

# Healthy Practices



A quarterly publication for MVP Health Care® providers.

## COVID-19 & Mental Health

### How MVP is Responding

COVID-19 has caused many changes within health care—telemedicine usage has increased, preventive care is delayed, vaccination rates have declined, and since many people are now delaying or avoiding care, it has forced us to find alternative methods to provide standard care. It has also increased demand for behavioral health care. MVP Health Care® (MVP) is dedicated to ensuring every Member who wants and needs access to behavioral health care receives it.

On June 15, 2020, MVP announced that in response to Governor Cuomo's declaration that behavioral health services must be covered in full for all front-line workers, cost share will be waived for all in-person, in-network behavioral health services for all commercial MVP Members in New York State. (Members in a high deductible health plan must first meet their deductible. Self-funded plan Members should consult with their employer to determine if cost-share is waived.) This includes all services related to mental health and substance use disorders. Keep reading to learn more ways MVP is making behavioral health care more accessible to our members.

### Member Outreach Call Campaign

Stress and anxiety are normal responses when faced with uncertainty or the unknown. It is completely understandable that people experience fear in the context of the COVID-19 pandemic. Faced with unemployment, home-schooling children, and lack of physical contact with family members and friends, it is important to recognize psychological changes. At the same time, people battling mental health disorders have become more stressed and anxious, and more people are turning to substance use.

To make sure all our Members have the support they need, one of our first initiatives was to reach out to our most high-risk Members, including all HARP and Medicare Members, and Members in all plans with multiple chronic conditions, those utilizing HCBS or adult day health services, Members with a claim for private duty nursing, and Members who tests positive for COVID-19, amongst others. Our team has called more than 75,000 Members to ask how they are feeling and discuss preventive measures; medications, medical support, equipment, and supplies; and their well-being related to food, family support, activity, and transportation. When needed, we then connected Members to resources, either within MVP or their community.

### MVP's Behavioral Health Network

In 2019 MVP diligently worked to build our own behavioral health network of Participating Providers. This has enabled us to make decisions related to utilization management (UM), case management (CM), and waiving cost-share for all telemedicine visits, that we believe are in the best interest of our Members. Now more than ever, it is essential that all health care—medical and behavioral—is integrated and viewed as equal components of overall well-being.

MVP is dedicated to ensuring every Member who wants and needs access to behavioral health care receives it.

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### Let's Deliver

health insurance  
built around



### We welcome your comments.

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[mvphealthcare.com/providers](https://mvphealthcare.com/providers)  
[MVPPR@mvphealthcare.com](mailto:MVPPR@mvphealthcare.com)

### Customer Care Center for Providers

1-800-684-9286





# COVID-19 & Mental Health (continued)

## MVP's New Find a Doctor Online Search Tool

Referring Members to MVP behavioral health Participating Providers is now easier with MVP's new Find a Doctor online search tool. The new tool, which launched in April, 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. Additionally, you now can search by Member ID to find a behavioral health Participating Provider. If you are not familiar with the new tool, visit [mvphealthcare.com/searchproviders](http://mvphealthcare.com/searchproviders).

## Telemedicine Services

MVP is covering all telemedicine services at no cost-share to the Member during the declared State of Emergency. (Self-funded members should consult directly with their employer to see if their employer is waiving cost-share for Telemedicine or Telemental health visits.)

On January 1, 2020, prior to COVID-19 placing increased attention and demand on telemedicine, MVP expanded its coverage of telemedicine, virtual check-ins, and non-face-to-face inter-professional consultations. The updated telehealth payment policy may be found at [mvphealthcare.com/PRM](http://mvphealthcare.com/PRM).

We also recently expanded our own platforms to help Members get access when and where they need it. In addition to myVisitNow® (which offers psychiatry and behavioral health services), MVP recently added myERnow<sup>SM</sup> to give Members access to virtual emergency medicine services from the comfort of their home.

We're also committed to helping Members get preventive care via telemedicine when appropriate. See the Quality Corner section to read more about Adult Wellness Visits and Colorectal Cancer Screenings via telemedicine. MVP will continue to monitor HEDIS recommendations and announcements and will inform providers as soon as possible regarding which preventive services may be performed via telemedicine.

## Prior Authorization Requirements

MVP modified admission requirements for inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential for 90 days. To learn more about these and other important COVID-19 updates, visit [mvphealthcare.com/Providers/COVID19](http://mvphealthcare.com/Providers/COVID19).



## Adult Wellness Visits Using Telemedicine

Due to COVID-19, CMS rapidly expanded access to telemedicine services. Telemedicine helps protect patients and providers from the spread of the virus, reduces use of personal protective equipment, and helps create a touchpoint to maintain the patient-provider relationship and trust.

Performing Annual Wellness Visits (AWV) via telemedicine allows care teams to proactively engage Members, help them avoid risky health behaviors, and identify and meet care needs before the patient requires an in-person health care setting, such as urgent care or the emergency department. The AWV also creates an opportunity for your care team to identify Members who would benefit from chronic care management, which is especially important during periods of shelter in place orders.

Telemedicine requires real-time audio and video, where Members and their care team can see and hear each other. The AWV can be provided by clinical staff under direct supervision. There are two methods of providing direct supervision during a Telemedicine AWV:

1. The Provider and Clinical Staff may be in the same physical location (such as an office suite).
2. The Provider may be immediately available during the telemedicine encounter. This means the Provider must be able to immediately join the audio and video telemedicine visit.

As with all telemedicine services, the patient's consent for an audio/video visit should be documented.

### Allowable AWW Telemedicine Visits:

- G0438—Initial Annual Wellness Visit
- G0439—Subsequent Annual Wellness Visit

### Non-Allowable AWW Telemedicine Visit:

- G0402—Initial Preventive Physical Exam (IPPE)

On April 30, 2020, CMS expanded regulations to allow certain telemedicine services to be provided as audio-only visits. The Initial and Subsequent AWV are an allowable audio-only service during the COVID-19 public health emergency. Additional services performed with the AWV may also be allowable. For additional guidance on allowable telemedicine and audio-only visits go to [CMS.gov](http://CMS.gov) and select *Medicare*, then under *General Information* select *Telehealth*, then *List of Telehealth Services*.

For more information to help you integrate telemedicine services, get up to speed on recent COVID-19 related policies, and learn what Members will need to use telemedicine visit [telehealth.hhs.gov](http://telehealth.hhs.gov).



## Behavioral Health Providers

### Areas of Focus Needed 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](http://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



# Quality Corner

## August is National Immunization Month

During these uncertain times, many parents may question the need for immunizations, especially if they continue distance learning come this fall. Regardless of whether the traditional school environment continues or not, it is important to encourage your patients/families to stay on track with vaccinations.

The CDC recently reported that non-influenza ordered vaccines are down 3 million doses per week as of mid-April 2020\*, and a 73% decrease in HPV vaccinations delivered by independent physicians, comparing early April to mid-February 2020\*\*.

Providers are in a good position to encourage and educate on the need for ongoing preventive care, including immunizations. The CDC uses two data sources to assess the impact of the pandemic on pediatric vaccination in the United States: Vaccines for Children Program (VFC) provider order data and the data on vaccine administration from the CDC's Vaccine Tracking System and Vaccine Safety Datalink (VSD). It is not surprising that provider orders and dose administration has fallen since the pandemic and the stay-at-home orders were issued, thus leaving children at risk for vaccine-preventable diseases.

As states develop plans for reopening, providers are encouraged to work with families to keep or bring children up to date with their immunizations.

Providers should identify children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments, starting with newborns, infants up to 24 months, young children, and extending through adolescence. State-based immunization

information systems and electronic health records may be able to support this work.

Consider other methods to deliver vaccinations:

- Home visits
- Mobile units
- Drive through vaccinations or parking lot clinics
- Staggered well-child visitation hours and/or locations

Develop an office champion who can ensure all immunizations are reported through NYSIIS as well as communicating with parents on the importance of having their children immunized. Lastly, use every touch point to assess the patient's preventive needs, including immunizations.

**Children 2 years of age need to receive the following:**

- One—MMR (Measles, Mumps, Rubella)
- One—Hep A (Hepatitis A)
- One—VZV (Varicella)
- Two—Influenza (Flu) vaccines
- Two or Three—RV (Rotavirus)
- Three—Hep B (Hepatitis B)
- Three—IPV (Polio)
- Three—HiB (Haemophilus Influenza Type B)
- Four—DTaP (Diphtheria, Tetanus, Acellular Pertussis)
- Four—PCV (Pneumococcal)

**Adolescents 13 years of age should receive:**

- One—Meningococcal Conjugate vaccine
- One—Tetanus, Diphtheria Toxoids, and Acellular Pertussis (Tdap) vaccine
- Three—Human Papillomavirus (HPV) OR
- Two—HPV at least 146 days between first and second dose

\* Source: The Centers for Disease Control & Prevention

\*\* Source: The New York Times



## Fall Prevention

The CDC Injury Center created the STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Initiative for providers who treat older adults who are at risk of falling, or who may have fallen in the past.

Falls are serious and costly; each year millions of older people (65 and older) fall. In fact, it is reported that one out of four older people fall each year, but less than half tell their doctor. The CDC reported the fall death rates in the U.S. have increased by 30% from 2007 to 2016 for older adults and if this rate continues to rise, we can anticipate seven fall deaths every hour by 2030.

The STEADI Initiative is an evidence-based older adult fall prevention strategy that offers a coordinated approach to

implementing the American and British Geriatrics Societies' Clinical Practice Guideline for fall prevention.

This consists of three core elements:

- **Screen** patients for fall risk
- **Assess** modifiable risk factors
- **Intervene** to reduce risk by using effective clinical and community strategies

The CDC recently refreshed the provider tools and resources, many of which can be integrated into your electronic health record (EHR) system. Visit [cdc.gov/steadi](https://www.cdc.gov/steadi) to learn more.

MVP offers Living Well Programs for our Members and provides educational resources through our website and newsletters. Together, we can improve our Member, your patient's, health and well-being.

## Colorectal Cancer Screening During COVID-19 Pandemic

Colorectal cancer is the second leading cancer killer of adults in the United States, but it doesn't have to be. According to the CDC, if men and women age 50 years or older had regular screening tests, at least 60% of deaths from colon cancer could be avoided. As we continue to follow CDC guidelines to reduce the spread of COVID-19, it's important to stay connected with your patients and make sure

they are up to date on preventive screenings. For patients age 50 or older at average risk for colorectal cancer, and have not had a colorectal cancer screening in the past, at-home colorectal cancer screening such as FIT-DNA test kits may be an appropriate screening option while we continue to practice social distancing and minimize in-person doctor visits.

## Personal Care Services Program

MVP encourages you to be knowledgeable about the appropriate clinical indications for Personal Care Services (PCS). PCS are a range of human assistance services intended to provide patients with disabilities and chronic conditions assistance with activities of daily living, such as:

- Personal hygiene
- Dressing
- Feeding
- Environmental support

Increased scrutiny around PCS prescribing can help ensure that the appropriate patients have access to this necessary assistance and support, while reducing the risk of overutilization. The services provided must be essential to the maintenance of the patient's health and safety in their own home. The patient must have a stable medical condition which is not expected to exhibit sudden deterioration or improvement,

and one that does not require frequent medical or nursing judgment to determine changes in the member's plan of care.

MVP has developed an easy to use Weekly Personal Care Services Time-Tasking Tool to track the hours and minutes required to offer the appropriate level of services for members who are candidates to receive PCS.

To access this new tool, go to [mvphealthcare.com/PCStool](https://mvphealthcare.com/PCStool).

For additional information on the Personal Care Services, visit [health.ny.gov](https://health.ny.gov) and search for Personal Care Services Program.

To view MVP's recently updated PCS policy, login at [mvphealthcare.com](https://mvphealthcare.com) and review the *Benefits Interpretation Manual*.

## Medical Policy Updates

### EFFECTIVE APRIL 1, 2020

- **Chiropractic Care:** A statement was added to the policy clarifying that chiropractors may not order or provide durable medical equipment (DME). These orders must come from a physician.
- **Cochlear Implants and Osseointegrated Devices:** Coverage criteria was added to both the Commercial and Medicare plans for bone anchored hearing aids that are not implanted (L8692). They are considered hearing aids rather than prosthetic devices. They are covered up to what is allowed in the Members hearing aid benefit or what is available through the Members network of Participating Providers for hearing aids.
- **Epidermal Nerve Fiber Density Testing:** No Changes were made to the policy.
- **Medical Policy Development, Implementation, and Review Process:** Language addressing Behavioral Health policy development was added to this policy as of 01/01/2020. No changes were made to the policy.
- **Radiofrequency Neuroablation Procedures for Chronic Pain:** Cooled Radiofrequency Neuroablation for sacroiliac joint pain has been added to the exclusions section of the policy as investigational.
- **Speech Generating Devices:** Language regarding criteria for approval of accessories was added to the policy. Accessories are covered with documentation from a Licensed Medical Professional providing the medical necessity of the accessory. The Medicaid variation was updated in accordance with NYS Medicaid criteria.

### EFFECTIVE JUNE 1, 2020

- **Acute Inpatient Rehabilitation:** No changes were made to the policy criteria or indications.
- **Air Medical Transport:** No changes were made to the policy criteria or indications.
- **Artificial Intervertebral Discs—Cervical and Lumbar:** No changes were made to the policy criteria or indications.
- **Autism Spectrum Disorders New York:** No changes were made to the policy criteria or indications. Clarification was added that Applied Behavioral Analysis is not covered for Medicare or Medicaid, except for Child Health Plus.
- **Benign Skin Lesions:** This policy has been archived and its contents are now included in the Laser Treatment of Port Wine Stains, Hemangiomas, and Warts medical policy.
- **Biofeedback Therapy:** Exclusions for biofeedback for children under 18 years of age have been removed. Biofeedback for the treatment of constipation or anal spasm in children continues to be considered investigational.
- **Bone Growth Stimulator:** It was clarified that podiatrists may prescribe and interpret the radiographic reports from these devices.
- **Cardiac Output Monitoring by Thoracic Electrical Bioimpedance:** Cardiac output monitoring by thoracic electrical bioimpedance is covered for Medicare and Medicaid plans only.
- **Custodial Care for MVP Medicaid Managed Care Members:** No changes were made to the policy criteria or indications.
- **Electromyography and Nerve Conduction Studies:** No changes were made to the policy criteria or indications.
- **Endovascular Repair of Aortic Aneurysm:** Criteria for mycotic aneurysms has been removed as they are excluded from coverage as outlined in the exclusions section of the policy.
- **Erectile Dysfunction:** No changes were made to the policy criteria or indications.
- **Experimental or Investigational Procedures, Behavioral Health Services, Drugs and Treatments, Off-Label Use of FDA-Approved Drugs, and Clinical Trials:** No changes were made to the policy criteria or indications.
- **External Breast Prosthesis:** Additional features of custom fabricated nipple prostheses are excluded from coverage.
- **Extracorporeal Shockwave Therapy for Musculoskeletal Indications:** No changes were made to the policy criteria or indications.
- **Fluorescence in Situ Hybridization (FISH) Testing for Bladder Cancer:** No changes were made to the policy criteria or indications. Language was included which clarifies that FISH testing is not covered for bladder cancer screening.
- **Gender Dysphoria Treatment (Commercial and Medicare):** The title of the policy was changed from “Gender Reassignment.” Language was updated throughout the policy.
- **Gender Dysphoria Treatment (Medicaid and HARP):** The title of the policy was changed from “Gender Reassignment.” Language was updated throughout the policy. The policy was also updated in accordance with the New York State mandate that surgical revisions to previously performed gender confirmation surgery be covered without medical necessity review.
- **Hip Surgery (Arthroscopic) for Femoroacetabular Impingement (FAI), Acetabular Labral Tears, and Snapping Hip Syndrome:** This policy has been archived. The exclusion for Snapping Hip Syndrome has been moved to the Investigational Procedures policy.
- **Hospice Care:** No changes were made to the policy criteria or indications.
- **Inhaled Nitric Oxide (INOMax):** No changes were made to the policy criteria or indications.
- **Investigational Procedures, Devices, Medical Treatments, and Tests:** Total ankle replacement has been added to the policy. Hip surgery for snapping hip syndrome (iliopsoas tendon release) has been added to the policy. Drug eluting devices used following ocular surgery have been added to the policy.
- **Joint Replacement and Implant for Hallux Rigidus:** No changes were made to the policy criteria or indications.
- **Laser Treatment of Port Wine Stains, Hemangiomas, and Warts:** Benign skin lesions have been added to the policy.
- **Leadless Cardiac Pacemaker:** No changes were made to the policy criteria or indications.
- **Lenses for Medical Conditions of the Eye:** No changes were made to the policy criteria or indications.
- **Low Vision Aids:** This policy has been archived.
- **Orthotic Devices (other than Diabetic footwear):** An exclusion was added for computer-operated knee-ankle-foot orthotic “C-brace” as there is insufficient evidence that it provides superior outcomes to standard KFOs.
- **Oxygen Therapy for the Treatment of Cluster Headaches:** This policy has been archived.
- **Penile Implants for Erectile Dysfunction:** No changes were made to the policy criteria or indications.
- **Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture (VCF):** The Medicare variation has been updated in accordance with updated Medicare criteria.
- **Personal Care and Consumer Directed Services for MVP Medicaid Managed Care Members:** This policy was updated in accordance with updated New York State Medicaid criteria.
- **Private Duty Nursing:** This policy was updated in accordance with updated New York State Medicaid criteria.
- **Procedures for the Management of Chronic Spinal Pain and Chronic Pain:** Exclusions were added to this policy for cooled pulsed radiofrequency and dry needling.
- **Prophylactic Mastectomy and Prophylactic Oophorectomy:** No changes were made to the policy criteria or indications.
- **Prosthetic Devices (External):** Eye and Facial and Scleral Shells: No changes were made to the policy criteria or indications.
- **Sacral Nerve Stimulation and Percutaneous Nerve Stimulation:** No changes were made to the policy criteria or indications.
- **Scoliosis Bracing:** No changes were made to the policy criteria or indications.
- **Temporomandibular Joint Dysfunction (TMJ) NY:** No changes were made to the policy criteria. An exclusion was added for microcurrent electrical therapy. Clarification was added that TMJ splints are covered for Medicaid Members.

### FORMULARY UPDATES FOR COMMERCIAL, MARKETPLACE, AND MEDICAID

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

DRUG	INDICATION
Ayvakit	Gastrointestinal Stromal Tumor (GIST)
Ubrelyv	Migraine
Caplyta	Schizophrenia
Fetroja (medical)	Complicated Urinary Tract Infections (cUTI)
Palforzia	Mitigation of Allergic Reactions/Anaphylaxis from Peanut Exposure
Zirabev (medical/prior authorization not required)	Various Cancers
Esperoct (medical)	Hemophilia A
Valtoco	Seizures/Epilepsy
Quzyttir (medical)	Urticaria
Caldolor (medical)	Pain Management
Zerviate	Conjunctivitis

### DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Slynd	Katerzia	Nubeqa
Adhansia XR (quantity limits)	Sunosi (quantity limits)	
Ezallor	Baqsimi One	

### NEW GENERICS

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Silenor	doxepin tablets	Tier 1 with QL	Tier 1 with QL	Tier 2 with QL
Depen	penicillamine tablets	Tier 1	Tier 1	Tier 2
Zohydro ER	hydrocodone ER	Tier 1 with ST/QL	Tier 1 with ST/QL	Tier 2 with ST/QL
Exelderm	sulconazole cream	Tier 1	Tier 1	Tier 2
Otovel	ciprofloxacin-fluocinolone otic solution	Tier 1	Tier 1	Tier 2
Evzio*	naloxone solution	Tier 1	Tier 1	Tier 2
Moxeza	moxifloxacin ophthalmic solution	Tier 1	Tier 1	Tier 2
Jadenu	deferasirox	Tier 1	Tier 1	Tier 2

All other brands will be non-formulary, Tier 3

\* Brand excluded

### DRUGS EXCLUDED FROM THE FORMULARY

Adzenys ER

## Miscellaneous Updates

### COVID-19—ALBUTEROL FORMULARY CHANGES MADE MARCH 2020

Drugs Added to the Formulary

- Medicare: Ventolin HFA to Tier 3
- Commercial/Exchange: ProAir HFA and ProAir RespiClick to Tier 2
- Medicaid: ProAir RespiClick to Tier 2

### COMMERCIAL/EXCHANGE FORMULARY EXCLUSIONS EFFECTIVE JUNE 1, 2020

- Azesco, Zalvit, ketoprofen, ketoprofen ER, adapalene swabs, imiquimod pumps, and Ziextenzo

### MEDICAID FORMULARY EXCLUSIONS EFFECTIVE JUNE 1, 2020

- Azesco, Zalvit, ketoprofen, ketoprofen ER, and Ziextenzo

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- **Temporomandibular Joint Dysfunction (TMJ) VT:** This policy was updated similarly to the NY policy.
- **Transcatheter Aortic Valve Replacement:** A Medicare variation was added stating that Transcatheter Aortic Valve Replacement (TAVR) is covered according to the conditions set forth by CMS for Medicare plans.
- **Umbilical Cord Blood Banking:** No changes were made to the policy criteria or indications.
- **Wheelchairs (Manual):** No changes were made to the policy criteria or indications.

## Pharmacy Policy Updates

### EFFECTIVE FEBRUARY 1, 2020

#### Experimental or Investigational Procedures, Behavioral Health Services, Drugs and Treatments, Off-Label use of FDA Approved Drugs, and Clinical Trials

- Removed New Hampshire variation.
- Updated off-label coverage supported under Truven Health Analytics Micro-medex DrugDex to “indication is Class I, Class IIa or Class IIb.”
- Updated off-label coverage supported under American Hospital Formulary Services to “indication is supportive.”
- Updated Medicare variation to include reference to Chapter 6 (10.6).
- Updated Local Coverage Determination/article to specify “Medical or Part B coverage for Medicare beneficiaries only.”

### EFFECTIVE APRIL 1, 2020

#### Drug Utilization Review and Monitoring Program

- Changed report criteria from any psychotropic to atypical antipsychotics for the monitoring target atypical antipsychotic use pediatric patients and added a soft edit at POS.
- Changed report criteria from 60 to 90-day supply, from any SSRI/SNRI/SGA/FGA to any SGA/FGA, and from less than 80% to 75% of days covered for the monitoring target of non-adherence.
- Changed report criteria from a 16 to 28-day lookback for the monitoring target metabolic and cardiovascular side effects.
- Removed missing BH medication and missing SUD monitoring targets from policy.
- Updated opioid and concurrent antipsychotic use or concurrent benzodiazepine use monitoring targets from monthly review to every 3 months and indicated that retrospective review is performed by the PBM and reported in Safety and Monitoring DUR reports.

#### Infliximab

- Added back Medicare Part B variation—no step through required. Coverage criteria will follow the LCD article for infliximab.

- Removed documented “therapy” from ankylosing spondylitis.

#### Weight Loss Agents

- Belviq removed due to voluntary withdrawal request by the FDA.

### EFFECTIVE JUNE 1, 2020

#### Calcitonin Gene-Related Peptide (CGRP) Antagonists

- Removed requirement to try Aimovig 70 mg dose before the 140 mg dose.

#### Agents for Female Sexual Dysfunction

- Updated policy name from “Addyi” to “Agents for Female Sexual Dysfunction.”
- Added Vyleesi to policy with criteria.

#### Pharmacy Management Programs

- Removed Federal Employee Health Benefits Program.

#### Valchlor

- Added the option for “assessment of peripheral blood for Sézary cells” if a definitive diagnosis cannot be made from a skin biopsy.

#### Onychomycosis

- Added Tolsura (itraconazole capsules) to systemic fungal infection criteria.

#### Select Injectables for Asthma

- Updated exclusion to “age limits outside of FDA approved indication.”
- Deleted requirement for “peripheral blood eosinophil count of at least 300 cell/microliter in the past 12 months” for Nucala, Cinqair and Fasenna.
- Deleted “in the past 90 days” for a peripheral eosinophil blood count of at least 150 cells/microliter for Nucala Cinqair and Fasenna.

#### No Changes

- Acthar
- Cosmetic Drug Agents
- Diclofenac (topical) Products
- Eskata
- Lidocaine (topical) Products
- Parsabiv
- Patient Medication Safety
- Topical Agents for Pruritis

## Provider Annual Notices

As part MVP’s commitment to the accreditation standards of the National Committee for Quality Assurance (NCQA) and to comply with state and federal government regulations and mandates, MVP publishes regulatory and compliance content at [mvphealthcare.com](http://mvphealthcare.com). Annual Notices include updates regarding Member’s Rights and Responsibilities, Member Complaint and Appeal Process, MVP’s Privacy Notice, Confidentiality and Privacy Policies Protection of Oral, Written, and Electronic Protected Health Information, HIPAA reminder about faxes, Medical Management Decisions, Pharmacy Benefit Management, Utilization Management Criteria, Practitioner Appeals, MVP Non-Compliance Policy, Utilization Management Processes, Out-of-Network Requests, Transition of Care for Members of Practitioner leaving the MVP Provider Network, Transition of Care for New MVP Members, Transition of Pediatrics to Adult Care, Specialist as a Primary Care Physician, Emergency Services, New Technology Assessment, MVP Medical Records Standards and Guidelines, Nondiscrimination in Health Care Delivery, Advance Directives, The MVP Quality Improvement Program, Invitation to Join the MVP Quality Improvement Program, Practitioner Credentialing and Recredentialing Process, Provisional Credentialing Requirements for New York State Physicians, Report Suspected Insurance Fraud/Abuse, Self-Treatment and Treatment of Immediate Family Member, MVP Meets Members’ Special, Cultural, and Linguistic Needs, and the MVP Participating Provider Directory.



## Health Management Programs Provider Referral Guide



MVP Health Care offers Health Management programs to members in need of extra support to manage their health. By working in partnership with providers, we ensure that MVP Members with multiple or chronic health concerns best understand their condition or situation, and the best course of action to address their needs.

- Programs are available to Members of MVP health plans at no charge and with no obligation.

- Your referral triggers our outreach (or Members may call the phone number below to self-refer).

- Sessions are confidential and conducted by phone.

- Programs include education and training, personalized mailings, and health coaching for those who need extra help to set and reach goals that are important to their treatment plans.

#### Goals of Health Management Programs

*Help Members better understand and manage their conditions*

*Communicate effectively with your office to ensure timely sharing of information*

*Help reduce unnecessary ER visits and ensure Members receive the right care at the right place at the right time*

#### To Make a Referral:

Call **1-866-942-7966**

Fax **1-866-942-7785**

Email [phmreferrals@mvphealthcare.com](mailto:phmreferrals@mvphealthcare.com)

Our Case Management team includes registered nurses, respiratory therapists, social workers, a registered dietician, and other health care professionals.

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# Resource Focus

## Health Management Programs Provider Referral Guide

MVP offers Health Management programs to Members in need of extra support to manage their health. Members with multiple or chronic health concerns will gain a better understanding of their conditions, and the best course of action to address their needs. View the referral guide at [mvphealthcare.com/Providers](http://mvphealthcare.com/Providers), then select *Quality Programs*, then select *Health Management Programs Referral Guide*.

## Financial Incentives for Utilization Management (UM) Decisions

The Annual Notice of the MVP UM Program does not provide financial incentives to employees, providers, or practitioners who make UM decisions that would create barriers to care and services. Additionally, Participating Providers should review the Member’s Rights and Responsibilities, which are listed [mvphealthcare.com](http://mvphealthcare.com). For more detail regarding Financial Incentives and to review the Member’s Rights and Responsibilities, please visit [mvphealthcare.com](http://mvphealthcare.com) to see the Legal Notice.

## 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 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 as highlighted below. Contractors may access MVP's full Code of Ethics and Business Conduct at [mvphealthcare.com/Providers](http://mvphealthcare.com/Providers), 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

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/Providers](http://mvphealthcare.com/Providers), select *Reference Library*, 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.

### Providing Compliance Training, Fraud, Waste & 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 by visiting [CMS.gov](http://CMS.gov). 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 investigates all allegations of violations. All MVP Contractors are required to report actual or suspected 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.

Healthy Practices

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### MVP IN THE COMMUNITY

## 5.18 Day of Caring

On May 18, MVP proudly sponsored the United Way of the Greater Capital Region's annual 5.18 Day of Caring—the single largest day of community impact in the Capital Region. MVP staff created inspirational cards for kids reminding them to stay positive and be happy. In addition, they wrote "pen pal" letters to seniors, who may feel isolated due to the pandemic. The goal is to create a continued dialogue, and MVP staff is excited to see if they get responses to their letters, drawings, and messages.

