Provider News
A PEHP Provider Relations Publication

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DME Change for Summit, Capital Networks

PEHP conducted a request for proposals (RFP) for durable medical equipment (DME) services this summer to select an exclusive DME vendor for our Capital and Summit Networks.

After a review of several qualified candidates, PEHP is pleased to announce that Alpine Home Medical Equipment (HME) has been selected as the exclusive vendor for our Summit & Capital Networks for the entire State of Utah. This means that starting January 1, 2020, DME referrals for our Summit & Capital Networks should be sent to Alpine HME so that our members are able to continue to obtain DME products at their in-network benefit.

Intermountain Homecare Medical Equipment and Alpine HME continue to participate on PEHP’s Advantage Network.

If you have any new patients between now and January needing long-term DME services such as oxygen, please send them to Alpine HME (www.alpinehomemedical.com or 801-463-0044) so that they don’t have to transition services after the new year.

Non-Covered Provider List

PEHP maintains a list of providers on our website directory for which PEHP provides no coverage for any services received even when our member has an out-of-network benefit. Providers are added to this list if they are known to mainly provide non-covered services, have a history with PEHP of billing claims inappropriately, or if we have concerns as to the safety and quality of the services they provide.

We would ask that you work with our members to avoid having services referred to these providers so that our members don’t get stuck with large bills.

Did You Know?

Anesthesia series codes billed with the 62XXX or 64XXX must be billed with the correct modifier (59, XE, XS, XP, XU). Claims billed without the modifiers, will be denied.
Biosimilar Coverage and Site-of-Service

Specialty medications account for approximately 45% of the overall pharmacy spend nationally. This impact is forecast to increase to 50% by 2020.

PEHP’s members and groups have not been immune to the impact specialty medications have on increasing pharmacy costs. To help offset the increasing impact of specialty medications cost, PEHP utilizes several cost-saving strategies, such as formulary management and directing members to cost effective site-of-service locations.

Through our formulary management we attempt to offer the safest, most beneficial, and cost-effective medications to our members.

Because of this strategy, we continue to add coverage of available biosimilar medications. PEHP currently covers several biosimilars, with the intent to continue to add biosimilar coverage as more products become available.

Biosimilars currently covered include: Granix, MVASI, Renflexis, Zarxio, Fulphila and Nivestym. Additionally, PEHP intends to add rituximab and trastuzumab biosimilar coverage during first quarter of next year.

In additional to formulary management, PEHP may require utilization of cost-effective site-of-service locations when applicable. These locations include specific specialty pharmacy, home health services, and infusion clinics. For additional questions about biosimilar coverage and/or site-of-service requirements please contact PEHP’s Pharmacy Department at 801-366-7551 or 888-366-7551.

As a reminder to all our providers, the EFT enrollment available online is only for setting up and/or changing EFT banking information. It is not used to update and/or change any demographic information to your office. If you need to make changes to your demographic information, please contact your Provider Relations Specialist.

Additionally, when providers sign up for EFT they are asked to provide an email address. An email containing the draft number, payment amount, and at least one providers name that was paid on that specific draft will be sent. This helps our providers to locate the remittance advice online at www.pehp.org, under Claim Status / Remittance Advice.

We’re noticing a lot of invalid email addresses. If you aren’t receiving these emails, please login today to check the email we have on file. If it’s listed incorrectly, send an email (edi.helpdesk@pehp.org), or call our EDI Helpdesk at 801-366-7544. It is best practice to choose an email that multiple people have access to, such as a shared office email.

All contracted PEHP providers are required to sign up for EFT. If you haven’t, please do so today.
Autism Services: How to Avoid Billing Denials

If you are a provider for Applied Behavior Analysis services for Autism, please remember to bill with the correct modifier from the PEHP Fee Schedule for services performed by providers other than the BCBA or BCBA-D:

» The HL modifier is required for billing services performed by the BCaBA
» The HE modifier is required for billing services performed by the RBT

Periodic audits may take place if PEHP determines codes and/or codes plus modifiers are not in line with standard practice guidelines.

PEHP will gladly provide you with the necessary information to help protect our members from billing surprises.

Please contact your Provider Relations Specialist to learn what you need to do to have the message removed from the member provider look-up.

Claims Review

Working to Avoid Billing Surprises

PEHP Health and Benefits is committed to providing our members with information to avoid billing surprises and unnecessary costs. We use data analytics to review the claims of our contracted providers to determine if they fall within the minority of providers who:

1. Fail to obtain preauthorization;
2. Refer out of network; or
3. Provide non-covered services.

Providers that meet a specific threshold will have a message placed on PEHP’s online provider look-up tool, under their name.

We appreciate the opportunity to work together to serve our members, your patients, and to coordinate efforts in providing education to remove the message. PEHP will gladly provide you with the necessary information to help protect our members from billing surprises.

Please contact your Provider Relations Specialist to learn what you need to do to have the message removed from the member provider look-up.

Did You Know? When PEHP members have dual PEHP coverage, providers do not need to submit the claim twice. Once the initial claim is billed to PEHP, we will automatically process it under all applicable PEHP plans.

Eligibility, claim status, rejection reasons, and fee schedules can be found by logging into the PEHP “Provider” portal at www.pehp.org.
Limits and Exclusions

Allergy Shots: What’s Allowed and By Whom

PEHP considers only the provider specialties of ENT, Allergist/Immunologist, and Dermatologist as appropriate to administer allergy shots (CPT 95120, 95125, 95165). We ask any other providers to refer our members to an approved specialist that participates on our member’s network.

Our members may also call PEHP if they require assistance in locating a provider in their network for allergy shots.

Additionally, PEHP excludes the following from coverage:

- Sublingual drops/sublingual immunotherapy other than Oralair, Grastek, and Ragwitek. (Oralair and Grastek tablets are considered medically necessary for grass pollen allergies and Ragwitek is considered medically necessary for ragweed pollen allergies.)
- Sublingual provocative neutralization testing and treatment with hormones.

We encourage providers to become familiar with our Allergy Testing and Allergy Immunotherapy policy, which can be found at www.pehp.org.

Did You Know! When PEHP sets up a login for your office, that user is set up as an administrator for the account. Administrators for our website have the access to set up others in the office, with an online account. If you don’t have an administrator account, check with the office to ensure an account hasn’t been created. If your office doesn’t have an account, you may download and complete and ETPA form from the “For Provider” section of www.pehp.org. Send the completed form to your Provider Relations Specialist.

New face at PEHP

Welcome ’Ata Latu to Our Team

Please join us in welcoming ’Ata Latu to PEHP’s Network Strategy and Provider Contracting Team. ’Ata comes to us from Sutter Health in Northern California. She has worked for more than 25 years in the healthcare industry with a focus in network development and expansion, provider value-based contracting and provider relations, as well as network data management. She is thrilled to be at PEHP and enjoys working with her Provider Relations and Contracting Team.

She loves playing pool, grilling at the beach, playing her Uke, and listening to music. She is excited to join the Provider Relations and Contracting Team and looks forward to working with providers.

Secure Provider Portal

Submit Claims Through Website

Have you heard? PEHP providers can submit professional electronic claims through our secured provider portal at www.pehp.org. Per section 2.7 of the provider agreement, contracted providers agree to submit all claims (including secondary claims under Coordination of Benefits) for the member, by Electronic Data Interchange (EDI).

Our online tool allows individual providers to submit individual (no batched claims) electronic claims directly to PEHP. It can be used when PEHP is the primary or secondary payor.

Submitting a claim through our website is easy. Refer to our “How to Submit a Claim to PEHP” tutorial online to get a better understanding of how this tool works.
PEHP’s Preauthorization List

PEHP chooses specific prescription drugs and specialty medications to require preauthorization. These prescription drugs and specialty medications require preauthorization because of the high potential for adverse reactions, contraindications, misuse, safety issues, the opportunity to use first-line therapy, and cost. Preauthorization forms are found at www.pehp.org in the “For Provider” section. Questions? Contact your Provider Relations Specialist or call our Health Benefits Department at 801-366-7555 or 800-765-7347. Members may call for status of the provider’s request. Approval or denial will be communicated to the provider’s office. Preauthorization does not guarantee payment and coverage is subject to eligibility, benefit coverage, and preauthorization requirements. PEHP’s Covered Drug List is updated several times a year.

PEHP’s Covered Drug List

The PEHP Covered Drug List helps members and providers choose the most effective and economical medication. PEHP’s Pharmacy and Therapeutics Committee is comprised of local physicians and pharmacists that help manage the PEHP formulary. This committee reviews brand name and generic drugs on a quarterly basis to ensure PEHP’s Covered Drug List contains medications that provide our members with the best overall value based on safety, efficacy, adverse reactions, and cost effectiveness. The committee’s recommendations are implemented twice a year (January and July) to help guide our members to the safest and most effective therapy while helping to manage the rising cost of pharmacy. Below are the most recent changes.

<table>
<thead>
<tr>
<th>Drug Added to List</th>
<th>Formulary</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine/naloxone film</td>
<td>Tier 1</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>Tier 1</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>Ozempic</td>
<td>Tier 2</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>Dificid</td>
<td>Tier 3</td>
<td>Oct. 1, 2019</td>
</tr>
<tr>
<td>Cinvanti</td>
<td>Tier 8</td>
<td>Oct. 1, 2019</td>
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<tr>
<td>Pradaxa PA</td>
<td></td>
<td>Oct. 1, 2019</td>
</tr>
<tr>
<td>Methylphenidate ER (Generic Concerta)</td>
<td>Tier 1</td>
<td>Nov. 1, 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drugs Removed from List</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyrica</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xarelto</td>
<td>Tier 2</td>
<td>Oct. 1, 2019</td>
</tr>
<tr>
<td>Eliquis</td>
<td>Tier 2</td>
<td>Oct. 1, 2019</td>
</tr>
<tr>
<td>Concerta</td>
<td>Tier 3</td>
<td>Jan. 1, 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tier Updates</th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Lyrica</td>
<td>Tier 3</td>
<td>July 1, 2019</td>
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</tbody>
</table>
Provider Relations Specialists

To provide optimal service to PEHP providers, each Provider Relations Specialist 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 800-677-0457 or 801-366-7557.

**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-State**  
Colorado

**SERVICE AREA #2**

**Carrie Leeman**  
Provider Relations Specialist  
*Phone:* 801-366-7721 or 800-753-7721  
*Fax:* 801-245-7721  
*E-mail:* carrie.leeman@pehp.org

**In-State Cities**  
Murray (84107, 84123 & 84157)

**In-State Counties**  
Box Elder, Cache, Davis, Morgan, Rich, Weber

**Out-State**  
All other states, except Colorado, Wyoming, and Arizona

**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 Cities**  
Kearns (84118), Magna (84044), Taylorsville (84084, 84129 & 84119), West Jordan (84084, 84081 & 84088), West Valley (84119, 84120 & 84128)

**In-State Counties**  
Tooele, Utah

**Out-State**  
Wyoming

**SERVICE AREA #4**

**Jenna Murphy**  
Provider Relations Specialist  
*Phone:* 801-366-7419 or 800-753-7419  
*Fax:* 801-328-7419  
*E-mail:* jenna.murphy@pehp.org

**In-State Cities**  
Draper (84020), Herriman (84065 & 84096), Riverton (84065, 84095 & 84096), Sandy (84070, 84090, 84091, 84092, 84093 & 84094), South Jordan (84065 & 84095)

**In-State Counties**  

**Out-State Cities**  
Las Vegas, Nevada  
Mesquite, Nevada

**Out-State**  
Arizona

**MAILING ADDRESSES**

PEHP  
560 East 200 South  
Salt Lake City, UT 84102-2004
Provider News

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

Pharmacy
801-366-7551 or 888-366-7551

PEHP Website
www.pehp.org

PEHP Wellness
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

Network Strategy & Provider Relations
801-366-7557 or 800-677-0457

Chantel Lomax
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801-366-7507 or 800-753-7407
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Laurel Rodriguez
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laurel.rodriguez@pehp.org

‘Ata Latu
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ma’ata.latu@pehp.org

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

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