

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

Effective January 1, 2017, MVP will be implementing an inpatient concurrent review program for Medicare Advantage Plan Members for 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.

For Medicare Advantage plan members' unplanned admissions occurring on dates of service **June 20, 2016 through December 31, 2016**, MVP will review services through a Post Service Post Payment Auditing Program. In the event of an adverse determination, the adverse determination notice will outline any provider dispute rights.

Notification of ALL inpatient admissions (elective and unplanned) is required for all lines of business. Unless MVP has access to your facility electronic medical record (EMR), clinical note submission is required for all of MVP's lines of business. The MVP Concurrent Review Utilization Management team will make level of care determinations and assist in discharge planning for all lines of business.

All Prior Authorization rules remain the same, including place of service, surgical, durable medical equipment or other medical services and transfer requests for Skilled Nursing Facilities or Acute Inpatient Rehabilitation. (Note: In the event of an adverse determination of these service requests, for Medicare members only, 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.

