

We're all in this together

We'll work with you to ensure Geisinger Health Plan (GHP) members get the care they need — safely and effectively — while fighting the spread and effects of the novel coronavirus and COVID-19.

Applies to: All providers

Plan(s): All plans

Amid the uncertainty of these times, we ask for your continued cooperation and patience. [Visit our coronavirus information for providers page](#) for additional details, resources, provider town hall schedules, billing tips and more.

GHP has taken action

We've taken the following actions to respond to the COVID-19 pandemic:

We've waived member cost-sharing for testing and treatment of COVID-19: Members will not pay for a COVID-19 test. Members will also not pay a visit fee to a PCP, urgent care center, or ER if they are tested for COVID-19.

If a member is hospitalized for COVID-19, all in-network, inpatient treatment costs will be waived.

Cost-sharing is also temporarily waived on all telehealth visits with participating providers, for medical or behavioral health needs, whether or not the visit is COVID-19 related.

The cost waivers will be in effect until further notice. This is applicable to all Geisinger Health Plan members. Self-insured/TPA groups may opt-out.

Members may call their Customer Care Team at the number on their member ID card for more details.

Contents

We're all in this together	1
COVID-19 action continued	2
Telehealth becomes paramount	2
Geisinger Marketplace Premier network	3
Behavioral Health provider billing tips	4
Resolve your claims issues	4
Billing for LIFE Geisinger members	4
Update your information with CAQH®	5
Don't close your eyes and authorize	5
Community Health Choices	6
Matrix health risk assessments	6
Infusion site of care coverage	7
Chlamydia screening — why it matters	7
CareSite mail order for GHP members	8
Medical policy update	9
Medical pharmaceutical policy updates	11

Geisinger Health Plan (GHP) may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted.
HPM50 GHP MPU Apr2020

COVID-19 action continued

PROMISe ID service location requirement: We've suspended the PROMISe ID service location requirement on GHP Family and GHP Kids claims for dates of service March 15, 2020 and after.

Prior authorization: Prior authorization will not be a barrier for any COVID-19 related testing or treatment. GHP will not subject COVID-19 related testing or treatment to prior authorization.

Prescription refills: We're allowing early refills for 30 or 90-day prescriptions at retail pharmacies. Members are encouraged to ask about and use home delivery when available for their prescriptions. We are also allowing early refills on 90-day prescriptions from our mail order pharmacy, which delivers directly to the member's home at no extra cost. Early refills are available for controlled substances but will not apply for prescriptions that contain opioids outside of certain conditions.

Home prescription delivery: We've relaxed restrictions on home prescription delivery. We're also encouraging eligible members to use the CareSite mail order pharmacy.

Telehealth: We've waived cost-sharing for telehealth services through June 15, 2020.

The need for telehealth has never been greater

Applies to: All providers

Plan(s): All plans

GHP will cover and waive member cost sharing for any in-network telehealth and virtual care services that allow members to avoid unnecessary trips to the office. This includes telehealth services for any physical or behavioral health diagnosis, virtual screenings for COVID-19, and other routine medical needs such as cold, flu, allergy, rash, sinus infection, etc.

We encourage providers to use a video component — and promote the use of video among their patients — whenever possible. More interactivity can improve the patient experience. Remember to document telehealth encounters as if they were face-to-face visits.

Our goal is to ensure members get the care they need — through telehealth or otherwise — and we'll continue to work with you to address concerns about coverage and reimbursement.

If you're unable to provide the telehealth services your patients want, refer them to Geisinger's contracted telehealth provider through Teledoc. Learn more about this service at [GeisingerHealthPlan.com/Teladoc](https://www.geisingerhealthplan.com/teladoc).

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.

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).

The screenshot displays a provider profile for John MD, associated with Geisinger Danville Community Medicine. On the left is a circular placeholder for a profile picture and a 'Compare' button. The main section contains the following information:

- Primary location:** 16 Woodbine Ln, Danville, PA 17821
- Contact:** Main: (800) 275-6401, Fax: (570) 271-5609
- Distance:** 2 mi. away, with a [Directions](#) link
- Hours:** Today 8:00 AM - 8:00 PM
- Specialties:** Family Medicine
- Accessibility:** Wheelchair and handicap accessible
- Plans Accepted:** 38 Plans Accepted (highlighted with a red circle and a red arrow pointing to it)

Behavioral Health provider billing tips

Applies to: Behavioral health providers

Plan(s): All plans

Struggling with your Geisinger Health Plan claims and billing us directly?

Remember these tips when billing Geisinger Health Plan and share them with any staff who may need to know:

- **Always make sure to include provider name and/or billing name on your claims.**
We'll always let you know when your claim needs additional information to process. But if there's no name on the claim, we can't be sure you'll receive our notice that something's missing.
- **Be aware of time limits.**
Initial claims must be received by Geisinger Health Plan within 120 days of the date of service. Claims reconsiderations — or Claims Research Request Forms (CRRFs) — and supporting documentation must be received within 60 days of the date on the GHP Explanation of Payment (EOP).
- **Do not fax your claims.**
We no longer accept claims that are faxed in.
- **Send paper claims to the right address.**
Mail your paper claims and CRRFs to:
Claims Department
Geisinger Health Plan
PO Box 853910
Richardson, TX 75085-3910

**Do you bill GHP for
LIFE Geisinger members?**

**Follow these tips to help us avoid delays
processing and paying your claims.**



Need to resolve a claim issue?

Applies to: All providers

Plan(s): All plans

Have your claims questions answered quickly and correctly—the first time—by someone who cares. Call the provider care team at 800-447-4000 and say, “claims” to connect with a dedicated claims resolution representative.

When requesting information about eligibility and benefits, 800-447-4000 may not always be the most direct line to call depending on your GHP patient's plan. Always check the back of your patient's GHP member ID card for the best customer care number to call for eligibility and benefits inquiries.

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](https://www.caqh.org) to create your profile and authorize Geisinger Health Plan to view your information.

Don't close your eyes and authorize

Are you fully reviewing letters of medical necessity you sign?

Applies to: All providers

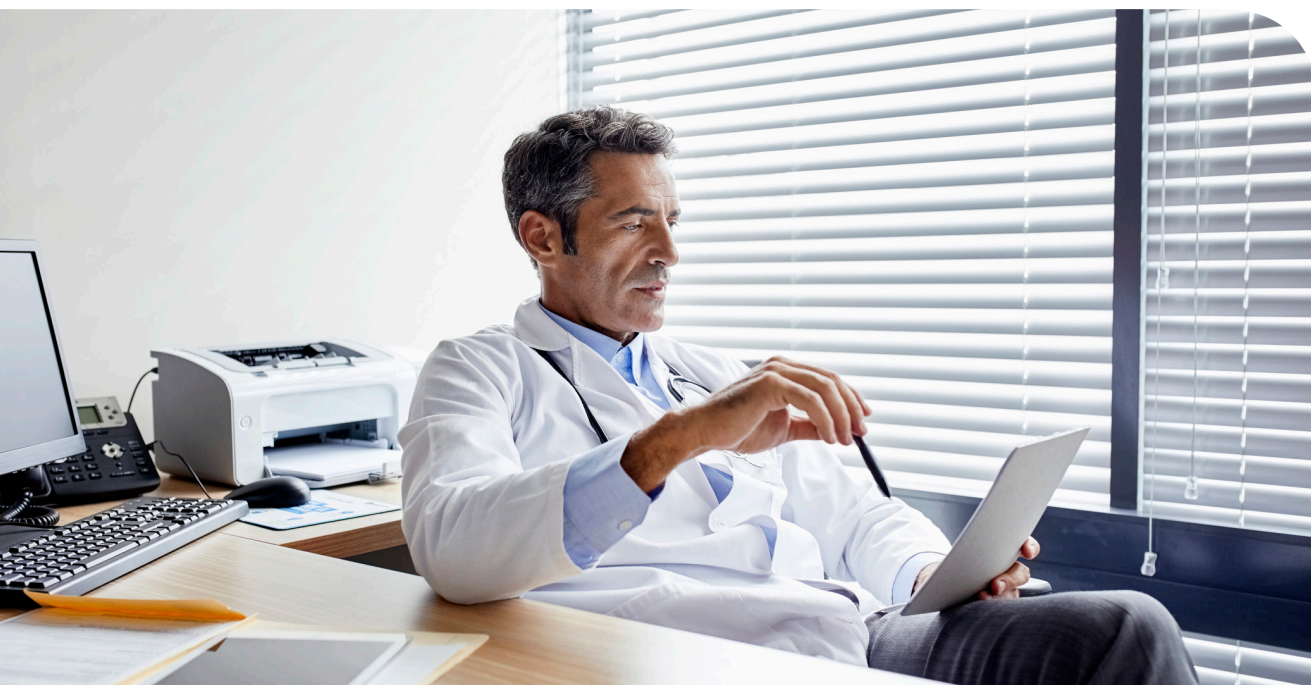
Plan(s): All plans

GHP's Special Investigations Unit (SIU) has become aware that State and Federal regulators are cracking down on blanket automatic approvals by physicians and fraudulent letters of medical necessity for home health services.

Specifically, there has been an increase of letters authored by home health agencies being signed by physicians without adequate review to determine if medical necessity is supported. There have also been instances of forged signatures, unusually excessive requests for hours, and even false provider names.

A home health agency may recommend services—however, the final determination of medical necessity must come from the physician.

As a physician, putting your trust into a home health agency to make the appropriate call on medical necessity puts you in jeopardy. If a letter of medical necessity is initiated by a home health agency, it is your responsibility to review it before signing, ensuring the letter accurately reflects the right plan of care and necessary services for the patient.



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.

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

Matrix health risk assessments

Applies to: All providers

Plan(s): Geisinger Gold

Geisinger Health Plan and Matrix Medical Network (Matrix) remain actively engaged in conducting health risk assessments for eligible members residing in skilled nursing facilities. Some facilities have already worked with Matrix in collecting health risk assessment data. Matrix conducts on-site health risk assessments using a nurse and licensed physician. The on-site assessments include a thorough review of the medical record, a complete member assessment and a short mental health and depression survey.

Matrix serves Geisinger Health Plan in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). Matrix is ethically and legally bound to protect, preserve and maintain the confidentiality of any Protected Health Information (PHI) of members and their medical record. Matrix will treat your patients' PHI with the highest level of protection and confidentiality.

If you have questions about any portion of this process, contact your provider relations representative at 800-876-5357.



Anti-inflammatory 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 anti-inflammatory products — such as Actemra, Benlysta, Entyvio, Orencia or Simponi Aria — for infusion at hospital-owned facilities. To increase convenience and reduce costs of care, we're transitioning these members to home infusions.

Starting May 1, 2020, new authorizations or reauthorizations for infused anti-inflammatory products 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 taking anti-inflammatory products for infusion at a hospital-owned facility 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 VITALine (800-245-8767).

Chlamydia screening — why it matters

Applies to: All providers

Plan(s): All plans

Why screen for chlamydia?

- Chlamydia screening is one of the most valuable but under-utilized preventative services recommended by CDC.
- Chlamydia screening allows for early identification, treatment and prevention of pelvic inflammatory disease, ectopic pregnancies, chronic pelvic pain and prevents complications in newborns.
- Chlamydia is the most common sexually transmitted disease in the United States.
- Most women who have chlamydia do not experience symptoms and this can lead to infertility.
- The national rates of chlamydia infections are the highest in females between the ages of 16-24.
- Screening your GHP patients can improve your PQS incentive program score and payment.

Best Practices for improved screening rates

- Make screening for chlamydia a routine annual test for all female patients ages 16-24
- Designate a point person to increase chlamydia screenings and manage the release of results
- Research shows patients prefer to be notified of abnormal and normal results
- Collect a urine sample during the first visit of every year
- Review your open care gaps on the Member Health Alerts portal to identify members who may need a screening
- Screening samples can be collected at any type of visit (e.g., sports physical, sick visit, well visit, etc.) and can be collected via urine or vaginal culture
- Complete a sexual history report for all sexually active patients

CareSite mail order offers unique solutions for GHP members

If your Geisinger Health Plan members have new or existing prescriptions for 90-day supplies of maintenance medications, there's a good chance they can take advantage of the benefits of mail order!

Savings

- Geisinger Gold Medicare Advantage members can save 50% on the co-pays for their maintenance medications (e.g., allergy, asthma, birth control, blood pressure, diabetes and thyroid medications).
- On average, GHP members who use the 90-day supply will see co-pay savings of approximately 33% on their prescriptions compared to a 30-day fill.

Convenience

- Medications are shipped to the member's home, eliminating trips to the pharmacy and increasing medication adherence.
- For added security, GHP members can request signature confirmation for all CareSite prescription deliveries.
- An auto-refill program is available to assist with compliance.

Security

- High volume automation is 99+% accurate and can fill 2,000 prescriptions in 8 hours.
- Pharmacists review all orders to verify dosage and check for drug allergies or adverse drug interactions.
- Medications are shipped in temperature-tested packaging.
- Members can track their medication shipments.
- All prescriptions are processed and shipped from a secure facility in Elysburg.

Medication adherence rates are significantly better for members using a 90-day prescription fill!

How does a member get started?

- Call CareSite at 844-878-5562 (TTY: 711) weekdays, 6:30 am — 7 pm. Representatives will review the prescriptions and set up an account.
- Visit [Geisinger.org/pharmacy](https://www.Geisinger.org/pharmacy) for more information and to enroll.
- The provider's office may also contact CareSite to initiate a prescription.

Benefit does not include all medications. Benefits and costs will vary depending on specific coverage or enrollment in a cost assistance program. CareSite mail order program is not available to members whose plans do not include GHP prescription coverage and/or access to CareSite mail order.



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 April 15, 2020:

- MP021 Dorsal Column Stimulation – REVISED – Removed coverage for DME statement
- MP184 Intracranial Percutaneous Transluminal Angioplasty – REVISED – Revised layout
- MP236 Immune Cell Function Assay for Transplant Rejection – REVISED – Add test reference names
- MP249 Bioimpedance Spectroscopy – REVISED – Added technology examples
- MP255 Comparative Genomic Hybridization for Evaluation of Developmental Delay – REVISED – Title change; added prenatal criteria
- MP264 Ventricular Assist Device (VAD) – REVISED – Added indications
- MP299 Measurement of Serum Antibodies to Infliximab, Adalimumab and Vedolizumab – REVISED – Clarified description and exclusion
- MP316 High Intensity Focused Ultrasound – REVISED – Added indication
- MP324 Genetic Testing for Non-Cancer Heritable Disease Carrier Status – REVISED – Added prior authorization for Whole Genome Sequencing (WGS)

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

- MP063 Acupuncture – REVISED – Added CMS coverage
- MP068 Reduction Mammoplasty – REVISED – Revised criteria
- MP090 Inj. Bulking Agents/Incontinence – REVISED – Added product names
- MP094 Unilateral Pallidotomy – REVISED – Added cross reference policy
- MP201 Obstructive Sleep Apnea – REVISED – Updated Medicare coverage of HNS
- MP273 Gene-based Testing and/or Protein Biomarkers for Diagnosis and Management of Prostate Cancer – REVISED – Added decipher coverage; added 4Kscore coverage for Medicare
- MP323 Molecular Profiling of Malignant Tumors to Identify Targeted Therapies – REVISED – Added FoundationOne liquid criteria
- MP334 Genetic Testing for Macular Degeneration – NEW

Formulary and policy updates

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.

- MP147 Artificial Intervertebral Disc
- MP171 Clinical Guideline Development, Implementation, and Review Process
- MP192 Intensity Modulated Radiation Therapy
- MP207 Corneal Hysteresis
- MP211 Endovascular Repair of Intracranial Aneurysms
- MP220 Epiretinal Radiation Therapy
- MP222 Intradiscal Biacuplasty
- MP223 Functional Anesthetic Discography
- MP226 Proton Beam Radiation
- MP231 Facet or Sacroiliac Joint Denervation
- MP235 Total Facet Arthroplasty
- MP237 Transurethral Radiofrequency Tissue Remodeling
- MP238 Ocular Blood Flow Tonometer
- MP245 Helicobacter pylori Testing
- MP248 SNP's To Predict Risk of Non-Familial Breast CA
- MP252 Colon Motility Testing
- MP254 Tinnitus Treatment
- MP275 Speech Generating Devices
- MP281 Bone Morphogenetic Protein
- MP282 Termination of Pregnancy
- MP285 Tonsillectomy
- MP286 Cholecystectomy
- MP303 Molecular Markers to Predict Thyroid FNA (Fine-Needle Aspiration)
- MP001 Neuromuscular Electrical Stim
- MP025 Transcatheter Closure Devices
- MP034 Foot Orthotics
- MP066 ESWT
- MP078 Sexual Dysfunction Therapies
- MP092 Imp. Cardiac Loop Recorder
- MP106 Ultrasound/ Pregnancy
- MP113 Electrical Stim Wound Healing
- MP158 Continuous Passive Motion
- MP172 MicroVas Vascular Treatment System
- MP176 Meniett Device
- MP189 Computer Aided Detection Technology
- MP196 Convection-Enhanced Drug Delivery
- MP209 Medical Error Never Events
- MP319 Percutaneous Left Atrial Appendage Occlusion
- MP320 Absorbable Hydrogel Spacer
- MP326 Biomarker Testing for Rheumatoid Arthritis

GHP continues to solicit physician and non-physician provider input concerning medical policies. Your feedback is encouraged and appreciated. 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 April 15, 2020:

- MBP 48.0 Rituxan (rituximab) and Truxima (rituximab-abbs) – REVISED
- MBP 90.0 Benlysta (belimumab) – REVISED
- MBP 144.0 Tecentriq (atezolizumab) – REVISED
- MBP 206.0 Khapzory (Levoleucovorin) – NEW
- MBP 207.0 Xenleta IV (lefamulin) – 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.

- MBP 2.0 Synagis (palivizumab)
- MBP 15.0 Zevalin (Ibritumomab)
- MBP 36.0 Abraxane (paclitaxel protein bound particles)
- MBP 53.0 Eraxis (anidulafungin)
- MBP 62.0 Remodulin IV (treprostinil)
- MBP 82.0 Jevtana (cabazitaxel)
- MBP 134.0 Cresemba IV (isavuconazonium sulfate)
- MBP 135.0 Unituxin (dinutuximab)
- MBP 154.0 Radicava (edaravone)
- MBP 180.0 Kanuma (sebelipase alfa)
- MBP 185.0 Poteligeo (mogamulizumab-kpkc)
- MBP 188.0 Onpattro (patisiran)
- MBP 196.0 Ultomiris (ravulizumab-cwvz)
- MBP 197.0 Elzonris (Tagraxofusp-erzs)
- MBP 198.0 Gamifant (emapalumab-lzsg)

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