HealthyPractices™

MVP HEALTH CARE

A Bi-Monthly Publication for MVP-Participating Health Care® Providers

Volume 14 Number 1 | January/February 2018

New York/Vermont

In this Issue:

MVP Provider Directory

You can search the current MVP Provider Network for primary care physicians and specialists. Visit **mvphealthcare.com** and select *Find a Doctor.*

$ Un-Cashed Checks?

Visit **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**

Denise V. Gonick
President & CEO
MVP Health Care, Inc.

We welcome your comments.

HEALTHY PRACTICES
MVP HEALTH CARE
PROFESSIONAL RELATIONS DEPT
PO BOX 2207
SCHENECTADY NY 12301

mvphealthcare.com

MVPPR0001 (12/2017)

Professional Relations Updates

Provider Resource Manual Updates

This is a reminder that as of December 1, 2017, the Provider Resource Manual contains updates to various policies. To review these important updates, visit **mvphealthcare.com** and *Sign In/Register*, select *Resources*, then *Providers Resource Manual*. Updates occur on a quarterly basis.

Provider Demographic Changes

MVP makes every effort to ensure a provider's demographic information is accurate in our systems. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

Examples of status changes are:

- No longer accepting patients
- Changes of address, phone number, or tax ID number

To report demographic changes to MVP, please complete a *Provider Change of Information* form. To download the form, visit **mvphealthcare.com** and select *Providers*, then *Forms*, and then the appropriate form under *Provider Demographic Change Forms*. Please return the completed demographic change form to the appropriate email.

East New York and Massachusetts
eastpr@mvphealthcare.com

Central, Mid-State, or Southern Tier New York
centralprdept@mvphealthcare.com

Rochester
RocProviderChanges@mvphealthcare.com

Mid-Hudson New York
MidHudsonprdept@mvphealthcare.com

Vermont
vpr@mvphealthcare.com

For more information, see Section 4 of the *MVP Provider Resource Manual*.

Quality Improvement Updates

Primary Care and Behavioral Health Working Together

According to the National Institute of Mental Health (NIMH), mental disorders affect tens of millions of Americans each year, and only about half of those individuals receive treatment. Various barriers exist that prevent patients from getting the necessary care they deserve.

(Continued on page 2)

(Primary Care and Behavioral Health Working Together
continued from page 1)

Although we are making strides to bridge gaps in care, there still remains a need for a concentrated effort to integrate both mental and physical health. As far back as 1948, the first Director-General of the World Health Organization (WHO), Dr. Brock Chisholm shepherded the notion that mental and physical health were linked. Dr. Brock stated, "Without mental health there can be no true physical health."[1] The health care community is aware of the link between mental and physical health and is working on making strides in the area of health care integration. However, more work needs to done. The need for mental health professionals is stronger than ever. As our mental health practitioners are aging, current statistics predict an alarming shortage of mental health providers. The U.S. Bureau of Health Professions estimates that in 2020, 12,624 child and adolescent psychiatrists will be needed, far exceeding the projection of 8,312. Furthermore, the Institute of Medicine was cited in the American Journal of Geriatric Psychiatry (21.3, 2013) that by 2030, analysts predict that if no workforce changes are made, and current trends continue, that there will be only one geriatric psychiatrist for every 6,000 older Americans with mental illness and substance abuse issues.

The above statistics are alarming and action needs to continue not only with health care entities, but with Federal and State health care reform as well to ensure quality services are available to our members. Sarah Klein and Martha Hostetter of the Commonwealth Fund reported in 2014 that the current health care system in the United States shows that most patients with behavioral health needs are typically seen in emergency departments or primary care clinics that do not have the ability or capacity to adequately meet their behavioral health needs. Conversely, Klein and Hostetter report that behavioral health facilities are typically equipped to handle behavioral health issues but not able to support patients' medical health care needs. Data supports a strong correlation between mental illness and physical health outcomes.[2] The CDC reports that mental illness is associated with chronic medical diseases such as cardiovascular disease, diabetes, asthma, obesity, and cancer.

As our health care system, along with legislative changes and various payment reform models such as value-based care are initiated and implemented, we should look to apply changes that may help to improve the health outcomes of our co-morbid mental and physical health members.

MVP Health Care and our behavioral health partner, Beacon Health Options, are committed helping you provide quality care to your patients.

- Beacon Health Options offers primary care physician's toolkits to help with identification of behavioral health conditions, as well as next steps in treatment.
- Make sure you are aware of the names and contact information of your patient's mental health providers and that you have secured the proper authorization to release this information. Beacon Health Options provides provider authorization forms for release of information.
- Ensure that you work with your electronic medical record vendor to have age-specific screening tools embedded in your health assessment screening tools. If you have patient-specific concerns, you should schedule follow-up visits. This can be crucial to the overall health outcome of your patients. Understanding that there are resources available for emergent needs in your area will assist you in getting patients prompt care.
- Annual screening tests will assist in discovering problems before they become emergent. Doing HbA1c and cardiac screens such as cholesterol testing with patients with schizophrenia or bipolar disorder will help monitor for diabetes and cardiovascular disease.
- Evaluate your office staff resources and consider having access to a social worker that has experience with the mental health population. Be sure to have access to a pharmacist who can make quick assessments with and is prepared to discuss medication treatment options and/or provide patient education during office visits.

Sources:

[1] Bulletin of the World Health Organization; "No physical health without mental health: lessons unlearned?" 2013; 91:3-3A. doi: 10.2471/BLT.12.115063

[2] Klein, Sarah, and Martha Hostetter. The Commonwealth Fund "In Focus: Integrating Behavioral Health and Primary Care," 2014.

Care Management Updates

Care Management and Health Management Programs Accepting Referrals

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 throughout the care continuum. MVP Case Managers utilize key principles within the framework of nursing case management established by the American Nursing Association and the Case Management Society of America.

MVP's Health Management Programs focus on members with:

- Asthma
- Low back pain
- Heart disease
- COPD
- Diabetes
- Heart failure

MVP's Care Management Program Focuses on High-Risk Target Populations

Factors considered for identifying eligible members for care management include: diagnosis, cost, utilization (emergency room and inpatient admissions), and qualitative variables (social risk, support network), as well as members' willingness to participate in case management.

Case management activities also include care of members who undergo an organ transplant, have cancer, end-stage renal disease, HIV/AIDS, or experience a high-risk pregnancy. Additional factors for consideration when determining member eligibility include members who are non-adherent to the plan of care and/or members who require additional guidance in navigating the health care continuum. Members who experience a critical event or diagnosis can be referred for case management services through multiple avenues.

To make a referral to one of MVP's programs, call **1-866-942-7966**, fax **1-866-942-7785** or email **phmreferrals@mvphealthcare.com**.

Medicare Updates

MVP Health Care Named Best Medicare Advantage Plans for 2018 by U.S. News & World Report

MVP Health Care's Medicare Advantage Plans have been named Best Medicare Advantage Plans for 2018 in New York State and Vermont by U.S. News & World Report, earning a rating of 4.5 stars out of a possible five stars. MVP insures 61,000 Medicare beneficiaries in New York State and Vermont, and is among the top performing health insurance companies listed by U.S. News & World Report as consistently offering highly rated Medicare Advantage plans in multiple states.

The ratings are a resource for Medicare beneficiaries and their families searching for the best coverage options during the annual enrollment period for Medicare plans.

U.S. News & World Report used plan ratings data from the Centers for Medicare & Medicaid Services (CMS) to identify the Best Medicare Advantage Plans. CMS rates individual plans on a scale of 1 to 5 stars, factoring in member satisfaction, customer service, and other criteria. The U.S. News methodology analyzes all plans offered by an insurer in a given state. For an insurer to make the U.S. News list, its eligible Medicare Advantage plans had to earn an average rating of at least 4.5 out of 5 stars.

MVP's Medicare Advantage plans included in the Star Rating are GoldValue with Part D (HMO-POS), GoldSecure with Part D (HMO-POS), Preferred Gold with and without Part D (HMO-POS), Gold PPO with Part D (PPO), BasiCare with Part D (PPO), and WellSelect with Part D (PPO).

One of the key indicators CMS utilizes to measure member satisfaction with their health plan as well as providers is the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The survey is sent to MVP members annually to ask their opinion about health care experiences with their health plan and doctors.

MVP is pleased to report that our members have given our providers a 5 Star rating in two of the key CAHPS, "Getting Needed Care without Delays" and "Getting Appointments and Care Quickly," which contributed to our 4.5 out of five stars overall rating by Medicare and is a reflection of your commitment to quality and service for our members

MVP would like to thank all our providers for delivering quality care for our members in a timely manner.

Pharmacy Updates

2018 Formulary Changes Effective January 1, 2018

Formulary Exclusions for Commercial and Marketplace Members

These medications will require medical exception approval.

Insulins: Apidra, and all Humalog and Humulin products except Humulin U-500 will be excluded from coverage. Novolin and Novolog products will be preferred and will not require prior authorization.

Ophthalmic: Restasis will be excluded from coverage. Xiidra will be preferred and will not require prior authorization.

Plaque Psoriasis: Humira will be the preferred agent for the treatment of plaque psoriasis. Non-preferred agents Stelara and Taltz will be available for approval after failure of Humira. All other biologic disease-modifying agents for the treatment of plaque psoriasis are excluded from coverage. The status of Enbrel for other indications is not affected by this change.

Formulary Exclusions for Commercial, Marketplace, and Medicaid Members

OneTouch test strips will be preferred (quantity limit of 200 strips per 30 days still applies). All other brand of test strips will be excluded from coverage.

Cephalexin tablets, minocycline tablets, and ranitidine capsules will be excluded from coverage. Please use preferred alternatives cephalexin capsules, minocycline capsules, and ranitidine tablets.

New Clinical Edits

Drug Name	Clinical Edit
Lotronex/alosetron	Prior authorization
Horizant	Prior authorization
Prudoxin/Zonalon/ dopexin cream	Prior authorization

2018 Formulary Changes for Medicare Part D Members

For 2018 there will be a Medicare Part D Formulary for direct bill members and a separate Medicare Part D Formulary for employer group members.

The information below is not a complete list of changes. For a complete list, visit **mvphealthcare.com** and select *Members*, then *Medicare member?*, then *Drug Coverage (Part D)*.

Non-Formulary Medications Requiring a Formulary Exception Request for Direct Bill Medicare Members Only

Non-Formulary Medicaton	Formulary Alternative
Fluoxetine tablets	Fluoxetine caps
Esomeprazole caps, rabeprazole tabs	Omeprazole caps, pantoprazole tabs, lansoprazole caps
Uloric	Allopurinol
Bystolic tabs, coreg CR	Metoprolol, bisoprolol, atenolol, carvedilol
Ranitidine caps	Ranitidine tabs
Risedronate tabs	Alendronate tabs, ibandronate tabs
Xarelto	Eliquis

Non-Formulary Medications Requiring a Formulary Exception Request for Both Direct Bill and Employer Group Medicare Members

Non-Formulary Medicaton	Formulary Alternative
Zetia tabs	Ezetimibe tabs
Crestor tabs	Rosuvastatin tabs
EpiPen	Epinephrine auto-injector
Metformin ER osmotic (generic Fortamet)	Metformin ER (generic Glucophage XR)
Stelara, Otezla, Xeljanz ER, Simponi, Orencia SQ	Humira, Enbrel

Policy Updates Effective January 1, 2018

Respiratory Syncytial Virus/Synagis: No Changes

Oral Allergen Immunotherapy Medications: No Changes

Select Hypnotics: No Changes

Weight Loss Agents: Lomaira added to policy

Multiple Sclerosis Agents: Zinbryta added to policy and will require prior authorization, Ocrevus added to policy and will not require prior authorization

Xyrem: No changes

Gabapentin ER: ***NEW POLICY*** Prior authorization required for Gralise and Horizant

Benlysta: No changes

Migraine Agents: Relpax will require prior authorization

Atopic Dermatitis: New policy for Dupixent and Eucrisa

Immunoglobulin Therapy: Cuvitru added to policy

Quantity Limits for Prescription Drugs: Quantity limit of one tablet per day added to Rosuvastatin 5 and 10mg, Fluvastatin 20, 40, and 80mg, Atorvastatin 10 and 20mg, Pravastatin 10–80mg, and Simvastatin 5–40mg.

Quantity limits for Narcan Nasal removed.

Quantity limit of one dose per lifetime added to Zostavax, two doses per lifetime added to Pneumovax 23, one dose per lifetime added to Prevnar 13, and one dose per 180 days to influenza vaccine.

Hepatitis C Treatment: Vosevi and Mavyret added as preferred drugs for Commercial and Marketplace, Mavyret will now be the only preferred drug for Medicaid

Policy Updates Effective February 1, 2018

Zyvox: Policy is archived

Solodyn (minocycline): Policy will now be called Minocycline ER; all strengths of Minocycline ER tablets and capsules will require prior authorization

Doryx/Oracea (doxycycline): No changes

Government Programs Over-The-Counter (OTC) Drug Coverage: No changes

Patient Medication Safety: No changes

Compounded (Extemporaneous) Medications: No changes

Antibiotic/Antiviral (oral) Prophylaxis: No changes

Intranasal Corticosteroids: Medicaid variation updated, Momteasone Nasal is excluded from coverage

Proton Pump Inhibitor Therapy: Age edit added for First-Omeprazole and First-Lansoprazole; prior authorization will not be required for members six years of age and under

Formulary Updated for Commercial, Marketplace, and Medicaid

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

Drug Name	Indication
Triptodur	Central precocious puberty
Nuwiq	Hemophilia A
Kymriah	ALL
Bevyxxa	VTE
Mylotarg	AML
Aliqopa	AML
Duzallo	Gout
Gocovri	Parkinson's disease
Symproic	Opioid-induced constipation
Verzenio	Advanced or metastatic breast cancer
Endari	Sickle cell disease
Baxdela	Acute bacterial and skin infections
Fiasp	Diabetes mellitus
Xhance	Nasal polyps
Zilretta	Osteoarthritis
Trelegy Ellipta	COPD

Drugs Added to Formulary
Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

Vigabatrin powder
Lanthanum tabs
Carbamazepine ER 100mg
Paroxetine 7.5mg tab
Fosamprenavir tabs
Sodium phenylbutyrate
Glatiramer 40mg
Abacavir solution
Dapsone 5% gel

Drugs Removed from Prior Authorization

Kisqali
Triferic
Trulance
Xermelo
Xultophy