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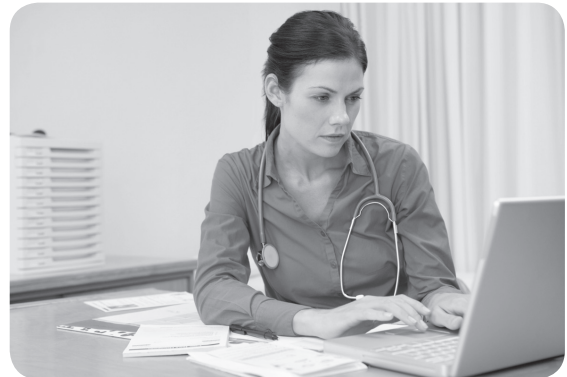
Chlamydia screenings

Chlamydia is the most commonly reported sexually transmitted disease (STD) in the United States, with approximately 3 million new cases each year. Geisinger Health Plan encourages all physicians to conduct chlamydia screenings for all sexually active female patients, ages 16-24. Making these screenings a routine part of your annual examinations, as well as adding alerts to your electronic medical record system, will help provide your patients with the best quality care. Below are some important talking points to use:

- 1. Risk factors:** The cervix of teenage girls and young women is not fully matured, meaning sexually active women under the age of 24 are at the highest risk for contracting chlamydia. The greater number of sex partners, increases this risk. For some, serious complications can develop.
- 2. Symptoms:** Chlamydia symptoms are usually mild or absent. Serious complications can occur, causing permanent damage including infertility and ectopic pregnancy.
- 3. Treatment:** Chlamydia can be easily treated and cured with antibiotics. All sex partners should also be evaluated, tested and treated.



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Important points for office staff:

Providers: Discuss the importance of having a yearly pap smear and chlamydia screening with all sexually active female patients, ages 16-24.

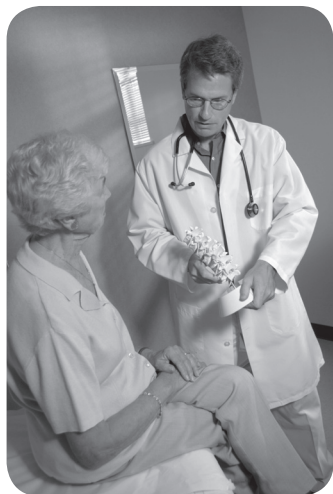
Nursing staff: If a pap smear is being done, routinely obtain a urine sample for chlamydia testing or set up the exam room with the tools needed for chlamydia testing; urine testing is the simplest method.

Office and billing staff: Use the acceptable HEDIS® codes for chlamydia: 87110, 87270, 87320, 87490, 87491, 87492 and 87810.

A member is identified as sexually active by certain ICD9 or CPT4 codes reported on a claim, a prescribed contraceptive or if a pap test has been done.

Health-care costs attributed to chlamydia exceed \$3.5 billion per year in the United States. The Center for Disease Control estimates that every dollar spent on chlamydia testing and treatment saves \$12 in complications arising from untreated chlamydia. Broad-based screening programs have successfully decreased the chlamydia rate and pelvic inflammatory disease in young women by 60%, which in turn is lowering hospitalization rates.

HiROC: Osteoporosis care



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About 1 in 5 hip-fracture patients die within a year of their injury. Geisinger Health System has an innovative approach to care for osteoporosis patients: the High Risk Osteoporosis Clinic (HiROC). HiROC rheumatologists provide consultation for high-risk patients, especially those with fractures. Patients are evaluated and offered a choice of best treatments with an emphasis on patient follow-up to assess adherence and effectiveness. This program has provided care to more than 1,600 people, with more than 80% of them proceeding with recommended treatment.

The quality of care provided to Geisinger Health Plan (GHP) members with osteoporosis, as measured by the National Committee for Quality Assurance, is based on members who have been fractured and were given prescription medication or a bone mineral density test. GHP is partnering with HiROC to increase patient compliance with follow-up appointments. GHP health management nurses are available to aid providers in getting patients involved with this program. If you have a patient with osteoporosis who you think might benefit from this program or would like to learn more about HiROC, contact GHP's health management department at (888) 883-6355.

New testing guidelines for *Helicobacter pylori* (*H. pylori*)

As a leader in quality driven health outcomes, Geisinger Health Plan has developed reimbursement and clinical guidelines for *Helicobacter pylori* (*H. pylori*), effective July 1, 2011.

Helicobacter pylori (*H. pylori*) is known to be a causative agent linked to the development of dyspeptic symptoms, peptic ulcer disease and gastric malignancy. The American College of Gastroenterology (ACG) and the American Gastroenterological Association (AGA) recommend a strategy of "test, treat, retest and confirm eradication", rather than empirical proton-pump inhibitor (PPI) therapy. Geisinger Health Plan encourages the use of these guidelines in the evaluation and management of dyspepsia and peptic ulcer disease.

The ACG and AGA emphasize the elimination of serology testing. Studies indicate that approximately half of the patients with a positive *H. pylori* serology test do not have an active infection. Serology tests also have poor predictive value, may lead patient anxiety and sensitivity of 85%, specificity of 79%.

Stool antigen testing (CPT code 87338) is cleared by the FDA for use in initial diagnosis, therapeutic monitoring, retesting for eradication and for pediatric use. It does

not require any special patient preparation such as fasting, time off work or temporary cessation of symptom relieving meds. It is recommended as the preferred active infection test of choice. Sensitivity is 96.1% and specificity is 95.7%.

Urea breath testing (CPT codes 83013, 83014) is also cleared by the FDA for the initial diagnosis and to confirm eradication. Urea breath testing is not cleared by the FDA for use in patients under the age of 18 years. Special equipment is required, and patients must make an appointment, fast for 24 hours and be off symptom-relieving meds for 2 weeks prior to testing. Sensitivity is 95.2% and specificity is 89.7% for diagnostic purposes.

Serology should NOT be used. Effective July 1, 2011, serology testing will no longer be reimbursable.

For more information please please contact your provider relations representative at (800) 876-5357.

Provider satisfaction survey

Our annual satisfaction survey measures physician satisfaction with Geisinger Health Plan. We analyze survey results carefully to identify areas of opportunity to best meet your needs. Your feedback is greatly appreciated. We encourage your participation in our 2011 survey to help us better serve you. Thank you for your participation.

2010 survey highlights:

- Overall satisfaction with Geisinger Health Plan increased to 80% from 76%.
- Overall satisfaction with GHP customer service representatives increased to 76% from 72%.
- Overall satisfaction with GHP provider relations representatives increased to 84% from 78%.

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. Soon, information on policies and guidelines will be available exclusively online at thehealthplan.com. More details will be available in future issues of Briefly. New and revised policies are effective July 1, 2011. Authorizations can be generated prior to July 1.

*Coverage requires prior authorization (PA)

New Policies

MP 245 *Helicobacter pylori* Infection Testing

- Based on guidelines of the American Gastroenterological Association and the American College of Gastroenterology carbon isotope urea breath testing (13C or 14C) or stool antigen testing is considered to be medically necessary in insured individuals who meet criteria for testing.
- Serology-based testing is considered not medically necessary and is **NOT COVERED**.
- Genotyping to determine cytochrome p450 (CYP2C19) genetic polymorphisms is considered experimental, investigational or unproven for the purpose of managing the treatment of *H. pylori* infection and is **NOT COVERED**.

MP253 IV Antibiotic Treatment of Lyme Disease

- Outlines both covered and non-covered services related to the use of intravenous antibiotics for the treatment of Lyme disease.

MP254 Tinnitus Treatment

- There is a lack of published clinical outcomes data to support the use of tinnitus maskers, acupuncture, electrical stimulation, transmeatal laser irradiation, electromagnetic energy, tinnitus retraining therapy, tinnitus coping therapy, transcranial magnetic stimulation, transcutaneous electrical stimulation, sound therapy, hyperbaric oxygen therapy or botulinum toxin A injections to treat tinnitus. These therapies are considered experimental, investigational or unproven and are **NOT COVERED**.

MP255 Comparative Genomic Hybridization for Evaluation of Developmental Delay

- Requires Prior Authorization
- Array-based comparative genomic hybridization may be considered medically necessary when ordered by a Medical Geneticist, Certified Genetic Counselor, Pediatric Neurologist or Developmental Pediatrician for post natal evaluation of chromosomal imbalances in insured individuals who:
 - Exhibit congenital malformation(s), anomalies or dysmorphic features that are not specific to a well delineated genetic syndrome; or
 - Exhibit symptoms of a non-syndromic developmental delay, intellectual disability or loss of developmental milestones
 - Exhibit symptoms suspected of autism spectrum disorder

MBP 89.0 Xgeva (denosumab)

- Requires prior authorization through Medical Management
- Eligible for coverage when specific criteria are met for the treatment of bone metastases related to disease progression from a solid tumor.

MBP88.0 Halavan-T (eribulin mesylate)

- Requires prior authorization through Medical Management
- Eligible for coverage when specific criteria are met for the treatment of metastatic breast cancer who have previously received at least two chemotherapeutic regimens for the treatment of metastatic disease.

Revised Policies

MP33 Varicose Vein Treatment

- Continues to require prior authorization
- Criteria for sclerotherapy revised
- Cryostripping, (including cryoablation, cryofreezing) of any vein is considered experimental, investigational and unproven and is **NOT COVERED**.

MP65 Obesity Surgery

- Continues to require prior authorization
- Sleeve gastrectomy eligible for coverage when specific criteria are met.

MP197 Janus Kinase 2 (JAK2) Gene Mutation Analysis

- Indications clarified

MP170 Gene Expression Profiling for Breast Cancer Treatment

- Continues to require prior authorization
- Indications expanded and clarified to include micrometastasis of 0.2-2.0mm

MP99 Breast Implant Removal

- Indications clarified and expanded

MBP 14.0 - Meningococcal Vaccine

- Added Indications for Menevo

MBP 26.0 - Oxaliplatin (Eloxatin™)

- Continues to require prior authorization
- Added listing of off-label applications of this drug for which some evidence exists and use is currently supported by the National Comprehensive Cancer Network Guidelines.

Reviewed Policies

MP226 Proton Beam Radiation

MP176 Meniett Device

MP239 Pharmacogenetic Testing for Warfarin Metabolism

MP174 Exhaled Nitric Oxide for Asthma Management

MP172 MicroVas Vascular Treatment System

MP68 Reduction Mammoplasty

MP23 Keratoplasty

MP78 Sexual Dysfunction Therapies

MP34 Foot Orthotics

MP106 Routine Ultrasonography in Uncomplicated Pregnancy

MP196 Convection-Enhanced Drug Delivery

MP64 Breast Reconstruction Surgery Following Mastectomy or Lumpectomy

MP175 Trigger Point Injections

MP92 Implantable Cardiac Loop Recorder

MP213 Computerized Corneal Topography

MP189 Computer Aided Detection Technology

MP32 Colonoscopy

MP38 Oral Health

MP198 Pulse Oximetry for Pediatric Home Use

(continued on page 4)

Reviewed Policies (continued from page 3)

MP212 Non-Contact Low-Frequency Ultrasound for Wound Management
MP 39 Home Uterine Activity Monitoring
MP44 Aquatic Therapy
MP84 Stereotactic Radiosurgery
MP184 Intracranial Percutaneous Transluminal Angioplasty
MP158 Continuous Passive Motion
MP01 Neuromuscular Electrical Stimulation
MP113 Electrical and Electromagnetic Stimulation to Promote Wound Healing
MP237 Transurethral Radiofrequency Tissue Remodeling
MP211 Endovascular Repair of Intracranial Aneurysm
MP238 Ocular Blood Flow Tonometry
MP25 Transcatheter Closure Devices for Cardiac Defects
MP37 Home Phlebotomy Program
MP165 Treatment of Vestibular Disorders
MP76 Home Health and DME Related to Hyperbilirubinemia
MP127 Prolotherapy
MP130 Automated Ambulatory Blood Pressure Monitoring
MP62 Transmyocardial Laser Revascularization
MBP55.0 Myozyme®
MBP56.0 Retisert™
MBP1.0 Coordination of Medical Benefit and Pharmaceutical Use
MBP15.0 Ibritumomab tiuxetan [IDEC Y2B8] Zevalin®.
MBP23.0 Velcade® (bortezomib)
MBP28.0 Ontak® (denileukin diftitox)
MBP34.0 Vitrasert® (ganciclovir intravitreal implant)
MBP32.0 Kepivance® (palifermin)

Matrix Medical Network health risk assessments

Geisinger Health Plan and Matrix Medical Network (Matrix) are conducting health risk assessments for eligible members residing in skilled nursing facilities (SNFs). A nurse or licensed physician conduct thorough reviews of medical records and complete member assessments and short mental health and depression surveys. Matrix is obligated to treat patients' protected health information (PHI) with the highest level of protection and confidentiality.

A practitioner from Matrix or Geisinger Health Plan will contact SNF administrators to schedule assessments. Members are also contacted directly to encourage participation. If you have questions regarding this program, please contact Melanie Corch, director of health services innovations, at (570) 214-8317.

Accessibility of primary care services

In order to best serve Health Plan members, PCPs and primary care sites are expected to meet the following minimum standards for accessibility of primary care services for members:

PCP Accessibility

Emergency services

Urgent care services

Routine care appointments

Preventive care appointments

24-hour availability

Non-business hour access

Appointment wait time

Health Plan Standards

Seen immediately by PCP or designee (in office or emergency room, if appropriate).

Appointment with PCP or designee within 24 hours from the date of the initial request.

Appointment with PCP or designee within 21 days from the date of the initial request.

Appointment with PCP or designee within 42 days from the date of the initial request (well-child checks, physicals, etc.).

PCPs should be available 24 hours a day/7 days a week.

The answering service or device should answer 100% of the time. Answering devices, if utilized, will provide caller with the PCP or designated covering PCP's telephone or pager number, including emergency instructions.

PCP or designee should see a member within 30 minutes of scheduled appointment time.

Health management and wellness

GHP offers our members programs to treat certain chronic health conditions. Case managers will work with you and your patients to help them better manage their health-care needs. This includes education on how to monitor diet, exercise, medications and other lifestyle changes. The following programs are offered: asthma, Chronic Obstructive Pulmonary Disease (COPD), Stop Tobacco Use, hypertension, heart failure, diabetes, heart disease, osteoporosis, Well on Your Weigh and case management.

For more information, or to recommend a patient for one of these programs, please call (800) 883-6355.



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Commercial formulary updates

As a general rule, drugs at tier 1 and tier 2 are considered preferred drugs, while non-preferred drugs are typically at tier 3. Prior authorization may be necessary for certain drugs. The table below represents recent updates to the Health Plan's formulary. For a hard copy of the entire formulary, please contact our pharmacy customer service team at (800) 988-4861, Monday through Friday, 8 a.m. to 5 p.m. or view it at thehealthplan.com

Drug	Status	Tier	Notes
Dulera HFA	F	2	
Oleptro	F	3*, t	Covered alternative is trazodone; also numerous generic antidepressants are available.
Embeda	F	3*, t, **	If coverage is approved, a quantity limit of 2 capsules per day applies. Covered alternative is morphine sulfate extended release tablets.
Avinza	F	3	Moving to tier 3 for commercial business effective July 1, 2011.
Xibrom	F	3*, t	Covered alternatives are diclofenac and ketorolac ophthalmic solutions.
Bromday	F	3*, t	Covered alternatives are diclofenac and ketorolac ophthalmic solutions.
Zovirax Cream	F	3*, t, **	Valacyclovir preferred; Abreva available OTC. Effective July 1, 2011 there will be a quantity limit of 1 copay per package.
Zovirax Ointment	F	3*, t, **	Covered alternatives are oral acyclovir or valacyclovir. Effective July 1, 2011 there will be a quantity limit of 1 copay per package.
Denavir Cream	F	3*, t, **	Valacyclovir preferred; Abreva available OTC. Failure on Zovirax Cream required first (see prior authorization above). Effective July 1, 2011 there will be a quantity limit of 1 copay per package.
Vimovo	F	3*, t	Covered alternatives are naproxen plus one of the following: omeprazole, pantoprazole or lansoprazole.
Kombiglyze XE	F	3*, t	Covered alternatives are Janumet; or Januvia plus metformin.
Nexiclon XR	F	3*, t	Covered alternative is clonidine, also numerous generic antihypertensives are available.
Amitiza	F	3**	Prior authorization has been removed; quantity limit of 2 capsules/day.

Status column key:

Formulary (F) -drug is a preferred product; prior authorization may still apply according to the table above

Non-Formulary (NF)-drug is not a preferred product; prior authorization will likely apply according to the table above

Tier key:

* =prior authorization applies for the traditional benefit

t = prior authorization applies for the triple choice benefit

** = quantity limit applies

All Allegra and Allegra-D products are now available as over-the-counter (OTC) medications and no longer require a prescription. Due to this change Allegra, Allegra-D, fexofenadine and fexofenadine-PSE products are no longer covered by the prescription drug benefit. Individuals will be able to obtain an equivalent product without a prescription in stores wherever over-the-counter products are sold.

Effective June 1st, 2011 brand Effexor XR will no longer be covered at Tier 1. The generic equivalent, venlafaxine HCL ER capsules, will be covered at Tier 1 instead. Individuals should contact their pharmacy to determine if a new prescription is required.

Gold formulary updates

Drug	Status	Formulary A Tier	Formulary B Tier	Notes
Dulera HFA	F	2	2	
Oleptro	NF	2*	3*	Covered alternative is trazodone; also numerous generic antidepressants are available.
Embeda	NF	2*, **	3*, **	If coverage is approved, a quantity limit of 2 capsules per day applies. Covered alternative is morphine sulfate extended release tablets.
Xibrom	NF	2*	3*	Covered alternatives are diclofenac and ketorolac ophthalmic solutions.
Bromday	NF	2*	3*	Covered alternatives are diclofenac and ketorolac ophthalmic solutions.
Zovirax Cream	NF	2*, **	3*, **	Valacyclovir preferred; Abreva available OTC. Effective July 1, 2011 there will be a quantity limit of 1 copay per package.
Zovirax Ointment	NF	2*, **	3*, **	Covered alternatives are oral acyclovir or valacyclovir. Effective July 1, 2011 there will be a quantity limit of 1 copay per package.
Denavir Cream	NF	2*, **	3*, **	Valacyclovir preferred; Abreva available OTC. Failure on Zovirax Cream required first (see prior authorization above). Effective July 1, 2011 there will be a quantity limit of 1 copay per package.
Vimovo	NF	2*	3*	Covered alternatives are naproxen plus one of the following: omeprazole, pantoprazole or lansoprazole.
Kombiglyze XE	NF	2*	3*	Covered alternatives are Janumet; or Januvia plus metformin.
Nexiclon XR	NF	2*	3*	Covered alternative is clonidine, also numerous generic antihypertensives are available.
Amitiza	F	2, **	3, **	Prior authorization has been removed; quantity limit of 2 capsules/day.

Status column key:

Formulary (F) -drug is a preferred product; prior authorization may still apply according to the table above

Non-Formulary (NF) -drug is not a preferred product; prior authorization will likely apply according to the table above

Tier key:

Formulary A- Geisinger Gold standard formulary

Formulary B- Geisinger Gold \$0 deductible formulary

* =prior authorization applies

** = quantity limit applies

To request a prior authorization, please contact the GHP Pharmacy Department at (800) 988-4861, Monday- Friday, 8 a.m.- 5 p.m.

Medication adherence reports

Prescribing medications is a daily activity for physicians, nurse practitioners and physician assistants. The goal is to ensure your patients are taking their medications as prescribed to prevent re-hospitalization or adverse events. Medication adherence reports are now available online at thehealthplan.com, through the health-care provider link under reporting. To start tracking medication adherence of your members, please contact your provider relations representative at (800) 876-5357 or the pharmacy department at (570) 214-1737.

The 2011 Formulary is available online at thehealthplan.com or by calling (800) 988-4861.

Clinical guidelines update

The following clinical guidelines have been recently updated and approved by the Geisinger Health Plan Quality Improvement Committee for use by participating providers, and has been posted on thehealthplan.com:

- **Adult Sinusitis**
- **Hyperlipidemia in CAD**

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

Clinical Guideline Review

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

- **Osteoporosis**
- **Pediatric ADHD**
- **Colorectal cancer screening**
- **Fall prevention**
- **Urinary incontinence**

Your feedback is encouraged and appreciated. Comments can be sent to Phillip Krebs by email: pkrebs@thehealthplan.com. Please provide feedback by Oct 28, 2011.

NPI required for valid billing provider on all claim submissions

Providers should report the appropriate National Provider Identifier (NPI) on all claims. This information supports and ensures proper reimbursement and accurate 1099 reporting.

The Health Plan does not accept claims filed electronically through HIPAA transactions 837P when the billing provider is not recognized as the billing organization or practice. Beginning July 1, 2011, the Health Plan will reject claims submitted on paper CMS-1500 forms when the NPI reported in block 33a (Billing Provider NPI) is not recognized as a billing organization or practice.

Health-care professionals performing medical services may report the billing Provider as an individual only when they are independent, unincorporated entities. In this scenario, the billing provider is the individual whose tax identification number (TIN) is used for the IRS Form 1099 purposes.

To ensure your 1099 is correct, request or require that your biller or billing service reports the billing provider NPI on all claims.

Coordination of Benefits timely filing guidelines

In an effort to improve turnaround time and adhere to proper processing and industry standards, the Health Plan is implementing the following Coordination of Benefits (COB) timely filing guidelines, effective July 1, 2011.

A filing window of 150 days from the date of service now applies. Please note: 99.9% of provider COB claims are submitted within 150 days of date of service. But this filing requirement will help us ensure prompt turnaround in COB. This change is effective for dates of service occurring on or after July 1, 2011 and is applicable to all Health Plan product lines.

Request for claim reconsideration

Reminders:

- Submit one form per claim
- The Health Plan has 45 days from the date of receipt to process your claim reconsideration
- A claim reconsideration is needed when information on a paid claim is corrected
- Claim retractions do not require a claim reconsideration. Providers can call customer service or initiate a secure message at thehealthplan.com
- To check the status of a claim reconsideration (after the 45-day timeframe), providers can call customer service or initiate a secure message at thehealthplan.com

Claims reconsiderations with attachments can be mailed to:
Geisinger Health Plan
PO Box 8200
Danville, PA 17821-8200

Weekly webinars

As part of our commitment to reward you for the quality care you provide to GHP patients, we will hold weekly webinars focused on HEDIS® measures that drive your PQS score and incentive payment. Check your fax machine for an invitation or contact your provider relations representative at (800) 876-5357. Webinars will be held the following Wednesdays at noon.

Wednesday June 1, 8, 15	Diabetes management
Wednesday June 22, 29	Colorectal screening
Wednesday July 6	Colorectal screening
Wednesday July 13, 20, 27	Adolescent child visits
Wednesday August 3, 10, 17	Women's health measures
Wednesday August 24, 31	Women's health measures



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

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Please forward comments or requests for additional copies to:

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

HPM50 ad June 2011 5/6/11

Thomas Novinger, M.D., named regional medical director

Q. Thomas Novinger, M.D., Mountain Top, has been promoted to regional medical director at Geisinger Health Plan. In his new position, Novinger provides leadership in the medical management of all Health Plan members in Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Susquehanna, Wayne and Wyoming counties. In addition, Novinger will work with other Health Plan departments including sales, provider network development, medical home and wellness to coordinate regional growth and development. Novinger will also continue his work in medical informatics at the Health Plan.



Thomas Novinger, M.D.

Novinger has been an employee of Geisinger Health System since 1984. He first served as the chairman of the department of pediatrics and then as the physician coordinator for utilization management and quality improvement at Geisinger Wyoming Valley Medical Center. In 1986, Novinger began his career at Geisinger Health Plan. During his tenure he has served as an assistant medical director, a medical director of utilization management and most recently as medical director of health services and medical informatics.

He obtained his bachelor of science degree from Bucknell University in 1973 and a doctorate in medicine from Jefferson Medical College in 1977. Novinger also completed his pediatric residency at Geisinger Medical Center, in Danville. Most recently, he received his master's degree in business administration through the University of Massachusetts.