ONE FOR ALL

Our New Provider Basics Document Will Help Eliminate Gray Area for Providers and Patients

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MORE USEFUL NEWS & INFORMATION FOR PROVIDER PARTNERS

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We understand that it can be difficult to work with many payers in regards to different drug formularies, what requires authorization, benefit limits, exclusions, etc.

To assist you, we have created a new Provider Basics document that highlights the items that most commonly lead to a service not being covered.

We have included as a separate document with this newsletter our Provider Basics tool. Its purpose is to highlight the most common areas in which we have limits, authorizations or other benefit differences with other payers so that we can make working with PEHP easy.

We want to help our members, your patients, avoid unexpected denials or balance bills, as well as out-of-network referrals, a lack of preauthorization, or benefit limits or exclusions.

The Provider Basics document provides information on networks, our Preferred Drug List, the Affordable Care Act (ACA), labs and imaging, preauthorization, benefit exclusions, as well as tips for specific provider specialties to identify items that often lead to denials.

We have posted the documents on our website and will keep them updated so you can have a tool to guide you on how to help your PEHP patients maximize their benefits.

Please let us know if there is information your office feels we can add to this document to further our effort to include as much important information together as possible in one document. Our goal is to make working with us easy and efficient.
Online Claims Tool

Fast, Efficient, and Free Filing

In our continuing efforts of going paperless and our EDI mandate, we want to remind you that your office has the ability to enter individual electronic claims directly online at www.pehp.org, free of charge.

After logging in to the forProviders section of our website, choose “Submit Medical Claims” from the menu choices and follow the prompts. To further assist your office, we have created a video tutorial in case you have questions. The tutorial can be found by choosing “How to Submit a Claim to PEHP” from the menu choices (at left).

Additionally, you can view “EDI Claim Acknowledgement” reports (i.e. claim accepted / rejected), check claim status and view and/or print remittance advices from the menu options.

We value our partnership with our providers in the community and welcome any feedback on how our website can be more useful to you.
EDI Claim Acknowledgement

Rejected vs. Received Claims

Our new EDI Claim Acknowledgement (277CA) tool is 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 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 specifics, just add the dates and hit “view results.”

If the claim was rejected or received, you will see it under the “status” field. (Sample above)

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.

» Lists of rejection codes are available by going to http://www.wpc-edi.com/reference.

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.

Coordination of Benefits

COB Information Now Available Online

We appreciate input from providers and are excited to announce that you now have the capability of obtaining COB (Coordination of Benefit) information online.

It is located in the “Check Eligibility” menu option when you log into the “forProviders” section at www.pehp.org.

We believe this will help with your daily tasks and we encourage you to take advantage of this new enhancement.
**Welcome Jenna Murphy**

Please join us in welcoming Jenna Murphy to the PEHP Provider Relations Team! Jenna has a degree in Health Promotion and Nutrition Education from Weber State University, and comes to us from the PEHP Healthy Utah Department. She worked for 5 years in a provider’s office as a medical assistant and with client relations and billing, so she knows her way around a doctor’s office. She owns a Curves gym, which is in the good hands of a fantastic staff, and owns and oversees several rental properties. She loves running, hiking, biking – basically taking advantage of the beautiful place where we live. She and her husband love music, movies, travel and any opportunity to spend time with friends. She is excited to join the Provider Relations team and looks forward to working with providers.

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**Online Tools**

**No Login for Preauth Forms**

In our continued efforts to assist providers on a daily basis, we’re happy to inform you that you no longer have to login to obtain PEHP’s medical preauthorization forms. These forms are now located on the unsecured provider site on [www.pehp.org](http://www.pehp.org).

Once you’ve successfully gone on our website, simply click on “Download Medical Preauthorization Forms” on the right hand side. Once completed, providers can send the form along with the applicable documentation back to PEHP’s Case Management Department at 801-328-7449.

The forms can be mailed as well. If you have a question on the preauthorization request, call us at 801-366-7555.

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**DID YOU KNOW?**

Both providers and members may submit a confidential and anonymous fraud report by clicking “About PEHP, How to Report Fraud”, at [www.pehp.org](http://www.pehp.org). You can also generate a report by calling our 24-hour confidential hotline at 888-475-8376.
**Physical Activity**

**Exercise is Medicine**

As healthcare costs continue to increase, getting your patients to engage in more physical activity may be one of the best solutions for improving their health outcomes.

As a healthcare professional, you are in a unique position to counsel your patients on developing active lifestyles. Your discussion, encouragement and guidance regarding their current level of physical activity may have the greatest influence on their decision to be physically active.

Research continues to show physical activity provides greater benefits to multiple health factors than any single pill. Based on this research, healthcare providers are urged to consider discussing and recommending physical activity to their patients.

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**Code Changes**

**Under Review: Don’t Let This**

At PEHP, we feel a deep responsibility to help our members avoid billing surprises that can cost them significant amounts.

To this end, we have begun reviewing the claims of our in-network providers to determine whether they come within a distinct minority of providers.

As a result of this review, we have recently placed messages on some provider profiles on PEHP’s Provider Look-up Tool for two reasons — either not obtaining preauthorization, and/or referring our members to out-of-network providers more than 5% of the time.

Files are reviewed approximately every 30 days to determine if practice patterns have changed. Messages will be removed and added at these intervals. A letter will be sent to the address on file for the provider for each appearance on the report. Messages will automatically be removed with no notice if practice has improved.

To find out if you have a message, go to PEHP.org, click on “Find a Provider” in the lower left of the screen, choose any of the networks under which you are contracted, and search by name.

If there is no message preceded by an exclamation point, you are doing well by our members in relation to these issues and we both thank you very much!

If you have a message and would like to
Are You Prescribing it?

Assessing a patient’s current physical activity level can be as simple as asking two simple questions: How many days during the week do you exercise, and for how many minutes? The assessment of their physical activity levels allows you to initiate the discussion, highlights the importance of physical activity for disease prevention and management, and enables your healthcare team to monitor changes over subsequent medical visits. Encourage your patients to achieve at least 30 minutes of exercise 5 days a week or a total of 150 minutes of moderate intensity activity per week. Research also shows that physicians who are more physically active are more likely to counsel patients regarding physical activity. Be an example of physical activity, by being active yourself.

For future reference, you and your patients can visit the EIM website at www.exerciseismedicine.org, where you will find additional resources on how to prescribe exercise as medicine and find flyers you can print and display in your waiting rooms and office regarding the importance of physical activity.

Happen to You!

find out the details behind it and how to get it removed, please contact the Provider Relations Specialist for your territory in the back of this newsletter.

Our purpose is to work with both members and providers on these issues. If you have a message, we want to partner with you to remove it. We know how difficult it can be to work with different health plans with different requirements.

We clearly want to streamline processes and give you the information you need to protect our members from billing surprises and invite your input on how we can do better.

Examples of Messages Members Will See

PEHP’s experience suggests that this provider may be more likely than others to refer you to an out-of-network provider. Depending on your plan, out-of-network services may not be covered or may cost you much more out-of-pocket. Help protect yourself by (1) becoming familiar with PEHP in-network labs and imaging services and requesting they be used and (2) never assuming that your provider knows which labs, imaging services, specialists (including anesthesiologists), or facilities are in-network — make sure you do before you say yes.

PEHP’s experience suggests that this provider may be less likely than others to obtain prior authorization for a test or treatment when required — which can result in you being responsible for 100% of the bill. Help protect yourself by (1) checking online or with PEHP to determine if a test or treatment requires prior authorization, (2) working with your provider to make sure a prior authorization request is submitted, and (3) checking PEHP’s online message center to see if your prior authorization has been granted.
**Coding**

**Accurate Coding & Documentation**

Our Auditing Department continually audits claims to ensure accuracy of billing and correct coding. We follow the American Medical Association (AMA) Current Procedural Terminology (CPT) codebook for their rules and guidelines. We also use Verscend (a third-party auditing vendor) that helps with the reviews. Verscend consists of a team of CPC coders, RNs and peer reviews, when needed.

One purpose of our audits is to determine if the documentation supports the codes being billed; or if there is a more appropriate code that describes the services.

The AMA CPT Code book states: “Select the name of the procedure or service that accurately identifies the service preformed.”

**Example:**

» **Case:** A patient is seen for review of their medications for a psychological condition.

» **Coding:** It would not be appropriate to bill an E&M code when there are codes that more accurately describe this service in the Medicine tab under the Psychiatry codes section.

When submitting claims, Providers have agreed to:

» Use appropriate procedure and diagnostic codes that most closely identify services rendered to the Member.

» Having claims submitted to PEHP subjected to PEHP’s code auditing product, which evaluates code combinations during the processing of claims.

» Refrain from using any coding scheme that would tend to increase the amount of reimbursement…

For the full agreement, refer to section 2 of your Public Employees Medical Provider Agreement.

A key to coding is to remember that if it’s not documented, it did not happen and is not payable.

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

**ICD-10 Specificity Begins October 1**

The one-year grace period for ICD-10 coding specificity has ended. Beginning October 1, 2016, PEHP will follow CMS in requiring that the highest level of specificity of ICD-10 diagnosis codes be billed on claims. Failure to do so will result in the denial of the claim. We encourage you to review the ICD-10 codes being billed so your claims are not denied.
**For Your Information**

**Keeping You Informed on PEHP Policies**

**Migraine Headache Procedures**
PEHP considers these procedures investigational for the treatment of cluster headaches, chronic daily headaches and migraines because their effectiveness has not been established in the medical literature:

1. Decompression or resection of the greater occipital, supra-orbital and supra-trochlear nerves
2. Occipital nerve stimulation or block
3. Ganglionectomy, sphenopalatine ganglion block
4. Trigger point injections
5. Suboccipital and supraorbital nerve stimulation or block

For a complete list of non-covered procedures, please refer to PEHP policy “Headaches: Invasive Procedures” on our website.

**Genetic testing for Autism Spectrum Disorder**
PEHP considers genetic testing medically necessary to establish a molecular diagnosis of an inheritable disease when all of the following are met:

» The member displays clinical features, or is at direct risk of inheriting the mutation in question (pre-symptomatic); and

» The result of the test will directly impact the treatment being delivered to the member; and

» After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

Because autism spectrum disorder is diagnosed based upon psychological testing and symptomatic behavior, PEHP considers Microarray testing medically indicated only if the patient has moderate to severe developmental delay/intellectual disability or multiple congenital anomalies not specific to a well-defined genetic syndrome.

PEHP considers FMR1 gene mutation for Fragile X syndrome medically indicated in the presence of either dysmorphic features or mental disability and MECP2 gene mutation indicated when Rett’s disorder is suspected.

**All genetic tests require preauthorization** and have to be performed through contracted laboratories when possible to prevent balance billing for our members. PEHP has no contract with Lineagen or Myriad Genetics.

**Hammer Toe Surgery**
PEHP considers fixation implants (e.g., the Acumed Hammertoe Fusion Set, the BME Hammerlock Implant, the Futura Flexible Digital Implant, the Futura LMP Lesser Phalangeal Joint Implant, the Pro-Toe Hammertoe Implant, the Smart Toe, the BioFoam Wedge System, the StayFuse Fusion Device, and the Weil-Carver Hammertoe Implant) experimental and investigational for hammertoe repair because of a lack of evidence of effectiveness and safety in the peer-reviewed published medical literature.
**Pharmacy**

**PEHP’s Preauthorization Updates**

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, located on the right hand side at [www.pehp.org](http://www.pehp.org), under for Providers.

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**

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<tr>
<th>Drug Name</th>
<th>Effective Date</th>
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<tbody>
<tr>
<td>Latuda</td>
<td>July 1, 2015</td>
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<tr>
<td>Neupogen</td>
<td>January 1, 2016</td>
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<tr>
<td>Velcade</td>
<td>January 1, 2016</td>
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<tr>
<td>Makena</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>Ampyra</td>
<td>January 1, 2016</td>
</tr>
<tr>
<td>Lamisil Granules</td>
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**Drugs ADDED to List**

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<th>Drug Name</th>
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<tr>
<td>Nucala</td>
<td>March 1, 2016</td>
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<tr>
<td>Epclusa</td>
<td>July 1, 2016</td>
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<tr>
<td>Cabometyx</td>
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<tr>
<td>Methadone</td>
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<tr>
<td>Fentanyl</td>
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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).

**No Coverage for Compound Hormones**

We’ve recently had inquires about the use of compound hormones, which PEHP does not cover.

PEHP’s policy on not covering compounding hormones is supported by current scientific studies including a recent article published in the April 2016 *Journal of Endocrine Society* entitled “Compound Bioidentical Hormones in Endocrinology Practice: An Endocrine Society Scientific Statement.”

The article summarizes that through trials, the availability of FDA-approved bioidentical hormones produced in monitored facilities provides high quality of safety and efficacy. Therefore, there’s no rational for routinely prescribing unregulated, untested, and potentially harmful custom-compounded bioidentical HTs.

Providers are encouraged to prescribe FDA-approved hormone products and to avoid custom-compounded hormones.

Reference: J Clin Endocrinol Metab, April 2016, 101(4): 1318-1343
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 800-677-0457 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

<table>
<thead>
<tr>
<th>In-State Cities</th>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holladay (84117, 84121 &amp; 84124), Midvale (84047), Salt Lake City (all other zips codes not mentioned in other service areas), All University of Utah</td>
<td>Colorado</td>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>In-State Counties</th>
<th>In-State Cities</th>
<th>Out-of-State</th>
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<tbody>
<tr>
<td>Box Elder, Cache, Davis, Morgan, Rich, Weber</td>
<td>Murray (84107, 84123 &amp; 84157)</td>
<td>Idaho</td>
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<tr>
<td><strong>SERVICE AREA #3</strong></td>
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</table>

**Henry Cruz**  
Provider Relations Specialist  
Phone: 801-366-7721 or 800-753-7721  
Fax: 801-245-7721  
E-mail: henry.cruz@pehp.org

<table>
<thead>
<tr>
<th>In-State Cities</th>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kearns (84118), Magna (84044), Taylorsville (84084, 84129 &amp; 84119), West Jordan (84084 &amp; 84088), West Valley (84119, 84120 &amp; 84128)</td>
<td>Texas, Wyoming</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
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<th>In-State Cities</th>
<th>In-State Counties</th>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draper, Herriman (84065 &amp; 84096), Riverton (84065, 84095 &amp; 84096), Sandy (84070, 84090, 84091, 84092, 84093 &amp; 84094), South Jordan (84065 &amp; 84095)</td>
<td>Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, Wayne</td>
<td>Las Vegas, Nevada Mesquite, Nevada</td>
</tr>
<tr>
<td><strong>SERVICE AREA #5</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Selena Johnson**  
Provider Data Specialist  
Phone: 801-366-7511 or 800-753-7311  
Fax: 801-245-7511  
E-mail: selena.johnson@pehp.org

<table>
<thead>
<tr>
<th>Out-of-State</th>
</tr>
</thead>
<tbody>
<tr>
<td>All states other than those listed above</td>
</tr>
</tbody>
</table>

**MAILING ADDRESSES**

PEHP  
560 East 200 South  
Salt Lake City, UT 84102
Contact List

Please note: The contact numbers for Case Management, Preauthorization 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 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

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
............................................. www.pehp.quitlogix.org

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 Specialist 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