



PROVIDER RESOURCE MANUAL

Effective December 1, 2016



Dear Participating MVP Provider:

Please review the most current version of the MVP Health Care® Provider Resource Manual (PRM). Updates include revisions on operational procedures, plan type offerings and clinical programs. The PRM is available online when you log in to MVP's secure web portal for providers at www.mvphealthcare.com/provider.

The manual is designed to serve as a reference tool for participating providers and facilities. Its purpose is to enhance and reinforce the understanding of the roles and responsibilities of participating MVP providers. In turn, this will help ensure that patients' needs are met within the health care coverage provided by their MVP Health Benefits contract.

This manual will be amended as MVP's operational policies change. For the most current version, visit MVP's website.

Thank you for your participation with MVP Health Care.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Austen", with a long horizontal flourish extending to the right.

Karla Austen
Executive Vice President of Network Management



TABLE OF CONTENTS:

SECTION 1—CONTACTING MVP HEALTH CARE 1.1

MVP’s Website 1.2
 Important Telephone Numbers and Addresses..... 1.2
 Claims Adjustments or Appeal Requests 1.3

SECTION 2—INPATIENT AND OUTPATIENT SERVICE PROGRAM..... 2.1

Inpatient Hospital Services Program..... 2.2
 DRG Reimbursement Payment Methodology 2.2
 Outpatient Hospital Services Program 2.3
 “Per Visit” Outpatient Service Format 2.3
 Ambulatory Surgery..... 2.3
 Observation Status 2.3
 Emergency Room..... 2.4
 Multiple Surgery Protocol—VT only 2.4
 Other Referred Ambulatory Procedures..... 2.4

SECTION 3—INPATIENT MVP PLAN TYPE INFORMATION 3.1

MVP VT Vitality 3.2
 MVP VT Vitality HDHP 3.2
 MVP Premier and Premier Plus 3.2
 MVP Premier Plus HDHP 3.3
 MVP Liberty 3.3
 MVP Liberty HDHP 3.3
 MVP Secure NY & VT 3.3
 HQNet 3.4
 HQNet HDHP 3.4
 MVP HMO 3.4
 MVP HealthyNY (New York only) 3.4
 MVP POS 3.4
 MVP Preferred EPO 3.4
 MVP Preferred High-Deductible EPO 3.4
 TriVantage EPO 3.5
 MVP Preferred PPO 3.5
 MVP Preferred High-Deductible PPO 3.6
 MVP Select Care (ASO) 3.5
 Riders 3.5
 Preferred Gold HMO-POS 3.6
 GoldAnywhere PPO 3.6
 USA Care PPO..... 3.6
 MVP RxCare PDP 3.6



MVP Option (Medicaid Managed Care Plan)	3.7
MVP Option Family (Family Health Plus)	3.7
MVP Option Child (Child Health Plus).....	3.7
Sample ID Cards	3.8
SECTION 4—PROVIDER RESPONSIBILITIES	4.1
The PCP’s Roles and Responsibilities	4.2
Hourly Requirements of PCPs for Government Programs	4.2
Member Selection of a PCP	4.2
Types of PCPs	4.3
PCP Panel Listings	4.3
Member Changing PCP	4.3
PCP Auto Assignments	4.3
Specialists’ Roles and Responsibilities.....	4.4
Specialist or Specialty Care Center as a PCP	4.4
Medical Health Access Standards.....	4.5
Behavioral Health Access Standards—VT Only	4.7
Medicare Variation to Access Standards.....	4.8
Government Programs Variation to Access Standards.....	4.8
Coverage Arrangements	4.9
Advance Directives	4.9
Emergency Care	4.10
Physicians Treating Self or Family Members.....	4.11
Change in Demographic Information or Termination of Participation	4.11
Transition of Care.....	4.12
Continuation of Care (NY HMO Company only)	4.13
Cultural and Health-Related Considerations.....	4.13
High Tech Imaging Services Provided in an Office or Free Standing Radiology Center	4.14
MVP Mid-Level & Ancillary Practitioner Recognition or Contracting Requirements.....	4.14
Provider Complaints.....	4.16
Non-Participating Provider Joining a Participating Group	4.16
Provider Communication	4.16
Collecting Patient Responsibility	4.17
Ownership & Disclosure of Requirements – NY Only	4.18
Disclosure of Criminal Activity – NY Only	4.18



SECTION 5—UTILIZATION MANAGEMENT	5.1
Medical Determinations and Utilization Management Criteria.....	5.2
Financial Incentives Relating to Utilization Management.....	5.4
Adverse Determinations (Prospective, Concurrent, Retrospective).....	5.4
Reconsiderations (Prospective, Concurrent, Retrospective).....	5.6
Referral Process.....	5.7
Services Requiring Referral or Prior Authorization for Government Program Members.....	5.7
Services that Require a Referral for MVP Members.....	5.6
How to Submit a Referral.....	5.7
Out-of-Plan Referral Process.....	5.7
Prior Authorization.....	5.7
In-Office Procedure and Ambulatory Surgery Lists.....	5.7
Completing the Prior Authorization Request Form (PARF).....	5.9
Concurrent Review.....	5.10
Observation Bed Policy.....	5.12
Discharge Planning.....	5.14
Comprehensive Outpatient Rehabilitation Facility.....	5.15
Government Programs Variation for CORF.....	5.15
Skilled Nursing Facilities (SNF).....	5.16
MVP Health Care Process for Hospice Care.....	5.22
Medicare Variations for Hospice.....	5.23
MVP Health Care Home Care Referral Process.....	5.24
Medicare Variation for Home Care Services.....	5.24
MVP Medicaid Managed Variation for Personal Care Services.....	5.25
MVP Health Care Home Infusion Services.....	5.26
Retrospective Review.....	5.27
Case Management/Condition Health Management (Disease Management).....	5.33
Case Management for Government Program Members.....	5.40
Care Advantage.....	5.41
24/7 Nurse Advice Line.....	5.42
MVP Bariatric Surgery Network.....	5.42
MVP Breast Cancer Surgery Facilities.....	5.42
Benefits Interpretation Manual (BIM).....	5.42
Medical Affairs.....	5.43
Never Events/Hospital Acquired Conditions (HAC) By Product.....	5.44



SECTION 6—BEHAVIORAL HEALTH..... 6.1

Behavioral Health Access Standards	6.2
Prior Authorization Requirements.....	6.2
Mental Health and Substance Abuse Benefits	6.2
Neuropsychological Testing	6.4
Mental Health and Substance Abuse CPT Codes	6.4
Mixed Service Protocols.....	6.5
NY Autism Spectrum Disorder Mandate.....	6.11
Outpatient Treatment Plan Review for Non-Emergency Services	6.12
Communication and Coordination of Treatment with PCPs	6.12
Behavioral Health Medical Record Standards	6.12

SECTION 7—CLAIMS..... 7.1

When to Call the Customer Care Center	7.2
When to Resubmit a Claim.....	7.2
Claim Requirements.....	7.2
02/12 1500 Claim Form Instructions.....	7.3
Important NPI Reminder	7.11
Clean Claim Processing Time Frames	7.12
Electronic Claim Submission.....	7.13
Electronic Replacement and Void Claims Submission.....	7.13
Professional Claims Submission	7.14
Quick Review Grid	7.17
Direct Electronic Options.....	7.17
Electronic Claim Filing Tips	7.18
Coordination of Benefits—EDI	7.18
Timely Claims Submission Reminder.....	7.18
Member Balance Billing	7.19
YME Denials	7.19
Clinical Edits	7.19
Appealing Any Clinical Editing Denial.....	7.19
Invoice Requirement for Radiopharmaceuticals (Contrast Materials)	7.21
Coordination of Benefits (COB) Determination	7.23
MVP Contracted Vendors	7.24
Remittance Advice	7.25
Recoveries on Overpayments.....	7.27
Claim Auditing.....	7.29
Special Investigations Unit (SIU).....	7.29



SECTION 8—APPEALS PROCESS 8.1

Introduction	8.2
Appeal	8.2
Appeal Reviewers	8.2
Provider Submitting Appeals on a Member’s Behalf.....	8.2
Expedited Appeals Provider/Hospital on Member’s Behalf	8.2
Member Appeals (Excludes Medicare Members)	8.3
ASO External Appeals	8.8
Inpatient Hospital Appeals	8.12
Practitioner Claims Appeals	8.14
Medicare Member Appeals and Complaints.....	8.14
Inpatient Hospital Appeals Process.....	8.19
Practitioner Claims Appeals	8.13

SECTION 9—PHARMACY BENEFITS..... 9.1

Pharmacy Benefits Manager	9.2
Prescription Drug Benefits.....	9.2
Pharmacy and Therapeutics (P&T) Committee	9.2
Commercial Prescription Drug Formulary.....	9.2
MVP Option (Medicaid) and Option Family (Family Health Plus) Formulary	9.3
Formulary Indicators	9.4
Prescription Drug Formulary—Medicare Part D	9.4
Formulary (Medicare Part D) Indicators.....	9.5
Medical Injectables and Vaccines	9.5
When to Contact MVP’s Pharmacy Department.....	9.6
Pharmacy Forms.....	9.6
Formulary Exception Process.....	9.7
Coverage Determination Procedure for Medicare Members.....	9.7
Mail Order Pharmacy	9.8
Brand/Generic Difference Program	9.8
CVS Caremark Specialty Pharmacy.....	9.8

SECTION 10—QUALITY IMPROVEMENT..... 10.1

MVP’s Quality Improvement (QI) Program	10.2
Clinical Reporting Department.....	10.2
MVP Health Care Medical Record Standards and Guidelines	10.3
Clinical Practice Guidelines.....	10.6
MVP Health Care’s New York State Child/Teen Health Program	10.7
Commercial Member Rights.....	10.7



Commercial Member Responsibilities	10.9
Medicare Member Rights	10.9
Medicare Member Responsibilities.....	10.14
Medicaid Member Rights.....	10.15
Medicaid Member Responsibilities	10.16
Confidentiality and Privacy Policies	10.16
Privacy Notice: Revised 07/09/12.....	10.16
What are Members' Rights?.....	10.20
Continuity of Care	10.23
Hospital Quality Report	10.23
HIV-Related Information.....	10.23
SECTION 11—CREDENTIALING	11.1
Review of Practitioner Credentialing and Recredentialing Information	11.2
Registered Practitioners.....	11.3
Excluded Individuals	11.3
Criteria for Admission.....	11.4
Delegated Credentialing.....	11.6
Directory Listing	11.6
Change in Information.....	11.8
MVP Credentialing Committee	11.8
Non-compliance with Recredentialing	11.8
Non-compliance Policy.....	11.8
Performance Monitoring.....	11.8
Ongoing Monitoring.....	11.9
Notification of Credentialing Committee Decision.....	11.9
Termination Process for Participation in MVP Health Plan, Inc.	11.10
Summary Termination of Participation	11.10
Reasons MVP May Not Terminate	11.12
Reporting Requirements	11.12
Review Process for Medicare Advantage Physicians	11.12
Reapplication for Participation.....	11.12
Practitioner Leave of Absence.	11.12
Facility Credentialing Guidelines	11.13
Criteria for Participating with MVP	11.13
Special Requirements for Home Health Agencies.....	11.16
MVP Credentialing Committee	11.17



SECTION 12—NEW YORK STATE GOVERNMENT PROGRAMS 12.1

MVP’s New York State Government Programs Provider Network	12.2
MVP’s New York State Government Programs Plan Types.....	12.2
Member-Initiated PCP Changes.....	12.2
PCP-Initiated Changes.....	12.2
Self-Referral and Free Access	12.2
Restricted Recipient Program.....	12.3
Public Health.....	12.3
Informed Consent for Sterilization and Hysterectomy	12.4
Lead Screening.....	12.6
Child/Teen Health Plus Program	12.7
Immunizations for MVP Option (Medicaid) and MVP Option Child (Child Health Plus)	12.7
Prevention of Sexually Transmitted Diseases	12.7
New York State Confidentiality Law and HIV	12.7
New York State Public Health Law (Article 27-F)	12.7
New York State Title 10 Rules and Regulations Section	12.8
Nutrition Services.....	12.9
Health Education.....	12.9
Psychosocial Assessment.....	12.10
HIV Services	12.10
Records and Reports	12.10
Postpartum Services.....	12.11
Welfare Documentation.....	12.11
Claims Encounters.....	12.11
Special Networks	12.11
Deficit Reduction Act (DRA) of 2005	12.12
Non-Emergent Transportation (NY).....	12.12
Benefit Overview	12.13
Important Phone Numbers	12.17

SECTION 13—MVP’S MEDICARE ADVANTAGE PLANS 13.1

Preferred Gold HMO-POS, GoldValue HMO-POS, GoldAnywhere PPO, USA Care SM PPO and MVP RxCare PDP.....	13.2
Contact Information.....	13.2
Claims Submission.....	13.2
Identifying MVP Medicare Advantage Providers in the Provider Directory	13.3
Marketing	13.3
Prompt Payment and Claims Submission	13.3
Accurate Encounter Data	13.3



Beneficiary Financial Protection	13.3
Services of Non-contracting Providers and Suppliers.....	13.3
Appeal Procedures.....	13.5
Medicare Part D	13.6
Medication Therapy Management	13.6
HIV Screening Guidelines	13.6
Case Management/Condition Health Management (Disease Management).....	13.6
Disclosure of Information.....	13.8
Medicare Advantage Regulatory Issues	13.8
SECTION 14—NATIONAL VENDORS.....	14.1
Cigna HealthCare.....	14.2
SECTION 15—PAYMENT POLICIES.....	15.1