

GEISINGER HEALTH PLAN

Provider Update

November 2023

Geisinger

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2024 Geisinger employee plans

Applies to: All providers |

Plan(s): Geisinger employee TPA plans

Geisinger employee plan offerings remain the same in 2024. Each plan features two network groups and member out-of-pocket costs, such as copays, deductibles and coinsurance, are determined by the network group to which their healthcare provider belongs. Members can see any provider from either group at any time. Referrals are not required for specialist visits. Out-of-network coverage varies by plan.

- **Geisinger Enhanced:** Offers premium coverage for those who use Group 1 doctors and hospitals, with out-of-network coverage for emergencies and urgent care visits only.
- **Geisinger Value:** This QHDHP plan comes with higher up front out-of-pocket costs compared to the Enhanced plan. It offers a substantial Health Savings Account (HSA) annual contribution from Geisinger, plus out-of-network coverage at a higher cost.
- **Geisinger Essential:** This plan covers the same essentials but comes with higher out-of-pocket costs such as copays, deductibles and coinsurance, compared to the other two plans. Offers out-of-network coverage at a higher cost.

What group are you in?

Use the [Find a Doctor or Location](#) search function to verify your information and your group designation for the 2024 Geisinger employee plans. Search results are available to patients seeking care and represent most of the important information we have on file for you and your office(s). Use these results to confirm your network grouping or to refer your patients to providers in the lowest cost tier of their plan.

To find Group 1 providers quickly, click on All Plans in the top right corner. Then enter “Geisinger Employee Plan”.

If you want to see all the plans a provider accepts, ignore the All Plans option and search by provider instead. The Plans Accepted feature on a provider’s profile will show you a list of GHP plans that provider accepts and what network group or tier they are in.

Curious about what plans you accept? Find your own profile and use this feature to verify the GHP plans you accept.

Elective spine surgery benefit

For elective spinal surgeries, Geisinger Enhanced, Value and Essential plan members will continue to have access to the Center of Excellence Spine program through the Comprehensive Spine Center at Geisinger, in 2024. Members experiencing new or ongoing neck or back pain, who are considering or have been recommended for surgery, will need to use the Center of Excellence Spine program for any resulting spinal surgery to be covered at the lowest possible cost-sharing. Members will have higher cost-sharing if they receive spinal surgery services at non-Geisinger facilities.

Network group cost-sharing exception process

Under certain circumstances, medically necessary services rendered by a Group 2 provider may be paid at the Group 1 benefit level when a network group cost-sharing exception request is approved by GHP medical management.

You can request a network group cost-sharing exception for members under the following circumstances:

- When a Group 1 provider sees the member at a Group 2 office/facility
- When a Group 2 provider sees the member at a Group 1 office/facility
- When a particular service or specialty is not available from a Group 1 provider

- When a member is unable to schedule an appointment or reasonably access a Group 1 provider for needed services when those services are otherwise available from a Group 2 provider

There may be additional circumstances under which you may request a network group cost-sharing exception for a member. It’s important to thoroughly document the reasons why a member should receive the exception during the request process.

Urgent admissions will automatically incur the Group 1 cost-sharing regardless of rendering provider group designation. The network group cost-sharing exception process does not affect existing prior authorization requirements. Be sure you obtain prior authorization for all services identified on GHP’s [prior authorization list](#).

How to request a network group cost-sharing exception

Network group cost-sharing exceptions must be obtained by the provider — not the member. Fax the request and supporting information to medical management at 570-271-5534.



New address for paper claims as of Jan. 1, 2024

Applies to: All providers | Plan(s): All plans

If you submit hardcopy paper CMS 1500 or UB04 claims, be sure to start using the new address. You can begin using the new address for your claims immediately. All Geisinger Health Plan forms and resources are being updated accordingly. The new address is:

Geisinger Health Plan
PO Box 160
Glen Burnie, MD 21060

One number for your claims and member benefits questions: 844 GHP PROV

No more transfers, no matter your patient's plan.

Applies to: All providers | Plan(s): All plans

Call 844-447-7768 or 844 GHP PROV to connect with a dedicated claims resolution representative today.

How you benefit:

- Short hold times
- Faster claims issue resolution; expected turn-around times provided when necessary
- Claims issues are logged and tracked through resolution; no more repeat calls
- Complete resolution follow-up; GHP will close the loop to ensure your needs are met
- One number to contact; no need to call your GHP account manager with claims questions
- Tracking numbers are provided for your secure message requests through NaviNet

Statewide preferred drug list

Applies to: All providers | Plan(s): GHP Family

On Jan. 8, 2024, updates to the Statewide Preferred Drug List (PDL) will go into effect and existing prior authorizations will be terminated. However, the process for requesting drug authorization from GHP Family will remain the same. You can refer to the [2024 statewide PDL](#).

Your GHP Family patients have been notified that their current medication(s) may no longer be covered without prior authorization after Jan. 8, 2024. We ask that you consider your impacted patients and prescribed medications to determine if a drug should be switched to a preferred alternative as of Jan. 8, 2024; or if a request for prior authorization to remain on a current drug is more appropriate.

If a pharmacy claim denies because prior authorization is required, your patient is entitled to either a fifteen (15) day supply when the prescription qualifies as an ongoing medication; or a five (5) day supply for a new medication.

Navitus is our new PBM

Applies to: All providers | Plan(s): All plans

Geisinger Health Plan has chosen Navitus Health Solutions as our new pharmacy benefits manager (PBM) starting Jan. 1, 2024. For 20 years, Navitus has provided an alternate solution to traditional PBM models that delivers drug cost savings and unmatched financial and operational transparency. Navitus will support all Geisinger plans to improve access to affordable and clinically appropriate medications. Geisinger will continue to manage the formulary, or list of covered drugs, provide utilization management services, and handle customer service responsibilities.

It's important that your patients use their new member ID card that includes the Navitus information at the pharmacy after Jan. 1, 2024.

[Read more](#) on Geisinger.org.

Questions about formulary exceptions, drug authorization and prescription drug information? Call our pharmacy team at 800-988-4861.

Drug claim NDC verification

Applies to: All providers | Plan(s): All plans

Reminder regarding NDC requirements

- Validation of NDC units dispensed and units of measure against reported claim units for GHP Family and GHP Kids started Oct. 1, 2023.
- NDC verification of drug claims for Geisinger Gold, Geisinger Marketplace, commercial group and TPA plans started Oct. 1, 2023.

[Read the full bulletin.](#)

Home health and hospice updates:

Applies to: Home health and hospice agencies | Plan(s): All plans

Electronic Visit Verification (EVV) for home health care services starts Jan. 1, 2024

EVV for home health care services (HHCS) provided to your GHP Family patients is required for dates of service on or after Jan. 1, 2024.

[Read more.](#)

Home health supply guidelines

1. For commercial and Geisinger Gold (Medicare) plans, an agency is required to furnish all medical supplies needed for the patient's care, and they are included as part of the daily Home Health Agency Services Payment. These supplies are not billable to the patient and are not separately billable to their insurance during the patient's home health episode of care.
2. For GHP Family (Medicaid), medical supplies are always paid for separately from home health services.

[Read more.](#)

Prior authorization through Cohere

Applies to: All providers | Plan(s): All plans

Cohere implementation timeline:

- Requests for MSK, cardiology and pain management services that require authorization through HealthHelp transitioned to Cohere on Oct. 1, 2023. Additional services require prior authorization beginning with dates of service Oct. 1, 2023, and after. [See the full bulletin.](#)
- You'll need to wait a bit longer to use Cohere to request authorization for inpatient services. We've postponed the launch of Cohere for inpatient requests so we can make sure the request processes are optimized for providers and their GHP patients. Authorization for inpatient services that require prior authorization should continue to be requested directly from GHP as before. [See the latest bulletin.](#)
- Requests through Cohere for most other outpatient services started May 15, 2023. [See the full bulletin.](#)
- Requests through Cohere for home health and outpatient therapy services started Jan. 16, 2023. [See the full bulletin.](#)
- [Know when to call Cohere and when to call Geisinger Health Plan](#)
- [Cohere provider resources](#)

MFTs and LPCs are eligible to see Geisinger Gold Medicare Advantage members in 2024

Applies to: Behavioral health and referring providers | Plan(s): Geisinger Gold

On December 23, 2022, the Mental Health Access Improvement Act (S.828/ H.R.432) was signed into law allowing Licensed Professional Counselors (LPCs) and Marriage and Family Therapists (MFTs) to enroll as Medicare providers. Starting Jan. 1, 2024, approved services provided by LPCs and MFTs will be eligible for Medicare reimbursement.

Our Geisinger Gold Medicare Advantage plans will also begin to reimburse LPCs and MFTs for approved services as of Jan. 1, 2024. If you're already providing quality behavioral health care for non-Medicare Geisinger Health Plan members, you may receive email correspondence from our contracting team to join us in extending access to Geisinger Gold members.

If you're referring Geisinger Gold members for certain behavioral health services in 2024, know that they'll have more in-network providers to choose from. Always check our [online provider search](#) so you can help your Geisinger Health Plan patients see providers that accept their plan.



At-home screenings help close potential care gaps in 2023

We continue to send thousands of home test kits to members who are managing diabetes or at risk for chronic kidney disease or colorectal cancer. Engaging members in preventive care at home is the first step toward knowing what further testing or treatment may be needed.

Applies to: Primary care providers | Plan(s): All Plans

What the program looks like

Through the fall, we'll be sending at-home test kits to members. The kits contain all the supplies members need and clear instructions on how to complete the tests. Members will receive automated follow-up phone calls to encourage them to complete their at-home testing. The program will run through November. Test results will be shared with members' doctors to coordinate any additional testing or treatment that may be needed.

To give you a sense of the scale of our annual at-home test kit initiative, here's what we plan to send:

- About 18,000 Hemoglobin A1c test kits
- About 26,000 Urine albumin and/or eGFR test kits
- About 50,000 Colorectal cancer screening test kits

Helping members close care gaps

Consistent screenings — whether done at home or in a provider's office — help detect risky abnormalities before larger problems like kidney disease and colorectal cancer emerge. Consider talking to your patients about the benefits of at-home test kits or schedule in-office testing for patients you know are overdue for these screenings. For some primary care providers, closing these care gaps can result in more robust quality incentive payments.

Contact the GHP quality and assurance team at **866-847-1216** or your GHP provider account manager at **800-876-5357** if you have questions about our at-home screening initiatives.

Who is ordering tests for my patients?

As part of the administration of our at-home test kit initiative, you may see in a patients' record that one or more of these tests are ordered by a physician you don't recognize. For the program to work, all test kits must be ordered by a physician. We've teamed up with our Geisinger clinical pathology partners and Dr. Michelle Pramick to serve as the ordering physician **for administrative purposes only**. You may see Dr. Pramick's name on patient records or other reporting as the ordering provider.



Formulary and policy updates

Visit us on NaviNet today to see new, revised and recently reviewed medical and pharmaceutical policies, as well as the latest clinical guidelines, formulary changes and drug recalls. Updates may affect prior authorization. The most current prior authorization list is also available. And you can find clinical guidelines, formulary and medical policy information in the *For Providers* section at GeisingerHealthPlan.com. Printed copies are available if needed.

Medical policy update

Geisinger Health Plan uses medical policies as guidelines for coverage decisions made within the insured individual's written benefit documents. Coverage may vary by line of business. Providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy. [Visit our clinical policies pages.](#)

The new and revised medical policies listed below go into effect Dec. 15, 2023:

- MP058 Negative Pressure Wound Therapy – (Revised) – Clarify Exclusion
- MP091 Sacral Nerve Stimulation – (Revised) – Clarify Criteria
- MP159 Voice Therapy – (Revised) – Clarify Indications
- MP197 Janus Kinase 2 (JAK 2) Gene Mutation Analysis – (Revised) – Revised Criteria
- MP280 Whole Exome and Whole Genome Sequencing – (Revised) – Added Criteria; Added Exclusion
- MP287 Shift Care – (Revised) – Revised per DHS
- MP311 Genotyping or Phenotyping for Thiopurine Methyltransferase – (Revised) – Added Indication
- MP336 Genetic Testing For Inherited Thrombophilia/Hypercoagulability – (Revised) – Revised Criteria/Exclusions
- MP355 Plasma-based Proteomic Testing in the Management of Pulmonary Nodules – (Revised) – Expand Coverage to Commercial

The following policies were reviewed with no changes:

- MP020 Solid Organ Transplant Services
- MP023 Keratoplasty
- MP047 Hyperbaric Oxygen Therapy
- MP050 Surgical Correction of Chest Wall Deformities
- MP104 Subcutaneous Insulin Pump
- MP187 Cryoablation
- MP214 Iontophoresis
- MP243 Anorectal Fistula Repair Using an Acellular Plug
- MP244 Pelvic Floor Stimulation
- MP258 Hyperhidrosis
- MP278 Hyperthermia in Cancer Therapy
- MP292 Sympathetic Nerve Block
- MP294 Intercostal Nerve Block
- MP322 Drug Testing in Substance Abuse Treatment

Medical pharmaceutical policy updates

These new and revised medical pharmaceutical policies go into effect for all plans Dec. 15, 2023:

All members:

- MBP 210.0 Reblozyl (luspaterecept-aamt) – Updated Policy
- MBP 296.0 Abrysvo (Respiratory Syncytial Virus Vaccine (Recombinant) Injection) – New Policy
- MBP 298.0 Columvi (glofitamab-gxbm) – New Policy

Commercial, Marketplace, TPA, and Medicare GHP members only:

- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin) – Updated Policy
- MBP 84.0 Berinert (C1 esterase inhibitor, human) – Updated Policy
- MBP 85.0 Cinryze (C1 esterase inhibitor, human) – Updated Policy
- MBP 145.0 Cinqair (reslizumab) – Updated Policy

The following policies were reviewed with no changes:

- MBP 33.0 Medical Benefit Pharmaceutical Administrative Policy
- MBP 43.0 Alpha 1-Antitrypsin Inhibitor Therapy
- MBP 44.0 Elaprase (idursulfase)
- MBP 50.0 Vectibix (panitumumab)
- MBP 54.0 Soliris (eculizumab)
- MBP 58.0 Prialt (ziconotide intrathecal infusion)
- MBP 73.0 Arzerra (ofatumumab)
- MBP 80.0 Xiaflex (collagenase clostridium histolyticum)
- MBP 88.0 Halaven (eribulin mesylate)
- MBP 97.0 Kyprolis (carfilzomib)
- MBP 113.0 Gazyva (obinutuzumab)
- MBP 114.0 Vimizim (elosulfase alfa)
- MBP 120.0 Sylvant (siltuximab)
- MBP 133.0 Signifor LAR (pasireotide LAR)
- MBP 134.0 Cresemba IV (isavuconazonium sulfate)
- MBP 136.0 Imlygic (talimogene laherparepvec)
- MBP 140.0 Empliciti (elotuzumab)
- MBP 142.0 Portrazza (necitumumab)
- MBP 157.0 Brineura (cerliponase alfa)
- MBP 159.0 Kymriah (tisagenlecleucel)
- MBP 161.0 Aliqopa (copanlisib)
- MBP 163.0 Mylotarg (gemtuzumab ozogamicin)
- MBP 184.0 Azedra (iobenguane I 131)

- MBP 196.0 Ultomiris (ravulizumab-cwvz)
- MBP 205.0 Zerbaxa (ceftolozane-tazobactam)
- MBP 228.0 Breyanzi (lisocabtagene maraleucel)
- MBP 241.0 Amondys 45 (casimersen)
- MBP 40.0 Orencia IV (abatacept)
- MBP 49.0 Erythropoietin and Darbepoetin Therapy
- MBP 77.0 Ilaris (canakinumab)
- MBP 130.0 Mircera (methoxy polyethylene glycol-epoetin beta)
- MBP 150.0 Sustol (granisetron ER)
- MBP 195.0 Spravato (esketamine)
- MBP 202.0 Evenity (romosozumab-aqqg)
- MBP 204.0 Triptodur (triptorelin)
- MBP 243.0 Durysta (bimatoprost intraocular implant)
- MBP 251.0 Beovu (brolucizumab)
- MBP 253.0 Vabysmo (faricimab)
- MBP 267.0 Skyrizi IV (risankizumab intravenous)
- MBP 269.0 Qutenza (capsaicin topical system)

Questions regarding drug benefits?
Call 800-988-4861 8:00 a.m. to 5:00 p.m.
Monday through Friday

The following policy was retired:

- MBP 223.0 Blenrep (Belantamab Mafodotin) [product removed from market]

We'd like physician and non-physician provider input about our medical policies.
Send your comments to Phillip Krebs at pkrebs@GeisingerHealthPlan.com.

