

Provider Update

July 2021

Geisinger

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Order and track DMEPOS through Tomorrow Health

Applies to: All providers ordering and fulfilling DMEPOS.

Plan(s): All GHP plans.

Geisinger Health Plan is working with [Tomorrow Health](#) to streamline ordering and access to home medical equipment supplies for GHP members. Tomorrow Health coordinates DMEPOS suppliers in GHP's existing network to ensure patient orders are serviced with accuracy, speed and exceptional service.

Avoid disruption in patient care and prevent claims from being denied.

- Submit your order to [Tomorrow Health](#) online.
- If a patient has a specific supplier preference, you may include this note on your order.
- This guidance includes orders received directly from patients via phone, email or the patient portal.
- After ordering, create an account to easily track the status of your order.

It takes less than five minutes to submit an order. Online orders through Tomorrow Health reduce the amount of back and forth to complete an order. **Orders sent directly to other DME suppliers may incur delays and result in higher out of pocket costs for patients.**

Visit Tomorrow Health for more resources:

- Tomorrow Health overview
- Online ordering resources
- Click-through demo
- Contact providers@tomorrowhealth.com or call 844-402-4344 to speak with an account manager or receive training for your team.

[Order DME for your GHP patients at tomorrowhealth.com/referral.](https://tomorrowhealth.com/referral)

Some providers maintain onsite equipment and supplies at servicing provider offices, post-acute settings, and hospitals — commonly known as supply closets or consignment. If you have onsite supply, you can service your GHP patients directly as long as equipment and supplies are distributed onsite.

CRRFs no longer accepted by fax

Applies to: All providers

Plan(s): All plans

For efficient and timely reconsideration of claim payments and denial appeals, use the [Claims Research Request Form \(CRRF\)](#) to initiate a reconsideration of a previously paid or denied claim.

Remember to use the electronic CRRF through NaviNet or mail your completed CRRF form to:

**Claims Department
Geisinger Health Plan
P.O. Box 853910
Richardson, TX 75085-3910**

We no longer accept CRRFs by fax due to reliability and resolution issues.



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.

Some Medicaid COVID-19 response measures are ending

Applies to: All providers

Plan(s): GHP Family

We're hopeful vaccines have ushered in the final phase of the COVID-19 pandemic. As emergency measures are lifted, it's important to stay up to date with how Geisinger Health Plan continues to fight the spread of the virus and its variants.

- The Pennsylvania Department of Human Services continues to reinstate requirements previously suspended due to COVID-19. Visit the [Office of Medical Assistance Programs \(OMAP\) COVID-19 Provider Resources page](#) for the latest.
- GHP Family and GHP Kids will be putting PROMISe ID verification claim edits back into place for dates of service on or after Sept. 1, 2021. **After Sept. 1, 2021, all facilities, offices, individual providers and other practitioners who render, order, refer or prescribe items or services to GHP Family and GHP Kids members, must be enrolled with DHS — with a valid PROMISe ID specific to each practice location — for claims to pay.** See our full [Operations Bulletin](#).
- Prior authorization for Medicaid services was suspended in accordance with DHS guidance in 2020. All services that formerly required prior authorization again require prior authorization for dates of service July 1, 2021 and after. Please note that COVID-19 related testing and treatment are still exempt from prior authorization requirements until further notice.

Check our [coronavirus information for providers page](#) regularly to stay up to date.

Special enrollment period brings Pennsylvanians more coverage options — and more savings

Applies to: All providers

Plan(s): All plans

As COVID-19 continues to impact employment across the country, Pennsylvanians have a second chance to enroll in healthcare coverage through the state-based marketplace — Pennie. During this special enrollment period, anyone can enroll in a plan through [Pennie](#) until August 15.

The recently passed American Rescue Plan also offers significant additional savings to Pennsylvanians shopping for coverage, as well as those already enrolled through Pennie.

According to a [recent study](#), nearly half of all uninsured Americans did not consider all their options for healthcare coverage and financial assistance.

Many uninsured adults were aware of publicly subsidized coverage options but assumed they didn't qualify. However, nearly 9 out of 10 people covered by plans through Pennie receive financial assistance — and their savings increased this year.

Geisinger Health Plan can help Pennsylvanians find healthcare coverage that fits and apply for financial assistance. Here's how to find out about coverage options:

- For marketplace coverage, call 866-325-8108 or visit go.geisinger.org/Marketplace
- For CHIP, call 855-955-1441 or visit go.geisinger.org/GHPKids
- For Medicare, call 855-605-1517 or visit go.geisinger.org/Gold



All service locations must be enrolled with DHS to continue caring for GHP Family and GHP Kids patients

Ensure each service location at which you see GHP Family and GHP Kids members is registered. As of Sept. 1, 2021, GHP Family and GHP Kids claims without a service location that can be matched to a DHS-registered location for that provider will be denied.

Applies to: All providers

Plan(s): GHP Family

DHS revalidation requirements reinstated

In April 2020, to mitigate the effects of the COVID-19 crisis, the Department of Human Services (DHS) suspended the Affordable Care Act (ACA) requirement to close provider locations for failure to complete the revalidation process ([Provider Quick Tip 240](#)).

Citing a growing volume of overdue revalidations and other COVID-19 mitigation measures being lifted, DHS reinstated this requirement on June 1, 2021 ([MA Bulletin 99-21-01](#)). The requirement mandates that providers revalidate enrollment for each service location every 5 years ([MA Bulletin 99-16-10](#)).

GHP Family and GHP Kids will reinstate PROMISe ID verification requirements Sept. 1, 2021

On March 15, 2020, GHP Family (Medical Assistance) and GHP Kids (CHIP) suspended PROMISe ID verification claim edits to offer providers maximum flexibility in fighting the COVID-19 pandemic.

In conjunction with DHS ending many of its COVID-19 emergency measures, GHP Family and GHP Kids will be putting PROMISe ID verification claim edits back into place for dates of service on or after Sept. 1, 2021.

After Sept. 1, 2021, all facilities, offices, individual providers and other practitioners who render, order, refer or prescribe items or services to GHP Family and GHP Kids members, must be enrolled with DHS — with a valid PROMISe ID specific to each practice location — for claims to pay.

Your GHP Family and GHP Kids patients may be notified if you are at risk of any or all of your service locations being closed in the DHS enrollment file for failure to complete the revalidation process. See our full [Operations Bulletin](#).



Save time. Avoid frustration.

Remember to update your information with CAQH®

Applies to: All providers

Plan(s): All plans

Steer clear of the confusion and hang-ups that result from discrepancies in credentialing information by keeping yours updated with 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.

Geisinger's Anticipatory Management Program (AMP) helps you address care gaps and enhance quality of care.

Your Geisinger Gold patient's care journey can be long and complicated. Why risk missing something important? Ask your account manager about AMP.

Applies to: Primary care providers

Plan(s): Geisinger Gold

Geisinger's Anticipatory Management Program (AMP™) now offers a weblink within NaviNet® that provides a report augmenting clinical decision making around chronic conditions and suggesting untreated disease in Geisinger Gold members. This tool identifies relevant gaps in care and chronic diseases needing attention in a concise format that fits into a provider's workflow — making it easier to verify the presence of undiagnosed diseases and address chronic conditions.

AMP has been used at Geisinger since 2017 with provider adoption at nearly 80 percent. Since that time, the application has contributed to a significant improvement in disease burden recognition, revealed countless diagnoses that might otherwise have gone untreated, and offered key data to aid in medical decision making.

AMP's report assists providers with:

- Insight into untreated chronic conditions
- Transparency into diagnoses by providers outside your system
- Identifying chronic diseases that need to be addressed for the calendar year

How to find AMP on NaviNet

- Talk with your Geisinger Health Plan account manager first.
- Be sure your NaviNet security officer has granted permissions.
- Log into NaviNet using your assigned user ID and password.
- Under Health Plans, choose Geisinger Health Plan.
- At the top left of your screen, under Workflows for this Plan, select Anticipatory Management Program.



Workflows for this Plan

- Eligibility & Benefits Inquiry
- Claims
- PCP Panel Inquiry
- Referral Inquiry
- Referral Submission
- Anticipatory Management Program**
- Authorization Inquiry
- Authorization Submission
- Formulary Look-up
- Member Health Alerts
- Network Facility Search
- Secure Messaging

Contact your Geisinger Health Plan account manager to get started!

- Email: ghpaccountmngt@geisinger.edu
- Phone: 800-876-5357

Enhancements to our prior authorization lists

Applies to: All providers

Plan(s): All plans

As we continue to update how we present our lists of medical services and pharmaceuticals that require prior authorization, our goal to make this information easier to find and use remains. Because our various plans are subject to different authorization rules, especially our GHP Family (Medicaid) and Geisinger Gold (Medicare Advantage) plans, we'll continue to look at how we can better organize authorization lists by plan type.

Current prior authorization lists:

- [Geisinger Health Plan prior authorization list](#)
- [Medicaid Medical Drug \(PDL and non-PDL\) prior authorization list](#)
- [Commercial/Marketplace/Medicare/CHIP Medical Drug prior authorization list](#)

Is your organization interested in becoming a Center of Excellence (COE) for the treatment of amyloidosis?

Contact Kimberly Clark at kmclark@thehealthplan.com to begin a dialogue about a COE designation for the treatment of amyloidosis.

Applies to: Providers with experience treating Amyloidosis

Plan(s): All plans

Amyloidosis is a rare condition caused by a buildup of abnormal amyloid protein in the bone marrow that can then be deposited into organs, tissues, nerves, and other places in the body. When this happens, normal function of affected areas can be compromised.

Diagnosing and treating amyloidosis can be difficult and requires specific expertise. Our credentialing committee is looking for applicants that meet the benchmarks for COE designation. We're looking for providers that:

Demonstrate best practices by using clinically proven health care management techniques.

- Have evidence of measured, favorable outcomes.
- Encompass a multidisciplinary team including, but not limited to, a board-certified specialist, nurse educator, clinical pharmacist, psychiatrist, case management professional and social worker.
- Have licensed, professional staff dedicated to educating patients about their ailment and its optimal management.
- Have a board-certified specialist who is actively involved in his/her discipline as evidenced through research and clinical enterprises.
- Have the capabilities to and have historically managed high volumes of patients.
- Can complete testing and diagnostics on location.
- Actively enroll patients in appropriate clinical trials.
- Are authorized as a Center of Excellence by the Geisinger Health Plan Credentialing Committee.

Certain infusions no longer covered in hospital-owned facilities

Applies to: All providers

Plan(s): Geisinger Marketplace and commercial plans

The authorization process is changing for commercial and Marketplace members prescribed Aldurazyme, Cerezyme, Fabrazyme, Lumizyme, Naglazyme, Cimzia, Ilaris, Ilumya, Stelara or Vyepti for infusion at hospital-owned facilities. To increase convenience and reduce costs of care, we're transitioning these members to home infusions.

As of July 15, 2021, new authorizations or reauthorizations for Aldurazyme, Cerezyme, Fabrazyme, Lumizyme or Naglazyme will no longer be covered in hospital-owned facilities.

Starting August 15, 2021, new authorizations or reauthorizations for Cimzia, Ilaris, Ilumya, Stelara or Vyepti will no longer be covered in hospital-owned facilities.

We will grant a 60-day grace period for patients new to therapy so they can receive their first two doses in a hospital-owned facility before transitioning to home infusion.

While home infusions can be an excellent alternative to in-hospital infusions, they're not always the best solution for every patient. If you're concerned about a patient that is not a good candidate for home infusion, contact the GHP Medical Management Pharmacy department at 800-544-3907.

If you think a patient may be a good candidate for home infusion, you can transfer their site of care prior to their reauthorization. GHP members can receive infusions from any in-network home infusion provider, such as **Geisinger Home Infusion Services, 800-245-8767.**

GHP members can also receive self-administered injections for applicable drugs.



Putting hypertension in check

Our antihypertensive therapy initiative aims to help you and your Geisinger Health Plan patients control high blood pressure.

Applies to: All providers

Plan(s): All plans

We're always looking to collaborate with you on quality assurance programs that help your GHP patients get the best and most appropriate care possible. Our drug utilization evaluation (DUE) program reviews prescription claims data to identify potential drug therapy issues. The DUE supports therapeutic decision-making to help ensure cost-effectiveness, safety and efficacy.

We've recently reviewed patients with a diagnosis of hypertension (blood pressure $\geq 140/90$ mmHg) and identified those who were not receiving an antihypertensive drug. For any member identified without a prescription for antihypertensive therapy, we sent their provider a letter with recommendations on managing hypertension through antihypertensive therapy.

If you received one of these letters, we hope you'll review and consider additional patient follow-up where medically needed, such as adding an antihypertensive drug therapy, promoting adherence to current therapy or readdressing therapy for members with previous side effects.

Why is this important?

Having hypertension puts your patients at risk for heart disease and stroke; the leading causes of death in the United States. The CDC estimates that nearly half the adults in our country have hypertension and that only 1 in 4 of those have their condition under control.

Controlling High Blood Pressure is also a HEDIS quality measure that is looked at for both CMS Medicare Stars and our GHP Family Pay-for-Quality program. The controlling high blood pressure measure assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled ($< 140/90$ mm Hg). The goal is to ensure members with hypertension are adequately controlled and maintain a blood pressure $< 140/90$.



USPSTF lung cancer screening

New lung cancer screening recommendation

Applies to: All providers

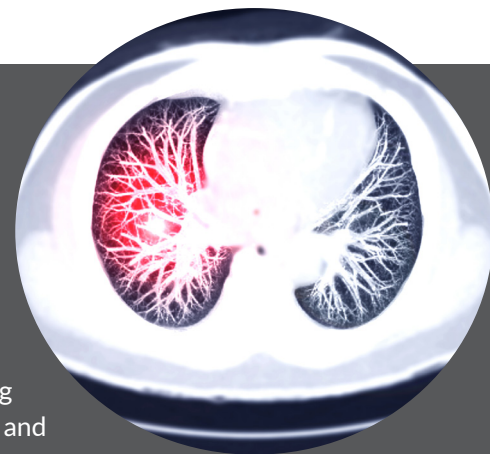
Plan(s): All plans

The U.S. Preventive Services Task Force (USPSTF) has updated their [recommendation on screening for lung cancer](#). In 2013 the USPSTF recommended annual screening for lung cancer with LDCT in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.

The USPSTF has changed the age range and pack-year eligibility criteria and now recommends annual screening for lung cancer with LDCT in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.

As in the 2013 recommendation, the USPSTF recommends that screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Procedure code 71271— computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) may require [prior authorization through Health Help](#).



No balance billing for Geisinger Gold Secure Rx patients

Applies to: All providers

Plan(s): Geisinger Gold Secure Rx

All Secure Rx members have Medicare and full Medicaid benefits. You may bill Medicaid as a secondary payer for services rendered. You do not have to participate with Medicaid to treat and accept GHP reimbursement. Geisinger Gold Secure Rx members may not be balance billed; any balance after Geisinger Gold payment is not the liability of the member.

Geisinger Gold Secure Rx (HMO D-SNP) members and Community Health Choices

Applies to: All providers

Plan(s): Geisinger Gold Secure Rx (HMO D-SNP)

Pennsylvania Medical Assistance (Medicaid) benefits are now administered by Community Health Choices (CHC) companies.

- Geisinger Gold Secure Rx members with a CHC as secondary coverage can still be seen by all Geisinger providers.
- Geisinger providers do not need to participate with the CHC in order to bill them as Medicaid.
- Geisinger Gold Secure Rx members do not need to change their primary Medicare Advantage coverage to the CHC.

Call 800-498-9731 for more information, or review [Pennsylvania's Medicaid/Medicare billing guidance](#).



Join us for a home health and hospice provider townhall Sept. 1, 2021

Applies to: Home health and hospice providers

Plan(s): All plans

Our knowledgeable Provider Account Management team will be hosting a virtual townhall for home health and hospice providers and office staff on Wednesday, Sept. 1, 2021 at 11:00 a.m. EST. We'll be discussing topics like the recent addition of revenue code 572 (Home Health Aide – hourly) to the Commercial/Gold fee schedule, general billing guidelines, private duty nursing and shift care services and Electronic Visit Verification (EVV) for our managed Medical Assistance plan, GHP Family.

Mark your calendar!

Join us on Sept. 1 at 11:00 a.m. EST through Microsoft Teams on your computer or mobile app.



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 July 15, 2021:

- MP040 Somnoplasty/Coblation – **Revised** – Added exclusion
- MP204 Nasal and Sinus Surgery – **Revised** – Added exclusion
- MP259 Phototherapy for the Treatment of Dermatological Conditions – **Revised** – Expanded PUVA indications
- MP289 Dry Eye Syndrome – **Revised** – Add exclusion
- MP290 Fecal Microbiota Transplantation – **Revised** – Addedexclusion
- MP342 Non-Wearable AED – **New**

The new and revised medical policies listed below go into effect August 15, 2021:

- MP003 Ocular Photodynamic Therapy – **Revised** – Indication clarification
- MP004 Biofeedback – **Revised** – Added indication
- MP136 Alternative Medicine Therapies – **Revised** – Added exclusion
- MP152 Low Level Laser Therapy – **Revised** – Added indication
- MP247 Nutritional Supplements – **Revised** – Added coverage; added exclusion
- MP271 Non-Invasive Testing for Fetal Aneuploidy – **Revised** – Revised indication; added exclusion
- MP314 Molecular Testing - General Guidelines – **Revised** – Added policy titles
- MP344 Sublingual Immunotherapy – **New**
- MP345 Peroral Endoscopic Myotomy (POEM) – **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.

- | | |
|--|---|
| • MP072 Perc disc Decomp. Nucleoplasty | • MP150 Carotid Artery Stent |
| • MP049 Visual Field Testing | • MP154 Transanal Radiofrequency Therapy for Fecal Incontinence (Secca) |
| • MP054 Prophylactic Mastectomy | • MP193 Microvolt T-wave Alternans |
| • MP057 Prophylactic Oophorectomy | • MP199 Corneal Pachymetry |
| • MP093 Uroleume | • MP213 Computerized Corneal Topography |
| • MP101 Gliosite Radiation Therapy | • MP228 HPV DNA Testing |
| • MP129 Total Parenteral Nutrition | • MP229 Prolozone Therapy |
| • MP131 VitalStim NMES | • MP232 Autism Spectrum Disorder Evaluation and Medical Management |
| • MP135 Osseointegrated Hearing Device | |
| • MP146 Sympathetic Therapy | |

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. Continued from page 9.

- MP294 Intercostal Nerve Block
- MP017 Ambulance Transport
- MP045 Chest Percussion Vest
- MP074 Interactive Metronome Training
- MP084 Stereotactic Radiosurgery
- MP089 Evaluation of Breast Ductal Lavage
- MP110 Uterine Artery Embolization
- MP124 Transpupillary Thermotherapy
- MP134 Gastric Electrical Stimulation
- MP144 Vitamin B12 Injection Therapy
- MP174 Exhaled Nitric Oxide for Asthma Management
- MP203 Radiofrequency Ablation Therapy for Barrett's Esophagus
- MP216 Quantitative EEG (QEEG)
- MP256 Transoral Incisionless Fundoplication

Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect July 15, 2021:

- MBP 162.0 Yescarta (axicabtagene ciloleucel) – **Revised** policy
- MBP 214.0 Vyondys 53 (golodirsen) – **Revised**
- MBP 22.0 Xolair (Omalizumab) – **Revised**
- MBP 181.0 Site of Care Review Guidelines for Infusion Drugs and Specialty Medications – **Revised for Commercial, Marketplace, TPA members only**

The new and revised medical pharmaceutical policies listed below go into effect August 15, 2021:

- MBP 119.0 Keytruda (pembrolizumab) – **Revised**
- MBP 126.0 Opdivo (nivolumab) – **Revised**
- MBP 138.0 Blincyto (blinatumomab) – **Revised**
- MBP 151.0 Imfinzi (darvalumab) – **Revised**
- MBP 162.0 Yescarta (axicabtagene ciloleucel) – **Revised**
- MBP 164.0 Vyxeos (daunorubicin/cytarabine liposomal) – **Revised**
- MBP 213.0 Sarclisa (isatuximab-irfc) – **Revised**
- MBP 216.0 Trodelvy (sacituxumab govitecan-hziy) – **Revised**
- MBP 231.0 Margenza (margetuximab-cmkb) – **New**
- MBP 232.0 Cosela (trilaciclib) – **New**
- MBP 233.0 Pepaxto (melphalan flufenamide) – **New**
- MBP 234.0 Oxlummo (lumasiran) – **New**
- MBP 235.0 Abecma (idecabtagene vicleucel) – **New**
- MBP 5.0 Remicade (infliximab), Inflectra (infliximab-dyyb), Renflexis (infliximab-abda), Avsola (infliximab-axxq) – **Revised for Commercial, Marketplace, TPA members only**

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 108.0 Kadcyca (ado-trastuzumab emtansine)
- MBP 132.0 Avycaz (cefazidime/avibactam)
- MBP 151.0 Spinraza (nusinersen)
- MBP 199.0 Zolgensma (onasemnogene abeparvovec-xioi)
- MBP 200.0 Polivy (polatuzumab vedotin-piiq)
- MBP 217.0 Tepezza (teprotumumab-trbw)
- MBP 59.0 White Blood Cell Stimulating Factors
- MBP 218.0 Vyepti (eptinezumab-jjmr)

The following drugs were added to the Part B Step Therapy Program for Geisinger Gold members:

- Inflectra (infliximab-dyyb)
- Renflexis (infliximab-abda)
- Remicade (infliximab)

[View our complete list of affected drugs and criteria.](#)

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