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PROFESSIONAL RELATIONS UPDATE

HEDIS® and New York State QARR Data Collection

Healthcare Effectiveness Data and Information Set (HEDIS) and New York State Quality Assurance Reporting Requirements (QARR) data collection begins in February 2015. The MVP Quality Improvement (QI) Department will begin its annual HEDIS and QARR medical record reviews. HEDIS and QARR are sets of standardized performance measures designed to ensure that consumers and purchasers have the information they need to reliably compare managed health care plans. Managed care organizations are required to report their rates to the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA), the New York State Department of Health, and the Vermont Department of Financial Regulation (DFR).

Every year, the collected HEDIS data is used to guide the design and implementation of our health management activities, measure MVP's health management programs effectiveness, and measure our performance against other health plans. In 2015, reviews will include the assessment of the clinical performance in the following areas:

- childhood and adolescent Immunizations, including meningococcal vaccine, tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and Human Papillomavirus Vaccine (HPV) for female adolescents
- adult BMI assessment
- colorectal cancer screening
- comprehensive diabetes care
- controlling high blood pressure
- prenatal and postpartum care
- cervical cancer screening

MVP has contracted with Interim HealthCare® and JRC Health Care Consultants for registered nurses to help our QI staff collect data from medical records. A representative may contact your office to schedule the medical record review. We appreciate your cooperation and will make every effort to minimize any impact the review may have on your office operations. If your office will allow access to the medical records remotely, and you would prefer that the medical record review be conducted remotely to minimize disruption to your office, please let us know.

Please note, HEDIS/QARR are part of *health care operations* and, therefore, the Health Insurance Portability and Accountability Act (HIPAA) does not require authorization from the individuals to release their protected health information (PHI) for health care operations activities. MVP has

Contacting MVP Provider Relations

MVP Corporate
Headquarters 1-888-363-9485
Vermont 1-800-380-3530
VMC 1-800-639-3881

Denise V. Gonick
President & CEO

We welcome your comments.

Healthy Practices
MVP Health Care, Inc.
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strict standards for the collection and storage of this information. Thank you in advance for your cooperation and support during these important quality activities. If you have questions, call Michael Farina in the MVP Quality Management Department at **518-388-2463**.

Code of Ethics and Business Conduct Summary

MVP provides a Code of Ethics and Business Conduct Summary as part of its commitment to conducting business with integrity and in accordance with all federal, state, and local laws. This summary provides MVP's network providers, vendors, and delegated entities ("Contractors") with a formal statement of MVP's commitment to the standards and rules of ethical business conduct. All MVP contractors are expected to comply with these standards. Contractors may access the *Code of Ethics and Business Conduct Summary* or MVP's full *Corporate Code of Ethics and Business Conduct* at www.mvphealthcare.com/provider/ny/reference.html and look for the links under the *References* listing.

CARING FOR OLDER ADULTS

MVP's Medicare Stars Ratings: Diabetes and Hypertension Medication Adherence

The Centers for Medicare & Medicaid Services (CMS) use the Star Rating System to evaluate Medicare Advantage health plans, as well as their networks of physicians and other health care providers. These star ratings impact the reimbursement that health plans receive from CMS to pay for member benefits and provider services. One of the clinical quality indicators that CMS has included in the Medicare star rating program is a diabetes treatment measure. This is defined as the number of MVP Medicare Advantage beneficiaries who have filled a prescription for both diabetes and hypertension but did not fill a prescription for an ACEI, ARB, or direct renin inhibitor medication using their plan prescription drug benefit. For the past two years, MVP has received much lower results on this measure compared to national results.

Per the American Diabetes Association Standards of Medical Care in Diabetes-2012, which MVP endorses, pharmacologic therapy for patients with diabetes and hypertension should be with a regimen that includes either an ACEI, an ARB, or

direct renin inhibitor. If one class is not tolerated, the other should be substituted.

In July 2013, MVP began sending physicians a list of their patients (MVP Medicare members) who, according to the criteria noted above, should be on an ACEI, ARB, or direct renin inhibitor in addition to medication for diabetes and a medication for hypertension. Of course, there are some patients who may have a contraindication for these medications.

We encourage you to prescribe these medications for patients with diabetes and hypertension when appropriate. Additionally, please encourage MVP members to fill their prescriptions using their MVP prescription drug benefit. Most of the ACEI's on the MVP Medicare Part D formulary have no copay. Please refer to the MVP Medicare Part D Formulary.

Transcatheter Mitral Valve Repair

Transcatheter mitral valve repair (TMVR) is a procedure used to treat mitral regurgitation which is the most common type of heart valve insufficiency in the country.

CMS issued a Medicare National Coverage Determination on August 7, 2014 which allows for coverage of TMVR under Coverage with Evidence Development (CED) with certain conditions.

MVP will be adopting the CMS guidelines for this procedure. The complete determination is available at www.cms.gov by searching *Decision Memo for Transcatheter Mitral Valve Repair*.

MEDICAL POLICY REVIEWS

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the November/December 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. To access the BIM, log in to your account, visit *Online Resources* and select *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 MVP Professional Relations Representative.

Medical Policy Updates Effective February 1, 2015

Bone Density Study for Osteoporosis (DEXA):

There are no changes to the medical policy criteria.

Bone Growth Stimulator: There are no changes to the medical policy criteria.

Dermabrasion: There are no changes to the medical policy criteria.

Gender Reassignment Surgery: Coverage for gender reassignment surgery is now covered for Medicare products when the indications and criteria outlined in the medical policy are met. Previously Medicare considered gender reassignment surgery investigational.

Home Care Services: The definition of homebound was updated. There are no changes to the medical policy criteria.

Indirect Handheld Calorimeter: There are no changes to the medical policy criteria.

Insulin Infusion Pumps: The policy was updated to state that artificial pancreas device systems have no proven advantage over separate insulin pumps and continuous glucose monitors in the general population, therefore, there is no separate coverage for the artificial pancreas device systems (HCPCS Codes: S1034, S1035, S1036, S1307).

Orthognathic Surgery: There are no changes to the medical policy criteria.

Sinus Surgery: The medical policy was updated to include coverage for catheter-based inflatable balloon sinuplasty when indications and criteria outlined in the medical policy are met. Catheter-based inflatable balloon sinuplasty is allowed only in the office setting.

Medical Policies for approval without changes in November 2014:

- Air Medical Transport
- Cell-free Fetal DNA Pre-natal Screening
- Cochlear Implants and Osseointegrated Devices
- Dental Care Services/Medical Services for Complications of Dental Problems
- Ground Ambulance/Ambulette Services
- Neuropsychological Testing
- Private Duty Nursing
- Prosthetic Devices (Eye and Facial)
- Psychological Testing
- Therapeutic Footwear for Diabetics
- Wheelchairs (Manual)

PHARMACY UPDATES

CVS/caremark is MVP's New Pharmacy Benefit Manager

Effective January 1, 2015, CVS/caremark is 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 Order Pharmacy. Non-controlled mail order prescriptions that have refills have been transferred.
- MVP members who are on specialty medications will use CVS Caremark Specialty Pharmacy. Prescriptions that have refills have been transferred. For your reference, you can contact CVS Caremark Specialty Pharmacy at **1-866-444-5883** or by fax at 1-800-323-2445.
- Prior authorizations that are active on and after January 1, 2015 have been transferred to the new adjudication system and you will not need to take any action.

For additional information about the PBM change, please contact your MVP Professional Relations Representative.

Compounded Medications

Beginning January 1, 2015, compounded medications costing more than \$100 will require prior authorization. If you need to take action, MVP recently sent you notification.

Policy Updates Effective January 1, 2015

PPI Therapy

- Quantity limit changed to 2 per day for brands and generics, brands require prior authorization

Crohn's Disease and Ulcerative Colitis

- Entyvio was added, combination therapy was added as an exclusion

Quantity Limits

- Aloxi was removed and Diclegis added

Juxtapid/Kynamro

- Failure of Liptruzet was removed, atorvastatin was added; failure to achieve LDL goal based on ACCE guidelines was added

Pharmacy Programs Administration

- Drug recall information added

Breast Cancer **ARCHIVED**

- Policy archived

Policies Reviewed and Approved Without Any Changes to Criteria

- Overactive Bladder
- Government Programs OTC

Formulary Updates for Commercial, Option, and Marketplace Formularies

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

Drug Name	Indication
Zydelig	Relapsed CLL
Northera	NOH (symptomatic)
Hetlioz	Sleep-wake disorder (blind)
Jardiance	Type 2 diabetes
Kerydin	Onychomycosis
Beleodaq	PTCL
Invokamet	Type 2 diabetes
Rasuvo	RA, pJAI
Jublia	Onychomycosis

Drugs Added to Formulary (Tier 1)

entecavir amlodipine-valsartan[^]

Drugs Moved to Non-Formulary (Tier 3)

Azasan Sandimmune
Mesnex Droxia
Aricept 23mg

Drugs Removed from Prior Authorization

Adasuve* Aptiom
Anoro Ellipta Luzu
Granix Xofigo*
Injectafer*

* Medical drug

† Must be obtained from Accredo Specialty Pharmacy

[^] Tier 2 on Marketplace (Exchange) formulary

D Diabetic copay

QL Quantity limits apply

MVP Prior Authorization Process

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

MVP Fully-Insured Plans (HMO, POS, PPO, EPO, and Non-Group Indemnity)

If a procedure or service requires prior authorization:

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

The *State of Vermont Uniform Medical Prior Authorization* form for medial services can be found at www.mvphealthcare.com. Select *Providers* and then *Forms*. The form is under the *Prior Authorization, Referrals, and Admissions* section.

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

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

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

Prescription Drugs

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

Behavioral Health Services

The final rules implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 become effective July 1, 2014. These rules, known as Federal Mental Health Parity (FMHP) rules, provide guidance on benefits for and medical management of patients receiving care for mental health and/or substance disorder needs.

Under the FMHP final rules, MVP cannot apply medical management standards more stringently to mental health or substance disorder benefits than those applied to similar medical/surgical benefits. This includes, for example, requiring authorization from MVP prior to a provider rendering services.

Therefore, MVP will no longer require prior authorization in advance of rendering services related to outpatient mental health and/or substance disorder care. Behavioral health care providers will no longer need to contact PrimariLink for such prior authorization. This is effective July 1, 2014 for all Commercial health plans and any Select Care (ASO) plans managed by PrimariLink. Please note that prior authorization still is required for the following services: ECT, IOP, PHP, psychological testing, substance abuse detoxification and rehabilitation, residential care, and inpatient admissions.

If you have any questions, please contact your MVP Professional Relations Representative at **1-800-380-3530, option 3**.

Radiology and Radiation Therapy

MVP has delegated the UM review for all prospective review of Radiation Therapy, MRI/MRA, PET Scan, Nuclear Cardiology, and CT/CTA, and 3D rendering imaging to CareCore National (CCN). (CCN) utilizes evidence-based guidelines and recommendations for imaging from national and international medical societies and evidence-based medicine research centers. For more information on CCN, go to www.mvphealthcare.com/provider and select *Online Resources*, then *Provider Resource Manual*. To obtain an authorization, please submit requests at www.carecorenational.com or call **1-800-568-0458** and follow the radiology prompts.

Chiropractic Services

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

Online Resources

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

Samples of MVP Member ID Cards

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

In-Office Procedure and Ambulatory Surgery Lists

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

Please note:

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



PRIOR AUTHORIZATION REQUIREMENTS

All Plan Types

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

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

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

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

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

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

Additional Services (MVP HMO, MVP POS, MVP Basix, Preferred Gold HMO-POS, Gold Value HMO-POS, GoldAnywhere PPO, BasixCare PPO, MVP Healthy NY, MVP Medicaid Managed Care, MVP Child Health Plus, MVP Premier, MVP Premier Plus, MVP Liberty, MVP Secure, MVP Vermont Vitality, MVP VT Vitality Plus, ASO as indicated by individual plans)

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

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

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

IBM Plan Types

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

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

†PPO Select; Preferred EPO/PPO and TriVantage

Comparison of Plan Types

JANUARY 1, 2015
vermont

MVP FULLY-INSURED PLANS

Plan Type	PCP	Referral Required	Prior Authorization Required	Formulary	Reduction of Benefits for Not Notifying MVP of Inpatient Admission	Access to a National Network	Out of Network Benefits
MVP HMO	Yes	No	Yes	Yes	No	No	No
MVP Preferred PPO	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
Preferred Gold HMO-POS GoldValue HMO-POS	Yes	No	Yes	Yes	No	No	Yes
GoldAnywhere PPO	No	No	Yes	Yes	No	No	Yes
BasiCare PPO	No	No	Yes	Yes	No	No	Yes
MVP Preferred EPO	No	No	Yes	Yes	No	Yes	No
MVP Preferred EPO- BridgeWell	No	No	Yes	Yes	No	Yes	No
MVP VT Vitality	Yes	No	Yes	Yes	No	No	No
MVP VT Vitality Plus	Yes	No	Yes	Yes	No	No	No
MVP Secure	Yes	No	Yes	Yes	No	No	No
Non-Group Indemnity	No	No	Yes	No	No	Yes	Yes

MVP SELF-FUNDED (SELECT CARE ASO) PLANS

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

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

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

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



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