

Healthy Practices

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

2019 Rewarding Quality Incentive Program

MVP Health Care[®] (MVP) has launched the 2019 Provider Rewarding Quality Incentive (RQI) Program with the goal of improving patient outcomes. The 2019 Provider RQI focuses on the same 21 HEDIS measures as in 2018 and financially rewards Primary Care Providers (PCPs) for closing gaps on their attributed Medicaid/CHP members.

MVP's 2019 RQI program does offer some exciting changes to our incentive payment structure. We hope you were able to attend our webinar explaining our 2019 RQI program, but if not, we will be glad to explain the program and assist you throughout the

remainder of 2019 as you achieve gap closure for our members. For more information, or to receive a link to view the recorded webinar, contact your Professional Relations (PR) rep, email RQI@mvphealthcare.com, or call **1-866-954-1869**.

Fourth Quarter Focus

As we find ourselves already in the final quarter of 2019, MVP wants to remind all our valued provider partners of some of the areas of focus for the continued health of our members, your patients, to close out the year.

Each October we increase attention and support for the awareness, early detection, and treatment of breast cancer. According to the World Health Organization (WHO), breast cancer is the most common cancer in women worldwide. When detected early, breast cancer is treatable and there is a good chance that the cancer can be cured. If detected late however, curative treatment is often no longer an option. That's why it's critical for women to be screened regularly.

November is American Diabetes Awareness Month. As you know, diabetes is a condition that can be managed through regular assessment and evaluation. MVP is focusing on the Comprehensive Diabetes Care Eye Exam and HbA1c Testing measures. The Resource Focus section highlights a brand-new print brochure available for you to distribute to

your patients living with diabetes regarding important tests they need to have regularly.

December is host to National Influenza week. The Centers for Disease Control and Prevention (CDC) notes that the flu is more than just a "bad cold," and can result in serious health complications including pneumonia, bacterial infections, or even death. Few people get vaccinated against the flu after November, but the flu often peaks between December and February. If members have not yet received their flu shots by December, encourage them to get vaccinated as soon as possible.

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Let's Deliver
health insurance
built around



We welcome
your comments.

Healthy Practices
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HEDIS Exclusions: Frailty and Advanced Illness

HEDIS measures are based on clinical guidelines that apply to a general adult or older adult population. For those with limited life expectancy or advanced illness, the services identified in some measures may not be relevant or in-line with the goals of care for the member. By implementing the below exclusions, the frail and advanced illness population can focus on care that's more appropriate for their conditions and health status. Attention is now focused on quality measures that capture services and care processes that are most relevant for this population.

The National Committee for Quality Assurance (NCQA) has implemented a set of exclusions to remove these members from selected HEDIS measures. Those specific measures and exclusion criteria for each are listed below.

The Hospice Exclusion

Members who use hospice services or elect to use a hospice benefit any time during the measurement year should be excluded from HEDIS gaps in care measures for the 2019 measurement year, and the HEDIS 2020 Medical Record Review. Documentation that a member is near the end of life or is in palliative care does not meet criteria for the hospice exclusion.

Medical records, claims, and supplemental data can all be submitted for the Hospice Exclusion. For further details about "Frailty" and "Advanced illness" criteria, email HEDISQuality@mvphealthcare.com.

MEASURE	MEMBERS TO EXCLUDE
Controlling High Blood Pressure (CBP)	Medicare members 66 years of age and older as of 12/31/19 who meet either of the following:
Breast Cancer Screening (BCS)	<ul style="list-style-type: none"> Enrolled in an Institutional SNP any time in 2019
Comprehensive Diabetes Care (CDC)	<ul style="list-style-type: none"> Living long-term in an institution any time during 2019
Colorectal Cancer Screening (COL)	<ul style="list-style-type: none"> Members 66-80 years of age and older as of 12/31/19 with frailty and advanced illness (all plans)
Osteoporosis Management in Women who had a fracture (OMW)	Members 67 years of age and older as of 12/31/19 who meet either of the following:
	<ul style="list-style-type: none"> Enrolled in an Institutional SNP any time in 2019 Living long-term in an institution any time during 2019 Members 67-80 years of age as of 12/31/19 with frailty and advanced illness (all plans) Members 81 years of age and older as of 12/31/19 with frailty

Supplemental and Medical Record Data may not be used for these exclusions. Submit claims only.

PROFESSIONAL RELATIONS PROFILE

Say Hello to Zachary Sanchez

In his words:

After thirty years in the deserts of New Mexico and Arizona, I made my home in beautiful, snowy and green, New York in 2017. During my time in the southwest, I gained a decade of experience in payor operations starting with member and provider service calls, then moving to claims system configuration, Affordable Care Act implementation, provider network contracting, and later, insurance plan development. With this variety of experience and knowledge of health plan operations, I hope to offer quick resolutions to our provider network!

Upon moving to New York, I decided to return to school and am set to graduate May of 2020 with a bachelor's in Sociology focusing on the health care system and environmental determinants on health. I interned with the Syracuse VA hospital in 2018 and received my agent's license in Accident & Health Insurance in 2017. I hope to pair this



formalized education with my industry experience to bring more value to my team and provider partners.

I consider myself lucky to be part of such a caring and veteran team of professionals! MVP continues to impress me with its cutting-edge innovation in offering efficient and useful service to its providers—I look-forward to sharing these resources with you!

Zach serves the following counties: (NY) Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Steuben, Tioga, Bradford

Home- and Community-Based Services for Children

Effective October 1, 2019, Home- and Community-Based Services (HCBS) for Children will only be available to select Medicaid Managed Care (MMC) members.

HCBS provides opportunities for Medicaid members under the age of 21, that have behavioral health needs and/or medically complex conditions to receive services in their own home or community. These services were previously covered under Medicaid fee-for-service for children under Medicaid's waiver programs.

MVP will work in collaboration with providers, caregivers, and other entities to help members prevent and manage chronic health conditions in order to improve health outcomes.

MVP will receive plans of care prior to Oct. 1, 2019 for review. Children in treatment as of Oct. 1, 2019 may continue with their current HCBS care providers for continuity of care. MVP will continue to authorize the most recent plan of care in effect when services are transitioned to MMC. Continuity of care will be in place for the first 24 months of the transition. This applies only to episodes of care that were ongoing during the transition period from fee-for-services to managed care. Any additional services or change in the established plan of care will require approval from MVP.

MVP has produced training documents for HCBS, Children and Family Treatment and Support Services (CFTSS), and Children's Transition information that may be helpful to providers. These are available at mvphealthcare.com/providers/education.

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.

Important Testing for Children

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.
- 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.

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.

Based on the CDC and American Academy of Pediatrics (AAP) recommendations for testing intervals. For more information, visit mvphealthcare.com/PQIM and select *Preventive Health*.

Monitoring Blood Pressure Anytime, Anywhere

As we all know, smartphones are something we always tend to have in our possession. These miniature computers can support our personal medical needs. Smartphones have even become a valuable diagnostic tool that allows people to learn about diseases and track and improve conditions. Monitoring blood pressure has never been easier and there are many apps available to members in the App Store® and Google Play™ store. There are blood pressure apps that serve as diaries, track diagnostic pressure, systolic pressure, heart rate, and turn data into color-coded charts and graphs to make it simple to see high, low, or healthy ranges. These apps are an easy way for your patients to stay on track anytime, anywhere.

Here is a listing of just some of the free Apps (Android™ and iOS) that are available today:

Cardio Journal

- App Store rating: 4.7 Stars
- Google Play rating: 4.7 Stars

iCare Health Monitor

- App Store rating: 4.3 Stars
- Google Play rating: 4.0 Stars

Cardio Heart Health

- App Store rating: 4.7 Stars
- Google Play rating: 4.4 Stars

Smart BP

- App Store rating: 4.3 Stars
- Google Play rating: 3.7 Stars

Blood Pressure Log-MyDiary (Android only)

- Google Play rating: 4.6 Stars

Blood Pressure Tracker (Android only)

- Google Play rating: 4.5 Stars

Blood Pressure Monitor (iOS only)

- App Store rating: 4.7 Stars

Blood Pressure Companion (iOS only)

- App Store rating: 4.4 Stars

Apple iOS-Exclusive Apps

Cardio Blood Pressure App

- App Store rating: 4.8 Stars
- Price: Free with in-app purchases

Blood Pressure Tracker Plus App

- App Store rating: 4.7 Stars
- Price: Free with in-app purchases
- Free with in-app purchases.

Blood Pressure Log-MyDiary

- Google Play rating: 4.7 Stars
- Free with in-app purchases

Blood Pressure Log

- Google Play rating: 4.7 Stars

Resource Focus

What You Need to Know About Managing Diabetes

November is American Diabetes Awareness Month and MVP has developed a new brochure that highlights tests for your patients living with diabetes. We've highlighted and explained some key tests they should have annually, including information on Retinal Eye Exams, Hemoglobin A1c (HbA1c) tests, Urine Protein tests, LDL Level tests and complete foot exams.

This is a great resource you can distribute to your patients and is available upon request from your PR Representative.

Manage Diabetes with These Important Tests

If you are living with diabetes, there are several tests you should have at least yearly. Talk to your doctor about your results so you can understand what they mean to you.

- ✓ **Retinal Eye Exam**
A yearly retinal eye exam by an eye doctor should be done because over time, diabetes can affect your eyes. This exam should be done even if your medical doctor has examined your eyes, and even if your vision seems fine.
- ✓ **Hemoglobin A1c (HbA1c)**
This test should be performed every six to 12 months and shows your average blood sugar level over the previous two to three months. A result of less than 8% can reduce your risk of complications such as kidney damage, blindness, nerve damage, and circulation problems.
- ✓ **Urine Protein**
This test checks for early signs of kidney problems which can be treated to help prevent future problems.
- ✓ **LDL Level**
Sometimes called “bad” cholesterol, it contributes to the formation of plaque in the arteries, which can lead to a heart attack.
- ✓ **Complete Foot Exam**
People living with diabetes are prone to poor circulation, nerve damage, foot ulcers, and infections, which can lead to serious foot problems.

Also, always remember to take all medications as ordered by your doctor!

Your Health Care Team

As the person responsible for eating healthy, exercising, and taking medications properly, you are the most important person on your health care team. However, there are a number of health care providers who play an important role to help you manage diabetes. Your health care team may include:

- Primary Care Provider (PCP)
- Endocrinologist
- Eye Doctor
- Podiatrist
- Nurse Educator
- Registered Dietician

... **Talk to your PCP if you think you may need care from other health care providers in managing your diabetes.**

For information on important health tests and screenings you may need, visit mvphealthcare.com/PreventiveCare

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Pharmacy Policy Updates

EFFECTIVE AUGUST 1, 2019

No Changes

CGRP Policy

- Changed policy name to Calcitonin-Gene Peptide (CGRP) Antagonists
- Added Ajovy and Emgality

Copayment Adjustment for Medical Necessity

Medicare B versus D Determination

Mulpleta/Doptelet Policy (New)

- New policy for the treatment of thrombocytopenia in adult patients with chronic liver disease who are scheduled to undergo a procedure
- Mulpleta is the preferred therapy; patient must have a failure, intolerance or contraindication to Mulpleta before possible coverage of Doptelet

Pharmacy Management Programs External

- Added 7-day emergency supply for substance use medications
- Added preferred pharmacy or infusion vendors may be required

Pulmonary Hypertension—Commercial

- Updated to reflect policy applies to Commercial/Exchange only
- Removed Medicaid variation

Pulmonary Hypertension—Medicaid/HARP (NEW)

- New policy for Medicaid/HARP

Transthyretin-Mediated Amyloidosis Therapy (NEW)

- New policy for the treatment of the polyneuropathy in hereditary transthyretin-mediated amyloidosis

EFFECTIVE SEPTEMBER 1, 2019

No Changes

Chelating Agents

- Generic Cuprimine (penicillamine capsules) now available
- Must have a trial of generic before brand name would be considered, along with documented contraindication or intolerable adverse reaction causing discontinuation of Depen (penicillamine tablets) 250 mg
- Changed name to Select Chelating Agents

Cystic Fibrosis (Select Oral Agents)

- Added Symdeko to the policy with criteria for coverage
- Cough and Cold (Brand) Products
- Cystic Fibrosis (Select Agents for Inhalation)
- Idiopathic Pulmonary Fibrosis
- Intranasal Corticosteroids
- Xolair

Diclofenac (Topical) Products

- Removed Flector patches from the policy as the brand and generic are now excluded for Medicaid and Exchange
- Removed section “Commercial/Exchange Variation” for Solaraze 3% gel and diclofenac 3% gel as it was repeated. The criteria for both medications are listed under “Indications/Criteria.”

Duchenne Muscular Dystrophy

- Updated age indication for Emflaza to 2 years of age and up
- Added a Medicaid variation for Exondys reviews

Quantity Limits

- Remove brand name Proventil/Ventolin products from Medicaid variation; added generic albuterol inhaler
- Removed brand name Advair Diskus from Medicaid variation; added generic fluticasone/salmeterol diskus

Select Injectables for Asthma

- Added self-administered Nucala products to the policy
- Updated criteria for Nucala IV requesting rationale and documentation identifying why the member or caregiver is unable to self-administer

Spinal Muscular Atrophy

- Added Zolgensma—a one-time gene therapy approved for the treatment of Spinal Muscular Atrophy (SMA) in pediatric patients under 2 years old

New Policy

- Spravato—Spravato is an intranasal spray that is FDA approved for the treatment of “treatment resistant depression” in adult patients (≥18 years old)
- Zulresso—is the first available medication specifically indicated for the treatment of postpartum depression (PPD) in adults

EFFECTIVE OCTOBER 1, 2019

No Changes

- Advanced Agents for Pulmonary Hypertension
- Cialis for BPH
- Epinephrine Autoinjector
- Methotrexate Autoinjector
- Pain Medications
- Specialty Drug Procurement

Ankylosing Spondylitis

- Deleted “History of Lupus” from exclusion

CGRP Policy

- Emgality has new indication for “episodic cluster headaches.” Added indication and approval criteria

Gout Treatments

- Removed Zurampic and Duzallo from the policy as they are off the market

Infertility Drug Therapy (Medicaid/HARP)

- New policy—Per New York State Department of Health, effective October 1, 2019 Medicaid Managed Care benefit packages expanded to include ovulation enhancing drugs. Individuals ages 21-44 years old experiencing infertility are eligible for coverage of bromocriptine, clomiphene, letrozole, and tamoxifen.

Inflammatory Biologic Therapy

- Removed references to Rituxan as it is in the Rheumatoid Arthritis policy
- Deleted “History of Lupus” from exclusion

Male Hypogonadism

- Added Xyosted (testosterone enanthate subcutaneous injection) as a non-preferred agent

Migraine

- Added prior authorization criteria for Migergot suppositories

Orphan Drugs and Biologics

- Added new orphan drugs to the policy: Arikayce, Benznidazole, Calquence, Crysvita, Daurismo, Epidiolex, Firdapse, Galafold, Gamifant, Jynarque, Khapzory, Oxervate, Poteligeo, Revcovi, Tavalisse, Tiglutik, Ultomiris, Vitakvi, Vizimpro, and Xospata

PCSK9 Inhibitors

- Updated overview for Praluent’s new indication for “myocardial infarction prophylaxis, stroke prophylaxis and to reduce the risk of unstable angina requiring hospitalization in patients with established cardiovascular disease.”
- No changes to Praluent criteria

Preventive Care Drug List (effective January 1, 2020)

- Added “Behavioral Health” section and corresponding medications

Psoriatic Arthritis

- Deleted “History of Lupus” from exclusion

Rheumatoid Arthritis

- Deleted “History of Lupus” from exclusion
- Added Rituxan under “Drugs Requiring Prior Authorization (covered under the Medical Benefit)”

FORMULARY UPDATES FOR COMMERCIAL, MARKETPLACE AND MEDICAID

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

DRUG	INDICATION
Inbrija	Parkinson’s Disease
Apadaz	Short-term severe pain management
Cablivi (medical)	Acquired thrombotic thrombocytopenic pur-pura (aTTP)
Spravato (medical)	Treatment-resistant depression
Mayzent	Relapsing forms of multiple sclerosis (MS)
Diacomit	Seizures associated with Dravet syndrome
Balversa	Locally advanced or metastatic urothelial carcinoma
Evenity (medical)	Osteoporosis in postmenopausal women
Prograf Granules	Immunosuppression
Dextenza (medical)	Ocular pain post ophthalmic surgery
Rocklatan	Elevated intraocular pressure
Mavenclad	Relapsing forms of multiple sclerosis (MS)
Dovato	HIV
Skyrizi	Psoriasis
Vyndaquel	Cardiomyopathy
Vyndamax	Cardiomyopathy
Zykadia	Small cell lung cancer
Zolgensma (medical)	Gene therapy for pediatric patients with spinal muscular atrophy (SMA)
Piqray	Breast cancer
Insulin Lispro	Diabetes
Cutaquig (medical)	Primary humoral immunodeficiency
Jornay PM	ADHD
Polivy (medical and medical/non-formulary for Medicaid)	Lymphoma
Ruzurgi	Lambert-Eaton Myasthenic Syndrome
Nucala SQ	Asthma

NEW DRUGS EXCLUSIONS

DRUG	INDICATION
Qmiiz ODT	Osteoarthritis, Rheumatoid Arthritis, Juvenile Rheumatoid Arthritis Pauciarticular, and Polyarticular Course

NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Ranexa	ranolazine	Tier 1	Tier 1	Tier 2
Tektura	aliskiren	Tier 1	Exclude	Tier 2
Flector	diclofenac epol-amine	Tier 1	Exclude	Exclude
Proventil HFA**	albuterol HFA	Tier 1	Tier 1—QL	Tier 1
Cloderm	clocortolone crm	Exclude	Exclude	Exclude
Exjade	deferasirox	Tier 1—PA	Tier 1—PA	Tier 2—PA
Vesicare	solifenacin	Tier 1	Exclude	Tier 2
Delzicol*	mesalamine DR	Tier 1	Tier 1	Tier 2
Cuprimine	penicillamine oral capsule	Tier 1—PA	Tier 1—PA	Tier 2—PA
Tarceva	erlotinib	Tier 1	Tier 1	Tier 2
Lotemax	lotepredol	Tier 1	Tier 1	Tier 2
Letairis	ambrisentan	Tier 1—PA	Tier 1—PA	Tier 2—PA
Tracleer	bosentan	Tier 1—PA	Tier 1—PA	Tier 2—PA

All other brands will be non-formulary, Tier 3

*Delzicol brand is currently excluded for Commercial and Exchange

**Proventil HFA brand is currently excluded for Commercial

Pharmacy Policy Updates (continued)

DRUGS REMOVED FROM PRIOR AUTHORIZATION—COMMERCIAL AND EXCHANGE

Copiktra	Perseris (medical)
Delstrigo	Pifeltro
Inveltys	Sympazan
Libtayo (medical)	Talzenna
Lorbrena	Udenyca
Lumoxiti (medical)	Xerava (medical)
Nivestym	Xofluza
• (IV) through medical—subject to retro review per the Colony Stimulating Factor Policy	Yupelri
• (SC) through pharmacy—PA removed	Xelpros
Nuzyra	Yutiq (medical)
• (IV)—(medical)	
• (oral)—(non-formulary for Medicaid)	

DRUGS EXCLUDED FROM THE FORMULARY

Abilify Mycite	Cequa	Minolira	Seysara
Altreno	Ilumya	Nocdurna	Xepi
Arakoda	Lexette	Omegaven	
Bryhali		Qbrexza	

PREP AWARENESS WEEK IS OCTOBER 20-26

Truvada* is approved for daily use as PrEP to help prevent an HIV-negative person from getting HIV. MVP provides coverage for Truvada for all plans with prescription benefit coverage. Learn more at prepforsex.org.

MISCELLANEOUS UPDATES

- Daraprim**
 - Was T3 with quantity limits Excluding for Commercial/Exchange/Medicaid (quantity limits will still apply if approved)
- Omeprazole OTC Tablets**
 - Excluding for Medicaid/CHP/select Essential Plans
 - Custom messaging will be sent advising pharmacy to use the capsules
- Riomet**
 - Excluding for all non-Med D plans
- Dexchlorpheniramine**
 - Excluding for all non-Med D plans
- Clindamycin 1% Gel**
 - Excluding the NDCs from one manufacturer, Oceanside
- Generic Advair Diskus**
 - Adding to tier 1 for Commercial/Medicaid
 - Adding to tier 2 for Exchange
- Brand Advair Diskus**
 - Up tiering to tier 3 for Commercial/Exchange
 - Up tiering to tier 3/non-formulary for Medicaid
- Centany AT Kit**
 - Excluding for all non-Med D plans
- Procrit/Retacrit**
 - Up tiering Procrit to tier 3 for Commercial/Exchange
 - Up tiering Procrit to tier 3/non-formulary for Medicaid
 - Remove PA and down tier Retacrit to tier 2 for Commercial/Exchange/Medicaid
- Vanoxide-HC**
 - Excluding for Commercial/Exchange (already excluded for all other plans)
- Aloquin**
 - Excluding for Commercial (already excluded for all other plans)
- Mupirocin**
 - Excluding for Medicaid
- Synapryn-Tramadol Compound Kit**
 - Excluding for Commercial/Exchange/Medicaid

Medical Policy Updates

EFFECTIVE AUGUST 1, 2019

- Benign Prostatic Hyperplasia (BPH) Treatments:** This is a new policy incorporating the UroLift policy into a policy that explains the coverage for other surgical BPH treatments. It includes an exclusion for the Water Vapor thermal therapy system called the Rezum System that is considered investigational.
- BRCA Testing (Genetic Testing for Susceptibility):** The BRCA Testing policy was updated according to some of the changes that the National Comprehensive Cancer Network (NCCN) implemented to their guidelines.
 - Notable changes to MVP's BRCA testing criteria include:
 - The 1st sub-bullet was revised as, "Diagnosed 46-50 y with:"
 - Inclusion of patients with pancreatic cancer, regardless of family history added.
 - Added F: "personal history of pancreatic cancer at any age."
 - Expanded family history criteria for men with a personal history of prostate cancer (Gleason score ≥ 7)
 - Added G: Personal history of high-grade prostate cancer (Gleason score > 7) at any age with expanded family history.
 - Expanded criteria for women with breast cancer, regardless of family history
 - BRCA testing if the FDA labeling indicates it as a requirement and results of the testing will be used to determine treatment is needed. Listed certain drugs require BRCA testing.
- Breast Reconstruction Surgery:** There were no changes to the indications or criteria for the procedure. Updated definitions of procedures and modernized wording. Continue to follow state mandates. Diagnosis codes that apply to the policy were updated.
- Colorectal Cancer Susceptibility Genetic Testing:** There were no changes to the policy.
- Heart and Kidney Transplant Rejection Testing:** Title of the policy has changed to include kidney rejection testing and the use of the genetic test Allosure. Indications and criteria for the Allosure test have been added. The test is covered for Medicare plans but is investigational for commercial plans.
- Negative Pressure Wound Therapy Pumps:** Disposable negative pressure wound therapy devices were added to the exclusions section as investigational. Examples of disposable single-use devices include, but may not be limited to, the following: The Smart Negative Pressure (SNaP) Wound Care Device, PICO Single Use Negative Pressure Wound Therapy System and the V.A.C. Via Therapy System.
- Neuropsychological Testing:** The updates to the policy have to do with use of neuropsychological testing utilizing computerized testing for concussions such as with use of the Impact test. Additional criteria were added to define coverage of a traumatic brain injury versus a concussion. Under exclusions, clarified that neuropsychological testing is covered (according to the Indications/Criteria section), but not to evaluate for educational interventions.
- Surgical Procedures for Glaucoma:** The title of this policy has changed from Canaloplasty and Viscoanalostomy to Surgical Procedures for Glaucoma. The policy includes a group of microinvasive glaucoma surgery (MIGS) procedures that are now addressed in this policy. The Medicare variation has been updated with the Medicare plan criteria for the micro-invasive glaucoma procedures that are addressed in this policy.
- Oncotype DX Test:** Added coverage MMC Managed Care Plans for OncotypeDX and EndoPredict Test. Added coverage for OncotypeDX DCIS test for Medicare Plans.
- Phototherapeutic Keratectomy (PTK) and Refractive Surgery:** Medicare does not cover PTK. A Medicare variation with this information was added to the policy.

EFFECTIVE OCTOBER 1, 2019

- Automatic External Defibrillator:** No changes were made to the commercial criteria. The MMC Variation section was updated to include all the indications that are required by NYS Medicaid.
- Cranial Orthotics:** Cranial orthotic criteria was modified to indicate that cranial orthosis must be initiated before 12 months. A second helmet is covered if there is no improvement of the head deformity or if the helmet becomes too small due to growth. A second helmet is covered up to 24 months of age. A MMC variation was added to match NYS Medicaid criteria for those plans.
- Hearing Aid Services:** The hearing aid policy outlines the coverage that may be available in the individual plan contracts or certificate of coverage. Language was added to the policy clarifying that Assistive Listening Devices are not covered.
- Home Uterine Activity Monitoring (Archive):** The Home Uterine Activity Monitoring policy is being archived and the contents are being moved to the Investigational Procedures policy.
- Hyperhidrosis Treatments:** The hyperhidrosis treatment policy was updated to include the pharmacologic treatments that are needed prior to surgery. There were no changes to the indications/criteria for the DME item to treat hyperhidrosis.
- Lymphedema Compression Garments/Compression Stockings:** Formerly "Compression Stockings." The policy title was changed to reflect that the policy will be addressing all compression garments and stockings. There is no change in the medical management of these supplies. Unless otherwise stipulated in the benefit plan language, compression stockings and compression garments are covered under the core medical benefits of commercial plans. Clarification was added that Medicare plans only have coverage of compression garments when they are used to treat venous stasis ulcers. Medicare coverage for edema treatments is limited to pneumatic compression devices.
- Pneumatic Compression Devices:** Formerly "Lymphedema—Pneumatic Compression Devices, Compression Garments and Appliances." The policy title was updated to Pneumatic Compression Devices to reflect that coverage for all compression garments and stockings were moved into the Lymphedema Compression Garments policy. This policy addresses the pumps that are used to reduce lymphedema. The Medicaid criteria section was updated to indicate that only the non-segmental pneumatic compression devices are covered for MMC plans.
- Obstructive Sleep Apnea—Surgical:** This policy addresses surgical treatment options for obstructive sleep apnea, including emerging procedures. Hypoglossal Nerve Stimulation [e.g., Inspire Upper Airway Stimulation (UAS)] for the treatment of obstructive sleep apnea is considered investigational as the peer-reviewed medical literature has not proven the procedure to improve health outcomes compared to the use of PAP devices.
- Rhinoplasty:** There are no changes to the clinical indications/criteria.

Advance Beneficiary Notices

This is a reminder that when a participating provider furnishes non-covered services or refers a Medicare Advantage member to a non-contracted provider for services the member believes are covered, Federal law prohibits holding the member financially liable for the service. In these circumstances, the service may be referred to as “Plan Directed Care.” A member will generally be deemed to believe the service is covered unless the member received an adverse organization determination from MVP. Therefore, MVP requires the following:

- Participating providers should not refer to out-of-network providers without prior authorization from MVP.
- If a participating provider knows or believes an item or service the out-of-network provider will furnish is not covered, the member or provider must request a pre-service or organization determination from MVP. As noted below, an Advance Beneficiary Notice

(ABN) may not be used. In the case of a member who routinely receives the same non-covered service, one organization determination (denied authorization) received at the beginning of the course of service may be used if the member understands that the services will never be covered. Pursuant to law, if a participating provider fails to follow these authorization requirements, MVP may decline to pay the claim, in which case the provider will be held financially responsible for services received by the member.

To search for in-network providers, visit mvphealthcare.com and select Find a Doctor and then search by Find a Doctor. On the provider search tool, click on Guest and choose one of the products, identify the target location and select the Provider Specialty.

For more information on Plan-Directed Care, Balance Billing, and other topics, refer to the Provider Resource Manual at mvphealthcare.com/PRM.

Data Data Data!

Having a provider online account can be the ultimate resource when working with MVP and caring for your patients, our members. And now we’ve simplified our registration process, making it easier than ever to access claims information, member eligibility, benefits, and authorizations. Visit mvphealthcare.com/ProviderRegister to get started.

Annual Notice

The MVP Utilization Management Program does not provide financial incentives to employees, providers, or practitioners who make utilization management decisions that would create barriers to care and services. Additionally, providers should review the Member’s Rights and Responsibilities, which are listed on mvphealthcare.com. For more detail regarding Financial Incentives and to review the Member’s Rights and Responsibilities, please login at mvphealthcare.com to see the Legal Notices.

Get Healthy Practices Electronically!

Sign in at mvphealthcare.com/providers and select *Communication Preferences* to go paperless.

Healthy Practices

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MVP Integrated Health: The Word is Getting Out

As we mentioned in the Quarter 3 issue of Healthy Practices, our new Integrated Health initiative is a strategic decision designed to enable behavioral health and primary care to succeed at integrating patient care, enabling them to support an individual’s journey to better health and optimal living.

As a result of this announcement, many of our regional news and media outlets have featured MVP in articles that help to communicate our vision. To view what is being said in the press, go to mvphealthcare.com/BHnetwork.

