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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

Sign up today! The email version is easy to share with your entire office. Visit mvphealthcare.com and *Sign In/Register*, then select *Account Profile*, then *Communication Preferences* to enroll in MVP e-communications.

MVP Professional Relations

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We welcome your comments.

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Professional Relations Updates

Online Demographic Form Now Available

You spoke, we listened! As of May 15, 2018, providers now have the ability to submit demographic updates through an online form. No more printing out a demographic change form, filling it out, and emailing it to MVP. The new online form allows providers to communicate easily when they are changing or adding a new address, updating their Tax ID information, or even notifying MVP that a provider has left their group. Providers will be able to submit the form electronically and will receive a reference number to check on the status of a change. This new process will make it easier to submit changes, saving you time to focus on patient care.

Please familiarize yourself with this form. Beginning July 1, 2018, MVP will require all provider changes of information be submitted online.

To access the online form, visit mvphealthcare.com, select *Providers*, then *Forms*, then *Provider Demographic Change Forms (All Regions)*, then *Provider Change of Information Form (Submit Online)*. The *Provider Change of Information Form (Submit Online)* will allow you to choose the type of demographic change requested from a drop-down menu.

If you have any additional questions, please contact your MVP Professional Relations Representative.

MVP's Behavioral Health Contract

MVP Health Care's relationship with PrimariLink for Behavioral Health case management and utilization management will end August 31, 2018, pending state regulatory approval. MVP will be handling all Behavioral Health Case and Utilization Management in-house as a component of our developing integrated care initiatives. We anticipate a seamless transition. More detailed information regarding this change will become available in August. Please contact your Provider Relations Representative if you have any specific questions or concerns.

Quality Improvement Updates

Screening for Cervical Cancer

Women ages 21–65 should be screened with cytology (i.e., Pap smear) every three years. As an alternative, women ages 30–65 who want to be screened less frequently may choose the combination of cytology and human papillomavirus (HPV) testing every five years, which offers similar benefits to cytology only. This is a Grade A recommendation.

The U.S. Preventive Services Task Force recommends against cervical cancer screening for women younger than 21 years of age, or in women older than 65 who have been adequately screened previously. These are D recommendations. Evidence showed that the expected harms (such as unnecessary procedures, false positives, and possible

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(Screening for Cervical Cancer continued from page 1)

problems with future pregnancies) of screening these populations outweighed the potential benefits.

The Task Force also recommends against cervical cancer screening using HPV testing in women younger than age 30. This is a D recommendation. Evidence showed that the same expected harms of screening in this group outweighed the potential benefits. Cervical cancer before age 21 is rare. There is adequate evidence that many precancerous cervical lesions will regress and that other lesions are so indolent and slow growing that they will not become clinically significant over a woman's lifetime; identification and treatment of these lesions constitutes "over-diagnosis". Doing so also does not reduce the cervical cancer incidence and mortality compared with screening at age 21.

Screening for Prostate Cancer

On May 8, 2018, the U.S. Preventive Services Task Force released a final recommendation statement on screening for prostate cancer. Based on a review of the evidence, the Task Force recommends that men ages 55–69 years make an individual decision about whether to be screened after a conversation with their clinician about the potential benefits and harms, and to incorporate their values and preferences in the decision. This is a C Recommendation.

For men 70 years and older, the potential benefits do not outweigh the expected harms, and these men should not be routinely screened for prostate cancer. One of the most important harms is frequent false-positive results, often leading to immediate additional testing and years of additional close follow-up, including repeated blood tests and biopsies. This "over-diagnosis" results when screening leads to the diagnosis of prostate cancer in men who would not have experienced symptoms from cancer during their lifetime. Thus, treatment of these men provides them with no benefit and can lead to harmful outcomes. Common harms associated with unnecessary treatment include erectile dysfunction and urinary incontinence. This is a D recommendation.

Talking to Teens about Suicide Prevention (September is National Suicide Prevention Month)

Suicide is a difficult topic, but it's too important to ignore. Suicide is the second leading cause of death for young people ages 15–24. Despite a common belief that only teens and adults die by suicide, younger children can also be at risk.

Depression and suicide often coincide. Yet not everyone who is depressed attempts suicide—and not everyone who attempts suicide is depressed. If you're a parent, a teacher, or anyone who spends time with children and teens, it's important to learn the warning signs. These tools can help you prevent youth suicide.

As a primary care provider, you may find yourself being asked by parents, siblings even individuals who deal with children what to do if they suspect something is wrong. Taking a few minutes to provide valuable information may help save a life.

Risk Factors

Several factors increase the risk of suicidal thoughts or behaviors, including:

- Mental health disorders such as depression, anxiety, and other mood disorders
- Alcohol and substance use
- Impulsive behaviors
- History of trauma or abuse
- Family history of suicide
- Previous suicide attempt(s)

Warning Signs

Not everyone exhibits the same signs that they're thinking about suicide, but the following warning signs are cause for concern:

- Physical changes in appearance or hygiene
- Increase in alcohol or drug use
- Sudden drop in grades
- Social withdrawal
- Talking about suicide or preoccupation with death
- Risky or reckless behaviors (such as reckless driving or unsafe sex)
- Self-harm behaviors such as cutting
- Talking about feeling hopeless or having nothing to live for
- Researching suicide methods and/or acquiring weapons

If you have any concerns about a young person's mental health, take action.

These steps can help:

Express your concern. It's a myth that if you mention suicide, you might plant the idea. By honestly and openly expressing your concerns, you'll send an important message that you care and understand.

Really listen. Parents can be tempted to shut down an upsetting conversation by saying, "I don't want to hear those things," or "I had a hard time as a teen, but I got over

it.” Instead, say, “Tell me more about how you’re feeling.” Then listen.

Maintain connections. You might want to safeguard a child or teen by keeping him home in a protective cocoon, but isolation can increase the risk of suicidal behaviors. Help a struggling child maintain connections with friends and loved ones. As a parent, spend extra time with your child. Even watching TV or playing video games together sends a signal that you’re there.

Be compassionate. Express your love for the child or teen. Tell him or her you hear their pain, that it can get better, that you will make sure she gets help, and that you will support him or her every step of the way.

Trust your judgment. If a young person denies having suicidal thoughts, but you doubt their honesty, trust your intuition. Take further steps to ensure his or her safety.

Prioritize safety. Remove weapons from the house, make sure the child or teen is not left alone, and consult a mental health professional right away.

Where to Find Help

In an emergency, call **911**, or take the child to a hospital or crisis center for evaluation. If your concerns are less urgent, seek help as soon as possible from a mental health professional. The child’s school psychologist might be able to share resources in your community.

To find a licensed psychologist in your area, use the American Psychological Association’s Psychologist Locator by visiting locator.apa.org. Ideally, seek out a mental health professional with specialized training in treating children or adolescents.

Additional Resources

- National Suicide Prevention Lifeline **1-800-273-TALK** (8255)
- American Foundation for Suicide Prevention
- American Association of Suicidality:
Directory of Support Groups
- Society for the Prevention of Teen Suicide

Care Management Programs

This is a reminder that MVP offers Care Management programs to MVP members at no charge or obligation to them. Provider referrals trigger our outreach to members and are confidential and conducted by phone. Programs include education, training, and coaching for those who need extra help to set and reach goals that are important to their treatment plans.

To make a referral, call **1-866-942-7966**, fax **1-866-942-7785** or email p hmreferrals@mvphealthcare.com.

Medicare Updates

Encourage Annual Wellness Visits for Your Medicare Patients

Your patients who are members of an MVP Medicare Advantage health plan have coverage for an Annual Wellness Visit (AWV), a yearly office visit that focuses on preventive health. The AWV is your opportunity to review your patient’s history and risk factors for diseases, ensure that your patient’s medication list is up-to-date, and provide personalized health advice and counseling. The AWV also allows you to establish or update a written, personalized prevention plan. This plan will be a part of the patient’s medical record and can be given to your patient to help keep them on-track.

The Annual Wellness Visit is an opportunity for an ongoing focus on prevention that can be adapted as a patient’s health needs change over time. Help keep your patients as healthy as possible by encouraging them to have an Annual Wellness Visit.

To learn more about the AWV, visit cms.gov and select *Outreach & Education*, then *Find resources*, then *MLN Products*, then *Publications*, then enter *Annual Wellness Visit* in the *Filter on* field for a link to The ABCs of the Annual Wellness Visit.

Caring for Older Adults

MVP wants our Medicare Advantage plan members, your patients, to live well and stay healthy. With that in mind, we remind them every year of the importance of preventive care. We encourage members to talk with you about:

- Blood pressure testing, monitoring, and control
- Body Mass Index (BMI) assessment
- Breast cancer screening: clinical breast exam or schedule a mammogram as recommended
- Cholesterol screening and control
- Colorectal cancer screening: schedule a colonoscopy as recommended
- Depression screening
- Diabetes tests and monitoring: HbA1C; kidney monitoring, cholesterol (LDL), and dilated eye exam by an eye care provider

- Testing and treatment of osteoporosis (especially important after a fall)

It is also important for patients to talk to you about some issues that may be more difficult to discuss, including:

- Bladder control problems/concerns and intervention where needed
- Physical activity (maintaining or increasing current level) and developing a plan
- Problems taking prescribed medications
- Risk of falling: are they at risk, have they had a recent fall, how falls can be prevented

Our goal is to work together with you and your staff to help our Medicare members understand the importance of these tests and topics, and also to follow through on your recommendations.

Diabetes Prevention Program Available for Medicare Plan Members

An estimated 79 million older adults in the U.S. have prediabetes, but most don't know they have it. Developing diabetes can be prevented or delayed by adopting lasting lifestyle changes.

MVP Medicare Advantage plan members diagnosed with prediabetes have access to the Medicare Diabetes Prevention Program (MDPP), available at no cost. MDPP is a structured behavior change health intervention that is sponsored by CMS and recognized by the CDC. It provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle. Program participants age 60 years or older have reduced their incidence of diabetes by 60% and 40% of participants have sustained their weight loss at 10 year follow up. Lifestyle changes taught in the MDPP are proven to be more effective than only taking medication.

To be eligible for the MDPP, patients must have no previous diagnosis of type 1 or type 2 diabetes; a BMI of 27 or higher; and a blood glucose level of 5.7-6.4%, a fasting glucose of 100-125mg/dL, or two-hour plasma glucose (after a 75gm glucose load) of 140-199mg/dL.

Research shows that patients are more likely to engage in preventive health behaviors when recommended by their health care provider. For more information about the MDPP, including a list of CDC-recognized MDPP providers, visit cdc.gov and select *Diseases & Conditions*, then *Diabetes*, then *National Diabetes Prevention Program*.

Pharmacy Updates

Policy Updates Effective August 1, 2018

CAR-T Therapy: New policy

Acthar: MS criteria updated; added exclusion of IV administration

Pharmacy Programs Management: Added language indicating that authorizations do not transfer between different lines of business; updated vacation override section to indicate vacation overrides are not allowed for Child Health Plus members; updated Medicaid formulary section, including new review time frames

Co-Pay Adjustment for Medical Necessity: Updated exclusions to indicate medications being used for off label use that do not meet the Experimental policy are not eligible for co-pay reductions

Medicare Part B vs. Part D Determinations: Defined chemotherapy covered via infusion pump; added definition of high risk and intermediate risk for Hepatitis B vaccine

Specialty Drug Procurement Exception: No changes

Formulary Exception for Non-Covered Drugs: No changes

Excluded Drug List: Updated with medications previously excluded

Diclofenac Policy: For Medicaid, prior authorization on diclofenac 1% gel is removed, with quantity limit of 500g per 30 days added

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	Indicator
Symdeko	Cystic Fibrosis
Erleada	Prostate Cancer
Trogarzo (medical)	HIV
Rhopressa	Glaucoma
Lonhala Magnair	COPD
Bonjesta	Nausea and vomiting (in pregnancy)
Symfi/Lo	HIV
Zypitamag	High cholesterol
Cimduo	HIV
Firvanq	C. diff

Drugs Added to Formulary

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

trientine (prior authorization required)
sumatriptan-naproxen (prior authorization required)
minocycline ER (prior authorization required)
memantine XR
lansoprazole solutab (NF form Medicaid)
drospirenone—EE-levomefolate
ritonavir
miglustat (prior authorization required)
tiagabine

Drugs Removed from Prior Authorization

Triptodur ER (medical benefit)
Mylotarg (medical benefit)
Aliqopa (medical benefit)
Bevyxxa

Drugs Excluded from the Formulary

Effective July 1, 2018

Benzonatate 150mg capsules
Fentanyl patch 37.5mcg, 65.5mcg, 87.5mcg

Medicaid Formulary Updates

As a reminder, as of June 1, 2018 the following medications are non-formulary on the MVP Medicaid Formulary.

This is not a complete list of changes. For a complete list of covered formulary products, visit mvphealthcare.com and select *Members*, then *Prescription Benefits*, then *2018 Formularies*, then *2018 MVP Medicaid Formulary*.

Anti-Infectives

Doxycycline monohydrate capsules

Diabetic Agents

Pioglitazone/glimepiride
Pioglitazone/metformin

Osteoporosis

Risedronate tablets (all strengths)

Hormones

Desmopressin nasal spray

Cholesterol Agents

Fenofibric acid DR 135mg capsules
Fenofibrate capsules 150mg
Fluvastatin ER 80mg tablets

Allergy

Azelastine nasal spray 0.15%
olopatadine ophth soln 0.2%
Montelukast 4mg granules

Gastrointestinal

Esomeprazole 20mg and 40mg capsules

Urinary Agents

Darifenacin ER tablets

Benzodiazepines/Non-Benzodiazepines

Alprazolam ODT/ER tablets Zolpidem ER tablets

Antidepressants

Trazodone 300mg tablets Fluoxetine tablets
venlafaxine ER tablets Paroxetine ER tablets
clomipramine capsules

Antipsychotics

Risperidone ODT Olanzapine ODT
Chlorpromazine tablets

ADHD

Clonidine ER tablets

Migraine Agents

Butalbital/APAP/caffeine 50-300-40mg
Butalbital/APAP 50-300mg

Acne

Adapalene gel 0.1%
Clindamycin/ benzoyl peroxide gel
Clindamycin aerosol 1%
Erythromycin/benzoyl peroxide gel 5-3%

Opioids

Oxycodone 5mg capsules

NSAIDs

Indomethacin ER 75mg capsules
Mefenamic acid 250mg capsules
Diclofenac/misoprostol tablets

Muscle Relaxants

Carisoprodol 250mg tablets
Cyclobenzaprine 7.5mg tablets
Metaxalone tablets

Antifungals

Naftifine cream Oxiconazole cream

Antipsoriatics

Calcipotriene cream tazarotene cream 0.1%

Miscellaneous Topicals

Acyclovir ointment 5%

Topical Steroids

Desonide lotion
Betamethasone valerate aerosol
Desoximetasone cr/gel/oint 0.05%
Desoximetasone oint 0.25%
Clobetasol cream/foam/gel/lot/oint/shampoo 0.05%
Fluocinonide cream 0.1%