

General Information

GHP responsibilities



GHP will:

- Adjudicate and pay clean claims within 45 days of receipt
- Orient participating providers to Geisinger Health Plan policies and procedures
- Provide ongoing communication about any changes to Geisinger Health Plan policies and procedures and other operational issues that will affect the provision of services to members
- Provide administrative services to members including, but not limited to, processing member's complaints, grievances and appeals; communicating Geisinger Health Plan policies; distributing identification cards, member handbooks, and a listing of participating providers
- Market its various product lines to diverse purchasers of health care, including employer groups, government agencies, Medicare beneficiaries and individuals
- Provide assistance to membership through the customer service teams or Tel-A-Nurse Service
- Assure availability and accessibility of adequate participating health care providers in a timely manner, enabling members to have access to quality care and continuity of health services
- Consult with participating health care providers in active clinical practice regarding professional qualifications and assessing whether additional health care providers need to be included in the network
- Ensure that members have the right to access emergency services 24 hours a day, 7 days a week and provide reasonable payment or reimbursement for emergency services
- Ensure health care services, when medically necessary, are available 24 hours a day, 7 days a week.
- Maintain procedures by which a commercial HMO, Choice PPO or Gold member is entitled to a standing referral or designation of a specialty care provider (SCP) as a PCP for health care services when a life-threatening, degenerative or disabling disease or condition may exist, upon meeting Geisinger Health Plan standards described in the section of this guide entitled *Referrals*.
- Provide direct access to obstetrical and gynecological services by permitting a commercial HMO, Choice PPO or Gold member to select a participating health care

provider to obtain maternity and gynecological care, including medically necessary and appropriate follow-up care and referrals for diagnostic testing related to maternity and gynecological care, without prior approval from a PCP; the health care services shall be within the scope of practice of the selected participating health care provider; the selected participating health care provider shall inform the member's PCP of all health care services provided within thirty (30) days of the provision of services, however, for routine obstetrical services, an initial notification and final notification, subsequent to the postpartum visit meets the notification requirement

- Provide Gold members direct access for influenza, pneumococcal vaccines and Hepatitis B (for Gold Members at risk) immunizations without prior approval and/or a referral from a PCP (or his/her designee); a participating provider agrees not to charge Gold members for Medicare covered immunizations (Refer to the section entitled *Referrals* within this guide for further information.)
- Ensure that there are participating health care providers who are physically accessible to people with disabilities and can communicate with members with sensory disabilities in accordance with Title III of the Americans with Disabilities Act of 1990
- Not penalize or restrict a participating health care provider from discussing:
 - The process that Geisinger Health Plan or any individual, partnership or entity contracting with Geisinger Health Plan uses or proposes to use to deny payment for a covered service;
 - Medically necessary and appropriate care with or on behalf of a member, including information regarding the nature of treatment; risks of treatment; alternative treatments; or the availability of alternate therapies, consultation or tests; and
 - The decision of Geisinger Health Plan to deny payment for a covered service.
- Not use any financial incentives that compensate a participating provider for providing less than medically necessary and appropriate care to a member
- Ensure that a member's Protected Health Information (PHI) is adequately protected and remains confidential in compliance with all applicable federal and state laws and regulations and professional ethical standards
- Not exclude, discriminate against or penalize any participating provider for their refusal to allow, perform, participate in or refer for Health Care Services, when the refusal of the participating provider or Geisinger Health Plan is based on moral or religious grounds
- Not be responsible for covered services provided to a member following the date of termination of the agreement with a participating provider when the participating provider has been terminated for cause, including breach of contract, fraud, criminal activity or posing a danger to a member, or the health, safety or welfare of the public as determined by Geisinger Health Plan
- Maintain policies and procedures that allow for individual medical necessity determinations
- Allow the participating provider to consider a member's input into the participating provider's proposed treatment plan; irrespective of coverage potential, known side effects of treatment and planned/proposed management of symptoms (examples may

include education of members regarding their health care needs and sharing findings of history and physical examinations)

- Ensure that health care services are provided in a culturally competent manner to all members, including those with limited English proficiency or reading skills, diverse cultural and ethnic backgrounds, and physical or mental disabilities
- Ensure that participating providers who maintain a current drug enforcement agency (DEA) certificate have access to a formulary, which includes procedures that describe the process to be used to obtain coverage of a drug that is an exception to the formulary (The formulary is available on the GHP plan central page on NaviNet.net.)
- Educate participating providers about Geisinger Health Plan's Part D formulary; maintain procedures to ensure that participating providers have the information required for effective and continuous patient care and quality review, including procedures that ensure that
 - a "best effort" attempt has been made to conduct an initial assessment of a Gold member's health care needs within 90 days of Geisinger Health Plan's notice to PCP of enrollment of a Gold member, including following up on unsuccessful attempts to contact a Gold member;
 - maintenance of health records in accordance with standards established by Geisinger Health Plan; and
 - appropriate and confidential exchange of information occurs among other health care providers
- In the event Geisinger Health Plan suspends or terminates the agreement between Geisinger Health Plan and a participating provider physician, Geisinger Health Plan will provide suspended or terminated participating provider physician written notice of the following:
 - The reasons for the action, including, if relevant, the standards and profiling data used by Geisinger Health Plan to evaluate the participating provider physician and the numbers and mix of such physicians needed by Geisinger Health Plan, and
 - The affected physician's right to appeal the action, process, and timeline for requesting a hearing. Participating providers that are excluded from participating in the Medicare program shall not be afforded the opportunity to appeal a suspension or termination action by Geisinger Health Plan.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

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