Healthy Practices

A quarterly publication for MVP Health Care® Providers.

Quality at MVP

Quality Programs Refresh on mvphealthcare.com

Quality is at the core of MVP's mission to create healthier communities. That is why MVP works collaboratively with Providers to ensure quality programs make meaningful and sustainable quality improvements that achieve better health outcomes every day. MVP is committed to working with Providers to improve the quality of care provided to our Members, and as part of that commitment, we are pleased to announce the launch of a new Quality Programs home page located on **mvphealthcare.com/providers**.

When you visit the new Quality Programs home page, you will find a one-stop source for all quality-focused information designed to help find the right tools and resources for your needs:

· Program descriptions
· Provider education and training links
· HEDIS Provider reference guides
· COVID-19 updates
· Access to Gaps in Care reports
· Information change form

As part of this launch, the previous "Provider Quality Improvement Manual" has been transformed into the **Provider Quality Improvement Clinical Guidelines and Supporting Resources** tool. This new Provider tool is easy to find and use, located directly on the Quality Programs home page. Now Providers and their staff can search for, and access clinical guidelines, supporting materials, and related resources without having to leave the page. Simply select the topic you're interested in from the drop-down menu, and all available material will automatically populate.

Check out the new Quality Programs home page today, visit **mvphealthcare.com/providers** and select *Quality Programs.*

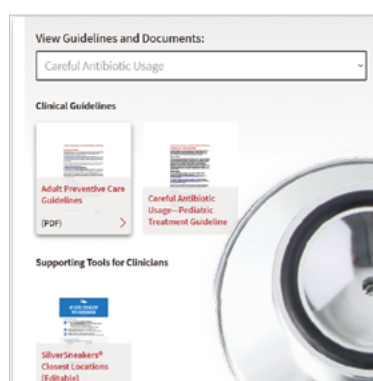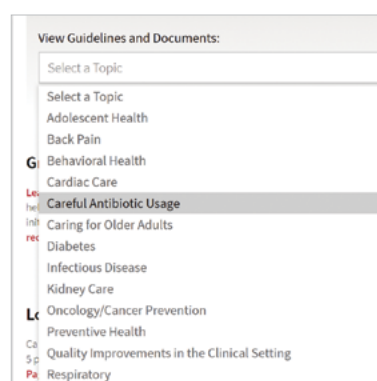## Let's Deliver
health insurance built around

me

We welcome your comments.

Healthy Practices
MVP Health Care
Professional Relations Dept
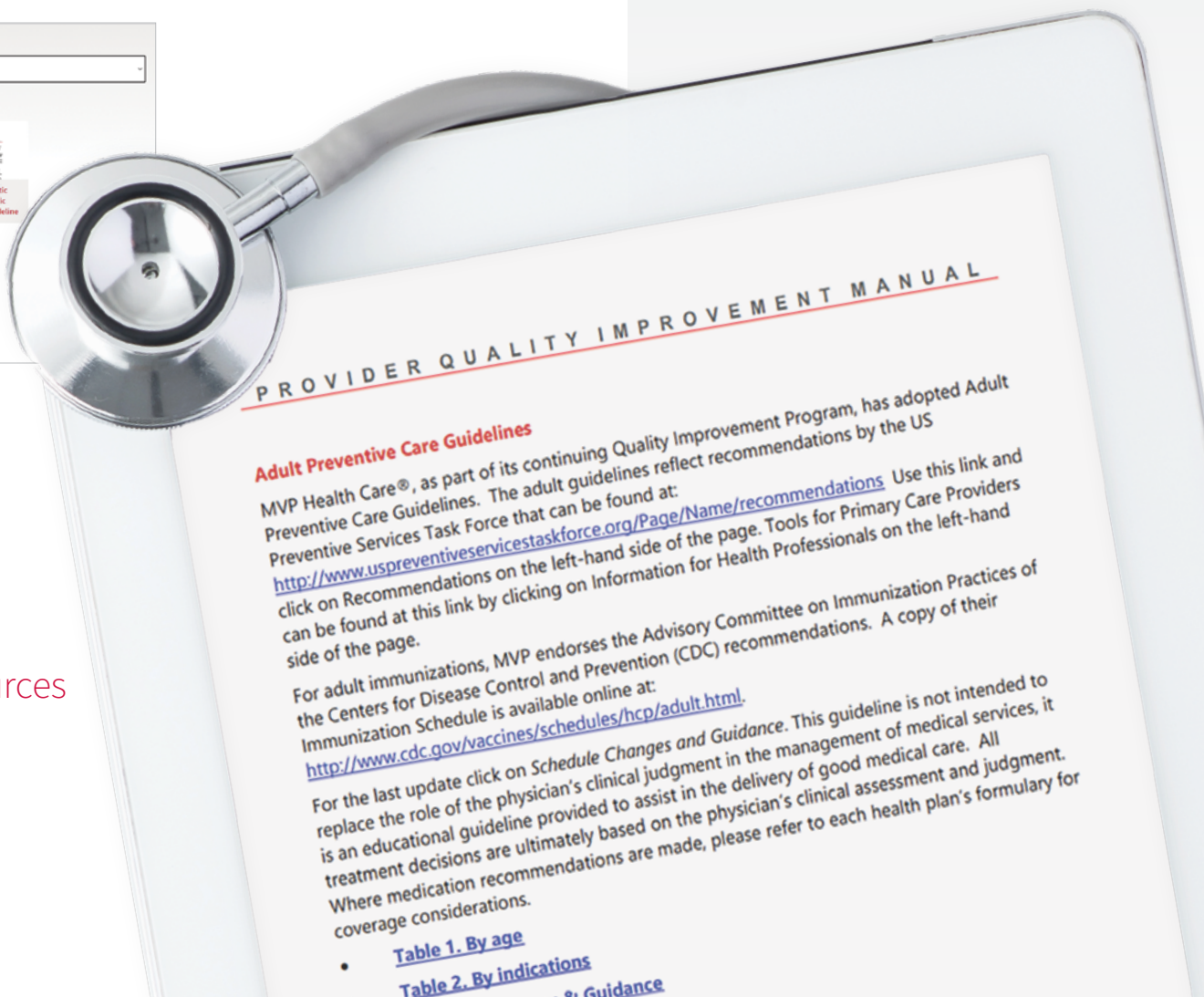PO Box 2207
Schenectady NY 12301-2207

mvphealthcare.com/providers
MVPPR@mvphealthcare.com

Customer Care Center for Providers

1-800-684-9286

Use the Document Finder Tool to find topic-specific clinical guidelines and supporting resources for Providers and Members.

Voluntary Foster Care to Medicaid

Effective July 1, 2021, children placed in voluntary foster care will transition into Medicaid Managed Care. Voluntary Foster Care Agencies (VFCAs) who obtain an Article 29-I licensure will be able to provide core limited health-related services (CLHRS) to foster care children, and other limited health related services (OLHRS) as determined by NYS. As part of this transition, MVP has a dedicated foster care liaison who will act as a single point of contact between MVP and the VFCAs, and other health care partners.

Core limited health-related services include

- Skill building
- Nursing supports and medication management
- Medicaid treatment planning and discharge planning
- Clinical consultation and supervision
- Managed Care Liaison/administration

Limited health-related services may include

- Screening, diagnosis, and treatment related to physical/developmental/Behavioral Health
- Children and family treatment and support services (when designated a children's Provider)
- Children's home and community-based services (when designated a children's Provider)

Training requirements

New York State requires Providers to take training related to VFCA. The training is self-directed; however, MVP PR representatives will be happy to assist or answer any questions. Providers are required to verify they have completed one of the trainings.

Training Options

1. MVP Providers who are not eligible for Article 29-1 licensure should complete the **MVP Medicaid Children's Foster Care Training for Providers**

2. MVP Providers who are requesting the new Article 29-I licensure should complete the **MVP Medicaid Children's Foster Care Training for Foster Care Agencies**

Access the trainings at **mvphealthcare.com/VFCAeducation** and select the appropriate training document to meet your specific requirement.
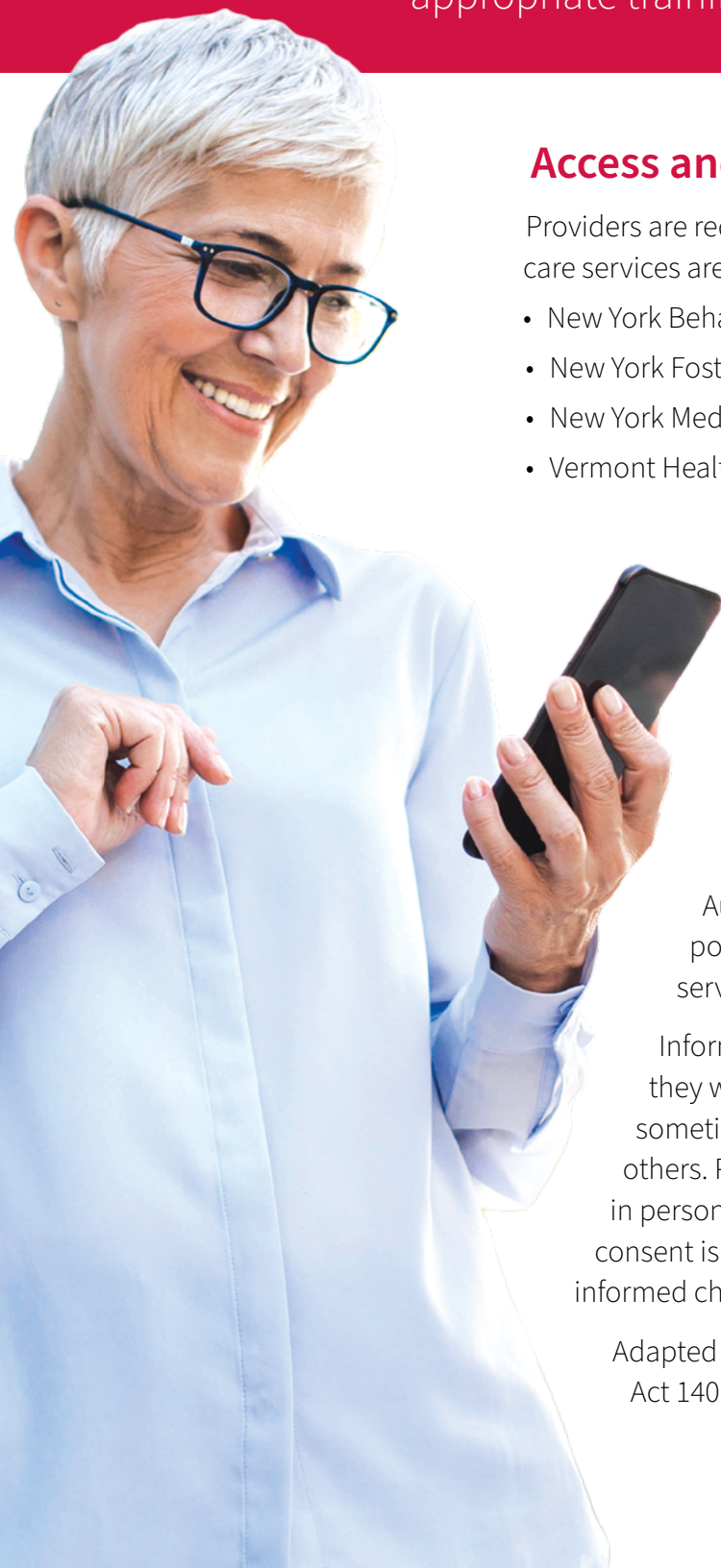
Access and Availability Standards

Providers are required to conform to access and availability standards to ensure health care services are provided in a timely manner. MVP has developed overviews of the:

- New York Behavioral Health Variation to Access Standards
- New York Foster Care Access Standards
- New York Medical Health Access Standards
- Vermont Health Access Standards

MVP strongly encourages you review the current standards which can be found at **mvphealthcare.com/providers/AAS**, and to ensure your practice meets them so enrolled MVP Members have timely access to necessary health care.

If you have questions or would like to order printed versions of any of the documents, please contact your MVP Professional Relations (PR) representative.

Informed Patient Consent for Audio-Only Services

Audio-only services will continue to be a preferred method of health care delivery even in a post-COVID world. In some cases, this has created confusion over what qualifies as delivered services when a patient speaks with a Provider on the telephone.

Informed patient consent is important to set expectations and ensure they understand that they will be billed for audio-only telephone services. While audio-only telephone services may sometimes be equivalent or superior to in person, or audio-video care, they may be inferior for others. Providers should be held to the same standard of care, regardless of whether a visit is held in person, remotely with an audio-visual component, or via audio-only telemedicine. Informed consent is a crucial protection to ensure that patients are given an opportunity to make a fully informed choice between audio-only and in-person visits.

Adapted from the Vermont Department of Financial Regulation "Recommendations Required by Act 140 of 2020" recommendations for health care services delivered by telemedicine services.

Accepting New Patients? Tell Us!

MVP is actively encouraging Members who haven't seen a PCP in the past year to schedule an appointment with a Provider. For this outreach to be as effective as possible, we'd like to refer Members only to Providers who are currently accepting new patients. This information is included in the MVP Find a Doctor search results, but we want to make sure it's up to date.

Behavioral Health Providers—are you accepting new patients? Our Customer Care Center and Case Managers help members find a behavioral health provider every day. We all know the demand for behavioral health providers is very high right now, so it is imperative that the search result are accurate.

Please follow these steps to review and update your demographic information:

1. At **mvphealthcare.com/searchproviders** select *Search by Location & Plan Type,* then *Choose a location and plan.* Enter a zip code for your desired search, then *Browse a list of plans,* then select *All Plans* at the bottom of the page.

2. If demographic information is incorrect, please access the Online Provider Change of Information form at **mvphealthcare.com/demographics** and submit the correct information to MVP. Delegated providers should contact their delegate administrator to update their demographic information.

3. If the update applies to multiple providers in the group, choose contracted group on the form and attach a roster of all providers the change applies to, including the provider's name and NPI.

4. Log in to CAQH and make any demographic updates to your CAQH profile so it matches the information you are submitting to MVP and re-attest your CAQH.

Demographic Data Reminder

As outlined in the Provider Resource Manual, MVP requires all MVP Participating Providers to be listed in the MVP directory to ensure Members can find all MVP in Network Providers. All MVP Participating Providers are visible to Members. The policy can be found in the Provider Resource Manual, which is located by visiting mvphealthcare.com/PRM. If you have any questions, please reach out to your Professional Relations Representative.

Note—this only applies to credentialed physicians. Registered Mid-Level Providers and Hospitalist Physicians based solely in the hospital will not be listed in the online directory.

> "…the most disadvantaged children [have] the highest risk of poor physical and mental health outcomes."

Let's Stop Children's Health Inequities

The United Hospital Fund is Driving Change

Inequities play a significant role in the development and health of children in New York State, and the country. Growth and development, as well as mortality rates are socially determined, resulting in the most disadvantaged children having the highest risk of poor physical and mental health outcomes.

Launched in September 2020, The United Hospital Fund has developed the PEDS Learning Network to connect and support New York State pediatric primary care practices in their pursuit of health equity. The PEDS Learning Network is designed to boost healthy early childhood development, address unmet social needs, and strengthen families with young children in New York State through primary care-based interventions.

The initiative has three components:

1. A 15-month fellowship program to develop the next generation of leadership to strengthen pediatric primary care

2. An online resource center that contains information that addresses social needs, supports parents, integrates Behavioral Health, and much more

3. A collaborative webinar series with nationally renowned pediatrician Tiffani Johnson, MD

Information on the PEDS Learning Network is available on the United Hospital Fund website at **uhfnyc.org/our-work/ initiatives/peds-learning-network**. If you have questions about this initiative, or any of the available resources, please contact Susan Olivera at **solivera@uhfnyc.org** or Chad Shearer at **cshearer@uhfnyc.org**.
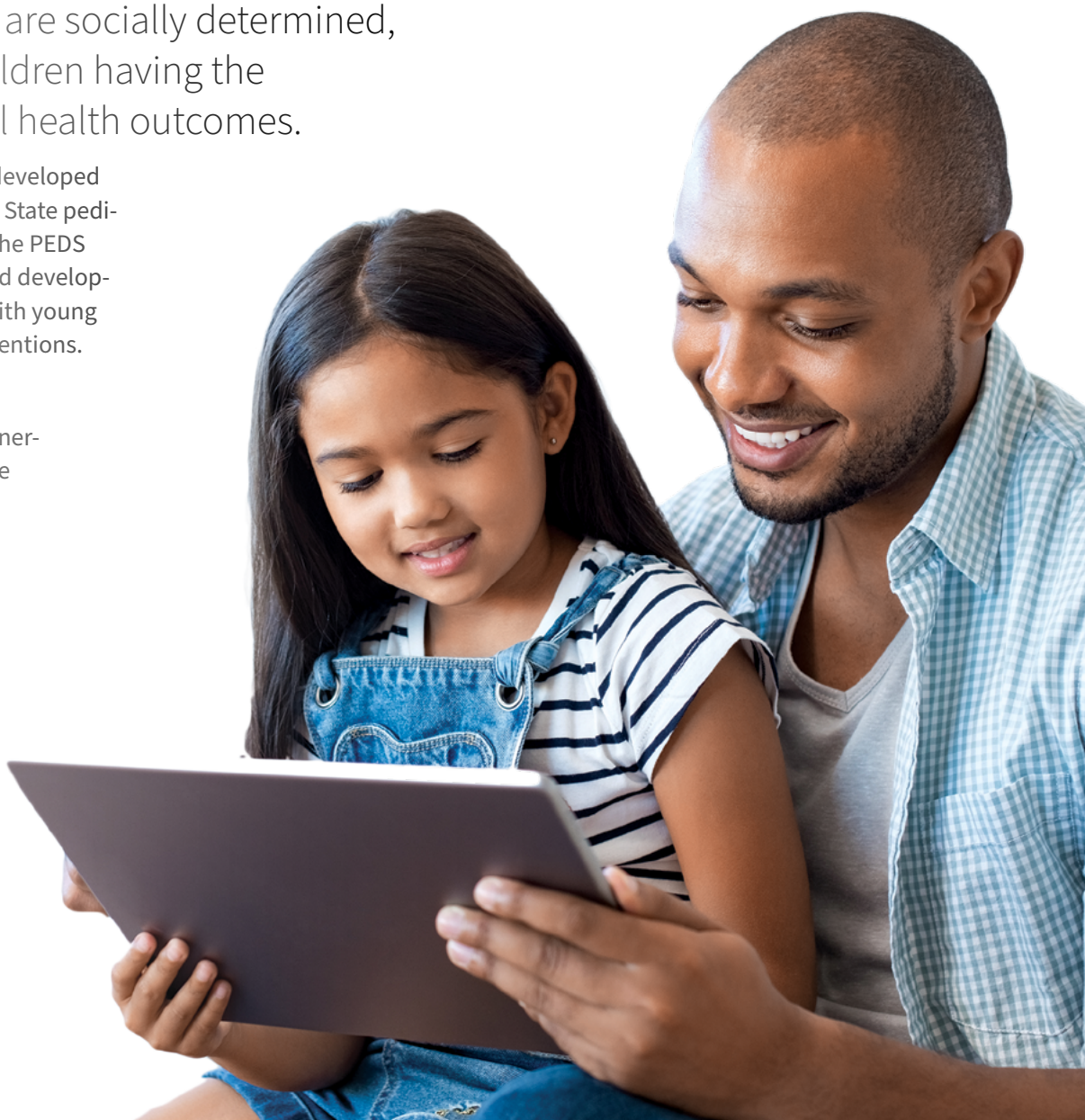
Quality Corner

Controlling High Blood Pressure

It's well known that Hypertension increases risk for heart disease and stroke, two of the leading causes of death for Americans. According to the CDC, nearly half of all US adults (108 million people) have Hypertension, yet only 24% have their blood pressure under control. Uncontrolled high blood pressure leads to the over utilization of health care Providers and hospital services, and an increase in prescribed medications and home health care services.

It is important to schedule blood pressure (BP) re-check appointments on a regular basis with your patients who have Hypertension, especially if you adjust their medication or other therapy. These appointments can now be a telephone visit, online assessment (e-visits or virtual check-in), or outpatient telemedicine visit. Members can also take and submit their own BP readings during these appointments, under the following guidance:

- Members must use a digital device for self-reported BP readings; readings taken with a non-digital device cannot be accepted

- Self-reported readings must be appropriately documented in the Member's medical record, by the Provider managing the Member's Hypertension

- Self-reported readings must be submitted as exact systolic and diastolic

readings; ranges, thresholds, or rounding cannot be accepted

For additional information, download the MVP 2021 HEDIS Reference Guide for Controlling High Blood Pressure— visit **mvphealthcare.com/providers**, select *Reference Library,* and then *HEDIS Provider Reference Guides.*

MVP Heart Health Series

Starting in May, MVP will host educational webinars focused on heart health. If you are treating MVP Members with Hypertension, encourage them to learn more and register at **mvphealthcare.com/calendar.**

Cancer Screening, Prevention, and Early Detection

The COVID-19 pandemic has resulted in many elective procedures, including cancer screenings, being put on hold. In March 2020, preventive screenings for breast, colon, and cervical cancer decreased by roughly 90% compared with historical rates, based on data gathered from electronic health records in the US. According to the National Cancer Institute (NCI), it is estimated that there will be nearly 10,000 excess deaths from breast and colorectal cancer in the next 10 years in the US due to reduction in screening and treatment brought on by the pandemic.

As screenings and other elective procedures resume, it is important that you talk to your patients about the importance of cancer screening, prevention, and early detection. In addition, cancer screening "strategies" will have to balance the benefits versus the risks to the patient, health care facility, and its staff. For example, colorectal cancer screening allows for at-home screenings like Cologuard® or other FIT kits as potential

options for your patients. But for other screenings, like breast and cervical cancer, at-home screenings are not possible. However, tactics such as patient education on how to do breast self-exams or identifying those at high risk for disease may help to reach vulnerable populations and improve outcomes.

Additional tools and resources

- The American Cancer Society provides tools and resources for health care professionals as well as patient education material. Visit **cancer.org**, select *Cancer A-Z,* and then *For Professionals.*
- MVP provides clinical guidelines, supporting tools, and helpful resources for both Providers and Members. Visit **mvphealthcare.com/providers** and select *Quality Programs.*

Statin Guidelines

for Atherosclerotic Cardiovascular Disease and Diabetes

If you are treating patients diagnosed with atherosclerotic cardiovascular diseases (ASCVD) and/or diabetes, it is important to work with them to ensure they are following their appropriate statin therapy.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

These are patients identified as having clinical ASCVD, and who were dispensed at least one high-intensity or moderate-intensity statin medication.

Measure details:
- Males ages 21–75
- Females ages 40–75

Statin Therapy for Patients with Diabetes (SPD)

These are patients 40–75 years of age, with diabetes, do not have ASCVD, and who have met the following criteria:

- Dispensed at least one statin medication of any intensity during the measurement year
- On a statin medication of any intensity for at least 80% of the treatment period

Exclusions for SPC and SPD

NCQA allows for the exclusion of certain conditions and symptoms that may indicate statin intolerance. Medicare Members age 66 and older who meet both frailty and advanced illness criteria are also excluded from both measures. For full SPC and SPD specifications, visit **ncqa.org/hedis/measures**, select *Effectiveness of Care,* then *Statin Therapy for Patients with Cardiovascular Disease and Diabetes.*

Work Together to Improve Outcomes

Discuss with each Member why they are on a specific medication and explain the role and importance of statin therapy. Develop a plan that also incorporates lifestyle changes focused on nutrition and weight loss, to help improve their lipid panel. If Members are not consistent with their statin therapy, work with them to identify and resolve specific adherence barriers or concerns, such as the medication's health benefits, side effects, cost, or refills.

Statin Therapy Medication Table

High-Intensity	Moderate-Intensity
Atorvastatin 40–80 mg	Atorvastatin 10–20 mg
Amlodipine-atorvastatin 40–80 mg	Amlodipine-atorvastatin 10–20 mg
Ezetimibe-simvastatin 80 mg	Ezetimibe-simvastatin 20–40 mg
Rosuvastatin 20–40 mg	Rosuvastatin 5–10 mg
Simvastatin 80 mg	Simvastatin 20–40 mg
	Fluvastatin 40–80 mg
	Lovastatin 40 mg
	Pitavastatin 2–4 mg
	Pravastatin 40–80 mg

For information on medications covered by MVP, see the MVP Drug Formulary available by visiting **mvphealthcare.com/providers**, select *Pharmacy,* then *MVP Formularies.*

Behavioral Health

Follow-up Care After Emergency Department Visits

According to the US National Institutes of Health, 50% of all hospital admissions are a direct result of Emergency Department (ED) visits. Timely follow-up care with the patient after an ED visit may be the key to reducing return ED visits as well as improving overall population health outcomes.

Behavioral Health ED Visits

For ED visits due to a Behavioral Health event, such as mental illness, alcohol dependence, or substance use disorders, studies have demonstrated the benefits of timely follow-up care such as decreased suicidal ideation, reduced ED readmissions, and improved medication adherence[1] Furthermore, the American Medical Association has found that follow-up care for people with Behavioral Health conditions not only lead to fewer repeat ED visits, but also improved physical and mental function, and increased compliance with follow-up instructions.

Implementing Best Practices for Follow-Up Care

Reach out to your patients to schedule a follow-up appointment as soon as you are notified of their ED visit. Utilize your health information exchange (HIE) to gain more information on ED discharges or collaborate with hospital ED's to obtain data exchange reports on your patients seen in the ED for better care coordination. If available, offer your patients options for telemedicine services for follow-up care, including:

- Telephone visits
- Telehealth visits
- Online Assessment (e-visits or virtual check-ins)

Providers can improve the transition of care by connecting Members with appropriate Behavioral Health care Providers in their area or working with Members to sign information sharing agreements that facilitate integrated health care between Providers.

For more information on follow-up care after ED visits for Behavioral Health events, visit **mvphealth.care.com/providers**, select *Reference Library,* and then *HEDIS Provider Reference Guides.*

MVP Behavioral Health Care Program

MVP's Behavioral Health care program connects Members to licensed Behavioral Health clinicians who are available for support calls, to help improve their daily quality of life, and to help them better understand their Behavioral Health condition. If you are treating MVP Members who may benefit from this program, refer them to MVP Case Management at **1-866-942-7966**, Monday–Friday 8:30 am–5 pm.

[1]Source: Psychiatry Online: **ps.psychiatryonline.org/doi/10.1176/appi.ps.201500104**

Pharmacy Policy Updates

EFFECTIVE DECEMBER 2020

Botulinum Toxin Treatment
- Previous medical policy that will be managed by the Pharmacy Department
- No changes were made to the policy

Calcitonin Gene-Related Peptide (CGRP) Antagonists
- Updated Exclusion section as follows:
- Included variation for Medicare Members with concurrent Botox therapy
- Added frequency inconsistent with FDA approved labeling
- Specified that Botox in combination with a CGRP for preventive treatment is not covered
- Specified that prophylactic medications (Ajovy, Vyepti, Aimovig, and Emgality) are not approved for acute headache management
- Specified that acute treatment medications (Nurtec, Ubrelvy) are not approved for preventive treatment of headaches
- Updated exclusions on concurrent use with another CGRP antagonist
- Added Ubrelvy and Nurtec ODT to the policy with criteria, quantity limits, and quantity limit exception criteria. Both are oral CGRPs FDA approved for the acute treatment of migraine headaches
- Added Vyepti, the new IV CGRP indicated for the prevention of migraines in adults

Hepatitis C Treatment Medicaid (effective December 4, 2020)
- Updated policy

EFFECTIVE JANUARY 2021

Atopic Dermatitis
- Removed Eucrisa as a step therapy requirement

Disposable Insulin Devices
- Archived policy due to V-Go moving to a preferred product without prior authorization

Growth Hormone Therapy
- Updated policy with 2021 formulary changes: Genotropin and Norditropin are the preferred products for Commercial and Exchange Members
- Updated inclusion criteria for adults with AIDS Wasting/Cachexia:
  - Documentation of HIV diagnosis, and current antiretroviral therapy
  - Member has a trial, contraindication, or intolerance to the following therapies: cyproheptadine, dronabinol, and/or megestrol
  - Removed the cardiac exclusion and need for Karmofsky performance score
  - Updated that continuation requires current antiretroviral therapy
  - Removed requirement that Members must tolerate 80% of prescribed dose for continuations
- Updated exclusion section with the following:
  - Growth hormone excluded when bone age is complete and/or epiphyseal fusion is complete
  - Added statement from current guidelines that growth hormone in adolescents with fused epiphyseal plates should be avoided due to possible acromegalic changes
  - Added that exceptions to the bone age requirement if the provider submits radiographic documentation of open growth plates

Intranasal Corticosteroids
- Removed the "Tier Comm" column in the drug chart

Quantity Limits for Prescription Drugs
- Added quantity limits for Omnipod start kit, Omnipod 5 pack, and V-Go under "Diabetic Medications and Supplies"
- Updated "Topical Agents" under Medicaid Variation to include clobetasol products with a quantity limit

Rheumatoid Arthritis Drug Therapy
- Added Kevzara as a preferred agent for Commercial and Exchange

Ulcerative Colitis, Select Agents
- Added Stelara as a preferred option for Commercial and Exchange with step criteria requiring a failure or inadequate response to a 12-week trial of Humira

EFFECTIVE FEBRUARY 2021

ACL Inhibitors
- New policy for the new medications Nexletol and Nexlizet. Both are adenosine triphosphate-citrate lyase (ACL) inhibitors which are indicated as an adjunct to diet and maximally tolerated statin therapy for adults with heterozygous, familiar hypercholesterolemia or established atherosclerotic cardiovascular disease, and require LDL lowering.

Calcitonin Gene-Related Peptide (CGRP) Antagonists
- Removed chart note requirement for diagnosis and prophylactic therapies
- Removed requirement that prescription history must indicate compliance
- Updated prophylactic medication trial to a duration of one month with one other alternative medication
- Removed neurologist or headache specialist requirement

Doryx/Oracea (doxycycline)
- Added doxycycline hyclate delayed release tablets to drugs requiring prior authorization section
- Added failure of topical azelaic acid 15% gel to the indications/criteria section
- Updated exclusions to from less than 18 years old (Oracea) to age outside of FDA approved labeling to address inappropriate use inclusive of all doxycycline formulations

Eylea (aflibercept) Intravitreal
- New retrospective review policy for Eylea

Hemophilia Factor
- Added Esperoct.

Hepatitis C Treatment Commercial, Marketplace, Child Health Plus
- Policy renamed to be specific for Commercial, Marketplace, and Child Health Plus to accommodate a separate Medicaid policy
- Medicaid Variation removed

Infertility Drug Therapy (Commercial/Marketplace)
- Included the quantity limit that is coded for clomiphene
- Per NYS DFS guidance, the following changes were made:
  - Removed age criteria from policy for all procedures
  - There are no cycle limits for medications used for Fertility Preservation
  - Clearly defined "cycle completion"

Jynarque
- New policy with designated criteria for Jynarque.
- Removed Jynarque from Orphan drug policy

Lyme Disease/IV Antibiotic Treatment
- Overview updated with current treatment options

Oral Allergen Immunotherapy Medications
- Added criteria that the medications must be prescribed by a board-certified allergist or immunologist

No Changes
- Antibiotic/Antiviral (oral) Prophylaxis
- Compounded (Extemporaneous) Medications
- Government Programs Over the Counter (OTC) drug coverage (For MVP Medicaid, Child Health Plus, and select Essential Plan Members Only)
- Mepron (atovaquone)
- Minocycline ER

EFFECTIVE APRIL 2021

Acthar
- For infantile spasms, added vigabatrin and oral steroids as examples for other available medical treatment

Male Hypogonadism
- Updated drug chart to reflect active products, and removed discontinued products and dosage forms
- Added Jatenzo and a quantity limit of 120 capsules per 30 days
- Added exclusion of Jatenzo use in men with hypogonadal conditions not associated with structural or genetic etiologies
- Added exclusions of untreated severe sleep obstructive apnea, myocardial infarction, or stroke within the last six months, and thrombophilia
- Updated the reference of normal testosterone levels for healthy young men from 300ng/dL to a range of 200 to 400ng/dL

Migraine Agents
- Updated overview to include "ditan" class to the overview section specifying that Reyvow (lasmiditan) is an oral serotonin receptor 5-HT1F agonist also known as "ditan," and is only indicated for treatment of acute migraine attacks
- Added Reyvow (lasmiditan) to the policy with quantity limits and clinical criteria. The quantity limit for the 50mg strength is four tablets per 30 days. The quantity limit for the 100mg strength when dosed at 100mg is four tablets, and when dosed at 200mg is eight tablets every 30 days
- Added Reyvow under the quantity limit exceptions section indicating that quantities that exceed the limits will be considered when documentation identifies that a second dose for the same migraine attack is not being used

Orphan Drug(s) and Biologicals
- Added Lutathera, Scenesse, Ayvakit, Cystadrops, Koselugo, Pemazyre, Tazverik
- Removed Syprine and Jynarque, as both have their own corresponding policies

Phenylketonuria agents
- Updated maximum daily dose of Palynziq from 40mg to 60mg daily
- Updated that Palynziq should be an exclusion if no response to a trail of 60mg daily for 16 weeks or Phe levels are above 600 micromol/L despite therapy
- Added that both brand and generics will require prior authorization

Prescribers Treating Self or Family Members
- Added an updated joint statement regarding inappropriate prescribing and dispensing of medications to treat COVID-19. (Includes the American Medical Association, American Pharmacists Association, and American Society of Health-System Pharmacists)
- Added that self-prescribing or stockpiling medications to treat COVID-19 violates NYS and federal law as well as the MVP policy

Zinplava
- Added metronidazole to standard C.diff therapy
- Updated the following inclusion criteria: Must be at high risk for CDI reoccurrence or a high risk for CDI-related adverse outcomes as defined by having at least one of the following risk factors:
  - Prior episode of C.diff within the past six months
  - Immuno-compromised state
  - Prolonged antibiotic therapy
  - Disease states that represent an increased risk such as solid organ transplant, stem cell transplant, chronic kidney disease, end stage renal disease, Inflammatory Bowel Disease, cancer
  - If the patient has a history of congestive heart failure (CHF), the Provider must acknowledge the benefits outweigh the risk
- Zinplava should only be used in conjunction with antibacterial drug treatment for CDI combined with fecal transplantation

No Changes
- Erythropoiesis Stimulating Agents (ESAs)
- Infertility Drug Therapy (Medicaid/HARP)
- Mail order
- Metformin ER
- Physician prescriptions eligibility

Miscellaneous Updates

MEDICAID FORMULARY JANUARY 2021 UPDATE
Based on a requirement for Medicaid, MVP is evaluating aligning our Medicaid formulary with the same manufacturers that Fee-for-Service Medicaid uses. The first wave of changes went into effect January 1, 2021.

COMMERCIAL AND EXCHANGE FORMULARIES FEBRUARY 2021 UPDATE
Brand name Zytiga and Truvada are excluded, and generics are available for both Breztri, Rhopressa. Orilissa have been added to Tier 2.

Administrative Update
The "Transgender Commercial/Exchange Policy" name was updated to the "Transgender Commercial/Exchange/CHP Policy."

2021 FORMULARIES
- Generic Truvada has been added to Tier 1. Brand name Truvada remains at Tier 2
- Brand Suboxone Film preferred change: The NYS DOH had previously advised of a requirement for brand name Suboxone films to be added as a preferred medication. The change has been delayed until April 1, 2021

COVID-19 VACCINES
Claims for COVID-19 vaccines are processing. Vaccines are covered by the federal government and the administration costs are covered by plans.

Formulary Updates

COMMERCIAL, MARKETPLACE, AND MEDICAID

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

DRUG	INDICATION
Xywav	Neuromyelitis Optica Spectrum Disorder (NMOSD)
Alkindi Sprinkle	Metastatic Small Cell Lung Cancer (SCLC)
Olinvyk (medical)	Dravet Syndrome
Sutab	Human Immunodeficiency Virus Type 1 (HIV-1)
Oxlumo	Long-Chain Fatty Acid Oxidation Disorders (LC-FAOD)
Danyelza (medical)	Relapsed or Refractory Mantle Cell Lymphoma (MCL)
Orladeyo	Multiple Sclerosis
Winlevi	Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)
Qdolo	Relapsed or Refractory Multiple Myeloma
Eysuvis	Spinal Muscular Atrophy (SMA)
Nyvepria	Myelodysplastic Syndromes (MDS)

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Qinlock	**Zeposia**	**Durysta** (medical)
Jelmyto (medical)	**Darzalex Faspro** (medical)	**Bynfezia Pen**
Oriahnn	**Kynmobi**	

NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Ferriprox	deferiprone	Tier 1	Tier 1	Tier 2
Kuvan	sapropterin powder	Tier 1 with PA	Tier 1 with PA	Tier 2 with PA
Tykerb	lapatinib	Tier 1	Tier 1	Tier 2
Atripla	efavi-renz/ emtricitabine/ tenofovir	Tier 1 (Brand Tier 2)	Tier 1 (Brand Tier 2)	Tier 2 (Brand Tier 2)
Monurol granules	fosfomycin powder pack	Tier 1	Tier 1	Tier 2
Truvada	emtricitabine/ tenofovir	Tier 1	Tier 1 (Brand Tier 2)	Tier 2
Aptensio XR	methylphenidate ER	Tier 1	Tier 1	Tier 2
Kerydin	tavaborole solution	Tier 1 with PA	Tier 1 with PA	Tier 2 with PA
Alinia	nitazoxanide	Tier 1	Tier 1	Tier 2
Sklice	ivermectin	Tier 1	Tier 1 (Brand Tier 2)	Tier 2
Saphris	asenapine	Tier 1	Tier 1 (Brand Tier 2)	Tier 2
Zytiga*	abirterone 500 mg	Tier 1	Tier 1	Tier 2

All other brands will be non-formulary, Tier 3
*Brand name Zytiga will be excluded for Commercial and Exchange

Resource Focus

HEDIS Tip sheets

To help you close Gaps in Care, MVP has a library of HEDIS tip sheets focusing on Child and Adolescent Care, Men and Women Preventive Health, Behavioral Health, and much more. To access our complete library, visit **mvphealthcare. com/providers** and select *Reference Library,* then select *HEDIS Reference Guides* to find what you need for clinical, administrative, and frontline staff.

2021 HEDIS Reference Guide for Primary Care

Follow-Up After Hospitalization for Mental Illness (FUH)

Patient Profile
MVP members who are 6 years of age or older and who were discharged after an acute in-patient hospitalization for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge and then again within 30 days following hospital discharge.

Measure Details
Follow-up visits for this measure need to be with a mental health provider. Telehealth visits, e-visits, and virtual check-ins count for both the 7- and 30-day follow-up visit. **Follow-up visits on the same date as the discharge do not count for this measure.**

2021 HEDIS Reference Guide for Primary Care

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Patient Profile
MVP members age 13 or older with a principal diagnosis of **alcohol or other drug (AOD) abuse or dependence** and have had an emergency department (ED) visit, who need a follow-up visit for AOD within 7 days of the ED visit (8 total days) and then again within 30 days of the ED visit (31 total days).

Measure Details
The 7-day follow-up appointment can occur for both the 7- and 30-day follow-up visit. T principal diagnosis for the visit is due to alco

⚠ How to Implement Best Practices and Improve Performan

- Reach out to patients as soon as you are r Prompt follow-up for patients with a diag substance abuse, reduction in further ED entry into recovery, and better identificat
- Receiving timely information from hospi information exchange (HIE) to gain more i hospital ED's to obtain data exchange rep
- Evaluate your office procedure when a pa that encourages staff to outreach to patie
- Consider maintaining regular appointmen to ensure they have the ability to get an a important around weekends or near holi
- Continuously-c health care pro
- Encourage pa
- All providers a with appropria

Information relate

2021 HEDIS Reference Guide for Primary Care

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Patient Profile
MVP members age 6 or older with a principal diagnosis of mental illness or intentional self-harm, who have had an emergency department (ED) visit and need a follow-up visit for mental illness within 7 days of the ED visit (8 total days) and then again in 30 days of the ED visit (31 total days).

Measure Details

2021 HEDIS Reference Guide for Primary Care

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Patient Profile
MVP members who were 18 years and older during the measurement year who had a diagnosis of Schizophrenia or Schizoaffective Disorder, were dispensed an antipsychotic medication, and remained on the medication for at least 80% of their treatment period.

⚠ How to Implement Best Practices and Improve Performance

- Medication education is most successful w taking a medication, and what the purpos
- Review expected side effects and medicat respond to such side effects, and how and
- Encourage a medication diary to keep tra of adhering to their medication regimen, a
- When a patient receives a new medication and re-evaluate the patient's understandin
- When educating patients/caregivers, have
- Review written documentation with the pa material and then explanation of the mate important pieces of written material can h
- Encourage follow-up visits with all provide
- Members dispensed on dementia medicat

Information related to all 2021 HEDIS measures ho

The medication list below is used when eval on medications covered by MVP, see the *MV* **mvphealthcare.com** and selecting *Provide*

2021 HEDIS Reference Guide for Primary Care

Child and Adolescent Well-Care Visits (WCV)
A new measure effective 2020 that combines Well-Child Visits in Years 3–6 of Life (W34) and Adolescent Well-Care (AWC)

Patient Profile
MVP members 3–21 years of age who have had one or more comprehensive well-care visits during the current calendar
- Visit must occur with a Primary Care Provider (PCP) or an OB/GYN provider.
- **Telehealth services can be used for this measure.**
- Documentation in the medical record must include all of the following:
  - A health history
  - A physical developmental history
  - A mental developmental history
  - A physical exam
  - Health Education/Anticipatory Guidance
- A well-care visit may be conducted during a sick visit as long as the documentation not only addresses the intent of th but also that the preventive service was one with all the required elements documented.
- Visits to school-based clinics with providers whom the organization would consider PCPs may be counted if documen of a well-care exam is available in the medical record.

⚠ How to Implement Best Practices and Improve Performance

- View each encounter as an opportunity to discuss wellness and provide preventive services, such as delinquent immu This is especially helpful for parents whose compliance with medical care cannot be ensured. For these patients, prov should also consider incorporating well components with sick visits.
- Document a well-rounded interim history (or complete history at an initial visit) or complete birth history at the initial Examples include patient and parent concerns, feeding, elimination, sleep, and behavior patterns since last visit. This at least once during the calendar year.
- Document a developmental assessment, both physical and mental. Examples include "Development is Appropriate fo or "Normal Development". In addition, you should make a reference to cognitive behaviors, communication skills, and abilities. This must be done at least once during the calendar year.
- Make sure to conduct a yearly physical exam that includes most or all of the major body systems.
- Health Education/Anticipatory Guidance should be discussed and documented during visits. Examples include bicyc car safety, and setting limits. This must be done at least once during the calendar year.
- The services may occur over multiple visits, as long as each of these components is met by a PCP at least once during calendar year (this can include school-based clinic visits).
- Visit **Brightfutures.org** for Best Practices related to preventive visits for infants, children, or adolescents. Using well templates will satisfy all components of the measure.

Project TEACH Educational Webinar

On Wednesday, April 28 from 12 pm–1 pm, MVP will host an educational webinar about Project TEACH, a program funded by the New York State Office of Mental Health that aims to strengthen and support the ability of New York's Pediatric Primary Care Providers (PCP) to deliver care to children and families who experience mild-to-moderate mental health concerns, including anxiety, aggression, depression, and ADHD, in children, adolescents, and young adults up to 22 years of age. To learn more about Project TEACH, visit **projectteachny.org**.

Who should attend?

All New York State pediatric PCPs, including pediatricians, family physicians, psychiatrists, nurse practitioners, and other prescribers are eligible to receive Project TEACH services at no cost, and should attend this session to understand the benefits. Our Vermont Providers are also welcomed to attend, as well anyone interested in learning how to support patients with mild-to-moderate Behavioral Health concerns. Please note that these services are only avilable to New York State Providers.

What will be discussed?

Faculty and clinical staff from Project TEACH will provide an overview of the following benefits:

- **Consultations**—PCPs can speak on the phone with child and adolescent psychiatrists to ask questions, discuss concerns, or review treatment options, and, if indicated, get a face-to-face evaluation
- **Referrals**—Linkages and referral services help PCPs and families access community mental health treatment and support services
- **Training**—Free CME-Certified education and training offered in several different formats relevant to mental health in primary care

Visit mvphealthcare.com/ProjectTeach to register.

Healthy Practices

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mvphealthcare.com

MVP Sponsors Commit to Kids Campaign

MVP is proud to sponsor Commit to Kids, a Capital Region campaign on NewsChannel 13, WNYT, which focuses on supporting and educating families with children. Part of our sponsorship is short video that will play before news stories, promoting health and well-being topics for children and teens.