

Healthy Practices

A quarterly publication for MVP Health Care[®] providers.

Integrated Health Initiative is Transforming Care

MVP Health Care® (MVP) is excited to announce a new Integrated Health initiative, which involves insourcing all behavioral health services, including network contracting, utilization management, case management, and claims payment for our New York products across all lines of business beginning in early 2020.

By bringing the management of these functions into integrated care services, we will greatly enhance the support providers receive, and will improve MVP members' health. As a result, we will discontinue our relationship with Beacon Health Options.

Since 2009, Beacon Health Options has administered behavioral health services, which includes mental health and substance use disorders, for MVP members in New York. When we assume the administration of all services in 2020, pending regulatory approval, MVP members will benefit from a newly established, comprehensive, and engaged behavioral health network, including personalized service and support. Health care providers will benefit from a new structure that lets them treat their patients holistically, and that streamlines reimbursements.

We are working collaboratively with Beacon Health Options to ensure that all areas of care delivery are transitioned seamlessly, with continuity of care for MVP members being a primary focus. Through the remainder of this year, as we build our own behavioral health network comprised of Beacon's current providers and other services deemed essential to our Integrated Health vision, members' current 2019 benefits will not be affected.

"At MVP Health Care, we are committed to providing our members with the highest quality of care, and in order to achieve this, we believe all health care should be integrated," said MVP Health Care's President, Christopher Del Vecchio. "A person's physical and mental health are of equal importance and should be treated as such. MVP is leading the way by taking a proactive step toward creating a new model of integrated care that makes a positive difference in people's lives and builds healthier communities.

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health insurance built around



We welcome your comments.

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Customer Care Center for Providers

1-800-684-9286

A fragmented care delivery system has kept behavioral health and medical care apart, and as a result, has lost sight of the fact that behavior often drives the morbidity of medical conditions. Fragmentation also contributes to poor accessibility, less robust clinical outcomes, and higher medical costs.

...MVP is leading the way by creating a new model of integrated care that makes a positive difference in people's lives and builds healthier communities.

For questions about MVP's Integrated Health initiative, please contact your Professional Relations (PR) representative.



MVP Health Care Names Christopher Del Vecchio New CEO

MVP recently announced that Denise Gonick will step down as CEO at the end of the summer. Christopher Del Vecchio, MVP's current President and Chief Operating Officer, was named MVP's next CEO, a role he will assume on September 1, 2019.

Del Vecchio began working for MVP in 2014 as Executive Vice President of Strategy and Innovation. In that role he was responsible for guiding strategic planning as well as business and corporate development. In 2016, he was promoted to Chief Operating Officer where he continued driving MVP's strategic goals while also focusing on identifying emerging trends and developing new initiatives for the company. Del Vecchio helped to secure MVP's strong financial stability and performance, including expansions of MVP's commercial and public programs portfolio in New York and Vermont. In June 2018, Del Vecchio was again recognized for his contributions to the organization by being promoted to President and COO.

Regarded as an innovator and strategist, Del Vecchio had a successful career as an entrepreneur and consultant in health care and technology prior to joining MVP. He holds a B.S. in Pharmacy from Albany College of Pharmacy and an M.B.A. from Union College with a specialization in Health Systems. Drawing on his prior professional background as a CEO for both pharmacy benefit management and health technology companies has given Del Vecchio a unique advantage in the constantly evolving health care industry. In his time at MVP, Del Vecchio has been instrumental in focusing the organization on creating a balanced, high-performing portfolio of insurance products while also driving MVP to pursue technology initiatives focused on the future.

Gonick, who has been with MVP for 24 years and lead the organization as CEO for the past seven, will continue her work on corporate boards and will focus on entrepreneurial pursuits, expanding her family's existing efforts to support social mission ventures, and back a variety of philanthropic and business-related causes that align with these objectives.

Her signature accomplishments as CEO include leading MVP through the difficult political environment surrounding the adoption and subsequent scaling back of the Affordable Care Act. She also spearheaded the acquisition of Hudson Health Plan in 2013, securing MVP's position as a market leader in upstate New York. Under Gonick's leadership, MVP's robust expansion was recently noted as it is now ranked as the second largest company based in the Capital Region according to the *Albany Business Review*.

MVP Welcomes Dr. Bruce Himelstein as Chief Medical Officer

MVP is pleased to announce the appointment of Bruce Himelstein, MD, MBA, FAAP, FAAHPM, as Chief Medical Officer. Dr. Himelstein will lead MVP's medical management strategy by implementing policies and programs to improve outcomes for our members and continue to build healthy communities.

"Bruce is a highly accomplished, forward-thinking health care executive with a dynamic track record," said Christopher Del Vecchio, MVP's President and Chief Operating Officer. "He is an innovator who will build upon our clinical strategies and programs to cultivate positive results."

Dr. Himelstein joins MVP with over 25 years of leadership in clinical medicine, education, research, and strategic program design. He most recently served as the senior executive medical director for government solutions at the Health Care Service Corporation, a privately held non-profit Blue Cross plan in Chicago, IL. Dr. Himelstein began his career as a pediatric oncologist at the Children's Hospital of Philadelphia and after years of clinical practice, research,

and accolades, he made a career change to executive roles in various managed care organizations.

Dr. Himelstein earned his bachelors from Harvard University, his Doctor of Medicine from New York University School of Medicine, and his executive MBA from the University of South Florida. Welcome Bruce!



The Quality Corner

MVP remains dedicated to our most fundamental promise, which is to ensure that our members have access to quality health care and that their needs are met. Our vision is to create healthier communities and with your help, we hope to improve member health and work with you to close Gaps in Care (GIC). *The Quality Corner* lets you know what quality measures we are focusing on each quarter so you can be prepared for member calls, questions, or even additional appointments.

August and September Focus

Back to school will be here before you know it, which means it's time for children and adolescent well visits, along with age-appropriate immunizations. August is Immunization Awareness Month, so we are concentrating on Immunizations for Adolescents (IMA) and for Childhood Immunization Status (CIS). This will help improve Adolescent Well-Care Visits (AWC) and Well-Child Visits for 3rd, 4th, 5th, and 6th years of life (W34) measures. While the children are in the office, be sure to ask their parents/caregivers about dental visits. MVP has produced memberfacing educational pads about the importance of Well-Child Visits. To order your free pads, please speak with your PR representative today.

September 8–14th is National Suicide Prevention week and September 10th is World Suicide Prevention Day. Be sure to evaluate your adolescent (16- to 20-year-old) population for sexual activity, and conduct necessary Chlamydia Screenings, as September is also National Sexual Awareness Month. Lastly, childhood obesity is a prevalent issue in the United States, so with September also National Childhood Obesity Awareness month, you can help with the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) measure by conducting a weight assessments and counseling for nutrition and physical activity for children and adolescents.

Screenings and Prevention

According to the American Heart Association (AHA) nearly half of U.S. adults have high blood pressure (BP) and 45.6% of those with high BP do not have it controlled. The AHA's 2017 Hypertension Clinical Guidelines gives clinicians access to a blood pressure toolkit that provides education and resources fostering effective communication with their patients about BP. MVP is focusing on the CBP measure for Controlling High Blood Pressure. Assess your patients and ensure that your documentation is clear for monitoring for blood pressure control. MVP has produced member-facing educational pads about high blood pressure and hypertension. To order your free pads, please speak with your PR representative today.

September is also National Cholesterol Screening Month, so as you monitor your patients who are at risk for cardiovascular disease, consider both adult and children. The CDC reports more than 1 in 5 youth ages 6 to 19 have an unhealthy cholesterol reading and 95 million U.S. adults age 20 or older have high cholesterol. Please also monitor your diabetic patients and your patient with known Schizophrenia, and screen for cardiovascular disease.

Preventive Care Reminders

The Quality Improvement department at MVP sent out a mailer in early May 2019 to women and parents of children who may be overdue for important health screenings and/or doctor visits. The objective of this mailing was for members to have their screenings and visits completed prior to December 31, 2019. Members were asked to call their doctors to schedule or ask about their screenings.

Resource Focus

Provider Resource Manual Now Easier to Access

MVP has made it even easier for you to review our payment policies, operational procedures, plan type offerings, and clinical programs. The newly redesigned Provider Resource Manual (PRM), which is now available pre-login at **mvphealthcare.com/PRM**, has improved search functionality and has been streamlined to increase usability. The PRM's purpose has always been to enhance and reinforce the understanding of the roles and responsibilities of MVP providers. In turn, this will help ensure that members' needs are met within the health care coverage provided by their MVP health benefits contract. Updates are posted 30 days prior to when new policies take effect, so be sure to check back often.

Provider Quality Improvement Manual on **mvphealthcare.com**

MVP is committed to ensuring that our members and providers alike are satisfied with the products, services, and information we provide. *The Provider Quality Improvement Manual* (PQIM) contains documents and links to information on condition-specific topics such as Adolescent Health, Cardiac Care, Antibiotic Usage, Diabetes, and Preventive Health, to name just a few. Each of these sections contains further information about clinical guidelines, supporting tools for clinicians, and useful information for members. This resource is a virtual one-stop-shop of educational information at all levels.

Prevention can go a long way to help our members stay healthy, so we encourage them to be diligent...

Prevention can go a long way to help our members stay healthy, so we call and write them to encourage them to be diligent with routine doctor visits and recommended screenings. We also produce member newsletters that are disease specific for asthma, diabetes, heart disease, and heart failure along with COPD. In addition, MVP has produced member-facing educational pads containing a preventive care checklist for men, women, and adolescents. To order your free pads, please speak with your PR representative today. Visit the PQIM at **mvphealthcare**. **com/PQIM** to review these valuable resources for both you and your patients.

Register for a Provider Online Account Today

Registering has never been easier! The benefits of our secure online provider account include access to claims information, member eligibility, benefits, authorizations, and now available, Gaps in Care reports.

Good news! We've simplified the process to obtain access

to your online account. Visit **mvphealthcare.com/register** today to access the Gaps in Care Report, which can now be downloaded at your convenience.

Questions about our new online registration process? Contact your PR representative.



Pharmacy Policy Updates

EFFECTIVE JUNE 1, 2019

Added Dupixent therapy based on updated indications: eosinophilic phenotype moderate-to-severe asthma, oral corticosteroid-dependent moderate-to-severe asthma • Asthma, Select Agents

Added involved site radiation therapy (ISRT) as a possible

criterion for Valchlor based on updated NCCN guidelines • Valchlor

- vateritor
- Added Tibsovo

 Orphan Drugs and Biologicals
- Orphan Drugs and Diole

Archived

- Agents for Hypertriglyceridemia
- New Policy
- Parsabiv
- Eskata
- New policy for retrospective claims only
- Colony Stimulating Factors
- Erythropoiesis Stimulating Agents

No Changes

- Cosmetic Drug Agents
- Diclofenac (topical) Products
- · Lidocaine (topical) Products
- Onychomycosis
- Topical Agents for Pruritis
- Xiidra (Medicaid and HARP)

Removed Eucrisa from prior authorization

Atopic Dermatitis

FORMULARY UPDATES FOR COMMERCIAL, MARKETPLACE AND MEDICAID

New Drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid)

	DRUG	INDICATION
	Krintafel	Anti-malarial
	Andexxa	Recombinant modified human factor Xa (FXa) protein indicated for patients treated with rivaroxaban or apixa-ban
	Elzonris	CD123-directed cytotoxin for the treatment of blastic plasmacytoid dendritic cell neoplasm (BPDCN)
	Dsuvia	Management of acute pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate; not for home use
	Motegrity	A serotonin-4 (5-HT4) receptor agonist indicated for the treatment of chronic idiopathic constipation
	Gleolan	An optical imaging agent indicated in patients with glioma
	Tuxarin ER	A combination of codeine phosphate, an opiate agonist anti-tussive, and chlorpheniramine maleate, a histamine-1 (H1) receptor antagonist
	Bijuva	A combination of an estrogen and progesterone indicated for menopause symptoms

Colony Stimulating Factors

• Increasing QL of Modafinil to 60 per 30 days

DRUGS ADDED TO FORMULARY

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

- Acyclovir Cream (generic Zovirax) Excluded for Medicaid
- Albuterol HFA (generic Ventolin/ProAir)
- Buprenorphine-naloxone film (generic Suboxone)
- Cinacalcet (generic Sensipar)
- Sevelamer (generic Renagel)
- Toremifene (generic Fareston)
- Vigabatrin (generic Sabril)

DRUGS EXCLUDED FROM THE FORMULARY EFFECTIVE JUNE 1, 2019

- Kapspargo Sprinkle
- Plenvu
- Chlorzoxazone 250mg
- High cost vitamins-Tronvite

MEDICAID FORMULARY UPDATES

- Trintellix, Entresto, and Diclegis (with QL) added to the formulary
- PA removed for Eucrisa, Omega-3-Acid, Vascepa, Lovaza
- Modafinil QL increased to 60 tablets per 30

Medical Policy Updates

EFFECTIVE APRIL 1, 2019

- Blepharoplasty/Browlift/Ptosis Repair: Lower lid blepharoplasty for entropion/ectropion is no longer being reviewed.
- Cardiac Procedures: The transcatheter closure of patent formaen ovale policy will be archived and added to this policy. The Lariat suture and Watchman device have been added to the exclusions section.
- Deep Brain Stimulation: Criteria for the replacement and revision of deep brain stimulator generator or battery and electrode have been added. Clarification was added to state that this is only covered for Parkinson's disease and essential tremor.
- Dental Care Services Facility Services: NYS Medicaid regulations regarding dental anesthesia and related services have been added.
- Genetic Molecular Testing: Exclusions section has been updated to list new proprietary genetic tests that are considered emergent technology without supporting literature.
 High Frequency Chest Wall Oscillation Devices: The vest is now covered for any age; there is no age requirement to qualify for treatment with these devices.

state that jaw stretching devices are covered for Medicare products.

- Obstructive Sleep Apnea Devices: Custom oral appliances are covered for mild to moderate OSA when ordered by a physician specializing in sleep medicine and only after a failed trial of CPAP/BIPAP.
- Phototherapy, Photochemotherapy, Excimer Laser Therapy: Home UVB cabinets will now be covered when medically necessary, when greater than 10% of the body is impacted, a 6-foot UVB panel is not sufficient, and treatment has been extended past 30 office visits.
- Sinus Surgery-Endoscopic: An explanation of Eustachian tube dilation was added to the policy. This procedure is not covered as experimental and investigational, citing a Hayes rating of D2 due to not being recognized in peer reviewed medical literature. MVP's position is consistent with other insurers.

MEDICAL POLICY UPDATES EFFECTIVE JUNE 1, 2019

- Hyperbaric Oxygen Therapy (HBO) and Topical Oxygen Therapy: There are no changes to the medical policy criteria or indications for hyperbaric oxygen. Indications are consistent with Medicare and Medicaid criteria. The wording regarding coverage for radiation necrosis and osteoradionecrosis (ORN) has been clarified.
- Investigational Procedures, Devices, Medical Treatments, and Tests: The AngelMed Guardian System for intracardiac ischemic monitoring is considered investigational.
- The AngelMed® Guardian System (Angel Medical Systems, Inc., Shrewsbury, NJ) is an intracardiac ST segment electrogram device currently being manufactured as an intracardiac ischemic monitoring system (C9750). The Guardian detects acute ischemic events by analyzing ST-segment shifts which are typically identified by electrocardiography (ECG) in the emergency room setting after the onset of symptoms, such

Acoustic radiation forced impulse (ARFI) is considered experimental and investigational for distinguishing hepatic cirrhosis from non-cirrhosis in persons with hepatitis C and other chronic liver diseases.

Orthotic Devices: A statement has been added to explain foot orthotics are not covered unless a member's contract has the specific foot orthotic coverage. We have added an explanation that if a product excludes coverage for foot orthotics, it is not covered, and medical policy criteria do not apply. An indication was added in the Medicare variation explaining that foot orthotics are not covered unless attached to a brace. It was clarified that elastic or fabric made support garments are excluded from coverage because they do not meet the definition of durable medical equipment. Myoelectric upper extremity orthotic devices (L8701, L8702) such as the MyoPro (Myomo Inc.) and Wearable

- Imaging Procedures: DAT Scan and Intravascular Ultrasound are no longer considered investigational. This decision was reached after a review of the literature.
- Mechanical Stretching Devices: A Medicare variation was added to

IN-OFFICE PROCEDURE LIST UPDATE

 The MVP In-Office Procedure List has been reviewed, updated, and is effective July 1, 2019. This list describes the procedures that are typically appropriate to do in office setting by participating providers. Prior authorization is required if a provider feels that the procedure on the list is medically necessary to be done in a setting other than the office (i.e. ambulatory surgical center, inpatient, etc.). Please login to your provider account at mvphealthcare.com to see what codes have been added.

- Skilled Nursing Facility Services: This policy will be archived.
- Therapeutic Footwear for Diabetics: No changes were made to indications/ criteria. The exclusions section was expanded to state that deluxe features are not covered.
- Transcatheter Closure of Patent Foramen Ovale: This policy will be archived as it has been combined with the Cardiac Procedures policy.

after the onset of symptoms, such as chest pain, shortness of breath, nausea, diaphoresis (sweating), etc. Intracardiac ischemia monitoring is considered investigational and not medically necessary for all indications including, but not limited to, detection of acute myocardial ischemic events.

- An exclusion was added for Corneal Cross-Linking (CXL) for Treatment of Keratoconus (0402T, J3490).
- MVP determined that Corneal Cross-Linking for Treatment of Keratoconus is considered investigational due to insufficient evidence in peer reviewed literature regarding the efficacy and safety of CXL for the treatment of patients with progressive keratoconus.
- Non-Invasive Liver Fibrosis Testing: NEW POLICY Non-invasive liver fibrosis testing is covered according to the indications/criteria section of the policy. There are coverage specifications for serum biomarkers and transient elastography. Performance of these tests is excluded for monitoring hepatic fibrosis in persons with hepatitis C or other chronic liver diseases.

- Robotic Exoskeletons [e.g., ReWalk Personal System (ReWalk Robotics)] are considered investigational.
- Serological Testing for Inflammatory Bowel Disease: This policy explains how testing for therapeutic drug monitoring in patients with active inflammatory bowel disease (IBD) being treated with an anti-TNF agent is covered. Testing of serologic, genetic and inflammation markers for Inflammatory Bowel Disease (IBD) prediction and differentiation is excluded from coverage.
- Sinus Surgery–Endoscopic: An explanation of Eustachian tube dilation was added to the policy. MVP considers Eustachian Tube Balloon Dilation (ETBD) systems (69799) investigational as it is not identified as widely used or generally accepted for the proposed use as reported in nationally recognized peer-reviewed medical literature and there is insufficient evidence of its effectiveness.
- Substance Use Medication Management: There are no changes to the medical policy criteria or indications.

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PROFESSIONAL RELATIONS PROFILE Say Hello to Jill Rock, One of Our Newest Professional Relations Representatives

In her words:

"I have been working in the health care arena for almost 18 years. Now, I am thrilled to be part of MVP! I started with MVP on September 24th, 2018 as a Professional Relations Representative. I enjoy being on the road and exploring beautiful VT and upstate NY, meeting providers and office staff, and ensuring them that they have a resource to help assist with claims, credentialing, contracting, etc. Each region has exceptions and differences, which makes them unique. I have been grateful for such amazing colleagues who never hesitate to help. Although my time here at MVP has been short, I really look forward to growing and seeing where this role will take me. I am thankful for the wonderful and knowledgeable people I work with. I am finding we are all learning together every day!"

Jill serves the following counties: (In NY) Clinton and Essex. (In VT) Addison, Orleans, Orange, Franklin, Essex, and Grand Isle.

myVisitNow[®] 24/7 Online Doctor Visits

Online Visits Can be the Best Choice for Your Patients

When it comes to your patients, no one understands their overall health better than their Primary Care Physician. However, sometimes they need more options and greater access to care when the office is closed or they're traveling. **myVisitNow** is a great resource for your patients, and they should be encouraged to join the thousands of other MVP members who use it.

Not All Care is Equal

You may have some patients that are high utilizers of the Emergency Department. These individuals need to be educated on the best course of action depending on what they are experiencing and **myVisitNow** is a great alternative to the ED.

myVisitNow Psychiatry and Behavioral Health Therapy

MEDICAID

Important Testing for Children

Critical Screenings for Children Enrolled in Medicaid and Child Health Plus

It is critically important to identify conditions that could adversely affect childhood development as early as possible. New York State and The Centers for Medicare & Medicaid Services (CMS) recognize the need for improved testing and reporting of blood lead level testing, newborn hearing screening, and developmental screening for young children enrolled in Medicaid and Child Health Plus. Recommendations for each include:

Blood Lead Level Testing

- Testing at ages 12 months and 24 months.
- Testing for children older than 24 months but younger than 72 months without a blood test on record.
- Repeat testing and/or referral to EI services for levels greater than >5mcg/dl.
- Completion of a lead risk assessment questionnaire does not satisfy this requirement.

Newborn Hearing Screening

- Follow-up evaluation by three months of age is required for infants who do not pass their initial hearing screening to minimize the risk of hearing loss.
- Follow the "1-3-6" plan; initial screening by 1 month of age; diagnostic audiological evaluation by 3 months of age if infant did not pass initial screening and repeat screenings; referral to EI services by 6 months of age for infants diagnosed with permanent hearing loss.

myVisitNow may be the best option for members in need of a psychiatry or behavioral health visit. **myVisitNow** offers members self-scheduled face-to-face video visits from the comfort, safety, and security of their home.

Annual Notices for MVP 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 contact your PR representative.

Developmental Screening

- Early identification of delayed or disordered development is critical to ensure timely, appropriate intervention.
- Screening is required under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).
- Use a multi-domain screening tool to conduct at well-child visits at ages 9 months, 18 months, and 24 (or 30) months.
- In addition to formal global developmental screening, screen with an autism-specific tool during the 18- and 24-month visits.
- Use CPT code 96110 to report the use of a standardized developmental tool.

For more information, visit **mvphealthcare.com/PQIM** and select *Adolescent Health.*



MVP Care Management

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, we ensure members with chronic conditions understand the best course of action to address their needs, and everyone understands that the emergency department is often not the best solution. Sharing data and keeping the lines of communication open will help us both give members additional guidance in navigating the health care continuum.

Little Footprints Program

MVP offers a high-risk prenatal care program called Little Footprints, which provides additional clinical expertise for expectant mothers. The goal of the Little Footprints program is to promptly identify members at risk of a high-risk pregnancy and provide them with prenatal education and care coordination. The program involves regular telephonic contact with an MVP nurse case manager who follows each member individually and develops an education plan in conjunction with the pregnancy assessments and screenings. Ongoing calls are scheduled with the member to encourage healthy behavior. Members are followed postdelivery and are assessed for post-partum depression and a newborn assessment is completed. Members are advised to follow up with their physicians post-delivery and verify that an appointment with the pediatrician has been scheduled. Expectant mothers are mailed educational information packets upon enrollment and delivery. Those who decline the Little Footprints program may receive Healthy Starts educational packet via mail. The Healthy Starts packet provides mothersto-be information that helps them stay healthy, learn about pregnancy, and prepare for delivery. Medicaid members who are not eligible or decline the Little Footprints program will receive the same packets as those Medicaid members enrolled in the Little Footprints program.

To make a referral to our Little Footprints program, call **1-866-942-7966**, fax 1-866-942-7785, or email **phmreferrals@mvphealthcare.com**.

Breastfeeding

MVP recognizes the importance of breastfeeding babies, and we have breastfeeding support available for every mom and baby we cover. MVP partners with a breastfeeding education and support program, Corporate Lactation Services. Through this relationship, MVP offers nursing mothers breastfeeding equipment, including a breast pump, 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 in with questions or concerns through weaning. These services are offered at no additional charge to our members. To enroll, members can visit **corporatelactation.com** and click on *Subsidy Login* then enter the pass code *MVP2229*, or call **1-888-818-5653**.

Get Healthy Practices Electronically! Sign in at mvphealthcare.com/providers and select Communication Preferences to go paperless.

> PRSRT STD US Postage **PAID** MVP Health Care

Healthy Practices

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MVP in the Community

Code Blue Saratoga Springs

On April 5, 2019, MVP helped to paint the entire interior of the **Code Blue** facility in Saratoga Springs, New York. Code Blue of Saratoga is a life-saving facility which provides emergency shelter to individuals who are homeless, from November 15–April 1. All individuals seeking shelter are accepted without restrictions. The Director for Code Blue, Karen Gregory, noted that painting the facility had not been done in prior years, and with the help of MVP, has given the facility a much-needed refresh. The group wasted little time in grabbing a brush, a roller, and a gallon of paint to help brighten up the space. All-in-all, it was a productive day spent with an amazing community organization.

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