

Each service location must be registered with DHS to see GHP Family and GHP Kids patients after July 1, 2019

Applies to: All providers **Plan(s):** GHP Family and GHP Kids

On July 1, 2019, the Pennsylvania Department of Human Services (DHS) will fully implement Affordable Care Act (ACA) provisions that will affect your claims for Medical Assistance (MA) and/or Children's Health Insurance Program (CHIP) enrollees. All facilities, offices, individual providers and other practitioners who render, order, refer or prescribe items or services to MA and/or CHIP enrollees will need to be enrolled with DHS with a valid PROMISe ID for each practice location.

As of July 1, 2019, all providers who care for GHP Family (MA) and/or GHP Kids (CHIP) patients must have a valid service-location specific PROMISe™ ID registered with DHS for claims to pay.

If you have not already done so, complete your enrollment today!

Visit the DHS enrollment page at

<https://provider.enrollment.dpw.state.pa.us/> to enroll.

Visit GHP on NaviNet to read the recent Operations Bulletins regarding this change for GHP Family and GHP Kids providers:

- [Ops Bulletin about enrollment for GHP Family](#)
- [Ops Bulletin about enrollment for GHP Kids](#)

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.

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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 May 2019



Claim edit may affect new patient E&M codes

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

GHP recently made a change to our claims editing system to align with the industry standard understanding of “new” and “established patients”. The AMA Current Procedural Terminology (CPT) manual defines a new patient as, “...one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.”

The claim edit will automatically change a billed new patient E&M code to an established patient E&M code when a previous claim contains any E&M code or face-to-face professional service (e.g., surgical procedure) billed within a three-year period by the same provider or another provider within the same provider group practice and specialty.

Since new patient visits are generally more comprehensive and require more intensive medical decision making and face-to-face time, they are commonly reimbursed at a higher rate. You may notice that you do not receive the expected reimbursement for a new patient E&M you bill for a patient you are seeing for the first time. This may be attributed to the patient receiving an evaluation or procedure by another physician in your group practice and specialty within the last three years.

To ensure efficient and timely reconsideration of claim payment/denial appeals, utilize the [Claims research request form \(CRRF\)](#) to initiate a reconsideration of a previously paid or denied claim. Make copies of the blank form as necessary and retain a copy of the completed forms for your records – or submit electronically via NaviNet.

Dual eligible Geisinger Gold Secure Rx members to choose secondary (Medicaid) coverage in 2020

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

Effective January 1, 2020, Geisinger Gold Secure Rx (HMO SNP) members, who are eligible for both Medicare and Medical Assistance (Medicaid), will be required to 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 Health Choices, PA Health & Wellness (Centene), or AmeriHealth Caritas/Keystone First (AmeriHealth). Secure Rx will continue to provide the member’s primary health coverage. Members will not be required to change their Medicare Advantage plan. The CHC plan will provide the administrative services and secondary coverage currently furnished by the Pennsylvania Department of Human Services (DHS). The member will not be required to do anything differently to access Medicare-covered services or use their Secure Rx benefits.

Members questioning this change 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.

More information on the Pennsylvania Department of Human Services' CHC program can be found online at <http://www.healthchoices.pa.gov/info/about/community/>.

GHP escalating clinical data sharing efforts to support patient care

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

GHP supports cooperative data exchanges that benefit you and your patients

GHP is dedicated to advancing the quality of patient care. Establishing a data-sharing relationship with GHP promotes improved care coordination for your GHP patients resulting in better health outcomes. Data-sharing also facilitates timely claim processing, limits denials related to medical record access and insufficient documentation and decreases your administrative burden. GHP provides numerous health data sharing options at no cost to you. We want to work with you to find the most convenient way to share necessary medical record data while minimizing the impact on clinical and support staff at your office.

Talk to your GHP provider account manager about how sharing medical record data with GHP can benefit you and your patients. Contact your account manager at 800-876-5357.

New requirement effective July 1, 2019

Beginning July 1, 2019, GHP may withhold or recoup payment for claims when requested health records related to those claims are not provided within 60 days of GHP's request.

GHP expects complete and timely access to medical records in support of quality patient care. Visibility of member medical records allows GHP to more effectively coordinate and supplement the patient care you provide.

All costs associated with the access or provision of requested member health records, either to the provider or medical record copying company, are considered fully compensated as part of the contracted payment rate(s) expressed in your agreement with GHP.

GHP understands complete access to, or provision of, a member's medical record may not be possible under special circumstances – during certain behavioral health treatments for instance. GHP will abide by all applicable exclusionary regulations and/or laws that prohibit access to member health records.

[The Operations Bulletin dated May 28, 2019 is available on the GHP plan central page on NaviNet under Operations Bulletins.](#)



Medicare health outcomes survey — Improving or maintaining mental health

The Medicare Health Outcomes Survey (HOS) is used to gather clinically meaningful data from Medicare Advantage beneficiaries. The survey is used to gauge plan performance, inform Medicare Advantage beneficiaries' healthcare choices and advance research into population health. All managed care organizations with Medicare contracts, including Geisinger Gold, must participate.

Although most cases of depression are diagnosed in younger adults, it's just as important for an older person with symptoms of depression to seek treatment. Depression can worsen health in people with conditions like heart disease, diabetes, and stroke. Depression can also complicate treatment for these conditions.

The percentage of patients whose mental health was the same or better than expected after two years is measured by HOS. You can help improve and maintain your aging and elderly patients' mental health by doing the following:

- Routinely assess your patient's emotional problems, depression, anxiety and addictions. Determine how these affect their daily life and social interactions.
- Provide referrals for behavioral health services, depression management services and treatment centers.
- Integrate motivational interviewing to improve treatment engagement and mental health outcomes.

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



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 Health 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.

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 June 15, 2019:**

- MP044 Aquatic Therapy – REVISED – Added exclusion
- MP046 Progressive Stretch Devices – REVISED – Added exclusion
- MP097 Genetic Testing for BRCA – REVISED – Revised indication language
- MP233 Autologous Injectable Platelet and Blood Products – REVISED – Added exclusion

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.

- MP033 Varicose Vein Treatments
- MP037 Home Phlebotomy Program
- MP039 Home Uterine Monitoring
- MP062 TMLR
- MP076 HH/DME Hyperbilirubinemia
- MP081 Chelation Therapy
- MP127 Prolotherapy
- MP133 Meniscal Allograft
- MP165 Treatment of Vestibular Disorders
- MP198 Pulse Oximetry for Pediatric Home Use
- MP212 Non-Contact low-frequency Ultrasound Management (MIST Therapy)
- MP217 Polysomnography and Sleep Studies
- MP263 Minimally Invasive Lumbar Decompression (MILD)
- MP265 Proteomic Serum Analysis
- MP293 Intrathecal Infusion Pump
- MP315 Esophageal Sphincter Augmentation

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

Medical pharmaceutical policy updates

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

- MBP 191.0 Cinvanti (aprepitant) – NEW POLICY
- MBP 192.0 Akynzeo IV (fosnetupitant/palonosetron) – NEW POLICY
- MBP 193.0 Revcovi (elapegademase-lvlr) – NEW POLICY
- MBP 194.0 Xerava (eravacycline) – NEW POLICY
- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin) – REVISED
- MBP 13.0 Viscosupplementation using hyaluronan injections – REVISED
- MBP 59.0 White Blood Cell Stimulating Factors – REVISED
- MBP 77.0 Ilaris (canakinumab) – REVISED
- MBP 106.0 Injectable Antipsychotic Medications – REVISED
- MBP 158.0 Tepadina (thiotepa) – REVISED
- MBP 179.0 Hemlibra (emicizumab-kxwh) – REVISED
- MBP 188.0 Onpattro (patisiran) – REVISED

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

- 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 84.0 Berinert (C1 esterase inhibitor, human)
- MBP 115.0 Cyramza (ramucirumab)
- MBP 127.0 Makena (hydroxyprogesterone caproate)
- MBP 153.0 Zinplava (bezlotoxumab)

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