Geisinger Health Plan

Briefly

FALL 2017

New provider communication plan coming soon

Our annual provider satisfaction survey was distributed to a sample group of participating physicians in May 2016. The survey measures physician satisfaction with GHP and identifies opportunities for improving the relationship between participating healthcare providers and the Health Plan. One such area of opportunity identified was in how GHP communicates with the participating provider network. In response to this, we have been working on a new communication plan to begin in 2018. We hope you will find our efforts to be more streamlined, easier to navigate and more helpful to your practice.

Update your information

It is essential we have your current information in order to best serve GHP members and make sure you receive important communications. You can update your information conveniently through our online tool. Visit the Healthcare Providers section at GeisingerHealthPlan.com, or look in Provider Tools on the GHP plan central page at NaviNet.net for links to the form.

GHP asks you to review your demographic information on a monthly basis and report any changes or updates. You can verify your current provider profile by using the Find Providers function on the left navigation bar at GeisingerHealthPlan.com to search the online directory for your office.

If you have any questions on how to use the online add/change form, please contact your account manager at 800-876-5357.

Delegated provider groups should submit data via the current process. Please verify the process with your credentialing organization.

In this issue

Briefly is published quarterly by Geisinger Health Plan and serves as an informational resource for participating providers and office personnel.

Comments are welcomed. Please email: briefly@thehealthplan.com.

This issue and previous issues of Briefly can be viewed online through the GHP plan central page on **NaviNet.net.**

Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.

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Coding corner: Acute care and risk adjustment

Are you an acute care provider? Do you only treat minor or acute conditions? Are you uncomfortable assessing, documenting and/or coding chronic conditions? CMS states that the following chronic conditions should be documented upon every visit, even in acute instances, if the patient is on a medication or being treated by another provider:

Condition	Code set
HIV/AIDS	B20
Atrial fibrillation	I48.0, I48.1, I48.2
Congestive heart failure	I50.9, I50.20, I50.21, I50.22, I50.30, I50.31, I50.32
COPD	J41.0, J41.1, J41.8, J42, J43.0, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J98.2, J98.3
Diabetes	E08.9, E09.9, E10.9, E11.9, E13.9, Z79.4
Hemiplegia	G81.00, G81.10, G81.90, I69.051, I69.151, I69.251, I69.851, I69.951
Parkinson's disease	G20
Multiple sclerosis	G35
Rheumatoid arthritis	M06.9

**This is a list of high level code sets, it is not inclusive or a complete list of codes in each category*

Questions to ask yourself during documentation:

When treating an acute condition, it is imperative that all chronic conditions be considered. The above conditions will most likely have an impact on new medications and other conditions, so ask yourself the following questions:

- *Am I prescribing an antibiotic or medication to treat the acute condition?* If yes, how does this impact the patient's other conditions or medications, if any are known? This influences your cognitive thought process so the chronic condition should be documented and coded.
- *Is the chief complaint a side effect of the patient's medication for a chronic condition?* If yes, the underlying chronic condition should be documented and coded (e.g., patient seen for ongoing headache caused by new medication for CHF).
- *Is the chief complaint a result of an underlying chronic condition?* If yes, the underlying chronic condition should be documented and coded.
- *Am I referring the patient to a specialist for further treatment of a known chronic condition?* If yes, the underlying chronic condition should be documented and coded (e.g., patient seen for COPD exacerbation, referring to pulmonary for further workup of condition)

Geisinger Health Plan's R.A.C.E. to Quality team is here to help. If you have any questions or need assistance, please contact us at RACE@thehealthplan.com.

EDI claim submission reminder

When submitting an outpatient or inpatient facility claim with a claim frequency code of 7 or 8, the original GHP claim number must be submitted on the claim. If the original claim number is not submitted, the claim may be rejected at the EDI level. The GHP claim number should be submitted as the "payer claim control number" in loop 2300, segment REF 02 with an F8 qualifier.

Summary of HEDIS changes for 2018

The following changes to HEDIS measures have been made for 2018:

Immunization for adolescents

Human papillomavirus vaccine (HPV) — Required between the 9th and 13th birthday (male and female); two-dose HPV (at least 146 days between the first and second dose) or three-dose HPV (different dates of service)

Weight assessment and counseling for nutrition and physical activity for children/adolescents

Codes commonly used for this measure — add code Z71.82 — exercise counseling

Breast cancer screening

Tomosynthesis (3D mammograms) are acceptable as primary screening for this measure.

Annual dental visit (CHIP and Medicaid only)

Any visit with a dental provider counts for this measure.

Transitions of care (Medicare only)

This is a new measure added for 2018.

To help you with your HEDIS questions, Geisinger Health Plan provides additional HEDIS information in the HEDIS information booklet and documentation guide. These documents are available on the NaviNet.net GHP plan central page.

The HEDIS information booklet provides general HEDIS information and details and descriptions of the current measures.

The HEDIS documentation guide includes the documentation requirements for each measure.

If you have questions or need assistance accessing the HEDIS information, please contact your account manager at 800-876-5357.

Geisinger Gold news
for providers serving those with Medicare Advantage coverage

Line limit for Medicare professional claims

GHP would like to remind you that Medicare professional claims are limited to 50 service lines. Like services performed over several days can be combined on one service line with a date range and multiple units.

Example: member is an inpatient from Aug. 1 2017 – Aug. 15, 2017. He has a lab test, 80150, performed twice a day for 14 days. The 80150 code may be billed on one service line with the date range of Aug. 1 2017 – Aug. 15, 2017 and 28 units.

Jimmo settlement information

The *Jimmo* settlement agreement clarifies that the Medicare program covers skilled nursing care and skilled therapy services under Medicare's skilled nursing facility, home health and outpatient therapy benefits when a beneficiary needs skilled care to maintain function or to prevent or slow decline or deterioration (provided all other coverage criteria are met). Some providers may have mistakenly believed that these services are covered only when the beneficiary is expected to improve.

The Centers for Medicare and Medicaid Services (CMS) asks that you review the materials at the following link, https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html, to familiarize yourself with this information. A description of the Jimmo settlement and supporting documents, such as FAQs, are included under "Resources" on this page.

MACRA reporting requirements

The Medicare Access and CHIP Reauthorization Act (MACRA) became effective Jan. 1, 2017. Providers will see significant changes in reporting requirements for 2018 following this first transition year. MACRA will impact Medicare part B payments. GHP coordinates benefits for Part C and Part D beneficiaries. This means MACRA legislation will not affect Geisinger's contractual language with providers or payment methodologies.

Secure Rx plan

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. Please note that members may not be balanced billed; any balance after Geisinger Gold payment is not the liability of the member.

GHP Family news

for providers serving those with HealthChoices coverage

New CHIP (GHP Kids) provider enrollment requirements

The Department of Human Services (DHS) requires all providers who render services to CHIP enrollees to be enrolled with the DHS. This requirement is included in the Provider Screening and Enrollment provision of the Affordable Care Act (ACA). To enroll, providers must complete an enrollment application appropriate for the appropriate provider type and submit all required documents. If a you are already enrolled in the Pennsylvania Medical Assistance program, you do not need to enroll again in CHIP.

You will need to complete a full new enrollment application for your provider type for each service location. Further detailed instruction for CHIP providers can be found here. Please note — if a paper application is submitted to DHS prior to Nov. 1, 2017, the application fee will be waived.

Effective Jan. 1, 2018, claims will be denied if the provider is not enrolled in the MA program.

Medicaid and CHIP ordering, referring and prescribing requirements

A further provision of the Affordable Care Act (ACA) includes the requirement of all practitioners, including those who order, refer or prescribe items or services for MA and CHIP beneficiaries, to enroll in the MA Program.

Providers delivering services to MA and CHIP recipients which require an order or prescription, must obtain the order or prescription from a MA-enrolled provider. To receive payment, he NPI of the MA-enrolled provider ordering or prescribing the service must be identified on the claim submitted by the billing provider.

Effective Jan. 1, 2018 claims will be denied if the ordering, referring, or prescribing provider is not enrolled in the MA program.

Medicaid provider revalidation

As a reminder, revalidation was to be complete by Aug. 28, 2017. You can check your revalidation status through the MA Enrolled Provider Portal lookup function at promise.dpw.state.pa.us.

Further information about revalidation can also be found here.

NDC codes required for Medicaid claims

DHS requires all Medicaid claims (including GHP Family and GHP Kids) include a National Drug Code (NDC) for each drug dispensed in an outpatient setting. DHS reviews these claims and may dispute a claim based on dosage, units or standard usage. If DHS disputes your claim, you will receive notification from GHP informing you of the issue and requesting you submit a corrected claim.

Recent Medicaid bulletins

The following Medicaid bulletins were recently issued by the Pennsylvania Department of Human Services (DHS):

Aug. 7, 2017 — Pasteurized Donor Human Milk (PDHM)
This bulletin informs providers of the coverage conditions for PDHM, procedures for a human milk bank to enroll in the Medical Assistance program and procedures for requesting prior authorization and claims submission.

Aug. 7, 2017 — Revisions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule
This bulletin notifies providers of revisions to the EPSDT periodicity schedule and coding matrix and the addition of certain diagnosis codes to be used when submitting claims for EPSDT screenings.

Aug. 7, 2017 — Procedure Code Change for Tobacco Cessation Counseling Services
This bulletin informs providers of a procedure code change related to payment for tobacco cessation counseling services.

Aug. 9, 2017 — "Newborn Add" Feature for Compass
This bulletin announces a new feature available through Commonwealth of Pennsylvania Access to Social Services (COMPASS) entitled "Newborn Add".

For a complete listing of all Medicaid bulletins, please see the DHS bulletins webpage.

Members have a new secure member service center online

We recently updated our secure member portal at GeisingerHealthPlan.com. It's easier than ever for members to find information on the mobile-friendly site. Once registered, a member can:

- Search for a hospital or pharmacy that's covered under their plan
- Use the new provider search and scheduling directory, powered by Zocdoc
- Change their PCP
- Find information about their plan, including what services are covered and how to submit a claim
- Print a temporary member ID card
- Send secure electronic messages to customer service

In 2018, we will continue to improve and update other areas of our website. To review and confirm your information is correct, visit GeisingerHealthPlan.com or log in with your username and password to NaviNet.com. If you need to make a change, the provider information change form is available through NaviNet or on the unsecured GHP website.

Recent operations bulletins summary

The following operations bulletins amend the Participating Provider Guide:

June 30, 2017 — Referrals will no longer be required for GHP Kids members
This bulletin summarizes the status of referral requirements for GHP Kids, Geisinger Gold and other plans.

Aug. 11, 2017 — Important changes to radiology authorization processes
This bulletin outlines the temporary suspension of the prior authorization requirement for advanced diagnostic imaging services.

Sept. 20, 2017 — GHP Kids providers must enroll with the Pennsylvania Department of Human Services
This bulletin reminds providers to enroll with DHS by Dec. 31, 2017.

Sept. 22, 2017 — New billing process for repeat hospital admissions occurring within seven days
This bulletin describes the billing and reimbursement process for inpatient admissions occurring within seven days of a previous admission.

For a complete listing of all operations bulletins, please see the NaviNet GHP plan central page.

Obstetrical needs assessment forms (ONAF) online form available

The ONAF is now available as an online tool called OB Care for the following managed care organizations:

- UnitedHealthcare
- UPMC for You
- AmeriHealth Caritas
- Keystone First Health Plan
- Geisinger Health Plan
- Health Partners of Philadelphia
- Gateway Health

The new online tool replaces the fax process currently used to submit the ONAF. OB Care tracks patient information through pregnancies and streamlines the ONAF submission process in a secure environment. It helps to identify a patient's lifestyle, social and economic risks and review health reports to improve outcomes for pregnant mothers.

To register, go to obcare.optum.com. Just sign in if you already have an Optum ID. If you do not, choose "register" to create an account. The OB Care User Guide is available from your account manager for assistance with registering and using the online tool.

Tips for preventing medical identity theft

Physicians and non-physician practitioners are among the estimated 500,000 Americans who become a victim of medical identity theft each year in the United States.

Medical identity theft is the appropriation or misuse of a patient's or practitioner's unique medical identifiers such as insurance identification cards, National Provider Identifiers (NPI) and license numbers to obtain or submit claims for fraudulent medical supplies or services.

Providers and practice sites can mitigate vulnerability to medical identity theft by implementing routine procedures such as:

- Updating enrollment changes (banking information, practice location changes, separation from an organization)
- Securing prescription pads
- Password protection for all information technology
- Screening and training employees
- Educating patients regarding prevention and detection of medical identity theft (checking EOBs, presenting their photo ID at each visit)
- Compliant billing practices and thorough review of remittance notices
- Carefully reading documents prior to signing

Geisinger Health Plan's Special Investigation Unit (SIU) addresses all concerns related to fraud, waste and abuse including medical identity theft.

You can report suspicious activity by contacting GHP's Compliance Hotline at 800-292-1627.