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## MVP Provider Directory

You can search the current MVP Provider Network for primary care physicians and specialists. Visit [mvphealthcare.com](http://mvphealthcare.com) and select *Find a Doctor*.

## \$ Un-Cashed Checks?

Visit [longlostmoney.com](http://longlostmoney.com) to see if MVP has any un-cashed checks in your name or in the name of your business.

## MVP Professional Relations

|                   |                |
|-------------------|----------------|
| MVP Corporate     |                |
| Headquarters      | 1-888-363-9485 |
| Southern Tier     | 1-800-688-0379 |
| Central New York  | 1-800-888-9635 |
| Midstate New York | 1-800-568-3668 |
| Mid-Hudson        | 1-800-666-1762 |
| Buffalo/Rochester | 1-800-684-9286 |
| Vermont           | 1-800-380-3530 |

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President & CEO  
MVP Health Care, Inc.

## We welcome your comments.

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MVP HEALTH CARE  
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## Professional Relations Updates

### Online Demographic Form—Coming May 2018

**You spoke, we listened!** MVP is announcing a new feature that will allow providers to submit provider demographic updates through an online form. No more printing out a demographic change form, filling it out, and emailing or faxing it to MVP. The new online form will allow providers to communicate easily when they are changing or adding a new address, updating their Tax ID information, or notifying MVP that a provider has left their group. Providers will be able to submit the form electronically and will receive a reference number for use when checking on the status of a change.

Beginning May 15, 2018, this online demographic form will be available by visiting [mvphealthcare.com](http://mvphealthcare.com) and selecting *Providers*. You will find the link to the online demographic form in the red box at the bottom of the page. Please note that the use of this online form will be required July 1, 2018, after which, MVP will no longer accept paper forms by email or fax. With this new feature, it will be easier to submit changes and it will save administrative time for providers.

## Quality Improvement Updates

### Tips for Providers

MVP has developed **Provider Tip Sheets** designed to be used as reference guides for Primary Care Practitioners and their health care teams. The Tip Sheets have been written for common preventive and chronic care quality measures, providing helpful hints for both clinical and administrative staff in your practice. They have been created to specifically help drive the quality of care that our membership receives. Some of the Tip Sheets also include hand-out materials for related member education.

You can find these posted on the MVP Provider Portal by visiting [mvphealthcare.com](http://mvphealthcare.com) and selecting *Providers*, then *Reference Library*, then *Provider Tip Sheets*.

Watch regularly for more Tip Sheets as they become available, including those related to all Behavioral Health quality measures. If you have questions about the new Tip Sheets, please contact your Provider Relations Representative.

### Does Your Practice Observe the “Golden Rule” of Blood Pressure Measurement?

A few common problems related to patient preparation, positioning, and blood pressure devices often account for unreliable blood pressure readings. Excellent measurement technique requires training and skill building. Consider assigning a blood pressure “champion” in your office who will train all clinical staff, and verify everyone in your practice obtains blood pressure readings the right way and the same way

*(Read more on page 2)*

*(Does Your Practice Observe the Golden Rule? continued from page 1)*

every time. Use these tips from the Target: BP™ campaign to adopt a culture of excellence in blood pressure measurement for your practice.

### **Cuff Size**

To help determine correct sizing, most blood pressure cuffs have two white lines and a small arrowhead mark on the other side of the cuff (the “artery arrow”) that should fall within the two white marks once the cuff is wrapped. Other clues to correct sizing might be if the cuff needs to be wrapped more than once around the arm (too large), or if it has to be pulled tightly to make the Velcro strips match up (too small).

### **Patient Preparation**

Instruct the patient to empty their bladder first, do not have a conversation during the procedure, and instruct the patient to silence their cell phone.

### **Patient Positioning**

The patient should be seated with their back and feet supported; feet flat on the floor, and with legs uncrossed. You will want to place the cuff on their bare arm, above the elbow at mid-arm, and keep the arm supported, palm up with muscles relaxed. Position the arm so that the cuff is at heart level. Allow the patient to rest for five minutes while in position before starting.

### **Confirm Reading**

Take at least two or three measurements, one minute apart. If the initial blood pressures are elevated, obtain a confirmatory measurement. Document each measurement; use free text in visit notes if your EMR VS table cannot accommodate all readings.

Encourage and train patients to monitor their own blood pressure with home readings, and recommend they keep a blood pressure diary to bring to all office visits. MVP plans cover blood pressure monitors for home use for those with an HTN dx. The equipment must be ordered from an MVP approved vendor, Edgepark or Byram. Call the MVP Customer Care Center for further details.

### **National Guidelines**

The American Heart Association and the Centers for Disease Control and Prevention report that normal blood pressure for an adult is below 120 systolic and below 80 diastolic. However, since a person’s age and certain

medical conditions can influence normal readings, you should individualize recommendations to patients that takes this into consideration with regard to their own target blood pressure.

Regular maintenance of blood pressure equipment is required for precise accuracy of blood pressure measurements. Since these measurements guide all treatment decisions, make equipment accuracy of utmost importance in your practice.

Since device options are numerous, proper maintenance of your specific office equipment is individualized to the particular type of device in use and its calibration recommendations. Be sure to understand those of your equipment’s manufacturer by contacting your sales representative, distributor, or the manufacturer directly.

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## **Medicare Update**

### **Medicare Diabetes Prevention Program Expanded Model**

Diabetes affects more than 25% of Americans age 65 or older; thousands more people may have prediabetes, but don’t know it. Fortunately, type 2 diabetes can usually be delayed or prevented with health behavior changes. The Medicare Diabetes Prevention Program (MDPP) expanded model is a structured behavior change intervention that aims to prevent the onset of type 2 diabetes among Medicare beneficiaries with an indication of prediabetes. The clinical intervention consists of a minimum of 16 intensive “core” sessions of a Centers for Disease Control and Prevention (CDC) approved curriculum furnished over six months in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After completing the core sessions, less intensive follow-up meetings furnished monthly help ensure that the participants maintain healthy behaviors.

MDPP is based on the results of the Diabetes Prevention Program study funded by the National Institutes of Health (NIH). The study found that lifestyle changes resulting in modest weight loss sharply reduced the development of type 2 diabetes in people at high risk for the disease.

Look for more information about the MDPP program for MVP’s Medicare Advantage plan members coming soon.

Enclosed you will find a copy of the MVP Continuity and Coordination of Care—Eye Care Consultation for Diabetic Patients form. To download the form online, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Providers*, then *Quality Programs*, then *Eye Care Consultation for Diabetic Patients Form*.

## Rheumatoid Arthritis Management

The Centers for Medicare & Medicaid Services monitor the quality of care that Medicare members in Medicare Advantage plans receive from their contracted physicians. These results compare Medicare advantage plans across the country through the Medicare Star Ratings. One measure that is included in the Star Rating is Rheumatoid Arthritis Management.

We want to thank you for the excellent care you continue to give all MVP members, your patients. This, however, is a measure that MVP did not perform as well in this year. We do want to remind everyone about documentation and coding that is necessary to show that services are given.

Providers may assist MVP in improving outcomes on this measure by considering the following guidelines:

- Refer your patients to rheumatology
- Consider utilizing ICD-10 code M25.50 for generalized joint pain, until RA is confirmed
- If RA is confirmed, utilize ICD-10 codes M05 and M06
- Prescribe a disease-modifying anti-rheumatic drug (DMARD) when appropriate.

MVP has created reference guidelines that will provide you and your staff with helpful tools that explain HEDIS measures as well as providing the CPT, HCPCS, and ICD-10 codes that count toward the completion of these measures.

To access this coding reference guide, visit [mvphealthcare.com](http://mvphealthcare.com) and select *Providers*, then *Quality Programs*, then *HEDIS 2018 Coding Reference Guide for Primary Care*. Information about Rheumatoid Arthritis Management can be found on pages 15–16.

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## Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the September 2017 meeting. Some of the medical policies may reflect new technology while others clarify existing benefits. We

will continue to inform your office of new and updated medical policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the *Benefit Interpretation Manual (BIM)* located on our website. To access the BIM, visit [mvphealthcare.com](http://mvphealthcare.com) and *Sign In* to your MVP account, then select *Resources*, then *Benefits Interpretation Manual (BIM)*. The *Current Updates* page of the BIM lists all medical policy updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

### Medical Policy Updates Effective June 1, 2018

**Cold Therapy Devices:** No changes to the medical policy criteria.

**Continuous Passive Motion Devices:** There are no changes to the medical policy criteria.

**Compression Stockings:** Custom compression stocking/garments (CPT code A6549) are covered. This is listed in the MVP Medicaid Managed Care, MVP Child Health Plus Variation section of the policy.

**Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy:** No changes to the medical policy criteria.

**Emergency Department Services:** There are no changes to the medical policy criteria.

**Gene Expression Classifier (Afirma®) *ARCHIVED*:** This policy is archived effective June 1, 2018. Please refer to Molecular Markers in Fine Needle Aspirates of the Thyroid (Afirma), (RosettaGX Reveal™), (Thyramir), (ThyGenX) oncogene mutational panel medical policy effective June 1, 2018.

**Hyperbaric Oxygen Therapy (HBO):** HCPCS Code E0446 is listed in the Medicare Variation section of the medical policy.

**Imaging Procedures:** Computed Tomographic (CT) colonography, screening is covered when all the medical policy criteria listed is met for all products except Medicare. CT colonography is not reimbursable when used in the absence of signs or symptoms of disease, regardless of family history or other risk factors for the development of colonic disease, and is not covered for Medicare. Refer to the Medicare Variation section of the medical policy. Thermography (93740).

**Molecular Markers in Fine Needle Aspirates of the Thyroid (Afirma®) (RosettaGX Reveal™) (Thyramir) (ThyGenX) Oncogene Mutational Panel *NEW Policy*:** Gene expression classifier (Afirma) for thyroid follicular

neoplasm, Hürthle cell neoplasm, atypia of undetermined significance (AUS), or follicular lesion of undetermined significance (FLUS), is considered medically necessary. This is listed under the indications/criteria section of the policy. Thyroid microRNA Expression Classifier (RosettaGX Reveal™) is considered experimental/investigational. ThyraMIR is considered experimental/investigational. (ThyGenX) oncogene mutational panel is considered experimental/investigational. The ThyroSeq v2 test is considered experimental/investigational. The aforementioned are listed under the Exclusion section of the medical policy.

**Phototherapeutic Keratectomy and Refractive Surgery:**

There are no changes to the medical policy criteria.

**Power Mobility Devices:** An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller-controlled power mobility device (E0984) will be denied as not reasonable and necessary. The bolded text was added to this indication. This is located in the Exclusion section of the medical policy. There are a few language updates made to clarify the wording of the medical policy.

## Pharmacy Updates

### Policy Updates Effective June 1, 2018

**Onychomycosis:** Terbinafine quantity limited change to 112 per 365 days. Prior authorization has been removed from ciclopirox 8% solution but will have a quantity limit of three bottles (19.8mls) per 365 days. Jublia and Kerydin will also require failure of itraconazole.

**Diclofenac (topical) Products:** No changes.

**Psoriasis Drug Therapy (Comm/Marketplace):** No changes.

**Psoriasis Drug Therapy (Government Programs):** Siliq added.

**Topical Agents for Pruritus:** No changes.

**Atopic Dermatitis:** No changes.

**Lidocaine (topical) Products:** No changes.

**Cosmetic Drug Agents:** Epiquin Micro added, Medicaid variation removed.

**Valchlor:** No changes.

**Weight Loss Agents:** Limit of 12 months of therapy per lifetime for all drugs added, Initial approval increases to three months.

**Transgender Policy:** Commercial and Exchange variation removed.

**Radicava:** *NEW Policy*

**Duchenne Muscular Dystrophy:** New policy.

### Formulary Updated for Commercial, Marketplace, and Medicaid

**New drugs**—recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid plan.

| Drug Name                 | Indicator           |
|---------------------------|---------------------|
| Solosec                   | Bacterial vaginosis |
| Lutathera-Medical Benefit | GEP-NET             |
| Parsabiv-Medical Benefits | Hyperparathyroidism |
| Lyrica CR                 | DPN, PHN            |
| Sinuva-Medical Benefits   | Nasal Polyps        |
| Biktarvy                  | HIV                 |
| Noctiva                   | Nocturia            |

#### Drugs Added to Formulary

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

Estradiol vaginal cream      Efavirenz 600 mg  
Memantine XR

#### Drugs Removed from Prior Authorization

Nerlynx      Idhifa      Besponsa  
Armonair      Vyxeos      Lynparza tablets

#### Medicaid Formulary Updates

Effective June 1, 2018 the below medications will become non-formulary on the MVP Medicaid formulary.

This is not a complete list of changes. For a complete list of covered formulary products, please visit the Medicaid formulary document, which can be found by visiting [mvphealthcare.com](http://mvphealthcare.com) and selecting *Members*, then *Prescription Benefits*, then *2018 Formularies*.

#### Anti-Infectives

Doxycycline monohydrate capsules

**Diabetic Agents**

Pioglitazone/glimepiride  
Pioglitazone/metformin

**Osteoporosis**

Risedronate tablets (all strengths)

**Hormones**

Desmopressin nasal spray

**Cholesterol Agents**

Fenofibric acid DR 135mg capsules  
Fenofibrate capsules 150mg  
Fluvastatin ER 80mg tablets

**Allergy**

Azelastine nasal spray 0.15%  
olopatadine ophth soln 0.2%  
Montelukast 4mg granules

**Gastrointestinal**

Esomeprazole 20mg & 40mg capsules

**Urinary Agents**

Darifenacin ER tablets

**Benzodiazepines/Non-Benzodiazepines**

Alprazolam ODT/ER tablets  
Zolipdem ER tablets

**Antidepressants**

Trazodone 300mg tablets  
Fluoxetine tablets  
venlafaxine ER tablets  
Paroxetine ER tablets  
clomipramine capsules

**Antipsychotics**

Risperidone ODT  
Olanzapine ODT  
Chlorpromazine tablets

**ADHD**

Clonidine ER tablets

**Migraine Agents**

Butalbital/APAP/caffeine 50-300-40mg  
Butalbital/APAP 50-300mg

**Opioids**

Oxycodone 5mg capsules

**NSAIDs**

Indomethacin ER 75mg capsules  
Mefenamic acid 250mg capsules  
Diclofenac/misoprostol tablets

**Muscle Relaxants**

Carisoprodol 250mg tablets  
Cyclobenzaprine 7.5mg tablets  
Metaxalone tablets

**Acne**

Adapalene gel 0.1%  
Clindamycin/ benzoyl peroxide gel  
Clindamycin aerosol 1%  
Erythromycin/benzoyl peroxide gel 5-3%

**Antifungals**

Naftifine cream  
Oxiconazole cream

**Antipsoriatics**

Calcipotriene cream  
tazarotene cream 0.1%

**Miscellaneous Topicals**

Acyclovir oint 5%

**Topical Steroids**

Desonide lotion  
Betamethasone valerate aerosol  
Desoximetasone cr/gel/oint 0.05%  
Desoximetasone oint 0.25%  
Clobetasol cream/foam/gel/lot/oint/shampoo 0.05%  
Fluocinonide cream 0.1%