Geisinger Health Plan

Provider Update

New look for GHP member ID cards

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

GHP has redesigned member identification cards to maximize usefulness for both you and your GHP patients. The look of the new cards is familiar, yet modestly cleaner. Important cost-sharing and contact information is better organized for your convenience.

For most plans, the primary care provider (PCP) site name has been removed from the card. PCP site information is being removed to alleviate confusion when a member chooses to change PCP; or when there are staffing or naming changes at the office itself. Cards for members of self-funded TPA plans will maintain the marbled background.

The new cards will be issued to new members and existing members upon plan renewal throughout the next year. You can expect to see both old and new card styles through most of 2019. Old style cards presented by members should not be considered expired if issued within the past year.

Member's can easily find PCP information or change their current PCP through the GHP member portal or by calling customer service. Example of new member identification card design below:

Contents

Geisinger Health Plan

Lawrence Ronaldaldowiche
ID 12345678901

Copay

PCP	$ XX
Spec	$ XX
ER	$ XX
Rx	$ XX/XX/XX

Deductible in-network	$ XXXX	
Coinsurance in-network	$ XX	
Deductible Rx	$ XX	
Medical record	1234567890	

Rx BIN 003585 | PCN ASPR0D1 | GRP GJHS06

HRA Participant
Geisinger Health Plan is an affiliate of Geisinger Quality Options, Inc.

PPO No Referral

PHCS MedImpact

Connect with us

Questions / precertify for services
800-504-0443

Chiropractic services
American Specialty Health
800-678-9133

Prescription questions
800-988-4861

Tel-A-Nurse 877-543-5061

TTY hearing impaired
PA Relay at 711

Mental health / substance abuse
888-839-7972

GeisingerHealthPlan.com

Mail medical claims to
Geisinger Quality Options
P.O. Box 853910, Richardson, TX 75085-3910

Mail general information to
Geisinger Quality Options
100 N. Academy Ave., Danville, PA 17822-3229

Pharmacy assistance 800-988-4861

Issue Date 00-00-0000 | xx-xx

MultiPlan PHCS

Member ID cards available on NaviNet

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

Remember that member identification cards can now be viewed on NaviNet in the eligibility and benefits section. Click on the "Member ID Card" link to view an image of the card.

Reading Health System leaving the network

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

Reading Health System has decided to end its participation with all GHP plans on Oct. 15, 2018. After Oct.15th, services rendered by all Reading Health System facilities and providers will no longer be covered by GHP for members enrolled in HMO-type plans that do not have out-of-network benefits. For members enrolled in PPO-type plans, services rendered by Reading Health System facilities and providers could incur higher out-of-pocket expenses compared to using a participating provider. An exception to this is Gold Preferred PPO, which has the same benefits in- or out-of-network.

As such, we encourage you to refer your GHP patients to participating providers for all inpatient and outpatient services. We understand providers and members value choice in high quality health care providers and apologize for any inconvenience this change may cause. Your regional GHP account managers are prepared to assist you during this transition:

- Leonard Begis – 570-214-2703
- Mark Thomas – 570-490-7108

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.

Keep your information current

It is essential to keep your current information up to date in order to best serve GHP members and ensure you receive important communications. Update your information online by visiting the *For Providers* section at GeisingerHealthPlan.com and clicking Make changes now under the Practice information change form; or look in *Provider Tools* on the GHP plan central page at NaviNet.net for a link to the form.

You should review your demographic information on file with GHP every month or so and report any changes. Verify your current provider profile by using the *Find Providers* function on the left navigation bar at GeisingerHealthPlan.com to search the online directory for your office. Delegated provider groups should submit data via your current process and verify the process with your credentialing organization.

If you have any questions on how to use the online add/change form, contact your account manager at 800-876-5357.

Update your information in PROMISe™ today

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.

PROMISe™ ID needed to see CHIP and GHP Kids patients

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.

Bill all same-day home nursing/private duty nursing/shift care hours and units on one claim

Applies to: All participating home health agencies providing home nursing services   Plan(s): GHP Family

Home health agencies providing important home nursing or private duty nursing services for GHP Family patients are reminded to bill all same-day hours/units on one claim.

GHP Family must adhere to encounter data reporting regulations mandated by the Pennsylvania Department of Human Services. For GHP Family to report encounter data accurately and appropriately, GHP Family claims for home nursing or private duty nursing services must include all service hours/units for a given day on the same claim.

GHP Family will no longer accept late hour billing for days previously submitted for processing. Late charges will be denied. If your home health agency needs to bill late hours/charges, you are required to follow the CRRF process by submitting a corrected claim combining all hours on one line item for each day.

CONNECT early intervention program

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

Children with developmental delays and disabilities can benefit from a state-supported collaboration among parents, service practitioners and others who work with young children. The CONNECT Helpline assists families in locating resources and providing information regarding child development for children from birth to age 5. CONNECT can assist parents by making a direct link to their county or local preschool early intervention program.

Services such as parent education, support, developmental therapies and other services that assist in child development may be included in an early intervention program. Services can be provided in the home, child care center, nursery school, Head Start program or other settings that are familiar and comfortable for the family. Early intervention services are provided at no cost to the families.

To make referral for early intervention, call the CONNECT Helpline at 800-692-7288. Additional early intervention resources and education for families and providers can be found on the DHS website.

Medicare health outcomes survey — Reducing fall risk

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.

Falls can be a life-changing event for the elderly. Injuries sustained from falls can drastically affect physical and mental fuctioning and may even lead to extended hosptialization and more permanent disability. Fall risk rises with age. More than one in three people age 65 years or older fall each year.

The percentage of patients who have discussed falls — and walking or balance problems — with their healthcare provider and received treatment within the year is measured by HOS. You can help reduce fall risk in your aging and elderly patients by doing the following:

- Routinely assess your patient's fall risk. Ask questions and document discussions about falls and other gait and balance problems.

- Provide fall prevention interventions. Promote regular eye exams, exercise, strengthening and balance activities and regularly review medications that may increase fall risk.

- Promote home safety. Recommend removal of throw rugs and clutter to reduce tripping. Recommend the installation of handrails on stairways and grab bars in bathrooms, the use of non-slip mats in tubs and showers and the use of nightlights to keep walkways and bathrooms well lit. It's also a good idea for at-risk patients to keep frequently used items within easy reach.

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

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.

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 Oct. 15, 2018:**

- MP148 Ambulatory Cardiac Event Monitors – REVISED – added exclusions
- MP247 Nutritional Supplements – REVISED – added exclusions

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.

- MP102 Morphometric Tumor Analysis
- MP151 Epidural Steroid Injection
- MP163 Thermography
- MP175 Trigger Point Injections
- MP183 Cranial Electrotherapy Stimulation
- MP185 Chemosensitivity and Chemoresistance Assays
- MP200 Osteochondral Autograft Transplant
- MP202 Interferential Stimulation
- MP206 Electrocardiographic Body Surface Mapping
- MP208 Selective Internal Radiation Therapy
- MP221 Suprachoroidal Delivery of Pharmacologic Agents

- MP234 Occipital Nerve Stimulation
- MP246 Multigene Expression Assay for predicting Recurrence in Colon Cancer
- MP267 Amniotic Membrane Transplantation
- MP283 Facet Injections
- MP287 Shift Care
- MP291 TX1 Tissue Removal System for Ablating and Removing Tissue
- MP292 Sympathetic Nerve Block
- MP295 Sacroiliac Joint Injection
- MP297 Suprascapular Nerve Block

Formulary and policy updates

Medical pharmaceutical policy updates

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

- MBP 181.0 Site of Care – NEW POLICY
- MBP 179.0 Hemlibra (emicizumab-kxwh) – NEW POLICY
- MBP 180.0 Kanuma (sebelipase alfa) – NEW POLICY
- MBP 48.0 Rituxan (rituximab) – REVISED
- MBP 119.0 Keytruda (pembrolizumab) – NEW INDICATION
- MBP 132.0 Avycaz (cetfazidime/avibactam) – REVISED
- MBP 139.0 Darzalex (daratumumab) – REVISED
- MBP 146.0 Probuphine (buprenorphine) – REVISED

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

- MBP 2.0 Synagis (palivizumab)
- MBP 15.0 Zevalin (Ibritumomab)
- MBP 36.0 Abraxane (paclitaxel protein bound particles)
- MBP 57.0 Tysabri (natalizumab)
- MBP 62.0 Remodulin IV (treprostinil)
- MBP 68.0 Nplate (romiplostim)
- MBP 82.0 Jevtana (cabazitaxel)
- MBP 125.0 Lemtrada (alemtuzumab)
- MBP 134.0 Cresemba IV (isavuconazonium sulfate)
- MBP 135.0 Unituxin (dinutuximab)
- MBP 154.0 Radicava (edaravone)

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

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.