

## PQS Changes for 2021 payment; measurement/calendar year 2020

**Applies to:** Primary care providers  
**Plan(s):** Commercial, Geisinger Gold and CHIP

The PQS program is designed to reward primary care physicians and offices for reaching certain quality driven benchmarks. Each year, we revise the PQS Program to remain equitable to participating providers and keep pace with changing clinical practices and quality requirements.

The following changes to the PQS measures for 2021 were primarily made to streamline the program—limiting measures to those that providers like you can affect directly:

### PQS 2021 measures:

- Adolescent Immunizations Combo 2\*
- Adolescent Well-Care Visits
- Adult Annual Wellness Visits
- Breast Cancer Screening
- Comprehensive Diabetes Care: Management of Eye Exams
- Comprehensive Diabetes Care: HbA1c Poor Control
- Cervical Cancer Screening
- Childhood Immunizations Combo 10
- Chlamydia Screening
- Colorectal Cancer Screening
- Medication Management for People with Asthma
- Well-Care Child Visits

\* Adolescent Immunizations for PQS 2021 will be based on Combo 2 (previous year's was Combo 1) which adds HPV vaccination to the Combo 1 list.

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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 Feb2020

### Measures removed from PQS 2021:

- Comprehensive Diabetes Care: Medical Attention for Nephropathy\*
- Adolescent Immunizations Combo 1
- Osteoporosis Management in Women with Fracture
- Use of High-Risk Meds in the Elderly
- Medication Adherence for High Blood Pressure and Diabetes

\* Comprehensive Diabetes Care: Medical Attention for Nephropathy measure was removed due to the extremely high national benchmark for compliance.

### Member attribution

We want to make sure you are being scored based on the patients you have seen and treated. Member attribution for the PQS 2021 incentive payment calculation will be based on MedInsight PCP claims-based attribution modeling with a 24 month look back period. Each member is attributed to the PCP they visited the most. In the case of a tie, members will be attributed to the PCP they visited most recently. Urgent care services are excluded from consideration.

### Benchmarking

PQS 2021 benchmarking will be based on the National 50th percentile. Last year's payments were also calculated based on the National 50th percentile. You will still need to exceed this benchmark in 75% of the measures for which you have attributed membership to achieve three-star status and receive the maximum \$8 pm/pm incentive.

### Member Health Alerts (MHA)

The MHA web portal will remain unchanged through the 2021 PQS program year. The portal allows you to view your GHP assigned membership along with their corresponding care gaps—serving as a useful reference tool to ensure your GHP patients are up to date on preventive screenings while satisfying PQS program measures.

You should be aware that your MHA patient list may not always match the member list attributed to your office for PQS incentive payment calculation with 100 percent accuracy. Since PQS 2021 member attribution is based on claims data, members identified on MHA will only be used for PQS if the office has submitted a claim for those members in the last two years.

Check out the [HEDIS information guide](#) for detail on measures that can affect your PQS score.



# Millennium Labs no longer in the GHP network

Applies to: All providers

Plan(s): All plans

Millennium Labs is no longer part of the GHP network. Our relationship with Millennium Labs ended on June 26, 2019. Lab requests should be submitted to a network provider to ensure services are covered at highest level for your GHP patients. Consult the provider search at [GeisingerHealthPlan.com](http://GeisingerHealthPlan.com) or contact the customer service team at 800-447-4000 for information on participating laboratory providers.

## Closing the gap; GHP colorectal cancer outreach initiatives making an impact

Applies to: All providers

Plan(s): Geisinger Gold

Every year, GHP conducts colorectal cancer screening outreach; sending free fecal occult blood test (FOBT) kits to Geisinger Gold members who are overdue for their screening. Since 2018, we have helped almost 5,000 people obtain a proper screening. Over 500 of those tests came back positive. Identifying these results and helping those folks coordinate the appropriate follow-up with their physicians has undoubtedly saved lives.

In 2018, GHP worked with BioIQ® to send 13,600 FOBT kits to Geisinger Gold members. Around 2,600 tests were completed resulting in 264 positive tests.

In 2019, GHP worked with Geisinger Laboratory Services to send 12,000 FOBT kits to Geisinger Gold members. Around 2,200 tests were completed resulting in 266 positive tests.

This year, 2020, we will continue to send FOBT kits at no cost to Geisinger Gold members in need of screenings in hopes that we can build on the recent success we have had in closing this important gap in care.

We would like to thank all of you who take such great care of your Geisinger Gold patients for your part in making this initiative a success.



## It's not too late for flu shots!

Applies to: All providers

Plan(s): All plans

We are continuing outreach efforts to ensure GHP members get their flu shots through the latter part of flu season. Over 12,000 US citizens have died from the flu this year already, and the flu season is still going strong. The flu vaccine is recommended for everyone six months of age and older.

We want to remind you that it is not too late to for your patients to protect themselves from the flu. Your GHP patients can have the flu vaccine administered by their primary care physician or a participating retail pharmacy at no cost to them.

# Bill all same-day home nursing/private duty nursing/shift care hours and units on one claim line

**Applies to:** All participating home health agencies providing home nursing services

**Plan(s):** GHP Family

Home health agencies providing important home nursing or private duty nursing services for GHP Family patients are reminded to submit their claims by combining all hours, shifts and units on the same claim line for each day.

GHP Family must adhere to encounter data reporting regulations mandated by the Pennsylvania Department of Human Services. For GHP Family to report encounter data accurately and appropriately, GHP Family claims for home nursing or private duty nursing services must include all service hours, shifts and units for a given day on the same claim line.

GHP Family will no longer accept late hour billing for days previously submitted for processing. Late charges will be denied. If your home health agency needs to bill late hours/charges, you are required to follow the CRRF process by submitting a corrected claim combining hours, shifts and units on one line-item for each day.

## Who pays for hospice claims?

### Geisinger Gold cannot reimburse claims for a hospice members' Medicare-covered services

**Applies to:** All providers

**Plan(s):** Geisinger Gold

Original Medicare should be billed for all Medicare-covered services beginning the date a Geisinger Gold member elects hospice. This includes services both related and unrelated to the hospice diagnosis. Medicare Advantage (MA) plans like Geisinger Gold are restricted from paying claims for Medicare-covered services provided to members enrolled in hospice. Claims for Medicare-covered services sent to Geisinger Gold for a member in hospice will be denied with code: KWD DENY-MEMBER ON HOSPICE/BILL MEDICARE FFS.

Geisinger Gold and other MA plans can only reimburse providers for supplemental services not covered by original Medicare—such as vision, hearing and dental—and for the difference, if any, between member cost-sharing for traditional Medicare covered services less the MA plan cost-sharing for the same services.

Reference 42 CFR 417.585 based on the [Medicare Claims Processing Manual Chapter 11](#) for more detail regarding appropriate billing for MA hospice 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.

# Understanding "incident to" billing

Applies to: All providers

Plan(s): All plans

Inappropriate billing of “incident to” services could be considered a federal violation, therefore it is important to understand the qualifying criteria and guidelines for these services. “Incident to” services are defined as non-physician services or supplies (gauze, ointments, etc.) furnished as an integral, yet incidental, part of a physician’s professional services in the course of diagnosing or treating an injury or illness—usually under a physician’s direction.

## Non-physician providers of “incident to” services

- Physician assistants
- Nurse practitioners
- Nurses
- Technicians
- Nurse midwives
- Clinical nurse specialists
- Clinical psychologists

## Care settings for “incident to” services

- Office/clinic
- Offices within an institution (Part B services confined to the office only)
- Patient home with specific supervision requirements

## Essential requirements for “incident to” services

- Service is part of a normal course of treatment initiated by the physician
- Physician remains actively involved in the course of treatment
- Service is commonly rendered without charge or included on the physician bill
- Service is commonly performed in a physician office or clinic
- Service is an expense to the care setting
- Services are provided under direct supervision of a physician, who is present in the office suite and available to render assistance and direction if necessary

CMS has specific guidelines and criteria that must be met to properly bill “incident to” services. Details can be found on the CMS webpage at [cms.gov](https://www.cms.gov) under [Regulations and Guidance, Manuals, Internet-Only Manual, Publication 100-02, Chapter 15, Section 60](#).

Novitas Solutions (the Medicare administrative contractor for Jurisdiction L) offers additional information, including an [“incident to” self-service tool](#) to assist providers with understanding the CMS Part B rules and requirements for these services. This information can be found at [novitas-solutions.com](https://www.novitas-solutions.com).



# 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.

## 2020 Geisinger Gold overview

**Applies to:** All providers

**Plan(s):** Geisinger Gold

Geisinger Gold serves more than 94,000 members in 44 counties throughout Pennsylvania. Geisinger Gold is contracted with more than 125 area hospitals, 33,000 plus providers and nearly 3,000 pharmacies in Pennsylvania to provide medical care for members.

Check out the [2020 plan overview](#) on NaviNet to familiarize yourself with the 2020 plan offerings and the benefit changes your existing Geisinger Gold patients can expect to encounter.

## Geisinger Gold hearing aid benefits

Geisinger Gold members in the following plans must receive hearing aid benefits from an AudioNet America provider.

- Classic Advantage (Rx) (HMO)
- Classic Complete Rx (HMO)
- Classic Essential Rx (HMO)
- Classic 360 Rx (HMO)
- Secure Rx (HMO D-SNP)

Members should be directed to a participating provider for their hearing aid needs for the services to be covered by their benefits. Members are eligible for this benefit once every three years. Members should be advised to contact AudioNet America at 570-290-8550 for assistance in locating a provider.



# 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.

## Change to NaviNet secure messaging claims inquiry

Applies to: All providers

Plan(s): All plans

A date field has been added to the secure messaging function in Navinet. You will now need to select the appropriate date or date range to see messages in your inbox, sent, and deleted folders. This change was the result of increasing mailbox volume and was made to decrease delays in the system.

Look for the Secure Messaging tab under *Workflows for this Plan* on NaviNet. When inquiring about claims status, include the claim number(s) in the subject line, then add your comments. Your message will go directly to the GHP claims and reimbursement team for review. Remember to include your name, title and phone, or other contact information, in the body of your message so that a GHP representative can respond to you directly.



## Important message from NaviNet: Discontinuing support for Windows 7

Applies to: All providers

Plan(s): All plans

The NaviNet Open portal has discontinued support for the Microsoft Windows 7 operating system s of January 14th, 2020. This action was prompted by Microsoft's plan to end support for this operating system. NaviNet encourages all users on Windows 7 to move to a supported operating system to minimize any impact to your user experience. Visit NaviNet for more information on supported operating systems and browsers.

[Visit NaviNet today!](#)

## 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](https://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, 2020:**

- MP073 Deep Brain Stimulation – REVISED – added language
- MP075 Tissue Engineered Skin Substitutes – REVISED – added medicaid limitation
- MP098 Genetic Testing Related to Colorectal Cancer – REVISED – updated language
- MP191 Mindstreams Cognitive Health Assessment – REVISED – added examples
- MP210 Endometrial Ablation – REVISED – added indication
- MP263 Minimally Invasive Lumbar Decompression (MILD) and Percutaneous Image-guided Lumbar Decompression (PILD) – REVISED – clarified exclusion
- MP313 Environmental Lead Testing – REVISED – removed prior authorization
- MP064 Breast Reconstruction – REVISED – added SurgiMend
- MP099 Breast Implant Removal – REVISED – added indication and exclusions
- MP130 Automated Amb. BP – REVISED – added indication
- MP149 Pulsed Electrical Stimulation for Osteoarthritis – REVISED – added examples
- MP168 Non-invasive Testing for Heart transplant Rejection – REVISED – added exclusion
- MP201 Obstructive Sleep Apnea – REVISED – revised criteria
- MP280 Whole Exome Sequencing – REVISED – added language
- MP315 Esophageal Sphincter Augmentation – REVISED – clarified medicare non-coverage
- MP323 Molecular Profiling of Malignant Tumors to Identify Targeted Therapies – REVISED – added FoundationOne language

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](mailto:pkrebs@GeisingerHealthPlan.com).

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

# 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.

- MP055 Mastectomy for Gynecomastia
- MP063 Acupuncture
- MP077 Noninv Mech tx for Back Pain
- MP083 Contact Lenses
- MP108 Work Hardening/Conditioning
- MP123 HDR Temp Brachytherapy
- MP186 Hip Resurfacing
- MP205 Advanced Molecular Topographic Genotyping
- MP224 Topical Oxygenation
- MP225 Circulating Tumor Cell Testing
- MP230 Outpatient Pulmonary Rehabilitation
- MP312 Routine Care in Clinical Trials
- MP318 Sphehnopalatine Gangloin Block for Headache
- MP006 Nocturnal Enuresis Alarm
- MP019 Laser Tx of Cutaneous Lesions
- MP095 Craniosacral Therapy
- MP119 Therapeutic Listening
- MP126 Massage Therapy
- MP138 Lysis Epidural Adhesions
- MP142 Anodyne Infrared Therapy
- MP155 Cooling Devices
- MP169 Retinal Prosthesis
- MP190 Xstop Interspinous Process Decompression System
- MP250 Bronchial Thermoplasty
- MP251 Percutaneous Heart Valve Replacement
- MP262 Microarray Based Gene Expression Testing for Cancer of Unknown Origin
- MP276 Hearing Aids

## Medical pharmaceutical policy updates

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

- MBP 4.0 Intravenous Immune Globulin (IVIG) – REVISED
- MBP 5.0 Remicade (infliximab), Inflectra (infliximab-dyyb), Renflexis (infliximab-abda) – REVISED
- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin) – REVISED
- MBP 40.0 Orencia IV (abatacept) – REVISED
- MBP 48.0 Rituxan (rituximab) – REVISED
- MBP 54.0 Soliris (eculizumab) – REVISED
- MBP 74.0 Cimzia (certolizumab pegol) – REVISED
- MBP 76.0 Actemra IV (tocilizumab) – REVISED
- MBP 112.0 Simponi Aria (golimumab) – REVISED
- MBP 119.0 Keytruda (pembrolizumab) – REVISED
- MBP 139.0 Darzalex (daratumumab) – REVISED
- MBP 141.0 Nucala vial (mepolizumab) – REVISED
- MBP 173.0 Fasenra Prefilled Syringes (benralizumab) – REVISED
- MBP 203.0 Nuzyra (omadacycline) – NEW
- MBP 204.0 Triptodur (triptorelin) – NEW
- MBP 205.0 Zerbaxa (ceftolozane/tazobactam) – 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.

- MBP 61.0 Flolan or Veletri (epoprostenol)
- MBP 63.0 Ixemptra (ixabepilone)
- MBP 79.0 Provenge (sipuleucel-T)
- MBP 83.0 Lumizyme (alglucosidase alfa)
- MBP 92.0 Off-label Drug Use for Oncologic Indications
- MBP 95.0 Erwinaze (asparaginase)
- MBP 99.0 Sandostatin LAR (Octreotide acetate)
- MBP 101.0 Zaltrap (ziv-aflibercept)
- MBP 102.0 Synribo (omacetaxine mepesuccinate)
- MBP 128.0 Blinicyto (blinatumomab)
- MBP 156.0 Imfinzi (durvalumab)
- MBP 158.0 Tepadina (thiotepa)
- MBP 165.0 Rituxan Hycela (rituximab-hyaluronidase)
- MBP 174.0 Luxturna (voretigene-neparvovec-rzyl)
- MBP 175.0 Mepsevii (vestronidase alfa-vjkb)
- MBP 177.0 Prevymis IV (letermovir)
- MBP 178.0 Zilretta (triamcinolone acetonide ER injection)
- MBP 193.0 Revcovi (elapegademase-lvlr)
- MBP 194.0 Xerava (eravacycline)
- MBP 125.0 Lemtrada (alemtuzumab)
- MBP 195.0 Spravato (esketamine)
- MBP 68.0 Nplate (romiplostim)
- MBP 145.0 Cinqair (reslizumab)
- MBP 89.0 Xgeva (denosumab)
- MBP 75.0 Stelara (ustekinumab)
- MBP 22.0 Xolair (omalizumab)
- MBP 153.0 Zinplava (bezlotoxumab)
- MBP 127.0 Makena (hydroxyprogesterone caproate)
- MBP 84.0 Berinert (C1 esterase inhibitor, human)
- MBP 77.0 Ilaris (canakinumab)
- MBP 192.0 Akynzeo IV (fosnetupitant-palonosetron)
- MBP 191.0 Cinvanti (aprepitant)
- MBP 179.0 Hemlibra (emicizumab-kxwh)
- MBP 106.0 Injectable Antipsychotic Medications
- MBP 13.0 Viscosupplementation
- MBP 171.0 Varubi IV (rolapitant)
- MBP 129.0 Iluvien (fluocinolone acetonide)
- MBP 124.0 Ruconest (C1 esterase inhibitor, recombinant)
- MBP 116.0 Aveed (testosterone undecanoate)
- MBP 100.0 Elelyso (taliglucerase alfa)
- MBP 86.0 Kalbitor (ecallantide)
- MBP 67.0 Supprelin LA (histrelin acetate implant)
- MBP 131.0 Cosentyx (secukinumab) vials
- MBP 118.0 Entyvio (vedolizumab)
- MBP 105.0 VPRIV (velaglucerase alfa)
- MBP 85.0 Cinryze (C1 esterase inhibitor, human)
- MBP 60.0 Cerezyme (imiglucerase)
- MBP 190.0 Ilumya (tildrakizumab-asmn)
- MBP 130.0 Mircera (methoxy polyethylene glycol-epoetin beta)
- MBP 49.0 Erythropoietin and Darbepoetin Therapy
- MBP 104.0 Emend IV (fosaprepitant)
- MBP 24.0 Aloxi (palonosetron)
- MBP 81.0 Prolia (denosumab)
- MBP 150.0 Sustol (granisetron ER)
- MBP 42.0 Boniva IV (ibandronate)
- MBP 59.0 White Blood Cell Stimulating Factors