THE IMPORTANCE OF
CHOOSING WISELY

Join PEHP and other healthcare leaders in campaign aimed at curbing unnecessary testing

» PAGE 2

Valuable Tips for ICD-10 Switch
» PAGE 4

Member Comments Added to PEHP Provider Directory
» PAGE 7
COVER STORY: Putting Patients First

Working to Better Patient Relations

The current way healthcare is delivered in America often includes practices that may provide little, if any, benefit to patients.

According to a report from the Institute of Medicine, up to 30% of healthcare spending is duplicative or unwarranted. Evidence shows that certain tests, procedures, doctor visits, hospital stays and other services may not be necessary and could cause harm.

In response, PEHP has joined fellow community leaders and healthcare stakeholders in joining the Choosing Wisely Campaign, aimed at promoting conversations between physicians and patients about utilizing the most appropriate tests and treatments, and avoiding care whose harm may outweigh the benefits.

As part of the campaign, leading national medical specialty societies have developed and released evidence-based lists of more than 130 tests and procedures that may be overused in their specific field.

Since launching in April 2012, Choosing Wisely has partnered with more than 80 national, regional and state medical specialty societies, health collaboratives and consumer groups.

To find out more about Choosing Wisely go to: www.choosingwisely.org
Over the two-year grant, senior leaders from AARP, Utah Chapter of the American College of Physicians, ARUP, Intermountain Healthcare, PEHP, Utah Academy of Family Physicians, and the University of Utah Department of Family Medicine will join HealthInsight in a community advisory council to provide guidance to the Choosing Wisely effort.

HealthInsight Utah will advance this dialog across the state by holding community dialogues, engaging the media, educating practicing physicians about the Choosing Wisely recommendations, and disseminating them to employees of large employers.

Join in!
Choosing Wisely Utah partners are meeting this month to choose five key areas for the state to target. If you are interested in getting involved or in extending the Choosing Wisely conversation in your organization, contact Stephanie Barber for more details (sbarber@healthinsight.org).

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PEHP Staff
Welcome
New PR Specialist

Angel L Macas recently joined PEHP’s Provider Relations Department as a Provider Relations Specialist with responsibility for Service Area #3. (See page 15).

He brings many years of experience from both the payer and provider perspectives. He has significant experience with claims, customer service, network management, contracts negotiations and management.

Angel has strong knowledge of the Utah healthcare market, healthcare operations, as well as a strong commitment to customer satisfaction and relationship building. He has served as a member of the CHIP Governors Advisory Board in the State of Utah for many years as the representative for the Utah Hospital Association.

Angel enjoys working with people, reading, the outdoors, and all types of music and international cuisine. He is excited to assist providers in helping our members have a positive healthcare experience.

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www.choosingwisely.org
**Coding**

**A Valuable Tip on the Switch to ICD-10**

We are happy to inform you that PEHP is right on track for the ICD-10 switch!

For continued planning and preparation within your office, PEHP would like to offer our two cents on how claims should be submitted to us.

Supplementary Guidelines include:

» 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 10/01/14, the claim will need to be split.

» For DOS on inpatient claims that will span 10/01/14, PEHP will take the admit date as determination for ICD-9 or ICD-10.

» Diagnosis code criteria for pre-authorization will be based upon date of service established in the pre-authorization. If establishing a pre-authorization for services to be rendered post 10/01/14, the diagnosis code should be coded in ICD-10.

» PEHP will accept both professional and institutional claims, whether submitted paper or EDI, at compliance date.

» 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.

**Examples:**

› Laterality (Right, Left, Bilateral, Unilateral)

› Anatomical locations

› Trimester

› Type of diabetes

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**DOS prior to 10/01/2014**

› ICD-9 codes are valid.

› ICD-10 codes will not be accepted.

**DOS after 10/01/2014**

› ICD-10 codes are valid.

› ICD-9 codes will not be accepted.

› Known complications or comorbidities

› Description of severity, acute or chronic or other known parameters etc.

We appreciate the high quality of service your office provides to our members and are here to help your office have a smooth ICD-10 transition with PEHP.
MyPEHP for Providers is bursting with great information and tools that we believe your office will find beneficial to help with your staffs’ everyday tasks.

The provider site offers a variety of choices, both on the non-secured and secured site. To have access to the information, go to www.pehp.org, click on the box that indicates “PROVIDERS.” On the non-secured section of myPEHP for Providers, you have access to information on:

» Claims and Billing
» Care Management and Wellness
» EDI
» Online Services
» Contact Us
» Contracts/Credentialing
» Pharmacy
» Provider Library

Providers are strongly encouraged to go online to check eligibility and claim status. (Note: calls are still accepted for benefit questions). The secured portion of myPEHP for Providers, offers an assortment of choices. To sign in, go to the provider section of www.pehp.org, and you’ll find the “PROVIDER LOGIN” on the right hand side. Note: if you do not have a login, please contact your Provider Relations Specialist. After you have logged in to the secured site, you’ll be able to:

» Check Eligibility
» Claim Status – you’ll be able to pull your remittance advice through this link
» Billing & Physical Address
» Pharmacy Pre-Authorization Forms
» Medical Pre-Authorization Form
» Clear Claim Connection
» Fee Schedule Lookup

We hope you find the myPEHP for Providers useful in your everyday endeavors and welcome any feedback you and your office may have!
Electronic Exchange is Now

PEHP continues to support and encourage providers to lessen their paperwork by doing most everything electronically. By jumping on the Electronic Data Interchange (EDI) bandwagon, your business can start to see the difference that it makes in your everyday routine. By setting your practice up on EDI, your office has the capability of:

» Receiving quicker payments
» Having a quicker turnaround time for your claims
» Lessening human errors
» Obtaining instant verification, whether acceptance or rejection, of claims
» Sending Coordination of Benefits (COB) claims

» COMING SOON – Medicare Crossover Claims; and more!

PEHP supports EDI transactions, which include:

» 837: Health Care Claim
» 270/271: Health Care Eligibility and Benefit Inquiry
» 276/277: Health Care Claim Status Inquiry
» 277FE: Unsolicited Claim Status
» 835 Health Care Claim Payment and Remittance Advice

For more detailed information on these transactions, please visit myPEHP for Providers at www.pehp.org.

We also offer enrollment for Electronic Funds Transfer (EFT). If you choose to sign up for EFT, you can receive some valuable benefits, which include:

1. Payments issued on a daily basis as claims are adjudicated
2. Receiving the Remittance Advice electronically (ERA) or online via a PDF file
3. Payments deposited directly into bank account

Another helpful note! Have you had checks made out to your individual provider, when it should have been made out to the company name? This can easily be resolved by signing up with EFT!

DID YOU KNOW?

Modifier 59 (distinct procedural service), is used to identify such procedures or services, other than an E/M service, that are not normally reported together but are appropriate under the circumstances. PEHP may request records to verify the appropriate use of the modifier.

Online Fee Schedule Tool

Pre-Authorization and Benefit Expansion

PEHP has recently expanded the fee schedule tool under myPEHP for Providers website to include whether each code requires pre-authorization or is not a covered benefit. This same information is available to our members – your patients – in the PEHP Code Lookup tool. You may access this information on a code-by-code basis or download a copy of the entire fee schedule in an excel spreadsheet.

We appreciate your partnership in our continued effort to provide better communication and transparency to you and our members.
**Medicare and PEHP Crossover Claims**

In the coming months, PEHP will complete the implementation of the Coordination of Benefits Agreement (COBA) / Coordination of Benefits Contractor (COBC) Medicare crossover process. The COBA allows payers to send eligibility information to CMS and receive Medicare paid claims data, along with other coordination of benefits data, from one source, the COBC. The COBC is Group Health Incorporated (GHI).

The crossover process is the method by which claims and payment information are electronically transmitted from Medicare as the primary payer to PEHP as the secondary payer. There will no longer be a need for providers to submit the same claim information twice.

PEHP will receive providers’ claims electronically from Medicare. At that point, the claim adjudication cycle should be shortened, increasing quicker reimbursement. PEHP is excited to bring this claim enhancement to providers in improving the efficiency of Medicare COB claims processing and payment.

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**Member Comments**

**And the Survey Says . . .**

Member comments from our “Rate This Visit” survey tool have been added to the online PEHP Provider Directories for viewing. We appreciate our provider community and are not surprised that most of the comments are positive and complimentary.

Comments are edited for family friendly language as well as protecting individual names (other than the provider) for each visit. PEHP will continue to contact members and/or providers to discuss comments if they need to be addressed.

We invite you to look at what your patients are saying about you and your staff. Comments can be viewed at www.pehp.org under the “Find a Provider” tab on top of the screen, and then choosing the appropriate network.

We also invite our members to rate their experience with PEHP. Member comments for PEHP are also available at www.pehp.org.

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**DID YOU KNOW?**

When you update your address, remove/add a provider etc., you need to notify your Provider Relations Specialist, to ensure accuracy on our directories.
Sleep Testing Policies

PSG Testing to Require

No Change in Policy for Home Sleep Testing (HST)

Beginning in 2014, Polysomnography (PSG) Sleep testing will require pre-authorization.

Home sleep testing (HST) is appropriate for members with a high pre-test probability of having moderate to severe obstructive sleep apnea (OSA), and does not require pre-authorization. It may also be appropriate in patients with immobility, safety concerns, or critical illness. Home sleep testing is not appropriate for the diagnosis of OSA in patients with significant co-morbid conditions (see below) including co-morbid sleep disorders.

Polysomnography (PSG) Sleep Testing

PEHP considers attended full-channel nocturnal polysomnography (NPSG) (Type I device) performed in a healthcare facility medically necessary for diagnosis in members with symptoms suggestive of OSA, when attended NPSG is used as part of a comprehensive sleep evaluation, and member has one or more of the following indications for attended NPSG:

a. Member has at least one of the following co-morbid medical conditions that degrade the accuracy of portable monitoring:

- moderate to severe pulmonary disease (e.g., COPD or asthma) with nocturnal oxygen use or daytime hypercapnea with documented arterial blood gasses showing pO2 less than 60 or pCO2 greater than 45,
- neuromuscular disease (e.g., Parkinson’s disease, spina bifida, myotonic dystrophy, amyotrophic lateral sclerosis),
- stroke,
- epilepsy,
- congestive heart failure (NYHA class III or IV or LVEF less than 45%),
- super obesity (BMI greater than 45, or pulmonary function studies show obesity hypoventilation syndrome [BMI greater than 35 plus arterial blood gas with PCO2 greater than 45, or BMI greater than 35 plus inability to lie flat in bed]); or

b. Member has one or more of the following co-morbid sleep disorders:

- periodic limb movement disorder,
- parasomnias,
- narcolepsy,
- central sleep apnea or complex sleep apnea; or

c. Member is less than 18 years of age; or

d. Member has negative or technically inadequate portable monitoring results; or

e. Member has low pretest probability of obstructive sleep apnea (normal BMI
Pre-AUTH Starting in 2014

[less than 30], normal airway [Mallampati score 1 or 2], no snoring, and normal neck circumference [less than 17 inches in men, and less than 16 inches in women]); or

f. Member lacks the mobility or dexterity to use portable monitoring equipment safely at home.

Note: Where attended NPSG is indicated, a split-night study NPSG is considered medically necessary, in which the final portion of the NPSG is used to titrate continuous positive airway pressure (CPAP), if the Apnea Hypopnea Index (AHI) is greater than 15 in first 2 hours of a diagnostic sleep study. An additional full-night CPAP titration NPSG is considered medically necessary only if the AHI is less than or equal to 15 during the first 2 hours of a diagnostic sleep study, or if the split-night study did not allow for the abolition of the vast majority of obstructive respiratory events (see section III below).

g. Attended full-channel nocturnal polysomnography (NPSG) (Type I device) performed in a healthcare facility is considered medically necessary for persons diagnosed with obstructive sleep apnea who have any of the following indications for attended NPSG:

» To titrate CPAP in persons diagnosed with clinically significant OSA for whom in-laboratory NPSG was medically necessary, but who were unable to undergo a split-night study because they had an insufficient AHI (less than 15) during the first two hours of an attended NPSG; or

» To titrate CPAP in persons with clinically significant OSA for whom in-laboratory NPSG was medically necessary, and who underwent a split-night study that did not abolish the vast majority of obstructive respiratory events; or

» To monitor results from CPAP in persons with OSA who have persistent significant symptoms (disturbed sleep with significant arousals) despite documented AHI less than 5 on CPAP and documented compliance with CPAP (CPAP used for 70 percent of nights for four or more hours per night, for two or more months); or

» To confirm diagnosis of obstructive sleep apnea prior to surgical modifications of the upper airway.

PEHP will be adding an online Prior Authorization Sleep Test Form to our myPEHP for Providers portal in 2014 for your convenience, so that those members that need a PSG study can receive approval when medically appropriate.

For those members where an HST is medically appropriate, studies have shown similar diagnostic predictability to the PSG. Home sleep tests, on average, cost $275, whereas the average facility PSG test costs $1,800. We encourage you to work with our members, your patients, in having more discussions about healthcare costs and quality information.

DME Vendors

PEHP has several DME vendors that provide HST equipment; a list of the available vendors in each network is provided in the table below.

<table>
<thead>
<tr>
<th>Advantage Network</th>
<th>Alpine Home Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summit Network</td>
<td>Alpine Home Medical</td>
</tr>
<tr>
<td></td>
<td>Apria Healthcare Services</td>
</tr>
<tr>
<td>Preferred Network</td>
<td>Alpine Home Medical</td>
</tr>
<tr>
<td></td>
<td>Apria Healthcare Services</td>
</tr>
<tr>
<td></td>
<td>Kolob Oxygen &amp; Medical Equipment</td>
</tr>
<tr>
<td></td>
<td>Valley Home Medical</td>
</tr>
</tbody>
</table>
Molecular Susceptibility Testing Policies

BRCA Testing Requires

PEHP considers molecular susceptibility testing for breast and/or ovarian cancer (BRCA testing) medically necessary in any of the following categories of high-risk (>10% risk) adults with breast or ovarian cancer:

1. Women with a personal history of epithelial ovarian cancer (fallopian tube and primary peritoneal carcinoma are included)

2. Women with personal history of breast cancer (includes both invasive and ductal carcinoma in situ [DCIS] breast cancers; Lobular carcinoma in situ [LCIS] is not included) and any of the following:
   a. Breast cancer is diagnosed at age 45 years or younger, with or without family history; or
   b. Breast cancer is diagnosed at age 50 years or younger, with any of the following:
      » at least 1 close blood relative with breast cancer at age 50 years or younger; or
      » at least 1 close blood relative with epithelial ovarian cancer; or
      » Bilateral breast cancer, or 2 primary breast cancers with 1st primary diagnosed at age 50 years or younger; or
      » limited family structure, or no family history available because member is adopted. *(A limited family history is defined as a member who has fewer than two 1st- or 2nd-degree female relatives in the same lineage that lived to age 45. The “limited family history” can occur on either the maternal or paternal side of family. A 3-generation pedigree is needed to assess whether family history is limited.)*
   c. Breast cancer is diagnosed at age 60 years or younger, and is triple negative. *(The individual’s breast cancer cells test negative for estrogen receptors [ER negative], progesterone receptors [PR negative] and human epidermal growth factor receptors [HER2 negative]).*
   d. Breast cancer is diagnosed at any age, with any of the following:
      » at least two close blood relatives on the same side of the family with breast cancer and/or epithelial ovarian cancer at any age; or
      » the member has two breast primaries *(Two breast primaries in a single individual includes bilateral disease or cases where there are two or more clearly separate ipsilateral primary tumors)* and also has at least one close blood relative with breast cancer diagnosed at age 50 years or younger; or
      » the member has two breast primaries and also has at least one close blood relative with epithelial ovarian cancer; or
      » close male blood relative with breast cancer; or
      » at least one 1st-, 2nd-, or 3rd-degree blood relative with a known BRCA1 or BRCA2 mutation; or
      » Two close relatives on the same side of the family with pancreatic adenocarcinoma at any age; or
      » if ethnicity is associated with higher mutation frequency (Ashkenazi Jewish), no additional family history is required.
Pre-Authorization

3. Women with a personal history of pancreatic adenocarcinoma at any age with two close relatives on the same side of the family with breast cancer, epithelial ovarian cancer, and/or pancreatic adenocarcinoma at any age.

4. Women without a personal history of breast cancer, epithelial ovarian cancer, or pancreatic adenocarcinoma, and any of the following:
   a. Women with three or more close blood relatives on the same side of the family with breast cancer, irrespective of age at diagnosis; or
   b. Women with one or more close blood relatives on the same side of the family with breast cancer and one or more close blood relatives on the same side of the family with ovarian cancer; or
   c. Women with two or more close blood relatives with epithelial ovarian cancer; or
d. Women with one or more male close blood relatives with breast cancer; or
e. Women with two or more 1st-degree relatives with breast cancer, one of whom was diagnosed at age 50 years and younger; or
f. Women with one or more 1st-degree relatives with bilateral breast cancer; or
g. Women with one or more close blood relatives with both breast and epithelial ovarian cancer; or
h. Women of Ashkenazi Jewish descent with one or more 1st-degree relatives or two or more 2nd-degree relatives with breast or ovarian cancer; or
i. Women with one or more 1st-, 2nd-, or 3rd-degree blood relatives with a known BRCA1 or BRCA2 mutation.

5. Women who do not meet any of the above criteria but are determined through both independent formal genetic counseling and validated quantitative risk assessment tool to have at least a 10% pre-test probability of carrying a BRCA1 or BRCA2 mutation. Note: In this category only, a 3-generation pedigree and quantitative risk assessment results must be provided to PEHP.

6. Men with any of the following:
   a. A 1st-, 2nd-, or 3rd-degree blood relative who has a known BRCA1 or BRCA2 mutation, where the results will influence clinical utility; or
   b. A personal history of breast cancer.

Adapted from guidelines from the U.S. Preventive Services Task Force (for screening indications) and from the American College of Obstetricians and Gynecologists and the American College of Medical Genetics (for testing persons with cancer).
Billing & Coding Accuracy

Exactness is the Only Way

Our Quality Assurance Department, along with our third-party auditing vendor, continually audits claims to ensure accuracy of billing and correct coding.

Our third party auditing vendor reviews the PEHP data with a team of CPC coders, RNs and peer reviews as needed. Examples of common audit referrals to PEHP are:

» Billing under the wrong provider
» Documentation not supporting the codes being billed
» Billing for services not rendered

When submitting claims, we encourage your office to thoroughly review the AMA guidelines, in addition to Section 2 in your Public Employees Medical Provider Agreement, which specifies that PROVIDER:

» Agrees to use appropriate procedure and diagnostic codes that most closely identify services rendered to the Member, as defined by the standards of CMS code levels I-III, CPT guidelines, the appropriate corresponding ICD-9-CM codes.
» Acknowledges that submitted claims will be subject to PEHP's code auditing product, which evaluates code combinations during the processing of claims. PEHP's code auditing determinations are based on nationally recognized and accepted medical coding guidelines and sources.

» Agrees to refrain from using any coding scheme that would tend to increase the amount of reimbursement beyond PEHP's Allowable Medical Expense. At the sole discretion of PEHP, any improper, illegal, unprofessional or inflationary coding which misrepresents, distorts, falsely reflects or adversely increases the benefits, may result in termination.

Committed to Transparency

Clinical Policies Will be Available Online

PEHP will soon be publishing our clinical policies on our PEHP for Providers secure web portal.

We appreciate the feedback from many provider offices in requesting that this information be added to our provider portal and understand that having access to our policies is important for your offices to have and understand.

We are committed to transparency in providing the guidelines used for determining coverage criteria for specific procedures, equipment and services.
Pharmacy

Pre-Authorization List Revisions

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 Providers / Provider Login and enter your superuser ID and password.

Questions? Contact your Provider Relations Representative or call Customer Service. Members may call Customer Service for status of the provider’s request.

Pre-authorization does not guarantee payment and coverage is subject to eligibility, benefit coverage, and pre-authorization requirements.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>Jan. 19, 2013</td>
</tr>
<tr>
<td>Butrans</td>
<td>Feb. 25, 2013</td>
</tr>
<tr>
<td>Lansoprazole</td>
<td>March 17, 2013</td>
</tr>
<tr>
<td>Ampyra</td>
<td>Aug. 7, 2013</td>
</tr>
<tr>
<td>Invega</td>
<td>Aug. 7, 2013</td>
</tr>
</tbody>
</table>

Drugs REMOVED from List

Drugs ADDED to List

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>HCPCS Code</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amnesteem</td>
<td></td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Claravis</td>
<td></td>
<td>July 1, 2013</td>
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<tr>
<td>Sotret</td>
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<td>July 1, 2013</td>
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<tr>
<td>Myorisan</td>
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<tr>
<td>Tazorac</td>
<td>C9131</td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Kadcyla</td>
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<tr>
<td>Xeljanz</td>
<td></td>
<td>July 1, 2013</td>
</tr>
<tr>
<td>Uceris</td>
<td></td>
<td>Aug. 7, 2013</td>
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<tr>
<td>Iclusig</td>
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<td>Aug. 7, 2013</td>
</tr>
<tr>
<td>Pomalyst</td>
<td></td>
<td>Aug. 7, 2013</td>
</tr>
<tr>
<td>Acyclovir ointment</td>
<td></td>
<td>Aug. 13, 2013</td>
</tr>
<tr>
<td>Zovirax cream</td>
<td></td>
<td>Aug. 13, 2013</td>
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</tbody>
</table>

DID YOU KNOW?

Pharmacy and Medical Pre-Authorization forms can be found on the secured site of myPEHP for Providers.
Pharmacy

Preferred Drug List Updates

PEHP’s Preferred Drug List helps members and providers choose the most effective and economical medication.

Our 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 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.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Formulary Change</th>
<th>Formulary Alternative</th>
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</thead>
<tbody>
<tr>
<td>First-omeprazole</td>
<td>Not Covered</td>
<td>Omeprazole</td>
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<tr>
<td>First-lansoprazole</td>
<td>Not Covered</td>
<td>Lansoprazole</td>
</tr>
<tr>
<td>First-progesterone</td>
<td>Not Covered</td>
<td>Vagifem</td>
</tr>
<tr>
<td>First-mouthwash</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Benzaclin</td>
<td>Tier 3</td>
<td>Benzoyl peroxide/ clindamycin</td>
</tr>
<tr>
<td>Metrogel 1%</td>
<td>Tier 3</td>
<td>Metronidazole 0.75%</td>
</tr>
<tr>
<td>Adderall XR</td>
<td>Tier 1</td>
<td>Adderall XR (available for Tier 1 copayment)</td>
</tr>
<tr>
<td>Dextroamphetamine/ amphetamine ER</td>
<td>Tier 3</td>
<td></td>
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<tr>
<td>Absorica</td>
<td>Not Covered</td>
<td>Amnesteem, Sotret</td>
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<tr>
<td>Aubagio</td>
<td>Not Covered</td>
<td>Tecfidera</td>
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<td>Tecfidera</td>
<td>Specialty Tier A</td>
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<td>Uceris</td>
<td>Tier 3</td>
<td>Delzicol</td>
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<tr>
<td>Diclegis</td>
<td>Tier 3</td>
<td></td>
</tr>
<tr>
<td>Gilenya</td>
<td>Specialty Tier B</td>
<td>Tecfidera</td>
</tr>
</tbody>
</table>

Most Recent Changes

Wellness

Introducing Our New Tobacco Cessation Tool

We are happy to announce our new Quitline for PEHP members. The Quitline provides tobacco cessation services to members, eligible spouses, and dependents seven days a week, from 7 a.m. to 11 p.m. This new service offers integrated resources such as:

» E-Coaching
» Text Messaging
» Mobile Apps
» Quit Smoking Calculator
» Bi-Lingual services

More than 191 languages and American Sign Language video interpretations are available. Additional help is included with social support chat rooms; moderated by experts who monitor peer advice. PEHP members who call outside hours of operation are given an opportunity to listen to QuitFacts, and/or leave a message. All voice messages are returned within 24 hours. QuitFacts topics include:

» What Increases your Chances for Quitting
» Preparing to Quit
» Smokeless Tobacco
» Nicotine Replacement Therapy
» How to Deal with Cravings

This integrated approach leads to higher quit rates and is a valuable resource for our Providers.
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**  
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

**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
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