

GEISINGER HEALTH PLAN

Provider Update

January 2024

Geisinger

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Inpatient prior authorization requests through Cohere begin March 11

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

Since the beginning of 2023, Cohere Health has helped manage outpatient service prior authorization requests for Geisinger Health Plan members. We're now ready to expand our partnership with Cohere to include submission of inpatient prior authorization requests. Inpatient prior authorization requests will be available through Cohere as of Monday, March 11.

[See the full bulletin.](#)

Attend an upcoming town hall

We're hosting virtual town halls for healthcare practitioners and office staff. Geisinger and Cohere Health representatives will discuss prior authorization requirements and how to get started with Cohere Health's streamlined and collaborative online authorization experience.

Have your questions answered at an upcoming virtual town hall. Join through NaviNet or ask your Geisinger Health Plan account manager for links to the meetings.

- [Monday, Feb. 12, at 11 a.m. EST](#)
- [Monday, Feb. 26, at 11 a.m. EST](#)

Cohere implementation timeline:

- Requests for inpatient services will be available March 11.
- Requests for MSK, cardiology and pain management services that require authorization through HealthHelp transitioned to Cohere on Oct. 1, 2023. Other services require prior authorization beginning with dates of service Oct. 1, 2023, and after. [See the full 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](#)

Geisinger Gold 2024 plans overview

Applies to: All providers | Plan(s): Geisinger Gold

Geisinger Gold is the Medicare Advantage plan by Geisinger Health Plan. Geisinger Gold serves more than 99,000 members in 44 counties throughout Pennsylvania. Geisinger Gold is contracted with more than 180 area hospitals, 30,000 doctors and 3,000 pharmacies in Pennsylvania to provide medical care for members.

Learn more about plan offerings, member benefits and important Medicare Advantage information for healthcare practitioners in our [annual bulletin](#).

Learn more about [Geisinger Gold member incentives in 2024](#).



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 Dec. 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. As of Jan. 1, 2024, approved services provided by LPCs and MFTs became eligible for Medicare reimbursement.

Our Geisinger Gold Medicare Advantage plans began reimbursing LPCs and MFTs for approved services as of Jan. 1. If you're already providing quality behavioral healthcare for non-Medicare Geisinger Health Plan members, our contracting team may email you 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.

Medical benefit drug optimization program starts with Keytruda March 1

Applies to: Providers prescribing or administering infusions containing Keytruda® | Plan(s): All plans except Geisinger Gold

If you prescribe and administer the drug Keytruda (pembrolizumab) in an office setting, you should be aware of a change we're making to the allowed procurement and billing process for this drug. This change is reflected in Medical Benefit Pharmaceutical Policy MBP 300.0. The policy is applicable to all plans except Geisinger Gold Medicare Advantage plans.

This policy will be available in the *What's New* section of our [clinical policy update page](#), 30 days in advance of the March 1 effective date.

What you need to do

Beginning Friday, March 1, you will need to order Keytruda from a contracted preferred specialty pharmacy for members of all plans except Geisinger Gold. You or your facility will be responsible for a well-trained staff to admix and administer the medication safely to the patient. IV bags, lines or other administrative supplies must be provided by you or your facility.

You may not bill for the full cost of the medication because you did not purchase it or dispense from your own supply. You may not bill for any drugs listed on MBP 300.0. However, you can bill for the administration of the infusion and for other drugs part of the infusion that are not listed on MBP 300.0. The current prior authorization request process for this drug will not change.

Specialty pharmacy responsibilities

The specialty pharmacy will ship the prescribed medication to you or your facility with patient-specific labeling (after prior authorization is approved, if applicable). The pharmacy must package the drug for delivery to ensure product integrity and temperature control during transit. They will coordinate with you or your facility and take other measures to mitigate waste. The specialty pharmacy is responsible for delivering the medication to your facility or office in time for your patient's appointment.

Unplanned treatment changes

In the case of same-day treatment changes, you can contact the customer call center to request a one-time emergency reimbursement so the member may have their infusion with no delay in therapy.

- For GHP Family (Medicaid) members, call 855-552-6028.
- For all other members (except Geisinger Gold Medicare Advantage members), call 800-988-4861.

The one-time authorization is only valid the same day as the treatment change. If approved, the drug would be reimbursed to your office or facility at the contracted rate of the specialty pharmacy.

Save time. Avoid frustration. Update your information with CAQH

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

Steer clear of the confusion and hang-ups due to discrepancies in credentialing information by keeping yours updated with the Council for Affordable Quality Healthcare's ProView® (CAQH) – the industry standard for sharing self-reported healthcare provider data. Geisinger Health Plan is one of almost 1,000 payers that relies on CAQH ProView to verify credentialing information.

Not registered with CAQH? It's easy and free. Visit caqh.org to create your profile and authorize Geisinger Health Plan to view your information. If you can't use CAQH, consider using our [provider add/change form](#). You can use this online form for provider additions, changes, terminations, retirements and new office locations. Remember to attach any supporting documentation.

Click [Update Practice Information](#) under the *For Providers* section at geisingerhealthplan.com, or look in *Provider Tools* on the GHP plan central page at navinet.net to link to the form.

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 Geisinger Health Plan (GHP) plans that provider accepts and what network group or tier they're in.

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

You might request a network group cost-sharing exception for a member under other circumstances, as well. Be sure to thoroughly document 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

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

If you submit hardcopy paper CMS 1500 or UB04 claims, be sure to use 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
P.O. 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-GHP-PROV (844-447-7768) to connect with a dedicated claims resolution representative today.

How you benefit:

- Short hold times
- Faster claims issue resolution; expected turnaround times provided if necessary
- Claims issues are logged and tracked through resolution; no more repeat calls
- Complete resolution follow-up; GHP will close the loop to be sure 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 updates to the Statewide Preferred Drug List (PDL) went into effect and existing prior authorizations were terminated. However, the process for requesting drug authorization from GHP Family remains the same. You can refer to the [2024 statewide PDL](#).

Your GHP Family patients have been notified that as of Jan. 8, their current medication(s) may no longer be covered without prior authorization. Be sure to consider your impacted patients and prescribed medications to determine if a drug should be switched to a preferred alternative, 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 15-day supply when the prescription qualifies as an ongoing medication or a five-day supply for a new medication.

Navitus is our new PBM

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

Geisinger Health Plan chose Navitus Health Solutions to become our new pharmacy benefits manager (PBM) as of Jan. 1. 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 supports 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.

Remind your patients they must now use their new member ID card that includes the Navitus information at the pharmacy.

[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 about 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.](#)

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](https://www.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 Jan. 15, 2024:

- MP015 Experimental/Investigational – Revised – Separate Unproven Services
- MP017 Ambulance Transport – Revised – Revise Criteria
- MP083 Contact Lenses – Revised – Clarify Contact Lens Fitting
- MP157 Prothrombin Time Home Testing – Revised – Add Indication
- MP219 Percutaneous Electrical Nerve Stimulation (PENS) and Neuromodulation Therapy (PTN) – Revised – Expand Title and Exclusion
- MP323 Molecular Profiling of Malignant Tumors to Identify Targeted Therapies – Revised – Revise Guardant360 Criteria

The following policies were reviewed with no changes:

- MP038 Oral Health
- MP051 Vagus and Trigeminal Nerve Stimulation
- MP056 Management of Excessive Skin and Subcutaneous Tissue
- MP121 Automated External Defibrillators
- MP162 Salivary Hormone Testing For Menopause and Aging
- MP164 Light-based Treatment for Acne
- MP177 Sensory Integration Therapy
- MP194 Rhinophototherapy
- MP260 Canaloplasty and Viscocanalostomy
- MP261 Aqueous Drainage Shunt
- MP270 Ocular Photoscreening
- MP296 Occipital Nerve Block
- MP297 Suprascapular Nerve Block
- MP300 Digital Breast Tomosynthesis
- MP321 Gene Expression Profiling for Cutaneous Melanoma
- MP331 Inpatient Rehabilitation
- MP332 Skilled Nursing Facility
- MP341 TissueCypher Barrett's Esophagus Assay
- MP362 Non-Invasive Home Ventilator

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

Medical pharmaceutical policy updates

These new and revised medical pharmaceutical policies went into effect for all plans Jan. 15:

All members:

- MBP 64.0 Arranon (nelarbine) – Updated Policy
- MBP 65.0 Torisel (temsirolimus) – Updated Policy
- MBP 78.0 Istodax (romidepsin) – Updated Policy
- MBP 172.0 Trisenox (arsenic trioxide) – Updated Policy
- MBP 61.0 Flolan or Veletri (epoprostenol) – Updated Policy
- MBP 158.0 Tepadina (thiotepa) – Updated Policy
- MBP 288.0 Legembi (lecanemab-irmb) – Updated Policy

Commercial, Marketplace, TPA and Medicare GHP members only:

- MBP 94.0 Eylea/Eylea HD (aflibercept) – Updated Policy

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

All members:

- MBP 36.0 Abraxane (paclitaxel protein bound particles) – Updated Policy

Commercial, Marketplace, TPA and Medicare GHP members only:

- MBP 77.0 Ilaris (canakinumab) – Updated Policy

The following policies were reviewed with no changes:

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| • MBP 48.0 Rituxan (rituximab), Truxima (rituximab-abbs), Ruxience (rituximab-pvvr), Riabni (rituximab-arrx) | • MBP 207.0 Xenleta IV (lefamulin) |
| • MBP 96.0 Voraxaze (glucarpidase) | • MBP 215.0 Recarbrio (imipenem-cilastatin-relebactam) |
| • MBP 117.0 Beleodaq (belinostat) | • MBP 224.0 Tecartus (brexucabtagene autoleucel) |
| • MBP 121.0 Dalvance (dalbavancin) | • MBP 245.0 Empaveli (pegcetacoplan) |
| • MBP 122.0 Sivextro (tedizolid phosphate) IV | • MBP 246.0 Tivdak (tisotumab vedotin-tftv) |
| • MBP 137.0 Yondelis (trabectedin) | • MBP 247.0 Kimyrsa (oritavancin) |
| • MBP 139.0 Darzalex (daratumumab) | • MBP 130.0 Mircera (methoxy polyethylene glycol-epoetin beta) |
| • MBP 152.0 Bavencio (avelumab) | • MBP 150.0 Sustol (granisetron ER) |
| • MBP 165.0 Rituxan Hycela (rituximab-hyaluronidase) | • MBP 195.0 Spravato (esketamine) |
| • MBP 167.0 Vabomere (meropenem-vaborbactam) | • MBP 202.0 Evenity (romosozumab-aqqg) |
| • MBP 168.0 Parsabiv (etelcalcetide) MBP 194.0 Xerava (eravacycline) | • MBP 204.0 Triptodur (triptorelin) |
| • MBP 170.0 Lutathera (lutetium Lu 177 dotatate) | • MBP 243.0 Durysta (bimatoprost intraocular implant) |
| • MBP 187.0 Zemdri (plazomicin) | • MBP 251.0 Beovu (brolucizumab) |
| • MBP 189.0 Lumoxiti (moxetumomab pasudotox-tdfk) | • MBP 253.0 Vabysmo (faricimab) |
| • MBP 203.0 Nuzyra (omadacycline) Injection | • MBP 267.0 Skyrizi IV (risankizumab intravenous) |
| • MBP 206.0 Khapzory (levoleucovorin calcium) | • MBP 269.0 Qutenza (capsaicin topical system) |

The following drugs were added to the Part B Step Therapy Program effective Jan. 1:

- Eylea HD
- Remicade
- Unbranded infliximab

**Questions about drug benefits?
Call 800-988-4861, 8 a.m. to 5 p.m.,
Monday through Friday.**