

HEALTHY PRACTICES™

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THIS NEWSLETTER CONTAINS INFORMATION THAT PERTAINS ONLY TO MVP-PARTICIPATING HEALTH CARE PROVIDERS.

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Special Insert: UM Guide

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comments

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PROFESSIONAL RELATIONS UPDATES

No referral requirements for non-restricted MVP Option (Medicaid) plan members

MVP Health Care® eliminated the referral requirements associated with its Medicaid plans (MVP Option, Option Child and Option Family) on **July 1, 2014**.

Previously, MVP required referrals for members of these health plans (Option plan members) when they obtained dermatology, plastic surgery or oral surgery services.

Option plan members accessing these services now will not require a referral; however, if they obtained services from these specialties prior to July 1, a referral was required.

Note: MVP will still require referrals for any MVP Option member who is a Restricted Recipient of services obtained from health care providers other than their Primary Care Physician. There is no change to this process. You can determine if an Option plan member is a Restricted Recipient by checking his or her eligibility when you log in to your account at www.mvphealthcare.com/providers.

Increased payments to primary care providers

MVP began sending increased payments to primary care providers as outlined under the Affordable Care Act (ACA), section 1202. This mandate provides increased payment for certain primary care services for dates of service from January 1, 2013 through December 31, 2014. This applies to Medicaid Managed Care and Family Health Plus members only. For these services, states are required by federal law to reimburse qualified providers at the rate that would be paid for the primary care service under Medicare (if the service was covered).

This additional payment represents the difference between the amount that MVP previously paid for a specified primary care service and the amount that would be paid if it were covered by Medicare. The payment and remittance advice is for dates of services rendered January 2013 through June 2013. Additional payment will be made at a later time, following the schedule posted on the New York State Department of Health website. Go to www.health.ny.gov and click on *Medicaid* in the *A-Z Index*, then *Medicaid PCRI*, then *Schedule for PCRI Final 1-23-14*.

This mandate specifically states that the health care professional that performed the eligible primary care service receive the increased payment. Providers may be subject to audit by the Centers for Medicare & Medicaid Services (CMS), New York State Department of Health or MVP to ensure compliance with applicable regulations.

MVP and Xerox/Data Metrix

MVP expanded its relationship with Xerox/Data Metrix (formerly Affiliated Computer Services, or ACS). Partnering with Xerox/Data Metrix, a firm already working with other health plans in our service area, helps MVP contain the cost of providing quality health care by combating fraud, abuse and non-compliance by detecting billing discrepancies.

Xerox/Data Metrix review data for both financial and clinical audits. The reviews are completed by certified coding specialists and clinicians to achieve

the highest-quality review. The audit expansion includes hospital bill audits, DRG, APC, renal dialysis billing and inpatient rehabilitative facility billing audits.

Xerox/Data Metrix will notify providers in writing if your practice or hospital is selected for an audit. Xerox/Data Metrix will perform its audit and recover overpayments and underpayments as required to ensure accurate claims payment. MVP will perform claim adjustments based on the Xerox/Data Metrix review upon closure of the provider dispute window.

We appreciate your cooperation in these important audits to help ensure the most accurate billing.

Helping adolescent patients find an adult care provider

Patients entering adulthood (ages 18 and up) may want help or need encouragement to transition from a pediatrician to an adult care provider.

MVP offers resources to help you serve your adolescent patients. MVP's online provider directory enables members to search for and choose an adult provider by several preferences such as location, board certification, gender or language spoken.

Go to www.mvphealthcare.com, click *Members*, then *Find a Doctor*, and then *Doctor Search*.

The MVP Customer Care Center is available to assist older adolescent members transition from a pediatrician and/or pediatric specialists to an adult provider when they wish to make the change. Members can reach the Customer Care Center by calling the phone number shown on the back of their MVP Member ID card.

MVP offers a template letter to make it easy for you to contact your patients over the age of 18 to help make the transition from **your practice** to an adult practice. Contact your MVP Clinical Reporting Coordinator for more details.

Prior authorization requirement lifted for medical observation stays

Beginning August 1, 2014, MVP will remove the prior authorization requirement for medical observation stays when services are rendered by participating providers for all lines of business (Commercial, ASO, Medicare and Medicaid). There is no change to the current process for converting observation to an inpatient level of care; facilities are required to notify MVP of a conversion to inpatient levels of care.

Observation stay is an alternative to an inpatient admission that allows reasonable and necessary time to assess a patient's medical condition and provide medically necessary services to a member whose diagnosis and treatment are not expected to exceed 24 hours, but may extend to 48 hours, and the need for an inpatient admission can be determined within this specific period.

- Observation stays will be subject to potential retrospective review.
- These retrospective reviews will include review of the medical record and are based on medical necessity, contractual and/or regulatory requirements as issued by Medicaid or CMS (applies to all MVP products).

- Upon receipt of the medical record, the standard Utilization Management process for retrospective audit will be followed.

- While prior authorization for observation will no longer be required, facilities must still notify MVP of a conversion to inpatient levels of care.

- If a patient is admitted to an inpatient setting, the entire observation period will convert to inpatient benefit days. When notifying MVP of an inpatient admission, the admission date provided should equal the start date of the observations period when applicable.

Additional information can be found in the *Utilization Management* section of the *Provider Resource Manual*. If you have any questions, please contact your MVP Professional Relations Representative.

Access and availability standards

The Department of Health (DOH) performs regular audits of MVP's network of health care providers. The purpose of the survey is to assess the compliance of PCPs and OB/GYNs participating in the NYS Medicaid Managed Care program with the medical appointment standards delineated in the Medicaid and Family Health Plus contracts. The list of these access standards is available in Section 4 of the *Provider Resource Manual* titled *Provider Responsibilities*.

Provider demographic information

MVP makes every effort to ensure a provider's demographic information is accurate on our systems. Should you or your practice have changes in demographic and/or participation status it is important that MVP be promptly notified. Examples of status changes are:

- No longer accepting patients
- No longer accepting Option only patients
- Address, telephone number changes, etc...

Please use the *Provider Demographic Change Form* located at www.mvphealthcare.com/provider under *Provider Demographic Change Form*.

CLAIMS UPDATES

Improve your documentation

MVP wants to help you with your coding documentation and assist you in preparing for ICD-10. Despite the delay of ICD-10 until October 1, 2015, MVP continues to move forward with education and training on both ICD-9-CM and the transition to ICD-10-CM. MVP encourages you to take this additional time to prepare your systems and staff for a smooth transition to ICD-10.

MVP can help you improve your documentation and assist you in transitioning to ICD-10 by providing various training and education options such as:

- Initial awareness training
- Specialty specific
- Clinical documentation improvement
- Tools to facilitate documentation
- Online lessons and webinars

For more information on training and education, please contact Shannon Bujak-Chase at **518-386-7502** or sbujak-chase@mvphealthcare.com or Mary Ellen Reardon at **585-279-8583** or mreardon@mvphealthcare.com.

POPULATION HEALTH MANAGEMENT UPDATES

Depression and primary care: a partnership for health

Depression, for the most part, is diagnosed and treated in primary care. The expectations for today's Primary Care Physician (PCP) can be immense, yet there are brief screening tools such as the Patient Health Questionnaire-2 (PHQ-2) that can be helpful. The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. Patients who screen positive should then be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder. These screenings can be self-administered by the patient and reviewed with the PCP.

When a patient screens positive for depression it is important to educate them about their treatment options. Educating patients about depression and treatment options facilitates partnership in the care process, enhances adherence to the treatment plan and facilitates patient engagement.

Medications

Patients placed on an antidepressant medication should have at least three follow-up visits with a practitioner within the first 12 weeks of being placed on the medication. At least one visit should be with the prescribing practitioner. Keeping a flow sheet toward the front of a patient's chart to document depression scores and symptoms can serve as a reminder for key aspects of care that should take place at follow-up visits including:

- Re-assessing the diagnosis
- Monitoring depression severity and patient function
- Making changes in treatment, if applicable

Coordinating Specialized Care

Depressed individuals often have difficulty with motivation to seek help and follow through with recommendations. It is important that if a referral is made to a Behavioral Health (BH) Specialist, the PCP follows up to ensure the appointment was made and kept in a timely manner. Coordination of care is essential and it can be comforting to patients to know that you will be working together with their Behavioral Health provider to help them feel better. The BH provider should also communicate back pertinent information regarding the patient's treatment plan and any medications to the PCP.

ValueOptions®, the company that manages mental health and substance abuse services for MVP (members living in NY and NH), can provide assistance. Health care providers and members may be connected to ValueOptions® for assistance by calling the number on

the back of the member's ID card. Medicare members may call MVP at **1-800-568-0458** for assistance. ValueOptions® also established a PCP Consultation Line staffed by Board Certified Psychiatrists who are available to provide telephonic consultation regarding all aspects of mental health and substance abuse treatment, including medications. This valuable service is available Monday through Friday from 9 am to 5 pm Eastern Time by calling **1-877-241-5575**.

For a free copy of the PHQ-9 and other tools for the diagnosis and management of depression go to www.mvphealthcare.com and click on *Providers*, then *Quality*, then *Provider Quality Improvement Manual*, and then *Behavioral Health* on the left hand side.

Sources: Medical Care; JAMA

QUALITY UPDATES

Provider Quality Improvement Manual (PQIM) update

Clinical Guidelines Re-endorsed

The MVP Quality Improvement Committee (QIC) recently re-approved the following enterprise-wide clinical guidelines:

• Adult Preventive Care Guidelines

MVP, as part of its continuing Quality Improvement Program, has adopted Adult Preventive Care Guidelines. The adult guidelines reflect recommendations by the U.S. Preventive Services Task Force that can be found at www.uspreventiveservicestaskforce.org under *Recommendations*. These guidelines can also be found in a summarized format in the *Guide to Clinical Preventive Services* available at the link above by clicking on *Tools for Primary Care Practice*.

For adult immunizations, MVP endorses the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) recommendations. A copy of their Immunization Schedule is available at www.cdc.gov; click *Healthy Living*, then *Vaccines and Immunizations*.

• Asthma

MVP, as part of its continuing Quality Improvement Program, endorses recommendations for Asthma care that are a result of a collaborative effort led by the New York State Department of Health (NYSDOH). Collaborators include NYSDOH, the New York City Department of Health and Mental Hygiene, MVP Health Care and other health plans and professional organizations from across New York State. The guideline is derived from the Third Expert Panel 3 Report (EPR3). The EPR3 Asthma guideline was developed by an expert panel commissioned by the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee (CC), National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH). The NYSDOH Clinical Guideline for the Diagnosis, Evaluation and Management of Adults and Children with Asthma can be found at www.health.ny.gov; click *Diseases & Conditions*, then *Asthma*.

In New York, MVP encourages practitioners to use the New York State Department of Health's (NYSDOH) Asthma Action plan with their patients and families. The form is available at www.health.ny.gov. Click *Diseases & Conditions*, then *Asthma* and then *Asthma Action Plan and Informational Material*.

Practitioners in Vermont are encouraged to use a similar form produced by the Vermont Department of Health. For copies of the Vermont Asthma Action Plan form, contact: Vermont Department of Health Asthma Program at **1-802-863-7514** or toll free at **1-866-331-5622**. A sample of the Vermont action plan can be found at healthvermont.gov. Click *Diseases and Prevention*, then *Asthma* and then *Tools for Managing Asthma*.

In conjunction with these guidelines, MVP offers a Condition Health Management program for our members with a diagnosis of asthma. If you would like to refer one of your patients to this program, please call the Population Health Management Department at **1-866-942-7966**. More information on this and MVP's other health programs can be found at www.mvphealthcare.com/provider; click *Condition Health Management* and then *Programs for Members with Chronic Health Concerns*.

• Attention Deficit Disorder

MVP, as part of its continuing Quality Improvement Program, adopted the American Academy of Pediatrics *Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents* (2011 update). This guideline can be found in the Behavioral Health section of the *Provider Quality Improvement Manual* at www.mvphealthcare.com/provider. Click *Quality Programs* and then *Provider Quality Improvement Manual*.

The National Initiative for Children's Healthcare Quality (NICHQ) has developed a toolkit specifically for ADHD. Items in the toolkit include ADHD evaluation forms and written treatment plans for the primary care clinician; the Vanderbilt Assessment scales and scoring information for parents, educators and clinicians; educational materials for parents and additional resources. After registering (free of charge), the NICHQ toolkit can be accessed at www.nichq.org. Click *Resources*, then *Toolkits* and then *ADHA*.

In addition, for our New York practitioners, ValueOptions® offers a toll-free Provider Consult Line staffed by Board Certified Psychiatrists. These psychiatrists are available for telephonic consultation regarding all aspects of mental health and substance abuse treatment for children and adults, including appropriate use of psychotropic medications. The consult line is a valuable tool in educating PCPs on how to screen for and manage children with ADHD as well as answer specific questions. PCP's as well as specialists may contact the ValueOptions® Provider Consult Line at **1-877-241-5575**, Monday through Friday between the hours of 8 am and 5 pm Eastern Time.

• Chronic Obstructive Pulmonary Disease (COPD)

MVP, as part of its continuing Quality Improvement Program, adopted the Global Initiative for Chronic

Obstructive Lung Disease's (GOLD) clinical guideline for the diagnosis, management and prevention of COPD (2011 update). The GOLD Guideline for COPD entitled, *Global Strategy for the Diagnosis, Management, and Prevention of COPD* can be found at www.goldcopd.com. Click on *Documents & Resources* located under the *Home* icon on the GOLDCOPD homepage. Also available on this site are the *Pocket Guide to COPD Diagnosis, Management and Prevention* and the *Spirometry Guide*.

For Commercial members, please refer to the following Healthways guideline www.healthways.com/physician_portal_docs/.

In conjunction with these guidelines, MVP offers a Condition Health Management program for our members with a diagnosis of COPD. If you would like to refer one of your patients to this program, call the Population Health Management Department at **1-866-942-7966**.

• Oncology

MVP, as part of its continuing Quality Improvement Program, adopted the National Comprehensive Cancer Network's (NCCN) Practice Guidelines in Oncology™ for the treatment and management of cancer. The National Comprehensive Cancer Network is a not-for-profit alliance of 21 of the world's leading cancer centers who work together to improve the quality, effectiveness and efficiency of cancer care.

Providers may access the NCCN Clinical Practice Guidelines in Oncology™ at www.nccn.org. Click *Clinical Recommendations* and complete the brief registration process (free of charge). Numerous guidelines for the treatment and management of cancer are available by clicking on *NCCN Guidelines for Treatment of Cancer by Site*. Also available on the *NCCN Guidelines* webpage are several pocket guidelines (free of charge).

In conjunction with these guidelines, MVP offers a Condition Health Management program for members in active treatment for cancer. If you would like to refer one of your patients to this program, please call the Health Care Operations Department at **1-866-942-7966**.

• Perinatal Care

MVP adopted perinatal care practice guidelines as part of its continuing Quality Improvement Program. These practice guidelines primarily reflect the recommendations put forth in the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists (AAP/ACOG) *Guidelines for Perinatal Care, Seventh Edition, October, 2012*. The AAP/ACOG guidelines are available at www.acog.org. Follow the publications link to guidelines. The guidelines are free to ACOG members. Non-members and members of the public can purchase the guidelines in printed form at the online store.

In addition to the AAP/ACOG guidelines, all clinicians who provide care for MVP Option and MVP Option Family (Managed Medicaid and Family Health Plus) patients should be aware of, and follow, the New York State Medicaid guidelines. To access the

um policyguide

JULY 1, 2014

MVP Prior Authorization Process

This *UM Policy Guide* provides a quick reference of prior authorization requirements for MVP's fully-insured and self-insured plans. The guide should be used in coordination with the Prior Authorization Request Form (PARF). All services listed in this document require prior authorization by MVP.

MVP Fully-Insured Plans (HMO, POS, PPO & EPO)

If a procedure or service requires prior authorization:

- Fax a completed PARF to **1-800-280-7346** or
- Call the MVP Utilization Management Unit at **1-800-568-0458**.

MVP Self-Funded Plans (ASO-HMO, ASO-POS, ASO-PPO, ASO-EPO, ASO-Indemnity)

MVP Select Care (ASO) provides self-funded employer groups with customized health benefits packages. All MVP Select Care members have the employer's name and/or logo listed at the top of their ID cards. If your patient is an MVP Select Care (ASO) member:

- Fax a completed PARF to **1-800-280-7346** or
- Call the MVP Select Care UM Unit at **1-800-229-5851**.

Prescription Drugs

Self-administered medications covered under the prescription drug rider requiring prior authorization do not appear in this document. They are contained in the Prescription Drug formulary for commercial members and the Medicare Part D formulary for Medicare Part D members. The formularies are available online at www.mvphealthcare.com. See next page for more information about medications administered in the outpatient setting.

Behavioral Health Services

MVP Health Care has entrusted ValueOptions® to manage our members' behavioral health care (mental health and substance abuse) services. ValueOptions® is now administering behavioral health coverage for:

- All ASO (self-funded) plans
- All fully insured plans in New York and New Hampshire (HMO, POS, EPO, PPO, Indemnity, and Government Programs including Medicaid, Family Health Plus, Child Health Plus, and Medicare).

For all questions related to Behavioral Health Services please contact ValueOptions® at:

- **1-800-568-0458** and listen for the Behavioral Health Prompt for all members except Select Care (ASO) members
- **1-800-229-5851** and listen for the Behavioral Health Prompt for Select Care members
- You also may visit ValueOptions® online at www.valueoptions.com

Radiology and Radiation Therapy

MVP has delegated the UM review for all prospective review of Radiation Therapy, MRI/MRA, PET Scan, Nuclear Cardiology, and CT/CTA, and 3D rendering imaging to CareCore National, LLC in Bluffton, SC.

CareCore National (CCN) utilizes evidence-based guidelines and recommendations for imaging from national and international medical societies and evidence-based medicine research centers. For more information on CCN go to www.mvphealthcare.com/provider, then *Online Resources* and click on *Provider Resource Manual*. To obtain an authorization please submit requests online at www.carecorenational.com or call **1-800-568-0458** and follow the radiology prompts.

Chiropractic Services

MVP Health Care has delegated Landmark Healthcare, Inc. to manage our members' Chiropractic care. Landmark case managers, all of whom are licensed chiropractors, use nationally accepted clinical protocols as guidelines to make UM determinations. Contact Landmark's UM Department at **1-800-638-4557**.

Online Resources

Visit MVP online at www.mvphealthcare.com to print a *Prior Authorization Request Form* (PARF), review the *Physician Quality Improvement Manual and Tool Kit*, or access information and forms. Providers also may review the *Benefits Interpretation Manual* (BIM), MVP's medical policies. The BIM allows providers to determine if procedures require an authorization based on CPT code or the member's plan.

Samples of MVP Member ID Cards

Plan information, including images of ID cards, is online as part of MVP's *Provider Resource Manual* (PRM). Log in at www.mvphealthcare.com/provider, go to *Online Resources* and click on *Provider Resource Manual*. Select *MVP Plan Type Information* (Section 3) for details.

In-Office Procedure and Ambulatory Surgery Lists

Participating providers and their office staff can access the *In-Office Procedure and Ambulatory Surgery Lists* at www.mvphealthcare.com. Contact your professional relations representative if you prefer a paper copy.

Please note:

- The In-Office Procedure List details the CPT® codes that MVP requires to be performed in the physician's office. Claims submitted with a place of service other than the physician's office will be denied unless prior authorization is obtained.
- The Ambulatory Surgery List specifies the CPT®/HCPCS codes that MVP will reimburse when performed in the ambulatory surgery or in-office settings. Claims submitted with an inpatient setting will be denied unless prior authorization is obtained.
- All procedures are subject to the member's plan type and benefits.



PRIOR AUTHORIZATION REQUIREMENTS

All Plan Types

Procedures/Services Requiring Prior Authorization	For Prior Authorization Contact:
<ul style="list-style-type: none"> All Elective Inpatient Admissions Advanced Infertility (Available per contract, age requirement per NYS mandate) Inpatient Rehabilitation Transplants 	Fax a completed PARF to 1-800-280-7346 or call UM at 1-800-568-0458 . For MVP Select Care (ASO) members, fax a completed PARF to 1-800-280-7346 or call the Select Care UM Dept. at 1-800-229-5851 . Call 1-866-942-7966
Medications (IV and most IM dosage forms) given in the office or outpatient setting that require prior authorization are listed here: <ul style="list-style-type: none"> Commercial Formulary (HMO, POS, MVP Option Child, PPO, EPO and some ASO plans) Option and Option Family Formulary Medicare Part D Formulary (Preferred Gold, GoldAnywhere, GoldValue, USA Care and RxCare) Health Insurance Marketplace Formulary (Individual and Small Group On and Off Marketplace plans) These formularies are located online at www.mvphealthcare.com .	For Commercial members, fax a completed form to 1-800-376-6373 . Forms can be found at www.mvphealthcare.com/provider

DME & Home Care Services (MVP HMO, MVP POS, MVP Basix, MVP Preferred PPO, Preferred Gold HMO-POS, Gold Value HMO-POS, GoldAnywhere PPO, BasicCare PPO, MVP Preferred EPO, MVP Healthy NY, MVP Option, MVP Option Child, MVP Option Family, MVP Preferred EPO-Bridgewell, HQNet, MVP Evolution Health EPO, MVP Premier, MVP Premier Plus, MVP Liberty, MVP Secure, MVP Vermont Vitality, MVP VT Vitality Plus, Vermont First, Vermont Non-Group Indemnity, ASO as indicated by individual plans)

Services	Procedures/Services/Treatments Needed	For Prior Authorization Contact:
Durable Medical Equipment	Durable Medical Equipment (DME) can be dispensed/billed from a physician's or podiatrist's office for stabilization and to prevent further injury, without prior authorization. This is to assure safe mobility and transportation home. The DME item must be billed with the office visit.	MVP DME Unit: 1-800-452-6966 ; DME fax: 1-888-452-5947 Access DME Prior Authorization Code List and other DME information at www.mvphealthcare.com/provider/dme.html or tinyurl.com/yas3p5o
Home Care Services	<ul style="list-style-type: none"> Home Infusion Nursing* Occupational Therapy* Speech Therapy* Physical Therapy* Terbutaline Therapy 	MVP Home Care Unit: 1-800-777-4793, ext. 12587

Outpatient Imaging Services and Radiation Therapy Management (MVP HMO, MVP POS, MVP Basix, MVP Preferred PPO, Preferred Gold HMO-POS, Gold Value HMO-POS, GoldAnywhere PPO, BasicCare PPO, MVP Preferred EPO, MVP Healthy NY, MVP Option, MVP Option Child, MVP Option Family, MVP Preferred EPO-Bridgewell, HQNet, MVP Evolution Health EPO, MVP Premier, MVP Premier Plus, MVP Liberty, MVP Secure, MVP Vermont Vitality, MVP VT Vitality Plus, Vermont First, Vermont Non-Group Indemnity, ASO as indicated by individual plans)

Plan Types	Services Requiring Prior Authorization	For Prior Authorization Contact:
Fully-Insured Plans	MRIs, MRAs, CT Scans, PET Scans, Nuclear Cardiology and Radiation Therapy	Care Core National has been delegated to perform imaging reviews for MVP and Radiation Therapy Management Requirement. Call 1-800-568-0458 and follow imaging prompts or submit requests online at www.carecorenational.com .
Self-Funded Plans	MRIs, MRAs, CT Scans, PET Scans and Nuclear Cardiology. <i>Please note that not all self insured plans require prior authorization of imaging.</i>	For those contracts with imaging authorization requirements and/or Radiation Therapy Management Requirements, call 1-800-568-0458 and follow imaging prompts or submit requests online at www.carecorenational.com .

If a physician sends a patient for a clinically urgent imaging study during non-business hours (i.e. evenings, weekends, holidays), the physician should call the MVP Imaging department at **1-800-568-0458** the next business day.

Additional Services (MVP HMO, MVP POS, MVP Basix, Preferred Gold HMO-POS, Gold Value HMO-POS, GoldAnywhere PPO, BasicCare PPO, MVP Healthy NY, MVP Option, MVP Option Child, MVP Option Family, MVP Premier, MVP Premier Plus, MVP Liberty, MVP Secure, MVP Vermont Vitality, MVP VT Vitality Plus, ASO as indicated by individual plans)

Procedures/Services Requiring Prior Authorization	For Prior Authorization Contact:
<ul style="list-style-type: none"> Air Medical Transport/Air Ambulance (For non-emergency transport) Amniotic Membrane Transplant Bariatric Surgery Blepharoplasty Botox Injections (Office procedure only) BRCA 1/BRCA 2 (Genetic testing for breast cancer) Breast Implantation Breast Reduction Surgery Capsule Endoscopy Cochlear Implants & Osseointegrated Devices Consumer Directed Personal Assistant Program (MVP Option) Continuous Glucose Monitoring Cosmetic vs. Reconstructive Surgery Court Ordered Services (Coverage for MVP Option, FHP only) Deep Brain Stimulation Dental Services (Accidental Injury to Sound Teeth, Outpatient Services, Prophylactic) DME/Prosthetics/Orthotics Endovascular Treatment for AAA and Carotid Artery Disease ESWT for Plantar Fasciitis (Medicare plans only) Gaucher's Disease Treatment Gender Reassignment Surgery Genetic Testing/Chromosomal Studies Hereditary Angioedema Hip Resurfacing Hip Surgery for FAI Hyperbaric Oxygen Therapy Hyperhidrosis Treatment Immunoglobulin Therapy Implantable Cardiac Defibrillators IMRT Infertility (Advanced and/or Secondary), available with Rider <ul style="list-style-type: none"> Including drugs (e.g., Follitropins, Menotropins) GIFT/ZIFT are not covered Interstim (Sacral Nerve Stimulator) Left Ventricular Assist Device Lumbar Laminectomy (Discectomy) MSLT – Multiple Sleep Latency Testing Neuropsychological Testing New Technology Oncotype Diagnostic Testing Oral Surgery/Orthognathic Surgery Organ Donor Orphan Drugs Panniculectomy/Abdominoplasty Pectus Excavatum Penile Implants Percutaneous Vertebroplasty/Kyphoplasty Personal Care Service (MVP Option) Photodynamic Therapy (Malignant conditions) Private Duty Nursing (Coverage for MVP Option, FHP, CHP only) Rhinoplasty Rhizotomy/Radiofrequency Ablation Sclerotherapy Septoplasty Shoulder Resurfacing Skin Endpoint Titration Sleep Studies (Facility based) Speech Generating Devices Speech Therapy – Selected Contracts Spinal Fusion - Lumbosacral Spinal Stimulator Synagis (Injectable for RSV) Thoracic Electrical Bioimpedance TMD/TMJ Treatment of Obstructive Sleep Apnea (Policies A & B) UPPP Surgery Virtual Colonoscopy VNUS/EVLT Wound Vacs 	Fax a completed PARF to 1-800-280-7346 or call UM at 1-800-568-0458 . For MVP Select Care (ASO) members: <ul style="list-style-type: none"> Call the Select Care Member Services Dept. at 1-800-229-5851 to confirm member benefits Fax a completed PARF to 1-800-280-7346 or call the Select Care UM Dept. at 1-800-229-5851 <i>Some employer groups offer more than one MVP plan, so be sure to review the member's ID card.</i>

MVP Preferred PPO, MVP Preferred EPO, MVP Preferred EPO-Bridgewell, HQNet, MVP Evolution Health EPO, Vermont First, Vermont Non-Group Indemnity, ASO as indicated by individual plans

Procedures/Services Requiring Prior Authorization	For Prior Authorization Contact:
<ul style="list-style-type: none"> Elective Inpatient Admissions Advanced Infertility (Available per contract, age requirement per NYS mandate) Air Transport Amniotic Membrane Transplant Bariatric Surgery Blepharoplasty Breast Implantation Breast Reduction Cochlear Implant Continuous Glucose Monitoring Endovascular Treatment for AAA and Carotid Artery Disease Gender Reassignment Surgery Genetic Testing Hip Resurfacing Hip Surgery for FAI Implantable Cardiac Defibrillators Left Ventricular Assist Device Liposuction Lumbar Laminectomy (Discectomy) Oncotype Testing Orthognathic Surgery Panniculectomy Pectus Excavatum Penile Implants Percutaneous Vertebroplasty/Kyphoplasty Rhinoplasty Rhizotomy Sacral Nerve Stimulator Sclerotherapy Septoplasty Shoulder Resurfacing Sleep Studies (Facility based) Spinal Fusion – Lumbosacral Spinal Stimulator TMD/TMJ UPPP Surgery Varicose Vein Treatment 	Fax a completed PARF to 1-800-280-7346 or call UM at 1-800-568-0458 . For MVP Select Care (ASO) members, fax a completed PARF to 1-800-280-7346 or call the Select Care UM Dept. at 1-800-229-5851 .

IBM Plan Types

Procedures/Services Requiring Prior Authorization	For Prior Authorization Contact:
<ul style="list-style-type: none"> Elective Inpatient Admissions Bariatric Surgery Hospice Organ Transplants Rehabilitation Facilities Skilled Home Care Skilled Nursing Care Speech/Occupational/Physical Therapy (More than 40 visits per year) 	Call the Select Care UM Dept. at 1-800-229-5851 .

*HHA agencies to refer to their contract or the *Provider Resource Manual (PRM)*. Criteria for these procedures may be found in MVP's *Medical Policy (Benefit Interpretation Manual)* at www.mvphealthcare.com.

†PPO Select, Preferred EPO/PPO and TriVantage

Comparison of Plan Types

MVP FULLY INSURED PLANS

Plan Type	PCP	Referral Required	Prior Auth. Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission	Access to a National Network	Out of Network Benefits
MVP HMO	Yes	No	Yes	Yes	No	No	No
MVP POS	Yes	No	Yes	Yes	For Out-of-Network Care Only	No	Yes
MVP Basix	Yes	No	Yes	Yes	For Out-of-Network Care Only	No	No
MVP Preferred PPO	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
Preferred Gold HMO-POS							
GoldValue HMO-POS	Yes	No	Yes	Yes	No	No	Yes
GoldAnywhere PPO	No	No	Yes	Yes	No	No	Yes
BasiCare PPO	No	No	Yes	Yes	No	No	Yes
MVP Preferred EPO	No	No	Yes	Yes	No	Yes	No
MVP Option	Yes	No	Yes	Yes	No	No	No
MVP Option Child	Yes	No	Yes	Yes	No	No	No
MVP Option Family	Yes	No	Yes	Yes	No	No	No
USA Care PPO	No	No	No	Yes	No	No	Yes
MVP Preferred EPO - BridgeWell	No	No	Yes	Yes	No	Yes	No
HQNet	No	No	Yes	Yes	No	No	No
MVP Evolution Health EPO	No	No	Yes	Yes	No	Yes	No
MVP Premier	Yes	No	Yes	Yes	No	No	No
MVP Premier Plus	Yes	No	Yes	Yes	No	No	No
MVP Liberty	No	No	Yes	Yes	No	Yes	No
MVP Secure	Yes	No	Yes	Yes	No	No	No

†For eligible small employer groups only.

MVP SELF FUNDED (SELECT CARE ASO) PLANS

Plan Type	PCP	Referral Required	Prior Auth. Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission [†]	Access to a National Network	Out of Network Benefits
ASO-HMO	Yes	No	Yes	Varies by Employer Group	No	No	No
ASO-POS	Yes	No	Varies by Employer Group	Varies by Employer Group	For Out-of-Network Care Only	No	Yes
ASO-PPO	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	Yes
ASO-Indemnity	No	No	Varies by Employer Group	Varies by Employer Group	No	N/A	Yes
ASO-EPO	No	No	Varies by Employer Group	Varies by Employer Group	No	Yes	No

Prior authorization requirements can be confirmed with MVP's Utilization Management Department at **1-800-568-0458**. For MVP Select Care (ASO) members, please call **1-800-229-5851**. Full benefits are not listed above.

†Reduction of benefits for the member also applies for same day surgery.

MVP has attempted to capture all prior authorization requirements for each plan type in this document. However, benefit plans, as with member eligibility, are subject to change and do, frequently. If you have questions concerning a member's benefit coverage or about services/procedures not on this document, call our Customer Care Center at **1-888-687-6277** or **1-800-229-5851** for MVP Select Care (ASO) members.

Distributed with the July/August 2014 *Healthy Practices NY*

New York State Medicaid prenatal care guidelines go to www.nyhealth.gov, click *A-Z Index*, then *Managed Care* and then *Medicaid Prenatal Care Standards*. These standards were first developed in 2000 to follow the AAP/ACOG recommendations while incorporating the special needs of the Medicaid population. They were subsequently revised, (Chapter 484 of the laws of 2009; Public Health Law and Social Services Law) eliminating PCAP designation, certification and enhanced rates and authorizing establishment of new prenatal care practice management standards for all Medicaid providers.

In Conjunction with these guidelines, MVP offers a high-risk prenatal care program called Little FootprintsSM. The Little Footprints program includes phone calls from a registered nurse specializing in high-risk maternity for one-on-one education, case management support, and intervention during a high-risk pregnancy. All Medicaid members are eligible for the Little Footprints program. Those members who are not eligible for the Little Footprints program are referred to the Healthy Starts program for an educational packet via mail. The Healthy Starts program gives mothers-to-be information that helps them stay healthy, learn about pregnancy and prepare for delivery. If you would like to refer one of your patients to either of these programs, call the Health Care Operations Department at **1-866-942-7966**.

• **Secondary Prevention of a Cardiac Event in Patients with Atherosclerotic Cardiovascular Disease**

MVP, as part of its continuing Quality Improvement Program, adopted the American Heart Association (AHA) and the American College of Cardiology Foundation (ACCF) Guidelines, *Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease* (2011 Update). These guidelines are endorsed by the National Heart Lung Blood Institute (NHLBI) of the National Institutes of Health (NIH). The guideline is located at www.heart.org under *Statements & Guidelines*. The American Heart Association is a national voluntary health agency to help reduce disability and death from cardiovascular diseases and stroke.

For additional support on heart health, practitioners are encouraged to visit the Million HeartsTM website at millionhearts.hhs.gov/index.html. The Million HeartsTM campaign is co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS) in partnership with multiple key public agencies and private organizations. The campaign seeks to prevent one million heart attacks and strokes by year 2017 by focusing on the "ABCS": **A**spirin for those at highest risk, **B**lood pressure control, **C**holesterol management and **S**moking cessation. In addition to information on heart health and links to related resources, the Million HeartsTM website has interactive tools for patients to determine heart health and risk of death from heart disease, as well as tips for how they can improve.

In conjunction with these guidelines, MVP offers a Condition Case Management program for members who have recently experienced a cardiac event

(myocardial infarction, angioplasty and/or stent placement). If you would like to refer one of your patients to this program, please call the Population Health Management Department at **1-866-942-7966**. More information on this and MVP's other health programs may also be found at www.mvphealthcare.com. Go to *Provider*, then *Condition Health Management* and click on *Programs for Members with Chronic Health Concerns*.

MVP updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Paper copies of these recommendations are available by calling MVP's Quality Improvement (QI) department at **1-800-777-4793 ext. 12602**. The recommendations will also be available in an update to the *MVP Provider Quality Improvement Manual*. The current edition of the manual is located on the provider home page at www.mvphealthcare.com/provider. Click *Quality Programs* and then *Provider Quality Improvement Manual*.

MEDICAL POLICY UPDATES

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the May and June meetings. Some of the medical policies may reflect new technology while others clarify existing benefits. *Healthy Practices* and/or *FastFax* will continue to inform your office about new and updated medical policies. MVP encourages your office to look at all of the revisions and updates on a regular basis in the *Benefit Interpretation Manual (BIM)* located at www.mvphealthcare.com. To access the *BIM*, log in to your account, visit *Online Resources* and click *BIM* under *Policies*. The *Current Updates* page of the *BIM* lists all medical policies updates. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations representative.

Medical policy updates effective August 1, 2014

Adult Day Health Care Services **NEW**

This is a new policy. Adult Day Health Care services are for MVP Option products only.

Artificial Heart

There are no criteria changes to the medical policy.

Audiologic Screening (OAE)

There are no criteria changes to the medical policy. Language was added that the medical record must document how evoked otoacoustic emissions testing and results will directly impact clinical decision making and/or clinical outcome for the individual.

Biofeedback Therapy

An MVP Option Variation was added as Biofeedback is not covered for MVP Option products.

Breast Pumps

There are no criteria changes to the medical policy. An MVP Option Variation was added that certain

breast pump accessories associated with breast pumps are not covered for MVP Option products.

Cold Therapy Devices

There are no criteria changes to the medical policy.

Emergency Department Services

There are no criteria changes to the medical policy.

Experimental or Investigational Procedures

A statement was added under off-label coverage of FDA approved drugs that "The Harriet Lane Handbook may be utilized as a drug dosing guide for pediatric patients only."

Foot Care ARCHIVED

The MVP Foot Care medical policy is archived.

Hyaluronic Acid Derivatives NEW

An MVP Option Variation was added to the medical policy to state Viscosupplementation of the knee with a diagnosis of osteoarthritis of the knee is not covered for MVP Option Products. Off-label use of viscosupplementation is not supported in the medical literature and therefore, is considered not medically necessary.

Insulin Infusion Pumps

Language was added that "insulin infusion pumps, in combination with continuous glucose monitors, must also meet criteria outlined in the MVP Continuous Glucose Monitoring medical policy". An exclusion was added for the Asante Snap insulin pump. It is considered not medically necessary as there are alternative insulin pumps available.

Mechanical Devices to Treat Low Back Pain

The name of the policy was changed from Mechanized Spinal Distraction Therapy to Mechanical Devices to Treat Low Back Pain. The policy now includes a statement that patient operated spinal unloading devices are considered investigational.

Mechanical Stretching Devices

The title of the policy was formerly Dynamic Splinting Devices. There are no criteria changes to the medical policy.

Mifepristone for Medical Termination of Pregnancy

The March 2014 ACOG Practice Bulletin for the Medical Management of First Trimester Abortion recommended that coverage for this drug may also be safely provided by a qualified non-physician clinician.

Monitored Anesthesia Care

There are no criteria changes to the medical policy.

Needle-Free Insulin Injectors

There are no criteria changes to the medical policy.

Nesiritide Infusion for Heart Failure - Outpatient

There are no criteria changes to the medical policy.

Pectus Excavatum

There are no criteria changes to the medical policy.

Phototherapy, Photochemotherapy, Excimer Laser Therapy

There are no criteria changes to the medical policy.

Prosthetic Devices (Upper & Lower Limb)

Criteria were added for the microprocessor controlled knee addition, which may be considered

medically necessary when criteria in the policy are met. An exclusion was added for the microprocessor foot or ankle system, which is considered not medically necessary.

Skin Endpoint Titration

There are no criteria changes to the medical policy.

Tear Osmolarity NEW

This is a new policy. The use of point of care tear osmolarity systems are considered not medically necessary as there are alternative tests available to assess dry eye disease.

Transplants

A Medicare Variation was added for Allogenic and Autologous Stem Cell Transplantation criteria.

Vitiligo Treatment NEW

This is a new policy.

Medical policies approved without changes in May and June 2014:

- Benign Skin Lesions
- Chiropractic Care
- Continuous Passive Motion Devices
- Deep Brain Stimulation
- Eating Disorders
- Electromyography & Nerve Conduction Studies
- FISH Testing for Bladder Cancer Screening
- Laminectomy, Hemilaminectomy of the Lumbar Spine
- Medical Policy Development, Implementation and Review Process
- Negative Pressure Wound Therapy Pumps
- PEEK Instrumentation and Devices
- Photodynamic Therapy for Malignant & Non-malignant Indications
- Septoplasty
- Temporomandibular Joint Dysfunction (TMJ) NY/NH
- Temporomandibular Joint Dysfunction (TMJ) VT
- Thermal Intradiscal Procedures (TIPS)
- Vision Therapy (Orthoptics, Eye Exercises)

PHARMACY UPDATES

Blood factor and Child Health Plus

Effective April 1, 2014, MVP will cover hemophilia blood factors for MVP Option Child members. These factors will require prior approval through the MVP Pharmacy Department for this population (only). Blood factor products must be obtained from Accredo Specialty Pharmacy.

OTC equivalents program

Nasacort AQ (and equivalents generics) and Oxytrol were added to this program. Prescription required products will no longer be covered as there are over-the-counter (OTC) equivalents available. This change is for all lines of business.

Prior authorization/Formulary exception requests

To avoid delays in processing prior authorization or formulary exception requests for medication, make sure requests are completed in full. Missing information may cause decision delays. Standard turnaround time for requests for most members (except Medicare) is three business days. When necessary, urgent requests are reviewed in one business day as long as the request is indicated as "Urgent" on the top of the form.

Policy updates effective June 1, 2014

Acromegaly ARCHIVED

Actimmune ARCHIVED

Adcetris ARCHIVED

Alpha-1 Antitrypsin Inhibitors ARCHIVED

Antineoplastic Enzyme Inhibitors ARCHIVED

Angiotensin Receptor Blockers ARCHIVED

Constipation and IBS ARCHIVED

Cox II Inhibitors ARCHIVED

Dermatologicals for Inflammation ARCHIVED

Dificid ARCHIVED

Direct Renin Inhibitors ARCHIVED

Erythropoetic Agents ARCHIVED

Fabry Disease ARCHIVED

Ixempria ARCHIVED

Lyme Disease/IV Antibiotic Treatment

- Criteria language clarified

Meprofen

- Criteria added for the treatment of babesiosis

Mozobil ARCHIVED

Multiple Myeloma ARCHIVED

Myelodysplastic Syndrome ARCHIVED

Nulojix ARCHIVED

Osteoporosis ARCHIVED

Onychomycosis

- Added Onmel to policy

Qutenza ARCHIVED

Sabril ARCHIVED

Sylatron ARCHIVED

Thalidomide for ENL ARCHIVED

Thrombopoiesis-Stimulating Proteins ARCHIVED

Vimovo ARCHIVED

Xgeva ARCHIVED

Xifaxan

- Added failure of azithromycin if contraindication to quinolones

Yervoy ARCHIVED

Zorbitive and Gattex ARCHIVED

Zyvox

- Prior authorization was removed. Quantity limit of 28 days every 180 days

The following policies were reviewed and approved without any changes to criteria:

- Acthar
- Antibiotic/Antiviral Prophylaxis
- Antimalarial Drugs
- Copayment Adjustment for Medical Necessity
- Doryx/Oracea
- Hepatitis B Agents, Select (Pegasys)
- Medicare Part B vs Part D Determination
- Solodyn

Formulary updates for Commercial, Option & Marketplace formularies

New drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Option/MVP Option Family)

Drug Name	Indication
Adasuve*	Agitation (select disorders)
Aerospan	Asthma
Anoro Ellipta	COPD
Aptiom	Partial-onset seizures
Aveed*	Testosterone replacement
Duavee	Vasomotor symptoms
Ecoza	Tinea pedis
Farxiga	Type 2 diabetes
Fycompa	Partial-onset seizures
Granix*	Neutropenia
Injectafer*	Iron replacement
Lupaneta Pack	Endometriosis
Luzu	Topical antifungal
Prothelial	Mucosal irritation
Stendra QL	Erectile dysfunction
Velphoro	Phosphate binder
Vimizim*	Morquio A Syndrome
Zofigo*	Prostate cancer

Drugs added to Formulary (Tier 1)

atovaquone^#	calcipotriene/betamethasone^
capecitabine^	carbidopa^
doxercalciferol^	morphine ER 24 hr^
moxifloxacin^	raloxifene^
sirolimus^	tolterodine LA^

Drugs added to Formulary (Tier 2)

doxycycline^	Namenda XR
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Drugs moved from Tier 2 to Tier 3

Avelox	Detrol LA
Evista	Hectorol
Xeloda	

Drugs added to Formulary (Tier 3)

Lomedia 24 FE	
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Drugs removed from prior authorization

Aloxi*	Liptruzet
Mekinist+	Nymalize
Prolensa	Simbrinza
Suclear	Tafinlar+

*Medical drug

+Must be obtained from Accredo Specialty Pharmacy

QL=Quantity limits apply

^tier 2 on Marketplace (Exchange) formulary

Prior authorization required



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