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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.

Get Healthy Practices by Email

Visit mvphealthcare.com and *Sign In/Register*, then select *Account Profile*, then *Communication Preferences* to enroll in MVP e-communications.

MVP Professional Relations

Vermont **1-800-380-3530**

Denise V. Gonick

President & CEO
MVP Health Care, Inc.

We welcome your comments.

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Professional Relations Updates

MVP Code of Ethics and Business Conduct Summary

MVP Health Care, Inc. (“MVP”) provides this Code of Ethics and Business Conduct Summary as part of its commitment to conducting business with integrity and in accordance with all federal, state, and local laws. This summary provides MVP’s network providers, vendors, and delegated entities (“Contractors”) with a formal statement of MVP’s commitment to the standards and rules of ethical business conduct. All MVP contractors are expected to comply with the standards as highlighted in this article.

Protecting Confidential and Proprietary Information

It is of paramount importance that MVP’s member and proprietary information be protected at all times. Access to proprietary and member information should only be granted on a need-to-know basis and great care should be taken to prevent unauthorized uses and disclosures. MVP’s contractors are contractually obligated to protect member and proprietary information.

Complying with the Anti-Kickback Statute

As a Government Programs Contractor, MVP is subject to the federal anti-kickback laws. The anti-kickback laws prohibit MVP, its employees, and contractors from offering or paying remuneration in exchange for the referral of Government Programs business.

Reviewing the Federal and State Exclusion and Identification Databases

MVP and its Government Programs contractors are required to review the applicable federal and/or state exclusion and identification databases. These database reviews must be conducted to determine whether potential and current employees, contractors, and vendors are excluded from participation in federal and state sponsored health care programs. The federal and state databases are maintained by the Department of Health and Human Services Office of Inspector General, the General Services Administration, the New York State Office of Medicaid Inspector General, and the Social Security Administration (the National Plan and Provider Enumeration System and Death Master File).

Prohibiting the Acceptance of Gifts

MVP prohibits employees from accepting or soliciting gifts of any kind from MVP’s current or prospective vendors, suppliers, providers, or customers that are designed to influence business decisions.

Detecting and Preventing Fraud, Waste, and Abuse (FWA)

MVP has policies and processes in place to detect and prevent fraud, waste, and abuse (“FWA”). These policies outline MVP’s compliance with the False Claims Act and other applicable FWA laws and regulations. These laws and regulations prohibit MVP and its contractors from knowingly presenting or causing to present a false claim or record to the federal government, the State Medicaid program, or an agent of these entities for payment or approval. Contractors may access MVP’s policy for Detecting and Preventing FWA online by visiting mvphealthcare.com and selecting *Providers*,

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then *Reference Library*, then *Learn about MVP Policies*. The MVP Special Investigations Unit (“SIU”) is instrumental in managing the program to detect, correct, and prevent FWA committed by providers, members, subcontractors, vendors, and employees. The SIU maintains a toll-free, 24-hour hotline at **1-877-835-5687**, where suspected fraud and abuse issues can be reported directly by internal and external sources.

Providing Compliance Training and Fraud, Waste, and Abuse (FWA) Training

MVP’s contractors who support its Medicare products and are first tier, downstream, or related entities are required to provide general compliance training and FWA training to their employees, subcontractors, and downstream entities. The Centers for Medicare & Medicaid Services (“CMS”) provides a Medicare Parts C and D FWA and general compliance training program. This online program is available through the CMS Medicare Learning Network. Entities who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare Program or through accreditation as a supplier of Durable Medical Equipment, Prosthetics/Orthotics, and Supplies are deemed to have met the FWA training requirement. However, these entities must provide general compliance training. To prevent and detect FWA, all MVP contractors should provide compliance and FWA training to their employees, subcontractors, and downstream entities upon hire, annually, and as changes are implemented.

Reporting Suspected Violations

MVP provides an Ethics and Integrity Hotline for reporting suspected violations of the Code or of its legal requirements. The Ethics and Integrity Hotline is available for employees, vendors, and contractors to report suspected violations anonymously by calling **1-888-357-2687**. EthicsPoint manages MVP’s confidential reporting system and receives calls made to the Hotline. EthicsPoint triages reports in a secure manner to MVP’s Compliance Office. The Compliance Office promptly and thoroughly investigates all allegations of violations. All MVP contractors are required to report actual or suspected non-compliance and FWA that impacts MVP using the hotlines referenced above. Contractors are protected from intimidation and retaliation for good faith participation in the MVP Compliance Program.

Authorizations and Status

Using the eviCore healthcare web portal is the quickest, most efficient way to initiate authorizations and check the status of an existing case.

From the web portal, you can:

- Create an authorization request in minutes
- Access information 24/7
- Save your progress
- Print information

Visit **evicore.com** and select *Providers*, then *Register* to begin initiating authorizations online.

Website Reminder

In the Fall of 2016, MVP refreshed the look and feel of the MVP Health Care website. In addition, MVP is continually updating the information on the website to keep providers and members up-to-date on everything they need to know when working with MVP. If you had saved webpage bookmarks within **mvphealthcare.com** prior to the release of our new website, you are not accessing the most up-to-date information for MVP providers. Please make sure to remove any previous browser bookmarks to **mvphealthcare.com** webpages. In addition, it is recommended that you do not continue to bookmark pages within the **mvphealthcare.com** website in case additional updates to the website are made.

The Centers for Medicare & Medicaid Services (CMS) Benefits and Beneficiary Protections for MVP Medicare Advantage Members

When an MVP Medicare Advantage member receives items and services through referrals by an MVP contracted doctor to a non-contracted doctor, also known as Plan Directed Care, CMS expects that the contracted doctor will coordinate with MVP before making that referral. This is an important step to make sure MVP members are getting medically necessary services covered by MVP’s Medicare Advantage Plan. If a contracted provider is not certain what is covered, they must request a pre-service organization determination by calling **585-325-3114** or **1-800-684-9286** prior to referring the member to a non-contracted provider.

In 2017, MVP will work with contracted providers to review data obtained through claims that have been referred to non-contracted providers for ongoing education.

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.

Vermont

vpr@mvphealthcare.com

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

Medicaid Program Updates

Breastfeeding

MVP recognizes the importance of breastfeeding babies and we are committed to ensuring that breastfeeding support is available for every mom and baby we cover. MVP partners with a breastfeeding education and support program, Corporate Lactation Services. Through this relationship, MVP is able to offer nursing mothers breastfeeding equipment and access to board certified lactation consultants 365 days-a-year. This support program includes outreach calls placed at specific times to provide mothers with information appropriate for the age of the infant/baby. Members can call with questions or concerns until weaning.

All of these services are offered at no additional charge to our members. To enroll, members can visit corporatelactation.com and select *Subsidy Login*, then enter the pass code *MVP2229* or call **1-888-818-5653**.

Smoking Cessation—An Intervention Whose Time is Here

Recent data has shown a reduction in tobacco smoking over the past several years. However, many of your patients, including teenagers, continue to smoke. Helping them quit may be the most important thing you can do for them. Medical literature clearly supports the importance of physician intervention in getting patients to quit and new programs are available to assist in accomplishing this goal.

There are many barriers to getting a smoker to quit. One problem is that many of the ads and brochures focus on complications of smoking that will not occur until later

in life. Teenagers and twenty-somethings are notorious for their sense of invincibility and a lack of concern for what may happen in the far future. It is important when communicating with them to point out the more immediate effects that may impact them sooner. This includes the effects of smoking on appearance, such as stained teeth and yellow fingers, and increased susceptibility to infections, such as pneumonia. It also increases the risk of Type 2 diabetes and may lead to an increased rate of progression in individuals with Type 2 diabetes.

Another factor that may catch the attention of younger smokers is the effect of vasoconstriction on sexual function and fertility. Smoking contributes to the rise of impotence in men and to reduced responsiveness and achievement of orgasm in both men and women. In addition, it may contribute to infertility in women and can increase the risk of pre-term birth, birth defects, and low birth weight during pregnancy, and the risk of otitis, respiratory infections, and Sudden Infant Death Syndrome (SIDS) in newborns and infants.

The longer term effects, which may bear mentioning, include increased risk of lung disease, heart disease, and stroke as well as many types of cancers, including lung, throat, head and neck, colorectal, cervical, blood, pancreas, and kidney. If the risk of lung cancer is not enough to get their attention, maybe the long list of cancers will. It may also help to mention that the risk of dying is three times higher in smokers.

Advise your patients that free support is available from the New York State Smokers' Quitline at **1-866-NY-QUITS** (697-8487) or nysmokefree.com. MVP wants to help you keep your patients healthy.

Caring for Older Adults

Preventing the Elderly from Falls

According to the Centers for Disease Control and Prevention (CDC), approximately one in four individuals age 65 or older sustain a fall each year, but fewer than half talk to their health care practitioner about it. This is an important topic of discussion with the elderly. Falls can be largely prevented and injuries such as hip fractures and head trauma reduced. There are several key actions you can take to help your elderly patients reduce the risk of falling:

- Encourage regular exercise—discuss an exercise program with the patient that focuses on increasing leg strength and balance.
- Review medications for those that may cause drowsiness or dizziness as a side-effect or in combination with other medications.
- Ensure they have their vision checked and eyewear adjusted appropriately.
- Discuss tripping/slipping hazards in the home and ways to eliminate them.

Additionally, maintaining strong bones is an important part of reducing fracture risk. Tips to discuss with your patients include:

- Eating a well-balanced diet that contains lots of fruits and vegetables, dairy, and fish, and includes adequate amounts of total calcium intake (1,000 mg per day for men ages 50–70; 1,200 mg per day for women age 51 and older and men age 71 and older).

Consider incorporating dietary supplements if diet is insufficient.

- Quitting smoking, as this can further reduce bone density.
- Avoiding excessive alcohol use—heavy use is defined as more than two drinks per day for men and more than one drink per day for women.

MVP offers several free tools to assist practitioners in fall prevention. The MVP Provider Quality Improvement Manual (PQIM) includes:

- Prevention and Treatment of Osteoporosis Guideline from the National Osteoporosis Foundation (NOF)
- FRAX World Health Organization Fracture Assessment Tool
- Medications Considered High-Risk in Adults—this document includes medications that should be used with caution in the elderly. Included in this list are medications that may pose additional fall risk as well as possible alternatives.
- Fall Prevention Brochure that can be given to patients.

To access the PQIM visit mvphealthcare.com and select *Providers*, then *Provider Quality Improvement Manual* under *Quality Programs*. The aforementioned tools can be found in the Caring for Older Adults section.

The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Important Facts about Falls. Accessed March 20, 2017 at cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html.

Quality Improvement Updates

The Importance of Well Child Visits

As you already know, childhood is the time in life that we see the most rapid change and growth. Therefore it's imperative that children receive frequent well child visits to assess their early development. During these assessments, it is important to conduct physical examinations, as well as assessments of a child's growth and development.

Important milestones you should focus on for the first 15 months of a child's development and beyond include:

- Children must have five or more visits completed by their 15 month birthday.

- Childhood immunizations must be completed by the child's second birthday.
- Lead screening must be completed by the child's second birthday.
- Adolescent immunizations must be completed by the thirteenth birthday.

All of the above visits should be scheduled prior to the child's birthday. MVP does not require well visits to be 366 days apart. A new calendar year equals a new well visit.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Chart documentation for all members ages 3–17 must show evidence of:

- BMI percentile
- Counseling for nutrition
- Counseling for physical activity

Adolescent Preventive Care (APC)

Chart documentation for all members ages 12–17 must show assessment, counseling, or education focusing on:

- Risk behaviors and preventive action associated with sexual activity
- Depression
- Risks of tobacco usage
- Risks of substance use, including alcohol

By sticking to these milestone assessments, a child is more likely to remain healthy during their early development and beyond. Throughout the continuous engagement with your members and their families, it is more likely that you will retain them as patients for a long and healthy lifetime, as well as stay on course with meeting your quality measures.

Annual Notices for MVP Health Care Providers

As part of our commitment to the accreditation standards of the National Committee for Quality Assurance (NCQA), and to comply with state and federal government regulations, MVP publishes an annual summary of important information for practitioners and providers.

This notice includes the following topics:

- MVP's recognition of members' rights and responsibilities
- Complaints and appeals processes
- Confidentiality and privacy policies, including measures taken by MVP to protect oral, written and electronic PHI
- Medical management decisions
- Pharmacy benefit management
- Transition of patient care
- Emergency services
- Assessment of technology
- Medical record standards and guidelines
- Information about the MVP Quality Improvement Program
- Reporting suspected insurance fraud and abuse

- MVP's stance on physician self-treatment and treatment of immediate family members
- MVP's efforts to meet members' special, cultural, and linguistic needs

To access the *Annual Notices for MVP Health Care Providers*, visit mvphealthcare.com and select *Notice of Privacy Practices & Compliance* at the bottom of the homepage. If you would like to receive a printed copy of this information, please call Professional Relations at the phone number shown on the front page of this newsletter.

HEDIS/QARR and CAHPS Measure Spotlight

Healthcare Effectiveness Data & Information Set (HEDIS) is a nationally recognized set of health care quality measures that contribute significantly to MVP's National Committee for Quality Assurance (NCQA) accreditation score. MVP collects HEDIS data from claims information and by chart review in many offices across our service area. MVP monitors its performance in these measures on an ongoing basis and submits results to NCQA annually.

The state and federal government also monitor these measure results to assess the quality of care that the members of health plans receive from their contracted physicians. The CMS Star Rating Program and state Quality Assurance Reporting Requirements (QARR) programs are two examples.

Information on Select HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures

Medication Reconciliation Post-Discharge (MRP): This measure is one of the clinical quality indicators that CMS includes in the Star rating program for Medicare Advantage plans.

The MRP measure shows the percentage of Medicare members (ages 18 and older) who had an acute or non-acute inpatient discharge and had a medication reconciliation review completed and documented within 30 days of discharge.

Medication Reconciliation is defined as:

- A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.

Examples that meet criteria:

- Documentation of the current medications with a notation that references the discharge medication(s) (e.g., no changes in medications since discharge,

same medications at discharge, discontinue all discharge medications).

- Documentation of the member’s current medications with a notation that discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list, and notation that both lists were reviewed on the same date of service.
- Notation that no medications were prescribed or ordered upon discharge.

The following documentation must be included in the chart:

- Evidence of medication reconciliation (current versus discharge medications) and the date it was performed.
- Reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, or registered nurse on the date of discharge through 30 days after discharge.

Note: Only documentation in the outpatient chart meets the intent of the measure, but an outpatient visit is not required (it can be done over the phone).

Measure Codes Volume 2 for Measure ID MRP

Measure Name	Value Set Name	Code	Definition	Code System
Medication Reconciliation Post-Discharge	Medication Reconciliation	1111F	DSCHRG MED/CURRENT MED MERGE	CPT
Medication Reconciliation Post-Discharge	Medication Reconciliation	99495	TRANS CARE MGMT 14 DAY DISCH	CPT
Medication Reconciliation Post-Discharge	Medication Reconciliation	99496	TRANS CARE MGMT 7 DAY DISCH	CPT

Major 2018 HEDIS Changes

One HEDIS measure will have a significant change from the last HEDIS reporting year that we want to bring to your attention.

Follow-up After Hospitalization for Mental Illness (FUH)

Visits on the date of discharge will no longer count as numerator compliance for this measure. NCQA’s rationale for this change includes the fact that an encounter on

the date of discharge should be viewed as an effort to support the patient and improve the likelihood of receiving timely follow-up care. Visits that take place on the date of discharge should not be the only follow-up care patients receive and would not be considered good quality of care on its own; therefore, not meeting the intent of the measure.

Medical Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the March meeting. Some of the medical policies may reflect new technology while others clarify existing benefits. *Healthy Practices* and/or *FastFax* will continue to inform your office about new and updated medical policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the *Benefits Interpretation Manual (BIM)*. To access the *Benefits Interpretation Manual*, visit mvphealthcare.com and *Sign In/Register*, then select *Resources*. 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 MVP Professional Relations Representative.

Medical Policy Updates Effective June 1, 2017

Air Medical Transport: The Exclusion section of the policy was updated to include that air ambulance service is not covered for transport to anyplace other than an acute treatment facility, such as the member’s home or a physician’s office.

Breast Reduction Surgery (Reduction Mammoplasty):

There are no changes to the medical policy criteria or indications.

Cardiac Output Monitor by Thoracic Elec Bioimpedence:

There are no changes to the medical policy criteria or indications.

Endovenous Ablation of Varicose Veins: The requirement that a member not stand or sit for extended periods

of time has been removed as an indication from the medical policy. Endovenous mechanochemical catheter is considered experimental/investigational, and therefore is not covered. Anticoagulation therapy Endovenous mechanochemical catheter was added to the exclusions section of the medical policy.

Laser Treatment of Port Wine Stains: There are no

changes to the medical policy criteria or indications.

Obstructive Sleep Apnea: Diagnosis: There are no changes to the medical policy criteria or indications.

Oxygen Therapy for Treatment of Cluster Headaches: There are no changes to the medical policy criteria or indications.

Pharmacy Updates

TransactRx

Providers can bill Medicare Part D vaccine claims electronically using TransactRx. This service is available at no cost and will provide real time claim processing for in-office administered vaccines. TransactRx will give you the ability to verify the member's eligibility and benefits, provide the member's out-of-pocket expense, and receive reimbursement information in real-time. Reimbursement will be according to the MVP reimbursement schedule and Part B covered vaccines (e.g., influenza, pneumococcal) cannot be billed through TransactRx. For additional information, contact TransactRx at **1-866-522-3386** or visit **transactrx.com**.

Diltiazem Coverage for Medicare Part D Members

The generic for Tiazac 360mg-diltiazem capsules 360mg/24 hr and Taztia XT 360mg are covered on the Medicare Part D Formulary for 2017. Cardizem CD 360mg and its generic-diltiazem capsule 360mg CD are non-formulary and would require a formulary exception for coverage.

Policy Updates Effective May 1, 2017

Onychomycosis: No changes to this policy.

Diclofenac (topical) Products: Solaraze 3% gel (brand and generic) will now require prior authorization for Commercial members.

Valchlor: No changes to this policy.

Psoriasis Drug Therapy: Taltz added to policy. Stelara moved from medical to pharmacy benefit. Enbrel now covered for patients over 4 years of age for psoriasis.

Lidocaine (topical) Products: No changes to this policy.

Cosmetic Drug Agents: Perlane, Restylane, Tri-Luma, Botox Cosmetic, Juvederm, Kybella, and Avage added to policy.

Select Oral Antipsychotics: Nuplazid added to policy.

Co-pay Adjustment for Medical Necessity: Added language regarding backdate requests to exclusion criteria.

Medicare Part B vs. Part D Determination: Epoprostenol and treprostinil added to infusion pump medications covered under Part B when administered in the home using an infusion pump.

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
Spinraza	Spinal muscular atrophy
Rubraca	Ovarian cancer
Eucrisa	Atopic dermatitis

Drugs Added to Formulary

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace
Lopinavir-ritonavir sol

Drugs Removed from Prior Authorization

Xiidra	Bevespi Aerosphere
Byvalson	Qbrexis



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