

Operations Bulletin 03-13



Date: March 6, 2013

To: Participating Physicians and Hospitals

Re: **CORRECTION: Inpatient Precertification and Concurrent Review Process**

We would like to apologize for the recent Operations Bulletin regarding Geisinger Health Plan's¹ inpatient hospital precertification process you may have received via fax in early February. That document was sent in error due to oversights in our communication distribution process. We ask that you please disregard that communication. Precertification requirements put forth in that document are inaccurate.

Please allow this Operations Bulletin to serve as a clarification of Geisinger Health Plan's inpatient hospital precertification process and the ways we can work together to exchange important clinical information more efficiently.

Geisinger Health Plan believes in the value and quality an efficient precertification and concurrent review process can provide for members. However, we do appreciate the administrative burden these processes can cause for provider partners like you. Our goal is to afford members the benefits of utilization oversight while limiting provider inconvenience to the greatest extent possible. We can achieve this goal in a couple of ways:

1. Through a clear and thorough understanding of the types of clinical data Geisinger Health Plan's Medical Management team is requesting for precertification and notice of inpatient admissions, concurrent review, and notice of new births. And;
2. By working collaboratively with provider partners to leverage electronic medical record (EMR), email, online forms, etc., to find the most efficient manner of information exchange that works for both payor and provider. In no way is it Geisinger Health Plan's intention to mandate antiquated modes of notification that would result in additional administrative burden and duplicative work on behalf of the provider.

Clinical Data Needed by Geisinger Health Plan Medical Management

- Information required from admitting providers for the precertification of planned inpatient admissions:
 - Requestor name and contact information
 - Member name, date of birth, and ID number
 - Name of the admitting Physician
 - Admitting Physician's Fax Number
 - Admitting facility name
 - Admission date (not to exceed 30 days from the date of request)
 - Diagnosis and associated diagnosis codes
 - Procedure and associated procedure codes
 - Any additional/supportive information
- Information required from hospital providers for all urgent and planned admissions, including observation admissions:
 - Date and time of notification
 - Authorization number (if planned admission)
 - Member name, date of birth, and ID number
 - Admitting facility and admitting Physician
 - Date of admission and admission diagnosis
 - Reviewer's name and contact information

¹ *Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Geisinger Health Plan."*

- Admitted from level of care (e.g., ER, PCP, SPU, Clinic)
 - Admitted to level of care (e.g., ICU, CCU, Tele, Med-Surg, Peds)
 - Request for admission or extended observation beyond 23 hours
 - Member's pertinent past medical and surgical history
 - Brief identification of reason for admission
 - Abnormal vital signs/EKG/testing results
 - Abnormal lab results including cultures, troponins, etc
 - Imaging results, CXR, CT, MRI/MRA
 - Surgical procedures
 - Orders/Plans/Management
 - Anticipated length of stay
 - Discharge plans/needs
- Information required from hospital providers to conduct concurrent review:
 - Date and time
 - Authorization number
 - Member name, date of birth, and ID number
 - Admitting facility and admitting Physician
 - Date of admission and admission diagnosis
 - Reviewer's name and contact information
 - Abnormal vital signs
 - Abnormal lab results including cultures
 - Imaging results including CXR, CT, MRI/MRA
 - Current Orders/Plans/Management
 - Any unplanned surgeries, complications, etc
 - Anticipated length of stay
 - Discharge plans/needs
 - Needed outpatient referrals
- Information required from hospital providers to give notice of new births:
 - Mother's information:
 - Mother's name, member ID number, date of birth and contact information
 - Facility name
 - Reviewer's name and contact information
 - Date of admission
 - Date of Discharge
 - Diagnosis (vaginal or c-section delivery)
 - Attending physician
 - Baby's information:
 - Mother's name and member ID number
 - Baby's name, sex, and date of birth
 - Baby's weight and Apgar score
 - Discharge/NICU/Detained
 - Attending physician
 - Baby's primary care physician (if known)

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Preferred Modes of Data Submission to Geisinger Health Plan Medical Management

- Electronic Medical Record (EMR) – If your office or facility has EMR capability and would like to coordinate precertification and concurrent review with Geisinger Health Plan using EMR, please contact your assigned Geisinger Health Plan Medical Management Reviewer. *Please note: **Do not send the entire chart.*** Only send the applicable information such as admission history and physical, pertinent lab and test information, physician progress notes, etc.
- E-mail – Send a brief E-mail containing only pertinent information to GHP_MM_AUTH@geisinger.edu. In the subject line of the email, please identify your submission as one of the following:
 - Inpatient Planned Precertification
 - Inpatient Admission Notification
 - Concurrent Review
 - Newborn Notification
- Facility Specific Forms – If your facility currently uses a form that captures the required data, GHP Medical Management will accept these forms via fax at (570) 271-5534 or e-mail at GHP_MM_AUTH@geisinger.edu.

Please contact Medical Management at (800) 544-3907 and ask to speak with one of the management team if you have questions regarding this Operations Bulletin. Information contained in this Operations Bulletin supersedes content found in the Operations Bulletin dated January 31, 2013, and is effective April 8, 2013 for all Geisinger Health Plan product lines and amends the Participating Provider Guide.

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