Geisinger Health Plan

Provider Update

January 2020

Replacement claims billing policy

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

A replacement claim is billed when a specific claim needs to be entirely replaced with new claim information. The original claim is considered null and void and is completely replaced by the information on the replacement claim submission.

Providers may submit replacement claims electronically and must be submitted 60 days from the date of the first Explanation of Payment of the original claim. Claims submitted outside the 60-day timeframe will be denied for timely filing and cannot be resubmitted. Once a replacement claim has been received, the original claim will be considered null and void. Any payments made on the original claim will be retracted. Consider payments made on your replacement claim as payment in full. If the replacement claim has been denied, your original payment will not be reinstated.

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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Replacement claims FAQ

- **If the replacement claim I want to submit is over the 60-day timely filing timeframe, should I still submit the replacement claim?**
  No. You should submit a CRRF (Claims Research Request Form) with a specific reason of why the replacement claim was not submitted timely. Our claims research analysts will review.

- **What will happen if the replacement claim is within the 60-day timely filing timeframe and I call or send in written correspondence on a claim that requires a replacement claim?**
  Our customer care center representatives will point you to the replacement claim process. Our claims research analysts will return a letter pointing you to the replacement claim process. The adjustment will not be completed over the phone or through written correspondence (unless a timely filing dispute is involved; see question #1).

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.

- **In what instance should I submit a replacement claim?**
  Replacement claims should be submitted for all claims that you need to make corrections to, including:
  - Changing previously submitted diagnosis codes
  - Changing member data; except for the member ID
  - Changing the billed amount on the original claim
  - Changing previously submitted procedure codes
  - Adding services in addition to data corrections to the original claim.

- **In what instance should I NOT submit a replacement claim?**
  Do not submit a replacement claim when:
  - The claim is beyond timely filing (see question #1 above)
  - The billing NPI number is changing
  - You are making a correction to the subscriber ID

- **I need to correct the subscriber ID on an original claim. If I should not submit a replacement claim, how should I proceed?**
  You will need to submit a complete void/cancel claim using frequency code 8 for full voids/retractions and then submit a brand-new claim with the correct subscriber ID.

- **I need to correct the billing NPI on an original claim. If I should not submit a replacement claim, how should I proceed?**
  You will need to submit a complete void/cancel claim using frequency code 8 for full voids/retractions and then submit a brand-new claim with the correct billing NPI.

- **My replacement claim was rejected at the EDI clearinghouse. Why can't I submit electronically?**
  Review and ensure you are submitting the replacement claim with the correct internal control number of the original claim.

- **If I am submitting a second or third replacement claim, which internal control number (ICN) should I submit?**
  Include the most recent ICN on the claim.

Billing your dual eligible Geisinger Gold Secure Rx patients' CHC company for Medicare cost-sharing

Applies to: All providers **Plan(s): Geisinger Gold Secure Rx (HMO SNP)**

Effective January 1, 2020, Geisinger Gold Secure Rx (HMO SNP) members, who are eligible for both Medicare and Medical Assistance (Medicaid), must select a Community Health Choices (CHC) company to administer the Medical Assistance portion only of their health care coverage. The CHC companies in Pennsylvania are UPMC Community HealthChoices, PA Health & Wellness (Centene), or AmeriHealth Caritas/Keystone First (AmeriHealth).

Secure Rx continues to provide the member's primary health coverage. Members are not required to change their Medicare Advantage plan. CHC plans provide the administrative services and secondary coverage previously furnished by the Pennsylvania Department of Human Services (DHS); including coverage for the member's Medicare cost sharing and/or deductible. Secure Rx members are not required to do anything differently to access Medicare-covered services or use their Secure Rx benefits.

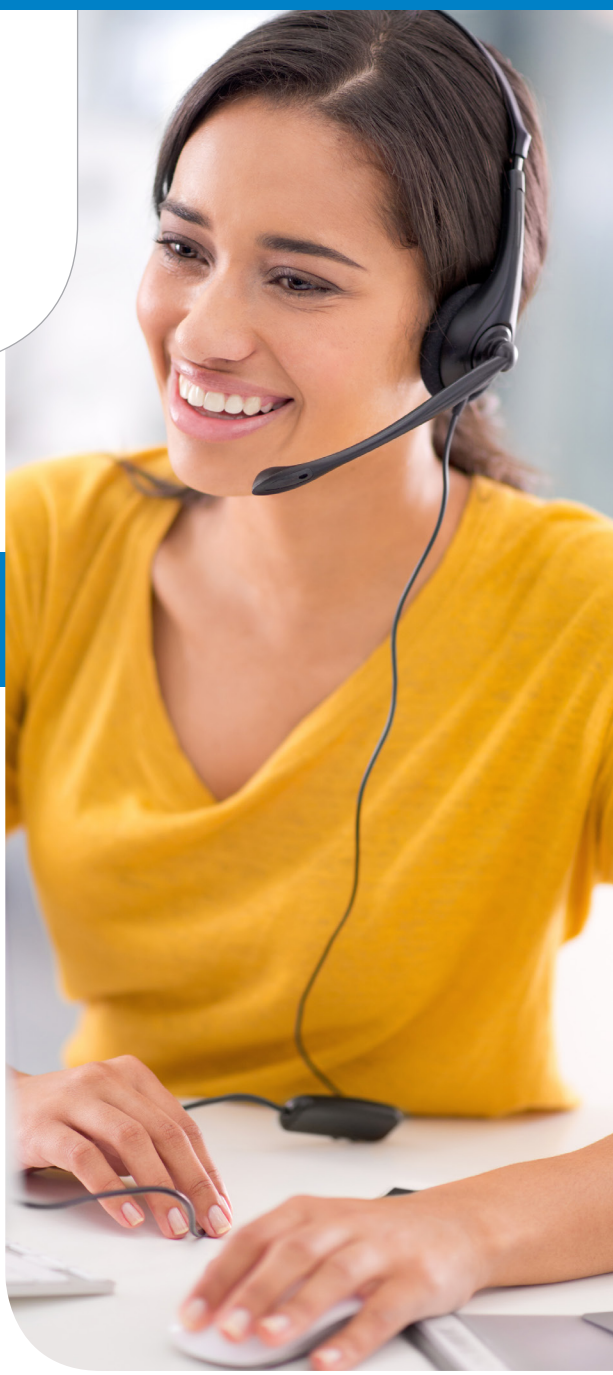
Providers need not participate with a CHC company in order to serve Secure Rx members. Nor must you participate in a CHC company's network in order to bill a CHC plan for the member's Medicare cost sharing and/or deductible. Geisinger Gold will remain the member's primary coverage, and the CHC can be billed secondarily. However, there is no requirement to bill your Secure Rx member's CHC plan as secondary if you choose not to. You may choose to bill all services only to Geisinger Gold; in this case, you agree to accept Geisinger Gold's payment amount as payment in full.

Providers are prohibited by law from balance billing dual eligible patients for cost-sharing or deductible.

For more information, view the CHC billing flyer at:
http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/document/c_282592.pdf

Secure Rx members with questions can be referred to the Geisinger Gold customer service team at (800) 498-9731 (TTY 711) from 8 a.m. to 8 p.m., Monday through Friday.

Need to resolve a claim issue? GHP's new Provider Care Team answers the call



Have your claims questions answered quickly and correctly—the first time—by someone who cares.

Call 800-447-4000 and say, "claims" to connect with a dedicated claims resolution representative.*

We heard you

Geisinger Health Plan (GHP) is committed to improving the service experience for healthcare providers, like you, who take such great care of their GHP patients. We listened to your feedback about difficulty with claims inquiries and wait times, analyzed the issues and recognized the need to improve the claims resolution experience.

We took action

Over the last few months, GHP has restructured its customer care team to enhance provider service. Claims issues are being logged in a central repository, more staff has been added and substantial investments in provider service training have been made.

Here is how you benefit

- Shorter hold times when calling
- Faster claims issue resolution; expected turn-around times provided when necessary
- Claims issues are logged and tracked through resolution; no more repeat calls
- Complete resolution follow up; GHP will close the loop to ensure your needs are met
- One number to contact; no need to call your GHP account manager with claims questions
- Tracking numbers are provided for your secure message requests through NaviNet

*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.

Pharmacy prior authorization is easier with PromptPA

Request pharmacy prior authorization electronically through Geisinger Health Plan's PromptPA portal.

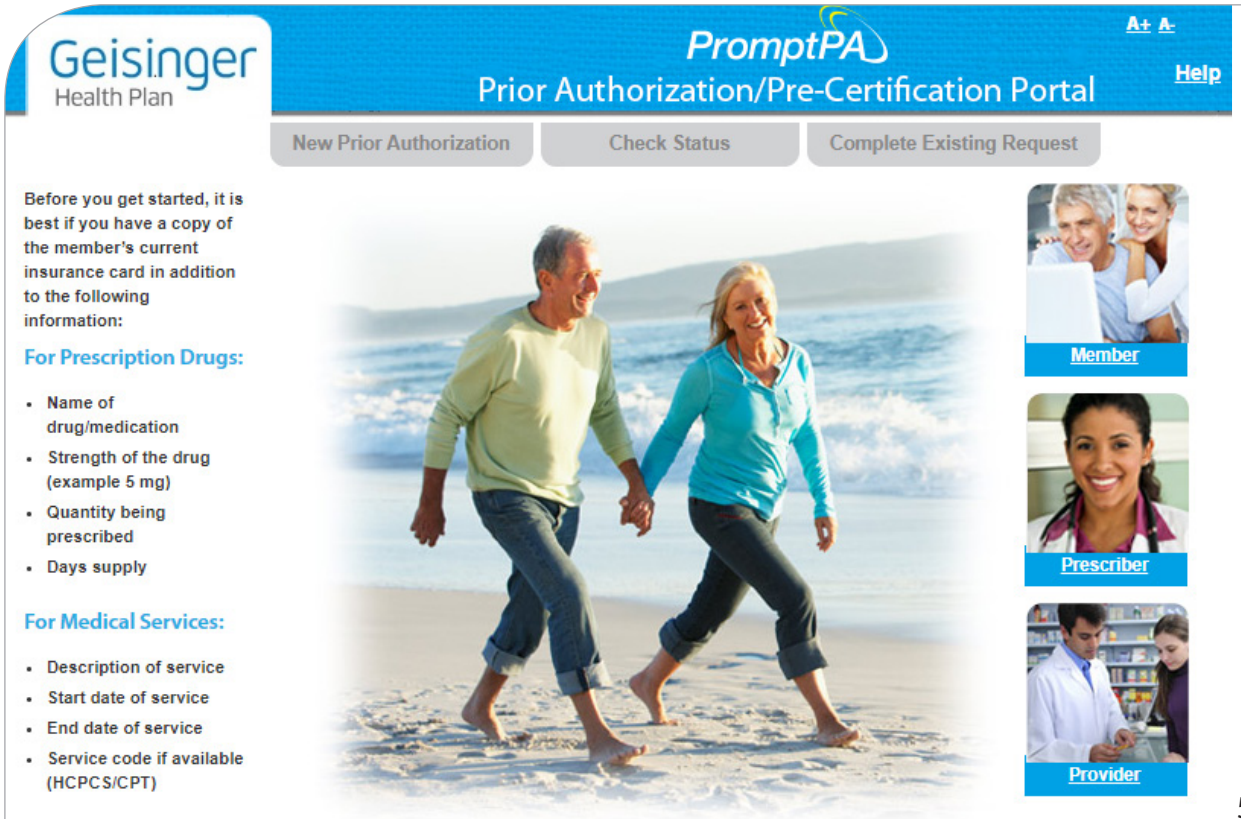
Submit your authorization requests through PromptPA to:

- **Ensure GHP receives your request as quickly as possible**
- **Give yourself the ability to track your request throughout the process**

PromptPA streamlines the prior authorization process and decreases turn-around times. It's easy to use and does not require you to register or create a log in. You can access the GHP PromptPA portal through NaviNet or directly at ghp.promptpa.com.

In most cases, PromptPA will display policy-driven questions specific to the patient and drug. Based on your answers, you may receive an immediate approval notice. Medical record documentation must be uploaded for all requests to ensure accurate decision making.

Contact your account manager at 800-876-5357 if you need assistance or to discuss how PromptPA can benefit you.



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.

Important hearing aid benefits reminder: 2020 Geisinger Gold

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

Beginning Jan. 1, 2020, 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 billing process for repeat hospital admissions occurring within seven days

Applies to: Hospital providers **Plan(s): All plans except GHP Family and TPA plans**

Prior to Dec. 1, 2019, GHP denied both the initial and subsequent claim when the readmission occured within seven days; unless either admission met any of the exclusion criteria outlined in the bulletin. Providers were directed through the denials to rebill a combined admission.

As of Dec. 1, 2019, GHP pays the initial claim and only denies the subsequent claim when the readmission occurs within seven days (subject to exclusion criteria). When the second claim is denied, providers are directed through the denial to rebill the first admission using bill type 117 (replacement claim) as a combined admission for both claims. Payment for the first claim will be retracted and the corrected combined claim will be paid.

See the Dec. 1, 2019 Operations Bulletin that updates the process outlined in the Operations Bulletin dated September 22, 2017— *New billing process for repeat hospital admissions occurring within seven days*—which explains the Geisinger Health Plan (GHP) billing process for repeat hospital admissions occurring within seven days.

UPMC Susquehanna Sunbury Hospital closing

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

We have been informed that UPMC Susquehanna Sunbury Hospital is closing inpatient and emergency services on January 31, 2020. Outpatient labs and radiology services will remain open until March 31, 2020. All hospital services currently offered at UPMC Susquehanna Sunbury will be moved to UPMC Susquehanna Williamsport Regional Medical Center, which is located about 35 miles from the Sunbury hospital.

The following hospitals are also in your patient's network:

- Geisinger Medical Center in Danville; located about 15 miles from Sunbury
- Evangelical Community Hospital in Lewisburg; located about 13 miles from Sunbury
- Geisinger Shamokin Area Hospital in Shamokin; located about 15 miles from Sunbury

We can help

If your patients have any questions about upcoming appointments or scheduled medical services, have them call us and we will be happy to assist with their transition. We are available Monday through Friday, 7 a.m. to 7 p.m., and Saturday, 8 a.m. to 2 p.m. at 800-447-4000 (TTY 711).