

Prior authorization requirement removed for most planned inpatient admissions

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

Effective Oct. 1, 2018, GHP will remove the prior authorization requirement for most planned inpatient hospital admissions. This will apply to all GHP lines of business including Geisinger Gold (Medicare Advantage) and GHP Family (PA HealthChoices Medicaid) plans.

Exceptions that will still require prior authorization

GHP will only require prior authorization for planned hospital admissions under the following circumstances:

- If any provider involved in a GHP patient’s care is considered a non-participating provider with that patient’s plan; or,
- If the procedure being performed is an outpatient procedure, but the provider requests an acute inpatient level of care; or,
- If a GHP patient is being admitted to an acute inpatient rehabilitation or skilled nursing facility; or,
- If the procedure being performed is a non-covered service under the GHP patient’s plan; or,
- If the procedure being performed is a covered service designated as requiring prior authorization on GHP’s prior authorization list.

If any of the exceptions listed above hold true, prior authorization is required no less than two (2) business days prior to the planned date of admission.

Contents

Opioid prior authorization changes	2
PROMISe ID for CHIP	2
Member ID cards on NaviNet	3
Expanded customer service hours	3
NCQA accreditation	4
Reduce medical records requests	4
Urinary incontinence	5
Radiology auth process postponed	5
Provider survey	6
Faster claims processing	6
Lead screening for children	7
MACRA information	7
Medicaid MA 97 program exception form	7
CME seminars	7
Formulary and policy updates	8-9

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 July 2018
Photo credits: iStock

Opioid prior authorization changes

Applies to: All participating providers Plan(s): GHP Commercial, GHP Marketplace, GHP Family, GHP Kids, and in-state TPA

Beginning Sept. 1, 2018, GHP will implement changes to authorization requirements for opioid medications based on guidance from the Commonwealth of Pennsylvania. Changes will occur in three phases.

	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

The Phase 2 changes will impact approximately 13,500 GHP members. We encourage you to evaluate your patient's opioid needs with these dates in mind and obtain authorization in a timely manner to avoid any issues. Opioid prior authorization request forms can be accessed on Navinet under Forms on the left side of your screen:

- [GHP Family/GHP Kids opioid use prior authorization request form](#)
- [GHP Commercial/GHP Marketplace/TPA opioid use 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 participating 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](#).

Member ID cards available on NaviNet

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

For your convenience, member identification cards can now be viewed on NaviNet in the eligibility and benefits section. Click on the "Member ID Card" link to view and image of the card.

Eligibility and Benefits for JANE DOE

Female born on 02/26/1950

View Patient Details

Geisinger Health Plan

No additional payer information on file

View/Print

Active as of 01/24/2018

Member ID: 10017691701 Group: 1016550104 HMO/GOLD INDIVIDUALS

Service Date: 06/05/2018

INSURANCE DETAILS

Member ID Card

Product: MCLD

Type:

PRIMARY CARE PROVIDER

ABC MEDICAL GROUP

12 HEALTHY LN

DANVILLE, PA 178218029

NPI: 1231231234

Facility ID: C101

Expanded customer service hours

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

As of Monday, July 9, Geisinger Health Plan's customer service hours have been extended to provide more opportunities to serve our members and provider network. The new hours, applicable to all lines of business, are Monday through Friday 7:00 a.m. – 7:00 p.m., and Saturday 8:00 a.m. – 2:00 p.m. Exceptions to this schedule are:

- Geisinger Gold customer service hours remain Monday through Friday 8:00 a.m. – 8:00 p.m., Saturday 8:00 a.m. – 2:00 p.m.
- During the Medicare enrollment period of Oct. 1 to Mar. 31, Gold hours will be expanded to seven days per week, 8:00 a.m. – 8:00 p.m.
- GHP Family customer service hours will adhere to the new extended hours, except for Wednesday, which will be 7:00 a.m. – 8:00 p.m.

No changes have been made to the pharmacy customer service hours.



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.

NCQA accreditation review beginning Nov. 2018

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

Starting in November, Geisinger Health Plan will be undergoing an accreditation review by the National Committee for Quality Assurance (NCQA). The Pennsylvania Department of Health mandates that NCQA must examine member medical records as part of this review. We have a short time frame in which to obtain the medical records from your office, so we ask for a quick response in providing the information.

We know this can be time-consuming for your office staff, so GHP can assist your office with pulling charts and copying the requested information.

GHP can assist you with medical records requests

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

GHP has implemented a major initiative to help network providers manage the Health Plan's requests for medical record information.

Our goal is to reduce administrative burden, increase quality care and ensure coding accuracy by partnering with providers to collect required medical records without negatively impacting your support and clinical staff. Prior to requesting medical records, GHP will use as much information from internal sources as possible (such as claims, authorizations and appeals) to minimize the volume of records requested.

Our focus lies squarely on quality and drives us to help you prepare for value-based reimbursement. We are committed to working with you to facilitate medical record retrieval in whatever way is most convenient for your office. Ideally, we would like to create a relationship that includes electronic remote access, but we are willing to help by other methods as well, such as EMR extracts, on-site coding, on-site retrieval, file transfer, photocopying, etc.

For more information about chart retrieval assistance, or if you have any questions, contact your account manager at 800-876-5357, and he or she will direct your inquiry to the appropriate area.

Inovalon reminder

GHP has dissolved its relationship with the chart retrieval company, Inovalon. Inovalon should never ask for chart information on behalf of GHP.



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>.

Advanced diagnostic imaging decision support process changes

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

GHP is delaying the implementation of the decision support process for certain advanced diagnostic imaging services until Sept. 1, 2018. There will also be further changes to the process reported in the Operations Bulletin dated June 15, 2018. A revised bulletin will be distributed and available on NaviNet next week.

Physician feedback impacts GHP investment

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

GHP would like to thank those physicians and office personnel who participated in the 2017 Provider Satisfaction Survey. Your concerns and recommendations have been heard. We are committed to improving business operations so you can focus on the heart of your business: caring for your patients.

The 2017 survey results, as in previous years, identified provider satisfaction with claims payment and access to patient benefit information as significant areas of opportunity. Because of your consistent feedback, GHP has made investments to improve the claims payment process and NaviNet.net functionality including:

- The addition of dedicated claims research associates to support claims issues, in conjunction with provider account managers
- The addition of member ID card image displays in NaviNet.net
- Ongoing enhancement of additional functionalities through NaviNet.net

Your feedback remains an integral part of our planning and the path we take into the future. Please continue to take advantage of the annual surveys and let us know how we can better serve you. The 2018 survey will be emailed to all providers with a valid email on file and will also be accessible through NaviNet during the month of July.

Faster claims processing

This month, GHP worked with Cognizant to implement improvements to the way we process paper claims. There is a new address for paper claim submission, although claims can also still be sent to the old address during the transition period from summer 2018 through fall 2019. The new claims address is:

Geisinger Health Plan
P.O. Box 853910
Richardson, TX 75085-3910

It is still quicker and easier to submit claims electronically through Instamed. Most of GHP providers are registered with Instamed and can access their ERA through the easy online portal. If your billing company does not currently do so, we recommend allowing them to view your ERA information through Instamed as an alternative to calling GHP customer service with basic ERA inquiries. Through Instamed, your billing company will have 24/7 access to payment details and will be able to view and print remittances.

Contact InstaMed at 866-945-7990 if you or your billing company have questions regarding ERAs and access.

Not registered with InstaMed? Register today!
(www.instamed.com/eraeft)

It's easy and free to begin receiving GHP payments directly deposited into your bank account and gain access to the free secure provider portal.

Get your claims question answered faster with secure messaging on NaviNet

Look for the Secure Messaging tab under Workflows for this Plan on NaviNet.net. Include the claim number(s) in the subject line and add your comments. Your message will go directly to the GHP claims and reimbursement team for review and response to you via NaviNet.

Lead screening for children

Applies to: PCPs **Plan(s):** GHP Family, GHP Kids

Protecting children from lead exposure is important to their health. Even low levels of lead in blood have shown to affect IQ, ability to pay attention and academic achievement. Effects of lead exposure cannot be corrected. All GHP Family children are considered at risk for lead toxicity. Risk questions should be asked at every visit. Lead screening is required at age 9 – 11 months. If not completed during that time, it must be done at the next screening opportunity of 12, 15 or 18 months and again at 24 months. If not completed at 24 months, it must be done at the next screening opportunity of 30 months, 3, 4, 5 or 6 years. Procedure code 83655 (lead testing) is used with the EP modifier to bill the service.

GHP Family members with blood lead levels greater than 10 µg/dL need to be referred to GHP's Special Needs Unit (SNU) to coordinate environmental testing by a contracted vendor. Providers may refer patients directly by contacting the SNU at 855-214-8100. Please inform the SNU that the referral is for an elevated blood lead level of 10 µg/dL or greater.

MACRA information

Applies to: All Participating Providers **Plan(s):** GHP Gold plans

Effective Jan. 1, 2017, the Medicare and CHIP Reauthorization Act (MACRA) impacts Medicare Part B payments. Geisinger Health Plan coordinates benefits for Part C and Part D beneficiaries; therefore, we believe MACRA legislation will not impact Geisinger's contractual language with providers or affect pricing methodologies. Further guidance or regulations may have an impact in the future. Please consult your own legal or other advisors if you have further questions regarding MACRA legislation. This is general information and should not be considered legal advice.

Medicaid MA 97 program exception form

Applies to: All Participating Providers **Plan(s):** GHP Family

Participating provider may request coverage for items or services included in the member's benefit package, but not currently listed on the Medical Assistance program fee schedule. The Medicaid MA 97 form is not required for these requests for GHP Family members. Providers should follow the GHP Family prior authorization process, as outlined in the [GHP Family Provider Manual](#).

Continuing medical education seminars

Applies to: All Participating Providers **Plan(s):** All plans

Geisinger offers CME seminars to healthcare providers on a variety of topics. Please see our complete CME catalog [here](#).

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 Aug. 15, 2018:**

- MP033 Varicose Vein Therapy – REVISED – removed exclusion
- MP045 Chest Percussion Vest – REVISED – removed prior auth requirement
- MP089 Evaluation of Breast Ductal Lavage – REVISED – clarified exclusion
- MP121 Wearable Cardioverter Defibrillators and Automatic External Defibrillators – REVISED – removed prior auth requirement
- MP136 Alternative Medicine Therapies – REVISED – removed exclusion
- MP299 Measurement of Serum Antibodies to Infliximab, and Adalimumab, and Vedolizumab – REVISED – added exclusion
- MP306 Tumor Treatment Fields – REVISED – removed exclusion, added medicaid business segment
- MP314 Molecular Testing – General Guidelines – NEW

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. Additional references or background information was added to support the current policy.

- MP003 Ocular Photodynamic Therapy
- MP017 Ambulance Transport
- MP074 Interactive Metronome Training
- MP084 Stereotactic Radiosurgery
- MP110 Uterine Artery Embolization
- MP124 Transpupillary Thermotherapy
- MP134 Gastric Electrical Stimulation
- MP140 Automatic Implanted Defibrillator/CRT-D with Attachment
- MP141 Biventricular Pacemaker
- MP144 Vitamin B12 Injection Therapy
- MP152 Low Level Laser Therapy
- MP174 Exhaled Nitric Oxide for Asthma Management
- MP203 Radiofrequency Ablation Therapy for Barrett's Esophagus
- MP216 Quantitative EEG (QEEG)
- MP271 Non-Invasive Testing for Fetal Aneuploidy

Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect Aug. 15, 2018:

- MBP 22.0 Xolair (Omalizumab) – REVISED
- MBP 59.0 White Blood Cell Stimulating Factors – REVISED
- MBP 75.0 Stelara (ustekinumab) –REVISED
- MBP 89.0 Xgeva (denosumab) – REVISED
- MBP 91.0 Yervoy (Ipilimumab) – REVISED
- MBP 126.0 Opdivo (nivolumab) – REVISED
- MBP 128.0 Blincyto (blinatumomab) – REVISED
- MBP 141.0 Nucala (mepolizumab) – REVISED
- MBP 145.0 Cinqair (reslizumab) – REVISED
- MBP 156.0 Imfinzi (durvalumab) – REVISED
- MBP 166.0 Adcetris (brentuximab vedotin) – REVISED
- MBP 173.0 Fasenra (benralizumab) – NEW
- MBP 174.0 Luxturna (voretigene-neparvovec-rzyl) – NEW
- MBP 175.0 Mepsevii (vestronidase alfa-vjbk) – NEW
- MBP 177.0 Prevmis IV (letermovir) – NEW

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