Healthy Practices

A quarterly publication for MVP Health Care® Providers.

The Value of Project TEACH

A New York State Program in Support of PCPs, Children, and Families

Dr. Michael Scharf is a local leader in the Rochester area for Project TEACH, a New York State Office of Mental Health (NYS OMH) program providing education and clinical consultation to New York State primary care physicians as they care for the mental health needs of children. MVP spoke with Dr. Scharf to find out how the program can be maximized by providers.

Dr. Scharf, can you give an overview of Project TEACH, and what services are provided?

Project TEACH is a NYS OMH program which provides consultation and education to pediatric providers to improve the health care of their patients. The goal of the program is to provide support, education, and empowerment to providers.

Can you expand on "provide support, education, and empowerment to providers"?

If a provider calls Project TEACH, they can:

- Ask a specific question or present a case, and a Project TEACH child and adolescent psychiatrist will answer their specific questions or provide phone consultation as to an approach to manage a case where the issues are mild to moderate.

- Get appropriate support from Project TEACH child and adolescent psychiatrists when there are long wait times for community referrals.

- Request a linkage/referral to accessible community resources by talking to a Project TEACH liaison coordinator. A primary function of Project TEACH is to help find appropriate and accessible community mental health referrals and linkages for patients and families.

- Receive a referral from a Project TEACH child and adolescent psychiatrist for urgent care

to an appropriate emergency and/or other community service.

What kind of education does Project TEACH offer?

Project TEACH educates providers how to manage the most common mental health issues they are likely to see in their practice—mild-to-moderate depression, anxiety, aggression, and ADHD. Project TEACH also offers several free, interactive trainings online, and local trainings within the regions, including free CME courses. Providers can learn more at **projectteachny.org/live-training/ cme-certified-education**.

How much does it cost to utilize the resources?

The program is fully supported by NYS OMH and there is no cost to providers, parents, or families.

What age group does it cover?

Any age covered by a pediatric practice. The goal is to help pediatric providers practice effectively within the scope of practice they already have.

(continued next page)

Visit projectteachny.org to find training, rating scales, and other resources for pediatric primary care providers.

> "Project TEACH educates providers how to manage the most common mental health issues they are likely to see in their practice—mild-to-moderate depression, anxiety, aggression, and ADHD."

Let's Deliver health insurance built around **me**

We welcome your comments.

Customer Care Center for Providers

1-800-684-9286

ProjectTEACH

Maternal Mental Health Initiative

In 2018, New York State launched a broad effort to combat maternal depression. Maternal depression and related mood and anxiety disorders are prevalent. If you can identify and treat these conditions early, it leads to better health outcomes for mothers and children.

Project TEACH is a part of this cross-systems effort.

Please scroll down for current COVID-19 resources

What resources are available on your projectteachny.org?

Projectteachny.org gives anyone instant access to provider resources as well as information for parents and families. Providers can find an evidence-based rating scale and checklists that are organized by condition. The goal is to build a culture in which providers are using the same rating scale, so that we become in sync when assessing patients.

What can providers expect when they call for assistance?

When you contact Project TEACH, you will speak with a liaison coordinator, who will take the information, and may be able to answer questions or make referrals for patients living in NYS. If that is not the case, they will connect you within two hours with a clinician that can best serve your needs. We can also identify local NYS providers that have walk-in clinics for therapy. We are not here to pressure, but to enhance the effectiveness of treatment.

Is there a limit to the number of calls for consultation that providers can make?

No. The provider can contact us as often as needed. Some providers call every week to run through their cases. As they become more comfortable, they tend to call less frequently. It's completely up to them.

When it comes to child behavior, how do we sort out what is normal given the pandemic, versus when there is concern of a disorder?

Regardless of the pandemic, any behaviors that interfere with a child's daily living or leads to functional impairment needs to be addressed. The rating scales are helpful if you know the symptom area and can help give a general impression for how the child is doing. If the primary care provider is unsure of what to do, we can help them figure out the next steps. If it is necessary to talk to a psychiatrist, we can schedule a consultation that fits the provider's schedule. We also offer a consultation if medication is recommended for the patient.

What about the newer service for maternal health providers?

Expanding the scope to include maternal mental health resources has been a great step for us. Project TEACH now provides consultations, linkage and referrals, and resources to help combat maternal depression and related mood and anxiety disorders. If we can help to identify and treat these conditions early, it can lead to better health outcomes for mothers and children. You can request a consultation with a Project TEACH expert psychiatrist in maternal mental health during consultation phone hours every Tuesday from 5–6 pm and every Thursday from 1–2 pm.

What is the most important thing you'd like to share with your colleagues regarding Project TEACH?

To my fellow colleagues, I want them to know that we are here for them. For most of us, we are already facing a crisis. Currently 40% of pediatric cases are focusing on behavioral health, and it's likely to get worse. Our case level consultations can make you more effective in the treatment of your patients. Always feel free to contact us for support, there is never a wrong phone call for guidance!

About Dr. Michael Scharf
In addition to local site leader for Project TEACH, Dr. Scharf is the Director of Psychiatry Graduate Medical Education and Chief of the Division of Child and Adolescent Psychiatry at the University of Rochester Medical Center.

Learn more at **projectteachny.org.** Capital Region, North Country, and Mid-Hudson Region **844-892-5070.** Central and Western NY, Southern Tier **855-227-7272** Monday–Thursday 8 am–7 pm and Friday 8 am–5 pm.
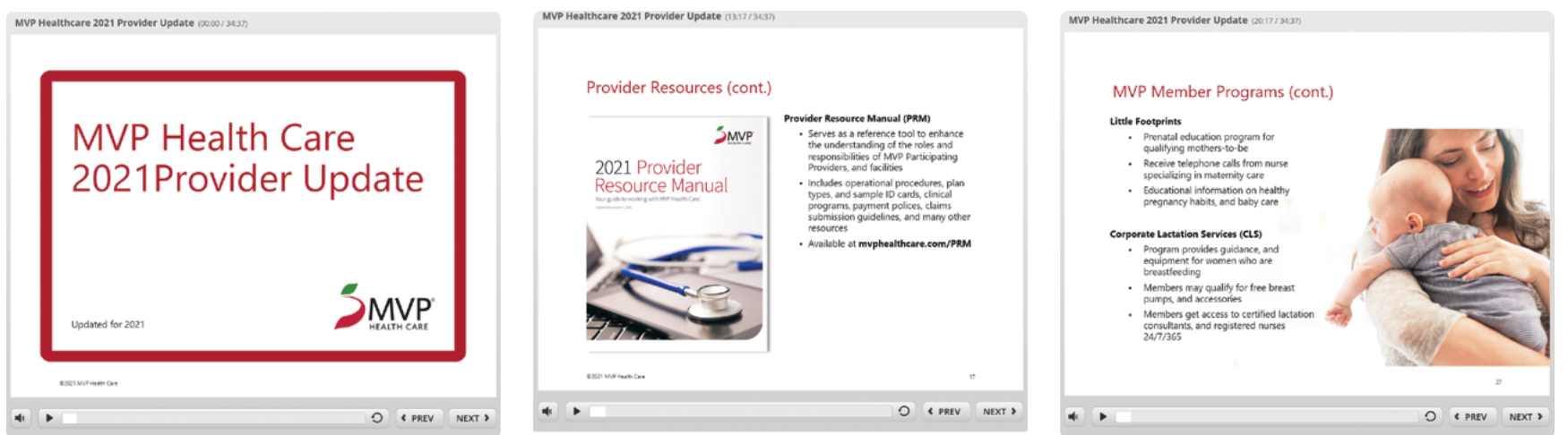
Provider Update Presentation

Your MVP Professional Relations team strives to keep you informed. For 2021, MVP has produced a video presentation called the **2021 MVP Provider Update**, which outlines all the highlights to help you find what you are looking for fast and easy. This self-guided presentation is a comprehensive resource that no MVP Provider or staff should miss. The presentation allows you to select only the areas of information that are of interest to you if that is your preference. MVP has also created a quick links document that will help you to go straight to the forms and resources referenced in the presentation. Both can be found by visiting **mvphealthcare.com/providers/education** and selecting *Presentations*.

Welcome Vermont Acupuncture and Chiropractic Providers!

MVP is pleased to welcome our new Acupuncture and Chiropractic Providers to our Vermont network in 2021. Use the following resources to ensure a successful partnership with MVP.

Educational Resources
Visit **mvphealthcare.com/providers/reference-library** to access EDI information and guides, coding information, and more.

For more detailed instructions, visit **mvphealthcare.com/providers/education** to learn how to:

- Determine a Member's eligibility and benefits

- Access prior authorization information

- Submit claims, including EDI, claims payments, EFT, and ERA information

Provider Resource Manual (PRM)
Access MVP policies, including operational procedures, plan type offerings, policies for authorizations, appeals process, credentialing, clinical programs, and payments, at **mvphealthcare.com/PRM.**

If you have any questions about any of our resources, please contact your Professional Relations Representative or contact the MVP Customer Care Center for Provider Services at **1-800-684-9286.**

COVID-19 Updates

The information in this section was current as of the time of publication.

NYSDOH Vaccination Program Enrollment

The New York State Department of Health (NYSDOH) is now enrolling health care provider practices (outside of New York City's five boroughs) in the NYSDOH COVID-19 Vaccination Program. Practices interested in administering COVID-19 vaccines when available to their group must enroll in the NYSDOH program to be ready to order and receive publicly supplied COVID-19 vaccines and ancillary supplies.

The following documents are available at **mssnyenews.org/special-announcements/nysdoh**:

- Enrollment Letter
- COVID-19 Vaccination Program Provider Agreement and Profile and Addendum
- Enrollment Instructions Guide
- Instructions for Requesting an HCS Account
- Accessing the Enrollment Application Tool in HCS
- NYSIIS Standard and Administrative User Directions

Please send questions regarding the NYSDOH enrollment process to **COVID19Vaccine@health.ny.gov.**

Vaccine Administration Preparation

The NYSDOH has also provided an overview presentation with guidelines for COVID-19 Program and Plan Outreach. Highlights include:

- Vaccination for COVID-19 will be done in phases:
  - The initial vaccine offering will be targeted to front line health care workers and individuals at high risk of severe COVID-19 disease.
  - Later, as supplies increase, the vaccine will be made available for the general population without specific risk indications.
- How to share your vaccine availability with Vaccine Finder, a CDC contracted application for mapping locations of COVID-19 vaccine availability, at **vaccinefinder.org.**
- How to identify enrollees appropriate for vaccination based on the CDC risk groups.
- Up to date information on vaccine availability to enrollees, and locations for administration.

State vaccination distribution plan information can be found at **governor.ny.gov/news/governor-cuomo-updates-new-yorkers-states-vaccination-distribution-plan.**

> "Remind your patients…masks should be used in combination with physcial distancing, hand hygiene, adequate ventilation, and avoiding crowded spaces."

Preventing the Spread with Low-Tech Interventions

A return to a normal existence will require the widespread acceptance and adoption of mask wearing and other interventions. Respiratory droplets are produced not only by coughing and sneezing, but also when speaking and simply breathing. These particles may accumulate in enclosed spaces with poor ventilation, especially when individuals are singing, shouting, or breathing heavily from exercise. It's important to remind your patients that with the colder weather upon us, activities are increasingly occurring inside, resulting in often unavoidable congregating. Masks should be used in combination with physical distancing, hand hygiene, adequate ventilation, and avoiding crowded spaces.

Source: Adapted from Jama.com. Preventing the Spread of SARS-CoV-2 With Masks and Other "Low-tech" Interventions. November 17, 2020.

Rapid Testing for COVID-19

Rapid molecular tests are in demand as they are less expensive and can be administered at the point-of-care. Patients may be eager to receive a rapid test for quick results to get kids back in school, go back to work, or visit with loved ones. It is important to remember, however, that while they are more convenient, rapid tests are less sensitive than lab-based molecular testing and have a high false negative rate.

It is recommended that rapid tests are used only for symptomatic individuals.

Specific uses for rapid tests (molecular or antigen):

- Used for symptomatic individuals associated with congregate facilities (nursing homes, assisted living, schools and educational facilities, etc.).
- If a symptomatic individual has a positive rapid test result, a confirmatory test is not needed. Individual must be isolated and contact tracing should begin.
- If a symptomatic individual has a negative rapid test result, a confirmatory lab-based molecular test is needed. Individual should quarantine until results are received.
- In many cases, it is best to perform a lab-based molecular test, as they are the most accurate.

Quality Corner

Health Prevention for 2021

A recent study published by the Journal of the American Medical Association (JAMA) found that during the initial phase of the COVID-19 pandemic (March and April of 2020), there was significant reduction in preventive care services (relative to March and April of 2019).

The relative reduction in utilization for four preventive care services in March and April of 2020 compared to the same months in 2019:

Preventive Care Service	March 2020	April 2020
Colonoscopy	↓43.9%	↓92.9%
Mammograms	↓41.6%	↓90.4%
Hemoglobin A1C	↓35.1%	↓68.9%
Immunizations for children under two years old	↓18.0%	↓22.6%

Health care providers know that preventive care services such as immunizations, screenings, personal health assessments, and routine health care visits are essential to improving population health. While the COVID-19 pandemic continues to be a serious health crisis, preventive care services should not take a back seat, and it is important that providers start the new year by proactively identifying which of their patients may need preventive care, and screenings, or monitoring of existing health conditions.

Preventive Care Services for Children

Children from birth to age 21 should have a least an annual preventive visit for screening and/or monitoring of their health status. Children should be up to date on all required immunizations and screenings, as well as monitoring for known disease specific conditions, such as diabetes.

Preventive Care Services for Adults

Adults age 21 and older should have a least an annual preventive visit for screening and/or monitoring of their health status. Providers should use this time to assess if they need additional screenings such as bone density testing, mammogram, or colorectal cancer screening. Newly diagnosed and pre-existing health conditions such as diabetes and heart disease need to be monitored closely to ensure they are under control.

Preventive Care Services for Medicare Members

Medicare Members are covered for either an initial or annual wellness visit. This comprehensive visit is an excellent opportunity to evaluate their health care goals and which screenings, disease monitoring, and immunizations are needed for the year. MVP Medicare Members have access to and are encouraged to keep this health information in their personal health care tracker, so they know what they have done and what is still needed as the year progresses. Ask your patients who are MVP Medicare Members to bring their health tracker to appointments so it can be reviewed and updated.

This last year has been challenging for everyone and some Members may still be reluctant to go for routine exams in 2021. Utilize telemedicine services when appropriate for routine care such as annual wellness visits. Ensure that Members keep upcoming appointments, whether telemedicine or in-person, through outreach calls or letter reminders. Specify what they need to do or have available at the time of the visit, such as medications, list of other health care providers, blood pressure readings, etc. While it may take a few years before we fully realize the long-term impact of delayed preventive care, it is crucial that plans and providers work together now to educate, facilitate, and remind Members why these preventives services are so important.

MVP has developed several quality reports, produced at the TIN-level to manage your patients who are MVP Members. Vist **mvphealthcare.com/Providers**, and *Sign In* to your online account to access your reports.

Medication Adherence

Adherence to prescribed medications is associated with improved clinical outcomes for chronic disease management and reduced mortality from chronic conditions. Conversely, nonadherence is associated with higher rates of hospital admissions, suboptimal health outcomes, increased morbidity and mortality, and increased health care costs. Improving medication adherence is a public health priority and could reduce the economic and health burdens of many diseases and chronic conditions.

CMS considers medication adherence to be a critical component of plan performance, especially since many diseases such as diabetes, hypertension, or elevated cholesterol can be successfully managed with drug therapy. The following are examples of CMS Star measures that plans follow to ensure optimal health outcomes for its Medicare population:

- **Medication Adherence in Diabetes**: Need to improve blood sugar control of our Medicare Members to prevent complications by ensuring the Member remains on the prescribed medication at least 80% of the measurement year.

- **Medication Adherence in Hypertension**: Need to manage high blood pressure to ensure our Medicare Members take their prescribed medications at least 80% of the measurement year. Note: MVP Medicare Members may be entitled to a free electronic blood pressure machine to help monitor their blood pressure. Encourage them to contact the customer care center at the number on the back of their MVP Member identification card.

As health care providers, it's important that you know which of your patients are not taking their medications appropriately and why they may be non-adherent with prescription medications. Whatever the reasons may be, there are strategies that you can discuss with your patients to help improve their medication adherence:

- Use pill boxes to organize and set up their medications for the week/month

- Blister packs with a patient daily dosage of medication

- A 90-day medication supply versus 30-day medication supply

- Knowing which pharmacies deliver or helping them to obtain mail order medications

- Ensure they understand the risks of nonadherence and reason(s) why they have been prescribed the medication

MVP has resources available such as Care Management programs and the Medication Therapy Management Program that can help your patients to ensure medication adherence. Using our combined insight and expertise can help your patients better understand why they may struggle with medication adherence and guide them to healthier outcomes.

> "As health care providers it's important that you know which of your patients are not taking their medications appropriately and why they may be non-adherent with prescription medications."

National Committee Quality Assurance (NCQA) Updates for 2021

Each year, NCQA releases updates to the Healthcare Effectiveness Data and Information Set (HEDIS). Below are the updates occurring for measurement year 2021.

Telehealth: NCQA has updated telehealth guidance in 40 HEDIS measures for Measurement Years 2020 and 2021. For a list of the 40 HEDIS measures visit **ncqa.org/covid**.

Cardiac Rehabilitation (CRE)—reported by Commercial, Medicaid, and Medicare plans: This measure looks at the percentage of Members 18 years of age or older who attended cardiac rehabilitation following a qualifying event:

- Myocardial Infarction

- Coronary Artery Bypass Grafting (CABG)

- Heart and Heart/Lung Transplantation

- Heart Valve Repair/Replacement

Four rates are reported:

- Initiation—Percentage of Members who attended two or more sessions of cardiac rehab within 30 days after a qualifying event

- Engagement 1—Percentage of Members who attended 12 or more sessions of cardiac rehab within 90 days after a qualifying event

- Engagement 2—Percentage of Members who attended 24 or more sessions of cardiac rehab within 180 days after a qualifying event

- Achievement—Percentage of Members who attended 36 or more sessions of cardiac rehab within 180 days after a qualifying event

Kidney Health Evaluation for Patients with Diabetes (KED)—reported by Commercial, Medicaid, and Medicare plans: The percentage of Members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year

Osteoporosis Screening in Older Women (OSW)—reported by Medicare only: The percentage of women 65–75 years of age who received osteoporosis screening

Seven Measures Retired:

- Adult BMI Assessment (ABA)

- Medication Management for people with Asthma (MMA)

- Medication Reconciliation Post-Discharge (MRP) Note: Medication Reconciliation is captured in the Transitions of Care measure. Both these measures are reported for Medicare only.

- Osteoporosis Testing in Older Women (OTO)

- Children and Adolescents Access to Primary Care Practitioners (CAP)

- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

- NCQA will no longer collect data for Medical Attention for Nephropathy (CDC-MAN) for Commercial and Medicaid

NCQA has revised the following:

- Well Child Visits in the First 15 Months of Life (W15) is now extended to Well Child Visits in the First 30 Months of Life (W30)

- Well Child in the third, fourth, fifth, and sixth Year of Life (W34) and Adolescent Well Care Visit for 12 to 21 Years (AWC) is now changed to Child and Adolescent Well Care Visits (WCV)

Note: The revised WCV measure will look at the percentage of children from 3 years to 21 years of age.

- Controlling High Blood Pressure (CBP) and Controlling Blood Pressure (CDC-CBP)—Member may now self-report out-of-office blood pressure readings taken ONLY with a digital device.

MVP Provider Excellence Program

The MVP Provider Excellence Program provides our physicians and MVP Members relevant quality and cost data to help them make informed health care decisions.

Why is it important?

- Creates awareness of high-performing Providers within the MVP network

- Provides additional support to strategic Provider groups

- In the future, the results may inform MVP products and program benefits

What is the value to MVP Members?

- Encourages MVP Members to consider using a high value Provider.

- Encourages MVP Members to consider all relevant factors when choosing a Provider and to speak with their Primary Care Physician (PCP) when selecting a specialist.

- Currently, MVP publicly reports the top 15% of Provider groups for Family Medicine and Internal Medicine specialties that are in-network and contracted in New York State only. MVP evaluates quality and cost efficiency information using a methodology that is consistent with national standards and incorporates feedback from health care professionals in our network.

To learn more, visit **mvphealthcare.com/providerexcellenceprogram**. To request the full methodology, email **ProviderExcellence@mvphealthcare.com**.

Documentation and ICD-10 Coding Tips

Accurate documentation and coding to highest level of specificity are crucial components of high quality, cost-efficient care. Both allow for more meaningful data exchange between MVP and Providers and improve your practice's quality and risk adjustment data, reducing the time spent collecting additional data for audits and chart reviews, and increasing the time your practice has to focus on patient care. All health conditions addressed or assessed during a visit should be documented, coded, and submitted on a claim. MVP has created an ICD-10 Coding Tip sheet that can be found at **mvphealthcare.com/providers**, then select *Reference Library,* then select *Coding, Medical Record Documentation and Education.*

Changes to the MVP Pharmacy Network

As of January 1, 2021, MVP has changed network pharmacies. This change impacts MVP's Medicaid Managed Care product, HARP product (the Harmonious Health Care plan), and Essential Plan (EP) products. MVP Members have been notified that pharmacies included in their prescription plans, or the in-network pharmacies, were updated as of this date. Please visit **caremark.com** for a list of network pharmacies that are included. If a pharmacy is no longer in-network because of this change, Members will receive a follow-up letter with instructions on how to find a new pharmacy.

Resource Focus

Streamlining Medical Record Submission Practices

MVP has developed an educational presentation that includes best practices for medical record submissions for Closing Gaps in Care and the Annual HEDIS Review. To view this resource, please visit **mvphealthcare.com/providers**, then select *Quality Programs,* and then under *Grant MVP Remote Access to EMRs* select *Learn best practices for streamlining the process to submit medical records.*

Streamlining Medical Record Submission Practices

Reduce the Burden…

MVP Code of Ethics and Business Conduct Summary

MVP provides a Code of Ethics and Business Conduct Summary as part of its commitment to conducting business with integrity and in accordance with all federal, state, and local laws. This summary provides MVP's Participating Providers, vendors, and delegated entities ("Contractors") with a formal statement of MVP's commitment to the standards and rules of ethical business conduct. All MVP Contractors are expected to comply with the standards below. Contractors may access MVP's full Code of Ethics and Business Conduct on **mvphealth-care.com/Providers**, then select *Reference Library,* then *Learn about MVP Policies.*

Protecting Confidential and Proprietary Information

It is always of paramount importance that MVP's Member and proprietary information be protected. Access to proprietary, and Member information should only be granted on a need-to-know basis and great care should be taken to prevent unauthorized uses and disclosures. MVP's Contractors are contractually obligated to protect Member and proprietary information.

Complying with the Anti-Kickback Statute

As a Government Programs Contractor, MVP is subject to the federal anti-kickback laws. The anti-kickback laws prohibit MVP, its employees, and Contractors from offering or paying remuneration in exchange for the referral of Government Programs business.

Reviewing the Federal and State Exclusion, Preclusion, and Identification Databases

MVP, and its Government Programs Contractors are required to review the applicable federal and/or state exclusion, preclusion, and identification databases. These database reviews must be conducted to determine whether potential and current employees, Contractors and vendors are excluded or precluded from participation in federal and state sponsored health care programs. The federal and state databases are maintained by the Centers for Medicare and Medicaid Services ("CMS"), the Department of Health and Human Services ("HHS"), the Office of Inspector General ("OIG"), the General Services Administration ("GSA"), the New York State Office of Medicaid Inspector General ("OMIG"), the Social Security Administration Death Master File ("SSADMF"), and the National Plan and Provider Enumeration System ("NPPES").

Prohibiting the Acceptance of Gifts

MVP prohibits employees from accepting or soliciting gifts of any kind from MVP's current or prospective vendors, suppliers, Providers, or customers that are designed to influence business decisions.

Detecting and Preventing Fraud, Waste, and Abuse (FWA)

MVP has policies and processes in place to detect and prevent fraud, waste, and abuse ("FWA"). These policies outline MVP's compliance with the False Claims Act and other applicable FWA laws and regulations. These laws and regulations prohibit MVP and its Contractors from knowingly presenting or causing to present a false claim or record to the federal government, the State Medicaid program, or an agent of these entities for payment or approval. Contractors may access MVP's policy for Detecting and Preventing FWA at **mvphealthcare. com.** MVP's Special Investigations Unit ("SIU") is instrumental in managing the program to detect, correct and prevent FWA committed by Providers, Members, subcontractors, vendors, and employees. The SIU maintains a toll-free, 24-hour hotline, 1-877-835-5687, where suspected fraud, waste and abuse issues can be reported directly by internal and external sources.

Providing Compliance Training, Fraud, Waste, and Abuse (FWA) Training, and HIPAA Training

To prevent and detect FWA, all MVP's Contractors that support its Medicare products and who are first tier, downstream, or related entities ("FDRs") are required to provide general compliance training and FWA training to their employees, subcontractors, and downstream entities upon hire, annually, and as changes are implemented. The Centers for Medicare & Medicaid Services ("CMS") provides a Medicare Parts C and D FWA and general compliance training program. This online program is available through the CMS Medicare Learning Network. Entities who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare Program or through accreditation as a supplier of DMEPOS are deemed to have met the FWA training requirement. However, these entities must provide general compliance training.

MVP's Contractors that support its Medicaid products are also required to provide general compliance and FWA training to their employees, subcontractors, and downstream entities upon hire, annually, and as changes are implemented.

In addition, Contractors who handle MVP Protected Health Information are required to provide HIPAA Privacy, Security, and Breach Prevention trainings to their employees.

Reporting Suspected Violations

MVP provides an Ethics & Integrity Hotline for reporting suspected violations of the Code or of its legal requirements. The Ethics & Integrity Hotline—**1-888-357-2687**—is available for employees, vendors, and Contractors to report suspected violations anonymously. Reports of suspected fraud, waste, and abuse may also be reported anonymously by contacting the Ethics and Integrity Hotline. EthicsPoint manages MVP's confidential reporting system and receives calls made to the Hotline. EthicsPoint triages reports in a secure manner to MVP's Compliance Office. The Compliance Office promptly and thoroughly non-compliance and FWA that impacts MVP using the hotlines referenced above. Contractors are protected from intimidation and retaliation for good faith participation in MVP's Compliance Program.

Medical Policy Updates

EFFECTIVE DECEMBER 1, 2020

Air Medical Transport: Air medical transport must include advanced, life-saving technology or skills not available from ground transport. The transport must be to the geographically closest facility with higher level of care, not based on hospital networks.

Alopecia Treatment: The policy was updated to reflect that high potency topical corticosteroids are only covered when used to treat alopecia areata and scarring alopecia. These high potency topical corticosteroids may be covered along with intralesional corticosteroids, if necessary.

Breast Surgery for Gynecomastia: No changes were made to the policy.

Bronchial Thermoplasty: Bronchial Thermoplasty is considered investigational. A Medicare variation was removed from the policy.

Botulinum Toxin Treatment: This medical policy is being archived because management will be done through the pharmacy by the drug name.

Children's Family Treatment and Supportive Services (CFTSS): Policy language was updated to clarify that community psychiatric support and crisis intervention are also managed using the criteria outlined in this policy.

Cosmetic and Reconstructive Services: Photographs are only required upon request for services that are potentially cosmetic in nature.

Dermabrasion: No changes have been made to the policy.

Electrical Stimulation Devices and Therapies: Cranial Electrotherapy Systems (CES) (K1002) are considered investigational and not covered for any indication because there is insufficient evidence regarding the safety and effectiveness of Cranial Page Electrotherapy Systems for the reduction of pain or improvement in function.

Endovenous Ablation of Varicose Veins: Prior authorization has been removed as of December 1, 2020. Criteria and procedures considered investigational remain the same.

Habilitation Services: No changes have been made to the policy.

Home and Community Based Services (HCBS)—Pediatric: Clarification was added to the policy as to which services require prior authorization. Management has not changed.

Implantable Cardioverter Defibrillators: Class I heart failure has been added to coverage for Members with ischemic dilated cardiomyopathy (IDCM). Digoxin has been removed from the list of medications that must be tried and failed as part of the cardiac resynchronization devices criteria.

InterQual Criteria: Prior authorization for sclerotherapy injection therapy for varicose veins has been removed as of 1December 1, 2020. Procedures considered experimental and investigational continue to be reviewed.

Lymphedema Compression Garments and Compression Stockings: No changes have been made to the policy.

Procedures for the Management of Chronic Spinal Pain and Chronic Pain: No changes have been made to the policy.

Radiofrequency Neuroablation Procedures for Chronic Pain: No changes have been made to the policy.

Substance Use Disorder Treatment Inpatient, Residential, and Outpatient Settings: The Substance Use Behavioral Health Policy was updated to reflect how these services are managed. For all NY Members (excluding Medicare), OASAS LOCADTR placement and concurrent review tools are used. For all Medicare and Vermont Members, and for NY Members when treatment is provided outside of NYS, Change Healthcare's InterQual criteria is used.

Tear Osmolarity Testing: This medical policy has been archived.

Therapeutic Footwear for Diabetics: No changes have been made to the policy.

EFFECTIVE JANUARY 1, 2021

Ambulatory Holter Monitors and 30-Day Cardiac Event Recorders/Monitors: Coverage criteria has been added for the Carnation CAM Patch Monitor. No other changes were made to criteria or coverage.

Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder: This is a new policy that replaces the previous policy on Applied Behavioral Analysis that was part of the InterQual Criteria Behavioral Health policy.

Atrial Fibrillation Ablation, Catheter Based: This is a new policy that addresses atrial fibrillation ablation by pulmonary vein isolation and/or focal ablation for paroxysmal and persistent atrial fibrillation. Coverage of atrial fibrillation ablation will be allowed in appropriate circumstances for paraoxysmal and symptomatic persistent afib, based on American College of Cardiology and American Heart Association guidelines.

InterQual Criteria Behavioral Health: Applied Behavioral Analysis (ABA) for Autism Spectrum Disorder has been removed from the policy and is now its own medical policy.

Pharmacy Policy Updates

EFFECTIVE JULY 2020

Drug Utilization Review and Monitoring Program
- Added Naloxone monitoring target which identifies Members with an opioid poisoning diagnosis with greater than 28 cumulative days' supply of a prescription opioid without a prescription claim for Naloxone.

EFFECTIVE OCTOBER 2020

Car-T Cell Therapy
- Updated web link for certified treatment centers to administer Kymriah and Yescarta.
- Added criteria for Tecartus, a new CD-19 directed CAR-T immunotherapy indicated for refractory or relapsed Mantle Cell Lymphoma (MCL).

Duchenne Muscular Dystrophy
- Added Viltepso to the policy. Viltepso is a new medication to treat Duchenne Muscular Dystrophy (DMD) in patients with a confirmed mutation in the DME gene amendable to exon 53 skipping.
- Updated Vyondys 53 J-code to J1429.

Quantity Limits for Prescription Drugs
- Changed Suboxone films quantity limit of 90 sublingual films per 30 days to a quantity limit of 90 per 30 days for strengths up to 8 mg / 2 mg and 60 per 30 days for 12 mg / 3 mg strength to comply with NYS requirement for standard clinical criteria.
- Changed Zubsolv quantity limit of 90 sublingual tablets per 30 days to a quantity limit of 90 per 30 days for strengths up to 5.7 mg / 1.4 mg and 60 per 30 days for 8.6 mg / 2.1 mg strength and 30 per 30 days for 11.4 mg / 2.9 mg strength to comply with NYS requirement for standard clinical criterial.

Transgender Hormone Policy (Commercial/Exchange)
- Updated "Drugs Requiring prior authorization" to "Injectable Testosterone formulations" and "Topical Testosterone formulations."
- Updated Indications/Criteria to include "testosterone (injectable and topical)."
- Updated Exclusions to "hormone products that do not meet MVP Experimental and Investigational Policy."

Transgender Hormone Policy (Medicaid/HARP)
- Included "topical testosterone gel 1.62%" under Indications/Criteria. Update is in accordance with the July 2020 NYS Medicaid Update.

EFFECTIVE NOVEMBER 2020

Spinal Muscular Atrophy (SMA)
- Added the new SMA oral medication Evrysdi with criteria. Evrysdi is a survival of motor neuron 2 (SMN2) splicing modifier indicated for the treatment of SMA in patients 2 months of age and older.

EFFECTIVE DECEMBER 2020

Crohn's Disease, Select Agents
- Removed criteria requirement for immunologic and infectious disease screening and moved it to the overview.
- Added criteria for all other excluded systemic oral/injectable medications to include "coverage will be considered on a case by case basis in accordance with current American College of Gastroenterology (ACG) guidelines."

Enteral Therapy New York
- Updated coverage of modified solid food to "shall not exceed $2,500 for any calendar year when billed through the medical benefit as DME."
- Updated Medicare variation to include coverage for partial impairments.

Enteral Therapy Vermont
- Updated Medicare variation to include coverage for partial impairments.

Spravato
- Updated Overview to include new FDA approved indication for Spravato: Spravato (esketamine) is an intranasal spray that is FDA approved to treat two major depressive disorder (MDD) subpopulations of adults (≥18 years) when used in combination with an oral antidepressant: adults with "treatment resistant depression" (TRD) and adults with depressive symptoms with acute suicidal ideations or behavior.
- Added indication/criteria Spravato is indicated for intranasal administration in adults (≥18 years) for the treatment of depressive symptoms in patients with MDD with suicidal thoughts or actions in conjunction with an oral antidepressant.
- Added the criteria medical records must be received documenting: patient has experienced acute suicidal ideation or behavior, patient is receiving compressive standard of care, and a longer-term comprehensive treatment plan of care is in place for MDD with suicidal ideation indication.
- Added the criteria for initial approval and extension requests for MDD with suicidal ideation indication. Initial approval for MDD with acute suicidal ideation or behavior indication will be for four weeks. Continuation requests require evidence of therapeutic benefit with evaluation to determine need for continued treatment.
- Removed exclusion criteria that patient has had recent or current suicide ideation with some intent to act in the past six months.

Ulcerative Colitis, Select Agents
- Added Xeljanz mechanism of action to the Overview.
- Removed Simponi from the Overview.
- Removed criteria requirement for immunologic and infectious disease screening and moved it to the overview.

No Changes
- Gaucher Disease Type 1 Treatment
- Hereditary Angioedema
- Intestinal Antibiotics
- Irritable Bowel Syndrome
- Mulpleta/Doptelet
- Pharmacy Management Programs (External)
- Select Chelating Agents

EFFECTIVE JANUARY 2021

Benlysta (belimumab)
- Changed the description of Benlysta to B-lymphocyte stimulator (BLyS)-specific inhibitor based on the updated package insert.
- Added that the intravenous infusion formulation is now indicated for the treatment of patients five years of age and older with active, autoantibody-positive systemic lupus erythematous (SLE) who are receiving standard therapy.
- Added that the subcutaneous formulation is limited to patients aged greater than or equal to 18 years of age.
- Changed the criterion for diagnosis of SLE based on updated guidelines from the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR).
- Added to the exclusion section that the safety and efficacy of the subcutaneous administration of Benlysta has not been established in patients younger than 18 years of age.

Gabapentin ER
- Added that Restless Leg Syndrome is also called Willis-Ekbom Disease.
- Added that age, dosing, or frequency, outside of what is FDA approved, is an exclusion.
- For Gralise, added the exclusion of the patient being on hemodialysis.

Immunoglobulin Therapy
- Added Cutaquig and Xembify under the Subcutaneous Immune Globulin criteria.

Multiple Sclerosis Agents
- Removed prior authorization and criteria for brand Ampyra. Currently, generic Ampyra (dalfampridine) does not require prior authorization.

Select Hypnotics
- Specified that brand Silenor requires prior authorization. Generic Silenor (doxepin) is a preferred agent.
- Removed exclusion criteria: documentation and/or prescription history does not identify prior use of at least one generic select hypnotic or significant intolerance to at least one generic select hypnotic.
- Added the new drug Dayvigo, an orexin reception antagonist indicated for the treatment of adult patients with insomnia.

Xyrem
- Xyrem is approved for patients seven years of age and older. Updated to include pediatric criteria for Members seven years old up to 17 years old.
- Added Sunosi as a step option for adults with excessive daytime sleepiness.

Zulresso
- Updated the J code.
- Removed tricyclic antidepressants from first line therapy.
- Added "pregnant" as an exclusion.

No Changes
- Formulary Exception of Non-Covered Drugs (External)
- Movement Disorders
- Nuedexta
- Radicava
- Respiratory Syncytial Virus/Synagis

Formulary Updates

COMMERCIAL, MARKETPLACE, AND MEDICAID

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

DRUG	INDICATION
Uplizna (medical)	Neuromyelitis Optica Spectrum Disorder (NMOSD)
Zepzelca (medical)	Metastatic Small Cell Lung Cancer (SCLC)
Fintepla	Dravet Syndrome
Rukobia	Human Immunodeficiency Virus Type 1 (HIV-1)
Dojolvi	Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)
Tecartus (medical)	Relapsed or Refractory Mantle Cell Lymphoma (MCL)
Bafiertam	Multiple Sclerosis
Monjuvi (medical)	Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)
Blenrep (medical)	Relapsed or Refractory Multiple Myeloma
Evrysdi	Spinal Muscular Atrophy (SMA)
Inqovi	Myelodysplastic Syndromes (MDS)
Enspryng	Neuromyelitis Optica Spectrum Disorder (NMOSD)
Viltepso (medical)	Duchenne Muscular Dystrophy (DMD)
Lyumjev	Diabetes
Twirla	Contraception
Phesgo (medical)	Breast Cancer
Mycapssa	Acromegaly
Ortikos	Crohn's Disease
Breztri	Chronic Obstructive Pulmonary Disease (COPD)
Upneeq	Blepharoptosis
Armonair Digihaler	Asthma
Ongentys	Parkinson's Disease
Monoferric (medical)	Iron Deficiency Anemia
Gavreto	Non-Small Cell Lung Cancer (NSCLC)
Lampit	Chagas Disease
Kesimpta	Relapsing Multiple Sclerosis
Onureg	Acute Myeloid Leukemia (AML)
Sevenfact (medical)	Hemophilia

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Tepezza (medical)	**Sarclisa** (medical)	**Trijardy XR**
Esperoct (medical)	**Xcopri**	**Trodelvy** (medical)
Quzyttir (medical)	**Isturisa**	**Caplyta**
Fetroja (medical)	**Tukysa**	**Talicia**

NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Demser	metyrosine capsule	Tier 1	Tier 1	Tier 2
Jadenu	deferasirox granules	Tier 1	Tier 1	Tier 2
Ciprodex	ciprofloxacin-dexamethasone otic suspension	Tier 1	Tier 1	Tier 2
Protonix Packets	pantoprazole packets	Tier 1 with QL (2 packets per day)	Tier 1 with QL (2 packets per day)	Tier 2 with QL (2 packets per day)
Lamictal ODT	lamotrigine ODT	Tier 1	Tier 1	Tier 2
Tecfidera	dimethyl fumarate DR	Tier 1	Tier 1	Tier 2
Bethkis	tobramycin nebulizer solution	Tier 1	Tier 1	Tier 2

All other brands will be non-formulary, Tier 3

DRUGS EXCLUDED FROM THE FORMULARY

Valtoco	**Zeriviate**	**Semglee**

Miscellaneous Updates

MEDICAID FORMULARY
December 2020 Update: Brand Tecfidera will move from Tier 2 to Tier 3 as the generic, dimethyl fumarate, is now available.

MEDICATION-ASSISTED TREATMENT (MAT) EFFECTIVE APRIL 1, 2021
Per direction from NYSDOH, MVP is delaying the requirement that brand name Suboxone films be a preferred Tier 1 medication and generic Suboxone films (buprenorphine/naloxone) will be excluded, until April 1, 2021. Current coverage has generic Suboxone (buprenorphine/naloxone) at Tier 1. Brand Suboxone is non-formulary and coverage is subject to prior authorization.

Utilization management edits are in place to ensure appropriate utilization, including quantity limits.

2021 FORMULARY EXCLUSIONS
Victoza is excluded. Preferred agents are already Ozempic and Trulicity.

All brand topical products, such as Aveeno, are excluded. Preferred agents are generic topical products, such as Moisturizing Lotion Oatmeal.

COMMERCIAL AND EXCHANGE FORMULARIES EFFECTIVE DECEMBER 2020
Brand Tecfidera moved from Tier 2 to Tier 3 as the generic, dimethyl fumarate, is now available.

EFFECTIVE JANUARY 2021

2021 Commercial and Exchange Formulary Changes

MEDICATION	ACTION	NOTES
Nutropin AQ, Nutropin Nuspin	Exclude	Genotropin and Norditropin Preferred
Bydureon, Byetta	Exclude	Ozempic, Trulicity, Victoza Preferred
Rybelsus	Add to Preferred Tier 2	
Omnipod and V GO	Move to Preferred Tier 2	
Cipro HC, Ciprodex, Coly-Mycin-S, Otovel	Exclude	Generic Equivalents Preferred
Tobradex Ointment	Move to Non-Preferred, Tier 3 for Commercial	
Mirvaso, Noritate	Exclude	Soolantra Preferred
Dupixent, Nucala	Move to Preferred Tier 2	

Over The Counter Formulary Updates

MEDICAID
EFFECTIVE NOVEMBER 16, 2020

The following medications are not covered by the Fee-For-Service Medicaid Formulary

EXCLUDED	FORMULARY ALTERNATIVES
Abdek Pediatric Drops	Vitamax Pediatric Drops, Multivitamin Pediatric Drops
Aquadeks Chewables	Generic Multivitamins
BP Wash Liquid (All Strengths)	Benzoyl Peroxide Gel
Calcium-FA Plus Wafers	Multiple Calcium Tablets
Capsaicin Cream 0.025%	Hyperinflated NDC; other NDCs Available
CEM-Urea Solution 45%	AmLactin, Urea Nail Kit
Cortizone-10 Gel 1%	Hydrocortisone 1% Cream, Ointment
Ferrous Sulfate Syrup 300 mg/5 mL	Ferrous Sulfate Elixir
Floriva Plus Drops	Generic Multivitamin with Fluoride Drops
Gyno II Gel 3%	VCF Gel
Hylatopic Plus Lotion	Amlactin
Iron Pediatric Chewables	Iron 15 mg Drops
K-Pax Tablets	Generic Multivitamins
Mag-AL Liquid	Omeprazole, Famotidine, Aluminum-Magnesium-Simethicone Suspension
Mucinex and Mucinex Kids Granules	Mucinex Liquid
Niacin 500 mg Tablets	Hyperinflated NDC; other NDCs Available
Panoxyl Wash Liquid (All Strengths)	Benzoyl Peroxide Gel
Pramoxine Aerosol 1%	Proctosol, Proctozone
Radiaguard Advanced Lotion	Amlactin
Sodium Bicarbonate Powder	Omeprazole, Famotidine
Sudafed (All Brand Products)	Generic Sudafed (Sudogest)
Zyrtec (All Brand Products)	Generic Zyrtec (Cetirizine Tablets, Liquid)
All Brand Multivitamin Products	Generic Multivitamins

Retrieval of Medical Records from Third-Party Vendors

MVP understands that many practices use third-party vendors for the retrieval of medical records. CIOX is the largest vendor used; however, in recent years other smaller companies have come into the record retrieval market and are available to and used by MVP Participating Providers.

Your MVP Participating Provider agreement requires you to provide MVP Member medical records to MVP upon MVP's request. Receipt of your medical records in an untimely manner can have a negative impact on the care of your patients. We're asking for your help to reduce unnecessary delays in medical records retrieval.

If your MVP Participating Provider agreement states that MVP will not be charged for the retrieval of medical records and your practice uses a third-party vendor to help you with your retrieval of medical records, please ensure MVP is not billed by your third-party vendor. This will help speed up providing medical records to MVP and ensure MVP's timely receipt of these records.

If you use a third-party vendor for the retrieval of medical records, please complete a short survey at **mvphealthcare.com/mvpmedrecords** to inform us who you are working with.

If you have questions, please contact Mary Ellen Reardon at **585-279-8583.**

Introducing Gia

Helping Your Patients Get the Right Care, Right Away

Gia^{SM}

One of the most difficult challenges in health care is simply getting patients to seek appropriate care. For a variety of reasons—cost, complexity, access, etc.—many patients miss routine or follow-up appointments, let prescriptions lag, or end up seeking care in the emergency room when they may not need to. Of course, the COVID-19 pandemic has only heightened this trend. MVP has a solution. Introducing Gia, our new "digital front door" that will make it easier for our Members to access the right care and trusted information, and to create a closer connection between them and you. Gia is free to most MVP Members and became available as of January 1, 2021.

Simple, Convenient, Trusted

Gia gives MVP Members a free 24/7 "digital triage" that's accessible from home or on-the-go by phone, web, or mobile app. Gia expertly assesses the patients' needs, offers instant advice, and refers them when necessary to the right course of care. Gia is also a powerful research tool, giving your patients more reliable, relevant information—much better than a random web search.

Referrals to MVP Participating Providers

Gia can refer our Members to MVP's telemedicine services or, when necessary, in-person care from nearby doctors, specialists, labs, and pharmacies.* In-person referrals to MVP Participating Providers will play a big part in assuring that the Member gets the care they need.

Coordination of Care

For cases requiring complex care management, Gia can coordinate information-sharing with the Member's PCP or Specialist to ensure that the patient's team is working together. Gia can also coordinate in-person appointments with their PCP or Specialist.

### For Stronger Relationships and Better Outcomes

By meeting our Members' needs on their terms and on their schedules, we are removing the barriers to care, so that your patients will stay more engaged with you and their health care. This leads to stronger relationships, increased efficiency, and improved results.

Gia Provides Members:

- Referrals to Nearby Providers
- 24/7 Emergency Care
- 24/7 Urgent Care
- Mental Health and Psychiatry
- Primary Care
- Physical Therapy**
- Lactation Consultants
- Nutritionists and Dieticians

Members can download the app (Apple App Store or Google Play Store), visit **GoAskGia.com**, or call **1-877-GoAskGia** (462-7544).

If you have questions about Gia, contact your Professional Relations Representative, or visit **mvphealthcare.com/providers/ Gia**.
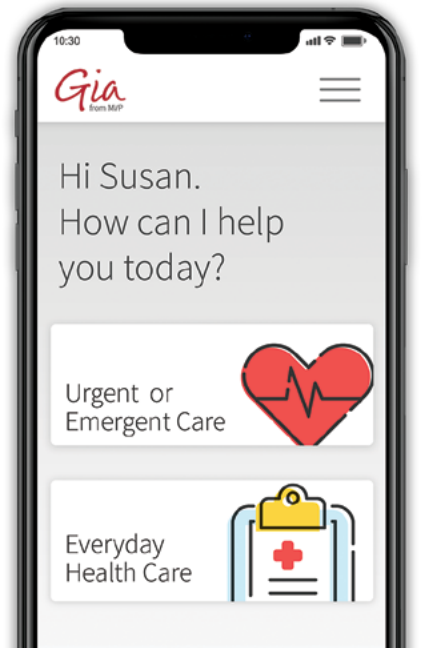
*Co-pays/cost-shares apply per plan details. **Large Group and ASO customers only. Telemedicine services from MVP Health Care are provided by UCM Digital Health, Amwell, and Physera at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan.

Healthy Practices

625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

MVP IN THE COMMUNITY
Coats for Kids Fundraiser

On November 2, 2020, MVP kicked off its fifth annual Coats for Kids fundraising effort with News10, ABC, and Fox 23, along with the National Cleaners Association. This unique community project aims to help children stay warm this winter with new and gently used coat donations from the community.