

Acute Care and Post-Acute Care Services Update

Utilization Management Changes Due to COVID-19 Effective June 19, 2020

Subject to an Executive Order to extend directives outlined in Circular Letter No. 8 and/or Supplemental Letter No. 1.

Prior Authorizations (All Lines of Business)

MVP Health Care® (MVP) will require prior authorization for all Medical and Pharmacy services as listed in the UM Policy Guide, which can be found by signing into your account at mvphealthcare.com, then select *Resources*, then *Other Resources*.

- As a reminder, as of June 2, 2020, Magellan and eviCore resumed accepting requests to obtain prior authorizations for dates of service June 19, 2020 and beyond for all lines of business across our service area.
- Authorization requirements remain suspended for service dates March 20, 2020 through June 18, 2020. (Refer to Fast Fax #2020.40.1 at mvphealthcare.com/fastfax)
- Magellan/NIA requires prior authorization for non-emergent Musculo-skeletal (MSK) procedures including outpatient interventional pain management services (IPM), and inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries. Providers may call Magellan at **1-866-249-1578** or submit requests at **RadMD.com**.
- eviCore requires prior authorization for advanced imaging procedures, including MRI, MRA, CT (including with contrast and 3D), PET, Nuclear Medicine, and Nuclear Cardiology. All radiation therapy treatments are managed by eviCore. Providers may call eviCore at **1-888-647-6613** or submit requests at **eviCore.com**.

Acute Care Facilities (All Lines of Business)

- As is standard business practice, services performed in an urgent care facility or an emergency room do not require prior authorization.
- For all elective and place of service requests, please use of the *Prior Approval Request Form* located at mvphealthcare.com/Providers, select *Forms*, then *Prior Authorization*. Requests should be received no later than three-to-five days prior to a scheduled procedure. For services that require prior medical necessity review, authorization should be obtained prior to scheduling the service.
- Concurrent review of admissions with an admission date of March 20 through June 18, 2020 remains suspended.
- MVP will resume concurrent review requirements for acute care facility admissions with admission dates of June 19, 2020 and beyond.
- MVP is available to accept notifications of admission through the established processes. The Notification of Unplanned, Urgent, or Emergency Room Admission form is available at mvphealthcare.com/providers/forms/#admissions. For Facilities where MVP does not have access to your Electronic Medical Records, supporting documentation is required.

To view a summary of all updates, visit mvphealthcare.com/Providers/COVID19.

To receive future FastFax messages by email, send a request to MVPFastFax@mvphealthcare.com.

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



- As directed through Circular Letter No. 8 and Supplemental Letter No. 1, MVP will not perform retrospective review for acute care admissions provided during the timeframe of March 20 through June 18, 2020.

Post-Acute Care Services, Skilled Nursing, and IP Rehabilitation Facilities (All Lines of Business)

- MVP will resume prior authorization requirements for transfers to skilled nursing and rehabilitation facilities. It is expected that all transfers are medically necessary.
- It is preferred that members continue to be directed to participating facilities. For members without out of network benefits requests will be considered on an individual basis.
 - To find participating rehabilitation facilities and skilled nursing facilities, visit mvphealthcare.com/searchproviders. After you enter a zip code and choose the member's plan type, click *Search All*, then type in "rehabilitation" or "skilled nursing". You can use the filters to adjust the distance and other preferred attributes.
 - If you need assistance navigating the Provider Search tool, or would like a list provided to you, contact the MVP Customer Care Center for Provider Services at **1-800-684-9286**.
- For Commercial, Medicaid, and ASO members please make your request through MVP by faxing clinical documentation to the Skilled Nursing Fax line at **1-866-942-7826**.
- MVP will perform admission and concurrent review.
- If you need assistance with discharge planning, please contact your assigned MVP UM representative.

Medicare Advantage Members

- Please make your initial requests through naviHealth at **1-844-411-2883** (Phone) or **1-866-683-6976** (Fax).
- naviHealth will perform concurrent reviews during member stays at skilled nursing and inpatient rehabilitation facilities.
- If you need assistance with discharge planning, please contact your assigned naviHealth representative.
- Please work in tandem with naviHealth to determine when care is considered no longer medically necessary and when to issue an Integrated Denial Notice (IDN) or Notice of Medicare Non-Coverage (NOMNC).
- After June 18, 2020, MVP reserves the right to retrospectively review all skilled nursing or acute inpatient rehabilitation facility admissions that occurred during the timeframe of March 20 through June 18, 2020 regardless of notification to MVP.

Home Care Services

Medicare Advantage Members

- Prior authorization for home care services for Medicare Advantage members resumes and will follow its normal process for service dates of June 19, 2020 and beyond.
- Home Health Agencies may continue to evaluate / conduct start of care or resumption of care of members' home health needs without prior authorization.
- Home Health Agencies are expected to submit requests for prior authorization of additional visits after initial evaluations at the start of care (SOC) are completed.

To view all faxed messages, visit mvphealthcare.com/FastFax.

To receive future FastFax messages by email, send a request to MVPFastFax@mvphealthcare.com.

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- All required clinical documentation to support initial requests must be received by naviHealth within seven business days of the start of care (SOC).
- All initial and subsequent concurrent requests will be reviewed by naviHealth for prior authorization and Home Health Agencies will be notified of determinations.
- Please submit requests to naviHealth at **1-844-851-1766** (Phone) or **1-866-683-9949** (Fax) and follow the same process as prior to March 20, 2020.
- After June 18, 2020, MVP reserves the right to retrospectively review all home health care that occurred during March 20 through June 18, 2020 timeframe regardless of notification to MVP.

Commercial and Medicaid Members

- As always, prior authorization is not required for home health care services.

Admission Requirements for Behavioral Health (All Lines of Business)

- MVP will continue the following notification process for inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential.
- Providers should notify MVP within two business days of the admission to the above levels of care. Concurrent reviews are suspended for all services mentioned above. MVP will continue to assist in coordinating care and discharge planning throughout the member's stay.
- MVP clinicians will contact facilities for periodic consultations. These consultations are not for Utilization Review purposes, but rather for coordination of care regarding the member's treatment and discharge plans. MVP is also helping as needed during these consultations to remove any barriers there may be related to post discharge care.
- When the member is discharged, the provider should notify MVP of the discharge date along with the discharge plan within 24 hours of discharge. This includes members leaving against medical advice (AMA).
- As a reminder, Partial Hospitalization and Continued Day Treatment no longer requires prior authorization as of March 17, 2020.
- After June 18, 2020, MVP reserves the right to retrospectively review all admissions that occurred.

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