Paper Claim Standardization

Last Form Standing

PEHP takes another step toward paperless claims

We would like to remind your offices of PEHP's paper claim standardization requirements. As of July 1, 2016, we will only accept paper claims submitted on the ADA 2012 J430D claim form.

Any claims received on other forms will be returned to your office and you will need to resubmit on the current form. PEHP also does not accept claims that are handwritten.

As always, the best and fastest way to submit claims to PEHP is electronically. Another great benefit is receiving your payment through electronic funds transfer. You can sign up by logging in to our provider website.

For more information about electronic claims or electronic funds transfer, please visit www.pehp.org/providers.

In This Issue

Electronic Funds Transfer

The ABCs of EFT

We continue our efforts of encouraging providers to enroll in EFT (Electronic Funds Transfer). As we continue our goal of going paperless, we've made EFT enrollment available online. Follow the ABC'S to sign up today!

Account login at www.pehp.org, and then select EFT Agreement.

Belong to a Clearinghouse? If yes, select the 835 remittance advice. If no, don't worry. Select PDF Remittance Advice – you will download from our website.

Complete your offices' banking information.

Done! It takes approximately three days for us to finalize your EFT enrollment.

Enjoy the Benefits of EFT

» Checks can be made out to the Company name, rather than the individual providers. This is extremely helpful for those who have a large group.

» No more paper checks and bank runs. All payments are deposited directly into your bank account.

» Payments are received on a daily basis as claims are adjudicated.

» Receive email notifications about payments. If you don't currently receive emails and would like to, let your Provider Relations Specialist know.

Routing Claims

What's a Payer ID and Why Do I Care?

Payers do not have a static National Payer ID number like providers, nor do they get to pick what this number will be. Additionally, the payer ID has nothing to do with the member (insured) or the patient.

A payer ID is a unique number the clearinghouses assign to Payers (Insurance Companies) so that they know where to send your claims. This number is specific to the clearinghouse. It is assigned to the payer by the clearinghouse for use in their system.

Because there are multiple clearinghouses that providers can choose from, there are multiple Payer ID numbers for each payer.

When requesting a Payer ID for PEHP, you will need to know what clearinghouse submits your claims to us.

Consult your clearinghouses Payer ID list, if PEHP is not listed, we can provide you with the correct Payer ID that has been assigned to us by your clearinghouse.

Audit Review

Provider is on Review? Here are Tips to Help

Providers, by contracting with PEHP, have agreed to follow coding guidelines set in place by the American Dental Association (ADA) including billing for services/procedures using the most specific code available.

When a dental office receives a request for records due to a post-pay audit review here are some tips to ensure the needed information is provided.

Include:

» When?
> › Date of Service (DOS) when service/procedure performed.

» Where?
> › Which tooth and surface(s) where service/procedure performed.

» Why?
> › Was the service/procedure performed? For further guidelines to the documentation required, refer to the ADA coding dental terminology (CDT) procedure book.

Submitted documentation should paint a picture of what services and procedures were performed and why. Documentation that supports the when, where and why of services/procedures performed may include chart notes and/or progress notes, typed narrative. Submitted x-rays should include the patient name and identify the tooth/teeth. When billing for a crown, a lab slip or proof of the use of a CERC machine would be part of the chart and should be submitted as documentation.

» Handwritten notes added to the dental claim form on line 36 "remarks" is not sufficient documentation to support the services/procedures performed when submission is for the purpose of a post pay audit review.

We value the partnership we have with our providers and appreciate the assistance given during these audits.

Online Resources

Find Fee Schedule at www.pehp.org

The PEHP for Providers secure website allows your office to obtain the current fee schedule. Additionally, providers can see if CDT codes require prior authorization, or if the code is not covered.

Sign in using your login credentials. If you can't remember your login, contact your Provider Relations Specialist.

After signing in at www.pehp.org, follow these simple steps to obtain the information you're seeking:

1. Click on Fee Schedule Lookup.

2. Accept the Terms and Conditions.

3. Date of Service. This will auto populate to the current date. Leave as is.

4. Provider Panel. "Preferred Provider Panel" will autofill. Leave as is.

5. Select Code Criteria. Providers have the ability to look up 10 codes at a time or may search a range of codes. If it's the full fee schedule you are looking for, select "Enter Range of Codes." In the first box enter 4 number zero's, in the second box enter 4 number nine's. Note: With either option, exclude the letter "D"

6. Choose "Look up Fees." To upload the results to an excel file, select "Download Results to Spreadsheet." Your office must have excel on your computer in order for this function to work.

Example:

Covered Services

Members' Benefit Maximums

Occasionally PEHP members meet their annual or lifetime coverage maximums such as the $1,500 annual benefit maximum.

If a member receives additional services after the maximum is met, and those services are identified in the Dental Master Policy as a covered service, the additional services will continue to be treated as covered services.

This means members continue to access the contractual agreed upon allowed amounts in determining the financial responsibility they have for the services received.

This policy is consistent with PEHP's agreement that the reimbursement fees define the allowed amounts for all covered services.

Providers may continue to apply their own reimbursement terms with our members for cosmetic and other non-covered services.

Claims Management

EDI Claim Acknowledgement Search Results - Revere Health

New Search

ℹ Please be aware that PEHP claim histories and all benefit and out of pocket limits are updated daily, as claims are paid. Please contact PEHP Customer Service at 801-366-7555 or 1-800-765-7347 if more specific information is needed.

Subscriber ID	Patient Name	Date of Service	Billed Amount	Status
1741000123789	Smith, Jane	10/27/2015	30.00	Rejected A3:771
1741000123456	Smith, James	01/13/2016	123.00	Rejected A3:771
1741000123456	Smith, James	01/14/2016	49.00	Rejected A3:771
1741000123499	Jones, Kyrie	02/03/2016	119.00	Rejected A3:88
1741000123456	James, Rick	02/11/2016	431.00	Rejected A3:88
1741000123456	Smith, James	02/17/2016	119.00	160226100159
1741000123456	Smith, James	02/18/2016	1407.00	160226100160
1741000123456	Smith, James	02/22/2016	1168.00	160226100161
1741000123456	Johnson, Earvin	02/09/2016	693.00	160226100162

Received vs. Rejected Claims

We are excited to announce our new EDI Claim Acknowledgement (277CA) tool, available online through the secured portion of the provider site. This tool allows providers to see if electronically submitted claims were rejected and why and/or verify that we have received the claim.

Typically, if you are submitting your claims electronically, your clearinghouse should provide the 277CA.

To view the report, login with your online credentials at www.pehp.org. On the left hand side, select "EDI Claim Acknowledgement". A submission beginning and ending date are required.

If you are looking for a specific member and date of service, you are able to add that information as well. Keep in mind, if you don't have specificities, just add the dates and hit "view results."

See example above.

If the claim was rejected or received, you will see it under the "status" field.

Claim Rejected: In order to see why the claim was rejected, simply click on the red line. A box will appear, giving you the definition of the rejection code and why the claim was rejected.

» A list of rejection codes is available by going here.

Claim Accepted: PEHP claim number will appear in blue. To view the claim, click on the number and a box will appear, giving you information about that specific claim.

We believe you'll be pleased with how fast, easy and convenient it is for your office!

Audit Referrals

Importance of Documentation

Our Financial Assurance Department, along with our third party auditing vendor (Verscend) continually audits claims to ensure accuracy of billing and correct coding.

Verisk reviews the PEHP data with a team of Certified Dental Coders (CDC), RN's and peer reviews as needed. Examples of common audit referrals to PEHP are:

» Billing under the wrong provider (i.e. when services are not billed under the rendering provider).

» Documentation does not support the codes being billed.

» Billing for services not rendered.

When submitting claims, remember your Public Employees Dental Provider Agreement under section 2, provider responsibilities:

» PROVIDER agrees to submitting claim forms for the Member, PROVIDER agrees to use appropriate procedure and diagnostic codes that most closely identify services rendered to the Member, as defined by the standards of the American Dental Association (ADA) Current Terminology guidelines.

» PROVIDER agrees to maintain dental records of the Member and preserve them for such time periods as are required by applicable law, regulations, and practices. Such dental records shall be treated as confidential so as to comply with all state and federal laws and regulations regarding the confidentiality of patient records. Upon request, PROVIDER shall release such records to PEHP, subject to such confidentiality requirements. When records are requested by PEHP in an audit, PROVIDER shall produce copies of any such records.

» PROVIDER agrees to refrain from using any coding scheme that would tend to increase the amount of reimbursement beyond PEHP's Allowable Dental Expense. At the sole discretion of PEHP, any improper, illegal, unprofessional or inflationary coding which misrepresents, distorts, falsely reflects or adversely increases the benefits, may result in termination.

Be sure your documentation supports the appropriate codes billed, and remember <u>if it's not documented it did not happen and is not payable.</u>

Questions or concerns? Contact your <u>Provider Relations Specialist</u>.

Provider Relations Representatives

To provide optimal service to PEHP providers, each Provider Relations Representative is assigned a specific area to manage. This assignment is based on the physical locations of the providers. If you are unsure who your representative is, please call PEHP at 800-365-8772 or 801-366-7700.

SERVICE AREA #1

Chantel Lomax
Provider Relations Specialist

Phone: 801-366-7507 or 800-753-7407
Fax: 801-245-7507
E-mail: chantel.lomax@pehp.org

In-State Cities
Holladay (84117, 84121 & 84124), Midvale (84047), Salt Lake City (All other zip codes not mentioned in other service areas), All University of Utah

Out-of-State
Colorado

SERVICE AREA #2

Wendy Philbrick
Provider Relations Specialist

Phone: 801-366-7753 or 800-753-7753
Fax: 801-245-7753
E-mail: wendy.philbrick@pehp.org

In-State Counties	**In-State Cities**
Box Elder, Cache, Davis, Morgan, Rich, Weber	Murray (84107, 84123 & 84157)

Out-of-State
Idaho

SERVICE AREA #3

Henry Cruz
Provider Relations Specialist

Phone: 801-366-7721 or 800-753-7721
Fax: 801-245-7721
E-mail: henry.cruz@pehp.org

In-State Counties	**In-State Cities**
Tooele, Utah	Kearns (84118), Magna (84044), Taylorsville (84084, 84118 & 84119), West Jordan (84084 & 84088), West Valley (84119, 84120 & 84128)
Out-of-State	
Wyoming	

SERVICE AREA #4

Jenna Murphy
Client Liaison

Phone: 801-366-7419 or 800-753-7419
Fax: 801-328-7419
E-mail: jenna.murphy@pehp.org

In-State Counties	**In-State Cities**
Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, Wayne	Draper, Herriman (84065 & 84096), Riverton (84065, 84095 & 84096), Sandy (84070, 84090, 84091, 84092, 84093 & 84094), South Jordan (84065 & 84095)
Out-of-State	**Out-of-State Cities**
Arizona	Las Vegas, Nevada Mesquite, Nevada

SERVICE AREA #5

Selena Johnson
Provider Data Specialist

Phone: 801-366-7511 or 800-753-7311
Fax: 801-245-7511
E-mail: selena.johnson@pehp.org

Out-of-State
All states other than those listed above

MAILING ADDRESSES

All Service Ares & Representatives

PEHP
560 East 200 South
St. George, UT 84102

Contact List

Please note: *The contact numbers for Case Management, Pre-notification and Customer Service are not the same.*

Case Management
. . . . .801-366-7755 or 800-753-7490

Customer Service/ Pre-authorization (outpatient)
. . . . .801-366-7555 or 800-765-7347

EDI Helpdesk
. . . . .801-366-7544 or 800-753-7818

Inpatient Pre-notification (Pre-note)
. . . . .801-366-7755 or 800-753-7490

Inpatient Mental Health & Substance Abuse Authorization

Blomquist Hale Consulting Group (BHCG)
 Jordan School District
. . . . .801-262-9619 or 800-926-9619

Wellness Program
. . . . .801-366-7300 or 855-366-7300

PEHP Healthy Utah. . . . . . .801-366-7300 or 855-366-7300

PEHP Waist Aweigh . . . . . .801-366-7300 or 855-366-7300

PEHP QuitLine 855-366-7500

PEHP WeeCare
. . . . .801-366-7400 or 855-366-7400

Provider Relations
. . . . 801-366-7557 or 800-677-0457

Chantel Lomax . . . . .801-366-7507 or 800-753-7407
Provider Relations Specialist   chantel.lomax@pehp.org

Henry Cruz . . . . .801-366-7721 or 800-753-7721
Provider Relations Specialist   henry.cruz@pehp.org

Jenna Murphy . . . . .801-366-7419 or 800-753-7419
Provider Relations Specialist   jenna.murphy@pehp.org

Wendy Philbrick . . . . .801-366-7753 or 800-753-7753
Provider Relations Specialist   wendy.philbrick@pehp.org

Selena Johnson . . . . .801-366-7511 or 800-753-7311
Provider Data Technician   selena.johnson@pehp.org

Jackie Smith . . . . .801-366-7795 or 800-753-7595
Provider Relations Analyst   jackie.smith@pehp.org

Laurel Rodriguez . . . . .801-366-7350 or 800-753-7350
Provider Relations Supervisor   laurel.rodriguez@pehp.org

Cortney Larson . . . . .801-366-7715 or 800-753-7715
Director of Provider Relations   cortney.larson@pehp.org

PEHP Website
. . . . .www.pehp.org
PEHP Quitline . . . . www.pehp.quitlogix.org