Clinics Honored For Care

SelectHealth® and Intermountain Healthcare® are presenting the Excellence in Healthcare Award to 122 healthcare clinics for their work in 2011.

This annual award recognizes independent physician offices as well as those within the Intermountain system for demonstrating exemplary care in managing chronic illnesses. These clinics have achieved high service marks from patients in preventive programs. Honored clinics have rates in the top 10 percent of the scored offices.

The award notes achievement in the following areas: asthma care, diabetes care, breast cancer screenings, cervical cancer screenings, colon cancer screenings, childhood immunizations, adolescent immunizations, and customer service.

Many clinics received more than one award for outstanding work in multiple areas. “Congratulations to the clinics recognized this year,” said Stephen Barlow, MD, SelectHealth chief medical officer. “Our physicians consistently provide excellent care for their patients, but these awards represent outcomes that exceed local and national standards.”

Measurements include how well patients control chronic illnesses, test results meeting recommended levels, percentage of patients who received screenings, and percentage of patients who received immunizations.
Clinics Honored For Care

- Intermountain Bountiful Clinic

Front Row: Dr. David Horsley, IM; Dr. Douglas Nielsen, Ped; Sun Yong Kim, MA; Dr. Celia Blackburn, FP; Cindy Kaufusi, MA; Terrie Luk, MA; Dr. Tyler Williams, IM

Back Row: Dr. Randy Reese, Ped; Dr. Douglas Kasteler, FP; Julie Christensen, MA; Dr. Nedda Hendler, IM; Kris Ericksen, MA; Dr. Scott Beckstead, FP
SelectHealth announces new affiliation with Idaho-based St. Luke’s Health System

SelectHealth has formed a unique strategic alliance with St. Luke’s Health System, Idaho’s largest and only locally governed healthcare system, to offer a new approach to health insurance benefits to residents of Idaho.

This new alliance is committed to exceptional health care and exceptional health insurance for Idahoans. The alliance will be supported by BrightPath, an extensive network of physicians and healthcare facilities that has been developed over a number of years by St. Luke’s and other leading providers to provide a comprehensive healthcare delivery system in Idaho.

Like SelectHealth, St. Luke’s is a nonprofit organization that gives back to the community. Both organizations share a community pledge for improving healthcare, providing superior service, and actively supporting health and wellness education initiatives.

To provide local service to members, providers, and the community, SelectHealth will establish a local office in Boise.
PATIENT PERCEPTION OF QUALITY SCORES

The annual Patient Perception of Quality was completed in 2011. SelectHealth attempted to collect surveys on more than 250 primary care, OB/GYN, and endocrinology clinics. Questions on the survey focused on the patient’s experience with physicians, nursing staff, reception staff, cleanliness, waiting time, and availability of appointments.

Results for clinics with a sufficient number of completed surveys are available at selecthealthphysician.org. Copies were delivered to clinic managers as well. Log in to selecthealthphysician.org to review your clinic’s results. Click on “Clinical Reports,” “SelectHealth,” “Primary Care” or “Women and Newborn,” and “SelectHealth Satisfaction and Performance Rating Reports.” After choosing your clinic and a reporting period in 2011, click on “satisfaction” at the top of the page to access the results of these surveys.

Members can review results for primary care and OB/GYN clinics with more than 30 completed surveys on selecthealth.org.

Scores for primary care physicians have generally improved over the past three years. Overall, internal medicine practices have shown improvement for patient interaction and nursing staff for the past four years. Scores for family practice clinics have increased in the categories “waiting time” and “experience calling the clinic.” Pediatric clinics have improved in all categories. Patient scores for OB/GYN clinics were slightly lower in 2010, but improvements were made in all categories in 2011.

We hope that these positive trends continue and recognize that it takes effort. SelectHealth offers a one-day class called “Science of Superior Service.” If you are interested in learning more or enrolling, call Staci Dearden at 801-442-7158. There is a $30.00 fee for each attendee. We appreciate all that you do at your clinics to ensure an excellent experience for our members.

NATIONAL DRUG CODES

As of June 1, 2012, claims submitted without a valid National Drug Code (NDC) are rejected by our claims processing system.

The NDC is useful because it is a universal identifier for human drugs and biologics. The Healthcare Common Procedure Coding System (HCPCS) only specifies the chemical name of a drug and can be used to represent multiple NDCs for several drug therapies.

Many healthcare providers have already made changes to their procedures to collect and submit NDC data to meet billing requirements of some federal and/or state-funded programs. This data helps manage injectable and specialty drug benefits for SelectHealth. This requirement does not apply to immunizations or services provided as part of an inpatient stay.

In 2007, we asked providers to begin submitting NDCs for injectable and specialty medications (in addition to the HCPCS code). We appreciate your efforts to provide this information. Currently, approximately 70 percent of all claims submitted for injectable and specialty medications include an NDC number.

If you need assistance to meet these requirements, please call the SelectHealth EDI department at 801-442-5442. If you have general questions related to this requirement, contact your Provider Relations representative.
New Staff at SelectHealth

Tom Wahlen has recently joined SelectHealth as the director of Provider Relations. Previously, Tom served as senior manager and negotiation lead in the Payer Contracting department at Intermountain Healthcare. Tom holds a Master of Business Administration degree from Westminster College and earned a Bachelor's degree in Business/Public Relations from the University of Utah.

HEALTH SERVICES MANAGEMENT TEAM

Christine Lake, Chris Chytraus, Lynanne Gibbons, Robbie Morris

Christine Lake has held clinical positions in hospital and outpatient surgery. She has worked as a region nurse consultant within the Intermountain Medical Group and most recently headed up the implementation of the SelectHealth physician/clinic public reporting and the Primary Care Physician Incentive program.

Chris Chytraus joined SelectHealth in 2011 to oversee care management for the Medicaid program. Chris was a manager for the Utah Department of Health Fostering Healthy Children Program, where she oversaw administrative care management for children in Utah’s foster care system. Chris received her nursing degree from Westminster College and her Certified Public Manager certification from the state of Utah.

Lynanne Gibbons held nursing positions with Intermountain Healthcare for 24 years and has been at SelectHealth for seven years. Lynanne graduated from Brigham Young University with a bachelors degree in nursing.

Robbie Morris has held positions at SelectHealth for 11 years. She currently oversees the coordination of care management services for new product lines. Robbie received a bachelors degree in nursing from Brigham Young University. She has over 38 years of nursing and management experience.

The update to the 5010 versions of EDI transactions is now complete. If your office is having any difficulties with this transition, please contact our EDI Team at (801) 442-5442 or edi@selecthealth.org.

GET INVOLVED!

There are many standards being created at a national and state level that may have an impact to your office. The Utah Health Information Network (UHIN) provides a way for these community-based standards to be created and maintained. We share feedback to UHIN to share with national organizations that create standards. For more information, visit UHIN.org.
Following is a list of recently reviewed technologies and committee recommendations:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Date Reviewed*</th>
<th>Committee Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Glucose Monitoring Systems (CGMS)</td>
<td>01/24/12</td>
<td>Continue to cover in limited circumstances. Criteria for coverage have been modified. See Medical Policy #223.</td>
</tr>
<tr>
<td>Intraoperative Stereotactic Image Guidance for Lumbar Spinal Arthrodesis</td>
<td>01/24/12</td>
<td>Cover. Current evidence, though limited, supports that stereotactic image guidance in lumbar spine surgery improves health outcomes. See Medical Policy #502.</td>
</tr>
<tr>
<td>Percutaneous and Endobronchial Brachytherapy for Lung Tumors</td>
<td>01/24/12</td>
<td>Cover in limited circumstances. Current evidence supports percutaneous endobronchial brachytherapy for the treatment of lung cancer to be safe and effective. See Medical Policy #501.</td>
</tr>
<tr>
<td>Bicompartamental Partial Knee Replacement/Resurfacing</td>
<td>01/24/12</td>
<td>Deny as unproven and not medically necessary. Current evidence remains limited as to the efficacy, safety, and durability related to bicompartamental knee replacement/resurfacing. See Medical Policy #431.</td>
</tr>
<tr>
<td>Total Hip Resurfacing Age Limit Restriction</td>
<td>01/24/12</td>
<td>Raise upper age limit to 60 in men, continue age limit of 55 for women. Current evidence supports total hip resurfacing for men up to age 60 to have equivalent health outcomes to standard total hip arthroplasty. Evidence beyond age 60 in men is insufficient to draw conclusions. Evidence in women older than age 55 demonstrates inferior outcomes to total hip arthroplasty. See Medical Policy #245.</td>
</tr>
<tr>
<td>Intravascular Ultrasound (IVUS) for Peripheral Vascular Disease (PVD)</td>
<td>04/24/12</td>
<td><strong>Cover.</strong> Current evidence demonstrates improved stent placement and fewer restenoses with IVUS in PVD. See Medical Policy #447.</td>
</tr>
<tr>
<td>Continuous Electrical Modulation Pain Reprocessing (Calmare®/Calmar™)</td>
<td>03/13/12</td>
<td>Deny as investigational. Current evidence is inadequate to determine the efficacy, safety, durability, or appropriate therapeutic protocols for transcutaneous electrical modulation pain reprocessing therapy. See Medical Policy #503.</td>
</tr>
<tr>
<td>Magnetic Resonance (MR) Neurography</td>
<td>04/24/12</td>
<td>Deny as investigational. Current evidence is limited and has not yet proven clinical validity for many conditions, and the clinical utility has not been defined. See Medical Policy #491.</td>
</tr>
<tr>
<td>Transcutaneous Electrical Modulation Pain Reprocessing (Calmare®/Calmar™)</td>
<td>03/13/12</td>
<td>Deny as investigational. Current evidence suggests shoulder resurfacing has a greater number of complications and higher revision rate than the current standard of total shoulder arthroplasty for the same indications. See Medical Policy #505.1.</td>
</tr>
<tr>
<td>Shoulders Resurfacing</td>
<td>03/13/12</td>
<td>Deny as investigational. Current evidence supports the utility of this method of total hip arthroplasty as it compares to standard hip arthroplasty. See Medical Policy #236.</td>
</tr>
<tr>
<td>Ultrasound for the Management of Multiple Sclerosis (MS)</td>
<td>06/12/12</td>
<td>Deny as investigational and not medically necessary. Current evidence has not demonstrated clinical utility of this method of total hip arthroplasty as it compares to standard hip arthroplasty. See Medical Policy #236.</td>
</tr>
<tr>
<td>Cooling Garments for the Management of Multiple Sclerosis (MS)</td>
<td>06/12/12</td>
<td>Deny as investigational. Current evidence has not demonstrated significant impact of these garments on the health outcomes in individuals with MS compared to nonmedical items. See Medical Policy #345.</td>
</tr>
<tr>
<td>Transcatheter Aortic Valve Replacement (TAVR)/Implant (TAVI) for Aortic Stenosis</td>
<td>06/12/12</td>
<td>Cover in limited circumstances consistent with FDA-approved indications and at designated facilities only. See Medical Policy #444.</td>
</tr>
</tbody>
</table>

**Date reviewed** does not necessarily reflect the policy implementation date. See Medical Policies for details.

If you have questions regarding coverage of these or any other technologies or procedures, or if you would like SelectHealth to consider coverage for an emerging technology, please e-mail mtech@selecthealth.org or call Ken Schaecher, MD, FACP, M-Tech committee chairman, at 801-442-7927.

All SelectHealth medical policies and technology assessments can be viewed on selecthealth.org. Click on the “Provider” tab (upper right corner), enter your login information, and then click on “Policies and Procedures” (left side of page).
Please refer to the latest edition of your coding reference books or software updates for current information regarding these code changes. If you have purchased books, be aware that there are already corrections being made. Please refer to the following websites to get the latest information and corrections*:

ama-assn.org/ama/pub/category/3896.html

ama-assn.org/ama/pub/category/3896.html

cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage

cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage

PREVENTIVE CARE TIPS

As a result of the Affordable Care Act (ACA), the majority of plans offered by SelectHealth offer preventive care services covered at 100 percent. SelectHealth defines preventive care as routine healthcare that includes screenings, checkups, and patient counseling to prevent illness, disease, or other health problems not currently known to exist in the person, or in the case of immunizations, to prevent the development of disease. As members continue to use this benefit, there are a few points that can make claims submission easier.

1. EXISTING CONDITIONS. If the purpose of the patient’s visit is to evaluate and manage an existing condition (i.e., treating high blood pressure to prevent a heart attack or stroke), it is not considered a preventive service. However, if a member has an existing condition, they are still eligible for a preventive visit for their general well-being. In these situations, it is appropriate to bill using a preventive diagnosis code instead of a code for an existing diagnosis.

2. 365 DAYS. Prior to January 1, 2011, preventive services were covered once per calendar year. However, effective the beginning of this year, members are only eligible for preventive services every 365 days.

3. LAB WORK. Laboratory work billed in conjunction with a routine exam may be billed as preventive if the patient has not been diagnosed with a related condition in the past. In these situations, it is important that the correct diagnosis is sent to the lab. If the lab work is not billed with a preventive diagnosis, it will apply to a different benefit and may be subject to a copay, deductible, and/or coinsurance. For example, it is common to see CPT 80050 billed with an existing diagnosis, which triggers the outpatient minor diagnostic testing benefit instead of the preventive benefit.

For additional information regarding preventive coding policies and services, please visit selecthealthphysician.org.

*SelectHealth may link to other websites for your convenience. SelectHealth does not expressly or implicitly recommend or endorse the views, opinions, specific services, or products referenced at other websites linked to the SelectHealth site, unless explicitly stated. SelectHealth disclaims any responsibility for the content, information or the privacy and security policies contained on other websites, and does not exert any editorial or other control over those sites.
Immunization Summits

Tamara Sheffield, MD, MPA, MPH, and Shannon Seymour, RN will present current information about immunizations and influenza. The summit is free, but seating is limited. Visit selecthealthphysician.org to register today!