



healthy practicesTM

VOLUME 1 - NUMBER 2 - MARCH/APRIL 2006

In This Issue

New York HMO POS Coverage Changes	2
New Member ID Cards.....	2
Newborn Claims—Clarification	3
National Provider Identifier (NPI) Mandate	3
Benefit Interpretation Policy Updates	4
Bupropion for Smoking Cessation Policy	5
Formulary Update	6
Gastroenterology Specialty Report.....	7
MVP Cardiac Care Program	8

OB/GYNs can write referrals

Effective April 1, 2006, participating OB/GYNs may write referrals to specialists for the following diagnoses:

- evaluation of breast masses
- GYN dermatological conditions
- GYN oncology
- genetic counseling
- infertility/gynecologic endocrinology
- urological conditions
- urological evaluation for infertility of patient's spouse
- high risk pregnancy (referral to perinatologist)
- termination of pregnancy.

OB/GYNs can use either the existing MVP paper referral form or our online referral at www.mvphealthcare.com. A referral is necessary, for those members of plans that require referrals, when a primary care physician (PCP) believes the patient needs specialty care by an appropriate MVP participating specialist. The member's ID card will state the plan type and whether or not a referral is required.

MVP and Preferred Care complete merger

MVP Health Care and Preferred Care of Rochester announced on January 11, 2006 that our merger has been completed—creating a major new plan serving three quarters of a million members across upstate New York, Vermont and New Hampshire.

MVP and Preferred Care are working together to combine two great health plans into one plan that will be a leading player in the Northeast. The combination also provides the resources to make needed investments in technology to meet the needs of our customers and providers.

Please note the following points:

- Your current MVP contracts remain in effect
- There are no immediate changes in the way you interact with MVP
- Members will see no change in their products and services
- Members, employers and providers will continue to call the same telephone numbers and work with the same people from the same offices across the new combined service area
- The new combined organization will continue to operate as a not-for-profit. Its new board of directors is a combination of current MVP and Preferred Care directors
- David W. Oliker is the president and CEO of the new company, which will continue to operate as both MVP Health Care and Preferred Care.

Goals for the combined company include:

- A provider network stretching from Rochester, New York to New Hampshire
- Product offerings that will combine the best of both MVP and Preferred Care products and that can be sold throughout the expanded market area
- Expansion of Preferred Care Medicare programs into several MVP counties.

We will keep you posted on the progress. If you have any other questions, call the Professional Relations department at **1-888-363-9485**.

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

David W. Oliker
MVP President &
Chief Executive Officer

Healthy Practices
is a bi-monthly publication
of the Corporate
Communications Dept.

Contacting Professional Relations

MVP Corp. Headquarters 1.888.363.9485
Southern Tier 1.607.651.9141
Central New York 1.800.888.9635
Midstate 1.800.568.3668
Mid-Hudson 1.800.666.1762

Comments Write to:

Healthy Practices
MVP Health Care, Inc.,
Professional Relations Dept.
PO Box 2207, Schenectady, NY 12301

www.mvphealthcare.com



MVP Updates

Benefit plan changes

New York HMO/POS Certificates of Coverage

The New York State Department of Insurance has approved a new, fully-insured MVP HMO product and amended MVP's fully-insured POS product. These new products contain benefit coverage changes to MVP's original HMO and POS plans. MVP requested approval of these changes to help ensure our products continue to be competitive and to reflect the appropriate mandated benefits.

Since November of 2005, MVP has been notifying members and employer groups of these changes. Beginning on April 1, 2006 and continuing through March 2007, MVP's fully-insured HMO and POS members will transition into MVP's new HMO and POS products upon their annual group renewal date. New ID cards and Certificates of Coverage, which outline covered benefits, will be sent to HMO and POS members when their specific group renews coverage with MVP.

Members not affected by these changes

It is important to remember the following benefit changes are in effect for our fully-insured HMO and POS members only. Members who are **not** affected by these changes:

- all Select Care (self-insured) members (i.e., IBM, Golub Corporation)
- Healthy NY members
- New York State HMO Employee Group (NYSHIP)
- MVP Care, Child Health Plus and Family Health Plus members
- Members with EPO, PPO or Indemnity coverage
- Compcare members
- members with MVP plans offered by Vermont-based employers
- members with MVP plans offered by New Hampshire-based employers.

Benefit plan changes

Over the course of the next year, all of MVP's fully-insured HMO and POS members will have their core coverage amended when their specific groups renew coverage with MVP. This occurs on a monthly basis. Therefore, not all fully-insured HMO and POS members will have their coverage converted to the Certificates of Coverage at the same time, and the renewal period will run over the next 12 months.

Within this newsletter is an insert that provides an overview of core benefit changes by the type of service, the old coverage provisions and the new coverage under the new, New York HMO/POS Certificates of Coverage. Pre-authorization requirements remain

the same for both HMO and POS members. Please continue to follow the HMO pre-authorization requirements found in the most recent version of the *UM Policy Guide*.

Subscriber ID: 80012345600 John Q. Sample New York
 80012345601 Mary Jane Sample
 80012345602 Suzie Sample
 80012345603 David Sample

MVP
HEALTH CARE

Plan Type:
HMO

Group #: 123456 Effective Date: 01/01/2006

PCP Office Visit: \$20 Specialist Office Visit: \$20
 Referral Required

Hospital Inpatient: \$20 Emergency Room: \$20

Rx Group #: MVRPX Bin #: 610527 Processor #: VL

Box around plan type of HMO indicates this member has the new NYS Certificate of Coverage

The ID card is the indicator

To help alleviate confusion as to which members are enrolled in the new products, MVP is issuing new ID cards to members upon enrollment. A sample of the ID card is presented above. You will notice that a box appears around the HMO or POS plan type. This is your indicator that the MVP HMO or POS member is enrolled in the new HMO or POS product and revised benefits and copayments now apply.

While employer groups and members have been advised of this change in their coverage, and when it will occur, MVP fully expects questions. If you have any questions regarding these changes in coverage, and when they might apply, please contact our Provider Claims Services department at **1-800-684-9286**.

New Member ID cards

Effective March 1, 2006, MVP will be discontinuing the practice of issuing member-level ID cards. Instead, we will issue member ID cards in the following manner:

- Each Subscriber will receive a set of ID cards listing the Subscriber and all dependents
- Each Dependent over 18 years of age will receive a set of ID Cards exactly as the Subscriber receives

ID cards will be issued upon enrollment, member request and benefit changes.

Denied referral notice

The New York State Department of Health has mandated that health insurers issue a notice to both the member and provider when a claim or requested treatment is being denied. Effective March 1, 2006, members and providers will begin receiving notices for denied referrals for the following reasons:

- Member is not covered on the date of the referral
- Service is not a covered benefit.

Providers will also receive a notice when a referral is submitted for a member who cannot be identified as a current MVP member.

Specialist referral form reminder

Attention specialty care physicians

MVP's Specialist Referral Form enables you to treat MVP HMO, POS and Select Care (ASO) members for one visit without a referral from their Primary Care Physician (PCP).

Items that must be considered when using this form:

- **The referral is limited to one visit only and should be faxed to MVP at the time of the office visit. MVP will only accept this form within two weeks of the appointment.**
- This referral form should be used in the rare instance that an MVP member seeks treatment from you, but does not have a referral to you from their PCP, as required by their health plan coverage.
- The referral is to be used by participating Specialists only, so that you may receive authorization for one date of service. This referral does not eliminate the requirement that members go through their PCP for specialty referrals.
- 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.
- The referral form may not be used to refer a member to another participating MVP Specialist. The member would be required to contact their PCP for a referral to another participating MVP Specialist.
 - Receipt of a completed Specialist Referral is not a guarantee of the member's eligibility or benefits. Payment for service(s) will be determined upon receipt of claims.
 - The referral number at the top of the form cannot be re-used.

To help ensure timely claims payment, this form should be faxed to MVP immediately after the patient is seen in your office. The form is not available online. If the member needs additional specialty care, a referral from the member's PCP is required.

If you have any questions, please contact your Professional Relations representative.

Newborn claims – clarification

Prior to submitting a newborn claim, please check the MVP Web site (www.mvphealthcare.com) or call the Member Services department at **1-888-687-6277** to determine if a valid ID number exists for the baby. If you have a valid ID number, the claim can be submitted either electronically or on paper. If you don't have a valid member ID number, you can submit a paper claim with a generic infant ID number (800400970) and the suffix 00.

Referral reminder

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 unit's telephone queue is easy to use and adding visits to an existing referral will facilitate improved claims processing.

In-office procedure and ambulatory surgery lists

Reminder: The MVP In-Office Procedure and Ambulatory Surgery lists are available online. The lists are posted on the provider home page of the MVP Web site (www.mvphealthcare.com). If you do not have online access, call your Professional Relations representative and request a copy.

- The In-Office Procedure List details the CPT™ codes that MVP will reimburse for when performed in the physician's office. Claims submitted with a place of service other than the physician's office will be denied unless pre-authorization is obtained.
- The Ambulatory Surgery list specifies the CPT™/HCPCS codes that MVP will reimburse for when performed in the ambulatory surgery or in-office settings. Claims submitted with an inpatient surgery setting will be denied unless pre-authorization is obtained.

Please note: Coverage for all procedures is subject to the member's eligibility, plan type and benefits.

EDI reminder

MVP strives to ensure that your claims are submitted and processed successfully and in a timely manner. If your practice submits claims electronically, please remember to include your provider ID number on the claim. Claims will be rejected if they are submitted with a practice's tax ID number instead of the provider ID number.

National Provider Identifier (NPI) mandate

Effective May 23, 2007, a HIPAA mandate requires all providers to adopt a standard 10-digit, unique numeric identifier called a National Provider Identifier, or NPI. Your NPI is not issued automatically. You must apply to the Centers for Medicare and Medicaid Services (CMS) for the NPI. Providers can apply for an NPI online at <http://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Please note:

- The NPI will replace your current MVP provider ID number.
- The NPI does not replace your tax ID number(s).

MVP is currently updating its systems to accommodate this new mandate. We will continue to update you on this important subject in future issues of *Healthy Practices*.

CAQH update

Information Security

To date, more than 250,000 providers nationwide have reduced their credentialing paperwork by taking advantage of the CAQH Universal Credentialing DataSource — a free, online service that allows providers to complete one application to meet the credentialing needs of multiple organizations.

CAQH follows strict procedures to maintain a secure online environment ensuring only authenticated use of the system. The CAQH database is housed in a secure Network Operations Center and access to data is only provided to password-authenticated users.

Please help keep your data secure by following these best practices in your office:

- Your user name and password allow the user to access, change, and attest to your personal information. Please safeguard this information as you would safeguard your banking PIN.
- Even if you have multiple locations or practices, please designate only one individual to be responsible for your credentialing data. This will avoid interruptions in your mail or billing information.
- Consider changing your password periodically, especially in the event of a staff change.

Please contact the MVP Professional Relations department at **1-888-363-9485** if you have any questions. For more information about the Universal Credentialing DataSource, visit www.caqh.org/cred. You can also contact the CAQH Help Desk at **1-888-599-1771** or e-mail help@caqh.geoaccess.com.

Report suspected insurance fraud to MVP

Each year, fraudulent health insurance claims increase health care costs. To help combat insurance fraud, MVP's Special Investigations Unit (SIU) uses high-tech software to detect, track, analyze and report instances of health care fraud or misrepresentation.

The SIU staff uses STARSentinel™ software to survey and evaluate claims data—including provider/facility history, specialty profiles, common fraud schemes and claim patterns that differ from past history or peer norms for a given condition or specialty.

STARSentinel™ identifies suspicious claims for:

- falsification of procedure codes
- falsification of diagnosis codes
- manipulation of modifiers
- upcoding
- over-utilization of diagnostic procedures and tests
- over-utilization of treatment modalities.

The SIU staff also works closely with state agencies responsible for identifying and investigating potential insurance fraud, other insurance companies and law enforcement agencies.

MVP also relies on our participating facilities, providers and their office staff to help us fight insurance fraud. Please report any suspicious activity by calling MVP's Special Investigations Unit (SIU) toll-free at **1-877-TELL-MVP (1-877-835-5687)**.

All information will be kept confidential.



Behavioral Health Update

PCP billing a mental health diagnosis

Primary care physicians (PCPs) can occasionally treat members for a mental health diagnosis as long as they are billing a regular office visit and not a psychotherapy visit. A regular office visit copayment will apply. The visit will not count toward the member's mental health benefit. Please note: PCPs are not allowed to bill for psychotherapy (CPT® codes 90801 – 90899).



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. The online *Benefits Interpretation Manual (BIM)* is located on the "Communications" section of the Provider portal.

MVP has removed the Transurethral Needle Ablation Therapy (TUNA) policy from the *Benefits Interpretation Manual (BIM)*. The TUNA policy was added to the Treatment of Benign Prostatic Hypertrophy policy.

Outpatient imaging

The pre-authorization requirement has been removed from the following outpatient imaging policies:

- CT Orbit
- CT Sinus
- MUGA Scan
- Nuclear Stress Tests.

The pre-authorization requirement will be removed from the speech therapy policy as the new contracts become effective with a comprehensive combined benefit totaling 30 visits per calendar year for speech therapy, occupational therapy and physical therapy.



Pharmacy Updates

Bupropion for Smoking Cessation Policy

Effective February 1, 2006, MVP implemented a smoking cessation program that allows for coverage for generic Zyban® (bupropion) as well as over-the-counter nicotine replacement products. Coverage is subject to the member having a prescription drug rider and pre-authorization approval. Initial approval will be for one month if policy criteria, which include 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. The form is available on the Providers Home page under *Important Provider Information and Forms*.

New York State requires new prescription forms

In an effort to combat prescription fraud, New York State Governor George Pataki signed a new law designed to prevent forgeries, alterations and counterfeiting of prescriptions.

- Effective April 19, 2006, all prescriptions written in New York must be on an Official Prescription form.
- All practitioners and facilities must register with the Department of Health (DOH).
- The DOH will issue a predetermined supply of forge-proof prescription forms.
- There is an 18-month transition period, beginning January 3, 2005, during which time you may use either your own prescriptions or the new forge-proof forms.
- The DOH has notified all practitioners and facilities. All prescribers are encouraged to register as soon as possible to ensure compliance with this new law.
- To register and order your Official Prescription forms, contact the DOH Help Desk at **1-866-772-4683** or visit www.health.state.ny.us/professionals/narcotic/index.htm to obtain more information.

Pharmacy Updates Effective April 1, 2006

Drug Therapy

Orphan Drug Policy

This policy was reviewed and Exjade® (deferasirox) and Increlex® (mecasermin) were approved under this policy and require pre-authorization.

Medical Care

Novantrone® (for MS) Policy

This policy was deleted. Pre-authorization is no longer required when this drug is used to treat multiple sclerosis.

Oral Contraceptive class review and Formulary changes

Effective April 1, 2006, all oral contraceptive medications that are available in a generic form will be non-formulary. These include Modicon®, Norinyl®, Ovral® and Tri-Norinyl®. Members currently prescribed any of these oral contraceptives will be allowed to continue on these medications until July 1, 2006. All affected members and their prescribing practitioners will be notified prior to July 1, 2006.

Cardiovascular class review and Formulary changes

Effective April 1, 2006, the following brand medications that are available in a generic form will be removed from the formulary:

Lopressor HCT®	Tenoretic®	Adalat CC®
Plendil®	Ziac®	Aldoril®

Members currently prescribed any of these medications will be allowed to continue on these medications until July 1, 2006. All affected members and their prescribing practitioners will be notified prior to July 1, 2006.

Rx News

- GlaxoSmithKline is experiencing a shortage of Coreg® (carvedilol) and Avandamet® (rosiglitazone and metformin) due to processing issues at one of its manufacturing plants.
- Reports of a possible link between Ketek® (telithromycin) use and liver disease have prompted the Food & Drug Administration (FDA) to issue a public health advisory that warns health care providers and patients to be on the alert for signs and symptoms of liver toxicity.
- The FDA has issued a final rule that modifies the content and format of medication prescribing information. The purpose of the change is to make the information clearer than it is today leading to a reduction in medication errors. Labeling for drugs and biological products that are approved for marketing on or after June 30, 2006 must appear in the new format.
- In the next few months, generic equivalents of the popular cholesterol medications Zocor® and Pravachol® are expected to be on the market. In addition, azithromycin, leflunomide (requires pre-authorization), fexofenadine and glimepiride are recently available and covered on the MVP formulary. On average, generic drugs cost 30-80 percent less than their brand name counterparts and offer a cost saving alternative.

Formulary Update

CUT ON DOTTED LINE AND INSERT
IN BACK POCKET OF FORMULARY

FOLD HERE ▼

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					
Proquin XR®	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					
Actoplus Met®	D			12	Y					
glimepiride	D			12	Y					
Byetta®	D			12	Y					
Symlyn®	D			12	Y					
Fosamax Plus D™	F2			12	Y					
Actonel with Calcium®	F2			12	Y					
Boniva®	N3			12	Y					
Fortical®	F2			12	Y					
Diuretics-All brands with generics	N3			13	Y					
Antihypertensive Combos-- all brands with generics	N3			14	Y					
Verelan®	N3			15	Y					
Triglide®	F2			15	Y					
Bidil®	N3			15	Y					
Plendil®	N3			15	Y					
Adalat CC®	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					
Allegra®	N3	PE		16	Y					
Allegra-D®	N3	PE		16	N					
fexofenadine	F1			16	Y					
Asmanex®	F2			16	Y					
Atrovent HFA®	F2			17	Y					
Xopenex HFA®	N3			17	N					
Femtrace®	F2			18	Y					
Niravam®	N3			19	N					
Wellubritin SR®	N3			19	L					
bupropion SR	F1			19	L					
Remeron®	N3			19	L					
Focalin XR®	F2			20	N					
Lunesta®	F2		QL	20	N					
leflunomide	F1	PA		22	Y					
Arava®	N3	PA		22	Y					
Lyrica®	F2			22	Y					
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					
Zyban®	N3	PA		NL	N					
Exjade®	F2	PA		NL	N					
Increlex®	F2	PA		NL	N					

Y¹ = Limitations Apply – see MVP policy **Bolded = effective 4/1/06**
 C = Available from CuraScript
 N¹ = Available from Nova Factor
 NL = Not Listed
 D = Diabetic Copay
 M = Medical copay



Quality Improvement Updates

QI Manual and Tool Kit Update

Several of MVP's existing clinical practice guideline endorsements have recently been renewed or revised. A summary of the updates is listed below.

Pediatric preventive care guideline

The Quality Improvement Committee recently endorsed the American Academy of Pediatrics (AAP) *Recommendations for Preventive Pediatric Health Care* as MVP's preventive care guideline for children. The AAP's recommendations are formatted as a table, which makes it easy to use as a tool for quick reference. A copy of the newly endorsed guideline is available on the AAP Web site (www.aap.org/policy/periodicity.pdf).

HIV guidelines

The MVP Quality Improvement Committee recently approved the New York State Health Department's (NYSDOH) AIDS Institute's Clinical Standards for the Adult, Adolescent, Pediatric Care and prevention of transmission of HIV/AIDS during the perinatal period. The guidelines were developed by NYSDOH in conjunction with the Johns Hopkins University School of Medicine, Division of Infectious Diseases. They can be found online at www.hivguidelines.org/public_html/center/clinical-guidelines/clinical-guidelines.shtml. The recommendations and guidelines listed on this site are quite extensive. Sections that may be of particular interest are listed below.

Adult HIV Guidelines

- General Approach to the HIV Infected Patient
- HIV Testing
- Antiretroviral Treatment of HIV Infection

Pediatric and Adolescent HIV Guidelines

- HIV Testing and Diagnosis in Infants and Children
- Pediatric Antiretroviral Therapy

Perinatal HIV Transmission Prevention Guidelines

- Prevention of Perinatal HIV Transmission

Guidelines for screening for alcohol and substance abuse

The MVP Quality Improvement Committee and Behavioral Health Committee recently approved guidelines MVP developed to assist providers with screening **adolescents** for alcohol and substance abuse in primary care. The guidelines were developed based on recommendations from the American Academy of Pediatrics (AAP), Substance Abuse and Mental Health Services Administration (SAMHSA), Vermont Department of Health Division of Alcohol & Drug Abuse Programs, Michael Fleming, M.D. and John Knight, M.D. If you have any questions about MVP's Youth Health Initiative please call **1-800-777-4793 extension 2363**.

The Quality Improvement Committee and Behavioral Health Committee also approved guidelines MVP developed to assist providers with screening **adults** for alcohol abuse in primary care. The purpose of these guidelines is to raise awareness of the problem in the primary care setting and to assist the practitioner in identifying risky drinkers and alcoholics.

Both guidelines contain useful screening tools, recommendations for counseling and referring to specialized services. MVP's Quality Improvement Manual contains these guidelines and is posted on the MVP Web site (www.mvphealthcare.com) on the provider home page. If you would prefer to receive a paper copy or CD-ROM of the entire manual, including these guidelines, call **1-800-777-4793 extension 2602**.

Gastroenterology Specialty Report

In March, MVMA will mail its gastroenterology specialty report to these specialists who have seen at least 150 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 this report helps to identify and assess patterns of care that will enable physicians to improve the quality of care delivered to members. David Phelps, M.D., MVMA Medical Director, and a member of the MVMA staff may schedule a meeting with you to discuss this report and identify opportunities for improvement. Please contact MVMA at **(518) 388-2461** with any concerns or questions.

MVP Cardiac Care Program awarded first place

The MVP Care Cardiac Care program has been named the best program of its kind in New York State by the New York Health Plan Association Council (New York HPA) in a statewide competition. The program won first-place honors in the patient care improvement category of the New York HPA Achievement Awards. The awards recognize the innovative programs and outstanding initiatives of HPA member health plans to improve the health and well being of their members and communities.

Recovering from a cardiovascular event can be challenging and life altering for patients. MVP developed the Cardiac Care Program to help patients improve cardiac function, reduce risk factors for further cardiac disease and lead healthier lifestyles. Customized to each patient's goals, the voluntary program uses individualized health coaching to help patients make and sustain positive behavior changes.

Registered nurses experienced in cardiac care and patient education provide one-on-one health coaching to help patients reach their individual goals—such as weight loss, exercise, stress management and smoking cessation. Coaching sessions include a combination of goal setting, trouble-shooting, reflective listening, confidence building, personal development, encouragement and celebration to assist the members in making positive changes to better manage their health. The nurses also complete extensive reporting and track patient progress. Throughout the program, patients remain under the care of their physicians who receive patient progress reports from MVP.

Guidelines for the Cardiac Care Program are based on recommendations from the American Heart Association and the American College of Cardiology.

MVP offers four different disease management programs to help chronically ill patients better manage their conditions. The programs are designed to educate and assist members in the self-management of asthma, diabetes, back pain and cardiovascular disease. To learn more, visit MVP online at www.mvphealthcare.com.

Promoting judicious use of antibiotics

Many patients have come to expect a prescription for an antibiotic when suffering from the common cold or the flu. Sources like the Centers for Disease Control (CDC) Web site (www.cdc.gov) offer free, reproducible patient handouts that outline the dangers of taking antibiotics unnecessarily.

Some of the CDC's handouts are available in the *Quality Improvement Manual* located on MVP's the provider home page (www.mvphealthcare.com/provider/). For a free copy of the manual on CD-ROM or paper copies of these materials, call the Quality Improvement department at **1-800-777-4793 extension 2602**.

