



Coverage begins for Autism Spectrum Disorders

In accordance with the Pennsylvania Insurance Department's Autism Insurance Act (referred to hereafter as Act 62), beginning July 2009, employer groups who renew or are new on or after July 1, 2009, and have a group size of 51 or more employees are eligible for coverage under Act 62 for the treatment of Autism Spectrum Disorders. The following criteria is applicable:

- Member must be 21 years of age or less
- Have a diagnosis of autism
- Be receiving care or begin to receive care from a credentialed autism services provider who meets Geisinger Health Plan's credentialing criteria and
- Is a participating provider to accept payment terms for rendered services

If you would like more information on identifying an autism provider, please contact your Provider Relations Representative. To verify autism benefits for a member, please contact the Customer Service Team at the phone number on their member



identification card.

Autism is a very complex, life-long disability that usually begins to appear in a child between 15 and 20 months of age. A 2007 study issued by the federal Centers for Disease Control and Prevention indicates that one in 150 children has some form of autism. Boys are four times more likely to have autism than girls. Recent research indicates autism has a genetic basis. Autism can affect social behavior, language skills and

the way a child's body acts. Children and adults with autism do not always show the same symptoms. Autism is actually one of five disorders that are described commonly as "Autism Spectrum Disorders," which include:

- Autistic Disorder
- Asperger Syndrome
- Childhood Disintegrative Disorder
- Rett Syndrome
- Pervasive Developmental Disorders (Not Otherwise Specified)

Preparing for H1N1 virus infection

Currently there is insufficient data available to determine who is at higher risk for complications of the H1N1 virus infection (previously referred to as swine-origin influenza virus) however the Center for Disease Control(CDC) suggests following the same guidelines for seasonal influenza. Furthermore, not all patients with suspected H1N1 infection need to be seen by a

health care provider. Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care. The CDC has recently provided interim guidance for clinicians who may provide care for patients with confirmed H1N1 virus infection. For more information

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Important information for providers

Geisinger phone numbers change to 808

The change to exchange 808 (808-xxxx) will affect all phone and fax numbers that currently begin 819, 820, 821, 825, 826, 830 and 831 at the following locations:

- Geisinger Wyoming Valley- including Critical Care Building, The Henry Cancer Center, The Pearsall Heart Hospital, Valley Medical Building
- Cross Valley Corporate Center, Route 315
- Public Square offices
- Geisinger Health Plan South Street offices
- Home Health/ISS, Route 315
- 620 and 675 Baltimore Drive
- GSWB campus- including main hospital, Medical Arts Building, GSWB Cancer Center

The change was effective March 1, 2009. Both the old number and the new number will work until June 30. At that time, only the 808 exchange will work.

IVR available on all CST lines

The Health Plan's Interactive Voice Response (IVR) system is now available on all Customer Service Team phone numbers. The IVR allows providers to access claims, member eligibility and member benefit information 24 hours a day, 7 days a week.

Vision benefit clarification

Ops Bulletin 01-09, released in March, included information on vision benefits. We would like to remind you that your commercial plan patients with an eyewear rider are entitled to both routine eyewear or cataract eyewear.

The eyewear benefit provides reimbursement up to \$200 every two (2) years for one pair of eyeglasses or contact lenses obtained from a Participating Provider.

Please consult the online Provider Service Center to verify benefits, or contact the Customer Service Team at (800) 447-4000.

Gold Secure reminder

Geisinger Gold Secure is a Special Needs Plan (SNP), specially designed for Medicare beneficiaries who are also fully eligible for Medicaid. Geisinger Gold Secure benefits reimburse 80% of fee schedule. The remaining 20% should be billed to Medicaid. If you have any questions on Gold Secure billing or member benefits, please call the Customer Service Team at (800) 498-9731, Monday through Friday from 8 a.m. to 5 p.m.

Health Plan policies and procedures available

The Health Plan Participating Provider Guide (10/08) is available online at thehealthplan.com. You may also request a copy of the full guide, or select sections, by calling your Provider Relations Representative.

The Participating Provider Guide includes important Health Plan policy and procedure information, including:

- Member rights and responsibilities (HMO, PPO and Gold)
- Medical management information (communicating denials of coverage, how we make medical management decisions, and more)
- Quality Improvement information
- Privacy information
- Minimum standards for medical record documentation

Non-participating provider services

In the unlikely event you have a Health Plan patient who needs covered services that cannot be provided by a specialist or facility within the Health Plan's expansive network, a request for prior authorization must be made before issuing a referral or advising the member to receive out-of-network services.

In such instances, please obtain prior authorization by completing the Prior

Authorization Request Form, available online at thehealthplan.com, or by calling our Medical Management department at 800-544-3907. Our IVR system also allows an ordering physician to leave relevant clinical information to begin the review process. Upon receipt of this information, a notification of determination of coverage will be returned to you within regulatory timeframes.

Again, it is very important that the non-participating provider request be approved by the Health Plan before your patient receives services. Otherwise, the services will not be covered and you may bear the financial liability.

Billing reminder

Providers are reminded that claims for newborns should be submitted to the Health Plan using the **newborn's member identification**, not that of a parent. Please consult the Provider Service Center online at thehealthplan.com to obtain the proper ID number.

Signature stamp policy

Effective January 1, 2009, stamped signatures are no longer acceptable for medical record documentation, according to the Medicare Program Integrity Manual, Transmittal 248, Change Request 5971, 5550.

Use the Provider Service Center to verify benefits

The Geisinger Health Plan Provider Service Center, available to registered users of thehealthplan.com, is a great tool to help verify a member's benefits before prescribing medication or ordering tests or procedures.

Numerous benefit documents are available for review. These documents are specific to each member. You will need a member's Health Plan identification number, found on the member's ID card, to access the documents.

HEDIS[®] measures help assure quality care

The Health Plan encourages you to recognize and utilize the following Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures when caring for your patients. Please work with us to meet and maintain these safety and quality improvement goals in pursuit of the highest quality of care for your patients. In addition, consistent cooperation in fulfilling these standards can result in cash incentives for you!

Attention Deficit Hyperactivity Disorder

For children (6-12 years of age) with a new ambulatory prescription dispensed for ADHD, the best practice is to:

1. Facilitate a face-to-face follow-up visit with a practitioner with prescribing authority within 30 days of the initial visit for the prescription; and
2. if the child remains on the medication for at least 210 days, two additional follow-up visits should be scheduled with a practitioner within 270 days (9 months) after the initial 30-day period ends.

Cholesterol Management

- We will measure the percentage of your Health Plan patients 18-75 years of age who are discharged alive for AMI, CABG, PTCA or IVD and who have an LDL-C screening each year and a controlled LDL level of 100 mg/dL or less.
- The National Cholesterol Education Program's (NCEP) clinical practice guidelines on cholesterol management recommend that for high-risk patients, the overall goal remains an LDL level of less than 70 mg/dL.

Adult Body Mass Index (BMI)

- We will measure the percentage of your Health Plan patients 18-74 years of age who had an outpatient visit and who had their BMI index documented during the current or previous year.
- The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians should screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.

Acute Low Back Pain

- We will measure your discretion in ordering imaging studies for your Health Plan patients within 28 days of the diagnosis of low back pain.
- Acute low back pain (less than four weeks in

duration) is generally a self-limiting condition and most patients recover within a few weeks without the need for imaging studies or aggressive care. Fewer than 1% of radiographs find the cause of a case of low back pain. The Health Plan's acute back pain clinical guideline is available for review online at thehealthplan.com. The Health Plan's medical directors recognize there are valid clinical reasons for ordering imaging studies and encourage proper health care to continue.

Drugs to be avoided in the elderly

Significant safety issues have been identified with certain medications in elderly patients. These medications are listed at www.dcri.duke.edu/ccge/curtis/beers.html and should be avoided in elderly patients.

The Health Plan will monitor members who:

1. Are age 65 or older who have received at least one high risk medication
2. Are age 65 or older and have received at least two different high risk medications.

Your assistance is vital in avoiding these potentially harmful drugs in the elderly population.

Potentially harmful drug-disease interactions in the elderly

Significant safety issues have been identified with the following drug/disease combinations in elderly patients:

- A history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents
- Dementia and a prescription for tricyclic antidepressants or anticholinergic agents
- Chronic renal failure and prescription for nonaspirin NSAIDs or Cox-2 Selective NSAIDs

The Health Plan will monitor members who are 65 years of age and older who have evidence of these combinations. Your assistance is vital in avoiding these potentially harmful combinations.

Survey shows increase

Geisinger Health Plan's annual satisfaction survey was conducted during the second quarter of 2008 to measure physician satisfaction with Geisinger Health Plan. Surveys were sent to participating physicians and 431 were returned. Your feedback is appreciated.

Overall satisfaction increased to 76.5%, up from 71% in 2007.

Areas of Highest Satisfaction

Strongly Agree or Agree

- Timeliness of responses by Provider Relations Representatives 75%
- Availability of Customer Service Representatives 74%
- Availability of Medical Management Representatives 74%

Next Steps

The Health Plan will continue to analyze survey results to both identify areas of opportunity and continue building on areas of high satisfaction. Please contact your Provider Relations Representative if you have any questions or comments.

SilverSneakers helps keep members healthy

The SilverSneakers® Fitness Program encourages members to increase their levels of physical activity and, more importantly, motivates them to continue this healthy lifestyle behavior.

Although the relationship between regular physical activity and improved health is well documented, many older adults are either sedentary or not active frequently enough to achieve health benefits. The SilverSneakers® Fitness Program recognizes the role physical activity plays in an individual's health and understands the importance enjoyment has in maintaining lifelong activity. Members who participate in SilverSneakers® maintain their health status over time despite having multiple chronic conditions, and 97 percent of members report being "very satisfied" or "satisfied" with the program. The SilverSneakers® Fitness Program also removes barriers typically experienced by older adults by providing access to specially selected fitness centers that ensure a safe, comfortable and senior-friendly atmosphere.

For more information on the SilverSneakers® Fitness Program, and to find out if your patient is eligible to participate, you or your patient can call the Customer Service Team at (800) 498-9731.

Accessibility of primary care services

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

PCP Accessibility

Health Plan Standards

Emergency services	Seen immediately by PCP or designee (in office or emergency room, if appropriate).
Urgent care services	Appointment with PCP or designee within 24 hours from the date of the initial request.
Routine care appointments	Appointment with PCP or designee within 21 days from the date of the initial request.
Preventive care appointments	Appointment with PCP or designee within 42 days from the date of the initial request (well-child checks, physicals, etc.).
24-hour availability	PCPs should be available 24 hours a day/7 days a week.
Non-business hour access	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 and/or pager number, including emergency instructions.
Appointment wait time	PCP or designee should see a Member within thirty (30) minutes of scheduled appointment time.

Formulary updates

Commercial

Formulary additions:

Promacta (3) *, t
Relistor (3) *, t, **
Gelclair (3) *, t

Medications deemed non-formulary:

Azor (3) *, t
Sancuso (3) *, t
Lybrel (3) *, t
Evamist (3) *, t
Elestrin (3) *, t
Divigel (3) *, t

() = tier

* = requires prior authorization under the non-tiered benefit

t = requires prior authorization under the tiered benefit

** = quantity limits apply

Effective April 1, 2009, the prior authorization requirements for both Cozaar and Hyzaar have been removed for the traditional and tiered benefits. For the tiered benefits, the drugs will remain at Tier 2.

Effective June 22, 2009, Diovan and Diovan HCT will move from Tier 2 to Tier 3 for the tiered benefits. The prior authorization requirements will remain for both the tiered benefits and the traditional benefits. Current users will be grandfathered from requiring a prior authorization for continued coverage; however their cost sharing will move to Tier 3. Affected members will be notified via letter of a special offer to see if Cozaar or Hyzaar may be right for them.

Specialty Vendor

Pharmacy Update

Effective July 1, 2009, Promacta and the oral formulation of Hycamtin must be obtained through the Specialty Pharmacy Vendor Program. Prior authorization requirements will still be required if applicable.

Gold formulary updates

Additions:

Banzel - added to Tier 3 of the \$0 Deductible Rx formulary and to Tier 2 of the Standard Rx formulary
Detrol LA - added to Tier 2 on both the \$0 Deductible Rx formulary and the Standard Rx formulary
Geodon - added to Tier 2 on both the \$0 Deductible RX formulary and the Standard RX formulary

Promacta - added to Tier 4 of the \$0 Deductible RX formulary and Tier 2 of the Standard RX formulary. Prior authorization is required.

Relistor - added to Tier 3 of the \$0 Deductible RX formulary and Tier 2 of the Standard RX formulary. Prior authorization is required and quantity limits apply.

Medications deemed non-formulary:

Azor
Sancuso
Lybrel
Seasonique
Evamist
Elestrin
Divigel

Chantix update

For **commercial members**, Chantix is now available without prior authorization at Tier 3 for those with the tiered benefit and at the brand copay/coinsurance for those with the traditional benefit. There is a lifetime coverage limit of 24 weeks.

For **Gold members**, Chantix is now available without prior authorization at Tier 3 for those with the \$0 Deductible Rx Formulary and at Tier 2 for those with the Standard Rx Formulary.

For any patient prescribed Chantix, please review side effect and safety concerns.

Zostavax update

For **Commercial members** 60 years of age and older, Zostavax is covered under the medical benefit.

For Gold members, Zostavax is covered under Part D. This coverage includes both the vaccine itself and the administration of it. The Health Plan will no longer accept medical benefit claims. Providers will have the following options for Zostavax patients:

- A patient can go to a pharmacy that dispenses and administers the vaccine. This means that the patient would be given a prescription and will need to find a pharmacist that can administer. All billing (vaccine and administration) would occur by the pharmacist.
- Providers can sign up for the E-Dispense Portal to bill both the vaccine and its administration. The method would reflect the member's correct Part D copay. Please contact the Pharmacy Department at (800) 988-4861 if you have any questions.

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.

In the near future, 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, 2009. Authorizations can be generated prior to July 1.

*Coverage requires prior authorization (PA)

New Medical Policies

- MP 218 Prometheus serology testing for IBD
 - Diagnostic testing system which combines different serology to aid in the diagnosis of IBD (inflammatory bowel disorder)
 - Considered experimental, investigational or unproven based on available literature
- *MP 226 Proton beam radiation therapy
 - Requests evaluated on a per-case basis when certain criteria are met
- *MP 227 Spaced retrieval training
 - Memory integration technique aimed at assisting individuals in remembering important information for clinically meaningful periods of time.
 - Considered experimental when used as a 'stand-alone' therapy for cognitive impairment and/or memory recall impairment.
- MP 228 Human papillomavirus (HPV) DNA testing
 - Used to identify whether a high-risk of HPV (types 16, 18, 31 and 45) are present
 - Specific indications have been identified

New Medical Benefit Pharmaceutical Policies

- *MBP 66.0 Reclast® (zoledronic acid)
 - Indicated for the treatment of postmenopausal osteoporosis, osteoporosis (male), Paget's disease, and steroid-induced osteoporosis.
- *MBP 67.0 Suprelin® LA (histerlin acetate)
 - Gonadotropin releasing hormone agonist implant indicated for the treatment of children with precocious puberty.
- *MBP 68.0 Nplate® (romiplostim)
 - Indicated for the treatment of chronic immune (idiopathic) thrombocytopenia purpura (ITP).
- *MBP 69.0 Degarelix®
 - Gonadotropin-releasing hormone receptor (GnRH) antagonist for the treatment of advanced prostate cancer.

Revised Medical Policies

- *MP 75 Tissue engineered skin substitutes
 - Additional indication added for the use of Integra® for the treatment of deep partial thickness burns
- *MP 84 Stereotactic radiosurgery
 - Removed information regarding proton beam therapy. Please see MP 226 for information regarding Proton Beam Radiation
- *MP 88 Percutaneous laser lumbar discectomy
 - Added exclusion for the use of microendoscopic discectomy (MED) procedure

Revised Medical Benefit Pharmaceutical Policies

- *MBP 5.0 Remicade®
 - Updated criteria language
 - Added additional indication for the treatment of ulcerative colitis
- *MBP 42.0 Intravenous Boniva®
 - Updated criteria to require failure on, intolerance to or contraindication to Reclast (applies to insured individuals naïve to previous IV Boniva therapy)
- *MBP 45.0 Herceptin® (trastuzumab)
 - Updated criteria language

Annual Reviews

The following medical/pharmaceutical policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

Medical Policies

- MP04 Biofeedback
- MP25 Transcatheter closure devices
- MP32 Colonoscopy
- MP33 Varicose vein treatments
- MP 34 Foot orthotics
- MP37 Home phlebotomy program
- MP39 Home uterine monitoring
- MP40 Somnoplasty/coblation
- MP44 Aquatic therapy
- MP45 High frequency chest wall percussion
- MP62 Transmyocardial laser revascularization
- MP64 Breast reconstruction
- MP68 Reduction mammoplasty
- MP69 Ultrafiltration
- MP70 Genetic testing for cystic fibrosis
- MP73 Deep brain stimulation
- MP72 Percutaneous disc decompression (nucleoplasty)
- MP76 HH/DME hyperbilirubinemia
- MP78 Sexual dysfunction therapies
- MP90 Injectable bulking agents

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Medical and pharmaceutical policy updates

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- MP91 Sacral nerve stimulation
- MP92 Implantable cardiac loop recorder
- MP94 Unilateral pallidotomy
- MP99 Breast implant removal
- MP101 Gliasite® radiation therapy
- MP102 Morphometric tumor analysis
- MP 106 Routine ultrasound in uncomplicated pregnancy
- MP109 Total body radiologic screening
- MP124 Transpupillary thermotherapy
- MP127 Prolotherapy
- MP129 Total parental nutrition (TPN)
- MP130 Automated ambulatory BP monitoring
- MP131 VitalStim NMES
- MP134 Transpupillary thermotherapy
- MP145 Breast MRI
- MP165 Treatment of vestibular disorders
- MP172 Microvas
- MP175 Trigger point injections
- MP176 Meniett device
- MP184 Intracranial percutaneous transluminal angioplasty
- MP190 Interspinous distraction technology
- MP193 Microvolt T-wave alternans
- MP196 Convection-enhanced drug delivery
- MP197 Janus Kinase 2 (JAK 2) gene mutation analysis
- MP198 Pulse oximetry for pediatric home use
- MP199 Corneal pachymetry
- MP212 Non-contact low-frequency ultrasound management
- MP211 Endovascular repair of intracranial aneurysms
- MP213 Corneal topography

Medical Benefit Pharmaceuticals

- MBP 17.0 Alefacept (Amevieve™)
- MBP 20.0 Faslodex®
- MBP 21.0 Voriconazole IV (Vfend)
- MBP 22.0 Xolair®
- MBP 23.0 Velcade®
- MBP 36.0 Abraxane®
- MBP 37.0 Cubicin™
- MBP 39.0 Naglazyme®
- MBP 41.0 Natrecor®
- MBP 43.0 Alpha-1 Antitrypsin
- MBP 44.0 Elaprase®
- MBP 46.0 Dacogen®
- MBP 51.0 Vivitrol®

Clinical Guideline 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 and pediatric immunizations
- Adult sinusitis
- Adult urinary tract infection in women
- Hyperlipidemia
- Hypertension

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 versions. 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:

- Alcohol abuse and alcoholism
- Osteoporosis
- Pediatric ADHD
- Colorectal cancer screening
- Fall prevention
- Non-surgical treatment of urinary incontinence

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs, Medical Management 32-20, or by e-mail to pkrebs@thehealthplan.com. Please provide your feedback by Oct. 15, 2009.

Health Plan compliance program

Geisinger Health Plan's Compliance Program is designed to oversee the development, implementation and maintenance of a compliance and privacy program that meets or exceeds federal and state laws and regulations, as well as contractual and accreditation obligations.

Geisinger Health Plan is committed to ethical and legal conduct that is compliant with all relevant laws and regulations, and to correcting wrongdoing whenever it may occur in the administration of any of our plans.

This commitment encompasses our organization and any of the parties that we contract with to provide services related to the administration of our plans.

For more detail on our compliance standards, please refer to our Code of Conduct at www.thehealthplan.com/providers_us/resource.cfm.

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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Preparing for H1N1 virus infection

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on the guidelines and treatment options visit www.cdc.gov/h1n1flu/.

Please help us educate the community by advising your patients to follow these everyday steps to protect their health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Stay home if you are sick for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. This is to keep from infecting others and spreading the virus further.

Medical Management statement

The Health Plan would like to remind participating providers that utilization criteria is available upon request. Participating providers may request a copy of the applicable criteria as part of the utilization decision phone conversation, by fax or U.S. mail or through discussion with the respective Health Plan medical director. Complete criteria can be reviewed at the Health Plan's home office located in Danville, PA. Written requests should be submitted to the Medical Management Department, 100 N. Academy Ave., Danville, PA 17822-3220; fax (570) 271-5534.



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