

Provider News

A PEHP Provider Relations Publication



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Request for Value-Based Pilot Proposals



Medical Services

In the recent 2019 Legislative session, S.C.R. 4 was passed, directing PEHP Health & Benefits to solicit proposals for one or more value-based payment pilots for covered medical services for our members, that use alternative reimbursement arrangements for delivering high quality, cost-effective services.

A link to the bill can be found at: <https://le.utah.gov/~2019/bills/static/SCR004.html>.

The general criteria required to submit a proposal for review include:

- i. Clearly and adequately defines the scope of proposed services, the intended population for those services, and the clinical and quality standards for those services;
- ii. Advances the objective of aligning payment incentives and providing quality

care through a value-based payment arrangement;

- iii. Shows how the arrangement will produce better outcomes for patients than traditional models;
- iv. Is financially and commercially reasonable when compared to PEHP's current payment standards, practices, and expenditures for similar services; and
- v. Meets all other clinical, quality, financial and operations-related requirements as may be requested by PEHP through the contract negotiation process.

If your organization is interested in reviewing all the RFP requirements and submitting a proposal, you may submit a notice requesting the RFP to VBPilotsRFP@pehp.org.

An Ounce of Prevention



PEHP Services

PEHP promotes the overall health and well-being of our members by offering many preventive services.

To support a culture of health at the worksite, PEHP's Wellness team assists employer groups in creating grass roots wellness councils and implementing worksite wellness programs that encourage healthy lifestyles. Wellness staff travel throughout the state offering biometric testing

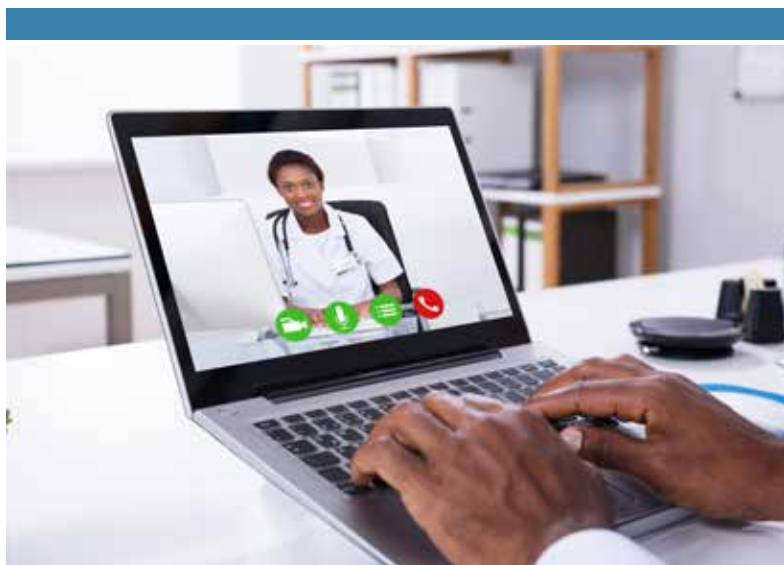
sessions, seminars on a variety of wellness topics, and providing technical assistance to councils. Additionally, cash incentives are offered to members who reach and maintain healthy biometric values.

PEHP notifies members and employer groups about these and other preventive services via monthly emails. For more information, contact PEHP Wellness at 1-855-366-7300; healthyutah@pehp.org or visit www.pehp.org.

Wellness Resources

Available to PEHP members:

- » Healthy Utah Biometric Testing
- » WeeCare
- » Health Coaching
- » Tobacco Cessation Quitline
- » Diabetes and Prediabetes Resources
- » #LiveShareInspire Videos
- » LightenUp Online Weight Management Classes
- » Test Kitchen Healthy Cooking Demonstrations
- » Wellness Webinars
- » And more!



The Convenience of E-Care

If you are offering HIPAA compliant mental health therapy visits via telemedicine, please remember to add the GT modifier to your therapy code to be compliant with your contract and avoid audits and possible overpayment requests.

PEHP has partnered with Intermountain Healthcare's *Connect Care* app and the University of Utah's *Virtual Visits* for telemedicine services for urgent care/after-hours virtual visits. *Connect Care* is contracted with all PEHP networks. *Virtual Visits* is available for all PEHP Summit, Preferred, and Capital network members.



**PEHP
Services**

You may let your members know this is an option for times your schedule is full, and/or you are not available when they would like to see you.

Any health issues that are life-threatening (i.e. chest pain, shortness of breath, broken bones, severe abdominal pain) should still be directed to the emergency room.

Telemedicine visits are appropriate for symptoms such as: allergies, cough/cold/flu, sore throat, minor skin issues, joint pain or strains, nausea, vomiting, diarrhea, eye infections, and sinus problems.

An internet connection, camera and microphone are all our members need to use these applications.

More information on how to obtain downloads and telemedicine visits can be found by our members by logging into the PEHP Member website at www.pehp.org.

APPEAL STATUS NOW AVAILABLE ONLINE

Announcing an exciting new enhancement made at www.pehp.org



**Claims
& Appeals**

Providers and members can now check appeal status online. Login to the secured provider portal and choose Claim

Status / Remittance Advice from the left-hand menu. After you've entered in your claim information, you'll see a new column labeled "Appealed," where you will be able to confirm if an appeal has been received or not.

If it has, you'll see a yes. Click on yes to see the detail:

Appeal Detail	
Claim #	123456789123
Date Received	10/11/2018
Date Entered	10/15/2018
Date Resolved	1/14/2019
Outcome	Approved

Ok

We hope you find this enhancement beneficial to your office and we encourage you to take advantage of it!

Did You Know?

Providers agree to accept all remittance advices on an electronic format and all payment via electronic funds transfer (see 2.7 of provider agreement). Sign up for EFT today at www.pehp.org.



Clinical Policy updates

It's Important to Stay Updated with PEHP Policies



PEHP Policies

We encourage all providers to become familiar with our clinical policies, which are found at www.pehp.org. A login is required. Please contact your Provider Relations Specialist if you don't have one.

Sensory Integration Techniques

Effective April 1, 2019, PEHP no longer covers CPT Code 97533 (Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes), as it's now considered experimental/investigational.

Thyroseq®

PEHP now covers Thyroseq, and prefers it to Affirma, for the evaluation of fine needle aspirates (FNA) of the thyroid that are indeterminate. Thyroseq has a 95% negative predictive value, and costs considerably less compared to Affirma. Thyroseq is offered through CBL lab, and requires prior authorization.

Use ThyroSeq when all the following criteria are met:

- » Patients greater than or equal to 21 years of age; and
- » Thyroid nodule greater than or equal to 1 cm; and
- » Fine-needle aspirate samples from thyroid

nodules that have indeterminate or suspicious cytology as indicated by any of the following conditions:

- › Bethesda diagnostic category III, i.e., Atypia of undetermined significance/Follicular lesion of undetermined significance (AUS/FLUS); or
- › Bethesda diagnostic category IV, i.e., follicular neoplasm or suspicious for a follicular neoplasm; or
- › Hürthle cell neoplasm; or
- › Bethesda diagnostic category V, i.e., suspicious for malignancy.

Did You Know? Secure your information and refrain from having your computer system “pre-save” your user ID and password for PEHP.

New face at PEHP

Welcome Carrie Leeman to PEHP’s Team



**PEHP
Provider
Relations**

We are excited to welcome Carrie to Provider Relations, who will handle Service Area #2 (See page 11).

Carrie comes from the PEHP Appeals and Policy Management Department, with previous experience as a Health Benefits Advisor. Additionally, she has over ten years of experience in

the financial industry.

She is dedicated to customer satisfaction, advocating on behalf of both members and providers and offering dedicated support.

Outside of work, Carrie loves to do anything active and



outdoors. She is an avid runner and enjoys playing any sport (her current favorite is pickleball). If she had endless monetary funds she would spend her time traveling all over the world.

Carrie is excited to join Provider Relations and looks forward to establishing relationships and working with the provider community.

PEHP Network update

Davis Hospital & Medical Center to remain on Advantage Network

PEHHP is pleased to announce that the Steward Davis Hospital and Medical Center will continue to participate on the Advantage Network as an in-network facility.

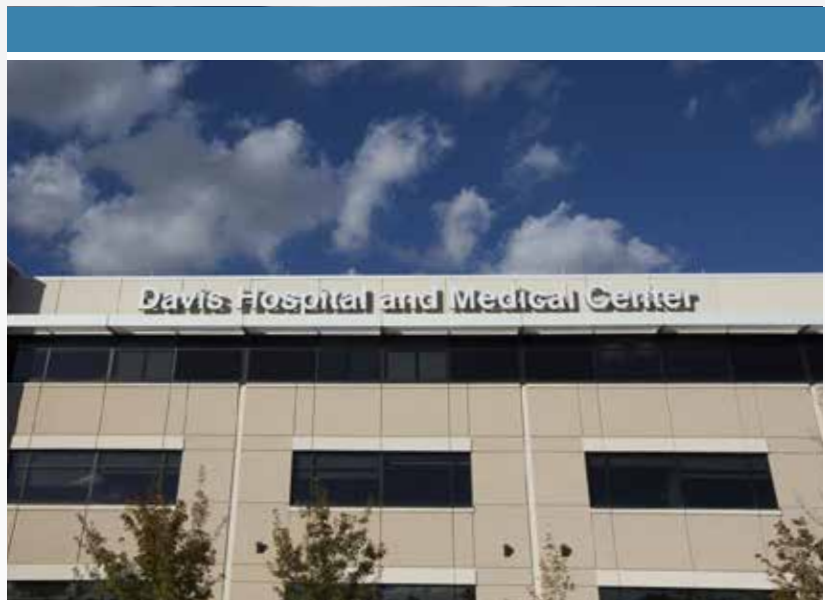


**Medical
Networks**

A previous newsletter had announced that the hospital, while remaining on the Summit and Preferred networks, would

no longer be participating after June 30, 2019.

PEHP is pleased that Advantage members will continue to have Davis Hospital and Medical Center as an in-network choice.



Billing for Assistant Surgeons

PEHP's policy identifies an assistant surgeon as: "a physician who actively assists the operating surgeon in the performance of a surgical procedure. In this case, one physician is acting as the surgeon and the other is acting as an assistant. This may be necessary because of the complex nature of the procedure(s) or the



PEHP Codes

patient's condition. The assistant surgeon performs medical functions under the direct supervision of the operating physician. The assistant is usually in the same specialty."

An assistant surgeon must be appropriately board-certified or otherwise highly qualified as a skilled surgeon, and licensed as a physician in the state where the services are provided.

There are times when an assistant surgeon is not covered. Those include:

- » When the above criteria are not met.
- » Physicians will not be allowed additional benefits for the supervision of a physician assistant/nurse practitioner/nurse midwife.
- » RN-First Assistant are not eligible for reimbursement as surgical assistants.

Refer to full policy "Assistant Surgeon Guidelines" on www.pehp.org.

A few key points from an article written by Susan Vogelberger, include:

1. Surgeon is required to specify in the body of the operative report what the assistant surgeon does;
2. It's not sufficient evidence of participation to list the assistant surgeons name in the heading of the operative report;
3. Be sure to mention in the indications paragraph in the operative report why there is need for an assistant surgeon.

Read the full article here:

<https://www.aapc.com/blog/23393-assistant-at-surgery/>

PEHP accepts the following modifiers when billing for assistant surgeons:

- » 80 – Assistant Surgeon
- » 81 – Minimum Assistant Surgeon
- » 82 – Assistant Surgeon (when qualified resident surgeon not available)
- » AS – Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

We encourage providers to become familiar with our policies, Medicare's guidelines, and the AMA CPT book to understand assistant surgeons billing guidelines. This will help with ensuring your records are appropriately documented, and that billing runs smoothly from start to finish.

When 99140 is Warranted

The AMA defines code 99140 as: "Anesthesia complicated by Emergency Conditions (Specify)". What does that mean for PEHP? We interpret



Claims Coding

an emergent condition as life-threatening. Per PEHP Master Policy, a life-threatening condition is defined as: "The sudden and acute onset of an illness or injury where delay in treatment would jeopardize the member's life or cause permanent damage to the members health such as, but not limited to, loss of heartbeat, loss of consciousness, limb-threatening, or organ-threatening cessation or severely obstructed breathing, massive and uncontrolled bleeding." PEHP will determine if code 99140 is warranted for payment, based on the final diagnosis and medical review of the records. Contact your Provider Relations Specialist if you have any questions.

Did You Know?

Fee schedules are available 24/7 on www.pehp.org, except for hospital fees. Login and choose "fee schedule lookup."

Did You Know?

Provider agrees not to bill the member for covered services or for any charges not specifically allowed by the member benefit plans for, or related to covered services.

EDI rejections

Check Claims Status Easily Online

Our website offers providers with a way to see if claims were accepted or rejected. Log into the secured provider portal at www.pehp.org and select EDI Claim Acknowledgement (277CA) tool.

Enter in a submission beginning and ending date. If you are looking for more specific member information, you can add that as well. Once you receive the results, you'll either see a claim number or a rejection code (i.e. **Rejected A3:771**).

Providers must be logged in under the Organizational NPI for this to work. If you don't have this option, contact your Provider Relations Specialist to get that set up.

» **Claim accepted:** PEHP claim number will appear in blue. Click on the number to get information on



Electronic
Data
Interchange

that specific claim.

» **Claim rejected:** Click on the red line (i.e. **Rejected A3:771**) and a box will appear, giving you the definition of the rejection code and why it was rejected. Lists of rejection codes are available by going to <http://www.wpc-edi.com/reference>.

If you are submitting through a clearinghouse, they should be providing your office with a 277CA (Claim Acknowledgement) that would provide you with the same information.

We encourage you to take advantage of the EDI Claim Acknowledgement tool, if you haven't already. It's fast, easy, and convenient to ensure claims are getting to us in a timely manner.

PEHP's Top Rejections

Rejection	Rejection Code	Resolution
Entity's date of birth.	158	Send in a 270/271 eligibility request, or check eligibility at www.pehp.org .
Subscriber and subscriber ID not found.	33	Send in a 270/271 eligibility request, or check eligibility at www.pehp.org .
Entity not eligible for benefits for submitted date of service.	88	Send in a 270/271 eligibility request, or check eligibility at www.pehp.org .
Entity's National Provider Identifier (NPI). Common causes for this: » New provider not currently set up with PEHP. » Change of clearinghouses.	562	Contact Provider Relations Specialist.
Claim submitted prematurely. Please resubmit after crossover/payer to payer COB allotted waiting period.	771	Provider must wait 30 days from <u>Medicare's payment date</u> . If the crossover is not successful after the allotted time, re-submit the claim.

Did You Know? To ensure accuracy on our provider directory, notify your Provider Relations Specialist of any changes, including new providers, retired providers, change of address, etc. by email, mail, or fax.

PEHP WeeCare

Prenatal and Postpartum Program

PEHF WeeCare offers services to meet the needs of your pregnant patients, helping them have a healthy pregnancy, safe delivery and a healthy baby.



PEHP WeeCare

This program is for PEHP members only. Our members can enroll at any time during their pregnancy up through 12 months postpartum to participate and be eligible to receive rebates.

We encourage enrollment during pregnancy to earn extra incentives.



Contact PEHP WeeCare

Email: weecare@pehp.org

Phone: 801-366-7400
or 855-366-7400

Fax: 801-328-7400

Available M-F 9 AM – 5PM

Both members and providers can learn more by going to www.pehp.org. We encourage your office to speak to your pregnant patients about this program and the information they can obtain, to help with a healthy pregnancy.

PEHP WeeCare offers:

Benefit	Enrollment (During pregnancy)	Enrollment (After delivery, up to 12 months postpartum)
Book and Educational Materials	Yes	Yes
Extra Information for High-Risk Pregnancies	Yes	Yes
Prescription on Prenatal Vitamins (Generic Only)	100% coverage* for generic brand (* A co-pay is charged for Jordan District Plans & Utah Basic Plus Plans)	100% coverage* for generic brand (* A co-pay is charged for Jordan District Plans & Utah Basic Plus Plans)
Enrollment Rebates**	\$50 (enrollment during pregnancy) + \$50 (weight improvement rebate)	\$50 (enrollment after delivery)

** PEHP Rebates are taxable and may not apply to all groups. Contact your employer for details.

Use of 25 Modifier

PEHP Health & Benefits is committed to improving the healthcare system and keeping it affordable for our members. Medical fraud, waste, and abuse cost taxpayers billions of dollars every year.



PEHP Fraud

This also has an impact on our members, which can include increased premiums.

By conducting random audits through the Health Network Management & Compliance Department and using an independent third-party vendor, PEHP Health & Benefits identified different educational concerns, one of which has been that the documentation is not supporting the codes billed and/or the inappropriate code for the level of service.

Another concern identified is the use of modifier 25 being billed inappropriately with/for the services rendered.

The American Medical Association identified modifier 25 as: "Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service: It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately

identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed."

A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. Note: This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

When Health Network Management completes an audit and concerns have been identified, an educational letter is sent outlining those concerns. As always, you can refer to the AMA CPT guidelines for any and all questions concerning your billing needs.

PROCESS FOR OVERPAYMENTS

Occasionally, PEHP will make an overpayment on a claim, whether it be due to a corrected claim, processing error, COB changes, etc.

In the case of an overpayment, per section 2.6 of the Provider Agreement, both parties agree that they are entitled



PEHP Policies

to adjustments for up to 12 months following the adjudication of a claim.

When an overpayment is identified, PEHP will send out a letter to the provider. The letter will include information on the specific claim that has the overpayment.

It also gives the provider the option of sending in the payment to PEHP within 30 days. If payment is not received within that timeframe, the overpayment is then scheduled to deduct from the next remittance sent to the provider.

PEHP deducts from the draft itself, not a specific claim. Information on the deduction can be found on the bottom of the remittance advice that the overpayment was taken from.

PEHP's Preauthorization List



PEHP
Pharmacy

PEHP chooses specific prescription drugs and specialty medications to require preauthorization. These specific prescription drugs and specialty medications are chosen because of:

- » the high potential for adverse reactions, contraindications, misuse, and safety issues;
- » the opportunity to use first line therapy;
- » cost.

To begin, obtain preauthorization forms at www.pehp.org, under for Providers.

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 Preferred Drug List is updated several times a year and contains the most current

Drugs Removed from List

Drug Name	Effective Date
Rituxan (J9310, J9312)	June 1, 2018

Drugs that are NOT COVERED

Drug Name
Rituxan Hyclea (J9311)

Drugs Added to List

Drug Name	Effective Date
Lutathera	Dec. 1, 2018
Renflexis	Jan. 1, 2019
Emgality	March 1, 2019
Ajovy	March 1, 2019
Lorbrena	March 1, 2019
Radicava	March 1, 2019
Vitrakvi	March 1, 2019

preauthorization list, in addition to other lists that affect pharmacy choices. Find it at www.pehp.org.

PEHP's Preferred Drug List



PEHP
Pharmacy

The PEHP Preferred 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 Preferred 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.

Drug Name	Formulary	Effective
Fluticasone/salmeterol	Tier 1	Nov. 1, 2018
Xofluza	Tier 3	March 1, 2019
Biktarvy	Tier 2	March 1, 2019

Drug Name	Formulary	Effective
Ranolazine	Tier 1	March 1, 2019
Solifenacin	Tier 1	March 1, 2019
Naloxone nasal spray	Tier 1	March 1, 2019

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 zips codes not mentioned in other service areas), All University of Utah

Out-of-State

Colorado

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 & 84088), West Valley (84119, 84120 & 84128)

In-State Counties

Tooele, Utah

Out-of-State

Wyoming

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

SERVICE AREA #2

Carrie Leeman

Provider Relations Specialist

Phone: 801-366-7753 or 800-753-7753

Fax: 801-245-7753

E-mail: carrie.leeman@pehp.org

In-State Counties

Box Elder, Cache, Davis, Morgan, Rich, Weber

In-State Cities

Murray (84107, 84123 & 84157)

Out-of-State

Idaho

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, Herriman (84065 & 84096), Riverton (84065, 84095 & 84096), Sandy (84070, 84090, 84091, 84092, 84093 & 84094), South Jordan (84065 & 84095)

In-State Counties

Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, Wayne

Out-of-State Cities

Las Vegas, Nevada
Mesquite, Nevada

Out-of-State

Arizona

MAILING ADDRESSES

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

Spring 2019

Provider News

Contact List **Note:** Phone numbers for Case Management, Preauthorization/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
chantel.lomax@pehp.org

Henry Cruz

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

Jenna Murphy

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jenna.murphy@pehp.org

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carrie.leeman@pehp.org

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Laurel Rodriguez

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