Select Health

Who we are

Select Health is a nonprofit health plan dedicated to simplifying healthcare for its more than one million members across the Mountain West.

40+ years
Founded 1983

1,100,000 Members
+4,000 Agents

$5 Billion+
Revenue per year



Who we serve

- **300K +** Individuals & Families
- **60K +** Medicare Advantage
- **100K +** Medicaid Enrollees
- **700 +** Large Employers
- **9000 +** Small Employers



Health plans and services we offer

- HMO
- PPO
- POS
- Fully Insured
- ASO
- TPA

Our markets

Members have access to the United Healthcare® Options PPO Network outside of Colorado, Idaho, Nevada and Utah.



Our network

Through a shared mission with Intermountain Health, Select Health is committed to making this possible through simple, sincere, and seamless experiences and products.

2,000
Facilities

23,000+
Providers

Community involvement

Sponsorships focused on social determinants of health including food security, housing stability, access to healthcare, including mental healthcare, health behaviors and preventative care.

- Employee volunteers
- Physical fitness K-6th grades
- Rural outreach
- Select Health scholarships
- Community grants



Helping People Live the Healthiest Lives Possible® | selecthealth.org

Welcome

utproviderrelations@selecthealth.org

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Survey

We value your feedback and invite you to complete a brief survey following today’s session.

This feedback directly informs how we enhance our tools, streamline experiences, and continue building a network that best supports both providers and members.

Agenda

11:30AM–12:00PM	Lunch
11:45AM–12:00PM	Main Auditorium: Opening Remarks
12:05–12:35 PM	Breakout Room 4: Contracting & Credentialing Polices
12:05–12:35 PM	Breakout Room Main Auditorium: Claims Management Best Practice
12:05–12:35 PM	Breakout Room Auditorium West: Digital Tools
12:05–12:35 PM	Breakout Room 3: Provider Relations Rep Resource Room
12:35–12:40 PM	Transition Break
12:40–1:10 PM	Breakout Room 4: Contracting & Credentialing Polices
12:40–1:10 PM	Breakout Room Main Auditorium: Claims Management Best Practice
12:40–1:10 PM	Breakout Room Auditorium West: Digital Tools
12:40–1:10 PM	Breakout Room 3: Provider Relations Rep Resource Room
1:15–1:30 PM	Main Auditorium: Closing Remarks, Survey Collection, Swag

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Contracting & Credentialing Polices



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Contracting Overview



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Onboarding

1st Join SH Request

Once received rep reviews for network alignment and participation and submits the request to initiate credentialing. (2–3 weeks)

2nd Credentialing Committee Review

Once credentialing has finalized, the provider is submitted to be reviewed by the Select Health Credentialing Committee for approval. (2–4 weeks)

3rd Practitioner Panel Strategy Committee Review

Once credentialing has been approved, the provider is reviewed for network participation approval. (2–4 weeks)

4th Contract Sent to Provider

Provider receives contract, signs and returns, Select Health countersigns and the countersignature date is the effective date. (Typically within 10 days from PPSC approval)

5th Provider Enrolled in Select Health Systems

Once effective date is received, provider is enrolled in systems and the Welcome email is sent out notifying provider that they are in our systems. (Up to 30 days)

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Practitioner Panel Strategy Committee (PPSC)

Meets twice a month to guide network decisions

Criteria Considerations

Committee sets the rules for who can join the network and makes sure those rules are consistently applied when deciding whether to approve or deny providers.

Network Participation

Evaluates and determines outcomes for provider network participation requests

Practice Changes

Determines whether providers can expand or change their practice setup within the network

Communication

Communicates decisions to providers via the Provider Relations Rep

Decisions are based on:

Access | **Affordability** | **Quality** | **Alignment**

Credentialing Overview

Katy Coombs
Credentialing Manager

Reviewed 2026
Katy.coombs@selecthealth.org

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CAQH, CertifyOS and Select Health: How they work together.

CAQH (Council for Affordable Quality Healthcare): A nationally used data repository that stores provider demographic and professional information. Select Health uses CAQH to access provider applications. It is highly encouraged for providers to keep their CAQH profile current and attested.

Emails you may receive from CAQH:

- Attestation reminders.

CAQH, CertifyOS and Select Health: How they work together.

CertifyOS: CertifyOS performs primary source verification on the information supplied in the CAQH application. CertifyOS integrates with CAQH and other sources to provide real-time data and monitoring.

Emails you may receive from CertifyOS:

- Credentialing and recredentialing initiation notices
- Attestations requests.
- Requests for missing information.
- Requests for personal statements

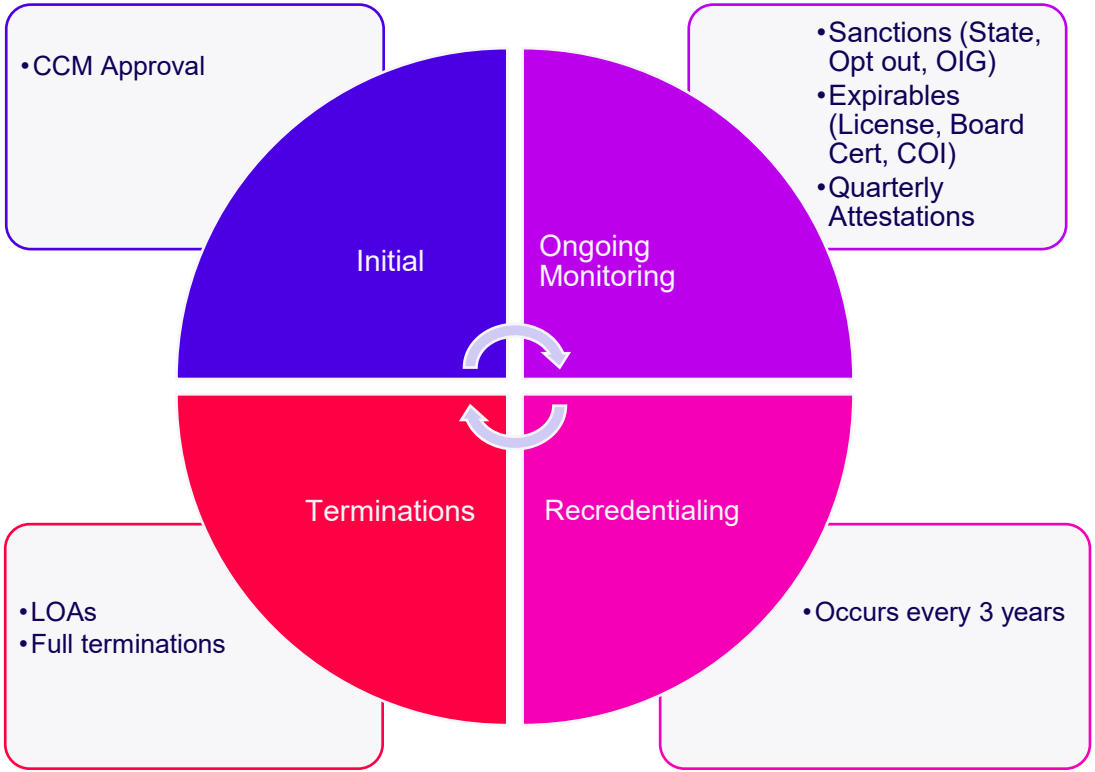
CAQH, CertifyOS and Select Health: How they work together.

Select Health: Select Health is the payer and the final decision maker. We reviewed all the information delivered by CertifyOS to align it with our credentialing criteria and present the credentialing case to the Credentialing Committee for a formal decision. Personal statements are often required when disciplinary actions, sanctions or other concerns appear in a provider's file. It is crucial that providers are responsive and provide all the necessary information to avoid unnecessary delays.

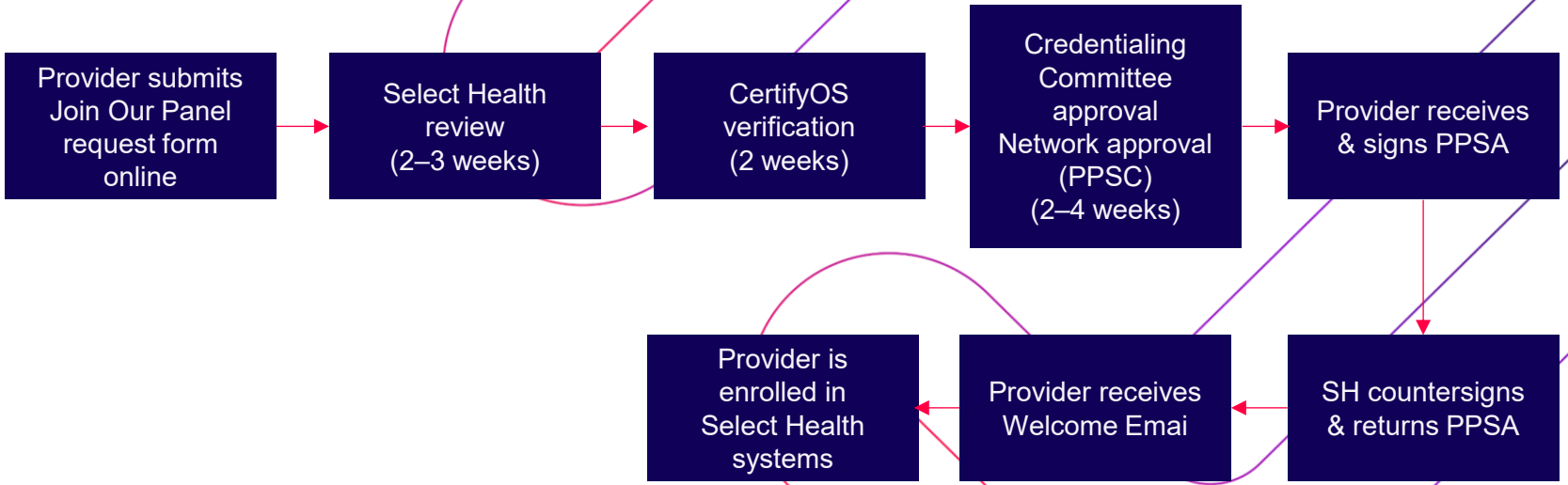
Emails you may receive from Select Health:

- Credentialing Approval notification
- Requests for additional information
- Notices of Incomplete applications.
- Termination notices for non-response during recredentialing.

Credentialing Cycle



Credentialing Steps



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Why does credentialing take so long?

Even with the use of automation and streamlined processes, credentialing could be delayed. The most common causes include:

- Outdated CAQH profiles
- Missing attestations
- Expired documents (Malpractice Insurance, licenses)
- Missing/Inaccurate Board Certifications
- Missing explanations/ personal statement to disclosure responses.
- Incorrect or outdated email addresses



Support and Additional Information

Provider Relations Representatives

Your provider relations representative is ready to help with any inquiries or support you may need.

Practitioner Contracting

For questions related to credentialing status or a copy of your executed contract, contact practitionercontracting@selecthealth.org

CAQH Direct Provider helpdesk

For questions related to your CAQH profile call 1-888-599-1771

Questions?

Claims Management Best Practice



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Claims Management and Best Practices

Marianne White
VP Claims Operations

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Why This Matters?

1. Reduce claim denials and rework
2. Improve payment turnaround times
3. Decrease administrative cost
4. Enhance overall experience

Duplicate and Corrected Claims

Multiple corrected claims for the same date of service	• Increases processing time of all claims
Adding or removing services and resubmitting repeatedly	• Administrative burden for providers and payers.
Duplicate claims submitted while the original is still pending	• Slower reimbursement timelines

Missing or Incomplete Information

Lack of medical records or operative notes	• Claim is denied
Lack of EOB for other insurance carrier	• Claim is pended for further review
Documentation is not submitted until requested	• Payment is delayed

Authorization Issues

Services submitted without required prior authorization	• Claim is denied
Lack of awareness of authorization requirements	• Claim is pended for further review
Information on authorization request does not match claim	• Increase administrative work

Coding and Billing Errors

Incorrect coding or mismatched services	• Claim is rejected or denied
Services billed under unsupported provider types	• Rework and appeals

Best Practices

Digital tools

1	2	3	4	5	6	7
Validate claim information before submitting	Confirm claim status before resubmitting	Submit documentation upfront when possible	Align documentation with type of claim	Understand authorization requirements	Validate coverage and authorization prior to service	Understand policies and clinical edit rules

Results in Auto Adjudication which means higher accuracy and faster payment

Understanding Denials

Hard Denials	Final decision
	Require a formal appeal to change a decision
Soft Denials	Request for additional information
	Can be resolved with appropriate documentation

Questions?

Digital Tools

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Preauth and Care Plan Tool

Timmerie Jensen

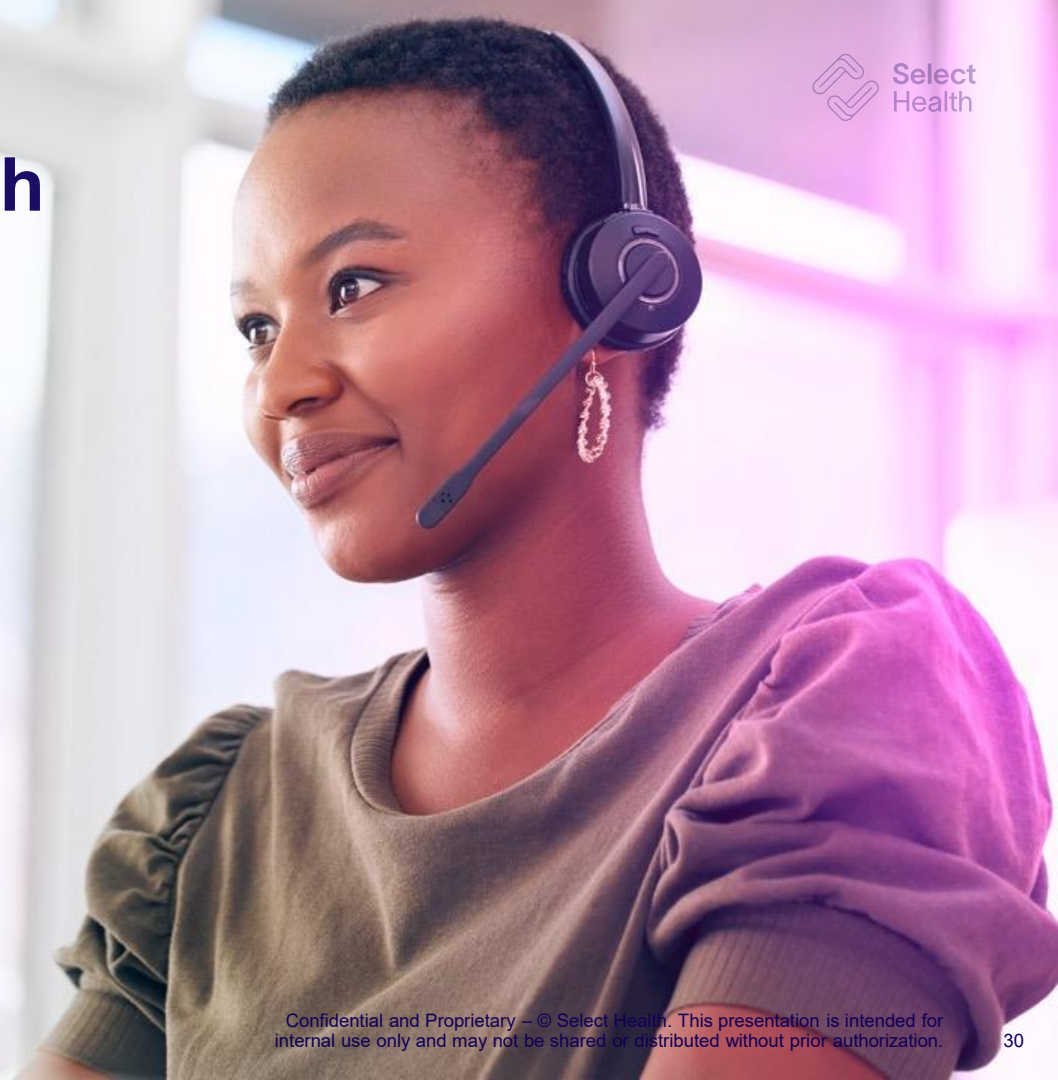
Business Process Analyst – Senior

web.preauth.support@selecthealth.org

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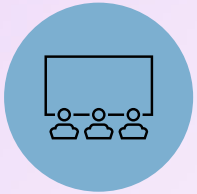
Navigating the Preauth Tool and Website

- Quick Overview of the Preauth and Care Plan Tool
- Submitting a request
- Dashboard – Status checks
- Training Information
- Resources
- Auto-Approvals
- Service Type Guide
- Preauth Code Lists
- Questions



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Preauth and Care Plan Tool (Preauth Tool)



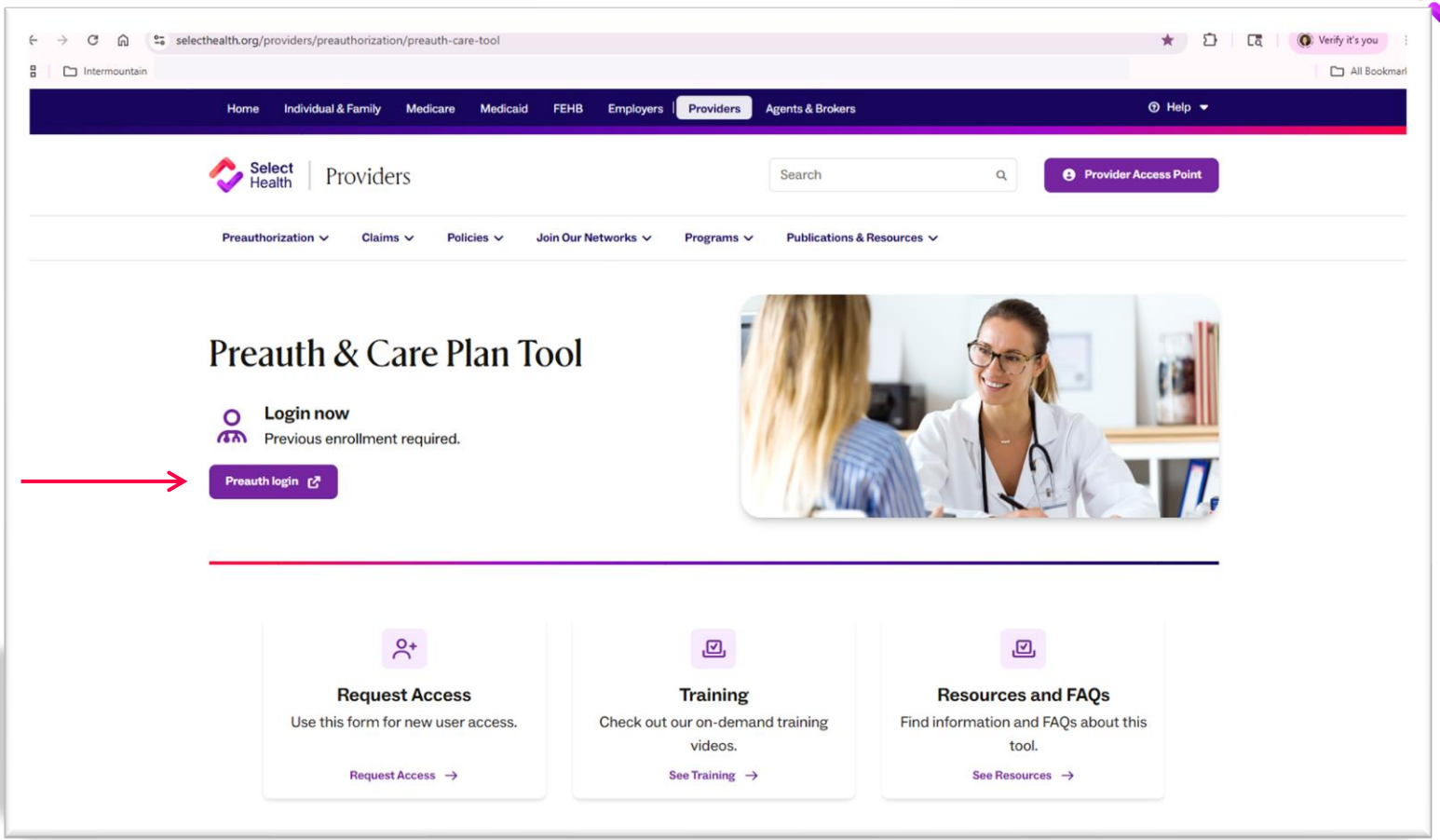
Overview

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Preauth and Care Plan Tool Website

https://selecthealth.org/providers/preauthorization/preauth-care-tool

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Provider Access Point

Preauthorization | Claims | Policies | Join Our Networks | Programs | Publications & Resources

Providers | Preauthorizations | Preauthorization & Care Plan Tool | Training

- **Preauthorization**
  - Preauthorization & Care Plan Tool
  - Forms and Reports
  - Pharmacy Preauthorization
  - Gold Card Program
- **Preauth and Care Plan Tool**
  - Request Access
  - Training
  - Resources and FAQs

Preauth & Care Plan Tool Training



Overview
Get a brief walkthrough of the Preauth & Care Plan Tool dashboard and key features.



Outpatient Requests
Learn how to create and submit outpatient preauthorization requests in the Preauth & Care Plan Tool.



Inpatient Requests
Learn how to create and submit inpatient preauthorization requests in the Preauth & Care Plan Tool.



Viewing Decision Letters
Learn how to view decision letters for your authorizations.

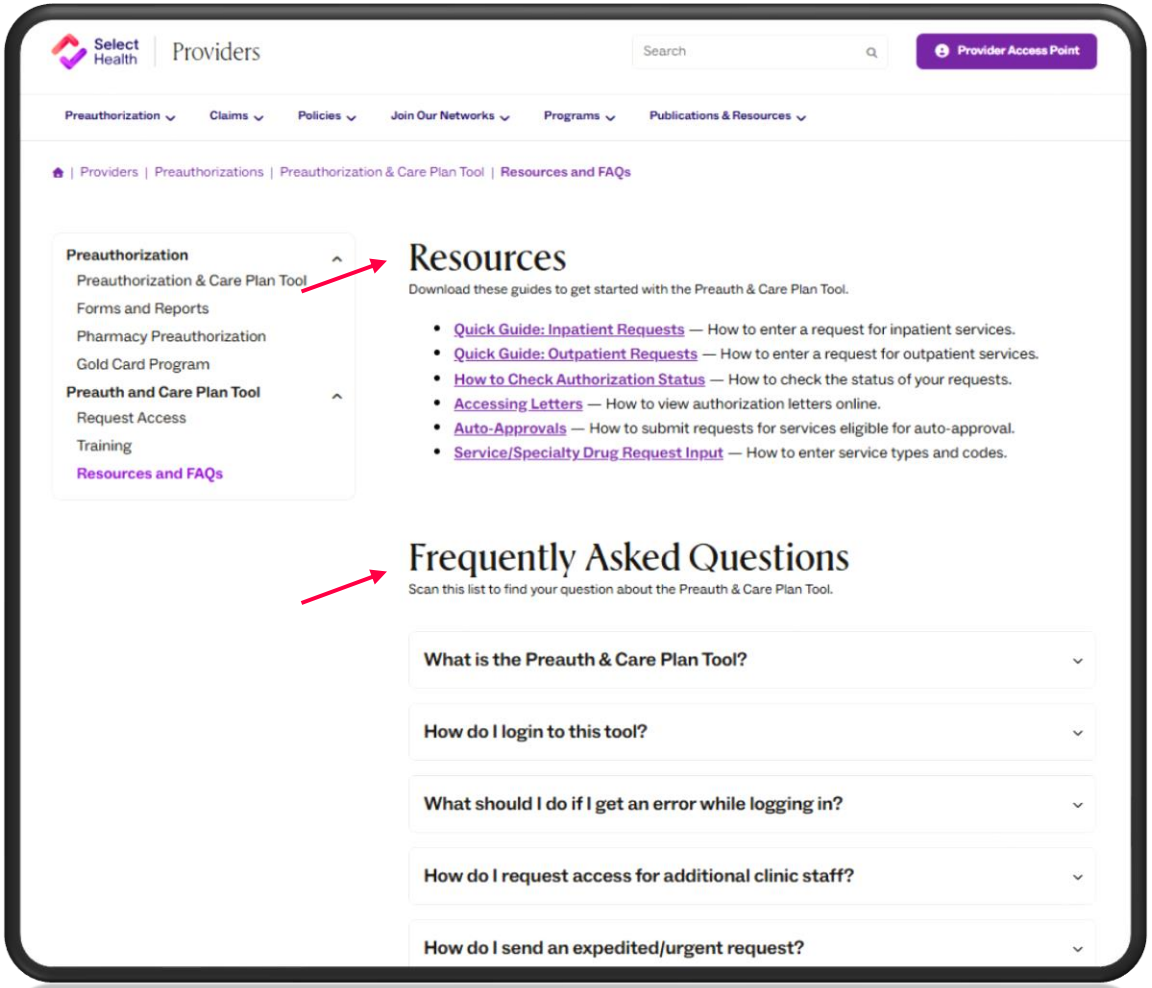


Adding Documentation
Learn how to add additional clinical documentation after a request has been submitted.



Provider Details
Learn how to complete the Provider Details section when submitting a preauthorization request.

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Table 1. Services Eligible for Auto-Approval

Service	Inpatient	Outpatient
CPAP/BIPAP Replacement		X
Eye Procedures		X
Hysterectomy	X	X
IP Stay Only (IP & BH-IP)	X	
Spinal Pain Injections		X
Tonsillectomy & Adenoidectomy		X
Total Joint (Hip and Knees)	X	X
Varicose Vein		X

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Service Types

Code Types

Service Codes

Preauth & Care Plan Tool

Service/Specialty Drug Request Section Input

Outpatient Requests				
Description	**Service Type**	**Place of Service**	**Code Type**	**Service Code**
Acupuncture	Medical Care	Office	CPT	
Behavioral Health Intensive Outpatient	Behavioral Health Intensive Outpatient	*varies by case*	UM Service Group	IOP1
Behavioral Health Partial Hospitalization	Behavioral Health Partial Hospitalization	*varies by case*	UM Service Group	PH01
Chiropractic	Chiropractic	Office	UM Service Group	CHR2 — Chiropractic
Dental	Dental	Office	CPT/CDT	
Dental Anesthesia	Dental Anesthesia	Office	CPT	00170
				41899
Diagnostic Testing	Diagnostic Testing	Independent Laboratory	CPT	N/A
Durable Medical Equipment Purchase	Durable Medical Equipment Purchase	Other Place of Service or Home	HCPC	Add the ordering provider as the requesting provider.
Durable Medical Equipment Rental	Durable Medical Equipment Rental	Durable Medical Equipment Rental	HCPC	Add the ordering provider as the requesting provider.
Enteral Formula	Durable Medical Equipment Purchase	Home	HCPC	Add the ordering provider as the requesting provider.
Home Health Care — Medicaid	Home Health Care	Home	Enter Codes	
Home Health Care				Refer to Therapies
Genetic Testing	Diagnostic Testing	Independent Laboratory	CPT	
Hospice	Hospice	Home	UM Service Group	HOS1 — Hospice
Hyperbaric Oxygen Therapy	Hyperbaric Oxygen Therapy	*varies by case*	HCPC	G0277
			CPT	99183
Infertility	Infertility	Office	UM Service Group	OPIF
Medical Care	Medical Care	Office	UM Service Group	MD01
Medically Related Transportation	Medically Related Transportation	Ambulance — Land	CPT	A0428 (Basic life support)
				A0426 (Advanced life support)
				A0425 (Mileage)
		Ambulance — Air or Water	CPT	A0430 (Fixed wing)
				A0434 (Specialty care transport)
				A0435 (Mileage)

Preauth Code Lists

See preauth required and non-covered codes by state and plan. Learn how to use these lists.

Preauth Code Lists	Utah	Idaho	NV	CO
Commercial Plans	See Codes	See Codes	See Codes	See Codes
Medicare Plans	See Codes	⊘	⊘	See Codes
Medicaid Plans	See Codes	⊘	⊘	⊘

Preauth code information is updated quarterly and subject to plan specifics. For current preauthorization lists, please review the applicable certificate of coverage. Select Health does not accept medical AI-generated calls for preauthorization.



Preauth Updates

Get the latest news and info here.

Read now →



Provider Manual

Get preauth specifics in this manual.

View now →



Get Gold Carded

Preauth leniency for meeting benchmarks.

Learn more →

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Select Health

Select Health Provider Web Services

June 2026

Sandy Leo
Credentialing & Contracting Admin Supervisor – Provider Web Services

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Home | Individual & Family | Medicare | Medicaid | FEHB | Employers | **Providers** | Agents & Brokers | Help

Select Health | Providers

Search

Provider Access Point

Preauthorization | Claims | Policies | Join Our Networks | Programs | Publications & Resources

Provider Benefit Tool

Login now

Previous enrollment required.

PBT login



Select Health Provider Benefit Tool

Search | Pre-Auth Status | Letters | Provider Update | Payments (3230) | Information | Contact Us

Quick Search | **Patient Lookup** | **Browse Claims**

Search

Search

Subscriber ID must be 9 digits

Search Type

Subscriber ID

SEARCH

- For a more comprehensive overview of a patient's previous medical coverage history, please use the Patient Lookup link above.
- For Intermountain Nevada Claims, Remittance Advice or Pre-Authorization information, please visit https://claimsportal.intermountainnv.org/ or https://register.intermountainnv.org/ to register.

Help us improve with this two question survey. How would you rate this site? ☆ ☆ ☆ ☆ ☆ ×

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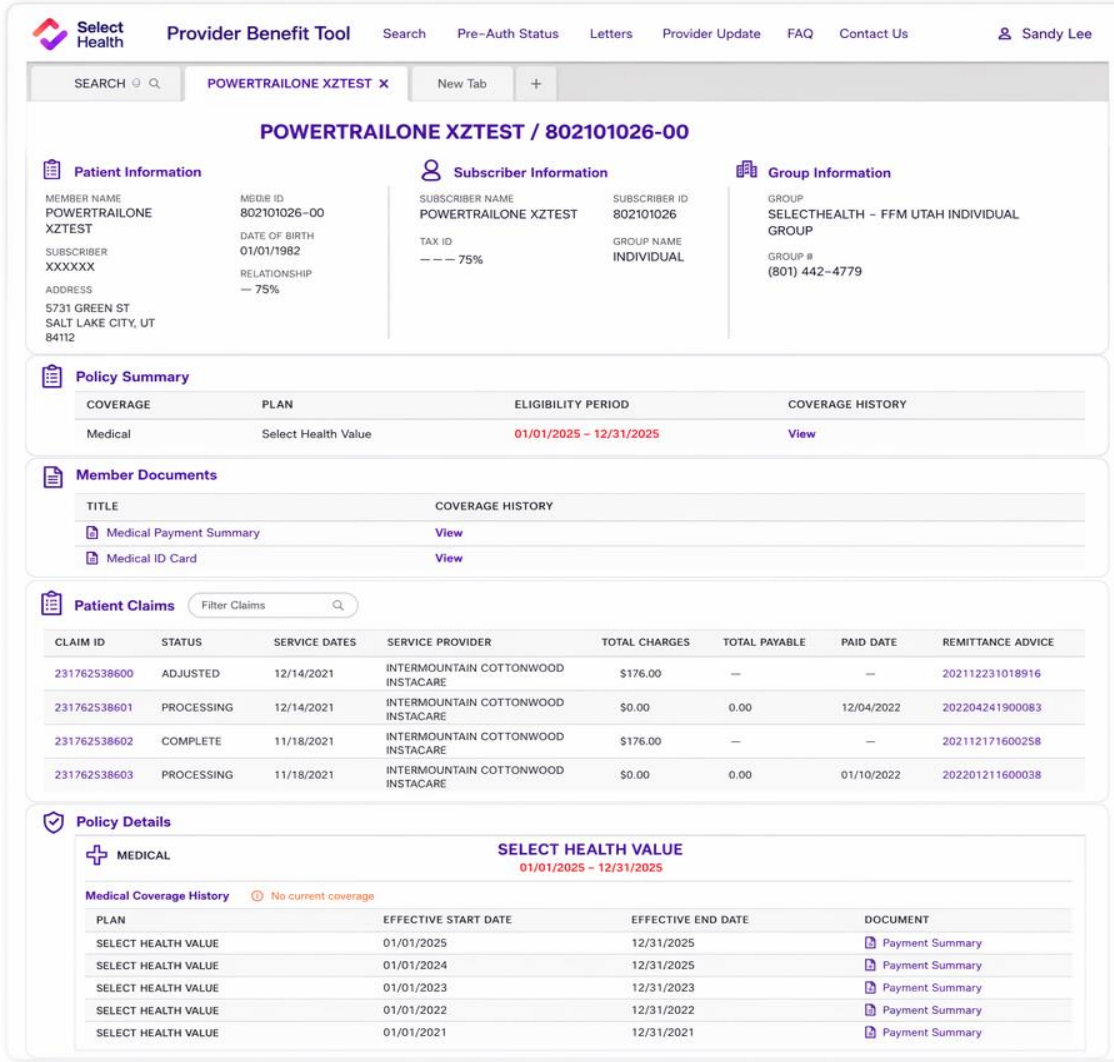
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Member/Policy Details

Everything you need in one place

- **Subscriber/Patient information**
- **Plan Type, Eligibility Period & Policy Summary**
- **Access to Member Documents** (Payment Summary and ID Cards)
- **Member/Patient Claims History**
- **Access to Remittance Advice**
- **Member Payment Summary, Deductible/Out of Pocket accumulators, Medical Coverage History and Coordination of Benefits (when available)**

Note: If a Member has a Dental policy with Select Health, Dental documents, benefits & eligibility, and claims will be listed on this page in addition to Medical.



Claims & Payments – At-a-Glance

Manage claims, submit documents, and access payment details in one place.

Select Health

1. CLAIMS DETAILS

View and manage claim-specific information.

- Access remittance advice
- View claim overview and details
- Review line items billed
- Understand claim line explanations
- Access claim letters
- Submit documents (appeals or attachments)

2. DOCUMENT SUBMISSION

Upload supporting documents to claims.

Select submission type
Choose Appeal or Attachment

Upload documents
Complete required fields and submit

Choose document type and add notes
Select the appropriate type and include notes (optional)

3. REMITTANCE ADVICE

Review and download payment details.

View claim payment summary

- Patient and claim details
- Service dates and provider info
- Charges and paid amounts

Download remittance
Access and download directly from the claim view

Common Document Types

- Medical/ Dental Records
- Explanation of Benefits (EOB)
- Appeals (Provider/Member)
- Pharmacy Records
- Coordination of Benefits (COB)
- Personal Injury Protection (PIP)
- Other

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Providers | Claims | Provider Benefit Tool | Training

Claims
- Eligibility
- Zelis Payments
- Electronic Data Interchange (EDI)

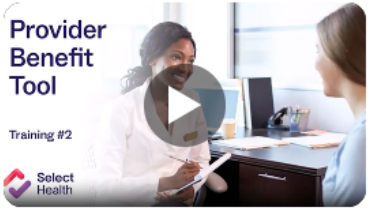
Provider Benefit Tool
- Provider Benefit Tool
- Request Access
- Training
- Forms & FAQs

Provider Benefit Tool Training (PBT)

PBT Training Videos



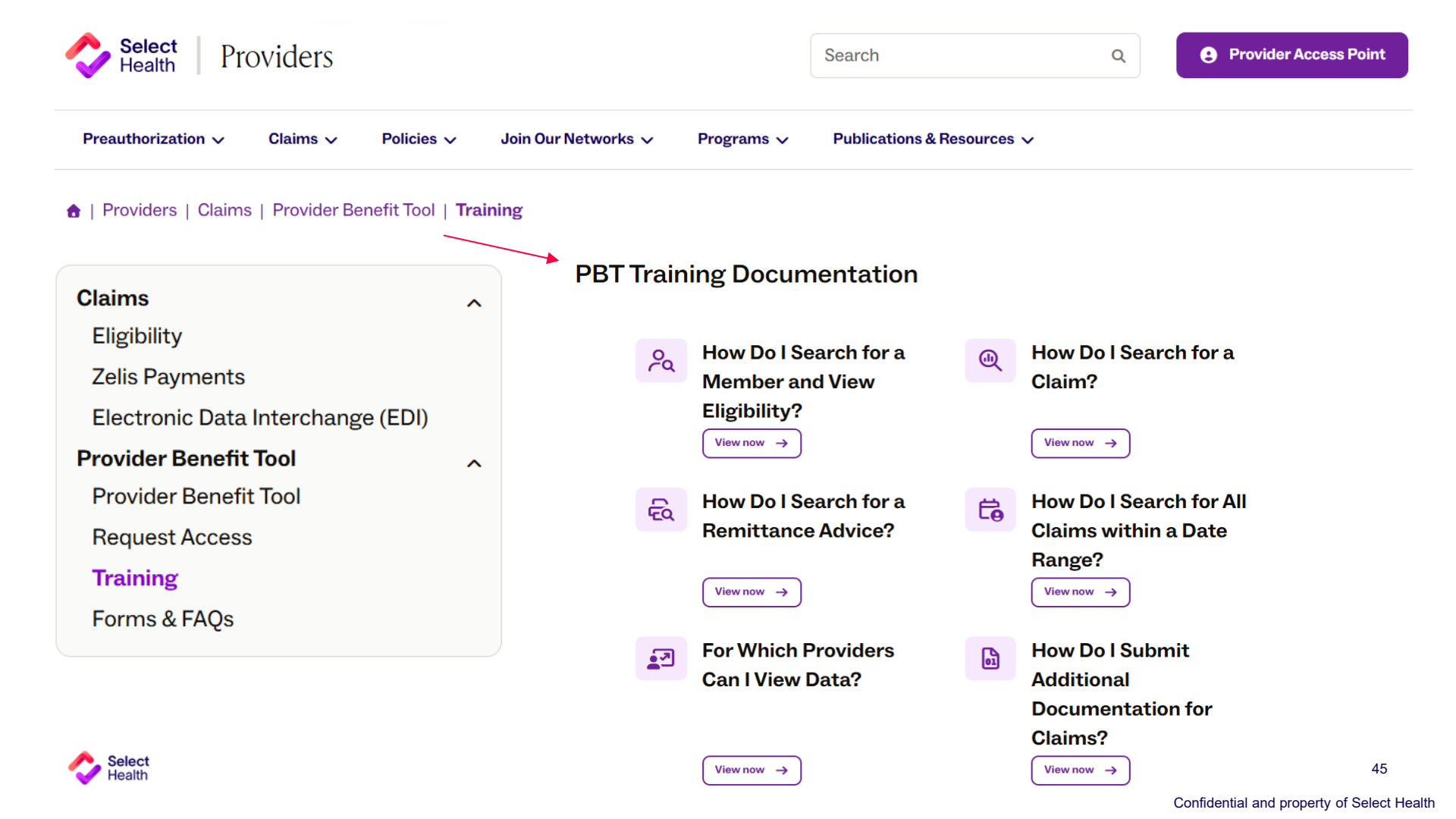
Training 1
Discover tool benefits. Plus how to sign up, log in, and navigate.



Training 2
Search for patient info and access policy summaries and details.



Training 3
Browse claims by date, facility, type, and status.



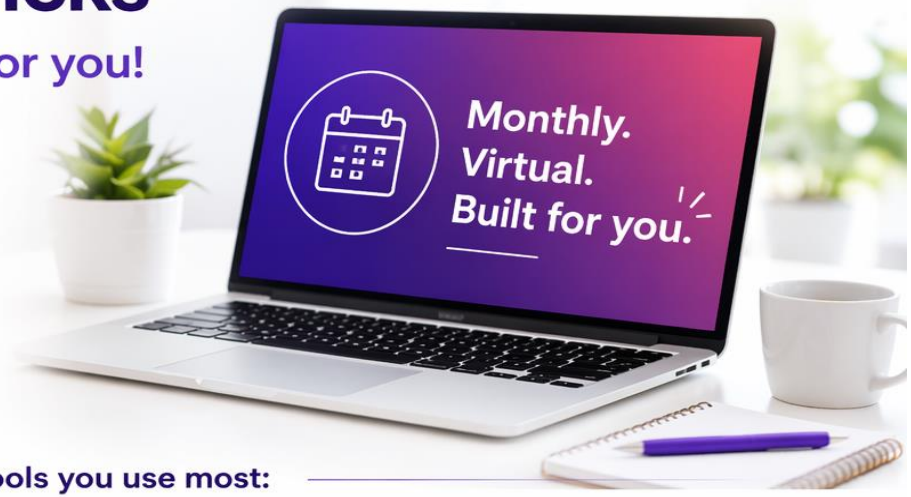
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COMING SOON!

Digital Tools Tips & Tricks

A new monthly virtual series made for you!

Join us for a monthly virtual session designed to help you work smarter, save time, and get the most from your Select Health digital tools.



Quick tips. Real impact.

Live demos. Live Q&A.

Tools that help you succeed.

We'll cover the tools you use most:

Select Health Provider Benefit Tool
Check eligibility, benefits, and claims information — fast and easy.

Provider Access Point for Credentialing
Manage applications, track status, and stay credentialing-ready.

Preauthorization and Care Plan Tool
Submit, check status, and manage authorizations with confidence.

More details coming soon!
We can't wait to share the schedule, topics, and how to register. Stay tuned—you won't want to miss it!

Smarter tools. Stronger care. Together.

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Questions?

Provider Relations Rep Resource Room



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Helpful Contacts

FOR ASSISTANCE WITH:	CONTACT:
Claim payment issues and member benefits	Provider Inquires: 800-222-6358
Provider setup and directory listing issues	Provider Services/Development: 800-538-5054 provider.development@selecthealth.org
Accessing the secure Portal or Using Select Health's online tools	Provider Web Services: providerwebservices@selecthealth.org
Resolving claim appeals and pre-auth issues	Compliance and Appeals: 844-208-9012
Managing Electronic Data Interchange (EDI)	EDI Department: 800-538-5099 (fax: 801-442-0372) edi@selecthealth.org
Changing passwords, reactivating accounts, resolving PingID issues	Account Help Desk: 801-442-7979, Option 2
Requesting fee schedules	Medical: shfeescheduleRequests@selecthealth.org Dental: Provider Access Point (secure login required)

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Select Health Network Overview

Our vision is to be a model health plan by providing high-value health benefits and superior service at an affordable cost.

Care

Med

Value

Share

Signature

Select Health Community Care

Select Health Medicare

Select Health

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Refer to Contracted Entities

Better outcomes. Lower costs. Greater quality.

select health

Why it matters

Using out-of-network laboratories subjects our members and your patients to higher out-of-pocket costs and potentially lower quality care, even if the out-of-network lab has made misleading commitments not to balance bill the patient. Additionally, members often have services denied or benefits reduced when the provider is not in the member's network. Using in-network laboratories for covered services improves member satisfaction, ensures quality results, and helps control costs.

How to find in-network labs

In addition to Intermountain Central Lab and LabCorp, you can find other in-network labs by searching on **selecthealth.org/find-care.** Select **"Find a Facility,"** and then enter the laboratory into the search bar. In-network laboratories are easily identified in the search result details.

Your agreement

This is a reminder of the requirement found in section 2.03 "Referrals," of your **Select Health Participating Provider Services Agreement.** This section requires that members be referred to "other Participating Providers in the manner specified by the applicable Health Benefit Program."

Questions?

Email us at **UTProviderRelations@selecthealth.org.**

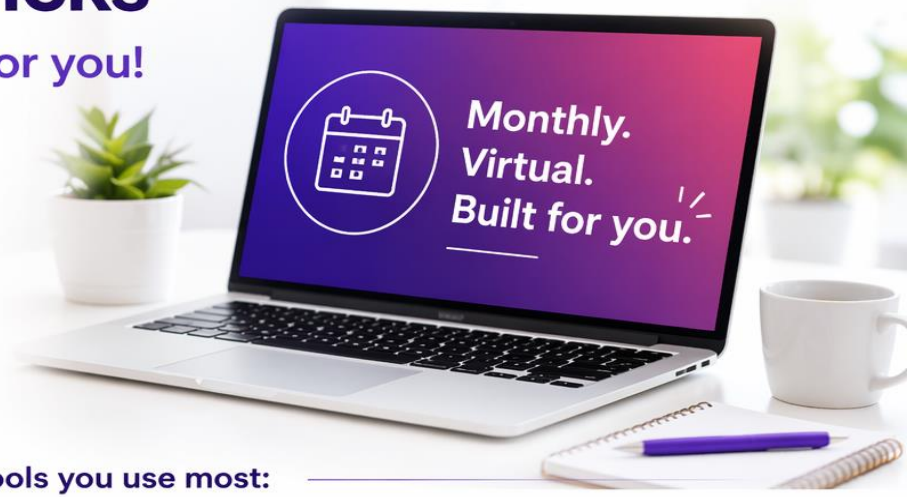
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Thank You

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