Geisinger Health Plan

Provider Update

December 2018

Specialty pharmacy program

Applies to: All prescribing providers Plan(s): All plans except Geisinger Gold

GHP is working with MedImpact to improve the specialty pharmacy program for most of your non-Medicare (non-Geisinger Gold) GHP patients who receive specialty drugs.

Beginning Jan. 1, 2019, GHP commercial*, GHP Marketplace and GHP Family members will participate in MedImpact Direct Specialty, a program that connects your GHP patients with a choice of in-network specialty pharmacies to simplify getting their specialty medications. As part of this change, some of your patients may transition to a new specialty pharmacy.

What you can do

When prescribing specialty medication to your GHP patients, directly e-scribe or fax the prescription to any of the specialty pharmacies in our MedImpact Direct Specialty network.

Another option for your convenience, is to fax the referral form, a copy of the patient's insurance card and lab work (if appropriate) to 888-807-5716. MedImpact Direct Specialty will send your referral, along with your patient's benefit and eligibility information, to the most appropriate in-network specialty pharmacy.

Where to find specialty drug lists

You can find the referral form and specialty drug lists for GHP plans under *Provider resources* on the providers section of our website or on the GHP plan central page at Navinet.net under *Forms* on the left side of your screen

For more information, visit MedImpactDirect.com/providers.

For questions about the program, please call MedImpact Direct Specialty at 877-391-1103, or send an email to: SpecialtyHub@MedImpactDirect.com.

*MedImpact Direct Specialty program may not apply to some self-funded TPA plans

Contents

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

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Opioid prior authorization changes

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

Non-Medicare opioid authorization changes – Jan. 1, 2019

As of Jan. 1, 2019, prior authorization will be required for all short-acting opioids (SAOs) prescribed to your non-Medicare (non-Geisinger Gold) patients — after 3 days for children or 5 days for adults.

Below is an outline of recent and upcoming opioid prior authorization changes. We encourage you to evaluate your patients' opioid needs with phase 2 and 3 effective dates in mind and obtain authorization in a timely manner.

	Phase 1 – Sept. 1, 2018	Phase 2 – Jan. 1, 2019	Phase 3 – July 1, 2019
Long-acting opioids (LAO)	All LAOs require prior authorization	Same as Phase 1	Same as Phase 1
Short-acting opioids (SAO)	Prior authorization for patients **NEW** to opioid therapy after 3 days for children or 5 days for adults	Prior authorization for **ALL** patients; after 3 days for children or 5 days for adults	Same as Phase 2
Morphine milligram equivalents (MME)	Prior authorization required for ≥ 90 MME/day	Same as Phase 1	Prior authorization required for ≥ 50 MME/day
Exceptions	Active cancer, sickle cell crisis and palliative care/hospice	Same as Phase 1	Same as Phase 1

Medicare opioid authorization changes – Jan. 1, 2019

As of Jan. 1, 2019, the following new limitations apply to opioids for your Medicare Part D (Geisinger Gold) patients, as required by Centers for Medicare and Medicare Services (CMS):

- Prescriptions for opioids exceeding 7 days for opioid naïve patients will require prior authorization.
- Prior authorization, or pharmacist override at point of sale, will be required for patients receiving scripts for concomitant therapy with opioids and benzodiazepines from 2 or more providers.
- Prior authorization, or pharmacist override at point of sale, will be required for patients receiving scripts for multiple long-acting opioids from 2 or more providers.
- Utilization of opioids and benzodiazepines for patients with patterns of overutilization may be restricted to specific regimens, providers, and/or pharmacies.

Requesting opioid prior authorization

Opioid prior authorization request forms can be accessed on Navinet.net under *Forms* on the left side of your screen:

- GHP Family/GHP Kids opioid use request form
- GHP Commercial/GHP Marketplace/TPA opioid use request form
- Geisinger Gold MED prior authorization request form
- Providers can also submit electronic requests via PromptPA at https://ghp.promptpa.com.

PROMISe™ ID needed to see CHIP and GHP Kids patients

Applies to: All providers **Plan(s): GHP Kids**

DHS regulations require that you must enroll with the Pennsylvania Department of Human Services (DHS) as soon as possible to continue seeing GHP Kids and other Children's Health Insurance Program (CHIP) enrollees. We encourage you to enroll immediately to minimize any disruption to your GHP Kids patients. Providers not registered with DHS at each service location risk delayed processing and/or denial of claims.

DHS has implemented Affordable Care Act (ACA) provisions requiring all providers and other practitioners who render, order, refer or prescribe items or services to CHIP enrollees be enrolled with DHS as a provider. You must complete an enrollment application for your provider type for each service location (provider's address) and submit all required documents to DHS. All applications, requirements and the step-by-step instructions are available at CHIP Provider Enrollment Information on the DHS website.

Update your information in PROMISe™ today

Applies to: All providers **Plan(s): GHP Family and GHP Kids**

Any and all practitioners who render, order, refer or prescribe items or services for MA and CHIP beneficiaries are required to have a PROMISe ID registered with the Pennsylvania Department of Human Services (DHS). If you are currently enrolled, you are responsible for keeping your information current with the state through the PROMISe portal. Login to the PROMISe portal today to make sure your provider profile on record with the state is accurate.

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.

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 at NaviNet.net.

Medicare health outcomes survey

The Medicare Health Outcomes Survey (HOS) is used to gather clinically meaningful data from Medicare Advantage (MA) beneficiaries. The survey results in a patient-reported outcomes measure used to guage MA plan performance, inform MA beneficiaries' healthcare choices and advance research into population health. All managed care organizations with Medicare contracts, including Geisinger Gold, must participate.

CMS surveys a random sample of Geisinger Gold members every May, June and July. The survey is repeated two years later using the same respondents to determine any changes in outcomes and evaluate their overall health. With your cooperation, we can use HOS results and measures to identify opportunities to improve your Geisinger Gold patients' health.

Current survey measures include:

- Physical health
- Mental health
- Bladder control
- Physical activity
- Risk of falling

Look for additional information about the survey in future editions of this provider update. We will expand upon specific survey measures and offer tips and resources on how to address health risks with your Geisinger Gold patients.

For comprehensive information about the Medicare Health Outcomes Survey program, visit the CMS HOS website at: http://hosonline.org.

Hepatitis C virus treatment requires evaluation from a Center of Excellence in HCV management

Applies to: All providers **Plan(s): Geisinger Gold, GHP commercial, GHP Marketplace**

Hepatitis C virus (HCV) is the most common chronic blood-borne infection in the United States affecting older adults and the Medicare population at large. According to the Centers for Disease Control and Prevention (CDC), approximately 3.2 million persons are chronically infected. A further increase in HCV diagnoses is expected, as the CDC has broadened their HCV screening recommendations to include individuals born between 1945 and 1965.

The growing number of people diagnosed with HCV coupled with the complexity of treatment options and emerging therapies make a multidisciplinary team approach essential to ensuring these patients can tolerate, and successfully complete, a full course of treatment. Appropriate treatment will prevent transmission, liver disease, extensive liver damage, complications, and ensure optimum outcomes.

Coverage of HCV treatment for your Geisinger Gold, GHP commercial and GHP Marketplace patients requires an evaluation for personalized treatment options from a Center of Excellence (COE) in HCV management. Patients requiring HCV treatment should be referred to a COE in HCV management before a course of treatment is initiated. After the COE evaluation and treatment is initiated, patients may be transitioned to their local specialist for the remainder of their HCV treatment if co-management is appropriate.

The COE will request all medical records be sent to the office prior to the patient's scheduled appointment. Medical records should include labs, screening tests, biopsy or METAVIR results, and any other medical history documentation that may aid the COE specialist with treatment decisions.

Currently, the Geisinger Health Department of Gastroenterology (GI) and Hepatology in Danville or in Wilkes-Barre, Pennsylvania, is the recognized COE for the evaluation and treatment of HCV. To initiate COE evaluation for your patients with HCV, fax your referral to 570-271-5806.

BioIQ FIT kits for Gold members

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

GHP has teamed with BioIQ, an independent healthcare technology company, to help your GHP patients take proactive steps in getting important health screenings. BioIQ is sending home testing kits for FIT (colorectal screening), A1C and/or microalbumin screenings to Geisinger Gold (Medicare advantage) members. When your patients complete the tests and return the kits to the BioIQ lab for analysis, both you and your patients will receive the lab results from BioIQ. Your patients will receive a note telling them to contact you to discuss those results. There's no extra cost for these tests to either you or your patients.

More information about BioIQ and BioIQ kits is available on the GHP plan central page at Navinet.net.
If you have any questions, please contact 866-847-1216, 8 a.m. – 4:30 p.m., Monday through Friday.

Geisinger employee plans for 2019

Geisinger has made some adjustments to the Geisinger Provider Choice plan offered to Geisinger employees and their dependents in 2019. The Geisinger Provider Choice plan for 2019 has gone from 3 network groups to 2, increasing the pool of participating providers available in the lowest cost group. The Geisinger stand-alone PPO plan also remains available to all employees.

Overview

As of Jan. 1, 2019, all Geisinger employees will be enrolled in one of two plans:

1. Geisinger Provider Choice — Features two network groups. A member's out-of-pocket costs, such as copays, deductibles and coinsurance, are determined by the network group to which the provider they choose to see is designated. Members can see any provider from either group at any time. Referrals are not required for any specialist visits. Out-of-network services are not covered.
2. Geisinger PPO — A PPO plan that allows members to seek out-of-network services at an increased cost.

Network levels for Provider Choice plan

Members with the Geisinger Provider Choice plan will continue to have access to the entire Geisinger Health Plan (GHP) provider network. There are now two groups of providers to choose from within the network:

- Group 1: Geisinger providers and partner providers
- Group 2: Participating providers

Members can choose to receive any covered service from any network provider at any time, regardless of group designation. However, the provider's group designation will determine the member's out-of-pocket costs. Costs will be lowest for members who choose Group 1: Geisinger providers and partner providers. Member costs for certain services, such as emergency department services, will be consistent across both groups.

Some services may require prior authorization from GHP medical management. A complete list of services/medications that require prior authorization and associated request forms are available on the GHP plan central page at NaviNet.net.

What group are you in?

We encourage you to use the recently improved GHP provider search function at geisinger.org/health-plan/find to verify your information and your group designation for the 2019 Geisinger employee plan. 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). Use the Plans Accepted feature to confirm your network grouping and make sure you refer your patient to providers in the lowest cost tier of their plan.

You can also use the feature to see if you accept other GHP plans. 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.

Network group cost-sharing exception process

Under certain circumstances, medically necessary services rendered by a Group 2 provider may be paid at the Group 1 benefit level when a network group cost-sharing exception request is approved by GHP medical management.

Providers can request a network group cost-sharing exception for members under the following circumstances:

- When a Group 1 provider sees the member at a Group 2 office/facility
- When a Group 2 provider sees the member at a Group 1 office/facility
- When a particular service or specialty is not available from a Group 1 provider
- When a member is unable to schedule an appointment or reasonably access a Group 1 provider for needed services when those services are otherwise available from a Group 2 provider

There may be additional circumstances under which a provider may request a network group cost-sharing exception for the member. It is important for providers to thoroughly document the reasons why the member should receive the exception during the request process.

Urgent admissions will automatically incur the Group 1 cost-sharing regardless of rendering provider group designation. The network group cost-sharing exception process does not affect existing prior authorization requirements. Providers should continue to obtain prior authorization for all services identified on GHP's prior authorization list.

How to request a network group cost-sharing exception

Network group cost-sharing exceptions must be obtained by the provider — not the member. There are two ways providers can request a network group cost-sharing exception for members:

- Fax the request and supporting information to medical management at 570-271-5534, or;
- Call the Geisinger employee plan customer service team at 844-568-5229 or 570-214-8525.

GHP medical management will process the request. Notification will be sent to both the requesting provider and member upon determination. All granted exceptions will trigger member cost-sharing at the Group 1 level.

Customer service representatives are always available assist members who may be looking for a Group 1 PCP. Members who call GHP to request an exception will be directed to work with their provider to initiate the request.

For questions about the network group exception process or the Geisinger Provider Choice plan in general, contact GHP customer service at 844-568-5229.

Formulary and policy updates

Visit Geisinger Health Plan on NaviNet.net 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.net. 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 Jan. 15, 2019:**

- MP051 Vagus Nerve Stimulation – REVISED – Added Exclusion
- MP261 Aqueous Drainage Shunt – REVISED – Added CyPass Exclusion

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
- MP021 Dorsal Column Stimulation
- MP056 Management of Excessive Skin and Subcutaneous Tissue
- 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
- MP260 Canaloplasty and Viscocanalostomy
- MP270 Ocular Photoscreening
- MP300 Digital Breast Tomosynthesis
- MP301 Sacroiliac Joint Fusion
- MP308 Wireless Pulmonary Artery Pressure Monitoring

Formulary and policy updates

Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect Jan. 15, 2019:

- MBP 149.0 Ameluz (aminolevulinic acid) – REVISED

Prior authorization requirements for the following have been removed and associated policies have been retired:

- MBP 55.0 Myozyme (alglucosidase alfa)
- MBP 176.0 Sublocade (buprenorphine ER subcutaneous injection)
- MBP 146.0 Probuphine (buprenorphine)

The following policies have been reviewed with no change to the policy section.

- MBP 24.0 Aloxi (palonosetron)
- MBP 39.0 Naglazyme (galsulfase)
- MBP 88.0 Halaven (eribulin mesylate)
- MBP 97.0 Kyprolis (carfilzomib)
- MBP 104.0 Emend IV (fosaprepitant)
- MBP 113.0 Gazyva (obinutuzumab)
- MBP 142.0 Portrazza (necitumumab)
- MBP 143.0 Praxbind (idarucizumab)
- MBP 151.0 Spinraza (nusinersen)
- MBP 159.0 Kymriah (tisagenlecleucel)
- MBP 162.0 Yescarta (axicabtagene ciloleucel)
- MBP 163.0 Mylotarg (gemtuzumab ozogamicin)
- MBP 164.0 Vyxeos (daunorubicin-cytarabine liposomal)

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

GHP continues to solicit physician and non-physician provider input concerning medical policies. Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at pkrebs@GeisingerHealthPlan.com.