Provider Connection

SECOND QUARTER 2018

In this issue

Physicians Health Plan

A health plan that works for you.

General Training 101

The Provider Relations Team offers training sessions throughout the year to help you and your office staff work smoothly with PHP.

Learning opportunities include a review of the provider manual, checking member eligibility and benefits, claim status, authorizations, and much more. Attendees should include management and all office staff.

July 19 | 8:30-10 a.m.

Oct. 25 | 12-1:30 p.m.

Please email your RSVP at least one week prior to the event. Questions? Contact **PHPProviderRelations@PHPMM.org**. All sessions take place at PHP, are free of charge, and a light meal will be provided.

For upcoming trainings offered at PHP please look on the PHP website: **PHPMichigan.com**, click on Providers, then Training Opportunities. This is updated regularly to offer new trainings and education.

Greater Lansing Area Race Series

presented by Physicians Health Plan

PHP is proud to sponsor the Greater Lansing Area Race Series events for 2018. The series consists of 12 races in the Greater Lansing area, including:

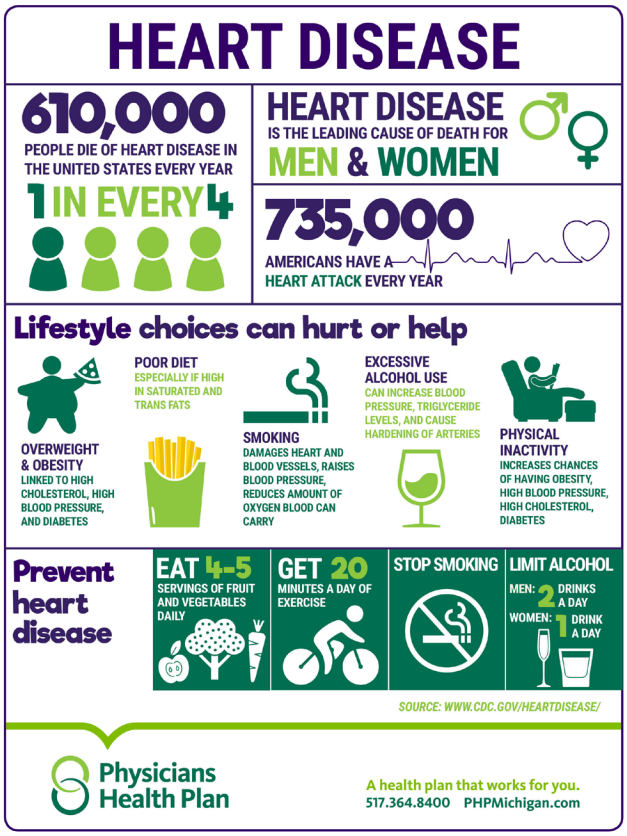
Race	Date
Race for the Place 5K	Sunday, April 15
Commercial Bank Mason 5K	Friday, May 4
DeWitt PHMS Half Marathon	Saturday, May 19
Max's Race	Saturday, June 23
Meridian Mile	Friday, June 29
Race to Freedom 8K	Saturday, July 21
Ele's Race 5K Run Walk	Saturday, July 28
Mint City 10 Mile	Saturday, Aug. 4
Camino of St. James 8K Run and 5K Walk	Sunday, Aug. 12
25th Annual Fifth Third Capital City River Run Half Marathon	Sunday, Sept. 23
25th Annual Playmakers Autumn Classic – 8K Run/Walk - 1 & 2 Mile Walks	Sunday, Sept. 30
MSUFCU Dinosaur Dash 5K	Sunday, Oct. 7

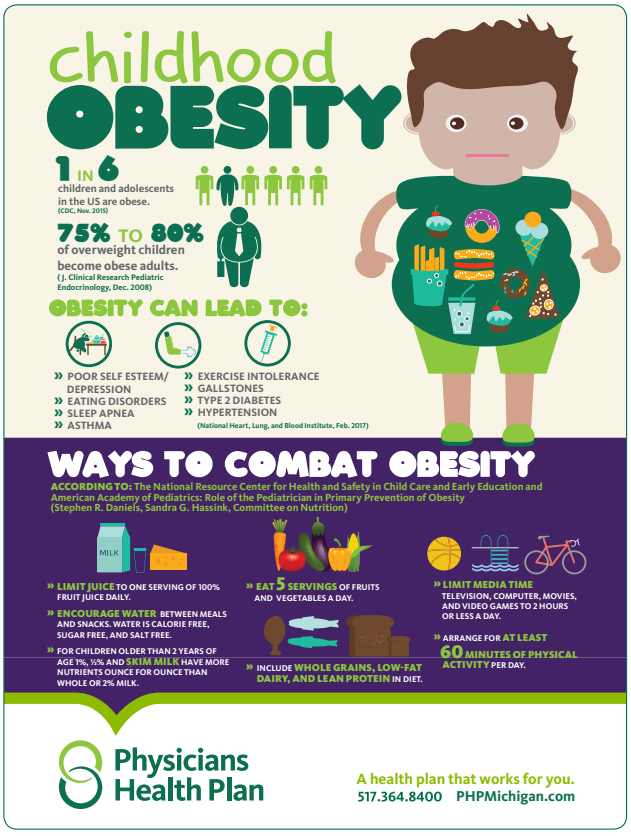
For more information, and to sign up for any of these races, go to ***GreaterLansingRaceSeries.com.***

Improving health literacy through Infographics

The use of infographics is not new and is increasingly used in healthcare to communicate key issues about common ailments that affect a sizable portion of the population, such as heart disease and obesity. Infographics are a useful tool for educating Members on complex health issues in a simple, easy-to-understand manner. The use of concise language and colorful design, including graphs and charts, is essential to attract a Member's attention and relay important health information. A firm grasp of health information helps Members make decisions and can improve their relationship with Providers, thus improving Member outcomes.

PHP is now producing a quarterly infographic surrounding various health and wellness campaigns to educate our Members and Providers. These infographic flyers are available to Provider offices to distribute to Members, free of cost. Please email the Provider Relations Team to request a supply of these infographics, at **PHPProviderRelations@phpmm.org**. See below for currently available infographics:





Utilization Management news and updates

A comprehensive list of procedures and services requiring prior authorization/approval is available online. Visit PHPMichigan.com/providers and select "Forms" to locate the Authorization – Notification Table.

If you have any authorization/approval questions, please call the Customer Service Department at **517.364.8500** or **800.832.9168** between the hours of 8:30 a.m. and 5:30 p.m., Monday through Friday.

Reminder: Prior Authorization requests may be submitted via the Utilization Management fax at **517.364.8409** from 8 a.m. to 5 p.m., Monday through Friday.

Changes to Coverage for Services			
Code(s)	**Procedure or Service**	**Action**	**Implementation Date**
33927, 33928, 33292	Implantation, removal or replacement of a total replacement heart system (artificial heart)	PA	7/1/2018
A4290, C1767, C1778, C1787, C1816, C1820, C1822, C1883, C1897, L8679, L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, L8695	Implantable neurostimulators	PA	8/1/2018
63661, 63662, 63663, 63664, 63688	Removal or revision of a neurostimulator	Removal of PA	8/1/2018
66170, 66172, 66179, 66180, 66183, 66184, 66185, 66984, 67255, 92020, 0191T, 0376T, 0474T, C1783, L8612	Glaucoma Surgery	Removal of PA	7/01/18
66999	Unlisted procedure, anterior segment of eye	PA	7/1/2018
93798, 93797, G0422, G0423	Outpatient cardiac rehab	Removal of PA	7/1/2018
94667, 94668, G0237, G0238, G0239, G0424, S9473	Outpatient pulmonary rehab	Removal of PA	7/1/2018

Requesting a peer-to-peer conversation

Physicians Health Plan (PHP) maintains a peer-to-peer conversation procedure which allows the network and non-network attending or ordering Providers an opportunity to discuss a Utilization Management or Pharmacy adverse benefit determination. Both Utilization Management and Pharmacy related peer-to-peer discussions are held with the PHP Medical Director.

A request for a peer-to-peer discussion can be submitted by telephone, in writing, electronically, or in person. A peer-to-peer discussion is scheduled within one business day.

The Medical Director conducts the peer-to-peer conversation and determines if the adverse benefit determination is sustained or reversed.

If the result of the peer-to-peer conversation is to sustain (uphold) the original decision, the attending Physician or ordering Provider is made aware of their appeal rights and is referred to view the appeals process guidelines.

If the result of the peer-to-peer discussion is to reverse the determination, the decision is updated, and an approval letter is sent to the Provider and Member.

Provider appeal tips

Provider appeals are available if a benefit or claim is processed in a manner that was not expected by the Provider. We suggest that you contact Customer Service prior to filing the appeal to help answer any questions that you may have about how the claim was originally processed. Then, if you would like to file an appeal, you may do so within 90 days of the date of the denial or claim processed date. Any appeal received after that 90-day appeal time frame is not accepted and is returned to the Provider.

Appeals are reviewed by an individual at PHP who was not involved in the first determination. All information obtained during the initial request is included with the review of your appeal. While we appreciate the opportunity to take a second look at your request, we ask that you include new or additional information with your appeal, as this helps in the decision-making process.

If after additional review of the information provided the denial is upheld, the member has an opportunity to appeal; there is no second-level provider appeal. Our letter gives specific reasons for the denial and includes criteria, pharmacy formulary alternatives, required step therapies, or other information to help you understand why the service is not covered. Keep in mind that a denial does not necessarily mean that the requested service is a poor option, but rather that the service is not covered under the healthcare plan purchased by the Member or their employer. The Member may still choose to receive and pay for the service outside of their medical benefits.

Why do we require Prior Approval?

Certain health services require prior approval from PHP for coverage of services or products. Healthcare providers must get prior approval from PHP before services can be provided. If prior approval is not obtained, benefits for a covered health service may be reduced or not covered at all. The member may be responsible for non-covered charges.

To request prior approval, call the number on a member's ID card for Customer Service. By calling PHP before a treatment or service is received, you can check to see if the service:

- Is a cosmetic procedure or service.
- Has a benefit limit.
- Is an experimental, investigational or unproven service.
- Is specifically excluded under a benefit plan.

A prior approval is not a guarantee of benefits. Coverage depends on the services that are received, a member's eligibility status at the time of service, and any benefit limitations or exclusions.

Below is a list of covered health services that require prior approval. This list is subject to change and does not include every service, supply, or procedure. If Medicare or other healthcare coverage pays before PHP, the prior approval requirement still applies.

Please call PHP for the most current information or access our website at **PHPMichigan.com**. Information on some policies is also available through the PHP Portal.

- Autism spectrum disorders treatment
- Bariatric surgery
- Behavioral health services:
  - All inpatient stays (see under Hospital-inpatient below)
  - Residential treatment programs
  - Intermediate care (day treatment and partial hospitalization)
  - Certain outpatient services (intensive outpatient therapy [IOP], electro-convulsive therapy [ECT], neuro-diagnostic/cognitive testing)
- Dental services – accidental (prior to follow-up care)
- Durable medical equipment – certain items only
- Gender reassignment surgery, procedures, and medications
- Genetic testing
- Home health care
- Home infusion therapy
- Hospice care
- Hospital – inpatient (including extended maternity stays, emergency admission for behavioral health and non-behavioral health conditions and long-term acute inpatient care)
- Procedures – inpatient or outpatient: capsule endoscopy, hyperbaric oxygen therapy, spinal cord stimulation, sacral nerve stimulation, facet injections and facet neurotomy, orthognathic surgery, varicose vein treatment, and femoro-acetabular hip impingement surgery
- Prosthetic and Orthotic devices over $1,000
- Reconstructive procedures
- Rehabilitation services – outpatient physical and occupational therapy
- Skilled Nursing facility / Inpatient Rehabilitation Facility
- Specialty drugs
- Transplant services

Case management and post-hospital discharge care

The PHP Case Management Team strives to help your Patient have a smooth transition of care from hospital to home. While your Patient is in the hospital, one of the Case Managers may meet face-to-face with your Patient to discuss covered services and benefits. The Case Manager also facilitates a follow-up visit with the Patient's Primary Care Physician within seven days of discharge from the hospital. The Case Management Team may contact your office to aid in coordinating post-discharge care, authorization, medication requests, and to help locate resources within the community, as needed.

To obtain assistance with care coordination, contact the PHP Case Management Team at:

Phone: 517.364.8588 or 1.866.203.0618

Email: PHPCaseManagement@phpmm.org

Pharmacy and Therapeutics Committee

The purpose of the Pharmacy and Therapeutics (P & T) Committee is to promote safe, effective and cost-effective drug therapy. This is done by developing policies regarding drug evaluation, selection and utilization, as well as by educating Providers on drugs and appropriate drug utilization.

Membership of the P & T Committee is comprised primarily of Physicians from a variety of specialties and Pharmacists. In addition, the P & T Committee includes additional Sparrow Health System Caregivers including Pharmacy Technicians, Nurses and Union Liaisons. The Physicians Health Plan P & T Committee Workgroup meetings occur bimonthly and the full committee meets on the alternating months.

The recommendations presented at the P & T Committee meetings are based on review of scientific evidence and standards of practice, peer-reviewed medical literature, clinical practice guidelines and pharmacoeconomic studies. The P & T Committee uses the most current research to:

- Manage the development and maintenance of the drug formulary.
- Develop policies to ensure safe and effective drug use.
- Develop policies to promote cost-effective drug therapy.
- Advise on drug distribution and control procedures.
- Manage educational programs regarding drug utilization.

The specific factors considered in the P & T Committee recommendations and decisions are:

- Clinical efficacy
- Safety
- Therapeutic needs
- Clinical guidelines
- Standards of medical practice
- Other treatment options
- Pharmacoeconomics
- Cost
- The number of Members and Providers affected

PHP welcomes the input of healthcare Providers regarding pharmacy or other issues. If you have input regarding a specific initiative or are interested in becoming a P & T Committee member, please contact the Provider Relations Team at **PHPProviderRelations@phpmm.org**.

Pharmacy news and updates

PHP's Prescription Drug List (PDL) is available online at **PHPMichigan.com/providers**. Select "Forms" to find the current drug list.

Additionally, criteria for medications requiring prior authorization are also available online at PHPMichigan.com/providers and then select "Pharmacy Prior Authorization Criteria" from the quick link box on the left-hand side of the screen.

If you have any pharmacy questions, please call the Pharmacy Department at **517.364.8545** or email **PHPwebPharmacy@phpmm.org**.

Drug	Coverage Change	Effective Date
Basaglar/Levemir/Tresiba	Preferred agents, Tier 2 No PA required	1/1/2018
Lantus/Toujeo	Excluded from the formulary	1/1/2018
Cosentyx, Enbrel, Humira, Otezla, Stelara	Preferred agents, Tier 2 PA required	1/1/2018
Actemra, Cimzia, Kevzara, Kineret, Orencia, Siliq, Simponi, Taltz, Tremfya, Xeljanz	Excluded from the formulary	1/1/2018
Aerospan, Alvesco, Armonair Respiclick, Arnuity Ellipta	Excluded from the formulary	1/1/2018
Flovent	Preferred agents, Tier 2 No PA required	1/1/2018
Novolog, Novolin	Preferred agents, Tier 1 Vials, Tier 2 Pens	1/1/2018
Humulin R-U500	Preferred agents, Tier 2 Pens	1/1/2018

Drug	Coverage Change	Effective Date
Humulin, Humalog, Afreeza, Apidra	Excluded from the formulary	1/1/2018
Qvar Redihaler	Added to the formulary, Tier 2	1/1/2018
Linzess 72mcg	Removed PA requirement, Tier 2	2/7/2018
Prevymis	Added to the formulary with step-edit (must have a one month fill of valacyclovir in the last 180 days), Tier 2	2/28/2018
Vyzulta	Added to the formulary, Tier 3 PA required	2/28/2018
Cinvanti	Added to the formulary, Tier 2	2/28/2018
Sublocade	Added to the formulary, Medical PA required	2/28/2018
Fasenra	Added to the formulary, Tier 3 PA required	2/28/2018
Mepsevii	Added to the formulary, Medical PA required	2/28/2018
Hemlibra	Added to the formulary, Medical PA required	2/28/2018
Rebinyn	Added to the formulary, Medical PA required	2/28/2018
Juluca	Added to the formulary, Tier 2	2/28/2018
Bosulif	Added to the formulary, Tier 3 PA required	2/28/2018
Verzenio	Added to the formulary, Tier 3 PA required	2/28/2018
Lynparza	Added to the formulary, Tier 3 PA required	2/28/2018
Fiasp	Added to the formulary, Tier 2	2/28/2018
Admelog	Excluded from the formulary	2/28/2018
Eylea, Lucentis, Macugen	Requires Medical PA Avastin will be the preferred agent	6/1/2018

Overpayment recoveries through CBCS

We all like to keep balanced books, but sometimes overpayments happen. PHP has employed a vendor, CBCS, to collect overpayments that have not been recovered via auto-recovery. Recently, CBCS sent letters to Providers to recover these overpayments.

In the event that you realize PHP has made an overpayment, you must report this with a **claim adjustment form** and a corrected claim as needed. Claim adjustment forms can be found on PHP's website at **PHPMichigan.com**. ***Refund checks should not be submitted to resolve an overpayment unless requested***. PHP will initiate the adjustment/take back on a future Explanation of Payment (EOP). See the example below:

Amount Billed	Allowed	Financial Allowance	Prov. Adjust	Patient Ineligible	Deductible	Copay/ CoIns	Other Ins	Net Paid
120.00	100.00	0.00	20.00	0.00	0.00	0.00	0.00	100.00

Interest Amount:	0.00
Refund Requested:	0.00
Auto-Recovered Amount:	-85.06
Prior Overpayment Balance:	0.00
Check Amount:	14.94

Overpayment Recovery Detail (adjustment - Retractions could be applied to the net payment)

Claim #/Ref#	Member Name	Patient Acct #	Recovery Type	Adjusted Date	Original Amt Paid	Original Overpay	Previously Recovered	Recovered This Check	Remaining Balance	Orig. Date Paid	Orig. Check Number
17000E000XXX	John Smith	1234567	B	12/14/2017	85.06	85.06	0.00	85.06	0.00	5/29/2017	654321

In certain situations, PHP may determine that a refund check is the only way to process an overpayment, such as a change in a tax identification number, a doctor who is no longer practicing, or discontinuation of a product, such as PHP's Medicaid Product. In these situations, if money cannot be recovered automatically because there are no accounts available to recover money from, an overpayment recovery amount is indicated as a Remaining Balance. It is important to pay attention to the Prior Overpayment Balance, or Remaining Balance noted in the example (right), as it may be possible we would request a refund check be sent to PHP for that amount.

Questions? Please Contact us at
PO Box 30377
Lansing, MI 48909-7877
800-661-8299 or 517-364-8540
www.phpmichigan.org

Paid To: Michigan State Hospital

Tax#:	123456789
Reference #:	201611221023456
Check Amount #:	123456
Check Amount:	$250.00
Prior Overpayment Balance:	$575.00
Auto-Recovered this Check:	$250.00
Current Overpayment Balance:	$325.00
Year To Date Financial Allowance:	$0.00

Overpayment Recovery Detail (adjustment - Retractions could be applied to the net payment)

Claim #/Ref#	Member Name	Patient Acct #	Recovery Type	Adjusted Date	Original Amt Paid	Original Overpay	Previously Recovered	Recovered This Check	Remaining Balance	Orig. Date Paid	Orig. Check Number
17000E000XXX	John Smith	1234567	B	12/14/2017	700.00	700.00	125.00	250.00	325.00	5/29/2017	654321

If a balance is unable to be recouped by PHP within three months of the Explanation of Payment (EOP) mail date, the account is then sent to CBCS, our collections vendor. You may then receive letters and/or phone calls related to the overpayment collection process from CBCS directly. Additional information is available to assist in resolution of the collections balance(s) via the Provider Portal, MyPHP.

If you have questions about your EOP or the overpayment recovery process, please contact Customer Service at **517.364.8500.**

HEDIS CORNER

Keeping an eye on our diabetic members

Comprehensive Diabetes Care (CDC)

This diabetes measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Eye exam (retinal) performed
- Hemoglobin A1c (HbA1c) testing
- Medical attention for nephropathy
- Blood pressure control (<140/90 mm Hg)

While an annual diabetic eye exam is the main approach to screen for vision-threatening diabetic retinopathy, diabetic eye exams have the lowest reported utilization rate for the diabetes measure among Physician Health Plan (PHP) members.

According to the CDC, diabetic retinopathy is the leading cause of blindness among U.S. working-age adults aged 20 –74. An estimated 4.1 million and 899,000 Americans are affected by retinopathy and vision-threatening retinopathy, respectively. Early diagnosis of diabetic retinopathy and timely treatment reduce the risk of vision loss. However, as many as 50 percent of Patients are not getting their eyes examined or are diagnosed too late for treatment to be effective.

Primary Care Providers and/or Endocrinologists are encouraged to discuss the importance of eye exams with diabetic Patients and to provide referrals to an Optometrist or Ophthalmologist.

One routine refractive eye examination, including dilation if professionally indicated, is covered per policy year. The Michigan Quality Improvement Consortium Guideline for diabetes recommends a dilated eye exam by an Ophthalmologist or Optometrist at least annually, or in the absence of retinopathy, a repeat retinal eye exam in two years. Diabetic retinal exams are a covered benefit by PHP's medical insurance and do not require vision coverage (may be subject to copayments and deductibles).

PHP members can call the Customer Service number on the back of their PHP ID card and ask about in-network providers and coverage.

Fast facts about diabetes in Michigan

- In 2014, an estimated 10.4 percent of Michigan adults 18 years and older were diagnosed with diabetes — 799,350 people (See Note A).[1,2]
- According to the Centers for Disease Control and Prevention (CDC), 27.8 percent of people of all ages with diabetes are undiagnosed.[3]
- Also, the CDC reported about 37 percent of adults age 20 years and older were estimated to have prediabetes, putting them at high risk for developing type 2 diabetes.[3] However, in 2014, only an estimated 8.2 percent of Michigan adults reported ever being told that they had prediabetes.[1]
- Michigan ranked 22 out of 50 states in highest diabetes prevalence among adults 18 years and older in 2013 (See Note B).[4]
- Diabetes was the seventh leading cause of death in Michigan in 2013.[5]

Notes

A. The number of Michigan adults 18 years and older with diabetes was estimated using diabetes prevalence estimate from MiBRFSS 2014 data and the bridge-race method population estimate for 2014. Rounded to 100s.
B. Ranking was based on age-adjusted state prevalence estimates for 2013.

References

1. Michigan Behavioral Risk Factor Surveillance System, Bureau of Disease Control, Prevention, and Epidemiology, Lifecourse Epidemiology and Genomics Division, Michigan Department of Health and Human Services.
2. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates. Available on CDC WONDER Online Database. Accessed on Oct 15, 2015.
3. Centers for Disease Control and Prevention. National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014. Atlanta, GA: U.S. Department of Health and Human Services; 2014.
4. Centers for Disease Control and Prevention. Diabetes Report Card 2014. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2015.
5. Vital Statistics, Division for Vital Records & Health Statistics, Bureau of Local Health and Administration Services, Michigan Department of Health and Human Services.

A closer look at DIABETES in the United States

DIABETES

29.1 MILLION The number of people with diabetes

25% do not know they have diabetes

That's about 1 OUT OF EVERY 11

SYMPTOMS

- Increased thirst
- Extreme tiredness and lethargy
- Blurred vision
- Passing urine more often than usual

IMPACT

- Kidney failure
- Heart Disease
- Stroke
- Loss of toes, feet, or legs

WHAT CAN YOU DO?

Be more active | Eat healthy | Lose weight | See your Doctor

Learn more at **cdc.gov/diabetes/ndep**

Sparrow

271 Eligibility, Benefit Inquiry, and Response process

PHP has electronic eligibility capability, and we invite you to check with your clearinghouse to see if your office is 270/271 eligible.

This process allows you to:

- Verify member eligibility.
- Verify copays or coinsurance.
- Verify deductibles and out-of-pocket expenses.
- View information regarding benefits and limitations.

Responses are immediate, and data is in real time. Verification can be done 24 hours a day, seven days a week. You only need the following member information at hand:

- Member name
- Date of birth
- Physicians Health Plan Subscriber ID (found on the member's ID card)

Formulary Changes

Effective July 1, 2018 the following medications will require Prior Authorization:

- Injectafer (J1439)
- Oncaspar (J9266)
- BiCNU (J9050)
- Abraxane (J9264)
- Clindagel 1% (brand name only)
- Fortamet
- Gralise
- Percocet (brand name only)
- Proglycem
- Qudexy XR
- Rayos

Effective July 1, 2018 the following medications will have Quantity Limits (QL):

Calcipotriene/ Betamethasone topical	QL 4 grams per day	**Fluocinonide 0.1% topical**	QL 2 grams per day
Cefixime	QL 400mg or 1 tablet per 90 days	**Janumet XR**	QL 2 tablets per day
Diclofenac 3% topical	QL 4 grams per day	**Januvia**	QL 1 grams per day
Doxepin 5% topical	QL 2 grams per day	**Linzess**	QL 1 grams per day
Elmiron	QL 270 capsules per 365 days		

These changes are made in accordance with ACA (Affordable Care Act) guidelines 2017.

Changes effective July 1, 2018 to the following medication categories:

PPI Medication Class

Preferred Medication Tier 1: Rabeprazole 20mg tablets, Lansoprazole 15mg and 30mg capsules, Omeprazole 20mg and 40mg capsules, Pantoprazole 20mg and 40mg tablets, First-Lansoprazole suspension, First- Omeprazole Suspension
Note: Omeprazole OTC Tablets are also covered as a Tier 1 Benefit for Sparrow Plans ONLY

Non-Preferred Medications Tier 3: Nexium Suspension (prior authorization)

Excluded Medications: Aciphex™, Dexilant™, Prevacid™ Capsules and Solu-Tabs, Prilosec™, Protonix™, Zegerid™, Nexium™ Capsules, Esomeprazole Capsules

H2 Antagonist Medication Class

Preferred Medications: Ranitidine 150mg/5ml liquid, Ranitidine 150mg and 300mg tablets, Famotidine 20mg and 40mg tablets, Cimetidine 300mg 400mg and 800mg tablets, Nizatidine 150mg and 300mg capsules (after step therapy met). Claims for these medications will pay at the member's Tier 1 copay.

Excluded Medications: Nizatidine oral liquid, Ranitidine capsules, Cimetidine 200mg and Cimetidine oral liquid.

These changes are made in accordance with ACA (Affordable Care Act) guidelines 2017.

Be on the lookout

Has the Provider Relations Team visited your office yet this year? If not, they will be stopping by in the coming months to meet and interact with your office staff, answer questions, guide you through PHP processes, and to ensure offices are up to date on PHP changes and procedures. Your Provider Relations Team is happy to help with issue resolution along with onsite training and education. If you would like to schedule an onsite meeting with one of the Provider Relations Team members, contact the Provider Relations Team via email: **PHPProviderRelations@phpmm.org**.

Physicians Health Plan

1400 E. Michigan Avenue
P.O. Box 30377
Lansing, MI 48909-7877

Contact us

Department	Contact Purpose	Contact Number	Email Address
Medical Resource Management	» Notification of procedures and services outlined in the Notification/Authorization Table » To request benefit determinations and clinical information » To obtain clinical decision-making criteria » Behavioral Health Services, for information on mental health and/or substance use disorders services including prior authorizations, case management, discharge planning and referral assistance	517.364.8560 866.203.0618 (toll free) 517.364.8409 (fax)	
Network Services	» Credentialing - report changes in practice demographic information » Coding » Provider/Practitioner education » To report suspected Provider/Practitioner fraud and abuse » EDI claims questions » Initiate electronic claims submission	517.364.8312 800.562.6197 (toll free) 517.364.8412 (fax)	**Credentialing** PHP.Credentialing@phpmm.org **Provider Relations Team** PHPProviderRelations@phpmm.org
Quality Management	» Quality Improvement programs » HEDIS » CAHPS » URAC	517.364.8000 877.803.2551 (toll free) 517.364.8408 (fax)	**Quality** PHPQualityDepartment@phpmm.org
Customer Service	» To verify a covered person's eligibility, benefits, or to check claim status » To report suspected member fraud and abuse » To obtain claims mailing address	517.364.8500 800.832.9186 (toll free) 517.364.8411 (fax)	
Pharmacy Services	» Request a copy of our Preferred Drug List » Request drug coverage » Fax medication prior authorization forms » Medication Therapy Management	517.364.8545 877.205.2300 (toll free) 517.364.8413 (fax)	**Pharmacy** PHPWebPharmacy@phpmm.org
Change HealthCare (TC3)	» When medical records are requested	Fax: 952.949.3713 or 949.943.8843 **Mail To:** Change HealthCare 5720 Smetana Drive, Suite 400 Minnetonka, MN 55343	