

Prior Authorization and Concurrent Review for Post-Acute Care Services

Effective immediately, in accordance with NYS Department of Financial Services (DFS) Insurance Circular Letter No. 1 (2022) issued on January 6, 2022, MVP Health Care® (MVP) is suspending prior authorization requirements for patients who are being transferred from MVP in-network hospitals and facilities to other in-network hospitals and facilities for all lines of business.

While prior authorization requirements are temporarily suspended until further notice, hospitals and facilities should use their best efforts to provide notice of the discharge and/or transfer to MVP within 48 hours. Timely notifications from hospitals and facilities, along with all clinical records, better allow for the care coordination and care management of MVP Members.

Note: For Medicare Advantage Members, you will continue to notify naviHealth.

MVP and naviHealth will waive the 3-day hospital stay rule, if applicable, for all lines of business. It is expected that hospital and facility transfers are medically necessary. MVP and naviHealth will perform concurrent review. If notification of transfer is not made, MVP and/or naviHealth reserves the right to audit patient transfers retrospectively.

This temporary suspension of prior authorization requirements will continue until February 6, 2022, or until such time as NYS DFS Insurance Circular Letter No. 1 (2022) expires, whichever is later.

To view all communications, visit mvphealthcare.com/FastFax

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.

