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PROFESSIONAL RELATIONS UPDATE

Cigna Alliance Update

Starting March 1, 2015, Cigna HealthCare will expand their relationship with MedSolutions, Inc. to begin managing high-tech radiology and diagnostic cardiology services for their members in the MVP service area.

What this means to health care professionals in the MVP network treating Cigna members beginning March 1, 2015:

- MedSolutions will perform utilization management review for outpatient high-technology radiology services (e.g. CT, MR, and PET scans) and diagnostic cardiology services that require precertification.
- MedSolutions will also arrange for the provision of radiology services to Cigna members through the MedSolutions contracted network of radiology centers as a supplement to the MVP network.
- Referring physicians must request precertification for all high-technology radiology services and diagnostic cardiology services, including nuclear cardiac studies, cardiac catheterizations, and stress echocardiograms, directly from MedSolutions through Cigna's dedicated telephone number, **1-888-693-3297**, or online at **<https://cigna.medsolutionsonline.com>**.
- There will be no changes in how health care professionals submit claims for high-technology radiology services.
- The following services will not require utilization management review and will therefore not be affected by this change:
 - Inpatient high-technology radiology services
 - Emergency room radiology services
 - Outpatient radiology services other than CT, MR, PET, and nuclear cardiac services

Codes That Require Precertification

To view a list of the CPT® codes that will require precertification, visit our dedicated implementation website at **www.medsolutions.com/implementation/cigna**.

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

Treatment Cost Calculator Available Soon!

MVP will be launching a new **Treatment Cost Calculator** which will allow members to compare cost estimates for medical services at different providers and/or facilities, and show their possible out-of-pocket expenses.

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We welcome your comments.

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With our Treatment Cost Calculator, members can:

- Search for a medical treatment, service, or condition.
- Review an estimate of their costs (based on their health plan benefits).
- Identify doctors, hospitals, and clinics in their area.
- Compare those doctors by quality, cost, and location.

The Treatment Cost Calculator will be available to members by logging into their MVP online account at www.mvphealthcare.com and selecting *Treatment Cost & Provider Quality* under *Health Resources*.

Chronic Care Management Payment Policy— Medicare Only

MVP will reimburse for Chronic Care Management (CCM) under CPT code 99490 for Medicare products only. Claims submitted for all other products will deny. Providers that are receiving care management or transformation funding payment as part of a Patient Centered Medical Home (PCMH), Accountable Care Organization (ACO), or other collaborative care shared savings or shared risk arrangement, may **not** bill for chronic care management for any MVP products including Medicare. All claims submitted by providers that are part of these arrangements will deny.

A patient is eligible to receive CCM if he or she has been diagnosed with two or more chronic conditions expected to persist at least 12 months (or until death) that place the individual at significant risk of death, acute exacerbation/ decompensation, or functional decline. Please refer to section 15 of the *Provider Resource Manual* for additional information.

Government Programs Product Name Change and Retirement of Family Health Plus

The MVP Option and MVP Option Child product names have changed. MVP Option is now called **MVP Medicaid Managed Care** (or MVP Medicaid), with a plan type of MVPM on the member ID cards, and MVP Option Child is now called **MVP Child Health Plus**, with a plan type of MVPC on the member ID cards.

Benefits coverage will remain the same. New member ID cards were sent to all MVP members for January 1, 2015 to reflect this change.

Also, the Family Health Plus product (formerly called MVP Option Family) has been retired by the New York State Department of Health as of January 1, 2015.

CARING FOR OLDER ADULTS

Testing and Treatment of Osteoporosis

Osteoporosis is a disabling condition that affects 55 percent of the American population aged 50 and older. This condition is primarily asymptomatic and often not diagnosed until after an initial fracture. According to the National Osteoporosis Foundation (NOF), one in two women age 50 or older will suffer an osteoporosis-related fracture in their lifetime. MVP Health Care has adopted the NOF guidelines, Prevention and Treatment of Osteoporosis.

Key recommendations include:

- Bone Mineral Density (BMD) testing for women aged 65 and older. For post-menopausal women, testing should begin between 50 and 69 if they have risk factors for the condition. BMD testing should be performed after a fracture to determine severity of the disease.
- Anyone with hip or vertebral fractures should be considered for treatment, as well as those with low bone mass according to their Dual-Energy X-ray Absorptiometry (DXA) score. FDA-approved treatments include biphosphonates, miscellaneous hormones (e.g. calcitonin), and estrogen/progesterone combinations.
- Calcium (> 1,200 mg) and vitamin D (800–1,000 IU) should be taken daily by adults aged 50 and older, regardless of whether other medications to prevent or treat osteoporosis are prescribed. Despite the availability of specialized tests to detect osteoporosis and medications to prevent it, the condition remains largely under-diagnosed and under-treated.

According to MVP's 2014 HEDIS results, only approximately 14 percent of women ages 67 or older received a BMD test or prescription for a medication to treat/prevent osteoporosis within the six-months following a fracture.

Talk to Patients About Avoiding Hospital Readmission

In an effort to decrease readmission rates after a hospital stay, MVP is educating its Medicare Advantage plan members on how to be prepared for a smooth transition from hospital to home. Members who are better prepared before their visit will have a lower chance of having to be 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 also crucial in 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. Often, after a hospital stay, a patient may have additional specialists involved in their care. It is important for primary care providers 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 three to seven days of discharge.

We encourage physicians to speak with MVP Medicare 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 for members to use when planning a hospital stay. The checklist is available at www.mvphealthcare.com by selecting the *Providers* tab, then *Provider Quality Improvement Manual*, then *Caring for Older Adults*, and finally *Planning a Hospital Stay*.

CLINICAL GUIDELINES UPDATES

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Careful Antibiotic Usage: Adult Treatment

MVP continues to endorse the guideline recommendations of the Centers for Disease Control (CDC). The recommendations focus on preventing antibiotic resistance in adults. There have been no updates to the current guideline.

Careful Antibiotic Usage: Pediatric Treatment

The guideline addresses the growing problem of antibiotic resistance in children and follows the recommendations of the Centers for Disease Control (CDC). There have been no updates to the current guideline.

Management of the Adult Patient with Diabetes

MVP continues to endorse the most recent recommendations of the American Diabetes Association (ADA). There have been no changes to the key recommendations.

High Blood Cholesterol Management

The guideline has been updated to reflect changes from the American College of Cardiology and the American Heart Association in collaboration with the National Heart, Lung, and Blood Institute (NHLBI). The changes focus on identifying those most likely to benefit from cholesterol-lowering statin therapy. It also identifies the benefits of the four statin groups.

Childhood Preventive Care

MVP endorses the American Academy of Pediatrics' recommendations as well as the Centers for Disease Control (CDC) for immunizations. There were a few changes made to the 2014 recommendations:

Changes to Developmental/Behavioral Assessment

Alcohol and Drug Use Assessment: Information regarding a recommended screening tool (CRAFFT) was added.

Depression: Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures

Dyslipidemia Screening: An additional screening between 9 and 11 years of age has been added.

Hematocrit or Hemoglobin: A risk assessment has been added at 15 and 30 months.

STI/HIV Screening: A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled *STI Screening*.

Cervical Dysplasia: Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic exams prior to age 21 are noted in the 2010 AAP statement *Gynecologic Examination for Adolescents in the Pediatric Office Setting*.

Critical Congenital Heart Disease: Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement, *Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease*.

MEDICAL POLICY REVIEWS

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the January 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 MVP online account, select *Online Resources* and 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 MVP Professional Relations Representative.

Medical Policy Updates Effective April 1, 2015

Botulinum Toxin Treatment: Language has been added under the Overview highlighting that each botulinum toxin preparation has distinct pharmacological and clinical profiles. It is expected that physicians will utilize evidence-based medicine to select the appropriate drug and dose regimen for each patient condition. There are no changes to the medical policy criteria.

Obstructive Sleep Apnea: Surgical: There are no changes to the medical policy criteria.

Speech Generating Devices: Language has been added under Exclusions that the Durable Medical Equipment (DME) benefit does not extend to the broader range of communication devices that have capabilities of exceeding the sole function of speech generation. Non-dedicated devices that have the

capability to be expanded with additional hardware and/or software or may be made available by “unlocking” hardware or software limitations are not eligible for coverage.

Medical Policies for approval without changes in February 2015:

- Alopecia/Wigs/Scalp Prosthesis
- Autism Spectrum Disorders NY
- Blepharoplasty/Browlift/Ptosis Repair
- Breast Implantation
- Breast Reconstruction Surgery
- Clinical Guideline, Implementation, Review Process
- Erectile Dysfunction
- Extracorporeal Shock Wave Therapy
- Hearing Aid Services
- **Hyperhidrosis Treatment:** Recommendation was made to send the policy through the review process and update it if necessary.
- Lenses for Medical Conditions of the Eye
- Oncotype DX Test
- Orthotic Devices
- Penile Implants for Erectile Dysfunction
- Phototherapeutic Keratectomy/Refractive Surgery

PHARMACY UPDATES

Pharmacy Updates Effective February 1, 2015

Enteral Therapy (New York, Vermont)

- Covered products updated

Cosmetic Drug Agents

- Refissa added

Psoriasis Drug Therapy

- Otezla added

Hepatitis C Treatment **NEW POLICY**

Hepatitis C Direct Acting Antivirals **ARCHIVED**

Hepatitis C Protease Inhibitors **ARCHIVED**

Hepatitis C Treatment, Chronic **ARCHIVED**

Prostate Cancer

- Jevtana, Xtandi, and Zytiga removed from policy

Benlysta

- Exclusion for use in combination with other biologics or IV cyclophosphamide added

Hemophilia Factor

- C codes for Tretten and Alprolix added

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
Harvoni	Hepatitis C
Plegridy	MS
Cerdeiga	Gaucher Disease
Triumeq	HIV
Striverdi	COPD
Tybost	HIV

Drugs Added to Formulary (Tier 1)

olopatadine

Drugs Removed from Prior Authorization

Cyramza*

- * Medical drug
- † Must be obtained from CVS Specialty Pharmacy
- ^ Tier 2 on Marketplace (Exchange) formulary
- # Prior authorization required
- D Diabetic copay
- QL Quantity limits apply



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