

**In this issue**

**2** Physician Quality Summary updates

Preparing for ICP-10

**3** Geisinger Gold Medicare Supplement

Payment Integrity Program

**4** Medical and pharmaceutical policy updates

**5** Commercial formulary updates

MedAssurant chart review

**6** Gold formulary updates

Medical and pharmaceutical policy updates

HEDIS® measures information

**7** HEDIS® measures information

NIA webinars

**8** Health management programs

## Pharyngitis and antibiotic resistance

For over 15 years, the Centers for Disease Control and Prevention (CDC) has been engaged in a national campaign to reduce antibiotic resistance. Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance. According to the New England Journal of Medicine, even though pharyngitis infections are typically viral, the use of antibiotics is prevalent and therefore may not be appropriate.

Geisinger Health Plan data shows that last year 1 in 5 kids diagnosed with pharyngitis received an antibiotic without proof of a streptococcal infection. In the interest of proper diagnosis and the reduction of antibiotic resistance, we strongly encourage you to administer a streptococcus (strep) test before prescribing antibiotics to children (2 -18 years of age) diagnosed with the following:

- **Acute pharyngitis (462)**
- **Acute tonsillitis (463)**
- **Streptococcal sore throat (034.0)**

Pediatric clinical guidelines recommend that only children with a confirmed diagnosis of group A strep pharyngitis, based on appropriate lab tests, be treated with antibiotics. A rapid assay or throat culture strep test is the definitive test of group A strep pharyngitis. Please ensure that children with pharyngitis are tested for strep before prescribing antibiotics.



iStockphoto/Thinkstock

## Important pharmacy processing changes for 2012

For members with prescription benefits, GHP is making improvements to member claims processing methods at the pharmacy. Beginning January 1, 2012, MedImpact will process member prescription drug claims at the pharmacy. Our top priority is to make sure this transition occurs with no service interruption for our members, providers and pharmacies. Please note the following:

- New prescription benefit cards will be distributed (to applicable members) before this transition takes effect on January 1, 2012. Beginning January 1, members will need to present their new prescription benefit card to their pharmacy, including mail order pharmacy, for prescriptions to be paid
- Member ID numbers will remain the same
- Members may encounter a slight delay in prescription processing during their first 2012 prescription fill
- Argus prescription benefit cards will not be accepted after December 31, 2011

Additional information will be available in the coming months. If you have questions, please call (800) 988-4861 or (570) 271-5673; TDD/TTY 711.

## Physician Quality Summary updates

### Attention primary care physicians: Are you and your practice on track to earn a 3-star rating for quality?

Consult your provider relations representative to review your PQS progress report for the first half of the current 2011 PQS measurement period.

The goal of GHP's PQS program is to assist primary care physicians in providing high-quality care to your patients. By meeting PQS measures, you ensure your patients are receiving necessary screenings and appropriate care in five core areas:

- **Acute/chronic care**
- **Preventive care**
- **Medication management**
- **Emergency room management**
- **Efficiency of care**

PQS ratings for primary care sites are available to the public via GHP's Web site. Your provider relations representative will work with you to maximize your PQS score. Schedule a meeting to discuss this opportunity by contacting your provider relations representative or regional medical director at (800) 876-5357 or visit our Web site at [thehealthplan.com](http://thehealthplan.com).

### Efficiency reports now available online

Your biannual Provider Profile Report has been updated. Log on to [thehealthplan.com](http://thehealthplan.com) to view your report, from October 2009 through March 2011, which is a significant component of the PQS program.

GHP has been using CareEnhance Resource Management Systems (CRMS®) as its primary physician analysis and feedback tool for many years. CRMS®, produced by McKesson, is recognized as an industry leader and is used to calculate efficiency metrics for participating providers.

Key items you may wish to review on the reports are your efficiency index and cost comparison charts. The efficiency index identifies your efficiency in comparison to your peer group for health-care services and medical expenses reported on members with similar diseases or conditions.

We strongly encourage you to become familiar with this report. Quality and efficiency are both significant drivers of the value consumers are looking for in health care today. Your provider relations representative is available to discuss your report and opportunities for improvement.



istockphoto/Thinkstock

## Preparing for ICD-10: 5010 transition

On January 1, 2012, Electronic Data Interchange (EDI) transactions between health plans and HIPAA-covered entities, such as clearinghouses and providers, will be required to use a new format called ASC X12 5010. Ultimately, this new format will be applied to your electronic claim and explanation of payment exchanges with the Health Plan.

We have conducted internal testing of the new EDI transaction format and are currently testing externally with clearinghouses and providers. We would like to transition all trading partners from the current format of EDI transactions to the new 5010 format between September 1, 2011, and December 31, 2011.

If your electronic transactions with the Health Plan are processed via a clearinghouse, we will coordinate testing with that clearinghouse to verify they are prepared for this change. If you do not use a clearinghouse and conduct electronic transactions directly with the Health Plan, you have most likely been contacted about an appropriate testing plan earlier this year.

For more information regarding version 5010 electronic transactions and what you can do to prepare, please visit the American Medical Association's Web site at [ama-assn.org](http://ama-assn.org). Search for "5010" and click on the first search result- 1. AMA-Version 5010 electronic administrative transactions.

More information regarding the transition to ICD-10 codes and this HIPAA mandate will follow. Much effort and testing will be required for GHP and our providers to be prepared for a mandatory effective date of October 1, 2013.

# Geisinger Gold Medicare Supplement

On August 1, 2011, Geisinger Health Plan began offering Medicare Supplement insurance to Medicare beneficiaries living in Pennsylvania. Geisinger Gold Medicare Supplement plans are designed to help pay for some of the health care costs not covered by original Medicare.

Though Geisinger Gold has become synonymous with Medicare Advantage plans, **it is important to note that Geisinger Gold Medicare Supplement is NOT a Medicare Advantage plan.**

Medicare is to be billed directly for services rendered to Geisinger Gold Medicare Supplement members. After covering its portion of the costs, Medicare will send payment information to GHP. GHP will reimburse providers for a member's Part A or Part B coinsurance/deductible as specified by that member's Medicare Supplement policy. Contracted rates do not apply.

There is no Part D prescription drug coverage option and no coverage for routine dental, vision, and hearing services on any Medicare Supplement plan. Geisinger Gold Medicare Supplement plans do include a fitness benefit.

Geisinger Gold Medicare Supplement offers 7 of the 11 standardized plans. (see chart below)

## Sample ID card



Geisinger Gold Medicare Supplement is offered through Geisinger Indemnity Insurance Co., an affiliate of Geisinger Health Plan. Please call the Geisinger Gold Customer Service Team at: 1-800-498-9731 or 570-271-8771. TDD/TT: Hearing Impaired, please contact PA Relay at: 711. Emergencies: Call 911 or your local emergency service.

Providers: This is a Medicare supplement plan. Please bill Medicare primary.

Members: Present this ID Card to your health care provider before you receive services or supplies. See your benefit booklet for covered services. Possession of this card does not guarantee payment.

General Information: Geisinger Health Plan, 100 N. Academy Avenue, Danville, PA 17822-3229

Mail Medical Claims to: Geisinger Health Plan, P.O. Box 8200, Danville, PA 17821-8200

XX-XX  
Benefit Code: ABCDEFGHIJ  
Issue Date: issuerdate

Medicare Supplement Plans 2011

The checkmarks indicate that the Medicare Supplement policy covers 100% of the described benefit. If a cell lists a percentage, the policy covers that percentage of the described benefit. If a cell is blank, the policy doesn't cover that benefit. Highlighted plans indicate those offered by Geisinger Gold.

Note: The Medicare Supplement policy covers coinsurance only after the deductible has been paid (unless the Medicare Supplement policy also covers all or part of the deductible).

Medicare Supplement Benefits	Medicare Supplement Plans A through N											
	A	B	C	D	F <sup>1</sup>	F/HD <sup>2</sup>	G	K	L	M	N	
Medicare Part A Coinsurance hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment (Except for Preventive services)	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓
Blood (First 3 Pints)	✓	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓	✓
Hospice Care Coinsurance or Copayment								50%	75%	✓	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	✓	50%	75%	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	✓	✓	✓	50%	75%	50%	✓	✓
Medicare Part B Deductible			✓		✓	✓						
Medicare Part B Excess Charges					✓	✓	80%					
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓	✓			✓	✓	✓
At-home Recovery (Up to Plan Limits)				✓			✓					
Medicare Preventive Care Part B Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

<sup>1</sup>Currently Plan F is the most commonly purchased plan.

<sup>2</sup>"HD" refers to a "High Deductible" plan. Member must pay for Medicare-covered costs up to the deductible amount before Medicare Supplement plan pays anything.

## Payment Integrity Program

Health-care reform legislation has placed an increased emphasis on the medical claims processes of payors and providers alike. To ensure timely and accurate claim payments, the Health Plan's Payment Integrity Program monitors and manages payment integrity for all Health Plan product lines.

Through periodic claim review, the Payment Integrity Program verifies the financial accuracy of claims payment, evaluates Health Plan and provider compliance with contractual rights and obligations related to claims, and ensures the appropriateness and accuracy of provider billing practices.

A June 2011 Operations Bulletin contains detailed information regarding the Payment Integrity Program and is available online at thehealthplan.com. Questions related to the Payment Integrity Program can be addressed by contacting our customer service team at (800) 447-4000.

# 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](http://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](http://thehealthplan.com). More details will be available in future issues of Briefly. New and revised policies are effective October 1, 2011. Authorizations can be generated prior to October 1.

\*Coverage requires prior authorization (PA)

## New Policies

### MP256 Transoral Incisionless Fundoplication

- Transoral Incisionless Fundoplication, including but not limited to the EndoGastric Solutions SerosaFuse™ implantable fasteners, and associated EsophyX delivery device, is NOT COVERED

### MBP 91.0 - Yervoy™

- Requires Prior Authorization
- Yervoy™ (Ipilimumab) may be considered medically necessary for the treatment of unresectable or metastatic melanoma when the following criteria is met:
  - o Physician provided documentation of unresectable stage III or IV melanoma

### MBP 90.0 - Benlysta®

- Requires Prior Authorization
- Benlysta® (belimumab) may be considered medically necessary for the treatment of adults insured individuals with active, auto-antibody positive, systemic lupus erythematosus (SLE) when the following criteria are met:
  - o Physician provided documentation of a diagnosis of active lupus
  - o Positive ANA/anti-dsDNA antibody
  - o Stable treatment regimen with prednisone, NSAID, anti malarial or immunosuppressant
  - o No active severe nephritis or CNS involvement

## Revised Policies

### MP54 Prophylactic Mastectomy

- Indication added

### MP 05 - Medical Benefit Policy Development Process

- Procedural changes

### MP208 Selective Internal Radiation Therapy

- Changed from not covered to covered
- Added indications
- Requires Prior Authorization
- Added Contra-Indications

### MP136 Alternative Medicine

- Added Bioidentical hormone therapy to Exclusions

### MP97 Genetic Testing for BRCA1 or BRCA2 for Breast or Ovarian Cancer

- Added indications for males

### MP65 Obesity Surgery

- Added indications
- Added Medicare Line of Business

### MBP21.0 Vfend

- Added indication

### MBP45.0 Herceptin

- Added indications

### MBP37.0 Cubicin

- Added indications

### MBP49 Erythropoietin and Darbepoetin Therapy

- Criteria updated

### MP 75 - Tissue Engineered Skin Substitutes

- Added Contraindications
- Added Exclusions

### MP102 Morphometric Tumor Analysis

- Added indications

### MP185 Chemosensitivity and Chemoresistance Assays

- Added Medicare Business Segment

### MP163 Thermography

- Added Exclusion

## Reviewed Policies

MP57 Prophylactic Oophorectomy

MP228 HPV DNA testing

MP229 Prolozone Therapy

MP04 Biofeedback

MP10 Blepharoplasty

MP135 Implantable hearing aids

MP49 Visual Field testing

MP131 VitalStim NMES

MP101 Gliaste Readiation Therapy

MP 93 - Cystourethroscopy with Insertion of Urethral Stent

MP 199 - Corneal Pachymetry

MP 40 - Somnoplasty™, Coblation™ (Radiofrequency Ablation)

MP 91 - Sacral Nerve Stimulation (Interstim)

MP 72 - Percutaneous Disc Decompression (Nucleoplasty™)

MP 154 - Transanal Radiofrequency Therapy for Fecal

Incontinence (Secca®)

MP 88 - Percutaneous Laser Lumbar Discectomy

MP 150 - Carotid Artery Stent

MP 218 - Prometheus IBD Serology Testing

MP 193 - Microvolt T-wave Alternans

MP 129 - Total Parenteral Nutrition (TPN)

MP48 Ablation Therapies for BPH

MP156 Robotic Assisted Prostatectomy

MP07 Childbirth Education Class

MP45 Chest Percussion Vest

MP144 Vitamin B12 Injection Therapy

MP89 Evaluation of Breast Ductal Lavage

MP152 Low Level Laser Therapy

MP30 IDET

MP 74 Interactive Metronome Training

MP55 Mastectomy for Gynecomastia

MP110 Uterine Artery Embolization

MP140 Automatic Implanted Defibrillator/ CRT-D with Attachment

MP141 Biventricular Pacemaker

MP03 Ocular Photodynamic Therapy

MP233 Autologous Platelet-Derived Growth Factor

MP216 Quantitative EEG (QEEG)

MP203 Radiofrequency Ablation Therapy for Barrett's Esophagus

MP137 - Vibroacoustic Therapy

MP121 - Wearable Cardioverter Defibrillators & Automatic External Defibrillators

MP114 - Vertebroplasty

MP100 - Cardiac Monitoring by Thoracic Electrical Bioimpedance (Added References)

(continued on page 6)



# Commercial formulary updates

As a general rule, drugs at tier 1 and tier 2 are considered preferred drugs, while non-preferred drugs are typically at tier 3. Prior authorization may be necessary for certain drugs. The table below represents recent updates to the Health Plan's formulary. For a hard copy of the entire formulary, please contact our pharmacy customer service team at (800) 988-4861, Monday through Friday, 8 a.m. to 5 p.m. or view it at [thehealthplan.com](http://thehealthplan.com)

Drug	Status	Tier	Notes
Abstral	F	3* t, **	<b>For those who have the optional fourth tier pharmacy rider, this medication is at tier 4.</b> There is a quantity limit of 4 tablets/day/strength.
Viibryd	F	3*, t	There are numerous generic antidepressants available at tier 1 without prior authorization.
Vandetanib	F	3*, t	<b>For those who have the optional fourth tier pharmacy rider, this medication is at tier 4.</b>
Amturnide	F	3*, t	There are numerous generic antihypertensives available at tier 1 without prior authorization.
Femara	F	3*, t	Prior authorization required for members < 45 years of age effective October 17, 2011.
Letrozole (generic Femara)	F	1*, t	Prior authorization required for members < 45 years of age effective October 17, 2011.
Levocetirizine (generic Xyzal)	F	1*, t	Numerous products available OTC; must show failure on all of those products for coverage. Effective October 17, 2011, the prior authorization requirement will occur. Existing users since May 1, 2011 will be grandfathered.
Pradaxa	F	3	The prior authorization has been removed.
Fentora	F	3*, t, **	Effective October 17, 2011, there is a quantity limit of 4 tablets/day/strength.
Onsolis	F	3*, t, **	Effective October 17, 2011, there is a quantity limit of 4 tablets/day/strength.

### Status column key:

**Formulary (F)** -drug is a preferred product; prior authorization may still apply according to the table above

**Non-Formulary (NF)**-drug is not a preferred product; prior authorization will likely apply according to the table above

### Tier key:

\* =prior authorization applies for the traditional benefit

t = prior authorization applies for the triple choice benefit

\*\* = quantity limit applies

## MedAssurant Chart Review

We would like to thank those of you who participated in GHP and MedAssurant, Inc.'s chart review process to make Geisinger Gold members' medical records available for review. This process allows us to obtain and submit the detailed documentation that The Centers for Medicare and Medicaid Services (CMS) requires from Medicare Advantage plans like Geisinger Gold. Generous contributions of time and effort from medical practices like yours are very much appreciated as we work to meet, maintain and exceed CMS requirements and standards.

Throughout the year, MedAssurant, Inc. will continue scheduling the collection or review of medical chart information for Gold members. MedAssurant, Inc. is ethically and legally bound to protect, preserve and maintain the confidentiality of any protected health information (PHI) obtained from medical record review.

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



**Briefly is also available online at [thehealthplan.com](http://thehealthplan.com)**

# Gold formulary updates

Drug	Status	Formulary A Tier	Formulary B Tier	Notes
Abstral	NF	2 *	3 *	
Viibryd	F	2 *	3 *	There are numerous generic antidepressants available at tier 1 without prior authorization.
Vandetanib	F	2 *	3 *	
Amturnide	NF	2 *	3 *	There are numerous generic antihypertensives available at tier 1 without prior authorization.
Pradaxa	F	2	3	The prior authorization has been removed.
Sylatron	F	2 *	3 *	
Zytiga	F	2 *	3 *	
Latuda	F	2	3	

## Reviewed Policies (continued from page 4)

MP67 - Kyphoplasty  
 MP125 - Cranial Remodeling Orthotic (Added Coding)  
 MP241 - Non-invasive Measurement of Advanced Glycation Endproducts  
 MP240 - Dermal Injections for Treatment of Facial Lipodystrophy Syndrome  
 MP 227 - Spaced Retrieval Training  
 MP183 Cranial Electrotherapy Stimulation  
 MP59 Fetal Surgery  
 MP47 Hyperbaric Oxygen Therapy  
 MP182 Transcranial Magnetic Therapy  
 MP63 Acupuncture  
 MP80 Cardiac Rehab  
 MP115 Autologous Chondrocyte Implant  
 MBP44.0 Elaprase  
 MBP43.0 Alpha 1 antitrypsin  
 MBP36.0 Abraxane

## Retired Policies

MP145 Breast MRI  
 MP215 Cardiac CT Angiography

### Status column key:

**Formulary (F)** - drug is a preferred product; prior authorization may still apply according to the table above

**Non-Formulary (NF)** - drug is not a preferred product; prior authorization will likely apply according to the table above

### Tier key:

**Formulary A**- Geisinger Gold standard formulary

**Formulary B**- Geisinger Gold \$0 deductible formulary

\* =prior authorization applies

\*\* = quantity limit applies

To request a prior authorization, please contact the GHP Pharmacy Department at (800) 988-4861, Monday- Friday, 8 a.m.- 5 p.m.

The 2011 Formulary is available online at [thehealthplan.com](http://thehealthplan.com) or by calling (800) 988-4861

# HEDIS® measures help ensure quality care

The Health Plan encourages you to use 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.

## Attention Deficit Hyperactivity Disorder

### Target Population

Children (6-12 years of age) with a new ambulatory prescription dispensed for ADHD

### Criteria

- Facilitate a face-to-face follow-up visit with a practitioner with prescribing authority within 30 days of the initial visit for the prescription
- 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

(continued on page 7)

# HEDIS<sup>®</sup> measures help ensure quality care (continued from page 6)

## High-risk medications in the elderly

The effects of high-risk medications for the elderly have been well documented in medical literature, including the Beers report. Inappropriate with those aged 65 or older can lead to increased morbidity and mortality, as well as increased and avoidable health-care costs. As a primary care physician, you have the ability to advise your elderly patients about high-risk drugs that may impact both their health and their cost of care.

We encourage you to follow the suggestions from NCQA's HEDIS<sup>®</sup> measure regarding the use of high-risk medications in the elderly. This measure assesses the percentage of 1) Medicare members who received at least one drug to be avoided in the elderly and 2) the percentage of Medicare members who received at least two different drugs to be avoided in the elderly. A lower rate represents better performance, which will positively affect your PQS score.

**This chart includes a complete list of drugs to be avoided in the elderly, per NCQA's HEDIS<sup>®</sup> measure.**

Description	Prescription		
Antianxiety (includes combination drugs)	• aspirin-meprobamate	• meprobamate	
Antiemetics	• scopolamine	• trimethobenzamide	
Analgesics (includes combination drugs)	• ketorolac		
Antihistamines (includes combination drugs)	<ul style="list-style-type: none"> <li>• APAP/dextromethorphan/diphenhydramine</li> <li>• APAP/diphenhydramine/phenylephrine</li> <li>• APAP/diphenhydramine/pseudoephedrine</li> <li>• acetaminophen-diphenhydramine</li> <li>• carbetapentane/diphenhydramine/phenylephrine</li> <li>• codeine/phenylephrine/promethazine</li> <li>• codeine-promethazine</li> <li>• cyproheptadine</li> <li>• dexchlorpheniramine</li> <li>• dexchlorpheniramine/dextromethorphan/PSE</li> <li>• dexchlorpheniramine/guaifenesin/PSE</li> <li>• dexchlorpheniramine/hydrocodone/phenylephrine</li> </ul>	<ul style="list-style-type: none"> <li>• dexchlorpheniramine/methscopolamine/PSE</li> <li>• dexchlorpheniramine-pseudoephedrine</li> <li>• dextromethorphan-promethazine</li> <li>• diphenhydramine</li> <li>• diphenhydramine/hydrocodone/phenylephrine</li> <li>• diphenhydramine-magnesium salicylate</li> <li>• diphenhydramine-phenylephrine</li> <li>• diphenhydramine-pseudoephedrine</li> <li>• hydroxyzine hydrochloride</li> <li>• hydroxyzine pamoate</li> <li>• phenylephrine-promethazine</li> <li>• promethazine</li> </ul>	
Antipsychotic, typical	• thioridazine		
Amphetamines	<ul style="list-style-type: none"> <li>• amphetamine-dextroamphetamine</li> <li>• benzphetamine</li> <li>• dexmethylphenidate</li> </ul>	<ul style="list-style-type: none"> <li>• dextroamphetamine</li> <li>• diethylpropion</li> <li>• methamphetamine</li> <li>• methylphenidate</li> </ul>	<ul style="list-style-type: none"> <li>• phendimetrazine</li> <li>• phentermine</li> </ul>
Barbiturates	<ul style="list-style-type: none"> <li>• butabarbital</li> <li>• mephobarbital</li> <li>• pentobarbital</li> </ul>	<ul style="list-style-type: none"> <li>• phenobarbital</li> <li>• secobarbital</li> </ul>	
Long-acting benzodiazepines (includes combination drugs)	<ul style="list-style-type: none"> <li>• amitriptyline-chlordiazepoxide</li> <li>• chlordiazepoxide</li> </ul>	<ul style="list-style-type: none"> <li>• chlordiazepoxide-clidinium</li> <li>• diazepam</li> </ul>	• flurazepam
Calcium channel blockers	• nifedipine—short-acting only		
Gastrointestinal anti-spasmodics	• dicyclomine	• propantheline	
Belladonna alkaloids (includes combination drugs)	<ul style="list-style-type: none"> <li>• atropine</li> <li>• atropine/CPM/hyoscyamine/PE/scopolamine</li> <li>• atropine/hyoscyamine/PB/scopolamine</li> <li>• atropine-difenoxin</li> <li>• atropine-diphenoxylate</li> <li>• atropine-edrophonium</li> <li>• belladonna</li> </ul>		<ul style="list-style-type: none"> <li>• belladonna/ergotamine/phenobarbital</li> <li>• butabarbital/hyoscyamine/phenazopyridine</li> <li>• hyoscyamine</li> <li>• hyoscyamine/methenam/m-blue/phenyl salicyl</li> </ul>
Skeletal muscle relaxants (includes combination drugs)	<ul style="list-style-type: none"> <li>• ASA/caffeine/orphenadrine</li> <li>• ASA/carisoprodol/codeine</li> <li>• aspirin-carisoprodol</li> <li>• aspirin-methocarbamol</li> </ul>	<ul style="list-style-type: none"> <li>• carisoprodol</li> <li>• chlorzoxazone</li> <li>• cyclobenzaprine</li> <li>• metaxalone</li> </ul>	<ul style="list-style-type: none"> <li>• methocarbamol</li> <li>• orphenadrine</li> </ul>
Oral estrogens (includes combination drugs)	<ul style="list-style-type: none"> <li>• conjugated estrogen</li> <li>• conjugated estrogen-medroxyprogesterone</li> </ul>	<ul style="list-style-type: none"> <li>• esterified estrogen</li> <li>• esterified estrogen-methyltestosterone</li> </ul>	• estropipate
Oral hypoglycemics	• chlorpropamide		
Narcotics (includes combination drugs)	<ul style="list-style-type: none"> <li>• ASA/caffeine/propoxyphene</li> <li>• acetaminophen-pentazocine</li> <li>• acetaminophen-propoxyphene</li> <li>• belladonna-opium</li> <li>• meperidine</li> </ul>		
Vasodilators	<ul style="list-style-type: none"> <li>• dipyridamole—short-acting only</li> <li>• ergot mesylate</li> </ul>		<ul style="list-style-type: none"> <li>• meperidine-promethazine</li> <li>• naloxone-pentazocine</li> <li>• pentazocine</li> <li>• propoxyphene hydrochloride</li> <li>• propoxyphene napsylate</li> </ul>
Others (including androgens and anabolic steroids, thyroid drugs, urinary anti-infectives)	<ul style="list-style-type: none"> <li>• methyltestosterone</li> <li>• nitrofurantoin</li> <li>• nitrofurantoin macrocrystals</li> </ul>		• isosuprine

## National Imaging Associates, Inc. (NIA) webinars

We would like to invite you to participate in one of our upcoming webinars, regarding radiology and cardiac pre-certification through NIA, facility selection, patient involvement and clinical guidelines. The webinars will be held at noon on the following dates in September: 9/13, 9/20 and 9/27.

To register, please contact Amy Colon at [aecolon@thehealthplan.com](mailto:aecolon@thehealthplan.com) or at (717) 909-3340.



100 North Academy Avenue  
Danville, PA 17822-3240

Non-Profit Org.  
U.S. Postage  
**Paid**  
Geisinger

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

**Jean Haynes**

President,  
Chief Executive Officer,  
Geisinger Health Plan

**Duane E. Davis, M.D.**

Vice President,  
Chief Medical Officer,  
Geisinger Health Plan

**Teresa Willard**

Vice President,  
Network Innovations,  
Geisinger Health Plan

Please forward comments or requests for additional copies to:

[briefly@thehealthplan.com](mailto:briefly@thehealthplan.com)

Health Plan Marketing  
100 North Academy Avenue  
Danville, PA 17822-3240  
(570) 271-8135

A copy of this newsletter can also be found at [thehealthplan.com](http://thehealthplan.com)

HPM50 ad Sept 2011 8/2/11

## Health management and wellness

GHP's health management and wellness programs help our members manage specific chronic health conditions. 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.

Below are some program highlights:

- **Osteoporosis** – Osteoporosis for women and men can have devastating effects. Knowing the impact of diet and exercise, monitoring bone density, and working with a doctor to determine proper medications, are important components of this program
- **Diabetes mellitus** – Our program helps our members understand the importance of blood sugar goals, diet and exercise, blood glucose monitoring, and eye and foot care. The focus of our diabetes program is to work with members and their providers to find the right combination of medications and diet needed to control blood sugar, with a goal of preventing complications in the future



Other programs offered: asthma, chronic obstructive pulmonary disease (COPD), Stop Tobacco Use, hypertension, heart failure, heart disease, Well on Your Weigh and case management. For more information, or to recommend a patient for one of these programs, please call (800) 883-6355.