Prescription drug reviews and in-network referrals are just two ways to ensure your patients are in ...

GOOD HANDS

» PAGES 2-4

MORE USEFUL NEWS & INFORMATION FOR PROVIDER PARTNERS

Help Reverse Trend of Sending Labs Out of State

» PAGES 4-6

ICD-10 Testing Update

» PAGE 9
COVER STORY: Patient Safety

Join PEHP in our continuing efforts to put our members first

Are Your Patients in Good Hands?

Making someone feel safe in your care is the cornerstone of a provider-patient relationship. It starts and ends with how much a patient feels his or her best interests are a doctor’s priority.

That trust – that safe feeling – extends beyond medical treatment. It’s about more than providing quality healthcare – it’s also being mindful of the patient’s financial wellbeing and peace of mind.

In this issue, you will read about ways PEHP is taking steps to make members feel safe – such as evaluating death tolls from opioid use when re-evaluating coverage of long-acting drugs. You’ll also read how you can help keep patients’ expenses to a minimum in just a few easy steps.

When it comes to your patients – our members – it’s safety first.
Change in Opioids Coverage Coming

PEHP will alter the coverage of long-acting opioids beginning in July 2014. The safety and efficacy of these medications were reviewed at a recent Pharmacy and Therapeutics Meeting. Topics of discussion included:

- The number of deaths attributable to opioids is significant. Reports show 12.7 people per 100,000 in Utah die as a result of opioid use.
- Trial data for long-acting opioids are conducted for weeks or months and frequently involve malignant pain. The “real-world” use of these drugs may last for years and infrequently includes malignant pain.
- Trials for long-acting opioids were conducted with a defined dosing schedule. This dosing schedule appears in the FDA indication. “real-world” utilization indicates alternative dosing schedules, often using greater frequency than the FDA indications. We recognize that many drugs are used in

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Pre-auth</th>
<th>FDA Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine sulfate ER (MS Contin)</td>
<td>Tier 1</td>
<td>No</td>
<td>90 tabs/month</td>
</tr>
<tr>
<td>Morphine sulfate ER (Kadian)</td>
<td>Tier 1</td>
<td>Yes</td>
<td>60 caps/month</td>
</tr>
<tr>
<td>Fentanyl Patches</td>
<td>Tier 1</td>
<td>Yes</td>
<td>10 patches/month</td>
</tr>
<tr>
<td>Oxymorphone ER</td>
<td>Tier 1</td>
<td>Yes</td>
<td>60 tabs/month</td>
</tr>
<tr>
<td>Nucynta ER</td>
<td>Tier 2</td>
<td>No</td>
<td>60 tabs/month</td>
</tr>
<tr>
<td>Oxycontin</td>
<td>Tier 3</td>
<td>Yes</td>
<td>60 tabs/month</td>
</tr>
<tr>
<td>Avinza</td>
<td>Tier 3</td>
<td>Yes</td>
<td>30 caps/month</td>
</tr>
<tr>
<td>Kadian</td>
<td>Tier 3</td>
<td>Yes</td>
<td>60 caps/month</td>
</tr>
<tr>
<td>Exalgo</td>
<td>Tier 3</td>
<td>Yes</td>
<td>30 tabs/month</td>
</tr>
<tr>
<td>Hydrocodone/ acetaminophen</td>
<td>Tier 1</td>
<td>Yes**</td>
<td></td>
</tr>
<tr>
<td>Tramadol</td>
<td>Tier 1</td>
<td>Yes***</td>
<td></td>
</tr>
<tr>
<td>Morphine sulfate (short acting)</td>
<td>Tier 1</td>
<td>Yes**</td>
<td></td>
</tr>
<tr>
<td>Oxycodone (short acting)</td>
<td>Tier 1</td>
<td>Yes**</td>
<td></td>
</tr>
<tr>
<td>Butrans</td>
<td>Tier 2</td>
<td>No</td>
<td>4 patches/month</td>
</tr>
<tr>
<td>Buprenorphine tablets</td>
<td>Tier 1</td>
<td>Yes*</td>
<td></td>
</tr>
<tr>
<td>Voltaren Gel</td>
<td>Tier 2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

* If more than 90 tablets per month prescribed.
** If more than 120 units per month prescribed.
*** If more than 240 units per month prescribed.

Please see OPIOIDS on page 12

Outpatient Services Alert

Even though PEHP does not require pre-authorization for most outpatient surgeries or procedures, there may be benefit exclusions that can leave your patients owing a significant amount of money to you and/or the facility.

Please assist your patients by supplying all CPT and HCPCS codes and/or details for the procedures, plus any materials that will be used in the procedure, to PEHP and/or your patient even if the facility will be billing instead of you.

Examples are:

- Tissue grafts;
- Hardware;
- Implants;
- Use of robotics in surgery, etc.

We appreciate your collaboration in this effort as it will benefit everyone involved.
Avoiding High Costs

In-Network Labs Mean

Increased Utilization at Non-contracted Prometheus Laboratories

PEHP has encountered an increased utilization from Prometheus Laboratories, which is an out-of-network laboratory for all PEHP Networks. Using out-of-network providers, like Prometheus, will increase out-of-pocket costs to your patients. We’ve identified that some labs provided by Prometheus are not covered at all; ex: Serological Testing for Inflammatory Bowel Disease (IBD), which is the bulk of services billed.

To ensure member satisfaction, we encourage your office to utilize contracted PEHP Laboratories. A complete list can easily be located at www.pehp.org.

Claims Processing

How to Avoid Duplicate Denials

Duplicate denials are often the result of improperly prepared corrected claims. Below is an explanation of how this can happen with both paper and electronic claims:

» Paper Claims: We will receive the initial paper claim and another claim shortly after. However, it’s not indicating that it’s corrected.

» Electronic Claims: Instead of creating a new claim file, providers go into the original 837 file, make corrections on the claim and resubmit.

Examples of corrected claims include changes of:

» Billed Amounts
» CPT / HCPC Codes  

» Modifiers
» Date of Service
» Rendering Provider

Remember, to avoid duplicate claims:

» Paper Claims: Add a “CC” modifier or indicate “Corrected Claim.”

» Electronic Claims: A new 837 file must be created, giving the corrected claim a new claim number.

We are working hard to provide the quickest turnaround time on claims that we can. You can help us, and avoid delays, by following the guidelines listed above.

Thank you for helping us to better serve your needs.
Big Savings for Patients

The following is an excerpt of our policy on Serological Testing for Inflammatory Bowel Disease (IBD):

I. POLICY STATEMENT

A. PEHP covers genotyping for thiopurine methyltransferase (TPMT) gene mutation or TPMT phenotypic assays (e.g., Prometheus TPMT Genetics, Prometheus TPMT Enzyme) medically necessary for the management of inflammatory bowel disease (IBD) for either of the following:

1. prior to the initiation of azathioprine (AZA) or 6-mercaptopurine (6-MP) therapy
2. when standard dosing of AZA/6-MP fails to produce a therapeutic response or to assess suspected toxicity.

B. PEHP does not cover testing for serological markers for the diagnosis or management of inflammatory bowel disease because it is considered experimental, investigational or unproven. Tests/test panels include, but are not limited to the following:

1. anti-neutrophilic cytoplasmic antibody (ANCA), perinuclear anti-neutrophilic cytoplasmic antibody (pANCA)
2. anti-saccharomyces cerevisiae antibody (ASCA)
3. anti-outer membrane porin C (anti-OmpC) antibody
4. anti-CBir1 flagellin (anti-CBir1) antibody
5. anti-I2
6. antilaminaribioside carbohydrate IgG (ALCA)
7. antichitobioside carbohydrate IgA (ACCA)
8. anti-synthetic mannoside antibodies (AΣMA or AMCA).
9. Pseudomonas-associated sequence I-2 (Anti-I2)
10. Prometheus® IBD sgi Diagnostic™
11. Prometheus® Crohn’s Prognostic

C. PEHP does not cover tests for the measurement of antibodies to infliximab or adalimumab, performed individually or as part of a test panel (e.g., Prometheus® Anser™ IFX, Prometheus® Anser™ ADA), because it is considered experimental, investigational or unproven.

The entire policy can be found by logging into the secure myPEHP for Providers site.
Medical written pre-authorization requests and clinical notes from providers can be faxed to the Clinical Services Department at 801-328-7449.

**Common Bill Codes**

Most common codes billed are:

- **80100**: Drug screen, qualitative; multiple drug classes chromatographic method, each procedure.
- **80101**: Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class.
- **80102**: Drug confirmation, each procedure.
- **80104**: Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure.

**Let’s Reverse the Trend**

PEHP continually audits and reviews claims to identify unusual billing patterns. We’ve recently identified an unusual pattern of large dollar claims from non-contracted, out-of-state laboratories, especially for drug screening purposes.

Obtaining services from out-of-network providers can be very costly to our members as this may fall under their out-of-network benefit, leaving members with large balances due.

PEHP has contracted with several laboratory providers that provide these services at a great discount to our members and protects them from any balance billing.

We encourage our providers to send testing to participating laboratories whenever possible and to ensure the tests are medically necessary. You can find a list of participating laboratories at www.pehp.org.

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 compliance with the CLIA waiver specificity. If you have any questions you can refer to https://www.cms.gov/apps/clia/clia_start.asp for additional info.
**Breast Exam Policies**

**Why Doesn’t PEHP Cover . . .**

**Mammaprint**

PEHP considers Mammaprint as investigational at this time. The current consensus opinions and relevant scientific and medical literature is that Mammaprint is investigational, and not recommended for use in the management of breast cancer, as prospective clinical trials have yet to be reported.

The Amsterdam 70-gene prognostic profile, Mammaprint, classifies breast cancer tumors as low-risk or high-risk for breast cancer recurrence. Clinical studies using Mammaprint as prognostic and predictive tools are small and/or retrospective in nature.

The clinical utility of Mammaprint is the subject on an international study MINDACT (Microarray In Node-Negative and 1 to 3 Positive Lymph Node Disease May Avoid Chemotherapy).

The NCCN states while DNA microarray technologies like Mammaprint assay are able to stratify patients into prognostic and/or predictive subsets, prospective clinical trials testing the utility of these techniques have yet to be reported.

The American Society of Clinical Oncology (ASCO) states that more definitive recommendation for the use of Mammaprint in clinical practice will require more data from studies including MINDACT. The precise clinical utility and appropriate application for Mammaprint assay is under investigation.

The California Technology Assessment Forum stated in 2010: “It is recommended that the use of the 70-gene prognostic signature (Mammaprint) does not meet Technology Assessment Criterion for safety, effectiveness and improvement in health outcomes.”

**Digital Tomosynthesis**

Preliminary studies have shown that by adding tomosynthesis to digital mammography increases accuracy by decreasing false positive and possibly by increasing cancer detection, specifically in dense breast tissue.

However, most studies are relatively small and consisted mostly of test-set observer studies or clinical series.

At this time, PEHP considers tomosynthesis as investigational because final results on this subject are not yet available and large scale population trials are needed before a conclusion can be made.
If a healthcare provider disagrees with how a claim was processed, they have the ability to appeal PEHP’s initial decision. We offer three levels of appeal:

» Level 1 – Disputed Claim or Appeal: Provider may request a full review in writing, within 180 days of our initial determination.

If you wish to formally appeal the claim, the “Member/Provider Appeal Filing Form” must accompany your written appeal. This form is found by logging into myPEHP for Providers site.

» Level 2 – Hearing Officer Appeal: If denial is maintained, provider may send in a written petition to the officer within 30 days of denial.

» Level 3 – Court of Appeals: If provider disagrees with the hearing officers’ decision, within 30 days, provider may petition the board. Note: The board packet is sent to the person who sent the original appeal.

Providers who are interested in assisting our members in the appeal process may do so. Members must designate the provider as an Authorized Representative. In addition to the written appeal, PEHP must receive the following forms:

» “Appointment of Authorized Representative” – filled out by the member.

» “Member Appeal Filing Form.”

These forms can be found online at www.pehp.org

Appeals can be sent to:
PEHP Appeals and Policy Management Dept
PO Box 3836
Salt Lake City, Utah 84110

By fax: 801-320-0541

PEHP is dedicated to offering a full and fair review. To this end we encourage you to educate yourself on our policies, your contract and our deadlines. Through our combined efforts, we aim to provide you with the best resolutions to your claim concerns.
**ICD-10 Update**

**Ready for ICD-10 Testing?**

PEHP is happy to announce that ICD-10 testing has been completed. We are set up internally and through Utah Health Information Network (UHIN) to provide full end-to-end testing with our provider community. This full end-to-end testing provides us the ability to test in both ICD-9 and ICD-10 concurrently and provide 277CAs, 999s, and 835s in response.

Our ICD-10 dedicated testing team recently tested:

- Financial Outcomes;
- Claims Intake;
- Adjudication;
- Coding Guidelines;
- Report Capabilities.

PEHP will resume testing in January 2015. Questions on ICD-10 testing? We invite you to contact Lance Toms (PEHP’s Project Manager) at lance.toms@pehp.org and Terri Airmet (PEHP’s EDI Manager) at terri.airmet@pehp.org.

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**Claims Standards**

**Improvements to 1500 Claim Form**

As you are aware, there is a new HCFA 1500 (version 02/12) being implemented. Currently, PEHP is accepting both versions of the HCFA. Version 02/12 has been updated to accommodate ICD-10.

The improvements include:

- Making room for up to 12 DX codes.
- Being able to identify role of provider (i.e. Referring, Ordering).
- Differentiate between ICD-9 and ICD-10 during transition.

Effective July 1, 2014, PEHP will no longer accept version 08/05. Therefore, we encourage you to utilize the old claim forms that you still have and then move forward with the new version. PEHP will be enforcing the UHIN and National Uniform Claim Committee (NUCC) accepted standard. For information on the accepted standards, visit www.uhin.org under “Standards.”

Frequently, claims processing is delayed by:

- Poor claim quality.
- The copy of the claim form is crooked.
- Writing on the form is smudged, and/or illegible.

Do your part to ensure claims are processed in a timely manner by making sure your claims are submitted legibly and clean. Furthermore, you can experience a smoother transition in claims submission by making yourself and your office familiar with the accepted standards.
**Self-Management Classes**

**Living with Chronic Conditions**

Individuals with ongoing chronic conditions are offered free, six-week self-management classes held in community settings. Classes are conducted by two trained leaders; one or both with a chronic disease themselves.

Subjects include:

- Techniques for pain and fatigue;
- Appropriate exercise;
- Appropriate medication use;
- How to evaluate new treatments, and much more.

People with different chronic health problems attend together. Anyone with an ongoing condition such as asthma, fibromyalgia, cancer, diabetes, COPD or emphysema, kidney disease, high blood pressure, high cholesterol, depression, heart failure, chronic pain, or others are encouraged to attend.

**For More Information**
Visit www.health.utah.gov/arthritis/classes/livingwell.html for additional information and schedules.

**DID YOU KNOW?**
Your periodic verification of provider information in PEHP’s Provider Lists via www.pehp.org will help ensure that your patients or future patients will not be misinformed. If information is incorrect, contact your Provider Relations Representative.

**Medicare Crossover**

**Process Speeds Claims’**

PEHP is excited to announce that we have finalized our Coordination of Benefits Contractor (COBC) crossover process and our Coordination of Benefits Agreement (COBA) with Medicare.

This means once you send in a claim to Medicare as the primary payer in which PEHP is secondary, Medicare will electronically send the claims to PEHP. Your office no longer needs to submit a
**Electronic Funds Transfer**

**EFT Enrollment Now Online**

We are pleased to announce that the enrollment for Electronic Funds Transfer (EFT) is now online. You can easily access the enrollment by logging into the *myPEHP for Providers* site.

This enrollment allows you to:

- Request a new enrollment, for those who have never signed up.
- Make changes (i.e.: bank information) to an already established enrollment.

In order to receive an EFT payment, providers must be able to receive Electronic Remittance Advices (835s) through UHIN or download PDF files of Remittance Advices by logging into the provider site.

As a convenience to our providers, emails are sent to your office, notifying you of a recent payment deposited into your bank account.

If you aren't currently receiving the notification email, please inform your Provider Relations Specialist or PEHP’s EDI department at 801-366-7544.

We invite you to take advantage of this exciting enrollment opportunity. We think you’ll be pleased with the benefits it provides.

**Turnaround Time**

secondary Medicare claim to PEHP.

This enhancement has significantly improved the turnaround time on Medicare secondary claims. We recommend you wait about 10 days from the time you show Medicare has processed the claim to check the status with PEHP as the secondary payer.

You can check the status of the claim online at [www.pehp.org](http://www.pehp.org) by logging into the secure *myPEHP for Provider* site.

**DID YOU KNOW?**

WeeCare is a free program to support and educate PEHP expectant mothers so they will have a safe, healthy pregnancy. For information, go to [www.pehp.org/weecare](http://www.pehp.org/weecare).
Find Clarity With Online Code Edit Tools

In January, PEHP implemented some additional code edit rules for our claims processing. The new code edits are additional Correct Code Initiative (CCI) coding rule edits that had not previously been applied to claims. PEHP provides a tool by which providers can verify the logic and explanations for the code edit tools used. The tool is found on PEHP’s secure myPEHP for Provider’s website under Clear Claim Connection.

We invite you to utilize the tool to understand the coding rules and edits PEHP applies to claims.

OPIOIDS: Coverage Change Coming

Continued from page 3

doses, frequencies, or indications not FDA approved. However, it appears that opioids may have serious adverse events linked to increased doses and frequency.

» The adverse effects of these medications are serious and may include death, drug dependence, and addiction.

» Common side effects of nausea, constipation, fatigue, respiratory depression, hypogonadism, and fracture rates are similar across all of the above drugs. All opioid agonists appear to be susceptible to these events.

» Opioid-induced hyperalgesia may represent a significant contributor to perceived treatment failure and promote additional dose escalation.

» Buprenorphine appears to have a safety advantage over other opioids. While not free of adverse events or risk of respiratory depression, Buprenorphine appears less likely to cause detrimental side effects than other alternatives.

» Formulary placement of potential opioid alternatives may inadvertently encourage the use of opioids. In particular, oral buprenorphine, Butrans, and Nucynta ER may offer pain relief with less risk of respiratory depression or dependence. Voltaren Gel may be an alternative for mild or moderate pain. As of January 1, 2014, these drugs will not require pre-authorization and are available for a Tier 1 or Tier 2 (preferred) copay.

As a result, several changes will be made to the coverage of long-acting and short-acting pain medications in an effort to reduce adverse events, including:

» Dosing of long-acting pain medication will be limited to the FDA-approved dosing frequency (e.g., one tablet two times daily).

» Requiring pre-authorization for short-acting medications when more than 120 tablets per month have been prescribed.

We’re giving advanced notice of these July changes through letters to providers and patients, at www.pehp.org, and other PEHP publications. If you have questions or would like to schedule a peer-to-peer discussion regarding the safety and efficacy of opioid use, please contact PEHP Pharmacy Services at 801-366-7555, Option 3.
Pharmacy

PEHP chooses specific prescription drugs and specialty medications to require pre-authorization. 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 pre-authorization forms at www.pehp.org. Choose Login/Provider Login and enter your superuser ID and password.

Questions? Contact your Provider Relations 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. Pre-authorization does not guarantee payment and coverage is subject to eligibility, benefit coverage, and pre-authorization requirements.

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

Find it at www.pehp.org.

**Drugs REMOVED from List**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voltaren Gel</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Nucynta ER</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Intuniv (under age 18)</td>
<td>Feb. 1, 2014</td>
</tr>
</tbody>
</table>

**Drugs ADDED to List**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ravicti</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Tafinlar</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Mekinist</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Zelboraf</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Actemra Sub-Q</td>
<td>Jan. 1, 2014</td>
</tr>
<tr>
<td>Pennsaid 2%</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Breo Ellipta</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Osumum</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Adempas</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Sovaldi</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Olysio</td>
<td>March 1, 2014</td>
</tr>
<tr>
<td>Xofigo</td>
<td>March 1, 2014</td>
</tr>
</tbody>
</table>
The 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 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.

**Most Recent Changes**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulary Change</th>
<th>Formulary Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androgel</td>
<td>Not Covered</td>
<td>Testim, Androderm</td>
</tr>
<tr>
<td>Axiron</td>
<td>Not Covered</td>
<td>Testim, Androderm</td>
</tr>
<tr>
<td>Fortesta</td>
<td>Not Covered</td>
<td>Testim, Androderm</td>
</tr>
<tr>
<td>Levemir</td>
<td>Not Covered</td>
<td>Lantus</td>
</tr>
<tr>
<td>Janumet, XR</td>
<td>Not Covered</td>
<td>Kombiglyze, Jentadueto</td>
</tr>
<tr>
<td>Januvia</td>
<td>Not Covered</td>
<td>Onglyza, Tradjenta</td>
</tr>
<tr>
<td>Zoviraz/Acyclovir</td>
<td>Not Covered</td>
<td>Acyclovir, valacyclovir oral</td>
</tr>
<tr>
<td>Topical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testim</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Androderm</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Tradjenta</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Jentadueto</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Kombiglyze</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Onglyza</td>
<td>Tier 2</td>
<td></td>
</tr>
<tr>
<td>Ravicti</td>
<td>Specialty Tier A</td>
<td></td>
</tr>
<tr>
<td>Tafinlar</td>
<td>Specialty Tier A</td>
<td></td>
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<td>Mekinist</td>
<td>Specialty Tier A</td>
<td></td>
</tr>
<tr>
<td>Zelboraf</td>
<td>Specialty Tier B</td>
<td>Tafinlar</td>
</tr>
<tr>
<td>Gilenya</td>
<td>Specialty Tier B</td>
<td>Tecfidera, Copaxone, Rebif</td>
</tr>
<tr>
<td>Breo Ellipta</td>
<td>Tier 3</td>
<td>Symbicort</td>
</tr>
<tr>
<td>Anoro Ellipta</td>
<td>Tier 3</td>
<td>Spiriva</td>
</tr>
<tr>
<td>Osumit</td>
<td>Specialty Tier A</td>
<td></td>
</tr>
<tr>
<td>Adempas</td>
<td>Specialty Tier B</td>
<td>Tracleer, Osumit, Adcirca, sildenafil</td>
</tr>
<tr>
<td>Sovaldi</td>
<td>Specialty Tier A</td>
<td></td>
</tr>
<tr>
<td>Olysio</td>
<td>Specialty Tier A</td>
<td></td>
</tr>
<tr>
<td>Xofigo</td>
<td>Specialty Tier A</td>
<td></td>
</tr>
<tr>
<td>Incivek</td>
<td>Not Covered</td>
<td>Sovaldi, Olysio</td>
</tr>
</tbody>
</table>

(7/1/14)
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), 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  

**Out-of-State**  
Colorado, 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  

**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
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 Supervisor 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

4/3/14