Healthy Practices

A quarterly publication for MVP Health Care® providers.

Winter 2020
Volume 16 Number 1

Welcome Behavioral Health Providers!

Together We Improve Member Care

MVP Health Care® (MVP) is pleased to welcome behavioral health providers to its network. To provide our members with the highest quality care, we believe all health care—medical and behavioral—should be integrated and viewed as equal components of overall well-being. So, in 2019, MVP launched its Integrated Health initiative to insource the management of behavioral health services from Beacon Health Options, giving members a comprehensive network of providers and personalized service and support directly from MVP.

As we enter 2020, MVP is now responsible for all behavioral health services (e.g. network contracting, utilization management, case management, and claims payment) for all our New York Commercial, Medicaid Managed Care, Child Health Plus, HARP, Essential Plan, and Medicare Advantage products/plans.

Our new model of care will empower primary care and behavioral health professionals to succeed at integrating member care, enabling them to support an individual's journey to better health and optimal living.

Behavioral health providers new to the MVP network are encouraged to review the following information:

Register for an Online Account

Visit **mvphealthcare.com/ProviderRegister** to gain online access to claims information, member eligibility, benefits, authorizations, reports, and more.

Educational Resources

MVP has developed a plethora of educational resources to help providers ensure a successful partnership. Visit **mvphealthcare.com/providers/education** for information, including how to:

- Determine a member's eligibility and benefits
- Access prior authorization information
- Submit claims, including EDI, claims payments, EFT, and ERA information

Provider Resource Manual (PRM)

Access MVP policies, including operational procedures, plan type offerings, policies or authorizations, appeals process, credentialing, clinical programs, and payments, at **mvphealthcare.com/PRM**.

Let's Deliver
health insurance built around
me

We welcome your comments.

Healthy Practices
MVP Health Care
Professional Relations Dept
PO Box 2207
Schenectady NY 12301-2207

mvphealthcare.com/providers
MVPPR@mvphealthcare.com

Customer Care Center for Providers

1-800-684-9286

Behavioral Health Provider Area of Focus

MVP would like to know your areas of focus so we can refer members to the most appropriate provider, and to help our primary care providers (PCPs) make behavioral health referrals.

Please visit **bit.ly/mvpbhsurvey** (URL is case sensitive) by January 31 to:

- Indicate your subspecialties or areas of focus
- Inform us of the best method of communication (email address or fax number) so we can update you about important notices and policy updates

MVP HEALTH CARE

Introducing Baby Care Kits

The weeks and months following the birth of a baby can be both exciting and overwhelming all at once for parents. To support parents during this time, and inform them of important health information, MVP is excited to roll out a new initiative for parents of newborns. In the weeks following the birth of a baby, MVP will send Medicaid parents a **Baby Care Kit**, including useful items that can be used now and throughout baby's first year. Our kits come packed with a onesie, bib, thermometer, teething key ring, adorable muslin blanket, *Best Start* baby care book, and parent favorite *Goodnight Moon*.

Our kits also include information for mom and baby to stay healthy and help close gaps in care, in a brochure that covers topics ranging from postpartum visits, to vaccines, to well-child visits. The brochure will also detail MVP programs and services to assist members, including Case Management and the Breastfeeding Support Program (through Corporate Lactation Services).

To ensure your Medicaid members receive their box of goodies as soon as possible, be sure to provide MVP with a notification of delivery.

It's HEDIS Season

The 2020 HEDIS Medical Record Review project will begin in early February and run thru mid-May. MVP will soon be in touch to validate contact information and to request medical record access or an on-site review. Members for our HEDIS sample are randomly selected. If your office does not receive this call from us, it means that no members are in the random sample. Our requests will include a pull list of selected members and provide a detailed explanation of documentation required for each HEDIS measure.

How Your Office Staff Can Help Facilitate the HEDIS Process

Onsite reviews: Our nurse will require space enough to accommodate a laptop, desktop scanner, and your EMR system or your stack of paper charts. An electrical outlet will be necessary for the laptop, as well.

A note about protected health information (PHI): Reviewers will download the records onto an encrypted and password protected flash drive directly from your EMR. Alternatively, paper charts will be scanned to the laptop and securely filed to MVP's HEDIS software program.

Faxed/emailed records: If your office has fewer than six members to audit, we will request the records be sent to us by fax or secure email within 10 working days. Our fax and email details will be provided on our records request form. In the interest of time and efficiency, we ask that your staff submit only the documentation indicated on the records request, observing any timeframes or specified dates-of-service (DOS). All office notes require a provider signature. Ensure each record shows the member name, DOB, and DOS to reduce the need for return calls to your office.

If you employ a medical record retrieval service: Vendors can require long timeframes to fulfill requests during HEDIS season. If your office uses one of these services, please provide those details in the designated box on our fax request form and return to MVP as soon as possible.

Remote Access: We invite you to connect with us via remote access to your EMR system as an efficient alternative. For more information, contact Debra Carr at **585-327-2267**.

Things to Remember

PHI that is used or disclosed for purposes of treatment, payment, or health care operations is permitted by HIPAA Privacy Rules and does not require consent or authorization from the member. All MVP network care practices must provide the requested medical record information to comply with state and federal regulatory and accreditation requirements. This requirement is outlined in your Participation Agreement. We appreciate your cooperation and timeliness in providing the requested medical records during this busy review season.

QUALITY CORNER

Health Awareness

With 2020 upon us, let's start the year ready to fight health conditions using the power of the human connection. As providers, your office and staff can help to promote early detection, by focusing on 2020 HEDIS measures.

January Focus

January is **Cervical Cancer Awareness Month** and per the National Cervical Cancer Coalition, nearly 13,00 women in the United States are diagnosed with cervical cancer each year. This disease is preventable with vaccination and appropriate screening (PAP and HPV Tests).

Vaccination: HPV vaccines can help prevent infection from high-risk HPV types that can lead to cervical cancer and low risk types that cause genital warts. The Centers for Disease Control (CDC) recommends all boys and girls get the HPV vaccine at age 11 or 12 as the vaccine produces a stronger immune response when taken during the preteen years. When reviewing the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) technical specification for Immunizations for Adolescents (IMA), it is recommended that the HPV vaccine series is completed for adolescents by their thirteenth birthday. If using the two HPV vaccine series for members to be consider a pass on this measure, there needs to be dates of service at least 146 days apart on or between the member's ninth and thirteenth birthdays. If using the 3-vaccine series for HPV there needs to be different dates of service on or between the member's ninth and thirteenth birthdays.

Pap Tests: Detecting cervical cancer early with a Pap smear gives member's a greater chance at a cure if diagnosed with cervical cancer. A Pap smear can also detect changes in cervical cells that may be suggestive of future cancer risk. The HEDIS specifications for cervical cancer screening require that women 21-64 years of age are screened using with of the following criteria:

- Women 21-64 years of age have a cervical cytology performed within the last three years.
- Women 30-64 years of age have cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Women 30-64 years of age who had cervical cytology/ high-risk human papillomavirus (hrHPV) contesting within the last five years.

February Focus

National Children's Dental Health Month in February provides a great opportunity to promote the benefits of good oral health to children, adults, and caregivers. Attitudes and habits established at an early age are critical in maintaining good oral health throughout life. According to the NCQA approximately 25% of our nation's children have multiple cavities. Tooth decay is a major cause of tooth loss in children which can impact self-esteem and overall health. During your assessments, document your member's oral hygiene and last dental visit. If possible, make a notation of the dental practice they are affiliated with. If a member lacks dental insurance, be prepared to offer information on how to obtain low cost dental care or refer them to the MVP customer care center to explore options for dental care.

February is also **American Heart Awareness Month.** According to the American Heart Association, an important aspect of lowering risk of cardiovascular disease is managing health behaviors and risk factors. Heart disease and diabetes are among the top 10 leading causes of death in the United States. Since people with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, it is important to screen and monitor these conditions:

- The NCQA HEDIS measures for Cardiovascular Monitoring for people with Cardiovascular Disease and Schizophrenia (SMC) assesses adults 18-64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.
- Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) assesses adults 18-64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

The beginning of the year is a good time for patients with diabetes to have their HbA1c tested as you have the year to help those members with elevated HbA1c get their scores lowered. Refer members to MVP for further disease management.

March Focus

National Nutrition Month is celebrated each year during March, focusing on the importance of making informed food choices and developing sound eating and physical activity habits. The Academy of Nutrition and Dietetics theme for National Nutrition Month® 2020 is *Eat Right, Bite by Bite.* Please measure the member's body mass index (BMI) at appointments. The HEDIS measure, Adult BMI Assessment (ABA), assesses members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. For members younger than 20 years of age, documentation of a BMI percentile during the measurement year or the year prior to the measurement year is acceptable. According to the NCQA, BMI provides the most useful population-level measure of overweight and obesity. Careful monitoring of BMI will help health care providers identify adults who are at risk and provide opportunity to educate members about services to help them reach and maintain a healthier weight.

March is **Colorectal Awareness Month.** According to the American Cancer Society, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States. The member may be under the assumption that a colonoscopy is the only way to test for colorectal cancer, but there are many screenings available. Talk to members about the importance of early detection and the types of tests available, including those that are noninvasive. It's important for providers to document the type of screening performed or any exclusions in the member's medical record. Exclusions for this measure have changed to include advanced illness and frailty of the member. Providers should ensure they order the most appropriate colorectal screen indicated based on the member's status. View the colorectal cancer screening (COL) tip sheet at **mvphealthcare.com/HEDISTips** to learn more about the measure, information to include in a member's record, CPT codes that should be included in claims, and tips for talking with patients.

MVP HEALTH CARE

Resource Focus

What Our Members Should Know about Colorectal Cancer Screening

A screening test is used to look for a disease when a person doesn't have symptoms. This Resource is a great way to educate MVP members to the Colorectal Cancer screening options available. It also lets them know when these screenings should be conducted. Contact your PR Representative to receive copies.

MVP's Registration Process Updates

MVP has updated the policies and procedures for registering new providers who do not require the full credentialing process. Effective January 1, 2020, MVP began accepting the Council for Affordable Quality Healthcare (CAQH) application for the registration of the provider types outlined below. Providers need to complete the Provider Registration Application found on at **mvphealthcare.com/provider** and select Join MVP.

Effective April 1, 2020, the utilization of CAQH for provider registrations will be mandatory and MVP will no longer accept the MVP Provider and Mid-Level Registration forms. In addition, providers will be required to follow all MVP applicable policies related to registration which can be found in the Provider Responsibilities section of the MVP Provider Resource Manual at **mvphealthcare.com/PRM**.

Providers who are eligible for the MVP registration process include:

- Hospital-based physicians with a location in the inpatient hospital setting only practicing in the specialties of Internal Medicine, Family Practice, Pediatrics, Anesthesiologists, Pathologists, Critical Care, Emergency Medicine, and Neonatologist. These providers are still required to have a contract to participate with MVP. If these provider types have a location outside the inpatient hospital setting, they are required to be credentialed.
- Mid-level providers within a group practice setting must be registered with MVP. These providers would not sign a contract independently with MVP; however, are bound by the terms of an MVP Provider Agreement that is in place with the provider group they are practicing with. These provider types include: Nurse Practitioners (NP), Certified Nurse Midwives (CNM), Physician's Assistants (PA), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwives (CNM), Advanced Practice Registered Nurses (APRN)– Vermont only, Anesthesia Assistants–Vermont only, Opticians, Registered Nurse First Assistants (RNFA), and Licensed Master Social Worker (LMSW). Nurse Practitioners and Certified Nurse Mid-Wives with less than five years' experience must be part of an MVP participating group and are required to be registered. If they practice independently, they must be contracted with MVP and meet MVP's credentialing requirements.

Ownership and Disclosure

MVP recently sent a letter outlining the New York State Part 504 of 18 NYCRR (Title 18) and the NYS DOH Standard Clauses for Managed Care Provider/IPA Contracts section B(9)(l) requirements. All MVP provider groups participating in Medicaid have agreed to comply with these standards. The letter included the Ownership and Disclosure form that is required to be completed by an officer, director, or partner of the provider group and emailed to MVP at **providerattestation@mvphealthcare.com**. If you did not receive this letter and believe you should have, the form can be found at **mvphealthcare.com/providers**, click on *Forms* at the top of the page, then *Miscellaneous*, then click on *Disclosure of Ownership-Control (Provider Group)*.

PROFESSIONAL RELATIONS PROFILE

Say Hello to Debbie Taccone

In her words:

I have been lucky to be part of the MVP family for 22 years. I began this journey in the Customer Care Center working with provider offices. The call center gave me the opportunity to learn so much about the company's processes, policies, and claims processing system, which prepared me for my next position. After seven years in the call center, I moved to a researcher position working with the External Professional Relations (PR) Representatives. In 2013, I took a position as an PR representative servicing the same providers I used to speak with in when I was in the call center. I have a long history with MVP and have had the privilege to build relationships both within MVP and our medical community.

PR reps work as a team to provide the best customer service, focused on being a provider advocate. I truly enjoy the challenges this position brings, being able to be a point person and helping our customers resolve issues. This industry is ever-changing, there are always new rules, processes, and systems to learn. I am grateful to work with a wonderful group of people. I could not do this job without the knowledge and support of the people around me.

Welcome to Medicare and Annual Wellness Visits

The Welcome to Medicare or Annual Wellness Visit (as defined by Medicare) are an important part of a Medicare member's overall preventive care. The visit is a good time to talk about the member's overall health, medications taken, and any preventive screenings needed, as well as wellness topics like the importance of physical activity, fall risk, home safety, nutrition, bladder control issues, hearing loss, and quitting tobacco. You and the member can also develop or update a personal health plan or "Health Risk Assessment" to prevent disease and disability based on current health and risk factors.

There are specific codes to bill for these visits:

- G0402–Welcome to Medicare Initial Preventive Physical Exam (IPPE)
- G0438–Initial Wellness Visit
- G0439–Subsequent Annual Wellness Visit

For more information, visit **cms.gov** and search for T*he ABCs of the Initial Preventive Physical Examination (IPPE)* and *The ABCs of the Annual Wellness Visit (AWV)* education materials.

Medicare WellBeing Rewards

MVP encourages its Medicare Advantage members to stay up to date with important doctor visits and preventive screenings, and to take part in activities that contribute to their overall well-being. This year, MVP Medicare members can receive a $100 reward card for completing a variety of activities that contribute to a healthy lifestyle. It's a simple process: Members record their progress online or over the phone, see their points for doctor visits and activity attestations, and redeem their $100 reward card once they've reached 100+ points. You will no longer be required to fill out any forms on behalf of the member; points will be awarded when MVP receives a claim for the services provided.

The Health Outcome Survey

What is the Physician's Role?

The Health Outcome Survey (HOS) is initiated by the Centers for Medicare and Medicaid Services (CMS) to gather data related to the care of members and to determine a health plans CMS Stars performance rating. A random sample of the plans beneficiaries receives the survey in the spring. Two years later, they receive a follow-up survey, the survey results are compared, and the overall health of the members is rated better than, the same as or worse than expected.

Your interaction with members can directly impact the ratings reflected in the HOS measures. CMS expects that an assessment of these issues is completed and that a treatment plan is in place to improve the quality of life for members if any issues are identified. Being familiar with the HOS measures and questions will assure that you will know what to discuss with members.

The HOS ratings measures are as follows:

- Improving or maintaining physical health
- Improving or maintaining mental health
- Monitoring physical activity
- Improving bladder control
- Reducing the risk of falling

The MVP CMS Stars rating of two of our Medicare contracts on these measures for the last reporting period are:

- Monitoring physical activity rated three and four out of five stars.
- Reducing fall risk rated two and one out of five stars.
- Improving bladder control rated four and five out of five stars.
- Improving or maintaining physical health rated three and five out of five stars.
- Improving or maintaining mental health rated five and five out of five stars.

For more information about the survey, visit **HOSonline.org**.

Matrix Medical® Mobile Units

Accessibility is important when it comes to members receiving their care. To help members complete their regular health screenings and other essential services, MVP has partnered with Matrix Medical Network.

Select Medicare Advantage plan members were contacted in December to schedule a health visit through a local area Matrix mobile unit event. After initial scheduling, members will receive a visit confirmation letter. The Matrix mobile visit will allow members in select counties to meet with a registered nurse practitioner to discuss their health history, medications, and any concerns the member might have. Visits may include wellness exam, mammogram, colorectal cancer screening, diabetic A1C, diabetic retinal exam, diabetic kidney function screening, medication review, hypertensive screening, and BMI. Calls and events will continue in 2020.

Matrix mobile services will not replace any active treatment plan members have with their providers but are intended to ensure all members' preventive screenings are current. After the Matrix wellness exam, a Personal Health Report with results will be mailed to each member and to their provider. All completed preventive screenings will be attributed to the member's PCP if applicable.

Free Meal Delivery Available

Whether someone is admitted to the hospital for a planned surgery or an unexpected event, preparing for a smooth transition from hospital to home can help reduce the chance that they will need to return to the hospital because of a problem.

To help with this transition, MVP is now offering to its Medicare Advantage members free meal delivery—in partnership with Mom's Meals, a leading national provider of tailored and healthy home-delivered meals—to assist with nutritional support during recovery from an inpatient hospitalization stay. MVP Medicare members will receive 14 high-quality refrigerated meals delivered directly to their home. Members can choose from breakfast, lunch, and dinner menu options, which can be tailored to suit dietary and condition-specific needs. An MVP representative will contact members with details when they are discharged.

MVP HEALTH CARE

Pharmacy Policy Updates

EFFECTIVE OCTOBER 1, 2019

Pharmacy Program Management

- Updated Medicaid's infertility medication coverage
- Updated step therapy protocol timeframes to 24 hours

New Policy

- Infertility Drug Therapy (Medicaid/HARP)—NYS mandate—Members are eligible for three cycles of ovulation enhancing drugs: clomiphene, bromocriptine, letrozole, and tamoxifen

No Changes

- Member Medication Safety

Spinal Muscular Atrophy

- Updated Sprinraza exclusion criteria for non-invasive ventilation to ≥16 hours per day
- Zolgensma: removed Type 1 diagnosis criteria; removed "absence of c.859G>C modification in exon 7 of SMN2 gene; removed exclusion "medical records indicate member has SMA 2, 3, 4; removed exclusion "member has a pulse oximetry <95% saturation"; removed exclusion "member has active viral infection."
- Zolgensma: added criteria for baseline anti-AAV9 titers

EFFECTIVE DECEMBER 1, 2019

Crohn's Disease, Select Agents

- Deleted lupus exclusion
- Updated age exclusions (<6 years old for Humira; <18 years old for Tysabri, Entyvio, and Stelara)

Enteral Therapy New York

- Added "Please see ASO Variation as some groups adjudicate through the medical benefit" under "Indications and Criteria"

Enteral Therapy Vermont

- Deleted exclusion stating, "use of enteral formulas solely to treat an anatomical abnormality, e.g. obstruction due to head/neck surgery or reconstructive surgery"
- Deleted exclusion of $2,500 maximum per calendar year for low protein modified food products for the treatment of inherited metabolic diseases

Gaucher Disease Type 1 Treatment

- Updated Eliglustat (Cergelga) renal impairment exclusion to specify metabolizer type

Hemophilia Factor

- Added J7208 (Jivi) to policy
- Deleted outdated J-codes: J7157, J7191, J7208
- Moved "Child Health Plus: blood factors prior to April 1, 2014 are not covered" to exclusion section
- Updated Hemlibra J-code (J7170) and Rebinyn (J7203)

Hereditary Angioedema

- Added Haegarda (C1 esterase inhibitor [human]) to the policy with approval criteria

Inflammatory Biologic Drug Therapy

- Deleted Lupus exclusion
- Added Otezla's (apremilst) new indication and criteria for oral ulcers associated with Behçet's disease

Intestinal Antibiotics

- Policy name updated from "Xifaxan" to "Intestinal Antibiotics"
- Aemcolo added to Traveler's Diarrhea section with criteria
- The following exclusions were added: "Aemcolo: more than 12 tablets per episode," "Dosing and/or frequency exceeding the FDA approved package labeling," and "Non-FDA approved use."
- Added a step for Xifaxan for Traveler's Diarrhea to try Aemcolo first
- Added criteria for resistance to quinolones

Irritable Bowel Syndrome

- Updated to Rome IV diagnostic criteria
- Added the exclusion: "None of the medications identified in this policy will be covered when used in combination with one another."

No Changes

- Proton Pump Inhibitor Therapy

Ulcerative Colitis, Select Agents

- Deleted lupus exclusion

EFFECTIVE JANUARY 1, 2020

Benlysta

- Updated exclusion to include the subcutaneous dose: "Dose, frequency, age outside of the FDA approved package label."

No Changes

- Nuedexta
- Gabapentin ER
- Xyrem
- Respiratory Syncytial Virus/Synagis (palivizumab)
- Movement Disorders
- Addyi
- Prostate Cancer
- CAR-T Cell Therapy
- Radicava
- Formulary Exception for Non-Covered Drugs

Preventive Services–Medication

- Added Preexposure Prophylaxis (PrEP) therapy

Multiple Sclerosis Agents

- Updated J-code for Ocrevus (J2350)
- Added Mavenclad (non-preferred) and Mayzent (preferred) to policy
- Updated preferred and non-preferred medication list including Medicaid Variation

Immunoglobulin Therapy

- Updated Panzyga with approval criteria
- Updated J-code for Cuvitru to J1555

Select Hypnotics

- Deleted zolpidem CR (generic) and added eszopiclone to Medicaid Variation of non-formulary exception criteria; Generic zolpidem CR is excluded
- Deleted statement "member may be responsible for the applicable copayment plus any difference in cost between the generic and the brand name drug if a generic is available."
- Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults updated to 2017 (from 2008)—no change to current policy criteria
- Added ramelteon (generic Rozerem) to preferred formulary non-benzodiazepine sleep medications, including Medicaid variation

PCSK9 Inhibitors

- Deleted the following criteria: "a trail of rosuvastatin ≥20 mg must be attempted," triglyceride level less than 400 mg/dL, 'claims history must show compliance with statin and PCSK9 inhibitor therapy'
- Updated approval extension from six months to one year
- Deleted criteria for Praluent 150 mg dose

Oral Allergen Immunotherapy Medications

- Oralair updated to approved in members five to 65 years old

Weight Loss Agents

- Updated age criteria to "Age within FDA approved package label"

Psoriasis Drug Therapy

- Added Tremfya and Skyrizi as preferred options

Rheumatoid Arthritis Drug Therapy

- Excluded Kevzara for Commercial and Exchange
- Added Rinvoq as preferred option for Commercial, Exchange, and Medicaid

Ulcerative Colitis, Select Agents

- Excluded Simponi
- Added Xeljanz as preferred option with approval criteria to have a documented failure or inadequate response to 12-week trial of Humira
- Updated exclusion section—Humira use is excluded for members with Multiple Sclerosis

FORMULARY UPDATES FOR COMMERCIAL, MARKETPLACE, AND MEDICAID

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

DRUG	INDICATION
Sunosi	Narcolepsy
Xpovio	Relapsed or Refractory Multiple Myeloma (RRMM)
Nubeqa	Prostate Cancer
Vyleesi (excluded for Medicaid)	Hypoactive Sexual Desire Disorder
Turalio	Tenosynovial Giant Cell Tumor (TGCT)
Slynd	Prevention of Pregnancy
Ezallor	High Cholesterol
Adhansia XR	Attention Deficit Hyperactivity Disorder (ADHD)
Katerzia	High Blood Pressure / Coronary Artery Disease
Kanjinti (medical)	Breast Cancer
Mvasi (medical)	Various Cancers
Baqsimi One	Diabetes
Rinvoq (Tier 2)	Rheumatoid Arthritis
Xenleta	Community-Acquired Bacterial Pneumonia (CABP)
Nourianz	Parkinson's Disease
Wakix	Narcolepsy
Inrebic	Myelofibrosis
Nayzilam	Epilepsy
Tosymra	Migraine
Rybelsus	Diabetes
Gvoke	Diabetes
ProAir Digihaler	Asthma
Duaklir Pressair	Chronic Obstructive Pulmonary Disease (COPD)
Myxredlin (medical)	Diabetes

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Andexxa (medical)	**Motegrity**	**Gleolan (medical)**
Bijuva	**Inbrija**	**Balversa**
Evenity (medical)	**Prograf Granules**	**Rocklatan**
Dextenza (medical)	**Dovato**	

NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Uloric	febuxostat	Tier 1–PA	Tier 1–PA	Tier 2–PA
Firazyr	icatibant	Tier 1–PA	Tier 1–PA	Tier 2–PA
Lyrica	pregabalin	Tier 1	Tier 1	Tier 2
Rozerem	ramelteon	Tier 1–QL	Tier 1–QL	Tier 2–QL
Dyrenium*	triamterene capsules	Tier 1	Tier 1	Tier 2
Noxafil	posaconazole	Tier 1	Tier 1	Tier 2
Amicar	aminocaproic oral solution	Tier 1	Tier 1	Tier 2
Orafadin	nitisinone	Tier 1–PA	Tier 1–PA	Tier 2–PA

All other brands will be non-formulary, Tier 3

*Dyrenium is excluded from coverage

DRUGS EXCLUDED FROM THE FORMULARY

Krintafel	**Dsuvia**	**Apadaz**	**Qmiiz ODT**

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MISCELLANEOUS UPDATES

Yonsa

- Removing prior authorization for Commercial, Exchange, and Medicaid for 2020

Dyrenium (brand)

- Excluding for all non-Med D plans

Yutiq

- No prior authorization requirement for Medicare

Preventive Medication and Services List Update

- Adding preferred glucometers, preferred test strips, lancets, alcohol swabs, peak flow meters, and blood pressure monitors to this list
- All existing coverage limits will still apply
- This modified list will only be used for specific group coverage and will be effective for 2020

Infliximab Policy

- Removed the frequency and dose exclusion
- Any requests received that are outside of package labeling will be reviewed on a case by case basis

Admelog and Insulin Lispro

- Adding to the 2020 Medicaid formulary, Tier 2

Quantity Limits

- Adding quantity limits for the Medicaid formulary for 2020
- 120 units per 25 days for:
  - –Fluocinonide 0.05% solution
  - –Fluocinolone 0.01% solution
  - –Hydrocortisone butyrate 0.1% solution

Azelaic Gel 15%

- Adding to Tier 1 on the Medicaid formulary for 2020

Medical Policy Updates

EFFECTIVE DECEMBER 1, 2019

- **Allergy Testing and Allergen Immunotherapy:** No changes were made to the policy.
- **Alopecia Treatment:** No changed were made to the indications or medical criteria of the policy.
- **Benign Prostatic Hyperplasia (BPH) Treatments:** High Intensity Focused Ultrasound (HIFU) has been added to the exclusions section of the policy as experimental and investigational, based on the lack of evidence in improved outcomes versus traditional therapy.
- **Biofeedback Therapy:** Biofeedback for home use, including vaginal probe biofeedback, is considered investigational.
- **Cold Therapy Devices:** Scalp cooling devices have been added to the exclusions section of the policy as they are considered experimental and investigational.
- **Durable Medical Equipment (DME) (Includes Prosthetics and Orthotics):** The DME repair and replacement policies will apply to DME items which had been in use prior to the user enrolling with MVP. The Replacement DME policy was updated as follows: For a DME item to be replaced, a new physician order must be in place documenting the reason for the replacement, if the member continues to use and benefit from the equipment. Replacement after five years would require that the item is irreparably damaged, and replacement is more cost effective than repair. The Medicare variation has been updated as follows: Replacement of DME and supplies specify that the reasonable useful lifetime cannot be less than five years. Replacement during the first five years of use, during the "reasonable useful lifetime," is covered if the item is lost, irreparably damaged, or the member's medical condition changes such that the current equipment no longer meets the member's needs. If a PAP device is replaced following the five-year Reasonable Useful Lifetime (RUL), there must be a face-to-face evaluation by the member's treating practitioner that documents that the beneficiary continues to use and benefit from the PAP device. There is no requirement for a new sleep test or trial period.
- **Electrical Stimulation Devices and Therapies:** Cefaly devices for the treatment of migraine are considered investigational and not covered. GammaCore non-implantable transcutaneous vagus nerve stimulation (tVNS) is considered investigational. Electrical tumor treatment field therapy for newly diagnosed Glioblastoma is now covered under the Medicare variation under the criteria outlined in the policy.
- **Endovenous Ablation of Varicose Veins:** Endovenous foam sclerotherapy (Varithena) is considered investigational.
- **Genetic and Molecular Diagnostic Testing:** The DecisionDX-Melanoma test is covered for Medicare members under the criteria outlined in the policy. It is considered investigational for all other lines of business.
- **Implantable Cardioverter Defibrillators, Implantable Dual Chamber Automatic Defibrillators, Cardiac Resynchronization Devices:** Programming of previously implanted cardioverter defibrillators will now be covered. Implantation of cardioverter defibrillators remains not covered.
- **Interspinous Process Decompression Systems (IPD):** The policy was updated to remove language referencing the X-Stop Interspinous Process Decompression system as it is no longer on the market. The policy was updated to include the Coflex Interlaminar Stabilization Device and Superion Interspinous Spacer. The Medicaid variation was removed from the policy. Interspinous Process Decompression remains non-covered as investigational. The Medicare variation was updated to reflect Medicare's LCD.
- **Intraoperative Neurophysiologic Monitoring During Spinal Surgery:** No changes were made to the policy.
- **Investigational Procedures, Devices, Medical Treatments, and Tests:** No changes were made to the policy.
- **Light Therapy for Seasonal Affective Disorder:** No changes were made to the policy.
- **Monitored Anesthesia Care During Gastrointestinal Endoscopy:** No changes were made to the policy.
- **Needle-free Insulin Injectors:** No changes were made to the policy.
- **Speech Therapy (Outpatient) and Cognitive Rehabilitation:** Language was added to the policy clarifying that swallowing therapy may also be performed with speech therapy and does not count toward a member's speech therapy benefit limit if such a limit exists.
- **Total Artificial Heart:** This policy was previously named "Artificial Heart." Total artificial heart is covered only as a bridge to transplant. It is not covered for home use or for hospital discharge.
- **Transplants:** No changes were made to the policy.
- **Vision Therapy (Orthoptics, Eye Exercises):** The Medicare variation was removed from the policy.

Enhanced New York State Lead Requirements

Studies have proven that low levels of lead in the blood cause adverse health and behavioral effects. In response to these studies, the New York State Department of Health (NYSDOH), recently amended NYS Public Health Law (§ 1370) and regulations (Part 67 of Title 10 of the New York Codes, Rules, and Regulations) to lower the definition of an elevated blood lead level in a child from 10 to 5 mcg/dl.

A letter of guidance was sent to all health care providers in August 2019 outlining the changes below:

- Providers must confirm all capillary blood lead specimens ≥5 mcg/dl with a venous blood sample and perform risk reduction and nutritional counseling.
- Any child under 18 years of age with a confirmed venous blood lead level ≥5 mcg/dl (formerly 15 mcg/dl) must receive a complete diagnostic evaluation, medical treatment, as needed, and referral to the appropriate local health department for environmental management. A complete diagnostic evaluation shall include, at a minimum: a detailed lead exposure assessment, a nutritional assessment including iron status, and a developmental screening.

To assist with implementation of these changes, please refer to the updated NYSDOH guidelines and tools at **health.ny.gov/environmental/lead.**

MVP HEALTH CARE

MVP Care Management

Working Together with You

MVP offers dedicated Care Management programs to members. 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 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, our strategic partners, we ensure members with chronic conditions understand the best course of action to address their needs, and everyone understands that the emergency room is often not the best solution. Sharing data and keeping the lines of communication open will help us both give members guidance in navigating the health care continuum.

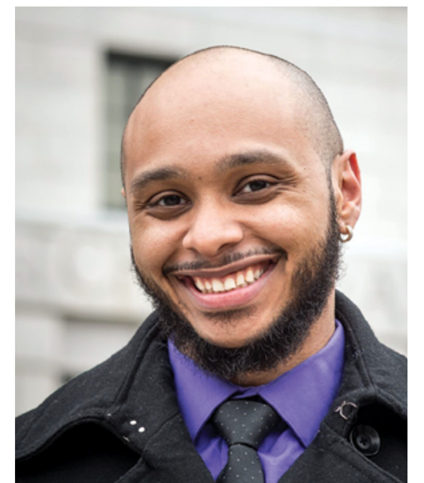
Collaboration in Vermont to Help Providers

The Vermont Program for Quality in Health Care, Inc. (VPQHC) is collaborating with state and local partners to provide an exciting opportunity for mental health providers to increase their comfort and competence working with clients experiencing suicidal thoughts. VPQHC and partners will distribute a survey in January to increase our understanding of the number of mental health providers in Vermont who are trained in suicide-specific treatment protocols. Our goal is two-fold, to develop a directory of clinicians who are trained in suicide-specific treatment protocols in order to support referral pathways to appropriate treatment, and to identify clinicians who are interested in further training. As part of the second phase of this project, we will work with partners to make evidence-based training available at an affordable price. According to the CDC, Vermont's suicide rate has increased 73.1% since 1999, this is the fourth largest increase of any state during that time. The need for treatment is growing, and we hope to support the development of strong pathways to appropriate care, and to increase the number of mental health clinicians in Vermont who feel prepared to provide evidence-based treatment to clients experiencing suicidal ideation. Please support the project by participating in the survey when you receive it this January, and contact Mary McQuiggan, LICSW at VPQHC with any questions at **marym@vpqhc.org.**

CASE MANAGEMENT PROFILE

Say Hello to Romel Wilson, LMSW

In his words:



I have been working in the human service field for more than eight years and have been a social worker for three. Now, I have begun my newest journey as a Social Worker for MVP, and I am overjoyed to be working here since MVP always puts members first. As a Professional Social Worker, I connect with members and provide them with resources that they are either unfamiliar with or believe they do not qualify for. Each case is different and unique, and because of these differences, I have developed a diverse portfolio of resources that I use to support our members. I love making a difference in our member's lives.

Healthy Practices

625 State Street
Schenectady, NY 12305-2111
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Feeding Westchester

MVP volunteers recently spent time at Feeding Westchester in Elmsford, NY. MVP helped pack nearly 2000 bags of produce foods that will be distributed to senior citizen homes throughout Westchester.

Pictured (L-R): Shaneikqua Harris, Allison Sussman, Diego Vele, Beatriz Gaton-Hall, Carmen Chimbo, Yessenia Rojas, Steven Santiago

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