



## THEN

Mounds of paperwork.  
Piles of files.  
The occasional papercut.

*That's SO 2014.*

Starting in January,  
paperless transactions  
will be required through  
Electronic Data Interchange.

## NOW



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& INFORMATION FOR  
PROVIDER PARTNERS

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**COVER STORY: Electronic Data Interchange**

*Three little letters that will change your work flow:*

# EDI

*Electronic Transactions Become Mandatory Jan. 1*

**T**his isn't just an idea that sounds good on paper.

Beginning January 1, 2015, PEHP will no longer accept paper medical claims, and will require claims to be submitted via Electronic Data Interchange (EDI).

Fewer papercuts? Your fingers will thank you.

Implementation will be mutually beneficial for both providers and PEHP, with benefits including:

- » On average, electronic claims are processed three times quicker than paper claims.
- » Reducing your receivables backlog.
- » Eliminating slow manual processes and errors.
- » Producing clearer and more precise claim data.
- » Obtaining instant verification, whether acceptance or rejection, of claims.
- » Sending Coordination of Benefits (COB) claims.

If your office is already submitting EDI claims and have yet to let PEHP

**Exceptions**

We will continue to accept paper claims for the following:

- » Out of State Providers
- » Providers not contracted with any PEHP Networks
- » Claims that require medical records



*Please see **EDI** on next page*

**COVER STORY: Crossover Claims**

# Efficiency for Medicare Claims

**B**eginning December 1, 2014, claims submitted to PEHP prior to this crossover process will be rejected. PEHP will respond with a code combination of Acknowledgment Code A3 and Status Code 634 on the 277CA.

PEHP has been using the Centers for Medicare and Medicaid Services (CMS) crossover process since December of 2013. The CMS crossover process routes paid Medicare COB claims directly from Medicare to PEHP, thus eliminating the need for providers to also submit the claim to PEHP. The intent of the crossover process is to increase efficiency through one claim submission, reduce duplicate submissions, improve payment accuracy, and increase member and provider satisfaction.



When you receive the remittance advice from Medicare, determine if the claim has been automatically forwarded (crossed over) to PEHP. If you see Remark codes MA18 or N89

on the Medicare remittance, this indicates that the claim was crossed over to PEHP for processing and you do not need to submit a claim to PEHP.

To take full advantage of the efficiencies provided via the crossover process, and to prevent duplicate submissions, all providers are requested to wait 30 calendar days from the initial Medicare remittance date before submitting the claim to PEHP.

In the event a claim needs to be submitted to PEHP for corrections or in the event of non-crossover, a frequency code 7 indicating a correction will be accepted. The Medicare claim/claim reference number can be used as the prior claim number.

If you have questions or concerns, please contact your Provider Relations Specialist.

## EDI: Electronic Claims are Processed Three Times Faster

*Continued from previous page*

know, call our EDI helpdesk or your Provider Relations Specialist. We will need to know your TIN, provider(s) name and current clearinghouse. However, if you aren't currently sending EDI claims, contact your practice management software or current clearinghouse to get started.

You may also contact UHIN (Utah Health Information Network) at 801-466-7705 or [www.uhin.com](http://www.uhin.com) for options.

Furthermore, beginning January 1, PEHP will require all providers

to be set up with EFT (Electronic Funds Transfer) services to receive payments. By signing up for EFT, your office will receive:

- » Daily payments deposited directly into bank account. On average, payment is received 6 days earlier than paper checks.
- » Quicker turn-around time.
- » Receiving the Remittance Advice electronically (ERA) or online via a PDF file.
- » Emails of payment information sent to provider's office.

Sign-up is easy! Login at [www.pehp.org](http://www.pehp.org) with your user ID and password, and find your options listed on the left side. Scroll down and click on EFT Agreement, then follow the prompts.

If your office does not have a login or have questions regarding the enrollment, call your Provider Relations Specialist.

We invite you to get setup today to start taking advantage of these wonderful transactions!



## ***Genetic Testing***

# **Find Labs Through Online Directory**

**P**EHHP's online Provider Directory now has a separate listing of in-network genetic (molecular pathology) laboratories. Laboratories that are in-network for BRCA and other common genetic/molecular tests approved by PEHP are listed under the "Specialty" drop down box under "Genetic Laboratory."

Please remember that ALL genetic/molecular testing still requires preauthorization.

We encourage your office to call PEHP at 801-366-7555 for all preauthorization requests.



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## ***Conscious Sedation***

# **Is The Procedure Really Necessary?**

**P**EHHP is committed to the goal of ensuring high-quality, cost-effective care for our members. We support the ABIM Foundation's Choosing Wisely® campaign to prompt conversations between patients and physician anesthesiologists about what care is really necessary.

The American Society of Anesthesiologists (ASA) has released evidence-based recommendations that identify commonly ordered but not always necessary procedures.

A recent recommendation of the ASA states that intravenous sedation, such as with propofol, midazolam or ultrashort-acting opioid infusion, is not medically necessary routinely for diagnostic and therapeutic nerve block such as intra-articular and middle branch block injection for back pain. Ideally, local

anesthetic alone should be used in order to assess the immediate efficacy of the procedure and to minimize the potential for false positive responses.

There is specifically no medical justification for sedation when performing trigger point injections.

Intravenous sedation can be used after evaluation and discussion of risks, including interference with assessing the acute pain-relieving effects of the procedure and the potential for false positive responses.

Intravenous sedation may be indicated in patients with extreme anxiety when undergoing cervical or lumbar-sacral nerve destruction.

We encourage you to talk with your patients to ensure they are getting the best care that best meets their needs.

## **DID YOU KNOW?**

*To avoid delay in claims, inform your Provider Relations Specialist of any changes that have occurred in your office (i.e. TIN, NPI, new provider).*

# Prometheus Labs Not Covered

**A**ny tests performed at Prometheus Laboratory will no longer be reimbursed by PEHP. This is because the tests are either investigational, not medically necessary, or an equally effective test is available through our in-network laboratory providers at much lower rates.

Providers (and patients) may identify in-network laboratories for each of the three PEHP networks (Advantage, Summit, and Preferred) at [www.pehp.org/](http://www.pehp.org/)

ProviderLookup. Also, our in-network free-standing labs such as LabCorp and Quest Diagnostics are less expensive alternatives to sending the tests through a hospital.

We appreciate your assistance in working with our members, your patients, in coordinating their health needs.

### PEHP's Policy

To view PEHP's full policy for coverage of IBD Laboratory Testing, you may log in on the myPEHP Website for Providers: [www.Pehp.org/MyPehpProviders/ClinicalPolicies](http://www.Pehp.org/MyPehpProviders/ClinicalPolicies).

## Examples of Prometheus Tests/Panels and Preferred Alternative

Prometheus offering	PEHP preferred test(s) with in-network labs
Anser IFX / Anser ADA	Serum trough level and antibodies to either infliximab or adalimumab
IBD sgi Diagnostic or Crohn's Prognostic	None. PEHP does not cover testing for serological or serogenetic markers for the diagnosis or management of inflammatory bowel disease because it is considered experimental, investigational or unproven.
Celiac Plus (gene & serology)	<p>Cascade of serology/HLA-DQ2/DQ8:</p> <p><b>PEHP considers</b> testing of anti-gliadin antibodies (AGA), anti-reticulin antibodies (ARA), IgA anti-human tissue transglutaminase (TTG) antibodies (TGA), IgA anti-endomysial antibodies (EMA), and total serum IgA medically necessary for any of the following indications:</p> <ul style="list-style-type: none"><li>» As a preliminary diagnostic test for persons with symptoms suggestive of celiac disease; or</li><li>» To monitor response to a gluten-free diet; or</li><li>» For screening first-degree relatives of individuals with celiac disease; or</li><li>» To screen persons with type 1 diabetes for celiac disease.</li></ul> <p><b>PEHP considers</b> IgG-TTG and IgG-EMA medically necessary for persons with symptoms suggestive of celiac disease and a serum IgA deficiency.</p> <p><b>PEHP considers</b> genetic testing for celiac disease DQ2 and DQ8 haplotypes medically necessary:</p> <ul style="list-style-type: none"><li>» As an adjunctive test in patients suspected of having celiac disease, where TTG and EMA serologic testing is indeterminate, or</li><li>» As a "rule out" test for first-order family members of patients diagnosed with celiac disease, where the test will be used to determine if the patient should undergo further diagnostic testing or disease monitoring.</li></ul>
Thiopurine Monitoring	Thiopurine metabolite testing
TPMT Genotype	TPMT enzyme testing

## DID YOU KNOW?

Providers and members have the ability to submit a confidential and anonymous report by clicking "Fraud & Abuse" on [www.pehp.org](http://www.pehp.org).

# Enhanced Search Capabilities

**W**e are happy to share that we have added enhanced search capabilities within our Clinical Policy documents.

If you want to find any policy that references a

procedure or medical equipment, just put the word(s) in the Clinical Policies Search box at the top of the page and all the policies that contain that term will be returned in your search.

We hope this new functionality will better assist you in finding the information you need as we continue our partnership efforts to be transparent.

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## **Mental Health**

# Facility Benefit Change

**P**EHP recently made some benefit changes with Mental Health Facilities. Those changes are:

- » As of July 1, 2014, PEHP members may only use their out-of-network benefits at mental health facilities that are contracted on one or more PEHP network plans.
- » The mental health benefits do not cover residential services.

Note: These changes do not affect the out-of-network benefits for counseling and/or therapy services by individual mental health providers.

PEHP reserves the right to contract with facilities that best match our benefit structures. As such, we recommend you utilize our online directory at [www.pehp.org](http://www.pehp.org) to choose a contracted facility.



## **DID YOU KNOW?**

*If you've misplaced your password, you can now have an email sent to you to reset it. Go to [www.pehp.org](http://www.pehp.org), click on Login/Provider Login and "I forgot my password". If you don't get the e-mail, contact your Provider Relations Specialist to verify the e-mail it was sent to.*



# Making the Healthy Choice the Easy Choice

**A** new Physician Referral Tool developed by the Healthy Living through Environment, Policy and Improved Clinical Care Program (EPICC) is now available online. This resource finds free or low cost community resources to help your patients increase physical activity and improve their nutrition.

It is easy to access and searchable by county and zip code.

Visit the resource locator found at [www.choosehealth.utah.gov/your-health/resources-locator.php](http://www.choosehealth.utah.gov/your-health/resources-locator.php), select the county or zip code in which your patient resides, and a printable list of locations for physical activity, nutrition and/or chronic disease self-management programs populates.

Providers can trust this resource knowing that the locator tool is updated regularly by EPICC staff.

Healthcare providers also have a designated section on the newly improved [www.choosehealth.utah.gov](http://www.choosehealth.utah.gov) website. Offered are resources for online continuing education opportunities, practice recommendations, team-based care and quality improvement.

There are additional patient referral resources such as:

- » 5-2-1-0 (Obesity Resource Toolkit),
- » Printable diabetes manuals,



- » Lifestyle change programs,
- » Recommendations for healthy eating and active living.

Access this section by clicking on [www.choosehealth.utah.gov/healthcare/physician-resources.php](http://www.choosehealth.utah.gov/healthcare/physician-resources.php).

We appreciate your continued efforts in helping our members choose a healthy, active lifestyle.

## DID YOU KNOW?

*Benefits and preauthorization status can be verified by calling 801-366-7555.*

## Vaccinations

# Hepatitis B Reminder for Diabetics

The Advisory Committee on Immunization Practices (ACIP) and the American Diabetes Association recommend the Hepatitis B vaccination for:

- » All previously unvaccinated adults with diabetes aged 19-59 years;
- » Those 60 years or older after assessing risk and likelihood of an adequate immune response.

PEHP is a proponent of Hepatitis B



vaccination for patients with diabetes. Based upon statistics of a Utah Adult Immunization Coalition survey, only 23% of Utah diabetic patients age 19 to 59 years and 11% of diabetic patients age 60 and older have received a Hepatitis B vaccination – an estimated 97,000 unvaccinated patients!

Consider encouraging your diabetic patients to get a Hepatitis B vaccination as soon as possible.

## Financial Assurance

# Striving for Accuracy

PEHP's Financial Assurance Department is committed to identifying fraud, waste and abuse and providing education when needed. Our independent third party vendor has identified that a percentage of Chiropractic providers are billing evaluation and management codes in place of chiropractic manipulative treatment codes and/or billing higher value codes for their services.

By conducting random audits through our Financial Assurance Department it has been determined that the documentation being submitted is not supporting the codes. Providers

must ensure that the documentation supports the codes being billed.

Documentation must include:

### Tip to Consider

Medical records must be accurate and legible. Documentation is necessary to justify all selected codes being billed. The rules of documentation are simple, if a service is not documented, it was not done. If a note is illegible, then it was not performed.

- » A complaint involving region(s).
- » An examination of the corresponding spinal region(s).
- » A diagnosis and manipulative treatment of a condition involving the spinal region(s).
- » A treatment plan indicating level of care including frequency and length.

We encourage your office to refer back to your American Medical Association (AMA) 2014 CPT book often to ensure accuracy in your documentation and billing.

## DID YOU KNOW?

We currently support the following transactions:  
834, 835, 837,  
270/271, 276/277,  
277CA, EFT.



## PEHP WeeCare

# Offering Pregnancy, Post-Partum Resources

**A**s a physician, you know that for expectant parents, pregnancy can be a time for excitement and wonder. It's also a time that can be overwhelming for new parents.

Additional resources can help calm new parents fears, answer questions, and/or provide clarity. PEHP WeeCare is here to help! This program offers:

- » A book for expectant or new mothers, plus other educational material.
- » A nurse who's available online.
- » Information for high-risk pregnancies.
- » Prescription Prenatal Vitamins (generic only).
- » Up to \$100 in rebates.



PEHP members can enroll at anytime. Though, we encourage our members to enroll during their pregnancy to receive additional incentives.

For additional information on PEHP WeeCare, we encourage you to visit us at [www.pehp.org/providers/care-management-and-wellness/pehp-weecare](http://www.pehp.org/providers/care-management-and-wellness/pehp-weecare).

Benefit	Enrollment (during pregnancy)	Enrollment (after delivery up to 12 weeks post-partum)	Enrollment (after 12 weeks post-partum)
Book and Education Materials	Yes	Yes	Yes
Nurse Available to Answer Questions Online (weecare@pehp.org)	Yes	Yes	Yes
Extra Information for High-Risk Pregnancies	Yes	Yes	Yes
Prescription Prenatal Vitamins (generic brand only)	100% coverage* for generic brand *a co-pay is charged for Jordan District & State of Utah Basic Plus Plans	100% coverage* for generic brand *a co-pay is charged for Jordan District & State of Utah Basic Plus Plans	100% coverage* for generic brand *a co-pay is charged for Jordan District & State of Utah Basic Plus Plans
Enrollment Rebates <i>State of Utah Basic Plus Plan is exempt</i>	\$50 + \$50	\$50	No

## DID YOU KNOW?

You can easily sign up for a user ID and password by executing the ETPA found at [www.pehp.org](http://www.pehp.org). Click Providers/ Provider Library/ Forms/ETPA. The completed form can be faxed to your Provider Relations Specialist.

## Pharmacy

# Preferred Drug List Updates

**T**he PEHP Preferred Drug List helps members and providers choose the most effective and economical medication.

PEHP's Pharmacy and Therapeutics Committee, comprised of local physicians and pharmacists, helps 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

## Most Recent Changes

Drug Name	Formulary Change	Formulary Alternative
Crestor	Tier 3	Atorvastatin
Vytorin	Tier 3	Atorvastatin
Simcor	Tier 3	Atorvastatin
Acanya	Tier 2	
Ziana	Tier 2	
Veltin	Not Covered	Acanya, Ziana
Zyvox	Tier 3	

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 members to the safest and most effective therapy while helping to manage the rising cost of pharmacy.

## PEHP's Preauthorization Updates

**P**EHF 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](http://www.pehp.org). Choose *Login/Provider Login* and enter your superuser ID and password.

Questions? Contact your Provider Relations Specialist or call Customer Service at 801-366-7555 or 800-765-7347. Members may call Customer Service 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.

## Drugs REMOVED from List

Drug Name	Effective Date
Cymbalta	October 1, 2014
Zetia	October 1, 2014
Lunesta	September 1, 2014
Victoza	August 1, 2014
Byetta	August 1, 2014
Bydureon	August 1, 2014

## Drugs ADDED to List

Drug Name	Effective Date
Otezla	January 1, 2015
Entyvio	January 1, 2015

PEHP's Preferred Drug List is updated several times a year and contains the most current preauthorization list, in addition to other lists that affect pharmacy choices.

Find it at [www.pehp.org](http://www.pehp.org).

## DID YOU KNOW?

Appeals can be faxed to 801-320-0541. Preauthorization requests can be faxed to 801-328-7449.

## 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

Draper (84020), Holladay (84117, 84121 & 84124), Midvale (84047), Salt Lake City, Sandy (84070, 84090, 84091, 84092, 84093 & 84094)

#### 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

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

#### In-State Cities

Murray (84107, 84123 & 84157)

#### Out-of-State

Arizona, Idaho

### SERVICE AREA #3

#### Angel Macas

Provider Relations Specialist

*Phone:* 801-366-7721 or 800-753-7721

*Fax:* 801-245-7721

*E-mail:* angel.macas@pehp.org

#### In-State Counties

Carbon, Daggett, Duchesne, Emery, Juab, Millard, Sanpete, Tooele, Uintah, Utah, Wasatch

#### In-State Cities

Herriman (84065 & 84096), Kearns (84118), Magna (84044), Riverton (84065, 84095 & 84096), South Jordan (84065 & 84095), Taylorsville (84084, 84118 & 84119), West Jordan (84084 & 84088), West Valley (84119, 84120 & 84128)

#### Out-of-State

Wyoming

### SERVICE AREA #4

#### Glenda Lowe

Client Liaison

*Phone:* 801-366-7496 or 435-673-6300  
or 800-950-4877

*Fax:* 435-634-0654

*E-mail:* glenda.lowe@pehp.org

#### In-State Counties

Beaver, Garfield, Grand, Iron, Kane, Piute, San Juan, Sevier, Washington, Wayne

#### Out-of-State Cities

Las Vegas, Nevada  
Mesquite, Nevada

### SERVICE AREA #5

#### Selena Johnson

Provider File Technician

*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

#### Service Area #4

##### Glenda Lowe

URS/PEHP

166 North 100 East #9

St. George, UT 84770

#### All Other Service Areas & Representatives

PEHP

560 East 200 South

Salt Lake City, UT 84102





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

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# 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)

*Canyons School District*

*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

Glenda Lowe .....801-366-7496 or 800-950-4877  
Client Liaison glenda.lowe@pehp.org

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

Angel Macas .....801-366-7721 or 800-753-7721  
Provider Relations Specialist angel.macas@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 File 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 Manager 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