



**In this Issue**

- 2 **PPACA meets the Supreme Court**
- Temporary ID cards**
- Going green**
- Retroactive Terminations**
- 3 **Benefit Changes**
- Interactive voice response used**
- 4 **GHP Fast Facts**
- New Options**

**Unique program gives members up to \$200**

In an effort to promote health and physical activity, Geisinger Health Plan and Geisinger Choice have rolled out a healthy lifestyle program. Healthy Rewards helps members pay for fitness activities and rewards those already leading an active life.

Subscribers who have completed a health risk assessment on **thehealthplan.com** can receive up to a \$100 reimbursement for an individual or up to \$200 reimbursement for a family for fees associated with fitness activities. **This is effective for new groups beginning April 1 and for current groups upon renewal.**

Numerous studies have shown that physical activity can help individuals control their weight, boost brain power, reduce stress, combat health conditions and diseases,

improve mood, boost energy, and promote better sleep.

This program rewards members directly for physical activity. To receive reimbursement, members need to complete a Healthy Rewards Reimbursement

Form, found on **thehealthplan.com**, and submit a valid receipt.

For more information, please contact your Geisinger Health Plan sales representative.



*iStockphoto*

**Activities that are eligible for the reimbursement include:**

- Fitness center memberships
- Registrations and membership fees for weight management programs
- Registration-related school activity fees
- Registration and tournament fees
- Exercise classes
- Race fees
- School athletic fees
- Gymnastics
- Sports camps and fees
- Karate/Tae Kwon Do/Judo lessons
- Lessons (Golf, dance, swim etc.)
- Football
- Basketball
- Baseball
- Softball
- Cheer leading
- Hockey
- Lacrosse
- Tennis
- Volleyball

**Activities that are ineligible for the reimbursement include:**

- Uniforms, athletic clothes, shoes and equipment
- Exercise and sporting equipment
- Personal training
- Fitness DVDs
- Hunting or fishing equipment or fees
- Miniature golf, amusement parks
- Food and supplements in general and associated with weight management programs
- Admission to sporting events
- Recreational activities to include greens fees, driving range fees, bowling, ski lift tickets, ice skating, roller skating, rock climbing, skate/bike parks, community and private pools, indoor trampoline facilities

## Supreme Court hears case against PPACA

The Supreme Court recently heard arguments regarding the Patient Protection and Affordable Care Act (PPACA) passed by Congress in March 2010.

The case, brought forward by 26 states, focuses on the constitutionality of the individual mandate, consideration of whether all of the law must fall if some provisions are found unconstitutional, and whether the law's Medicaid expansion violates the federal-state partnership.

GHP believes the requirement for individuals to carry insurance is an important aspect of PPACA. Without the individual mandate, many younger, healthier Americans may choose to forgo health insurance leaving an older, less healthy population in the insurance pool. This could negatively impact the cost of insurance.

The Supreme Court is likely to issue its decision in late June or early July.

GHP has already implemented several key components of PPACA such as preventive services, expansion of coverage for dependents up to age 26 and removal of pre-existing conditions under age 19. We are working to implement women's preventive care guidelines and simplified language. We're also closely watching development of the state exchanges.

## Retroactive terminations eliminated

A primary concern for GHP is retroactive group terminations.

GHP will no longer accommodate group terminations on a retrospective basis. This process is difficult, time-consuming and expensive for the Health Plan to do. GHP will adhere to the rules outlined in the Group Master Policy which requires a 30-day advance notice for off-cycle terminations and a 15-day advance notice for renewal effective date terms.

Businesses with less than 15 employees are requested to submit a termination request form to their small business service representative by e-mail to [GHPsmBusClientService@thehealthplan.com](mailto:GHPsmBusClientService@thehealthplan.com) or by fax to 570-808-5427. All other businesses or brokers should submit a letter of termination directly to their group's assigned account executive-service specialist. The letter must be on company letterhead and include an authorized signature. Please do not mail the termination request form or letter of termination with an invoice statement or payment as this causes extreme delays in the termination process.

## Going green and improving efficiency

GHP is taking steps to go green and reduce paper use. Several options are available for businesses, employees and brokers.

GHP offers businesses the choice to set up automatic payments instead of receiving an invoice and paying with a check. Each month, before the payment is charged, an email notification will be sent. Employers can choose to use a credit card, or a checking or savings account. Employers interested in more information regarding setting up automatic payment can contact their sales representative.

Businesses and employees also have the ability to view member materials, including benefit documents and riders that detail your coverage online. These documents can be found at [thehealthplan.com](http://thehealthplan.com).

Employees have the ability to receive a paperless Explanation of Benefits (EOBs) by signing up on [thehealthplan.com](http://thehealthplan.com). Employees who choose this option will receive an e-mail when a new EOB is available.

In addition, GHP is offering brokers electronic statements. Brokers also have the option of receiving commission payments through an electronic fund transfer. For more information, call 1-866-488-6653. Press option 2 then option 4 or e-mail [GHPBrokerCommissions@thehealthplan.com](mailto:GHPBrokerCommissions@thehealthplan.com).

Using electronic documents reduces paper waste, provides quick relay of information and makes the most current version available.

## Temporary identification cards now available on [thehealthplan.com](http://thehealthplan.com)

Employees can print a temporary identification card if they are registered users of **thehealthplan.com**.

Employees simply need to:

- Log in as a member
- Click on Service Center
- Click on Request New Member ID Card
- Click on "Click Here" for a temporary ID card

Employees will receive a PDF of the front and back of the most current identification card that can be printed and used until a permanent ID card is received. Employees can also request a permanent card on **thehealthplan.com** or by calling customer service.



## Changes to your benefits

The following benefit changes were effective April 1, 2012 and upon an employer group's renewal for group HMO, PPO and qualified high-deductible health plans. For example, if an employer group's plan year renews January 1, the changes noted below become effective for that group on January 1.

### Diabetic eye examinations

Diabetic eye examinations will now be covered with no cost sharing required.

### Pulmonary function tests

Pulmonary function tests will now be covered with no cost sharing required.

### Durable medical equipment

Coverage for durable medical equipment will increase from \$2,500 to \$5,000 per benefit period.

### Breast reductions

Breast reductions for females are covered when they are medically necessary. Prior authorization is required for coverage and the Health Plan's policy guidelines must be met. Breast reductions for males will continue to be excluded from coverage.

### Change in therapy coverage

The following therapies are excluded from coverage:

- Ayurveda
- Craniosacral therapy
- Guided imagery
- Hippotherapy
- Massage therapy
- Naturopathy
- Reiki
- Therapeutic touch
- Yoga

### Injectible drugs

The following drugs have been added to the list of covered injectable drugs for which cost sharing applies. Cost sharing will increase from \$75 to \$100. Our-of-pocket maximum is \$1,500.

- Azerra™
- Berinert™
- Eloxatin™
- Halaven-T™
- Kalbitor™
- Lumizyme™
- Prolia™
- Xgeva™
- Xiaflex™
- Benlysta™
- Yervoy™

### PPO changes only

#### Inpatient skilled nursing facility benefits

Deductibles and coinsurance will be applied to inpatient skilled nursing facility benefits for PPO products.

## Interactive voice response another tool to improve care

A recent study of Geisinger Health Plan's interactive voice response (IVR) system shows members who use IVR in combination with case management were 44 percent less likely to be readmitted to the hospital in the first 30 days.

Also known as the Geisinger Monitoring Program (GMP), the IVR program is used for members recently released from the hospital, recovering from surgery and those with certain chronic conditions including diabetes and heart failure. An automated phone call asking pre-selected questions is placed to individuals in the program. Any answer indicating a problem, triggers a note to the case manager who then follows up with the member.

This tool increases a case manager's efficiency when monitoring patients transitioning from the hospital to their home. It also enables the case manager to earlier identify any potential problems, including infections, which could lead to a hospital readmission.

## GHP fast facts

GHP is committed to providing excellent care at an affordable cost. To make staying healthy easier for members, the Health Plan contracts with physicians, hospitals and other health-care providers throughout our service area. For an updated list of providers in your area, visit our Web site, [thehealthplan.com](http://thehealthplan.com). Currently, we contract with:

- 4,926 primary care physicians
- 40,940 specialist physicians
- 113 participating hospitals

as of 3/5/12

## New options for employers

The following options are available for new groups beginning April 1 and for current groups upon renewal.

- Employer groups may select a primary care physician (PCP) copayment for physical, occupational and speech therapies. Specialist copayments for these therapies will continue to be an option.
- A one-time deductible may now be selected for Solutions groups. Currently, one-time deductible options are only available on PPO plans.

## Preventive health for women

The Patient Protection and Affordable Care Act contains provisions to cover a number of preventive health services for women. The provision becomes effective August 1, 2012, or upon renewal. More details will be available in the next edition of the *Business Update*.

### Send us your e-mail

You can forward your comments or suggestions about this newsletter to:

**[businessupdate@thehealthplan.com](mailto:businessupdate@thehealthplan.com)**

Or mail them to:

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