

Fall 2022

PEHP
Health & Benefits

Provider News

A PEHP Provider Relations Publication



INSIDE

Transition Begins for PEHP's New Claims and Administration System

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PEHP Begins Transition to New Claims Payment



Claims & Billing

We're excited to announce that we're replacing our claims payment and administration system. This has been a monumental effort and will help us improve customer service across all PEHP departments to better serve you and our members.

The transition to the new system will be done in phases. We will transition approximately 1,500 of our 170,000+ PEHP members to the new system on September 1, 2022. The next phases will occur on January 1, 2023 and July 1, 2023, with the balance of groups on September 1, 2023. Please note the changes below and the things you can do to ensure you have access to all PEHP provider online tools and avoid unnecessary delays in processing submitted claims.

New member ID numbers and ID cards

As PEHP members are transitioned to the new system, they will receive new ID cards with new ID numbers. The new ID numbers begin with M000000 instead of 1741000. We are instructing members to provide you with their new ID cards and numbers as they transition to ensure proper



handling of their claims and benefits. Please make sure to ask for this information to update your records. *Note that claims submitted with the*

incorrect ID numbers will be declined.

New PEHP Provider Online Account

Each provider/office needs to create a new provider online account. This new account will allow you to verify benefits eligibility, submit claims, see claim status, see provider remittance, and check service authorization status for a patient/member who has been transitioned to the new system. Your existing online provider account will still be active to access information for members who have not been transitioned or on claims for members prior to their transition.

» To create an account, visit www.pehp.org and click on "Provider" under the "Account" icon on the top right. You will then be prompted to enter

and Administration System in September 2022

Rolling out our new system

The rollout of the new claims payment and administration system begins in September with 1,500 members, then ramps up to include all PEHP members over the following 12 months.



the required information to access and create a new account.

NOTE: The first account created for your office will automatically be the administrator account.

Provider Portal Layout and Functionality

We've made some adjustments to the new portal layout and functionality. You'll be able to look up individual members, confirm eligibility, submit and check the status of preauthorizations, submit and check the status of claims, and

much more. We plan to add more functionality over the next year, such as shifting the application/recredentialing process online and allowing you to update provider and office information online.

Explanation of Payment Reformatted

The Explanation of Payment associated with payment for services provided to members who have been transitioned to the new system has been updated to remove unnecessary information and reformat the remaining information to be

more intuitive.

Provider Profile Data

The new system allows us to input more provider data to help us keep our provider directory up to date and help us better communicate with you. Please complete and return [this form](#) as soon as possible.

New system transitions are always challenging, but we're working hard to make this as seamless as possible for everyone. If you have any questions, please contact us at 801-366-7555.

Did You Know?

CMS created a new place of service telehealth location? Place of Service (POS) "10" was created this year and should be used whenever a telehealth service is provided to a patient in their home. Place of Service "2" is still a valid POS, but should be used for telehealth services provided to a patient outside their home.

A note from PEHP Director Chet Loftis

Transitioning to a New Future



From
PEHP's
Director

I faced a tough decision about 20 years ago. My family needed more room—which meant moving to a new house or adding on. We decided to add on and act as general contractor. It was a crazy time. Lots of twists and turns. With plenty of misgivings along the way. But every morning as I make my way downstairs, I feel nothing but gratitude for the investment we made.

PEHP is going through a similar transition – except on a much, much bigger scale. A few years ago, we decided to transition from a homegrown claims processing system – that had its beginning in the late 1970s and uses an almost extinct programming language – to a new, cutting-edge system. While the new system will not change the nature of what we do, it will completely revamp how we do it.

The old system necessitated tons of workarounds that shaped the operational structure of PEHP. With the new system, we have a chance to revamp our operational structure to improve performance for the benefit of members, participating employers, and providers.

For providers, improvement starts with our newly renamed Service Center for Members and Providers. Our Service Center will now be fully responsible for resolving your questions and concerns. It will operate as a one-stop shop, add more provider expertise, and coordinate with other departments to bring together all PEHP resources.

So instead of a particular specialist, you will have an entire department made up of leads, supervisors, managers, and a director whose only job will be to make sure you get accurate and compete information in a timely manner. Josie Hall is the director of the Service Center – a name worth remembering.



R. Chet Loftis

We're also making things easier for you online. Online is, of course, the main source of information for everyone these days. Shortly, you'll be able to find how-to videos and other new functions on our Provider Portal.

You'll also begin to see the contracting

and credentialing process speed up and become simpler with the involvement of our new company-wide Intake Team as well as improved turnaround times for appeals. The Service Center, Improved Portal, and Intake Team represent a dedication of concentrated resources to expedite routine matters between providers and PEHP. Similarly, these efforts will free up our Provider Relations Department to focus on building stronger relationships, developing new opportunities, and helping make sure we get things right. Cortney Larson is the director of this Department – also a good name to remember.

Like my house, there will inevitably be some bumps along the way as PEHP transitions to a new future. But it will inevitably be better and worth the growing pains to get there.

Lastly, we will be following a new electronic format in future issues of our Newsletter. First, new policies will be posted on our Portal so you can access them immediately. Second, you'll get a postcard with a QR code when the Newsletter is ready for you to read online.

We appreciate the opportunity to partner with you and sincerely want to be the Health Plan you prefer to work with. Please feel free to let me, Cortney, or Josie know if you ever have suggestions. My email is managingdirector@pehp.org and my direct line is 801-366-7399.

No Surprises Act and Accuracy of Provider Directories



PEHP Policies

Protecting patients from unexpected out-of-network balance billing is a large part of the No Surprise Act that went into effect on January 1, 2022. However, the bill also includes rules regarding protecting patients from the surprises they run into through inaccurate health plan directories.

The No Surprises Act includes federally mandated responsibilities to protect patients by informing all contracted Health Plans of any address changes, new locations, phone number changes, provider or facility terminations, and providers joining a practice.

PEHP also has obligations for updating the information we receive timely to our directories. We are pleased to see greater compliance with this requirement as we have been receiving more regular updates which has been helpful for our members in finding providers and for you as it reduces unnecessary errors in adjudicating in-network claims correctly.

We appreciate your collaboration in keeping us informed of important changes with your offices so that we can keep our directories current to improve the member/patient experience.

The No Surprises Act Rule

If you are not aware of the section of the No Surprise Act rule requiring Providers and Facilities to report changes to Health Benefit Payors, we are including part of the rule:

... each health care provider and each health care facility shall have in place business processes to ensure the timely provision of provider directory information to a group health plan or a health insurance... Such providers shall submit provider directory information to a plan or issuers, at a minimum—

“(1) when the provider or facility begins a network agreement...;”

“(2) when the provider or facility terminates a network agreement with a plan...;”

“(3) when there are material changes to the content of provider directory information of the provider or facility...;”

“(4) at any other time (including upon the request of such issuer or plan) determined appropriate by the provider, facility...”

Clinical Policy Update for Percutaneous Tenotomy & Fasciotomy Coverage



PEHP Policies

Effective July 1, 2022, PEHP has revised our clinical policy for Percutaneous Tenotomy & Fasciotomy Coverage.

PEHP has determined the procedures to be unproven in the treatment of chronic tendonitis/tendinosis and will not cover the procedures.

The complete clinical policy can be found in the provider portal on our website at: www.pehp.org.

CPT codes not covered as investigational/unproven:

24357 Tenotomy, elbow, lateral or medial (e.g.,

epicondylitis, tennis elbow, golfer’s elbow); percutaneous

27000 Tenotomy, adductor of hip, percutaneous (separate procedure)

27306 Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)

27307 Tenotomy, percutaneous, adductor or hamstring; multiple tendons

27605 Tenotomy, percutaneous, Achilles’ tendon (separate procedure); local anesthesia

Improving Your Experience with PEHP's Online Tools



Online Tools

PEHP has added a Password reset link to the current PEHP Provider Portal, and additional User links for the new system Provider Portal. If the PEHP member number begins with 1741000, you will be directed to this login:

If the PEHP member number begins with M000000, you will be directed to the new Portal page that has new and improved Reset options, plus the ability to set up a new User Account.

*As a reminder, the User password reset process is separate for each Portal.

Prenatal Genetic Testing

PEHP covers **noninvasive prenatal screening**, also known as prenatal cell-free screening (cfDNA), to screen for Down syndrome, trisomy 13, and



Medical Services

trisomy 18 in a fetus as an alternative to quad screening or amniocentesis for women with a single fetus or twins.

PEHP covers amniocentesis if there are abnormal results on noninvasive prenatal screening.

Note that preauthorization is no longer required for noninvasive prenatal testing.

The PEHP allowed amount (in-network rate) for noninvasive prenatal testing is \$99, which is subject to the patient's cost-sharing plan (deductible, copay, or coinsurance). Noninvasive prenatal screening is offered for \$99 at **Invitae** for patients who self-pay. PEHP recommends that members use this lab, pay them directly for the testing, and submit the receipt to PEHP for processing. Other labs have higher prices, such as \$249 at Natera and \$349 at Myriad.

Regardless of the lab, PEHP will cover the test up to the \$99 allowed amount (in-network rate). Be aware that PEHP does not cover additional charges for microdeletion testing as this is considered experimental/investigational, or sex determination, as this is considered not medically necessary.

PEHP members should call us at 801-366-7555 for instructions on how to submit for reimbursement when they self-pay for noninvasive prenatal testing.

Preauthorization is required for genetic carrier screening and PEHP covers one test per lifetime. Please submit a request directly to PEHP for this testing. The allowed amount for this panel is \$250.

Please note that the preferred process is to have the testing at Invitae, to pay Invitae directly, and to submit the receipt to PEHP.

How to Reach Us

Contact Us – 801-366-7555 or 800-765-7347

Customer Services and Provider Specialists

Our Customer Service Representatives and Provider Specialists answer questions relating to claims, member eligibility, and benefits. They also address general Master Policy questions.

Inpatient Prenotification and Outpatient Preauthorization

All inpatient medical services require prenotification include mental health/substance abuse services. Inpatient prenotifications can be initiated by calling the number above (for Canyons School District and Jordan School District, please call the Blomquist Hale Consulting Group directly at 801-262-9619 or 800-926-9619).

Certain Outpatient and Pharmacy services require pre-authorization. If you are referring or providing any such service for a PEHP member, please call the number above to initiate the authorization review process.

Case Management

Our Case Managers assist members with acute conditions by helping them find economical ways to meet their healthcare needs without compromising quality of care. Provider referrals are welcome.

EDI Helpdesk

Our EDI Helpdesk answers detailed EDI questions including testing and rejection codes. The Helpdesk also sets up providers for EDI and adds them to existing trading partner numbers, provides payer IDs, and addresses EDI related issues for claim submission and payment. They can be reached directly at 801-366-7544 or 800-753-7818.



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Contact List **Note:** Phone numbers for Case Management and Health Benefits Dept. are not the same.

Case Management

801-366-7755 or 800-753-7490

Health Benefits Department/ Preauthorization (outpatient)

801-366-7555 or 800-765-7347

EDI Helpdesk

801-366-7544 or 800-753-7818

Inpatient Preauthorization

801-366-7755 or 800-753-7490

Inpatient Mental Health & Substance Abuse Authorization

801-366-7555 or 800-765-7347

*(For Canyons School District and Jordan
School District, please call Blomquist Hale
Consulting Group at 801-262-9619 or
800-926-9619)*

Pharmacy

801-366-7551 or 888-366-7551

PEHP Website

www.pehp.org

PEHP Wellness & Health Coaching

801-366-7300 or 855-366-7300

PEHP QuitLine

855-366-7500
www.pehp.quitlogix.org

PEHP WeeCare

801-366-7400 or 855-366-7400

Customer Service & Provider Specialists

801-366-7555 or 800-765-7347