

Healthy Practices



A quarterly publication for MVP Health Care® providers.

COVID-19 Updates

Stay Up To Date

MVP Health Care® continues to monitor the coronavirus (COVID-19) situation carefully and are taking proactive measures to protect the health and safety of MVP Members, employees, providers, and our community. We are working in accordance with the guidelines provided by the CDC, WHO, CMS, and New York and Vermont state departments overseeing the needs of the communities we serve.

Receive MVP Updates

To receive COVID-19 updates via email, contact MVPFastFax@mvphealthcare.com.

To access the most recent updates, visit mvphealthcare.com/providers/COVID19.

COVID-19 Testing and Treatment

In compliance with state and federal regulations, MVP will not apply a cost-share to testing for COVID-19, including any fees associated with an office, Emergency Department, or Urgent Care Center to an in-network Provider for the purpose of getting tested for COVID-19.

In addition, effective April 1 through May 31, 2020, MVP will waive Member cost-share for the treatment of COVID-19 at any site of service, including inpatient hospitalizations and emergency room visits. Self-funded employer groups have the option to offer treatment coverage to their employees with no Member cost-share.

For the most up-to-date coding guidance to ensure Member cost-share is waived for COVID-19 testing and treatment, visit mvphealthcare.com/Providers/COVID19.

Telehealth

MVP is covering all telemedicine services at no cost-share to the Member during the declared State of Emergency. Providers should submit claims for Covered Services as outlined below in order for the Member cost-share to be waived:

- Submit the appropriate Evaluation & Management (E/M) or CPT code (for example 99212 or 99213)
- Submit the claim with the appropriate place of services (POS) code that would have been reported had the services been furnished in person.
- Claim modifiers “95” or “GT” should be appended as appropriate on each claim that represents a service delivered via Telehealth.

Telephonic services are also covered at no cost-share to the Member during the State of Emergency. For information by line of business regarding telephone visits, and additional details regarding telemedicine, visit mvphealthcare.com/Providers/COVID19.

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Let's Deliver

health insurance
built around



We welcome your comments.

Healthy Practices
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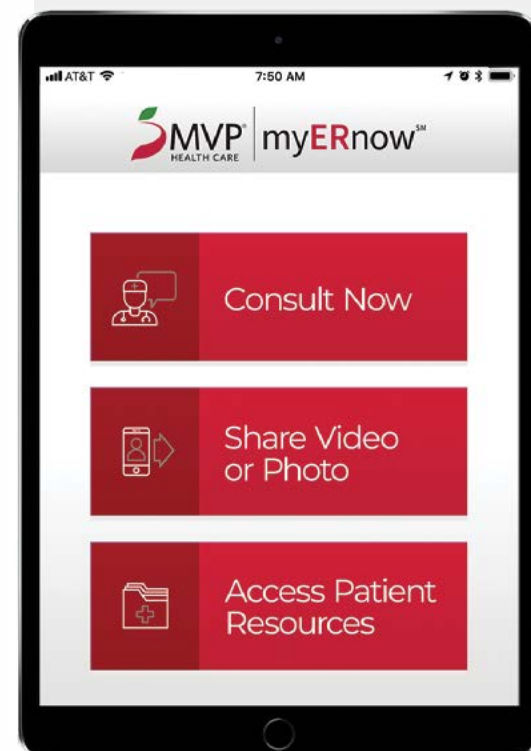
Free Virtual ER Telemedicine Services

Powered by United Concierge Medical (UCM), **myERnow** is a virtual emergency room telemedicine service that allows MVP Members in New York and Vermont to connect with trained emergency medicine providers, 24/7, from the comfort of their home to assess a patient's acute medical problem including determining the need for COVID-19 testing. If testing is appropriate and available, UCM will coordinate with local health departments and health care providers and prescribe testing at an appropriate facility.

Connect—24 hours a day / 7 days a week

1. Call 1-833-myERnow (1-833-693-7669) (TTY: 711)
2. Virtual Doctor Visit Download the MVP **myERnow** app today

UCM is integrated with regional health information organizations (RHIO), which allows them to share information with the Members' primary care physician (PCP). UCM is dedicated to triaging patients via telemedicine, then helping to direct Members to the right site of service. Their aim is to partner with MVP's participating providers to provide the right care for our Members, in the right place, and at the right time.



MVP'S NEW ONLINE PROVIDER SEARCH TOOL

It's easier to find you!

Referring MVP Members to MVP Network providers, facilities, or hospitals just got a lot easier with MVP's new and improved Find a Doctor online search tool. The new tool, which launched earlier this month, features an improved user interface...so Members can search the way they want to—by keyword, practice, provider name, or specialty all in one easy-to-use tool.

Other highlights include:

- Ability for Participating Providers to search by Member ID to find other Participating Provider in the Network.
- Filter and compare providers based on preferred attributes, like distance, accepting new patients, language spoken, and more.
- Generate a PDF displaying a selection of providers.

Comprehensive Search Capabilities

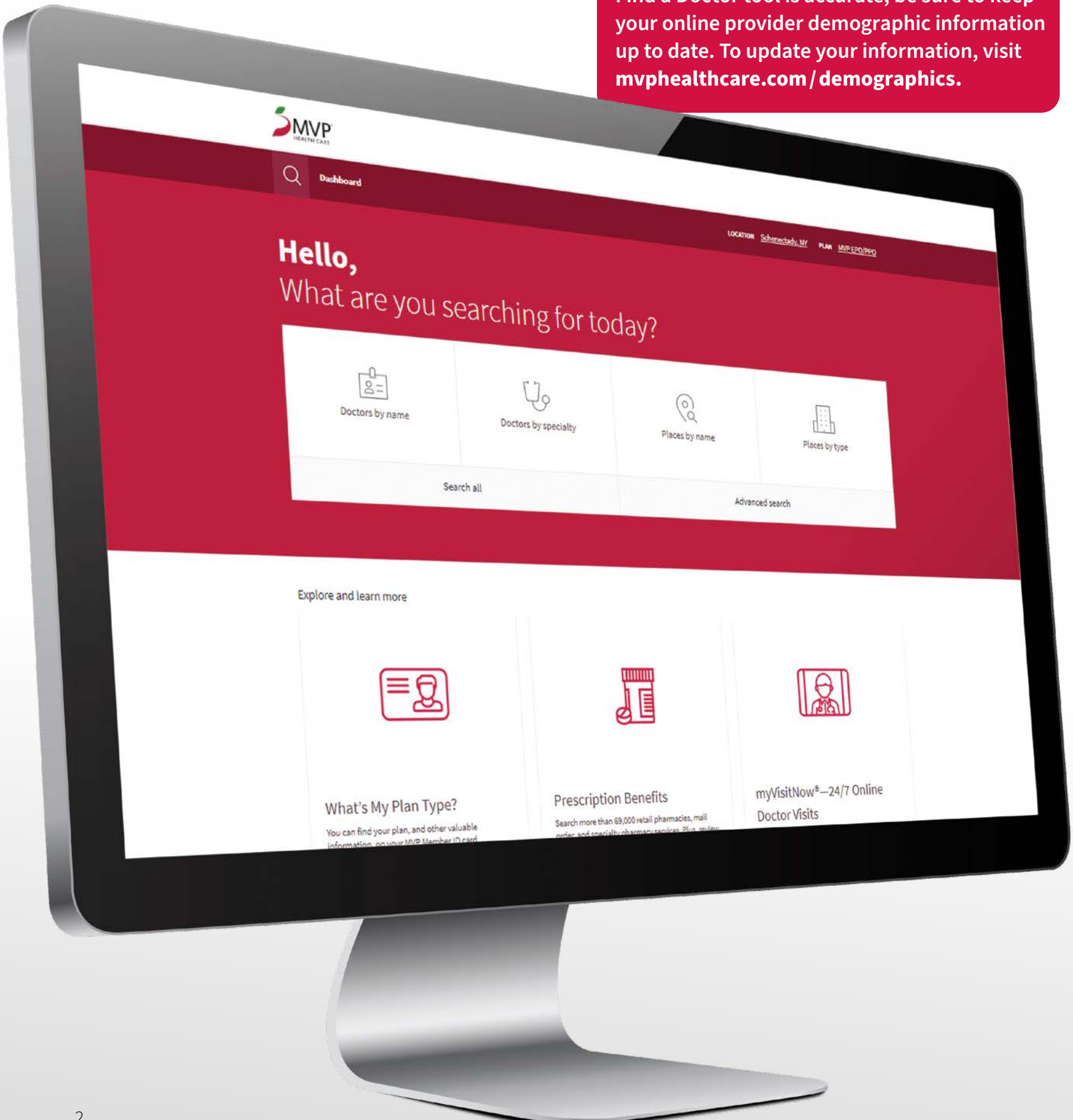
The clean, new online provider tool offers comprehensive search capabilities based on a Member's preferred attributes. These may include name, location, specialty or cost of service.

To access the new online search tool, and review provider demographic information:

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

If the information in the new Online Provider Search tool is inaccurate, you'll need to update your Online Provider Demographics.

To ensure your information listed on the new Find a Doctor tool is accurate, be sure to keep your online provider demographic information up to date. To update your information, visit mvphealthcare.com/demographics.



Utilization Management

On April 9, 2020 MVP sent a FastFax to providers with Utilization Management updates related to COVID-19, which are effective from March 20 through June 18, 2020. Below is a summary of those updates. Visit mvphealthcare.com/FastFax to view additional details.

Prior Authorizations

MVP has suspended prior authorization requirements for all lines of business for:

- Inpatient surgery and inpatient admissions to any hospital
- Post-acute care services after discharge from any inpatient stay (including prior authorization requirements administered by naviHealth)
- All Radiation Therapy and High-Tech Radiology (MRI's, MRA's, CT's, Nuclear Cardiology and PET Scans) managed by eviCore
- All musculoskeletal codes managed by Magellan/NIA

MVP will continue to perform prior authorization review for all other services for commercial fully insured, self-funded plans, and Medicaid Members, including:

- Outpatient elective procedures, in-office procedures, durable medical equipment, and physician administered drugs
- Use of out-of-network and out-of-state providers for provider office, ambulatory surgical, and outpatient facility

MVP will continue to perform prior authorization review for all other in-network services for Medicare Advantage Members, including:

- Outpatient elective procedures, in-office procedures, durable medical equipment, and physician administered drugs

Acute Care Facility, Skilled Nursing, and IP Rehabilitation Facilities

MVP has suspended:

- Admission and concurrent review requirements for acute care facility admissions
- Performing retrospective review upon receipt of a claim for an Acute Inpatient admission not previously notified

After June 18, 2020, MVP reserves the right to retrospectively review all admissions that occurred during this 90-day timeframe regardless of notification to MVP. MVP reserves the right to retrospectively audit any inpatient claim approvals made from March 20–June 18, 2020.

Post-Acute Care Services

MVP has suspended prior authorization for transfers to Skilled Nursing and Rehabilitation Facilities. It is encouraged that Skilled Nursing and Acute Inpatient Rehabilitation Facilities continue to notify MVP (for Medicare Advantage Members continue to notify naviHealth) within 48 hours of admission.

In addition, MVP has suspended the prior authorization for home care services for Medicare Advantage Members.

For details regarding Skilled Nursing and Rehabilitation Facilities, and home care services, visit mvphealthcare.com/FastFax.

Admission Requirements for Behavioral Health

MVP has modified the admission requirements for inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential through June 18, 2020.

Providers should notify MVP within two business days of the admission to the above levels of care. Concurrent reviews are suspended for all services mentioned above. MVP will continue to assist in coordinating care and discharge planning throughout the Member's stay and is offering assistance to remove any barriers related to post discharge care.

When the Member is discharged (including leaving AMA), the provider should notify MVP of the discharge date along with the discharge plan within 24 hours of discharge.

Unapproved, Unproven Treatments and Tests

There are reports of companies selling unproven and illegally marketed products that make false claims, such as being effective against the coronavirus. The use of these unapproved, unproven, treatments could in themselves cause harm, and also may lead patients to delay or discontinue appropriate medical treatment which could lead to serious harm.

The FDA advises consumers to be cautious of websites and stores selling products that claim to prevent, treat, or cure COVID-19. There are no FDA-approved products to prevent COVID-19. Products marketed for veterinary use, or "for research use only," or otherwise "not for human consumption" have not been evaluated for safety and should never be used by humans.

The FDA has also seen unauthorized fraudulent test kits for COVID-19 being sold online. The FDA has not authorized any test that is available to purchase for at home testing of COVID-19.

Pharmacy Changes

MVP Members are now able to obtain an early refill on a 30-day supply of maintenance medications at an in-network pharmacy, regardless of whether the state the Member resides in has called a state of emergency. Medicaid Members who are quarantined or whose provider suggests self-quarantine may contact CVS to request a 90-day supply of maintenance medications during the COVID crisis. MVP Medicare Members may request a 90-day supply of medications at an in-network pharmacy. Members should speak with their pharmacist to enter the applicable emergency supply override code into their dispensing systems to trigger the early refill override.

Members with a mail-order benefit taking maintenance medications should be encouraged to take advantage of the ability to receive a 90-day supply of medication through the CVS Caremark Mail Order pharmacy and mailed directly to their home. Some retail pharmacies will also mail prescriptions to a home address; Members should be encouraged to please ask their pharmacist if this is an option.

Controlled substances and specialty medications will be exempt from this override process. Please reMember that most specialty medications may be obtained from the CVS Specialty Pharmacy, which mails prescriptions to a Member's home already.

Health Awareness

HEDIS Medical Records

Provider offices that support HEDIS 2020 reporting for 2019 dates of service. To help reduce potential COVID-19 exposure, many providers in our communities are understandably denying onsite visitor access, including nurses, to obtain medical records. MVP supports this approach and is offering providers alternative methods to submit medical records:

- To grant remote access to your electronic medical records (EMR), contact Debra Carr at 585-327-2267 or dcarr@mvphealthcare.com
- Fax records: 518-388-2476
- Email records: HEDISQuality@mvphealthcare.com

The MVP Rewarding Quality Incentive (RQI) Pay for Performance payments will be made to providers in 2020 for 2019 dates of service results as previously announced.

Well-Child Care Immunizations

Guidance During the COVID-19 Pandemic

As of March 18, 2020, the American Academy of Pediatrics (AAP) provided the following guidance for primary care pediatric offices regarding Well-Child Care (WCC) visits and immunizations during the COVID-19 pandemic:

- Immunizations for infants and younger children is top priority within the context of WCC visits .
- Pediatric offices should consider modifications to the structure of the clinic schedule and physical space in order to mitigate the community spread of COVID-19.

While dependent on patient population and practice environment, the AAP recommends several adjustment options for clinical operations:

- Pediatricians may choose to only conduct well visits for newborns, and for infants and younger children who require immunizations and to reschedule well visits for those in middle childhood and adolescence to a later date.
- Pediatricians may choose to limit well visits to early morning while reserving the remainder of the day for sick visits.
- Pediatricians are encouraged to dedicate specific rooms for sick visits and well visits; or for those with multiple practice sites to consider using one office location to see all well visits (staffed by those in higher risk categories).
- Pediatricians may choose to increase their capacity to deliver telemedicine.
- If available, pediatricians are encouraged to utilize “drive through” dedicated COVID-19 testing sites.

AAP guidance is based on the current data available and is subject to change as new data is released regarding both the SARS-CoV-2 virus and the COVID-19 disease. To stay up to date on AAP clinical guidance during the COVID-19 pandemic, visit aap.org.

CMS Adult Elective Surgery and Procedures Recommendations

As of March 15, 2020, CMS recommends that all non-essential adult surgeries and procedures are limited during the COVID-19 pandemic, and all non-essential dental exams and procedures be postponed until further notice.

These recommendations aim to not only reduce exposure of patients and staff to COVID-19, but also to conserve critical resources such as ventilators, hospital and ICU beds, and personal protective equipment (PPE); resources essential to combatting COVID-19.

CMS has provided a tiered framework for health care providers to determine if a medical surgery or procedure should be cancelled / postponed.

Tier	Action	Definition	Locations	Examples
1a	Postpone surgery/procedure	Low acuity surgery/healthy patient <ul style="list-style-type: none"> • Outpatient surgery • Not a life-threatening illness 	HOPD* ASC** Hospital with low/no COVID-19 census	<ul style="list-style-type: none"> • Carpal tunnel release • EGD • Colonoscopy • Cataracts
1b	Postpone surgery/procedure	Low acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	<ul style="list-style-type: none"> • Endoscopies
2a	Consider postponing surgery/procedure	Intermediate acuity surgery/healthy patient Not a life-threatening but potential for future morbidity and mortality Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	<ul style="list-style-type: none"> • Low risk cancer • Non-urgent spine & ortho, including hip, knee replacement, and elective spine surgery • Stable ureteral colic • Elective angioplasty
2b	Postpone surgery/procedure if possible	Intermediate acuity surgery/unhealthy patient	HOPD ASC Hospital with low/no COVID-19 census	
3a	Do not postpone	Intermediate acuity surgery/healthy patient	Hospital	<ul style="list-style-type: none"> • Most cancers • Neurosurgery • Highly symptomatic patients
3b	Do not postpone	High acuity surgery/healthy patient	Hospital	<ul style="list-style-type: none"> • Transplants • Trauma • Cardiac w/symptoms • Limb threatening surgery

Health care providers must analyze the risk and benefit for any planned medical surgeries and procedures. During the COVID-19 pandemic especially, not only will the clinical situation need to be evaluated but also the supply of critical resources available to the facility or the region it resides.

CMS recommends that health care providers consider the following when determining if a planned surgery or medical procedure should proceed:

1. How many current or projected COVID-19 cases in the facility and region?
2. What is the availability for critical resources? (PPE, staffing, hospital and ICU beds, ventilators)
3. What is the health and age of the patient?
4. Is this an urgent procedure?

*Hospital Outpatient Department ** Ambulatory Surgery Center

Emergency Department Visits

MVP Members are often told to follow up with their Primary Care Provider (PCP) or Behavioral Health (BH) provider after an Emergency Department (ED) visit, but it's extremely important that people who visit the ED for a Mental Health or Substance Use Disorder concern have a follow-up appointment. Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function, and increased compliance with follow-up instructions. Timely follow-up care for individuals who were seen in the ED for concerns related to alcohol and other drugs (AOD) is associated with a reduction in substance use, future ED use, hospital admissions, and bed days.

NCQA has two HEDIS measures related to ED follow-up care:

Follow-Up After ED Visit for Mental Illness (FUM), which assesses ED visits for adults and children six years of age and older with a diagnosis of mental illness and who received a follow-up visit for mental illness within seven days of the ED visit, and within 30 days of the ED visit.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), which assesses ED visits for Members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit within seven days of the ED visit, and within 30 days of the ED visit.

A Health Home (HH) Care Manager can assist providers by helping connect Members to their medical appointments, follow-up visits, and lab work, as well as helping Members access other care needs including BH Home and Community Based

Services (HCBS) and social services. BH HCBS are recovery and wellness services for people with mental health and/or substance use disorders. People can get these services right in their homes or communities. BH HCBS provide support services to help individuals improve their health, well-being, and quality of life. BH HCBS are available for people age 21 and older who are enrolled in a Medicaid Managed Care Health and Recovery Plan (HARP) and who are found eligible following the NYS Eligibility Assessment (NYS EA). To refer a Member to a HH, or if you have any questions about the HH program or HCBS, please email healthhome@mvphealthcare.com. MVP Members may also use **myVisitNow**® for face-to-face video visits with board-certified psychiatrists and qualified mental health professionals from the comfort of their own home, or anywhere. Members can Sign Up or Log In at myvisitnow.com.

Provider Registration Process

Effective April 1, 2020, the utilization of the Council for Affordable Quality Healthcare, Inc. (CAQH) for provider and mid-level registrations is mandatory; the *MVP Provider and Mid-Level Registration* forms will no longer be accepted. In addition, providers are required to follow all MVP applicable policies related to registration, which can be found in the Provider Responsibilities section of the MVP Provider Resource Manual (PRM). The PRM can be found at mvphealthcare.com/PRM.

PROFESSIONAL RELATIONS PROFILE

Say Hello to Autumn Cross

In her words:

After college, I was nervously filling out nursing school applications and found myself questioning my career choice. I was living in Virginia Beach, where I applied to the local hospital to enter patient registrations, and I was able to experience ER nursing. I decided to change course and move back home to Syracuse to be closer to my ailing grandfather. I found a position with a local TPA doing call center work and eventually transitioned to a licensed claim adjuster with NYS. It was

here that I learned the ins-and-outs of insurance and the Affordable Healthcare Act, more specifically Article 44 claims processing.

Fast-forward, and I've been with MVP for four years, and each day is a little bit different. I truly enjoy doing my job, which involves researching claims, reviewing provider documentation, taking calls, dealing with escalations, and overall problem solving. The constant pivoting within my position keeps me engaged and on my toes! I'm very



motivated by those I work with directly, and I've never felt more empowered, confident, and accepted than I am with MVP. I truly enjoy coming into work every day and have great interaction with my management, coworkers, and contacts every single day!

Pharmacy Policy Updates

EFFECTIVE NOVEMBER 1, 2019

New Policy

- Biosimilar, Select Medical—contains biosimilar medications that are subject to retrospective review under the medical benefit

EFFECTIVE DECEMBER 1, 2019

Spinal Muscular Atrophy (SMA)

- Deleted the Zolgensma exclusion “prior use with Spinraza therapy”

Xolair (omalizumab)

- Deleted the Zolgensma exclusion Updated “daily use of short acting beta2 agonist” to “Increasing use of short acting beta2 agonist or use >2 days/week for symptom relief”
- Deleted documentation requirement for “reversible airway disease”

EFFECTIVE JANUARY 1, 2020

Crohn’s Disease, Select Agents

- Deleted Entyvio from policy. Criteria for Entyvio review remains the same under “all other excluded systemic oral/injectable medications for the treatment of Crohn’s disease will require medical exception approval”

Excluded Drug List

- Archived list due to closing formularies

Infertility Drug Therapy (Commercial/Marketplace)

- Updated policy to include coverage criteria per NYS mandate
- Mandate indicates coverage for in vitro fertilization and fertility preservation for Member’s with certain plan benefits
- Deleted weight loss or gain program from criteria

Quantity Limits (Medicaid)

- Updated Lidocaine 4% OTC patch quantity to 30 patches per 30 days

Xiidra (Medicaid and HARP)

- Archived policy—Xiidra is a preferred formulary alternative

EFFECTIVE FEBRUARY 1, 2020

Atopic Dermatitis

- Removed eczema area and severity index (EASI) requirements

Calcitonin Gene-Related Peptide (CGRP) Antagonists

- Moved medication overuse headache to discussion
- Removed 3-month botulinum toxin requirement
- Reduced required prophylaxis trials from three different trials to two

Infliximab

- Move requirement for infectious disease screening to discussion
- Reduced two trials of NSAIDs to one trial
- Psoriatic arthritis requirement changed from NSAIDs and DMARDs to NSAIDs or DMARDs

Lyme Disease/IV Antibiotic Treatment

- Updated with current CDC testing guidelines

Mepron (atovaquone)

- Updated Pneumocystis pneumonia (PCP) treatment approval to “Approval will be for 21 days of treatment”

Transthyretin-Mediated Amyloidosis Therapy

- Added Vyndaqel and Vyndamax with policy criteria

No Changes

- Minocycline ER
- Doryx/Oracea
- Hepatitis C Treatment
- Antibiotic/Antiviral (oral) Prophylaxis
- Zinplava (bezlotoxumab)
- Government Programs Over the Counter (OTC) Drug Coverage
- Compounded (Extemporaneous) Medications
- Luxturna

EFFECTIVE APRIL 1, 2020

Cystic Fibrosis (Select Oral Agents)

- Added criteria for Trikafta
- Updated Symdeko age criteria to “must be six years of age or older”
- Updated Kalydeco age criteria to “must be six months of age or older”

Duchenne Muscular Dystrophy

- Added Vyondys 53 to policy

Hereditary Angioedema

- Added Takhzyro to policy

Male Hypogonadism

- Updated hematocrit documentation requirement to “baseline hematocrit below 48%” and annual hematocrit for reauthorization

- Updated PSA requirement to “baseline PSA level”

- Updated PSA documentation requirement to a repeat PSA level 3-12 months after therapy start then in accordance with prostate cancer guidelines for reauthorization

- Updated initial approval to six months

Quantity Limits for Prescription Drugs

- Added Gardasil with quantity limit (3 per lifetime) to Vaccines
- Updated fluocinonide solution 0.05%, fluocinolone acetonide solution 0.01%, and hydrocortisone butyrate solution 0.1% to 120 mL per 25 days

Select Oral Antipsychotics

- Removed Vraylar from policy

No Changes

- Growth Hormone Therapy
- Mail Order
- Metformin ER
- Phenylketonuria Agents
- Physician Prescriptions Eligibility
- Prescribers Treating Self or Family Members
- Transgender Hormone Policy (Commercial/Exchange)
- Transgender Hormone Policy (Medicaid/HARP)

FORMULARY UPDATES FOR COMMERCIAL, MARKETPLACE, AND MEDICAID

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

DRUG	INDICATION
Asparlas (medical)	Lymphoblastic Leukemia
Beovu (medical)	Neovascular (Wet) Age-Related Macular Degeneration (AMD)
Trikafta	Cystic Fibrosis
Drizalma Sprinkle	Major Depressive Disorder, Generalized Anxiety Disorder, Diabetic Peripheral Neuropathic Pain, Chronic Musculoskeletal Pain
Xembify (medical)	Primary Humoral Immunodeficiency (PI)
Ozobax	Spasticity Resulting from Multiple Sclerosis
Fasenra (Tier 2 Commercial/Exchange)	Asthma
Reblozyl	Anemia
Brukinsa	Mantle Cell Lymphoma (MCL)
Adakveo (medical)	Sickle Cell Disease
Givlaari	Acute Hepatic Porphyria (AHP)
Oxbryta	Sickle Cell Disease
Vyondys 53 (medical)	Duchenne Muscular Dystrophy (DMD)
Padcev (medical)	Urothelial Cancer
Ziextenzo	Febrile Neutropenia
Jatenzo	Testosterone Deficiency
Consensi	Hypertension with Osteoarthritis

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Gloperba	Kanjinti (medical)	Mvasi (medical)
Ogivri (medical)	Zykadia	Piqray
Jornay PM	Polivy (medical)	

NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Soolantra	ivermectin 1% cream	Tier 1	Tier 1	Tier 2
Apriso	mesalamine ER 0.375 mg	Tier 1	Tier 1	Tier 2
Carafate	sucralfate suspension	Tier 1	Tier 1	Tier 2
Nebupent	pentamidine nebulizer solution	Tier 1	Tier 1	Tier 2
Travatan Z	travoprost	Tier 1	Tier 1	Tier 2
Afinitor	everolimus	Tier 1	Tier 1	Tier 2
Nuvaring	etonogestrel-ethinyl estradiol	Tier 1	Tier 1	Tier 2
Jadenu	deferasirox	Tier 1	Tier 1	Tier 2

All other brands will be non-formulary, Tier 3

DRUGS EXCLUDED FROM THE FORMULARY

Aklief	Vumerity	Secuado	Amzeeq
Talicia	Insulin Lispro (Tier 2 Medicaid)		

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Behavioral Health Providers

Areas of Focus for the New Provider Search Tool

MVP needs to know your areas of focus so we can include this info in our provider search, refer MVP Members to the most appropriate provider, and help our PCPs make behavioral health referrals.

Please visit bit.ly/mvpbhsurvey (URL is case sensitive) to:

- Indicate your subspecialties or areas of focus
- Inform us of the best method of communication (email address or fax number) so we can update you about important notices and policy updates

Medical Policy Updates

BEHAVIORAL HEALTH POLICY UPDATES EFFECTIVE JANUARY 1, 2020

As part of the MVP integration of BH Care Management, the below policies were developed for the clinical management of these conditions.

- **Mental Health Services:** Updated to reflect MVP's coverage for inpatient mental health, partial hospitalization, intensive outpatient programs, and continuing day treatment programs.
- **Substance Use:** Updated to reflect MVP's coverage for alcohol and drug dependency and treatment for chemical dependency.
- **HCBS - Adult:** This new policy contains criteria for Medicaid beneficiaries with mental illness and/or substance use disorders who are enrolled in a Health and Recovery Plan (HARP) to receive services in their own home or community to help Members prevent, manage, and recover from serious mental illness and substance use disorders.
- **HCBS-Children:** This new policy outlines the criteria for children and youth to participate in developmentally and culturally appropriate services in the least restrictive environment possible for the treatment of their behavioral health diagnosis.
- **Children's Family Treatment and Support Services (CFTSS):** This new policy contains coverage criteria for management of children that are undergoing care for a BH diagnosis. It has indications for psychosocial rehabilitation, family peer support services, and youth peer support and training.
- **InterQual Criteria BH Policies:** Lists outpatient BH procedures that are reviewed utilizing Change Health Care InterQual criteria.
- **Personalized Recovery Oriented Services (PROS):** This new policy outlines the criteria for the use of PROS as a comprehensive recovery-oriented program for individuals with severe and persistent mental illness. The goals for program participants are to improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.
- **Treatment (ACT):** This new policy manages how ACT teams deliver comprehensive services to individuals with Serious Mental Illness (SMI) whose needs have not been met by traditional service delivery approaches. ACT is an evidence-based practice that incorporates treatment, rehabilitation, case management, and support services delivered by a mobile, multi-disciplinary mental health team.

EFFECTIVE FEBRUARY 1, 2020

- **Bariatric Surgery:** No changes were made to the policy.
- **Cell-Free Fetal DNA Based Prenatal Screening for Fetal Aneuploidy:** No changes were made to the policy.
- **Dental Care Services Accidental Injury to Sound Natural Teeth, Congenital Disease or Anomaly:**

No changes were made to the policy.

- **Dental Care Services Facility Services for Dental Care:** No changes were made to the policy.
- **Dental Care Services Medical Services for Complications of Dental Problems:** No changes were made to the policy.
- **Dental Care Services Prophylactic Dental Extractions:** No changes were made to the policy.
- **Endoscopy:** Radiofrequency (RF) ablation in Members with Barrett's esophagus is covered for Members with low-grade dysplasia. Indications for coverage of the use of RF ablation to treat Barrett's esophagus with high-grade dysplasia only after endoscopic mucosal resection of the intramucosal carcinoma or visible lesions.
- **Genetic and Molecular Diagnostic Testing:** It was clarified that prenatal screening for couples undergoing fertility treatments are only covered when Members are "at risk" with a chromosomal abnormality or an inherited condition. Prenatal screening for couples undergoing fertility treatments are not covered for routine testing. The PancreGEN test, which has been proposed to predict whether a cyst will become malignant or remain benign and guide treatment strategy, has been added to the Exclusions section of the policy as investigational.
- **Insulin Infusion Pumps:** Criteria was modified to take into consideration the use of continuous glucose monitors (CGMs) to monitor glucose levels. Documentation that a Member has seen a health care provider managing the 's diabetes and that provider recommends continued use of an insulin pump is required prior to the approval of a replacement insulin pump.
- **Investigational Procedures:** Computerized Dynamic Posturography (CDP) for the evaluation and treatment of balance disorders is considered investigational and not medically necessary due to insufficient evidence of efficacy. In-office Diagnostic Arthroscopy is considered investigational due to a lack of evidence in the peer-reviewed medical literature that it improves health outcomes as opposed to the current standard treatments. Electroretinography (ERG) for the diagnosis, evaluation, or treatment of glaucoma is considered experimental and investigational as the available published clinical evidence does not support clinical value. RF Spectroscopy for the real-time differentiation between normal and cancerous cells during lumpectomy procedures for ductal carcinoma and invasive breast cancers is considered
- **Skin Endpoint Titration:** No changes were made to the policy.
- **Tissue Engineered Skin Substitutes:** This new policy outlines MVP's current coverage position for artificial skin substitutes. Nerve grafting is considered experimental and investigational due to insufficient evidence to support its safety and efficacy.

Miscellaneous Updates

MEDICAID FORMULARY CHANGES JANUARY 1, 2020

Drugs Added to the Formulary

- Alogliptin-Tier 1
- Armour Thyroid-Tier 2
- Clonidine ER-Tier 1

Accountable Care Act: Preventive Drug List/Member Flyer 2020 Update

- Added preexposure prophylaxis drugs for the preventive of HIV (PrEP)

Resource Focus

myVisitNow® Educational Pads

With **myVisitNow**, MVP Members can have face-to-face video visits with board-certified psychiatrists and qualified mental health professionals from the comfort of their home, or anywhere. This piece educates them of this option. Get your pads by contacting your MVP PR rep.

MVP HEALTH CARE | myVisitNow®

Psychiatry and Behavioral Health Visits on **Your** Schedule

When you need to speak with a psychiatrist or qualified mental health professional, don't let time or location be the reason you don't get the help you need. With **myVisitNow** from MVP Health Care®, you can have face-to-face video visits with board-certified psychiatrists and qualified mental health professionals anywhere.

MVP HEALTH CARE | myVisitNow®

What do myVisitNow psychiatry and behavioral health services offer you?

Convenience. Have your visit at home, on-the-go, or anywhere from your smartphone, tablet, or computer with a webcam.

Confidentiality. Visits are HIPAA-compliant, allowing you to meet safely and securely.

Availability. Self-schedule appointments seven days a week, 8 am–11 pm. You may even see a psychiatrist or qualified mental health professional that very same day.

What's the difference between the two services, and who should you visit?

Psychiatrists are medical doctors that can evaluate mental health concerns, determine a need for ongoing therapy or counseling, and make recommendations or prescribe medications, as appropriate (except for controlled substances).

Qualified mental health professionals are here to listen, offer coaching, and help direct you to the care you need. They promote well-being by preventing or intervening in mental health conditions, such as depression or anxiety.

While the best form of treatment may be a combination of medication management and talk therapy, both psychiatrists and qualified mental health professionals are able to evaluate and determine what services best suit your needs.

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MSG&DATA rates may apply.

Health Insurance Portability and Accountability Act of 1996) is...
...data privacy and security provisions

Mediation Law for Terminations

Several new laws were recently signed in NYS that expand existing state laws on surprise medical bills, while also addressing mediation in contractual negotiations between a health plan and a hospital. Specifically, at least 60 days before the termination of a contract between a health plan and a hospital, the parties will be required to utilize a mutually agreed-upon mediator to assist in resolving any outstanding contractual issues. Per NYS law, the

results of the mediation will not be binding on the parties. MVP will comply with these expanded statutes and, as applicable, recommend competent and neutral mediators, but as always, MVP intends to foster and cultivate positive relationships with participating hospitals to directly resolve contractual issues. Any questions or concerns can be directed to the regional Network Management leadership at MVP.

MVP Code of Ethics and Business Conduct Summary

MVP provides this 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 Network Providers (Participating Provider), 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.

Protecting Confidential and Proprietary Information

It is always of paramount importance that MVP's Member and proprietary information is 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 CMS, the Department of Health and Human Services (HHS), the Office of Inspector General (OIG), the General Services Administration (GSA), the NYS Office of Medicaid Inspector General (OMIG), the Social Security Administration Death Master File (SSADM), 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

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, select Providers, then Resources, then Learn about MVP Policies. 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.

Healthy Practices

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

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MVP IN THE COMMUNITY Regional Food Bank

The Regional Food Bank has been helping to feed the poor and hungry in our communities since 1982. The Food Bank collects large donations of food from the food industry and distributes it to charitable agencies serving hungry and disadvantaged people in 23 counties. MVP volunteers helped sort and organize donated non-perishable food to be repackaged into useable, family-sized packages.

