HEALTHY PRACTICES™

Vermont

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

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comments

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MVP® HEALTH CARE

www.mvphealthcare.com

Exchange update

MVP Health Care® is excited to participate in the Vermont Health Connect. MVP understands this is a new experience for providers, members and health plans and we are committed to assisting as you navigate your way through these changes with MVP members. The November Provider Seminars in your area will give you in-depth information on MVP's participation in the Vermont Health Connect. In addition, a webinar with information presented at the seminars will be posted at **www.mvphealthcare.com/provider**.

A few key highlights:

Products

Individual and Small Group Non Standard Products
- MVP Vitality Plus

Individual and Small Group Standard Products
- MVP Vitality
- MVP Vermont Vitality HDHP
- MVP Secure Catastrophic Plan

Eligibility and Benefits

Providers can still check eligibility and benefits as they do today on MVP's website. This will not change for the new products.

Claims Submission

There is no change to claim submission or checking a claim status.

Authorization

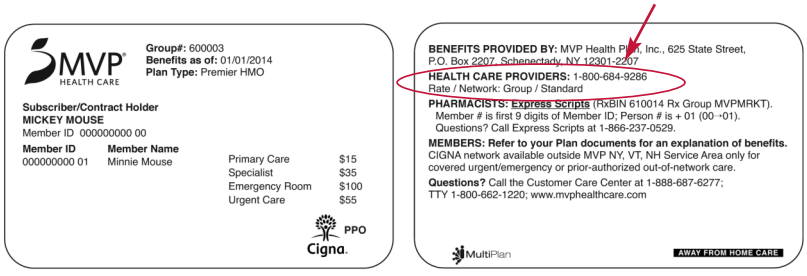
Authorization submission will not change for these products.

Network

Vermont Health Connect members have access to MVP's entire HMO network. This is different than the NY marketplace members who have a limited network. MVP NY marketplace members cannot see providers outside the state of NY.

Member ID Cards

There is no change in the ID Cards for Vermont Health Connect members. In New York, marketplace member ID Cards will have a Rate/Network Indicator on the back, so it is imperative that VT providers look for this indicator on the back of the card. If the card has this indicator, then VT providers cannot see the member. Here is a sample of the ID Card for Vermont:



MVP will share more in-depth information at the seminars, post webinars online and reference material on the website in mid-November to help you navigate the new MVP products. If you have any questions on your participation status, please contact MVP's Customer Care Center for Provider Services at **1-800-999-3920**.

MVP and PaySpan® in 2014

As we announced in the last issue of *Healthy Practices*, MVP is partnering with PaySpan to offer you, our providers, the health care industry's leading solution for Electronic Funds Transfers (EFTs) and Electronic Remittance Advices (ERAs). This service, **which begins in 2014,** is provided at no cost to you and allows online enrollment.

Providers not using PaySpan with other payers will receive a letter in the coming months detailing specific sign-up information once registration for MVP opens in 2014. The letter will include a registration code. Using this code you can initiate an online enrollment process that will only take 10 minutes to complete. During this enrollment process, you set up preferences for your practice, specify a bank account and other settings for management of checks, EFTs, ERAs, or online presentation of claim payment information.

If you already use PaySpan for other payers you will receive an email from PaySpan once registration for MVP is open with a registration code. From there you will just need to add MVP to your PaySpan profile using that registration code. You will keep the same username and password you currently have through PaySpan and your banking information will remain the same. Check with your bank to ensure your account is set up to receive the addenda record for re-associating the payment with the electronic remittance.

PaySpan is hosting web events in November and December for providers to learn how to better use the PaySpan Provider Portal. Mark these dates on your calendar and visit the links below to register:

- **Wednesday, November 13 at 2 pm**
  www.payspan.webex.com/payspan/onstage/g.php?d=741619237&t=a
- **Wednesday, December 11 at 2 pm**
  www.payspan.webex.com/payspan/onstage/g.php?d=743666786&t=a

No time to attend a live web event? Visit **www.payspan.webex.com/payspan/lsr.php?AT=pb&SP=EC&rID=51193322&rKey=4593c66ecafaf8b3** to watch a prerecorded presentation on the PaySpan Provider Portal or visit the PaySpan video library at **www.payspanhealth.com/help/videolibrary/**.

CARING FOR OLDER ADULTS

Encouraging diabetes care in MVP Medicare members

MVP wants to help all our members take on life and live well. Recently, a mailing went out to our Medicare Advantage members with diabetes who were identified as having a gap in their diabetes care. The letter and enclosures encourage them to talk with their physician about scheduling the annual tests necessary to ensure their diabetes is monitored and under control. In addition, MVP developed Gaps in Care reports using the same data to identify members who missed a recommended test or screening. These reports are sent to PCPs to assist them in managing their patient populations.

The mailing to members encouraged them to have the following tests if necessary:

- Dilated Eye Exam
- Urine Protein
- LDL
- Hemoglobin A1c (HbA1c)

In addition, the mailing included the following helpful documents which members may bring into your office or have sent from a specialist for their medical record:

- Diabetes and High Blood Pressure (information about medications for people with both conditions)
- Diabetes Checklist and Complication Prevention Sheet (a tool listing preventive care services and to track the tests and test results)
- Eye Care Consultation Form (the eye care specialist will complete and send to the member's PCP)

If any of your members need further assistance and could benefit from working with a health coach to control their diabetes, MVP has a condition health management program available. Call MVP to make a referral at **1-866-942-7966**.

PROFESSIONAL RELATIONS UPDATES

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. Following is a list of these access standards (also available in Section 4 of the *MVP Provider Resource Manual* titled *Provider Responsibilities*).

Action requested

It is important for health care providers to submit changes in participation or demographic information to MVP as outlined in this article. MVP will also contact you to do our own internal access and availability survey and to confirm your demographics.

Obtaining provider data forms

Provider data forms are available on the MVP website. Go to **www.mvphealthcare.com**, click on *Providers*, then *Forms* in the top green toolbar. Once you click through to the *Forms* page, go to the *Provider Demographic Change Forms* section. For a direct link to the provider data change form, type the following into your web browser: **www.mvphealthcare.com/provider/documents/contracted_provider_change_info.pdf.**

Submitting provider data changes or registrations to MVP

Please follow the directions on the form and fax *Provider Registration* forms, *Contracted Provider Change of Information* forms or *Mid-Level Practitioner Registration* forms to the appropriate fax number listed on the form.

UM Policy Guides

The *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 the document require prior authorization by MVP. To view the most current version of the *UM Policy Guides*, please visit **www.mvphealthcare.com/provider/rochester/reference.html.**

Healthy Practices delivered to your email

To reduce our impact on the environment and minimize the amount of mail we send to our providers, MVP is converting our printed newsletters to email. If you have an MVP online account, you are receiving *Healthy Practices* at the email

MEDICAL HEALTH ACCESS STANDARDS

Type of Service	MVP Commercial and all NH Products	New York State DOH: MVP Option, MVP Option Child and MVP Option Family	CMS: Medicare Advantage Products	Vermont Rule 10
Emergent Medical (Read further for definitions of "emergency")	Immediate access	Immediate access	Immediate access	Immediate access
Urgent Medical (Read further for definitions of "urgent")	Within 24 Hours	Within 24 Hours	Within 24 Hours	Within 24 Hours
PRIMARY CARE Non-urgent "sick" visit		Within 48-72 hours (Measure within 3 calendar days)		
Routine symptomatic: Non-urgent, non-emergent	Within 2 Weeks	Within 2 Weeks	Within 1 Week	Within 2 weeks with prompt F/U including referrals as needed
Routine asymptomatic: Non-urgent & preventive care appointments (NYSDOH) routine & preventive (CMS)		Within 4 weeks	Within 30 days	
Preventive care, wellness visits including routine physicals (CM, VT) Adult (>21) baseline & routine physical (NYSDOH)	Within 90 Days			Within 90 days
Initial assessment		Within 12 weeks of enrollment		Within 90 days of enrollment (good faith effort by plan)
Well child care		Within 4 weeks		
Initial PCP OV for newborns		Within 2 weeks of discharge from hospital		
Wait in PCP office (max)	30 minutes	1 hour	30 minutes	
After-hours care	24/7 availability or coverage	24/7 availability or coverage	24/7 availability or coverage	24/7 availability or coverage
Other Medical Care Initial prenatal visit:				
1st trimester		Within 3 weeks		
2nd trimester		Within 2 weeks		
3rd trimester			Within 1 week	
Initial family planning		Within 2 weeks of request		
Specialist referrals		Within 4-6 weeks (non-urgent) of request		
Routine lab, x-ray & general optometry				Within 30 days

address associated with that account. To receive communications at a different email address, or if you have not registered for an online account but would like to enroll in MVP e-communications, please complete this form: **www.mvphealthcare.com/providerpreferences.** If you have any questions or choose to opt out at any time, please email **ecommunications@mvphealthcare.com**.

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:

Major Depression in Adults in Primary Care

MVP, as part of its continuing Quality Improvement Program, adopted the Institute for Clinical Systems Improvement (ICSI) *Major Depression in Adults in Primary Care* guideline. The ICSI guideline includes recommendations and information on best-practice systems for implementation and plans for screening high-risk patients, based on the recommendations of the U.S. Preventive Services Task Force. Additional tools to assist providers with comorbidities, cultural considerations and drug interactions are also included. The ICSI guideline is located on the website at **www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_behavioral_health_guidelines/depression/.**

Screening Adults for Alcohol Abuse in Primary Care

MVP adopted the U.S. Department of Health & Human Services guideline *Helping Patients Who Drink Too Much*. The updated guideline includes sections on medication management and support, specialized alcohol counseling and online resources. Additional sections include clinician support materials, patient education materials, online materials for both clinicians and patients and frequently asked questions. The guideline is located on the website at **www.pubs.niaaa.nih.gov/publications/=Practitioner/CliniciansGuide2005/clinicians_guide.htm.**

Screening Adolescents for Alcohol and Substance Abuse in Primary Care

This is adopted from The American Academy of Pediatrics (AAP). The guideline includes sections on AAP resources, internet resources, advocacy group resources and recommendations for pediatricians and other health care providers. The policy is located on the website at **www.pediatrics.org/cgi/doi/10.1542/peds.2010-043.**

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 of the MVP website at **www.mvphealthcare.com/provider/qim/index.html**.

Clinical and preventive guidelines on mvphealthcare.com

Make preventive care easy for your office by using the guidelines available at **www.mvphealthcare.com/provider/qim/preventive_health.html.** The preventive health clinical guidelines include:

- Adult Preventive Care
- Childhood Preventive Care
- Recommended Immunization Schedules
- Screening Adolescents for Alcohol and Substance Abuse in Primary Care
- Screening Adults for Alcohol Abuse in Primary Care
- Smoking Cessation

There are also materials for you to share with your patients such as:

- Headache Help
- Screening for Colorectal Health

You can also download materials to display in your office:

- CDC Screen for Life poster
- CDC Influenza Exam Room poster (English and Spanish)

MVP provides these tools to help you help your patients live well!

MEDICAL POLICY UPDATES

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the October meeting. 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**. 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 December 1, 2013

Chemosensitivity and Chemoresistence Assays

There are no changes to the medical policy. ChemoFx®, Fluorescent Cytoprint Assay and Human Tumor Stem Cell Drug Sensitivity Assays are not covered.

Continuous Glucose Monitoring

There are no changes to the indications/criteria of the medical policy. The policy was updated with a Medicaid Variation which states that continuous glucose monitoring beyond 72 hours is not covered.

Endoscopy (Colonoscopy)

This is a new medical policy. The policy addresses screening, diagnostic, therapeutic and periodic indications for both esophagogastroduodenoscopy and colonoscopy. These indications follow the guidelines from the American Gastroenterologic Association, American Society for Gastrointestinal Endoscopy, InterQual and Medicare.

Hospice Care

There are no changes to the medical policy.

Hyaluronic Acid Derivatives

There are no changes to the medical policy.

Imaging Procedures

This policy addresses specific imaging procedures for specific MVP products. The policy was updated to add thermography/temperature gradient studies and digital tomosynthesis as non-covered services.

Oxygen Therapy for the Treatment of Cluster Headaches

There are no changes to the indications/criteria of the medical policy. The policy was updated with a Medicare Variation which states that home use of oxygen to treat cluster headaches is covered by Medicare only for beneficiaries with cluster headaches that participate in a clinical study comparing normobaric 100 percent oxygen (NBOT) with at least one clinically appropriate comparator for the treatment of cluster headaches.

Platelet-Rich Plasma Injections

The medical policy name was changed to Platelet-Rich Plasma Injections. It was previously named Platelet-Rich Plasma Injections for Ligament and Tendon Injuries. Platelet-rich plasma injections are not covered for any indication, including tendon injuries, ligament injuries, or wound healing.

Radiofrequency Ablation for Chronic Pain

There are no changes to the medical policy.

Wheelchairs (Electric) and Power Scooters

The medical policy has been updated with Medicare criteria for pediatric power wheelchairs.

List of Medical Policies reviewed and approved in 2012 recommended for approval without changes in October 2013:

- Autism Spectrum Disorders NY
- Biofeedback Therapy
- BRACA Testing
- Burn Garments and Lymphedema Sleeves
- Cosmetic and Reconstructive Services
- Transcatheter Aortic Valve Replacement

Please refer to the coding section on the policies to identify any code changes (e.g., new, deleted) or codes no longer requiring prior authorization for a specific policy. Each policy grid defines the prior authorization requirements for a specific product.

PHARMACY UPDATES

Policy updates effective December 1, 2013

Actimmune

- Language updated for clarification purposes

Alpha-1 Antitrypsin Inhibitors

- Criteria updated to define symptomatic disease
- Failure on standard therapy is not required prior to alpha-1 antitrypsin inhibitors
- Exclusion section was updated

Antineoplastic Enzyme Inhibitors

- Bosulif, Erivedge and Iclusig were added to the policy
- Torisel will be covered as a pharmacy benefit on the Marketplace Formulary

Erivedge (ARCHIVE)

- Criteria moved to the Antineoplastic Enzyme Inhibitors policy

Erythropoietic Agents

- Omontys was removed from the policy
- Language was added regarding anemia due to Hepatitis C infection

Formulary Exception for Non-Covered Drugs

- Policy updated to reflect which MVP Plans this policy applies to

Hepatitis C, Chronic

- Criteria was changed to require results from liver function tests instead of liver biopsy

Hepatitis C, Protease Inhibitors

- Criteria was changed to require results from liver function tests instead of liver biopsy
- Coverage exclusion for non-genotype 1 infection was added

Immunoglobulin Therapy
- Hizentra will be covered as a pharmacy benefit on the Marketplace Formulary

Jevtana (ARCHIVE)
- Criteria moved to the Prostate Cancer policy

Oforta (ARCHIVE)
- Drug is no longer manufactured

Orphan Drugs
- Cometriq, Jakafi, Onfi and Ravicti were added
- Adagen and Ilaris will be covered as a pharmacy benefit on the Marketplace Formulary

Prostate Cancer (NEW)
- Policy includes criteria for the coverage for Provenge, Jevtana, Xtandi and Zytiga. Criteria are based on NCCN guidelines and current medical literature.

Provenge (ARCHIVE)
- Criteria moved to the Prostate Cancer policy

Sylatron
- Quantity limit of 4 vials per month was added

Thalidomide and Thalidomide Derivatives
- Name changed to Thalidomide for ENL
- Criteria for Revlimid was removed and will be incorporated into the new Multiple Myeloma policy. Criteria is also included in the MDS policy.

Xgeva
- Indications and Medicare variations were updated

Xyrem
- Doses exceeding 9 gms/night are excluded

Yervoy
- New exclusion for the combination use with Zelboraf was added

The following policies were reviewed and approved without any changes to criteria:
- Adcetris
- Ixempra
- Mozobil
- Myelodysplastic Syndrome
- Nulojix

Policy updates effective January 1, 2014

Androgens
- Androgel and Testim will be MVP's preferred agents on the Commercial, Option and Marketplace formularies. Existing quantity limits will still apply. All other products in this class will require prior authorization. MVP will notify impacted members and prescribing providers.

Angiotensin Receptor Blockers
- Prior authorization will be required for all multi-source ARBs and ARB combination products. Examples include, but are not limited to, brands Cozaar, Avapro, Hyzaar, Avalide, Diovan HCT and Atacand/HCT.

EpiPen/EpiPen Jr
- EpiPen and EpiPen Jr will be MVP's exclusive preferred agents on the Commercial, Option and Marketplace formularies. All other products in this class will require prior authorization. Quantity limits will remain in place. MVP will notify impacted members and prescribing providers.

Glucose Test Strips
- MVP's preferred blood glucose test strips will be the Abbott and Johnson and Johnson products on the Commercial, Option and Marketplace formularies. These include, but are not limited to, One Touch (all varieties) and Freestyle strips. All other strips will require prior authorization. MVP will notify all impacted members and prescribing providers.

Growth Hormone
- Nutropin will be the exclusive preferred growth hormone on the Commercial, Option and Marketplace formularies. All other products will become non-formulary. All products will continue to require prior authorization.

Infertility-Ovulatory Stimulants
- Follistim will remain the preferred agents on the Commercial and Marketplace formularies.

Multiple Sclerosis Agents (NEW)
- This new policy includes all drugs used to treat multiple sclerosis. All other MS policies will be archived.
- The preferred agents are Avonex, Copaxone and Tecfidera. Prior authorization is NOT required for these agents, however their use must follow policy criteria.
- Prior authorization will be required for Betaseron, Extavia and Rebif, however Betaseron is preferred over Extavia.
- These changes are for the Commercial, Option and Marketplace formularies

Multiple Sclerosis, Select Oral Agents (ARCHIVE)

Multiple Sclerosis, Self-injectables (ARCHIVE)

Proton Pump Inhibitors
- Prior authorization will be required for all multi-source PPIs. Examples include, but are not limited to, Prilosec (Rx), Prevacid (Rx), Protonix and Zegerid.

Tysabri for Multiple Sclerosis (ARCHIVE)

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
Liptruzet	Hyperlipidemia
Mekinist†	Metastatic melanoma
Nymalize	SAH
Prolensa	Ocular pain
Simbrinza	Glaucoma
Suclear	Colonoscopy prep
Tafinlar†	Metastatic melanoma

Brand drugs added to Formulary (Tier 2)

Eliquis (PA removed)
Lialda
Tecfidera (PA removed)
Xarelto

Drugs removed from prior authorization (all medications are non-formulary, Tier 3 unless otherwise noted)

Arcapta
Giazo
Oxtellar XR
Quillivant XR
Skyla*

Drugs moved from Tier 2 (formulary) to Tier 3 (non-formulary)

Temodar

*Medical drug
†Must be obtained from Accredo Specialty Pharmacy

CuraScript is now Accredo

Over the past several months, CuraScript pharmacies transitioned to become Accredo pharmacies. This transition is near completion and moving forward references to MVP's specialty pharmacy will be the Accredo name. Prescriptions for MVP members will be filled out of the Accredo facility in Delaware but no other changes will take place. You can still use the same phone and fax numbers that you use today.

Health Insurance Marketplace Formulary (effective January 1, 2014)

This new formulary is for MVP Plans (individual and small group) purchased both on and off the Exchange and differs from the existing MVP Commercial formulary. Select generics are in Tier 2, some non-formulary drugs require prior authorization and the preferred agents may be different in some therapeutic categories. To view the formulary, visit MVP online at **www.mvphealthcare.com**. Choose *Members* then *Manage Prescriptions*. Simply click on *Drug Coverage (Formularies)* to see the list of covered drugs.

CLAIMS UPDATES

Countdown to ICD-10

MVP wants to help you as you prepare your systems for ICD-10 compliance on October 1, 2014 because ready or not, it will come. Below are some steps to consider for implementation:

- Learn about the structure, organization and unique features of ICD-10-CM — for all provider types.
- Learn about the structure, organization and unique features of ICD-10-PCS — inpatient hospital claims.
- Learn about the system impact of 5010.
- Use assessment tools to identify areas of strength/weakness in medical terminology and medical record documentation.
- Review and refresh knowledge of medical terminology as needed based on the assessment results.
- Provide additional training to refresh or expand knowledge in the biomedical sciences such as anatomy, physiology, pathophysiology, pharmacology and medical terminology.
- Plan to provide intensive coder training approximately six-nine months prior to implementation. Allocating 16 hours of ICD-10-CM training will likely be adequate for most coders, and very proficient ICD-9-CM coders may not need that much.

MVP encourages you to ready your systems and processes now so you don't skip a beat on October 1, 2014. For other helpful materials and resources, visit our website at **www.mvphealthcare.com/provider/ICD-10_updates_and_faqs.html.**

What you need to know about the new 1500 Claim Form

The National Uniform Claim Committee (NUCC) and Center for Medicare & Medicaid Services (CMS) approved the transition timeline for the version 02/12 1500 Health Insurance Claim Form (1500 Claim Form). The new form accommodates ICD-10 reporting and aligns with 5010 requirements. The NUCC approved the following transition timeline at its meeting in August and includes:

- **January 6, 2014** – Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- **January 6 – March 31, 2014** – Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- **April 1, 2014** – Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

CODING CORNER

ICD-10 Compliance

To prepare for the upcoming ICD-10 implementation compliance date on October 1, 2014 remember that:

- ICD-10-CM diagnoses codes will be used by all providers in every health care setting.
- ICD-10-PCS procedure codes will be used only for hospital claims for inpatient hospital procedures.
- Compliance dates are firm – no delays and no grace period.

Important, please be aware:

- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2014.
- ICD-10 codes will not be accepted for services prior to October 1, 2014.
- MVP will apply CMS guidelines for Claims that Span the International Classification of Diseases, 10th Edition (ICD-10) Implementation Date (see MLN Matters® Number: SE1325).
- You must begin using the ICD-10-CM codes to report diagnoses for all hospital inpatient claims with dates of discharge that occur on or after October 1, 2014.
- Additionally, you must begin using the ICD-10-PCS (procedures codes) for all hospital claims for inpatient procedures on claims with the dates of discharge that occur on or after October 1, 2014.

MVP is following the CMS guidelines for this protocol. If you need further information, visit the CMS website at **www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf.**

MVP® HEALTH CARE

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