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Operations Bulletin – Jan. 30, 2018

Clarification of home health prior authorization requirements for PEBTF plans – No prior authorization is required for home health services provided to PEBTF retirees age 65 and older

This bulletin is an update to the Dec. 18, 2017 bulletin you received regarding home health prior authorization requirements for members of the Pennsylvania Employees Benefit Trust Fund (PEBTF) and the Retired Employees Health Program (REHP) administered by Geisinger Health Plan (GHP).

Clarification of prior authorization requirements

Covered home health services for retired PEBTF/REHP members age 65 and older **do not** require prior authorization. Prior authorization is still required for services rendered to non-retired members and retired members under the age of 65. The previous bulletin indicated that covered home health services for **all** PEBTF members require prior authorization as of Jan. 16, 2018.

GHP administers benefits for PEBTF members who have chosen the custom HMO plan in northeastern Pennsylvania. As a self-funded plan, PEBTF has elected to apply a home health prior authorization requirement only for non-retired members and retirees under the age of 65.

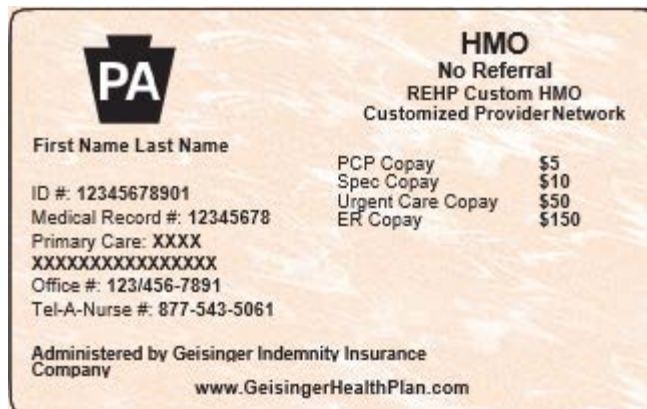
PEBTF sample card

Prior authorization is required as of Jan. 16, 2018 for non-retired PEBTF members. These members carry a member identification card with the PEBTF logo.



REHP pre-65 sample card

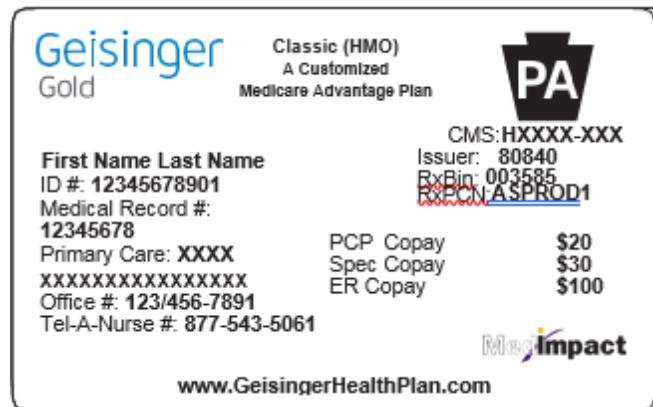
Prior authorization is required as of Jan. 16, 2018 for PEBTF retirees (members of REHP) under 65. These members carry a member identification card with a PA keystone logo.



Geisinger Health Plan may refer collectively to Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company, unless otherwise noted.

REHP Medicare Advantage sample card

No prior authorization is required for PEBTF retirees (members of REHP) age 65 and older. PEBTF retirees carry a member identification card with Geisinger Gold and PA keystone logos.



Reminder to obtain authorization before evaluating a member

Providers should always obtain prior authorization for non-retired PEBTF members and retired members under the age of 65 **before** evaluating the patient. Obtaining prior authorization before evaluating the patient will ensure proper and timely processing of claims.

Additional reasons prior authorization is required for home health services

In addition to services provided to non-retired PEBTF members and retirees under the age of 65, GHP will require prior authorization for home health visits under the following circumstances:

- A provider involved in a member's care is considered a non-participating provider with the member's plan
- The home health service provided is a non-covered service under the member's plan
- Services provided by private duty nurse or private duty nursing aide (including, but not limited to, HCPCS codes S9122, S9123 and S9124)

Home health authorization for other GHP plans

All other GHP plans, including non-PEBTF Geisinger Gold (Medicare Advantage) plans and GHP Family (Managed Medicaid) plans, do not require prior authorization for home health services. Providers can verify member benefit information and view the prior authorization list on the GHP plan central page at NaviNet.net, or by calling customer service at 844-863-6850.

Audits

Home health providers are expected to maintain all necessary medical record documentation in accordance with contractual terms and regulatory guidelines for home health services. GHP will conduct regular audits. If services are determined to be clinically inappropriate, claims may be subject to adjustment.

Contact GHP medical management at 800-544-3907 (8:00 a.m. – 5:00 p.m., Monday through Friday) with any questions regarding this policy.

This operations bulletin and the information contained herein amends the GHP Participating Provider Guide effective, Jan. 16, 2018.

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