ProviderInsight®

Utah Edition
November 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

In this Issue

Gold Carding: Decreasing Time Between Diagnosis and Treatment

Gold Carding, officially called the Provider Leniency Program (PLP), recognizes providers for practicing within national standards on certain procedures by deferring their requirements to obtain preauthorization. This allows healthcare practices to provide care more quickly and be informed of their performance compared to their peers locally and nationally.

"The Gold Carding process involves the review of provider practice patterns in comparison to national benchmarks," said Dr. Krista Schonrock, Select Health AVP and Senior Medical Director. "Those that are at or above that standard are afforded leniency. Once they have this leniency, they do not need to request a prior authorization for the procedures that apply."

HOW GOLD CARDING WORKS

Select Health reviews program candidates based on data compared with national benchmarks, then communicates to specialty leadership for final review. Once accuracy is determined, we verify the clinic as an officially Gold-carded facility.

"The advantage of a clinic being Gold Carded ultimately means that it does not require administrative effort to get an authorization to provide a certain kind of treatment," Dr. Schonrock said. "There are currently 102 Gold-carded providers who are approved for leniency for procedures such as hysterectomies and tonsillectomies."

Without Gold Carding, a hysterectomy, for example, would require administrative authorization prior to the procedure being performed, which could increase the time between diagnosis and treatment. While these authorization requests are addressed in a timely manner consistent with the patient's condition, a Gold-carded provider would bypass this waiting period because of its verification through the Gold-carding process.

"A clinic not authorized with Gold Carding would require that a provider or practice manager submit clinical data for Select Health to review to confirm the procedure is being done for reasons that are consistent with published medical necessity criteria," Dr. Schonrock said. "Once they qualify for leniency through Gold Carding, clinics do not have to send this information, speeding up the process to receive care. While the Gold-carding process is not necessarily member-facing, members benefit by not having any potential delays in care for proposed procedures if they are being treated by a Gold-carded provider."

WHAT CURRENT PROCEDURES ARE INVOLVED?

The Provider Leniency Program currently addresses**:**

- Ear, Nose, and Throat surgeries, such as:
  - — Tonsillectomy for tonsillar hypertrophy diagnosis
  - — Nasal surgery (e.g., for chronic sinusitis diagnosis)
- Hysterectomies

NOTE: Threshold rates for program participation are based on provider groups, not individual providers. Select Health conducts mid-cycle and annual reviews to validate qualification for the program and communicates results.

For more information, contact your Provider Relations representative or Dr. Mary Suchyta at **mary.suchyta@selecthealth.org**.

NOTE: Content partially excerpted from an article published in *Caregiver Highlights* (an internal Select Health publication) on October 18, 2024, and written by Zach Manning, Communications Consultant ET-Select Health.

Save Time, Lower Costs: Choose Tellica Imaging for CT Scans and MRIs

Tellica Imaging, a wholly owned, non-profit subsidiary of Intermountain Health, services members' needs for more economical CT scans and MRIs ordered at non-hospital-based facilities.

For Select Health members, Tellica offers:

- Flat-rate pricing for all services and no hidden fees
- A commitment to making imaging as stress-free as possible with pre-imaging guidance and compassionate care during imaging
- Ability to schedule appointments and get results quickly, ensuring more timely care for patients

Learn more about Tellica Imaging by scanning the QR code at right or by visiting their **website**.

All Tellica locations are open Monday through Saturday, 7:00 a.m. to 7:00 p.m. and are closed on Sunday.

In Utah, Tellica currently has six clinics:

1. **Bountiful** – 110 North Main Street, Bountiful, UT 84010
2. **Draper** – 195 West 13490 South, Draper, UT 84020
3. **Ogden** – 1028 Chambers Street, Ogden, UT 84403
4. **Orem** – 256 E. University Parkway, Orem, UT 84058
5. **Salt Lake City** – 2645 Parleys Way, Salt Lake City, UT 84109
6. **West Valley City** – 4587 South 4000 West, West Valley City, UT 84120

Contact information for all Utah locations is:

- Phone: **801-442-6000**
- Fax: **385-297-2700**

In Idaho, Tellica currently has one location in Boise at 8505 W. Overland Road, Boise, ID 83709

Contact information for the Boise, Idaho location is:

- Phone: **208-417-5100**
- Fax: **208-417-5105**

Telehealth Place of Service (POS) 10 Now Reimbursed at the Higher, Non-Facility Rate

The *Telehealth and Telemedicine Coding and Reimbursement Policy* has been recently updated. The biggest change is that **place of service (POS) 10** is now reimbursed at the non-facility rate, which is higher than the facility rate.

Telehealth/telemedicine services claims are required to be submitted with place of service 02 or 10. Effective **January 1, 2024**, telehealth services billed with the:

- **Place of service 02** will be reimbursed at the facility site of service differential and according to the Medicaid or Medicare fee schedules as appropriate.
- **Place of service 10** will be reimbursed at the non-facility site of service differential and according to the Medicaid or Medicare fee schedules as appropriate.

Modifiers 95, GT, GQ, G0, FQ, and FR can also be appended as appropriate but are not required if the correct place of service is used.

Learn more. Access the full **Telehealth and Telemedicine policy**.

NOTE: Telehealth coverage and reimbursement will vary by plan and geography based on certificates of coverage and state and federal regulations. Services are covered in accordance with the ***Select Health Telehealth and Telemedicine Coding and Reimbursement Policy***. Providers will be required to follow all state regulations related to state certifications and providing telehealth services to members outside of the state where the provider is licensed.

Compliance Matters

Select Health works closely with the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA) to ensure compliance with requirements for:

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

Please review the requirements and relevant links for each of these. Then, contact your Provider Relations representative if you have questions.

ADA ACCOMMODATIONS

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.

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. **Learn more about these standards**.

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.

Compliance Matters is a new feature that will appear in each *Provider Insight* going forward. This feature will help providers with a variety of compliance issues required by regulatory bodies.

Questions about compliance? Contact your Provider Relations representative.

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

QUARTERLY DEMOGRAPHIC ATTESTATIONS

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

Select Health provides for this attestation via a quarterly Qualtrics survey sent to your email inbox.

If you have not previously provided a preferred email address, please contact your Provider Relations representative.

FRAUD/WASTE/ABUSE (FWA) ATTESTATIONS PROCESS

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.

IMPORTANT REMINDER

The Centers for Medicare and Medicaid Services (CMS) encourages Select Health to educate providers about Qualified Medicare Beneficiaries (QMBs), a program that 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.

To learn more, access **CMS training regarding QMBs**

Quality Improvement Programs

Quality Provider Program (QPP): The Fall Gather & Grow Conference

Held on **October 29, 2024**, the QPP fall conference featured sessions on program updates, breast cancer screening, and immunizations. These conferences provide an opportunity for us to review program updates, share best practice, and connect clinics to discuss common barriers and solutions.

Conference materials presentations are available online in the **QPP Training area** or by clicking the linked images below. You can find the full video of the conference online as well.

Focus on Social Determinants of Health (SDoH)

The World Health Organization (WHO) estimates that Social Determinants of Health (SDoH) account for 30-35% of health outcomes. SDoH are described as the conditions where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

When health is impacted negatively or affects a patient's ability to maintain health and wellness, it is referred to as a "health-related social need." Unmet social needs can affect the ability or willingness to follow a treatment plan or support a healthy pregnancy. Select Health continually strives to meet the SDoH requirements of the National Committee for Quality Assurance (NCQA) and the Centers for Medicare and Medicaid Services (CMS) as well as to maintain the accreditations that give you and your patients confidence in getting the support you need.

NCQA HEDIS MEASURE: SOCIAL NEED SCREENING AND INTERVENTION (SNS_E)

This measure looks at six indicators, one each for screening and intervention across three social needs: **Food, housing, and transportation**. It looks at the percentage of members who, during the measurement period, were screened via a pre-specified instrument at least once during the measurement period for unmet needs. Members who screen positive for one of these needs receive a corresponding intervention.

This new measure may require updates to clinic workflows and electronic medical record (EMR) documentation. Select Health is currently working to identify a process that includes documentation for both screening and intervention, which will help providers incorporate this measure into their workflow.

Continued on page 6...

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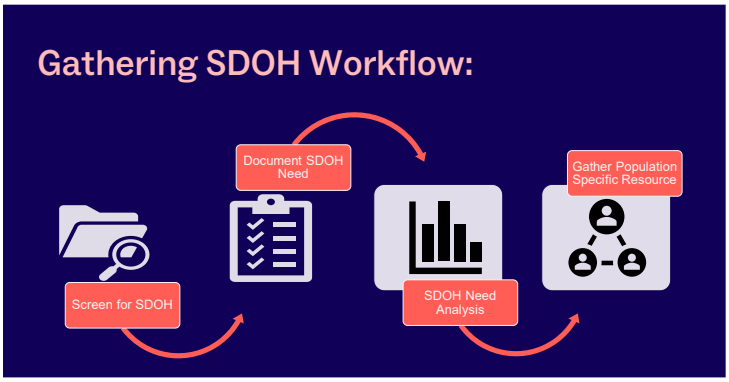
For now, we encourage you to follow these three steps for implementing SDoH screening and health-related social need interventions:

1. **Screen using a validated screening instrument, such as:**
   - Protocol for Responding to & Assessing Patients' Assets, Risks & Experience (**PRAPARE**) is a national standardized patient risk assessment tool that is evidence-based and available in over 25 languages. Download **PRAPARE** in English as well as translated versions.
   - **The Safe Environment for Every Kid (SEEK) screening approach** is a brief evidence-based questionnaire that screens for targeted problems that can jeopardize children's health, development, and safety. These targeted problems are:
     — Parental Depression
     — Parental Substance Use
     — Major Parental Stress
     — Intimate Partner (or Domestic) Violence (IPV)
     — Food Insecurity
     — Harsh Punishment

     SEEK is available in English and six other languages.
   - **Social Check –** An Intermountain Health checklist screening tool that asks members if they are worried about seven different types of social needs.* (Social Check use requires permission for affiliated providers; contact Intermountain Health via **IPOffice@imail.org** or **801-442-5756**)

   These instruments can be collected before, during, or after a healthcare encounter and administered as self-reports or as in-person, provider-to-member interaction during a visit.



2. **Document a social need** by using the **ICD-10-CM Z codes (categories Z55-65)**. Assign these codes when the documentation specifies an associated problem or risk factor that influences the member's health. This adds health-related social need to the problem or diagnosis list. **Learn more about these codes**.
3. **Become a QPP participating clinic.** If you are not already part of this program, learn more by visiting the **program website area** or by contacting the team at **qualityprovider@selecthealth.org**.

IDENTIFIED BARRIERS TO SDOH IMPLEMENTATION

Select Health understands the challenges that busy provider practices face in screening members and connecting them to the appropriate resources. These challenges include:

- **Lack of SDoH knowledge.** How do we know which resources are available to our patients? How are needs appropriately defined? For example, how do you define:
  — **Problems related to education and literacy**: Is schooling unavailable because the student can't access programs nearby (or because they choose not to attend?)
  — **Underachievement in school**: Are we to ask patients about their grades and whether they could have done better if they applied themselves?

Continued on page 7...

* Derived from the national **PRAPARE social determinants of health protocol** developed by the National Association of Community Health Centers, the Association of Asian Pacific Community Health Organizations, and the Oregon Primary Care Organization and their development partners.

***...Continued** from page 6*

- **Access to resources.** Caregivers and providers feel powerless when tangible SDoH resources are not readily accessible at point of care.
- **Lack of equitable resources.** Help should not be payer dependent and should address the diverse needs of the community.
- **Overburdened caregivers**. Clinics often need more staff, case management, mental health integration, and simplified screening for workflow/documentation efficiency.
- **Follow through and follow up**. Providers may feel responsible to solve SDoH problems for every patient when added to the diagnosis or problem list, setting an unrealistic expectation that may/may not be within their scope of practice.

HOW SELECT HEALTH SUPPORTS SCREENING AND RESOURCE IDENTIFICATION

Through our care managers and Healthy Beginnings program, we can work with members to create personalized plans that supports physical and mental well-being and healthy pregnancies. These caregivers can incorporate appropriate connections to SDoH resources as part of care for chronic illnesses and pregnancy.

Our Quality Provider Program (QPP) offers providers an extended disease management and preventive care focus through information sharing, including connecting members with SDoH resources and supporting provider efforts to include screening approaches into their workflow.

Select Health also equips providers and members with **relevant SDoH resources**, such as:

- **Community Health Workers** (Medicare/Medicaid plan members) who frequently assess and support members with SDoH needs
- **Unite Us** (Marketplace plan members): We offer access to this **211 technical organization**, which links members to customized health and social services. This patient-centered and collaborative organization:
  - — Minimizes barriers to care
  - — Connects members directly to a community partner or 211 specialists
  - — Makes it possible for ACO members to sign up in their provider's office
  - — Ensures closed-loop communication
- **Results from SDoH data collection, analysis, and interpretation efforts**, which are essential to health equity, improved health outcomes, and lower healthcare costs (see **Figure 1** on the next page for an example).

  We have ongoing programs to gather SDoH data to:
  - — Identify community and population needs in the diverse markets we serve
  - — Empower providers to identify and address health disparities
  - — Help members live the healthiest lives possible
  - — Support quality measurement required for NCQA requirements, HEDIS and STARS ratings, and Health Equity Accreditation

ADDITIONAL RESOURCES

- **Care Management at Select Health (rack card)**
- **Health-Related Social Needs vs. The Social Determinants of Health**
- **Improving the Collection of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes**
- **Proposed New Measure for HEDIS Measurement Year (MY) 2023: Social Need Screening and Intervention (SNS-E)**

Continued on page 8...

...Continued *from page 7*

Figure 1. SDoH Data Collection Program Example

From Data to Action

The Women's Health Quality Provider Program tracked SDoH screening data for 2023 and identified the top health-related needs as **food insecurity** and **housing/housing instability**. We then developed steps that could help address these needs together at the organizational level, via the QPP program, and within individual clinics. For example:

At the organizational level, Select Health offers:

- Community Health Workers who deliver food to a member's door
- Care Management who identifies low-income housing resources for members

At the QPP level, we support providers with education on:

- The simplicity of 211 website use
- IPV screening implementation and resource connections

At the individual clinic level, member support might include:

- Putting 211 flyers (by state in English and Spanish) in public areas (available in the **Resources & Instructions** area of the Select Health Provider website)
- Creating a bulletin board with free local food and formula resources

HEDIS Measures Updates

Developed by the National Committee for Quality Assurance (NCQA), the Healthcare Effectiveness Data and Information Set (HEDIS) is one of healthcare's most used performance improvement tools. It measures performance improvements that can make a meaningful difference in people's lives. The next several pages feature details, changes, and tips related to these five, key HEDIS measures:

- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Follow Up After Emergency Department (ED) Visit for People with Multiple High-risk Chronic Conditions (FMC)
- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Use of Imaging Studies for Low Back Pain (LBP)
- Controlling Blood Pressure (CBP) and Blood Pressure Control in People with Diabetes (BPD)

HEDIS Measure (Overview): Pharmacotherapy Management of COPD Exacerbation (PCE)

The PCE measure assesses Chronic Obstructive Pulmonary Disease (COPD) exacerbations for adults 40 years of age and older who had appropriate medication therapy prescribed to manage an exacerbation. NCQA defines COPD exacerbation as when there is an inpatient or ED visit with a primary discharge diagnosis of COPD**.**

Two rates are measured for medication types dispensed (see **Figure 2** on the next page)):[1]

1. A systemic corticosteroid or evidence of an active prescription **within 14 days** of the event
2. A bronchodilator or evidence of an active prescription **within 30 days** of the event

WHY THIS MEASURE MATTERS

COPD affects nearly 15 million adults in the U.S. Appropriate medication prescribed following a COPD exacerbation can help prevent future flare-ups and reduce COPD costs.[1]

HELPFUL TIPS:

Schedule a follow-up appointment after a COPD exacerbation ED visit or inpatient stay to ensure that the patient has the appropriate medications and understands the importance of adherence.

Discuss any barriers that prevent your patient from filling their prescriptions.

Provide a COPD Action Plan that includes recommendations what to do when COPD symptoms occur as well as a plan to help manage COPD. The American Lung Association provides these resources:[2,3]

- **COPD Action Plan & Management Tools**
- **COPD Medication Tracker**

Questions? Contact Stacey Merrill, Quality Consultant RN at **stacey.merrill@selecthealth.org**.

REFERENCES

1. National Committee for Quality Assurance (NCQA). Pharmacotherapy Management of COPD Exacerbation. **NCQA.org** website. 2024. **https://www.ncqa.org/hedis/measures/pharmacotherapy-management-of-copd-exacerbation/**. Accessed October 17, 2024.
2. American Lung Association. COPD Action Plan & Management Tools. **Lung.org** website. No date. **https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools**. Accessed October 17, 2024.
3. American Lung Association. COPD Action Plan & Management Tools. **Lung.org** website. No date. **https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/treating/copd-medications**. Accessed October 17, 2024.

Continued on page 10...

...Continued *from page 9*

Figure 2. Medications Measured with PCE

Systemic Corticosteroids (Active Prescription Within 14 Days)			
Description	**Prescription Medications**		
Glucocorticoids	• Cortisone • Dexamethasone	• Hydrocortisone • Methylprednisolone	• Prednisolone • Prednisone

Bronchodilators (Active Prescription Within 30 Days)				
Description	**Prescription Medications**			
Anticholinergic agents	Aclidinium bromide	Ipratropium	Tiotropium	Umeclidinium
Beta 2-agonists	• Albuterol • Arformoterol	• Formoterol • Indacaterol	• Levalbuterol • Metaproterenol	• Olodaterol • Salmeterol
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol • Formoterol-aclidinium	• Formoterol-glycopyrrolate • Formoterol-mometasone • Fluticasone-salmeterol	• Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Glycopyrrolate-indacaterol	• Olodaterol-tiotropium • Umeclidinium-vilanterol

HEDIS Measure (Overview): Follow Up After Emergency Department (ED) Visit for People with Multiple High-risk Chronic Conditions (FMC)

This measure focuses on the percentage of members 18 years of age and older, who have/had **all** of these:

1. Multiple high-risk chronic conditions
2. An ED visit
3. A follow-up service within 7 days of the ED visit

These members are at higher risk of mortality and readmission than members without chronic conditions, making timely follow-up after the ED visit crucial.

WHAT ARE HIGH-RISK CHRONIC CONDITIONS?

- Chronic obstructive pulmonary disease (COPD), asthma, or unspecified bronchitis
- Alzheimer's disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack

WHAT CAN PROVIDERS DO TO HELP CLOSE THIS OPEN GAP FOR PATIENTS?

Three key actions can positively impact the measure:

1. Encourage patients to schedule a follow-up visit **within 7 days** of an ED visit. Remind them about this type of follow up at their annual wellness visits.
2. Educate patients about other available follow-up services, like telehealth or care management, when they cannot make an in-person visit within the 7-day time frame.
3. Consider having hospital systems send you notifications when one of your patients has visited an ED so that you can assist them with scheduling a follow-up visit.

Learn more about this measure.

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

HEDIS Measure (Revised): Glycemic Status Assessment for Patients with Diabetes (GSD)

The National Committee for Quality Assurance (NCQA) revised the name of the HEDIS measure Hemoglobin A1c Control for Patients With Diabetes (HBD) to Glycemic Status Assessment for Patients With Diabetes (GSD) starting in 2024. This change was made to reflect the addition of a glucose management indicator (GMI). The GMI is calculated based on continuous glucose monitoring (CGM) data using average glucose levels.

KEY UPDATES

- References to HbA1c in the HEDIS measure are now stated as "glycemic status" with a glycemic status goal <8%.
- Continuous glucose monitor GMI results can now be used in addition to a HbA1c.
- **LOINC code 97506-0** is used to identify GMI values.
- GMI values in the chart must include:
  - Documentation of the continuous glucose monitoring including a result
  - Date range associated with the GMI. The end date of the range is used for the assessment date.
- The result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year will count towards compliance.

BEST PRACTICE TIPS:

- Provide education on lab results and adjust treatment plans as needed.
- Set care gap alerts in your electronic medical record when screenings are due.
- Outreach to patients who have not had their diabetic testing and eye exams completed.
- Document HbA1c or GMI result date and numeric value in the medical record.
- Incorporate a GMI workflow to assess blood sugar control for those who use a continuous glucose monitor.
- Remember to include CPT II HbA1c codes to help reduce the burden of HEDIS medical record chart review. Use these codes on the date of service the HbA1c was drawn. (See **Figure 3** below.)

If using an EMR system, please consider electronic data sharing with Select Health to help us capture the glycemic status values. This will help reduce HEDIS chart requests and improve the quality of care we can provide our members. If interested, please email us at qualityimprovement@selecthealth.org.

Questions? Contact Stacey Merrill, Select Health Quality Consultant RN at stacey.merrill@selecthealth.org.

Figure 3. CPT II HbA1c Codes

CPT II Codes	HbA1c Test Result
3044F	Hemoglobin A1c level less than 7.0%
3051F	Hemoglobin A1c level greater than or equal to 7% and less than 8.0%
3052F	Hemoglobin A1c level greater than or equal to 8.0% and less than or equal to 9.0%
3046F	Hemoglobin A1c level greater than 9.0%

HEDIS Measure (Overview): Use of Imaging Studies for Low Back Pain (LBP)

This measure related to appropriate use of imaging is important for primary care providers (PCPs) as well as urgent care, orthopedics, and pain and spine providers.

WHY IT MATTERS

Imaging, such as X-rays or MRIs, can expose patients to radiation, which can have risks. Imaging can lead to member worry, more tests, and maybe even treatments that aren't necessary.

Focusing on the member's story, physical exam findings, and any red flags helps providers better understand problems and create the right treatment plan based on the member's needs.

Use imaging only when needed to help keep healthcare costs down and use our resources wisely.

BEST PRACTICES & TIPS:

- **Update the member's medical history/problem list** to include:
  - — Cancer diagnosis
  - — Trauma within last 90 days
  - — IV drug abuse
  - — Neurologic impairment within the last 12 months
  - — HX of HIV/active HIV
  - — Spinal infection within the last 12 months
  - — Major organ transplant
  - — Fragility fractures in the past 90 days
  - — Lumbar surgery
  - — Spondylopathy
- **Update the Medication List/Reconciliation** to note the following drug therapies:
  - — Corticosteroid use for 90 days anytime in the last 12 months
  - — Osteoporosis drug therapy
- **When documenting the patient's history, make sure to include specifics about the back pain**:
  - — Location of the pain
  - — Date symptoms of back pain started
  - — How long the pain has persisted
  - — Aggravating factors
  - — Range of motion
  - — Nerve pain/possible nerve involvement
- **Point out and document "Red Flags,"** especially:
  - — Fever
  - — Unexplained weight loss
  - — Nerve problems
  - — Issues with bowels or bladder
- **Use standardized forms** that make sure to address the member's medical history, health history, medication list, exam findings, and "Red Flags". This helps to create consistency and prevents missing something important.
- **Avoid ordering diagnostic studies in the first four weeks of new-onset back pain in the absence of red flags.**

CODING FOR LBP IMAGING AND HEDIS

Figures 4 and 5 (on the next page) provide ICD-10-CM codes that either trigger members into or remove members from the HEDIS LBP measure.

These lists are not all-inclusive. This information is NOT about a change in policy but a reference to quality improvement activities.

Continued on page 13...

...Continued *from page 12*

Figure 4. Common ICD-10-CM Codes that TRIGGER members into the HEDIS Measure

ICD-10 Code	Description
M47.816	Spondylosis without myelopathy or radiculopathy lumbar region
M54.16, M54.17	Radiculopathy, lumbar region
M54.30 - M54.32 M54.40 – M54.42	Sciatica Lumbago with Sciatica
M99.03, M99.04	Segmental & Somatic Dysfunction of lumbar region/sacral region
M99.83	Other Biomechanical Lesions of Lumbar Region
S33.5XXA, S33.6XXA	Sprain of ligaments of lumbar spine Sprain of sacroiliac joint,
S39.012A (D,S)	Strain of muscle, fascia, & tendon of lower back
S39.92XS	Unspecified injury of lower back, sequela
NOTE: This is a list of commonly used codes. Other codes not listed here related to low back pain may trigger member to qualify for the HEDIS measures.	

Figure 5. ICD-10 Codes that will REMOVE the member from the LBP HEDIS Measure (If imaging is done within 28 days of the diagnosis for medical necessity)

ICD-10 Code	Description
G89.11	Acute pain due to trauma
B20; Z21	HIV
CPT & ICD PCS Codes (as applicable)	Lumbar Surgery
R29.2	Abnormal Reflex
M46.46	Discitis, unspecified, lumbar region
A17.81; G06.1; M46.25 – M46.28	Spinal Infection; Osteomyelitis; discitis
Z86.03	Personal history of neoplasm of uncertain behavior (ANY CANCER)
Z85.40	Personal history of malignant neoplasm of unspecified female genital organ (cervix, uterus, ovary, etc)
Z85.820	Personal history of malignant melanoma of skin
M45.6	Spondylopathy lumbar region
R26.2	Difficulty in walking, not elsewhere classified
G83.4	Cauda equina syndrome
M46.36	Infection of intervertebral disc (pyogenic), lumbar region
Z85.9	Personal history of malignant neoplasm, unspecified (ANY CANCER)
Z85.3	Personal history of malignant neoplasm of breast
Z85.45	Personal history of malignant neoplasm of unspecified male genital organ (prostate, testicular, etc.)
Z94.0	History of Kidney Transplant

HEDIS Measure (Claims Coding): Controlling Blood Pressure (CBP) and Blood Pressure Control in People with Diabetes (BPD)

Each year Select Health participates in the HEDIS audit with some HEDIS measures also impacting our STARS rating. CBP and BPD are two of these measures.

In our efforts to improve the rating of these measures 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.

CBP and BPD measures require 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. This applies to both **claim-captured** and **patient-reported** blood pressure readings.

Please submit CPT II codes (see Figure 6) for both types of readings.

HOW CAN YOU HELP?

Implement this change: 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.

Share with your vendor: If your clinic works with a vendor to do claims coding, please share this message with them and ask that they use the CPT II codes in **Figure 6** below when submitting claims.

This change in workflow will allow us to target education and resources to those members most in need.

Questions? Contact Kirstin Johnson at **801-442-8224** or via email at: **kirstin.johnson@selecthealth.org**.

Figure 6. 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

Meet the Select Health Behavioral Health Program Leaders

The Select Health Behavioral Health Program supports all aspects of services, benefits, and programing for members and strives to ensure equal access to evidence-based treatment. Program leadership includes **Dr. Dean Mayer**, Medical Director for the Behavioral Health Sciences, and **Alison Warcup**, Behavioral Health Program Manager.

DEAN MAYER, MD

Dr. Dean Mayer

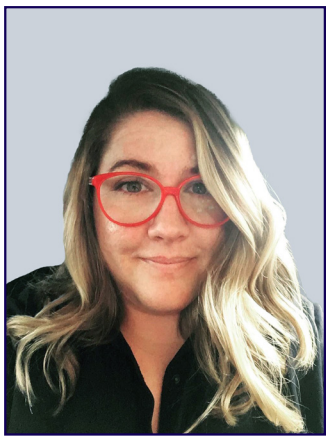
Dr. Dean Mayer was named as the Select Health Medical Director for Behavioral Health Services 2 years ago. Dr. Mayer's background is a 30-year career with Intermountain as a primary care provider and hospitalist. He is Board Certified in Internal Medicine and has practiced in both outpatient and inpatient settings throughout his career.

He began his career in 1994 as a categorical medicine intern at LDS Hospital, completing his residency as the Chief Medical Resident in 1997. Along with his work as an Internist/Hospitalist he has held administrative positions as a Medical Director in Cardiovascular care, Case Management, and Hospital Administration. During that time he has received awards for excellence in clinical delivery and patient care.

Dr. Mayer's interest in behavioral health started with program development for Intermountain hospitals where he organized and implemented a clinical pathway for patients with addictions to be transitioned out of hospital care and into recovery programs while completing care for infections caused by intravenous drug use. This led to his position with Odyssey House of Utah as the Chief Medical Officer managing the delivery of medical care for those in residential addiction treatment. It was through that work that he was offered the opportunity to manage behavioral health networks and initiatives with Select Health. He now splits his time between Odyssey House and Select Health carrying on his interest in both clinical medicine and behavioral health/Addiction treatment delivery.

Dr. Mayer's personal interests include mountain biking, skiing, hiking, golfing and home maintenance projects. He spent several years coaching in youth basketball leagues when his children were young.

ALISON WARCUP, DNP, MSN, BA, PMHNP-BC



Alison Warcup

Alison is a board-certified psychiatric mental health nurse practitioner and the behavioral health, program manager at Select Health.

She received her bachelor degrees in Anthropology and English from Brigham Young University, her masters degree in Nursing from Yale University, and recently completed her Doctorate of Nursing Practice at Frontier Nursing University.

Prior to joining Select Health, Alison worked clinically with children, teens, young adults, and their families in both San Diego and Utah for over a decade.

In her free time, she enjoys reading, traveling, listening to her ever expanding vinyl collection, and pottery.

Screening for Depression and Anxiety in Primary Care

For busy primary care practices, mental health screening presents both workflow and implementation challenges:

- The time it takes to administer and score a standardized screening tool
- The concern about next steps when scores indicate a need for referral or pharmacological treatment

To help support those challenges, the following introduces problem scope and an overview of the most used screening tools for your practice.

Questions? Contact Alison Warcup at alison.warcup@selecthealth.org.

UNDERSTANDING THE PROBLEM

Recent data show that the United States is in mental health crisis for people of all ages. Consider these statistics:

Depression:

- 20% of American adults experienced anxiety and depression symptoms in 2023.[1]
- 40% of high school students reported struggling with persistent feelings of sadness or hopelessness in 2023.1
- Youth and young adults (ages 10–24) account for 15% of all suicides, an increase of 52% since 2000. Suicide is the second-leading cause of death for this age group.[1]
- 10% to 20% of new mothers report having some type of clinical postpartum depression. Additionally, research indicates that 10% of new fathers experience symptoms of depression as do about 8% of adoptive parents who report experiencing severe postpartum depression.[2]
- According to the *2024 Maternal Mental Health Sate Report Card*, the U.S. is failing to adequately support maternal mental health. In the Select Health coverage area, Utah is only one of 4 states to exceed a "C+", with Idaho (D), Colorado (C), and Nevada (F) receiving grades far below that.[3]

  Regionally, prevalence of postpartum depression is high. **Figure 7** below illustrates prevalence data from the report card for statewide average as well as counties with highest and lowest prevalence.

Generalized Anxiety Disorder (GAD):

- The most common mental illness in the U.S. is anxiety, which affects around 40 million adults annually. Approximately 7% of children aged 3–17 experience issues with anxiety each year. Most people develop symptoms before age 21.
- An American Psychiatric Association's 2024 survey results show that 43% of U.S. adults feel anxious about current events. Of that total, those polled said that anxiety relates to the economy (77%), the 2024 U.S. election (73%), and gun violence (69%).[4]

USING MENTAL HEALTH SCREENING TOOLS

Solving this crisis starts with improving mental health screening, often at the primary care level, which is frequently the first line of defense for improving patient mental health outcomes. The following overview in **Figure 8** (on the next page) covers the most used screening tools recommended for:

- **Reliability**: Measure's ability to produce consistent results
- **Validity**: Ability to discriminate between someone with and without a problem
- **Sensitivity**: Test accuracy for identifying individuals who have a problem
- **Specificity**: Test accuracy for identifying individuals who do not have a problem
- **Accessibility**: Freely accessible or low cost

Figure 7. Regional Prevalence Data[3]

Prevalence Data	Utah	Idaho	Nevada	Colorado
Statewide Ave.	23.2%	18.8%	19.7%	19.1%
Highest County	Toole (26.7%)	Madison (21.8%)	Lander (21.2%)	Larimer (21.2%)
Lowest County	Summit (19.3%)	Blaine (16.6%)	Clark (18.3%)	Costilla (17.6%)

Continued on page 17...

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Figure 8. Overview of Most Commonly Used, Self-Report Screening Tools

Depression Screens	# of Items	Administration / Scoring Time	Languages Available
Beck Depression Inventory (BDI)/Depression ages 13–80: • Measures characteristic attitudes and symptoms • Identifies behavioral manifestations and severity • BDI-FS (fast screen) also available for age 13+	21	10 minutes/training required for scoring	English, Spanish (6th grade reading level)
Patient Health Questionnaire (PHQ)-9/Depression & Suicidality: • Screens for frequency of symptoms over past 2 weeks • Assesses presence and duration of suicide ideation	9	< 5 minutes/ <3 minutes	Only validated in English version
PHQ-2/ Depression (1st two items from the PHQ-9)	2	1 minute for both	Only validated in English version
Edinburgh Maternal Depression: Screens postpartum women for depression	10	< 5minutes/ 5 minutes	English, Spanish; Cross-cultural validity
Suicide Risk Screen	**# of Items**	**Administration / Scoring Time**	**Languages Available**
Columbia Suicide Severity Rating Scale (C-SSRS): • Assesses patients in diverse settings and predicts overall risk and need for admission • Defines/stratifies suicidal ideation & behavior over time • Validated for ages 5 through adult	6	Varies: 1-2 or 2-5 minutes/scoring uses an algorithm*	Over 100 languages
Anxiety Screens	**# of Items**	**Administration / Scoring Time**	**Languages Available**
GAD 7: • Identifies probable cases of GAD along with measuring anxiety symptom severity • Also screens for panic disorder, social anxiety, and PTSD	7	1-2 minutes	Over 50 languages and dialects
Beck Anxiety Inventory: • Assesses intensity of physical/cognitive anxiety symptoms experienced during the past week • Validated for ages 17–80	21	3-5 minutes (can be self-report)/2-3 minutes for provider to score (no training needed)	English, Spanish (reliability and validity in both)

* If a patient answers "yes" to question #2 or #3, they should be referred to behavioral health services for further evaluation. If they answer "yes" to question #4, #5 or #6, then IMMEDIATE help is required; provider should contact 911, 988, or any other behavioral health emergency service in their community, while ensuring someone stays with the patient until a higher level of behavioral health care can be accessed.

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Pharmacy

Scripius: New Look, Same Commitment to Lowering Prescription Costs

Drug prices are increasing at unsustainable levels — and consequently, prescription costs are the fastest-growing component of employer health plans.[1] According to a recent survey, 37% of Americans have chosen not to fill a prescription because of cost.[2] Much of the problem stems from the lack of transparency in the Pharmacy Benefit Manager (PBM) market. Scripius, in partnership with Select Health, is revolutionizing the value of pharmacy benefits through ethical and transparent business practices and relationships.

WHAT IS SCRIPIUS?

Scripius, a product of Select Health, is a full-service PBM helping to lower drug costs for employer groups, nonprofit health plans and health systems, and members. Launched in 1998 as Select Health Prescriptions and renamed in 2021, Scripius recently debuted new branding to better align to the shared mission and look of parent companies — Select Health and Intermountain Health.

WHAT IS THE VALUE OF SCRIPIUS?

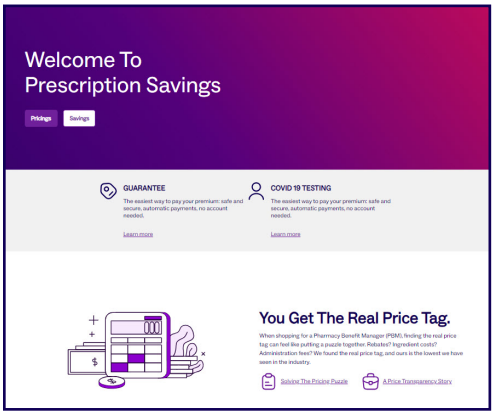
Scripius offers:

- **A strategic approach to lowering prescription drug costs.** Scripius employs evidence-based cost containment strategies that help improve member outcomes. These strategies helped save health plan clients an average of 20% on net pharmacy costs.
- **100% transparency.** Scripius discloses all revenue streams and builds meaningful partnerships through ethical business practices.

> "Scripius was created with the intent to disrupt the market through managing prescription drug spend to the lowest net cost, providing complete transparency of contracts, pricing, and data, while providing hero-level customer experiences."
>
> *Eric Cannon*
> *Chief Pharmacy Officer of Select Health and General Manager for Scripius*

- **Deeper insights into claims data.** Scripius provides real-time rebate reports and line-item claims detail to employer and health plan and health system clients.
- **Superior customer experiences.** Scripius serves nearly 2,000,000 members across all 50 states. Over 23,000 members use Scripius' drug cost comparison tool each month to discover prescription savings opportunities.

Learn more.



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Update to Statin Exclusion Coding

NEW: The Pharmacy Quality Alliance **(**PQA) has removed the ICD-10 code of **T46.6X5A** from the eligible rhabdomyolysis myopathy exclusions. Please refer to the updated table below for appropriate statin exclusions. As a reminder, exclusion coding must be submitted in a claim EACH year for the patient to be removed from statin measures. Charting a statin intolerance in the electronic medical record (EMR) does not remove a member from the statin measures. Use the list of required codes in **Figure 9** below; note that a statin allergy diagnosis does not count as an exclusion unless a claim for one of the following codes is submitted.

Questions? Contact either Kirstin Johnson, Select Health Quality Consultant RN (for cardiovascular statin measure) at **801-442-8224** or **kirstin.johnson@selecthealth.org** OR LeeAnn Madrid (for diabetes statin measure) with the Select Health pharmacy team at **leann.madrid@selecthealth.org**.

Figure 9. 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)	• 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)

Dental

Tips for Getting Select Health Dental Claims Paid Quicker

Recognizing which services correspond to covered vs. possibly covered codes will tell you which claims require a dental review. Covered codes **do not** require clinical documentation for processing. When submitting "possibly covered codes," avoid delays by including the following clinical documentation: x-rays, chart notes, periodontal charts, and a completed ADA claim form.

Access the **list of possibly covered codes**.

DOCUMENTATION TIPS

1. If reporting a replacement crown, include the previous placement date of the original crown in box 44 of the ADA claim form.
2. The ADA created four, new barrier membrane codes that are not being utilized correctly. Prior to **January 1, 2023**, **D4266** and **D4267** were the only barrier codes available. When placing a barrier membrane, use the codes listed in **Figure 10** below (with associated scenarios). **NOTE**: Legal chart notes should include the product name used for these codes.
3. When a code requires a periodontal chart, it must:
   - Have an exam date within six months prior to the date of service to support the procedure(s).
   - Include the patient's name, exam date, and pocket depth measurements for all teeth in the quadrants.
4. Certain codes require that the tooth number, tooth range, surface, quadrant, and/or arch are documented. The claim will deny if this is not submitted.

HOW TO SUBMIT DENTAL CLAIMS*

By Mail:

- Select Health Dental Claims Processing (**commercial or CHIP claims**): P.O. Box 30192 Salt Lake City, UT 84130
- Select Health Dental Claims Processing (**Medicare claims only**): P.O. Box 30196 Salt Lake City, UT 84130

By Email (only non-covered codes): **memberservices@selecthealth.org**, ATTN: Dental Claims Processing Team

By Fax: 801-442-6580

Via Electronic Submission: Use clearinghouse software.

* Select Health does not cover dental services for Medicaid members.

5. When x-rays are required to review a code, they must be of clear diagnostic quality and labeled (e.g., right, left, tooth number, etc). Faxed x-rays that are distorted may lead to a claim denial.
6. For timely payment on claims that require coordination of benefits (COB), submit the primary insurance explanation of benefits (if any pending claims, COB cannot be completed.

USEFUL LINKS

- Frequently Asked Questions
- Select Health Dental Provider Reference Manual
- Dental Claims History Key
- Dental Payment Summary Key
- Provider Appeal Form

Figure 10. Codes for Placing a Membrane and Associated Use

Barrier Code	Use when placing...
D4266	A resorbable barrier when a natural tooth is in place
D4267	A non-resorbable barrier when a natural tooth is in place
D6106	A resorbable barrier when there is a peri-implant defect or during implant placement
D6107	A non-resorbable barrier when there is a peri-implant defect or during implant placement
D7956	A resorbable barrier in an edentulous area.
D7957	A non-resorbable barrier in an edentulous area

Dental Health and Pregnancy

As we work to improve maternal health outcomes, it is important that we focus on the impact of poor oral health to prevent problems for both mother and child.

The most common oral manifestations associated with pregnancy include dental caries, periodontitis, gingivitis, pyogenic granuloma, and candidiasis. For example, research indicates that the presence of periodontis can be twice as high in pregnant women and in non-pregnant women.[1]

Beyond maternal health, there is a strong relationship between preterm birth and periodontitis.[2]

WHY ARE PREGNANT WOMEN MORE AT RISK?

Pregnant women are more susceptible to gingivitis and periodontal disease due to changes in the body and lifestyle during pregnancy, such as:

- **Hormonal changes:** Producing more progesterone and estrogen causes increased vessel dilatation in the gingival area, increasing mouth absorbency and contributing to a less-efficient immune system.
- **Nausea gravidarum (morning sickness)**: More frequent vomiting induces tooth sensitivity. A more acidic oral cavity increases caries risk and enamel erosion.
- **Carbohydrate Consumption**: More frequent snacking to avoid nausea may increase the risk for caries and gingivitis.
- **Social Determinants of Health (SDoH):** Demographic, social, and economic barriers to regular dental care include:
  - — Affordability of dental insurance deductibles and copays since it is treated as a separate entity from traditional health insurance
  - — Limited availability of dental care in poorer urban and rural settings
- **Misunderstandings About Oral Health Priorities:** Both providers and patients can have mistaken beliefs about the impact of oral health on one's general health and that it protects the developing baby to delay dental care until after birth. Timely visits for early diagnosis and treatment can reduce disease risk. (See **Figure 11** on the next page for-specific guidance.)

ARE THESE ORAL MANIFESTATIONS PREVENTABLE?

For pregnant women, the oral prophylaxis rate (dental cleanings) is only 46%, with much lower rates among those who are socially and economically disadvantaged.[3] Contributing factors to this underutilization include:[3]

- Lack of recommendations about routine dental checkups during pregnancy
- Cost and availability
- Additional need for time off work and babysitting
- Cultural concerns about seeking dental care during pregnancy

WHAT CAN PROVIDERS DO TO HELP?

The nation's *Healthy People 2030* goals have identified 15 oral health-related objectives to combat poor oral health and increase dental care access.[4]

Published in 2012, a national consolidated set of interprofessional guidelines (co-sponsored by the American College of Obstetricians and Gynecologists and the American Dental Association) stressed oral health promotion and care during pregnancy for all women.[5]

Specifically, the guidance focuses on the role prenatal and oral health providers should play in assessing, advising, referring, and sharing/coordinating care for this patient population. However, a recent study of 275 providers (134 prenatal providers and 141 oral health providers), found significant gaps in prenatal and oral health providers' awareness, familiarity, beliefs, and

Continued on page 22...

Dental, Continued

...Continued *from page 21*

practice behaviors related to the interprofessional prenatal oral health guidelines.[6]

There are several ways providers can improve outcomes for pregnant patients, such as:

- **Become familiar with the interprofessional guidelines.**[5]
- **Ask patients** if they have a dentist and get regular checkups and cleanings.
- **Explore and understand the reasons** why women do not seek dental care during pregnancy
- **Educate patients about the changes they experience** during pregnancy that can increase oral disease risk as well as the importance of good dental hygiene, regular dental checkups, and cleaning for maternal and child health.
- **Refer Select Health members to in-network dentists** and/or to Member Services for help getting an appointment.
- **Use the information in Figure 11 (below) as a reference** when discussing maternal oral health with your patients.

Figure 11. Common Oral Problems in Pregnant Women[7]

Outcome	Action Plan	Safe Timing
GINGIVITIS		
Inflammation and bleeding of the gums when probing/brushing	• Get regular dental checkups. • Maintain good oral hygiene (including brushing 2X/day and flossing. • If persists, visit dentist.	Throughout pregnancy
PERIDONTITIS		
Lost teeth; infected gums (if untreated, becomes periodontitis)	• Refer for scaling and root surface instrumentation. • Root canal, if necessary.	Second trimester
TOOTH EROSION		
Sensitivity of the teeth	• Clean oral cavity with water after vomiting. • Avoid brushing for 1 hour. • Dental restoration if needed.	Throughout pregnancy
XEROSTOMIA		
Dryness of mouth	• Maintain good oral hygiene. • Drink 2-3 L of water/day. • Avoid caffeine, tobacco, alcohol. • Use saliva substitutes and other interventions (e.g., chewing sugar-free gum).	Throughout pregnancy
TOOTH DECAY		
Food accumulation in the cavity, causing pain	• Maintain good oral hygiene. • Get needed fillings (but not amalgam).	Throughout pregnancy
PREGNANCY TUMOR (PYOGENIC GRANULOMA OR PREGNANCY EPULIS)		
Hyperplastic lesion or overgrowth on gingiva	• Avoid irritant products like tobacco, smoke. • Get professional cleanings. • Ask about hormonal level management. • Surgical removal or electrocautery, if necessary.	Throughout pregnancy

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Government Programs (Medicare, Medicaid, CHIP)

Partnering for High-Quality Medicare Star Ratings

Every year, Medicare uses Star Rating system to measure how well Medicare Advantage and Part D plans perform. Medicare scores performance in several categories, including quality of care and customer service.

SELECT HEALTH AWARDED 2025 MEDICARE STAR RATINGS

For 2025, Select Health's newer Medicare PPO contract received its first rating, 3.5 out of 5 stars. Our Medicare HMO plan received 4 out of 5 stars, an above-average rating. Medicare rewards plans with 4+ star ratings with bonus payments and extra benefits.

HOW PROVIDERS CONTINUE TO HELP US ACHIEVE

The Select Health Medicare team is committed to quality and performance, and together we know we can improve future star ratings. While the formula for star ratings is complex, it breaks down into achievable building blocks. Here are some ways providers can support Select Health Medicare's five-star goals:

- **Annual Wellness Visits (AWVs):** Encourage members to schedule an AWV each year with their primary care provider.
- **Health Risk Assessments:** Remind patients about taking a Health Risk Assessment within 30 days of enrolling on their Select Health Medicare plan.
- **Vaccines:** Become a vaccine advocate, especially for annual flu and COVID-19 vaccines. Select Health provides these to members free of charge.
- **Preventive Screenings:** Encourage members to get timely services, such as colonoscopies and mammograms.
- **Home Safety:** If a member is at risk for falls or struggles with getting in and out of the bathtub, let us know so we can connect them with a Select Health care manager.

Medicaid Reminders

FLU SHOTS AND COVID VACCINES

Flu season is coming up, and now is a great time to remind members to get their flu shots for the year, as well as any COVID vaccines if they are needed. As of **July 1, 2023**, COVID vaccines are paid for by the member's Medicaid ACO rather than State Medicaid.

CRITICAL INCIDENT REPORTING

Currently, critical incident reporting is a requirement of the Utah Department of Health and Human Services (DHHS) for only the Utah Medicaid Integrated Care (UMIC) plans.

Providers are required to report any/all critical incidents to Select Health and/or to DHHS as soon as identified; Health plans, like Select Health Community Care, submit the list of critical incidents reported (if any) to the DHHS quarterly.

Select Health must report the items listed in **Figure 12** on the next page. Providers may be required to report additional critical incident types based on state agreement requirements.

Providers may report the critical incident to Select Health, either to Provider Development or to Healthy Connections and/or the Department of Health and Human Services (DHHS).

Questions? Contact your Provider Relations representative or Healthy Connections.

Continued on page 25...

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).

...Continued *from page 24*

Figure 12. Types of Critical Incidents and Required Reporting

Critical incident requiring quarterly reporting (e.g., 04.01.24 – 06.30.24, 07.01.24 – 09.30.24, etc.)
• A serious injury of a member that occurred on the behavioral health facility premises and required an overnight admission to a hospital medical unit • A report of a serious physical assault of or by a member that: — Occurred on the behavioral health facility premises — Required medical intervention at a medical facility/medical unit/emergency department (for the assailant if assault by the member) • An unexpected death of a member that occurred on behavioral health facility premises • A report of a sexual assault of or by a member that occurred on behavioral health facility premises • A report of an abduction of a member that occurred on behavioral health facility premises • An instance of care ordered or provided to a member by someone impersonating a healthcare professional, that occurred on the behavioral health facility premises • Prepaid Mental Health Plan (PMHP) provider medication errors resulting in an impact on the member's well-being, medical status, or functioning
Critical incidents reported quarterly BUT ALSO requiring that if the incident occurred within 30 days of discharge from behavioral health services and, if it is known, it must be reported
• A serious suicide attempt by a member that required an overnight admission to a hospital medical unit • A completed suicide by a member • A homicide attributed to a member

Medicaid Children's Health Insurance Program (CHIP) & Child and Adolescent Well-Child Visits (WCV) Ages 3-18

Last year, as part Select Health's CHIP WCV Process Improvement Project (PIP), Select Health focused on 503 members who had an open care gap and no primary care physician (PCP).

The PIP Team set a goal to decrease the number of members who had not had a recent WCV with a PCP by 10%. To accomplish this, Select Health encouraged these members' parents/guardian to make a WCV for the child between August and December. Once the WCV was completed they would receive a $25 gift card. As a result of the incentive, the goal of the project was exceeded by six percentage points.

Since last year's incentive had a positive impact, Select Health is offering another $25 incentive to a targeted population of 513 members who have an open care gap, no PCP, and are in either a fringe rural, distant rural, or remote rural location. It will be exciting to see if this year's WCV incentive also has a positive impact on care gap closure.

If your office or clinic has any CHIP members that haven't been in for a recent WCV, please contact them.

If you are not already contracted with Select Health's Quality Provider Program, which offers rewards for provider efforts and successes at closing gaps in care, contact **qualityprovider@selecthealth.org** or Kelli Burnham at **kelli.burnham@selecthealth.org**.

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Utah Medicaid Integrated Care (UMIC) Follow-Up After Mental Health Hospitalization (FUH)

As part of offering Medicaid, plans are required to continuously work on improving clinical care. For Select Health's UMIC Plan, there is a process improvement project (PIP) to improve the 7-Day Follow-Up After Mental Health Hospitalization.

2023 RESULTS

The PIP team (see **Figure 13** at right) has tracked the following with noted results:

- Intermountain behavioral health navigators schedule UMIC patients admitted to an Intermountain behavioral health facility for a 7-day follow-up visit with a behavioral health provider and the patient attending the appointment. **When navigators connected with patients 24 hours after discharge, 58% of the patients attended their 7-day follow-up visit.**
- Select Health care managers make weekly onsite visits to UMIC members admitted to the behavioral health units at LDS and Utah Valley hospitals. During those visits, the care managers discuss resources and help address any barriers to accessing care post discharge. **Of the patients who received a visit, 64% attended their 7-day follow-up visit.**

Another initiative started on the behavioral health unit at Utah Valley hospital was Caring Contacts. When a patient is ready for discharge, the therapist creates a Caring Contacts referral with the therapist's electronic signature. This then triggers periodic mailed messages to the patient reminding them that someone cares about them and is thinking of them.

These initiatives helped improve the UMIC FUH 7-Day Follow-Up rate from 33.45% in 2022 to 36.84% in 2023.

Figure 13. PIP Team Composition

WHO MAKES UP THE PIP TEAM

The PIP Team is comprised of enterprise-wide individuals with representation from:

- **Select Health's** Behavioral Health Program Management, Care Management, Medicaid Program Management, HEDIS Team, Quality Provider Program (QPP), Compliance, Data Analytics, and Social Determinants of Health (SDoH) Program Management.
- **Intermountain Health's** Community Health, Behavioral Health Program Management, Data Analytics, Behavioral Health Outpatient Clinic Management, Behavioral Health Navigation, Access Center & Crisis Team Management, and Castell Health & Wellbeing.

2024 INITIATIVES

Work continues in 2024 on innovative ways to reach these patients. The team has started to educate Select Health-contracted behavioral health facilities on FUH and to share individual performance. This has been a positive step in collaborating on the importance of timely follow-up care for patients after a hospitalization for mental illness. Research indicates that timely follow-up results in:

- Fewer repeat emergency department visits
- Avoidable readmissions
- Improved physical and mental function
- Increased compliance with follow-up instructions
- A reduction in suicidal ideation, suicidal attempt, and death by suicide

Continued on page 27...

...Continued *from page 26*

WHAT PROVIDERS CAN DO TO HELP

Below are some additional ways Select Health providers can positively impact these patients getting timely behavioral health care post discharge.

Primary Care Providers (PCP):

- Educate patients and families about the importance of a behavioral health follow-up appointment within seven days of discharge for mental illness.
- Schedule a phone call or telemedicine appointment with the patient following discharge from the hospital to ensure that the patient has a follow-up appointment scheduled with a behavioral health provider.
- If necessary, help facilitate the scheduling of an in-person or telemedicine appointment with a behavioral health provider.

Outpatient Behavioral Health Providers:

- See patients in person or via a telemedicine appointment within seven days following discharge for a mental illness.
- Proactively contact patients prior to the appointment to confirm attendance and reschedule within 24 hours if the patient does not keep the appointment.

If you are not already contracted with Select Health's Quality Provider Program, which offers rewards for behavioral health provider efforts and successes at closing the FUH 7-day gap in care, contact **qualityprovider@selecthealth.org** or Kelli Burnham at **kelli.burnham@selecthealth.org**.

Immunization Updates and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met on **October 23–24, 2024**, for its regular triennial vaccine meeting.

Figure 14 below and on the next page summarizes the votes, key guidance, evaluations, and discussions from these meetings related to pneumococcal, COVID-19, influenza, meningococcal, respiratory syncytial virus (RSV), human papilloma virus (HPV), and other vaccines as well as 2025 immunization schedules.

Learn more by accessing:

- **Related details** (vaccine evidence presented, committee discussion, and votes) for each recommendation summarized in **Figure 14** (and for previous updates) can be found on the **Select Health Provider Tools** area of our website under ACIP Meeting Updates.
- **Archived meeting minutes and slides** are available on the **ACIP meeting website** (click on "Meeting Materials").
- **COVID vaccine recommendations** are available on the CDC's **Clinical Considerations** website.

Figure 14. Vaccines Guidance Summary

VOTES TO RECOMMEND AND APPROVE	
PNEUMOCOCCAL VACCINES	Administration of: • Pneumococcal conjugate vaccines (PCV15, PCV20 or PCV21) to persons ages 50 years and older. • **Either** PCV20 or PCV21 to complete a series (rather than PPSV23) for adults who have received a dose of PCV13 but have not completed their pneumococcal series.
COVID-19 VACCINES	• A second dose of 2024–2025 COVID-19 vaccine for: — Adults ages 65 years and older with a 6-month interval between doses. — Persons ages 6 months–64 years who are moderately or severely immunocompromised with a six-month interval between doses (minimum interval two months) • Persons ages six months and older who are moderately or severely immunocompromised may receive additional doses of 2024–2025 COVID vaccine (three or more doses) at least two months apart under shared clinical decision-making.
INFLUENZA VACCINES	Persons ages 18 years who are solid organ transplant patients on immunosuppressive medication regimens may receive **either** high-dose influenza vaccine (HD-IIV3) or adjuvanted influenza vaccine (aIIV3) in the VFC program.
MENINGOCOCCAL VACCINES	An increased interval between doses in the two-dose series of Bexsero to six months. A three-dose series (0, 1–2, 6 months) may be used for rapid protection and should be used for persons at high-risk ages 10 years and older.
IMMUNIZATION SCHEDULES	Approved Child and Adolescent as well as Adult Immunization Schedule revisions for 2025 (access **the full update** for a list of revisions).

Continued on page 29...

...Continued *from page 28*

Figure 14. Vaccines Guidance Summary, Continued

NO VOTE: REVIEWS AND DISCUSSIONS	
RSV MATERNAL/ PEDIATRIC	• A Vaccine Safety Datalink (VSD) study of matched vaccinated and unvaccinated pairs showed no increased risk of preterm delivery or infants small for gestational age in women receiving RSVPreF vaccine (Abrysvo) at gestational weeks 32 through 36. • A potential increase in hypertensive disorder of pregnancy that warrants further study. • Data on candidate infant monoclonal antibody clesrovimab.
RSV ADULT	Discussed information on third-season efficacy, vaccine safety, and use in persons younger than age 60 years.
HPV VACCINE	Evaluation of a potential schedule with reduced number of doses. Review of schedule initiation studies at ages 9–10 years with the potential to revise the recommendation language to make initiation at those ages more standard.
OTHER VACCINES	**Chikungunya** – The Work Group is evaluating Bavarian Norda's virus-like particle (VLP) vaccine for use in persons ages 12 years and older. **Cytomegalovirus (CMV)** – Moderna's CMV vaccine is in Phase 3 study in females ages 16–40 years. **Mpox** – The Work Group is evaluating Mpox vaccine use in persons ages 12-17 years.

Questions about immunization? Contact Tamara Sheffield, MD, MPA, MPH, Medical Director, Immunization Programs, Intermountain Health Canyons Region, at **801-442-3946**.

Vaccine Hesitancy: Strategies for Well-Child Check Visits

Throughout the ages of infant, toddler, childhood, and adolescence, the relationship that forms between the child (with their parents) and the provider is one of trust and learning that helps ensure the health and well-being of the child as they mature.

THE IMPORTANCE OF WELL-CHILD CHECKS (WCC)

Why do we want to see kids when they are well? The answer lies in being able to check:

- Physical health
- If the child is developing appropriately
- For good mental health
- Level of activity and participation in school and play

The WCC also presents the opportune time for ensuring that the child is immunized according to the recommended vaccine schedule.

The benefits of vaccines outweigh the risks – vaccines prevent many serious diseases that can cause severe illness, disability, or death. Diseases like measles, polio, and hepatitis B can have devastating consequences, and vaccines have significantly reduced their prevalence.[1]

THE CHALLENGE OF VACCINE HESITANCY

The last few years have seen an increase in pediatric vaccine hesitancy — a significant challenge during the WCC visit. This hesitancy poses risks not only to individual children, but also to public health at large. As providers, you are at the forefront of this issue, often encountering parents who are uncertain or resistant to vaccinating their children. Understanding the roots of vaccine hesitancy, its implications, and effective communication strategies is crucial to fostering trust and ensuring the well-being of your young patients.

Continued on page 30...

***...Continued** from page 29*

Building that trusting relationship with the concerned parent enhances your ability to answer questions and help the parent determine the best course of action for their child.

Vaccine hesitancy is a complex issue that is influenced by many factors, including things like: safety concerns, misinformation from a variety of sources including social media, lack of trust, complacency, access issues, and/or cultural and social influences

STRATEGIES FOR ADDRESSING VACCINE HESITANCY

Addressing vaccine hesitancy in your practice and community involves a multifaceted approach that combines education, empathy, and engagement. Here are some effective strategies for WCC visits as well as for practice management and community engagement:

- **Strategies During the WCC Visit:**
  - — Build Trust and Rapport: Establishing a trusting relationship with families is crucial for effective communication. Listening to concerns and showing empathy can increase the likelihood of parents following recommendations.[2]
  - — Provide clear, evidence-based information about the safety and efficacy of vaccines to dispel myths and misinformation. Use reputable sources, such as the CDC and WHO, to back up your claims. Highlight the rigorous testing and continuous monitoring that vaccines undergo to ensure their safety. Avoid medical jargon and use simple, clear language to explain the benefits and safety of vaccines. Visual aids, infographics, and videos can help make the information more accessible and understandable.[3,4]
  - — Listen to the concerns and fears without judgment. Show empathy and understanding, which can help build trust. Personal stories and testimonials from people who have benefited from vaccines can also be powerful.[3]
- **Strategies After the WCC Visit:**
  - — Regularly follow up with individuals who have expressed hesitancy. Provide ongoing support and information to help them make informed decisions. Reminders for vaccination appointments can also be helpful.[3]
  - — Be Patient and Persistent: Changing attitudes and behaviors takes time, so it's important to be patient and persistent in educating families.[1]
- **Strategies for Practice Management**
  - — Increase access to vaccines by providing flexible hours for vaccination appointments and organizing community vaccination drives as well as offering vaccines at local clinics, schools, and workplaces.[4]
  - — Promote a practice and community culture that values and supports vaccination through public health campaigns, educational programs, and community events. Highlight the collective benefits of vaccination, such as herd immunity and the protection of vulnerable populations.[3]
- **Strategies for Community Engagement:**
  - — Work with trusted community leaders, healthcare providers, and influencers to spread positive messages about vaccination. These individuals can help reach a wider audience and lend credibility to the information being shared.[4]
  - — Use social media and community forums to counteract myths and misinformation. Provide factual, evidence-based responses to address common misconceptions and provide accurate information.[3]
  - — Ensure that healthcare provider colleagues and peers are equipped with the knowledge and resources to address vaccine hesitancy. Consistent messaging from all healthcare professionals can reinforce the importance of vaccination.[4]

Continued on page 31...

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The families that you care for as a primary care provider value your opinion and expertise. They trust you to help guide them to make informed and shared decisions about their child's health. By implementing these strategies, you can help reduce vaccine hesitancy and increase vaccination rates in your community, ultimately contributing to better public health outcomes.

LEARN MORE

Access these online resources:

- Centers for Disease Control and Prevention (CDC); Vaccines and Immunizations. Vaccinate with Confidence. **CDC.gov** website. 2019. **https://www.cdc.gov/vaccines/partners/vaccinate-with-confidence.html**. Accessed October 31, 2024.
- Kaiser Permanente; American Hospital Association. Addressing COVID-19 Vaccine Hesitancy in Your Community. **AMA.org** website. July 15, 2021. **https://www.aha.org/system/files/media/file/2021/07/KP-Recs-Increasing-Vaccine-Uptake-Quick-Reference-Guide.pdf**. Accessed October 31, 2024.
- Select Health. Advisory Committee on Immunization Practices (ACIP) Updates. **Selecthealth.org** website. **https://selecthealth.org/providers/publication-resources/tools**. Accessed October 31, 2024.

References:

1. World Health Organization (WHO). Safety of COVID-19 Vaccines. **who.int.org** website. March 31, 2021. **https://www.who.int/news-room/feature-stories/detail/safety-of-covid-19-vaccines**. Accessed October 31, 2024.
2. Contrera J, Warren M. Immunizations, including the COVID-19 vaccine, and regular checkups keep children, families, and providers safe. U.S. Department of Health and Human Services; Administration for Children & Families. June 6, 2022. **https://www.acf.hhs.gov/blog/2022/06/blog/immunizations-including-covid-19-vaccine-and-regular-checkups**. Accessed October 31, 2024.
3. Goje O, Kapoor A. Meeting the challenge of vaccine hesitancy. *Cleveland Clin J of Med.* 2024;91(9 suppl 1):S50-S56.
4. SinghP, Dhalaria P, Kashyap S, et al. Strategies to overcome vaccine hesitancy: A systematic review. *Systematic Reviews.* 2022;11 (78).

Automate Select Health Preauthorization Requests: Switch to CareAffiliate®

Start submitting preauthorization requests electronically with **CareAffiliate,** Select Health's online preauthorization tool. Compared to faxed and emailed requests, using this 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

GETTING STARTED WITH CAREAFFILIATE

CareAffiliate Access — Use of CareAffiliate requires access to the Select Health secure Provider Portal (login required). To request access, follow these online instructions:

- **Participating Providers**
- **Intermountain Providers**

ACCESSING TRAINING AND RESOURCES

Learn more by visiting our **online training area**, where we now feature short training videos to help you get started, or by reading the CareAffiliate **Frequently Asked Questions**.

Recent Updates

- **September 4, 2024:** Pain Interventions request type has been updated to reflect current criteria for Commercial plans.
- **April 24, 2024:** Eye procedures have been updated to reflect current criteria for the Medicare plan.
- **April 3, 2024:** Eye procedures have been updated to reflect current criteria (Commercial, CHIP, and Medicaid).
- **March 13, 2024:** The Hyperbaric Oxygen Therapy request type has been updated to improve user experience.

USER TIPS

Remember these helpful tips as you use CareAffiliate:

- **Exclude** procedure codes that do not require review should not be included on requests.
- **Resolve common issues**, such as being unable to access a provider or receiving a 401 error, by:
  - — Clearing your browsing data. **Ctrl+Delete** keyboard shortcut can be used for most browsers.
  - — Do a new search instead of selecting the requesting or servicing provider from the type-ahead, drop-down list. To search, use the magnifying glass icon and enter the NPI.
- **For Intermountain providers and facilities**, maintain a timely review process by including the date, title, and location of iCentra-based clinical documentation in the Notes section.
- **Need a Pharmacy Preauthorization?** Submit your requests through **PromptPA**.

Questions? Email us at careaffiliate@selecthealth.org.

Advance Care Planning (ACP): How to Get Started with Your Patients

ACP can seem overwhelming in a busy medical practice and oftentimes patients are not prepared or comfortable to start to the conversation.

Select Health offers resources to make advance care planning easier for you, your practice, and your patients.

SHARING RESOURCES BEFORE THE PATIENT'S NEXT VISIT

The first step is to get your patients to start thinking about and learning about ACP prior to their visit with you.

Below are resources you can share with your patients. These resources can help start the conversation so that the visit time will be used more efficiently, and your patients will be more familiar and comfortable with the ACP process:

- **National Institutes of Health publications:**
  - — ***Advance Care Planning: A Conversation Guide***
  - — ***Tips for Advance Care Planning***
- National Institute on Aging **(nih.gov)** **Advance Care Planning website**

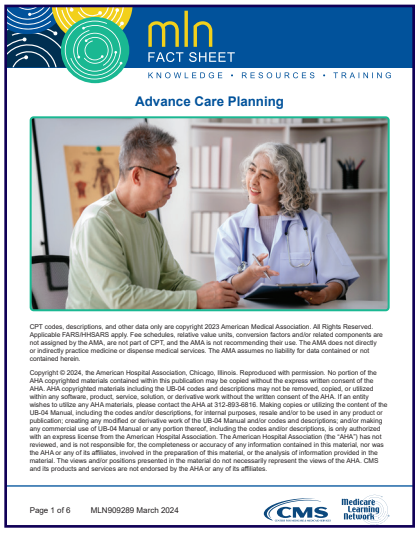
GETTING SELECT HEALTH REIMBURSEMENT FOR ADVANCE CARE PLANNING

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 15–30 minutes (counts for **1.5 RVU**)
- **99498** for each additional 30 minutes of service (counts for **1.4 RVU**)

Learn more. Access the American Academy of Family Physician's guidance: ***Coding & Documentation: Advance Care Planning*** or the Centers for Medicare and Medicaid Services (CMS) publication: ***MLN909289 – Advance Care Planning***.

Questions? Contact either Dr. Catherine Burton (**catherine.burton@imail.org**) or Dr. Mary Suchyta (**mary.suchyta@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/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. Phone and email requests are answered in the order they are received.

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

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