

2018 Geisinger Provider Choice plan – Network group cost-sharing exception process

December 20, 2017

Over 17,000 Geisinger employees and their dependents have chosen the new Geisinger Provider Choice plan for 2018. The new plan features a multi-group network where a member's out-of-pocket costs, such as copays, deductibles and coinsurance, are determined by the network group to which the provider they choose to see is designated. Members can choose to receive any covered service from any network provider at any time, regardless of group designation. Referrals are not required for any specialist visits. Out-of-network services are not covered.

We encourage all participating providers and office staff to familiarize themselves with the network groups associated with this plan and the network group cost-sharing exception process. The exception process allows Geisinger Provider Choice plan members to pay group 1 out-of-pocket costs when seeing group 2 or group 3 providers under certain circumstances.

Geisinger Provider Choice plan network groups

Members with the Geisinger Provider Choice plan will continue to have access to the entire Geisinger Health Plan (GHP) participating provider network. However, there will be three groups of providers for these members to choose from within the network:

- **Group 1: Geisinger providers** – Geisinger-employed providers and Geisinger-owned facilities.
- **Group 2: Partner providers** – Consists of the following providers including all non-Geisinger participants of the Keystone Accountable Care Organization (KACO) as of Jan. 1, 2018*:
 - Hershey Medical Center
 - Mount Nittany Health-owned facilities and employed providers
 - Evangelical Community Hospital and Evangelical Medical Services Organization*
 - Wayne Memorial Hospital and Wayne Memorial Community Health Centers*
 - Family Practice Center, P.C.*
 - The Wright Center Medical Group, P.C.*
 - Highland Physicians, Ltd.*
 - Brookpark Family Practice, P.C.*
 - Jackson Siegelbaum Gastroenterology, LTD*
 - West Shore Endoscopy Center*
 - Capital Anesthesia LLC*
 - Associated Otolaryngologists of PA, Inc.*
 - Urology of Central PA, Inc.*
 - Pennsylvania Gastroenterology Consultants, P.C.*
 - Enteron, Inc. d/b/a Poplar Church Anesthesia*
- **Group 3: Participating providers** – Includes all other participating providers within the GHP network.

Network levels for Provider Choice plan, cont'd

Network groupings for the Provider Choice plan were selected to align with Geisinger's strategic priorities based on the healthcare needs and patterns of Geisinger employees. Members can choose to receive any covered service from any network provider at any time, regardless of group designation. However, the provider's group designation will determine the member's out-of-pocket costs. Costs will always be lowest for members who choose Group 1: Geisinger providers. Some services may require prior authorization from GHP medical management.

The [original notice introducing the Geisinger employee plans for 2018](#) includes useful cost-sharing grids of frequently used services across plans and network groupings. The original notice, a complete list of services/medications that require prior authorization and the associated request forms are all available on the GHP plan central page at [NaviNet.net](#).

Network group cost-sharing exception process

Under certain circumstances, medically necessary services rendered by a Group 2 or Group 3 provider may be paid at the Group 1 benefit level when a network group cost-sharing exception request is approved by GHP medical management.

Providers can request a network group cost-sharing exception for members under the following circumstances:

- When a Group 1 provider sees the member at a Group 2 or Group 3 office/facility
- When a Group 2 or Group 3 provider sees the member at a Group 1 office/facility
- When a particular service or specialty is not available from a Group 1 provider
- When a member is unable to schedule an appointment or reasonably access a Group 1 provider for needed services when those services are otherwise available from a Group 2 or Group 3 provider

There may be additional circumstances under which a provider may request a network group cost-sharing exception for the member. It is important for providers to thoroughly document the reasons why the member should receive the exception during the request process.

Urgent admissions will automatically incur the Group 1 cost-sharing regardless of rendering provider group designation. The network group cost-sharing exception process does not affect existing prior authorization requirements. Providers should continue to obtain prior authorization for all services identified on GHP's prior authorization list.

How to request a network group cost-sharing exception

Network group cost-sharing exceptions must be obtained by the provider; not the member. There are two ways providers can request a network group cost-sharing exception for members:

- Fax the request and supporting information to medical management at 570-271-5534, or;
- Call the Geisinger employee plan customer service team at 844-568-5229 or 570-214-8525.

GHP medical management will process the request. Notification will be sent to both the requesting provider and member upon determination. All granted exceptions will trigger member cost-sharing at the Group 1 level.

Customer service representatives are always available assist members who may be looking for a Group 1 PCP. Members who call GHP to request an exception will be directed to work with their provider to initiate the request.

For questions about the network group exception process or the Geisinger Provider Choice plan in general, contact GHP customer service at 844-568-5229.

[Sample Geisinger Provider Choice member ID card](#)

Geisinger		Provider Choice		
First Name Last Name	Group	1	2	3
ID #: 12345678901	PCP Copay	\$10 / \$20 / \$20		
Medical Record #: 12345678	Spec Copay	\$30 / \$60 / \$90		
Primary Care: XXXX	Urgent Care Copay	\$30		
XXXXXXXXXXXXXXXXXX	ED Copay	\$200		
Office #: 123/456-7891	Coinsurance	0% / 10% / 20%		
Tel-A-Nurse #: 877-543-5061	Deductible-Indiv.	\$500 / \$1000 / \$2000		
Administered by Geisinger Indemnity Insurance Company		BIN 003585 PCN ASPROD1 MedImpact		
www.GeisingerHealthPlan.com				