

# HEALTHY PRACTICES™

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

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## contacting professional relations

MVP Corporate Headquarters 1-888-363-9485  
 Buffalo 716-839-1366, x1000  
 Rochester Call your representative or Provider Services at 1-800-999-3920

**Denise V. Gonick**  
President and CEO

**Healthy Practices** is a bi-monthly publication of the Corporate Affairs Dept.

## comments

Write to:  
*Healthy Practices*  
MVP Health Care, Inc.,  
Professional Relations Dept.  
PO Box 2207, Schenectady, NY 12301



[www.mvphealthcare.com](http://www.mvphealthcare.com)

## Better information sharing for better patient care

### COMING SOON FROM MVP!

This summer, MVP Health Care® will launch CareRadius, a web-based care management platform that offers real-time information sharing.

That's just the beginning. Coming in fall 2014 you will have access to CareAffiliate, an industry-leading technology designed to streamline communications with our network of health care providers.

Simply put, CareAffiliate enables better sharing for better patient care. Here are some features you can expect.

### Online authorizations

- CareAffiliate will accept inpatient and outpatient medical and pharmacy authorizations
- The data entry form is simple and secure; you can attach documentation right to the online form and submit it directly to MVP for review

### Secure online information sharing

- Inpatient and discharge notifications, as well as extension requests, can be submitted securely via CareAffiliate

### Easy access

- CareAffiliate will be accessible to you when you log in to your online account on the MVP website. In order to make this technology more useful and seamless, you won't need to register for an additional username and password to access it.

CareRadius and CareAffiliate will enable simple, integrated care collaboration between MVP and health care providers. We look forward to sharing details about the launch of these tools, training opportunities and more in *Healthy Practices*.

## EFT/ERA live!

MVP's solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs) through PaySpan is now live. This service is provided at no cost to you and allows online enrollment, saving you time and ensuring faster payments. To obtain your registration code, please contact PaySpan at **1-877-331-7154**, Monday-Friday, 8 am-8 pm Eastern Time.

### Some updates to be aware of:

- You should have received an email or letter with registration information. If you have any questions, contact PaySpan at **1-877-331-7154**.
- Data Exchange Provider (DEP) information can be found at **www.mvphealthcare.com**. Click on *Provider* and view the information in the gray box at the top.
- EFTs will only be available for Medical claims payments. Occasionally, MVP needs to send additional monies to providers that don't go through an EFT and you will continue to receive a paper check. These situations include:
  - Medicare chart review incentives
  - Capitation payments
  - Recovery payments

*Continued on page 2*

In addition, MVP acts as a third party for members with Health Reimbursement Accounts (HRA) and some Flexible Spending Accounts (FSA). Because MVP makes these payments on behalf of these members, they will continue to come to you via check with a stub indicating the claim number and that it was paid.

### Great reviews for myMVP mobile app

MVP members are downloading our free mobile app, myMVP, and enjoying the convenience of accessing the information they need from MVP - anytime, anywhere!

#### Current features of the myMVP app include:

- **Find a Doctor or Facility:** Users can find the nearest hospital, doctor's office or urgent care center by searching zip code or city, or utilizing their phone's GPS location search. myMVP also provides driving directions.
- **Search Claims:** Members can search and view claim details and payment status.
- **View ID Cards:** Members can access their ID cards, order replacements and email or fax a copy of their card.
- **Contact MVP:** A built-in contact feature allows users to quickly call or email MVP's Customer Care Center.

#### Class act

★★★★★ by GolfMom2006

This is great—simple yet very well done. Love being able to search for docs on the fly, and the convenience of having your ID card available on your phone is awesome!



If you are a member of an MVP health plan, you can download the myMVP mobile app, too. Visit the App Store or Google Play to download the myMVP app on your iPhone® or Android™ mobile device.

Note: MSG and data rates may apply. iPhone is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Android is a trademark of Google Inc.

### Child Health Plus is here!

MVP now offers Child Health Plus (MVP Option Child) in Genesee, Livingston, Monroe and Ontario counties, effective April 1, 2014. These are the same counties in which MVP also offers MVP Option (Medicaid) and MVP Option Family (Family Health Plus).

Child Health Plus is available for children under the age of 19 with household incomes too high for Medicaid. Enrollment for Child Health Plus is available via the NY State of Health™ Marketplace website (<https://nystateofhealth.ny.gov>), through an MVP Certified Application Counselor (CAC) or a Community Navigator.

### Some highlights to point out:

- Child Health Plus offers a comprehensive benefit package with no copays
- Dental care is covered through Healthplex®
- The MVP Health Care provider network is the same for all MVP Option products (MVP Option, MVP Option Child and MVP Option Family)
- MVP reimbursement for MVP Option Child is on the same fee schedule with the same conversion factor and RVUs as MVP Option and MVP Option Family
- MVP uses the MVP Commercial Formulary for MVP Option Child

Please refer families to **1-800-825-5687** to make an appointment with an MVP Certified Application Counselor (CAC) to see if they qualify for Child Health Plus, Medicaid or other programs.

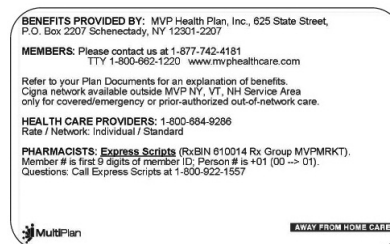
## PROFESSIONAL RELATIONS UPDATES

### Identifying MVP's NY State of Health™ individual plan members

If you have questions about whether your patient has coverage as an individual through NY State of Health or the network of health care providers that accept that patient's coverage, please refer to your patient's ID card and/or the patient eligibility information that MVP makes available online.

**ID card** - A Rate/Network indicator on the back shows that the member has an "individual/standard" or an "individual/non-standard" plan.

This same information is displayed on the ID



card whether the member purchased coverage via the Marketplace. It does not affect the network or payment to providers.

More Member ID card images can be found in Section 3.17 of the *Provider Resource Manual* effective April 1, 2014.

**Online patient eligibility** - It is important to check every patient's eligibility when you log in to your account at [www.mvphealthcare.com/providers](http://www.mvphealthcare.com/providers). Search for the patient using the required information, then click on the patient's name to open *Patient Information*. Scroll down to the *Eligibility* section where the medical product name is listed. This will indicate whether the patient has an individual standard or individual non-standard plan.

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Members and health care providers can use the *Find a Doctor* feature at [www.mvphealthcare.com](http://www.mvphealthcare.com) to find participating providers and facilities specific to a patient's health plan by inputting their MVP Member ID at the start of the search.

### **Advanced Premium Tax Credit (APTC) Marketplace members – grace period update**

Previously, MVP shared that we will pend claims for services rendered to an APTC (subsidized) Marketplace member with an Individual MVP Premier or MVP Secure product when their delinquency exceeds one month. Claims for such members may be pended for a grace period up to three months of non-payment of their premium, after which their coverage will be terminated. The pending of claims was scheduled to begin on March 1, 2014; however, due to unforeseen circumstances the start date was pushed out to May 1, 2014. Claims will continue to be paid and providers will not be penalized due to MVP's delay in implementation.

#### **APTC (Subsidized) Members**

- APTC (subsidized) members will remain eligible for up to three months of non-payment of their premium, at which time they will become ineligible. MVP will put claims in a pend status after the initial month of delinquency until the three month mark, unless payment is received prior. This period of time is longer than prompt pay laws and most of MVP's contracts allow for; however, Federal ACA law supersedes contractual agreements and prompt pay laws, so prompt pay interest will not be applied.
- Federal guidelines state we must notify you of the possibility for denied claims when a member is in the second and third months of the grace period. These claims will be denied as "Member not Eligible," and the member may be billed directly for the service. You will receive a letter indicating that the member is in premium arrears for each claim received during the last two months of the grace period.
- Claim status can be checked at any time when you log into your account at [www.mvphealthcare.com](http://www.mvphealthcare.com) and perform a *Claim Inquiry*, which will show the claim as pended. Subsidized members who are delinquent with their premium in the second and third month of the grace period will show as eligible but with a note that indicates "Premium Payment Past due. Claims may be pended."

The specific notation "Premium payment past due. Claims may be pended." will appear in red on the Eligibility screen.

Notes regarding non-subsidized members (members who are not receiving the Advanced Premium Tax Credit (APTC):

#### **Non-Subsidized Members**

- Federal guidelines also dictate that these members may be delinquent with their premiums and still be considered eligible. Members will show as eligible online if they are delinquent for less than one month. Their claims will continue to be paid during the first month of delinquency.
- Non-subsidized members delinquent with premium payments for more than one month will become ineligible immediately, at which time you may bill the member directly.

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

#### **Annual notice**

Following is an annual notice from the New York State Department of Financial Services (DFS). The DFS recommends that providers print and post this notice in their office. A poster version of this notice (in Adobe PDF format) is available for download at [www.mvphealthcare.com](http://www.mvphealthcare.com) under *Privacy and Compliance* at the bottom of the homepage.

#### **Confidentiality protocols for domestic violence victims and endangered victims**

From the New York State Department of Financial Services (DFS) Insurance Law Section 2612 and Insurance Regulation 168, Effective January 1, 2013.

**Applies to:** Members of health plans offered by the following MVP operating subsidiaries: MVP Health Plan, Inc. (except for Medicare Advantage products), MVP Health Services Corp., MVP Health Insurance Company, and Preferred Assurance Company, Inc.

**Summary:** Insurance Law § 2612 states that if any person covered by an insurance policy issued to another person who is the policyholder or if any person covered under a group policy delivers to the insurer that issued the policy, a valid order of protection against the policyholder or other person, then the insurer is prohibited for the duration of the order from disclosing to the policyholder or other person the address and telephone number of the insured, or of any person or entity providing covered services to the insured. The regulation governs confidentiality protocols for domestic violence victims and endangered individuals.

**Procedure to Make a Request:** A requestor may make a request by contacting MVP's Customer Care Center at the address or telephone number indicated on the Contact Information at the end of this notice. The requestor must provide MVP's Customer Care Center with an alternative address, telephone number, or other method of contact and may be required to provide MVP's Customer Care Center with a valid order of protection.

**Procedure to Revoke a Request:** A requestor may revoke a request by submitting a sworn statement to revoke the request at the address indicated on the Contact Information at the end of this notice.

**Phone Number for the New York State Domestic Violence and Sexual Violence Hotline:**

1-800-942-6906

**MVP's Customer Care Center Contact Information**

Toll-Free: 1-888-687-6277

Toll-Free TTY: 1-800-662-1220

Address: MVP Customer Care Center  
P.O. Box 2207, 625 State St.  
Schenectady, NY 12301

**Provider demographic changes**

MVP makes every effort to ensure a provider's demographic information is accurate in our systems. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

Examples of status changes are:

- No longer accepting patients
- Address, telephone number, tax id # changes

To report demographic changes to MVP please complete the Provider Demographic Change form. Go to [www.mvphealthcare.com/provider](http://www.mvphealthcare.com/provider) then *Forms*,

then *Provider Demographic Change Forms* and fax the demographic change form to your PR representative on letterhead or email your demographic changes to your PR representative. For more information see section 4 of the *Provider Resource Manual*.

**Durable Medical Equipment update**

MVP Health Care will offer a modified streamlined network of Durable Medical Equipment (DME) providers as of July 1, 2014. This network offers local, regional and national coverage; thus providing access to high-quality, cost-efficient DME in all parts of our service area. Please refer to the listing below of DME providers effective July 1.

MVP communicated this change on February 24, 2014 to members who purchased DME from a provider that will no longer be part of the new network. Your patients may ask you to re-write a prescription or call in a new prior authorization as a result of this change. Note: Members who rent medical equipment on a rent-to-own basis from their current medical supply vendor on or before June 30, 2014 may continue to use that same medical supply vendor until the end of their rental agreement.

Below is the list of the Limited Panel of DME providers that MVP will be moving forward with:

VENDOR NAME	SERVICE AREA	CONTACT INFORMATION
Byram Healthcare	Nationwide (order by phone or online)	1-877-902-9726 ext. 33999 <a href="http://www.byramhealthcare.com">www.byramhealthcare.com</a>
Consolidated Medical	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester counties	845-565-5820
Franciscan Health Support	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins counties	315-458-3200
Guthrie Medical Supply Depot	Corning, NY Ithaca, NY Sayre, PA Towanda, PA Wellsboro, PA	607-962-5205 607-273-4727 570-888-3488 570-268-2140 570-723-8720
Halprin Medical & Surgical Supply	Canandaigua area Rochester area	585-396-9900 585-697-3520
Lincare, Inc.	Nationwide	1-855-329-8148
Lourdes Health Support	Binghamton area	607-724-0115
Monroe Wheelchair	All of New York	1-888-546-8595
ProcAir	All of New York	1-877-912-3247
Professional Home Care	Norwich area Vestal area	607-336-5131 1-800-637-6561
Quinlan's	Canandaigua, Geneseo, Montour Falls and Wayland areas	1-800-903-5630
St. Elizabeth Health Support	Utica area	315-737-0310
Tri-Lakes Home Medical Equipment, Inc.	Clinton, Essex, Franklin, Hamilton and St. Lawrence counties	1-800-333-9488
Upstate Homecare DME, Medical and Respiratory Supply	Rochester area Syracuse area Utica area	1-800-642-4411 1-888-648-2211 1-800-828-5511

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## 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 FHP contracts. The list of these access standards is available in Section 4 of the MVP *Provider Resource Manual* titled *Provider Responsibilities*.

# POPULATION HEALTH MANAGEMENT UPDATES

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## Vaccine update

Beginning April 1, 2014, all orders for VFC Vaccines for Children Program (VCP), State Children's Health Insurance Program (SCHIP) and/or State-funded vaccines will need to be placed through the New York State Immunization Information System (NYSIIS). Orders submitted via email or fax will not be accepted after April 1, 2014.

The Centers for Disease Control and Prevention (CDC) increased its focus on accountability for publicly-funded vaccines. As a result, the New York State Vaccine Program needs to work with you to track the vaccines that you order and use. To comply with these requirements, use the NYSIIS to order vaccines, track inventory and report all doses administered.

We hope you are preparing for this transition. If not, please do so as soon as possible. The NYSIIS online ordering module has been available since December 2013. All providers ordering VFC, SCHIP, and/or State-funded vaccines need to complete the necessary training and begin placing orders in NYSIIS.

The recorded training is available at [www.nysdoh.webex.com](http://www.nysdoh.webex.com) and can be completed at your convenience. Select *Training Center*, then *Recorded Sessions*, then *NYSIIS Vaccine Ordering Training*, then *View* to register and begin the webinar.

New York State Public Health Law requires that all doses of vaccines administered to children 18 years of age and younger are reported to NYSIIS within 14 days of administration.

## Breastfeeding support

MVP recognizes the importance of breastfeeding babies and we are committed to ensuring that breastfeeding support is available for every mom and baby we cover. We have a new, comprehensive lactation support program providing breastfeeding support and equipment through Corporate Lactation Services.

Through this relationship with Corporate Lactation Services, MVP offers nursing mothers state-of-the-art breastfeeding equipment and access to internationally board certified lactation consultants and registered nurses 365 days-a-year. This support program includes outreach calls placed at specific times to provide mothers with information appropriate for the age of their infant/baby. Moms can call in with questions or concerns until weaning. All of these services are offered at no additional charge to our members.

Mothers can enroll when pregnant and while nursing. We suggest mothers enroll in the second or third trimester to receive the full benefit of the program. To enroll, mothers can:

- Visit [www.corporatelactation.com](http://www.corporatelactation.com), click *SUBSIDY LOGIN* then enter the pass code MVP2229
- Or contact Corporate Lactation Services directly at **1-888-818-5653** or [enroll@corporatelactation.com](mailto:enroll@corporatelactation.com)

## Little Footprints<sup>SM</sup>

MVP offers a high-risk prenatal care program called *Little Footprints*. The program includes telephone 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. The members receive a packet that includes an order form for a free copy of the book, *What to Expect When You're Expecting*. The packet also includes MVP's prenatal care guidelines, information regarding reimbursement of childbirth preparation classes, breast feeding, infant care classes, as well as education pamphlets. Members are followed post delivery and are assessed for post partum depression and a newborn assessment is completed. Members are advised to follow up with their physicians post delivery and verify that an appointment with the pediatrician has been scheduled.

MVP provides the same prenatal services to all MVP Option members who are pregnant. This program is referred to as *Little Footprints Option* for Medicaid members.

To make a referral to our Little Footprints program, call **1-866-942-7966**, fax **1-866-942-7785** or email [phmreferrals@mvphealthcare.com](mailto:phmreferrals@mvphealthcare.com).

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## Talk with your patients about aspirin use

Aspirin use as treatment for heart disease is often misunderstood. The best resource for your patients is you. Talk with your patients about appropriate use of aspirin for the prevention of heart attacks. Without the benefit of your expertise, television commercials can be very persuasive and do not clearly explain the risks as well as the benefits. No one knows your patients better than you do, and they trust your recommendations.

Help your patients make the **right** decision. The American Heart Association's website offers more details, presented to a non-clinical audience, which may be a helpful resource for your patients.

Go to [www.heart.org](http://www.heart.org) and type "aspirin" into the search box to connect with helpful web content and downloadable materials.

## Prior notification requirement lifted for inpatient maternity services

As of February 2014, MVP suspended its requirement for prior notification/authorization of in-network hospital admissions and professional services for normal vaginal deliveries and c-section deliveries for all products **except** MVP Option, MVP Option Family and MVP Option Child. MVP automatically covers a two-day inpatient stay for normal vaginal deliveries and a four-day inpatient stay for c-section deliveries.

### Prior notification/authorization is still required for:

- Admissions or services with a non-participating provider or facility.
- Infants who are transferred to the Newborn Intensive Care Unit (NICU). This is required for all MVP products.

MVP reserves the right to reinstate such prior notification/authorization requirements for specific providers should we find unusual utilization patterns in the future.

MVP's *Provider Resource Manual* and *UM Guide* will be updated to reflect these changes.

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## QUALITY UPDATES

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### Reports to help facilitate patient care

The MVP Quality Improvement Department offers primary care quality reports (produced at the practice site level) that can help you manage your patient population.

- The prospective *Gaps in Care Report* identifies members that need preventive screenings, well care visits or immunizations. If a member is lacking services in multiple areas, the information is

consolidated on one row to make it easier for you to ensure that all services are provided in a timely fashion. This report is produced three times a year.

- MVP also produces an *Emergency Room (ER) Utilization Reports*. This report provides detailed information on members who utilized the ER in the past month for care as well as the number of times the member utilized the ER in the past 12 months. This report is produced monthly and is usually available around the middle of each month.
- The *Inpatient Report* provides a list of members discharged from the hospital during the previous month. The report lists the discharging hospital, the length of stay, the diagnosis and the number of inpatient admissions over the last 12 months and a status column that identifies if a readmission occurred within the last 30 days. This report also is produced monthly and is available around the middle of each month.

MVP's reports are provided in an electronic format (Excel), allowing you to work with the data based on your particular need or interest. All of the reports you request will be sent to you via MVP's secure email service (ZixMail) to ensure the protection of PHI. If you would like to receive these reports or have questions about any of the reports that you currently receive, please contact Linda Smith Clinical Reporting Coordinator, [lmsmith@mvphealthcare.com](mailto:lmsmith@mvphealthcare.com).

### Encourage follow-up visits for children with ADHD

As part of MVP's ongoing quality improvement activities, we encourage members on medication for ADHD to follow-up with their provider(s) to ensure they are following the prescribed regime.

#### Once a child starts on ADHD medication, it is recommended<sup>1</sup> that they:

- Are seen **within 30 days** and that the visit occurs with a prescribing practitioner
- Are seen **two more times** in the remaining **nine months** by any health care professional

Soon, MVP will call the parents of children who recently started on an ADHD medication and encourage them to follow-up with their provider(s) in these timeframes. We recognize that caring for a child with ADHD can be challenging and offer the following to support you:

#### Primary Care Quality Reports

The Gaps in Care Reports help providers identify members in need of certain visits/ screenings. The ADHD HEDIS measure (Continuation Phase) will be included on these reports. This will allow providers to easily identify members who need two more visits in a nine-month period (after the first follow-up visit that occurs in the first 30 days).

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## Toll-Free Provider Consult Line

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® PCP Line for consultation at **1-877-241-5575**, Monday through Friday from 8 am to 5 pm Eastern Time.

## Clinical Guidelines

MVP 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. Go to **www.mvphealthcare.com/providers** and click *Provider Quality Improvement Manual*, then *Behavioral Health*, then *Attention Deficit/Hyperactivity Disorder in Children and Adolescents*.

## Toolkit

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/adhd.html**.

## ValueOptions® ADHD Program

ValueOptions® also has an ADHD program that members living in NY can access online at **www.valueoptions.com**. Click *Members*, then *Member Tips and Resources* in the *Spotlight* section and *ADHD Treatment Support Program* under *Attention Deficit/Hyperactivity Disorder*. Members complete an ADHD rating scale and receive a call back from ValueOptions® if the child's results indicate that further evaluation may be needed. Additionally, members can receive a free workbook, *Attention Deficit Hyperactivity/ Disorder-Your Child and You*.

<sup>1</sup>National Committee for Quality Assurance (NCQA). HEDIS 2014® Technical Specifications for Health Plans. **www.ncqa.org**.

## 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:

### Guidelines for the Management and Treatment of HIV/AIDS

MVP continues to endorse the guideline, *Primary Care Approach to the HIV-Infected Patient*. This guideline can be found at **www.hivguidelines.org**. Click *Clinical Guidelines*, then *Adults*, then *Primary Care Approach to the HIV Infected Patient*. Additional AIDS guidelines relating to adults, children, adolescents and the prevention of HIV transmission during the perinatal period can be found at **www.hivguidelines.org/Content.aspx**.

### Prevention and Treatment of Osteoporosis

MVP continues to endorse the recommendations from the National Osteoporosis Foundation's (NOF) *Prevention and Treatment of Osteoporosis Guideline*. The NOF reviewed and updated the guideline in 2013. A section titled *Vertebral Imaging* was added. The full NOF Clinician's Guide can be found at **www.nof.org**. Click on *For Healthcare Professionals* located to the right of the screen.

### Practice Guidelines for the Management of End Stage Renal Disease (ESRD)

MVP adopted guidelines for End Stage Renal Disease (ESRD) based on the National Kidney Foundation's *Kidney Disease Outcome Quality Initiative (NKF KDOQI™)*. The National Kidney Foundation has published numerous Clinical Practice Guidelines through its KDOQI process. Topics covered include *Chronic Kidney Disease (CKD, Dialysis Care, and Cardiovascular Disease in Dialysis Patients)*. There are no recent updates to these guidelines. For all KDOQI Guidelines for *Chronic Kidney Disease (CKD) Care* and *KDOQI Guidelines for Dialysis Care* go to the National Kidney Foundation website (**www.kidney.org**). Click on *Professionals*, then *KDOQI*, then *Guidelines and Commentaries*.

MVP Health Care 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 12247**. The recommendations will also be available in an update to the MVP *Provider Quality Improvement Manual (PQIM)*.

The current edition of the manual is located on the provider home page at **www.mvphealthcare.com/providers** under *Provider Quality Improvement Manual*.

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# CARING FOR OLDER ADULTS

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## Alternatives to high risk medications

The Centers for Medicare & Medicaid (CMS), The American Geriatrics Society and the National Committee for Quality Assurance (NCQA) caution the use of certain high-risk medications in patients 65 years and older. Use of high-risk medication can increase morbidity and mortality, decrease quality of life and lead to preventable health care costs.

Glyburide is considered a high risk medication by CMS and the American Geriatrics Society because it has a greater risk of prolonged hypoglycemia and therefore should be avoided in older adults. MVP is making a concentrated effort to remind clinicians of the potential risks of using glyburide in elderly patients.

The following sulfonylureas are tier 5 (\$0 copay) medications for 2014:

- Glimepiride
- Glipizide, glipizide er

We ask that you review the medications your patients are taking today. If they have a prescription for glyburide or any other medication that has been identified as high risk for older adults, please consider changing to a potentially safer medication. If you would like MVP to supply a report of prescriptions that your MVP Medicare Advantage members have filled please contact Linda Smith Clinical Reporting Coordinator, [lmsmith@mvphealthcare.com](mailto:lmsmith@mvphealthcare.com).

## SilverSneakers® fitness program

Keep your MVP Medicare Advantage patients moving with their SilverSneakers opportunities! They can enjoy activities such as group exercise classes that focus on improving balance, flexibility endurance and range of motion. SilverSneakers is available to MVP Medicare Advantage members at no additional cost. More information is available at [www.silversneakers.com](http://www.silversneakers.com) or by calling the MVP Medicare Customer Care Center at **1-800-665-7924**.

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# CLAIMS UPDATES

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## ICD-10 update

When this issue of *Healthy Practices* went to press President Obama just signed a bill preventing cuts to Medicare physician payments. This bill includes language delaying the adoption and implementation of ICD-10 diagnostic and procedure codes for at least one year.

MVP is evaluating this new requirement and the impacts it **may** have on our ICD-10 implementation schedule. MVP will continue to monitor information as it is released on how this delay impacts you and will continue to provide updates at [www.mvphealthcare.com/providers](http://www.mvphealthcare.com/providers) then *ICD-10 Updates and FAQs*.

## Don't stop your ICD-10 plans

The replacement of ICD-9 with ICD-10 codes is a significant change for the health care community and while the implementation date was pushed out at least a year to no earlier than October 1, 2015, there is still much to do to prepare. MVP encourages providers to take this additional time to prepare their systems and staff for ICD-10 conversion. Our latest survey results show that:

- 68 percent of respondents started upgrading practice management, EMR or other billing systems
- 40 percent of respondents are at least 50 percent complete with system updates
- The top barriers to ICD-10 compliance are staff training and capacity, lack of knowledge, financial impacts and vendor/trading partner readiness
- 37 percent of respondents thought about or performed a financial impact assessment for the ICD-10 transition
- 64 percent of respondents reported that their physicians have not been trained on the level of detailed documentation required for ICD-10

MVP's survey is still open. If you wish to participate go to [www.surveymonkey.com/s/MVP\\_ICD-10](http://www.surveymonkey.com/s/MVP_ICD-10).

It is imperative to continue with your ICD-10 preparations. The planning done now will prepare you for an easy transition to ICD-10 coding.

## Home Health Agency (HHA) reporting changes

Beginning with July 1, 2014 dates of service, HHAs must provide NPI and the name of the provider who certifies members for home health services. The attending provider name and identifier *Other Provider (Individual) Names and Identifiers* is required. The HHA enters the name and NPI of the physician who certified the patient's eligibility for home health services. Both the attending physician and the other physician fields should be completed even if the certifying physician is the same as the physician who signed the plan of care. For more information go to [www.cms.gov](http://www.cms.gov). Click *Outreach and Education*, then *Medicare Learning*, then *MLN Matters Articles*, then *2013 MLN Matters Article* and search for MM8441 in the *Filter On* box.



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## Meet Centers for Medicare & Medicaid (CMS) coding guidelines

To meet CMS guidelines that all claims are correctly billed and receive payment from CMS, follow the below coding structure on claims:

- 11x inpatient hospital
- 14x op diagnostic
- 21x skilled nursing
- 85x special facility critical access hospital when rev code
- 96x professional fees,
- 97x and 98x both professional fee extensions that a value code O5 must be present and greater than or equal to the total of the covered charges for the revenue codes.

The total covered charges for the revenue codes above should be greater than zero. An edit will be added to our system to return claims that do not meet these criteria.

# MEDICAL POLICY UPDATES

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The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the March and April 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 on [www.mvphealthcare.com](http://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 June 1, 2014

### Allergy Testing & Allergen Immunotherapy

The medical policy criteria have been updated with criteria for provocative, inhalation, ingestion challenge tests and food allergy testing indications. The exclusion list for allergy tests that are considered not medically necessary has been expanded.

### Ambulatory Holter Monitor

No criteria changes have been made to the policy. There is a Medicare Variation for mobile cardiac outpatient telemetry. There is no medical management.

### Cardiac Output Monitoring

There are no criteria changes to the medical policy.

### Cardiac Procedures

The policy addresses Intracoronary Brachytherapy, External Counter Pulsation (ECP), Transmyocardial Laser Revascularization (TMLR), and Drug Eluting Stents. No changes have been made to the criteria for these procedures. Cardiac devices for occlusion of the left atrial appendage (e.g., the Lariat snare) are not covered as they are considered experimental and investigational.

### Cardiac Rehabilitation Phase II

There are no criteria changes to the medical policy.

### Compression Stockings

Previously gradient compression stockings were restricted for Medicaid members. The MVP Option Products variation has been updated with the current coverage for gradient compression stockings.

### Electrical Stimulation Devices & Therapies

The medical policy has been updated with criteria for transcutaneous electrical nerve stimulation (TENS) for chronic low back pain. Functional electrical stimulation exercise devices (i.e., RT300 Electrical Stimulation Bike) are not covered. An MVP Option Variation for transcutaneous electrical nerve stimulation (TENS) and functional electrical stimulation (FES) has been added to the policy. TENS and FES for MVP Option are only covered for specific ICD-9 codes listed in the medical policy.

### Experimental or Investigational Procedures

A statement has been added to the Medicare Variation that "effective January 1, 2014 it will be mandatory to report a clinical trial number on claims for items and services provided in clinical trials that are qualified for coverage as specified in the NCD Manual".

### Genetic Counseling & Testing

The general requirements for genetic counseling and genetic testing have been updated. The criteria for the various genetic tests have been updated. The colorectal cancer susceptibility testing has been expanded to include familial adenomatous polyposis (FAP) testing, MUTYH-associated polyposis testing, Lynch syndrome (LS) or (hereditary nonpolyposis colorectal cancer, (HNPCC), and microsatellite instability (MSI) testing.

### Hip Surgery (Arthroscopic) for Femoroacetabular Impingement (FAI), Acetabular Labral Tears and Snapping Hip Syndrome

The medical policy title has been expanded to include acetabular labral tears and snapping hip syndrome. Criteria have been added to the policy for the treatment of acetabular labrum tears. Arthroscopic lengthening of the iliotibial band to address snapping hip syndrome is considered to be investigational and, therefore, not covered.

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### **Home Uterine Activity Monitoring**

There are no criteria changes to the medical policy. Home uterine activity monitoring is considered not medically necessary.

### **Implantable Cardioverter Defibrillators**

The medical policy has been updated to include an additional Indication added for NYHA Class II and left bundle branch block. Subcutaneous implantable cardioverter defibrillator systems are considered experimental/investigational and, therefore, not covered.

### **Infertility Advanced Services**

The medical policy has been updated to reflect the most recent American Society for Reproductive Medicine (ASRM) practice guidelines. Endometrial dating is not a valid method for evaluation of luteal function or luteal phase deficiency. Post coital test is not recommended for the evaluation of female infertility.

### **Interspinous Process Decompression Systems (IPD)**

There are no criteria changes to the medical policy. Interspinous process decompression symptoms, XSTOP®, are considered investigational for all indications. Medicare and Medicaid allow coverage of the XSTOP® when criteria in the policy are met. A statement has been added under the Exclusions that “all other interspinous decompression systems are non-covered”.

### **Light Therapy for Seasonal Affective Disorder**

There are no criteria changes to the medical policy. Light therapy for seasonal affective disorder is not covered.

### **Lymphedema Pumps, Compression Garments, Appliances**

Lymphedema pumps are covered for lymphedema associated with breast cancer and chronic venous insufficiency. The policy was updated to state that that pneumatic compression devices (E0675 and E0676) have not been proven to be effective in the treatment of certain specific conditions.

### **Obstructive Sleep Apnea: Devices**

The medical policy has been updated to state abbreviated cardio-respiratory sleep study (PAP-Nap) and oral pressure therapy (Winx® Sleep Therapy System) as they are considered to be experimental/investigational.

### **Procedures for the Management of Chronic Spinal Pain**

The MVP Option and MVP Option Family variation section has been updated to state that lumbar discography for chronic low back pain is not covered.

### **Pulmonary Rehabilitation (Respiratory PT)**

There are no criteria changes to the medical policy.

### **Radiofrequency Neuroablation (Rhizotomy) Procedures for Chronic Pain**

The title has been changed to Radiofrequency Neuroablation (Rhizotomy) for Chronic Pain. The previous title was Radiofrequency Ablation (Rhizotomy) for Chronic Pain. The policy language has been clarified that radiofrequency neuroablation is used for rhizotomy and all other applications are considered neuroablation. The policy now includes criteria for Morton’s Neuroma and “Podiatrist” has been added to the list of specialists able to perform radiofrequency neuroablation. Radiofrequency neuroablation procedures including plantar fasciitis are not covered.

### **Rhinoplasty**

There are no criteria changes to the medical policy.

### **Speech Therapy (Outpatient) & Cognitive Rehabilitation**

Cognitive rehabilitation has been added to the title. Cognitive rehabilitation is covered for the treatment of brain injury due to trauma, stroke, aneurysm, anoxia, encephalitis, and brain tumors when criteria in the policy are met. It is not covered to improve academic work performance because it is primarily educational and training in nature and is considered to be not medically necessary. The Vermont Variation has been expanded to include cognitive therapy as medically necessary for diagnosis and treatment of Autism Spectrum Disorders.

### **Spinal Cord Stimulator for Intractable Pain**

There are no criteria changes to the medical policy.

### **Vertebroplasty/Kyphoplasty**

There are no criteria changes to the medical policy.

### **Wheelchairs (Electric) and Power Scooters**

Language has been updated for the MVP Option Variation that power wheelchairs are covered if the beneficiary’s ability to perform mobility related activities of daily living in the home and/or community is significantly impaired and the beneficiary is not ambulatory.

### **Policies reviewed and approved in 2013 for approval without changes in March and April 2014:**

- Acute Inpatient Rehabilitation
- Botulinum Toxin Treatment
- Chemical Dependency
- EEG Monitoring & Anesthesia Awareness
- Epidermal Nerve Fiber Density Testing
- Immunotherapy for Recurrent Spontaneous Abortion
- Intraoperative Neurophysiological Monitoring
- Mental Health Services
- Obstructive Sleep Apnea: Diagnosis
- Obstructive Sleep Apnea: Surgical

# PHARMACY UPDATES

## Policy updates effective April 1, 2014

### Antipsychotics for Depression

- American Psychiatric Association treatment guideline statement for MDD was updated

### Arthritis-Inflammatory Biologic Drug Therapy

- Glucocorticoid dosing was removed for Rituxan
- ACR response language updated
- BASDAI measure was removed for AS
- Xeljanz was added

### Breast Cancer, Select Agents **NEW**

- Establishes prior authorization criteria for Halaven, Kadcyca, Perjeta and Tykerb based on NCCN guidelines and Prescribing Information

### Compounded (Extemporaneous) Medications

- Removed verapamil as an example of a compounded exclusion

### Cox-2 Inhibitors

- Anticoagulant classes were updated

### Hepatitis C Direct Acting Antivirals **NEW**

- Establishes prior authorization criteria for Sovaldi and Olysio

### Horizant **ARCHIVED**

### Mail Order

- Prolia and Linzess added as not available through mail order

### Pain Medication

- Zohydro ER was added requiring prior authorization

### Pharmacy Programs Administration

- Reconsideration language was updated
- For Medicare, ED drugs may be subject to quantity limits
- Transition citation language was changed for Medicare
- For Option, exclusion for injectable antipsychotics was removed

### Vimovo **ARCHIVED**

### Xeljanz **ARCHIVED**

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

- Galise
- Migraine Agents
- Physician Prescription Eligibility
- Prescriber Treating Self or Family Members
- Qutenza
- Sabril
- Select Hypnotics
- Weight Loss Agents
- Xyrem

## Formulary updates for Commercial, Option and Marketplace formularies

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

Drug Name	Indication
Actemra SQ	RA
Adempas+	PAH
Brintellix	MDD
Fetzima ER	MDD
Gazyva*	CLL
Imbruvica	Lymphoma
Olysio+	Hepatitis C
Opsumit+	PAH
Otrexup	RA, JIA
Sovaldi+	Hepatitis C
Valchlor	Lymphoma
Zorvolex	Pain

### Drugs added to Formulary (Tier 1^)

abacavir/lamivudine/zidovudine ^  
bromfenac ophth  
dexmethylphenidate ^  
duloxetine ^  
lamivudine ^  
mycophenolic acid ^  
telmisartan

^tier 2 on Marketplace (Exchange) formulary

### Drugs moved from Tier 2 to Tier 3

Cymbalta Trizivir

### Drugs added to Formulary (Tier 3)

Versacloz

### Drugs removed from prior authorization

Diclegis QL Sirturo  
Jetrea\* Osphena  
Namenda XR

\*Medical drug

+ Must be obtained from Accredo Specialty Pharmacy  
QL=Quantity limits apply



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