



Coronavirus Response

The CO-OP is responding to the needs of its members during this time. We have waived all co-pays and deductibles for Coronavirus testing, should it be medically necessary for members. Its the right thing to do for them and the communities we serve. If you did not receive a copy of the message we sent earlier this week, please let us know and we will be happy to forward it to you.



We continue to monitor the situation and keep you updated on our response as needed.

We got a little behind, but don't worry.

Our winter newsletter was a bit late, but still full of great information. We posted it online so you can still check it out.

We've scheduled future newsletters out and we even have a new team member to make sure you don't miss anything good.

[Winter Newsletter](#)

New Credentialing Partner

We are pleased to announce that we have partnered with Verisys® to conduct our provider credentialing process to verify and screen providers applying to the CO-OP's network, **effective March 1**. Verisys will

also provide monitoring services to ensure our providers consistently meet the high credentialing standards established by the National Committee for Quality Assurance (NCQA®).



Included in Verisys's technology solutions is CheckMedic®, their data and technology platform. CheckMedic will contact newly contracted providers, or those due for recredentialing, with instructions on how to update and share their CAQH® records (if available), or provide the necessary information to CheckMedic to complete the credentialing process.

We anticipate our partnership with Verisys will provide a more efficient, transparent credentialing experience. [Learn more about Verisys Corporation.](#)

Questions about our credentialing process? [Email a member of our Credentialing team](#) or call **801-587-2838** or **833-970-1848**.

The Connection Between Vision and Cognitive Function

In a recent [America's Health Insurance Plans \(AHIP\) blog post](#), Elizabeth Klunk reports on the results of studies by the National Health and Nutrition Examination Survey (NHANES) and the National Health and Aging Trends Study (NHATS). Researchers found that "visual impairment was associated with the worse cognitive impairment scores."



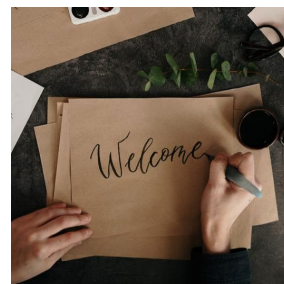
The vision-cognition connection isn't confined to the elderly. Oftentimes, dyslexia can be diagnosed during an eye examination. Most people have a dominant eye and visual cues are sent to the brain asymmetrically, according to the article.

Read the full article by clicking the link below.

[Read More](#)

New Idaho Providers

New CO-OP providers in Idaho include Bonner General, Saltzer Home Health, Northern Lights Rehabilitation, Shoshone Medical Center, Teton Hand Surgery, Quest Behavioral Health, and Eastern Idaho Regional Medical Center Professional Services.



Welcome to the CO-OP!

Clinical Practice Guidelines Available Online

Clinical Practice Guidelines based on scientific evidence, and where evidence is lacking, on a consensus panel of experts, are now available on the [Clinical Practice Guidelines](#) page of our provider website.

These guidelines are valuable tools to help clinicians and members make mutually informed decisions about appropriate care for specific medical and behavioral health conditions. Our Quality Improvement Council, which includes medical and behavioral health care practitioners, has vetted the guidelines.

The CO-OP and University of Utah Health Plans fully supports the posted recommendations.

[View Guidelines](#)

Member Plan Places of Service: How Many are too Many?

We've recently seen an uptick in claims being billed with two or more places of service. According to [guidance from the Centers for Medicare & Medicaid Services \(CMS\), section 1.6](#), reporting more than one place of service on a claim is not appropriate. We agree with the CMS standard and will deny any claim received with more than a single place of service.



[View Guidance](#)

Reminder: Coverage of Modifier - 25

Circumstances periodically arise in the care of a patient in which **Modifier -25**, *Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service*, is appropriate to append to an Evaluation and Management (E/M) service to accurately reflect the services performed.



We cover the use of Modifier -25 in limited circumstances when documentation for the service supports that the service being billed was clearly unrelated to the E/M originally performed. This documentation should be distinct from the documentation related to the other procedure or service(s) performed on the same date of service.

For full details, please click the button below.

[View Coverage of Modifier -25](#)

Coverage Policy Updates

University of Utah Health Plans uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. Effective January 1, 2020, all

new and updated policies, including policies for services requiring prior authorization, are posted on our [Coverage Policies](#) website for 60 days prior to their effective date.

Also included are updates to which services require prior authorization. Click the button below to view full details.

[View Updates](#)

Old Claims

Due to timely filing limits and member claim filing deadlines, the CO-OP will no longer support claim review for dates of service prior to 01/01/2018.

If members have a credit dispute or other reasons to request information regarding claims, the CO-OP will attempt to provide information to the extent that it is available.



To read a full list of limits for timely filing restrictions, please click the button below.

[Read Restrictions](#)

Cervical Cancer Screenings

Lately, we have been hearing from members regarding cervical cancer screening not being reimbursed on an annual basis. Did you know that in the fall of 2018, the United States Preventive Task Force (USPTF) updated its Cervical Cancer Screening Guidelines?

The most recent guidelines we follow when it comes to cervical cancer screening and coverage for preventive health are as follows:

The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).

If you have any questions on MHC's coverage on Preventive Health services, you can [contact your provider representative via email](#).
