in the U.S. Select Health makes these reports available on our provider website in our "Tools" area.

CDC Resources:

- Vaccines & Immunizations Website
- Epidemiology and Prevention of Vaccine-Preventable Diseases, 14th Edition (2021)
- "Wild-to-Mild" Social Media Toolkit

Immunize.org: Utah Department of Health and Human Services — Utah Immunization Program

IMMUNIZATION BEST PRACTICE: CASE STUDY

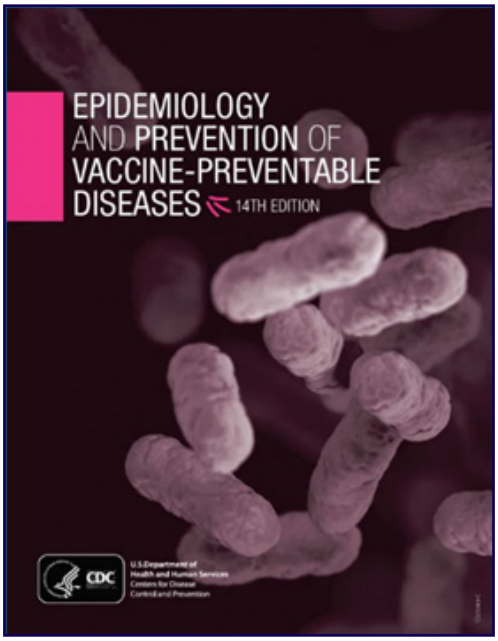
One of our Utah community health clinics increased clinic Children Immunization status (CIS) vaccine rates* by **17 percentage points** from 2023–2024 by:

- Designating a Clinic Vaccine Champion
- Focusing on immunization messaging from the moment the patient walks in the door
- Providing materials in English and Spanish
- Holding monthly staff meetings with vaccine education
- Scheduling next appointments before patients leave
- Praising for success
- Using the reminder recall report from the Utah Statewide Immunization Information system (USIIS)
- Creating an environment where all staff are on board

* Childhood Immunization Status (CIS) is a measure of the percentage of children who have received certain vaccines by a specific age. The National Committee for Quality Assurance (NCQA) uses a set of performance measures (Healthcare Effectiveness Data Information Set or HEDIS). HEDIS includes CIS.

2025 CDC Vaccine Schedules:

Child and Adolescent Immunization Schedule by Age, last updated November 21, 2024, (ages 18 years or Younger).
Download the CDC Vaccine Schedules app for providers.



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RESOURCES FOR PATIENTS AND THEIR FAMILIES

Institute for Vaccine Safety — Let's Talk Shots Video Library (23 animated videos)

Utah Department of Health & Human Services — Stay Up to Date

REFERENCE

1. Utah Department of Health. *Childhood Immunization Timing*. **https://immunize.utah.gov/wp-content/uploads/Childhood_Imm_Schedule_Eng.pdf**. Accessed February 11, 2025.

Pharmacy

Changes in Medicare Part D and Medicare Advantage Drug Coverage

In 2025, Medicare Part D and Medicare Advantage coverage of prescription drugs will be different from previous years due to several changes included in the Inflation Reduction Act that went into effect January 1, 2023. This law was intended to lower the cost of medications for Medicare enrollees. Below is a summary of some of the changes and how they will impact Select Health Medicare members:

1. **Vaccines**: More vaccines will be covered under Medicare Part D with no out-of-pocket cost. Vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) will be covered with no copay or deductible, including vaccines for RSV, shingles, whooping cough, and others.
2. **Insulin**: Out-of-pocket costs for insulin will be capped at $35 for a month supply and $105 for a 3-month supply on Part D. For members using an insulin pump, insulin covered under Part B will also be capped at $35 per month or $105 per 3-month supply.
3. **Prescription Drugs**: Yearly Part D out-of-pocket costs will be capped at $2000, and catastrophic coverage phase will continue to be of no cost to the member.
4. **Price Negotiations**: CMS has negotiated pricing with manufacturers for ten high-spend brand-name Part B and Part D drugs. Negotiated prices will apply in 2026. Each year going forward, CMS will negotiate pricing for additional drugs, and the savings will be passed on to plan administrators and participants.
5. **Medicare Prescription Payment Plan (M3P)**: For 2025, Medicare members can opt-in to a new program that will make their out-of-pocket prescription costs more consistent over the calendar year. Members who choose this option will pay no copay or coinsurance at the pharmacy counter, but will be invoiced monthly by the plan administrator. For members who anticipate pharmacy costs to meet the $2000 max for 2025, this program may help them plan for expenses in a more consistent manner.

Visit us online for more information about changes to prescription coverage on Select Health's Medicare for 2025.

Select Health Medicare + Kroger Plan

In **January 2024**, Select Health launched co-branded Medicare Advantage and Kroger Health plans in Colorado, Idaho, Nevada, and Utah. Member benefits apply as follows:

- All members on the new **Select Health Medicare + Kroger** plans receive monthly funds on a flexible spending card to use for over-the-counter (OTC) health-related purchases.
- **Members with one or more qualifying chronic conditions, verified by a physician,** (see **Figure 1** at right) will have access to a monthly balance to spend on groceries at Kroger-owned stores. (e.g., Smiths, King Soopers, City Market, Fred Meyer, etc.).

  Access a **full list of eligible grocery brands** across the nation.

Help us verify the diagnoses for members with these listed chronic conditions to ensure they have access to available grocery funds. Verification can be confirmed by an outreach to your office, a mailed questionnaire, and/or the member's medical history.

Questions? Contact Provider Development at **provider.development@selecthealth.org**.

Figure 2. Qualifying Conditions for Grocery Dollars

Qualifying Condition	Examples/Other Qualifying Information
Autoimmune disorders	Rheumatoid arthritis, lupus, vitiligo, hypothyroidism
Cancer	Any type of cancer or precancer diagnosis, includes cancer diagnoses currently treated or treated within the past year
Cardiovascular disorders	Heart attack, heart valve disease, peripheral vascular disease
Chronic alcohol and other drug dependence	
Chronic and disabling mental health conditions	Depression, anxiety, bipolar disorder, ADHD
Chronic heart failure	
Chronic kidney disease	Kidney stones, elevated kidney test results
End-stage renal disease (ESRD)	Dialysis or transplant
Chronic liver disease	Fatty liver, chronic hepatitis
End-stage liver disease	
Chronic lung disorders	Chronic obstructive pulmonary disease, asthma
Dementia	Significant memory loss, Alzheimer's disease
Diabetes	Type 1 or Type 2 diabetes, prediabetes
HIV/AIDS	
Hypertension	Currently treated for high blood pressure
Malnutrition	Vitamin or mineral deficiencies, eating disorders
Musculoskeletal disorders	Arthritis, muscle wasting/weakness, back pain, foot pain, other chronic joint pain
Neurologic disorders	Migraines, peripheral neuropathy, ALS
Obesity	BMI higher than recommended for patient's age/gender/ethnicity
Severe hematologic disorders	Anemia, hemophilia, polycythemia, leukemia)
Stroke	

This section of *Provider Insight* features key news, practice reminders, and education on topics related to Select Health Medicare, Select Health Community Care®, and the Children's Healthy Insurance Program (CHIP).

Activate Care: Support for Social Determinant of Health (SDoH) Needs

Select Health collaborates with Activate Care to provide critical support for Select Health Community Care (Utah Medicaid), Medicare Advantage, and Dual-Eligible Special Needs Plan (D-SNP) members with unmet social needs.

Activate Care is a leading provider of data-driven insights and SDoH services nationwide. They recently expanded their collaboration with Select Health in Colorado to also offer their Path Assist program to Medicaid, Medicare, and D-SNP members in Utah and Nevada. **Learn more about Activate Care**.

Through the Path Assist program, community health workers (CHWs) team with Select Health's care managers to conduct comprehensive SDoH assessments and connect members with essential resources, such as food assistance, transportation, and housing support. This holistic approach aims to address the underlying social factors that significantly impact health outcomes.

"At Activate Care, our mission is to empower individuals to overcome unmet social needs and achieve their optimal health," said Ted Quinn, CEO and Co-Founder of Activate Care. "We are proud to collaborate with Select Health, an organization that shares our commitment to improving health equity. Together, we will continue to make a meaningful difference in the lives of members in Nevada, Colorado, and Utah."

Dr. Heather O'Toole, Chief Medical Officer, emphasized the importance of this collaboration, "We are excited to expand our collaboration with Activate Care to identify and support our members with SDoH needs. By addressing these critical social factors, we can ensure our members receive the comprehensive care they need to live healthy and fulfilling lives."

This expanded collaboration demonstrates a shared dedication to addressing the complex challenges faced by individuals with unmet social needs. By combining their expertise and resources, Activate Care and Select Health are taking significant strides toward improving health equity and fostering healthier communities.

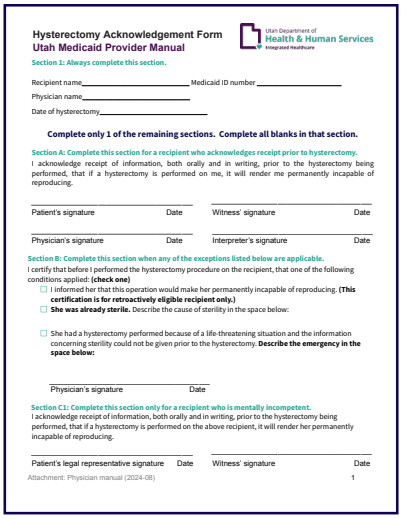
Reminder: Submit a Completed Hysterectomy Acknowledgment Form for All Relevant Surgeries

Utah State Medicaid requires completion and submission of the Hysterectomy Acknowledgment Form for all relevant hysterectomy surgeries. If a preauthorization was not obtained, this form must be submitted with the claim for payment consideration.

Without this form fully completed, Select Health **can neither** preauthorize a hysterectomy **nor** pay claims for a Medicaid member who has had a relevant hysterectomy surgery.

You can **access this form** (and instructions for completing it on pages 2–4) in the Medicaid area of our website or on the **Utah Medicaid website**.

Questions? Contact your Provider Relations representative at **provider.development@selecthealth.org**.



Hysterectomy Acknowledgement Form
Utah Medicaid Provider Manual

Utah Department of Health & Human Services

Section 1: Always complete this section.

Recipient name_____ Medicaid ID number_____

Physician name_____

Date of hysterectomy_____

Complete only 1 of the remaining sections. Complete all blanks in that section.

Section A: Complete this section for a recipient who acknowledges receipt prior to hysterectomy.

I acknowledge receipt of information, both orally and in writing, prior to the hysterectomy being performed, that if a hysterectomy is performed on me, it will render me permanently incapable of reproducing.

Patient's signature Date Witness' signature Date

Physician's signature Date Interpreter's signature Date

Section B: Complete this section when any of the exceptions listed below are applicable.

I certify that before I performed the hysterectomy procedure on the recipient, that one of the following conditions applied: **(check one)**

- ☐ I informed her that this operation would make her permanently incapable of reproducing. **(This certification is for retroactively eligible recipient only.)**
- ☐ **She was already sterile.** Describe the cause of sterility in the space below:
- ☐ She had a hysterectomy performed because of a life-threatening situation and the information concerning sterility could not be given prior to the hysterectomy. **Describe the emergency in the space below:**

Physician's signature Date

Section C1: Complete this section only for a recipient who is mentally incompetent.

I acknowledge receipt of information, both orally and in writing, prior to the hysterectomy being performed, that if a hysterectomy is performed on the above recipient, it will render her permanently incapable of reproducing.

Patient's legal representative signature Date Witness' signature Date

Attachment: Physician manual (2024-08) 1

Kidney Health Evaluation for Patients with Diabetes

For the Kidney Health Evaluation (KED) measure, it is very important that providers know the changes necessary to be compliant. Figure 3 indicates tests recommended to detect and manage kidney disease in patients with diabetes.

QUANTITATIVE URINE ALBUMIN ORDERS

Providers must order a **quantitative urine albumin** if ordering the urine albumin and urine creatinine separately.

NOTE: A semi-quantitative urine albumin is **NOT** considered compliant for the KED measure.

Providers should continue ordering any tests necessary for their patient's care, but the codes listed in **Figure 3** below are those that will fulfill an open care gap for your patients:

CODING CHANGES

For a quantitative urine albumin test, CPT code **82044** was removed from the acceptable codes, and now only **82043** is acceptable.

For measure compliance, both tests must be completed:

- **Urine test — urine albumin-creatinine ratio (uACR).** This can be ordered as a separate quantitative urine albumin test and a urine creatinine test as long as they have service dates four days or less apart.
- **Blood test — estimated glomerular filtration rate (eGFR).**

Learn more about the KED measure and coding changes, visit the National Committee for Quality Assurance (**NCQA) website**.

Questions? Contact Azure Gaskill, Quality Consultant RNs at **azure.gaskill@selecthealth.org**.

Figure 3. Coding for KED in Patients with Diabetes

TEST	CPT CODES	LOINC CODES
Urine albumin creatinine ratio lab test	N/A	9318-7, 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9
Quantitative urine albumin lab test (**cannot** be semi-quantitative)	82043	1754-1, 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7, 100158-5
Urine creatinine lab test	82570	2161-8, 20624-3, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Estimated glomerular filtration rate lab test	80047, 80048, 80050, 80053, 80069, 82565	50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6, 102097-3

Avoid Denials for Pain Procedures

Submitting complete medical necessity documentation helps pain procedure providers avoid denied claims and preauthorization requests.

Remember: **A referral alone is insufficient for a procedure justification.** The proceduralist must determine and communicate medical necessity and procedure appropriateness, **either** by:

- Documenting discussions with patients and agreement with the referring provider notes; **OR**
- Evaluating the patient and adding notes to the original referral information.

HOW DO PAIN PROCEDURE PROVIDERS BEST DOCUMENT MEDICAL NECESSITY?

For Select Health members, ensure medical necessity criteria is met via the procedure notes by **either**:

1. Acknowledging having read the referring provider's notes, if complete, and documenting agreement; **OR**
2. Evaluating the patient and documenting medical necessity for the procedure when referring provider notes are incomplete based on relevant medical policies (see below).

WHERE CAN PROVIDERS FIND MORE INFORMATION?

Access relevant medical policies for medical necessity and appropriateness criteria as follows:

- **Medicare and Medicaid:** Centers for Medicare and Medicaid Services policies, **LCD 38803 (Facet Joint Interventions for Pain Management)** and **LCD 39242 (Epidural Steroid Injections for Pain Management**).
- **Commercial Select Health Plans:** Select Health Medical Policy #626, Diagnostic and Therapeutic Interventions for Spinal Pain (which begins on page 27 of the online **Physical Medicine Policy Booklet**).

Questions? Contact Dr. Mary Suchyta, Select Health Medical Director, at **mary.suchyta@selecthealth.org**.

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 17). 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 17 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.
- **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).

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 (localized) when it is curable.** The five-year survival rate for localized colorectal cancer (cancer that is confined to the colon or rectum) is **90.6%** as compared to **14.7%** 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 the United States Preventive Services Taskforce) as mandated by the Affordable Care Act.

WHAT IS THE PROCESS FLOW FOR SCREENING?

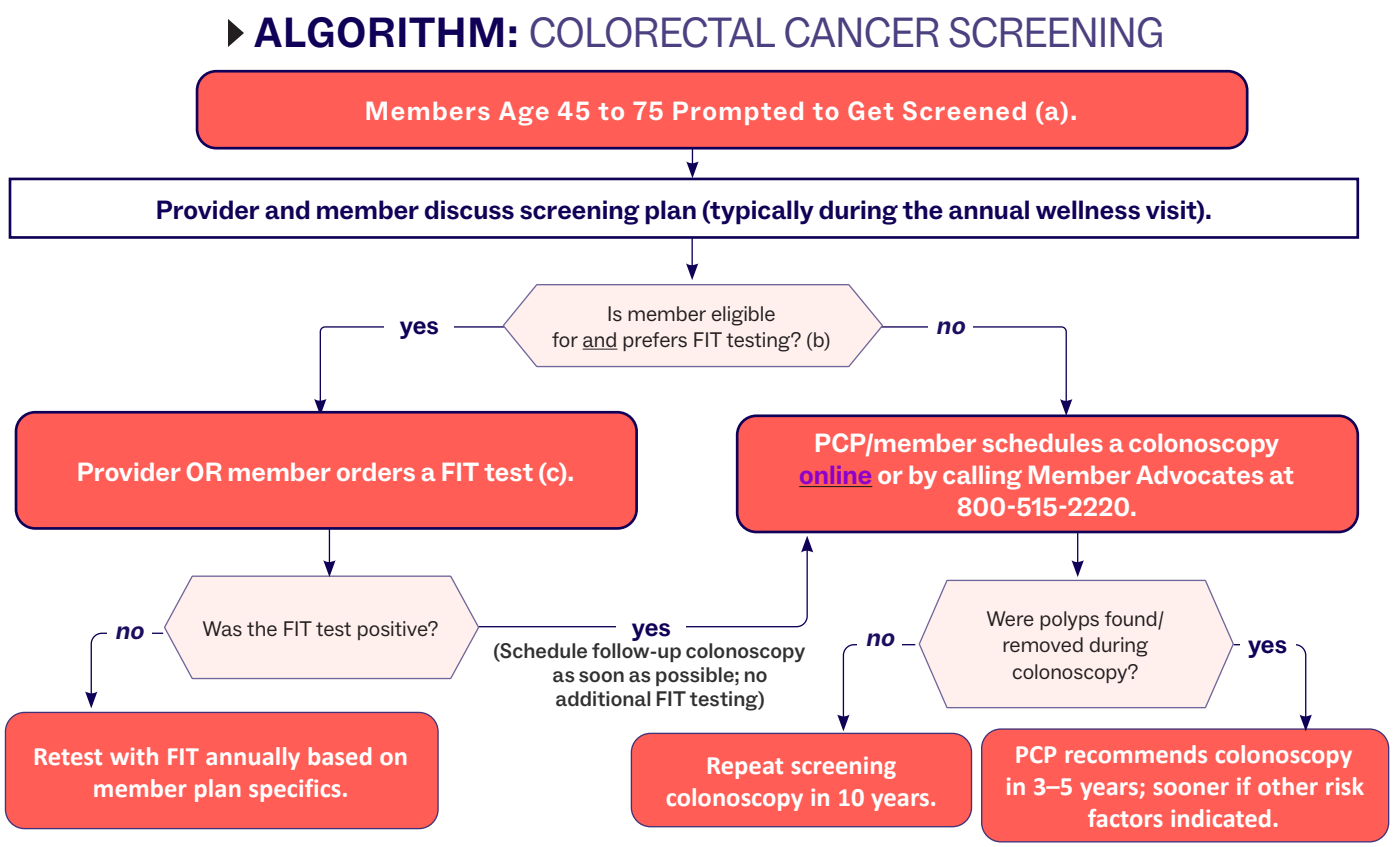
The algorithm and associated notes in **Figure 4** on page 17 provide a quick view of the care process associated with colorectal cancer screening.

Be sure to contact Select Health Member Services (**800-538-5038**) to verify plan-specific coverage for preventive screening tests.

Continued on page 17...

...Continued from page 16

Figure 4. Colorectal Cancer Screening Algorithm



ALGORITHM NOTES

(a) Member Screening Prompt

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
- Normal colonoscopy within 10 years

(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** (online or download an order form to complete and send to client services).
   NOTE: Patients in Utah, Idaho, Nevada, and Montana can **order an at-home kit online** through Intermountain Health.
3. FIT Samples must be labeled with patient information or the lab will not be able to process the sample.

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. Moffitt Cancer Center. *Colon Cancer*. moffitt.org website. https://www.moffitt.org/cancers/colon-cancer/survival-rate/#:~:text=According%20to%20the%20National%20Cancer,can%20cause%20jaundice%20and%20nausea.Accessed February 11, 2025.

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/publication-resources/tools
Request preauthorization?	https://selecthealth.org/providers/preauthorization
Appeal a claim?	https://files.selecthealth.cloud/api/public/content/provider_appeal_form.pdf
Find pharmacy resources?	https://selecthealth.org/providers/pharmacy
Access dental provider resources?	https://selecthealth.org/providers/dental
Access Select Health policies (medical, dental, coding/reimbursement)?	https://selecthealth.org/providers/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, 8:00 a.m to 5:00 p.m. unless otherwise indicated below. 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 (see above) or Member Services: **800-538-5038** (available 7:00 a.m. to 8:00 p.m. on weekdays, 9:00 a.m. to 2:00 p.m. on Saturdays.)
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