

This communication should be viewed by:
Oncology Providers

Optum Health Care Solutions to Administer Prior Authorization Services for Outpatient Medical Oncology Treatments

MVP Health Care® (MVP) has selected Optum Health Solutions to administer prior authorization services for outpatient medical oncology treatments, pending New York State Department of Health approval. Beginning January 1, 2024, oncologists serving MVP Members in all Plans (except DualAccess Plans) should submit authorization requests directly through Optum's Medical Oncology program.

Treatments that will be in-scope for this program include selected chemotherapy/systemic therapy and supportive care therapies on the medical benefit.

To help Providers acclimate with the new process, this requirement will be implemented in phases with the following approach:

Beginning January 1, 2024: Notification-Only

A treatment plan request must be submitted through Optum's platform for all in-scope Members. Treatment plans for Members who were authorized to begin treatment prior to January 1, 2024 and are currently in progress, and Members who have treatment start dates beginning January 1 through March 31, 2024 will be notified of approvals.

- Requests meeting MVP's clinical policies will be accepted instantly and not denied within Optum's platform
- Requests that have insufficient information may pend for review by an Optum clinician who will reach out to the ordering oncologist to discuss information needed Notification requests will be administratively reviewed during the first 90 days (January 1, 2024 through March 31, 2024) as a grace period. **Treatment Start Dates as of April 1, 2024: Prior Authorization is Required**

Prior authorization requests will be required for all in-scope Members for treatment dates that start April 1, 2024 or after.

- Requests meeting MVP's clinical policies will be instantly approved within Optum's platform
- Requests which do not meet MVP policies may pend for review by an Optum clinician who will reach out to the Oncologist to discuss why the request does not meet criteria and other potential treatment(s). Requests that do not meet medical necessity may be denied
 - Note: Optum will seek to offer a peer-to-peer discussion with any requesting oncologist before processing an adverse determination

This Requirement Will Apply for MVP Members in All Plans Except DualAccess Plans

- Excluded plans include the dual special needs plan (D-SNP) and integrated benefits program for dually eligible enrollees (IB-Dual, or IBP)

Additional information will be shared prior to January 1, 2024 about the drugs and procedures that will require notification/prior authorization, but the following will be excluded:

- Out of scope Member plans
- Drugs paid under the Pharmacy Benefit
- Car-T Therapies and Drugs used for specialty non-cancer conditions
- Services associated with Home Health Drug Administration
- Medical devices associated with drug administration (e.g., infusion pumps)
- Therapeutic radiopharmaceuticals

For Members in Active Cancer Treatment Prior to January 1, 2024

MVP will review claims to identify any Members that are currently in active treatment for drugs that will require notification/authorization through Optum and will proactively create 12-month authorizations for these Members to avoid disruption in care; MVP will then notify their treating oncologists about these authorizations. In these cases, oncologists do not need to seek an authorization through Optum until the authorization provided by MVP expires or there is a change in treatment.

If you have not been notified about an authorization having been created for your patient, then please use the Optum platform to enter a notification request.

Questions & Training

Information about training sessions and resources will be shared in November. Please contact your MVP Professional Relations representative with additional questions.

It's Time to Recertify Your Patients!*

The Families First Coronavirus Response Act has expired. To learn how MVP can help your patients continue their coverage, visit mvphealthcare.com/recertification.

*Applies to Members enrolled in Medicaid, Child Health Plus (CHP), Health and Recovery Plan (HARP), and the Essential Plan (EP).

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

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.