



# healthy practices<sup>TM</sup>

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## Imaging studies during non-business hours

If a participating physician sends a patient for a clinically urgent imaging study during non-business hours (i.e. evenings, weekends, holidays), the provider should call the MVP Imaging department at **1-800-568-0458** or fax a completed Pre-authorization Request Form (PARF) to **1-800-280-7346** on the next business day. For MVP Select Care (ASO) members, call **1-800-229-5851**. By notifying MVP, a nurse will authorize the radiology service allowing the claim to pay.

Please follow the above process for clinically urgent cases during non-business hours only. This policy does not apply to members being seen in the emergency room.

## No coverage for FluMist®

There is an ample supply of injectable influenza vaccine available. Therefore, MVP will not provide coverage for the nasally-administered vaccine FluMist® during the 2006-2007 flu season. The *MVP Benefit Interpretation Manual* (BIM) has been updated to note this policy. If an MVP member's benefit plan includes coverage for vaccinations, MVP will provide reimbursement for a flu shot from a physician or a flu shot clinic.

## OB/GYN Update

Participating OB/GYNs are required to notify MVP of all pregnancies by completing a Prenatal Health Risk Assessment Form and faxing it to the Little Footprints Case Manager at **(518) 388-2201** or **1-800-280-7346**.

Participating OB/GYNs are entitled to a \$300 reimbursement of their global fee upon MVP's receipt of a claim and a completed Prenatal Health Risk Assessment Form. Please note: to be HIPAA compliant, MVP will no longer accept the "OB" modifier. Effective December 1, 2006, the "TH" modifier must be noted on the claim.

If your office submits claims electronically, please include the "TH" modifier on the claim and fax a completed *Prenatal Health Risk Assessment Form* to Little Footprints Case Manager at **1-800-280-7346**.

## Updated UM Policy Guide

Please find an updated *UM Policy Guide* enclosed in this issue and keep it handy for your future reference.

## No copayment for Well child visits

New York state mandates that there is no copayment for well child visits. Well child visits are preventive care visits that include a medical history, physical examination, developmental assessment, anticipatory guidance, necessary and appropriate immunizations and laboratory tests at the time of the visit. Well child visits are a covered benefit with no copayment required.

Please note: MVP allows a 30-day grace period preceding the subsequent visit. For example, if a member had a well child visit in June 2006, he or she would be eligible for another well child visit in May 2007. As long as the well child visit takes place 11 months or more after the prior visit, there would be no copayment. If the visit takes place prior to May 2007, a copayment would apply.

If the child needs visits for reasons other than well care (i.e. visits to specialists or visits to the primary care physician when the child is sick), the member will be responsible for his or her regular office visit copayment. The member is responsible to pay the applicable copayments for all other services such as outpatient surgery, hospitalization and emergency room visits.

Please refer to the MVP Well Child Visit / Preventive Care policy in the online *Benefit Interpretation Manual* (BIM) for additional information.

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### MVP offers Medicare Advantage HMO

MVP Health Plan, Inc. is offering a Medicare Advantage HMO plan (MVP Gold), in ten New York state counties. MVP Gold is being offered to Medicare-eligible individuals and through employer groups in Albany, Dutchess, Montgomery, Onondaga, Rensselaer, Saratoga, Schenectady and Ulster. It is also being offered to employer groups in Broome and Cayuga counties. The MVP Gold plan is being offered with and without prescription drug coverage.

Providers who have joined the MVP Gold network may begin seeing MVP Gold patients at all office locations effective January 1, 2007.

If you do not currently participate in the MVP Gold provider network and would like to, please call your Professional Relations representative or the Professional Relations department toll free at **1-888-363-9485**. Please note: you must practice in at least one of the ten counties listed above or in a contiguous county.

### New Claim Adjustment Request Form

MVP implemented a new Claim Adjustment Request Form effective August 1, 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. 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](http://www.mvphealthcare.com)).

Please note: The Group Number is 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 (NPI) number.

### CMS Releases NPI "Training Package"

The Centers for Medicare & Medicaid Services (CMS) released a training package about the Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI). The training package is intended as an educational resource about the NPI requirements for health care providers and their staff. The package may also be used by national and local medical societies for group presentations and trainings.

The training package will consist of the following five modules, three of which are currently available. The modules include:

- General Information (currently available)
- Electronic File Interchange (EFI) (currently available)
- Subparts (currently available)
- Data Dissemination (to be developed for future release)
- Medicare Implementation (to be developed for future release).

CMS will post additional materials about the NPI requirements on the agency's Web site at [www.cms.hhs.gov/NationalProviderStand/](http://www.cms.hhs.gov/NationalProviderStand/). Call Tom Wilder at (202) 778-3255 or [twilder@ahip.org](mailto:twilder@ahip.org) or Marilyn Zigmund Luke at (202) 861-1473 or [mzigmundluke@ahip.org](mailto:mzigmundluke@ahip.org) if you have any questions.

### MVP accepting NPI numbers

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. Please visit [www.mvphealthcare.com](http://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

To accommodate electronic claims submission, MVP has adopted the CMS dual strategy approach and will begin accepting claims in the format indicated in the following timeline:

- Providers should use their current MVP provider ID numbers until November 30, 2006.
- From December 1, 2006 to May 22, 2007, MVP is asking providers to submit both their MVP provider ID number and their NPI number.
- Beginning May 23, 2007, MVP will require provider's to use their NPI number as mandated by HIPAA.

This timeline is a recommended approach only and is not mandatory. Effective May 23, 2007 in compliance with the HIPAA mandate, MVP will accept only NPIs on all electronic transactions.

Up-to-date NPI information, revised EDI Companion Guides and a link to the CMS Web site are available on the MVP Web site. MVP will continue to publish NPI updates in *Healthy Practices*.

## Clinical edit changes

MVP notified participating providers via a letter in March 2006 and in the July/August and September/October 2006 issues 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 and will inform participating providers of any changes that may impact claims reimbursement.

The following are a sample of the edits that were implemented on September 23, 2006:

- Added modifiers to our valid modifier list for numerous codes (i.e. modifier 50 and 51 were added to many radiology procedure codes; RT and LT modifiers were added to several physical therapy codes)
- Age range for CPT® code 01995 was changed to 0 to 99
- Age range for HCPCS code J7302 was changed to 10 to 55
- Removed CPT® code 59025 from denying as global to CPT® code 76815
- Added CPT® code 99144-59 as global to CPT code 93510-59
- Added CPT® code 90774 as global to CPT code 45378
- Added CPT® code 90772 as global to CPT code 95115
- Added CPT® code 90765-59 as global to CPT code 96413.

Information about our policies and procedures can also be obtained on the MVP Web site ([www.mvphealthcare.com](http://www.mvphealthcare.com)) or from your Professional Relations representative.



## Behavioral Health Update

### Authorizations expire at the end of 2006

A reminder to participating psychiatrists, psychologists and social workers:

- All Behavioral Health authorizations (both counseling and medication management) that were obtained through the MVP Behavioral Health Access Center expire at the end of 2006.
- Any unused approved visits in 2006 may only be carried over into 2007 by completing and submitting the enclosed *End of the Year Continuing Treatment Log* to MVP.
- Providers and members should not call MVP to obtain a new authorization for 2007.

Exception: Psychiatrists providing medication management (CPT® code 90862) may call the Behavioral Health Access Center at **1-800 568-0458** to obtain a new authorization for 2007. Psychiatrists who use billing codes other than 90862 should submit the *End of the Year Continuing Treatment Log*.



## MVMA Updates

### Physicians achieve PPC certification

MVP and MVMA have continued to work with Bridges to Excellence and the National Committee for Quality Assurance's (NCQA) evaluation program, Physician Practice Connections (PPC), to recognize physician practices that use clinical information and technology to positively impact patient care.

For practices interested in achieving certification for the first time, process assistance is available from MVP. Assistance is also available for those offices seeking to achieve a higher level of certification. If you are interested in learning more about the program or the assistance available, contact Sue Bornt at **(518) 388-2023** or via e-mail at [sbornt@mvphealthcare.com](mailto:sbornt@mvphealthcare.com).

Additional information regarding Bridges to Excellence, the PPC reward program or applying for PPC recognition, can be found at [www.bridgestoexcellence.org/](http://www.bridgestoexcellence.org/) and [www.ncqa.org/ppc/](http://www.ncqa.org/ppc/).

The following primary care physicians recently achieved PPC certification:

Gerard Abess, M.D., Family Practice  
Lisa Bevilacqua, D.O., Family Practice  
Amy Campion, D.O., Family Practice  
Thomas Coppens, M.D., Family Practice  
David Cunningham, M.D., Family Practice  
Craig Emblidge, M.D., Family Practice  
Robert Evans, D.O., Family Practice  
Paul Filion, M.D., Family Practice  
Anthony Petracca, M.D., Family Practice  
Robert Reeves, M.D., Family Practice  
Jacob Reider, M.D., Family Practice  
William Tedesco, M.D., Family Practice

### MVMA supports the Annual Holiday Hunger Appeal

MVMA and the Regional Food Bank of Northeastern New York are teaming up on Thursday, December 7 at Crossgates Mall for the 22 Annual Holiday Hunger Appeal. MVMA will match donations received on December 7 to feed those less fortunate.

The Regional Food Bank is a private nonprofit corporation that supports a network of over 875 agencies working to meet the basic food needs of people in 23 counties of Northeastern New York by distributing food donations to food pantries, soup kitchens and shelters. MVMA's sponsorship will be noted on Capital News 9 throughout the holiday season and on MAGIC 100.9 FM on December 7 as the daily featured sponsor.



## Pharmacy Updates

### New Pharmacy Benefits Manager

As mentioned in previous issues 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 all MVP products with prescription drug coverage.

A new prescription will be needed for controlled substances or compounded prescriptions to be filled by Medco's mail order pharmacy. Other refillable prescriptions will be transferred from our current pharmacy mail order vendor, Express Scripts, to Medco with no new prescription required. The transfer of current claims history and preauthorization information will occur between NMHC, our current retail pharmacy vendor, and Medco.

Medco offers MVP members an extensive network, expertise in mail order pharmacy programs, and online services such as a medication-pricing tool and the ability to check and track prescriptions filled by mail order. Medco's network includes many of the same pharmacies you and your MVP patients have become accustomed to using. In the event that a pharmacy is not in Medco's network, you can find one that is online at [www.medco.com](http://www.medco.com).

Please note: There is no change to MVP's specialty injectable pharmacy program. CuraScript™ will continue as our vendor and MVP requires New York HMO members to obtain certain injectable drugs through CuraScript™.

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*.

### New Prescription Drug Formulary

The enclosed abridged 2007 MVP Prescription Drug Formulary represents the top therapeutic classes and displays the most widely prescribed drugs in their respective tiers. It also indicates whether a drug requires pre-authorization, is subject to step therapy edits or if it is available through mail service. The Formulary will be effective on January 1, 2007 and applies to all members with pharmacy plan coverage except MVP Indemnity and some MVP Select Care (ASO) members.

MVP will continue to encourage generic drug use and add new generics to the formulary as available. In general, multi-source drugs or those drugs that have an FDA approved generic equivalent will be made non-formulary. MVP will grandfather any member currently prescribed a single source brand product. An exception to this grandfathering protocol will be in the PPI and ARB drug classes. Members currently prescribed a non-formulary PPI or ARB will be notified in writing and advised to speak with their physician about taking a formulary agent. Prescribing practitioners will receive a notification and a list of their patients impacted by these formulary changes.

The Formulary is accessible online at [www.mvphealthcare.com](http://www.mvphealthcare.com) and can be downloaded to a PDA device at [www.epocrates.com](http://www.epocrates.com). Printed copies are available from your Professional Relations representative. Updates to the Formulary will continue to be communicated to you through this newsletter and are available online at [www.mvphealthcare.com](http://www.mvphealthcare.com).

### Pharmacy Updates Effective Nov. 1, 2006

(unless otherwise noted)

#### Mail Service Policy

- New therapeutic classes now available through mail service including psychotropics, nasal steroids and medications used to treat Alzheimer's disease.

#### Constipation and IBS Medications Policy

- Amitiza® added to the policy requiring pre-authorization.

#### Agents for Multiple Sclerosis Policy

- Rebif® use as a second line agent criteria was removed. Effective 1/1/2007, Avonex® and Copaxone® will be formulary agents, Betaseron® will be non-formulary.

### Pharmacy Updates Effective Dec. 1, 2006

(unless otherwise noted)

#### Abraxane® Policy

- Pre-authorization was removed however retrospective review criteria remains in place to ensure appropriate use.

#### Quantity Limits Policy

- Butorphanol quantity limit of 4 canisters per 30 days was added.
- Effective January 1, 2007, quantity limits for Benzamycin® and medications to treat overactive bladder were removed. In addition, limits on migraine agents, anti-emetics and flu medications were modified.

#### Non-Sedating Antihistamines

- Effective January 1, 2007, policy will be deleted removing step therapy edit of failure on an OTC product or fexofenadine prior to a brand product.

#### Erythropoietic Agents

- Name changed from Blood Modifiers-RBC Agents
- A frequency conversion table was added as was criteria for continued authorization for these agents.
- Policy continues to be subject to retrospective review for appropriate use.
- Effective January 1, 2007, Epogen®, Procrit® and Aranesp® will require the prescription drug rider when obtained at a pharmacy.
- Medicare language was added to the policy

#### Blood Modifiers excluding RBC Agents

- Medical necessity criteria was added for Neulasta®
- Agents are subject to retrospective review for appropriate use
- Effective January 1, 2007, Epogen®, Procrit® and Aranesp® will require the prescription drug rider when obtained at a pharmacy.

#### Pigmenting/Depigmenting Agents

- Policy was deleted but criteria incorporated in to new Cosmetic Drug Policy

#### Retinoid Product

- Policy was deleted but criteria incorporated in to new Cosmetic Drug Policy

### Cosmetic Drug Policy

- Policy establishes definition and coverage exclusion for drugs used for cosmetic purposes
- Establishes a cosmetic drug list to be maintained by the MVP pharmacy benefits manager

### Antidepressants for Depressive Disorder

- Policy was deleted and the requirement for three refills in retail before a mail order prescription could be filled was removed
- Quantity limits on antidepressants were removed

## MVP Offers New Medicare Part D Prescription Drug Benefit

MVP is offering MVP Gold, a Medicare Advantage health plan for Medicare beneficiaries, with and without a prescription drug benefit. MVP Gold members who elect to purchase the Part D prescription rider will have access to all Centers for Medicare & Medicaid Services (CMS)-covered prescription medications. Members who receive MVP Gold benefits from a former employer or union may have access to select medications that are not covered under the traditional Part D coverage. The first member effective date for MVP Gold is January 1, 2007.

MVP Gold will offer an open formulary with a three-tier benefit design.

- Tier 1 is the lowest cost tier and is comprised of most generic products;
- Tier 2 includes most brand name products;
- Tier 3 includes products considered to be specialty medications (e.g. Enbrel or Pegasys). A copy of both the comprehensive and abridged formularies will be available on the MVP Web site: [www.mvphealthcare.com/gold/](http://www.mvphealthcare.com/gold/). Some of these medications may be subject to prior authorization, step therapy, quantity limits, or dispensing limits. Please refer to the formulary or the Web site to find out which medications may be impacted by these utilization tools.

Because CMS requires that some medications are paid under the Part D benefit and others are payable under the Part B benefit in selected circumstances, MVP Gold will require prior authorization to determine whether the medication should be paid under the Medicare Part B or Part D benefit. This determination will affect the member's copayment. A specific prior authorization form will be available on the MVP Web site for your use or you may use the CMS-approved Coverage Determination form that is also available on the Web site.

Examples of medications that require prior authorization to determine which benefit they fall under include: nebulizer solutions, anti-emetic agents, some oral chemotherapy drugs, some immunosuppressant drugs, and some injectable medications when obtained from a home infusion vendor. Please refer to the 2007 MVP Gold Medicare Part D Formulary for additional information. Most drugs obtained through a home infusion vendor will be covered only under the Part D benefit and are subject to the member's applicable pharmacy copayment. Some MVP Gold members may elect not to purchase Part D coverage and maintain their prescription benefits from another source (e.g. EPIC).

The following classes of medications are not covered under the Medicare Part D benefit:

1. barbiturates
2. benzodiazepines
3. agents used for anorexia, weight loss or weight gain
4. agents used to promote fertility
5. agents used for cosmetic purposes or hair growth
6. agents when used for the symptomatic relief of cough and colds
7. prescription vitamins and mineral products, except prenatal vitamins, fluoride preparations, and products used in the treatment of ESRD
8. nonprescription drugs
9. outpatient drugs for which the manufacturer seeks to require that associated tests of monitoring services be purchased exclusively from the manufacturer of its designee as a condition of sale
10. agents used for the treatment of erectile dysfunction.

For additional information, please refer to the MVP Web site [www.mvphealthcare.com/gold/](http://www.mvphealthcare.com/gold/) or call **1-800-568-0458**. To submit a prior authorization request for an MVP Gold member, fax the completed form and the supporting documentation to **1-800-401-0915**.



## Benefit Interpretation Policy Update

The MVP Quality Improvement Committee (QIC) approved the benefit interpretation policies summarized below during the September and October 2006 meetings. Some of the 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](http://www.mvphealthcare.com). The online *Benefits Interpretation Manual* (BIM) is located on the “Communications” section of the Provider portal.

### Durable Medical Equipment

#### Thairapy Vest/High Frequency Chest Wall Oscillation Device

- Policy revised with newer criteria for coverage
- Pre-authorization is required

### Imaging

#### CT Scan for the Coronary Artery

- New policy requires pre-authorization for coverage of procedure
- Criteria for commercial and MVP Gold members

### Medical

#### Acute Inpatient Rehabilitation

- New policy requires pre-authorization

#### Botulinum Toxin Treatment (BOTOX)

- Criteria revised for the use of this treatment
- Pre-authorization is required

#### Cardiac Output Monitoring by Thoracic Bioimpedance

- Policy revised to allow coverage for MVP Gold members only as indicated by CMS/Medicare
- All other MVP contracts do not provide coverage for this procedure
- Pre-authorization is required

#### Dental Care Services

- Combination of the current three policies, Accidental Injury to Sound Natural Teeth, Prophylactic Dental Extractions, Outpatient services for Dental Care
- CMS Variation added to Accidental Injury part of the policy for consideration of coverage

#### Extracorporeal Shock Wave Therapy for Plantar Fasciitis/ Lateral Epicondylitis

- Revised to allow coverage for MVP Gold Members only as indicated by CMS/Medicare.
- All other MVP contracts do not provide coverage for this procedure
- Pre-authorization is required

### Enteral/Nutritional Therapy

- Revised and updated policy including CMS/Medicare variation for MVP Gold Members
- Pre-authorization is not required

### Scanning Laser Imaging

- New policy allowing coverage for this procedure is indicated for earlier detection of glaucoma
- Pre-authorization is not required

### Surgical

#### Autologous Chondrocyte Implantation (ACI)

- Policy revised to state that coverage will not be considered for any MVP/Preferred Care contracts as indicated by recent medical information

#### Cosmetic and Reconstructive Services and Surgery

- Policy rewritten and revised to include a list of cosmetic procedures
- Some of the procedures on the list indicate refer the reader to a specific policy
- Pre-authorization is required

#### Endovascular Procedures

- Revised and updated policy including CMS/Medicare variation for Carotid Artery Stenting
- Pre-authorization is required

#### Sacral Nerve Stimulation/Interstim for Urinary Incontinence

- Revised and updated policy with Preferred Care
- Pre-authorization is required

#### Surgical Management of Morbid Obesity

- Updated criteria
- Roux-en-Y is considered the surgery of choice unless contraindicated
- Pre-authorization remains as a requirement

### Deleted Policies

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

- Accidental Injury to Sound Natural Teeth
- Liposuction  
(refer to the revised Cosmetic/Reconstructive Policy)
- MUGA Scans
- Outpatient Services for Dental Care
- Prophylactic Dental Extractions
- Reconstructive Surgery  
(refer to the revised Cosmetic/Reconstructive Policy)
- C13/14 Urea testing for H.Pylori



## Quality Improvement Updates

### Managing patients with depression

Treatment of major depression presents many challenges for both patients and their physicians. Too often, medication is started but then the patient fails to return for follow-up, or stops the medication due to misunderstandings regarding effects and side effects.

MVP has implemented several formulary changes and a new pharmacy benefit manager that will help the treatment of depression for MVP members. Some key examples include:

- Immediate access to new generic formulations, such as Sertraline (generic Zoloft), and the elimination of strength restrictions. The benefit for the member will be more formulary first line therapies and lower copayments for the treatment of depression.
- Treatment with long acting antidepressants (e.g. Effexor XR), recommended as once daily dosing, will no longer have process restrictions. This will allow for easier titration of antidepressant therapy.
- The ability to utilize mail order filling of the patient's new prescription for antidepressant therapy, which will promote medication adherence and result in copayment savings for the member.
- MVP, using Medco as its pharmacy benefit manager, will be able to offer new tools for members and providers to enhance drug therapy.

MVP will be implementing a Disease Management (DM) program for individuals with depression in January 2007. The aim of the DM Program is to help individuals recognize the symptoms of depression, obtain appropriate treatment and adhere to prescribed therapies. Members will receive a bi-annual newsletter with helpful articles related to depression and mental wellness as well as other educational materials and tools to manage health. Members with moderate to severe depression may also participate in telephonic health coaching. 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. To obtain more information about the program or to refer a member (beginning in January), call **1-888-357-4687**.

### Personal Health Improvement Program (PHIP)

MVP offers the Personal Health Improvement Program to assist members in reducing physical suffering associated with negative emotions. This learning program addresses the thoughts, beliefs, and moods that often undermine an individual's best attempts at taking care of themselves. Through 6 weekly sessions, individuals meet in a classroom setting to learn how their behavior affects their health, skills for more effective communication and how to break self-defeating behavior patterns. PHIP has benefited hundreds of MVP members who struggle with chronic medical problems, as well as those with chronic mood disorders. To refer a member to PHIP, call **1-888-794-7447**.

### Identification and Treatment of Opioid Abuse

Use of controlled prescription drugs, specifically opioid narcotics, is a growing concern. To identify potential abusers and help them obtain the appropriate treatment, health care providers have implemented practices such as:

- Performing a thorough physical exam and review of previous diagnostic studies and medications. This evaluation includes a pain history and quantifiable measurement of pain using a scale.
- Obtaining informed consent from the patient when prescribing opioids through the use of a patient agreement or contract. This includes getting patients to agree to use only one pharmacy and provider for prescription fills.
- Implementing treatment plans that include the use of long-acting opioids on a regular basis and short-acting medications only for breakthrough pain.

MVP makes the following information and tools available to physicians:

- Consensus statement from the American Academy of Pain Medicine and American Pain Society, The Use of Opioids for the Treatment of Chronic Pain. This brief document provides useful tips for prescribing opioids for pain and includes a sample patient agreement/contract.
- *Pain Scale* that can be used to help the patient quantify their level of pain.

To download these tools visit the MVP provider Web page at [www.mvphealthcare.com/provider/](http://www.mvphealthcare.com/provider/) and click on *Physician Quality Improvement Manual*.

### QI Manual Update

Several new guidelines have been approved for inclusion in the MVP *Physician Quality Improvement Manual*. Please see below descriptions:

**End Stage Renal Disease (ESRD):** MVP has adopted the National Kidney Foundation clinical guideline for Chronic Kidney Disease: Evaluation, Classification, and Stratification. The guideline can be viewed online at: [http://www.kidney.org/professionals/KDOQI/guidelines\\_ckd/toc.htm](http://www.kidney.org/professionals/KDOQI/guidelines_ckd/toc.htm)

**Chronic Obstructive Lung Disease (COPD):** MVP adopted the Global Initiative for Chronic Obstructive Lung Disease (GOLD) clinical guideline for the diagnosis, management, and prevention of COPD. The guideline Global Strategy for the Diagnosis, Management, and Prevention of COPD is available online at: <http://www.goldcopd.org/Guidelineitem.asp?l1=2&l2=1&intId=989>

**Heart Failure with Left Ventricular Systolic Dysfunction:** MVP endorsed a condensed version of the Rochester Health Commission's Community practice guideline for the evaluation and management of Heart Failure with Left Ventricular Systolic Dysfunction. The guideline is based on recommendations from the American College of Cardiology, the American Heart Association, the Heart Failure Society of America, and the Institute for Clinical Systems Improvement. The recommendations were adapted and a summary document was created to serve as a quick reference for physicians.

Paper copies of these recommendations are available by calling the MVP Quality Improvement (QI) department at **1-800-777-4793, extension 2602**. The recommendations will also be available in an update to the MVP *Physician Quality Improvement Manual*. The manual is located on the provider home page of the MVP Web site ([www.mvphealthcare.com](http://www.mvphealthcare.com)). If you would like a CD-ROM or paper edition of the manual, please call the QI department at the number above.

## Proper use of cervical HPV DNA Tests

By Clifford Elson, M.D.

The recent release of the cervical cancer vaccine Gardasil® has renewed interest in the viral etiology of cervical cancer. Most experts agree that virtually all cases of cervical intraepithelial neoplasia (CIN) are caused by a persistent human papilloma virus (HPV) infection. There are many subtypes of HPV, and the genital wart and cancer-causing genotypes usually differ.

A test for oncogenic HPV DNA (Hybrid Capture 2) has been available for several years. A recent article in *Obstetrics and Gynecology* indicated that there is some uncertainty among physicians about how to use this test. The two most common areas of confusion concerning HPV testing involve (1) its use for screening and (2) its role in triage of patients whose Pap smear results show ASC-US-atypical squamous cells of undetermined significance.

### Combined Pap Smear/HPV Screening

The FDA approved HPV testing as an adjunct to the Pap smear for screening women age 30 and older. **The test is not approved as an adjunct to cytology for women under the age of 30** since they frequently test positive for HPV that usually resolves without treatment. Testing young women may lead to unnecessary distress, colposcopy, and invasive procedures. For women over age 30, HPV testing can distinguish uninfected women from persistently

infected women at high risk of CIN. Guidelines advise that women with normal cytology and positive HPV tests have repeat cytology/HPV assessment in 6-12 months to determine whether HPV infection is transient, **whereas women with normal Pap smears and negative HPV testing should be re-screened no more frequently than every three years**. The rationale for the longer screening interval is that it takes on average ten years to go from negative to high-grade CIN. Women with normal cytology and no evidence of HPV should be encouraged to continue with usual gynecologic preventive health visits, but Pap/HPV testing should not be part of these visits until three years have elapsed.

### ASC-US Triage

HPV testing is one option to identify women with ASC-US Pap smears who are at highest risk of developing CIN and merit prompt colposcopy. The FDA has not approved HPV testing to guide colposcopic triage of women with abnormalities of higher grade than ASC-US. Since most of these women are infected with oncogenic HPV, testing adds little to stratifying risk for high-grade CIN and might delay colposcopy, diagnosis, and treatment. The simplest way to utilize HPV triage for ASC-US Pap results is with liquid-based cytology media and "reflex" HPV testing. A check-off box on the Pap requisition slip allows the laboratory to automatically use residual cervical cells in the liquid media to test for HPV in the event of an ASC-US result. HPV negative women should have their cytology repeated in one year, whereas HPV positive ASC-US patients should be promptly referred for colposcopic evaluation.

Two online resources for current information regarding HPV testing guidelines are the American Society for Colposcopy and Cervical Pathology and the American College of Obstetrics and Gynecology Web sites:

[http://www.asccp.org/edu/hpv\\_testing.shtml](http://www.asccp.org/edu/hpv_testing.shtml)

[http://www.acog.org/from\\_home/publications/press\\_releases/nr07-31-03-1.cfm](http://www.acog.org/from_home/publications/press_releases/nr07-31-03-1.cfm)



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