SelectHealth Provider Update:  
For Vendors and Facilities  
COVID-19 (novel coronavirus)

May 11, 2020

We understand that many of our members and communities are concerned about the potential impacts of COVID-19 (novel coronavirus). As part of an integrated system, we are fortunate to draw upon the skills and expertise of Intermountain Healthcare as they provide guidance for our communities and other clinical partners.

Here’s important information about interim measures for concurrent reviews for acute inpatient, skilled nursing facility, and acute inpatient rehab admissions. You will also find updates on CMS payments and changing elective surgery/procedure criteria.

Concurrent Review

With patients facing longer lengths of stays or having difficulty meeting the inpatient stay criteria due to social distancing guidelines, SelectHealth is temporarily accepting admission notification in lieu of preauthorization review and approval for admission to acute inpatient, rehabilitation, and skilled nursing facility stays.

This interim measure is for SelectHealth in-network facilities only and should help inpatient and transitional care facilities’ safely transition patients to a lower acuity setting or to home. Providers will be notified in advance when this interim measure will no longer be in effect.

Note that LTAC preauthorization and single case agreement (where applicable) processes will remain the same.

Send notifications within three days of admission using a SelectHealth preauthorization form via email (see information at the bottom of the form) or via fax (801-442-0825).

Although an authorization will not be required during this period, SelectHealth will review admissions:

> For acute inpatient admissions: Periodic review to coordinate transitions of care
> For SNF admissions:
  • Periodic review to assure progression and site of service appropriateness as well as to coordinate transitions of care
  • Evaluation of benefit exceptions on a case-by-case basis for plans with strict benefit limits
> For acute inpatient rehab:
  • Periodic review to assure progression and site of service appropriateness as well as to coordinate transitions of care
  • Evaluation of benefit exceptions on a case-by-case basis for plans with strict benefit limits

LTAC prior authorization and concurrent review processes will not change.

Questions? Contact SelectHealth Utilization Review at 801-442-5305.

CMS Payment Updates

In line with Centers for Medicare and Medicaid Services (CMS) rulings as part of the Coronavirus Aid, Relief and Economic Security (CARES) Act, SelectHealth will support providers and members as follows:

> For Medicare Advantage claims: We will suspend the 2% sequestration payment adjustment for claims with dates of service May 1, 2020–December 31, 2020.
> For members diagnosed with COVID-19: We will apply a 20% increase to the Medicare Severity Diagnosis Related Group (MS-DRG) weight for discharges beginning on or after January 27, 2020.
SelectHealth is supporting the April 27 state criteria change that eases restrictions on some elective surgeries and procedures at Utah facilities. Based on the Governor’s plan for pandemic stabilization and recovery, COVID-19 risk has been adjusted from “high” (meaning no elective procedures performed) to “moderate” (meaning “acuity-based” criteria will now be used to allow some types of elective procedures to be performed). This will be a “rolling” start, allowing for individual facilities to make necessary preparations for additional cases.

What is the SelectHealth role during this transition?
Our role is to provide the support necessary for claims to be paid as efficiently and accurately as possible.

When these procedures were temporarily suspended on March 20, 2020, SelectHealth extended preauthorization dates through December 31, 2020, and began assigning “placeholder” dates of service for preauthorization requests we received. We are now matching the date of service for scheduled procedures with those placeholder dates to ensure accurate claims processing.

Please note:
> Decisions leading up to elective surgeries will be driven clinically by the physician, the facility, and OR leadership. SelectHealth will not establish whether members can or cannot proceed with their surgeries.
> Different facilities might apply different decisions regarding these surgeries. Hospitals in different parts of the state could be functioning under different rules depending on the status of COVID-19 cases in their communities.

What is the provider’s role during this transition?
The following guidance for providers will help us ensure that claims are paid accurately and as quickly as possible:

1. **Review the acuity-based criteria** to determine which elective procedures are now appropriate for scheduling at Utah facilities.
2. **Coordinate clinical appropriateness** for elective surgeries and procedures with the relevant Utah facility and OR leadership.
3. **Submit preauthorization requests** for any elective procedures if you have not already done so. Preauthorization requests continue to be required.
4. **Do not resubmit or send follow-up communication** if your practice has already submitted a preauthorization request.
5. **Contact us if for any reason a claim does not process correctly** (see below). We completely understand your position and are committed to partner with you to get all eligible claims paid.

For reference, access the Utah Department of Health updated public health order and guidance on procedures as well as the Utah Hospital Association roadmap for resuming elective procedures.

**Questions?** Call Health Services at 801-442-5305.

*Protocols to resume procedures at Utah hospitals were developed by the Utah Hospital Association, through its Chief Medical Officer (CMO) Group and in conjunction with the Utah Department of Health. The Utah guidelines are based on the joint statement from the American College of Surgeons, American Society of Anesthesiologists, Association of peri-Operative Registered Nurses, American Hospital Association, and guidance from Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention. This information mirrors what providers have already received from Intermountain Healthcare.*