



healthy

practicesTM

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Medicare seminars announced

Save the date... MVP will hold a series of informative provider seminars throughout our Medicare service area this fall. Please mark your calendar and plan to attend. Invitations have been mailed to your office.

Location	Facility	Date	Time
Albany	Crossgates Restaurant	Sept. 12	9:00 a.m.
Saratoga	Longfellows	Sept. 14	9:00 a.m.
Schenectady	Glen Sanders Mansion	Sept. 21	9:00 a.m.
Troy	Irish Mist	Sept. 28	9:00 a.m.
Schenectady	Glen Sanders Mansion	Oct. 3	9:00 a.m.
Amsterdam	Perthshire Banquet Facility	Oct. 11	9:00 a.m.
Saratoga	Longfellows	Oct. 17	9:00 a.m.
Binghamton	Binghamton Club	Oct. 17	9:00 a.m.
Binghamton	Binghamton General Hospital	Oct. 25	9:00 a.m.
Albany	Crossgates Restaurant	Oct. 26	9:00 a.m.

Urgent Care Centers listing

MVP provides coverage for treatment rendered by credentialed physicians at specific Urgent Care Centers. Urgent Care Centers provide services for trauma and illness that require immediate treatment when the primary care physician is not available to provide care. Please note: severe trauma or life threatening conditions should be managed at an Emergency department.

A list of MVP participating physicians and the urgent care centers where they work is posted on the MVP Web site (www.mvphealthcare.com). The Urgent Care Centers listed represent sites at which credentialed physicians make extended evening and weekend hours available and have committed to coordinating care with the member's primary care physician (PCP). Please consider recommending a participating Urgent Care Center to your patients the next time non-emergent medical care is needed after your regular office hours. An urgent care center may provide your patients with a more appropriate setting than the emergency room.

It is MVP's position that Urgent Care Centers should not replace the important relationship members have with their physician. One of the criteria that MVP used in selecting urgent care centers was that communication with the member's physician must occur within 24 hours of being seen at an Urgent Care Center. This is to ensure the physicians are notified of the care rendered, and can follow-up with the patient.

If you have any questions about coverage for services rendered by Urgent Care Centers or about MVP's criteria, please contact your Professional Relations representative.

Dennis L. Allen, MD
Executive Vice President &
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New Products

MVP Basix product approved

MVP has received approval from the New York state Department of Insurance to offer Basix, a low cost HMO plan, to large and small employer groups in New York state. The product is designed to limit premium costs and promote cost sharing with covered members.

Coverage features include:

- \$25 copayment for office visits for primary and preventive care
- \$40 copayment for specialty care services
- \$500 copayment for hospital inpatient care
- \$10 copayment for generic prescription drugs
- Formulary brand-name drugs approved for coverage by MVP are available to members at MVP's discounted price through participating retail and mail-order pharmacies.

Please note that Basix does not cover some services usually associated with HMO coverage. Some examples of non-covered services are:

- Outpatient cardiac rehabilitation
- Outpatient physical, speech and occupational therapies (unlimited physical therapy is covered only with a diagnosis of lymphedema)
- Durable medical equipment (except for: breast prosthesis with diagnosis of breast cancer, and diabetic supplies and equipment which are mandated to be covered)
- Inpatient or outpatient mental health treatment
- Inpatient detoxification for Alcohol/Substance Abuse
- Prescription drugs for treatments not covered under Basix (for example, drugs written for mental health diagnoses/conditions will not be covered)
- Non-emergency ambulance transports
- Inpatient Skilled nursing care
- Vision exams
- Preventive dental for kids
- Prescription drug coverage is limited to generic drugs on MVP's Formulary. There is no coverage for brand name drugs.

A sample of the Basix member identification card is presented below. If you have any questions, please contact your Professional Relations representative.

	Subscriber ID: 81234567800	New York
	JOHN Q. SAMPLE	
	Member #: 81234567801	Member Name: JANE SAMPLE
	Plan Type: HMO Basix	
	Group #: 209132	Effective Date: 08/01/2006
	PCP Office Visit: \$25	Specialist Office Visit: \$40
	Referral Required	
	Hospital Inpatient: \$500	Emergency Room: \$100
	Rx Group #: MVPRX	Bin #: 610527 Processor #: VL

MVP to offer Medicare Advantage HMO

MVP Health Plan, Inc. has received approval from the Centers for Medicare and Medicaid Services (CMS) to offer MVP Gold, a Medicare Advantage HMO plan, in ten New York state counties. MVP Gold will be offered to Medicare-eligible individuals and through employer groups in Albany, Dutchess, Montgomery, Onondaga, Rensselaer, Saratoga, Schenectady and Ulster. It will also be offered only to employer groups in Broome and Cayuga counties. The MVP Gold plan options will be offered with and without prescription drug coverage. Specific plan benefits and rates are subject to CMS review and approval and will be announced soon.

NPI mandate reminder

A HIPAA mandate requires all healthcare providers who submit claims electronically to obtain a standard 10-digit, unique identification number called a National Provider Identifier, or NPI. The NPI must be used in all HIPAA standard electronic transactions as of May 23, 2007. The NPI will replace the MVP provider ID number on all HIPAA standard electronic transactions, however it does not replace your DEA or tax ID number.

Apply for your NPI

The Centers for Medicare and Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign the NPI identifiers. If you have not done so, please apply to CMS for your NPI. CMS has contracted with Fox Systems, Inc. to serve as the NPI Enumerator. You can apply online at <http://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Report your NPI to MVP

All participating providers must report their NPIs to MVP online using the MVP Web site. On or after **September 18, 2006**, please visit www.mvphealthcare.com and follow these steps:

- Select *Providers Home* from the Providers drop down box
- Click on the *NPI* link in the top right corner
- Click on the *Report Your NPI* link at the top of the page
- There are two options for reporting your NPI
- Please follow the instructions provided
- Please report your NPI to MVP prior to submitting claims

Claims Submission

MVP is using the following timeline to transition providers to full HIPAA compliance:

- Until November 30, 2006 — Use only your current MVP Provider ID Number(s)
- From December 1, 2006 to February 28, 2007 — Dual Submission Accepted: Please submit your MVP Provider ID Number (primary) and NPI number (secondary)
- From March 1 to May 22, 2007 — Dual Submission Accepted: Please submit your NPI number (primary) and MVP Provider ID Number (secondary)
- Effective May 23, 2007 — MVP will require you to use your NPI number as mandated by HIPAA

Up-to-date MVP NPI information is available on the MVP Web site. You can link to the Centers for Medicare and Medicaid Services (CMS) site, review MVP's revised EDI Companion Guides and access several other links to current NPI information. We will also continue to publish NPI updates in *Healthy Practices*.

Revised 1500 Health Insurance Claim Form

The National Uniform Claim Committee (NUCC) recently announced the release of a revised version of the 1500 Health Insurance Claim Form (version 08/05). The form was revised to accommodate reporting of the National Provider Identifier (NPI) number. As noted in the NPI article above, healthcare providers will be required to use the NPI on electronic claims and other HIPAA transactions beginning May 23, 2007. While the NPI is only required for electronic transactions, some providers submit the paper 1500 form to clearinghouses and other third parties who convert the paper form to a standard electronic HIPAA format.

In addition to the revised form, a 1500 Reference Instruction Manual providing detailed instructions for completing the form has been developed. The revised form and manual are available on the NUCC Web site (www.nucc.org). Copies of the revised form can be obtained by contacting TFP Data Systems at 1500form@tfpdata.com or by calling **1-800-482-9367, extension 1770**.

New Claim Adjustment Request Form

MVP implemented a new Claim Adjustment Request Form effective August 1, 2006. A copy of the new form was enclosed in the July/August issue of *Healthy Practices*. The form is also located on the MVP Web site (www.mvphealthcare.com).

MVP will accept both the old and new Claim Adjustment Request Form until October 31, 2006. Participating providers must use the new form beginning on November 1, 2006. All claim adjustment requests received on the old form after November 1, 2006 will be returned to the provider.

Please note: The Group Number is now required on the form. It can be found on the member's ID card. We have also added a space for the provider's National Provider Identifier number.

MVP referral reminders

MVP does not require HMO or POS members (including MVP Select Care ASO-HMO and ASO-POS) to obtain a referral for the following specialty services:

- OB/GYN (exception: a referral is required for infertility services)
- behavioral health
- routine eye exams (covered every two calendar years, annually for members with diabetes)
- oncology and hematology services (including radiation and chemotherapy)
- nutritional counseling
- allergy immune therapy (including evaluation and therapy by an allergist)
- physical therapy
- occupational therapy.

Referrals are required for all other specialty care visits and are good for one year from the date written, unless specific visit limitations are prescribed by the referring practitioner.

Web site referrals

Participating providers can complete and submit a referral using the MVP Web site (www.mvphealthcare.com). Search engines are available to help select the correct member, practitioner and diagnosis codes. Many specialists have multiple listings and provider IDs — please select the correct listing. If a specialist is entered incorrectly (wrong location or provider ID number), the specialist's office will not receive a copy of an approved referral form and the claim may be denied for no referral.

Existing referrals

If a referring provider wants to add visits to, or change the date of, an existing referral, he or she can contact MVP's Referral unit at **1-800-568-0458**. The telephone queue is easy to use and adding visits to an existing referral will facilitate improved claims processing.

Specialist referral form

The MVP Specialist Referral Form enables specialty care physicians to treat MVP HMO, POS and Select Care (ASO) members for one visit without a referral from their Primary Care Physician (PCP). This referral form should be used in the rare instance that a MVP member seeks treatment from you, but does not have a referral to you from their PCP, as required by their health plan coverage. Please note: This referral is limited to one visit only and should be faxed to MVP at the time of the office visit. If there is a question whether a referral is on file, please contact the MVP Referral Unit (**1-800-568-0458**) to check the status prior to filling out this form. This referral does not eliminate the requirement that members go through their PCP for specialty referrals.

MVP does not accept referrals for behavioral health

MVP does not accept or require referrals from participating primary care physicians (PCPs) for behavioral health services. However, there is a notification requirement and either the PCP or member must call the MVP Behavioral Health Access Center at **1-800-568-0458** to register care prior to treatment. If notification is not obtained, claims may be denied. Please note: PPO, EPO and Indemnity plans do not require notification, however PPO Select does require notification. To request additional visits beyond the initial authorization, a behavioral health practitioner must complete and submit an Outpatient Treatment Report (OTR) prior to using all of the initially authorized visits. OTRs are available on the MVP Web site (www.mvphealthcare.com).

Integration Update

Bringing MVP and Preferred Care together

MVP and Preferred Care continue to integrate medical and pharmacy policies as changes to the *Benefit Interpretation Manual* are made — the latest revisions to the manual are in this newsletter.

Also, MVP and Preferred Care have begun the process of amending contracts to allow for a reciprocal network that will allow Preferred Care members to see MVP participating providers, and vice-versa. When the necessary contracting efforts are complete, we will notify you. In addition, you will be informed on how to contact and receive benefit coverage information if you treat a Preferred Care member.

Clinical editing reminder

MVP notified participating providers via a letter in March 2006 and in the July/August issue of *Healthy Practices* that we are in the process of updating our clinical editing software to accept new codes and adopt industry standards for claims processing. MVP will continue making updates throughout 2006. MVP will inform participating providers of any changes that may impact claims reimbursement.

In addition to our FACETS clinical edits software, MVP uses National Correct Coding Initiative (NCCI), American Medical Association (AMA), Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) code guidelines to accurately process claims. To ensure accurate claims processing and reimbursement, MVP continues to test and make changes to the claims system.

Radiology copayment reminder

Additional copayments may apply for diagnostic testing. For example, during a scheduled office visit, you refer a patient to the free standing Imaging Center for a diagnostic test. Depending on the members' available benefits, an additional copayment may be applicable and should be collected at the time of service. Please call the appropriate toll-free Member Services telephone number to verify member benefits and copayment information.

Checking eligibility for IBM members

Providers calling MVP's dedicated IBM Member Services line to check a member's eligibility can access integrated voice response (IVR) technology. Call **1-800-765-3773**, listen to the voice prompts and press "2" for healthcare providers. Beginning October 1, callers will be required to press "2" again to access the IVR eligibility menu and will be prompted to enter the IBM member's identification number. Providers can also check member eligibility online using the MVP Web site (www.mvphealthcare.com).



Pharmacy Updates

New Pharmacy Benefits Manager

As mentioned in the July/August issue of *Healthy Practices*, Medco Health Solutions, Inc. will become MVP's new pharmacy benefit manager (PBM) for all retail and mail-order pharmacy programs effective January 1, 2007. This change will apply to MVP products with prescription drug coverage, whether MVP Select Care (ASO) plans, Healthy New York, Family Health Plus, Child Health Plus, or MVP Gold, our new Medicare product.

After a thorough review process of potential pharmacy partners, MVP chose Medco for its extensive network, expertise in mail-order pharmacy programs, and the online services that it can offer MVP members. Some of the online services include the use of a medication pricing tool, the ability to check and track prescriptions filled by mail-order, and a complete mail-order and retail prescription history and expense summary.

Customer satisfaction was another important factor in MVP's decision. For the past 5 years, Medco has been rated the number one PBM in customer satisfaction for Mail-order Pharmacy, Online Pharmacy, and for the first year, number one PBM for Medicare Prescription Discount Card Savings, according to the 2005 WilsonRx® *Pharmacy Benefit Satisfaction Report*. **medco.com**® was ranked the number one Web site in the Customer Respect Group's Pharmaceutical and Healthcare study in 2005. Also in 2005, Medco managed 540 million prescriptions, including more than 87 million prescriptions dispensed through its mail-order pharmacies.

As MVP and Medco carefully plan and implement this change, we will keep you informed of our progress and provide additional information in future issues of *Healthy Practices*. Our goal is as little or no disruption as possible to you and your patients.

Some highlights:

- Medco's large pharmacy network includes many of the same pharmacies you and members have become accustomed to using. In the event that a pharmacy is not in Medco's network, you can find one that is by visiting www.medco.com.
- The transfer of current claims history and preauthorization information will occur between NMHC, our current retail pharmacy vendor, and Medco.
- Current, refillable prescriptions will be transferred from our current pharmacy mail-order vendor, Express Scripts, to Medco. A few situations where a new prescription will be needed are for controlled substances or compounded prescriptions being filled by Medco's mail-order pharmacy. Again, MVP will inform both you and affected members prior to the January 1, 2007, effective date of this change.
- MVP will continue to provide notices to you and affected members regarding changes in the MVP formulary.

MVP is excited to partner with Medco to offer members more ways to efficiently manage their prescription drug coverage. Please look for updates in the next issue of *Healthy Practices*.

Pharmacy updates effective October 1, 2006

Xolair® Policy

- Name changed from Asthma Drug policy
- Criteria updated to include member must have inadequate control on combination therapy for at least 6 months and a more specific description of oral corticosteroid use

Remicade® for Inflammatory Bowel Disease Policy

- Name changed from Remicade® for Crohn's
- Criteria updated to include initial approval will be for 3 infusions, disease is confirmed by endoscopy and treatment failure has occurred or that there is an intolerance to conventional therapy
- Policy lists specific documentation that should be present in the medical record

Medical Exception Policy for Non-covered Drugs

- Language added that states generic equivalents of existing drugs will become reimbursable when they are added to the pharmacy benefit management (PBM) prescription processing system
- The PBM pricing source will determine if a drug is considered a brand or a generic

Chronic Hepatitis C Treatment Policy

- Name changed from Interferons for Hepatitis C
- Intron-A® and Roferon-A® removed from the policy and no longer require pre-authorization
- A criteria summary chart, which includes HIV co-infection criteria, was added
- Initial treatment approval was changed to 12 weeks to better represent current practices
- Requires pre-authorization - a specific pre-authorization request form for Chronic Hepatitis C is available on the MVP Web site (www.mvphealthcare.com)

Anti-diabetic (Starlix®) Policy

- This policy was deleted removing pre-authorization

Low Molecular Weight Heparin Policy

- This policy was deleted removing quantity limits and pre-authorization criteria for use beyond initial 14-day limit

Pain Medication Policy

- Quantity limit of 20 patches per 30 days for Duragesic (and generics) was added
- A step therapy edit was added – it will require an immediate-release opioid prescription to have been filled in the previous 90 days prior to adjudication of fentanyl patches
- Palladone was removed from the policy as it has been withdrawn from the market

Prescription Drug Quantity Limits Policy

- Butorphanol Nasal Spray was added to the policy, up to 4 canisters will be covered per 30 days

Prescription Drug Formulary 2007

The 2007 Prescription Drug Formulary is in the final stages of approval by both the MVP and Preferred Care Pharmacy & Therapeutics committees. This document represents the combination of the MVP and Preferred Care formularies, step therapy edits and quantity limits applicable to commercial membership. The November/December issue of *Healthy Practices* will contain an abridged version of the complete formulary. Updates to the formulary will continue to be communicated to you through this newsletter as well as online at www.mvphealthcare.com.

News on generic drugs

Several popular brand name medications have become available as generics since the last issue of *Healthy Practices*. They are as follows:

- simvastatin (generic Zocor)
- sertraline (generic Zoloft)
- pravastatin (generic Pravachol)
- finasteride (generic Proscar)
- meloxicam (generic Mobic).

MVP has added all the above generics to the formulary (except sertraline 50mg) and encourages all prescribers to allow for substitution when writing new prescriptions.



Benefit Interpretation Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below during the July and August 2006 meetings. Some of the benefit interpretation policies reflect new technology while others clarify existing benefits. If you would like to read a complete policy, which includes the specific criteria considered, or if you have questions regarding the policies, call your Professional Relations representative or visit the MVP Web site at www.mvphealthcare.com. The online *Benefits Interpretation Manual* (BIM) is located on the "Communications" section of the Provider portal.

Diagnostic Testing

Ambulatory Holter Monitoring/30 Day Cardiac Event Monitoring

- Revised combined policy with updated criteria from CMS
- Pre-authorization is not required

Continuous Glucose Monitoring Devices

- New policy for coverage for MVP Gold members only
- Pre-authorization is required

Virtual Colonoscopy

- Revised with Medicare language
- Pre-authorization is still required

Surgical

TMJ Policy (New York state and New Hampshire)

- Revised with criteria from the National Institute of Health/ Cranio-facial disorders
- Pre-authorization is still required

Cochlear Implants and Osseointegrated Devices

- Policy revised to allow coverage of osseointegrated devices (i.e. BAHA hearing aids)
- Pre-authorization is still required

Orthognathic Surgery

- Revised updated criteria
- Preauthorization is still required

Spinal Cord Stimulators

- New policy for MVP Gold members only with criteria from CMS
- Pre-authorization is required
- All other MVP contracts follow the Interqual criteria with pre-authorization

Vertebroplasty/Kyphoplasty

- New policy for MVP Gold members only
- Pre-authorization is required
- All other MVP contracts follow the Interqual criteria with pre-authorization

Treatment of Benign Prostatic Hypertrophy

- Revised comprehensive policy indicating all acceptable treatments for this disorder
- Pre-authorization is not required

Left Ventricular Assist Device

- New policy to allow use of this device for members awaiting heart transplants following CMS criteria
- Pre-authorization is required

Deleted policies

The following policies have been deleted from the MVP *Benefit Interpretation Manual*:

- Holter Monitor
- Uterine Artery Embolization
- Endometrial Ablation
- Transurethral Needle Ablation (TUNA)
- Dialysis Out of Area
- Echocardiogram
- Discography



Quality Improvement Updates

MVP promotes Chlamydia screening

According to the Centers for Disease Control (CDC), Chlamydia is the most common bacterial sexually transmitted disease in the United States. Results from the 2006 Health Plan Employer Data Information Set (HEDIS) indicate that more than 50 percent of women considered at risk for the disease are not being tested.

Women most at risk for Chlamydia infection are those between the ages of 16 and 25 who are sexually active. Annual testing is recommended for women in this category because the disease frequently has no symptoms. If untreated, Chlamydia can lead to pelvic inflammatory disease and is a common cause of infertility.

In June 2006, the MVP Quality Improvement department sent a letter to all female MVP members between the ages of 20 and 25, encouraging them to talk with their physicians about Chlamydia screening. A brochure with information about the screening was enclosed. In July 2006, MVP sent a letter and pamphlet on Teen Risky Behaviors to the parents of our teenage members between the ages of 16 and 19. The letter encouraged parents to discuss these important topics with their teens and suggested they speak with their primary care physician. Please call the Quality Improvement department at **(518) 388-2602** to request copies of these brochures.

MVP health management programs

MVP offers disease management programs for individuals with asthma, diabetes, heart disease and chronic low back pain. Through telephonic education and health coaching by Registered Nurses as well as educational materials and tools sent in the mail, these programs help members make positive lifestyle changes and better control their disease. Health coaching reinforces the care plans developed by the member's providers and empowers the member to bring about personal change and engage the health care system in a more constructive manner. The previous edition of this newsletter highlighted the Asthma and Diabetes Care Programs. The programs for individuals with chronic low back pain and heart disease are highlighted below.

Back Care Program

Through telephonic education and health coaching, this program helps members make positive lifestyle changes and better control their back pain. Additional program interventions include:

- Members receive a newsletter, *The Spine Column*, twice a year. It addresses topics related to back care and includes interactive quizzes.
- Members are encouraged to enroll in The Personal Health Improvement Program (PHIP). This program consists of a series of six weekly two-hour classroom sessions conducted by health care professionals who understand the "mind-body connection" and how moods and behavior can affect one's body and health.

Effectiveness of the program can be demonstrated through findings from a Health Risk Assessment (HRA) survey administered to program participants upon enrollment in the program and after one year. Key findings from 2005 are as follows:

- The percentage reporting none or mild back pain in the past four weeks improved from 28.2 percent at baseline to 44.3 percent at one-year.
- The percentage reporting their back pain did not interfere with work doubled from 10.9 percent at baseline to 22.9 percent at one-year.

Cardiac Care Program

This program assists members recovering from a recent heart attack, coronary artery bypass graft surgery, percutaneous transluminal coronary angioplasty, stent placement, coronary brachytherapy and coronary atherectomy. Members receive telephonic education and support through recovery from their cardiac event to one year after. Additional interventions include:

- Lipid Adherence Reports are sent to PCPs and prescribers twice a year. The report is a one-page summary per member that lists recent lipid lowering medication prescription fills and highlights those fills where gaps occurred that may indicate non-adherence.
- Members receive regular reminders about the importance of having an annual lipid profile and the recommended LDL level as well as the importance of taking their lipid lowering medication on a regular basis.

Measures of program success include:

- 89 percent of program participants who had an LDL level greater than 100 mg/dL reported being on a lipid-lowering agent
- 92.7 percent had a blood pressure less than 140/90
- 93.2 percent reported exercising at least 3 times per week
- 97.5 percent reported being on aspirin or other anti-platelet.

If you would like to refer a member for one-on-one telephonic education and health coaching, please call **1-888-357-4687**.

CAQH update

To streamline the administrative credentialing and recredentialing processes for our participating providers, MVP joined the Council for Affordable Quality Healthcare (CAQH) credentialing initiative. Based on high provider participation rates, we have replaced the MVP credentialing and recredentialing application with the CAQH Universal Credentialing DataSource application — a free, online service that allows providers to fill out one application to meet the credentialing and recredentialing data needs of multiple health plans.

If you have not already done so, please visit CAQH online at www.caqh.org/cred and complete the application. If you do not have Internet access or need assistance, please call the CAQH Help Desk toll-free at **1-888-599-1771** or e-mail help@caqh.geoaccess.com with questions. Only those health plans you authorize will have access to your information. If you prefer, CAQH will provide a paper application. Upon completion, please fax it to CAQH toll-free at **1-866-293-0414**. CAQH will scan your application and load it onto their Web site.

More than 70 percent of MVP's participating providers have reduced their credentialing and recredentialing paperwork by taking advantage of this time-saving service. Once the online application is complete, providers only need to update information that has changed or expired and attest to the accuracy of the data twice per year.

For additional information about CAQH, visit their Web site at www.caqh.org.

OB/GYN Specialty Report

In September, MVP will mail OB/GYN Specialty Reports to these specialists in the HMO who have seen at least 150 members in a 12-month period. The report will provide information regarding high volume procedures and most commonly prescribed medications.

The report helps to identify and assess patterns of care that will enable physicians to improve the quality of care delivered to our members. An MVP Clinical Reporting Coordinator may schedule a meeting with OB/Gyns to discuss the report, identify opportunities for improvement and best practices.

Please call Michael Farina, Associate Director, Health Management, at **1-800-777-4793, extension 2463** to discuss questions regarding these reports.

Adolescent preventive care initiative

According to the 2005 national Youth Risk Behavior Survey (YRBS), the principal causes of morbidity and mortality among adolescents relate to the following risky behaviors:

- Alcohol and drug use
- Tobacco use
- Unsafe sex
- Violence/ unintentional injuries
- Unhealthy diet
- Lack of exercise.

Physicians can play an important role in an adolescent's life by screening for, and counseling on the effects of risky behavior. To support this effort, MVP has adopted several tools for physicians as well as educational materials for teens and their parents. These tools can be found in the *Physician Quality Improvement Manual*, accessible through the MVP Web site at www.mvphealthcare.com/provider and are mailed to physicians and parents each year. MVP offers the following tools for adolescent screening and documentation:

- A one-page sheet for physicians to document physical exam findings for adolescents
- An adolescent preventive care flow sheet to track screening and counseling for risky behaviors, physical assessment and procedures as well as immunizations
- A brief tool that includes the CRAFFT and PHQ-2 questions to screen adolescents for alcohol, substance use and depression. Other tools that include the CRAFFT questions are also available as well as a more detailed depression screener (PHQ-9)
- Risky Teen brochure for adolescents
- The AMA Parent Package, which contains informational sheets for parents on risky behaviors for adolescents
- Body Mass Index (BMI) calculator and table
- A resource sheet listing Substance Abuse Clinicians available for consultation
- MVP also provides physicians with lists of MVP patients between the ages of 12 to 21 who may be due for an annual well care exam.

If you would like to receive any of the above tools free of charge please call **1-800-777-4793 extension 2602**. MVP can also arrange for free in-office training to assist physicians in screening and counseling adolescents on alcohol and substance use. If interested, please call **1-800-777-4793 extension 2313**.

QI Manual update

Several of MVP's existing clinical practice guideline endorsements have recently been renewed or revised. Please see below descriptions:

Adult Preventive Care Guidelines:

The preventive care guidelines for adults aged 19 and older have been renewed and continue to be a collaborative effort with two other health plans located in New York State. The guidelines summarize the recommendation of the US Preventive Services Task Force and contain two pages; one which focuses on men and the other contains preventive health measures important to women.

Cardiac Care Guideline:

The cardiac care guideline was re-approved and includes the updated AHA/ACC guidelines. These include a heightened emphasis on the effects of smoking, the importance of exercise frequency and blood pressure control for patients with chronic kidney disease.

Prenatal Care Guideline:

The prenatal guidelines are derived from the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) Guidelines for Perinatal Care. The guideline was re-approved with the addition of cystic fibrosis screening being added to the patient education/counseling section for all pregnant women and details about genetic screening for women of Eastern European Jewish descent.

Paper copies of these recommendations are currently available by calling MVP's Quality Improvement (QI) department toll-free at **1-800-777-4793, extension 2602**. The recommendations will also be available in an update to the MVP *Physician Quality Improvement Manual*. The current edition of the manual is located on the provider home page of the MVP Web site (www.mvphealthcare.com). Offices interested in receiving a CD-ROM or paper edition of the updated manual should call the QI department at the number above.

