



## Health Plan named one of America's best

**Geisinger Health Plan and Geisinger Gold are the top-ranked commercial and Medicare health plans in Pennsylvania and among the top 10 commercial and Medicare health plans in the nation,** according to the U.S. News & World Report/National Committee for Quality Assurance (NCQA) America's Best Health Plans 2008 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 because it means our members are healthier and more satisfied with their care and coverage," says Richard Gilfillan, M.D., president and CEO of Geisinger Health Plan. "Our ranking

reflects the hard work of our employees and primary care providers to ensure that our members are getting the right care at the right time."

"We have always known that Geisinger Health Plan and Geisinger Gold stand for quality," says Duane Davis, M.D., vice president and chief medical officer of Geisinger Health Plan. "Whether we are calling members to remind them to get vaccinated or helping members schedule mammograms, our focus is on improving the health of our members."

**Geisinger Health Plan was fifth out of 287 commercial plans in the nation and the top health plan in Pennsylvania.** Geisinger Health Plan's ranking is based on

consumer experience and the prevention and treatment of chronic diseases. GHP's accreditation status of "Excellent" from NCQA was the final factor in determining the ranking.

Geisinger Health Plan scored well in many measures, including being rated top in the nation for providing beta-blocker treatment to members following a heart attack. The Health Plan was also ranked among the top ten percent of health plans in the nation for more than six well-care visits for children up to age 15 months and adolescent well care visits; children's immunizations including Hepatitis B and tetanus; prenatal and postpartum care; and breast cancer screening.\*

**Geisinger Gold was third out of 216 Medicare plans.** The Medicare plan rankings were based on several quality measures released by the Centers for Medicare and Medicaid Services (CMS). Geisinger Gold scored in the top ten percent of all Medicare plans in glaucoma screenings, monitoring kidney disease, controlling high blood pressure, breast cancer, osteoporosis management and persistence of medications.

\*The source for data contained in this publication is Quality Compass®2008 and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.

America's Best Health Plans 2008-09 is a trademark of U.S. News and World Report.

### 2009 Geisinger Gold plans announced

For 2009, Geisinger Gold will continue to offer a variety of Medicare Advantage plans designed to meet the unique needs and budgets of Medicare beneficiaries throughout Pennsylvania. Many of our plans are offering new or improved benefits, with little or no increase in premium.

- Classic 1, 2 and 3, Open 2 and 5, Preferred, Secure 1 and Secure 2 include coverage for preventive dental services
- Hearing aid coverage doubled to \$800 every three years\*
- Vision hardware coverage increased to \$200 every two years
- \$0 Deductible Rx prescription drug coverage expanded to four tiers
- Plans offer wide variety of coverage options, premiums and cost sharing to meet unique needs and budgets

\*\$500 every three years for Classic plans with \$0 Deductible Rx

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

# Important information for providers

## Medical and pharmaceutical policies update

Effective December 1, 2008, medical and pharmaceutical policies will be updated monthly on our Web site, [thehealthplan.com](http://thehealthplan.com). Policies will be posted at least 30 days before their effective date. Please consult our Web site frequently for the most current list of policies.

The following policies are **new** or revised and require prior authorization:

- Erythropoietin & Darbepoetin Therapy (MBP 49.0)
- Intensity Modulated Radiation Therapy (MP 192)
- Continuous Subcutaneous Glucose Monitor (MP 71)
- Obesity Surgery (MP 65)
- **Flolan® (MP 61.0)**
- **Remodulin® IV (MBP 62.0)**
- Bexxar® (MBP 25.0)
- Eraxis® (MBP 53.0)
- Myozyme® (MBP 55.0)
- Retisert (MBP 56.0)
- Synagis® (MBP 2.0)
- Zevalin® (MBP 15.0)

A summary of all new and revised policies, as well as complete policy listings, is available at [thehealthplan.com](http://thehealthplan.com).

## Clinical guideline update

The Health Plan continues to solicit physician and non-physician provider input concerning clinical guidelines. The following clinical guidelines are currently being reviewed:

- Asthma
- COPD
- Coronary artery disease
- Hypertension
- Heart failure

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs, Medical Management 32-18, or by e-mail to [pkrebs@thehealthplan.com](mailto:pkrebs@thehealthplan.com), by

March 15, 2009.

The complete list of clinical guidelines is available at [thehealthplan.com](http://thehealthplan.com). Providers are encouraged to contact their Provider Network Management Coordinator for assistance in accessing the guidelines online or to request hard copy versions. Comments can be sent to [pkrebs@thehealthplan.com](mailto:pkrebs@thehealthplan.com).

## Laboratory vendor update

Today's health care industry is constantly changing, and consumers are increasingly interested in the cost of their care. Encouraging members to use a free standing laboratory provider can improve your office's efficiency and help reduce member cost sharing.

Geisinger Medical Laboratories, Quest Diagnostics, Health Network Laboratories and LabCorp of America are participating providers with Geisinger Health Plan and all have convenient draw sites or access capabilities throughout Pennsylvania to meet the needs of your patients and practice.

Locations of all laboratory vendors can be found at [thehealthplan.com](http://thehealthplan.com).

## Notice of Denial of Medical Coverage

The Health Plan would like to remind providers that the Centers for Medicare and Medicaid Services (CMS) require that Gold members be provided a Notice of Denial of Medical Coverage document, along with information on Gold appeals, when a denial for service or authorization for service is received through a participating provider. These forms are available online or from your Provider Relations Representative.

## Reimbursement update

As the Health Plan continues to expand the disease management programs available to members, and due to the low response rate to the

Collaborative Plan of Care program, we will discontinue separate reimbursement for G9001 when associated with the completion of the Collaborative Plan of Care Document, effective January 1, 2009. If you have any questions regarding this program, please contact your Provider Relations Representative.

## Claim submission reminder

To avoid resubmissions and duplications of claims, the Health Plan encourages provider offices to ensure all claims are submitted completely and correctly. Submitting clean claims will reduce paperwork and the chance for error in claims processing.

## Colonoscopy update

Effective September 1, 2008, a referral is no longer required for any member to receive a colonoscopy. Other coverage restrictions may apply, depending on the plan.

## TPA update

TPA self-funded employer group, Procter & Gamble, located in Wyoming County, has consolidated benefit coverage with their national coverage carrier. Effective December 31, 2008, Geisinger Quality Options, Inc., will no longer administer a self-funded product for P&G. Claims for services rendered to employees prior to December 31 should be sent to Geisinger Quality Options, Inc., P.O. Box 8200, Danville, PA 17821. There is a 120-day run-out period on claims.

## Protecting your privacy online

The Health Plan is committed to protecting your privacy and personal information.

To view the Health Plan's complete privacy notice, please visit [thehealthplan.com](http://thehealthplan.com).

# Formulary Updates

## Changes to the commercial formulary

Azasite (3)	Isentress (2)
Baraclude (2)	Selzentry (2)
Tykerb (3) *,t	Intal Inhaler (2)
Somatuline (3) *,t	Symbicort (2)
Tyzeka (3)	Brovana (3) *, t
Tasigna (3) *,t,**	Perforomist (3) *, t
Intelence (2)	

The following drugs have been deemed non-formulary:

Extina (3) \*, t  
Xifaxan (3) \*, t  
Opana ER (3) \*, t

New generics are available for Cosopt and Truspot. These generic equivalents will be available at Tier 1, and the brands will be available at Tier 3.

Effective January 1, 2009, Exjade will only be available through the specialty vendor program. Quantity limits still apply.

Effective January 1, 2009, Proair HFA inhaler and Proventil HFA inhaler will move to Tier 3. Prior authorization will be required for traditional and tiered plans.

Alternatives: Ventolin HFA inhaler is available at Tier 1.

Product update: Tilade inhalers are not longer available. Intal inhalers will now be covered on Tier 2.

() = tier  
\* = requires prior authorization under the non-tiered benefit  
t = requires prior authorization under the tiered benefit  
\*\* = quantity limits apply

## Changes to the Gold formulary

Azasite, Somatuline and Tyzeka were added to the third tier of the \$0 Deductible RX formulary and the second tier of the Standard RX formulary.

Tykerb was added to the second tier of the formulary. Prior authorization is required.

Symbicort was added to the second tier of the formulary.

HIV drugs Intelence, Isentress and Selzentry were added to the formulary on the second tier.

Tasigna, Extina, Xifaxan and Opana ER were reviewed and will not be added to the formulary.

Generics equivalents are available for Cosopt and Truspot on Tier 1.

## Efforts to combat increasing resistance to antibiotics continue

### Acute bronchitis

According to the Centers for Disease Control and Prevention (CDC), increasing resistance to antibiotics is one of the most important issues in health care today. The guidelines released by The American College of Physicians-American Society of Internal Medicine (ACP-ASIM) do not recommend antibiotic treatment for individuals presenting with uncomplicated acute bronchitis who are otherwise healthy.

The Health Plan supports this recommendation and will begin requesting additional information for claims received with a diagnosis of acute bronchitis (466.0) and the presence of an antibiotic prescription filled within seventy-two (72) hours from the date of service. If you receive a request for additional information, please review your medical record to ensure that the claim has been coded to the highest level of specificity and resubmit, if appropriate.

### Pharyngitis

Appropriate testing for children with pharyngitis is a HEDIS measure that looks at the percentage of children age 2 to 18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a Group A streptococcus test. Because of the importance of reducing antibiotic resistance, this measure is included in our pay for performance plan.

The diagnoses codes that identify a member for this measure are: 462 acute pharyngitis; 463 acute tonsillitis; 034.0 streptococcal sore throat or streptococcal tonsillitis. At times it may be clinically appropriate to give an antibiotic without obtaining a strep test. Examples would be when a child presents with scarlatina or has a sibling with strep. In these instances, please consider using one of the following codes when ordering an antibiotic without obtaining a strep test:

034.1 - scarlet fever  
472.1 - chronic pharyngitis  
474.02 - chronic tonsillitis and adenoiditis  
(474.0 can't be used alone)  
478.29 - other disease of pharynx, could also be abscess of pharynx or nasopharynx

*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](http://thehealthplan.com)

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## ATTENTION PROVIDERS:

### 30 seconds can help save a life!

- Ask your patients about their tobacco use
- If they use tobacco, please advise them that quitting is one of the best steps they can take toward better health
- Discuss strategies and medications available to help them kick the habit

Geisinger Health Plan can help. Our Quitting Tobacco Program is available to all members by calling (800) 883-6355, Monday through Friday, 8 a.m. to 4:30 p.m.

The Pennsylvania FREE QUITLINE is available 24 hours a day, 7 days a week at (800) 784-8669.

Studies show that encouragement from his or her doctor increases a person's chances of quitting tobacco use by 30% or more.

Thank you for your continued care of our members!



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