

# Healthy Practices

A quarterly publication for MVP Health Care® providers.

## Be Antibiotics Aware: Smart Use, Best Care

As you already know, inappropriate antibiotic prescribing to outpatients promotes the development of antibiotic resistance, which is a growing public health concern worldwide.

Currently in the United States, about 2 million people get infected with antibiotic-resistant bacteria and at least 23,000 people die as a result. Therefore, it is important to improve the way that antibiotics are prescribed by health care providers to decrease antibiotic resistance. A recent study published in the British Medical Journal (BMJ), stated that about one-fourth of antibiotic prescriptions are inappropriately prescribed. Antibiotics are only meant to be used against bacterial infections or in patients at high-risk for developing infections. Some bacterial infections that should be treated with an antibiotic include pneumonia, strep throat, and urinary tract infection. In many cases, antibiotics are not needed as they do not work on viruses. Some common conditions that do not require antibiotics include the common cold, the flu, bronchitis, most coughs, and a sore throat.

Ultimately, using antibiotics against viral infections will not cure the infection, will not help the patient feel better, may cause unnecessary/harmful side effects, as well as contribute to the development of antibiotic-resistant bacteria. So let's be smart when prescribing antibiotics!

...about one-fourth of antibiotic prescriptions are inappropriately prescribed.



### Medicare Advantage Plans New Condition-Specific Benefits

The CMS has expanded the opportunity for health plans to provide supplemental benefits that offer additional services or reduced cost sharing for services and/or items that are tied to a specific health status or chronic disease state.

For 2019, MVP Medicare Advantage plans include targeted benefits for members with the following diagnoses:

- **Diabetes:** Members diagnosed with diabetes will pay a \$0 co-pay for routine podiatry visits.
- **Stroke:** Members who have suffered a stroke are allowed up to \$250 per year for bathroom safety

and assistance devices purchased from DME Supply US. Eligible devices must be on MVP's approved list, available at [dmesupplyusa.com/mvp](http://dmesupplyusa.com/mvp).

- **Hypertension:** Members diagnosed with hypertension have a \$0 co-pay for one blood pressure cuff per year purchased from DME Supply USA. Eligible devices must be on MVP's approved list, available at [dmesupplyusa.com/mvp](http://dmesupplyusa.com/mvp).

MVP Medicare Advantage plan members must have a confirmed diagnosis to qualify for these benefits. Learn more at [mvphealthcare.com/MedicareConditionBenefits](http://mvphealthcare.com/MedicareConditionBenefits).

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**Let's Deliver**  
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built around



**We welcome your comments.**

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[mvphealthcare.com/providers](http://mvphealthcare.com/providers)  
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**Customer Care Center for Providers**

**1-800-684-9286**

### Provider Satisfaction Survey Mailing

MVP mailed our annual *Provider Practice Satisfaction Survey* to all of our providers in April. Our goal is to provide your practice with the highest level of service possible. Your input plays an important role in helping us identify opportunities for improvement. We hope you will take the time to share with us your experience and insights. We value your feedback!



# Osteoporosis Management in Women Who Had a Fracture

CMS monitors 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 Osteoporosis Management in Women Who Had a Fracture (OMW).

The OMW measure includes the percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. Fractures of fingers, toes, face, and skull are not included in this measure. The BMD test or therapy would have to be completed in the current year or the previous year.

For the 2021 Star Ratings (based on 2019 data), NCQA (HEDIS) has made the following change to the OMW measure: Abaloparatide has been added to the list of medications that are approved for the treatment of Osteoporosis.

In order to assist our members, MVP is currently providing reminder calls to members that have been identified as meeting the criteria for the OMW measure. Despite our initiatives and

...approximately 24% of women ages 67 to 85 received a bone mineral density test...

availability of specialized tests to detect osteoporosis and medications to prevent it, the condition remains largely under-diagnosed and under-treated. According to MVP's 2018 HEDIS results, only approximately 24% of women ages 67 to 85 received a BMD test or prescription for a medication to treat/prevent osteoporosis within the six months following a fracture.

For more information, MVP's Prevention and Treatment of Osteoporosis guideline is available at [mvphealthcare.com](http://mvphealthcare.com) by selecting *Providers*, then *Provider Quality Improvement Manual* then *Women's Health*.

*MVP has adopted the NOF guidelines, Prevention and Treatment of Osteoporosis from [nof.org](http://nof.org).*





## QUALITY CORNER

# HEDIS 2019 Updates

Annually, the NCQA reviews and releases the technical specifications for the next HEDIS season by October prior to onset of the next measurement year. The NCQA release of the 2019 HEDIS technical specifications has brought with it **four new measures, changes to four existing measures and two cross-cutting topics** that address enhancements across multiple measures.

## New Measures

The newest additions to HEDIS address emerging health priorities and evolving processes in care delivery.

- 1. Hospitalization Following Discharge From a Skilled Nursing Facility (SNF).** The percentage of SNF discharges to the community which results in an unplanned hospitalization within 30 days and 60 days.

*Intent:* A growing number of Medicare Advantage beneficiaries require SNF, yet there is no measure assessing outcomes for this vulnerable population. This measure assesses the coordination of providers and services to support a successful transition to the community from a skilled level of care across Medicare Advantage plans.

- 2. Risk of Continued Opioid Use.** The percentage of members 18 years and older who have a new episode of opioid use that puts them at risk for continued use. Two rates are reported:

- The percentage of members whose new episode of opioid use lasts at least 15 days in a 30-day period.
- The percentage of members whose new episode of opioid use lasts at least 31 days in a 62-day period.

*Intent:* Continued opioid use for non-cancer pain is associated with increased risk of opioid use disorder, opioid-related overdose, hospitalization, and opioid overdose-related mortality. This measure assesses members with a new episode of opioid use who are dispensed opioids for a period of time that puts them at an increased risk of continued use.

NCQA has added the following two new measures specified for the HEDIS Electronic Clinical Data Systems reporting method. Data sources include administrative claims, electronic medical records, registries, case management systems, and health information exchanges.

- 3. Prenatal Immunization Status.** The percentage of deliveries on or after 37 gestational weeks in which women received influenza and diphtheria and pertussis (Tdap) vaccines.

*Intent:* This measure assesses receipt of important prenatal vaccines, which protect women and their infants from influenza and tetanus, diphtheria, and pertussis.

- 4. Adult Immunization Status.** The percentage of adults 19 years and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, Tdap, herpes zoster, and pneumococcal.

*Intent:* This measure assesses routine vaccination against influenza, tetanus, diphtheria and pertussis for all adults, and vaccination against herpes zoster and pneumococcal disease for adults.

## Changes to Existing Measures

- 1. Controlling High Blood Pressure.** NCQA has revised this measure to reflect a new blood pressure target of <140/90 mm Hg for all adults age 18–85 with hypertension in accordance with updated clinical recommendations. NCQA also has updated the approach to allow

for more administrative methods to collect the measure and added telehealth encounters to satisfy certain components of the measure.

- 2. Follow-Up after Emergency Department Visit for Mental Illness.** NCQA added a principal diagnosis of intentional self-harm to the denominator and a principal diagnosis of intentional self-harm with a secondary diagnosis of a mental health disorder to the numerator.
- 3. Follow-Up after Hospitalization for Mental Illness.** NCQA added a principal diagnosis of intentional self-harm to the denominator.
- 4. Plan All-Cause Readmissions.** This measure will now include observation stays as index hospitalizations and readmissions events for all members. The measure also will remove individuals with high frequency hospitalization from the risk-adjusted readmission rate and report a rate of these outlying individuals among the plan population for all product lines. NCQA added a separate readmissions rate among index hospitalizations discharged to a SNF for Medicare members.

NCQA is publishing the revised Plan All-Cause Readmissions measure alongside others released for HEDIS 2019, but delaying implementation until HEDIS 2020. NCQA worked with CMS to identify this timeline, given the extent of the measure changes and use of the measure in the Medicare Advantage Star Ratings System.

## Cross-Cutting Topics

- 1. Telehealth for Physical Health Measures.** Telehealth can be an effective, efficient way of delivering health care, and is becoming more widely reimbursed by payers. NCQA introduced telehealth into 14 existing physical health measures for HEDIS 2019, following on previous work to add telehealth services to behavioral health measures last year.
- 2. Excluding Members with Advanced Illness.** Quality measures that were designed and intended for a general adult population may not always be appropriate for those with limited life expectancy or advanced illness and frailty. As such, NCQA is implementing cross-cutting exclusions across selected HEDIS measures to help focus on the population who are most likely to benefit from the measured services.

For HEDIS 2019, the following nine measures exclude individuals 65 and older who have an advanced illness and frailty or who live long-term in nursing home settings. Four of these measures also exclude those age 80 and older with frailty.

- Breast Cancer Screening
- Colorectal Cancer Screening
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Osteoporosis Management in Women Who Had a Fracture
- Persistence of Beta-Blocker Treatment after a Heart Attack
- Statin Therapy for Patients with Cardiovascular Disease
- Statin Therapy for Patients with Diabetes

For more information, refer to the full measure specifications in HEDIS 2019, Volume 2. HEDIS publications are available in print and electronically. To order, call 888-275-7585 or visit [store.ncqa.org](http://store.ncqa.org). You may also contact the Quality Department at MVP for any further questions regarding HEDIS measures and recommendations of care at 1-866-954-1869 or [GapsinCareReports@mvphealthcare.com](mailto:GapsinCareReports@mvphealthcare.com).

*Information obtained from: [ncqa.org/news/ncqa-updates-quality-measures-for-hedis-2019](http://ncqa.org/news/ncqa-updates-quality-measures-for-hedis-2019)*

## Get Healthy Practices Electronically!

Sign in at [mvphealthcare.com/providers](http://mvphealthcare.com/providers) and select *Communication Preferences* to go paperless.

## Pharmacy Policy Updates

### EFFECTIVE FEBRUARY 1, 2019

#### No Changes:

- Antibiotic/Antiviral (oral) Prophylaxis
- Hepatitis C Treatment
- Minocycline ER
- Patient Medication Safety

#### Compounded (Extemporaneous) Medications:

- Added language for topical compounds
- Updated exclusion criteria
- Added Medicaid variation
- Added language regarding specialty compounds

#### Government Programs Over-the-Counter (OTC) Drug Coverage:

Added proton pump inhibitors

#### Immunoglobulin Therapy:

Added Vermont variation

#### Medication Therapy Management (Internal):

Updated to reflect 2019 price threshold

**Mepro (atovaquone):** Clarified prior authorization is only required if quantity limit is exceeded

#### Pharmacy Programs Administration:

Updated Medicare variations

#### Quantity Limit for Prescription Drugs:

- Updated related policies
- Added Bonjesta
- Added Victoza
- Clarified all ED products have quantity limits
- Removed ASO variation for smoking cessation
- Added diclofenac 1% gel to Medicaid variation

#### Tetracyclines:

#### Doryx/Oracea:

- Clarified that chart notes are required documenting failure to formulary alternatives
- Updated approval length for Oracea

#### Zinplava:

- Removed metronidazole from standard treatment course
- Updated exclusion criteria

### EFFECTIVE APRIL 1, 2019

#### No Changes:

- Acthar
- Antipsychotics Policy
- Disposable Insulin Delivery Devices

#### Excluded Drugs:

- Growth Hormones
- Infertility Drugs
- Mail Order
- Metformin ER
- Physician Prescription Eligibility
- Prescribers Treating Self or Family Members
- Transgender—COMM/EXCHANGE
- Transgender—MEDICAID

#### Compounded (Extemporaneous) Medications:

Updated language for medications administered in an intrathecal pump

#### Enteral Therapy—New York:

- Updated policy to include new/modified state law for 2019
- Added ASO variation

#### Kuvan + Palyniq = Phenylketonuria Agents Policy:

- Renamed policy (previously named Kuvan)
- Added Palyniq

#### Male Hypogonadism:

Added updates based on 2018 clinical practice guidelines—no changes to drug therapy requirements

#### Quantity Limit for Prescription Drugs:

- Added quantity limits for lidocaine 4% OTC patch, capsaicin cream (Medicaid only)
- Added Lyrica solution quantity limit (Medicaid only)
- Added ceftriaxone vial quantity limit

### FORMULARY UPDATES FOR COMMERCIAL, MARKETPLACE AND MEDICAID

New drugs-recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid plans

DRUG	INDICATION
Qbrexza	Primary axillary hyperhidrosis
Takhzyro	HAE
Poteligeo	Mycosis fungoides or Sézary syndrome
Mulpleta	Thrombocytopenia in patients with chronic liver disease
Onpattro	Polyneuropathy of hereditary transthyretin-mediated amyloidosis
Galafold	Fabry disease
Jivi	Hemophilia
Pifeltro	HIV
Ajovy	Migraine
Perseris	Schizophrenia
Nivestym	Neutropenia
Delstrigo	HIV
Copiktra	Relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) Relapsed or refractory follicular lymphoma (FL)
Emgality	Migraine prevention
Epidiolex	Seizures associated with Lennox-Gastaut syndrome or Dravet syndrome
Inveltys	Post-operative inflammation and pain following ocular surgery
Libtayo	Metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or radiation
Lumoxiti	Relapsed or refractory hairy cell leukemia (HCL)
Talzenna	Deleterious or suspected deleterious germline BRCA-mutated HER2-negative locally advanced or metastatic breast cancer
Tegsedi	Polyneuropathy of hereditary transthyretin-mediated amyloidosis
Vizimpro	Non-small cell lung cancer (NSCLC) with EGFR exon 19 deletion or exon 21 L858R substitution mutations
Xepi	Topical treatment of impetigo due to <i>S. aureus</i> or <i>S. pyogenes</i>
Xerava	Complicated intra-abdominal infections
Xofluza	Uncomplicated influenza in patients symptomatic for no more than 48 hours
Altreno	Acne vulgaris (topical)
Arikayce	Mycobacterium avium complex (MAC) lung disease
Minolira	Acne vulgaris (oral)
Nocdurna	Nocturia due to nocturnal polyuria in adults who awaken at least 2 times per night to void
Panzyga	Primary humoral immunodeficiency (PI) and Chronic immune thrombocytopenia (ITP)

DRUG	INDICATION
Tiglutik	Amyotrophic lateral sclerosis (ALS)
Arakoda	Prophylaxis of malaria
Lorbrena	Anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC)
Revcovi (medical)	Adenosine deaminase severe combined immune deficiency (ADA-SCID)
Yupelri	Chronic obstructive pulmonary disease (COPD)
Oxervate	Neurotrophic keratitis
Daurismo	Acute Myeloid Leukemia (AML)
Vitrakvi	Solid tumors
Xospata	Acute Myeloid Leukemia (AML)
Nuzyra (medical) Nuzyra (oral tablets)	Community-acquired bacterial pneumonia (CABP) and Acute bacterial skin and skin structure infections (ABSSSI)
Aemcolo	Travelers' diarrhea
Firdapse	Lambert-Eaton myasthenic syndrome (LEMS)
Seysara	Inflammatory lesions of non-nodular moderate to severe acne vulgaris
Ultomiris (medical)	Paroxysmal nocturnal hemoglobinuria (PNH)
Gamifant (medical)	Primary hemophagocytic lymphohistiocytosis (HLH)
Bryhali	Plaque psoriasis
Lexette	Plaque psoriasis
Omegaven	Parenteral nutrition-associated cholestasis (PNAC)
Sympazan	Seizures associated with Lennox-Gastaut syndrome
Xelpros	Open-angle glaucoma and ocular hypertension
Xyosted	Male hypogonadism, also known as testosterone deficiency or Low T
Abilify Mycite	Schizophrenia, bipolar I disorder, manic and mixed episodes, and major depressive disorder (MDD) (Drug-device combination product comprised of aripiprazole tablets embedded with an Ingestible Event Marker (IEM) sensor intended to track drug ingestion)
Khapzory (medical)	Rescue after high-dose methotrexate therapy in patients with osteosarcoma, diminishing the toxicity with over-dosage of folic acid antagonists or impaired methotrexate elimination, the treatment of patients with metastatic colorectal cancer in combination with fluorouracil
Udenyca	Febrile neutropenia
Cequa	Keratoconjunctivitis Sicca
Tolsura	Onychomycosis of the toenail
Yutiq (medical)	Chronic non-infectious uveitis

#### DRUGS ADDED TO FORMULARY

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

- Abiraterone
- Albendazole (Non-formulary for Medicaid)
- Clobazam
- Dalfampridine ER (prior authorization required)
- Estradiol Patch
- Imiquimod pump (Non-formulary for Medicaid)
- Itraconazole suspension (prior authorization required)

- Mesalamine Suppository
- Minocycline ER (prior authorization required)
- Nevirapine suspension
- Pimecrolimus
- Silodosin
- Tadalafil (prior authorization required for 2.5mg and 5mg; quantity limit on 10mg, 20mg. Non-formulary for Medicaid)
- Testosterone 1.62% (prior authorization required for Medicaid, quantity limits for Commercial and Marketplace)

#### DRUGS REMOVED FROM PRIOR AUTHORIZATION

- Baclofen 5mg
- Lucemyra—quantity limit of 56 tablets per 180 days

#### EXCLUDED DRUGS FROM THE FORMULARY EFFECTIVE FEBRUARY 1, 2019

- Admelog
- Diclofono
- Imvexxy
- Olumiant
- Roxybond
- Siklos

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## Required Authorizations for Radiology Services

MVP currently requires authorizations for select radiology services through eviCore. When an authorization is required, it applies to all Technical, Global and/or Facility claims submitted for the service. If services requiring an authorization are provided without prior approval, all claims associated with those services will be denied administratively.

Effective June 1, 2019, MVP will not reimburse for Professional, Technical, Global, and/or Facility radiology claims submitted for services that require a prior authorization in the following situations:

- Services provided when an authorization is required but

there is not a valid authorization for the services obtained

- Radiology claims that require prior authorization that are submitted with a Modifier 26 for the professional reading will not be reimbursed without a valid authorization

Prior authorization for a member can be confirmed by visiting [evicore.com](http://evicore.com).

Complete instructions on how to check member authorization status can be found in the PRM. To view the PRM, visit [mvphealthcare.com](http://mvphealthcare.com) and *Sign In/Register* then select *Online Resources*. The complete Radiology Payment Policy can be found in Section 15.

## PROVIDER RELATIONS PROFILE

### Say Hello to Lydda M. Hernandez, Professional Relations Representative for the Mid-Hudson Region

In her own words:



“I have been working in the health care field for over 17 years. I started out in reception, with interest in credentialing and then moved up into that position shortly after. I’ve worked for various hospitals in medical staff, as well as some of the largest health care practices in the area. All of that experience has led me to where I am today, in my current position in Professional Relations

(PR). What I love most about PR, and health care in general is the diversity of the role and the challenges in assisting providers and their staff with claims inquiries, credentialing and contracting, and all other aspects of being the support liaison between the provider and MVP. I feel it gives providers a sort of “peace of mind” in knowing that they have a direct line of communication to someone who is there to help them, and I’m glad to be that person. I am grateful to work with such a wonderful and knowledgeable PR team in the Mid-Hudson Region.”

## CMS Services Health Outcome Surveys (HOS)

CMS requires health plans to monitor the care members receive from their health care providers. The CMS Star Ratings include many measures that are associated with care given by physicians who care for MVP Medicare Advantage members. Some measures are self-reported by your patients through the HOS that is mailed to them each spring. The HOS assesses each Medicare Advantage plan’s ability to maintain or improve the physical and mental health functioning of its beneficiaries and how the physicians work together with their patients to achieve their goals. The survey includes questions that ask your patients if their Primary Care Physician has talked to them about physical activity, their risk of falls, and urinary incontinence. CMS expects an assessment of these issues is completed and

that a treatment plan is in place to improve the quality of life for your patients if any issues are identified. Assessment of a patient’s physical and mental health is a critical part of any office visit.

The CMS Star Ratings of the two MVP Medicare contracts on these measures for the last reporting period are:

- Monitoring physical activity rated 3 and 3 out of 5 Stars
- Reducing fall risk rated 3 and 3 out of 5 Stars
- Improving bladder control rated 4 and 5 out of 5 Stars
- Improving or maintaining physical health rated 4 and 3 out of 5 Stars
- Improving or maintaining mental health rated 4 and 3 out of 5 Stars

What you need to know about opioids and opioid addiction.

[mvphealthcare.com/opioids](http://mvphealthcare.com/opioids)



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## Resource Focus

Every quarter we’ll highlight a resource available to you and our members aimed at helping them achieve optimal well-being.

This opioid brochure, designed to assist you in educating patients and caregivers about opioids, gives an overview of what opioid addiction is and how it has become a public crisis. Also included is helpful information on how to identify opioid misuse and how a family member can help a loved one experiencing symptoms of addiction. Please contact your PR rep to order printed copies of this brochure. More information is available at [mvphealthcare.com/opioids](http://mvphealthcare.com/opioids).

## MEDICARE UPDATES

### New Medicare Part D Star Rating Measures

**CMS announced two new Medicare Part D Star Rating measures starting with 2017 data**

- 1. Statin Use in Persons with Diabetes (SUPD) (Part D).** This Pharmacy Quality Alliance (PQA) measure is the percentage of patients between 40 and 75 years old who received at least two diabetes medication fills and received a statin medication during the measurement period. Beneficiaries with an ESRD diagnosis or coverage dates or enrolled in hospice are excluded. For the 2021 Star Ratings (based on 2019 data) the SUPD measure will carry a weight of three. Additional information on this measure may be found within NCQA HEDIS 2019 Technical Specifications Volume 2, page 169.
- 2. Statin Therapy for Patients with Cardiovascular Disease (Part C).** This measure was developed by the NCQA as part of HEDIS. It focuses on the percentage of men 21 to 75 years old and women 40 to 75 years old who were identified as having clinical atherosclerotic cardiovascular disease, and who received at least one high or moderate-intensity statin medication during the measurement year. Additional information on this measure may be found within NCQA HEDIS 2019 Technical Specifications Volume 2, page 148.

NCQA allows for the exclusion of certain conditions and symptoms that may indicate statin intolerance (such as myalgia, myositis, myopathy, or rhabdomyolysis).

For the 2021 Star Ratings (based on 2019 data) the SPC measure will carry a weight of one.



## Online Gaps in Care Reports

Register for a Provider Online Account to access the report

Closing Gaps has never been easier! Login to our secure provider online account to access claims information, member eligibility, benefits, authorizations,

and now available, Gaps in Care reports. If you have questions about registering, or our new online Gaps in Care reports, contact your MVP representative.

## MVP Provider Resource Manual: Updates Effective April 1, 2019

MVP updates provider policies and procedures in the PRM on a quarterly basis and posts them on our website. Policy updates are published 30 days in advance of the effective date to allow providers to review these policy changes. All policies are effective on the first day of each quarter

unless otherwise stated in the PRM. MVP's contracts require providers to follow all MVP policies and procedures, so it is imperative that providers review the PRM on a quarterly basis for all policy updates. To view the PRM, sign in at [mvphealthcare.com](http://mvphealthcare.com), and then select *Online Resources*.

## Keep your Online Demographics Up-to-Date

Our online form allows providers to communicate easily when they are changing or adding a new address, updating their Tax ID information, or even notifying MVP that a provider has left their

group. Providers receive a reference number after the form is submitted electronically. To access the online form, visit [mvphealthcare.com/demographics](http://mvphealthcare.com/demographics).

## CARE MANAGEMENT UPDATES

### Working together with you!

MVP offers dedicated Care Management programs to members at a variety of service levels. Drawing on the combined strength of our wellness strategists, registered nurses, social workers, respiratory therapists, physicians, pharmacists, and community health care providers, MVP offers a highly focused, integrated approach to management that promotes quality, cost-effective health care. As part of our business agreement, representatives of the MVP Care Management team will at times need to contact your practice to obtain health information and/or contact information regarding our members. To assure that we provide the best care possible, it's important that you furnish us with the requested information in a timely manner. Working together with you, our strategic partners, we ensure members with chronic conditions understand the best course of action to address their needs, and everyone understands that the emergency room is often not the best solution. Your cooperation allows us to educate members to provide the highest quality care. Sharing data and keeping the lines of communication open will help us both give members additional guidance in navigating the health care continuum.

### Reminders for Patients

Although it is best to get a flu shot prior to December, it can still help if they get one later. Remind your patients during an office visit, or if it is more convenient for them, they can get it at their local pharmacy.

For patients with diabetes, please remind them of the following tests:

- A yearly dilated eye exam is an important way to stay on top of potential problems caused by diabetes.
- A hemoglobin A1c test every two-to-three months can help reduce the risk of complications such as kidney damage and blindness.
- A urine protein test checks for early stages of kidney problems.
- An LDL level test identifies "bad" cholesterol which can contribute to plaque in the arteries.
- A foot exam helps to identify nerve damage, foot ulcers, and infections.

Healthy Practices

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## MVP in the Community

### Team MVP helps The Center for Youth in Rochester

MVP volunteered to help The Center for Youth "flip" a new house that was given to them. The Center for Youth is an organization that provides temporary housing, counseling, and development opportunities to kids, especially those from traumatic/tragic backgrounds. Ten volunteers were tasked with bringing down walls and ceilings, tearing up flooring, sweeping and vacuuming every square inch of the house.

