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Geisinger Health Plan and Geisinger Gold ranked top in PA for third year

For the third year in a row, Geisinger Health Plan (GHP) and Geisinger Gold are the top-ranked health plans in Pennsylvania. Nationally, GHP is ranked fifth and Geisinger Gold is ranked tenth for quality and service according to the National Committee for Quality Assurance (NCQA).*, ** NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care.

More than 220 private plans and more than 180 Medicare plans are ranked by NCQA*. These lists are the only apples-to-apples comparison of health-care quality and customer satisfaction. Previously, the rankings were known as "America's Best Health Insurance Plans" list and published by U.S. News & World Report in conjunction with NCQA. **

"We work hard every day to provide our members with quality and value as indicated by our rankings," says Jean Haynes, president and CEO of Geisinger Health Plan. "Our rankings are also a reflection of the excellent care all of our providers in our network give to our members. We are pleased to receive this honor again."

"These rankings are a useful tool for consumers," says Duane Davis, M.D., vice president and chief medical officer of Geisinger Health Plan. "When someone is a member of a highly ranked plan, such as Geisinger Health Plan, it means they receive better care. Kids are more likely to see their doctor and receive important immunizations that guard them from illnesses such as chicken pox and pneumonia. Adults are more likely to



remain on medications which prevent future heart attacks. And women are more likely to receive screenings that detect breast and cervical cancer early. Seniors are more likely to have their eyes examined for glaucoma. It's important in these hectic times to have a health plan that is working to keep you healthy."

One of the ways GHP ensures members receive the recommended screenings and immunizations is by providing doctors, via a secured Web site, a list of patients who are due for one or more preventive screenings. This list is just one example of how GHP partners with doctors in its network to keep members healthier.

As part of the Geisinger Health System, GHP has been recognized nationally as a model for health care reform with documented success in innovative programs such as the patient-centered medical home. For more information, please visit www.thehealthplan.com.

* NCQA's Health Insurance Plan Rankings 2010-11-Private and NCQA's Health Insurance Plan Rankings 2010-11-Medicare

** U.S. News/NCQA America's Best Health Insurance Plans 2005-2009 (annual). "America's Best Health Insurance Plans" is a trademark of U.S. News & World Report.

PPACA changes to your benefits

Some provisions in the Patient Protection and Affordable Care Act (PPACA) have an effective date of September 23, 2010 and have already been implemented. An employer's benefits will reflect these changes when they join or renew starting October 1, 2010. For example, if an employer group's plan year renews February 1, the changes become effective for that group on February 1.

For a list of health care reform provisions, visit the employer or broker sections of www.thehealthplan.com. The document is located on the Resources, Forms & Newsletters page.

Lifetime and annual limits

PPACA requires plans to remove dollar limits (both annual and lifetime) for essential health benefits. This provision applies to all commercial plans, both grandfathered and non-grandfathered.

The lifetime limit prohibition is effective for plan years beginning September 23, 2010 or after. In the group market, this provision requires reinstatement for certain individuals who reached their lifetime limit and lost coverage. GHP must notify these individuals of their re-enrollment rights and provide a 30-day open enrollment period.

The annual limit prohibition is effective January 1, 2014. This means that until January 1, 2014, plans may impose "restricted" annual limits or "essential health benefits." To lessen the potential for premium increases, the rule adopts a three-year phased-in approach for the "restricted" annual limits. The limitations apply on a per-individual basis (so each covered person on the policy has their own limit). The annual limits are listed on the right.

Plan year begins	Annual limit must be at least
9/23/10- 9/22/11	\$750,000
9/23/11- 9/22/12	\$1.25 million
9/23/12- 9/22/13	\$2 million

Flexible spending arrangements are exempted from the restrictions on annual limits. In addition, health savings accounts, medical savings accounts and health reimbursement arrangements are not subject to the requirements (the rule does apply, however, to any high deductible health plans offered in conjunction with an HSA, HRA or MSA).

Preventive services

PPACA requires plans to cover preventive services without any cost-sharing for the enrollee when these services are delivered by in-network providers. While this provision does not apply to grandfathered plans, GHP chose to apply this provision to both grandfathered and non-grandfathered plans.

This provision is effective for plans years beginning September 23, 2010 or after. The list of preventive services can be found at <http://www.healthcare.gov/law/about/provisions/services/lists.html>.

Retroactive terminations eliminated

A primary concern for Geisinger Health Plan has been retroactive group terminations. The number of requests to terminate an employer's group plan on a retrospective basis or following their actual renewal effective date is increasing rapidly.

Geisinger Health Plan will no longer be able to accommodate group terminations on a retrospective basis. This process is difficult, time-consuming and expensive for the Health Plan to do. GHP will adhere to the rules outlined in the Group Master Policy which requires a 30-day advance

notice for off-cycle terminations and a 15-day advance notice for renewal effective date terms.

Brokers wanting to submit a letter of termination must submit directly to their group's assigned Account Executive-Service Specialist or Small Business Service Representative. The letter must be on company letterhead and include an authorized signature. Please do not mail letters of termination with an invoice statement or payment as this causes extreme delays in the termination process.

GHP fast facts

Geisinger Health Plan is committed to providing excellent care at an affordable cost. To make staying healthy easier for members, the Health Plan contracts with physicians, hospitals and other health-care providers throughout our service area. For an updated list of providers in your area, visit our Web site, www.thehealthplan.com. Currently, we contract with:

- 3,937 primary care physicians
- 33,150 specialist physicians
- 1,556 primary care sites
- 96 participating hospitals

as of 11/5/10

Premium rebates

PPACA offers a rebate to group customers in specific situations. If the ratio of medical costs to the premium paid (for an insurer's entire book of business) is less than the ratio outlined in the legislation, then employer groups (within that book of business) are entitled to a rebate of premiums based on the number of employees. Employers have been contacted to provide basic information to prepare for this process.

Early Retiree Reinsurance Program

The Early Retiree Reinsurance Program (ERRP) provides \$5 billion in federal funds to reimburse employers who provide coverage for early retirees. This program acts as a bridge to the establishment of new insurance exchanges in 2014. The program will reimburse employers for medical claims for retirees age 55 and older who are not eligible for Medicare, and their spouse, surviving spouses and dependents. Employers, including state and local governments and unions, who provide health coverage for early retirees are eligible to apply.

Reimbursements will be available for 80 percent of medical claims costs for health benefits between \$15,000 and \$90,000. Program participants will be able to submit claims for medical care going back to June 1, 2010.

GHP will provide required information to any of its employer clients who elect to participate in the program. Employers or brokers should contact their GHP sales representative for assistance. Applications are being accepted for the program. A draft application, fact sheets and application assistance can be found at www.hhs.gov/ociio

Prohibition on discrimination based on salary

PPACA provides that fully insured group health plans cannot discriminate in favor of highly compensated individuals regarding available health benefits. Section 105 (h) of the IRC already prohibits self-insured employee groups from engaging in such discrimination.

Appeals process

PPACA includes additional requirements for non-grandfathered plans regarding initial adverse benefit determinations (which include decisions to rescind coverage), internal appeals and external appeals. For example, reviews of urgent care claims must take place within 24 hours instead of the previously required 72 hours. In addition, PPACA requires that notices of adverse determinations (a) include specific information regarding the adverse determination and (b) be provided in other languages in certain circumstances. In addition, PPACA includes requirements regarding minimum consumer protections for external appeals. More information regarding these requirements will be provided in GHP's Subscription Certificate Amendment and additional documentation.

Evangelical contract renews

Geisinger Health Plan and Evangelical Community Hospital agreed to a new contract that began November 1, 2010. Under the agreement, Evangelical Community Hospital will continue to be an in-network provider for GHP members. This includes services offered by Evangelical physicians and caregivers located throughout the region in Lewisburg, Middleburg, Mifflinburg, Milton, Northumberland and Selinsgrove.

GHP and Evangelical were in negotiations since the fall of 2009.

GHP expands contract with Susquehanna Health

Geisinger Health Plan reached an agreement with Susquehanna Health on expanded contract terms, giving GHP members access to the full range of services, physicians and facilities of Susquehanna Health. This new agreement was effective November 1, 2010.

The new, full service contract allows GHP members to use all three hospitals in Susquehanna Health's network, including Divine Providence Hospital, Muncy Valley Hos-

pital and the Williamsport Regional Medical Center for general services and emergency care. GHP members will be able to seek care from any Susquehanna Health Medical Group physician or provider. In addition, GHP members will be able to use the full range of services Susquehanna Health offers, including cardiology, psychiatric and rehabilitative services.

The Health Plan first contracted with Susquehanna Health in 1995.

Are you a Super User?

Geisinger Health Plan offers employers with 15 or more eligibles the ability to make benefit updates online. This enhancement makes communicating coverage changes a much easier and faster process for employers. To take advantage of this functionality, you must designate someone from your organization as a "Super User." The Super User will have the responsibility of maintaining access privileges for other personnel at your company who have a business need to access group- and member-specific benefit information. Once access is established, the following Service Center capabilities are available at your fingertips:

- Employee eligibility changes
- Employee add/delete functions
- Billing statement review
- Request member identification cards
- A number of communication tools to request change of address, add dependents, and change primary care providers (PCP) for your employees.

Please contact your GHP employer representative for details.

Geisinger Health Plan now offers a toll free number (877-571-5366) for employer groups who may have questions about Super User Registration forms, or any other issues pertaining to the registration process for accessing our Web site.



Photo courtesy of Hemera

Send us your e-mail

You can forward your comments or suggestions about this newsletter to:

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@thehealthplan.com**

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