HEALTHY PRACTICES™

MVP HEALTH CARE

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A BI-MONTHLY PUBLICATION FOR MVP-PARTICIPATING HEALTH CARE PROVIDERS **New York/Vermont**

IN THIS ISSUE

MVP Provider Directory

You can search the current MVP Provider Network at **www.mvphealthcare.com**. Select *Find a Doctor* to search for current primary care professionals and specialists online.

Contacting MVP Professional Relations

MVP Corporate Headquarters	**1-888-363-9485**
Southern Tier	**1-800-688-0379**
Central New York	**1-800-888-9635**
Midstate	**1-800-568-3668**
Mid-Hudson	**1-800-666-1762**
Buffalo and Rochester	**1-800-999-3920**
Vermont	**1-800-380-3530**

Denise V. Gonick
President & CEO

We welcome your comments.

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

www.mvphealthcare.com

PROFESSIONAL RELATIONS UPDATE

Provider Forms

MVP has created several forms for registering providers who do not require credentialing and for updating demographic information. These forms have recently been updated in the past few months with information that MVP is required to collect in order to update a provider's demographic information or register the provider in MVP's system. In addition to the new fields, we have added new ways of contacting MVP with your update requests, including a new centralized email address for each region. The centralized email address can be accessed by several staff within MVP, ensuring your requests are viewed and processed as quickly as possible. We urge all providers to utilize these email addresses for their demographic updates, registrations, and new provider requests.

MVP updates the forms on the website on a regular basis, so it is imperative that providers utilize the most current form available. Beginning April 1, 2016, MVP will begin reminding providers using an old form that they must use the most current version of the form.

Effective July 1, 2016, MVP will no longer accept a registration or provider demographic update form that is not the current version of the form available online. To ensure you are using the current version of a form, please download the form each time you need to use it. We appreciate your cooperation with this matter so we can server you better.

Annual Utilization Management Satisfaction Survey Mailing

MVP is mailing our annual Utilization Management Satisfaction Survey to providers. The survey is mailed at the end of February to providers with a specialty type that work closely with the utilization management team. If you have not received the survey yet, please be looking for it. All respondents are entered into a drawing for a $50 VISA gift card. MVP values you feedback and we would appreciate it if you and your staff could take a few moments to complete the survey and return it to MVP.

Provider Demographic Changes

MVP makes every effort to ensure a provider's demographic information is accurate in our systems. If you or your practice have changes in demographic and/or participation status, it is important to promptly notify MVP.

Examples of status changes are no longer accepting patients, or address, phone number, or tax ID number changes.

To report demographic changes to MVP, please complete a Provider Demographic Change form. The form can be downloaded by visiting **www.mvphealthcare.com** and selecting *Providers*, then *Forms*, and then the appropriate form under *Provider Demographic Change Forms*.

Please return the completed demographic change form on letterhead to the appropriate fax number or email below.

East New York and Massachusetts
518-836-3278
eastpr@mvphealthcare.com

Central, Mid-State, or Southern Tier New York
315-736-7002
centralprdept@mvphealthcare.com

Rochester
1-800-684-9286
RocProviderChanges@mvphealthcare.com

Mid-Hudson New York
914-372-2035
MidHudsonprdept@mvphealthcare.com

Vermont
802-264-6555
vpr@mvphealthcare.com

For more information, see section 4 of the *Provider Resource Manual*.

PROVIDER QUALITY IMPROVEMENT MANUAL UPDATES

Clinical Guidelines Re-Endorsed

The MVP Quality Improvement Committee (QIC) recently re-approved the following enterprise-wide clinical guidelines:

Heart Failure in Adults Guideline

MVP continues to endorse the Institute for Clinical Systems Improvement's Heart Failure in Adults guideline which can be found by visiting **www.icsi.org**, selecting *Guidelines & More* and then searching by *Cardiovascular*. The Heart Failure in Adults Guideline Summary contains an algorithm which is supported by the remaining pages of annotations and evidence. Paper copies of these recommendations are available by calling the MVP Quality Improvement Department at **1-800-777-4793**, ext. 12247. The recommendations will also be available in an update to the MVP Provider Quality Improvement Manual. To view the current edition of the manual, visit **www.mvphealthcare.com** and select *Providers* and then *Providers Quality Improvement Manual*.

Guidelines for the Testing, Management, and Treatment of HIV/AIDS

MVP continues to endorse the Primary Care Approach to the HIV-Infected Patient guideline. This guideline can be found by visiting **www.hivguidelines.org** and selecting *Clinical Guidelines*, then *Adults*, and then *Primary Care Approach to the HIV-Infected Patient*. Additional AIDS guidelines relating to adults, adolescents, and the prevention of HIV transmission during the perinatal period can be found by visiting **www.hivguidelines.org** and selecting *Clinical Guidelines*.

The Clinical Guidelines page was updated to include information and links for HIV testing in pregnancy, the 2010 Amendment to the New York State HIV Testing Law HIV testing to all persons between the ages of 13 and 64 (or younger with risk factors), the 2014 amendment to the New York State HIV Testing Law regarding consent for testing, and testing follow-up. The guideline cover page lists links to all the above topics as well as links to additional references.

MVP Health Care updates its clinical guidelines at least every two years, with the exception to the Guidelines for the Testing, Management, and Treatment of HIV/AIDS, which is reviewed annually. The review process is also initiated when new scientific evidence or national standards are published. Paper copies of these recommendations are available by calling the MVP Quality Improvement Department at **1-800-777-4793** ext 12247. The recommendations will also be available in an update to the MVP Provider Quality Improvement Manual.

To view the current edition of the MVP Provider Quality Improvement Manual, visit **www.mvphealthcare.com** and select *Providers* and then *Providers Quality Improvement Manual*.

Provider Resource Manual Reminder

MVP updates the Provider Resource Manual on a quarterly basis. The effective date of each change is the first of each quarter and all changes are published 30 days in advance. MVP posts all updated sections online. Visit **www.mvphealthcare.com** and select *Providers*, then *Log In* to your account and select *Online Resources*, then *Provider Resource Manual*.

It is very important that providers review the changes on a quarterly basis as there are often policy changes documented in this document.

MEDICAL POLICY UPDATES

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the February 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 at **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 Professional Relations representative.

Medical Policy Updates Effective April 1, 2016

Allergy Testing: There are no changes to the medical policy criteria. Language regarding food allergen testing and antigen testing limitation has been removed.

Audiologic Screening (OAE): The policy was updated to list criteria for monitoring infants and children with indicators for late onset hearing loss.

Compression Stockings: There are no changes to the medical policy criteria.

Genetic Testing and Counseling: The Genetic Counseling and Testing medical policy was updated with the following:

Chromosomal Microarray Analysis is considered medically necessary for evaluation of a fetus or in a child 13 years or younger with autism disorder, non-syndromic developmental delay or intellectual disability when additional medical criteria is met.

There is a Medicare Variation for GeneSight® Psychotropic and Cologuard™. GeneSight® Psychotropic and Cologuard™ are covered for Medicare products when medical policy criteria are met.

There is a MVP Medicaid Managed Care Variation for genetic testing for Lynch Syndrome.

Genetic cancer susceptibility testing panels or diagnostic genetic testing using panels of genes:

There may be one portion/component of the genetic panel that is medically necessary, however the medical literature does not support the entire genetic panel improves health outcomes and therefore the entire panel is considered investigational.

Diagnostic genetic testing using panels of genes (with or without next generation sequencing), including but not limited to whole genome and whole exome sequencing: Any test/component of the genetic panel that does not meet the criteria listed in the Indications/Criteria section above and therefore the entire genetic panel does not meet medical policy criteria.

Multiplex pharmacogenomics tests/genotyping/mutation analysis (e.g. GeneSight® Psychotropic, Genecept™ Assay, but not limited to the aforementioned) are considered investigational and not medically necessary as they have not been proven to improve health outcomes.

Stool DNA (sDNA) tests (e.g. Cologuard™) are considered investigational and not medically necessary as they have not been proven to improve health outcomes.

Interspinous Process Decompression Systems (IPD): There are no changes to the medical policy criteria.

Intraoperative Neurophysiologic Monitoring: There are no changes to the medical policy criteria. The medical record documentation requirements were updated as follows: Medical record must document the spinal surgical intervention to be performed by the spinal surgeon and documentation of the intraoperative neuromonitoring signals to be performed and interpreted by a certified neurologist is required to support medical necessity for neuromonitoring during the spinal surgical intervention. Also, documentation of a pre-operative assessment of the patient's neurological condition defining the diagnosis and showing the presence of neurological function potentially at risk by the surgery is necessary to support medical necessity.

Lymphedema-Pneumatic Compression Devices, Compression Garments, and Appliances: (Formerly titled Lymphedema Pumps, Compression Garments, and Appliances.) The medical policy was updated to include coverage criteria for segmental pneumatic appliance for use with pneumatic compressor trunk or chest.

Radiofrequency Neuroablation (Rhizotomy) Procedures for Chronic Pain: There are no changes to the medical policy criteria.

Medical Policies for Approval Without Changes in February 2016

Acute Inpatient Rehabilitation
Epidermal Nerve Fiber Density Testing
Obstructive Sleep Apnea: Diagnosis
Sacral Nerve Stimulation

CARING FOR OLDER ADULT PATIENTS

Ask to See Your MVP Medicare Patient's Health Tracker

MVP would like to let you know that our Medicare members receive an *MVP Personal Health Tracker* when they first enroll in an MVP Medicare Advantage plan. Additionally, all currently enrolled MVP Medicare members will soon be receiving another tracker in the mail. We ask that you review it with your patient.

The purpose of this tracker is to help our members keep a record of PCP and specialist visits, what was the reason for the visit, what the member found out during the visit, and what do they need to do. It is also meant to assist in keeping a record of other health care services. Members can list their medications and why they take them, and recommended tests and screenings with results. The tracker also includes information about free programs offered by MVP to help them live well.

Members will be encouraged to work with their doctor to take the best care of themselves.

Talk to Patients About Bladder Control and Prostate Problems

Patients often do not mention incontinence problems with their doctors due to embarrassment and negative social impact. Additionally, many patients incorrectly assume that Urinary Incontinence (UI) symptoms are a part of the normal aging process and there is nothing that can be done to help them.

MVP encourages physicians to talk about bladder control with every patient and to ask all male patients about any prostate concerns they may have. Patients need your help to develop a plan to improve the problems they may have with bladder control. Sometimes simply asking the question can open the door to an important discussion.

Preventing Falls in the Elderly

According to the Centers for Disease Control and Prevention (CDC) , approximately one in three individuals age 65 or older sustain a fall each year, but fewer than half talk to their health care practitioner about it. This is an important topic of discussion with the elderly as falls can be largely prevented and hence, injuries such as hip fractures and head trauma can be reduced. There are several key actions a provider can take to help their elderly patients reduce the risk of falling, including:

- Develop a plan with your patient.
- Encourage regular exercise—discuss an exercise program with the patient that focuses on increasing leg strength and balance.
- Review their medications for those that may cause drowsiness or dizziness as a side-effect or in combination with other medications. MVP has developed a chart that you can use, *Medications Considered High-Risk for Older Adults*, which includes medications that should be used with caution in the elderly. Included in this list are medications that may pose additional fall risk as well as possible alternatives. To get the chart, visit **www.mvphealthcare.com** and select *Providers* and then *Medications Considered High-Risk for Older Adults (PDF)*.
- Ensure they have their vision checked and eyewear adjusted appropriately.
- Discuss tripping/slipping hazards in the home and ways to eliminate them.

MVP offers several tools for practitioners to assist their older adult patients with fall prevention. The *MVP Physician Quality Improvement Manual* includes helpful sheets from the CDC guide, Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults. This guide includes information on how to build an effective program as well as useful tools including:

- Fall Risk Assessment
- Sample Medication Review Form
- Sample Home Fall Prevention Safety Checklist

MVP has also developed tools to assist physicians and their office staff that can be utilized for the above assessments. They can be found in the *Provider Quality Improvement Manual* by visiting **www.mvphealthcare.com** and selecting *Providers* and then *Provider Quality Improvement Manual*. Additionally, there is a *Fall Prevention Brochure* that can be given to patients, as well as the High-Risk Medication list mentioned above. The *Fall Prevention Brochure* can be downloaded by visiting **www.mvphealthcare.com** and selecting *Providers*, then *Provider Quality Improvement Manual*, and then *Caring for Older Adults*.

Talk to Patients About Avoiding Hospital Readmission

According to our data, patients admitted for congestive heart failure and sepsis are most likely to be readmitted.

In an effort to decrease readmission rates after a hospital stay, MVP is educating its Medicare Advantage plan members about 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. It is important for primary care physicians 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 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. To view the checklist, visit **www.mvphealthcare.com** and select *Providers*, then *Provider Quality Improvement Manual*, then *Caring for Older Adults*, and then *Planning a Hospital Stay*.

How Your Patients Respond to the Centers for Medicare & Medicaid Services Health Outcome Surveys (HOS): What is the Physician's Role?

The Centers for Medicare & Medicaid Services (CMS) requires health plans to monitor the care members receive from their health care providers. As we have discussed in previous editions of this newsletter, the CMS Star Ratings include many measures that are associated with care given by physicians who care for MVP Medicare Advantage members.

Some of the measures are self-reported by your patients through the *Health Outcome Survey (HOS)* that is mailed to them each Spring. The HOS assesses each Medicare Advantage plan's ability to maintain or improve the physical and mental health functioning of its beneficiaries and how the physicians work together with their patients to achieve their goals.

The survey includes questions that ask your patients if their Primary Care Physician has talked to them about physical activity, their risk of falls, and urinary incontinence. CMS is expecting that an assessment of these issues is completed and that a treatment plan is in place to improve the quality of life for your patients if any issues are identified.

Assessment of a patient's physical and mental health is a critical part of any office visit. The MVP CMS star rating of our three Medicare contracts on these measures for the last reporting period are:

- Monitoring physical activity rated 4 and 3 out of 5 stars.
- Reducing fall risk rated 2 out of 5 stars.
- Improving bladder control rated 3 out of 5 stars.
- Improving or maintaining physical health, rated 2, 3. and 4 out of 5 stars.
- Improving or maintaining mental health, rated 3 and 4 out of 5 stars.

CLINICAL QUALITY UPDATE

Gaps in Care

Patient-specific gaps in care will be available in April on the provider portal and updated monthly. The gaps will be populated on the eligibility screen of the provider portal and will be listed under *Patient Alerts* located in the policy detail section of the screen. Two gaps in care will be shown automatically. If there are more than two gaps, there will be a link *(More Patient Alerts)* to the complete list. The gaps in care listed include preventive screening and disease management measures.

If a member is listed as having a gap in care and there is documentation in the medical record that closes the gap, please fax the necessary information to Michael Farina at **518-388-2223**. Please allow at least 30 days for our system to update the changes that are submitted.

The gaps reports in Excel and PDF format for your entire panel will continue to be available. If you would like more information about the gaps in care reports, please contact your clinical reporting coordinator in the following areas:

Rochester
Michael Rosario-McCabe, BS, RN, CCM
585-720-8173

Syracuse/Utica/Binghamton
Elaine Spadafora RN, BSN
315-234-6208

Hudson Valley
Nancy T. Murphy, RN MS
845-897-6061

MVMA
Nicole Gadziala
518-378-0948

PHARMACY UPDATES

Medicare Part D Formulary Exception

To obtain coverage of a drug not included on the formulary or for a quantity greater than allow quantity on drugs with a quantity restriction, a formulary exception must be submitted. The formulary exception request must contain a supporting statement from the prescriber indicating that the request should be approved because:

1. All covered Part D drugs on any tier would not be as effective for the member as the non-formulary drug, or would have adverse effects; or
2. The prescription drug alternatives listed on the formulary have been ineffective or are likely to be ineffective based on both sound clinical and medical evidence, or is likely to cause an adverse reaction or other harm to the member.
3. The number of doses available under a dose restriction for the prescription drug has been ineffective or; based on both sound clinical and medical evidence, and known characteristics of the drug regimen the number of doses available is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance.

Since a written supporting statement is required, denied formulary exceptions for Part D medications cannot be approved based on a peer-to-peer conversion.

Medicare Part D Prescriber Enrollment

Beginning June 1, 2016, physicians and other eligible professionals who prescribe Part D drugs for Medicare patients must enroll or validly opt-out of the Medicare program in order to prescribe drugs to their patients with Part D prescription drug programs. MVP will be required to notify your Medicare patients that we are unable to cover Part D drugs if you are not enrolled. For more information about the Part D Prescriber Enrollment, visit **www.cms.gov** and select *Medicare*, then *Medicare Provider-Supplier Enrollment* under *Provider Enrollment & Certification*, and then *Part D Prescriber Enrollment-Home*.

Electronic Prescribing Mandate

Beginning March 27, 2016, electronic prescribing for both controlled and non-controlled substances is mandatory in New York State, with the following exceptions:

- Non-prescription items such as durable medical equipment do not need to be electronically prescribed.
- Official New York State Prescription forms may be used in the event of a power outage or technical failure.

For additional information , visit **www.health.ny.gov/professionals/narcotic/electronic_prescribing/docs/epcs_faqs.pdf**.

Male Hypogonadism:

- Natesto nasal gel added to the policy
- Clarified that all testosterone products require prior authorization for Medicaid
- First-testosterone cream/ointment is excluded from coverage
- Testosterone implant pellets manufactured by U.S. Compounding is excluded form coverage

Transgender Policy: ICD-10 codes added

DPP4 Inhibitors: No changes

Glumetza:

- Chart notes are required for documenting failure of formulary alternatives
- Length of approval changed to one year
- Compliance component added for continuation of therapy

Growth Hormone: No changes

Acthar: Multiple Sclerosis criteria updated-member must be treated with Disease-Modifying Agent

Kuvan: No changes

Disposable Insulin Delivery Devices: No changes

Physician Prescription Eligibility: No changes

Prescribers Treating Self or Family Members: Emergency exception language updated to include situations when access to alternative healthcare provider is not available

Mail Order: Drug categories available at mail order updated

Quantity Limits: Add quantity limit of 60 grams per 30 days of lidocaine/prilocaine and lidocaine/tetracaine cream for Medicaid members

Cuprimine: New policy

Weight Loss Agents:

- Contrave, Evekeo and Saxenda added to policy
- Didrex removed—no longer manufactured

Gaucher's Disease Type 1 Treatment: Cerdelga added to policy

Formulary Updates for Commercial, Medicaid, and Marketplace Formularies

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

Drug Name	Indication
Tresiba	Diabetes
Onivyde	Metastatic adenocarcinoma of the pancreas
Yondelis	Metastatic liposarcoma
Strensiq	Hypophosphatasia
Genvoya	HIV
Imlygic	Melanoma
Gleostine	Metastatic brain tumor/HL
Belbuca	Pain Management
Cotellic	Melanoma
Tagrisso	NSCLC
Viberzi	IBS-D
Viviodex	OA/RA
Veltassa	Hyperkalemia
Ninlaro	Multiple Myeloma
Empliciti	Multiple Myeloma
Seebri Neohaler	COPD
Utibron Neohaler	COPD

Drugs Added to Formulary (Tier 1 for Commercial/ Medicaid and Tier 2 for Marketplace)

Trimipramine
Repaglinide/metformin
Olopatadine opth
Linezolid suspension
Dutasteride-tamsulosin

Drugs Removed from Prior Authorization

Aptensio XR
Invega Trinza
Stiolto Respimat
Corlanor
Irenka

MVP HEALTH CARE

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Schenectady, NY 12301

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NY/VT

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