Behavioral health provider orientation
Overview

- Provider communications
- Product types
- Prior authorization
- Case management
- Pharmacy
- Quality measures
- Claims
- Online provider updates
Provider communications

Website: GeisingerHealthPlan.com
Provider portal: NaviNet.net

- Provider guide
- Monthly update
- Bulletins
- “Who to Call”
- Forms

- Member workflows
  - Eligibility & benefits
  - Authorizations
  - Claims

Provider care team: 888-839-7972
Product types

Geisinger Health Plan administers behavioral health benefits for:

• Commercial/Marketplace (HMO, PPO)
• Medicare Advantage plans (Geisinger Gold)
• CHIP (GHP Kids)
• Third Party Administration (TPA) for companies in need of custom, self-funded plans
You can verify your participation with each product by either of these methods:

- Referring to your contract with Geisinger Health Plan (attachment B)
- Searching your name on our Provider Search (“plans accepted”)

Product participation
Geisinger Health Plan **does not** administer behavioral health benefits for:

- PEBTF active employees and REHB pre-65 retirees (TPA)
- GHP Family (Medicaid)
- LIFE Geisinger
- Medicare supplement
Prior authorization is required for these behavioral health services

Higher levels of care:

• Inpatient
• Residential
• Partial hospitalization services

Non-routine outpatient care:

• Intensive outpatient treatment
• Psychological testing
• Outpatient ECT
• Transcranial magnetic stimulation (TMS or rTMS)
• ABA/applied behavior analysis

For a full listing of services requiring prior authorization, visit NaviNet.
Prior authorization process

Requesting prior authorization

• Ordering/admitting provider is responsible for obtaining authorization by either:
  o Calling 888-839-7972 for prior authorization requests
  o Completing the prior authorization form and submitting as directed (forms available on NaviNet)
• Online submission is coming soon.

Time frames

• Initiation is required at least 2 business days before admission or service.
• Urgent/emergent admissions: The facility is responsible for notifying GHP within 1 business day.
  • A determination of continued coverage and a subsequent assigned concurrent review date will be provided upon review.
Prior authorization process

Authorization notification process

- Medical management will provide written and/or verbal notification of the determination.
- Authorization status/inquiry is viewable on NaviNet.
- If a denial is issued, the participating provider is notified that they may speak with a medical director about the denial.
• GHP offers comprehensive multidisciplinary population management for members, including behavioral health case management.

• Within the behavioral health team there are behavioral health case managers, addiction coordinators, caseworkers, peer support specialists and certified recovery specialists.

• Population management at Geisinger provides a collaborative relationship between the member, primary care provider (PCP) and/or specialty care provider (SCP) and case management staff to assist members with chronic conditions.
Behavioral health case manager

• Delivers and coordinates healthcare services
• Develops care plans
• Facilitates transitions of care
• Evaluates options and services to optimize health status
• Links people with behavioral health resources and providers
• Collaborates with behavioral health resources
Pharmacy

The formulary lookup tool on NaviNet.net allows you to see how a particular member’s benefits apply to certain drugs, as well as other pharmacy-related information.

Prior authorization and/or requesting a formulary exception is the responsibility of the prescribing provider. You can do this by any of the following methods:

• Submitting a formulary exception/prior authorization request through the online portal: ghp.promptpa.com
• Completing and faxing the Formulary Exception/Prior Authorization Form available on NaviNet.net
• Calling the pharmacy department at 800-988-4861
Pharmacy: Specialty pharmacy

Specialty pharmacy vendor program

Certain prescription and injectable drugs are covered only through the specialty pharmacy vendor program. Medication requests are the responsibility of the prescribing participating provider.

For more detail and a complete list of drugs available through this program, refer to NaviNet or call Geisinger Health Plan Pharmacy Department or MedImpact Direct Specialty.

- MedImpact Direct Specialty: 877-391-1103
- GHP Pharmacy Department: 800-988-4861
- See the drug list and referral form on our website here.
Pharmacy: Specialty pharmacy

Behavioral health-specific drugs which are part of the specialty vendor program include:

- Abilify Mycite
- Adasuve
- Probuphine
- Spravato
- Sublocade
- Vivitrol

- Injectable antipsychotics
  - Abilify Maintena
  - Aristada
  - Invega Sustenna
  - Invega Trinza
  - Perseris
  - Risperdal Consta
  - Zyprexa Relprevv
Pharmacy: Specialty pharmacy

Prescription referral process

The prescribing provider may choose one of the following options:

- Directly e-scribe the prescription to one of the contracted specialty pharmacies in the MedImpact Direct Specialty network. For a list of contracted pharmacies for the medication, call Geisinger Health Plan or MedImpact Direct Specialty.

- Download and fax the MedImpact Direct Specialty referral form. The referral form, a copy of the patient’s insurance card and applicable lab work should be faxed to MedImpact Direct Specialty at 888-807-5716.
Pharmacy: Specialty pharmacy

HEDIS
Healthcare Effectiveness Data and Information Set is a collection of standardized performance measures, developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans.

HEDIS allows for:

• Standardized measurement
• Standardized reporting
• Accurate objective side-by-side comparisons

GHP uses HEDIS to measure provider performance.

Refer to NCQA’s website for more information:
ncqa.org
Quality measures

HEDIS measures related to behavioral health providers

- Antidepressant medication management
- Follow-up care for children prescribed ADHD meds
- Initiation and engagement of alcohol and other drug dependence treatment
- Adherence to antipsychotic meds for people with schizophrenia
- Metabolic monitoring for children and adolescents on antipsychotics
- Follow-up after hospitalization for mental illness

Note: Reference the behavioral health section of the HEDIS Information Guide for commonly used codes, measure description, common chart deficiencies, measure exclusions and medical record documentation information. This booklet is available on NaviNet.
Claims

Electronic claims resources

• EDI – Electronic Data Interchange (claim submission)
  • Use the GHP Payer ID (75273) when submitting claims via AllScripts, Change Healthcare or Relay Health.

• EFT – Electronic Funds Transfer (claim payment)
  • Register with INSTAMED online at instamed.com/eraeft.
  • Claim payments will be directly deposited to the identified provider's bank account.

• EOP – Electronic Explanation of Payment (claim remittance)
  • This is received through INSTAMED online.

• Claims and e-transactions information
Claims submission requirements

Format
- CMS1500 or UB04
- Electronic submission
- For current information regarding data elements for claim submission, use this link
- Paper claim submission
  - Individual NPI number required in box 24J
  - Servicing facility location NPI number required in box 32A
  - Organizational NPI number required in box 33A
  - Paper claims address: P.O. Box 853910, Richardson, TX 75085-3910
Claims submission requirements

GHP Kids (CHIP)

• Providers who accept and treat GHP Kids members with CHIP insurance are required to be enrolled with the Department of Human Services (DHS) at each service location.

• Upon enrollment, DHS issues providers a PROMISe identification number, which is required in order to receive payment for services rendered to CHIP members.

• Your rendering provider NPI must always be included on all claims.

• All ordering/referring/prescribing provider NPI numbers must be included on all claims for GHP Kids, or claims may be denied.
Claims submission requirements

Time limits

• Initial submissions must be received within 120 days of the date of service.
• Resubmissions must be received within 60 days from the date on EOP.

Claim appeals

May be submitted by either of these methods:
• Electronically through NaviNet
• Via paper claim reconsideration form
  • Available to download on NaviNet

Requests must be received within 60 days from the date on EOP.
We need your current information so we can best serve GHP members and be sure you receive important communications:

- Verify your current provider profile by using the Provider Search for your office or organization.
- Update your information online.
- Submit changes using the Practice Information Change Form on NaviNet.
- Complete the GHP Service Sheet to let our members know your clinical areas of focus.

Product participation
Thank you for participating with Geisinger Health Plan

Here are a few things you can do to prepare for your GHP patients.
What should I do next?

For online provider services:
- Register your practice at NaviNet.net
  - Request to “add a health plan” to your account

To prepare for billing/claims:
- Work with your vendor/clearinghouse to submit through EDI

To begin receiving payments:
- Register your practice with instamed.com
  - Provide all necessary bank account information to receive direct deposits

Contact our provider customer care team for behavioral health:
- 888-839-7972

Let us know what types of service you provide:
- Complete our GHP Service Sheet, available at GeisingerHealthPlan.com