

MVP FASTFAX

News for Providers

CMS Medicare Benefits and Beneficiary Protections

When a member receives items and services through referrals by an MVP-contracted provider to a non-contracted provider, the Centers for Medicare & Medicaid Services (CMS) expects that the contracted provider will coordinate with MVP before making that referral. This important step ensures MVP Medicare members are getting medically necessary services covered by their MVP Medicare Advantage Plan.

Members who have out-of-network benefits do not need prior authorization to see out-of-network providers. However, these members should be counseled in order to receive the most from their benefits. It is still preferable that they utilize MVP participating providers.

MVP has begun reviewing claims data on a monthly basis to identify providers that have referred a Medicare beneficiary outside of MVP's contracted network. Your practice is receiving this fax notice as you have been identified as a provider that may have referred a Medicare Advantage member to a nonparticipating provider. Claims from non-participating providers for MVP Medicare members have been submitted identifying physician(s) in your practice as the referring provider. To ensure that the MVP member receives care from an in-network provider, please access MVP's website or contact MVP directly to validate the participation status of a provider.

If, as a referring provider, you are not certain if a particular service is covered, please request a pre-service organization determination prior to referring the member to a non-contracted provider by calling **585-325-3114** or **1-800-999-3920**.

If you have any questions with respect to this notice, please contact your Professional Relations Representative.

