HealthyPractices™

MVP HEALTH CARE

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Vermont

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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.

MVP Professional Relations

MVP Corporate Headquarters **1-888-363-9485**
Vermont **1-800-380-3530**

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We welcome your comments.

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Professional Relations Updates

Online Demographic Form Now Available

As of May 15, 2018, providers now can submit demographic updates[1] 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 notifying MVP that a provider has left their group. Providers can submit the form electronically and will receive a reference number to check on the status of a change. This new process makes it easier to submit changes, saving you time to focus on patient care.

Please familiarize yourself with this form. MVP now requires all provider changes of information be submitted online.

To access the online form, visit **mvphealthcare.com/demographics**.

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

[1]In some cases, a facility may still be required to provide a paper form. If you have any questions, please contact your Professional Relations Representative.

Updated Provider Change and Patient Reassignment Request Form Now Available

MVP wants to ensure Primary Care Physician (PCP) changes are completed in a timely manner. There is an updated *Provider Change and Patient Reassignment Request* form for your practice to use when notifying MVP of such a change. The completed forms should be returned to the appropriate fax number located at the bottom of the form based on the patient's MVP plan type (e.g., Medicaid, Commercial, Medicare. etc.). To download the new form, visit **mvphealthcare.com** and select *Providers*, then *Forms*, then *Patient Forms*.

Instructions can be found in each section of the form. If you have a new patient and need MVP to make a change, the member should complete and sign Section 1 of the form. If you no longer see a patient that MVP shows on your roster, please complete Section 2.

To ensure your request is completed in a timely manner, we request you remove any old or alternate versions of the Provider Change and Patient Reassignment Request form and only use only the updated form. Using old versions or non-MVP forms may cause delays in updating accounts to reflect the correct PCP. Please note there are no changes impacting which plan types require a PCP on file.

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

Quality Improvement Updates

Manage Prediabetes to Prevent or Delay the Onset of Type 2 Diabetes

The risk for type 2 diabetes increases substantially with age, and early in the disease's course most people do not have symptoms. Screening should be considered in asymptomatic persons over 45 years old. According to the National Diabetes Education Program (NDEP), prediabetes screening should be considered in adults of any age, who are overweight or obese, and have one or more additional risk factors.

The CDC Prediabetes Screening Test is a risk assessment tool for patients to quickly determine if they are at risk for prediabetes. To find the *CDC Prediabetes Screening Test*, visit **mvphealthcare.com** and select *Providers*, then *Quality Programs*, then *Provider Quality Improvement Manual*, then *Diabetes*, then *Useful Information for Patients*.

Progression to type 2 diabetes among people with prediabetes can be delayed or prevented. Modest, sustained weight loss, increased physical activity, and/or Metformin[2] therapy can prevent or delay the onset of type 2 diabetes.

The National Institutes of Health (NIH) led a Diabetes Prevention Program (DPP) and achieved a mean weight loss of 7% in lifestyle intervention study participants. The incidence of diabetes was reduced by 58% compared with placebo over three years. These results were similar in all groups, including men and women, all racial and ethnic groups, as well as in women with a history of gestational diabetes. The DPP intensive lifestyle intervention was particularly effective in older participants with 71% risk reduction at three years.

In the DPP, Metformin reduced type 2 diabetes incidence by 31% compared with placebo. Metformin was effective for both men and women; was most effective in younger (25–44 years old) and heavier (body mass index of 35 or higher) people and was least effective in older people. Consider Metformin for the prevention of diabetes, especially among those with prediabetes who have limited capacity to exercise or who have been unable to lose 7% of their weight. This treatment was most effective among women with prediabetes and a history of gestational diabetes, and for younger, heavier persons with prediabetes.

Lifestyle intervention that includes regular physical activity and dietary changes leading to sustained weight loss should be the cornerstone of treatment for people with prediabetes. Consult your local Certified Diabetes Educators for referrals to an evidence-based program such as a CDC-recognized National Diabetes Prevention Program.

Management of Prediabetes	Population
Lifestyle intervention • Physical activity • Dietary improvement • Sustained weight loss (7% body weight)	All patients with prediabetes
Metformin	Most effective for: • Younger patients (age 25–44 years) • BMI ≥35 • Women with prediabetes and history of gestational diabetes mellitus • Patients with limited exercise capacity • Patients unable to lose 7% body weight through lifestyle intervention

Follow-up and monitoring of a patient's progress is essential in the delay and prevention of diabetes. A focus on weight loss, improved glucose and cholesterol levels, blood pressure, and self-esteem can reinforce the importance of lifestyle changes that lead to improved well-being. Practice the "SAFE" process in the management of prediabetes: ***Screen, Assess and Advise, Follow-up, Evaluate progress***.

[2]Metformin A drug approved by the U.S. Food and Drug Administration as a prescription medication to treat diabetes

Closing Gaps-In-Care with Year-Round Supplemental Data Submissions

Supplemental data is any additional clinical documentation about MVP members beyond data derived directly from claims. We ask that your practice takes the time to exchange this data with us for several reasons:

- To drive the National Committee for Quality Assurance (NCQA) Standards of Quality Care
- To provide recognition or reimbursement for practices providing high quality care
- To improve efficiency and reduce health care costs by reducing replication of services

- To assist MVP in identifying opportunities for process improvement at the population level
- For NCQA and the Centers for Medicare & Medicaid Services (CMS) reporting purposes.

MVP collects supplemental data all year, not only during the official annual HEDIS project. Practices that submit data on an ongoing basis have shorter monthly gaps-in-care lists and avoid end of year "catch-up." It can also mean fewer annual HEDIS reviews for network providers. Consider electing an office "HEDIS Champion" and developing a process to automatically submit Gaps-in-Care documentation to MVP as it arrives to your office.

For a detailed list of HEDIS measures and required documentation that can be submitted as supplemental data, find our *HEDIS Reference Guides* at **mvphealthcare/HEDIStips**.

Medicare Update

Testing and Treatment of Osteoporosis

Osteoporosis is a disabling condition that affects 55% of the American population age 50 and older. This condition is primarily asymptomatic and often not diagnosed until after an initial fracture. According to the National Osteoporosis Foundation (NOF), one in two women age 50 or older will suffer an osteoporosis-related fracture in their lifetime. MVP has adopted the NOF guidelines, Prevention and Treatment of Osteoporosis.

Key recommendations include:

- Bone Mineral Density (BMD) testing for women age 65 and older. For post-menopausal women, testing should begin between ages 50 and 69 if they have risk factors for the condition. BMD testing should be performed after a fracture to determine severity of the disease.
- Anyone with hip or vertebral fractures should be considered for treatment, as well as those with low bone mass according to their Dual-Energy X-Ray Absorptiometry (DXA) score. FDA-approved treatments include biphosphonates, miscellaneous hormones (e.g., calcitonin), and estrogen/progesterone combinations.
- Calcium (>1,200 mg) and vitamin D (800–1,000 IU) should be taken daily by adults age 50 and older, regardless of whether other medications to prevent or treat osteoporosis are prescribed. Despite the availability of specialized tests to detect osteoporosis and medications to prevent it, the condition remains largely under-diagnosed and under-treated.

According to MVP's 2017 Healthcare Effectiveness Data and Information Set (HEDIS) results, only 23% of women age 67 or older received a BMD test or prescription for a medication to treat/prevent osteoporosis within the six months following a fracture.

Utilization Management Policy Update

Facility Based Sleep Studies

Effective for service date starting October 1, 2018 and following MVP will require a place of service prior authorization for sleep studies performed in a facility or outpatient department for all lines of business except Medicaid. Medically necessary Sleep Studies in place of service Home continue to be allowed without prior authorization. Home sleep studies are not covered for Medicaid Members. Prior authorization is not required for facility and outpatient places of service for Medicaid Members. Please do not schedule sleep studies until you have received prior authorization from MVP. Requests for facility based sleep studies can be faxed to **1-800-280-7346**.

Educational Opportunity

Project ECHO® (Expanding Capacity for Health Outcomes)

Project ECHO is a collaborative model of medical education developed by the University of New Mexico in 2004 that empowers clinicians to provide better care locally by increasing access to specialty treatment in rural and underserved areas. Project ECHO uses video-conferencing technology to establish a virtual "knowledge network" between a "hub" (team of inter-disciplinary specialists located at a medical center) and multiple "spokes" (primary care clinicians located at sites in underserved communities) for training and mentoring.

Project ECHO clinic sessions are virtual grand rounds that include case-based learning, review of treatment protocols, and sharing of best practices and didactic

presentations to enhance the skills and knowledge of primary care clinicians to treat specific diseases. Participants learn from specialists and other primary care clinicians, and are able to earn CME credits for participation. Clinicians can be physicians, nurse practitioners, social workers, physician assistants, nurses, case/care managers, clinical assistants, behavioral specialists, and community health workers—all are encouraged to participate. One of the main goals of Project ECHO is to create a community of learners among peer providers to reduce professional isolation and increase job satisfaction.

Westchester Medical Center has launched **Project ECHO: Behavioral Health in Primary and Family Practice** as of May 17, 2018. They are covering lifespan behavioral health issues and therefore have child and adolescent psychiatrists, adult psychiatrist, LCSWs, and substance use specialists on the clinical panel.

Sessions are every other Thursday, 12:30–2:00 pm. Participation is free and voluntary. The project will last through January 2020.

For more information or to enroll, visit **crhi-ny.org** and select *Project ECHO* from the drop down menu on the right.

Pharmacy Updates

Policy Updates Effective September 1, 2018

Intranasal Corticosteroids: Xhance added to policy

Cough and Cold (brands): Updated covered strengths of benzonatate to 100mg and 200mg

Select Injectables for Asthma: Fasenra added to policy, indication of eosinophilic granulomatosis with polyangitis (EGPA) added for Nucala

Xolair: No changes

Cystic Fibrosis (select agents for inhalation): Kitabis pak added to policy

Cystic Fibrosis (select oral agents): Kalydeco granules added to policy, updated indications (gene mutations) for Kalydeco added to policy

Idiopathic Pulmonary Fibrosis: Exclusions for renal impairment updated

Quantity Limits for Prescription Drugs:

- Updated ADHD long acting stimulants (two per day)
- Added ondansetron 24mg tablet (four per 30 days)
- Added injectable contraceptive (four injections per 300 days)
- Added diabetic supplies
- Added Shingrix
- Added ADHD immediate release liquids
- Updated controller inhalers for Medicaid
- Removed statins

Atopic Dermatitis: Updated the Eczema Area and Severity Index (EASI) requirement to be a 50% reduction in EASI score for extension of Dupixent therapy

Cialis for BPH: Added exclusion for Medicaid

CAR-T Cell Therapy: Kymriah criteria updated

Transgender Hormone Policy (Medicaid HARP): *New policy*

Policy Updates Effective October 1, 2018

Agents for Hypertriglyceridemia: No changes

Gout Treatments: Added Duzallo to policy

Pain Medications:

- Added Xtampza to policy
- Added Morphabond ER to policy

Inflammatory Biologic Drug Therapy:

- Added Kevzara to policy
- Added Taltz to policy
- Added Psoriatic Arthritis indication for Xeljanz

Methotrexate autoinjector: No changes

Pulmonary Hypertension (advanced agents): Added Revatio suspension to policy

Epinephrine autoinjector: No changes

Migraine Agents: No changes

Neudexta: *New policy*

Luxturna: *New policy*

Duchenne Muscular Dystrophy: Added Exondys 51 as an exclusion

Orphan Drugs and Biologics: Added Benznidazole, Calquence, Brineura, and Mepsevii

Preventative Care Drug List: Added Admelog, Fiasp, Ozempic, and Zypitamag

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
Crysvita (medical)	Pediatric and adult XLH
Jynarque	ADPKD
Tavalisse	ITP
Retacrit	Anemia
Aimovig	Migraine prevention
Lucemyra	Opioid withdrawal
Yonsa	Metastatic CRPC
Doptelet	Thrombocytopenia
Palynziq	Phenylketonuria
Balcoltra	Oral contraceptive
Osmolex	Parkinson's
Akynzeo INJ (medical)	Chemotherapy NV
Baclofen 5mg	Spasticity from MS
Dexycu	Post-op inflammation
Goprelto	Nasal cavity surgery
Admelog	Type 1 diabetes
Olumiant	Rheumatoid arthritis
Roxybond	Pain requiring opioid
Eskata	Seborrheic keratosis
Siklos	Sickle cell crises

Drugs Added to Formulary

Tier 1 for Commercial/Medicaid and Tier 2 for Marketplace

Budesonide 9mg
colesvelam
Phytonadione (tier 1 all LOB)
Praziquantel

Drugs Removed from Prior Authorization

Baxdela TABLETS (Medicaid NF)
Endari (Medicaid NF
Fiasp
Heplisav-B
Juluca
Ozempic
Prevymis tablets (Medicaid NF)
Sublocade
Symproic (Medicaid NF)
Trelegy Ellipta
Verzenio (Medicaid NF)

Formulary Exclusions

These medications will require medical exception approval

Elixophyllin solution
Brand Pulmicort Nebulizer solution
Lanoxin, Inderal XL (brand)
Innopran XL (brand)
Tenormin (brand)
Catapres (brand)
Inspra (brand), Zestoretic (brand)
Dutoprol, Azor (brand)
zebutal, Exaprel, Kristalose
wound dressing gels (ie:Vexasyn gel)

To find the MVP Formularies, visit **mvphealthcare.com** and select *Providers*, then *Pharmacy*, then *MVP Formularies*.

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