



**In this issue**

**2** Medical Transportation Management

CMS prescriber verification requests

Morbid obesity coding

**3** Physical activity for your patients

Who to call

**4** Medical and pharmaceutical policy updates

**5** Medical and pharmaceutical policy updates

**6** Commercial formulary updates

Mail order pharmacy changes

Women's preventive services

**7** Gold formulary update

Zostavax update

**8** Provider satisfaction survey results

# HealthChoices program at Geisinger Health Plan



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Beginning March 1, 2013, the Commonwealth's Department of Public Welfare (DPW) will expand its Medicaid managed care program, HealthChoices, into northeastern Pennsylvania. Due to the expansion into the New East Zone, the ACCESS Plus physical health program for Medicaid recipients will end February 28, 2013. All Medicaid recipients residing in the New East Zone, including those currently enrolled in ACCESS Plus, will be required to choose one of three DPW selected managed care health plans. Those who do not choose will be assigned to a health plan.

We are pleased to announce that DPW has recognized Geisinger Health Plan 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 HealthChoices enrollees.

The New East Zone will be home to over 210,000 HealthChoices 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. HealthChoices enrollees will be required to either choose or be assigned to Geisinger Health Plan's GHP Family or one of the other DPW selected health plans. Plans will go into effect March 1, 2013.



*Briefly is also available online at [thehealthplan.com](http://thehealthplan.com)*



## Medical Transportation Management (MTM)

GHP has partnered with Medical Transportation Management, Inc (MTM) to administer 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.

Beginning **November 1, 2012**, MTM will coordinate prior authorization for all non-emergent ambulance transportation requests for our members. MTM will also reimburse ambulance providers for all approved ambulance claims, including claims for emergency 911 calls. This will affect ambulance transportation requests for all our members, with the exception of Geisinger Gold MSA members and Life Geisinger members. MTM's services do not encompass air transportation.

**One coordinator to contact.** Our investment in this partnership represents our commitment to maximizing member access to quality health care and simplifying the process for you. Starting November 1, MTM will be the sole point of contact when requesting non-emergent ambulance transportation for our members. MTM's experience, expertise, and renowned customer service will make it easier for discharge planners and others to obtain prior authorization and coordinate pickup times.

If you have questions, please contact MTM's ambulance network coordinator at (888) 409-6881 or your GHP provider relations representative at (800) 876-5357.

## CMS prescriber verification requests

The Associated Press has reported that Medicare fraud is estimated to cost more than \$60 billion annually. As part of the ongoing effort to combat fraud, waste, and abuse in the Medicare Part D program, the National Benefit Integrity Medicare Drug Integrity Contract (NBI MEDIC; Health Integrity, LLC) requests prescriber prescription verification during the course of an investigation.

A key element in the early phase of an investigation into potential prescription drug fraud and abuse includes prescriber prescription verification. The NBI MEDIC routinely mails the prescriber a prescription verification form containing the beneficiary's name, the name of the medication, the date prescribed, and the quantity given. The form also asks the prescriber to check yes or no to indicate whether the prescriber wrote the prescription.

We encourage you to help fight Medicare Part D fraud, waste, and abuse by completing any prescription verification forms you may receive from NBI MEDIC. Through your cooperation and response, we can help reduce the astronomical cost of Medicare fraud.

## Morbid obesity coding

Morbid or severe obesity is defined as a body mass index (BMI) greater than or equal to 40. The World Health Organization (WHO) classification based on BMI is the most accepted classification. This diagnosis code is often used inappropriately. Here are some quick tips to remember:

- The words "morbid" or "severe" must be documented by a provider legally qualified to render a medical diagnosis
- If the BMI is greater than or equal to 40, the patient is morbidly obese and should be diagnosed as such, if the BMI is less than 40, they are not morbidly obese and should not be given the diagnosis
- If the patient is diagnosed with morbid or severe obesity, written by the provider, and the BMI is noted by any clinician, an additional code to identify the BMI (V85.0 – V85.54) should be listed.



*Briefly is also available online at [thehealthplan.com](http://thehealthplan.com)*

## The importance of physical activity for your patients

Regular physical activity has beneficial effects on most (if not all) organ systems, and consequently prevents a broad range of health problems and diseases. All of the benefits of physical activity are especially important for older men and women since they are more likely to develop chronic diseases and have conditions such as arthritis that can affect their physical function. However, many older Americans are not getting enough physical activity, which provides important health benefits.

Data from the Centers for Disease Control and Prevention (CDC) indicate that few older adults achieve the minimum recommended 30 or more minutes of moderate physical activity on five or more days per week. In fact, 28% to 34% of adults aged 65 to 74 and 35% to 44% of adults ages 75 or older are inactive, meaning they engage in no leisure-time physical activity. There has been no improvement in the levels of physical activity among older adults over the past decade in the United States, an alarming statistic considering the number of elderly Americans is expected to double by 2030. The CDC also found that while only half of all adults were asked about their exercise habits by their health care provider, patients who had been asked reported being more active than those who were never asked.

We are committed to helping Geisinger Gold members reap the benefits of a more active lifestyle. We would like to work with you to promote physical activity among your Geisinger Gold patients. In the near future, your office may receive a letter addressed to your Geisinger Gold patients about the importance of physical activity. Our

hope is that you will cosign this letter with us. We believe trust your Geisinger Gold patients have in you as their health care provider will lend more credence to the message and encourage conversation about physical activity and the barriers to being more active.

Again, if you receive request to add your signature to the letter and you are in agreement with its content, please consider doing so. Your endorsement of physical



activity will positively impact your Geisinger Gold patients' perception of exercise among the elderly and their quality of life.

Please remember, Geisinger Gold patients have access to local gyms via their **Silver Sneakers** benefit. Patients with questions about Silver Sneakers can call toll-free at **(888) 423-4632** or visit the web **www.silversneakers.com**.

## Who to call

When you have to call Geisinger Health Plan, use this as a guide to streamline your requests.

### Call customer service

Use the number off the back of a member ID card or (800) 447-4000 for information on:

- Claim status inquiry
- Payment information
- Claim adjustment inquiries
- Claim denials
- Coordination of benefits
- Negative balances
- Medical claim edit (before or after 60 days)
- Referral authorization, verification, Inquiry, and corrections
- Member benefit, eligibility, and financial liability (ie, covered/non-covered)
- Request for EOPs
- Technical issues regarding electronic transactions (835, 837, etc.)

### Call your provider relations representative

Use (800) 876-5357 for information related to the following:

- New and existing provider orientations
- Ongoing provider educational needs
- Member Health Alerts, CRMS, CMS Star, and other GHP initiatives
- GHP policies/procedures, and Provider Guide
- Navigation of GHP's website
- Provider demographic changes
- Initiating electronic transactions (835, 837, etc.)
- Contract Issues \*\*
- Coordination of provider supplies
- Provider Set Up issues
- P2 denials

\*\*Provider contract issues include provider set up issues such as: incorrect DRG or Per Diem payments, payments related to a physician (this does not include denials for claim edit).

# 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](http://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](http://thehealthplan.com). More details will be available in future issues of Briefly. New and revised policies are effective **November 15, 2012**.

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

## New Policies

### **MBP 83.0 - Lumizyme®\***

- Lumizyme® (alglucosidase alfa) is indicated for the treatment of late-onset Pompe disease when the following criteria are met:
  - Physician provided documentation of a diagnosis of late onset (non-infantile) Pompe disease supported by:
    - o Fibroblast assay on muscle biopsy
    - o Genetic testing to identify the specific mutation as confirmatory of late onset Pompe disease
    - o Baseline pulmonary function testing (PFT) and muscle strength evaluation
  - Physician provided documentation of a consultation with a metabolic specialist and/or biochemical geneticist
  - Dosing calculation is based on the "Devine formula"
    - Men:** ideal body weight (in kilograms) = 50 + 2.3 kg per inch over 5 feet.
    - Women:** ideal body weight (in kilograms) = 45.5 + 2.3 kg per inch over 5 feet.

### **MP 266 - Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)**

- Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI) may be considered medically necessary for the following indications:
  - Pre-surgical evaluation in patients with intractable focal epilepsy to identify and localize area(s) of epileptiform activity when other techniques designed to localize a focus are discordant or inconclusive; or
  - Pre-surgical evaluation in patients with tumors and AVM's located in close proximity to the eloquent cortex

### **MBP24.0 - Aloxi™ (Palonosetron)\***

- Aloxi may be considered medically necessary when any of the following criteria are met:
  - Medical record documentation that Aloxi is being used for prevention of chemotherapy induced nausea or vomiting from low, minimally, or moderately emetogenic cancer chemotherapy for members who have a treatment failure or contraindication to Granisetron (Kytril) or Ondansetron (Zofran). Treatment failure is defined as an allergy, intolerable side effects, significant drug-drug interactions, or lack of efficacy
  - Medical record documentation that Aloxi is being used for prevention of acute nausea or vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy

## Revised Policies

### **MP89 Evaluation of Breast Ductal Lavage**

- GHP does NOT provide coverage for breast ductal lavage, which includes fiberoptic ductoscopy and nipple aspirate fluid suction technique (Halo NAF System) because the current evidence does not support its use as a diagnostic test for breast cancer screening. non-covered for all other lines of business criteria

### **MP134 Gastric Electrical Stimulation\***

- Added indication: Gastric electrical stimulation may be considered for coverage as a humanitarian device for the treatment of chronic, refractory nausea and vomiting secondary to diabetic or idiopathic gastroparesis when all of the following criteria are met:
  - Diagnosis of diabetic or idiopathic gastroparesis
  - Member has been symptomatic for at least one year
  - Nausea and vomiting refractory to maximized treatment including:
    - o dietary modification and
    - o maximized pharmacotherapy, contraindications to, or significant side effects of pharmacotherapy
  - Documented gastric emptying scan showing
    - o Greater than 60% retention at 2 hours; or
    - o Greater than 10% retention at 4 hours
  - Documented absence of all of the following:
    - o Organic or pseudo-obstruction
    - o Primary eating or swallowing disorder
    - o Chemical dependency
    - o Current pregnancy
    - o Poorly controlled psychiatric illness

### **MP170 Gene Expression Profiling for Breast Cancer Treatment\***

- Added indication criteria to include node positive breast cancer (up to 3 positive nodes)

### **MP124 Transpupillary Thermotherapy**

- Added indications
  - Small (less than 3 mm) choroidal melanoma located posterior to the globe of essential tremor when criteria are met
  - Retinoblastoma without evidence of intravitreal or subretinal tumor seeds

### **MP216 Quantitative EEG (QEEG)**

- Added additional exclusions:
  - Asperger syndrome and other autism spectrum disorders
  - Fibromyalgia
  - Hypoxic ischemic encephalopathy
  - Insomnia
  - Panic disorder
  - Parkinson's disease

### **MP04 Biofeedback\***

- Consistent with Medicare requirements, for the treatment of urinary incontinence, the following criteria were added:
  - Documentation of failed pelvic muscle exercise (PME) training

### **MP84 Stereotactic Radiosurgery\***

- Added Stereotactic Body Radiation Therapy (SBRT) to the title
- Added indications:
  - Renal cell carcinoma
  - Non-small cell lung cancer (NSCLC) or pulmonary metastasis

Continued on page 5

## Revised Policies continued

### MP10 Blepharoplasty\*

- Surgical correction of entropion and ectropion no longer require prior authorization

### MP 251 – Percutaneous Heart Valve Replacement

- Added coverage criteria:
  - Transcatheter aortic valve replacement (TAVR) may be considered medically necessary when the following criteria are met:
  - Diagnosis of severe aortic stenosis defined by a mean aortic valve gradient greater than 40mmHg or a jet velocity greater than 4.0m/sec, with a calcified aortic annulus
  - Severe symptoms known to be secondary to the severe aortic stenosis:
    - o NYHA Class III or IV heart failure; or
    - o Syncope/risk of sudden cardiac death; or
    - o Refractory angina
  - Individual is not a candidate for open aortic valve replacement verified by two cardiovascular specialists
  - No other co-morbidities limiting life expectancy to less than 1 year
- Transcatheter pulmonary valve replacement may be considered medically necessary when the following criteria are met:
  - Prior repair of congenital heart disease and right ventricular outflow tract dysfunction
  - Individual is not a candidate for open repair due to concomitant co-morbidities

### MP114 Vertebroplasty and Percutaneous Kyphoplasty

- Policy MP67 combined into MP114. No changes to clinical criteria

### MP246 Multigene Expression Assay for Predicting Recurrence in Colorectal Cancer\*

- GHP considers Oncotype DX™ colon assay as medically necessary to assess the need for adjuvant chemotherapy in newly diagnosed colon cancer when ALL of the following are met:
  - Diagnosis of Stage II colon cancer is made; and
  - Member has undergone initial surgical resection; and
  - Provider and member are committed to utilize the recurrence risk score to guide the treatment plan

**For the Medicare Business Segments** – Although there is no National Coverage Determination issued for this service, CMS directives may allow this testing to be considered for coverage when used to predict risk of recurrence risk in patients with stage II colon cancer. Effective Sept 18, 2011, Palmetto GBA established a formal coverage policy for all Medicare patients. This local carrier determination is applicable nationally.

## Reviewed Policies

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

MP07 Childbirth Education Class  
MP45 Chest Percussion Vest  
MP144 Vitamin B12 Injection Therapy  
MP136 Alternative Medicine Therapies  
MP152 Low Level Laser Therapy  
MP30 IDET  
MP74 Interactive Metronome Training  
MP55 Mastectomy for Gynecomastia  
MP110 Uterine Artery Embolization  
MP141 Biventricular Pacemaker  
MP233 Autologous Platelet-Derived Growth Factor  
MP208 Selective Internal Radiation Therapy\*  
MP256 Transoral Incisionless Fundoplication

## Reviewed Policies continued

MP156 Robotic Assisted Prostatectomy  
MP203 Radiofrequency Ablation Therapy for Barrett's Esophagus  
MP03 Ocular Photodynamic Therapy  
MP140 Automatic Implanted Defibrillator/ CRT-D with Attachment  
MP 54 – Prophylactic Mastectomy  
MP 228 – Human Papillomavirus (HPV) DNA Testing  
MP 229 – Prolozone® Therapy  
MP 05 – Medical Benefit Policy Development Process  
MP 154 – Transanal Radiofrequency Therapy for Fecal Incontinence (Secca®)  
MP 255 – Comparative Genomic Hybridization (CHG) for Evaluation of Developmental Delay\*  
MP 150 – Carotid Artery Stent  
MP 218 – Prometheus IBD Serology Testing  
MP 193 – Microvolt T-wave Alternans  
MP 40 – Somnoplasty™, Coblation™ (Radiofrequency Ablation)  
MP 49 – Visual Field Testing  
MP 57 – Prophylactic Oophorectomy  
MP 101 – GliaSite® Radiation Therapy  
MP 131 – VitalStim Neuromuscular Stimulation for Treatment of Dysphagia  
MP 135 – Osseointegrated Hearing Device\*  
MP 72 – Percutaneous Disc Decompression (Nucleoplasty™)  
MP 88 – Percutaneous Laser Lumbar Discectomy  
MP 93 – Cystourethroscopy with Insertion of Urethral Stent  
MP 199 – Corneal Pachymetry  
MP 129 – Total Parenteral Nutrition (TPN)  
MP125 - Cranial Remodeling Orthotic  
MP241 - Non-invasive Measurement of Advanced Glycation Endproducts  
MP240 - Dermal Injections for Treatment of Facial LDS  
MP227 - Spaced Retrieval Testing

## 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**

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at [pkrebs@thehealthplan.com](mailto:pkrebs@thehealthplan.com). Please provide your feedback by December 15, 2012.

The complete list of clinical guidelines is available online at [thehealthplan.com](http://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](mailto:pkrebs@thehealthplan.com).

# 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](http://thehealthplan.com).

Brand Name	Status	Tiered Formulary	Standard Formulary	Prior Authorization	Quantity Limit	Formulary Alternatives
Janumet XR	Formulary	2	2	No	No	metformin, metformin ER, Janumet, Januvia
Jentadueto	Formulary	3	2	Yes	No	metformin, metformin ER, Janumet, Januvia
Pertzye	Formulary	3	2	Yes	No	pancrelipase, Creon, Zenpep
Picato	Formulary	3	2	Yes	Yes	imiquimod, fluorouracil cream, fluorouracil solution
Ultresa	Formulary	3	2	Yes	No	pancrelipase, Creon, Zenpep
Viokace	Formulary	3	2	Yes	No	pancrelipase, Creon, Zenpep
Zetonna	Formulary	3	2	Yes	No	flunisolide, fluticasone, triamcinolone, Nasonex, Rhinocort AQ
Zioptan	Formulary	3	2	Yes	No	latanaprost, Travatan Z
Bydureon	Formulary	2	2	No	No	Byetta
Cycloset	Non-formulary	Non-formulary	Non-formulary	Yes	No	Actos, Metformin
Jakafi	Formulary	3	2	Yes	Yes	None
Kalydeco	Formulary	3	2	Yes	Yes	None
Korlym	Formulary	3	2	Yes	Yes	None
Orencia SC	Formulary	3	2	Yes	Yes	Azathioprine, Cyclosporine Modified, Hydroxychloroquine, Leflunomide, Methotrexate, Sulfasalazine, Depen, Ridaura, Enbrel*, Humira* (*PA required)
Subsys	Formulary	3	2	Yes	Yes	fentanyl citrate*, hydromorphone, morphine sulfate, oxycodone HCl, oxycodone solution, Roxicodone, Actiq* (*PA required)
Sylatron	Formulary	3	2	Yes	No	Intron A
Xalkori	Formulary	3	2	Yes	Yes	None
Xarelto	Formulary	2	2	No	Yes	Pradaxa, Warfarin
Zelboraf	Formulary	3	2	Yes	Yes	None
Zytiga	Formulary	3	2	Yes	Yes	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.

For information regarding pharmaceutical management procedures including generic substitution, prior authorization, therapeutic interchange, step therapy, and other requirements that may apply please visit [thehealthplan.com/providers\\_us/medical.cfm](http://thehealthplan.com/providers_us/medical.cfm) under "Formulary Information."

## Mail order pharmacy changes

Medco Health Solutions, Inc., our mail order pharmacy vendor, and Express Scripts have merged. The name Express Scripts will be used more often in communications to customers. Even though the name is changing, the way to request mail orders, contact customer service and access the website remains the same.

Members can continue to refill prescriptions by using their current prescription drug ID card, refill order forms, visiting [www.medco.com](http://www.medco.com), or by calling the toll free member services number on their ID card.

If you have any questions, contact the GHP pharmacy customer service team at (800) 988-4861, Monday through Friday, 8:00 a.m.-5:00 p.m.

## Women's preventive services

As of **August 1, 2012** the Patient Protection and Affordable Care Act (PPACA) now requires access to various women's preventive services with no cost sharing. These services include, but are not limited to:

- Human papillomavirus (HPV) testing
- Screening and counseling for interpersonal and domestic violence
- Screening for gestational diabetes
- Breastfeeding support, supplies and counseling
- Counseling for sexually transmitted infections
- Well women preventive care visits
- Female contraceptive methods and counseling
- Contraceptive prescription drugs and devices

Members will receive a complete list of services in their member packets upon renewal. If you have questions about these services, please contact your provider relations representative at (800) 876-5357.

# 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](http://thehealthplan.com/Gold) under "Pharmacy and Covered Drugs."

Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Authorization	Quantity Limit	Formulary Alternatives
Janumet XR	Formulary	Brand preferred	Brand	No	Yes	metformin, metformin ER, Janumet, Januvia
Jentadueto	Non-formulary					metformin, metformin ER, Janument, Januvia
Pertzye	Non-formulary					pancrelipase, Creon, Ultrase MT, Zenpep, Ultrase
Picato	Formulary	Brand non-preferred	Brand			imiquimod, fluorouracil, Fluoroplex, Zyclara, Carac, Solaraze, Levulan, Metvixia
Ultresa	Non-formulary					pancrelipase, Creon, Ultrase MT, Zenpep, Ultrase\
Viokace	Non-formulary					pancrelipase, Creon, Ultrase MT, Zenpep, Ultrase
Zetonna	Non-formulary					flunisolide, fluticasone, triamcinolone, Nasacort AQ, Nasonex, Rhinocort AQ
Zioptan	Non-formulary					latanoprost, Travatan Z, Lumigan
Bydureon	Formulary	Brand preferred	Brand	No	No	Byetta
Cycloset	Non-formulary					metformin, Actos
Erwinaze	Formulary	Brand non-preferred	Brand	Yes	No	Elspar, Oncaspar
Jakafi	Formulary	Brand non-preffered	Brand	Yes	No	None
Kalydeco	Formulary	Specialty	Brand	Yes	Yes	None
Korlym	Formulary	Specialty	Brand	Yes	Yes	None
Orencia SC	Formulary	Specialty	Brand	Yes	Yes	azathioprine, cyclosporine, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine, Ridaura, Cimzia*, Enbrel*, Humira*, Kineret*, Simponi* *requires prior authorization
Subsys	Non-formulary					fentanyl citrate*, hydromorphone, morphine, oxycodone
Sylatron	Formulary	Brand non-preferred	Brand	Yes	No	Intron-A
Voraxaze	Formulary	Specialty	Brand	Yes	Yes	None
Xalkori	Formulary	Brand non-preferred	Brand	Yes	No	None
Xarelto	Formulary	Brand non-preferred	Brand	No	Yes	warfarin, Pradaxa, Coumadin
Zelboraf	Formulary	Brand non-preferred	Brand	Yes	No	None
Zytiga	Formulary	Brand non-preferred	Brand	Yes	No	docetaxel

## Zostavax: Appropriate administration and reimbursement

GHP recommends the administration of Zostavax in members over 60 years old to reduce the risk of acquiring shingles and its painful symptoms. Please adhere to the following guidelines when prescribing Zostavax to your GHP patients to ensure appropriate administration and reimbursement.

For members age 60 or over **without Medicare Part D coverage**, Zostavax is a medical benefit with no cost sharing. Non-Part D members may have their Zostavax prescription filled and administered at a participating pharmacy that provides this service. Alternatively, if your office has the vaccine on hand it can be administered directly in the office.

For members with **Medicare Part D coverage**, Zostavax is a Medicare prescription drug benefit. Because Zostavax is a prescription benefit for these members, you should refer them with a prescription to a pharmacy that provides vaccination administration services. You should only administer Zostavax in your office to Part D beneficiaries if your office uses eDispenseT Part D Vaccine Manager. The eDispenseT Part D Vaccine Manager offers you a simple and convenient online option for submitting Medicare Part D vaccine and administration claims. If you are not already enrolled in eDispenseT, we encourage you to take advantage of the easy one-time online enrollment process at <http://enroll.edispense.com> today.

If you have any questions about your patients' Part D benefits, please call the GHP pharmacy department at (800) 988-4861.



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## Provider satisfaction survey



Our annual satisfaction survey measures physician satisfaction with GHP. We analyze survey results carefully to identify areas of opportunity to better meet your needs. Your feedback is greatly appreciated. We thank you for participating in the 2012 survey and look forward to making changes to better serve you.

### 2012 survey highlights:

- Overall satisfaction with GHP is at 89%
- GHP's website ratings ("excellent" or "very good") increased to 49% from 41%
- Overall satisfaction with GHP's planned future use of Navinet as its provider portal is at 95%
- Overall satisfaction with identifying what drugs require prior authorization increased to 81% from 76%

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

**Duane E. Davis, M.D.**  
President,  
Chief Executive Officer,  
Geisinger Health Plan

**Jason Renne**  
Vice President,  
Network Innovations,  
Geisinger Health Plan

Please forward comments or requests for additional copies to: [briefly@thehealthplan.com](mailto:briefly@thehealthplan.com)

GHP Marketing  
100 North Academy Avenue  
Danville, PA 17822-3240  
(570) 271-8135

A copy of this newsletter can also be found at [thehealthplan.com](http://thehealthplan.com)

HPM50 ad Oct 2012 9/21/12

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