

Healthy Practices



A quarterly publication for MVP Health Care® Providers.

Welcome Chiropractic and Acupuncture Providers!

MVP Health Care® (MVP) is pleased to welcome Chiropractic and Acupuncture Providers to its network in the State of New York effective January 1, 2023. To provide our Members with the highest quality care, we believe all health care should be integrated and viewed as equal components of overall well-being.

MVP had contracted with eviCore healthcare MSI, previously known as Landmark for chiropractic and acupuncture services on behalf of MVP.

Register for an MVP Online Provider Account

To get started with MVP, visit mvphealthcare.com/ProviderRegister, to create an MVP Provider Online Account to check claim status, determine Member eligibility, and much more.

In 2022, MVP welcomed a new Chiropractic and Acupuncture network in the state of Vermont. We are thrilled with these partnerships.

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Let's Deliver

health insurance
built around



We welcome your comments.

Healthy Practices
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Professional Relations Dept
PO Box 2207
Schenectady NY 12301-2207

mvphealthcare.com/providers
MVPPR@mvphealthcare.com

Customer Care Center for Provider Services

1-800-684-9286



MVP Provider Onboarding

Online Resources for our new and existing Providers.

MVP has developed a dedicated MVP Provider Onboarding resource which outlines everything Participating Providers need to do to get started with MVP as well as to acclimate you to the many resources available on our website. Whether you're brand new to our network, have added a new provider to your practice, or just need refresher, we encourage everyone to explore this information to maximize your partnership with MVP. This information can be found at mvphealthcare.com/onboarding.

Access Onboarding Resources

Our Provider Onboarding resources are broken down into three sections:

1. Getting Started

Create an MVP Provider online account to check claim status, determine Member eligibility, and much more. You can also set up electronic claim submission and payments.

2. Required Training and Attestations

To make sure that all Providers are in good standing with state and federal regulations and guidelines, MVP has outlined all required attestations. Some of these trainings are required on an annual basis and some are a one-time requirement.

3. MVP Resources

MVP has many resources available to help Providers stay informed and connected with us. Learn how to access our MVP Provider and Payment policies, Provider communications, forms, and more. You will also find educational materials for how to navigate your new MVP Provider Online Account and resources to help maintain your relationship with MVP.

We hope that you find this information helpful no matter where you are on your journey with MVP, and that you bookmark this page as a resource for helpful information.

Gia[®] Can Help Support Your Patients' Needs

MVP understands the increasing demands on Providers when it comes to meeting patient needs. Between the health crisis emergency we're facing, where primary care practices do not have the ability to keep up with demand, and the over utilization of Emergency Rooms and Urgent Care facilities, the health care system is overwhelmed. To help ensure your patients get the care they need, we ask you to consider recommending Gia to MVP Members. Gia is a mobile app that allows Members to speak to live doctors who can triage Members and help them get the care they need, either by answering questions, diagnosing when possible, or referring to in-person care from nearby doctors, specialists, labs, and pharmacies.

By meeting our Members' needs, we are removing the barriers to care so your patients stay more engaged with their health care.

Gambling Disorder Treatment

Effective January 1, 2023, MVP's Managed Medicaid and HARP products will cover Gambling Disorder Treatment provided by Office of Addiction Services and Supports (OASAS) certified programs.

Protocols for Domestic Violence Victims and Endangered Individuals

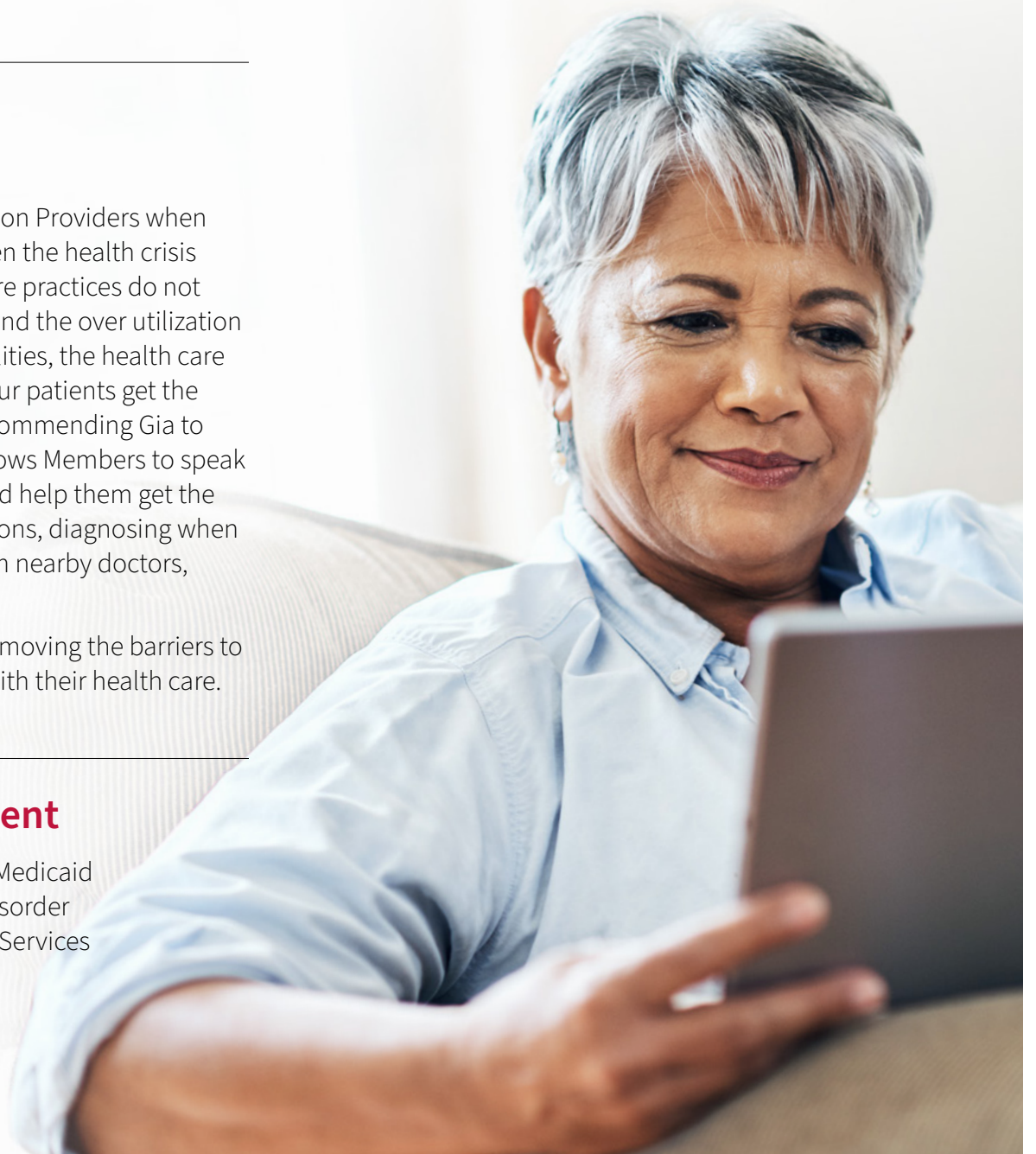
This Notice applies to Members of health plans offered by the following MVP operating subsidiaries: MVP Health Plan, Inc. (except for Medicare Advantage products), MVP Health Services Corp., and MVP Health Insurance Company.

Insurance Law § 2612 states that if any person covered by an insurance policy issued to another person who is the policyholder or if any person covered under a group policy delivers to the insurer that issued the policy, a valid order of protection against the policyholder or other person, then the insurer is prohibited for the duration of the order from disclosing to the policyholder or other person the address and phone number of the insured, or of any person or entity providing covered services to the insured. The regulation governs confidentiality protocols for domestic violence victims and endangered individuals.

To make a request, the requestor should contact the MVP Customer Care Center.

The requestor must provide the MVP Customer Care Center with an alternative address, phone number, or another method of contact, and may be required to provide the MVP Customer Care Center with a valid order of protection.

To revoke a request, the requestor should submit a sworn statement to the address indicated on the contact information in this notice. To contact the New York State Domestic Violence and Sexual Violence Hotline, call **1-800-942-6906**.



MVP Is Awarded a Core-Certification Seal From CAQH® for Streamlining the Exchange of Health Care Data

MVP is excited to announce that we have received our CAQH® Committee on Operating Rules for Information Exchange (CORE®) Certification Seal, demonstrating our commitment to streamlining electronic health care administrative data exchange.

MVP applied for CORE Certification status because we support CORE’s mission, collaborative industry approach, and administrative simplification objectives. MVP is one of only a small number of plans in the country that has achieved this certification.

CAQH, a nonprofit alliance of health plans and trade associations, launched CORE to promote health plan-provider interoperability and improve Provider access to administrative information.

The mission of CORE is to accelerate the transformation of business processes in health care through collaboration, innovation, and a commitment to ensuring value across stakeholders.

Achieving the CORE Certification Seal reinforces MVP’s dedication to exchange electronic administrative data in compliance with the CORE rules. CAQH currently awards a CORE-certification Seal to health plans that complete the Phase I, Phase II, and Phase III certification processes. The Phase III Seal indicates that the MVP is certified as operating in compliance with Phase I, Phase II, and Phase III rules.

Phase III of the CAQH CORE Operating rules is specific to Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA). MVP provides EFT & ERA through PaySpan®. This service is provided at no cost to Providers and allows online enrollment, saving you time and ensuring faster payments.

PaySpan can be contacted by calling **877-331-7154** extension 1, or by email at **providersupport@payspanhealth.com**.

Colorectal Cancer Screening Test

Reduced Coinsurance for Related Procedures Begins January 1, 2023

Currently, planned colorectal cancer screening tests are free. However, if you add a procedure in the same clinical encounter because of the colorectal cancer screening, the patient pays a coinsurance.

Beginning January 1, 2023, CMS will gradually reduce coinsurance for procedures performed for Medicare Members:

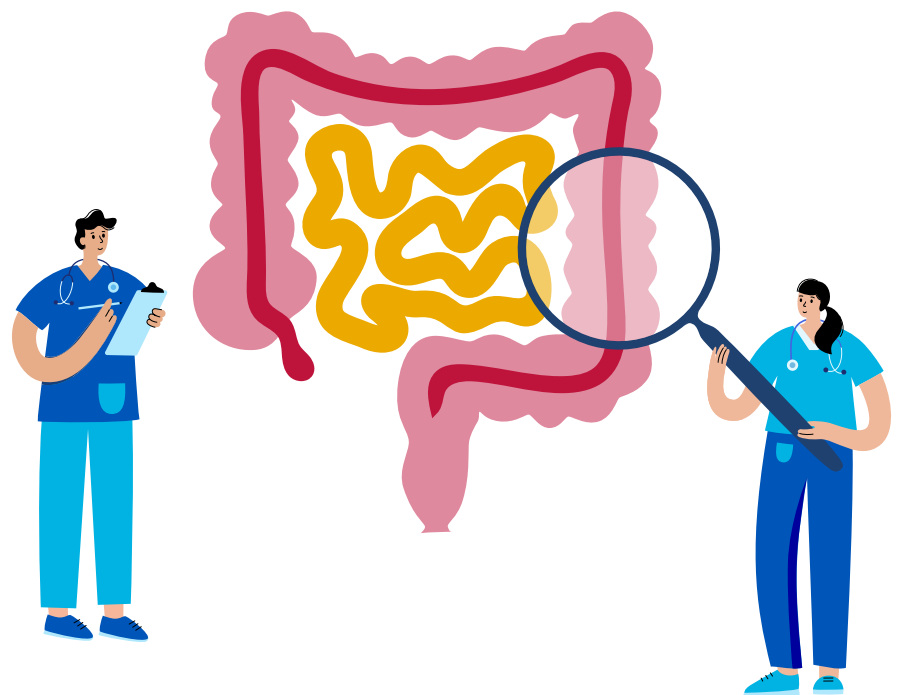
- In connection with a colorectal cancer screening test
- As a result of a screening test
- In the same clinical encounter as the screening test

The reduced coinsurance applies regardless of the code you bill.

For dates of service in Calendar Years:

- 2023–2026, coinsurance is 15%
- 2027–2029, coinsurance is 10%
- Beginning 2030, no coinsurance

Learn more about Phasing and Coinsurance at **CMS.com**.



Provider Policies and Payment Policies Effective January 1, 2023

MVP Provider Policies and Payment Policies includes revisions on operational procedures, plan type offerings, and clinical programs. The policies are designed to serve as a reference tool for Providers and facilities. The following policies have been updated, with an effective date of January 1, 2023, and are posted at **mvphealthcare.com/policies**.

PROVIDER POLICY UPDATES EFFECTIVE JANUARY 1, 2023

[Appeals Process](#)

[Behavioral Health](#)

[Claims](#)

[Credentialing](#)

[New York State Government Programs](#)

[Quality Improvement](#)

[Utilization and Case Management](#)

PAYMENT POLICY UPDATES EFFECTIVE JANUARY 1, 2023

[Audio Only VT](#)

[Breast Reconstruction \(**new policy**\)](#)

[COVID-19 Lab Testing](#)

[Durable Medical Equipment](#)

[Elective Delivery for Provider and Facilities](#)

[Locum Tenens](#)

[NDC Policy](#)

[Occupational Therapy](#)

[Physical Therapy](#)

[Speech Therapy](#)

[Telehealth](#)

[Telemental Health Services](#)

[Vaccine Administration VT Only](#)



Closing Gaps in Care

Care for Older Adults (COA)

A New HEDIS Hybrid Measure

Eligibility Criteria:

- Members who are enrolled in MVP DualAccess (HMO-DSNP), a new plan offering in 2022 for dual-eligible individuals (Medicare/Medicaid)
- Members must be 66 years of age or older in 2022 and had each of the following services completed during the measurement year:
 1. Medication Review documented by a clinical pharmacist or prescribing provider in 2022. The review must occur in an outpatient setting or non-acute facility and may include telephone encounters or telehealth visits. The Member does not need to be present for a medication review. A current medication list must be filed in the medical record. *NOTE:* Members who received Transitional Care Management Services in 2022 are also compliant for this sub-measure.
 2. Functional Status Assessment performed in an outpatient setting or non-acute facility and may include telephone encounters or telehealth visits. All components must be documented in 2022 but may take place during separate visits. Functional Status Assessment components include:
 - Documentation of a complete Functional Status Assessment that includes the ability to perform activities of daily living (ADLs) and instrumental ADLs (IADLs); or
 - Completion of a Functional Status Assessment Tool filed in the medical record.
 3. Pain Assessment performed in an outpatient setting or non-acute facility and may include telephone encounters or telehealth visits. At a minimum, documentation must show that:
 - The patient was assessed for pain; or
 - A standardized pain assessment tool was completed.

MVP publishes various tools and resources to help support Participating Providers close gaps in care for COA and other HEDIS measures. Visit mvphealthcare.com/Providers, select *Reference Library*, and then select *HEDIS Measures and Gaps in Care Resources*.

2023 Annual HEDIS Medical Record Collection

The annual HEDIS medical record collection project will begin the first quarter of 2023. MVP is contracting again with Inovalon to conduct record collection on behalf of MVP. Reminder letters will be sent out to Participating Providers.

We understand this is a highly intensive process that requires a lot of your staff's time. To help reduce the burden, consider granting MVP access to your electronic health record (EHR). This will allow MVP to collect the information needed instead of utilization of your valuable staffing resources. For further information or if you would like to grant MVP EHR access, please contact Melissa Alter at melkelly@mvphealthcare.com. As always, we appreciate your partnership.

Data Submission and Coding Accuracy

As a Medicare Advantage Plan and an ACA Qualified Health Plan, MVP must meet standards for data submission and coding accuracy. The MVP Risk Adjustment team conducts annual reviews of Member records to meet these standards, and throughout the year we will randomly request to collect EHR or paper charts, depending on your system's capabilities. The purpose is to verify that serious or chronic medical conditions are being reported with the right diagnosis as well as being coded to the highest level of specificity for those diagnoses.

Starting at the end of December 2022 through April 2023, MVP will collect records for services performed in 2022 for the Commercial Chart Review Project. We will follow that with the Medicaid Chart Review beginning February 2023 through July 2023. Lastly, the Medicare Chart Review will run April 2023 through December 2023. For any questions, please contact Anselmo Nieves at anieves@mvphealthcare.com.

Ensure the Right Statin Medication for Your Patients

Adherence to statin medications can aid in risk reduction of clinical atherosclerotic cardiovascular disease (ASCVD) for patients living with cardiovascular disease (CVD) and/or diabetes. As such, the National Committee for Quality Assurance (NCQA) has two unique statin therapy measures.

Statin Therapy for Patients with Cardiovascular Disease (SPC) assesses males 21-75 years of age and females 40-75 years of age during the measurement year, who are identified as having ASCVD and meet the following criteria:

- Received at least **one high or moderate intensity statin medication** during the measurement year
- Had adherence to the statin medication regimen for at least 80% of the treatment period

Statin Therapy for Patients with Diabetes (SPD) assesses individuals 40-75 years of age with a diagnosis of diabetes and no diagnosis of ASCVD, and who meet the following criteria:

- Members who have received at least one statin medication **of any intensity** during the measurement year, and
- Had adherence to the statin medication regimen for at least 80% of the treatment period

As a point of reference, the American Diabetes Association recommends that individuals living with diabetes and a history of CVD, as well as those older than 40 years of age without CVD but with CVD risk factors, should be treated with a statin regardless of their baseline LDL cholesterol concentration.

When prescribing statins to patients living with cardiovascular disease or diabetes, please ensure the medication is included in the MVP Formulary. To review the table for High, Moderate, and Low-intensity statin medications that will best suit your patient, visit mvphealthcare.com/providers/communications-center.



Pharmacy Policy Updates

Below is a recap of the Pharmacy and Formulary updates that went into effect from April 1 to June 1, 2022. All policies are reviewed at least once annually. For more detailed information on these changes, please review updates at mvphealthcare.com/FastFax.

EFFECTIVE DECEMBER 1, 2022

PHARMACEUTICAL POLICY NAME	STATUS
Crohn's Disease, Select Agents	Archived
Inflammatory Biologic Drug Therapy	Archived
Ulcerative Colitis	Archived
Infliximab	Updated
Ustekinumab	New Policy
Proton Pump Inhibitor Therapy	Updated
Colony Stimulating Factors	Reviewed
Mulpleta/Doptelet	Reviewed
Erythropoiesis Stimulating Agents	Reviewed
Hereditary Angioedema	Reviewed
Irritable Bowel Syndrome	Updated
Gaucher Disease Type 1 Treatment	Updated
Select Chelating Agents	Updated
Hemophilia Factor	Reviewed
Adakveo	Updated
Dojolvi	Updated
Intestinal Antibiotics	Updated
Pharmacy Management Programs-External (effective September 1, 2022)	Updated
Medicare Part D Coverage Determination and Exception Policy	Updated
Transthyretin Mediated Amyloidosis	Updated
Spravato (effective August 11, 2022)	Updated
Ankylosing Spondylitis	Archived
Rheumatoid Arthritis	Archived
Psoriasis Drug Therapy	Archived
Psoriatic Arthritis Drug Therapy	Archived

Rinvoq	Archived
Ozanimod	New Policy
Upadacitinib	New Policy
Secukinumab	New Policy
Etanercept	New Policy
Adalimumab	New Policy
Apremilast	New Policy
Risankizumab	New Policy
Tocacitinib	New Policy
Guselkumab	New Policy
Growth Hormone Therapy	Updated
Doryx/Oracea	Archived
Zynteglo	New Policy
Skysona	New Policy
Colony Stimulating Factors	Updated

EFFECTIVE JANUARY 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
Prostate Cancer	Reviewed
GABA Receptor Modulators	Updated
Movement Disorders	Reviewed
Botulinum Toxin Treatment	Updated
Respiratory Syncytial Virus/Synagis	Updated
Select Hypnotics	Reviewed
Immunoglobulin Therapy	Updated
Gabapentin ER	Reviewed
Multiple Sclerosis Agents	Reviewed
Nuedexta	Reviewed
Spinal Muscular Atrophy	Updated
Oral Allergen Immunotherapy Medications	Reviewed
Agents for Female Sexual Dysfunction	Updated
GLP-1 Receptor Agonists	New Policy
CAR-T Therapy	Updated
Radicava	Updated
Zulresso	Updated
Select Oral Antipsychotics	Reviewed
Palforzia	Updated

EFFECTIVE FEBRUARY 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
Hepatitis C Treatment Commercial, Marketplace, Child Health Plus	Updated
Hepatitis C Treatment Medicaid	Updated
Lyme Disease/IV Antibiotic Treatment	Updated
Antibiotic/Antiviral (oral prophylaxis)	Reviewed
Compounded (Extemporaneous) Medications	Reviewed
Government Programs Over-the Counter (OTC) Drug Coverage	Updated
Preventive Services- Medication	Updated
Zinplava	Reviewed
Enteral Therapy- NY (effective February 02, 2023)	Updated

Formulary Updates

COMMERCIAL, MARKETPLACE, AND MEDICAID

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

DRUG	INDICATION
Amvuttra™ (vutrisiran)	The treatment of the polyneuropathy of hereditary transthyretin mediated amyloidosis in adults
Vivjoa™ (oteseconazole)	The reduction of incidence of recurrent vulvovaginal candidiasis (RVC) in females with a history of RVC who are not of reproductive potential
Aspruzo™ (ranolazine)	The treatment of chronic angina
Tascenso ODT™ (fingolimod)	The treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease, in patients aged 10 to 17 years and weighing up to 40 kg
Entadfi™ (finasteride/tadalafil)	Treatment of the signs and symptoms of benign prostatic hyperplasia in men with an enlarged prostate for up to 26 weeks. Use not recommended for >26 weeks because the incremental benefit of tadalafil decreases from four weeks until 26 weeks, and the incremental benefit beyond 26 weeks is unknown
Zoryve™ (roflumilast)	The treatment of plaque psoriasis in patients aged two years and older
Zynteglo® (betibeglogene autotemcel)	The treatment of beta-thalassemia in patients who require regular red blood cell transfusions
Spevigo® (spesolimab)	The treatment of generalized pustular psoriasis flares
Xenpozyme™ (olipudase alfa)	The treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (also known as Niemann-Pick disease) in adult and pediatric patients
Sotyktu™ (deucravacitinib)	The treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy
Skysona (elivaldogene autotemcel)	The treatment of cerebral adrenoleukodystrophy in males aged 17 years and younger
Ryaltris® (mometasone/olopatadine)	The treatment of seasonal allergic rhinitis in patients aged 12 years and older
Pheburane® (sodium phenylbutyrate)	Adjunctive therapy to diet, for the chronic management of urea cycle disorders involving deficiencies of carbamyl phosphate synthetase, ornithine transcarbamylase or argininosuccinic acid synthetase, in adult and pediatric patients
Tadliq® (tadalafil)	The treatment of adults with WHO Group one pulmonary arterial hypertension to improve exercise ability
Kyzatrex™ (testosterone undecanoate)	Testosterone replacement therapy in adult males for conditions associated with deficiency or absence of endogenous testosterone
Cimerli™ (ranibizumab-eqrn)	Treatment of neovascular (wet) age-related macular degeneration (AMD) Biosimilar of Lucentis (ranibizumab)
Relyvrio™ (sodium phenylbutyrate and taurursodiol)	The treatment of amyotrophic lateral sclerosis
Auvelity™ (bupropion/dextromethorphan)	The treatment of major depressive disorder in adults
Pedmark® (sodium thiosulfate)	The reduction in risk of ototoxicity associated with cisplatin in patients aged one month through 17 years with localized, non-metastatic, solid tumors

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Apretude (medical)	Kimmtrak (medical)	Fleqsuvy	Opdualag (medical)
Recorlev	Vabysmo (medical)	Releuko	Fynetra
Pemfexy (medical)		Korsuva (medical)	Norliqva

DRUG EXCLUSION: COMMERCIAL, EXCHANGE, AND MEDICAID

Leqvio	Tezspire (medical)	Cibinqo	Rolvedon (medical)
Tarpeyo	Soaanz	Pyrukynd	Hemady
Dartisla	Adbry	Ibsrela	Gimoti
	Seglentis		

NEW GENERICS (ALL BRANDS WILL BE NON-FORMULARY, TIER 3)

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Suprep	Sodium Sulfate/Potassium Sulfate/MG Sulfate oral solution	Tier 1	Tier 1 (Brand is Tier 2)	Tier 2
Vascepa	Icosapent	Tier 1	Tier 1 (Brand is Tier 2)	Tier 2
Tazorac gel	Tazarotene 0.05% gel	Tier 1	Tier 1	Tier 2
K-Phos	Potassium Phosphate Monobasic tablet	Brand to determine Tier 2. Generic to determine tier 1.	Brand to determine Tier 2. Generic to determine tier 1.	Brand to determine Tier 2. Generic to determine tier 2.
Daliresp	Roflumilast	Tier 1	Tier 1	Tier 2
Divigel Gel	Estradiol TD gel	Tier 1	Tier 1	Tier 2
Xenical	Orlistat	Tier 1 with quantity limit of 365 days per lifetime	Excluded from coverage	Tier 1 with quantity limit of 365 days per lifetime

Miscellaneous Updates

COMMERCIAL AND EXCHANGE FORMULARY

- Brand Toviaz moved to Tier 3 for Commercial on 01/01/2023
- Add prior authorization to brand Dexilant effective 12/01/2022
- Moved Taltz, Cimzia, Kevzara, Zeposia and Orenzia to Non-Formulary on 12/01/2022
- Genotropin moved to excluded effective 12/01/2022
- Nutropin moved to preferred Tier 2 effective 12/01/2022
- Brand Amitizia moved to excluded effective 12/01/2022
- Mounjaro moved from excluded to preferred Tier 2 effective 10/01/2022
- Menopur moved from Tier 3 to Tier 2 effective 01/01/2023
- Exclude Sumatriptan 4mg and 6mg injection KITS effective 12/01/2022
- Doxycycline monohydrate 40mg (generic Oracea) and brand Oracea prior authorization removed, and quantity limit added (120 capsules per 365 days) effective 12/01/2022
- BRAND Gilenya moved to Tier 3 effective 12/28/2022

MEDICAID FORMULARY

- Moved Taltz, Kevzara, and Orenzia to Non-Formulary on 12/01/2022
- Exclude Sumatriptan 4mg and 6mg injection KITS effective 12/01/2022
- Doxycycline monohydrate 40mg (generic Oracea) and brand Oracea prior authorization removed, and quantity limit added (120 capsules per 365 days) effective 12/01/2022
- BRAND Gilenya to move to Tier 3/Non-Formulary effective 12/28/2022

Medical Policy Updates

Below is a recap of the Medical Policies that went into effect December and January 2022. All policies are reviewed at least once annually. For more detailed information on these changes, please review mvphealthcare.com/Fastfax or visit mvphealthcare.com/Providers and *Sign In* to your account, and select *Resources*, then *Medical Policies*.

EFFECTIVE DECEMBER 1, 2022

Air Medical Transport
Atrial Fibrillation Ablation, Catheter Based
Alopecia Treatment
Bone Density Study for Osteoporosis (Dexa)
BRCA Testing
Breast Surgery for Gynecomastia
Bronchial Thermoplasty
Cardiac Procedures
Children’s Family Treatment and Support Services (CFTSS)
Cosmetic and Reconstructive Services
Dermabrasion
Habilitation Services
Implantable Cardioverter Defibrillators
Intraoperative Neurophysiologic Monitoring
Investigational Procedures
Lymphedema Compression Garments Compression Stockings

Obstructive Sleep Apnea: Devices
Oncotype DX and Cancer Gene Expression Tests
Orthognathic Surgery
Substance Use Disorder Treatment
Therapeutic Footwear for Diabetics
Vision Therapy (Orthoptics, Eye Exercises)

EFFECTIVE JANUARY 1, 2023

Air Medical Transport
Assertive Community Treatment (ACT)
Autism Spectrum Disorders (NYS)
Children’s Family Treatment and Support Services (CFTSS)
Chiropractic Care
Early Childhood Developmental Disorders (VT)
Ground Ambulance and Ambulette Services
Lymphedema Compression Garments
Oxygen and Oxygen Equipment

Resource Focus

Gia Virtual Care Brochure

The Gia Virtual Care brochure helps MVP Members understand when to use the Gia app, and provides clinical examples. If you would like to have this brochure for your office, please contact your MVP Professional Relations Representative. This information is also available at mvphealthcare.com/UsingGia.



MVP Community Partnership

In October 2022, MVP sponsored Rochester's first annual Fall Fest, featuring family-friendly activities, games, inflatables, performers and fall treats. The free festival took place in the heart of downtown Rochester, bringing the "farm to the city of Rochester" and providing an inclusive opportunity for families from all parts of the community to get outside and enjoy the season. MVP is grateful for the longstanding partnership it has with the city of Rochester.



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MVP IN THE COMMUNITY Toys For Tots

On November 30, 2022, MVP team members gathered in Waterford, New York to support Toys For Tots. The team helped to organize and prepare toys that have been donated by various organizations and individuals. Our hope was to do our part in giving a better holiday to children in need in our community.

