

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

David W. Olikier
Chief Executive Officer

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comments

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



www.mvphealthcare.com

MVP launches new products for January 2013

MVP Health Care is committed to offering health plans to our members and their families that deliver high-quality health care at the lowest possible cost. MVP is introducing two new products that offer practical, affordable ways for our members to get the care they need.

Health care providers will start seeing members with these new products on January 1, 2013. Please remember to check each patient's eligibility and benefit information online. To access an MVP patient's *Benefit Summary* web page:

- Log in at www.mvphealthcare.com/provider and click *Patient Inquiry*.
- Enter the patient information and click *Search*.
- Click on the member's name in the search results; this will show the patient's benefit information.
- Click on the patient's health plan name, which will take you to the *Benefit Description: Medical Product* page.
- Click on *Benefit Summary* for a full list of your patient's benefits and out-of-pocket responsibilities.

BridgeWell (Preferred EPO Plans)

BridgeWell from MVP Health Care is an EPO health plan with a twist. It is a Preferred EPO Hybrid plan where members can receive the most commonly-used medical services with no upfront cost (up to a specific dollar limit) before they pay out-of-pocket toward a deductible. Members will have a total of \$900 in covered upfront costs for the following services:

- Primary care and urgent care visits (the first \$300 for these services, not including annual physicals, which are already covered at no cost to members)
- Lab services (the first \$300)
- Radiology services (the first \$300 in radiology services including, but not limited to, x-ray, MRI, CT scan or ultrasound)
- Emergency room (ER) visits (the first visit to the ER is covered with a \$300 copay rather than being subject to the deductible; additional ER visits after the first visit will be subject to the deductible)

We understand the concerns that providers may have in determining whether your patient has used their \$900 in covered upfront costs and/or met the deductible. Simply follow the step-by-step instructions in this article to access your patient's *Benefit Summary* web page. You can view your patient's deductible accumulator, as well as information on your patient's use of his or her BridgeWell ER and primary care benefit.

Family Friendly Plans (Preferred EPO Plans)

MVP is committed to ensuring that our members and their families receive the medical services they need at an affordable cost.

- The Family Friendly Plan has a lower cost share for children ages 0-18 when visiting a primary care physician or the emergency room. This is especially important since kids usually need these visits more often.
- The plan also offers a lower cost share for maternity coverage in the hospital.

To determine your patient's out-of-pocket responsibility, access your patient's *Benefit Summary* web page using the step-by-step instructions in this article.

PROFESSIONAL RELATIONS UPDATES

Working with Express Scripts

Medco, MVP Health Care's pharmacy benefits manager (PBM), recently merged with Express Scripts. It is important to continue to use the information on MVP member ID cards to contact Express Scripts so that MVP members can be recognized as such via our specific contact numbers. MVP is beginning to update ID cards with the Express Scripts name in place of Medco, but the pharmacy information and phone numbers on the ID cards (even if still labeled as Medco) are accurate and should continue to be used. In addition, continue to fax mail order prescriptions to the Medco Pharmacy® (which is now a part of the Express Script family of pharmacies) at the phone number you have always used. MVP will notify you if or when this number changes.

Radiation therapy management

To help ensure appropriate use of new technologies and also to improve patient safety, MVP Health Care expanded the list of outpatient radiation services for which prior authorization is required to include radiation therapy services (Oncology and Radiation Oncology), effective October 29, 2012.

- A list of the CPT® codes that are part of this initiative is posted on the MVP website at www.mvphealthcare.com. Login to your account, visit *Online Resources* and click *Radiation Therapy CPT Code List* in the *Resources* section.
- Clinical criteria may be found on the CareCore National website at www.carecorenational.com.
- All treatment plans for radiation therapy are required to undergo medical necessity review with CareCore National.
- If you have questions about MVP's radiation therapy management program, please refer to our online Q&A document. To access the Q&A, log in to your account at www.mvphealthcare.com and go to *Online Resources*. You also may contact your MVP Professional Relations Representative.

Advanced radiology scheduling service

MVP Health Care began a program with CareCore National on October 29, 2012 to assist members with scheduling advanced radiology services (MRI, MRA, CAT and PET scans).

- MVP requires radiology facilities that perform MRI/MRA, CT/CTA and PET scans to be credentialed with MVP.
- For physician offices to participate in this initiative, MVP will accept proof of accreditation by the Intersocietal Accreditation Committee (IAC) or the American College of Radiology (ACR).

- If you have questions about MVP's radiology scheduling program, please refer to our online Q&A document. To access the Q&A, log in to your account at www.mvphealthcare.com and go to *Online Resources*. You also may contact your MVP Professional Relations Representative.

Auditing of professional services claims

As of October 29, 2012, MVP Health Care has contracted with OrthoNet to assist with the ongoing review of professional services claims.

- The initiative entails pending two types of claims for additional review: high-dollar procedure-based surgical claims (approximately 3 percent of surgical claims will be reviewed), and professional services claims from practices that may benefit from additional consultation on coding accuracy.
- If you have questions about this program, please refer to our online Q&A document. To access the Q&A, log in to your account at www.mvphealthcare.com and go to *Online Resources*. You also may contact your MVP Professional Relations Representative.

MVP to manage health plans for General Electric's Vermont employees

Effective January 1, 2013, MVP Health Care will administer health plans for General Electric (GE) employees and their families in Vermont. The agreement covers two of the three health plans available to GE employees in the state. The GE health plans administered by MVP are designed to control costs and promote health care consumerism, while providing a comprehensive benefit package.

"GE is forward-thinking about many things. At MVP, we share GE's commitment to providing high-quality health care benefits to their employees," said Denise Gonick, MVP's President of Operations. "GE's health plan selection process was careful and rigorous. We are honored to have been selected."

Under the agreement, GE will continue to be self-insured, paying claims for care for employees and their covered family members, but MVP will perform a wide-range of administrative services, including member enrollment, customer service and claims management.

DME prior authorization code list updated

An updated list of durable medical equipment, orthotics and prosthetic codes that require prior authorization is now available on the MVP website at www.mvphealthcare.com/provider/dme.html. Also posted is a version of the prior authorization list that includes code descriptions.

Moving closer to ICD-10

MVP is continuing to make progress on the conversion to ICD-10 and will be fully compliant by October 1, 2014. Our plan includes the necessary changes in system design and development, business processes and policy development, as well as communication and training.

Keep up-to-date on our transition to ICD-10 by visiting the MVP website at www.mvphealthcare.com, select *Provider* and then *ICD-10 Updates and FAQs*. This page will keep you informed about our progress on the transition to ICD-10, as well as provide the latest ICD-10 information that we think will be helpful to you. If you have a specific ICD-10 question for us, you can use the link available on the right side of the provider portal home page to send the question directly to us. Your question will be forwarded to the individual on our ICD-10 team who can best answer it and you'll get a response as promptly as possible.

MVP provider network now serves Great-West Healthcare plan participants

Cigna and MVP Health Care partner to maintain a participating network of health care professionals for customers with traditional Cigna plans. Cigna expanded its relationship with MVP, effective November 1, 2012, to include participants of plans formerly administered by Great-West Healthcare (GWH).

Please be aware that as of November 1, you may begin to see former Great-West Healthcare plan participants who present an ID card that includes a GWH-Cigna indicator, as well as the MVP logo.

NY calendar year physicals mandate

Effective November 1, 2012, New York State is implementing a new law that applies to annual physicals and well care visits. Member plans that include coverage for an annual physical or well care visit no longer need a 365 day period between appointments. The physical or well care visit can occur once every calendar year, regardless of whether or not a period of 365 days has passed since the previous physical or well care visit.

Coverage for the annual physical can be subject to a member's annual deductibles, copayments, or coinsurance, so please check the member's benefits to determine their cost share.

MEDICAL POLICY UPDATES

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the August and September meetings. Some of the medical policies may reflect new technology, while others clarify existing benefits. All policies may be viewed by logging in to your account at www.mvphealthcare.com. Go to *Online Resources* and then *Medical Policies* to view all currently effective and updated policies. If you have questions regarding the medical policies, or wish to obtain a paper copy of a policy, contact your Professional Relations Representative.

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 in the *Reference* section.

Medical policy updates effective Nov. 1, 2012

Autism Spectrum Disorders NY (NEW)

The policy follows the New York State (NYS) mandate for Autism Spectrum Disorders (ASD). MVP will cover treatments and related equipment consistent with the requirements of the NYS Health Insurance Law for coverage of Autism Spectrum Disorders when deemed medically necessary. Assistive communication devices and services are defined according to the NYS Department of Education. MVP will cover assistive communication devices, prescribed or ordered for an individual diagnosed with autism spectrum disorder by a licensed physician or a licensed psychologist when the member has met the criteria listed in the MVP Medical Policy for Speech Generating Devices.

Medical policy updates effective Dec. 1, 2012

Amniotic Membrane Transplant for Treatment of Ocular Conditions (NEW)

Amniotic membrane transplantation may be considered medically necessary for treatment of the conditions listed in the policy when there has been failure of conservative methods of medical management. Prior authorization is required.

Audiologic Screening (OAE) (NEW)

OAE screening is considered medically necessary to determine hearing loss as part of a screening program for infants up to the age of 30 months. OAE diagnostic evaluation is considered medically necessary to confirm the presence or absence of a hearing disorder.

BRCA Testing

The title has been changed from Genetic Testing for BRCA Testing to BRCA Testing. The BRCA1 and BRCA2 criteria have been updated to reflect the 2012 NCCN Guidelines. An additional Indication was added,

“diagnosis at any age with > two close blood relatives with pancreatic cancer at any age.” Criteria for BRCA Analysis Rearrangement (BART) testing was added to the policy. Prior authorization is required.

Biofeedback Therapy

Coverage is allowed for urinary incontinence, fecal incontinence, constipation, anal spasms, dysfunctional voiding in children, and migraine and tension-type headaches. Biofeedback for treatment of migraine and tension-type headaches is now covered in adults.

Bone Growth Stimulator

There are no changes to the policy. The policy follows Medicare and InterQual® criteria for non-invasive and invasive electric bone growth stimulators.

Breast Pumps (NEW)

This is a new policy which was effective August 1, 2012. The policy addresses coverage of manual and electric breast pumps, and rental of hospital grade electric breast pumps. Prior authorization is required (HCPCS Code E0604). The manual or electric pump is available for infants up to the age of one year.

Burn Garments & Lymphedema Sleeves

There are no changes to the policy. The policy follows Medicare and NYS Medicaid Program criteria for durable medical equipment.

Cosmetic & Reconstructive Services

Language regarding functional impairment has been clarified to state, “documentation must indicate the exact nature of the functional impairment, when applicable, and that the impairment has a significant impact on the patient’s activities of daily living (ADLs).”

Heart Transplant Rejection Testing (NEW)

The policy addresses the indications for Allomap® testing.

Intraoperative Neurophysiologic Monitoring

The following changes were made to the policy:

- Language regarding a supervising physician was added to state, “a supervising physician needs to be either physically in attendance in the operating room or present by means of a real-time remote mechanism and provides direct continuous communication to the surgeon during the procedure.”
- Monitoring for indications listed in the policy consists of a physician monitoring no more than three cases simultaneously.
- The use of intraoperative monitoring for decompressive procedures without evidence of spinal cord compression, cauda equina syndrome, or without the use of instrumentation is considered to be not medically necessary.

Knee Arthroscopy (NEW)

This new policy follows Medicaid Services Guidelines. Procedures performed for the treatment of degenerative joint disease or osteoarthritis of the knee are not covered. Knee arthroscopy is covered for all products/plans for the following indications: loose bodies; unstable flaps of articular cartilage, disruption of the meniscus, and impinging osteophytes.

Obstructive Sleep Apnea Devices

The policy addresses CPAP, BPAP, APAP and oral appliances. The criteria follow Medicare guidelines. Language was added under oral appliances regarding replacement.

Orthognathic Surgery

There are no changes to the policy.

Prophylactic Mastectomy/Oophorectomy

There are no changes to the policy. The policy follows NCCN and ACOG Guidelines.

Robotic & Computer Assisted Surgery

There are no changes to the policy.

Sinus Surgery – Endoscopic (NEW)

This is a new policy. Indications include criteria for Functional Endoscopic Sinus Surgery (FESS). Image Guided Endoscopic Sinus Surgery is considered part of the FESS procedure and is not eligible for separate payment. Sinus Antrostomy using Dilatation Balloon is considered investigational.

Transcatheter Aortic Valve Replacement (TAVR)

Coverage is allowed for all products for members with severe symptomatic aortic valve stenosis who are not candidates for surgical valve replacement when all indications in the policy are met. There is a Medicare Variation as Medicare allows off-label use if done as part of a Clinical Trial.

Ventricular Reduction Surgery

An Indication was added that cardiac myomectomy may be necessary related to cardiac surgery for other conditions. Ventricular reduction surgery, due to the lack of efficacy in peer reviewed literature, is considered to be investigational.

List of medical policies reviewed and approved in 2011 recommended for approval without changes in October 2012:

- Autologous Chondrocyte Implantation (ACI)
- Breast Reduction Surgery (Reduction Mammoplasty)
- Chemosensitivity & Chemoresistance Assays
- Compression Stockings
- Continuous Glucose Monitoring
- Genetic Counseling & Testing
- Hospice Care
- Laser Treatment for Port Wine Stains
- Oxygen Therapy for Treatment of Cluster Headaches
- Personal Care Services
- Platelet-rich Plasma Injections
- Prosthetic Devices External (Eye & Facial)
- Prosthetic Devices Upper & Lower Limb
- Umbilical Cord Blood Banking
- Wheelchairs (Electric) and Power Scooters
- Yttrium-90 Microspheres for the Treatment of Liver Cancer

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.

Continued on page 5

um policyguide

NOV. 1, 2012

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)

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**.

MVP Self-Funded Plans (ASO-HMO, ASO-POS, ASO-PPO, ASO-EPO, 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 for commercial members and the Medicare Part D formulary for Medicare Part D members. The formularies are available online at www.mvphealthcare.com. See next page for more information about medications administered in the outpatient setting.

Behavioral Health Services

MVP Health Care has entrusted ValueOptions® to manage our members' behavioral health care (mental health and substance abuse) services. ValueOptions® is now administering behavioral health coverage for:

- All ASO (self-funded) plans
- All fully insured plans in New York and New Hampshire (HMO, POS, EPO, PPO, Indemnity, and Government Programs including Medicaid, Family Health Plus, Child Health Plus, and Medicare).

For all questions related to Behavioral Health Services please contact ValueOptions® at:

- **1-800-568-0458** and listen for the Behavioral Health Prompt for all members except Select Care (ASO) members
- **1-800-229-5851** and listen for the Behavioral Health Prompt for Select Care members
- You also may visit ValueOptions® online at www.valueoptions.com

Radiology, Scheduling 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, LLC in Bluffton, SC.

CareCore National (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, then *Online Resources* and click on *Provider Resource Manual*. To obtain an authorization please 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 online 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* (PRM). Log in at www.mvphealthcare.com/provider, go to *Online Resources* and click on *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 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). 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 (HMO, POS, EPO/PPO Preferred, MVP Option, TriVantage, MVP Option Child, MVP Option Family, Preferred Gold HMO-POS, GoldValue HMO-POS, GoldAnywhere PPO, PPO Select and MVP Select Care-ASO Plan Types)

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: https://www.mvphealthcare.com/provider/dme.html or http://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. 2587

Outpatient Imaging Services (HMO, POS, EPO/PPO, Health First, Preferred Gold HMO-POS, GoldValue HMO-POS, GoldAnywhere PPO, MVP CompCare, Option, Vermont First, Alternet and ASO Select Care Plan Types)

Plan Types	Services Requiring Prior Authorization	For Prior Authorization Contact:
Fully-Insured Plans	MRI's, MRA's, CT Scans, PET Scans and Nuclear Cardiology	Care Core National has been delegated to perform imaging reviews for MVP Call 1-800-568-0458 and follow imaging prompts or submit requests online at www.carecorenational.com .
Self-Funded Plans	MRI's, MRA's, 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 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 (HMO, POS, Preferred Gold HMO-POS, GoldValue HMO-POS, GoldAnywhere PPO, TriVantage, MVP Option, MVP Option Child, MVP Option Family, ASO/HMO and ASO/POS Plan Types)

Procedures/Services Requiring Prior Authorization	For Prior Authorization Contact:
<ul style="list-style-type: none"> Air Medical Transport/Air Ambulance (For non-emergency transport) Bariatric Surgery Blepharoplasty Botox Injections (Office procedure only) Brachytherapy of Breast 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 Care, 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 (MVP Gold Only) Gaucher's Disease Treatment Genetic Testing/Chromosomal Studies Hereditary Angioedema Hip Resurfacing Hyperbaric Oxygen Therapy Hyperhidrosis Treatment Immunoglobulin Therapy Implantable Cardiac Defibrillators IMRT Infertility (Advanced and/or Secondary), available with Rider - Including drugs (e.g., Follotropins, 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 Care, FHP, CHP only) Rhinoplasty Rhizotomy/Radiofrequency Ablation Sclerotherapy Septoplasty* Skin Endpoint Titration Speech Generating Devices Speech Therapy – Selected Contracts Spinal Fusion - Lumbosacral Spinal Stimulator Stereotactic Radiosurgery (SRS) 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 Yttrium-90 	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>

EPO/PPO Select, Preferred and TriVantage

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 Bariatric Surgery Blepharoplasty Breast Implantation Breast Reduction Cochlear Implant Continuous Glucose Monitoring Endovascular Treatment for AAA and Carotid Artery Disease Genetic Testing Hip Resurfacing 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* 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.

For members enrolled in the IBM Medicare Supplement POS plan, please follow the prior authorization instructions for MVP Select Care (ASO) members in this *UM Policy Guide*.

*Denotes when InterQual® criteria is used for the procedure.

**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/PPD and TriVantage

Comparison of Plan Types

MVP FULLY-INSURED PLANS

Plan Type	PCP	Referral Required	Prior Auth. 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 POS	Yes	No	Yes	Yes	For Out-of-Network Care Only	No	Yes
MVP Basix	Yes	No	Yes	Yes	For Out-of-Network Care Only	No	No
MVP PPO	No	No	Yes	Yes	For Out-of-Network Care Only	Yes	Yes
MVP PPO Select	No	No	Yes	Yes	For Out-of-Network Care Only	No	Yes
Preferred Gold HMO-POS							
GoldValue HMO-POS	Yes	No	Yes	Yes	No	No	No
GoldAnywhere PPO	No	No	Yes	Yes	No	No	Yes
MVP Indemnity	No	No	No	No	No	Yes	Yes
MVP EPO, Preferred EPO	No	No	Yes	Yes	No	No	No
EPO America	No	No	Yes	Yes	No	Yes	No
Healthy NY/HDHP	Yes	No	Yes	Yes	No	No	No
MVP Option	Yes	Yes*	Yes	Yes	No	No	No
MVP Option Child	Yes	Yes*	Yes	Yes	No	No	No
MVP Option Family	Yes	Yes*	Yes	Yes	No	No	No
MVP CompCare	Yes	Yes	Yes	Yes	No	No	No
USA Care	No	No	No	Yes	No		

*For MVP Option, MVP Option Child and MVP Option Family, notification of referral is required for the following services: Dermatology, Maternity Admission, Oral Surgery and Plastic Surgery. Notification must be obtained within 14 days of the date of service. To obtain notification, call **1-800-999-3920**.

MVP SELF-FUNDED (SELECT CARE-ASO) PLANS

Plan Type	PCP	Referral Required	Prior Auth. 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	Yes	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	No	Yes
ASO-Indemnity	No	No	Varies by Employer Group	Varies by Employer Group	No	No	Yes
ASO-EPO America	No	No	Varies by Employer Group	Varies by Employer Group	No	No	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.

*For MVP Option, MVP Option Child and MVP Option Family, notification of referral is required for the following services: Dermatology, Maternity Admissions, Oral Surgery and Plastic Surgery. Notification must be obtained within 14 days of the date of service. To submit a referral online, please visit www.mvphealthcare.com/provider. The referral form can also be downloaded and submitted to **1-888-819-2103**.

†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 Member Services Unit at **1-888-687-6277** or **1-800-229-5851** for MVP Select Care (ASO) members.

Distributed with the November/December 2012 *Healthy Practices WEST*

PHARMACY UPDATES

Enteral therapy New York

As published in previous versions of *Healthy Practices*, MVP will be making changes to how our members obtain enteral nutrition products. Effective January 1, 2013, members will be required to obtain enteral formulas from a participating pharmacy. They may obtain enteral formulas from home infusion vendors, but those vendors must be able to bill online through Express Scripts (formerly Medco), MVP's pharmacy benefits manager. A list of all enteral products that will adjudicate through Express Scripts can be found in the *Benefit Interpretation Manual*. If a product is not listed, it will require prior authorization from MVP's pharmacy department effective 1/1/2013. Requests should be submitted on the *Prior Authorization Request Form for Medication* and faxed to the phone number on the bottom of the form. If a request for the enteral formula is denied as not medically necessary, MVP will not cover ancillary supplies and services, including but not limited to pumps, poles, feeding kits, nursing and all home infusion services associated with the administration of the enteral formula. Claims for supplies and services will be subject to retrospective review.

2013 MVP Medicare Part D \$0 drugs

Exciting news: MVP Health Care has added more drugs to the \$0 tier (Tier 5) for 2013. A few examples of newly added drugs that will be no cost to most MVP Medicare Part D members for 2013 are:

- allopurinol tablets
- citalopram tablets
- ibuprofen (RX) tablets
- latanoprost eye drops
- naproxen (RX) DR tablets
- paroxetine tablets
- pravastatin tablets
- omeprazole RX capsules
- sertraline tablets
- simvastatin tablets

There are many drugs currently in the \$0 tier (Tier 5) that will remain in the \$0 tier. Examples include:

- atenolol tablets
- furosemide tablets
- hydrochlorothiazide caps and tabs
- lisinopril tablets
- losartan/HCTZ tablets
- metoprolol tartrate tablets
- ramipril capsules
- metformin/ER tablets
- omeprazole (RX) caps
- alendronate 35 & 70 mg tablets

For a listing of \$0 drugs for most MVP Medicare Part D members in 2013, visit: www.mvphealthcare.com/medicare/documents/Nocostdrugs.pdf

For the most up-to-date formulary listing, visit www.mvphealthcare.com.

1. From the home page, click on *Medicare Members*
2. Click on the county the member lives in
3. Under the *Part D Prescription Drugs* heading, click on *Covered Formulary Drug List and Updates* (or for 2012 information click on *2012 Part D Information*)
4. Click on *2013 MVP Health Care Medicare Part D Covered Drugs (Formulary)*

Policy updates

Antineoplastic Enzyme Inhibitors

- Inlyta, Xalkori, Zelboraf and Zytiga were added to the policy. New indications for Afinitor and Votrent were added. Iressa was removed from the policy as it is no longer available.

Contraceptive Agents and Family Planning

- Implanon was removed; Nexplanon was added.

Direct Renin Inhibitors

- Valturna was removed from the policy.
- Combination use in renal impairment in diabetics was added as an exclusion.

Hepatitis C Treatment

- Pegasys is the preferred agent.

Hepatitis C Protease Inhibitors

- Charts were updated to include specific approval criteria and duration for each agent.
- Drug/drug interactions information was updated.
- Select approval durations were changed.

Hereditary Angioedema

- Firazyre was added. Age, dosing and authorization period limitations were added.

Lyme Disease/IV Antibiotic Treatment

- Clarified documentation requirements for sign and symptoms of early disseminated Lyme disease, clarified testing specific to positive Western Blot for IgM and language was updated regarding duration of therapy for IV antibiotic use.

MDS

- Dacogen and Vidaza were removed from the policy as they no longer require prior authorization.

Multiple Sclerosis, Select Oral Agents

- EDSS chart was removed.
- New contraindications added to the Gilenya exclusion section.
- Language regarding DMT stable dosing for Ampyra was updated.
- Alternative language was added with respect to percent improvement criteria.
- Alternative to EDSS score language was added.
- Policy will be re-reviewed as additional medications become available.

Oforta-Policy ARCHIVED

Osteoporosis Medications

- New indication for Prolia was incorporated in the policy criteria.

Pharmacy Programs Administration

- Language was added for members in a Vermont product. If an adverse determination is appealed, MVP must cover the drug during the appeals process.

Thalidomide and Thalidomide Derivatives

- Kyprolis was added to the policy per NCCN guidelines.

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

- Acthar
- Actimmune
- Alpha-1 Antitrypsin Inhibitors
- Formulary Exception for Non-Covered Drugs
- Growth Hormone
- Ixempra
- Jevtana
- Kuvan
- Lovaza
- Mozobil
- Pradaxa
- RSV/Synagis
- Smasca
- Thrombopoiesis-Stimulating Proteins
- Xgeva
- Xyrem
- Zorbtive

Formulary updates for Commercial and Option members

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

Drug Name	Indication
Combivent Respimat	COPD
Dymista	Seasonal allergic rhinitis
Perjeta*	HER2-positive metastatic breast cancer
Pertzye	Exocrine pancreatic insufficiency
Zetonna	Seasonal & perennial allergic rhinitis

*Medical drug

Generic drugs added to Formulary (Tier 1)

- abacavir tablets (Ziagen)
- calcipotriene (Dovonex Cream)
- desloratadine (Clarinx)
- montelukast (Singulair)
- Next Choice One Step (Plan B One Step)
- olanzapine/fluoxetine (Symbyax)
- pioglitazone (Actos)
- pioglitazone/met (ActoPlus Met)
- quinine sulfate (Quaaluan)
- tolterodine (Detrol)

Drugs removed from the Formulary*

- | | |
|---------------|-------------------|
| Actos | Diovan/Diovan HCT |
| ActoPlus Met | Singulair |
| Detrol | Ziagen tablets |
| Dovonex Cream | |

*Affected members will receive a letter if further action is required (i.e. contacting the prescriber for a formulary alternative).

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

- | | |
|------------|--------|
| Bydureon | Onfi |
| Eylea* | Oxecta |
| Erwinaze* | Picato |
| Ferriprox | Rectiv |
| Jentadueto | Viread |

*Medical drug

UM UPDATE

Updated in-office list effective February 1, 2013

Updates to the in-office procedure list were approved by the Quality Improvement Committee (QIC) in September and will be effective February 1, 2013. 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 updated *In-Office Procedure* list for 2013 is located on the MVP website at www.mvphealthcare.com/provider/ny/reference.html.

GOVERNMENT PROGRAMS UPDATES

NEW online wellness portal for MVP Medicare Advantage members

MVP has partnered with Healthways to provide Well-Being Connect™, a Medicare-specific wellness portal designed to inspire improved overall health and help members achieve specific goals. Whether members are interested in being more active, eating healthier, losing weight, quitting tobacco use or relieving stress, Well-Being Connect has the tools and resources to help.

Well-Being Connect features the Healthways Well-Being Assessment™, which members must complete in order to access the full portal. The Assessment is designed to evaluate members' overall health, lifestyle and well-being. Upon completion, they will be given a full health report and personalized well-being action plan. Based on results from the Well-Being Assessment, outbound telephonic lifestyle coaching will be offered to members interested in modifying behavioral health risk factors (i.e. tobacco use, nutrition, physical activity, stress).

Impact on providers

Members are encouraged to share their health report with their physician. Reimbursement for wellness visits covered by Medicare requires that providers work with members to complete a health risk assessment and a personal prevention plan; MVP's new capabilities will assist with the completion of these required documents.

Well-Being Connect is a component of MVP's suite of wellness services called the Well-Being Program.

More information is available at www.mvphealthcare.com; under *Medicare Members*, click on *Live Well* and then *Well-Being Program*.

Medicaid physician quality reports and pay for performance

In June, MVP's Medicaid Physician Quality Reports (PQR) were mailed to primary care practices with a Medicaid population of 250 members or greater. These reports contain statistical data depicted in graphical formats which compare the practice's performance against MVP's mean and NYS 90th percentile. The report contains measures that are part of the New York State Medicaid Quality Incentive Program which compares the quality ratings of each health plan. The measures chosen relate to:

- chronic conditions, like diabetes and asthma management
- adult preventive services, including breast, cervical and colorectal cancer screening
- adolescent measures, including screening for smoking, depression, sexuality, alcohol/drug counseling, weight assessment and nutrition
- Childhood immunizations that are required by age two also are included in the report

High-volume Medicaid practices received their reports via a visit by our clinical reporting team. The visit includes an in-depth review of the practice's performance to discuss best practices as well as areas of opportunity. Member-level detail is provided to the practice as a tool that can be used to identify members who still require services for the measures on the report.

In August, select measures from the PQR reports were used to determine how much a practice would earn in our Medicaid Pay for Performance program which was new in 2012. This program was created in

an effort to reward practices with performance that met MVP and NYS goals. High-volume practices earned a total of \$200,000.

If you have any questions about these reports or this program, please forward your comments and suggestions to Michael Farina via fax at **518-388-2607**, email at mfarina@mvphealthcare.com or by telephone at **518-388-2463**.

MVP now provides facilitated enrollment

MVP Health Care can help your patients apply for New York State sponsored health insurance programs. Facilitated enrollers help qualified single adults, childless couples, and families understand and complete the application for Medicaid, Child Health Plus or Family Health Plus. Facilitated enrollers can also help with the paperwork required to renew public health insurance, which is necessary every year.

Who qualifies?

The program through MVP is available to people who live in Dutchess, Genesee, Livingston, Monroe, Ontario and Ulster counties. Call toll free **1-855-687-1200** for more information.

Preventive care outreach efforts to continue in 2013

MVP will continue its program to contact MVP Option and Option Family members that need recommended preventive health care, immunizations and/or screenings during 2013, based on a successful launch during the past six months.

Members will continue to receive calls from MVP representatives as reminders to get preventive health care, as necessary. As an incentive to get needed treatment, MVP will continue to send Living Well Reward Cards to members. Members will bring the cards with them to appointments, so that health care providers can simply stamp the back of the card in the space provided (with the office billing stamp, for instance) and the date the member was seen. Then the member can return the card to MVP. When received, MVP will send the member a \$10 Wal-Mart® gift card.

MVP looks forward to continuing this program, as member response to it has been significant. We thank you for caring for MVP Option and MVP Option Family members and for your support with this effort.

Healthy Practices will now be delivered to your email

To reduce our impact on the environment and minimize the amount of mail that we send to our providers, MVP is converting our printed newsletters to email. If you have an MVP online account, you will receive *Healthy Practices* at the email 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 ecomunications@mvphealthcare.com.





P.O. Box 2207
Schenectady, NY 12301

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