

# MVP FASTFAX

News for Providers

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## Changes to the Inpatient Review Programs for MVP Medicare Advantage Plan Members ONLY

On an ongoing basis MVP Health Care® reviews the requirements of the Centers for Medicare & Medicaid Services (CMS) for their Medicare contracts. As a result, MVP is making some changes to our Utilization Review Program as it relates to Acute Inpatient Hospital stays.

**Effective June 20, 2016, for Medicare Advantage Plan Members ONLY, MVP will no longer conduct inpatient concurrent review on unplanned admissions.** It remains the responsibility of the admitting physician to be certain the admission is medically necessary and the care is being provided at the appropriate level. MVP will review unplanned inpatient hospital admission services through a Post Service Post Payment Auditing Program. In the event of an adverse determination, the adverse determination notice will outline the provider dispute rights.

Notification of ALL inpatient admissions (elective and unplanned) is still required for all lines of business. Clinical note submission will no longer be required for Medicare Advantage Plan member's unplanned admissions. Unless MVP has access to your facility electronic medical record (EMR), clinical note submission will still be required for MVP's other lines of business. MVP reserves the right to request records at any time. The MVP Concurrent Review Utilization Management team will continue to follow members for discharge planning for all lines of business.

All Prior Authorization rules remain the same, including surgical, durable medical equipment or other medical services, place of service and transfer requests for Skilled Nursing Facilities or Acute Inpatient Rehabilitation. [Note: In the event of an adverse determination of these service requests, any reconsideration will be managed as an initial appeal.]

The inpatient concurrent review process for all other lines of business remains the same.

**If you have any questions about this notice, please contact your Professional Relations Representative or Customer Care Center for Provider Services at 1-800-684-9286**

