February 26, 2021 – 2021.08

MVPFASTFAX

Important News for **Providers**

## *The UM Pause Outlined in Fast Fax 2021.01A Has Expired*

# MVP to Resume All Utilization Management Prior Authorization and Concurrent Review Programs Effective March 1, 2021

**Subject to Executive Orders provided by New York State*

*Due to the fluid nature of changes surrounding COVID-19 policies, MVP Health Care® (MVP) is providing this notice of Reinstatement of Utilization Management Process.*

### Prior Authorizations (All Lines of Business)

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/providers**, then select *Resources*, then *Other Resources*.

- Prior authorization for all elective services performed by MVP for all levels of care including Transplants, Pharmacy, and Behavioral Health, as well as use of in and out-of-network Providers for Members with no out-of-network benefits.
  - 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.
- Prior authorization for elective Musculoskeletal (MSK) Services managed by Magellan/NIA
  - 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**.
- Prior authorization for all radiation therapy treatments managed by eviCore. Providers may call eviCore at **1-888-647-6613** or submit requests at **eviCore.com**.
- Prior authorization for elective High-Tech Radiology for Commercial and Self-Funded Members.
  - eviCore requires prior authorization for advanced imaging procedures, including MRI, MRA, CT (including with contrast and 3D), PET, Nuclear Medicine, and Nuclear Cardiology. Providers may call eviCore at **1-888-647-6613** or submit requests at **eviCore.com**.
  - Reminder High-Tech radiology no longer requires prior authorization for Medicare Advantage Plans, Medicaid, Medicaid Harmonious Health Plan and Child Health Plus as of January 1, 2021 please visit **mvphealthcare.com/FastFax** to view the November 20, 2020 FastFax for details.

### 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.
- Please continue to provide notifications of admission through your established processes. The *Notification of Unplanned, Urgent, or Emergency Room Admission* form is available at **mvphealthcare.com/providers/forms/#admissions**. For Facilities that MVP does not have access to Electronic Medical Records, it is encouraged to provide supporting documentation for the purposes of discharge planning. For assistance with discharge planning, please contact your assigned MVP UM representative.
- Prior Authorization of transfers between acute hospitals, either within the same hospital system or another hospital system is required.

- Timely notification of discharges is encouraged to allow for quick post discharge follow up outreach to be performed.
- Prior authorization for elective services remains in place. 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.
- MVP reserves the right to perform retrospective review.

## Post-Acute Care Services, Skilled Nursing (SNF), and Acute Inpatient Rehabilitation (AIR) Facilities (All Lines of Business)

- Prior authorization for transfers to SNF and AIR is required.
- MVP reserves the right to retrospectively review any transfer that was not noticed to MVP.
- 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**.

### Commercial, Medicaid, and Self-Funded Members

- Please request prior approval through MVP by faxing clinical documentation to the Skilled Nursing Fax line at **1-866-942-7826**.
- MVP will perform concurrent review.
- If you need assistance with discharge planning, please contact your assigned MVP UM representative.

#### Medicare Advantage Members

- Please request prior approval through naviHealth by phone at **1-844-411-2883** or by fax at **1-866-683-6976**.
- naviHealth will perform concurrent reviews during Member stays at skilled nursing and inpatient rehabilitation facilities.
- For 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).

## Home Care Services

### Medicare Advantage Members

  - A reminder of the new naviHealth Home Health Approval Process for initial requests and start of care which began January 1, 2021 for all MVP Medicare Advantage Members requiring HH admissions.
    - As such, InterQual home health criteria will be used for continued care reviews beginning on January 1, 2021.
      - Continued care reviews will include visit eleven (11) and forward.
    - Visit **mvphealthcare.com/FastFax** to view the fax dated December 7, 2020 for additional context.
- Please follow the New Home Health Approval process and submit requests to naviHealth by phone at **1-844-851-1766** or by fax at **1-866-683-9949**.

**Commercial and Medicaid Members**

- As always, prior authorization is not required for home health care services.
    - It is encouraged to utilize MVP Participating Providers. MVP will not reject the use of non-participating providers.

## Admission Requirements for Behavioral Health (All Lines of Business)

- MVP will continue the notification process for the following in network services: 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 admission to the levels of care mentioned above.
- Concurrent reviews will resume for inpatient mental health, inpatient substance use and residential will be completed based upon Member need, and high-risk quality indicators. An MVP clinician will contact facilities at the time that a Member's admission has been identified for periodic consultation and/or Utilization Review.
- Authorization requirements remain in place for the following out-of-network services: inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential. 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 will help to remove barriers that 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).
- After March 1, 2021, MVP reserves the right to retrospectively review all admissions that occurred during the time of December 23, 2020 and February 28, 2021.