

**In this issue**

- 2** Zostavax notice
- Matrix health risk assessments
- Prior authorization announcement
- NPI
- NIA
- 3** ICD-10
- Doppler with stress echo
- Online referrals
- Claims information
- 4-5** Medical and pharmaceutical policy updates
- 5** Clinical guideline review
- 6** Commercial formulary updates
- Accessibility of primary care services
- 7** Gold formulary updates
- Medicare Supplement
- SilverSneakers®
- 8** Frederick J. Bloom, MD, named medical director

Help your patients stay on track

Geisinger Health Plan (GHP) can help motivate your patients to be proactive with their health. Active involvement can prevent disease, illness and help your patients lead healthier lives.

With Wellness Online, our new Internet wellness portal, our members have access to all the tools they need to stay involved.

One of the first steps on Wellness Online gives members a snapshot of their current health, through the Health Risk Assessment (HRA). The HRA will give them a health score, risk for specific conditions and recommendations on ways to improve. Wellness Online's additional tools can guide them toward improvement.

These tools include workshops on popular health topics like stress, weight and tobacco use, tools to track nutrition and fitness data, a personalized meal planner and a shopping list function, as well as health logs to graph blood pressure, cholesterol and heart rate.

Wellness Online is free to all our members. Members must be a registered user at thehealthplan.com to access this service. Call our wellness team at (866) 415-7138 for more information.



Health management programs

GHP offers members health management programs to treat chronic health conditions. With a hands-on and personalized approach, case managers will work with you and your patients to help them better manage their health-care needs. This includes education on how to monitor diet, exercise, medications and other lifestyle changes.

The following programs are offered to GHP members: asthma, chronic obstructive pulmonary disease (COPD), Stop Tobacco Use, hypertension, heart failure, diabetes, heart disease, osteoporosis, Well on Your Weigh and case management, which is a program offered to members with multiple chronic conditions.

The programs are free of charge for all members. For more information, or to recommend a patient for one of these programs, please call (800) 883-6355.



Briefly is also available online at thehealthplan.com

Geisinger Gold patients and shingles vaccine Zostavax

The administration of Zostavax is recommended in people over 60 years of age to reduce the risk of acquiring shingles and its painful symptoms. Geisinger Gold patients with Medicare Part D coverage who are given a prescription for Zostavax can pick up the prescribed vaccine at the pharmacy and take it to their doctor's office where a doctor or nurse can administer the medication. However, since the vaccine must stay frozen before use, the patient will need to take it to their doctor's office immediately for administration.

If the vaccine is available at the office, and the office uses the electronic billing system, eDispense™, to directly bill Geisinger Gold, the vaccine can be administered immediately. Offices not using eDispense™ should write a prescription for the patient to fill at a pharmacy. The patient can then return to the office to have the vaccine administered.

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

Matrix health risk assessments

GHP and Matrix Medical Network (Matrix) remain actively engaged in conducting health risk assessments for eligible members residing in skilled nursing facilities.

Some facilities have already worked with Matrix in collecting health risk assessment data. Matrix conducts on-site health risk assessments using a nurse and licensed physician. The on-site assessments include a thorough review of the medical record, a complete member assessment and a short mental health and depression survey.

Matrix serves GHP in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). Matrix is ethically and legally bound to protect, preserve and maintain the confidentiality of any Protected Health Information (PHI) of members and their medical record. Matrix will treat your patients' PHI with the highest level of protection and confidentiality.

If you have questions about any portion of this process, please contact your provider relations representative at (800) 876-5357.

Note for rehabilitation and speech therapists

The prior authorization requirement for the code combination, 92611 GN, has been removed. The CPT code and modifier are defined below.

- 92611 - Motion fluoroscopic evaluation of swallowing function by cine or video recording
- GN modifier - Services delivered under an outpatient speech language pathology plan of care

Though most rehabilitation services **do** require prior authorization, we have identified an efficiency in removing the prior authorization requirement for this service when administered in a speech therapy setting.

NPI required on all claim submissions

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

GHP does not accept claims filed electronically through HIPAA transactions 837P when the billing provider is not recognized as the billing organization or practice.

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

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

NIA expedited request reminder

For your convenience, please remember that expedited authorization requests for radiology and cardiology imaging must be called in to NIA at (866) 305-9729. Expedited requests cannot be submitted through NIA's website, RadMD.com.

ICD-10: Staying the course

GHP is currently augmenting ICD-10 readiness timelines to align with the newly proposed October 1, 2014 compliance date. Despite this delay, we will continue preparations to ensure a smooth transition to the new code set. You can expect regular ICD-10 status updates through this newsletter and other avenues of communication. For more information on what you can do to prepare for the transition to ICD-10, visit the American Medical Association web site at ama-assn.org or the Centers for Medicare and Medicaid Services (CMS) at cms.gov and search ICD-10.



Appropriate use of doppler with stress echo

The use of doppler with a stress echo is considered medically necessary only when your patient is diagnosed with one of the three major conditions listed below:

Heart valve disease/endocarditis

Accepted ICD-9 codes:

036.42, 074.22, 093.20, 093.21, 093.22, 093.23, 093.24, 098.84, 112.81, 115.94, 391.1, 392.0, 394.0, 394.1, 394.2, 394.9, 395.0, 395.1, 395.2, 395.9, 396.0, 396.1, 396.2, 396.3, 396.8, 396.9, 397.0, 397.1, 397.9, 421.0, 421.1, 421.9, 424.0, 424.1, 424.2, 424.3, 424.90, 424.91, 424.99, 425.3, 746.00, 746.01, 746.02, 746.09, 746.1, 746.2, 746.3, 746.4, 746.5, 746.6, 996.02, 996.71, V42.2, V43.3

Septal defects

Accepted ICD-9 codes:

429.71, 745.4, 745.5, 745.61, 745.69, 745.8, 745.9

Pulmonary hypertension

Accepted ICD-9 codes:

415.0, 416.0, 416.8, 747.83

Prior authorization is required for all stress echos and echocardiograms. Claims for authorized stress echos received with doppler on the same date of service will be reviewed to ensure the diagnosis reported on the claim justifies the use of doppler. If the diagnosis code does not indicate one of the conditions listed above, payment for the doppler will be denied. Please note: Doppler billed with an authorized echocardiogram is always payable.

Online referrals

GHP is asking all participating providers to submit and retrieve referrals exclusively through the online Provider Service Center. As of June 1, 2012, GHP will no longer accept or process paper referrals.

In order to use the online referral tool, you must have access to GHP's online Provider Service Center. Beyond online referral functionality, the Provider Service Center grants users secure access to critical member and plan information regarding eligibility, benefits, claims, authorizations and more. Register for the Provider Service Center by completing the Super User Registration Form at: thehealthplan.com/providers_us/servicecenter.cfm.

If you have questions or need help, please contact your provider relations representative at (800) 876-5357 or reference the May 1 Operations Bulletin.

Request for claim reconsideration

Reminders:

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

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



Briefly is also available online at
thehealthplan.com

Medical and pharmaceutical policy updates

The following is a summary of new, revised and recently reviewed medical and pharmaceutical policies. Please consult the full text of these policies online at thehealthplan.com. Printed copies are available by contacting your provider relations representative. Soon, information on policies and guidelines will be available exclusively online at thehealthplan.com. More details will be available in future issues of Briefly. New and revised policies are effective July 1, 2012.

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

New Policies

MP263 - Minimally Invasive Lumbar Decompression

- GHP has determined that the available published peer reviewed literature is insufficient to establish the safety and efficacy of this procedure compared to available alternatives. Therefore, minimally invasive lumbar decompression for spinal stenosis is considered experimental/investigational and is not covered

MP262 - Microarray Based Gene Expression Testing for Cancer of Unknown Origin

- For the Medicare business segments – CMS directives may allow FDA-approved microarray-based gene expression testing (e.g., pathwork tissue of origin test) to evaluate the site of origin of a tumor of unknown primary, and to distinguish a primary from a metastatic tumor. Palmetto GBA established a formal coverage policy for all Medicare patients. This local carrier determination is applicable nationally. Considered investigational/unproven and non-covered for all other lines of business

MP265 Proteomic Serum Analysis

- GHP does NOT provide coverage for Proteomic Serum Analysis to identify ovarian cancer because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies

MP264 - Left Ventricular Assist Device*

- Outlines indications and criteria for coverage when implanted postcardiotomy in an approved facility.* All approved facilities are found on the CMS website at:

cms.gov/MedicareApprovedFacilitie/VAD/list.asp

MBP87.0 Ozurdex (dexamethasone intravitreal implant)

- No prior authorization required
- Ozurdex® is a corticosteroid indicated for the treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) and for the treatment of non-infectious uveitis affecting the posterior segment of the eye

MBP94.0 Eylea

- No prior authorization required
- Eylea® (afibercept) may be considered medically necessary for the treatment of neovascular (wet) age-related macular degeneration

Revised Policies

MP246 Oncotype DX- Multigene Expression Assay for Predicting Recurrence in Colon Cancer*

- For the Medicare business segments – 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. Palmetto GBA established a formal coverage policy for all Medicare patients. This local carrier determination is applicable nationally. Considered investigational/unproven and non-covered for all other lines of business

MP73 - Deep Brain Stimulation*

- Continues to require prior authorization. Added additional criteria

MP 170 - Gene Expression Profiling for Breast Cancer Treatment*

- Continues to require prior authorization. Revised criteria for coverage. Also added for the Medicare business segments, CMS directives allow MammaPrint® 70 gene assay to be considered for coverage when used to predict recurrence risk in women with ER-positive or ER-negative, lymph node-negative breast cancer. Palmetto GBA established a formal coverage policy for all Medicare patients. This local carrier determination is applicable nationally

MP91 - Sacral Nerve Stimulation (Interstim)*

- Continues to require prior authorization. Added indications of fecal incontinence and neurogenic bladder secondary to spinal cord injury

MP259 - Phototherapy for the Treatment of Dermatological

- Conditions added indication of vitiligo. Revised exclusion language

MP84 - Stereotactic Radiosurgery*

- Added indication of essential tremor when criteria are met

MP62 - TMLR

- Removed prior authorization requirement as a stand-alone procedure

MP75 - Tissue Engineered Skin Substitutes*

- Added coverage information

MP 38 Oral Health*

- Revised criteria for anesthesia

MBP64.0 Arranon

- Added indication of relapsed or refractory acute lymphoblastic leukemia

MBP90.0 Benlysta

- Added limitation section

MBP31.0 Erbitux

- Refined criteria for head and neck cancer indication

MBP28.0 Ontak

- Clarified criteria

MBP62.0 Remodulin

- Added indication: Individuals who require transition from Flolan, to reduce the rate of clinical deterioration

MBP89.0 Xgeva

- Added exclusion: Xgeva is not indicated for the prevention of skeletal-related events in patients with multiple myeloma

MBP37.0 Cubicin

- Removed prior authorization

MBP20.0 Faslodex

- Removed prior authorization

MBP21.0 Vfend

- Removed prior authorization

Continued on page 5

Revised Policies continued

MBP54.0 Solaris

• Added indication: Treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. Added re-authorization criteria

Reviewed Policies

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

MP253 IV - Antibiotic Treatment of Lyme Disease
MP226 - Proton Beam Radiation*
MP254 - Tinnitus Treatment
MP245 - Helicobacter pylori Testing
MP124 - Transpupillary Thermotherapy
MP184 - Intracranial Percutaneous Transluminal Angioplasty
MP113 - Electrical Stimulation for Wound Healing*
MP238 - Ocular Blood Flow Tonometer
MP237 - Transurethral Radiofrequency Tissue Remodeling
MP158 - Continuous Passive Motion
MP248 - SNP Testing to Predict Risk of Non-Familial Breast Cancer
MP250 - Bronchial Thermoplasty
MP171 - Clinical Guideline Development, Implementation and Review Process
MP90 - Injectable Bulking Agents/Incontinence
MP94 - Unilateral Pallidotomy
MP25 - Transcatheter Closure Devices
MP01 - Neuromuscular Electrical Stimulation
MP211 - Endovascular Repair of Intracranial Aneurysms
MP97 - Genetic Testing for BRCA1 or BRCA2 for Breast or Ovarian Cancer*
MP23 - Surgical Refractive Keratoplasty
MP176 - Meniett Device
MP197 - Janus Kinase 2 (JAK 2) Gene Mutation Analysis
MP239 - Pharmacogenetic Testing for Warfarin Management
MP196 - Convection – Enhanced Drug Delivery
MP189 - Computer Aided Detection Technology
MP106 - Ultrasound/Pregnancy
MP32 - Colonoscopy
MP174 - Exhaled Nitric Oxide for Asthma Management
MP172 - MicroVas Vascular Treatment System
MP33 - Varicose Vein Treatments*
MP78 - Sexual Dysfunction Therapies
MP34 - Foot Orthotics
MP64 - Breast Reconstruction
MP175 - Trigger Point Injections
MP92 - Implantable Cardiac Loop Recorder
MP213 - Computerized Corneal Topography
MP99 - Breast Implant Removal
MP44 - Aquatic Therapy
MP39 - Home Uterine Monitoring*
MP76 - HH/DME Hyperbilirubinemia*
MP37 - Home Phlebotomy Program
MP209 - Medical Error Never Events
MP212 - Non-Contact Low-Frequency Ultrasound Management (MIST Therapy)
MP198 Pulse Oximetry for Pediatric Home Use
MP165 Treatment of Vestibular Disorders
MP130 Automated Ambulatory BP monitoring
MP127 Prolotherapy
MBP17.0 Amevieve*
MBP30.0 Avastin*
MBP38.0 Clolar*

Reviewed Policies continued

MBP29.0 - Elitek*
MBP18.0 - Fabrazyme*
MBP42.0 - IV Boniva
MBP63.0 - Ixemptra*
MBP82.0 - Jevtana*
MBP55.0 - Myozyme*
MBP39.0 - Naglazyme*
MBP41.0 - Natrecor
MBP68.0 - Nplate*
MBP40.0 - Orenicia*
MBP26.0 - Oxaliplatin*
MBP66.0 - Reclast
MBP56.0 - Retisert
MBP75.0 - Stelara*
MBP67.0 - Suprellin*
MBP65.0 - Torisel*
MBP50.0 - Vectibix*
MBP34.0 - Vitrasert*
MBP51.0 - Vivitrol*
MBP7.0 - Aldurazyme*
MBP9.0 - Campath
MBP73.0 - Arzerra*
MBP74.0 - Cimzia*
MBP53.0 - Eraxis*
MBP15.0 - Zevalin*
MBP49.0 - Erythropoietin Stimulating Agents *
MBP77.0 - Ilaris*
MBP78.0 - Istodax*
MBP32.0 - Kepivance
MBP72.0 - Treanda*
MBP57.0 - Tysabri *
MBP23.0 - Velcade *
MBP91.0 - Yervoy *
MBP22.0 - Xolair*
MBP10.0 - Zometa
MBP36.0 - Abraxane*

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 depression
- Chronic kidney disease
- Diabetes

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs at pkrebs@thehealthplan.com. Please provide your feedback by November 15, 2012.

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. Comments can be sent to 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.

Brand Name	Status	Tiered Formulary	Standard Formulary	Prior Authorization	Quantity Limit	Formulary Alternatives
Dificid	Formulary	3	2	Yes	Yes	Metronidazole, Vancocin
Juvisync	Formulary	3	2	Yes	No	Simvastatin, Pravastatin, Lovastatin, Lipitor/atorvastatin, Januvia, Crestor
Butrans	Formulary	3	2	Yes	Yes	Fentanyl Transdermal, Morphine Sulfate ER, Avinza, Oxycontin* (*PA required)
Edarbyclor	Formulary	3	2	Yes	No	Losartan, Losartan/HCTZ, Atacand*, Atacand HCT*, Avalide*, Avapro*, Benicar*, Benicar HCT*, Diovan*, Diovan HCT*, Micardis*, Micardis HCT*, Teveten*, Teveten HCT* (*PA Required)
Erivedge	Formulary	3	2	Yes	Yes	
Eylea	Medical Benefit					
Ferriprox	Formulary	3	2	Yes	No	Exjade
Forfivo XL	Formulary	3	2	Yes	Yes	Bupropion HCL (75 mg, 100 mg), Bupropion SR (100 mg, 150 mg, 200 mg), Bupropion XL (150 mg, 300 mg), Buproban, Budeprion SR, Budeprion XL (generics for Wellbutrin, Wellbutrin SR, Wellbutrin XL)
Intermezzo	Formulary	3	2	Yes	Yes	Estazolam, Temazepam, Zolpidem*, Zolpidem CR*, Zaleplon* (*15 tablets per copay)
Livalo	Formulary	3	2	Yes	No	Atorvastatin, Lovastatin, Pravastatin Sodium, Simvastatin, Crestor, Lescol*, Lescol XL* (*PA Required)
Inlyta	Formulary	3	2	Yes	Yes	Sutent*, Afinitor*, Nexavar*, Votrient* (*PA Required, 1 copay/coinsurance per 15 days supply)
Anturol	Formulary	3	2	Yes	No	Flavoxate, Oxybutynin, Oxybutynin ER, Trospium, Vesicare, Detrol

Effective June 1, 2012 Lipitor will require prior authorization. Generic atorvastatin will be covered at a Tier 1 copayment.

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 under "Formulary Information."

Accessibility of primary care services

In order to best serve GHP members, primary care physicians (PCP) and primary care sites are expected to meet the following minimum standards for accessibility of primary care services for members:

PCP accessibility

- Emergency services
- Urgent care services
- Routine care appointments
- Preventive care appointments
- 24-hour availability
- Non-business hour access
- Appointment wait time

GHP standards

- Seen immediately by PCP or designee (in office or emergency room, if appropriate).
- Appointment with PCP or designee within 24 hours from the date of the initial request.
- Appointment with PCP or designee within 21 days from the date of the initial request.
- Appointment with PCP or designee within 42 days from the date of the initial request (well-child checks, physicals, etc.).
- PCPs should be available 24 hours a day/7 days a week.
- The answering service or device should answer 100% of the time. Answering devices, if utilized, will provide caller with the PCP or designated covering PCP's telephone or pager number, including emergency instructions.
- PCP or designee should see a member within 30 minutes of scheduled appointment time.

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 under "Pharmacy and Covered Drugs."

Brand Name	Status	\$0 Deductible Formulary	Standard Formulary	Prior Authorization	Quantity Limit	Formulary Alternatives
Juvisync	Non-formulary					Simvastatin, Pravastatin, Lovastatin, atorvastatin, Januvia, Crestor
Butrans	Formulary	Brand non-preferred	Brand	Yes	Yes	Fentanyl Transdermal, Morphine Sulfate ER, Avinza, Oxycontin* (*PA required for new starts only)
Erivedge	Formulary	Specialty	Brand	Yes	Yes	None, typical treatments include outpatient procedures such as freezing or surgically removing the cancerous area
Eylea	Medical benefit					None
Ferriprox	Formulary	Specialty	Brand	Yes	No	Exjade
Forfivo XL	Formulary	Brand non-preferred	Brand	Yes	Yes	Bupropion HCL (75 mg, 100 mg), Bupropion SR (100 mg, 150 mg, 200 mg), Bupropion XL (150 mg, 300 mg), Buproban, Budeprion SR, Budeprion XL (generics for Wellbutrin, Wellbutrin SR, Wellbutrin XL)
Intermezzo	Non-formulary					Zolpidem*, Zaleplon*, Zolpidem CR (*Quantity limits apply)
Edarbyclor	Formulary	Brand non-preferred	Brand	No	No	Losartan, Losartan/HCTZ, Atacand, Atacand HCT, Avalide, Avapro, Benicar, Benicar HCT, Diovan, Diovan HCT, Edarbi, Micardis, Micardis HCT, Teveten, Teventen HCT, Eprosartan
Livalo	Non-formulary					Atorvastatin, Lovastatin, Pravastatin, Simvastatin, Crestor
Inlyta	Formulary	Specialty	Brand	Yes	Yes	Proleukin, Sutent*, Afinitor*, Torisel, Avastin, Nexavar*, Votrient* (*PA Required for new starts only)
Anturol	Non-formulary					Flavoxate, Oxybutynin, Oxybutynin ER, Detrol, Detrol LA, Vesicare
Dificid	Non-formulary					Metronidazole, Vancocin

Geisinger Gold Medicare Supplement

Geisinger Gold Medicare Supplement insurance now has a Coordination of Benefits Agreement (COBA) with the Centers for Medicare and Medicaid Services (CMS).

The COBA program establishes a uniform national contract between CMS and other health insurers and benefit programs. The COBA program is a standard processing methodology used by the national Medicare community and allows greater efficiency and simplification via consolidation of the claims crossover process.

COBA allows other insurers and benefit programs to send eligibility information to CMS and receive Medicare paid claims data, along with other coordination of benefits data, from one source, the Coordination of Benefits Contractor (COBC).

You no longer need to submit a separate claim for the balances due after Medicare to Geisinger Gold Medicare Supplement. The COBA program will take care of that for you.

On the road with SilverSneakers®

If your older patients are planning to travel this summer, remind them to pack their SilverSneakers membership! Thanks to national reciprocity, membership in the Healthways SilverSneakers® Fitness Program travels with your patients, so they don't have to leave their regular physical activity routine at home while away.

There are nearly 10,000 locations nationwide, and there is no additional cost to Geisinger Gold members. Your eligible patients only need to present their SilverSneakers ID card at the location they visit. With SilverSneakers on the road, managing chronic conditions, maintaining balance, strength and flexibility, and keeping overall health in check is still possible, no matter where your patients are.

It doesn't matter if they're heading to Puerto Rico, San Diego, Chicago or our nation's capitol, your older adult patients can get fit, have fun and make friends while on vacation. Encourage your patients to pack their SilverSneakers membership. For more information about SilverSneakers, silversneakers.com or call (888) 423-4632.



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GHP welcomes new medical director



GHP is pleased to welcome Frederick J. Bloom, Jr., M.D., to our administrative staff. Dr. Bloom currently serves as the associate chief quality officer for the Geisinger Northeast campuses and all community practice sites. On a part-time basis, he will serve as GHP's medical director of quality and safety.

Dr. Bloom received his M.D. from Hahnemann University School of Medicine in Philadelphia, PA and has been active within Geisinger Health System since 1990. He started as the director of Geisinger Wyoming Valley (GWV) Department of Family Practice, then became the GWV chief of staff. Dr. Bloom then joined Geisinger Health System's Wilkes-Barre division as a senior physician and community practice service line department director. His hard work, dedication and commitment with Geisinger Health System have led

him to his current position with GHP.

Furthermore, Dr. Bloom has given 50 presentations within the past five years and has contributed to 12 separate publications. He has also served on numerous committees, including the Chronic Care Advisory Committee, the American Medical Group Association Council Control, and the Access Plus Quality Management Committee. Dr. Bloom was awarded The Times Leader Healthcare Hero Award in October 2010.

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

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Please forward comments or requests for additional copies to: briefly@thehealthplan.com

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

HPM50 ad June 2012 5/16/12

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