



# PROVIDER NEWSLETTER

October 2022

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## ANNOUNCEMENTS

Health Choice Utah now has an imbedded PA form available on our website that can be filled out and submitted electronically. In-Network Providers should continue to utilize the portal to submit PA requests, as this method remains faster and the PA status will show on the portal. Requests submitted via the imbedded form will not carry over to the Provider Portal.

Health Choice Utah maintains two separate call centers for our lines of business. Providers should call 1-877-358-8797 for our Medicaid line of business and 1-844-457-8943 for our Medicare line of business. Please be sure to pass these numbers along to any 3rd party billing or verification services you are using.

- Health Choice Utah will be a part of the payer panel at the 2022 UHIN HIT/PES Conference on November 10th. This is a great opportunity to have common and complex billing questions around Medicaid and Medicare answered. Registration is available at <https://uhin.org/2022-hit-conference/>
- Claim corrections and voids should be requested by filing a replacement claim rather than reaching out to your Network Representative or via the call center. Replacement claims should be submitted with the claim type 7 for replacement/readjusted claims and claim type 8 for a voided claim.
  - Replacement claims should be billed exactly as you are requested to be paid. For example, If you have billed a 99213 with an erroneous J code, the replacement claim should still include the 99213 along with the adjusted J code.
  - The claim type field is located in the following areas:
    - Electronic claims - X12 element 2300 CLM05-3
    - UB-04 paper claims - Form Locator 4, position 3
    - HCFA 1500 paper claims - Box 22 (Code)

## CONTACT INFORMATION

### GENERAL INFORMATION

**Health Choice Utah – Medicaid**  
 Member Services: (877) 358-8797  
 Prior Authorizations Fax: (877) 358-8793  
[www.healthchoiceutah.com](http://www.healthchoiceutah.com)  
 PAYER ID: 45399

**Health Choice Generations D-SNP – Medicare**  
 Member Services: (844) 457-8943  
 Prior Authorizations Fax: (844) 457-8942  
[www.healthchoicegenerations.com](http://www.healthchoicegenerations.com)  
 PAYER ID: 45399

### CASE MANAGEMENT

[CaseManagement@healthchoiceutah.com](mailto:CaseManagement@healthchoiceutah.com)

### CLAIMS ADDRESS

Health Choice Utah (or)  
 Health Choice Generations  
  
 PO Box 45900  
 Salt Lake City, UT 84145

### HEALTH CHOICE UTAH - PBM

**RealRx Pharmacy Help Desk:**  
 (855) 864-4046  
 RXBIN: 610830  
 RXPCN: RRXHCU  
 RXGRP\*: N/A

### PROVIDER PORTAL HELP

[Provider.Portal@healthchoiceutah.com](mailto:Provider.Portal@healthchoiceutah.com)

### PROVIDER SERVICES

Steve Baker – Network Director: (801) 646-7272  
 Chase Montgomery – Representative: (801) 646-7294  
 Nicole Gilliam – Representative: (801) 646-7276  
 Troy Fuller – Representative: (801) 646-7275  
 Kayanne Malin – Representative: (801) 646-7277

[Providers@healthchoiceutah.com](mailto:Providers@healthchoiceutah.com)

### QUALITY / RISK ADJUSTMENT

Rachel Vasquez – Quality Manager: (801) 646-7285  
 Jessica Hocker – Risk Coding Auditor: (801) 646-7283  
 DeAnn Andreason – QI Specialist: (801) 646-7280  
 Polly Davidson – QI Specialist: (801) 646-7281  
 Monique Hall – QI Specialist: (801) 646-7282  
 Vickie Jenkins – QI Specialist: (801) 646-7284

## CONNECT THE DOTS

Health Choice Utah's Outreach team holds community network meetings called Connect the Dots. These meetings are held throughout the year, virtually and in-person. Education on a variety of topics impacting community wellness are presented. The goal of Connect the Dots is to promote organizations within the community to build a strong network of partnerships & resources.

### Health Choice Utah is hosting training on Medicaid Waivers – Benefits

Medicaid has many waivers (programs). Benefits may be different.

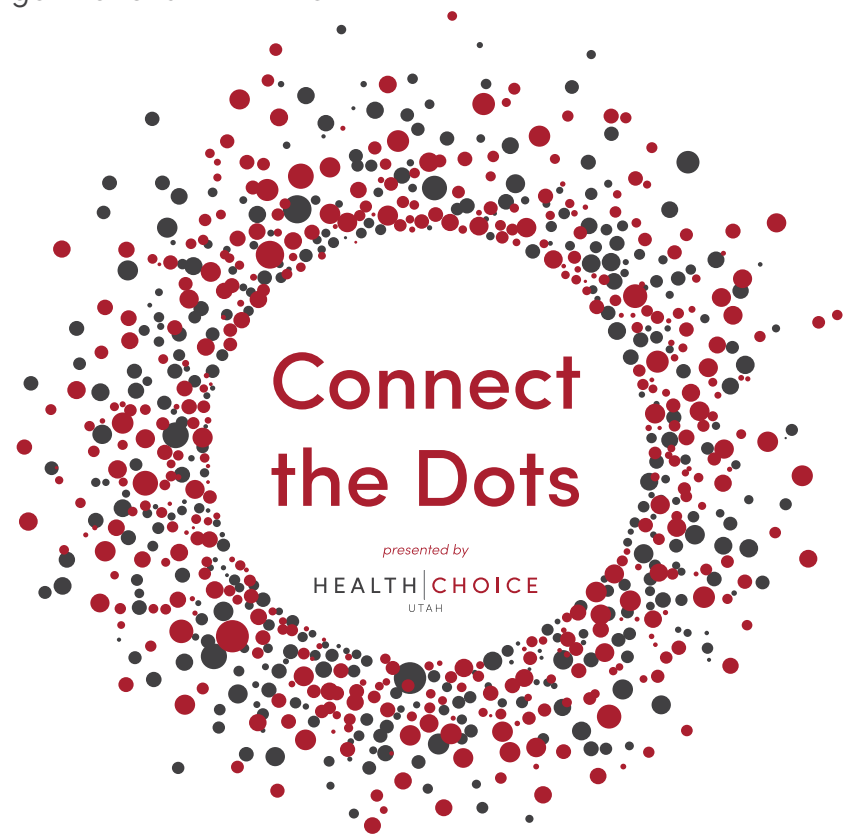
This training will explain the benefits for each of the waivers. Training is provided by UDOH Medicaid staff.

All Training are Virtual. All Meeting times is: 10am to 11:30am

For more information, or to RSVP, please email: [outreach@healthchoiceutah.com](mailto:outreach@healthchoiceutah.com)

MEETING DATES (10AM - 11AM)	MEETING AGENDA
October 13	Traditional / Non-Traditional
October 20	Children Health Insurance Plan (CHIP)
October 27	Age/Blind/Disabled
November 3	Targeted Adult Medicaid (TAM)

Recorded meetings may be available on Health Choice Utah's [YouTube channel](#).



## SUPPORTING THE PINK RIBBON

### DID YOU KNOW?

About 85% of breast cancers occur in women who have no family history of breast cancer. (2022, Breastcancer.org)

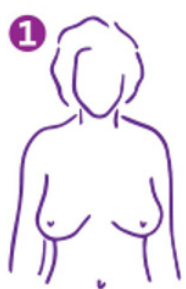
### Annual Breast Cancer Discussion Topics

As a provider, there are things we should make sure our patients are aware of and understand to the fullest in order to promote breast cancer awareness and early prevention. Early detection of breast cancer is critical when it comes to treatment. By discussing the proper way to perform monthly breast self-examinations, signs and symptoms to look for, health risk factors, types of screenings available, how often to be screened, the benefits verse the risks, and treatment options; you will be providing your patients with a wealth

of knowledge needed to navigate the health care system and the ability to take charge of their overall well-being.

### The Proper Way to Perform Monthly Breast Self-Examinations (BSE)

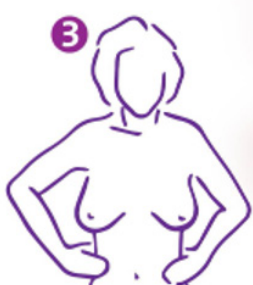
BSE is a procedure a women can do to physically and visually examine their breasts and underarm areas for any changes. Adult women of all ages are encouraged to perform breast self-exams at-least once a month. John Hopkins Medical Center states, "Forty percent of diagnosed breast cancers are detected by women who feel a lump, so establishing a regular breast self-exam is very important." By educating your patients on the proper way to perform a breast self-exam you increase the likelihood of catching a possible tumor in the early stages. (2022, Mayoclinic.org/test-procedures/breast-exam)



**1** Stand in front of a mirror that is large enough for you to see your breasts clearly. Check each breast for anything unusual. Check the skin for puckering, dimpling, or scaliness. Look for a discharge from the nipples.



**2** Watching closely in the mirror, clasp your hands behind your head and press your hands forward.



**3** Next, press your hands firmly on your hips and bend slightly toward the mirror as you pull your shoulders and elbows forward.

DO STEPS 2 AND 3 TO CHECK FOR ANY CHANGE IN THE SHAPE OR CONTOUR OF YOUR BREASTS. AS YOU DO THESE STEPS, YOU SHOULD FEEL YOUR CHEST MUSCLES TIGHTEN.



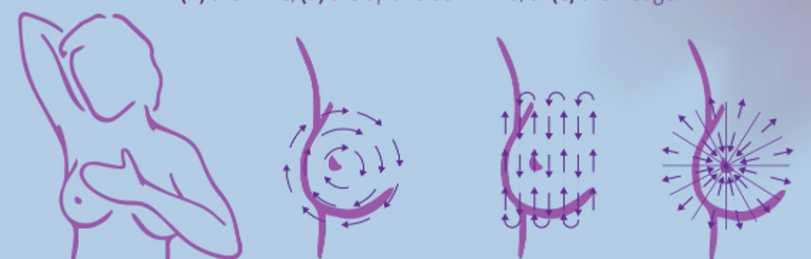
**4** Gently squeeze the nipple. Look for any fluid leaking from the nipple (discharge). See your doctor, if you have a discharge during the month, whether or not it is during your breast self-exam.



**5** The breasts are best examined while lying down because it spreads the breast tissue evenly over the chest. Lie flat on your back, with one arm over your head and a pillow or folded towel under the shoulder. This position flattens the breast and makes it easier to check.

SOME RESEARCH SUGGESTS THAT MANY WOMEN DO BSE MORE THOROUGHLY WHEN THEY USE A PATTERN OF UP-AND-DOWN LINES OR STRIPS.

Move around the breast in one set way. You can choose either (A) the circle, (B) the up and down line, or (C) the wedge.



Do it the same way every time. This will help you make sure that you have gone over the entire breast area and will help you remember how your breast feels each month.

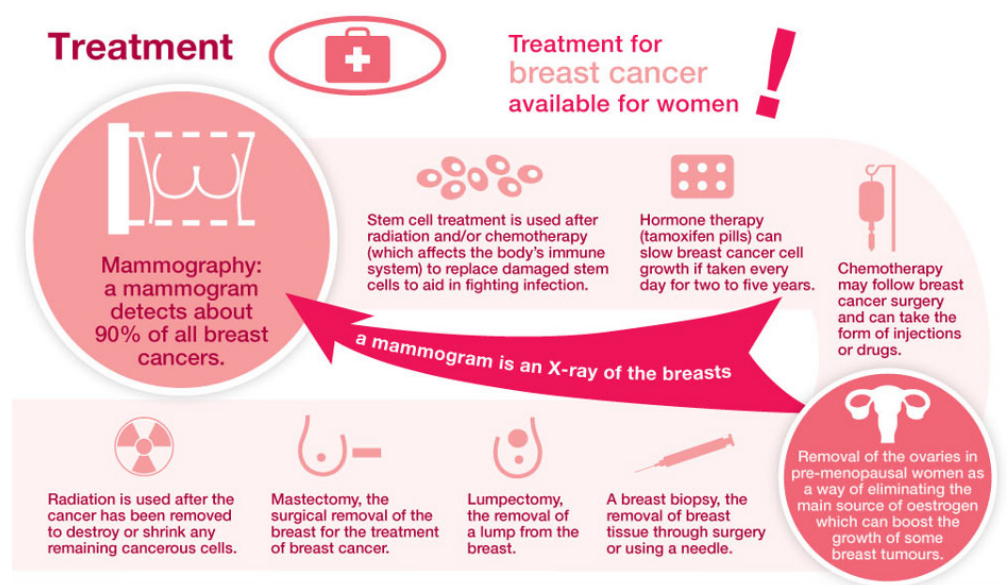
## WHAT SYMPTOMS TO LOOK FOR:

- New lumps in the breast or underarm (armpit)
- Thickening or swelling of part of the breast
- Irritation or dimpling of the skin on the breast
- Redness or flaky skin in the nipple area or surrounding area
- \* Any temperature change in the breasts
- \* Nipple discharge other than breast milk, including blood
- \* Pain or tenderness in the breasts
- \* Nipple turned inward or inverted

## HAVE YOU DISCUSSED THE BENEFITS AND RISKS WITH YOUR PATIENTS?

- While mammograms are one of the most trusted screenings to detect any tumors or lumps in breast tissue, the exam alone will not prevent breast cancer from developing. A mammogram is an X-ray picture of the breast. Doctors use a mammogram to look for early signs of breast cancer. The value of mammograms was questioned in November 2009 when the U.S. Preventive Services Task Force recommended that routine screening mammograms for women with an average risk of breast cancer should start at age 50 instead of age 40. The recommended changes were very controversial and were not universally adopted.
- Since that time, the American Medical Association, the American College of Obstetricians and Gynecologists, the American College of Radiology, the American Cancer Society, the National Cancer Institute, and the National Comprehensive Cancer Network all have issued guidelines saying that all women should be eligible for screening mammograms starting at age 40. Until 2022, the age for HEDIS reporting remained at age 50, but has now been lowered to age 45.
- Another important reason to start screening for breast cancer early through breast self-exams and mammograms is that when caught early, localized cancers can be removed without resorting to breast removal (mastectomy).
- Now for the risks of mammograms. Like any other screening, they are not perfect. Normal breast tissue can hide a breast cancer so that it does not show up on the mammogram. This is called a false negative. A mammogram also has the possibility of identifying an abnormality that looks like cancer, but turns out

to be normal. This "false alarm" is called a false positive. Besides worrying about being diagnosed with breast cancer, a false positive means more tests and follow-up visits, which can be stressful. To make up for these limitations, women also need to get regular breast examinations by an experienced health care professional, and, in some cases, also get another form of breast imaging, such as breast MRI or ultrasound. Radiation exposure from the mammogram has also been a wide spread concern for women; it is important to reassure your patients that modern-day mammography only involves a tiny amount of radiation – even less than a standard chest X-ray.



## BREAST CANCER RISK FACTORS:

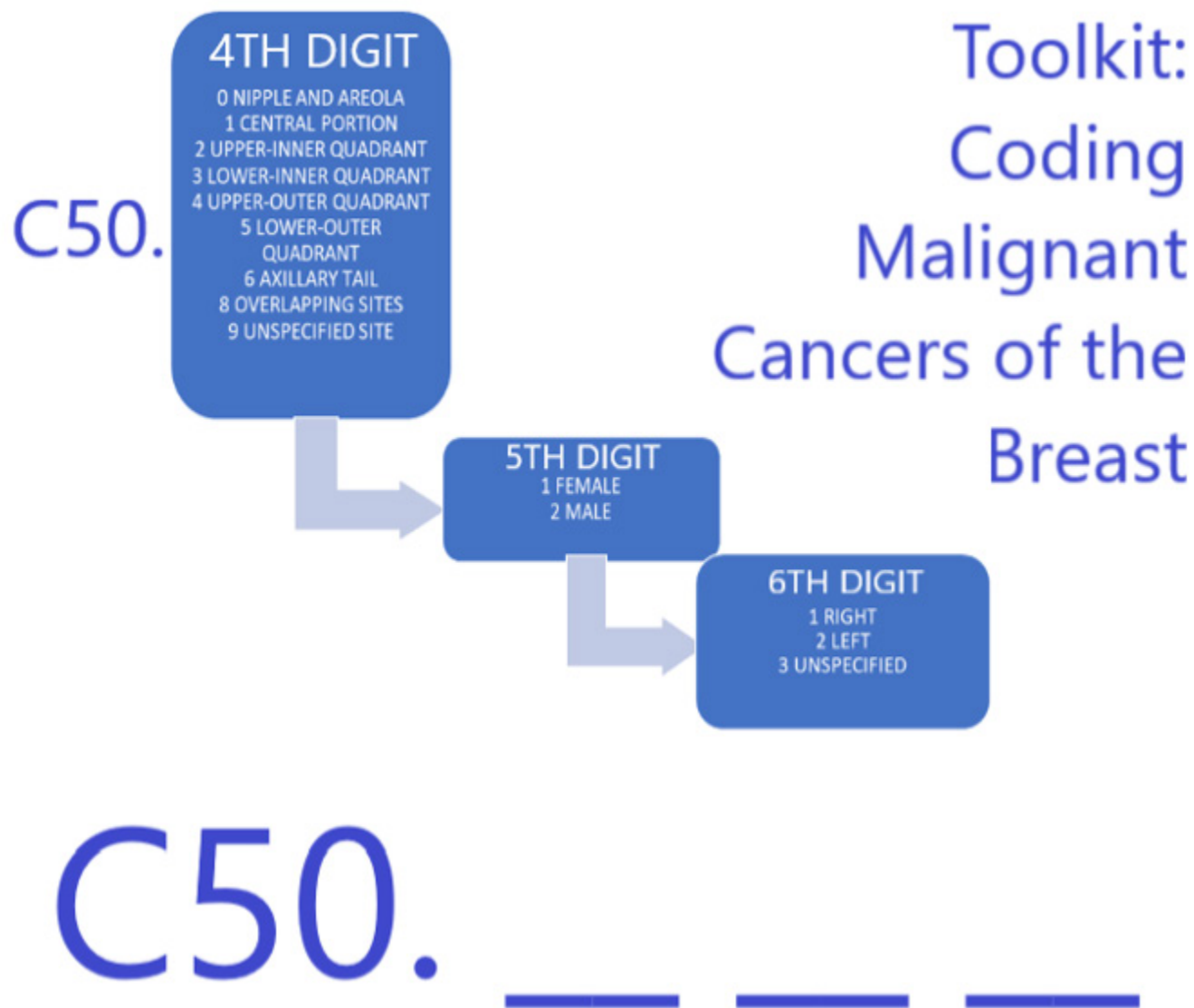
### Have you discussed the high-risk factors with your patients?

- Personal history of breast problems.
  - Family history of breast cancer.
  - Breast density (the amount of connective and fatty tissue in their breasts).
  - Age. Most breast cancers are found after age 50.
  - Menstrual and childbirth history.
  - History of radiation treatment therapy to the chest or breasts.
  - If they took the drug diethylstilbestrol (DES), which was given to some pregnant women in the United States between 1940 and 1971 to prevent miscarriages
    - Women whose mothers took DES while pregnant with them are also at higher risk.
  - If there is a close family member known to have mutation (changes) in their breast cancer genes (BRCA1 or BRCA2).
- Women who have inherited these genetic changes are at higher risk of breast and ovarian cancer.
- Genetic testing is the only way to know if you have the BRCA1 or BRCA2 mutation.
  - About 5% to 10% of breast cancers can be linked to known gene mutations inherited from one's mother or father. Mutations in the BRCA1 and BRCA2 genes are the most common. On average, women with a BRCA1 mutation have up to a 72% lifetime risk of developing breast cancer. Women with a BRCA2 mutation have up to a 69% risk. Breast cancer that is positive for the BRCA1 or BRCA2 mutations tends to develop more often in younger women.
  - In men, BRCA2 mutations are associated with a lifetime breast cancer risk of about 6.8%; BRCA1 mutations are a less frequent cause of breast cancer in men. (2022, Breastcancer.org)

## RISK ADJUSTMENT CORNER: CODING TOOLKIT

Scores calculated by risk adjustment methodology take into account the chronic conditions of a beneficiary this year to predict costs next year. "Diagnoses are grouped into condition categories with similar predicted costs and those that are clinically related. Hierarchies are applied to these condition categories based on disease severity so that risk scores reflect the most severe and costly category of a condition." (Computer-Based Training Series. Risk Adjustment Methodology, CMS, December 2021, <https://cssoperations.com/internet/csscw3.nsf/RiskAdjustmentMethodologyTranscript.pdf>. PDF download.)

Below is a step by step coding tool that can help with documentation and coding of malignant breast cancer to highest specificity.



## HOW TO SCHEDULE THE UNIVERSITY OF UTAH MOBILE MAMMOGRAM VAN

Contact: Lynette Phillips  
Phone Number: 801-597-6080 (mobile)  
E-mail: [Lynette.phillips@hci.utah.edu](mailto:Lynette.phillips@hci.utah.edu)

### Requirements:

20 patients scheduled to book the van for a full day

OR

10 patients scheduled to book the van for a half day

### Musts for diagnostics at a brick-and-mortar location where a radiologist is on staff.

The staff can accommodate some patients with disabilities however; they will need to be able to stand unassisted for 10 minutes. If they are unable to stand unassisted, they will need to be scheduled at one of our mammography facilities in order for more staff to assist.

## REFERENCES

Visit the following resources to find out more on the latest on Breast Cancer treatment.

1. <https://www.premierhealth.com/images/default-source/women-wisdom-wellness>
2. <https://www.breastcancer.org/facts-statistics>
3. <https://www.mayoclinic.org/tests-procedures/breast-exam/about/pac-20393237>