



# PROVIDER NEWSLETTER

Health Choice Utah  
Provider Publication  
Q2

## INSIDE THIS EDITION

UPDATE ON CYBERSECURITY DISRUPTION .....	2
MAKE YOUR OFFICE MORE EFFICIENT WITH EDI, ERA, AND EFT .....	2
TRAINING REQUIREMENTS TO TREAT GENDER DYSPHORIA IN MINORS .....	4
<b>QUALITY CORNER .....</b>	<b>4</b>
WELL CHILD VISITS .....	5
WEB LINKS & RESOURCES .....	6
PERScription TO PLAY .....	6
BEHAVIORAL HEALTH QUALITY MEASURES .....	6
988 & UTAH CRISIS LINE .....	7
COLORECTAL CANCER SCREENINGS .....	8
UNDERSTANDING PROSTATE SPECIFIC ANTIGEN (PSA) .....	9

## UPDATE ON CYBERSECURITY DISRUPTION

In response to the security breach experienced by our business partner, Change Healthcare, Health Choice Utah has been implementing new processes and relationships to mitigate impacts on providers and members.

### WHAT HAPPENED

As you are likely aware, Change Healthcare was faced with a cyber threat to a key data system, beginning in February. Once they discovered the threat, they immediately disconnected their systems, including those that impact some payment data applications for medical and pharmacy claims at University of Utah Health Plans—as well as many other insurers across the nation. This resulted in a disruption in many providers and pharmacies' ability to bill services and prescriptions or receive some payments and remittance advices.

### RECOMMENDED SOLUTIONS

**Claims** – There are several alternative methods available for providers to submit non-retail-pharmacy claims. The preferred method is to submit claims electronically through another claims clearinghouse, such as SmartData Solutions, Claim.MD, or Availity®, or directly through Utah Health Information Network (UHIN).

**Payments** – Paper checks bore the greatest impact from this disruption. We have temporarily contracted with an alternate vendor to process and mail paper checks; however, this is not a long-term solution. We strongly encourage you to sign up for [Electronic Funds Transfer \(EFT\)](#) through your EDI clearinghouse to ensure funds are deposited directly to your bank account.

**Remittance Advices** – If you have received payment for claims but have not received the remittance advice for the payment, you can contact Customer Service for the member's benefit plan to have your remittance advice emailed or faxed to you.

Thank you for your patience as we and other insurers navigate through this challenge. If you experience outstanding issues regarding claims, payments, or remits, please reach out to our Customer Service department.

## MAKE YOUR OFFICE MORE EFFICIENT WITH EDI, ERA, AND EFT

Electronic transactions via electronic data interchange (EDI) software offer significant benefits for your office. Electronic claims, remittance advices, and payment can help improve efficiency, productivity, and cash flow through less redundancy, reduced data entry errors, and faster turnaround times.

### EDI CLAIMS ADVANTAGES

Of the claims that University of Utah Health Plans (U of U Health Plans) receives electronically, 80% pass through our claims processing system without processor intervention. The average turnaround time for EDI claims (received date to check being received in the provider office) is 15 days.

## ACCEPTED TRANSACTIONS

Health Choice Utah and Utah Health Information Network (UHIN), our designated clearinghouse, are HIPAA-compliant in the following transactions:

- » **277CA** *Claim acknowledgment/error report*
- » **835** *005010x221a1 (Remittance advice)*
- » **837** *005010x224 (Dental claims)*
- » **837** *005010x222a1 (Professional claims)*
- » **837** *005010x223a2 (Institutional claims)*
- » **999** *Acknowledgment*
- » **COB** *Coordination of Benefits*
- » **EFT** *Electronic Funds Transfer (in conjunction with the 835)*

## ABOUT UHIN

Health Choice Utah is a member of UHIN, a non-profit coalition of payers and providers in Utah. UHIN members have come together to reduce the administrative costs of healthcare through standardizations of electronic interactions.

- » Our trading partner number with UHIN is **HT006998-001**.
- » Visit [UHIN.org](http://UHIN.org) for more information.

## BENEFITS OF ERA AND EFT

Why wait for snail mail when Electronic Remittance Advice (ERA) And Electronic Funds Transfer (EFT) can deliver claim information to you and payments to your bank account the same day as they are posted?

### Greater Efficiency

With ERA (transaction 835), you can review claims as soon as processing is complete, with no lag time waiting for the mail. Additionally, most EDI software can be configured to automatically post claim information directly to the patient's account without having to manually reenter the data. Using ERA decreases time spent reconciling accounts and reduces data entry errors.

### Greater Security

With EFT, payments are deposited directly to your bank account as soon as the payment is processed. EFT eliminates concerns of your check being delivered to the wrong address, stolen from the mail, or signed and cashed by an unauthorized person. EFT also eliminates the need for a staff member to spend time carrying the check to the bank. And, as with ERA, most EDI software can be configured to automatically post payments directly to the patient's account.

## ENROLL IN EDI, ERA, AND EFT

EDI transactions are standardized throughout the industry. This means your office can enjoy the efficiencies gained through EDI when doing business with most payers.

Visit [Electronic Data Interchange \(EDI\)](#) for more information about:

- » Enrolling for EDI
- » Submitting claims
- » Receiving assistance
- » Accepted transactions

Don't wait—make your office more efficient by [signing up for EDI, ERA, and EFT](#) today.

## TRAINING REQUIREMENTS TO TREAT GENDER DYSPHORIA IN MINORS

Utah law now requires providers of transgender care for minors to be certified. This information was published in the January 2024 [Medicaid Information Bulletin](#) (MIB), **article 24-19: Hormone Therapy for Gender Dysphoria Prior Authorization**.

The article states, "Healthcare providers and mental health professionals who treat gender dysphoria in minors are required to complete at least 40 hours of education related to transgender healthcare for minors from an approved organization and receive the [Transgender Treatment Certification](#) issued by the Utah Division of Professional Licensing (DOPL)."

Reference:

"24-19 Hormone Therapy for Gender Dysphoria Prior Authorization." Medicaid Information Bulletin: January 2024. Utah Department of Health & Human Services, Integrated Health. <https://medicaid.utah.gov/utah-medicaid-official-publications/>. Jan 2024. Accessed on 21 Mar 2024.

## QUALITY CORNER

Health Choice Utah continues to support new members. Starting in April 2024 all pregnant members that join the health plan will receive a **Well Baby Packet**.

Inside members will find:

- » How to find a Pediatrician
- » Well Child Visits
- » Developmental Milestones
- » Parenting Tips for Healthy Child Development
- » Car Seat Program
- » Extra Benefits (Smartphone, WIC, Transportation)
- » Web Links and Additional Resources



# WELL CHILD VISITS (W30) (0-15 MONTHS & 15-30 MONTHS)

## Health Choice Utah Provides Resources and Information to Support Parents.

Each household will receive the well visit schedule pictured below. This will be a magnet for parents to display at home

HEALTH CHOICE  
UTAH

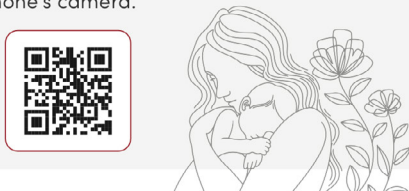
## WELL-CHILD VISITS

Well-child visits are **FREE** with Medicaid, CHIP, and most insurance plans.

**MEMBER SERVICES: (877) 358-8797**  
Monday - Friday, 8 am - 6 pm MST  
[www.healthchoiceutah.com](http://www.healthchoiceutah.com)

**NOT SURE IF YOUR CHILD IS UP-TO-DATE ON THEIR IMMUNIZATIONS?**

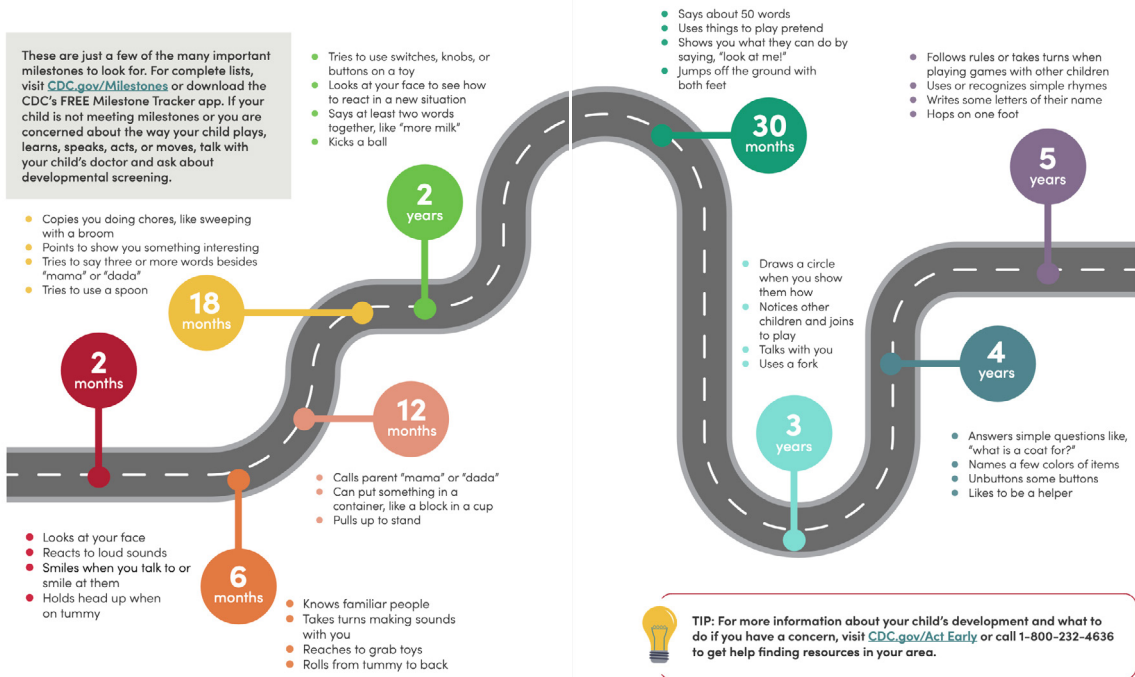
Call your doctor or download the **FREE** Docket app by scanning the QR code with your phone's camera.



WELL-CHILD VISIT SCHEDULE	
1st week (3 to 5 days old)	12 months old
1 month old	15 months old
2 months old	18 months old
4 months old	2 years old (24 months)
6 months old	2 ½ years old (30 months)
9 months old	
WHAT TO EXPECT	
✓ Physical Exam	
✓ Height and Weight to Track Growth and Developmental Milestones	
✓ Vision & Hearing Exam	
✓ Immunizations to Prevent Illnesses	
✓ Discuss Concerns about Your Child's Health (Mood & Habits)	
✓ Developmental Screening Tools	
WHAT TO BRING	
✓ Immunization Card	
✓ A Notepad & Pen	
✓ Questions for the Doctor	

## DEVELOPMENTAL MILESTONES

These are just a few of the many important milestones to look for. For complete lists, visit [CDC.gov/Milestones](http://CDC.gov/Milestones) or download the CDC's FREE Milestone Tracker app. If your child is not meeting milestones or you are concerned about the way your child plays, learns, speaks, acts, or moves, talk with your child's doctor and ask about developmental screening.



**TIP:** For more information about your child's development and what to do if you have a concern, visit [CDC.gov/ActEarly](http://CDC.gov/ActEarly) or call 1-800-232-4636 to get help finding resources in your area.

## WEB LINKS & RESOURCES



## PRESCRIPTION FOR PLAY



### PRESCRIPTION FOR PLAY (P4P) PROMOTING CHILD DEVELOPMENT THROUGH PLAY QUALITY IMPROVEMENT PROJECT

- **Project Goal:** promote learning through play as a standard part of pediatric primary care.
- **Population aimed:** to include those patients at well child checks from 18 to 36 months of age
- **What is offered (free of charge):**
  - LEGO® DUPLO® brick kit
  - Education Materials
  - **MOC part 4 (25 credits) and CME (20 credits)**
  - QI support
- **Measure 1:** Providers have been educated and trained on the importance of promoting child development through play (Video & Survey)
- **Measure2:** Improve documentation that parents/caregivers of children who are seen for their well child check, have received information which includes the Duplo kit and brochure about the importance of play and how it promotes learning.



For more information or to sign up for this QI project contact  
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or Heidi Bates - [heidi.bates@hsc.utah.edu](mailto:heidi.bates@hsc.utah.edu)

## BEHAVIORAL HEALTH QUALITY MEASURES

- » (FUM) Follow-up After Emergency Department Visit for Mental Illness
  - Member sees a clinical provider between 7-30 days following discharge
  - Provider can be a Primary Care provider or a Behavioral Health provider
- » (FUA) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
  - Member sees a clinical provider between 7-30 days following discharge
  - Must follow with a Behavioral Health Provider
- » (FUH) Follow-up After Hospitalization for Mental Illness
  - Member sees a clinical provider between 7-30 days following discharge
  - Must follow with a Behavioral Health Provider

## OUR STAFF AT HEALTH CHOICE CAN HELP FACILITATE FOLLOW UP CARE AFTER A BEHAVIORAL HEALTH OR SUBSTANCE USE EVENT

- » Staff actively monitor ADT Alerts and notify the appropriate team to outreach members
  - Alerts include emergency room and inpatient admissionsr
- » A Care Manager will attempt to contact the member and connect them with a behavioral health specialist for an appointment.
- » Our team collaborates with hospital discharge planners and social workers to facilitate a safe discharge plan for members that were hospitalized
- » Resources and support are offered to members seeking help for substance abuse treatment and behavioral health referrals
- » Assessments are completed to address social barriers to accessing the needed treatment.
  - Transportation, food, and housing resources
  - Locating in network providers
  - Education benefits available and how to access the benefits
  - Community Health workers available to meet in person with members

### 988 & UTAH CRISIS LINE

988 is the primary number that directly routes callers in need to the National Suicide Prevention Lifeline network and Utah’s integrated crisis response system staffed by certified crisis workers at Huntsman Mental Health Institute.

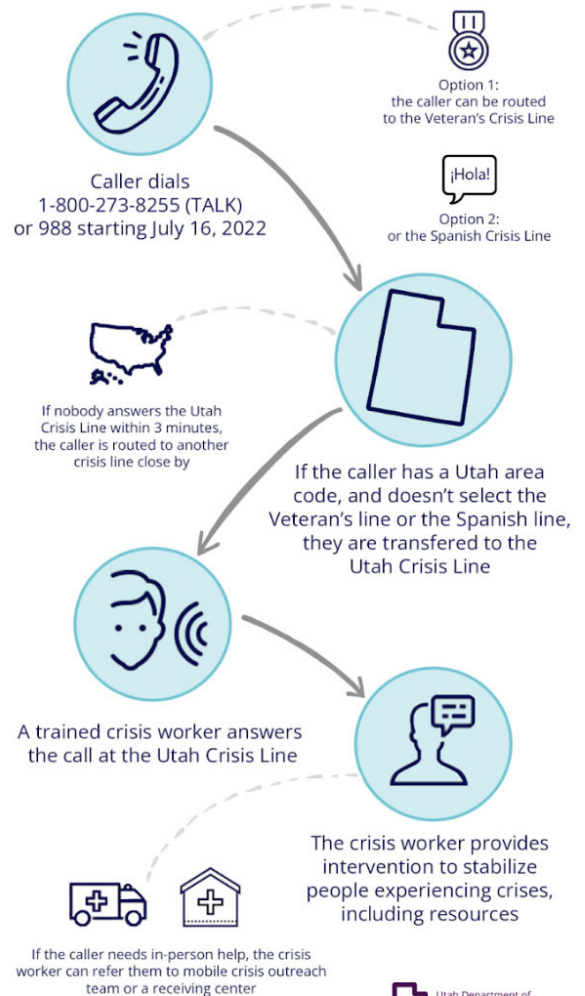
Callers to 988 have the option to select the Veterans Crisis Line or the Spanish Language Crisis Line. If the caller with a Utah area code does not select either of those options, they are routed to Utah Crisis Line. If after three minutes the call is unanswered, the caller is routed to the National Suicide Prevention Lifeline (NSPL) backup affiliate network

Callers connected to the Utah Crisis Line receive specialized, individualized support from certified crisis workers trained in suicide prevention, de-escalation, and stabilization and get connected to mental health resources. The Utah Crisis Line continues to work closely with the Mobile Crisis Outreach Teams (MCOT) across the state to support in-person crisis intervention.

The existing Utah Crisis Line phone numbers (1-800-273-8255 and 801-587-3000 local) remain available to people in emotional distress or suicidal crisis.

## Utah Crisis Line

What happens when someone calls?



# Colorectal cancer screenings recommended at age 45, Begin the conversation sooner

## COLORECTAL CANCER SCREENING

### What

Measure evaluates the percentage of members 45–75 years of age who has appropriate screening for colorectal cancer.

### Why

Colorectal cancer screenings, such as a colonoscopy or at-home FIT testing, help detect colon and rectal cancer early. However, because patients often find it late, colorectal cancer is the third deadliest cancer in the United States

### Types of screenings

- » Colonoscopy (Once, Every 10 years if normal)
- » iFOBT/gFOBT fecal occult blood test, (Yearly)
- » Sigmoidoscopy (Every five years)
- » FIT-DNA FIT (Cologuard) (Every 3 years)

### Tips for starting the conversation earlier with patients

- » Discuss need for colorectal screen with patient annually.
- » If resistant to undergoing a colonoscopy, offer home screening kit
  - gFOBT or iFOBT or FIT-DNA
- » A history of past refusals does not preclude addressing the need for colorectal screening each year
- » Determine barriers for patient and educate as needed.
- » Use standing orders to empower office staff to prepare referral for colonoscopy or distribute FOBT or FIT-DNA kits to patients who need colorectal cancer screening.
- » It is essential that follow up is performed after distribution of a home screening kit.

SCREENING TEST	CODING
Colonoscopy	CPT: 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261 – 74263
FIT- DNA Lab Test	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330–45335, 45337–45342, 45345–45347, 45349 – 45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328



# Understanding Prostate Specific Antigen (PSA): A Vital Marker in Men's Health

Prostate Specific Antigen (PSA) is a protein produced by both cancerous and non-cancerous cells in the prostate gland. It plays a crucial role in men's health, particularly in the early detection and monitoring of prostate cancer.

PSA testing involves a simple blood test that measures the levels of PSA in the bloodstream. While elevated PSA levels can indicate the presence of prostate cancer, it's important to note that various factors such as age, ethnicity, and certain medical conditions can also affect PSA levels.

Early detection of prostate cancer through PSA screening significantly increases the chances of treatment and improves overall prognosis. Regular PSA testing, particularly for men over the age of 50 or those at higher risk due to family history or other factors, can help detect prostate cancer in its early stages when treatment options are most effective.

However, PSA testing is not without controversy. Critics argue that it can lead to over diagnosis and overtreatment, resulting in unnecessary procedures and potential side effects. Additionally, PSA levels can fluctuate for various reasons unrelated to cancer, leading to false positives or false reassurance.

Despite these challenges, PSA testing remains an essential tool in the fight against prostate cancer when used judiciously in conjunction with other diagnostic methods and clinical judgement. It's important for men to have open and informed discussions with their healthcare providers about the benefits and limitations of PSA testing, taking into account individual risk factors and preferences.

Let's encourage men to prioritize their health by staying informed about prostate cancer and the role of PSA testing in detection. By raising awareness and promoting proactive healthcare practices, we can empower men to take charge of their health and ultimately reduce the burden of prostate cancer in our communities.

## References

<https://www.samhsa.gov/mental-health-awareness-month>

<https://healthcare.utah.edu/hmhi/programs/crisis-diversion>

<https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/screening-tests-used.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9128150/>