



Health Plan welcomes new CEO

Jean Haynes has been named president and chief executive officer for Geisinger Health Plan, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Incorporated; and Executive Vice President, Insurance Operations for Geisinger Health System. She joined Geisinger on September 28, 2009.

"Jean is a proven leader with a history of enhancing quality and value at various health plans throughout the country," said Geisinger president and chief executive officer Glenn Steele, Jr., MD. "Geisinger Health Plan is fortunate to be ranked among the best in the United States for member satisfaction, and we look forward to her capitalizing on this foundation and leading GHP to an even brighter future."

Haynes has nearly 30 years of experience in health care and managed care organizations management. Most recently, she served as Executive Director of Boston Medical Center HealthNet Plan, a 250,000 member health plan throughout Massachusetts. Prior to that, she was Vice President, Health Services and Operations for OSF HealthPlans in Illinois; Executive Director for the Anthem US Business Division and for Anthem Blue Cross & Blue Shield; Director of Quality and Risk Management for Physicians Healthcare Plans in Tampa; and Director of Quality and Resource Management at Humana/St. Petersburg General Hospital in St.



Jean Haynes, president and chief executive officer

Petersburg, Florida.

"Geisinger Health Plan and Geisinger Health System are well known and respected locally and across the United States for providing high quality clinical services and value to members and patients," said Haynes. "I am most pleased to have the opportunity to join this organization and to lead Geisinger Health Plan."

A Magna Cum Laude graduate of St. Francis Medical Center College of Nursing in Peoria, Illinois, with a bachelor of science degree in nursing, Haynes earned a master of business administration from the College of Business Administration at the University of South Florida in Tampa.

GHP named one of America's best

Geisinger Gold and Geisinger Health Plan (GHP) are the top-ranked Medicare and commercial health plans in Pennsylvania and in the top ten nationally for quality and service. *U.S. News & World Report* produces their annual America's Best Health Insurance Plans list in conjunction with the National Committee for Quality Assurance (NCQA). Geisinger Gold is ranked #3 among Medicare plans and Geisinger Health Plan is ranked #6 among commercial plans, according to the 2009-10 list.

More than 220 commercial and 150 Medicare plans are ranked in America's Best Health Insurance Plans 2009-10 list.

"It's great to be recognized as one of the top ten Medicare and commercial health plans in the nation and the top plan in Pennsylvania," says Jean Haynes, president and CEO of Geisinger Health Plan. "This ranking supports the quality and value that we provide to our members. The doctors and other care givers in our network also play a major role in our success. They provide our members with excellent care. This partnership is one of the reasons Geisinger Health Plan has recently been cited as a model for health-care reform by President Obama."

America's Best Health Insurance Plans 2009-10 is a trademark of U.S. News and World Report.

Office praises online Member Health Alerts

Three years ago when physician Peter McNeil's office was selected to pilot a new Health Plan initiative, Member Health Alerts, office manager Janet Thul was excited to be involved. Since then, the small provider office with four employees, including the doctor, has seen a dramatic change in their office. Thul, a AAPC Certified Professional Coder and Specialist Certified Internal Medicine Coder, credits their success to a total team effort.

Member Health Alerts is a Web-based list of members who, based on claims data, are due for one or more preventive screenings. (See box for list of screenings.)

"We don't have an electronic health record in our office, so getting the list of members who are in need of preventive screenings from GHP saves us up to 10 minutes of looking through a paper record on each patient we see," says Thul. She also accesses other information on Geisinger Health Plan's Web site, thehealthplan.com, including claims information, explanation of benefits, patient addresses and contacts for other physicians and specialists. "The Web site is always fast," Thul adds.

"Janet has been one of the earliest adopters and the single greatest user of the Member Health Alerts," says Melanie Corch, manager of quality improvement. "She has provided many insights and recommendations since the beginning of the program—many of which we have adopted."

The process is simple. Providers can log onto thehealthplan.com and pull up a list of their patients who have not received recommended immunizations and screenings. When services are provided and claim data is received by the Health Plan, the Member Health Alerts listing is updated. Before the initiative was in place, provider offices would have to fax or mail copies



Julie Klinger, medical secretary; Janet Thul, office manager; and Ann Marie Reisinger, medical assistant, proudly display a plaque recognizing Dr. Peter McNeil's practice's role in the Health Plan's U.S. News & World Report ranking.

to GHP or have a chart review by the Health Plan. If there are any discrepancies in the data, medical record documentation can be submitted to demonstrate that a measure has been completed.

"I believe the quality performance reimbursement is the wave of the future," says Thul. "Geisinger Health Plan is a leader in this initiative."

Since the program began, Dr. McNeil's office has consistently achieved and maintained a three star designation—the highest rating in the Physician Quality Summary. This has

resulted in maximum performance bonuses. But not only has Member Health Alerts increased efficiency and reimbursement in Dr. McNeil's practice, it has also helped increase the quality of care their patients receive. Thul even calls it "life saving." "Through the Medical Health Alerts, Geisinger Health Plan identified our GHP patients who needed to have a colorectal cancer screening. When these were done, we found several patients with pre-cancerous polyps. Since they were found

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Below is the list of Member Health Alert screenings. These are based on Healthcare Effectiveness Data and Information Set (HEDIS) specifications.

- Adolescent well visits
- Well-child visits 3-6 years
- Well-child visits 0-15 months
- Colorectal cancer screening
- Breast cancer screening
- Cervical cancer screening
- Use of appropriate medications for people with asthma
- Chlamydia screening
- LDL screening for patients with cardiovascular conditions
- Comprehensive diabetes care

Promoting healthy behavior with Smart Steps

The Health Plan would like to tell you about our revolutionary PPO plan that reduces health care costs by promoting healthy lifestyles. Members of the new Smart Steps plan are directly incented through lower out-of-pocket costs to improve their health.

Smart Steps works just like our current PPO direct access plans; there are no referrals and members are not required to select a PCP upon enrollment. It features a standard (higher cost sharing) and an enhanced (lower cost sharing) level of benefits. Members who meet criteria in key areas such as weight and cholesterol will qualify for the enhanced benefit, resulting in lower cost-sharing. Those who do not meet the measures will have six months to follow a treatment plan and take the smart steps toward meeting their health improvement goals. If the goals are not met within six months, the member will move to the standard benefit with higher cost sharing.

The five measures members must meet to qualify for the enhanced level of benefits are listed below:

Measure	Enhanced Level
Tobacco use	No tobacco use
Weight	BMI at or below 30
Blood Pressure	Below 140/90
Blood Sugar	Normal fasting blood sugar less than 100 if not diagnosed with diabetes. If diagnosed with diabetes, hemoglobin A1C less than 8.0.
Cholesterol	If no risk factors, testing is required every 5 years: cholesterol must be less than 200 and LDL less than 129 for those without co-morbid conditions; less than 100 for those with co-morbid conditions. If risk factors exist, annual testing required: cholesterol less than 200 and LDL less than 100.

On rare occasions, you may be asked by a member to provide them with their most recent test results, as they are available, or to complete a simple physician care form explaining why it is medically inadvisable for the member to pursue the enhanced level criteria. Members are then responsible for providing this documentation to the Health Plan. Our wellness specialists will facilitate testing for these measures at enrollment meetings. Vouchers will be available to members for blood tests to be completed at a designated lab location, if they cannot be completed at the enrollment meeting. Providers will not be asked to conduct these tests.

Smart Steps will be introduced on a very limited basis over the next few months and will have little to no impact on you or your practice. As always, we encourage you to check your Health Plan member's ID card for cost-sharing information.

Important information for providers

Flu vaccine update

Geisinger Health Plan will cover the cost of administering the H1N1 flu vaccine for Geisinger Gold, Geisinger Health Plan and Geisinger Choice members. Geisinger Health Options self-funded groups may choose to include this benefit in their coverage. The cost of the vaccine itself is covered by the federal government.

The seasonal flu vaccine and FluMist® are covered for members when given by a participating provider for all lines of business (Self-funded groups may choose not to provide coverage). Members can also receive the injectable vaccine at participating retail pharmacies. FluMist is not covered when given at a retail pharmacy.

Geisinger Health Plan covers the prescription antiviral drugs Tamiflu (oseltamivir) and Relenza (zanamivir) for members with prescription benefits for the treatment and prevention (for those who have been exposed) of both the seasonal and the H1N1 flu. These drugs should be started within 48 hours of the first symptoms of the flu to be effective.

For questions regarding coverage, please call the customer service phone number on the back of the member's identification card.

DME reminder

Durable medical equipment requires coordination through a participating provider who obtains precertification prior to issuance. The Health Plan provider network includes DME and prosthetic and orthotic providers participating throughout Pennsylvania. A list can be viewed at www.thehealthplan.com. Or, you may contact our DME Network at (866) 248-1972 or your Provider Relations Representative for assistance. Effective Decem-

ber 17, 2009, Apria/Wasserotts will no longer be a participating provider. Please ensure you coordinate future DME services with a participating provider.

Quality of care information available

Care Enhancement Resource Management System (CRMS) reports, as well as Physician Utilization Report (PUR) information, are customized to your practice and available online at www.thehealthplan.com.

CRMS provides a comparison of similar speciality practices and measures quality of care within recognized, national metrics.

PUR provides information on your pharmaceutical usage, and again provides a comparison to similar practices using recognized metrics.

The information contained in these reports can help you increase your office's efficiency and provide better care to your Health Plan members. The metrics considered in these reports are also used in the Health Plan's Physician Quality Summary program, so any improvements may result in higher PQS payments.

Free well-child visits

Effective January 1, 2010, members will have no copayment for well-child visits up to age 21.

Well-child visits are an important part of a child's health and well being. The Health Plan is in the process of communicating this benefit change to members, and will encourage well-child visits for the following ages:

- 2 months
- 4 months
- 6 months
- 9 months
- 12 months

- 15 months
- Age 2 years – 21 years: annual visits

If additional services such as lab work or diagnostic tests are provided during the visit, these services may incur cost sharing.

Michelle's Law

Effective October 8, 2009, this law requires health plans to continue coverage for college students who are forced to take a medically necessary leave of absence or have a change in their enrollment status due to serious injury or illness.

Michelle's Law applies to students who are covered under their parent's health insurance plan. The law provides that seriously ill students, who otherwise have insurance, may keep their insurance if they drop below a full-time course load for medical reasons. Students are able to take up to 12 months medical leave of absence without a reduction in their health care coverage and/or a COBRA premium.

Billing assistance

Providers are encouraged to report the appropriate level evaluation and management code when reporting annual gynecological exams.

The use or reporting of procedure code S0610 (annual gynecological exam, new patient) and procedure code S0612 (annual gynecological exam, established patient) is not reimbursable and will result in provider liability.

Please have your billing personnel and/or system report the appropriate evaluation and management code instead of the S codes. If you need assistance, please contact your Provider Relations Representative.

2010 brings changes to Gold plans

More than 38,000 Medicare beneficiaries throughout Pennsylvania agree that Geisinger Gold offers the best benefits, premiums and service their money can buy.

For 2010, we are pleased to announce new and enhanced benefits, including:

- Emergency care coverage anywhere in the world
- Expanded coverage of preventive dental services
- New drugs added to the Formulary

The Medicare Annual Enrollment Period runs from November 15 to December 31. Member eligibility and benefits can be confirmed online in the Provider Service Center at thehealthplan.com. If you have a patient who is interested in Geisinger Gold, they can call (800) 631-1656.

Employer group benefits cover more members

Medicare Advantage coverage for retiree groups continues to grow for Geisinger Gold. The Pennsylvania Employees Benefit Trust Fund (PEBTF) is just one of the employers who offer health insurance coverage to their retired employees through a group agreement with Geisinger Gold.

For 2010, benefits specific to PEBTF include:

- No copay for inpatient hospital care
- No copay for skilled nursing care
- \$10 PCP copays and \$15 specialist copays
- \$0 copay for Medicare Part B covered drugs

Geisinger Gold is primary payer

Geisinger Gold Secure 1 is a Special Needs Plan for Medicare beneficiaries who are also eligible for Medicaid. Providers are reminded that Geisinger Gold is the primary coverage for these members, where applicable. All claims for services should be submitted to Geisinger Gold for benefit processing.



Member identification card for groups with custom benefits, including PEBTF

Formulary updates

Commercial

Drugs Deemed Formulary

Afinitor (3)*,t,**
Aggrenox (2)
Astelin (3)
Geodon (2)

Drugs Deemed Non-Formulary

Kapidex (3)*,t,**
Exforge HCT (3)*,t
Aplenzin (3)*,t
Apriso (3)*,t
Astepro (3)*,t
Fanapt (3)*,t
Patanase (3)*,t

Commercial Formulary Change

Rhinocort Aqua will move from Tier 2 to Tier 3 effective January 1, 2010.

() = tier

* = requires prior authorization under the non-tiered benefit

t = requires prior authorization under the tiered benefit

** = quantity limits apply

Gold

Gold Formulary Additions/Changes:

Astelin: Added to Tier 3 of the \$0 Deductible Rx formulary and to Tier 2 of the Standard Rx formulary

Geodon: Changed from Tier 3 to Tier 2 of the \$0 Deductible Rx formulary

Aggrenox: Added to Tier 2 on both the \$0 Deductible Rx formulary and the Standard Rx formulary

Gold Medications Deemed Non-Formulary (prior authorization required):

Kapidex**, Exforge HCT, Aplenzin, Apriso, Astepro, Fanapt, Patanase

Commercial and Gold general updates

- Synvisc, Synvisc One, and Euflexxa are available for acquisition via the Health Plan's Specialty Vendor program in a voluntary manner.

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 January 1, 2010. Authorizations can be generated prior to January 1.

*Coverage requires prior authorization (PA)

New Policies

Medical Policies

- MP 234 Occipital Nerve Stimulation
 - Form of electrical stimulation proposed to treat intractable headaches
 - Considered experimental, investigational and unproven based on the lack of peer-reviewed, published medical literature.

Revised Policies

Medical Policies

- *MP 50 Surgical Correction of Chest Wall Deformity
 - Formerly titled "Pectus Deformity Surgery"
 - Requires Prior Authorization through Medical Management Department
- *MP65 Obesity Surgery
 - Requires Prior Authorization through Medical Management Department
 - Language added to clarify the sections regarding the pre-surgical program and coverage limitations.
- MP149 Artificial Intervertebral Disc
 - Revised to include indications regarding the use of Artificial Intervertebral Discs in the cervical spine
- MP201 Obstructive Sleep Apnea
 - Revised to include additional indication in CPAP criteria
- MP217 Polysomnography and Sleep Studies
 - Revised to include additional indications for sleep testing

Medical Benefit Pharmaceutical

- *MBP 30.0 Avastin® (bevacizumab)
 - Requires Prior Authorization through Medical Management Department
 - Additional indications for metastatic renal cell carcinoma (RCC) and glioblastoma added.
- *MBP 31.0 Erbitux® (cetuximab)
 - Requires Prior Authorization through Medical Management Department

- Revised indication section to include KRAS mutation in criteria for use in colorectal cancer
- *MBP 50.0 Vectibix® (panitumumab)
 - Requires Prior Authorization through Medical Management Department
 - Revised indication section to include KRAS mutation in criteria for use

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.

- MP 19 Laser Therapy of Cutaneous Lesions
- MP 20 Transplant Services
- MP 23 Surgical Refractive Keratoplasty
- MP 24 External Counterpulsation
- MP 29 Electrical Bone Growth Stimulation
- MP 46 Progressive Stretch Devices
- MP 59 Fetal Surgery
- MP 63 Acupuncture
- MP 66 ESWT
- MP 71 Continuous Subcutaneous Glucose Monitor
- MP 79 Donor HLA Typing
- MP 80 Outpatient Cardiac Rehabilitation
- MP 102 Morphometric Tumor Analysis
- MP 116 Hippotherapy
- MP 117 Dry Hydrotherapy
- MP 118 Quantitative Sensory Testing
- MP 120 Intracavity Balloon Brachytherapy for Breast Cancer
- MP 143 Criteria for DME/MM Decisions
- MP 146 Sympathetic Therapy
- MP 148 Mobile Cardiac Outpatient Telemetry
- MP 159 Voice Therapy
- MP 161 Thermal Capsulorrhaphy
- MP 163 Thermography
- MP 166 MR Ultrasound Ablation of Uterine Fibroids
- MP 181 Suit Therapy
- MP 182 Transcranial Magnetic Stimulation
- MP 183 Cranial Electrotherapy Stimulation
- MP 187 Cryoablation
- MP 192 IMRT
- MP 202 Interferential Stimulation
- MP 206 ECG Body Surface Mapping
- MP 207 Corneal Hysteresis
- MP 221 Suprachoroidal Delivery of Pharmacologic Agents
- MBP 57.0 Tysabri® (natalizumab)
- MBP 58.0 Prialt® (ziconotide intrathecal infusion)
- MBP 60.0 Cerezyme® (imiglucerase)

Geisinger Health Plan is proud to serve the uninsured children of Pennsylvania

The Children's Health Insurance Program (CHIP) is a comprehensive HMO insurance plan for uninsured Pennsylvania children under 19 years of age who are not eligible for Medical Assistance. This product will function similar to Geisinger Health Plan's standard HMO product with the member selecting a primary care provider (PCP) to coordinate their health care services. Most covered services will require PCP Referral and specific services will require prior authorization from Geisinger Health Plan. An eligible child's enrollment is based on their family's size and income.

Plan highlights include:

Cost-Sharing

- \$0 - \$15 for primary care visits
- \$0 - \$25 for specialist visits
- \$0 - \$18 for brand prescriptions
- \$0 - \$50 for er visits with no hospital admission

Reimbursement

Providers will be reimbursed at Geisinger Health Plan's then-current HMO rates.

Referrals

PCP referrals will be required for covered services in accordance with Geisinger Health Plan's participating provider guide, available online at www.thehealthplan.com.

Direct Access

CHIP members are entitled to receive the following services without PCP referral:

- OB/GYN
- Mental health and/or substance abuse
- Emergency
- Vision
- Dental
- Urgent care

Effective December 1, 2009, outpatient physical health visits will be limited to 50 per year. This does not include well child visits or annual physicals.

For more information, please refer to the Operations Bulletin page in the Provider Information Center at www.thehealthplan.com.

Web browser update required

In fulfilling our commitment to safeguard sensitive patient and provider information, we constantly reevaluate our approach to enterprise data management and information security. Adherence to industry best practices and compliance with federal, state, and local laws and regulations are key to preventing system security breaches. We will be updating www.thehealthplan.com to comply with the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH Act is a component of the Stimulus Bill used to increase the adoption of electronic health records by physicians and hospitals.

Web site users will be required to access the site with web browsers that support Transport Layer Security (TLS). To maintain this level of security, please follow the five steps outlined to ensure continued access to protected health information.

These changes are required only for Internet Explorer 6.0 or earlier.

1. Run the Internet Explorer application
2. From the Menu Bar, select "Tools" – "Internet Options"
3. Select the "Advanced" tab
4. Scroll down the list to the "Security" section and make sure the checkbox next to "Use TLS 1.0" is checked
5. Click "OK" and restart Internet Explorer

Office praises online Member Health Alerts

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early enough, they were easily removed during the procedure. We know this saved lives and that makes us feel good. In fact, although it is not as simple, we look for patients with other insurance as well who are also in need of these preventive screenings. "

Member Health Alerts are a win-win for the doctor, the Health Plan and the patient. "We are able to get the

Health Plan the information they need faster, it has improved our incentive payments and our patients are getting even better care," Thul adds. Some of these measures are also included in the Physician Quality Summary (PQS) incentive payment program.

Thul says, "Doctor's offices shouldn't be overwhelmed or think that they don't have time to do this. The Mem-

ber Health Alerts save time and they are simple to use. If we can do it, I know other offices can do it. Our patients are better for it."

Dr. Peter McNeil adds, "Member Health Alerts helped us improve the quality of care we provide to our patients. We thank GHP and our patients thank GHP."



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

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Early colorectal detection best treatment

The Health Plan encourages you to follow Healthcare Effectiveness Data and Information Set (HEDIS®) guidelines 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!

The American Cancer Society recommends that women and men, beginning at age 50, be screened for colorectal cancer. This can be accomplished by a yearly fecal occult blood test, a flexible sigmoidoscopy every five years, or a colonoscopy every 10 years. An annual FOBT plus sigmoidoscopy every five years can reduce cancer-related mortality by 80% compared with no screening.

Members do not require referrals for a member to receive a colonoscopy. Other coverage restrictions may apply, depending on the plan.