GEISINGER HEALTH PLAN

Provider Update

January 2021

Geisinger

Contents

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

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

Geisinger Health Plan (GHP) has implemented a new home medical equipment and supplies (DMEPOS) program. We're working with Tomorrow Health to streamline ordering and access to home medical equipment supplies for members.

Tomorrow Health coordinates DMEPOS suppliers in GHP's existing network to ensure patient orders are serviced with accuracy, speed and exceptional service. Tomorrow Health's platform is free to use, and any DMEPOS supplier is welcome to join.

As of January 1, 2021, all DMEPOS orders must be sent to Tomorrow Health.

View a full list of HCPCS codes the program covers.

What are the benefits of Tomorrow Health?

- **Superior patient care:** We close the loop. Our dedicated team of care advocates supports both you and your patients, and ensures that your patients receive end-to-end assistance from product selection through delivery.
- **Streamlined ordering:** We simplify the process, with easy order placement via online form, phone or fax, minimizing time spent by your team.
- **Exceptional quality:** We work with your patients to select the appropriate supplier for their needs. We select these suppliers based on product specialization, quality of service and patient satisfaction.

How to Order

You can place orders on behalf of patients using one of the following methods:

- **Online form:** Complete a simple, HIPAA-compliant order form at tomorrowhealth.com/referral
- **Phone:** Place your order through an expert care advocate at **844-402-4344**
- **Fax:** Access order forms at tomorrowhealth.com/referral and follow the instructions to submit via fax

If you dispense DME onsite to patients (e.g., supply closets, consignment, urgent care):

Providers who wish to keep their existing supply closet relationships will be able to. Tomorrow Health will work with your office or facility to understand what onsite arrangements you use.

In order for the home medical equipment or supplies to be reimbursed by GHP, DME suppliers servicing the supply closets will need to fax copies of the corresponding prescriptions to Tomorrow Health at least one week before submitting claims to GHP for reimbursement. Review our onsite workflows for more detailed information. If you have any questions regarding this workflow, please contact providers@tomorrowhealth.com.

Here is what Ordering Providers (physicians, nurses, care managers) can do to prepare:

- Register for an introductory webinar hosted by Tomorrow Health to learn more about DMEPOS order placement for your patients.
- Watch a short demo video of the ordering process.
- Read through our frequently asked questions (FAQ's) we've received from other ordering providers and their teams.
- If you have any questions, feel free to contact providers@tomorrowhealth.com or call us at **844-402-4344** to speak with a member of our team.

If you are a DMEPOS supplier:

Tomorrow Health looks forward to working with DMEPOS suppliers to provide exceptional patient care.

Tomorrow Health's tech-enabled platform streamlines the order intake process, minimizing paperwork and enabling supplier partners to focus on patient care. All GHP member orders will be placed through the Tomorrow Health platform. Tomorrow Health will route these orders to participating DME suppliers. GHP orders will only go to registered DME suppliers.

Here is what DMEPOS Suppliers can do to prepare:

- Create an account with Tomorrow Health today. To receive orders for GHP members, all DMEPOS suppliers must have an account with Tomorrow Health.
- Register for an introductory webinar hosted by Tomorrow Health to learn more about the platform, registration and how to receive orders.
- Additionally, you can reach out to DMEpartners@tomorrowhealth.com with any questions.
- Read the frequently asked questions (FAQ's) we've received from DME suppliers.

Changes to the statewide PDL

Medications prescribed to your GHP Family patients could be affected

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

As of Jan. 5, 2021, updates to the Statewide Preferred Drug List (PDL) are in effect and existing prior authorizations ave been terminated. The process for requesting drug authorization from GHP Family will remain the same. You can refer to the 2021 statewide PDL at: https://papdl.com/preferred-drug-list.

Your GHP Family patients have been notified that their current medication(s) may no longer be covered without prior authorization after Jan. 5, 2021. If you haven't already, we ask that you discuss prescribed medications with your impacted patients 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.

Requesting prior authorization

You can continue to request drug authorization for your GHP Family patients through GHP Family pharmacy customer service. Submit your completed authorization requests:

- Online through PromptPA
- By fax at **570-271-5610**
- By phone at **855-552-6028**;
  Monday – Friday, 8:30 a.m. – 8:00 p.m.

Be sure to include all required clinical documentation.

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.

New authorization requirements for musculoskeletal, interventional pain management and cardiology

Applies to: MSK, pain management and cardiology ordering and servicing providers Plans: All plans

Since September, specialty benefit management company HealthHelp has conducted consultative authorization for high-end radiology imaging services provided to your Geisinger Health Plan patients. In 2021, we'll be working with HealthHelp to establish a similar process for musculoskeletal, interventional pain management and cardiology services.

Services that will require authorization

As of the effective dates, all requests for the tests and procedures listed below will go through HealthHelp, except services rendered in an emergency or inpatient setting. Services ordered before the effective date will not need authorization through HealthHelp.

Effective February 1, 2021:

- Musculoskeletal – hip, knee, shoulder, spine
- Interventional pain management – injections

Effective March 1, 2021:

- Cardiology – cardiac cath, CNUC, cardiac implantable and wearable devices, percutaneous coronary intervention (PCI), interventional cardiology

Register for a system demonstration webinar hosted by HealthHelp to learn more about how the authorization process will work.

Visit the HealthHelp Authorization page on the For Providers section of our website to register.

A complete list of associated procedure codes requiring authorization will be made available at www.healthhelp.com/Geisinger.

Learn more about HealthHelp

- Read our provider MSK/pain Operations Bulletin and Cardiology Ops 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 HealthHelp Authorization page on the For Providers section of our website to register.
- Visit HealthHelp.com/geisinger to sign up for online authorization requests and verification. For more information, email RCSupport@HealthHelp.com or call **800-546-7092** today.

For questions or information regarding general prior authorization policy and procedures, contact a Geisinger Health Plan Medical Management representative at **800-544-3907**.

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.

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.

Geisinger Health Plan Family working with Sandata for Electronic Visit Verification (EVV)

EVV for personal care services provided to your GHP Family patients 21 and under is required for dates of service on or after January 1, 2021.

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

We're working with Sandata, a leading provider of home care solutions with over forty years of experience and the Pennsylvania Department of Human Services' choice for EVV integration with the state's existing Medicaid Management Information System (MMIS), PROMISe.

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 Medical Assistance beneficiary who receives PCS;
- Date of PCS;
- Location of PCS;
- Individual who provides the PCS; and
- Time the PCS begins and ends.

GHP Family claims for PCS services with dates of service on and after January 1, 2021, that cannot be verified through EVV may be denied.

As we continue to work with Sandata and participating Home Health agencies like yours to implement EVV requirements we ask that needed home care services not be delayed. We're comitted to working with you to ensure the EVV process is working appropriately for all involved.

Use the CMS1500 form to bill home health services for your GHP Family patients

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

We'd like to remind all home health agencies to bill their claims for GHP Family patients on a CMS1500 form. Be sure to designate the appropriate place of service on the claim.

We understand you are required to use the UB04 claim form for commercial and Geisinger Gold Medicare Advantage plans. However, to align with Medicaid requirements and expectations around encounter data reporting, we ask that you use the CMS1500 claim form for your GHP Family patients.

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.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

HPM50 GHP MPU Jan 2021

GHP Family, EPSDT claims and third-party insurance

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

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.

Diagnostic laboratory service claim edits

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

Some laboratory services (i.e. molecular pathology, etc.) for screenings such as pre-symptomatic genetic tests and services used to detect an undiagnosed predisposition may be considered non-covered. According to the Centers for Medicare and Medicaid Services (CMS), the costs of tests that assess the risk of a condition may not be reimbursed unless the risk assessment clearly and directly affects the management of the patient. No payment can be made for items and services that are not reasonably necessary for the diagnosis or treatment of illness or injury.

Diagnostic laboratory testing performed in the absence of signs, symptoms, complaints or personal history of disease or injury is non-covered unless explicitly authorized. If a laboratory procedure or service categorized as non-covered, because it's not reasonable or necessary, is billed, it will likely be denied per CMS policy.

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.

Where to find updates about our COVID-19 response

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

As the COVID-19 pandemic continues to evolve, stay up to date with the measures Geisinger Health Plan has put in place to help slow the spread of the virus and mitigate its effects on members. Visit our coronavirus information for providers page for the latest.

What to watch for

Among the most anticipated developments during this crisis is the arrival of viable COVID-19 vaccines. With vaccines seemingly on the horizon, the Centers for Medicare and Medicaid Services (CMS) have now made certain vaccine coverage decisions and other resources available to the public.

Providers should be aware of the vaccine coverage and reimbursement determinations that apply to Medicare Advantage enrollees, including your Geisinger Gold patients:

- Through the end of 2020 and throughout 2021, **payment for the COVID-19 vaccine and its administration for beneficiaries enrolled in Medicare Advantage plans will be made through the original fee-for-service Medicare program**.
- Claims for administering the COVID-19 vaccine should be submitted to the CMS Medicare Administrative Contractor (MAC) using product-specific codes for each vaccine approved.
- View the CMS COVID-19 vaccine toolkit for healthcare providers for additional details on vaccine administration and billing.

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.

Report fraud, waste and abuse

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

GHP's compliance program oversees the development, implementation and maintenance of a compliance and privacy program that meets or exceeds federal and state laws and regulations, contractual and accreditation obligations.

We're committed to ethical and legal conduct and strive to correct wrongdoing whenever it may occur in the administration of our plans. If fraud, waste and/or abuse is suspected, you can call GHP's Fraud and Abuse Hotline at **800-292-1627**.

Calls may be made anonymously. You may also contact our Chief Compliance Officer directly at **570-271-7389**.

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 January 15, 2021:

- MP056 Management of Excessive Skin and Subcutaneous Tissue – **Revised** – Add labiaplasty exclusion
- MP121 Wearable Cardioverter Defibrillators and Automatic External Defibrillators – **Revised** – Clarified wall-mounted AED coverage and exclusion
- MP168 Non-invasive Testing for Heart Organ Transplant Rejection – **Revised** – Revise title; add medicare coverage for renal transplant
- MP321 Gene Expression Profiling for Cutaneous Melanoma – **Revised** – add PLA testing
- MP341 TissueCypher® Barrett's Esophagus Assay – NEW

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.

- MP015 Experimental/Investigational
- MP038 Oral Health
- MP051 Vagus Nerve Stimulation
- MP060 Lung Volume Reduction
- MP105 Phototherapy for SAD
- MP157 Prothrombin Time Home Testing
- MP162 Salivary Hormone Testing for Menopause and Aging
- MP164 Laser Treatment for Acne
- MP177 Sensory Integration Therapy
- MP194 Rhinophototherapy
- MP219 Percutaneous Neuromodulation Therapy
- MP225 Circulating Tumor Cell Testing
- MP260 Canaloplasty and Viscocanalostomy
- MP261 Aqueous Drainage Shunt
- MP270 Ocular Photoscreening
- MP295 Sacroiliac Joint Injection
- MP296 Occipital Nerve Block
- MP297 Suprascapular Nerve Block
- MP300 Digital Breast Tomosynthesis
- MP301 Sacroiliac Joint Fusion
- MP331 Inpatient Rehabilitation
- MP332 Skilled Nursing Facility

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.