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Improving quality of care

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys are standardized consumer satisfaction evaluations for the insurance industry. Across the United States, members and patients are surveyed on the quality of services they receive from their health insurance plan and their doctors.

Geisinger Health Plan's (GHP) commercial and Medicare Advantage programs are included in the CAHPS ratings. We use the results to improve quality of care and customer service for our members.

For scoring and reporting purposes, questions are combined into measures.

Some of the measures include:

- **Getting needed care**
- **Getting care quickly**
- **Doctors who communicate well**
- **Health plan customer service**
- **Getting needed prescription drugs**
- **Getting information from the plan about prescription drug coverage and cost**

There are also individual questions on items such as:

- **Rating of personal doctor**
- **Rating of health care quality**
- **Receipt of influenza vaccine**



The CAHPS surveys act as our report card, with members scoring both GHP and our providers. Public reporting of the CAHPS survey results increases awareness about care quality and encourages both carriers and participating doctors to improve quality.

GHP has targeted some measures as areas for improvement. These improvements will help create a better health care experience for our members.

On the next page, please review the summary of those measures and how you can help.



Briefly is also available online at thehealthplan.com

Key CAHPS survey measures for GHP improvement

Getting needed care

This measure refers to members who received specialty care within the last six months. They are asked questions regarding:

- The ease of scheduling an appointment
- The number of visits they had
- Their overall rating of the specialist
- How often their PCP was notified about their specialty care

How can you help?

- Process timely referrals
- PCPs should follow up with the specialist's office
- Specialists should provide their patient's PCP office with an update
- Record all care information in your patient's medical record

Doctors who communicate well

Members who visited their PCP within the last six months are asked questions related to:

- Ease of understanding doctors' explanations of care
- How often their doctor listened carefully and treated them with respect
- If their doctor spent enough time with them at the appointment

How can you help?

- Ask patients if they have additional questions
- Discuss the importance of customer service with your office staff
- Spend as much time with your patients as your schedule allows

Not only does this category reflect on the doctor's actions, it is also relevant to your entire practice and staff. Patients will weigh their answers based on how they are treated at the front desk or by the nurse, as well as their doctor.

Coordination of care

This portion is a series of questions about how a provider and their staff deliver ongoing care to the patient. Questions include:

- Did your doctor have medical records or other information about your care?
- Did the doctor's office follow up to give you test results?
- Did you get test results as soon as you needed them?
- Did your doctor talk to you about all of your prescription medicines?
- When you needed help managing your care between providers, did your doctor's office provide you the help you needed?
- Was your doctor informed and up-to-date about your specialty care?

How can you help?

- Promptly follow up with your patients regarding test results
- Update patient medical records regularly
- Ask your patients if they have questions regarding their medications

Advising on the use of aspirin

Cardiovascular disease (CVD) is the leading cause of death in the United States. Daily aspirin use, dosage of 81 mg, in people with moderate to severe CVD can reduce risks associated with CVD. The U.S. Preventive Services Task Force supports this recommendation, and in 2009 revised their guidelines on the use of daily aspirin therapy.

How can you help?

Aspirin is recommended for:

- **Men, ages 45 to 79:** when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage
- **Women, ages 55 to 79:** when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage

NIA's 2013 clinical guideline updates

Effective January 2, 2013, National Imaging Associates, Inc. (NIA) reviewers will begin using updated clinical guidelines in the evaluation of requests for radiology services. The 2013 annual clinical guidelines review process incorporated an extensive clinical review. All revisions to these guidelines are the result of clinical consensus and approved by clinical leadership at both NIA and GHP.

The following 2013 NIA clinical guideline formatting changes were made to provide consistency in all similar guidelines and to enhance usability:

- **PET scans for oncology**—The need to search for a specific cancer type and the indications that follow has been eliminated. With a few exceptions, cancer types have been consolidated to collectively address the initial and subsequent treatment strategy for all solid tumor types.

- **CT/MRI**—All single study upper (wrist, arm, humerus, and shoulder) and lower extremity (foot, ankle, knee, and hip) guidelines for CT/MRI were combined into four major extremity guidelines. The guideline includes clinical indications that can be generally applied to any of the extremities. Plus, sections were added within each of the updated extremity guidelines with clinical indications specific to the extremity body part. For example, within the lower extremity guideline, there will be a section that is specific to the knee to address clinical conditions that only relate to the knee like “physical findings of anterior cruciate ligament.”

You can view the current 2012 guidelines by accessing your radmd account. NIA has also posted the 2013 advanced imaging clinical guidelines online.

To access your radmd account and view the 2013 guidelines (login not required):

- Visit www.radmd.com
- Click the “Solutions” tab from the main menu bar
- From the “Solutions” drop down list, click on “Advanced Imaging”
- Listed under “Document,” click on “Preview of NIA’s 2013 Standard Guidelines”
 - o The table of contents begins on page 3
 - o Click once on the study to be viewed
 - o To return to the table of contents, click on “TOC” in the upper right hand corner above the heading of each guideline

Effective January 2, 2013, NIA will replace current clinical guidelines with the updated 2013 version.



Geisinger Gold updates

Geisinger Gold is pleased to announce that Pennsylvania Medicare beneficiaries will continue to enjoy the same great coverage and service they are accustomed to. Members with Part D prescription drug coverage will also have a new benefit, \$3 drug copays on most generics right through the coverage gap.

Beginning in January, participating providers will see a new Geisinger Gold logo on member ID cards and Gold materials (see below). This new logo is part of a GHP-wide change to logos for all benefit plans, as part of an effort to increase awareness of all offerings within GHP.

Also beginning in 2013, Geisinger Gold is partnering with Meridian Health to offer Medicare Advantage plans in Monmouth and Ocean counties in New Jersey. Several plans include HMO, PPO, and MSA, offering the same affordable, comprehensive coverage available to Pennsylvania members. Participating providers can visit thehealthplan.com or call (800) 876-5357 for more information.

If you have any patients who are interested in Geisinger Gold or have questions, they can call (800) 631-1656, 8 a.m. to 8 p.m. seven days a week; TDD/TTY users call 711 or visit us online at **GeisingerGold.com**.

Left: New Geisinger Gold logo

Right: Meridian Geisinger Gold logo for plans sold in New Jersey



Medicare Advantage Plans from **GEISINGER GOLD**

Medical and pharmaceutical policy updates

The following is a summary of new, revised and recently reviewed medical and pharmaceutical policies. Please consult the full text of these policies online at thehealthplan.com. Printed copies are available by contacting your provider relations representative. More details will be available in future issues of Briefly. New and revised policies are effective **January 1, 2013**.

***Coverage requires prior authorization (PA)**

New Policies

MP270 Ocular Photoscreening

- GHP does **NOT** provide coverage for ocular photoscreening as a tool to detect amblyogenic factors, or any other indications, because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies.

MBP96.0 Voraxaze® (glucarpidase)

- Voraxaze® (glucarpidase) may be considered medically necessary for the treatment of toxic plasma methotrexate concentrations (>1 micromole per liter) in patients with delayed methotrexate clearance due to impaired renal function.

MBP97.0 Kyprolis™ (carfilzomib)*

- Kyprolis™ (carfilzomib) is considered medically necessary for the treatment of insured individuals with a diagnosis of multiple myeloma when all of the following criteria are met:
 - Kyprolis (carfilzomib) is prescribed by a hematologist/ oncologist
 - Documentation of a diagnosis of multiple myeloma
 - Physician documentation of therapeutic failure on intolerance to or contraindication to:
 - Bortezomib (Velcade); and
 - An immunomodulatory agent (e.g., Thalidomide [Thalomid] or Lenalidomide [Revlimid])

MBP98.0 : Perjeta™ (pertuzumab)*

- Perjeta™ (pertuzumab) is considered to be medically necessary for the treatment of HER2 positive metastatic breast cancer when all of the following criteria are met:
 - Physician documentation of a diagnosis of HER2 positive breast cancer naïve to prior anti-HER2 therapy (e.g., Herceptin [trastuzumab], Tykerb [lapatinib]) or chemotherapy for metastatic disease
 - Physician documentation of a plan to use Perjeta in combination with Trastuzumab and Docetaxel/Paclitaxel

Revised Policies

MP214 - Iontophoresis

Added Indications

- Iontophoresis for the treatment of musculoskeletal inflammation resulting in pain and/or edema is considered to be medically necessary when used as part of an overall treatment protocol in any of the following conditions:
 - Epicondylitis
 - Patellofemoral syndrome
 - Tendonitis (except Achilles tendonitis)
 - Rotator cuff syndrome
 - Plantar fasciitis

MBP 31.0 Erbitux*

Added indication

- Erbitux being used in combination with FOLFIRI (Irinotecan, 5-Fluorouracil, Leucovorin) for first line treatment

MP 48 - Ablation Therapies for Treatment of Benign Prostatic Hypertrophy

Criteria for coverage: all must be met

- Diagnosis of symptomatic BPH with duration of symptoms greater than 3 months
- Failed trial or intolerance to medication therapy for a minimum of 6 months (alpha-blocker and/or finasteride)
- Recent PSA that resulted in a value of 2.5 ng/ml or less for insured individuals up to age 60 ; 4.0 ng/ml or less for members over age 60
- Peak urine flow rate (Qmax) less than 15 cc on a voided volume of greater than 125cc

Reviewed Policies

The following policies were reviewed. No changes were made to the clinical content. References updated.

- MP 146 - Sympathetic Therapy
- MP 147 - Artificial Intervertebral Disc
- MP 120 - Intravacitary Balloon Brachytherapy for Breast Cancer
- MP 118 - Quantitative Sensory Testing
- MP 117 - Dry Hydrotherapy
- MP 116 - Hippotherapy
- MP 112 - Wireless Capsule Endoscopy
- MP 79 - Donor HLA Typing
- MP 69 - Ultrafiltration
- MP 166 - MR Ultrasound Ablation of Uterine Fibroids
- MP 161 - Thermal Capsulorrhaphy
- MP 258 - Hyperhidrosis
- MP 195 - Functional Magnetic Resonance Imaging (Retired)
- MP 181 - Suit Therapy
- MP 65 - Obesity Surgery*
- MP 38 - Oral Health*
- MP20 - Transplant Services*
- MP217 - Polysomnography and Sleep Studies
- MP232 - Autism Spectrum Disorder Evaluation and Medical Management
- MP244 - Pelvic Floor Stimulation
- MP243 - Anorectal Fistula Repair Using an Acellular Plug
- MP201 - Obstructive Sleep Apnea
- MP187 - Cryoablation
- MP242 - Genetic Testing for Tamoxifen Metabolism
- MP 155 – Cooling Devices
- MP 47 – Hyperbaric Oxygen Therapy
- MP 50 – Surgical Correction of Chest Wall Deformities
- MP 66 – Extracorporeal Shock Wave treatment for Musculoskeletal indications

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Revised Policies continued

- MP 29 – Bone Growth Stimulator*
- MP 159 – Voice Therapy
- MP 58 – Negative Pressure Wound Therapy*
- MP 104 – Continuous Subcutaneous Insulin Infusion Pump*

Clinical Guideline Review

GHP continues to solicit physician and non-physician provider input concerning clinical guidelines. The following clinical guidelines are currently being reviewed:

- **Adult sinusitis**
- **Adult UTI**
- **Hyperlipidemia**
- **Asthma**
- **COPD**
- **Hypertension**

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at pkrebs@thehealthplan.com. Please provide your feedback by March 15, 2012.

The complete list of clinical guidelines is available online at thehealthplan.com. Providers are encouraged to contact their provider relations representative for assistance in accessing the guidelines online or to request hard copy. Comments can be sent to pkrebs@thehealthplan.com.



Coding for pressure ulcers

Providers are reminded that pressure ulcers should be clearly documented in the progress notes indicating both location and stage of the ulcer.

Example: Pressure ulcer - hip - Stage 1

When coding for pressure ulcers, use one of the four stages or the “unstageable” designation defined below:

- Stage I – Healing pressure ulcer
- Stage II – Pressure ulcer with full thickness skin loss
- Stage III – Pressure ulcer with full thickness tissue loss—bone, tendon or muscle are not exposed
- Stage IV – Pressure ulcer with full thickness tissue loss—exposed bone, tendon, or muscle
- Unstageable – Pressure ulcer with full thickness tissue loss in which the base is covered in slough/eschar in the wound bed. Until removed, the stage cannot be determined

Commercial formulary updates

The table below represents recent updates to GHP’s formulary. For questions or to request a hard copy of the entire formulary, please contact the pharmacy customer service team at (800) 988-4861, Monday through Friday, 8 a.m. to 5 p.m. You may also view the entire formulary at thehealthplan.com. *Indicates prior authorization is required.

Brand Name	Status	Tiered Formulary	4th Tier Applicable	Standard Formulary	Prior Authorization	Quantity Limit	Detailed Limits	Formulary Alternatives
Xtandi	Formulary	3	Yes	2	Yes	Yes	120 capsules per 30 days	Zytiga*
Dymista	Formulary	3	No	2	Yes	No		azelastine hydrochloride, fluticasone propionate
Bosulif	Formulary	3	Yes	2	Yes	No		Gleevec, Sprycel*, Tasigna*
Onfi	Formulary	3	No	2	Yes	No		lamotrigine, topiramate, felbamate, Banzel,
Stivarga	Formulary	3	Yes	2	Yes	Yes	120 tablets per 30 days	None
Sklice	Formulary	3	No	2	Yes	No		lindane shampoo, malathion, spinosad
Stribild	Formulary	3	Yes	2	No	No		None
Biltricide	Formulary	2	No	2	No	No		None

Formulary changes effective January 1, 2013:

- Crestor will require prior authorization for new starts only. Alternatives include simvastatin, pravastatin and atorvastatin.
- Zolpidem CR will move from Tier 1 to Tier 2. The quantity limit of 15 tablets per copay/coinsurance will remain. Alternatives include immediate-release zolpidem and zaleplon.

Gold formulary updates

The table below represents recent updates to Geisinger Gold's formulary. For questions or to request a hard copy of the entire formulary, please contact the pharmacy customer service team at (800) 988-4861, Monday through Friday, 8 a.m. to 8 p.m. You may also view the entire formulary at thehealthplan.com/Gold under "Pharmacy and Covered Drugs."

Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Authorization	Quantity Limit	Detailed Limits	Formulary Alternatives
Bosulif	Formulary	Specialty	Brand	Yes	No		Gleevec, Sprycel, Tasigna
Dymista	Non-formulary						azelastine, flunisolide, fluticasone, triamcinolone, Nasacort AQ, Nasonex, Rhinocort AQ
Elelyso	Formulary	Specialty	Brand	Yes	No		Ceredase, Cerezyme
Sklice	Non-formulary						lindane shampoo, malathion, spinosad
Stivarga	Formulary	Specialty	Brand	Yes	Yes	120 tablets per 30 days	None
Stribild	Formulary	Specialty	Brand	No	No		All antiretrovirals are covered on the Medicare Part D formularies excluding brand antiretrovirals with a generic. If a brand antiretroviral has a generic version, then only the generic is covered.
Xtandi	Formulary	Specialty	Brand	Yes	Yes	120 capsules per 30 days	Zytiga
Zaltrap	Formulary	Specialty	Brand	Yes	No		None

Learn more about GHP Family



Beginning March 1, 2013, the Pennsylvania Commonwealth's Department of Public Welfare (DPW) will expand its Medical Assistance managed care program, HealthChoices, into northeastern Pennsylvania. DPW has recognized GHP as one of the three health plans best equipped to serve the HealthChoices New East Zone. This new plan will be called GHP Family, reflecting our commitment to providing high-quality access to affordable health care for Medical Assistance recipients.

The New East Zone is home to over 210,000 Medical Assistance recipients and includes the following 22 counties: Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour,

Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming.

GHP's provider relations staff will hold GHP Family orientation webinars starting in January 2013. If you have already expanded your participation to include GHP Family and would like to learn more about GHP's approach to the HealthChoices program, register for one of the scheduled webinars below:

- January 11, 2013 - 9:00 a.m.
- January 15, 2013 - 3:00 p.m.
- January 21, 2013 - 10:00 a.m.
- January 29, 2013 - 2:00 p.m.
- February 7, 2013 - 10:00 a.m.
- February 15, 2013 - 1:00 p.m.
- February 18, 2013 - 10:00 a.m.
- February 21, 2013 - 10:00 a.m.
- February 25, 2013 - 11:00 a.m.
- February 27, 2013 - 3:00 p.m.

To register, please call **(717) 909-3340**.

Webinars will run approximately 60 minutes. If you are unable to attend one of the webinars listed above, please contact your provider relations representative at (800) 876-5357 to schedule

another time to discuss your participation with GHP Family.

If your office or facility provides care to Medical Assistance recipients residing within the 22-county New East Zone and you have not already expanded your participation to include GHP Family, we encourage you to do so. Your commitment to care for GHP Family members is essential to the development of a high-performance provider network that can fulfill the health care needs of members.

If you have questions concerning potential

participation with the new GHP Family product, please contact your county's network development associate below at (800) 876-5357, option 3.

- **Mark Thomas**—Centre, Juniata, Mifflin
- **Amy Hornberger**—Clinton, Columbia, Lycoming, Montour, Northumberland, Schuylkill, Snyder, Sullivan, Tioga, Union
- **Paul Forlenza**—Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Susquehanna, Wayne, Wyoming

Requesting non-emergent ambulance transportation through MTM

On November 1, 2012, Medical Transportation Management, Inc (MTM) became the new administrator of ambulance transport services for GHP members. MTM is an industry leading medical transportation manager scheduling over 4 million trips a year throughout 29 states and the District of Columbia.

MTM now coordinates prior authorization for all non-emergent ambulance transportation requests for your GHP patients* and reimburses ambulance providers for all approved ambulance claims, including claims for emergency 911 calls. Discharge planners now have a single point of contact when seeking prior authorization for non-emergent ambulance transportation and coordinating pickup times.

The process for requesting a non-emergency ambulance through MTM for your GHP patients is easy. Simply complete the MTM Ambulance Certification Statement (ACS) form online at **www.ambulance.mtm-inc.net**, or print and fax it back to MTM at (866) 453-0247. Contact MTM's call center at (888) 409-6881 if you need MTM to fax an ACS form to you or if you have any questions.

Once the form data is processed, an MTM care manager will contact you with information about the assigned ambulance provider or the reason prior-authorization was denied.

So far, the response to MTM among the participating provider community has been positive. In the short time MTM has managed ambulance transport services for GHP members, we've identified and addressed ways to further streamline the non-emergent ambulance request process. To this end, the ACS form has recently been updated.



Please be sure to fill out all applicable fields and complete the entire ACS form. By completing the ACS form thoroughly, you will expedite the authorization process and avoid having to resubmit the form with additional information.

Tips for completing the ACS form:

- The ordering provider must sign the ACS for it to be considered complete
- The patient weight is needed in pounds
- The date is needed in mm/dd/yyyy format
- Time is needed in 12-hour format with AM or PM specified

**MTM does not handle non-emergent ambulance requests for Life Geisinger members, Geisinger Gold Reserve (MSA) members, and Gold plans available in Ocean and Monmouth counties in New Jersey (i.e., Gold Classic 100, Gold Classic 300, Gold Secure 200, Gold Preferred 100, and Gold Preferred 200).*



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NEW! Medical spine management program



Starting April 1, 2013, all GHP and Geisinger Choice members* will acquire a new medical spine management program benefit upon their renewal.

This new initiative requires that patients with spine or back pain receive an evaluation from a GHP-designated medical spine specialist (MSS) prior to their first consultation with pain management or a spine surgeon, unless there is an emergency.

The MSM program can be explained in three steps:

Step 1: Primary care physician (PCP)—First line of care for the member. If a higher level of care is needed, the PCP will recommend and coordinate a medical spine evaluation with a GHP-designated MSS.

Step 2: Medical spine specialist (MSS)—Completes evaluation, confirms a diagnosis and works together with the member to develop a plan of care. A copy of the treatment plan will be sent to the member's PCP. The MSS may also order GHP's new physical therapy (PT) bundle*, in which the member can obtain five PT visits for one copay.

Step 3: Spine surgeon or pain management – If the member continues to see pain management or a spine surgeon for their back pain, the first office visit will require prior authorization.

GHP's new MSM program will provide the most appropriate, effective and high-quality care to all members with back pain, improving their quality of life and enhancing member and provider satisfaction. If you have additional questions regarding the MSM program, please contact your provider relations representative at (800) 876-5357.

*The MSM program and PT bundle are not available to Geisinger Gold and Geisinger Health Options members.

Briefly is published quarterly by Geisinger Health Plan, and serves as an informational resource for participating providers and office personnel.

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A copy of this newsletter can also be found at thehealthplan.com

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Geisinger Health Plan, Geisinger Gold and Geisinger Choice shall be collectively referred to as the Health Plan or GHP.