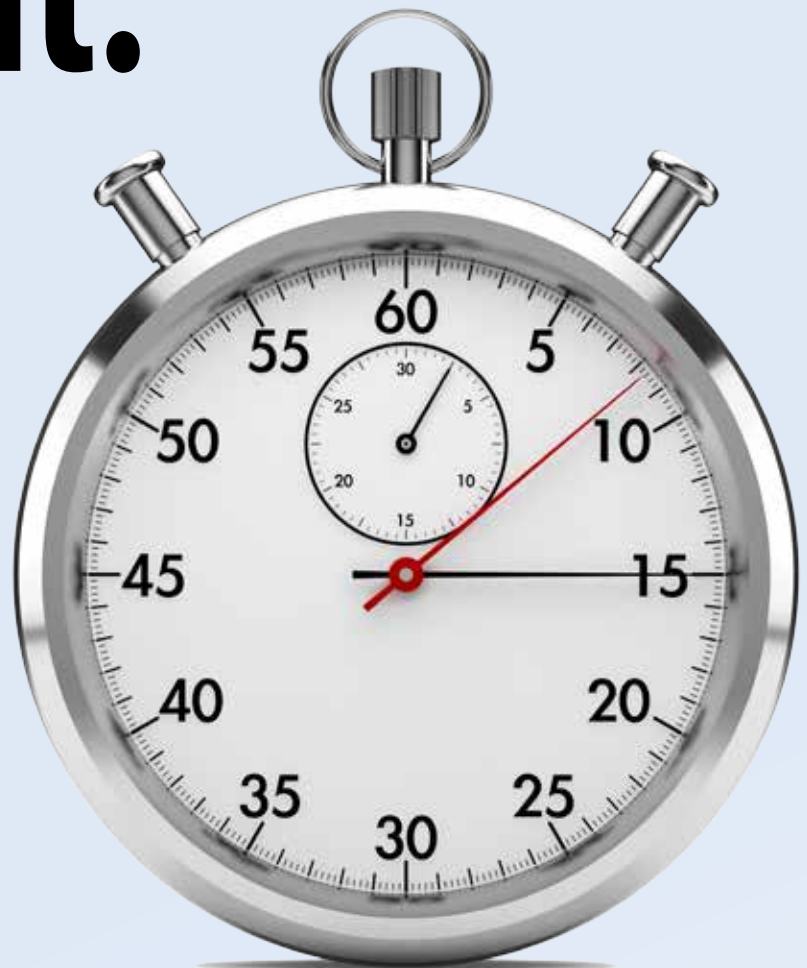


# Streamlined. Efficient. Useful.

How Will  
You Describe  
PEHP's Revised  
Corrected Claims  
Process?

PAGES 2-3



## INSIDE

MORE USEFUL NEWS  
& INFORMATION FOR  
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**COVER STORY: New Corrected Claims Process**

# Changes streamline

**P**EHHP has revised the process of corrected claims in order to help streamline how corrections are handled, reduce errors and be more in line with how other insurance companies correct claims.

Under this new process, which began in March, when corrected claims are received, the original claim is voided and reversed in our system. Thus, backing out all limits that were previously applied (i.e. deductible, max out of pocket, PT/OT limits, Chiropractic etc.). The corrected claim replaces the original claim and re-applies the limits.



The reversal and correction will be reported at the same time on the 835. If a refund is needed, a separate refund request will be sent to the providers office.

Providers can also print the reversal and

correction remittance advice from our website. (See instructions below)

We hope you find this new streamlined process helpful. If you have any questions regarding this change, contact your Provider Relations Representative.

## Accessing Reversals and Corrections

To view reversals and corrections online, you'll need the provider of service, patient's ID number, and date of service. Go to [www.pehp.org](http://www.pehp.org) and login to the provider portal. Select Claim Status / Remittance Advice and follow the prompts. An example of results:

Claim ID	Patient Name	Service Date	Date Received at PEHP	Paid Amount	Claim Status	Draft Status	Paid Date	Reversal
171000000000	Test, Charlie	04/19/2017	07/06/2017	-150.00	Paid		07/12/2017	
171000000001	Test, Charlie	04/19/2017	06/15/2017	135.00	Paid		07/12/2017	Reversed claim as well as corrected claim (i.e. Nopay Draft)
171000000002	Test, Charlie	04/19/2017	05/29/2017	26.20	Paid	Cleared	06/13/2017	
171000000003	Test, Charlie	04/19/2017	05/01/2017	150.00	Paid	Cleared	05/10/2017	

Original

# claims correction process

## Example: Reversal / Correction = Overpayment

Benefit	Procedure Code	Service Date From	Service Date To	Charged	Eligible	Adjustment	Copay	Paid	Note
REVERSAL SURGER	36415	05/25/17	05/25/17	-7.00	0.00	-7.00	0.00	0.00	1,R
REVERSAL LAB/DI	80047	05/25/17	05/25/17	-21.00	-12.32	-8.68	0.00	-12.32	R
REVERSAL LAB/DI	85025	05/25/17	05/25/17	-19.00	-7.70	-11.30	0.00	-7.70	R
REVERSAL LAB/DI	93005	05/25/17	05/25/17	-16.00	-14.15	-1.85	0.00	-14.15	R
REVERSAL URGENT SURGERY	99203	05/25/17	05/25/17	-173.00	-149.92	-23.08	-30.00	-119.92	R
SURGERY	36415	05/25/17	05/25/17	7.00	0.00	7.00	0.00	0.00	1,C
LAB/DIAGNOSTIC	85025	05/25/17	05/25/17	21.00	7.70	13.30	0.00	7.70	C
URGENT CARE	99214	05/25/17	05/25/17	173.00	0.00	173.00	0.00	0.00	1,C
<b>Claim Totals</b>				<b>201.00</b>	<b>7.70</b>	<b>193.30</b>	<b>0.00</b>	<b>-146.39</b>	

R = Reversal

C = Correction

Overpayment

## Example: Reversal / Correction = Additional Payment

Benefit	Procedure Code	Service Date From	Service Date To	Charged	Eligible	Adjustment	Copay	Paid	Note
REVERSAL URGENT	99214	07/02/17	07/02/17	-170.00	-151.72	-18.28	-40.00	-111.72	R
URGENT CARE	99214	07/02/17	07/02/17	170.00	151.72	18.28	40.00	111.72	C
LAB/DIAGNOSTIC	80047	07/02/17	07/02/17	21.00	12.32	8.68	0.00	12.32	C
LAB/DIAGNOSTIC	85025	07/02/17	07/02/17	19.00	7.70	11.30	0.00	7.70	C
<b>Claim Totals</b>				<b>210.00</b>	<b>171.74</b>	<b>38.26</b>	<b>40.00</b>	<b>20.02</b>	

R = Reversal

C = Correction

Add'l Payment

## Tax Verification

# IRS 147C Letter Verifies Tax Info

To ensure provider information is correct, we require all providers to submit an IRS 147C letter upon initial credentialing and re-credentialing.

The information on a 147C letter documents how an individual or business entity is filed with the Internal Revenue Service and should match the information on business tax returns and 1099-K forms. Even a slight difference between the information entered in our systems and how the Tax ID information is filed with the IRS can cause issues with claims payment and tax records.

Please submit 147C letters instead of W-9 forms when completing the credentialing or re-credentialing process.

To obtain a 147C letter, please call the IRS at 800-829-4933. The IRS will fax a copy of what is on file for your business. Please note: The 147C letter is for the Tax ID number on file for your entity (not for each individual provider if you are a group).

*This only applies if you are billing with a Federal Tax ID number. If you are billing using your Social Security Number, you will need to submit a W9.*

## DID YOU KNOW?

PEHP's preauthorization forms are available at [www.pehp.org](http://www.pehp.org) in the provider section. Login credentials are not required.

Online Submissions

# Submitting Claims at PEHP.org

Providers can submit individual claims, whether we are your patients' primary or secondary payer, online at [www.pehp.org](http://www.pehp.org) by logging into PEHP's provider portal.

As a contracted PEHP provider, you have agreed to submit all claims, including secondary claims under Coordination of Benefits via EDI submission directly to PEHP.

By using this free tool, you'll enter the claim directly on the website without going through a clearinghouse. Submitting through a clearinghouse, such as UHIN, is desired, however this format is beneficial for you if you've chosen not to work with a clearinghouse.

This format allows individual claims, but does not provide functionality for institutional or batch claims. Those claims will need to be submitted electronically through a clearinghouse.

Log in with your credentials at [www.pehp.org](http://www.pehp.org) and find two options on the left-hand side of the page. For your convenience, we've created a tutorial of how to submit your claim. Take a look, if you haven't already.

When you're ready, simply select Submit Medical Claims and follow the prompts. Give yourself enough time to fill out the entire claim for a successful submission. The tool does not allow you to begin a submission and finish in a later session.

You will have an extra step when submitting Coordination of Benefits.

## 1. Insured is shown, choose "Has other insurance"

## 2. Fill in required fields

## 3. When entering claim information, select "Add COB Record"

## 4. Fill in required fields

The primary insurance's payment information may be on paper, an EDI 835, or the primary payer's website. You will be required to add a Remark Code and CARC Code. This information is found on the primary remittance advice.

For additional information on these codes, visit [www.wpc-edi/reference](http://www.wpc-edi/reference).

We hope you take advantage of this free tool and find it as useful as we do.

### DID YOU KNOW?

Providers should check member cards, verify their plan, and use our provider directory to keep our members in-network. Thus, avoiding unnecessary bills from out-of-network providers.

## Provider Directory Enhancements



## Find Site-of-Service Cost Information

**P**EHHP is committed to helping members obtain quality care at affordable prices.

Our members want information to help them find affordable healthcare. As a result, PEHP's provider directory is being updated to show how many lab referrals ordered by a physician are completed at a hospital versus an in-office or free-standing laboratory vendor.

On average, the cost of a lab service performed at a hospital is 3-5 times higher than compared to labs performed in a non-hospital setting with no difference in quality.

For our members – many of whom are

on a high deductible plan – where a lab is performed represents a significant cost savings opportunity for them.

Because the same holds true for facilities, PEHP's directory also gives our members cost information about ambulatory surgical centers and hospitals using a \$ ranking on a 1-5 scale.

In a time where healthcare costs can be difficult to afford, we encourage you to work with our members to review the different site-of-service options for services and refer and perform services in locations that can bring real cost savings to them.

### DID YOU KNOW?

*Providers agree to receive all payments electronically through EFT. Sign on today to enroll for these services.*

**Updates**



# Keeping You Informed

Some reminders and updates on a variety of topics:

**Pharmacogenetic Tests**

PEHP considers pharmacogenetic testing for psychiatric disorders, e.g. ADHD, anxiety, bipolar disease, experimental and investigational. Althea DX laboratory is a non-contracted laboratory; all tests performed by this laboratory will not be covered.

PEHP does cover pharmacogenomic tests that have demonstrated

valid clinical utility. We encourage you to view our policy titled “Pharmacogenomic Testing for Drug Toxicity and Response,” for a complete list of these tests.

**Microarray Test for Autism Spectrum Disorder**

New changes in PEHP’s Master Policy 2017-2018 related to **Autism Spectrum Disorder:** Chromosomal Microarray Analysis testing is an exclusion from coverage for Autism Spectrum Disorder unless the

member has moderate to severe developmental delay or multiple congenital anomalies associated with the autism (Master Policy 6.7.2-12).

**EpiFix**

PEHP pays for EpiFix amniotic membrane for diabetic foot ulcers and venous stasis ulcers. We are seeing EpiFix being used in other types of foot surgeries, which is considered investigational and would become member responsibility.

**DID YOU KNOW?**

*Providers have access to their fee schedule, once logged in at [www.pehp.org](http://www.pehp.org). You can also check to see if certain procedure codes require preauthorization.*

## Keeping Contact Information Current

# Help Us Help You

**P**EHHP relies on you, our providers, to ensure that we have accurate information for our online directories and in our claims payment system.

This not only helps our members to ensure the service location will be in-network, it also helps when your office calls to verify benefits, request a preauthorization, etc.

Having accurate information ensures that there won't be a delay in your patient's getting the healthcare they need and ensuring that your claims are processed appropriately and within a timely manner.

Contact your Provider Relations Representative if/when:

- » An individual provider joins or leaves your group.
- » Billing and/or physical address has changed.
- » Clearinghouse has switched.
- » Name of your clinic has changed.
- » Your business is closing.
- » Additional locations are being added.

Updates should be sent either by mail, e-mail, or fax, along with an IRS 147C or W9 form, to your Provider Relations Representative. Don't wait until the last minute to notify us of the changes; if you are aware of any upcoming changes, notify us immediately. Giving us notice helps avoid disruption in patient care, claims, and contracting needs.

As providers, knowing that you are changing locations or wanting to terminate your current PEHP agreement, it is crucial that we are given proper notice. PEHP's current contract language



states, 2.21 "At PEHP's discretion, PEHP may apply the terms of this Agreement to any individual provider who benefits from this Agreement and seeks payment for covered health care services rendered to a Member in any setting or circumstance if PROVIDER fails to give PEHP actual notice to terminate this Agreement or a change of practice location."

Additionally, 2.20 states "Participating Provider status will not be guaranteed if PROVIDER changes geographical location(s). PROVIDER may need to reapply for continued participation with PEHP."

This means if a provider fails to provide the proper notification of changes or termination, that PEHP reserves the right to apply our contract terms when those changes are discovered for up to the 30-day notification period required in the contract. Additionally, if a provider changes location their continued participation is not guaranteed.

We appreciate your continued partnership with PEHP and assistance in keeping our records up to date so that claims are processed correctly and our member directories are accurate.

## DID YOU KNOW?

Patients should not be asked for full payment at the time of service, once coverage has been verified. However, they can be asked for copayments, coinsurance, and deductibles.

**Compliance****Pass-Through Billing**

**P**EHHP is committed to improving the healthcare system and keep it affordable for our members. Medical fraud, waste, and abuse cost taxpayers billions of dollars every year. This also has an impact to our members which can include increased premiums.

One of the ways we are accomplishing this is by conducting random audits through our Financial Assurance Department in conjunction with using an independent third-party vendor. This process is to help ensure that the provider's documentation supports the codes being billed to PEHP, the services are medically necessary, the services being billed have been rendered and they are within the AMA CPT guidelines.

Through our auditing process, PEHP has identified some providers have been billing for laboratory testing that would require a CLIA certification or that a laboratory perform the test when the provider is not CLIA certified.

PEHP has identified some providers are using a laboratory service for the test, paying for the laboratory service, and billing PEHP as if they performed the service. This type of billing is called pass-through billing and PEHP does not allow providers to bill for services they did not provide themselves.

The CLIA regulations establish quality standards for laboratory testing performed on specimens from humans, such as blood, body fluid and tissue, for the purpose of diagnosis, prevention, or



treatment of disease, or assessment of health.

All facilities in the United States that perform laboratory testing on human specimens for health assessment or the diagnosis, prevention, or treatment of disease are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Waived tests include test systems cleared by the FDA for home use and those tests approved for waiver under the CLIA criteria.

When performing any CLIA waiver tests be sure your office is in accordance with the CLIA waiver specificity. Refer to [www.cms.gov/apps/clia/clia\\_start.asp](http://www.cms.gov/apps/clia/clia_start.asp) for additional information.

When sending to a laboratory we encourage our providers to send the tests to participating laboratories which can be found at [www.pehnp.org](http://www.pehnp.org), Find A Provider.

If your office has a CLIA certification please contact your Provider Relations Representative to ensure PEHP has the documentation.

**DID YOU KNOW?**

*PEHP's Customer Service Department is ready to assist you with questions relating to member benefits, status of a preauthorization or appeal, or complicated claims questions.*



**New to PEHP****Welcome Cathy Dupont**

**P**EHHP is excited to share that Cathy DuPont has joined our organization in a new role with our Executive team as the Director of Strategy and



External Relations.

Cathy joins PEHP with over 20 years' experience as the healthcare attorney for the Utah Legislature. This experience has given her a great understanding

of current healthcare issues in our market locally and nationally. Additionally, Cathy's husband is a physician in our community, which provides her unique insights in her new role. We are pleased to have Cathy join our team.

**Pharmacy****Keeping Pharmacy Costs Low**

**A**s medication costs continue to increase, PEHP's Pharmacy Department is continually striving to find avenues to reduce our member's prescription cost.

While price increases affect a majority of our membership to some degree, it is often our members using specialty medications who are impacted most. To reduce the cost of specialty medications most effectively, which in-turn ensures member access and more appropriate utilization, PEHP has partnered with a specific specialty pharmacy, Accredo.

This partnership with Accredo allows PEHP members to receive specialty medications at the most cost-effective benefit. To ensure our members are able maximize their prescription benefit we require most of the specialty medications to be obtained from Accredo.

We also work with several home infusion vendors for some of the specialty pharmacy medications



where costs are comparable to Accredo. To guarantee ease of obtaining the medications, Accredo will coordinate with your office to provide delivery either to the member's home or to your office.

Specialty medications may require preauthorization. Check the Preauthorization list or call PEHP at 801-366-7358 to see if the medication does.

**DID YOU KNOW?**

*Avoid snail mail!  
Fax in your appeal  
to 801-320-0541 or  
preauthorization  
request to  
801-328-7449.*

**Pharmacy**

# PEHP's Preauthorization Updates

**P**EHHP 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

## Drugs REMOVED from List

Drug Name	Effective Date
Duloxetine	Sept. 1, 2017
Ondansetron ODT for children <8 years of age	August 1, 2017
Guanfacine ER age restriction	September 1, 2017

Representative 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.

## Drugs ADDED to List

Drug Name	Effective Date
Ocrevus	July 1, 2017
Alecensa	July 1, 2017
Dupixent	July 1, 2017
Zejula	July 1, 2017

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 preauthorization list, in addition to other lists that affect pharmacy choices. Find it at [www.pehp.org](http://www.pehp.org).

# PEHP's 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, 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

Drug Name	Formulary Change	Formulary Alternative	Effective Date
Tamiflu	Tier 3	Oseltamivir	July 1, 2017
Strattera	Tier 3	Atomoxetine	July 1, 2017
Azilect	Tier 3	Rasagiline	July 1, 2017
Emend	Tier 3	Aprepitant BIPACK	July 1, 2017

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. Above are the most recent changes.

## 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

**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

**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, 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

**PROVIDER NEWS**  
A PEHP PROVIDER RELATIONS PUBLICATION PEHP FALL 2017

# 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/  
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

**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