

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

GOOD HANDS

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MORE USEFUL NEWS
& INFORMATION FOR
PROVIDER PARTNERS

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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.



COVER STORY: Patient Safety

Change in Opioids Coverage Coming

PEHHP 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

Summary of Upcoming Changes

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

* 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

COVER STORY: Patient Safety

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

PEHHP 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.

DID YOU KNOW?

Sign in under the secured myPEHP for Providers site to view our medical policies.

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 (ASMA 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.

DID YOU KNOW?

Claims submitted electronically have fewer data errors and a much quicker turnaround time, thereby improving cash flow.

Billing Trend

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 (eg, 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

PEHHP 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.pehnp.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.

DID YOU KNOW?

Medical written pre-authorization requests and clinical notes from providers can be faxed to the Clinical Services Department at 801-328-7449.

Why Doesn't PEHP Cover . . .

Mammaprint

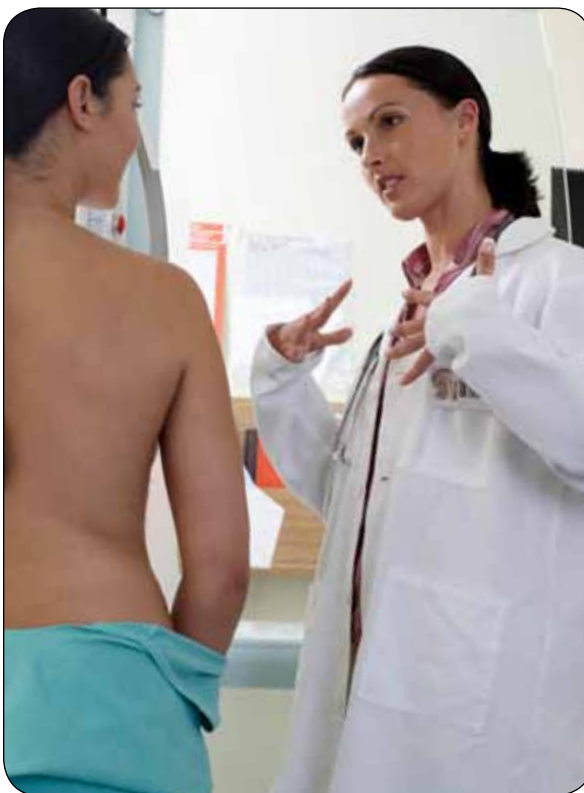
PEHHP considers Mammaprint as investigational at this time. The current consensus opinions and relevant scientific and medical literature is that Mammaprint is investigational, and not recommended for use in the management of breast cancer, as prospective clinical trials have yet to be reported.

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.

DID YOU KNOW?

Always ask the patient for his/her current member ID cards to avoid delay in claims payments.

Appeals Process



PEHP's Three Levels of Appeal

Providers can dispute processed claims or help members do so

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.

DID YOU KNOW?

PEHP's Code lookup tool allows you to identify if code requires pre-authorization or not.

ICD-10 Update

Ready for ICD-10 Testing?



PEHHP 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.

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.

DID YOU KNOW?

Prior to admission, you can assist your patients' recovery and speed up pre-authorization by calling directly at 801-366-7555 to verify Rehabilitation and Skilled Nursing Facility benefits.

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'

PEHHP 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

Benefits of EFT

By signing up for EFT, your office can enjoy quite a few benefits. Some include:

- » Receiving payments on a daily basis, as claims are adjudicated.
- » Payments deposited directly into your bank account.
- » Quicker turnaround time.



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 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.

Code Ethics

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.

DID YOU KNOW?

Access to many functions on www.pehp.org requires the completion and signing of an Electronic Trading Partner Agreement (ETPA). The ETPA can be printed from the for Providers section of our website. Once executed, fax to your Provider Relations Representative.

Pharmacy



PEHP's Pre-authorization Updates

PEHHP 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

Drug Name	Effective Date
Voltaren Gel	Jan. 1, 2014
Nucynta ER	Jan. 1, 2014
Intuniv (under age 18)	Feb. 1, 2014

Drugs ADDED to List

Drug Name	Effective Date
Ravicti	Jan. 1, 2014
Tafinlar	Jan. 1, 2014
Mekinist	Jan. 1, 2014
Zelboraf	Jan. 1, 2014
Actemra Sub-Q	Jan. 1, 2014
Pennsaid 2%	March 1, 2014
Breo Ellipta	March 1, 2014
Opsumit	March 1, 2014
Adempas	March 1, 2014
Sovaldi	March 1, 2014
Olysio	March 1, 2014
Xofigo	March 1, 2014

DID YOU KNOW?

Member eligibility and claim status are to be checked online at www.pehp.org.

Pharmacy

Preferred Drug List Updates

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.



DID YOU KNOW?

If your office has a website, you can add the URL by signing in to myPEHP for Providers site. This will enable members to learn more about your practice and will be displayed on our online directory.

Most Recent Changes

Drug Name	Formulary Change	Formulary Alternative
Androgel	Not Covered	Testim, Androderm
Axiron	Not Covered	Testim, Androderm
Fortesta	Not Covered	Testim, Androderm
Levemir	Not Covered	Lantus
Janumet, XR	Not Covered	Kombiglyze, Jentadueto
Januvia	Not Covered	Onglyza, Tradjenta
Zovirax/Acyclovir Topical	Not Covered	Acyclovir, valacyclovir oral
Testim	Tier 2	
Androderm	Tier 2	
Tradjenta	Tier 2	
Jentadueto	Tier 2	
Kombiglyze	Tier 2	
Onglyza	Tier 2	
Ravicti	Specialty Tier A	
Tafinlar	Specialty Tier A	
Mekinist	Specialty Tier A	
Zelboraf	Specialty Tier B	Tafinlar
Gilenya	Specialty Tier B	Tecfidera, Copaxone, Rebif
Breo Ellipta	Tier 3	Symbicort
Anoro Ellipta	Tier 3	Spiriva
Opsumit	Specialty Tier A	
Adempas	Specialty Tier B	Tracleer, Opsumit, Adcirca, sildenafil
Sovaldi	Specialty Tier A	
Olysio	Specialty Tier A	
Xofigo	Specialty Tier A	
Incivek	Not Covered (7/1/14)	Sovaldi, Olysio

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

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), Midvale (84047), 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

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

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



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 Lowe801-366-7496 or 800-950-4877
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Provider Relations Specialist chantel.lomax@pehp.org

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Provider Relations Supervisor laurel.rodriguez@pehp.org

Cortney Larson801-366-7715 or 800-753-7715
Director of Provider Relations cortney.larson@pehp.org

PEHP Website

.....www.pehp.org
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