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*Healthy Practices* is a bi-monthly publication of the MVP Health Care Corporate Affairs Department.

We welcome your comments.

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## CVS/caremark is MVP's New Pharmacy Benefits Manager

Effective January 1, 2015, CVS/caremark will be MVP's Pharmacy Benefits Manager (PBM) for retail, mail, and specialty prescriptions.



- The CVS/caremark retail pharmacy network is expansive, with thousands of participating pharmacies nationwide.
- MVP members who have a mail order benefit will use the CVS Caremark Mail Service Pharmacy. Prescriptions that have refills will be transferred from the current mail order vendor. If you need to issue new prescriptions as a result of the change in mail order vendors, MVP will notify you in writing and include a list of affected members.
- MVP members who are on specialty medications will now use the CVS Caremark Specialty Pharmacy. Prescriptions that have refills will be transferred from the current specialty vendor. For your reference, the fax number for the CVS Caremark Specialty Pharmacy is **1-800-323-2445**.
- Prior authorizations that are active on and after January 1, 2015 will be transferred to the new adjudication system and you will not need to take any action. MVP will continue to administer the prior authorization function for all lines of business.
- MVP will continue to maintain four formularies in 2015:
  - MVP Commercial (Commercial, ASO, and Child Health Plus)
  - MVP Marketplace (New York and Vermont Exchanges)
  - MVP Medicare Part D
  - MVP Option and Option Family (Medicaid and Family Health Plus)

For additional information about the PBM change, please contact your MVP Professional Relations Representative. See page 5 for more Pharmacy updates.

## PROFESSIONAL RELATIONS UPDATE

### National Drug Code (NDC) Payment Policy Reminder

To be reimbursed for a medication that is administered in a physician office, outpatient setting, or hospital outpatient setting an NDC number and drug quantity must be included on all claims. An NDC number is not required for inpatient hospital claims or for drugs purchased through the 340B Program. MVP will verify each NDC for accuracy and any claim with an invalid NDC number will be rejected. For additional information and instructions on how to submit a valid NDC, please see MVP's NDC payment policy in Section 15 of the Provider Resource Manual.

## Correction: Reminder About Billing Preventive Codes

The first paragraph in the **Reminder About Billing Preventive Codes** article in the September/October issue of *Healthy Practices* contained a broken link. To locate the complete list of preventive health services covered under the Affordable Care Act (ACA), please visit [www.mvphealthcare.com](http://www.mvphealthcare.com) and select *Reform* at the bottom of the homepage, then *Coverage*, and then *Preventive Health Care*; you will find the information under *Guide for Health Care Providers*. We apologize for any inconvenience.

# POPULATION HEALTH MANAGEMENT UPDATE

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## Improving Care for Medicaid Members with Diabetes

As part of a state-wide, two-year common Performance Improvement Project (PIP) for all Medicaid Managed Care Plans, MVP is striving to improve its performance in diabetes management. The goals of MVP's diabetes care management project are to facilitate primary care office visits and to reduce gaps in care related to the key process steps of HbA1c testing and lipid testing. By identifying members with gaps in diabetes care and providing information to both providers and members, we hope to achieve improved patient outcomes, which means diabetes HbA1c control and appropriate lipid levels for the members who participate in the project.

### ***What resources are available for you and your patients?***

#### **Reports**

As mentioned in the May/June edition of *Healthy Practices*, MVP produces several reports to help practitioners identify which tests and screenings a member may need. These reports include a diabetes management section.

**Gaps in Care Reports** indicate whether a member who is living with diabetes needs the following tests in the remainder of the year: eye exam, hemoglobin A1c test, LDL test, or screening for nephropathy. The second wave of the 2014 prospective Gaps in Care report was distributed in July and the third wave (which also includes the diabetes measures)

will be distributed before the end of the year. These reports are provided in an electronic format (Microsoft Excel), allowing you to work with the data based on your particular need or interest.

**Accountable Care Metric (ACM) Reports** contain quality, utilization, and pharmacy measures and are mailed to the office manager of each site. The MVP Clinical Reporting Coordinator is available to assist practices in identifying potential areas for improvement, and answer any questions.

If you have questions about these reports, please contact Michael Farina, Director Clinical Quality and Reporting, at [mfarina@mvphealthcare.com](mailto:mfarina@mvphealthcare.com).

#### **Programs**

**Pay for Performance (P4P)** is offered by MVP to practices with a large volume of MVP members. MVP recognizes that providing high-quality care can require extra time, planning, and resources on the part of physicians and office staff. The P4P program helps offset those costs and helps providers pursue future practice improvements. The program is tied closely to the measures on the ACM reports and includes those for diabetes management.

**MVP Case Management** is a program where MVP attempts to make contact via telephone with all Medicaid members who are living with diabetes and who are lacking the aforementioned recommended tests. We encourage them to make an appointment with their doctor and even offer a Walmart® gift card as an incentive for attending the appointment. If appropriate, members are enrolled in Case Management. MVP's Acute Case and Condition Management programs are focused on high-risk target populations. MVP offers a focused, integrated approach to management that promotes high-quality, cost-effective health care throughout the care continuum. To make a referral to our Population Health Management program, call **1-866-942-7966**, fax **1-866-942-7785**, or email [phmreferrals@mvphealthcare.com](mailto:phmreferrals@mvphealthcare.com).

#### **Classes**

**Eating Well With Diabetes Classes** are a community-based intervention that offers diabetes educational programming for prevention and/or self-management focusing on healthy cooking and eating. For more information, please contact Cheryl Minchella, Community Health Educator, at [cminchella@mvphealthcare.com](mailto:cminchella@mvphealthcare.com) or **585-327-5752**.

# CARING FOR OLDER ADULTS

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## Talk to Patients About Avoiding Hospital Readmission

In an effort to decrease readmission rates after a hospital stay, MVP is educating our Medicare Advantage Plan members on how to be prepared for a smooth transition from hospital to home.

Members who are better prepared before their discharge will have a lower chance of being admitted back into the hospital because of a problem.

Providing continuity and coordination of care for a patient as they transition from the hospital setting to outpatient is crucial to reducing hospital readmission rates. Health care providers can help by obtaining hospital discharge summaries in a timely manner and documenting any changes in medical/surgical history and medications. Patients often may have additional specialists involved in their care after a hospital stay. It is important for primary care providers (PCPs) and specialists to communicate relevant information to ensure a coordinated approach to the patients care. It is also very important for the patient to see their physician within 3 to 7 days of discharge.

We encourage physicians to speak with MVP Medicare Advantage Plan members about this important topic. Some helpful tips that members should follow include:

- Bring a complete list of medications to the hospital on the day of admission.
- Work with the discharge planning staff to make a hospital follow-up plan.
- Take an active role in discharge and treatment planning.
- Learn any important details about the condition and how they can take care of themselves.
- Schedule a follow-up appointment within seven days after leaving the hospital.
- Bring a hospital discharge plan along with a list of medications to follow-up appointment(s).
- Carry important information at all times about the condition, medications, doctor, and pharmacy contact information.

To help members keep important information with them at all times, MVP has created a checklist to be used for planning. The checklist can be found by visiting [www.mvphealthcare.com/provider](http://www.mvphealthcare.com/provider) and selecting *Provider Quality Improvement Manual*, then *Caring for Older Adults*, and then *Planning a Hospital Stay*.

# MEDICAL POLICY UPDATES

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The MVP Quality Improvement Committee (QIC) approved the policies summarized below during its 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](http://www.mvphealthcare.com). To access the BIM, log in to your MVP online account and select *Online Resources*, then *BIM* under *Policies*. The Current Updates page of the BIM lists all medical policy 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, 2014

**Breast Surgery for Gynecomastia:** there are no changes to the medical policy criteria and indications.

**Bronchial Thermoplasty NEW:** bronchial thermoplasty is considered investigational.

**Burn Garments and Lymphedema Sleeves:** there are no changes to the medical policy criteria and indications.

**Cardiac Rehabilitation Phase II ARCHIVED:** Cardiac Rehabilitation Phase II medical policy is now archived.

**Cosmetic and Reconstructive Services:** there are no changes to the medical policy criteria and indications.

**Dental Care Services/Facility Services:** there are no changes to the medical policy criteria and indications.

**Durable Medical Equipment (DME):** the policy language was updated to include the requirements for DME Vendors, DME repairs, and replacement wheelchairs.

**Gene Expression Classifier (Afirma®) NEW:** gene expression classifier (Afirma) for cytologically follicular lesion of undetermined significance is considered medically necessary.

**Hospice Care:** there are no changes to the medical policy criteria and indications. MVP Option and Option Child variations were clarified to be consistent with Medicaid coverage.

**Hyperbaric Oxygen Therapy (HBO):** there are no changes to the medical policy criteria and indications.

**Knee Arthroscopy:** there are no changes to the medical policy criteria and indications.

**Repetitive Transcranial Magnetic Stimulation (rTMS) NEW:** transcranial magnetic stimulation is a non-invasive procedure for the treatment of major depressive disorder. It may be indicated for patients who are resistant to other depression treatments. Transcranial magnetic stimulation is covered when the medical policy criteria are met.

**Transcatheter Aortic Valve Replacement:** there are no changes to the medical policy criteria and indications.

**Policies reviewed and approved in 2013 for approval without changes in October 2014:**

- Autism Spectrum Disorders NH
- Continuous Glucose Monitoring
- Endoscopy (Colonoscopy)
- Imaging Procedures
- Oxygen Therapy for the Treatment of Cluster Headaches

**Medical Policy Updates Effective January 1, 2015**

**Investigational Procedures, Devices, Medical Treatments, and Tests NEW:** this policy addresses procedures, devices, medical treatments, and tests not covered because they have not been proven to provide long-term safe and effective outcomes indicated by a preponderance of scientific evidence and, therefore, are considered investigational.

The following are services addressed in this policy:

- Athletic Pubalgia Surgery
- Immunotherapy for Recurrent Spontaneous Abortion
- Mechanical Devices to Treat Low Back Pain
- OnDose™ (Area under the Curve [AUC]-Targeted 5-Fluorouracil)
- OvaCheck® (Proteomic Pattern Analysis of Blood for the Early Detection of Ovarian Cancer)
- Platelet-Rich Plasma Injections
- Prolotherapy
- Thermal Intradiscal Procedures for Low Back Pain
- Tumor *InVitro* Chemosensitivity and Chemoresistance Assays
- Tumor Markers (OVA1™)
- Wireless Capsule for the Evaluation of Suspected Gastric Motility Disorders

The following policies are **ARCHIVED**.

Individual procedures are addressed in the Investigational Procedures, Devices, Medical Treatments, and Tests medical policy (above).

- Athletic Pubalgia Surgery
- Chemosensitivity and Chemoresistance Assays Tumor *InVitro*
- Immunotherapy for Recurrent Spontaneous Abortion
- Mechanical Devices to Treat Low Back Pain
- OnDose™ (Area under the Curve [AUC]-Targeted 5-Fluorouracil)
- OvaCheck® (Proteomic Pattern Analysis of Blood for the Early Detection of Ovarian Cancer) Platelet-Rich Plasma Injections
- Prolotherapy
- Thermal Intradiscal Procedures for Low Back Pain
- Tumor Markers (OVA1™)

**Medical Policy Updates Effective February 1, 2015**

The 2015 Ambulatory Surgery Procedure and In-Office Procedure lists were approved by the Quality Improvement Committee (QIC) in October and will be effective February 1, 2015. Coverage for the ambulatory procedures is limited to the ambulatory surgery, out-patient hospital, or in-office settings. Claims submitted with a place of service other than these settings will be denied unless prior authorization is obtained. Use of appropriate place of service setting does not override any existing prior authorization requirements.

Coverage for in-office procedures is limited to the in-office place of service. Claims submitted with a place of service other than in-office will be denied unless prior authorization is obtained.

The 2015 Ambulatory Surgery Procedure and In-Office Procedure lists can be found at **www.mvphealthcare.com** by selecting *Providers*, and then *Reference*.

**InterQual Criteria Medical Policies (NEW)**

This policy lists procedures reviewed utilizing McKesson® InterQual criteria. The procedures addressed in this policy are:

- Capsule Endoscopy
- Laminectomy
- Pectus Excavatum
- Sclerotherapy for Varicose Veins
- Septoplasty
- Spinal Cord Stimulator
- Spinal Fusion
- Video EEG (no prior authorization required)

The following policies are **ARCHIVED**.

The individual procedures are addressed in the InterQual Criteria medical policy (above).

- Capsule Endoscopy
- Laminectomy
- Pectus Excavatum
- Sclerotherapy for Varicose Veins
- Septoplasty
- Spinal Cord Stimulator
- Spinal Fusion
- Video EEG

### **Miscellaneous Policies ARCHIVED as of January 1, 2015**

- EEG Monitoring and Anesthesia Awareness
- Mifepristone
- Nesiritide Infusion for Heart Failure–Outpatient
- PEEK Instrumentation and Devices
- Pulmonary Rehabilitation (Respiratory PT)

## PHARMACY UPDATES

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### **Specialty Program Expansion**

Effective January 1, 2015, MVP will expand the list of medications that are required to be filled through our specialty pharmacy vendor, the CVS Caremark Specialty Pharmacy. Drug classes that will be added to the list include, but are not limited to, infertility, select oncology, and liposomal storage diseases medications. MVP will notify you in writing if further action is required.

### **United States Preventive Services Task Force**

Beginning January 1, 2015, medications (over-the-counter and prescription) that are required to be covered under the Affordable Care Act and which the United States Preventive Services Task Force (USPTF) rates “A” or “B” will adjudicate at the pharmacy point-of-service. These medications are covered in full, except tamoxifen and raloxifene for the primary prevention of breast cancer. More information on MVP’s coverage for these medications can be found in the *Preventive Services, Medication* policy.

### **Policy Updates Effective October 1, 2014**

#### **Agents for Hypertriglyceridemia**

- Vascepa and generic Lovaza added
- Policy was previously named Lovaza

#### **Cialis for BPH**

- Myrbetriq added as a possible drug to fail in combination with an alpha-blocker

#### **Otrexup NEW**

- Policy criteria includes failure or intolerance to oral or generic injectable MTX

#### **Pradaxa**

- New DVT/PE indication added

#### **Valchlor NEW**

- Skin biopsy must identify Stage 1A or 2B mycosis fungoides-type cutaneous T-cell lymphoma
- Prescriber must be an oncologist or dermatologist
- Must have failed on select skin directed therapies

### **Policy Updates Effective November 1, 2014**

#### **RSV/Synagis**

- Criteria updated to reflect changes to RSV guidelines

### **Policy Updates Effective January 1, 2015**

#### **Immunoglobulin Therapy**

- For acute ITP, criteria updated to specify platelet count <30,000/ul
- Medicare variation updated to include coverage for SQ administration and for the use in MS
- J1556 added

#### **Multiple Sclerosis Agents**

- Drugs covered under the Rx benefit and medical benefit clarified. Drugs requiring prior authorization also clarified

#### **Orphan Drugs and Biologicals**

- Onfi removed from policy
- Cystaran, Procysbi, and Signifor added

#### **Preventive Services, Medication**

- Coverage for raloxifene and tamoxifen were added
- Coverage for vitamin D and bowel prep kits added
- Criteria for point-of-sale coverage added

#### **Prostate Cancer**

- Xtandi overview updated

#### **Policies reviewed and approved without any changes to criteria**

- Formulary Exception for Non-covered Drugs

### **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)



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Drug Name	Indication
Dalvance*	Acute bacterial skin infections
Entyvio*	Ulcerative colitis and Crohn's disease
Evzio	Emergency treatment of opioid overdose
Purixan	ALL
Sitavig	Herpes labialis
Sivextro	Acute bacterial skin infections
Sylvant*	Castleman's disease
Tanzeum	Type 2 diabetes
Vogelxo	Testosterone replacement
Xartemis XR	Pain
Zontivity	Reduction of thrombotic CV events
Zykadia†	Lung cancer

**Drugs added to Formulary (Tier 1)**

donepezil 23mg    estradiol patch    paricalcitol^  
valsartan^

**Drugs moved to Non-Formulary (Tier 3)**

Aricept 23mg    Climara    Diovan

**Drugs removed from prior authorization**

Brintellix	Duavee	Ecoza
Farxiga <sup>D</sup>	Fetzima ER	Fycompa
Gazyva*	Imbruvica	Lupaneta Pak
Prothelial	Stendra <sup>QL</sup>	Velphoro
Zorvolex		

- \* Medical drug
- <sup>D</sup> Diabetic copay
- <sup>QL</sup> Quantity limits apply
- † Must be obtained from Accredo Specialty Pharmacy
- ^ Tier 2 on Marketplace (Exchange) formulary