



# healthy practices

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## Welcome to *Healthy Practices*

Welcome to the premiere issue of *Healthy Practices*, MVP's new provider newsletter. We have retired the *Monthly Memo* and will distribute this new publication to your office bi-monthly.

We believe you will find the content informative and helpful. Along with important news about MVP, you will find information on a wide variety of topics to help keep your practice updated on MVP's benefit plans, quality improvement activities, policies and procedures, Formulary changes, pre-authorization requirements and much more.

Future issues of *Healthy Practices* will be delivered to your office in March, May, July, September and November. We welcome your comments or questions. Simply call the Professional Relations department toll-free at **1-888-363-9485**. We value your opinion.

## NCQA awards excellent accreditation to MVP Health Plan, Inc.

The National Committee for Quality Assurance (NCQA) has awarded Excellent Accreditation, its highest accreditation status, to MVP Health Plan, Inc. for its HMO and point-of-service (POS) plan types.

NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care. NCQA Accreditation is a nationally recognized evaluation that purchasers, regulators and consumers can use to assess managed care plans.

NCQA's Accreditation standards are publicly reported in five categories: Access and Service, Qualified Providers, Staying Healthy, Getting Better, and Living with Illness. NCQA Accreditation surveys include rigorous on-site and off-site evaluations of over 60 standards and selected Health Plan Employer Data and Information Set (HEDIS®) performance measures. Excellent Accreditation is granted for a period of three years for service and quality that meets or exceeds NCQA's rigorous requirements for consumer protection and quality improvement.

Earning Excellent Accreditation reflects our ability to work closely with our valued participating providers to improve the quality of clinical care. It also confirms that MVP is building the kinds of partnerships that are critical to delivering great care and great service. We sincerely appreciate the dedication and support of our participating providers.

## CPT® codes for cosmetic procedures

Effective February 1, 2006, the New York State Department of Insurance requires managed care organizations to review a claim requesting reimbursement for cosmetic, experimental or investigational procedures if medical records are submitted with the claim.

## Newborn claims

Practitioners should submit all newborn claims with the same member ID number: 800400970 and the suffix 00. Please note, all newborn claims should be submitted on paper.

**Dennis L. Allen, MD**  
Executive Vice President &  
Chief Medical Officer

**David W. Olikier**  
MVP President &  
Chief Executive Officer

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### Comments Write to:

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### Pre-authorization for outpatient imaging services

To obtain pre-authorization for outpatient imaging services, participating providers should fax a completed Pre-Authorization Request Form (PARF) to **1-800-280-7346** or call UM at **1-800-568-0458** to obtain pre-authorization. For MVP Select Care (ASO) members, fax a completed PARF to **1-800-280-7346** or call the Select Care UM department at **1-800-229-5851**. You may submit a PARF with clinical office notes. Please refer to your *UM Policy Guide* for a list of services that require pre-authorization.

To help us expedite your request, please have the following items ready when calling the UM department:

- member's ID number
- member's diagnosis
- CPT® procedure code
- facility where services will be provided.

### MVP offers High Deductible Health Plans in New York and Vermont

MVP offers a High Deductible HMO/POS plan to Vermont employers and recently sold its first group. The members became effective December 1, 2005. The plan is similar to our HMO product and includes a health savings account (HSA). MVP also offers High Deductible PPO and EPO plans in New York State, which will have membership on January 1, 2006.

All High Deductible plans use MVP's participating provider network. Employer groups may purchase an optional rider that would provide employees living outside of MVP's service area access to a contracted national provider network.

MVP High Deductible plans include preventive benefits for well baby and child visits, annual adult physicals, mammography screening, prostate cancer screening, annual Pap and OB/GYN exams and child and adult immunizations, which are not subject to the deductible. Unlike other MVP plans, the prescription drug coverage in the above-mentioned High Deductible plans is subject to the medical deductible, as required by the federal regulations.

To determine the correct member financial responsibility, MVP recommends that providers first submit claims to MVP. The MVP Remittance Advice will indicate the member's financial responsibility and providers can then bill members directly.

Both plans meet federal requirements for use with tax-advantaged health savings accounts (HSAs). MVP has made arrangements with Mellon Trust of New England to provide HSAs.

For additional information about MVP's High Deductible Health Plans, please visit us online at [www.mvphealthcare.com](http://www.mvphealthcare.com). From the *Provider Home* page, click on the *Important Provider Information and Forms* link and select *HD Plan Information*.

### Clinical review of claims

As part of our routine Facets software maintenance, MVP will upgrade its clinical editing software in the first quarter of 2006. MVP will use National Correct Coding Initiative (NCCI) edits in addition to Facets edits. Our clinical editing software identifies coding errors and other discrepancies in information submitted via claims.

### MVP offers physicians incentives for adopting technology

MVP has teamed up with Bridges to Excellence and the National Committee for Quality Assurance (NCQA) evaluation program, Physician Practice Connections (PPC), to recognize physician practices that use clinical information and technology to positively impact patient care. Starting in 2006, MVP Health Care will recognize and financially reward participating primary care physician practices that receive PPC certification.

A practice achieving PPC certification has demonstrated application of clinical information systems, patient education and support, and care management to improve the health care delivered to his or her patients.

Participation in the PPC program is voluntary. MVP's financial incentive is limited to primary care physician practices throughout nine counties (Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington). The MVMA IPA fully supports this initiative. All participating primary care physicians will be eligible for bonus payments in this program upon certification by NCQA and also will be recognized on the NCQA and Bridges to Excellence Web sites.

Certification is specific to each practice site. All physicians providing care at a certified site will qualify for payment based on the number of MVP fully insured commercial members in the physician's panel, at that site.

Process assistance would be available from an MVP Project Coordinator who will be available to assist practices with chart audits and required NCQA filings. For more information regarding Bridges to Excellence, the PPC reward program or applying for PPC recognition, information can be found at [www.bridgestoexcellence.org](http://www.bridgestoexcellence.org) and [www.ncqa.org/ppc](http://www.ncqa.org/ppc). If you are interested in learning more about participating in this program, please contact Sue Bornt at (518) 388-2023 or via email at [sbornt@mvphealthcare.com](mailto:sbornt@mvphealthcare.com).

### Improving provider satisfaction

MVP annually conducts a survey of office manager satisfaction. Primary and specialty care practices are surveyed on an odd year – even year basis. Beginning in January 2006, a sample of participating PCP office managers will be surveyed telephonically by Fact Finders, an independent research company. The survey results help MVP to monitor your satisfaction with our customer service efforts and identify opportunities for improvement in our Provider Claims Services, Professional Relations and Utilization Management processes. Thank you in advance for participating in this important survey.



## Pharmacy Updates

### Pharmacy updates effective February 1, 2006

The following drug therapy policies have been deleted:

- Vitravene®
- fluoxetine

### Antidepressants for depressive disorder policy

- Pre-authorization criteria has been removed for Wellbutrin SR® and generic bupropion sustained-release products.
- Quantity limits for Wellbutrin XL® and Effexor XR® have been changed to allow more than 30 tablets in 30 days when dosing requires more than one tablet per day.

### Select antidepressant drug class

- Effective February 1, 2006 all brand name products where a generic exists will be non-formulary, third tier.
- Members *currently* prescribed one of the following medications will be able to obtain the brand products until July 1, 2006:
  - Ludiomil®
  - Remeron®
  - Wellbutrin®
  - Wellbutrin SR®

### Anticonvulsants drug class

- Lyrica® (pregabalin) added to formulary without restrictions.

### Non-sedating antihistamines

- Fexofenadine added to formulary as a first line agent.
- Effective February 1, 2006, all Allegra® and Allegra-D® products will be non-formulary, third tier. Members currently prescribed these brand products will be able to obtain them until July 1, 2006.
- Member must have failed on OTC loratadine or fexofenadine prior to a claim processing for Zyrtec® or Zyrtec-D®.

### Diuretic agents drug class

- Effective February 1, 2006 all brand name products where a generic exists will be non-formulary, third tier.
- Members currently prescribed one of the following medications will be able to obtain the brand products until July 1, 2006:

Aldactazide®	Enduron®	Moduretic®
Aldactone®	Hygroton®	Neptazane®
Bumex®	Lasix®	Thalitone®
Diamox®	Lozol®	Zaroxolyn®
Diuril®	Maxzide®	
Dyazide®	Microzide®	

### FDA news

- On December 8, 2005, the Food and Drug Administration (FDA) alerted health care professionals about early results of new studies for Paxil® (paroxetine) suggesting that the drug increases the risk for birth defects, particularly heart defects, when women take it during the first three months of pregnancy. FDA has asked the manufacturer, Glaxo Smith Kline, to change the pregnancy category from C to D. Category D means that studies in pregnant women have demonstrated a risk to the fetus.
- On November 18, 2005, the FDA notified manufacturers of Advair®, Foradil® and Serevent® to update their existing product labels with new warnings and a Patient Medication Guide to alert health care professionals and patients that these medicines may increase the chance of severe asthma episodes, and death when those episodes occur. All of these products contain long-acting beta2-adrenergic agonists (LABA). Even though LABAs decrease the frequency of asthma episodes, these medicines may make asthma episodes more severe when they occur. Current guidelines recommend inhaled corticosteroids as the first step in controller therapy. Flovent®, Azmacort®, Pulmicort®, QVAR® and Asmanex® (mometasone) are all on the MVP *Formulary*.
- On September 29, 2005, the FDA directed Eli Lilly and Company (Lilly), the manufacturer of Strattera® (atomoxetine), to revise the prescribing information to include a boxed warning and additional warning statements that alert health care providers of an increased risk of suicidal thinking in children and adolescents being treated with this medication.



# Pharmacy Updates

## Bupropion for smoking cessation policy

Effective February 1, 2006, MVP will implement a smoking cessation program that allows for coverage for generic Zyban® (bupropion) as well as over-the-counter nicotine replacement products. Coverage will be subject to member having a prescription drug rider and pre-authorization approval. Initial approval will be for one month if policy criteria, which includes physician counseling, establishment of a quit date and member motivation are met. A subsequent two-month approval may be given if the member has benefited from the initial treatment. The maximum benefit is for two 3-month authorizations per calendar year. No more than 60 generic bupropion tablets and 28 nicotine patches or 168 pieces of gum or lozenges will be allowed per month. To obtain the MVP Pre-Service Request for Smoking Cessation form, visit MVP online at [www.mvphealthcare.com](http://www.mvphealthcare.com). The form is available on the Providers Home page under Important Provider Information and Forms.

## Formulary updates

MVP distributed a new Formulary to participating providers in June 2005. A detailed, cumulative Formulary update appears here. Those formulary changes in bold are effective February 1, 2006. Printable versions of the MVP Formulary are available online at [www.mvphealthcare.com](http://www.mvphealthcare.com).

CUT ON DOTTED LINE AND INSERT  
IN BACK POCKET OF FORMULARY

Drug	F/C	PA	QL	Page	Mail
ofloxacin	N3			9	N
itraconazole	N3			9	N
clarithromycin	N3			9	N
azithromycin	F1			9	N
Z-Max®	N3			9	N
Kelnor®	F1			10	Y
Ortho-Novum 7/7/7®	N3			11	Y
Ortho-Tri-Cyclen®	N3			11	Y
Ortho-Cyclen®	N3			11	Y
<b>Actosplus Met®</b>	<b>D</b>			<b>12</b>	<b>Y</b>
<b>glimepiride</b>	<b>D</b>			<b>12</b>	<b>Y</b>
Byetta®	D			12	Y
Symlyn®	D			12	Y
<b>Diuretics-All brands with generics</b>	<b>N3</b>			<b>13</b>	<b>Y</b>
Verelan®	N3			15	Y
Triglide®	F2			15	Y
Bidil®	N3			15	Y
Muse®	F2	PA	QL	16	N
Caverject®	F2	PA	QL	16	N
Edex®	F2	PA	QL	16	N
Zyrtec®	F2	PE		16	Y
Zyrtec-D®	F2	PE		16	N
<b>Allegra®</b>	<b>N3</b>	<b>PE</b>		<b>16</b>	<b>Y</b>
<b>Allegra-D®</b>	<b>N3</b>	<b>PE</b>		<b>16</b>	<b>N</b>
<b>fexofenadine</b>	<b>F1</b>			<b>16</b>	<b>Y</b>
<b>Asmanex®</b>	<b>F2</b>			<b>16</b>	<b>Y</b>
Atrovent HFA®	F2			17	Y
<b>Femtrace®</b>	<b>F2</b>			<b>18</b>	<b>Y</b>
Niravam®	N3			19	N
<b>Wellubritin SR®</b>	<b>N3</b>			<b>19</b>	<b>L</b>
<b>bupropion SR</b>	<b>F1</b>			<b>19</b>	<b>L</b>
<b>Remeron®</b>	<b>N3</b>			<b>19</b>	<b>L</b>
Focalin XR®	F2			20	N
Lunesta®	F2		QL	20	N
<b>leflunomide</b>	<b>F1</b>	<b>PA</b>		<b>22</b>	<b>Y</b>
<b>Arava®</b>	<b>N3</b>	<b>PA</b>		<b>22</b>	<b>Y</b>
<b>Lyrica®</b>	<b>F2</b>			<b>22</b>	<b>Y</b>
Baraclude®	F2			24	N
Luveris®	F2	PA		25	C
Menopur®	F2	PA		25	C
HCG (generic)	F1	PA		25	C
Razadyne ER®	F2			25	N
Revatio®	F2	PA		26	N
Ventavis®	F2	PA		NL	N1
Fabrazyme®	F2	PA		NL	C
Abraxane®	F2	PA		NL	N
Zemplar®	F2			NL	N
<b>Zyban®</b>	<b>N3</b>	<b>PA</b>		<b>NL</b>	<b>N</b>

Y¹ = Limitations Apply – see MVP policy  
 C = Available from CuraScript  
 N¹ = Available from Nova Factor  
 NL = Not Listed  
 D = Diabetic Copay  
 M = Medical Copay

**Bolded = effective 2/1/06**



## Benefit Interpretation Policy Updates

The MVP Quality Improvement Committee (QIC) approved the policies summarized below. 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

#### Home INR monitor

- No coverage for this device.
- Applies to all MVP products.

### Drug Therapy

#### Enteral Therapy and modified solid food products for home use

- The pre-authorization requirement has been removed from this policy.
- The pharmacy rider is still required for this service.

#### Genetic testing

- Pre-authorization is required for specific tests.
- New policy allows certain genetic tests to be ordered by Primary Care Physicians, OB/GYNs and Specialists without pre-authorization.
- Some specialists, as indicated in the policy, are also eligible to order specific genetic testing with pre-authorization with specific criteria.
- Please refer to the MVP Genetic Testing policy located in the online Benefit Interpretation Manual for a complete list of tests requiring pre-authorization and specific specialists who can order genetic tests with or without authorization.

### Surgical Care

#### SpineCath Intradiscal Electrothermal Therapy (IDET, IEA)

No coverage for these procedures for the treatment of herniated discs and chronic back pain.



## Behavioral Health Update

### Authorizations expired at the end of 2005

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 expired at the end of 2005.
- Any unused approved visits in 2005 may only be carried over into 2006 by submitting the *End of the Year Continuing Treatment Log* to MVP.
- Providers and members should not call MVP to obtain a new authorization for 2006.

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 2006. Psychiatrists who use billing codes other than 90862 should submit the *End of the Year Continuing Treatment Log*.

To obtain a copy of the *End of the Year Continuing Treatment Log*, visit MVP online at [www.mvphealthcare.com](http://www.mvphealthcare.com). From the Provider Home Page, click on the *Important Provider Information and Forms* link and select *End of Year Continuing Treatment Log*. A copy of the log was provided in the November 2005 issue of the *Monthly Memo*.



## Quality Improvement Updates

### HEDIS® and QARR data collection begins

In February 2006, MVP's Quality Improvement department will begin its annual Health Employer Data Information Set (HEDIS) and New York State Department of Health Quality Assurance Reporting Requirements (QARR) data collection.

HEDIS and QARR are sets of standardized performance measures designed to ensure that consumers and purchasers have the information they need to reliably compare managed health care plans. Managed care organizations are required to report their rates to the National Committee for Quality Assurance (NCQA) and the New York State Department of Health.

Every year, collected HEDIS data is used to guide the design and implementation of our health promotion activities, measure MVP's health programs effectiveness and measure our performance against other health plans.

MVP has again contracted with Interim Health Care for registered nurses to assist our Quality Improvement staff in collecting data from medical records measuring clinical performance in the following key areas: colorectal cancer screening, childhood and adolescent immunizations, lead testing, beta blocker treatment after a heart attack, cholesterol management for patients with cardiovascular conditions, comprehensive diabetic care, and adolescent screening and counseling measures. MVP Quality Improvement staff or an Interim Health Care representative may contact your office to schedule a time to conduct the chart review. We appreciate your cooperation and strive to impact your office operations as little as possible.

Please note that HEDIS/QARR are part of "health care operations" and the Health Insurance Portability and Accountability Act (HIPAA) does not require authorization from individuals to release protected health information (PHI) for health care operations activities. MVP has strict standards for the collection and storage of this information.

Thank you in advance for your cooperation in this process and for your support of these important quality activities. If you have any questions, please call Betsy LaRose, R.H.I.T., at **(518) 388-2290** or toll free at **1-800-777-4793, extension 2290**.

### Resource Management Report and Physician Quality Report

In January, MVP's Resource Management Report (RMR) and annual Physician Quality Report (PQR) will be mailed to primary care physicians (PCPs) with an HMO member panel size greater than 150. These reports contain statistical data in graph format and compare the PCP with peer groups in key areas of care. The RMR has an expanded pharmacy section and will focus on CAT scans, MRIs, Specialist visits, ER, and pharmacy. The PQR will focus on member satisfaction, access to care, and quality of care information.

Upon review of these reports, please forward your comments and suggestions to David Phelps, M.D., MVMA Medical Director, via fax at **(518) 388-2090**, e-mail at [dphelps@mvphealthcare.com](mailto:dphelps@mvphealthcare.com) or by telephone at **(518) 388-2461**.

### Cardiology specialty report

MVMA will mail a Cardiology Specialty Report to these specialists who have seen at least 150 unique members in a 12-month period. This report will provide the following information:

- High volume procedures
- Most commonly prescribed medications
- High Volume Episode Treatment Groups

MVMA and MVP Medical Directors believe these reports are helpful to physicians who want to identify areas of improvement and opportunities within their practice. David Phelps, M.D., MVMA Medical Director, and a member of the MVMA staff may schedule a meeting with you to discuss best practices and opportunities for improvement. Please contact MVMA at **(518) 388-2461** with any concerns or questions.

### Annual microalbuminuria screening for diabetics

Comprehensive medical care for your patients living with diabetes is important. Nephropathy and kidney disease are commonly occurring complication of diabetes and the leading cause of kidney failure. MVP recommends an annual microalbuminuria screening to identify kidney disease early, respond with appropriate treatment, and to delay or prevent the progression of kidney disease and other complications from diabetes.

The *2005-2006 MVP Physician Quality Improvement Manual* contains clinical guidelines and helpful communication tools for physicians who provide medical care to diabetics. You can view the manual online at [www.mvphealthcare.com](http://www.mvphealthcare.com). Click on the "Provider Home" link and select the "2005-2006 MVP Physician Quality Improvement Manual" link. Then select the "Diabetes" link in the navigation bar. The site also contains useful information for your patients.