GEISINGER HEALTH PLAN

Provider Update

October 2020

Geisinger

Contents

New ordering process for Durable Medical Equipment and Supplies (DMEPOS)

Geisinger Health Plan is implementing a new Durable Medical Equipment and Supplies (DMEPOS) program effective January 1, 2021.

Applies to: All DMEPOS ordering and rendering providers.
Plan(s): All plans.

We're partnering with home medical equipment company Tomorrow Health to provide patients with easier, more convenient and more affordable access to home medical equipment.

All DMEPOS orders as of January 1, 2021 will be placed through Tomorrow Health via online form, fax or phone. Based on the patient's needs, Tomorrow Health will either service orders directly or send orders to best-in-class DMEPOS providers in the Geisinger Health Plan network.

DMEPOS orders after January 1, 2021 that are not sent to Tomorrow Health will not be eligible for reimbursement.

What you can do to prepare

- Read our provider Operations Bulletin at the Geisinger Health Plan page on NaviNet.
- Register for an introductory webinar hosted by Tomorrow Health to learn more about DMEPOS order placement for your patients.
- Fill out a short survey here to help Tomorrow Health get to know you.

Verifying HealthHelp radiology authorizations

A note about high end imaging services ordered by Geisinger providers

Applies to: Radiology providers Plans: All plans

As a radiology provider, you may not be able to find prior authorizations ordered by Geisinger-employed providers in HealthHelp.

Just like other network providers, Geisinger providers must obtain authorization to confirm medical necessity prior to sending their Geisinger Health Plan patients for a high dollar radiology service. However, as part of an integrated health system, their process is centralized which may result in authorizations not being visible through HealthHelp.

Radiology providers should be aware that mechanisms are in place to ensure claims pay for high-end radiology services ordered by Geisinger providers. If you have a Geisinger Health Plan patient whose radiology services were ordered by a Geisinger provider, the services can be scheduled and completed without risking a claim denial for lack of authorization – even when you can't verify the authorization through HealthHelp.

If you have questions concerning the status of a prior authorization, call our medical management team at **800-544-3907**.

Learn more about HealthHelp

- Read our provider Operations Bulletin available at the Geisinger Health Plan page on NaviNet.
- Register for a system demonstration webinar hosted by HealthHelp to learn more about how the authorization process will work. Visit the Radiology Authorization page on the For Providers section of our website to register.
- Visit HealthHelp.com/geisinger to enroll in the authorization request and verification web application. For more information, email RCSupport@HealthHelp.com or call **800-546-7092** today.

Changes to 30-day inpatient readmission claims process for GHP Family

Applies to: Hospital providers Plan(s): GHP Family

In accordance with direction from the Department of Human Services (DHS), Geisinger Health Plan (GHP) Family is changing how claims are processed and paid for repeat inpatient admissions within 30 days. Providers will no longer be asked to submit a combined claim for inpatient admissions related to previous admissions within 30 days. DHS mandates that hospital providers submit each admission claim separately for their GHP Family and other managed Medicaid patients.

Currently, GHP Family requires providers to submit a corrected combined claim for related readmissions occurring within 30 days of the first admission. **For dates of admission on or after January 1, 2021, GHP Family will no longer accept corrected combined claims that include both admissions. Instead, claims for related admissions within 30 days of a previous admission will be denied.** For admissions resulting from a complication of a previous admission within 30 days, GHP will pay the claim with the higher DRG and deny the lower paying DRG claim.

View our full Operations Bulletin on NaviNet for more information.

GHP Family to follow DHS guidance for EPSDT claims and third-party insurance in 2021

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

GHP Family is bound by our contract with the PA Department of Human Services (DHS) to pay all clean claims for preventive pediatric care services, then seek reimbursement from liable third parties. Sometimes called "pay and chase", this process will apply only to Early Periodic Screening, Diagnosis and Treatment (EPSDT) claims with dates of service January 1, 2021 and after.

When valid third-party insurance coverage is discovered, you will receive a notice including patient name, claim number and the third-party insurance that should be billed for the service. You'll then need to submit a Claim Reconsideration Request Form (CRRF) back to GHP Family for reprocessing. Be sure to include the EOB/EOP from the primary carrier.

Note that clean EPSDT claims will not be denied by GHP Family, even when our records indicate GHP Family is secondary and a primary plan exists. If an EOB/EOP is attached to the EPSDT claim, coordination of benefits will be applied.

Refer to the Billing Instructions section of the GHP Family Provider Manual for more information around third-party liability and coordination of benefits.

Reporting encounter data can pay, even when no payment is expected

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

Often, providers are reluctant to submit claims and encounter data to GHP Family when no payment is expected; especially when GHP Family is the secondary insurance for patients with more than one insurance plan.

We encourage you to submit claims for all covered services provided to your GHP Family patients, even when no payment is expected. Doing so will not only ensure you are acting in accordance with PA Department of Human Services regulations and your agreement with GHP Family; you'll also maximize your Pay-for-Quality incentive payments. Remember, you still earn incentive payments by submitting claims and encounter data for certain covered services that are not reimbursed otherwise.

If you have claims questions that cannot be resolved through NaviNet or Instamed, call our customer care team at 800-447-4000.

Information for Home Health providers

Electronic Visit Verification (EVV) for personal care services

EVV for your GHP Family 21 and under patients begins November 1, 2020.

Applies to: Home Health providers Plan(s): GHP Family

In accordance with the 21st Century Cures Act, EVV will be required when personal care services (PCS) are provided to any Pennsylvania Medical Assistance beneficiary age 21 and under. The Cures Act requires that EVV systems must collect and verify the following six items:

- PCS performed;
- Name of patient who receives PCS;
- Date of PCS;
- Location of PCS;
- Individual who provides the PCS; and
- Time the PCS begins and ends.

The Pennsylvania Department of Human Services expects home health providers and Medical Assistance MCOs to begin reporting this information on November 1, 2020. GHP Family claims for PCS services with dates of service on and after January 1, 2021, that are not verified through EVV will be denied.

We're working with a leading provider of home care solutions that supports an open EVV model with over forty years of experience bringing data together for providers, Managed Care Organizations and government agencies.

There will be no change in the claims billing, prior authorization or referral processes for your GHP Family patients.

Additional details about how our EVV solution will work, what will be needed for claims to process correctly and more are forthcoming.

Face-to-face encounters improve patient care

Applies to: Home Health providers Plan(s): All plans

Initial face-to-face encounters are not required, but we do encourage a face-to-face within 30 days after the start of home healthcare so the primary care provider is involved and follows the member's care. This documentation is not required for the processing of Geisinger Health Plan home health claims, but may be requested by the medical reviewer for validation.

The monthly *Provider Update* is published by Geisinger Health Plan and serves as an informational resource for the provider network. This update and more resources are available on NaviNet.

HPM50 GHP MPU Oct 2020

New claim edit for ambulance transport

Applies to: Ambulance transport providers

Plan(s): All plans

A new claim edit will go into effect for your Geisinger Health Plan claims on January 1, 2021. In accordance with the Centers for Medicare and Medicaid Services (CMS) policy, Geisinger Health Plan must ensure covered ambulance services are reasonable and necessary.

As of January 1, 2021, if claims for ambulance transport services are submitted without an appropriate reasonable and necessary diagnosis or if equipment or supplies for the transport are submitted separately, the claims will be denied.

Medically reasonable and necessary is established when the patient's condition is such that any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health, whether or not other transportation is actually available, no payment may be made for ambulance services. The reason for the ambulance service must be reasonable and necessary.

Additionally, equipment and supplies are considered part of the general ambulance service and payment is included in the payment rate for the transport.

Information on patient conditions that meet the reasonable and necessary standard can be found on the CMS Ambulance Service Center. Look for the Other Guidance section and view the ICD-10-CM Cross Walk for Medical Conditions List.

Note: We work with Zelis — a healthcare and financial technology company and market leader in cost management and payment optimization solutions — to audit claims and ensure payment integrity. You may notice claim edit explanations on your EOP, or your patient's EOB, that reference Zelis

You may hear from Change Healthcare and SCIO Health Analytics® about claims

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

Geisinger Health Plan (GHP) is collaborating with Change Healthcare and SCIO Health Analytics® to implement new solutions designed to assist providers with billing accuracy and to enhance GHP claims processing. Providers may receive important correspondence and other information from them regarding GHP claims.

Change Healthcare

Change Healthcare's Coding Advisor reviews GHP historical claims data to proactively identify outlier billing practices. Change Healthcare will contact identified outlier providers and provide useful data insights and education with the objective of facilitating coding and billing accuracy at the pre-claim stage. Coding Advisor aims to maximize coding efficiency and accuracy and reduce the burdens associated with traditional audits.

SCIO Health Analytics®

SCIO's post-pay auditing involves retrospective provider-focused reviews for compliance with coding, documentation, medical necessity, contractual and other regulatory requirements. SCIO's efforts will supplement existing post-pay audit activities by GHP.

2021 Geisinger Gold overview

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

Geisinger Gold serves more than 94,000 members in 44 counties throughout Pennsylvania. Geisinger Gold is contracted with more than 125 area hospitals, 33,000 plus providers and nearly 3,000 pharmacies in Pennsylvania to provide medical care for members.

The annual election period for Medicare enrollees runs from October 15 through December 7, 2020.

Check out the 2021 plan overview on NaviNet to familiarize yourself with the 2020 plan offerings and the benefit changes your existing Geisinger Gold patients can expect to encounter.

Help prevent pediatric tooth decay! We can teach you how. Call to schedule your free on-site presentation.

Applies to: Primary care providers
Plan(s): All plans

Early Childhood Caries (ECC) is the most common pediatric infectious disease.

During your free presentation, you'll learn how to prevent tooth decay in your young patients. The presentation focuses on the prevention of cavities in patients under age 5 and is approved for AMA PRA Category 1 Credit™.

What you'll learn:

- How to apply fluoride varnish to prevent tooth decay
- How to bill appropriately and increase reimbursement
- How to implement Bright Futures Oral Health recommendations

Call your account manager at 800-876-5357 to arrange your on-site presentation today.

GHP Family authorization for medications on the statewide preferred drug list

Make sure your requests are complete. Use state-approved authorization forms for stimulants and related agents, opioid analgesics, biologics and other medications that require authorization.

Applies to: Prescribing providers
Plan(s): GHP Family

Make sure your authorization requests are received and processed efficiently. Use the DHS-approved statewide PDL pharmacy authorization request forms — available on the Pharmacy Forms page and NaviNet — when prescribing medications to your GHP Family patients.

Submit your completed authorization requests through PromptPA or fax to Geisinger Health Plan at 570-271-5610 with the required clinical documentation.

Seeing Geisinger Marketplace Premier members

Applies to: All providers Plan(s): Geisinger Marketplace plans

Know your Geisinger Marketplace network options

Geisinger Health Plan offers two network options for its Geisinger Marketplace plans — All-Access and Premier.

Geisinger Marketplace All-Access

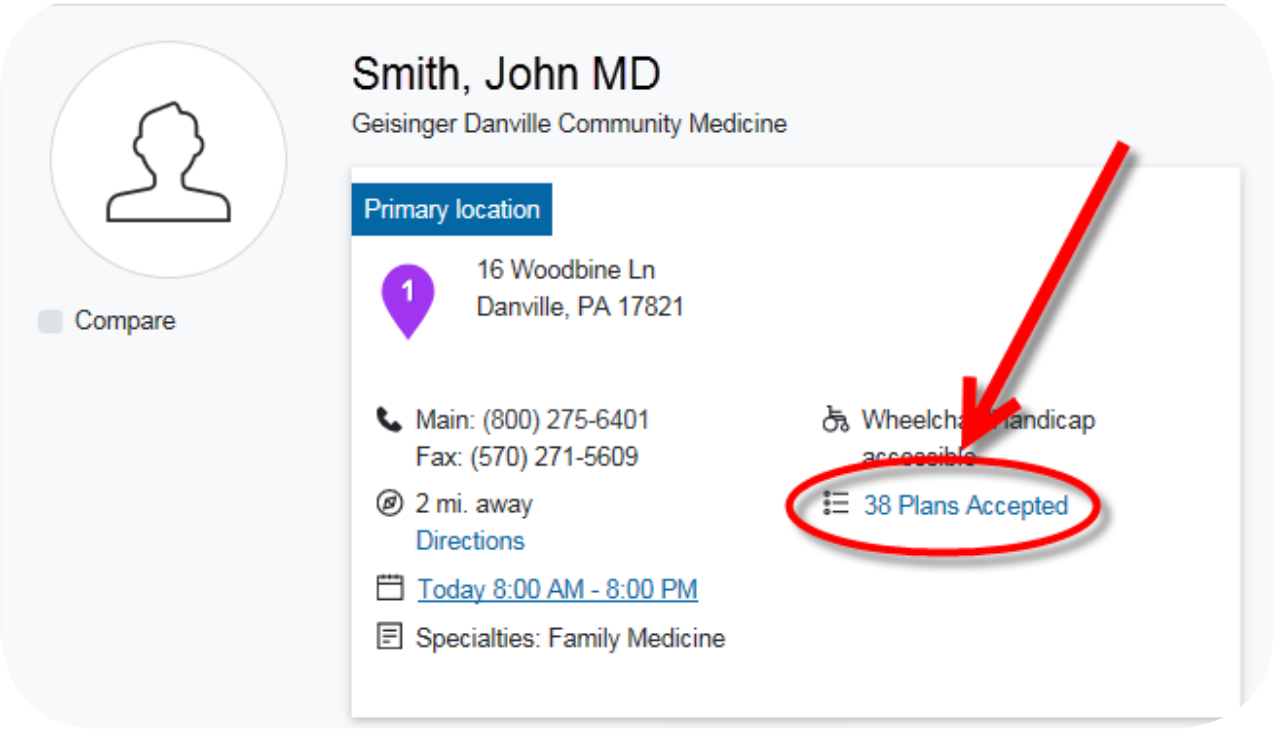
- The All-Access network includes all participating network providers across the entire service area.
- Members enjoy access to the entire GHP provider network at a single level of cost-share.

Geisinger Marketplace Premier

- The Premier network is a subset of the GHP provider network based on quality, efficiency and cost metrics — leading to highly integrated care delivery and lower costs for members.
- The Premier network is only available in the following counties: Carbon, Centre, Columbia, Lackawanna, Luzerne, Mifflin, Monroe, Montour, Northumberland, Schuylkill, Snyder, Union and Wayne.
- Only services obtained through Premier network providers will be covered.
- The Premier network is the same lower-cost network grouping offered to Geisinger employees in the Provider Choice plan as Group 1.

Can I see Marketplace Premier members?

Verify your information and your network designations for Geisinger Marketplace and other GHP plans through our provider search function. Use the Plans Accepted feature to confirm your network status for various plans; or to ensure you refer your patient to providers in the lowest cost tier of their plan. The Plans Accepted feature will show you a list of GHP plans the selected provider accepts and what network group or tier they are in. GHP provider 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).



Formulary and policy updates

Visit Geisinger Health Plan on NaviNet today to view 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 on NaviNet. Clinical guidelines, formulary and medical policy information are also available in the *For Providers* section at GeisingerHealthPlan.com. Printed copies are available upon request.

Medical policy update

GHP uses medical policies as guidelines for coverage decisions made within the insured individuals 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. Click here for updates.

The new and revised medical policies listed below go into effect November 15, 2020:

- MP065 Obesity Surgery – **Revised** – Added adolescent criteria
- MP053 Cochlear implant – **Revised** – Lower age Limitation to 9 months
- MP069 Ultrafiltration – **Revised** – Added indications; clarify exclusion
- MP218 Serum Antibodies and Gene Testing for the Diagnosis of Inflammatory Bowel Disease – **Revised** – Added gene testing exclusion
- MP239 Pharmacogenetic Testing for Warfarin Metabolism – **Revised** – Added indications; added exclusions
- MP287 Shift Care – **Revised** – Added maximum age limitation
- MP308 Wireless Pulmonary Artery Pressure Monitoring – **Revised** – Added medicare coverage
- MP324 Genetic Testing for Non-Cancer Heritable Disease Carrier Status – **Revised** – Added exclusion
- MP328 Genetic Susceptibility Cancer Panels – **Revised** – Added exclusion
- MP329 Genicular Nerve Ablation – **Revised** – Added coverage provision

The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

- MP024 External Counterpulsation MP059 Fetal Surgery
- MP080 Cardiac Rehab
- MP115 Autologous Chondrocyte Implant MP116 Hippotherapy
- MP117 Dry Hydrotherapy
- MP118 Quantitative Sensory Testing
- MP120 Intracavitary Balloon Brachytherapy for Breast Cancer MP161 Thermal Capsulorraphy
- MP166 MR Ultrasound Ablation of Uterine Fibroids MP181 Suit Therapy
- MP274 Diapers and Incontinence Supplies MP283 Facet Injections
- MP284 Bone Mineral Density Measurement MP302 Percutaneous Tibial Nerve Stimulation MP306 Tumor Treatment Fields
- MP330 Responsive Neurostimulation

Medical policy updates revised as of Nov. 6, 2020

GHP continues to solicit physician and non-physician provider input concerning medical policies. We appreciate your feedback.

Send comments to Phillip Krebs at: pkrebs@GeisingerHealthPlan.com.

Formulary and policy updates

Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect November 15, 2020:

- MBP 47.0 Lucentis (ranibizumab) – **New**
- MBP 94.0 Eylea (aflibercept) – **New**
- MBP 122.0 Sivextro (tedizolid phosphate) IV – **Revised**
- MBP 140.0 Empliciti (elotuzumab) – **Revised**
- MBP 152.0 Bavencio (avelumab) – **Revised**
- MBP 181.0 Site of Care Review Guidelines for Infusion Drugs and Specialty Medications – **Revised**
- MBP 195.0 Spravato (esketamine) – **Revised**
- MBP 210.0 Reblozyl (luspatercept-aamt) – **Revised**
- MBP 221.0 Monjuvi (tafasitamab-cxix) – **New**
- MBP 222.0 Zepzelca (lurbinectedin) – **New**

For questions regarding drug benefits call 800-988-4861, 8:00 a.m. to 5:00 p.m., Monday through Friday.

The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

- MBP 4.0 Intravenous Immune Globulin
- MBP 64.0 Arranon (nelarbine)
- MBP 65.0 Torisel (temsirolimus)
- MBP 93.0 Nulojix (belatacept)
- MBP 96.0 Voraxaze (glucarpidase)
- MBP 111.0 Marqibo (vincristine sulfate liposome injection)
- MBP 117.0 Beleodaq (belinostat)
- MBP 138.0 Onivyde (irinotecan liposome injection)
- MBP 140.0 Empliciti (elotuzumab)
- MBP 164.0 Vyxeos (daunorubicin-cytarabine liposomal)
- MBP 166.0 Adcetris (brentuximab vedotin)
- MBP 167.0 Vabomere (meropenem-vaborbactam)
- MBP 168.0 Parsabiv (etelcalcetide)
- MBP 172.0 Trisenox (arsenic trioxide)
- MBP 187.0 Zemdri (plazomicin)
- MBP 189.0 Lumoxiti (moxetumomab pasudotox-tdfk)
- MBP 202.0 Evenity (romosozumab-aqqg)