Geisinger Health Plan   Healthcare provider update

Welcome to your monthly update!

We're changing the way we keep you informed.

We know staying on top of information that may affect you and your patients is a daunting task, and we're just one of many insurers you're dealing with. But whether your GHP patients make up the bulk of your business or not, our goal is to bring you useful, concise and timely information that can help you care for them more effectively.

What's changing?

We're wrapping most of our communications into one monthly publication which you will receive around the 15th of every month. This publication will replace most GHP communications, including:

- The quarterly provider newsletter, Briefly
- Operations bulletins regarding material changes to your agreement with GHP
- Medical policy, medical pharmaceutical policy and formulary update postcards

We hope the new format will make it easier for you to find relevant information. Each of your monthly updates will be available online through the GHP page on NaviNet.net along with all the other news, guides, forms and resources that you can access right now.

You will still receive direct communications from GHP – outside of the monthly publication – when information specific to your practice or PHI are involved.

Thank you for the care you provide for your GHP patients!

Contents

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

Keep your information current

It is essential we have your current information in order to best serve GHP members and ensure you receive important communications. You can update your information conveniently online. 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.

We ask that you review your demographic information on file with GHP on a monthly basis and report any changes. 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. Delegated provider groups should submit data via the current process and verify the process with your credentialing organization.

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

NaviNet secure messaging

Secure messaging is often a faster and more convenient way to pose your questions to GHP customer service. Using secure messaging, you can expect a quicker response to your issue and avoid the wait times associated with calling. We encourage you to take advantage of this feature while we work toward improving member eligibility and benefit lookups and other functionality available to healthcare providers on NaviNet.net.

To send a secure message to GHP, look for the Secure Messaging tab under Workflows for this Plan on NaviNet.net.

Cultural competency

GHP supports ongoing training for cultural competency in the administration and delivery of services by all employees and participating healthcare providers. Check out our cultural competency guide on NaviNet.net.

Caring about Quality

Making sure that members receive the best quality care is one of our core values at GHP. We know you share that value and we depend on you to address potential gaps in care. Although we constantly encourage members to be proactive, to get recommended preventive screenings and take ownership of their health, that encouragement means a lot more when it is echoed by their doctor.

That's why each month we will tell you what your GHP patients are hearing from us regarding quality initiatives. Coordination among GHP and participating providers will drive better health outcomes for all.

Five tips for fall prevention

Falls happen more frequently in older adults – those 65 and older – resulting in dangerous and potentially fatal situations. This spring, we are sharing five tips with Geisinger Gold members that can help them prevent a fall from happening. Here is what you can do to help:

1. Talk to your Geisinger Gold patients about their current health status and fall risks: Do they feel dizzy, have joint pain or feel numbness in their feet and legs when they walk? Have they ever fallen before?

2. Mind their medications: Review all medications and potential side effects with your patients. Some medications cause dizziness, or other effects, that may heighten the risk of falling.

3. Encourage your patients to practice strength and balance exercises: Strength, balance and steady mobility deteriorate with age. Stress the importance of staying active.

4. Assess your patients' footwear: Talk to your patients about wearing shoes that are supportive, properly fitting and that don't have slick soles. Wearing the right shoe can also reduce joint pain.

5. Remind your patients to remove home hazards: Identifying and removing potential falling hazards from the home can make a big difference. Ask your patients to consider things like securing loose rugs, removing cords from walkways, storing necessary items in easy-to-reach places or repairing loose floorboards.

Do you use Member Health Alerts?

PCPs can use the Member Health Alerts (MHA) tool to identify patients who may be overdue for preventive services and screenings. Scheduling needed preventive services leads to better health outcomes for your patients, increases revenue to your office and maximizes any quality incentive payments you may be eligble for. The MHA tool is easily accessible on the GHP page at NaviNet.net.

Discussing urinary incontinence

This spring, we are reassuring Geisinger Gold members that their doctors welcome a discussion around the management of urinary incontinence. Whether brought on by stress, coughing, laughing or some other weakening of the bladder muscles, most people – especially men and women 65 and older – find urine leakage downright embarrassing and sometimes debilitating.

But it doesn't have to be that way. We are asking Geisinger Gold members to take an active role in their health care and talk with their healthcare provider about bladder or leaking urine issues. If your patients seem reluctant to talk with you about urinary incontinence, we invite you to initiate the conversation.

Recent changes to PCP quality incentive programs

GHP has two quality incentive programs available to qualifying primary care providers – the Physician Quality Summary (PQS) primary care pay-for-performance program and the GHP Family Pay-for-Quality Program (P4Q). Both programs have recently been updated for 2018-2019. Recent changes include, but are not limited to, the following:

- PQS – Provider performance in program HEDIS® metrics will continue to be benched against the national 75th percentile, but some measures have been added and others retooled.
- P4Q – Obstetrical needs assessment (OBNA) forms must be submitted electronically through the Optum OB Care portal. You can access the OB Care portal directly through NaviNet.net.

For full details on each program, we invite you to review the comprehensive manuals available on NaviNet.net or contact your GHP account manager – they are always happy to walk you through each program and help you maximize your incentive payments.

Thank you for driving HEDIS® success!

While we know there are industry standards to meet and metrics to be tracked, at GHP we don't approach quality measures as boxes to be checked to secure a higher score. Rather, we see each quality initiative as an opportunity to improve, and maybe even save the life of a neighbor, friend or loved one.

We would like to thank all participating providers and office staff for your cooperation and assistance with HEDIS® chart audits. The information you provided helped identify patients needing necessary immunizations and tests. Your support in encouraging patients to receive these immunizations and screenings is invaluable. Because of your commitment to quality, we have seen improvements in several measures.

Annual chart reviews are being conducted again currently. You can fax any information that may resolve your patients' open care gaps to GHP quality improvement staff at 570-214-1380. With your continued help, we can bring the absolute highest quality of care to our communities.

Coding corner

Coding for evaluation therapy services

Attention: Outpatient rehabilitation hospitals, outpatient hospital-based clinics who bill for therapy services
Applies to: GHP Family members

GHP Family providers enrolled as outpatient rehabilitation hospitals and outpatient hospital-based clinics billing for evaluation therapy services should use codes from the 97161 – 97164 range, with the appropriate fee schedule and therapy modifiers. If evaluation therapy services are billed with T1015 (clinic visit), only the evaluation therapy service will be reimbursed. According to the Department of Human Services (DHS) policy PA 55 Code 1221.51(1), when the provider is enrolled as an outpatient rehabilitation hospital or outpatient hospital-based clinic, providers are reimbursed by either the T1015-U8 code or the evaluation code (97161 – 97164). GHP conducts quarterly audits to ensure appropriate billing.

Geisinger Health Plan is here to help

Quality of care is becoming a key factor as the industry shifts toward value-based payment models. Quality documentation is key to your organization's financial strength and viability. We are committed to supporting your practice to improve coding and documentation. We developed the RACE to Quality program to help you and your staff. Please join us in the industry-wide RACE to Quality.

For more information about what we can do for you, contact Marilee Klock, MBA, CPC, CRC, CCA at 570-214-6163 or email maklock@thehealthplan.com.

Coding for diabetes and other related conditions

In October of 2016, ICD-10 coding guidelines were updated for diabetes with other related conditions and/or complications. Clarification was also provided for the guideline "with." There were 53 instances (listed below) in which the term "with" assumes a causal relationship. Any conditions listed under this section are now assumed relationships and the combination code should be used, unless stated by the provider that the two conditions are not related.

Diabetes, diabetic (mellitus) (sugar) E11.9 "with:"

Amyotrophy E11.44	Neuralgia E11.42
Arthropathy NEC E11.618	Neurologic complication NEC E11.49
Autonomic (poly) neuropathy E11.43	Neuropathic arthropathy E11.610
Cataract E11.36	Neuropathy E11.40
Charcot's joints E11.610	Ophthalmic complication NEC E11.39
Chronic kidney disease E11.22	Oral complication NEC E11.638
Circulatory complication NEC E11.59	Periodontal disease E11.630

Complication E11.69
    specified NEC 11.69
	Peripheral angiopathy E11.51
	    with gangrene E11.52

Dermatitis E11.620	Polyneuropathy E11.42
Foot ulcer E11.621	Renal complication NEC E11.29
Gangrene E11.52	Renal tubular degeneration E11.29
Gastroparesis E11.43	Retinopathy E11.319
Glomerulonephritis, intrapapillary E11.21	with macular edema E11.311
Glomerulonephritis, interpapillary E11.21	Nonproliferative E11.329
Hyperglycemia E11.65	with macular edema E11.321

Hyperosmolarity E11.00
    with coma E11.01
	Mild E11.329
	            with macular edema E11.321

Hypoglycemia E11.649
    with coma E11.641
	Moderate E11.339
	            with macular edema E11.331

Kidney complications NEC E11.29	Severe E11.349
Kimmelsteil-Wilson disease E11.21	with macular edema E11.341
Mononeuropathy E11.41	Proliferative E11.359
Myasthenia E11.44	with macular edema E11.351
Necrobiosis lipoidica E11.620	Skin complication NEC E11.628
Nephropathy E11.21	Skin ulcer NEC E11.622

Example: To accurately assign the code E11.319, type 2 diabetes mellitus with retinopathy, physician documentation does not need to provide a link between the diagnoses of diabetes and retinopathy; this link can be assumed since the retinopathy is listed under the sub-term "with."

Modifier JG and the 340B drug discount program

Attention: Hospitals and other providers who participate in the 340B Drug Pricing Program
Applies to: Geisinger Gold members

On Nov. 13, 2017, CMS released a final rule which implements changes to claims processing for the
340B Drug Pricing Program titled, "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory
Surgical Center Payment Systems and Quality Reporting Programs."

According to the rule, as of Jan. 1, 2018, all hospital/facility providers paid under the Hospital Outpatient
Prospective Payment System (OPPS), who are not exempted from the 340B payment adjustment, are required to
report modifier JG – drug or biological acquired with 340B Drug Pricing Program discount.

How to appropriately use the JG modifier:

• Modifier JG should be used to identify if a drug was acquired with the 340B Drug Pricing Program discount.

• Modifier JG only applies to OPPS separately payable drugs with a status indicator K.

• Modifier JG does not apply to vaccines with status indicator L or M.

• Modifier JG does not apply to drugs with transitional pass through payment status indicator G.

• Facilities exempted from the 340B drug payment policy, such as Critical Access Hospitals, should use modifier
  TB instead.

We encourage all healthcare providers to always bill for services using appropriate modifiers. Failure to
submit correct modifiers may result in the denial of claims.

Everything you need
in one place!

Visit the GHP provider portal
at NaviNet.net today!

Opioid prescription guidelines

GHP is committed to working with you in the fight against opioid addiction to ensure the health and safety of the communities where we live and work. In response to the opioid epidemic in Pennsylvania, Geisinger Health Plan is aligning policies and prior authorization requirements for opioid analgesics with national and state guidelines. These authorization requirements are in accordance with recent legislation aimed at curbing opioid addiction and abuse in the commonwealth.

What we are changing

Starting April 1, 2018, all prescriptions for adults for a total morphine equivalent dose (MED) of 90–119 will require prior authorization from GHP or an override from the dispensing pharmacist. All prescriptions for a MED of 120 or greater will require prior authorization from GHP.

What you can do

We recognize that there are many situations where appropriate opioid doses meet or exceed these limits. Your patients can continue to fill prescriptions at this dose if we grant a prior authorization. You can request a prior authorization:

- Electronically — visiting GHP.PromptPA.com to submit an electronic prior authorization request.
- By mail or fax — print and send the GHP opioid prior authorization form from NaviNet.net or the provider portal on GeisingerHealthPlan.com.

Required documentation when requesting prior authorization

Beginning April 1, 2018, you must provide documentation that addresses the following items when requesting prior authorization for opioid prescriptions for patients aged 18 or older:

- Why a non-opioid alternative is not advised

- Treatment for chronic non-cancer pain when the prescription is written by a pain management specialist, or the member has been referred to a pain management specialist, or documentation that a signed pain contract is in place

- Attestation that the prescriber will conduct urine drug screening (UDS) per the American Society of Addiction Medicine (ASAM) guidelines

- Agreement to evaluate member for risk of opioid use disorder using CAGE-AID, or a similar screening tool, upon initiation of opioids and every three months (or as needed)

- A plan for the tapering of benzodiazepines or rationale for continued use (if applicable)

- Proof you have queried the state's Prescription Drug Monitoring system for the patient

- Statement showing you have discussed the risks of addiction and overdose with the member

- Proof you have educated the patient on the potential adverse effects of opioid analgesics, including the risk for misuse, abuse and addiction and, if you determine the member is at risk, that you have considered prescribing naloxone

If you have any questions regarding opioid prescription authorization, call the GHP pharmacy department at 800-988-4861, 8 a.m. through 5 p.m., Monday through Friday.

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.

Formulary update

The latest formulary changes were effective Jan. 18, 2018.

GHP Pharmacy and Therapeutics Committee reviews and approves changes to the formulary bi-monthly. Recent updates to the formulary are available online at GeisingerHealthPlan.com. The online formulary drug search includes updates to covered drugs, quantity limits, tiering levels and pharmacy management procedures. Updates may affect prior authorization.

You may also call customer service to receive a printed version of the formulary list. For questions regarding drug benefits, call the customer service team at 800-988-4861, 8 a.m. to 5 p.m., Monday through Friday.

Medical-pharmaceutical policy updates

Click here for updates. New and revised medical-pharmaceutical policies listed below go into effect March 15, 2018:

- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin) – REVISED – quantity limits and authorization duration
- MBP 119.0 Keytruda (pembrolizumab) – NEW INDICATION
- MBP 126.0 Opdivo (nivolumab) – NEW INDICATION
- MBP 159.0 Kymriah (tisagenlecleucel) – NEW POLICY
- MBP 160.0 Besponsa (inotuzumab ozogamicin) – NEW POLICY
- MBP 161.0 Aliqopa (copanlisib) – NEW POLICY

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.

GHP clinical guidelines are always available to providers. Click here or visit us on NaviNet.net.

Formulary and policy updates

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 and 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 March 15, 2018:

- MP063 Acupuncture – REVISED – clarified exclusion language
- MP064 Breast Reconstruction – REVISED – clarified exclusion language
- MP077 Noninv Mech tx for Back Pain – REVISED – clarified exclusion language
- MP168 Non-invasive Testing for Heart Transplant Rejection – REVISED – clarified exclusion language
- MP190 X-stop Interspinous Process Decompression System – REVISED – clarified exclusion language
- MP250 Bronchial Thermoplasty – REVISED – clarified exclusion language
- MP251 Percutaneous Heart Valve Replacement – REVISED – clarified exclusion language
- MP318 Sphenopalatine Ganglion Block for Headache – NEW POLICY

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.

- MP006 Nocturnal Enuresis Alarm
- MP019 Laser Tx of Cutaneous Lesions
- MP038 Oral Health
- MP055 Mastectomy for Gynecomastia
- MP060 Lung Volume Reduction
- MP073 Deep Brain Stimulation
- MP083 Contact Lenses
- MP095 Craniosacral Therapy
- MP099 Breast Implant Removal
- MP108 Work Hardening/Conditioning
- MP119 Therapeutic Listening
- MP123 HDR Temp Brachytherapy
- MP126 Massage Therapy
- MP130 Automated Amb. BP
- MP138 Lysis Epidural Adhesions

- MP142 Anodyne Infrared Therapy
- MP149 Pulsed Electrical Stimulation for Osteoarthritis
- MP155 Cooling Devices
- MP169 Retinal Prosthesis
- MP186 Hip Resurfacing
- MP191 Mindstreams Cognitive Health Assessment
- MP205 Advanced Molecular Topographic Genotyping
- MP210 Endometrial Ablation
- MP224 Topical Oxygenation
- MP225 Circulating Tumor Cell Testing
- MP230 Outpatient Pulmonary Rehabilitation
- MP262 Microarray Based Gene Expression Testing for Cancer of Unknown Origin
- MP276 Hearing Aids
- MP312 Routine Care in Clinical Trials

SNP model of care training

The Centers for Medicare & Medicaid Services requires that all contracted medical providers and staff receive initial and annual training about the Special Needs Plan (SNP) model of care. The training will focus on how GHP can help you deliver the best care to patients with special needs.

Stay tuned! Details on SNP training will be available in an upcoming edition.
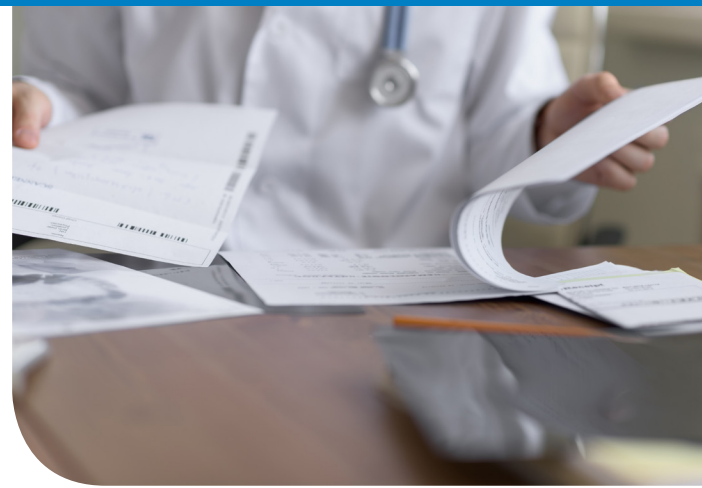
Updates from the Pennsylvania Department of Human Services (DHS)

In January, DHS released two important updates for providers regarding your Medical Assistance and GHP Family patients. Both Medical Assistance bulletins can be viewed in full through the GHP plan central page on NaviNet.net, or link directly to the bulletins below.

- Revised Health Care Benefit Packages Provider Reference Chart (MA 446)
- Updates to the 2017 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule

Ordering home health services for your GHP Kids patients

No prior authorization is required for home health services provided to your GHP Kids (CHIP) patients. However, as an ordering and referring provider (ORP), it is important that you keep home health agencies informed and to follow the steps below when ordering home health services for your patients.

- Provide the NPI number of the ordering provider to the home health agency.
- Make sure the patient meets all the qualifications before referring them for home health services.
- Make sure there is an order for the home health services on file.

Following these steps will ensure accurate and timely reporting, billing, and claims processing and minimize disruptions to your patient's care.