

# Healthy Practices



A quarterly publication for MVP Health Care® Providers.

## Coverage Crisis

Public Health Emergency Unwind could put your patients' coverage at risk

Making sure that your patients continue to have the health coverage and access to care that you provide is our top priority.

During the COVID-19 Public Health Emergency (PHE), patients enrolled in Medicaid, Child Health Plus (CHP), Health and Recovery Plan (HARP), and the Essential Plan(s) (EP) did not have to recertify their health insurance due to PHE continuous coverage requirements. This was part of the Families First Coronavirus Response Act that went into effect in March 2020.

This is about to change. Recertification notices are being sent to enrollees starting this spring. These notices include deadlines for recertifying their insurance or risk being without coverage. Deadlines will be based on the enrollees' enrollment end dates and will range from June 30, 2023, through May 31, 2024.

CMS estimates 17% of enrollees may lose coverage as the plans requiring recertification are based on meeting financial hardship requirements. Please be aware that for enrollees that are no longer financially eligible for Medicaid, CHP, HARP, or EP coverage, MVP offers Individual plans through NYSOH, and premium assistance through the government may be available when purchasing an Individual plan. If your patient has questions, they can contact the MVP Customer Care Center at the number listed on the back of their MVP Member ID card.

### Outreach to MVP Members

MVP is proactively contacting Members to ensure they receive important notifications from NYSOH regarding their recertification. Additionally, we are asking Members to be sure their mailing address, phone number, email address, and other contact information is up to date with NYS Medicaid and MVP, so that they receive important notifications.

### Let's Collaborate to Keep Patients Covered

MVP would like to:

- Craft a plan with your practice or facility to address the health insurance enrollment, education, and advocacy needs of your patients and their families
- Work with your practice or facility onsite to deliver MVP Plan Guides, conduct outreach, participate in events, and participate in the recertification and enrollment activities

Together, we can minimize the negative impact of coverage gaps by working to raise awareness with your patients. Please contact your MVP Professional Relations Representative with questions about how MVP can work with you and your staff.

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**Let's Deliver**  
health insurance  
built around



**We welcome  
your comments.**

Healthy Practices  
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[mvphealthcare.com/providers](https://mvphealthcare.com/providers)  
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**Customer Care Center  
for Provider Services**

**1-800-684-9286**



# Reminder: Medicaid Billing Rules for Family Planning and Reproductive Health Services

Providers participating in the Medicaid Managed Care (MMC) Plan Provider network should bill family planning and reproductive health services to the relevant MMC Plan and not to Medicaid fee-for-service (FFS). All MMC Plans, including mainstream MMC Plans, Human Immunodeficiency Virus-Special Needs Plans (SNPs), and HARP include family planning and reproductive health services within their benefit package.

Medicaid FFS Providers should ensure that MMC Plans are billed for family planning and reproductive health services provided to MMC enrollees (Providers must have a contract with the MMC enrollees' MMC Plan to do so).

Medicaid MMC enrollees may obtain family planning and reproductive health services from an MVP Medicaid Provider. The following services provided to a MMC enrollee by an out-of-network Provider should be billed to Medicaid FFS:

- Birth control drugs and devices, including Intrauterine Devices (IUDs), diaphragms, and other kinds of birth control
- Emergency contraception
- Sterilization for men and women
- Pregnancy testing
- An abortion that the patient and Provider agree is needed
- HIV and sexually transmitted infections (STI) testing, treatment, counseling
- Screenings for cancer and other related problems

## Questions and Additional Information

- MMC enrollment, reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's specific MMC Plan. Providers can refer to the eMedNY New York State Medicaid Program Information for All Providers: Managed Care Information document for contact information per MMC Plan.
- Medicaid FFS billing/claim questions should be directed to the eMedNY Call Center at **1-800-343-9000**.



# MVP Code of Ethics and Business Conduct Summary

MVP provides a Code of Ethics and Business Conduct Summary as part of its commitment to conducting business with integrity and in accordance with all federal, state, and local laws. This summary provides MVP's Participating Providers, vendors, and delegated entities (Contractors) with a formal statement of MVP's commitment to the standards and rules of ethical business conduct. All MVP Contractors are expected to comply with the standards as highlighted below. Contractors may access MVP's full Code of Ethics and Business Conduct by visiting [mvphealthcare.com/providers](http://mvphealthcare.com/providers) then select *Reference Library*, then *Learn about MVP Policies*.

## Protecting confidential and proprietary information

It is of paramount importance that MVP's Member and proprietary information be always protected. Access to proprietary and Member information should only be granted on a need-to-know basis and great care should be taken to prevent unauthorized uses and disclosures. MVP's Contractors are contractually obligated to protect Member and proprietary information.

## Complying with the anti-kickback statute

As a Government Programs Contractor, MVP is subject to the federal anti-kickback laws. The anti-kickback laws prohibit MVP, its employees, and Contractors from offering or paying remuneration in exchange for the referral of Government Programs business.

## Reviewing the federal and state exclusion, preclusion, and identification databases

MVP and its Government Programs Contractors are required to review the applicable federal and/or state exclusion, preclusion, and identification databases. These database reviews must be conducted to determine whether potential and current employees, Contractors, and vendors are excluded or precluded from participation in federal and state sponsored health care programs. The federal and state databases are maintained by the Centers for Medicare and Medicaid Services (CMS), the Department of Health and Human Services (HHS), the Office of Inspector General (OIG), the General Services Administration (GSA), the New York State Office of Medicaid Inspector General (OMIG), the Social Security Administration Death Master File (SSADMF), and the National Plan and Provider Enumeration System (NPPES).

## Detecting and preventing fraud, waste, and abuse (FWA)

MVP has policies and processes in place to detect and prevent fraud, waste, and abuse (FWA). These policies outline MVP’s compliance with the False Claims Act and other applicable FWA laws and regulations. These laws and regulations prohibit MVP and its Contractors from knowingly presenting or causing to present a false claim or record to the federal government, the State Medicaid program, or an agent of these entities for payment or approval. Contractors may access MVP’s policy for Detecting and Preventing FWA by visiting [mvphealthcare.com/providers](https://mvphealthcare.com/providers) then select *Reference Library*, then select *Learn about MVP Policies*. MVP’s Special Investigations Unit (SIU) is instrumental in managing the program to detect, correct and prevent FWA committed by Providers, Members, subcontractors, vendors, and employees. The SIU maintains a toll-free, 24-hour hotline, **1-877-835-5687**, where suspected fraud, waste, and abuse issues can be reported directly by internal and external sources.

## Reporting suspected violations

MVP provides an Ethics and Integrity Hotline for reporting suspected violations of the Code or of its legal requirements. The Ethics and Integrity Hotline - **1-888-357-2687** - is available for employees, vendors, and Contractors to report suspected violations anonymously. Reports of suspected fraud, waste, and abuse may also be reported anonymously by contacting the Ethics and Integrity Hotline. EthicsPoint manages MVP’s confidential reporting system and receives calls made to the Hotline. EthicsPoint triages reports in a secure manner to MVP’s Compliance Office. The Compliance Office promptly and thoroughly investigates all allegations of violations. All MVP Contractors are required to report actual or suspected non-compliance and FWA that impacts MVP using the hotlines referenced above. Contractors are protected from intimidation and retaliation for good faith participation in MVP’s Compliance Program.

## Prohibiting the acceptance of gifts

MVP prohibits employees from accepting or soliciting gifts of any kind from MVP’s current or prospective vendors, suppliers, Providers, or customers that are designed to influence business decisions.

## Providing compliance training, FWA training, and HIPAA training

To prevent and detect FWA, all MVP’s Contractors that support its Medicare products and who are first tier, downstream, or related (FDRs) entities are required to provide general compliance training and FWA training to their employees, subcontractors, and downstream entities upon hire, annually, and as changes are implemented. CMS provides a Medicare Parts C and D FWA and general compliance training program. This online program is available through the CMS Medicare Learning Network at [cms.gov](https://cms.gov).

Entities who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare Program or through accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the FWA training requirement. However, these entities must provide general compliance training.

MVP’s Contractors that support its Medicaid products are also required to provide general compliance and FWA training to their employees, subcontractors, and downstream entities upon hire, annually, and as changes are implemented.

In addition, Contractors who handle MVP Protected Health Information are required to provide HIPAA Privacy, Security, and Breach Prevention trainings to their employees.

# Protocols for Domestic Violence Victims and Endangered Individuals

Last quarter, MVP published information on Protocols for Domestic Violence Victims and Endangered Individuals. The article has been updated. Please review at [mvphealthcare.com/providers](https://mvphealthcare.com/providers), select *Provider Communications*, then select *MVP Process Updates*. Then select *Protocols for Domestic Violence Victims and Endangered Individuals*.

## Provider Policies and Payment Policies Effective April 1, 2023

MVP Provider Policies and Payment Policies includes revisions on operational procedures, plan type offerings, and clinical programs. The policies are designed to serve as a reference tool for Providers and facilities. The following policies have been updated, with an effective date of April 1, 2023, and are posted at [mvphealthcare.com/policies](https://mvphealthcare.com/policies).

### PROVIDER POLICY UPDATES EFFECTIVE APRIL 1, 2023

[Appeals](#)

[Pharmacy Benefits](#)

[New York State Government Programs](#)

[Provider Responsibilities](#)

### PAYMENT POLICY UPDATES EFFECTIVE APRIL 1, 2023

[After Hours](#)

[Allergy Testing and Serum Preparation Claims](#)

[Arthroscopic, Endoscopic, and other Non Gastro Intestinal Scope Procedures](#)

[Audiology](#)

[Consistency of Denials](#)

[Default Pricing](#)

[Durable Medical Equipment](#)

[Evaluation & Management \(E & M\)](#)

[Interpreter](#)

[JW and JZ Modifiers](#)

[Laboratory](#)

[Mental Health and Substance Use Disorder](#)

[Multiple Surgery - VT Only](#)

[NDC Policy](#)

[NP/PA & Mid-Level Policy](#)

[Preventive Payment Policy](#)

[Radiology](#)

[Telehealth](#)

[Transitional Care](#)

# MVP DualAccess (D-SNP) Provider Education

Providers who are participating in both MVP’s Medicare and Medicaid lines of business (and certain facilities that only provide Medicaid services) are participating in MVP’s D-SNP. As part of your participation in these plans, there is a regulatory requirement to complete D-SNP training annually. To take the training and submit an attestation, please visit [mvphealthcare.com/dsnpeducation](https://mvphealthcare.com/dsnpeducation).

## Closing Gaps in Care

### Provide Guidance to Patients Taking Asthma Medications

No one knows better than you that, for patients who are living with persistent asthma, proper medication management includes the use of controller medications. In fact, the proper use of controller medications may reduce the need for a rescue medication, as well as ER visits, inpatient admissions, and days of school or work missed. Ensuring optimal asthma management can be challenging at times, and MVP is here as a partner to support you in providing this high-quality care.

#### Best Practices for Patients with Asthma

- Prescribe a controller medication for patients who do not have one. View the Formulary for a list of covered controllers by visiting [mvphealthcare.com/Providers](https://mvphealthcare.com/Providers) and selecting *Pharmacy*
- Check the patient’s ratio of controller to rescue medication; ensure that for every two controller prescriptions your patient has filled at a pharmacy, they have only one rescue inhaler prescription filled
- Help your patient understand the benefit of using a controller medication regularly rather than only using a rescue medication to manage their asthma
- Instruct your patient on proper inhaler and spacer use (if appropriate)
- Encourage patients to carefully review their asthma newsletter, *Breathing Easier*, mailed biannually by MVP
- Work with your patient on their Asthma Action Plan so they understand their triggers and what to do during an asthma attack. Copies of the plan go to the patient, school, and with you for your records. Patients can request an Asthma Action Plan by contacting MVP Case Management at **1-866-942-7966**

### Improving Access to Behavioral Health Care

#### The State of Mental Health in America

- 46% of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14
- 56% of US adults living with a mental health illness (27 million) have not received any mental health treatment
- 60% of adolescents living with depression (2.17 million) have not received any mental health treatment

Source: Quick Facts and Statistics About Mental Health | Mental Health America ([mhanational.org](https://mhanational.org))

Mental (or behavioral) health is just as important as physical health, as it can drastically affect quality of life when imbalanced. MVP understands the increasing demands on Providers when it comes to meeting both the physical and behavioral health needs for your patients. To help ensure your patients receive the care they need, MVP offers several telehealth options for Members to access virtual behavioral health support including:

Telehealth option	Website
myVisitNow	<a href="https://myvisitnow.com">myvisitnow.com</a>
Brave Health	<a href="https://bravehealth.com">bravehealth.com</a>
Array Behavioral Care	<a href="https://arraybc.com">arraybc.com</a>
Apti Health	<a href="https://aptihealth.com">aptihealth.com</a>
Valera Health	<a href="https://valerahealth.com">valerahealth.com</a>

MVP also provides telephonic case management with licensed behavioral health clinicians who can help link customers with in-network outpatient therapists, assist with access to other social service needs, provide information about other supportive resources, and much more. If you have a patient that would like access to our Case Management program, Providers, the Member, or a designee can call MVP at **1-866-942-7966**. Or visit [mvphealthcare.com/behavioralhealth](https://mvphealthcare.com/behavioralhealth) to learn more.

## New York State Quality Assurance Reporting Requirements (NYS QARR)

### NEW Measure Highlight: Developmental Screening in the First Three Years of Life

In 2022, NYS introduced a new QARR measure: *Developmental Screening in the First Three Years of Life (DEV-N)* which was adapted by NYSDOH, with permission, from the “Developmental Screening in the First Three Years of Life” measure stewarded by Oregon Health and Sciences University.

DEV-N looks at the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

#### Important things to note:

- Developmental screening requires a global (multi-domain) screen and not a single-domain screen, like autism
- Screening tools must include the developmental domains for motor, language, cognitive, and social-emotional development
- Tools must have established reliability scores of approximately 0.70 or above
- Claims data requires the use of **CPT code 96110** or **ICD-10-CM code Z13.42**
- Do not include modifiers added to claims indicating standardized screening for a specific domain of development—DEV-N is anchored to recommendations focused on global development screening using tools that focus on identifying risk for developmental, behavioral, and social delays

#### Documentation standards in the medical record:

- A note indicating the date on which the test was performed
- The name of the standardized tool used
- Evidence of a screening result or screening score

For a list of standardized tools that meet criteria cited by Bright Futures and the American Academy of Pediatrics statement on developmental screening, visit [aap.org/brightfutures](https://aap.org/brightfutures).

## Behavioral Health Follow-up Care Critical for Improving Outcomes

Timely follow-up care after your patient has been discharged from the hospital or emergency department for a behavioral health (BH) event helps improve physical and mental function, increases compliance with follow-up instructions, reduces avoidable readmissions, and overall, improves health outcomes. Research also suggests that close follow-up care for people living with a behavioral health condition after a BH event:

- Reduces incidents of suicidal ideation, suicide attempts, and completed suicide
- Reduces substance abuse and improves entry into recovery
- Reduces ED use and hospital admissions
- Leads to better identification and treatment of behavioral and physical health issues

**Not a behavioral health provider?** While your patient's follow-up care requires a visit with a BH provider (psychiatrist, psychologist, clinical social worker, or other therapist), as their PCP, there are strategies your practice can implement to establish continuity of care:

- If the hospital discharge planner calls your practice to schedule a follow up visit, and the hospitalization was for a BH event, coordinate with the discharge planner to make the appointment with the Member's BH provider
- If the Member calls your practice after discharge from a hospital or ED for a BH event, implement office procedures to assist them to schedule a follow up visit with their BH provider
- If the Member does not have a BH provider, refer them to [mvphealthcare.com/FindaDoctor](https://mvphealthcare.com/FindaDoctor) and use the *Doctors by Specialty* or *Places by Type* search options
- Develop a referral relationship with mental health and substance use disorder Providers close to your office

### Follow-Up After Hospitalization for Mental Illness (FUH)

measures the rate of Members six years of age and older who are discharged after an acute in-patient hospitalization for treatment of selected mental illness or intentional self-harm diagnoses and had a follow up visit with a BH Provider within seven days or 30 days following that hospital discharge.

### Follow-Up After ED Visit for Substance Use (FUA)

measures the rate of Members 13 years of age and older who are discharged after an ED visit with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose and had a follow up visit with a BH Provider within seven days or 30 days following that hospital discharge.

For additional information on improving your quality performance and closing gaps in care for FUH and FUA, visit [mvphealthcare.com/providers](https://mvphealthcare.com/providers), select *Reference Library*, and then *2023 Provider Coding Guides*.

## 2023 Provider Coding Reference Guides Now Available

Coding guides are available for select Adult Behavioral Health Care, Adult Preventive Care and Medical Conditions, Child and Adolescent Care (Physical and Behavioral Health), Diabetes Management, and Women's Preventive Care quality measures. Visit [mvphealthcare.com/providers](https://mvphealthcare.com/providers), select *Reference Library*, and then select *2023 Provider Coding Reference Guides for HEDIS Measures*.

## Osteoporosis Management: Measurement Year Closing June 30

The HEDIS quality measure for Osteoporosis Management in Women Who Had a Fracture (OMW) looks at the percentage of women 67-85 years of age who suffered a fracture and who had either a BMD test or prescription for a drug to treat osteoporosis in the six months after the fracture. The current measurement year for OMW (July 1, 2022-June 30, 2023) will soon end. The time for closing these gaps in care is now.

View the OMW Coding Guide at [mvphealthcare.com/providers](https://mvphealthcare.com/providers). Select *Reference Library* then *2023 Provider Coding Guides for HEDIS Measures*.

### Expanding Osteoporosis Testing

You may consider expanding evaluation to individuals who have health and physical risk factors that could predispose them to developing osteoporosis, including:

- An autoimmune disorder (rheumatoid arthritis, lupus, multiple sclerosis)
- An endocrine or hormonal disorder (hyperparathyroidism, Cushing's syndrome, hyperthyroidism, low testosterone)
- HIV/AIDS
- COPD
- A digestive disorder (inflammatory bowel disease, poor absorption)
- History of transplant
- Family history of osteoporosis
- Risk factors such as poor diet, loss of weight, smoking, increased alcohol consumption, etc.

## 2023 Gaps in Care Program

As Spring arrives, MVP's HEDIS Operations team will close out the annual HEDIS Review to make way for the 2023 Gaps In Care (GIC) Program.

Provider practices can resume sending GIC documentation to [mvpgapclosures@mvphealthcare.com](mailto:mvpgapclosures@mvphealthcare.com) after May 1, 2023.

Please be sure to use the publication of the *March 2023 GIC report* to allow for Q1 claims to process. For information on how to access your practice's monthly GIC report, visit [mvphealthcare.com/Providers](https://mvphealthcare.com/Providers), select *Reference Library*, then *HEDIS Measures and Gaps in Care Resources*.

Please follow the guidelines below to help streamline our GIC program and process submissions most efficiently:

- Use one dedicated cover sheet for each date of submission, completed in its entirety. The cover sheet can be found in a separate tab accompanying the GIC reports. It's important for the review team to have an office contact for follow-up so our team can communicate with you if further documentation is needed.
- Attach individual patient records to your transmission as opposed to sending batch files that are not separated per Member. This improves processing time for your submissions.
- Make sure the patient name on all documents matches the name shown on the GIC report. If the name on a report differs, submit the Member's demographic sheet showing the former name (i.e., change in marital status). HIXNY demographic information also shows all aliases for Members who are enrolled. Please submit that document if necessary.
- Follow all measure specifications shown in the GIC Cover sheet tab as a guide to required documentation and specific timeframes for each measure
- Maintain a tracking mechanism to avoid duplicate submissions. Allow 60 days for a patient's "required" service to show a "pass" for that measure on the report. Do not re-submit the same documentation before two more GIC reports have been published.
- Do not submit documentation for members who don't appear on the GIC report. We will not be able to process it.
- Be sure to use the most recent GIC report for all submissions to ensure the gap has not already been closed with a claim

MVP HEDIS Operations Team thanks you in advance for your attention to these guidelines. Submit questions about our GIC process to [mvpgapclosures@mvphealthcare.com](mailto:mvpgapclosures@mvphealthcare.com).

## Pharmacy Policy Updates

Below is a recap of the Pharmacy and Formulary updates that went into effect from December 1, 2022 to April 1, 2023. All policies are reviewed at least once annually. For more detailed information on these changes, please review updates at [mvphealthcare.com/FastFax](http://mvphealthcare.com/FastFax).

### EFFECTIVE DECEMBER 1, 2022

PHARMACEUTICAL POLICY NAME	STATUS
Colony Stimulating Factors	<b>Updated</b>
Doryx/Oracea	
Aduhelm (aducanumab-awwa)	

### EFFECTIVE JANUARY 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
Zynteglo	<b>New Policy</b>
Skysona	<b>New Policy</b>
Drug Utilization Review and Monitoring Program	<b>Updated</b>
Specialty Drug Procurement Exception (Commercial, Exchange, & Select ASO business)	<b>Updated</b>

### EFFECTIVE FEBRUARY 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
Hepatitis C Treatment (Commercial, Marketplace, CHP)	<b>Updated</b>
Hepatitis C Treatment Medicaid	<b>Updated</b>
Lyme Disease/IV Antibiotic Treatment	<b>Updated</b>
Enteral Therapy- NY	<b>Updated</b>
Antibiotic/Antiviral (oral prophylaxis)	<b>Reviewed/ No changes</b>
Compounded (Extemporaneous) Medications	<b>Reviewed/ No changes</b>
Government Programs Over-the Counter (OTC) Drug Coverage	<b>Updated</b>
Preventive Services- Medication	<b>Updated</b>
Zinplava	<b>Reviewed/ No changes</b>
Adalimumab	<b>Updated</b>
Etanercept	<b>Updated</b>
Guselkumab	<b>Updated</b>
Infliximab	<b>Updated</b>
Risankizumab	<b>Updated</b>
Secukinumab	<b>Updated</b>
Ustekinumab	<b>Updated</b>
Apremilast	<b>Updated</b>
Abatacept	<b>New Policy</b>
Certolizumab	<b>New Policy</b>

### EFFECTIVE APRIL 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
SGLT2 Inhibitors- Medicaid	<b>Updated</b>
Growth Hormone Therapy	<b>Updated</b>
Disposable Insulin Delivery Devices – Medicaid	<b>Updated</b>
Metformin ER	<b>Updated</b>
Acthar	<b>Updated</b>
Select Injectables for Asthma	<b>Updated</b>
Zulresso (brexanolone)	<b>Updated</b>
Upadacitinib	<b>Updated</b>
Phenylketonuria Agents	<b>Reviewed/ No changes</b>
Infertility Drug Therapy (Commercial, Marketplace)	<b>Reviewed/ No changes</b>
Infertility Drug Therapy (Medicaid, HARP)	<b>Reviewed/ No changes</b>
Jynarque	<b>Reviewed/ No changes</b>
Transgender Hormone Therapy (Medicaid, HARP)	<b>Reviewed/ No changes</b>
Transgender Hormone Therapy (COMM, EXCH, CHP)	<b>Reviewed/ No changes</b>
Male Hypogonadism	<b>Reviewed/ No changes</b>
Tepezza	<b>Reviewed/ No changes</b>
Physician Prescription Eligibility	<b>Reviewed/ No changes</b>
Prescribers Treating Self or Family Members	<b>Reviewed/ No changes</b>

## Formulary Updates

### COMMERCIAL, MARKETPLACE, AND MEDICAID

#### New Drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid)

DRUG	INDICATION
<b>Relyvrio™</b>	The treatment of the polyneuropathy of hereditary transthyretin mediated amyloidosis in adults
<b>(sodium phenylbutyrate and taurursodiol)</b>	The treatment of amyotrophic lateral sclerosis
<b>Auvelity™ (bupropion/ dextromethorphan)</b>	The treatment of major depressive disorder in adults
<b>Rolvedon™ (eflapegrastim-xnst)</b>	Used to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with clinically significant incidence of febrile neutropenia
<b>Terlivaz® (terlipressin)</b>	The improvement of kidney function in adults with hepatorenal syndrome with rapid reduction in kidney function
<b>Imjudo® (tremelimumab)</b>	The treatment of unresectable hepatocellular carcinoma in adults, in combination with Imfinzi (durvalumab)
<b>Tecvayli™ (teclistamab-cqyv)</b>	The treatment of relapsed or refractory multiple myeloma in adults who have received at least 4 prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody
<b>Lytgobi® (futibatinib)</b>	The treatment of adults with previously treated unresectable, locally advanced, or metastatic intrahepatic cholangiocarcinoma harboring FGFR2 gene fusions or other rearrangements
<b>Elahere™ (mirvetuximab)</b>	The treatment of patients with folate receptor alpha high platinum-resistant ovarian cancer who have been previously treated with 1 to 3 systemic treatments
<b>Tzield™ (teplizumab-mzvv)</b>	The delay of clinical type 1 diabetes in at-risk adults and pediatric patients aged 8 years and older
<b>Rezlidhia™ (olutasidenib)</b>	The treatment of relapsed or refractory acute myeloid leukemia in patients with an IDH1 mutation
<b>Hemgenix® (etranacogene dezaparvovec)</b>	The treatment of hemophilia B in adults who currently use Factor IX prophylaxis therapy, or have current or historical life-threatening hemorrhage, or have repeated, serious spontaneous bleeding episodes

<b>Furoscix® (furosemide-controlled release on-body infusor)</b>	The treatment of chronic heart failure
<b>Xelstrym™ (dextroamphetamine)</b>	The treatment of attention deficit hyperactivity disorder in patients aged 6 years and older
<b>Basaglar® Tempo Pen™ (insulin glargine)</b>	Tempo Pen™ is a part of Personalized Diabetes Management Platform from Lilly - Prefilled, disposable pen compatible with multiple Lilly insulins; Functions similarly to a Lilly KwikPen®; Can be used on its own or with the Tempo Smart Button* once available
<b>Humalog Tempo Pen™ (insulin lispro)</b>	Tempo Pen™ is a part of Personalized Diabetes Management Platform from Lilly - Prefilled, disposable pen compatible with multiple Lilly insulins; Functions similarly to a Lilly KwikPen®; Can be used on its own or with the Tempo Smart Button* once available
<b>Lyumjev Tempo Pen™ (insulin lispro)</b>	Tempo Pen™ is a part of Personalized Diabetes Management Platform from Lilly - Prefilled, disposable pen compatible with multiple Lilly insulins; Functions similarly to a Lilly KwikPen®; Can be used on its own or with the Tempo Smart Button* once available
<b>Ermeza™ (levothyroxine)</b>	The replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism, and as an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer

**DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE**

<b>Fynetra</b>
<b>Norliqva</b>
<b>Lyvispah</b>
<b>Voquezna™ Triple Pak</b>
<b>Adlarity</b>

**DRUG EXCLUSION: COMMERCIAL, EXCHANGE, AND MEDICAID**

<b>Rolvedon</b>
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**NEW GENERICS (ALL BRANDS WILL BE NON-FORMULARY, TIER 3)**

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
<b>Daliresp</b>	<b>Roflumilast</b>	Tier 1	Tier 1	Tier 2
<b>Divigel Gel</b>	<b>Estradiol TD gel</b>	Tier 1	Tier 1	Tier2
<b>Xenical</b>	<b>Orlistat</b>	Tier 1 with quantity limit of 365 days per lifetime	Exclude	Tier 1 with quantity limit of 365 days per lifetime
<b>Cetrotide Kit</b>	<b>Cetrorelix acetate</b>	Tier 1 with QL (9 fills per lifetime)	Exclude	Tier 2 with QL (9 fills per lifetime)
<b>Denavir cream</b>	<b>Peniciclovir cream 1%</b>	Tier 1	Tier 1	Tier 2
<b>Zioptan</b>	<b>Tafluprost PF ophthalmic solution</b>	Tier 1	Tier 1	Tier 2

**Miscellaneous Updates**

**COMMERCIAL AND EXCHANGE FORMULARY**

Drug	Action	Effective Date
Sumatriptan 4mg and 6mg injection KITS	Exclude	December 1, 2022
Doxycycline monohydrate 40mg (generic Oracea) and brand Oracea	Remove prior authorization and quantity limit added (120 capsules per 365 days)	December 1, 2022
BRAND Gilenya	Move to Tier 3	December 1, 2022

**MEDICAID FORMULARY**

Drug	Action	Effective Date
Sumatriptan 4mg and 6mg injection KITS	Exclude	December 1, 2022
Doxycycline monohydrate 40mg (generic Oracea) and brand Oracea	Remove prior authorization and quantity limit added (120 capsules per 365 days)	December 1, 2022
BRAND Gilenya	Move to Tier 3/Non-Formulary	December 1, 2022

**Medical Policy Updates**

Below is a recap of the Medical Policies that went into effect February 1, 2023. All policies are reviewed at least once annually. For more detailed information on these changes, please review [mvphealthcare.com/Fastfax](https://mvphealthcare.com/Fastfax) or visit [mvphealthcare.com/Providers](https://mvphealthcare.com/Providers) and select *Resources*, then *Medical Policies*.

**EFFECTIVE FEBRUARY 1, 2023**

Allergy Testing and Allergen Immunotherapy	Home Care Services
Autologous Chondrocyte Implantation (ACI)	Investigational Procedures, Devices, Medical Treatments, and Tests
Court Ordered Services	Mechanical Stretching Devices
Electroconvulsive Therapy (ECT)	Procedures for the Management of Chronic Spinal Pain and Chronic Pain
Electrical Stimulation Devices and Therapies	Sacroiliac Joint Fusion
	Sinus Surgery (Endoscopic)



# Access and Availability Standards

MVP recognizes and appreciates the quality care you offer our Members and your continued efforts to meet access and availability standards. For your convenience, MVP has developed overviews of the:

- New York Behavioral Health Variation to Access Standards
- New York Foster Care Access Standards
- New York Medical Health Access Standards
- Vermont Health Access Standards

MVP encourages you to review the current standards at [mvphealthcare.com/providers/AAS](http://mvphealthcare.com/providers/AAS) to guarantee your practice meets them to ensure timely and equitable access to health care services.



# 2023 Provider Practice Satisfaction Survey

MVP continually works toward improving the quality of the interaction’s provider offices have with us. You have likely already received the 2023 Provider Satisfaction survey in the mail and through email. Your candid feedback will help to identify opportunities for improvement and serve as a framework for our planning this year. We look forward to your participation.



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## Mackey Foundation’s Heart of Hope Initiative

MVP is a partner and sponsor for the Mackey Foundation’s Heart of Hope initiative for 2023. The Heart of Hope is a community-wide initiative to enable those with and without insurance to complete preventive cancer screenings. Heart of Hope aims to increase awareness of the importance of heart and cancer screenings, while honoring Warren A. Mackey, coach, educator, athlete, salesman, and singer who died after a long battle with heart disease. From February 1 through April 15 individuals were able to call a dedicated phone number to schedule their screenings through Albany Medical Center and once a screening was complete, they received a \$50 gift card.

