

Waived cost sharing for in-network telehealth services extended through July 31, 2020

Applies to: All providers

Plan(s): All plans

Geisinger Health Plan's member sharing waiver for in-network telehealth services has been extended through July 31, 2020. Other existing cost share waivers put into place as a response to the coronavirus outbreak will remain in place until further notice.

Telehealth services play an important role in keeping both patients and healthcare professionals safe amid the COVID-19 pandemic.

Geisinger Health Plan will continue to cover and waive member cost sharing for any in-network providers who offer telehealth and virtual care services that allow members to avoid unnecessary trips to the office. This includes telehealth services for any physical or behavioral health diagnosis, virtual screenings for COVID-19, and other routine medical needs such as cold, flu, allergy, rash, sinus infection, etc.

Visit Geisinger Health Plan's [coronavirus information for providers page](#) for more information.

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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 2020

According to FAIR Health's [Monthly Telehealth Regional Tracker](#) — an independent nonprofit that manages the nation's largest database of privately billed health insurance claims and Medicare claims data — telehealth claim lines increased 4,347% nationally and 15,503.20% in Pennsylvania between March 2019 and March 2020.

New consultative authorization process for high end radiology coming this fall

Applies to: Radiology ordering and rendering providers

Plan(s): All plans

In the coming months, Geisinger Health Plan will be implementing a consultative authorization program to ensure the high-end radiology services members receive are clinically appropriate and medically necessary. We've partnered with the specialty benefit management company HealthHelp to develop an authorization program to improve quality and reduce the cost of care through expert peer consultation and the latest evidence-based medical criteria for radiology procedures.

A formal announcement and more details are forthcoming. Be sure to check NaviNet for the latest announcements, bulletins and newsletters for network providers.

Prescribing opioid analgesics to your GHP Family patients?

Applies to: Prescribing providers

Plan(s): GHP Family

Make sure your authorization requests are received and processed efficiently. Use the approved GHP Pharmacy forms below when requesting authorization.

- [Analgesics, Opioids Long-Acting PEAP](#)
- [Analgesics, Opioids Short-Acting PEAP](#)

Submit your completed authorization requests through [PromptPA](#) or fax to Geisinger Health Plan at 570-271-5610 with the required clinical documentation.

These and other approved pharmacy authorization forms are available on NaviNet and under [Pharmacy Forms](#) in the For Providers section of the Geisinger Health Plan website.

Prescription drug authorization made easy

Applies to: All providers

Plan(s): All plans

Use [PromptPA](#) – the online prior authorization and pre-certification portal powered by PAHub – to request authorization. PromptPA is the best way to get authorization for your Geisinger Health Plan patient's prescription drugs.

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.

Home health – the right care for the right patient

Applies to: Home health providers

Plan(s): All plans

Home health care plays an important role in helping patients improve function, live with greater independence, achieve a level of well-being and avoid hospitalization.

Accurate and truthful encounter documentation, progress notes and shift notes are an essential component of quality home healthcare. Those providing home health care services should continually assess the plan of care for clinical accuracy to confirm that it corresponds with the levels of care being provided. If a patient is progressing, or there are no signs or symptoms of an issue, the level of care should change (e.g., from a nurse to a home health aide and a reduction of hours). It's important to remember that home health care is not a one size fits all system – each patient's journey is unique.

Providing continuous care to a stable or non-changing patient when that care isn't needed is false billing. There have been credible allegations that agencies have been billing for medically unnecessary services and misrepresenting the level of service provided – thereby inflating the value of claims submitted to Geisinger Health Plan.

Charges for hours and skilled nursing, in excess of the appropriate level of care required, is considered fraud, waste and abuse. Our Special Investigations Unit (SIU) investigators and clinical auditors have been tasked by federal regulators to focus on such inconsistencies and excessive charges by home health agencies.

Concerns related to these actions or any other illegal or unethical activity can be reported anonymously to our compliance hotline at **800-292-1627**. The hotline is available 24 hours per day, 7 days a week.

Resolving DME claim edit denials

Applies to: DME providers

Plan(s): All plans

You may have noticed claim edit denials for DME services related to frequency of usage or quantities. If you have questions related to such denials, Call **800-447-4000** and say, "claims" to connect with a dedicated claims resolution representative. You can request the claim edit denial rationale and/or [follow the CRRF process to request reconsideration](#) of your claims. Be sure to check the claim edit box on the CRRF form and attach supporting medical documentation.



Seeing Geisinger Marketplace Premier members

Applies to: All providers

Plan(s): Geisinger Marketplace plans

Know your Geisinger Marketplace network options

Geisinger Health Plan offers two network options for its Geisinger Marketplace plans – All-Access and Premier.

Geisinger Marketplace All-Access

- The All-Access network includes all participating network providers across the entire service area.
- Members enjoy access to the entire GHP provider network at a single level of cost-share.

Geisinger Marketplace Premier

- The Premier network is a subset of the GHP provider network based on quality, efficiency and cost metrics – leading to highly integrated care delivery and lower costs for members.
- The Premier network is only available in the following counties: Carbon, Centre, Columbia, Lackawanna, Luzerne, Mifflin, Monroe, Montour, Northumberland, Schuylkill, Snyder, Union and Wayne.
- Only services obtained through Premier network providers will be covered.
- The Premier network is the same lower-cost network grouping offered to Geisinger employees in the Provider Choice plan as Group 1.

Can I see Marketplace Premier members?

Verify your information and your network designations for Geisinger Marketplace and other GHP plans through our provider search function. Use the Plans Accepted feature to confirm your network status for various plans; or to ensure you refer your patient to providers in the lowest cost tier of their plan. The Plans Accepted feature will show you a list of GHP plans the selected provider accepts and what network group or tier they are in. GHP provider search results are available to patients seeking care and represent most of the important information we have on file for you and your office(s).

The screenshot shows a provider profile for John Smith MD at Geisinger Danville Community Medicine. The profile includes a placeholder for a profile picture, a 'Compare' button, and a 'Primary location' section with the address 16 Woodbine Ln, Danville, PA 17821. Contact information includes a main phone number (800) 275-6401 and a fax number (570) 271-5609. It also indicates the provider is 2 miles away, provides directions, and lists office hours as 8:00 AM - 8:00 PM today. Specialties listed are Family Medicine. A red arrow points to a button labeled '38 Plans Accepted', which is circled in red. Above this button is a wheelchair icon and the text 'Wheelchair and handicap accessible'.

Billing process for repeat hospital admissions occurring within seven days

Applies to: Hospital providers

Plan(s): All plans except GHP Family, Geisinger Gold and TPA plans

Geisinger Health Plan requires hospital providers to combine and rebill inpatient hospitalization claims when a readmission occurs within seven days of discharge — unless either admission meets one of the exclusion criteria outlined in the [Dec. 1, 2019 Operations Bulletin](#). Extensive claims analysis shows this process has minimal impact on most hospital providers and we make every effort to help resolve outstanding claims that were subject to the 7-day readmission policy.

How it works

Geisinger Health Plan 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 is retracted and the corrected combined claim is paid.

Claims for admissions that are denied based on medical necessity and/or member coverage should not be combined with any other admission, nor resubmitted.

We're here to help

Call **800-447-4000** and say, “claims” to speak with a provider care team representative for assistance with questions related to the 7-day readmissions policy or impacted claims.

Medical records requests fax number

Applies to: All providers

Plan(s): All plans

Geisinger Health Plan employs dozens of registered nurses and other clinical and non-clinical staff tasked solely with helping your patients navigate chronic conditions and transitions of care. The effectiveness of our hands-on approach to health management relies on the integration of medical record data at every point along the patient care continuum.



We appreciate your cooperation in fulfilling medical record requests. When you need to fax medical records to our quality and accreditation team, be sure to fax them to **570-214-1380**.

Effective October 1, 2020, medical records will only be accepted at **570-214-1380**. Medical records faxed to any other number — including Geisinger Health Plan regional office numbers you may have faxed in the past — will not be received or accepted.

We encourage you to begin using the **570-214-1380** fax number now. If you experience any issues in faxing medical records to this number, call our quality and accreditation team at 866-847-1216.

Geisinger

Health Plan

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. 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, 2020:

- MP033 Varicose Vein Treatments – REVISED – Added program exception note
- MP083 Contact Lenses – REVISED – Added coverage
- MP097 Genetic Testing for BRCA – REVISED – Revised title; added criteria
- MP133 Meniscal Allograft – REVISED – Clarified language
- MP165 Treatment of Vestibular Disorders – REVISED – Added language
- MP179 Photodynamic Therapy for Oncology Applications – REVISED – Revised title; added criteria
- MP223 Discography – REVISED – Revised title; added content
- MP265 Proteomic Serum Analysis – REVISED – Added language/criteria
- MP277 Vision Therapy/Orthoptics – REVISED – Added medicare language
- MP335 Extracorporeal Photopheresis – 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.

- MP037 Home Phlebotomy Program
- MP039 Home Uterine Monitoring
- MP044 Aquatic Therapy
- MP046 Progressive Stretch Devices
- MP062 TMLR
- MP076 HH/DME Hyperbilirubinemia
- MP081 Chelation Therapy
- MP127 Prolotherapy
- MP198 Pulse Oximetry for Pediatric Home Use
- MP212 Non-Contact low-frequency Ultrasound Management (MIST Therapy)
- MP217 Polysomnography and Sleep Studies
- MP233 Autologous Injectable Platelet and Blood Products
- MP293 Intrathecal Infusion Pump

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.

Formulary and policy updates

Medical pharmaceutical policy updates

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

- MBP 11.0 Botulinum Toxin and Derivatives (Botox, Dysport, Myobloc, Xeomin) – REVISED
- MBP 68.0 Nplate (romiplostim) – REVISED
- MBP 119.0 Keytruda (pembrolizumab) – REVISED
- MBP 169.0 Baxdela IV (delafloxacin) – REVISED
- MBP 181.0 Site of Care – REVISED
- MBP 208.0 Enhertu (fam-trastuzumab-nxki) – NEW
- MBP 209.0 Padcev (enfortumab vedotin-ejfv) – NEW

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

