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)
  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 ................................. 801-366-7406 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 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
  laur.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
Cover Story: EDI / EFT Requirement

Paperless... yet?

Reminder: Claims Should be Submitted Electronically

In case you’ve forgotten, PEHP no longer accepts paper medical claims. These claims are required to be submitted via Electronic Data Interchange (EDI).

If your office is already submitting claims EDI, but aren’t getting through to us, contact our EDI helpdesk or your Provider Relations Specialist. We will need to know your TIN, providers in the group and the clearinghouse being utilized.

Not currently set up? Contact your practice management software; clearinghouse or UHIN to get started.

Coming Soon!! PEHP will have a claims tool online through the secured portion of our website which will enable providers to submit their claims electronically. The tool is designed to support individual claim submissions and is not designed for batch EDI claims. Please be aware, a few exceptions for paper claims are allowed. They are:

- Out of network and/or contracted out of state providers;
- Providers not contracted with any PEHP Networks;
- Claims that require medical records – Note: This does not include COB claims; or
- If PEHP is the tertiary payer.

Additionally, as of January 1, 2015, PEHP requires all contracted providers to sign up for Electronic Funds Transfer (EFT). Your office can simply sign up by logging in with your User ID and Password to the secured provider portion on pehp.org.

Avoiding Rejections for EDI Claims

Ever find yourself spending countless hours dealing with rejections of your EDI claims? Because of avoidable errors, PEHP rejects 4% of electronic claims per day. Let us offer some guidance to help get your claims through the first time!

A few top reasons claims get rejected:

- Invalid Subscriber ID
- Incorrect DOB (Date of Birth)
- NPI has not been associated with a TPN (Trading Partner Number) or is associated with the wrong TPN/clearinghouse
- Claim submitted prematurely (COBA)

How to prevent your claims from being rejected:

- Check eligibility prior to submission
- Verify DOB
- Ensure the ID number is accurate (i.e. 13 digits; starts with 1741000)

EDI Claims

- Check claim information
  - DOS (Date of Service) – DOS must be accurate (no post-dating)
  - Rendering NPI
  - Verify CPT codes are valid, as well as modifiers

We encourage you to check your claims prior to submission to avoid the pitfalls of rejected claims and to have them accepted in a timely manner!

Member Watch: Billing

When Lab Testing Hurts Your Patients

Many of your PEHP patients are getting stuck with large unexpected medical bills due to provider offices sending laboratory test(s) to out-of-network laboratories and due to requests for non-covered genetic testing.

We often see claims where the billed amounts are over 500% above what PEHP allows for the service. This can leave your patients, our members, with balance bills for thousands of dollars.

Your patients trust you and your staff to check for prior authorization requirements and to send their tests to laboratories that are contracted with their PEHP plan so that they are protected from balance billing and with the assurance that the services ordered will be covered.

We have also seen a large increase of medically unnecessary toxicology testing. As a result, several of the non-contracted toxicology labs have no out-of-network benefits.

We encourage your office to direct medically necessary services to contracted providers so members have a better healthcare experience and are better protected financially.
**Contracted providers** have the responsibility to file the claim within 12 months from the DOS. 15 months if the claim is for COB.

**DID YOU KNOW?** Billing

PEHP’s Financial Assurance Department is committed to identifying fraud, waste, and abuse and provider education when needed. During several random audits, the Financial Assurance Department has identified many provider offices that are not correctly following the Centers for Medicare and Medicaid Services (CMS) “incident-to” guidelines and are not billing claims under the correct rendering provider.

For a complete listing of guidelines, we invite you to visit CMS’s website to learn more at: www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf.

**Rendering**

**PEHP**’s Financial Assurance Department is committed to identifying fraud, waste, and abuse and provider education when needed. During several random audits, the Financial Assurance Department has identified many provider offices that are not correctly following the Centers for Medicare and Medicaid Services (CMS) “incident-to” guidelines and are not billing claims under the correct rendering provider.

**and/or Incident-to Services**

PEHP follows CMS’s “incident-to” guidelines for physician extenders. A physician can bill an incident-to service when billing for auxiliary personnel.

CMS states auxiliary personnel include nurses, technicians, certified nurse midwives, clinical psychologists, clinical social workers, physician assistants, nurse practitioners, and clinical nurse specialists.

**Summary of Guidelines**

A summary of the guideline includes the following:

- Services or supplies as an integral, though incidental, part of the physician’s personal or professional services in the course of diagnosis or treatment of an illness.
- The physician MUST initiate the care but need not render a service at each instance of billing.
- The physician must remain actively involved in the care of the patient’s condition.

**Appeals Process**

**Expediting Turnaround Time**

As of April 1, 2015, PEHP has made a change to our appeals process. We’re confident this change will speed up our disputed claims/appeals turnaround time.

If a provider wishes to dispute any determinations made to a claim, the provider must continue to dispute the determination within 180 days after the claim was processed.

All disputed claims will first be reviewed by our Benefits Resolution Department before they can be appealed to our Executive Review Committee.

We will not require a form to be completed for the initial review. If a provider disagrees with the determination made by the Benefit Resolution Department, the provider will be given instructions on how to appeal the determination to PEHP’s Executive Review Committee.

To dispute or appeal a claim, inquiries should be sent to:

- PEHP Appeals and Policy Management Department
- P.O. Box 3836
- Salt Lake City, Utah 84110-3836
- By fax: 801-320-0541

Our complete claims dispute and appeals process can be found on our website at: https://www.pehp.org/providers/claims-and-billing/appeals

**Clinical Policies**

**Headaches: Invasive Procedures**

PEHP now considers trigger point injections and occipital nerve blocks experimental and investigational for the treatment of cervicogenic headache, occipital neuralgia, cluster headache, chronic daily headache, and migraine headache because their effectiveness for these indications has not been established.

To find the full policy, login to the secured provider site and click on “Clinical Policies” on the left hand side.

We encourage you to stay up to date on our policies by regularly checking them out online!

**DID YOU KNOW?**

You can call your Provider Relations Specialist if you’ve misplaced your login information, forgotten it or simply locked yourself out.
ICD-10 Coding

Points for Trouble-Free Transition

October will be here before you know it! You’ll be pleased to know that PEHP is right on track for the ICD-10 implementation. To keep our provider community in the loop, below are things we’ve recently tested:

» Claims Intake
» Adjudication
» Financial Outcomes
» Report Capabilities

To better assist your office with this transition trouble-free, we would like to offer a few key pointers:

» Dual use of ICD-9 and ICD-10 will not be accepted for the same claim.
» If the dates of service span the implementation date of Oct. 1, 2015, the claim will need to be split.
» For DOS on inpatient claims that will span 10/01/15, PEHP will take the admit date as determination for ICD-9 or ICD-10.
» DX criteria for preauthorization will be based upon date of service established in the preauthorization. If establishing a preauthorization for services to be rendered post 10/01/15, the DX code should be coded in ICD-10.
» PEHP will only accept codes that are reported to the highest character and specificity available and consistent with ICD-10 coding guidelines and recommendations from CMS.

Testing Inquiries
Interested in testing with us?
Contact our EDI Department (801-366-7544) or PEHP’s Project Manager, Lance Toms (lance.toms@pehp.org)
Currently testing, but have questions? Contact PEHP’s Project Manager, Lance Toms or PEHP’s EDI Manager, Terri Airmet (terri.airmet@pehp.org)

Examples:
» Laterality (Right, Left, Bilateral, Unilateral)
» Anatomical locations
» Trimester
» Type of diabetes
» Known complications or comorbidities
» Description of severity, acute or chronic or other known parameters, etc.

If you have any other questions regarding ICD-10, please visit the CMS or AMA websites.

Code Auditing

Web Tool Enhancements

We are happy to inform you that enhancements have been done on our web-based code auditing reference tool. Providers can now enter more claim information on this tool, including the claim DX, number of units billed and the patient’s age. Providers are encouraged to use this tool to review PEHP’s coding rationale regarding claims payments online.

The tool is available through the secured portion of our website; therefore, a login is required. If you do not have one or need more information on how to navigate our website and this tool, contact your Provider Relations Specialist.

We encourage your office to take advantage of this useful tool, to have a better understanding of the coding rules and edits that are in place.

PEHP Wellness

PEHP Healthy Utah Navigates Online

Spring is a season for new beginnings, transformation, and growth. . . . making it a perfect time for change. As of March 2015 PEHP members can access wellness resources previously found at HealthyUtah.org on the PEHP website! PEHP simplified by providing members with one website, one account, and one login to remember. PEHP consolidated all insured member health benefits in one convenient place at www.pehp.org.

Why the change? Merging online services to help improve patients quality of life.

Advantages of the Tool

» Reduces administrative costs!
» Fewer “front line calls”
» Less provider appeals
» Reduces reprocessing of claims
» Easy to use!
» Provides an immediate response to provider inquiries related to the evaluation of code combinations during the processing of claims
» Enables providers to pre-screen a claim and/or review the rationale for a claim denial
» Available 24 days, 7 times a week on PEHP’s website
» Used by internal personnel for consistent communication with provider

PEHP Waist Aweigh

For benefits, status of an appeal or preauthorizations and/or complicated claim questions, call Customer Service at 801-366-7555.
Group Benefit Changes

State Moves to One OOPM

Every year our groups make benefit changes to their plans. This year, the State of Utah will be making some significant changes to their Traditional Plan deductibles and maximum out-of-pocket benefits.

To become compliant with future Affordable Care Act (ACA) out-of-pocket maximum requirements, the State of Utah (and other groups) are rolling up separate out-of-pocket maximum categories such as pharmacy into one out-of-pocket maximum.

As a result, the annual deductible has increased from $250/$500 to $350/$700 and the medical out-of-pocket maximum has changed from $2,500/$5,000/$7,500 with other out-of-pocket categories to $3,000/$6,000/$9,000 with one combined out-of-pocket maximum.

We invite you to verify coverage online or to call if you have specific benefit questions.

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 at www.pehp.org. Choose Providers/Provider Login and enter your superuser ID and password.

Questions? Contact your Provider Relations Specialist or call Customer Service at 801-366-7555 or 800-765-7347. Members may call Customer Service for status of the provider’s request.

Approval or denial will be communicated to the provider’s office. Preauthorization does not guarantee payment and coverage is subject to eligibility, benefit coverage, and preauthorization requirements.

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.

DID YOU KNOW?

PEHP’s Disease Management Program takes a big picture approach to your patients’ health, incorporating everything from wellness to pharmacy to education, to complex care management.
The 2015 Community Education Fairs – Bigger and Better than Ever

Come join us for a day of learning, with topics for just about every interest:

⇒ Continuing favorites like Privacy & Security and Payer Panel will be back, along with timely new topics.
⇒ Get ready for ICD-10 with a variety of classes for different readiness levels and needs, including:
  o A ground-floor ICD-10 overview
  o An “ask the experts” session
  o An overview of ICD-10 changes to injury coding

Come for the exciting educational sessions; stay for great networking opportunities, face time with vendors, and fantastic prizes! Clinicians and clinical staff, administrators, office managers, billers, and coders will all find valuable information in these sessions.

Don’t miss this chance to catch so much expertise under one roof!

Fair Dates and Locations:
Provo – Wednesday, April 15
Utah Valley Convention Center
220 W Center St.

Layton – Tuesday, April 21
Davis Conference Center
1651 N 700 W

Salt Lake City – Tuesday, April 28
South Towne Exposition Center
975 S State St.

St. George – Thursday, April 30
1424 E Foremaster Dr.

Register and view the schedule at www.uhin.org/events.

This education series is a joint effort of many organizations from your Utah healthcare community.

Provider Relations Representatives
To provide optimal service to PEHP providers, each Provider Relations Representative is assigned a specific area to manage. This assignment is based on the physical locations of the providers. If you are unsure who your representative is, please call PEHP at 800-365-8772 or 801-366-7700.

SERVICE AREA #1
Chantel Lomax
Provider Relations Specialist
Phone: 801-366-7507 or 800-753-7407
Fax: 801-245-7507
E-mail: chantel.lomax@pehp.org

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

Out-of-State
Colorado

SERVICE AREA #2
Wendy Philbrick
Provider Relations Specialist
Phone: 801-366-7753 or 800-753-7753
Fax: 801-245-7753
E-mail: wendy.philbrick@pehp.org

In-State Counties
Box Elder, Cache, Davis, Morgan, Rich, Summit, Weber

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

Out-of-State
Colorado

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

In-State Counties
Carbon, Daggett, Duchesne, Emery, Juab, Millard, Sanpete, Tooele, Uintah, Utah, Wasatch

In-State Cities
Herriman (84065 & 84066), Kearns (84118), Magna (84044), Riverton (84065, 84095 & 84096), South Jordan (84065 & 84095).

Out-of-State
Wyoming

In-State Cities
Taylorville (84084, 84118 & 84119), West Jordan (84064 & 84068), West Valley (84119, 84120 & 84128).

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