



# ProviderInsight<sup>®</sup>

Utah Edition  
November 2025

## Welcome!

Find medical, dental, and pharmacy information as well as program and plan updates for:

- Commercial
- Select Health Medicare
- Select Health Community Care<sup>®</sup> (Medicaid)
- Federal Employee Health Benefits (FEHB)



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# Select Health News and Networks

## Select Health Recognized with 2025 Utah Top Workplaces Award

We're proud to share that Select Health has received a 2025 Utah Top Workplaces award from *The Salt Lake Tribune*. **This is the 11th time Select Health has been recognized with this award since 2014.**

The award honors organizations with 150 or more employees that have created exceptional, people-first cultures. This year, more than 42,000 organizations were invited to participate. The winners are recognized for their commitment to fostering a workplace environment that values employee listening and engagement.

The winners are determined based on employee feedback captured through a confidential survey conducted by Energage, the HR research and technology

company behind the [Top Workplaces](#) program since 2006. The results are calculated based on employee responses to statements about Workplace Experience

### WHY DOES THIS AWARD MATTER?

For our providers and members, striving to consistently be a top workplace offers long-term benefits, such as:

- **More engaged customer service:** Our local member service and advocate teams are empowered to solve problems and are often key innovators of positive change.
- **Dedication to Patient Outcomes.** When employees value our mission and our culture, they focus on helping providers ensure the best health outcomes possible.
- **Employee retention:** The key reps and contacts who understand your practice are here year after year to support you.

Themes, which are proven indicators of high performance. This includes experiences and insights about the company such as corporate culture, leadership, and employee benefits.

"Each caregiver plays a part in shaping our culture and who we are as an organization," said Rob Hitchcock, President and CEO.

"This award is a direct reflection of the caregivers who make Select Health such a great place to work, and it's a meaningful reminder of the importance of investing in our people and culture."

Excerpted from an article originally published September 7, 2025 in *Caregiver Brief*, an internal publication. Author: Zach Manning.

## Recent Improvements Made to Select Health's Dental Plans.

Select Health has made several changes to our dental program! These changes make us more competitive, while still delivering world-class local service through our dedicated local representatives.

Take a look at what is new...

- Rates have increased by 10%+ for most services. We've heard you and increased our rates.
- We pay Medicare dental rates the same as our highest paid commercial dental plan. You don't have to be registered with CMS to get our highest rates.
- Our reps are local, unlike the major payers who don't even have reps.

Email [UTProviderRelations@Selecthealth.org](mailto:UTProviderRelations@Selecthealth.org) to learn more about why contracting with Select Health has never been better.



# Compliance Matters: Utah Provider Surveys

Select Health provider surveys fall into two categories:

- 1. **Regulatory** — Required by state and federal agencies to ensure compliance with specific care standards, these surveys focus on aspects of health plan service (e.g., timely access, provider satisfaction, enrollee satisfaction).
- 2. **Accreditation** — Mandated by organizations such as the National Committee for Quality Assurance (NCQA). NCQA Health Plan Accreditation requires consistent monitoring of:
  - Practitioner availability and accessibility of services
  - Provider directory usability and accuracy
  - Efficient collection and analysis of member experience data.

**Questions about compliance?**  
Contact your Provider Relations representative at [provider.development@selecthealth.org](mailto:provider.development@selecthealth.org).

- To maintain certification, Select Health must demonstrate our ability to perform in alignment with NCQA standards for:
- Quality management and improvement
  - Population health management
  - Network management
  - Utilization management
  - Credentialing and recredentialing,
  - Member rights and responsibilities
  - Member connections
  - Provision of benefits

**Use the table in Figure 1 below** to plan for upcoming Utah provider surveys. **Survey timing can be subject to change due to new surveys or timing requirements.**

Figure 1. Select Health Utah Provider Survey Overview

Utah Provider Survey Name (Cadence)	Required by:	Survey Timing
Quarterly Attestations for Provider Directory Info (Quarterly)	Various CMS, NCQA, and state mandates	Quarterly
Provider End-of-Year Experience Survey (Annual)	Select Health Business Practice for Improving Provider Experience	Q1
Clinic Manager End-of-Year Experience Survey (Annual)		
Appointment Wait Times Survey (Annual)	NCQA NET 2: Element A	Q2
QPP Experience Survey (participating clinics only) (Annual)	Select Health Business Practice for Improving Provider Experience	Q2
Appointment Wait Times Secret Shopper Survey <sup>1</sup> (Annual)	CMS 2023 Letters to Issuers Ch. 2, Sect. 3.ii.b	Q1-Q2
Dual Special Needs Plan (D-SNP) Attestation/Survey (Annual) <sup>2</sup>	CMS 42 CFR 422.107	Q3
After-Hours Audit (Annual)	NCQA NET 2: Element A	Q4

<sup>1</sup> This survey is used to evaluate quality health plan issuers' compliance with appointment wait time standards through simulated patient calls performed by a third-party vendor.  
<sup>2</sup> This is sent monthly to newly contracted providers. In Q3 of each year, we send new training to everyone for the upcoming year. The training has been sent out for 2026. Any newly contracted provider going forward will receive the 2026 training.

# Quality Improvement Programs

## Focus on Glycemic Control Monitoring

In 2024, 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)." This change added the glucose management indicator (GMI), which calculates continuous glucose monitoring (CGM) data using average glucose levels.

**Figure 2** at right provides an overview of the key differences in the two measurements. The GSD:

- Assesses the glycemic status control in patients aged 18–75 with type I & II diabetes
- Includes both hemoglobin (HbA1c) and glucose management indicator (GMI) values with targets of:
  - Good Control: HbA1c or GMI < 8.0%
  - Poor Control: HbA1c or GMI > 9.0%
- Uses medical and pharmacy claims data to identify patients

### KEY UPDATES

- HbA1c in the HEDIS measure is now stated as “glycemic status” with a glycemic status goal <8%.
- Continuous glucose monitor GMI results can now be used in addition to HbA1c.
- **LOINC code 97506-0** is used to identify GMI values in the chart and 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.
- Results from the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year will count towards compliance.

**Figure 2. Comparing HbA1c and GMI<sup>1</sup>**

Hemoglobin A1c:	Glucose Management Indicator (GMI)
Lab test	CGM monitor reading
Reflects 2–3 months average glucose	Reflects estimated A1c from ≥14 days of CGM data
May be skewed by anemia, kidney disease, or hemoglobin variants	Can be more reflective of real-time glucose trends

### BEST PRACTICE TIPS:

- Test A1c 2 to 4 times annually and provide education on lab results, adjusting treatment plans as needed.
- Follow-up with patients whose A1c >8% for re-testing every 3 months.
- Use clinic gap reports to track patients with A1c > 8%, and recall those members for GMI or A1c checks every 3 months.
- 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. Ensure that:
  - A1c results include date collected **OR** reported **AND** numeric results.
  - CGM results include **EITHER**:
    - ♦ 14-day CGM date range (terminal date used as assessment date) **AND** GMI numeric result **OR**
    - ♦ An upload of 14-day CGM data report (for QPP participating clinics only).
- Incorporate a GMI workflow to assess blood sugar control for those who use a CGM.

Continued on page 5...



**NOTE:** Currently, there are no CPT II codes for GMI.

- Remember to include CPT II HbA1c codes to help reduce the burden of HEDIS medical record chart review.
- Use the codes shown in **Figure 3** (at right) on the date of service the HbA1c was drawn. If using an electronic health record (EHR) 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](mailto:qualityimprovement@selecthealth.org).

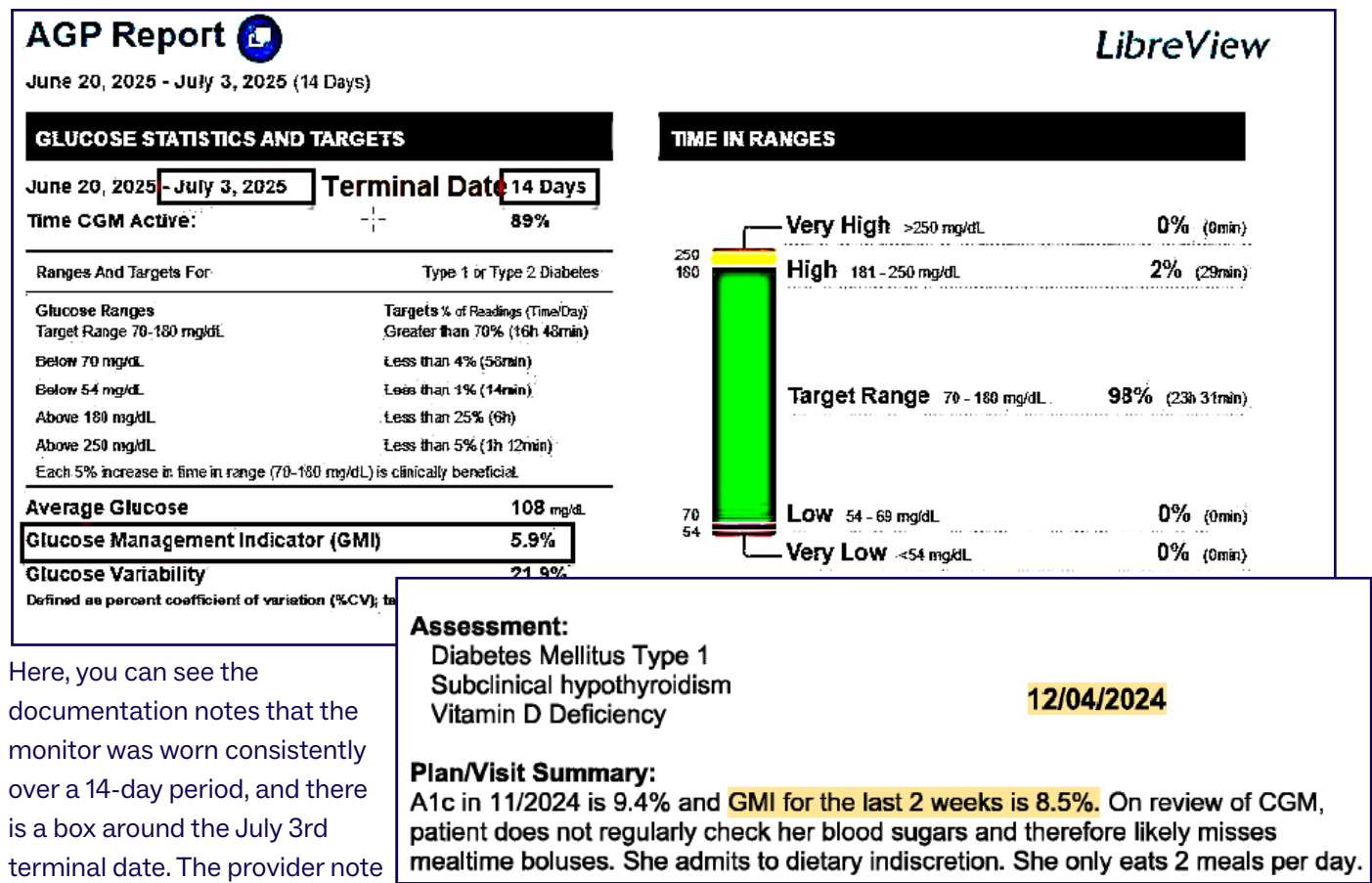
Figure 3. CPT II HbA1c Codes

CPT II Codes	Hemoglobin A1c Levels
3044F	<7.0%
3051F	≥7% and ≤8.0%
3052F	≥8.0% and ≤9.0%
3046F	>9.0%

### WHAT DOES CORRECT DOCUMENTATION LOOK LIKE?

**Figures 4 and 5** (below and on the next page) illustrate examples of correct documentation for the GMI measure.

Figure 4. CGM Example Report Data and Provider Note



Here, you can see the documentation notes that the monitor was worn consistently over a 14-day period, and there is a box around the July 3rd terminal date. The provider note says that the GMI for the "last 2 weeks" is 8.5%. In this case, we would use the office visit date as the GMI result date; the Glucose Management Indicator (GMI) is 5.9%.

Continued on page 6...

This example in **Figure 5** below has the 14-day date range in the note as well as the GMI result. The terminal date is the last date in that 14-day date range and is December 4. If there is an A1c and GMI on the same day, Select Health can accept the lower one. The latest one taken in the year is what will count towards the measure.

**Figure 5. Other Provider Note Examples**

<p><b>Chief Complaint</b> T1D F/U</p> <p><b>History of Present Illness</b></p> <p>Notes from: Type of diabetes: Type 1 Treated with: - Novolog, Lantus - Mealtime/Bolus insulin: carb ratio - 1:10g, correction - 1:50mg - Background/Basal insulin: 40units at night Recent Diabetic Ketoacidosis (DKA): No Severe Hypoglycemia (&lt;55mg/dL): No</p> <p><b>Most Recent A1c and date: 10.5, 8/26/2024</b> Date next A1c is due: 11/24/2024</p> <p>Last eye exam: February 2023 Ophthalmologist: Dr. Powell Last foot exam: W/in a year Podiatrist: Dr. Powell Statin: No</p> <p>Diabetes equipment supplier/pharmacy: UBMC Pharmacy</p> <p><b>Sensor Type: Dexcom G7</b> 14-day Average Average Glucose: 209 <b>Glucose Management Indicator (GMI): 8.3</b> Glucose Variability: 64</p> <p>Target Range (70-180mg/dL): 34% Very High (&gt;250mg/dL): 25% High (181-250mg/dL): 41% Low (54-69mg/dL): 0%</p>	<p><b>Problem List/Past Medical History</b></p> <p><u>Ongoing</u></p> <ul style="list-style-type: none"> <li>Alcohol abuse</li> <li>Chewing tobacco use</li> <li>Elevated hemoglobin A1c</li> <li>Elevated LDL cholesterol level</li> <li>Hyperglycemia</li> <li>LADA (latent autoimmune diabetes of adulthood)</li> <li>OM (onychomycosis)</li> <li>Type 2 diabetes mellitus</li> <li>Uses self-applied continuous glucose monitoring device</li> </ul> <p><u>Historical</u></p> <ul style="list-style-type: none"> <li>Disease caused by 2019 novel coronavirus</li> </ul> <p><b>Procedure/Surgical History</b></p> <ul style="list-style-type: none"> <li>Colonoscopy with Biopsy (12/15/2021)</li> </ul>
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**2. Type 1 Diabetes:**

- Treating with:  
**Novolog 100 unit/ML with pump**
- Previously treated with:  
Lyumjev - due to insurance changes  
Toujeo SoloStar 300 U/mL - Switched to pump
- A1c: AUG 2024-7.3%--> 8.0% TODAY**
- Age at diagnosis (years old): 13 (12 yr hx)
- CGM brand: DEXCOM G6
- CGM REPORT**

**Dexcom Clarity**

Generated at: Wed, Dec 4, 2024 7:38 AM MST  
**Reporting period: Thu Nov 21, 2024 - Wed Dec 4, 2024**

**Glucose Details**  
Average glucose: 181 mg/dL  
Standard deviation: 66 mg/dL  
**GMI: 7.6%**

**Time in Range**  
Very High: 17%  
High: 25%  
In Range: 58%  
Low: 0%  
Very Low: 0%  
Target Range  
70-180 mg/dL

**CGM Details**  
Sensor usage: 93%  
Days with CGM data: 13/14

Remember, documentation requirements include:

- The CGM has to be worn continuously for at least 14 days.
- Select Health needs the "terminal date," which is the last date in that 14-day continuous monitoring period and the numeric GMI result.
- There is now a correction option in the Quality Data Corrections Tool for GMI (for QPP participating clinics only).

## REFERENCE:

1. Selvin E. The glucose management indicator: Time to change course? *Diabetes Care*, 2024. 47(6), 906-914.

## Other HEDIS Measures Information

### Follow-up After ED Visit for People with Multiple High-Risk Chronic Conditions (FMC)

The FMC measure looks at the percentage of members 18 years of age and older, who have had (all three):

- Multiple high-risk chronic conditions
- An emergency department (ED) visit
- 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, so it's crucial to get them in for a follow-up visit as soon as possible after the ED visit.

#### WHAT ARE THE FMC 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



#### HOW CAN YOU HELP CLOSE THIS OPEN GAP FOR YOUR PATIENTS?

- Encourage patients to schedule a follow-up visit within 7 days of an ED visit. You can remind them at their annual wellness visits.
- Encourage patients to utilize other follow-up services like telehealth or care management if unable to make an in-person visit within the 7-day timeframe.
- Remind members who may visit the ED often that they can utilize telehealth or their PCP instead.
- Consider receiving notifications from hospital systems when one of your patients has visited an ED so you can assist these patients with scheduling a follow-up visit.

Learn more by accessing [NCQA's related online materials](#).

#### Questions about these HEDIS updates?

Contact Azure Gaskill, Quality Consultant RN, at [azure.gaskill@selecthealth.org](mailto:azure.gaskill@selecthealth.org).

## Kidney Health Evaluation for Patients with Diabetes

For the Kidney Health Evaluation (KED) measure, it is very important that providers know the changes necessary to be compliant. **Figure 6** indicates tests recommended to detect and manage kidney disease in patients with diabetes.

### QUANTITATIVE URINE ALBUMIN ORDERS

Providers must order a **quantitative urine albumin** if ordering the urine albumin and urine creatinine separately. **NOTE:** A semi-quantitative urine albumin is **NOT** considered compliant for the KED measure.

Providers should continue ordering any tests necessary for their patient's care. The codes listed in **Figure 6** below are those that close an open care gap.

### CODING CHANGES

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

**For measure compliance, both tests must be completed:**

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



Learn more about the KED measure and coding changes, visit the National Committee for Quality Assurance ([NCQA](https://www.ncqa.org/)) [website](https://www.ncqa.org/).

**Questions?** Contact Azure Gaskill, Quality Consultant RNs at [azure.gaskill@selecthealth.org](mailto:azure.gaskill@selecthealth.org).

Figure 6. Coding for KED in Patients with Diabetes

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



# Pharmacy

## Pharmacy Compass: New Scripus Tool for Managing Prescription Costs

**Help your Select Health patients access a new tool for saving on their prescriptions.**

Most Select Health members and users of its Pharmacy Benefit Manager (PBM), Scripus, now have access to Pharmacy Compass, a powerful new tool for managing prescription costs. Your Select Health patients will love the upfront transparency with no surprises at the pharmacy counter, all through a user-friendly design that is easy to navigate.

### WHAT IS PHARMACY COMPASS?

Pharmacy Compass is a digital tool for members to compare medication prices, explore lower-cost alternatives, and make informed decisions before heading to the pharmacy. It simplifies the process of finding the right drug at the right price.

Talk to your Select Health patients about Pharmacy Compass. With this new tool, they can:

- Compare prices across insurance, discount cards, and coupons.
- Discover generic or therapeutic equivalents that may offer additional savings.
- Choose the pharmacy that best fits their budget and convenience.

### GETTING STARTED IS SIMPLE

Members can:

1. Log in to their Select Health member account.
2. Click on “Find Care.”
3. Select “Drug Lookup.”
4. Click the link to “Pharmacy Compass.”

### MORE WAYS YOUR SELECT HEALTH PATIENTS CAN SAVE ON PRESCRIPTIONS

**1. Mail order and online pharmacies.** Scripus and Select Health also offer in-network online and mail-order pharmacies that may provide lower prices than traditional retail options.

- **Intermountain Home Delivery Pharmacy:** Ideal for maintenance medications, this service offers convenient 90-day supplies\* — often at better rates than 30-day fills.
- **Mark Cuban Cost Plus Drug Company:** This online pharmacy offers transparent pricing and may provide significant savings on common medications.
- **Amazon Pharmacy:** A convenient delivery option with potential savings, especially for Amazon Prime members.

**2. Rx Savings Solutions: Personalized prescription savings.** Another way Scripus helps members cut costs is through **Rx Savings Solutions**, especially for members using long-term or maintenance medications. This service analyzes prescriptions and identifies potential savings strategies, such as:

- Switching to a lower-cost, equally effective medication
- Asking their doctor for a higher dosage and split pills to reduce costs
- Accessing discount cards and coupons directly through their member account.

For identified savings opportunities, Rx Savings Solutions will coordinate with the member's prescriber and pharmacy to update the prescription.

\* Depending on the medication and a member's plan benefits, some Medicare members can receive 100-day supplies.

Based on article published in *Caregiver Insights*, an internal Intermountain Health publication. Author Brady Snyder.

# Behavioral Health

## Substance Use Disorders: Follow-up HEDIS Measures Drive Meaningful Change

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of healthcare's most widely used performance improvement tools. Three HEDIS measures focus on follow-up care for substance use disorders. These measures are:

1. **FUI — Follow-Up After High-Intensity Care for Substance Use Disorder**, which measures the percentage of substance use disorders (SUD) patients who had a follow-up visit after an acute inpatient stay, residential treatment, or detoxification. This measure's goal is to ensure timely transition to outpatient or continuing care after intensive treatment at:
  - 7-Day Follow-Up (FUI-7)
  - 30-Day Follow-Up (FUI-30)
2. **IET — Initiation and Engagement of Substance Use Disorder Treatment**, which measures:
  - **Initiation:** A follow-up visit **within 14 days** of a new SUD diagnosis
  - **Engagement:** At least **2 additional visits** 34 days after initiation

The goal of this measure is to promote early and sustained treatment engagement for newly diagnosed individuals.
3. **FUA — Follow-Up After Emergency Department (ED) Visit for Substance Use**, which measures the percentage of ED visits with a principal diagnosis of SUD, or any diagnosis of drug overdose that had a follow-up visit. Using the same time frames as FUI (see #1 above), this measure's goal is to reduce relapse and improve outcomes by ensuring timely outpatient care after ED discharge.

### HOW CAN PROVIDERS ENSURE TIMELY FOLLOW UP?

Encourage providers and staff to:

- **Offer** telehealth and phone visits.
- **Schedule** the first visit within 7 days.
- **Code** substance-related diagnoses and visits correctly on claims.
- **Partner with the Select Health** and assess for peer support and care management referrals.
- **Coordinate care** between physical and mental health providers.
- **Educate** on relapse prevention and treatment options

### WHAT ARE ELIGIBLE FOLLOW-UP CARE SETTINGS AND SERVICES FOR SUD?

**Eligible care settings** for SUD follow up include:

- Telehealth, telephone, or virtual visit
- Outpatient visit
- Observation visit
- Intensive outpatient encounter or partial hospitalization
- Nonresidential SUD facility
- Community mental health center visit
- Residential (BH) Treatment Center (**for FUI only**)
- Acute and Nonacute Inpatient (**for FUI and IET only**)

**Eligible care services** for follow-up SUD care include:

- Opioid Treatment
- Substance Use Service
- Medication-Assisted Treatment for Alcohol or Opioid
- Peer support (**for FUA only**)

## Pediatric & Adolescent Mental Health Series

### Part 2: Stabilization and Mobilization

When youth are in crisis, there usually are compounded stressors at home, at school, and in social settings. Recognizing these complex situations, Utah Mobile Crisis Outreach Teams (MCOTs) provide free, in-person or telehealth mental health support for youth in crisis. MCOTs work to keep youth in their home environment rather than healthcare settings. The team's focus is on de-escalating situations, and they are often dispatched through crisis lines (e.g., [988 Lifeline](#)). This support is both immediate and then ongoing for up to eight weeks, including home visits, coaching, and skill-building.

Mobile crisis teams are designed to help with urgent, but not immediately life-threatening, situations, from depression and anxiety to behavioral problems, suicidal statements, and substance use.

**Primary Children's Medical Center** also uses another term for this service, especially for youth, called "Stabilization and Mobile Response (SMR)." It's also accessed by calling 988, using the SafeUT app, or calling the SAFEFAM number.

#### WHEN SHOULD PARENTS CALL OR TEXT 988?

Parents can call if their child is:

- Experiencing severe mood changes
- Exhibiting dangerous or aggressive behavior
- Talking about self-harm or suicide
- Withdrawing from family and friends
- Struggling with extreme anxiety or panic

If there is an immediate threat of self-harm or violence, call or text 988 and the team will provide options and help parents determine the safest course of action.

The services are staffed by specially trained mental health professionals who can provide help for a variety of situations with mobile response and intervention, stabilization, and follow up.

#### WHAT IS MOBILE RESPONSE?

A mobile crisis team provides immediate, in-person support at your home, at the youth's school, or other location as needed. The crisis team assesses the situation and works with youth and their family to create a safety plan. They provide support and intervention to de-escalate the crisis in a calmer setting, often within 30 minutes.

#### WHAT ARE STABILIZATION SERVICES?

- **Follow-up visits:** Free visits from a mental health professional after the initial mobile response for up to eight weeks.
- **Skill-building:** Focused sessions that teach coping strategies and communication skills for preventing future crises.
- **Referrals:** The team also connects your family with long-term resources and support.

The Pediatric and Adolescent Mental Health Series features articles focusing on best practices and treatment approaches for youth experiencing a mental health crisis.

**Part 3: Highlights of Covered Programs (in all states) will appear in the February issue of *Provider Insight*.**

#### HOW CAN FAMILIES GET HELP NOW?

**Eligibility:** Children and youth up to age 21 who are experiencing mental health challenges.

**Costs:** The services are **free** to all Utah families. Families **DO NOT** need proof of insurance or citizenship nor a social security card to access help.

**Availability:** 24/7, 365 days a year. Note that those who live in some rural areas may have a longer wait for intervention than 30 minutes.

#### Contact Information:

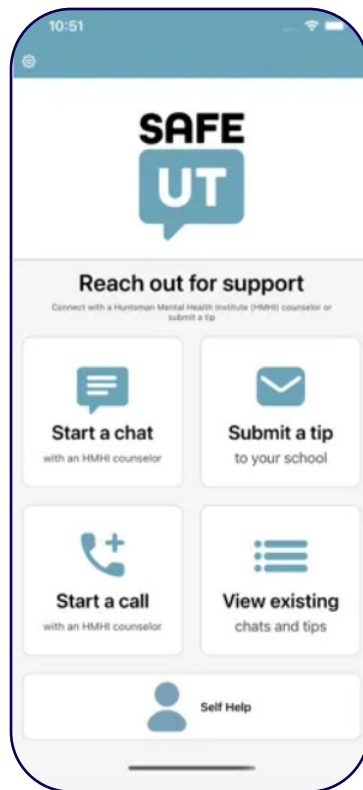
- **General Help:** Call the 988 Lifeline or the 1-833-SAFE-FAM number in Utah.
- **Emergencies:** Call 911 or go to the nearest hospital emergency room.

Learn more and access downloadable resources to share with your clients on [Utah's 988 website](#).

## WHAT OTHER UTAH RESOURCES CAN YOU RECOMMEND FOR PATIENTS?

**SAFE-FAM.** The Utah Department of Human Services sponsors SAFE-FAM, a crisis helpline for children/youth up to 21 years of age. This program focuses on those who struggle with emotional, mental, developmental, behavioral, substance use, or other health challenges that also impact their home, community, and school interactions. [Learn more.](#)

**SafeUT App.** This app is free, confidential, and gives patients and parents a line to licensed mental health counselors in Utah who are ready to help 24 hours a day, 365 days a year. [Learn more.](#)



### CHILD FACING A CHALLENGE?

For any child, parent or caregiver with any problem at any time



- Threatens to inflict harm upon self or others
- Is verbally or physically aggressive
- Uses substances
- Is withdrawn from friends or peers
- Destroys or steals property
- Has difficulty in school
- Experiences depression or anxiety
- Bullies or is bullied
- Often runs away
- Demonstrates severe changes in mood

Stabilization & Mobile Response services are free, available 7a - 11p and provide support in challenging times

Stabilization & Mobile Response can help  
Call line available 24/7

1 (833) SAFE-FAM  
(723-3326)

utah department of  
human services





# Government Programs (Medicare, Medicaid, CHIP, FEHB)

## Medicare Advantage Plan Availability Changes

Starting January 1, 2026, Select Health Medicare Advantage plans, including Medicare Part C and Part D coverages and all included supplemental benefits, will no longer be available in the following Utah counties:

UTAH	
• Box Elder	• Millard
• Duchesne	• Rich
• Garfield	• Tooele
• Grand	• Uintah
• Juab	• Wasatch

Keep in mind that if you are still contracted as a Select Health Medicare Advantage provider, you can still provide care to Medicare members from other unaffected counties who still retain Select Health Medicare Advantage coverage.

In addition, Select Health Medicare will no longer have a PPO contract in Utah, Colorado, and Nevada. There are no MA plans in Idaho, beginning **January 1, 2026**, and Colorado will no longer have a Medicare Advantage Dual-Eligible Special Needs Plan (D-SNP).

Since these changes may affect some of your patients, please be aware that these members have been advised to enroll in a different Medicare plan prior to **January, 2026**. We are working with these members to find suitable replacement plans to meet their ongoing needs.

**Questions about these changes?** Contact Select Health Member Services at **855-442-9900** weekdays from 7:00 a.m. to 8:00 p.m. and weekends from 8:00 a.m. to 8:00 p.m.

## New Medical Savings Account

Select Health's new Group Medical Savings Account (MSA) is a unique and simple, employer-offered plan operating more like Original Medicare than other Medicare Advantage plans.

Select Health uses Fenyx Health, the nation's MSA leader, to administer our MSA plan.

### WHY IS AN MSA BETTER FOR PROVIDERS?

- **Reduce billing and recovery efforts** — The Select Health Group MSA pays 100% of the Medicare-allowed amount, so no additional billing is required.
- **No additional prior authorizations or referrals** beyond those required by Medicare.
- **No contract required** to see patients or bill/receive payment from the MSA.
- **Simple reimbursement** — the Select Health Group MSA pays as Original Medicare pays, using Medicare's payment schedules and benefit/medical policies.
- **No credentialing hassles.**

### HOW DO I GET MSA SUPPORT?

The Select Health Group MSA is supported exclusively by Fenyx Health, the nation's MSA leader. To get support, contact Select Health Group MSA directly using these channels:

- Call: **855-511-1514**
- Email: [providers@selecthealthgroupmsa.org](mailto:providers@selecthealthgroupmsa.org)

### HOW DO I LEARN MORE ABOUT THE SELECT HEALTH MSA?

[Access online MSA information](#) on claim submission, reimbursements, sample ID cards, and more.

## Federal Employees Health Benefits (FEHB) Formulary Update: Gender Dysphoria Treatments

Per Executive Orders from the current presidential administration, effective **January 1, 2026**, Select Health Federal Employees Health Benefits (FEHB) formularies will no longer cover medications or surgical treatments for gender dysphoria treatment. This change may affect a small percentage of Select Health's FEHB members who are receiving treatment using these medications.

### WHAT IS CHANGING

As of **January 1, 2026**, for FEHB members:

- **Estrogen and progesterone therapies** will only be covered for individuals whose gender designation is female based on their plan documents.
- **Testosterone hormone therapies** will only be covered for individuals whose gender designation is male based on their plan documents.

If a member, **who is age 19 or older** has been undergoing treatment with any of these therapies for gender dysphoria for 3 months prior to **January 1, 2026**, an exception can be requested by their provider for continued coverage.

Some GnRH agonist and GnRH antagonist therapies will require preauthorization for new starts as of **January 1, 2026**. This will require confirmation that the drug is not being used for treatment of gender dysphoria.

Current users of GnRH agonists and antagonists will have continued coverage. See the information below for clarification of which drugs are impacted.

### LEARN MORE ABOUT THIS CHANGE

Please review the related documentation below for further information:

- FEHB Letter Number 2025-01A: [Addendum to Call Letter for Plan Year 2026](#)
- Executive Order: [Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government](#)
- Executive Order: [Protecting Children from Chemical and Surgical Mutilation](#)

### MEDICATIONS THAT MAY REQUIRE PREAUTHORIZATION IN 2026

Patients starting or currently using any of these medications on or after **January 1, 2026**, may require a preauthorization for coverage:

- **GnRH Agonists:** Camcevi, Eligard, Fensolvi, leuprolide/bupivacaine, leuprolide, Lupron Depot, Supprelin LA, Trelstar, Triptodur, Zoladex
- **GnRH Antagonist:** Synarel
- **Estrogen and Progesterone Hormone Therapies:** Activella, Amablez, Angeliq, Bijuva, Climara, Climara Pro, Combipatch, Delestrogen, Depo-estradiol, Divigel, Dotti, Duavee, Elestrin, esterified estrogens, estradiol/norethindrone, Estrace, estradiol valerate, estradiol,

Estring, esterified estrogens/methyltestosterone, Evamist, Femring, Fyavolv, Jinteli, Lyllana, Menostar, Mimvey, Minivelle, norethindrone/ethinyl estradiol, Prefest, Premarin, Premphase, Prempro, Vagifem, Vivelle-dot, Yuvaferm

- **Testosterone Hormone Therapies:** Testopel, Androgel, Aveed, Depo-testosterone, Fortesta, Jatenzo, methyltestosterone, Natesto, testosterone, testosterone cypionate, testosterone enanthate, testosterone solution, Tlando, Vogelxo, Xyosted

## Select Health Community Care (Medicaid) Updates

### ELIGIBILITY REMINDER

Medicaid member eligibility should be verified during every visit. The most accurate and up to date information can be found using the Medicaid Eligibility Lookup Tool through the [Utah Department of Health and Human Services](#). The lookup tool will also identify if a member is restricted, and will list approved providers.

Select Health is not obligated to pay unapproved providers for restricted members. Please contact our Care Management team with any questions at **801-442-5305**.

### MEDICAID LANGUAGE SERVICES:

Select Health Community Care contracts with language interpreters to help you provide the best care for our Medicaid members who speak little or no English as well as for those who use sign language. Interpretation services can be provided either onsite, over the phone, or by video and are covered by Select Health.

**NOTE:** There have been recent changes to the vendors with whom we contract to provide these services. Our current vendors now include:

- ASL Communication
- CommGap
- RELA, a new contracted agency with Select Health. Sign up now for scheduling access by calling **385-300-2890**, or by email at [schedulers@rela.us](mailto:schedulers@rela.us).

## Utah Medicaid Hybrid Preferred Drug List (PDL)

Effective **January 1, 2026**, Utah Medicaid will implement a hybrid PDL across both Accountable Care Organizations (ACOs) and Fee-for-Service (FFS) programs. This change is mandated by the S.B. 2 New Fiscal Year Supplemental Appropriations Act (2025 General Session) and affects several high-utilization drug classes.

Select Health will align with FFS only on specific drug classes rather than full formulary alignment. If a drug is in a non-hybrid class, Select Health maintains its own coverage criteria.

### WHAT'S CHANGING ON JANUARY 1, 2026?

Under this model, ACOs will be required to align with FFS Medicaid only for specific therapeutic drug classes,

not the entire formulary (see **Figure 7** on the next page). These drug classes are:

- Continuous Glucose Monitors & Diabetic Supplies
- Non-Insulin Antidiabetics (DPP4-inhibitors, GLP-1 Agonists, SGLT-2 Inhibitors, Sulfonylurea Combinations, etc.)
- Insulin Antidiabetics (Mixtures, Intermediate, Long-Acting, Short-Acting)
- HIV Antiretrovirals (Combination Products, Entry/Fusion Inhibitors, Integrase Inhibitors, NNRTIs, NRTIs)
- Hepatitis C – Direct Acting Antivirals
- Inhaled Asthma & Bronchodilators (Anticholinergics, LABAs, LAMAs, Corticosteroids, Combination Products)
- Atopic Dermatitis – Non-Steroidal Treatments

...Continued on page 16



For these aligned classes, Select Health must match FFS coverage exactly. For instance, if FFS covers Trulicity without PA or QL, all ACOs must do the same.

### WHAT STAYS THE SAME?

- **Non-Hybrid (non-aligned) Drug Classes:** ACOs retain full control over coverage decisions for other drug classes.
- **Carved Out & Exclusions:**
  - GLP-1s (with exception to Wegovy, Zepbound), when used for exclusively for weight loss remain excluded for ACOs. These are only covered for FFS members.
  - Mental health, substance abuse, and other carve-out categories will continue to be paid by FFS.

### KEY CLARIFICATIONS

- **Not A Full Alignment:** Only specific drug classes will be aligned with FFS. All other classes remain under Select Health's discretion.
- **No Weight Loss Coverage:** Weight loss drugs remain excluded for ACOs. These are only covered for FFS members.
- **Carve Outs Remain:** Mental health, substance abuse, and other carve-out categories continue to be paid by FFS.

Figure 7. Hybrid and Non-Hybrid Drug Classes

Hybrid (Aligned) Drug Classes	Non-Hybrid (Non-Aligned) Drug Classes
<b>Asthma &amp; COPD Inhalers</b>	<b>Asthma Biologics: Nucala/Fasenra/Xolair</b>
<b>Atopic Dermatitis (Non-steroidal)</b>	<b>Topical Steroids</b>
<b>Diabetes</b> <ul style="list-style-type: none"> <li>• Non-Insulin Antidiabetics (GLP-1, SGLT2, etc.)</li> <li>• Insulin</li> <li>• Diabetic supplies (Glucometer, Test strips, CGMs)</li> </ul>	<b>Non-Diabetic GLP-1s (Wegovy &amp; Zepbound)</b>
<b>Hepatitis C</b>	<b>Everything else not yet included</b>
<b>HIV</b>	
<b>Immunomodulators, such as:</b> <ul style="list-style-type: none"> <li>• TNF inhibitors</li> <li>• IL-17 inhibitors</li> <li>• JAK</li> </ul>	



# Practice Management Resources

## Get Started with Zelis = Get Paid Faster

**On January 1, 2026, Select Health will manage all provider payments via the Zelis Payment Network.** This change is being made to improve the speed, accuracy, and security of Select Health payments. If you have not done so already, we encourage your office to enroll in Zelis to enjoy maximum payment convenience.

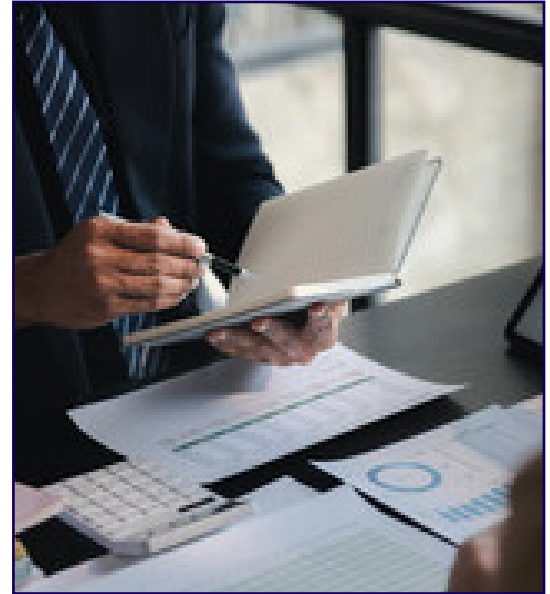
### HOW TO ENROLL IN THE ZELIS EPAYMENT CENTER

You will need:

- Federal tax identification number (TIN) or employer identification number (EIN)
- Your practice's corporate name and principal information
- Bank account routing transit number (RTN) or ABA routing number
- Bank account number

#### Steps to enroll:

1. Visit the Select Health [ePayment Center](#).
2. Choose "No" when asked if you have a registration code. Complete the online form with information about your practice, and "Submit Request."
3. You will receive an email with a link; follow that link to complete your registration and set up your account.
4. Log in to the ePayment Center portal, and enter your bank account information.
5. Review and accept the ACH Agreement (if applicable to the payment type you choose; see below). Then, click "Submit."
6. Zelis will validate your bank account prior to beginning electronic fund transfer.



### ZELIS PAYMENT TYPES

After enrolling, you can use any of the Zelis payment options. Contact Zelis using the information in **Figure 8** below to set up or change your payment type.

Figure 8. Zelis Payment Types

Payment Type	Basic Function	Provider Cost	Get Started or Change Type
ePayment Center	Direct settlement into provider bank account	None	<ul style="list-style-type: none"><li>• <a href="#">Register online.</a></li><li>• Contact Zelis at: (855) 774-4392; or via email at <a href="mailto:help@epayment.center">help@epayment.center</a>.</li></ul>
Paper Check	Cost-efficient paper check delivery		
Virtual Card	Virtual card processed via card terminal	Fee Required	Call: (877) 828-8770
ACH+	Direct settlement into provider bank account*		

\* ACH+ Solution offers providers a unique payment experience over a traditional electronic funds transfer (EFT). With ACH+, provider payments, 835s delivery, and customer service are all managed under one seamless connection.

## The Preauth & Care Plan Tool is Now Available!

On **September 15, 2025**, Select Health moved to a new online tool for medical preauthorization requests. The Preauth & Care Plan Tool brings a variety of updates and features to the online preauthorization process, including:

- Enhanced workflow automation
- Added care management functionality
- Improved dashboard experience

[Register Now](#)

### GET UP TO SPEED QUICKLY

Whether you've already started using the Preauth & Care Plan tool or are just getting set up, check out these online resources to help make the transition smooth and simple:

- [Sign up instructions](#)
- [Training videos](#)
- [FAQs](#)
- **PDF guides**
  - [Quick Guide: Inpatient Requests](#)
  - [Quick Guide: Outpatient Requests](#)
  - [How to Check Authorization Status](#)
  - [How to Access Letters](#)
  - [How to Submit a Request for Auto-Approval](#)



**Reminder:** You can view/monitor requests that were submitted in CareAffiliate® until **March 15, 2026**. All online medical preauthorization requests created on or after **September 15, 2025**, should be submitted through the Preauth & Care Plan Tool. (This change does not apply to preauthorization requests submitted through PromptPA, email, or fax.)

**Questions?** Contact us at [web.preauth.support@selecthealth.org](mailto:web.preauth.support@selecthealth.org) with any questions or concerns.

## Care Management Services: A Hidden Treasure for Providers & Patients

Select Health Care Management services are like a hidden treasure — full of support, guidance, and resources that many providers don't even know exist. That's why we're launching a new initiative to raise awareness. Care Management can make a meaningful difference, especially when patients' health journeys become challenging and extra support is needed.

### WHAT DO CARE MANAGERS DO?

- Help members understand how to successfully manage chronic conditions like diabetes, heart disease, or COPD
- Coordinate care between doctors, specialists, and community resources
- Address barriers, such as transportation, housing, and food security
- Provide education and encourage healthy habits
- Advocate for members within the healthcare system, and ensure they receive the care they need

### A REAL-LIFE EXAMPLE

Meet Maria, a patient living with congestive heart failure. As her physician, you collaborate with a dedicated care manager at Select Health who serves as an extension of your clinical team. The Care Manager helps translate your treatment plan into actionable steps for Maria, ensuring she understands her medications and follows your recommendations. When Maria faces barriers, such as difficulty getting to appointments, her care manager helps arrange transportation. If she feels anxious about her condition, her care manager provides emotional support and connects her to counseling services.

By addressing Maria's social determinants of health, care management enables you to focus on clinical decision-



making while knowing that she receives comprehensive support outside the exam room. This partnership not only improves patient outcomes but also reduces administrative burdens and ensures that care plans are followed between visits. Through ongoing guidance and advocacy, Maria feels empowered to manage her health and improve her quality of life.

### HOW TO ACCESS CARE MANAGEMENT

If you have patient who is a Select Health member who could benefit from care management, contact us at: **800-442-5305**, or [submit a request form online](#). Our care managers will contact your patient within seven business days to begin providing support. Expect to receive a letter from a Select Health care manager once your patient has enrolled in the program.

**Let Care Management support your practice and patients.** We offer more than outreach — a service listening, guiding, and empowering your patients to live their healthiest lives possible.

Treating a Select Health member where a care manager could help?  
Contact our Care Management Department at **800-442-5305, option 2.**

## Navigate! How can we help you today?

**Start with Select Health online self-service solutions.** Access our provider website ([selecthealth.org/providers](https://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?	<a href="https://selecthealth.org/providers/claims/id-guides">https://selecthealth.org/providers/claims/id-guides</a>
Access non-covered codes/ preauthorization requirements?	<a href="https://selecthealth.org/providers/preauthorization/forms-lists">https://selecthealth.org/providers/preauthorization/forms-lists</a>
Request preauthorization?	<a href="https://selecthealth.org/providers/preauthorization">https://selecthealth.org/providers/preauthorization</a>
Appeal a claim?	<a href="https://selecthealth.org/content/dam/selecthealth/Provider/PDFs/forms/Provider-Appeal-Form.pdf">https://selecthealth.org/content/dam/selecthealth/Provider/PDFs/forms/Provider-Appeal-Form.pdf</a>
Find pharmacy resources?	<a href="https://selecthealth.org/providers/programs/pharmacy">https://selecthealth.org/providers/programs/pharmacy</a>
Access dental provider resources?	<a href="https://selecthealth.org/providers/programs/dental">https://selecthealth.org/providers/programs/dental</a>
Access Select Health policies (medical, dental, coding/reimbursement)?	<a href="https://selecthealth.org/providers/policies">https://selecthealth.org/providers/policies</a>
Learn about our secure provider tools (Provider Benefit Tool, Preauth & Care Plan)?	<a href="https://selecthealth.org/providers/provider-access-point">https://selecthealth.org/providers/provider-access-point</a>

**Contact us when you can't find answers online.** We're here to help, Monday through Friday, 8:00 a.m. to 5:00 p.m. unless otherwise indicated below. Phone and email requests are answered in the order they are received.

When you need to:	Access:
Verify member benefits or get help with claims payment issues and information	Use the Provider Benefit Tool (see above) or call Member Services: <b>800-538-5038</b> (available 7:00 a.m. to 8:00 p.m. on weekdays, 9:00 a.m. to 2:00 p.m. on Saturdays.) For Federal Employee Health Benefit members, contact <b>844-345-FEHB (3342)</b> .
Resolve issues with provider setup or directory listing	Provider Development: <b>800-538-5054</b> ; <a href="mailto:provider.development@selecthealth.org">provider.development@selecthealth.org</a>
Get help with access to tools on our secure Provider Portal and online tools (Provider Benefit Tool, Preauth & Care Plan)	Provider Web Services: <a href="mailto:providerwebservices@selecthealth.org">providerwebservices@selecthealth.org</a>
Resolve claims appeals/preauth issues	Compliance and Appeals: <b>844-208-9012</b>
Manage Electronic Funds Transfer (EFT)	EDI Department: <b>800-538-5099</b> (fax: <b>801-442-0372</b> ); <a href="mailto:edi@selecthealth.org">edi@selecthealth.org</a>
Change passwords, reactivate accounts, resolve issues with 2-Step Au- thentication (PingID)	Account Help Desk: <b>801-442-7979, Option 2</b>
Request fee schedules (contracted providers only)	Provider Development: <a href="mailto:SHFeeScheduleRequests@selecthealth.org">SHFeeScheduleRequests@selecthealth.org</a>



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