Geisinger Health Plan

Provider Update

November 2018

Opioid prior authorization changes effective Jan. 1, 2019

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

GHP continues to implement changes to authorization requirements for opioid medications based on guidance from the Commonwealth of Pennsylvania. Phase 2 begins Jan. 1, 2019 and will impact approximately 11,550 GHP members taking short-acting opioids (SAOs) across all non-Medicare plans.

As of Jan. 1, 2019, prior authorization will be required for all SAOs prescribed to your non-Medicare (non-Geisinger Gold) patients — after 3 days for children or 5 days for adults.

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 request form
- GHP Commercial/GHP Marketplace/TPA opioid use request form
- Providers can also submit electronic requests via PromptPA at https://ghp.promptpa.com.

Below is an outline of recent and upcoming opioid prior authorization changes. We encourage you to evaluate your patients' opioid needs with phase 2 and 3 effective dates in mind and obtain authorization in a timely manner.

	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

Contents

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 Oct 2018

Brand name drugs with generic alternatives no longer available on GHP commercial formulary

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

Commercial plan members — all members **not** on a Geisinger Gold, GHP Marketplace, GHP Family or GHP Kids plan — will no longer be able to obtain brand name drugs when a generic is available without prior authorization. Ongoing therapy will not be disrupted and narrow therapeutic agents will remain available.

Unsure if you accept a particular GHP plan?

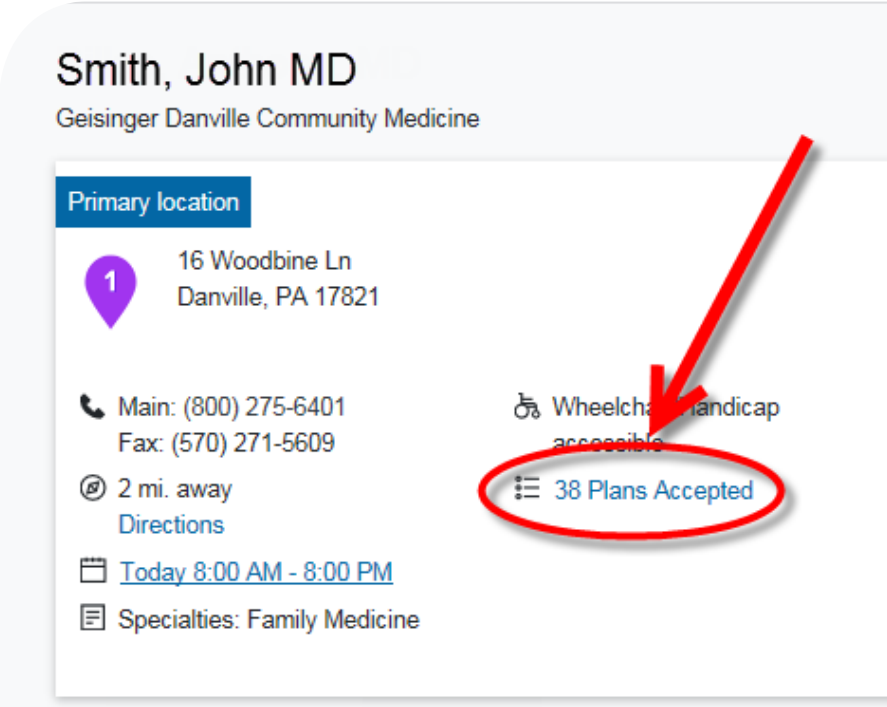
Verify what plans you accept through the provider search tool

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

With all the various products and plan offerings from GHP and other payers you may be contracted with, we know that simply understanding which plans you or your office accept can be hard. When you consider the tiered and narrow network plans that are becoming increasingly commonplace on top of that, knowing which patients you can see, where you should refer them and what the cost-sharing may be can be quite daunting.

We encourage you to use the recently improved GHP provider search function at geisinger.org/health-plan/find to verify your information and your relationship to certain GHP plans. 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).

Use the Plans Accepted feature when you are unsure whether you accept a certain GHP plan, or if you want to make sure you refer your patient to another provider in the lowest cost tier of their plan. The Plans Accepted feature will show you a list of GHP plans that provider accepts and what network tier they are in.



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.

GHP Family patients need their flu vaccine, even if Vaccines for Children (VFC) supplies are not available

Applies to: All primary care providers **Plan(s): GHP Family**

The Pennsylvania Department of Human Services (DHS) has received a series of complaints regarding the inability of Medical Assistance/GHP Family enrolled children to obtain a flu shot while at their PCP office. In all cases, the PCPs have indicated that they did not have their VFC flu supply at the time and refused to provide the vaccination.

DHS has expressed concern that Medical Assistance beneficiaries are being treated differently than the rest of the patient population. DHS has asked Medical Assistance Managed Care Organizations, like GHP Family, to notify providers that they should not turn away Medical Assistance beneficiaries seeking flu vaccinations due to any shortage or late arrival of VFC stocks.

We ask that you take immediate action to confirm that your GHP Family patients are appropriately receiving their flu vaccine at your office regardless of the availability of VFC flu vaccine stocks. If necessary, issue the vaccination from other available stock and then bill GHP Family. GHP Family will cover these vaccinations when a VFC supply is late or stock is depleted.

PROMISe™ ID needed to see CHIP and GHP Kids patients

Applies to: All 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.

Update your information in PROMISe™ today

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

Any and all practitioners who render, order, refer or prescribe items or services for MA and CHIP beneficiaries, are required to have a PROMISe ID registered with the Pennsylvania Department of Human Services (DHS). If you are currently enrolled, you are responsible for keeping your information current with the state through the PROMISe portal. Login to the PROMISe portal today to make sure your provider profile on record with the state is accurate.

Coding corner

Uncontrolled diabetes coding guidance

Uncontrolled Diabetes is defined as having a consistent blood sugar level either above or below a range that is considered within normal limits for each individual patient. The diabetes is not being adequately treated or not being treated at all, causing blood sugar levels to rise or fall in the patient. If left untreated, uncontrolled diabetes can cause serious medical conditions including coma and/or eventually leading to death.

Symptoms include: Frequent urination, unusual thirst, weight loss, hunger, changes in vision, lethargy, sores that do not heal and tingling in the hands and feet.

Complications include: Heart disease, stroke, high blood pressure, cataracts, kidney disease and nerve damage leading to amputation.

Key Definitions: Hyperglycemia - A condition where there is too much glucose or sugar in the blood
Hypoglycemia - A condition where there is too little glucose or sugar in the blood

Coding recommendations

As per AHA Coding Clinic (Vol. 4, 1st Quarter, 2017):

- There is no default code for uncontrolled diabetes. Effective Oct. 1, 2016, uncontrolled diabetes is classified by type and whether it is hyperglycemia or hypoglycemia. If the documentation is not clear, ask the provider for clarification as to whether the patient has hyperglycemia or hypoglycemia so that the appropriate code may be reported. Uncontrolled diabetes indicates that the patient's blood sugar is not at an acceptable level, because it is either too high or too low.

Diagnosis code	Diagnosis description
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma

For any additional questions or needs, please contact us at RACE@thehealthplan.com

Coding is not always black and white; therefore, certain criteria and/or guidelines on this document may be subject to change depending on medical record documentation and/or professional coding discretion. HCC information can be found at cms.gov and within the AMA Coding Guidelines.

Medicare health outcomes survey — Improving or maintaining physical 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.

Patients are asked about their general physical health, physical functioning and how bodily pain may be affecting their lifestyle. You can help improve and maintain your aging and elderly patients' physical health by doing the following:

- Encourage your patients to increase their overall physical activity. Staying active may be the single greatest factor in maintaining health.
- Regularly evaluate your patient's pain and functional status.
- Provide interventions to improve physical health and pain management. Leverage GHP's disease management, health management, and wellness programs; and consider physical therapy referrals when appropriate.
- Develop goals and action plans for your patients to take an active role in improving their health.

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

PCMH Learning Network learning session scheduled for Feb. 1, 2019

Launched in 2017, Pennsylvania Department of Human Services' Patient-Centered Medical Home (PCMH) Learning Network helps high-volume Medicaid providers and managed care organizations identify and share improvement strategies and develop an internal capacity for continuous learning and improvement. The PCMH Learning Network includes more than 100 practices from across the Commonwealth.

Quarterly, regional learning collaborative sessions (both virtual and in-person) include presentations of best practices and peer-to-peer exercises to uncover solutions to shared challenges. We invite you to attend the next learning session for the Northeast HealthChoices zone on Feb. 1, 2019, from 8:30 a.m. to 11:30 a.m.

Register at tommorrowshealthcare.org today!

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 Dec. 15, 2018:**

- MP023 Keratoplasty – REVISED (added indication for CXL; added exclusion)
- MP104 Subcutaneous Insulin Pump – REVISED (added exclusions)
- MP159 Voice Therapy – REVISED (added indication)
- MP170 Gene Expression Profiling for Breast Cancer Treatment – REVISED (expand mammaprint indication; added medicaid exclusion)
- MP244 Pelvic Floor Stimulation – REVISED (added exclusions)
- MP273 Gene-based Testing and/or Protein Biomarkers for Diagnosis and Management of Prostate Cancer – REVISED (added medicaid exclusions)
- MP313 Environmental Lead Testing – REVISED (added limitation)

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.

- MP020 Solid Organ Transplant Services
- MP029 Bone Growth Stim
- MP030 IDET
- MP047 Hyperbaric Oxygen Therapy
- MP050 Surgical Correction of Chest Wall Deformities
- MP058 Negative Pressure Wound Therapy
- MP091 Sacral Nerve Stimulation
- MP187 Cryoablation
- MP197 Janus Kinase 2 (JAK 2) Gene Mutation Analysis
- MP214 Iontophoresis
- MP243 Anorectal Fistula Repair Using an Acellular Plug
- MP258 Hyperhidrosis
- MP278 Hyperthermia in Cancer Therapy
- MP307 Gender Dysphoria and Gender Confirmation Treatment
- MP311 Genotyping or Phenotyping for Thiopurine Methyltransferase

Formulary and policy updates

Medical pharmaceutical policy updates

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

- MBP 5.0 Remicade (infliximab), Inflectra (infliximab-dyyb), Renflexis (infliximab-abda) – REVISED
- MBP 40.0 Orencia IV (abatacept) – REVISED
- MBP 48.0 Rituxan (rituximab) – REVISED
- MBP 59.0 White Blood Cell Stimulating Factors – REVISED
- MBP 74.0 Cimzia (certolizumab pegol) – REVISED
- MBP 76.0 Actemra IV (tocilizumab) – REVISED
- MBP 81.0 Prolia (denosumab) – REVISED
- MBP 91.0 Yervoy (Ipilimumab) – REVISED
- MBP 112.0 Simponi Aria (golimumab) – REVISED
- MBP 119.0 Keytruda (pembrolizumab) – REVISED
- MBP 126.0 Opdivo (nivolumab) – REVISED
- MBP 144.0 Tecentriq (atezolizumab) – REVISED
- MBP 182.0 Crysvita (burosumab-twza) – NEW POLICY
- MBP 183.0 Andexxa (andexanet alfa) – NEW POLICY

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

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

- MBP 11.0 Botulinum Toxin
- MBP 42.0 Boniva IV (ibandronate)
- MBP 43.0 Alpha 1-Antitrypsin Inhibitor Therapy
- MBP 44.0 Elaprase (idursulfase)
- MBP 46.0 Dacogen (decitabine)
- MBP 49.0 Erythropoeitin and Darbepoetin Therapy
- MBP 58.0 Prialt (ziconotide intrathecal infusion)
- MBP 73.0 Arzerra (ofatumumab)
- MBP 147.0 Lartruvo (olaratumab)
- MBP 148.0 Exondys 51 (eteplirsen)
- MBP 150.0 Sustol (granisetron ER)
- MBP 159.0 Kymriah (tisagenlecleucel)
- MBP 160.0 Besponsa (inotuzumab ozogamicin)
- MBP 161.0 Aliqopa (copanlisib)

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.