Welcome to the Provider Insight newsletter. Here, you’ll find medical, dental, and pharmacy information as well as updates to our plans:

> Commercial
> SelectHealth Advantage® (Medicare)
> SelectHealth Community Care® (Medicaid)
> Federal Employee Health Benefits (FEHB) plans

We encourage you to read Provider Insight to stay up to date on policies affecting our members and your patients.

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*Disclaimer: The material and information shared may or may not apply to Nevada providers.*
SelectHealth® News

SelectHealth Adds University of Utah Facilities and Providers to its Medicare Advantage Network

To better meet the growing need for healthcare services for Medicare beneficiaries in Utah, SelectHealth and University of Utah Health recently announced an agreement that SelectHealth will add access to University of Utah hospitals, clinics, and providers to its Medicare Advantage network. Effective **July 1, 2022**, this agreement creates access to the entire range of services and facilities throughout the University of Utah Health system.

“To achieve our mission of helping people live the healthiest lives possible and best serve our senior community, it’s important our Medicare Advantage members get timely, appropriate care in a manner most convenient to them,” said Marti Lolli, SelectHealth President and CEO. “We believe this additional access to providers at University of Utah facilities will improve member satisfaction and allow many more members to see the primary care provider of their choice or get specialty care from locations closest to their home.”

The joint effort by SelectHealth and University of Utah Health will increase the number of options for Medicare Advantage services and open access to a wide variety of providers and facilities including the University of Utah hospital, Moran Eye Center, Huntsman Cancer Institute, University Orthopedic Center, and community clinics including the South Jordan, Sugar House, and Farmington Health Centers. SelectHealth Medicare Advantage members will now have more options to meet their healthcare needs, including all professional providers, from preventive and primary care to specialty and emergency services.

**Questions?** Contact Provider Development at **801-538-5054** or via email at **provider.development@selecthealth.org**.

Quarterly ADA Attestation for SelectHealth Provider Directory

As part of our Medicaid Managed Care Organization (MCO) requirements, the SelectHealth provider directory must include information on which providers do and do not offer medical diagnostic equipment for members with disabilities.

Provider offices are not required to have this equipment; however, each provider (or provider office) does need to attest quarterly if they have these accommodations available. This requirement is based on State and Federal regulations and the terms in the SelectHealth Participating Provider Services Agreement (PPSA) and applicable appendices.

Watch for an email each quarter from Intermountain Medical Staff Services (MSS) with a link to complete and submit the ADA attestation so that we can update our online directory for our members. Note that the ADA attestation is embedded within the regular quarterly attestations sent out by MSS.

For help completing the required attestation, access the *Medical Diagnostic Equipment flyer* to learn more about relevant ADA information.

SelectHealth is required to maintain and monitor a network of appropriate providers sufficient for providing adequate access to enrollees, including those with physical or mental disabilities (42CFR438.206(a), 438.68(c)(1)–(ix)) per our MCO requirements.

For more information and details about medical diagnostic equipment standards, please refer to **36 CFR Part 1195**.

**Questions?** Contact **provider.development@selecthealth.org**.

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HEDIS News

Thank You! HEDIS Measurement Year 2021 Was a Huge Success.

Thanks to all participating in the 2021 HEDIS quality measurement process. We appreciate providers’ cooperation and timeliness in submitting the requested medical record information, accommodating the on-site appointment with the chart review nurses, and/or allowing us to access your electronic medical record (EMR) system.

The annual HEDIS project begins again in February 2023. Consumers use HEDIS results to help select a health plan, which means that your office could acquire new patients as a result.

Benefits of Remote EMR Access. We have found that allowing us direct remote EMR access is the best way to reduce impact to your staff and office equipment. Each year, more and more locations are allowing EMR access. When you grant us EMR access, we only need one or two accounts to access the specific members on our list and only need to review the minimum necessary information.

Questions? Contact Darin Clark at 801-442-7427 or via email at darin.clark@selecthealth.org for information about our HEDIS EMR data collection process.

HEDIS Measurement Focus: Controlling High Blood Pressure

High blood pressure increases the risk for heart disease and stroke, two leading causes of death for Americans. High blood pressure is also very common. Tens of millions of adults in the United States have high blood pressure, and many do not have it under control.

Due to a lack of symptoms, many adults do not know they have high blood pressure; thus, it is important to encourage members to regularly monitor their blood pressure.

Measure

This HEDIS measure looks at members ages 18 to 85 years who have:

> Adequately controlled blood pressure (<140/90 mm Hg)
> A diagnosis of hypertension

Figure 1 on the next page illustrates SelectHealth Utah plan performance on key screening rates in comparison to regional and national averages for 2018–2020.

What SelectHealth is doing

To improve this rate, SelectHealth has instituted:

> An interactive voice-response telephone system to deliver education and encourage members to check their blood pressure
> Letters sent to all members with a hypertension diagnosis that encourages members to work with their provider on healthy lifestyle changes and medication management
> Encouragement for Medicare members with hypertension to use their over-the-counter benefit to purchase a home blood pressure cuff for monitoring their blood pressure at home and reporting results to their providers.

Continued on page 4...
What providers can do

> When a member has a blood pressure that is high, give the member time to sit and relax for five minutes and then recheck the blood pressure. Make sure to document the recheck in the medical record.

> Encourage members to monitor their blood pressure at home and report home blood pressures to their provider. It is important for these home blood pressures to also be included in the medical record.

**Figure 1: SelectHealth Plan Performance on Blood Pressure Screening Measure; 2018–2020.**

**Utah**

Reference

Get to Know Our Member Rights and Responsibilities

It is important that all caregivers understand the rights and responsibilities of SelectHealth members. Please become familiar with the following SelectHealth Member Rights and Responsibilities statement. This is meant as a general overview for all provider offices.

SelectHealth Member Rights and Responsibilities Statement

As a Member, you have the right to:

> Receive information about our services, providers, and members’ rights and responsibilities.
> Receive considerate, courteous care and treatment with respect for personal privacy and dignity.
> Receive accurate information regarding your rights and responsibilities and benefits in member materials and through telephone contact.
> Be informed by your provider about your health so they may make thoughtful decisions before you receive treatment.
> Candidly discuss with your healthcare provider appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage. We do not have policies that restrict dialogue between provider and patient, and we do not direct providers to restrict information regarding your treatment options.
> Have reasonable access to appropriate medical services regardless of their race, religion, nationality, disability, sex, or sexual preference; and 24-hour access to urgent and emergency care.
> Receive care provided by or be referred by your primary care provider.
> Have all medical records and other information kept confidential.
> Have all claims paid accurately and in a timely manner.

As a Member, you have the responsibility to:

> Treat all our providers and personnel at SelectHealth courteously.
> Read all plan materials carefully as soon as you enroll and ask questions when necessary.
> Ask questions and make certain you understand the explanation and instructions you are given.
> Understand the benefits of your plan and understand not all recommended medical treatment is eligible for coverage.
> Follow plans and instructions for care that have been agreed upon with the provider.
> Express constructively your opinions, concerns, and complaints to the appropriate people at SelectHealth.
> Follow the policies and procedures of your plan, and when appropriate, seek a referral from your primary care provider to SelectHealth providers or call SelectHealth for assistance.
> Ask questions and understand the consequences of refusing medical treatment.
> Responsibility to understand your health problems, communicate openly with your Healthcare provider, develop a patient-provider relationship based on trust and cooperation, and participate in developing mutually agreed-upon treatment goals.
> Read and understand your plan benefits and limitations, and call us with any questions.
> Keep scheduled appointments or give adequate notice of cancellation.
> Obtain services consistently according to the policies and procedures of your plan.
> Use our providers when applicable, carry your ID card, and pay copay/coinsurance amounts at the time of service.
> Provide all pertinent information needed by your provider to assess your condition and recommend treatment.

Access all member rights and responsibilities statements online.

selecthealth.org/providers
Intermountain News

Immunization Update and ACIP Highlights

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) met virtually on February 23 and 24 for its regular triennial vaccine meeting. The CDC conducted a virtual Clinician Outreach and Communications Activity (COCA) call on February 24, outlining recommendation changes for COVID-19 vaccines -- access these recommendations on their Clinical Considerations website.

Figures 2 and 3 below summarize the key guidance from these meetings.

**Figure 2. COCA-COVID-19 Vaccines Guidance Summary**

**COVID-19 Vaccines**
- The CDC allows for an extended dosing interval between the first two doses of the primary mRNA COVID vaccine series of eight weeks for some individuals to reduce myocarditis risk and increase effectiveness.
- Providers can now find summaries of vaccine schedules by product on the CDC’s COVID vaccine Clinical Considerations website. Access these summaries either at the top of the “Primary Series” section or at the top of the “Guidance for Immunocompromised” section.

**Figure 3. Other Vaccines Guidance Summary**

- **Travel Vaccines:** ACIP approved recommendations for cholera vaccine in children and tick-borne encephalitis (TBE) vaccine.*
- **Pneumococcal:** Evidence to recommend PCV15 (VAXNEUVANCE™) in children was presented pending FDA approval. The work group recommends that PCV15 be approved as an option for children, but not preferred over PCV13 (Prevnar).
- **Hepatitis B:** ACIP added (PreHevbrio TM:VBI Vaccines) a 3-dose, 3-antigen Hepatitis B vaccine (PreHevbrio TM:VBI Vaccines) for adults, ages 18 and older, to Hepatitis B vaccine recommendations as a safe and noninferior product.
- **MMR:** ACIP reviewed data on (PRIORIX:GSK) MMR vaccine pending FDA approval.
- **Enhanced Influenza Vaccines:** ACIP reviewed evidence for a preferential recommendation (High-Dose IIV, adjuvanted IIV, Recombinant IV) for seniors. While there is some evidence of superiority over standard dose for these vaccines, there is insufficient evidence to prefer one enhanced product over the others.

* Contact Member Services at 800-538-5038 for travel vaccine coverage information.

Learn more by accessing:

- **Related details** for each recommendation (vaccine evidence presented, committee discussion, and votes), which can be found on the SelectHealth provider website at ACIP Meeting Updates.
- **Meeting minutes and slides** available on the ACIP meeting website; click on “Meeting Materials.”

Questions? Contact Tamara Sheffield, MD, MPA, MPH, Medical Director, Community Health and Prevention, Intermountain Healthcare, at **801-442-3946**.
**Medical Home News**

**Why a Medical Home Makes Sense**

A medical home (also known as a patient-centered medical home) is:

> A team-based healthcare delivery model focused on providing comprehensive care
> A partnership between a team of healthcare professionals, families, and community resources to enhance primary care while controlling cost

**For your patients**

This approach offers improved:

> **Accessibility** through enhanced office hours, use of telephone or video chat, and after-hours access
> **Coordination** with doctors, nurses, and pharmacists; community resources; and other key members of the healthcare team

**> Collaboration** with their healthcare providers in decision making about disease management and preventive care

**> Cultural sensitivity** by working to recognize, value, and respect patients’ and their families’ beliefs, traditions, and language

**For your practice**

SelectHealth offers both a Primary Care Medical Home and a Women’s Health Medical Home. These advanced primary care approaches offer improved care delivery and payment models that encourage quality.

These care models have the potential to boost health outcomes and patient satisfaction. **Figure 4** below provides an overview of program specifics for both.

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**Figure 4. Medical Home Programs Overview**

<table>
<thead>
<tr>
<th>Primary Care Medical Home</th>
<th>Women’s Health Medical Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
<td></td>
</tr>
<tr>
<td>- Focus on preventive care and disease management</td>
<td>- Early identification of depression</td>
</tr>
<tr>
<td>- Patient involvement in healthcare decisions</td>
<td>- Early identification of substance use during pregnancy</td>
</tr>
<tr>
<td>- Information sharing</td>
<td>- Reduced instance of neonatal abstinence syndrome</td>
</tr>
<tr>
<td>- Continuity of care for patient safety, quality, and prevention of unnecessary tests and/or procedures</td>
<td>- Increased awareness of SelectHealth prenatal care management resources (Contact Healthy Beginnings at 800-442-5052 or via e-mail at <a href="mailto:SHTOC@imail.org">SHTOC@imail.org</a>)</td>
</tr>
<tr>
<td>- Medical treatment pathways, based on local and national policies and evidence-based care practices, that minimize unnecessary testing and standardize patient care</td>
<td></td>
</tr>
<tr>
<td><strong>QUALITY PAYMENT STRUCTURE</strong></td>
<td><strong>QUALITY PAYMENT STRUCTURE</strong></td>
</tr>
<tr>
<td>- Quality payment or “performance-based pay” for meeting defined clinical, patient satisfaction, and cost/utilization outcomes</td>
<td>- Payments based on measures including depression screening during pregnancy and postpartum as well as substance use screening for attributed members</td>
</tr>
<tr>
<td>- Monthly payment for care coordination and other defined services</td>
<td>- Measured at practice level. Any providers performing prenatal visits are eligible. Data corrections are welcome.</td>
</tr>
<tr>
<td>- Data corrections welcome</td>
<td></td>
</tr>
<tr>
<td><strong>WHAT SELECTHEALTH OFFERS PARTICIPATING CLINICS</strong></td>
<td><strong>WHAT SELECTHEALTH OFFERS PARTICIPATING CLINICS</strong></td>
</tr>
<tr>
<td>- Care management (including referrals, care coordination, and follow up)</td>
<td>- Care Management (including referrals, care coordination, and follow up)</td>
</tr>
<tr>
<td>- Enhanced reporting</td>
<td>- Medical Home team support</td>
</tr>
<tr>
<td>- Medical Home team support</td>
<td>- Report/resource training</td>
</tr>
<tr>
<td>- Monthly care coordination and annual performance payments</td>
<td>- Monthly patient roster with chart review results</td>
</tr>
<tr>
<td></td>
<td>- Annual performance payments</td>
</tr>
</tbody>
</table>
Questions about Medical Home?

Interested in participating in the Medical Home (Advanced Primary Care) Program? Contact your Provider Relations representative at provider.development@selecthealth.org or 800-538-5054 for information on how to participate.

Clinics that participate in this program strive to meet annual clinical goal thresholds as well as a series of participation requirements (outlined at an orientation meeting), such as:

> Educating patients on how to engage in their own healthcare plan
> Screening patients for social determinants of health (SDoH)
> Utilizing community resources
> Following up with patients after discharge from an inpatient setting

Current program participants, contact your Medical Home representative for more information.
SelectHealth Advantage® (Medicare) News

Health Outcomes Survey (HOS): Driving Conversations with Your Patients

The HOS is a patient-reported outcomes measure used in part by the Centers for Medicare and Medicaid Services (CMS) to monitor health plan performance and drive quality improvement. Managed care plans with Medicare Advantage (MA) contracts must participate, and survey results impact CMS Star ratings for Medicare managed care programs.

How is the HOS implemented?
Each year, a CMS-approved survey vendor surveys a random sample of Medicare Advantage Plan members and asks questions related to their health status and discussions with their provider. Ideally, network providers include these discussions during a clinic visit or an annual wellness visit. In 2020 for example, members were asked if they:

> Felt that their physical or mental health was improved, the same, or worse compared to the previous year
> Had discussed with their provider:
  • Physical activity and ways to improve it
  • Falls or balance problems and how to avoid falls
  • Urine leakage or urinary incontinence treatment
> Had a flu shot during the current season

What should providers do?
SelectHealth providers should reaffirm their commitment to quality by addressing the above topics in patient conversations, paying special attention to any patient-reported issues that were sent directly to your clinic by SelectHealth. Your participation in these efforts will directly impact not only the SelectHealth MA Star rating, but also help:

> SelectHealth target quality improvement activities and resources
> Members make informed healthcare choices
> Advance the science of functional health outcomes measurement

What provider support tools does SelectHealth offer?
SelectHealth offers two tools to help clinicians plan for and monitor success:

1 My Doctor’s Visit:
This member education booklet can help facilitate in-office discussions of the above topics and related information.

Many clinics use this booklet as a handout for annual wellness and other visits with their Medicare Advantage patients.* Download a PDF version of this booklet from selecthealthphysician.org.

2 Survey Reports: SelectHealth administers a survey like the HOS to SelectHealth Advantage® members each year.

If one of your patients reports on a topic where they received no provider discussion, a report will be sent to you in May/Jun 2021.

Questions?
Contact Amy Bone at 801-442-9308 or via email at amy.bone@selecthealth.org.

* Intermountain Healthcare providers using iCentra can access and print this document in education, where it is titled, “Adult Wellness Visit.”
Next Steps for Patients Hesitant about Taking a Statin

SelectHealth recommends that you work with your eligible patients to re-challenge their statin therapy, which contributes to improved cardiovascular outcomes as well as Medicare STARS performance.

Statin medications are recommended for reducing cardiovascular event risk in certain populations, including patients with diabetes or cardiovascular disease. Some patients are hesitant to take a statin, sometimes due to a past adverse effect. If a statin is indicated but your patient has a history of statin intolerance, please consider a re-trial with a lower dose, an alternate statin, or reduced dosing frequency.

Research and statin side effects

According to research conducted on patients in the PALM registry, a cross-sectional evaluation of contemporary lipid management in clinical practice, the two most common reasons for eligible patients to not be taking a statin were that they were:

1. Never offered statin therapy by their physician
2. Concerned about side effects (or perceived side effects)

The PALM study surveyed over 7,900 patients potentially eligible for statin therapy in the U.S. from 140 cardiology, primary care, and endocrinology practices. For both the group who were never offered a statin as well as the group who had stopped taking the medication, willingness was high to start/retry statin therapy.

For statin intolerance (either partial or complete), side effects are typically muscle symptoms, and are often exacerbated by other factors or related to a specific statin medication, rather than the entire statin drug class. As a result, a statin re-challenge after a drug holiday (e.g., lower dose, alternative dosing schedule, a different statin) can be an appropriate strategy for some patients to meet LDL-C or other treatment goals.

Additionally, according to the PRIMO study, pravastatin is associated with less myopathy than other statins.

Coding for exclusions

If a patient is unable to tolerate a statin, please submit a qualifying diagnosis code on a claim to SelectHealth. These exclusions must be submitted on a claim each year, not just charted. Be sure to:

> Submit qualifying exclusions this year if you submitted them in 2021.
> Start submitting qualifying exclusions in 2022 if you did not do so in 2021.
> Use the list of acceptable codes shown below.

Statin exclusions that MUST be coded on claims include:

**For Diabetes Patients ONLY:**
- Prediabetes (R73.03, R73.09 codes)
- PCOS (E28.2 codes)
- Adverse effects of antihyperlipidemic and antiarteriosclerotic drugs (T46.6X5A code)

**For Cardiovascular Patients ONLY:**
- IVF
- Myalgia (M79 codes)
- Palliative Care

**For Both:**
- Cirrhosis
- Dialysis
- Hospice Care
- Lactation
- Myopathy (G72 codes)
- Myositis (M60 codes)
- Pregnancy
- Rhabdomyolysis (M62 codes)

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SelectHealth Advantage (Medicare) News, Continued

...Continued from page 10

Filling a statin medication or submitting an applicable diagnosis code on a claim will also reduce SelectHealth outreach to provider offices.

**Questions?** Contact either Kirstin Johnson, SelectHealth Quality Consultant RN (for cardiovascular measure) at 801-442-8224 or kirstin.johnson@selecthealth.org OR Cody Olsen (for diabetes measure) with the SelectHealth pharmacy team at cody.olsen@selecthealth.org.

**References:**

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**Dual-Eligible Special Needs Plan**

Effective **January 1, 2022**, SelectHealth contracted with the Center for Medicare & Medicaid Services (CMS) to begin a Dual Eligible Special Needs Plan (D-SNP). This plan required development of a detailed Model of Care (MOC), which has been approved by CMS.

**Benefits for Members**

Members who are eligible for Medicare and full Medicaid benefits **and** live in Salt Lake, Utah, Weber, or Davis Counties may be eligible for the new plan. D-SNP members receive extra benefits and support, such as:

- Heightened care management activities, including in-home visits (COVID allowing)
- Increased focus on social determinant of health needs via community health workers
- 90 hours of companionship support through our new vendor, Papa Pals
- Unlimited non-emergent medical transportation at $0 cost
- Increased $325 quarterly over the counter (OTC) benefit
- Improved coordination of care and benefits between both Medicare and Medicaid plans

Members who are interested in learning more about our new D-SNP plan can contact the Medicare sales team at 855-442-9940.

**Resources for Providers**

- **Launch D-SNP Model of Care Abbreviated Training** (required)
- Access the **D-SNP Care of Older Adults Annual Measurements flyer** (covers measures and coding options)
SelectHealth Community Care (Medicaid) News

State ID Required Claim Denials

The Utah Department of Health (UDoH) now requires payers to submit encounter data for billing providers listed on medical claims. As a result, SelectHealth has seen a significant increase in encounter rejections due to the submitted billing provider’s NPI not being registered with the UDoH to see Medicaid and CHIP members.

What does this mean for claims filed?

Because this is a State requirement, we are unable to pay upcoming claims and may need to re-adjudicate previously submitted claims when providers NPIs are not registered.

What should provider offices due to avoid possible claim denials?

We recommend that provider offices:

> Contact UDoH to have billing providers’ NPIs registered with the State.

> Backdate applicable registrations to include all dates for which your office bills for Medicaid and CHIP members.

Deadline to Validate State Enrollment

Don’t forget to update your enrollment information with the State. The following is an excerpt from a recent State Medicaid Information Bulletin.

"Utah Medicaid providers must validate their enrollment before July 1, 2022, to ensure there is no delay in the claims adjudication process. The following optional sections must be completed if applicable.

1 CLIA (License and Certifications) - Providers who provide services that require a CLIA Certificate need to add the CLIA certification number to Step 5 of their PRISM enrollment. Providers will need to upload a copy of the certificate in Step 16. When PRISM goes live with claims, all procedures requiring a CLIA certificate will deny if a CLIA certificate is not present in PRISM.

2 Mode of Claims Submission - All billing providers must complete their PRISM EDI enrollment in steps 8, 9, and 13 to ensure claims are accepted into the PRISM Medicaid system. Mark the appropriate mode of submission for your claims or EDI transactions. Please note, if selecting Electronic Batch or Direct Data Entry (DDE), these methods will not be available until PRISM Go Live.

3 Specialties – To ensure claims adjudication, at least one specialty must be selected in step 3. Select all applicable additional specialties. In claims adjudication, the specialty identifies the services that may be performed.”

Help Medicaid Members Stay Covered!

With the COVID-19 Public Health Emergency unwinding, many Medicaid and CHIP members will no longer be eligible for coverage. Please remind members to update their demographic information with the State by calling 866-608-9422.

For any policy transitions, Medicaid members who have questions or concerns about eligibility can call:

> Medicaid HPR 866-608-9422
> Take Care Utah 801-433-229
> SelectHealth Member Services 855-442-3234

Access additional information online (under the heading, "Managing the Information of a Provider").

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Medicaid/CHIP Vaccine News

Improving COVID-19 vaccination rates
Latest data from Utah State Department of Health (UDoH) indicates continued low vaccination rates among Medicaid/CHIP members. For SelectHealth Medicaid members, the rate of vaccination is 42.7% and only 37.4% among CHIP members.

Figure 5 (at right) indicates this data by county in which members reside.

Statewide data as of March 21, 2022 indicates that for Medicaid and CHIP clients over five years of age:

> 183,025 (45%) have received a single vaccination
> 168,449 (41%) have been fully vaccinated

Please talk with your patients about getting fully vaccinated. The Centers for Disease Control (CDC) offers helpful resources for engaging patients about their concerns, including the links below;

> Talking with Patients about COVID-19 Vaccination
> Key Things to Know about COVID-19 Vaccines
> Frequently Asked Questions about COVID-19 Vaccines
> Answering Patients’ Questions About COVID-19 Vaccine and Vaccination
> Talking with Parents About COVID-19 Vaccination
> How to Tailor COVID-19 Information for Your Specific Audience
> How to Address COVID-19 Misinformation

Be Sure to Use the Vaccines for Children (VFC) Program
Effective April 15, 2022, providers who administer vaccines to SelectHealth CHIP members, need to bill SelectHealth for administering the immunization using the vaccine procedure code with the SL modifier, indicating that the drug was received via the VFC program.

**NOTE:** We do not reimburse providers for the vaccines themselves, which is done by the VFC program, but we do reimburse for the administration of the vaccine.

Learn more about the VFC program.

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

SelectHealth contracts with language interpreters to help you provide the best care for our Community Care members who speak little or no English as well as for those who use sign language. **SelectHealth will pay** for interpretation services for Community Care members when the service is:

> Provided by a contracted interpreting agency (see **Figure 6** below)

> A covered service by Medicaid and SelectHealth

> Related to follow-up phone calls for communicating lab/radiology results, scheduling appointments, or managing medication changes

**The provider will be responsible** for interpretation service costs when:

> Using a noncontracted interpreter instead of a vendor listed in **Figure 6**.

> The member is ineligible at the time of service

> Costs accrue from a provider’s office changing or canceling an appointment

**NOTE:**

Only members who have Community Care as secondary coverage will be covered for interpretive services under Medicare Advantage or Commercial plans.

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**Figure 6. Contracted Language Interpreters (based on location where member receives care)**

<table>
<thead>
<tr>
<th>Interpreter Service</th>
<th>Intermountain Facilities</th>
<th>Non-Intermountain Facilities (Affiliate Providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Sign Language</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL)</td>
<td>ASL Communication: 801-699-9609 / 800-908-3386</td>
<td></td>
</tr>
<tr>
<td><strong>Limited English Proficiency (LEP)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Onsite In-Person Visits  | InSync Interpreters: 801-838-8100
LanguageMed: 801-750-4661 | InSync Interpreters: 801-838-8100
LanguageMed: 801-750-4661
CommGap: 801-944-4049/888-338-5538 |
| (Patient and interpreter are both in the office.) |                                           |                                                   |
| Telephonic In-Person Visit | InSync Interpreters: 801-838-8100
LanguageMed: 801-750-4661
CommGap: 801-944-4049/888-338-5538 |                                                   |
| (Patient is in the office, and interpreter is on the phone.) |                                           |                                                   |
| Telephonic Follow-up     | SelectHealth Member Services: 855-442-3234
(for help with communicating lab or radiology results, appointment scheduling, medication changes, etc.) |                                                   |
| (Patient and interpreter are both on the phone.) |                                           |                                                   |
Dental Resources Available to Medicaid Members

According to the Utah Department of Health (as of April 2022), dental care is a covered service for members who are pregnant, children and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) eligible, visually impaired or disabled, or those age 65 or older.

Dental benefits are not covered by SelectHealth. Use the State’s eligibility look-up tool to identify the member’s dental provider.

**Targeted Adult Medicaid (TAM) members** may receive dental care through the University of Utah School of Dentistry Network or its contracted dental providers.

Adult Medicaid members who are ineligible for dental coverage can use the Family Dental Plan (FDP).

**Dental benefits**

Benefits for Medicaid and CHIP members include:

- Check-ups, x-rays, and cleanings every six months
- Tooth colored fillings for front teeth
- Silver fillings for back teeth
- Root canal treatment for certain teeth
- Removal of the soft inner part of the tooth (pulp) for infected baby teeth
- Pulling teeth
- Dentures, partial dentures
- Space maintainers for children with missing teeth
- Some orthodontic care for children
- Some specialty care for surgical centers for care under general anesthesia
- Emergency exams for acute onset of pain
- Crowns (porcelain and porcelain-to-metal crowns for certain populations)

Be sure to remind members visiting your office to:

- Always bring their Medicaid member card and dental plan card (if applicable) to each appointment.
- Keep their appointment or cancel at least 24-hours in advance.
- Realize that some dental services require preauthorization.
Practice Management Resources

Domestic Violence: Detecting and Educating Patients

Providers play a special role in detecting domestic violence (also referred to as intimate partner violence or IPV) and helping SelectHealth members safely get the support they need. Be sure to:

1. **Access information on domestic violence and reporting requirements.** Find and share these resources with your patients, you can help our members live the healthiest lives possible.

2. **Learn more about domestic violence risk and protective factors** and other prevention programs by accessing the Centers for Disease Control and Prevention (CDC) information, Preventing Intimate Partner Violence.

**Incidence and impacts**

The national and regional statistics related to domestic violence/IPV are startling. **Nationally:**

> About 1 in 4 women and nearly 1 in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact.\(^1\)

> Over 43 million women and 38 million men have experienced psychological aggression by an intimate partner in their lifetime.\(^1\)

> 1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to this violence.\(^2\)

> The lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice, and other costs, is reported by the CDC as $3.6 trillion. The cost of IPV over a victim’s lifetime was $103,767 for women and $23,414 for men.\(^3\)

**Regionally,** The National Coalition Against Domestic Violence reports 2022 state statistics for lifetime rates of domestic violence against both women and men. For example:

> **Utah** has about 36.9% of women and 19.6% of men who experience intimate partner physical violence, intimate partner sexual violence, and/or intimate partner stalking in their lifetimes.

> **Both Idaho and Nevada** rank in the top 10 states for high incidence of domestic violence.

**References**

Practice Management Resources, continued

Avalon Trial Claim Advice Tool Now Available for Laboratory Utilization

To best understand how the Avalon Automated Policy Enforcement Application (APEA) may impact a claim, providers can now access Avalon’s Trial Claim Advice Tool. This resource allows you to input procedure codes (CPT codes) and diagnoses (ICD-10 codes) to determine how APEA will review the claim.

Access this tool by clicking on the icon at right on the SelectHealth Provider Portal (login required).

The Automated Policy Enforcement Application (APEA) is an algorithmic software engine that reviews key claim and demographic data elements to determine policy adherence. This technology combines the best in clinical research with scalable, reliable technology to enhance lab policy enforcement.

APEA performs several types of edits:
> Mutually exclusive procedures
> Prerequisite procedures (add-ons)
> Unit limits on a single date of service (within and across claims)
> Unit limits over a period (e.g., 15 units permitted per 3 months)
> Frequency between procedures (e.g., minimum of 14 days between tests)
> Appropriateness of the clinical situations (i.e., analysis of all diagnosis codes on the claim)
> Experimental and investigational edits
> Demographic edits (limitations on age and gender appropriateness of testing)

Avalon is a laboratory benefits manager that partners with health plans like SelectHealth to offer a comprehensive suite of laboratory benefit management services, including laboratory utilization policies and routine testing management.

Advance Directives

An advance directive is a written instruction, such as a living will or durable power of attorney for health care, that is recognized under State law (whether statutory or as recognized by the courts of the State) and relates to the provision of health care when the individual is incapacitated.

SelectHealth-contracted providers maintain written policies and procedures and provide written information to individuals concerning advance directives with respect to all adult individuals receiving care by or through the Contractor.

Advance directives policies and procedures and information for members include:

> Member’s rights under the State (advance directives) law to make decisions concerning medical care, including the right to refuse or accept treatment.

> Provisions for documenting in a prominent part of the member’s medical record whether the member has executed an advance directive.

> Provision that the decision to provide care to a member is not conditioned on whether the member has executed an advance directive, and that members are not discriminated against based on whether they have executed an advance directive.

> Provisions for the education of staff concerning its policies and procedures on advance directives.
SelectHealth Care Management

Did you know that SelectHealth can save you time by working with members who have difficulty adhering to your plan of care?

SelectHealth offers a wealth of no-cost services to support your patients and practice. Care Managers can collaborate with you to support complex care members.

What SelectHealth Care Management can do for you?

Experienced nurses and behavioral health clinicians can:

> Help identify the barriers impacting your patient’s ability to adhere to the plan of care
> Assist with identifying in-network secondary providers, services and coordinating this care when needed (e.g., specialists, pain management, substance abuse treatment, etc.)
> Coordinate access to social and other community-based services (e.g., transportation, housing, food, financial assistance, employment services, etc.)
> Help patients optimize and utilize their health plan benefits
> Coordinate access to mental health care

What can providers do?

> Learn more by reading the blog post: SelectHealth Care Managers Can Help You with Chronic Conditions and Many Other Healthcare Needs
> Promote these free services for SelectHealth members by requesting SelectHealth printed info cards for office waiting and exam rooms: Access pdf samples by clicking on the image at right. Call 801-442-5305 to request printed copies.
> We welcome referrals; Call or e-mail us at: 800-442-5305 or SHTOC@imail.org.

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