

New GHP Family pharmacy policy
will change prescriptions for
maintenance medications

Applies to: All prescribing providers Plan(s): GHP Family

Beginning April 1, 2019, 90-day supplies for maintenance medications will be available to your GHP Family patients.

As of April 1, 2019, your GHP Family patients will need to be prescribed 90-day supplies for their maintenance medications. Patients will have the choice of filling these prescriptions at any participating GHP Family network pharmacy.

The 90-day supply policy for maintenance medications will offer cost savings and convenience to your GHP Family patients and has been approved by the Pennsylvania Department of Human Services (DHS). Controlled substances and specialty medications are excluded from this policy.

Starting April 1, 2019, your GHP Family patients will be able to:

- Get a 90-day supply of medication for the cost of a monthly supply
- Purchase their 90-day supply from any pharmacy location in the GHP Family 90-day supply network

Your GHP family patients are being instructed to discuss their maintenance medication prescriptions with you before April. Prescriptions may need to be renewed to increase the supply. To assist in the transition to 90-day supplies, members are eligible to receive up to two 34-day fills for each maintenance medication.

More information regarding the new GHP Family pharmacy policy will be available in March edition of this publication. See what your GHP family patients are hearing about the program now in the [Spring 2019 member newsletter](#) available under *Members/Newsletters* at GHPFamily.com.

Check the [online formulary](#) to see what drugs are covered by GHP Family. GHP pharmacy customer service can be reached at 855-552-6028.

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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 Feb 2019

Report fraud, waste and abuse

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

GHP's compliance program oversees the development, implementation and maintenance of a compliance and privacy program that meets or exceeds federal and state laws and regulations, contractual and accreditation obligations. We are committed to ethical and legal conduct and strive to correct wrongdoing whenever it may occur in the administration of our plans. If fraud, waste and/or abuse is suspected, you can call GHP's Fraud and Abuse Hotline at 800-292-1627. Calls may be made anonymously. You may also contact our Chief Compliance Officer directly at 570-271-7389.

Millennium Labs leaving the GHP network

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

Effective June 26, 2019, Millennium Labs will no longer be part of the Geisinger Heath Plan network. Lab requests should be submitted to a network provider to ensure services are covered at highest level for your GHP patients. Consult our [provider search](#) at GeisingerHealthPlan.com or contact the customer service team at 800-447-4000 for information on alternate providers.

Changes to 2020 Physician Quality Summary (PQS) incentive program

Applies to: Primary care providers Plan(s): All plans except GHP Family

GHP's Physician Quality Summary (PQS) Program is designed to reward primary care physicians and offices for reaching certain quality driven benchmarks. The following changes have been made to the PQS program for the current 2019 measurement year.

- The Quality and Education measure (R.A.C.E) has been removed
- Adult Annual Wellness Visit measure has been added
- The benchmarks and NNT column on the Member Health Alerts (MHA) homepage has been replaced with a printable benchmarks document.

PQS incentive payments for measurement year 2019 will be made in fall, 2020. The payment structure will remain the same and you will continue to need to meet the NCQA national 75th percentile to satisfy each measure.

For more information, visit GHP on NaviNet and look under the Resources section on the right of your screen to view the [comprehensive 2020 PQS manual](#).

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.

Help your Geisinger Gold patients earn a \$25 gift card while improving your PQS score

Applies to: Primary care providers Plan(s): Geisinger Gold

Your Geisinger Gold patients are now eligible to earn a one-time \$25 Walmart gift card for completing a health risk assessment survey and seeing their doctor for their Annual Wellness Visit. This incentive program is meant to promote greater patient involvement in their healthcare while maximizing the benefits of their Medicare Advantage benefits. Seeing your Geisinger Gold patients for their Annual Wellness Visits will also improve your PQS score as this is a newly added measure for calendar year 2019.

How the Geisinger Gold patient incentive program works

All eligible Geisinger Gold members will receive a [mailer explaining the program](#). Members can earn the incentive reward by completing the following steps:

1. Complete Health Assessment survey. Members can visit GeisingerHealthPlan.com/wellness and sign in or create a new member account to complete survey online. They can also call 866-415-7138, Monday through Friday from 8 a.m. to 5 p.m. to request a paper copy.
2. See their doctor for their Annual Wellness Visit. Members will need their doctor to fill out the [form attached to bottom of mailer](#) they received. In addition to signing your patient's form, it is important that the Annual Wellness Visit is scheduled and billed for appropriately. Appropriate Annual Wellness Visit codes are listed on the form.
3. Mail form back to GHP by December 31, 2019. Once the form is signed by their doctor and filled out in full, members should mail it in the prepaid envelope provided. The form must mail by December 31, 2019. After GHP receives form, a \$25 Walmart gift card will be mailed to member.

Once GHP receives all the necessary information, a one-time \$25 Walmart gift card will be mailed that can be used to purchase items sold at Walmart stores, excluding alcohol, tobacco, and firearms.

Additional information you need to know

If your Geisinger Gold patient forgets to bring their form to the appointment, you can find and [print a copy of the form](#) NaviNet under *Resources* or on the Provider Forms and Resources page at GeisingerHealthPlan.com.

If your patient has already had their Annual Wellness Visit prior to receiving the incentive mailer — with the form for doctor to sign — their information will be updated online to mark the well visit as completed. They will still have to go online to complete their health assessment survey.



Medicare health outcomes survey — urinary incontinence

The Medicare Health Outcomes Survey (HOS) is used to gather clinically meaningful data from Medicare Advantage (MA) beneficiaries. The survey is used to gauge 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.

One important HOS measure is bladder control and managing urinary incontinence. This can be a sensitive topic to discuss with a patient, however, it is important for the patient's quality of life and identifying signs of a larger health concern.

Urinary incontinence can have a significant impact on a patient's daily life. Some of these include social withdrawal, depression, sleep deprivation, falls with fractures, sexual dysfunction and urinary tract infections.

Patients often feel uncomfortable bringing up the subject themselves. It helps to inquire if the patient is currently experiencing urinary incontinence, has had leakage or accidents in the past six months and the frequency of these problems. Patients benefit from education on treatment options, based on the severity of the condition (e.g., bladder training, techniques for pelvic muscle rehabilitation, medication, surgery, etc.). Involve the patient in the decision for the most appropriate course of treatment. More complex cases may require a urology referral.

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

Update on advanced imaging decision support process

Applies to: Advanced imaging providers and providers who order imaging services Plan(s): All plans

Claims for covered services will continue to pay after Feb. 28, 2019

The soft implementation described in the Sept. 11, 2018 special notice will continue beyond Feb. 28, 2019. Claims for services covered under a member's benefits will not be denied. Ordering providers are expected to continue using the NDSC tool for advice on the most appropriate imaging service for their patients.

View the [special notice - Sept. 11, 2018](#) and other information on the GHP plan central page on NaviNet.

Unsure of plan acceptance or network tiers?

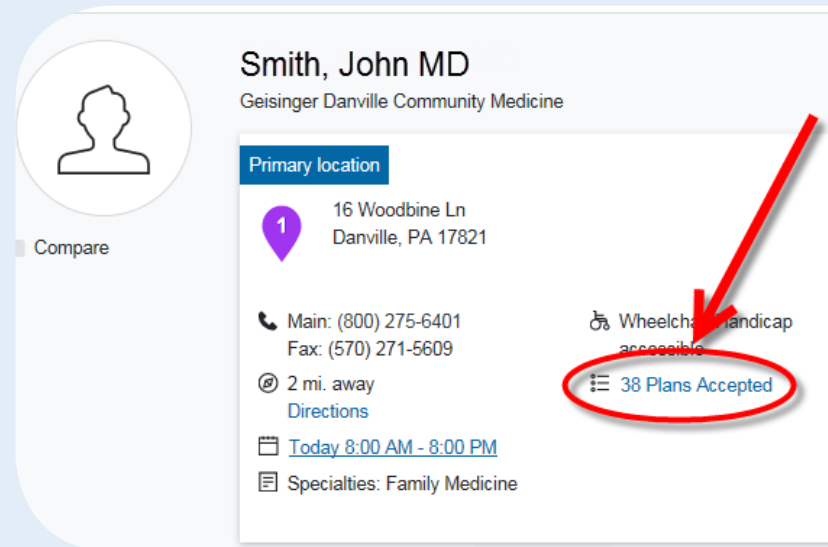
Use the Plans Accepted tool

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

Some of the plans that GHP offers or administers employ a tiered or narrow provider network. We understand it can be difficult to keep track of what GHP plans you may accept and to what tier you may be designated. Although physicians at your office will generally share your office's network group designation, there may be instances where a physician that occasionally practices at a given office or facility does not carry the same network group designation as said office or facility.

We encourage you to use the recently improved [GHP provider search function](#) and *Plans Accepted* tool at geisinger.org/health-plan/find to verify your information, plan acceptance and tier designation. The *Plans Accepted* feature will show you a list of GHP plans the selected provider accepts and what network group they are in. Use the *Plans Accepted* feature in 3 easy steps to confirm your network grouping and make sure you refer your patient to providers in the lowest cost group of their plan.

- Step 1 – Search for a provider
- Step 2 – Click *Plans Accepted* on the provider's profile
- Step 3 – Select a plan type and scroll through the plan list to view acceptance and network tier status



UPMC Pinnacle Lancaster Hospital closed

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

We have been informed that UPMC Pinnacle Lancaster Hospital has closed as of Feb. 28, 2019. All hospital services currently offered at UPMC Pinnacle Lancaster have been moved to UPMC Pinnacle Lititz, which is located about seven miles from the Lancaster hospital.

If your GHP patient has received medical services at UPMC Pinnacle Lancaster in the past, these services will now be available at UPMC Pinnacle Lititz. Your patients have been notified and instructed to discuss care options with you.

If your GHP patients have any questions about upcoming appointments or scheduled medical services, our friendly customer service representatives are happy to assist with their transition. Your patients can access GHP customer service through the online member portal, at the phone number on the back of their member ID card or at 800-447-4000.

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 March 15, 2019:**

- MP064 Breast Reconstruction – (Revised) – (Added Indication)
- MP092 Implantable Cardiac Loop Recorder – (Revised) – (Added Indications)
- MP108 Work Hardening/Conditioning – (Revised) – (Removed Exclusion)
- MP251 Percutaneous Heart Valve Replacement – (Revised) – (Added Indications)
- MP250 Bronchial Thermoplasty – (Revised) – (Added Exclusion)
- MP280 Whole Exome Sequencing – (Revised) – (Expanded Indications)
- MP312 Routine Care in Clinical Trials – (Revised) – (Clarified Indication Language)
- MP321 Gene Expression Profiling for Cutaneous Melanoma – (Revised) – (Expanded Medicare Coverage)
- MP323 Molecular Profiling of Malignant Tumors to Identify Targeted Therapies – (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.

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| • MP006 Nocturnal Enuresis Alarm | • MP073 Deep Brain Stimulation |
| • MP019 Laser Tx of Cutaneous Lesions | • MP077 Noninv Mech tx for Back Pain |
| • MP055 Mastectomy for Gynecomastia | • MP083 Contact Lenses |
| • MP060 Lung Volume Reduction | • MP095 Craniosacral Therapy |
| • MP063 Acupuncture | • MP099 Breast Implant Removal |

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.

Formulary and policy updates

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

- 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
- MP168 Non-invasive Testing for Heart transplant Rejection
- MP169 Retinal Prosthesis
- MP186 Hip Resurfacing
- MP190 Xstop Interspinous Process Decompression System
- 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
- MP318 Sphegnopalatine Ganglion Block for Headache

Medical pharmaceutical policy updates

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

- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin)- Updated policy
- MBP 49.0 Erythropoietin and Darbepoetin Therapy - Updated policy
- MBP 59.0 White Blood Cell Stimulating Factors- Updated policy
- MBP 74.0 Cimzia (certolizumab pegol)- Updated policy
- MBP 106.0 Injectable Antipsychotic Medications- Updated policy
- MBP 130.0 Mircera (methoxy polyethylene glycol-epoetin beta)- Updated policy
- MBP 133.0 Signifor LAR (pasireotide LAR) - Updated policy
- MBP 184.0 Azedra (iobenguane I 131)- New policy
- MBP 185.0 Poteligeo (mogamulizumab-kpkc)- New policy
- MBP 186.0 Libtayo (cemiplimab-rwlc)- New policy

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