



Annual Member Notices

2018

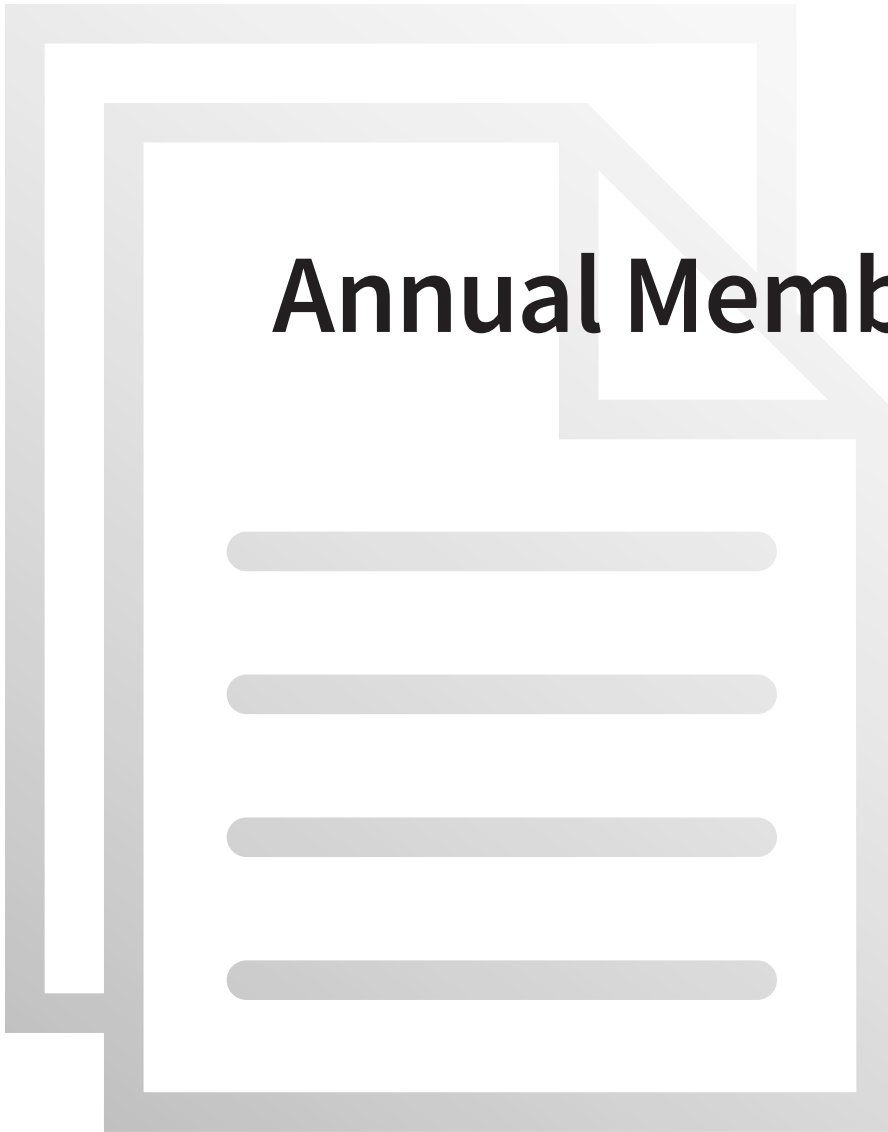


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The Rights and Responsibilities of MVP Health Care Members

MVP Health Care encourages members to learn and exercise their rights and responsibilities. This policy outlines what members can expect from MVP and what MVP expects from members. Listed below are the member's Rights and Responsibilities that all Commercial MVP members receive.

MVP Health Care Member Rights

You have the right to receive information about the health plan, its services, its practitioners, and providers. You also have the right to receive a copy of the health plan's *Member Rights and Responsibilities* and to make recommendations to the policy.

As a member you should have received a certificate of coverage or contract. This document outlines important information about your benefits and how to use them.

If your plan requires you to select a Primary Care Provider (PCP), you may change your selection at any time by calling the MVP Customer Care Center at the number on the back of your MVP Member ID card or visiting mvphealthcare.com. Information available on the health plan's website includes an updated list of participating practitioners and providers, their specialties, locations, and more.

You have the right to be treated with respect, recognition of your dignity, and your right to privacy.

You have a right to be treated with dignity. You have a right to receive quality medical services, in a professional and courteous manner, regardless of your race, sex, religion, age, or sexual orientation.

All information concerning your medical history and enrollment file is privileged and confidential. The health plan will not release information regarding any member's care without a written statement or release signed by the member, except as required by law.

You have the right to participate with practitioners in making decisions about your health care. This includes the right to have a candid discussion about appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

Your health care provider is required to tell you, in terms you will understand, all treatment options, including those options not covered by the plan. You have the right to receive information necessary for you to be able to give informed consent prior to the start of any procedure or treatment. The information will be made available to an appropriate person acting on your behalf, should you not be able to receive the information. You also

have the right to ask for a second opinion before you get any non-emergency treatment or care. No information that could have any bearing on the treatment you receive should be kept from you. You may refuse treatment to the extent permitted by law and have the right to be informed of the medical consequences should you choose that option.

You have the right to voice complaints or appeals about the organization or the care it provides.

The health plan works hard to make sure you get the health care services you need and excellent service. If you are not fully satisfied with the medical or administrative services provided by the health plan, you have a right to a thorough investigation of the complaint or appeal by qualified and impartial staff. If you come across a situation that causes concern, please call the MVP Customer Care Center. If the Customer Care representative cannot satisfactorily respond to your concerns or you are unhappy with our response to your issues, you have a right to file a formal complaint. Normally, complaints are investigated and responded to in writing within 30 calendar days of receipt.

If you do not agree with a previous decision associated with a denial of services or benefits, you have the right to access MVP's two-step appeal process. Appeals are handled in a timely manner and are based on your health care needs. The investigation and decision of the appeal is completed within 15 calendar days of receipt.

Details of the complete complaint and appeals process can be found in the Member Handbook and is also available upon request from the MVP Customer Care Center.

You have the right to receive medically necessary specialty care.

If a provider with an appropriate specialty is not available in the MVP's network to treat a medical condition, you have a right to request out-of-plan services.

You have the right to reasonable and timely access to medically necessary health care services and access to your medical records.

The health plan sets high standards for our health care professionals and continually monitors the medical care you receive. Often, one phone call is all you'll need to access treatment quickly.

You also have the right to your medical records, including diagnosis, treatments, and prognosis. If you would like to see your records, please check with your physician's office. They will be able to give you these records. If you need copies of these records, some offices charge on a per page basis. When it is not advisable to share this information with you, the information will be shared with the person acting on your behalf.



You have the right to formulate Advance Directives regarding your care and Health Care Proxy.

Advance Directives are documents that detail the care you wish to receive if you are unable to explain those wishes to your doctor (e.g., you are in a coma). Advance directives can be filled out and given to your doctor at any time.

You may choose a health care proxy who can make decisions for you if you cannot make decisions for yourself. These decisions may include termination or withholding of life support systems, artificial nutrition, and hydration. The proxy document may include special instructions, limits of authority, and an expiration date.

You have the right to make recommendations regarding MVP's member rights and responsibilities.

To make a recommendation, you can contact the MVP Customer Care Center at the phone number on the back of your MVP Member ID card.

MVP Health Care Member Responsibilities**You have a responsibility to supply information (to the extent possible) that MVP and its practitioners and providers need in order to provide care.**

You have a responsibility to notify the health plan of any changes in your status, such as adding or deleting dependents, change in marital status, etc. It is important for you to give your health care provider an honest description of your current symptoms, effects of medication, or results of treatment. Always give your medical history. This may include any relevant medical records, including X-Rays or other diagnostic tests.

You have a responsibility to participate in your health care.

You have a responsibility to follow the plans and instructions for care that you have agreed to with your practitioners. You also have a responsibility to participate in developing mutually agreed-upon treatment goals, to the degree possible.

You have a responsibility to select a Primary Care Provider.

You have a responsibility to select a participating primary care provider (PCP) for yourself and your dependents to coordinate your medical care.

Some plans such as Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO), do not require you to select a PCP. See your certificate of coverage or contract for details.

You have a responsibility to identify yourself as an MVP Health Plan member when receiving care.

You have a responsibility to carry your MVP Member ID card at all times and never permit anyone else to use it.

You have a responsibility to pay all applicable co-payments, co-insurance, and deductibles to your health care providers, as specified in your Subscriber Contract or Certificate of Coverage.

You need to pay your health care provider any co-pay(s) due. The health plan is billed directly for the rest of the charges. You may be asked to pay the entire bill at time of service if you get care from an out-of-network provider. Simply send an original itemized bill with proof of payment to the health plan for processing.

You have a responsibility to treat all personnel with courtesy and dignity.

When you are treated with respect, you are more likely to return that respect. It is your right to expect courtesy. It is your responsibility to act with courtesy toward your practitioners, the practitioners' office staff, and the health plan staff, including Customer Care representatives.

How to Contact MVP

With extended hours and e-mail access, MVP makes it easy to contact the MVP Customer Care Center when you have questions or need help. We're easy to reach 24-hours a day at mvphealthcare.com. You can also call MVP Monday–Friday, 8 am–6 pm Eastern time. Call the MVP Customer Care Center toll-free at **1-888-687-6277**.

MVP has interpreters in many languages if you do not speak English. If you are hearing impaired, TTY users may call a relay operator at **1-800-662-1220** for assistance with their calls to MVP.

24/7 Nurse Advice Line

The 24/7 Nurse Advice Line is staffed by registered nurses available to answer health-related questions and offer guidance 24 hours a day, seven days a week. It offers members access to an audio health library of more than 400 recorded messages on a wide range of general medical topics. Members should first try to consult with their PCP on any medical issues, but if the PCP is unavailable, members have the option of calling the Nurse Advice Line by calling the MVP Customer Care Center at **1-888-687-6277**. TTY users may call **1-800-662-1220** for a relay operator who can assist with their call. Members may also choose to contact the



24/7 Nurse Advice line using our secure online form by visiting mvphealthcare.com and selecting *Find a Doctor*, then *secure online form* under *24/7 Nurse Advice Line*.

How to Contact the MVP Utilization Management Department

You may reach the Utilization Management department regarding authorizations for care during working hours and after working hours by calling the MVP Customer Care Center at **1-888-687-6277** (TTY: **1-800-662-1220**).

MVP Quality Improvement Program

MVP is dedicated to providing quality health care and services to our members. Our Quality Improvement (QI) program sets standards for the care and services that are provided to our members by MVP and by participating providers. MVP reports on its progress toward achieving the QI program goals in an annual Quality Improvement Evaluation report.

You are welcome to participate in the development, implementation, or evaluation of the quality improvement system and/or, you may comment on the MVP Quality Improvement process. If you are interested in participating or commenting, please call the MVP Quality Improvement department. To receive a summary of the program description document and the Executive Summary of the Annual Evaluation, please call the MVP Customer Care Center at **1-888-687-6277** (TTY: **1-800-662-1220**).

How to Obtain Services

Coverage, Payment, and General Information

Your Member Guide and Certificate of Coverage provide detailed information about your MVP benefits, including covered services, access to care, and any restrictions that may apply to your specific health plan. To access your Member Guide, visit mvphealthcare.com and *Sign In* to your online account, then select *Benefits Information*. You can request a printed copy by calling the MVP Customer Care Center.

Also available online is the MVP Prior Authorization Guide for Members, a convenient explanation and listing of procedures, services, and prescription drugs that require approval from MVP in order to be covered by MVP's fully-insured and self-insured plans. The Guide is available by visiting mvphealthcare.com and selecting *Members*, then *Forms*, then *Authorization*, then *Prior Authorization*. To request a

printed copy of this Guide, call the MVP Customer Care Center at **1-888-687-6277** (TTY: **1-800-662-1220**).

Your MVP Member ID card is an easy reference tool for information about your co-payments for doctor visits with your PCP or a specialist, and inpatient and emergency room hospital care. On the back of your MVP Member ID card, you will find toll-free phone numbers to call if you have any questions about your health care benefits, including emergency care, hospital admissions, mental health/substance abuse services, receiving care from providers who are not part of MVP's provider network, and locating participating pharmacies (if your MVP plan includes pharmacy benefits).

When you receive covered health care services from participating providers, you must pay the designated amounts for these services as listed in your Certificate of Coverage or any applicable riders. Other than the designated amounts, you should not have to pay for covered services that you receive from participating providers. In the rare instance that this may occur, please send the claim (itemized bill) to MVP. Include your name, address, MVP Member ID number, provider, date of service, and diagnosis. Keep a copy of the claim for your records and send the original to MVP Health Plan.

If you receive a bill for any services covered by MVP, forward it to MVP for processing. You can submit your claim to MVP via mail, email, fax, or online.

Mail completed claims to:

ATTN: CLAIMS SUBMISSION
MVP HEALTH PLAN
PO BOX 2207
SCHENECTADY NY 12301-2207

Email completed claims to
submitclaims@mvphealthcare.com.

Fax completed claims to **518-395-1395**.

To submit your claim online, *Sign In* to your MVP online account at mvphealthcare.com and select *Medical Claim Reimbursement*. Only current MVP members over the age of 18 may submit claims online.

Your Primary Care Provider

When you joined MVP, you and your covered dependents selected Primary Care Provider (PCP) from those in the MVP provider network. Your PCP gives you care, such as routine well care, preventive care, and basic health screening services, and coordinates any scheduled hospital care that you might require. In some cases your PCP must get prior authorization from MVP before you can get some referrals and treatments.



Specialist as PCP

If you have a life-threatening, disabling, or degenerative disease, you can have your specialist or specialty care center act as your PCP. The specialist or specialty care center will take over coordination of all your primary care services. They will also okay visits for other specialty care, lab work, hospitalization, and all other health services. Advanced cancer care, HIV disease, and severe heart conditions are examples of cases where a specialist might act as your PCP. MVP must approve this arrangement.

If you believe that your specialist should become your PCP, ask your current PCP to contact MVP. You and your PCP will be notified of MVP's decision in writing.

How to Obtain Behavioral Health Services

It only takes a simple phone call to request to see a psychiatrist, psychologist, social worker, or substance abuse counselor. That phone call can come from you, the behavioral health provider, or your PCP prior to a behavioral health visit.

Beacon Health Options (for members in New York) or PrimariLink (for members in Vermont) have their own customer service lines for mental health and substance abuse care issues. If you don't know what provider to see, both Beacon Health Options and PrimariLink have specially trained clinical intake specialists to help you with your selection. They have profiled all of the behavioral health providers in each network and can match your problem and location to a provider that will meet your needs. Call them when you need help. Contact Beacon Health Options at **1-800-568-0458** and follow the prompts for behavioral health care. You can contact PrimariLink at **1-800-320-5895**.

Emergency Care Policy

If you or a member of your family have an emergency that requires immediate medical care, you should go to the nearest hospital emergency room or medical facility, or call your local emergency number for medical assistance. MVP follows the prudent layperson standard when paying for emergency care. If MVP determines that the care you received did not meet the following standard, MVP will not pay for the care.

You do not need a referral from your PCP or prior authorization from MVP to get emergency medical care if you believe that not getting immediate attention for your emergency condition would:

- Place your physical or mental health in serious jeopardy.
- Seriously impair your bodily functions.
- Cause serious dysfunction of any organ or body part.
- And, in New York state, result in disfigurement.

If you are unsure if your condition is an emergency, call your PCP for guidance and to coordinate your medical care. Your PCP (or a covering physician) is on call 24 hours a day, including weekends and holidays.

In-Area Emergencies

The hospital emergency room or other medical facility will charge your normal emergency room co-payment (this amount is printed on your MVP Member ID card). Please contact your PCP as soon as possible following the emergency so that he or she can coordinate any follow-up care that you may need.

Out-of-Area Emergencies

Your MVP benefits provide coverage for non-emergency care that you receive from providers who practice within the MVP provider network. You are also covered when you need emergency care outside of the MVP service area. If an emergency occurs while you are away from home, go to the nearest physician or hospital for treatment. Please notify MVP of the emergency within 48 hours or as soon as possible, so that we can arrange for any follow-up services outside the MVP service area.

MVP Referral Requirements

MVP no longer requires PCP referrals for specialty care. This change in the MVP referral policy does not affect services that require prior authorization. MVP network practitioners will continue to be responsible for obtaining prior authorization for inpatient admissions and select procedures and services.

Members should seek the specialty care services of a participating MVP practitioner to receive the maximum benefit level.

Your MVP Subscriber Contract or Certificate of Coverage, and any pertinent rider(s) control your MVP benefits, coverage, and any other terms of your coverage.

Formulary and Exceptions Policy

If your MVP benefits include prescription drug coverage, that coverage is subject to the MVP Prescription Drug Formulary, our list of covered drugs. Depending on the benefit design, non-formulary drugs might require prior authorization or be available at a higher co-payment.

Before MVP will cover a newly-introduced prescription drug, a committee of MVP physicians and pharmacists reviews the



available data concerning the effectiveness and safety of the new drug to determine if the drug represents a significant improvement over existing covered medications. If a drug meets the committee's criteria, MVP approves that drug for coverage.

If a drug is not covered by your prescription drug benefit and your doctor believes that it is medically necessary for you, your doctor can request an exception from MVP. Members can also initiate an exception request by submitting the *Prescription Formulary Exception Request*. To download the form, visit **mvphealthcare.com** and select *Members*, then *Forms*, then *Pharmacy Forms*. You can also request the form by calling the MVP Customer Care Center.

To find out if MVP covers a specific drug, or if MVP covers a drug with certain conditions such as prior authorization, step therapy, or with quantity limits, visit **mvphealthcare.com** or contact the MVP Customer Care Center.

Population Health Management

We're There When You Need Us!

Living well can sometimes take an extra helping hand. That's why MVP Health Care has a team of nurses, respiratory therapists, health coaches, social workers, and other health care professionals to help you.

If you are living with a serious physical or mental health concern, you may call MVP at **1-866-942-7966** for help and support, and in some situations, MVP may reach out to you to offer assistance. MVP will match you with one of our free programs or connect you with other wellness resources that can help.

How MVP Can Help

When you are faced with a health issue, MVP can point you to programs and resources that can help you manage or improve a medical condition, guide you through a medical event, and learn how to take the best care of yourself.

We offer health care management programs for members living with:

- Asthma
- Cancer (Oncology)
- Cardiac (after a heart attack or open heart surgery)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Failure
- Low Back Pain

We also offer special programs to help members whose health concerns are complicated and can lead to hospital or emergency room visits. If you think that you might benefit from one of these programs, call MVP at **1-866-942-7966** for further assistance:

- Acute Case Management for members who have been in the hospital or emergency room within the last year with heart problems, stroke, or another chronic illness.
- Little FootprintsSM for high-risk pregnancies.
- The Option Case Management Program for Medicaid members.
- Social work services that help connect members to community resources and services.

Our Programs

Education and Support

As a program participant, you can talk with an MVP clinician who can answer your questions and help you find community-based resources and health care solutions. Our clinicians can offer information about healthy eating habits, medication management, symptom monitoring and management, weight monitoring, and fitness activities. We'll also supply you with personalized mailings and newsletters with the latest health information.

Health Coaching

If you need extra help to work through a complex health concern or mental health issue, you may be matched with a personal health coach. Your health coach will work with you and your doctor to help you set and reach goals that are important to your treatment plan.

Self-Care Resources

Whether you are researching a health condition or treatment, looking for simple answers to your health questions, or reaching your health improvement goals, taking care of yourself is easier when you use MVP's online wellness tools. MVP's clinicians can direct you to helpful online resources.

How to Find Out More

Not all resources are available to all MVP members. Call **1-866-942-7966** for more information or to see if you qualify. You may also visit **mvphealthcare.com** and select *Members*, then *Health & Wellness*, and then *Go* under *Health Management Programs* to find detailed information on program offerings and current program newsletters. We are committed to connecting you with the help you need to live well!



Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, MVP provides benefits for mastectomy-related services, including reconstruction and surgery, to achieve symmetry between the breasts, prostheses, and treatment of complications resulting from a mastectomy, including lymphedema. To obtain a detailed description of the mastectomy-related benefits available through MVP, please contact the MVP Customer Care Center.

Obtaining Additional Information About Practitioners Who Participate with MVP

MVP is committed to providing access to high quality, coordinated care to help you live a healthy life. One way we do that is by sharing information on health care quality with you. Within the MVP online provider directory, any physician who has earned one or more certifications from the National Committee for Quality Assurance's (NCQA) has the corresponding seal(s) next to his/her name to note this accomplishment. Descriptions of the certification programs are outlined below.

Diabetes Recognition Program (DRP)

This program recognizes physicians who demonstrate that they provide high quality care to their patients with diabetes.

Heart Stroke Recognition Program (HSRP)

This program recognizes physicians who demonstrate that they provide high quality care to patients with cardiac conditions or who have had a stroke.

Patient-Centered Medical Home Program (PCMH)

This program recognizes physician practices functioning as medical homes by using systematic, patient-centered, and coordinated care management processes.

Patient-Centered Specialty Practice Program (PCSP)

This program recognizes specialty physicians who demonstrate clinical quality through coordinated care management.

To find the information, visit mvphealthcare.com and select *Find a Doctor*, and then follow the prompts to *Search by Provider*. Look for the NCQA recognition icon to the right of the doctor's name.

Both New York State and Vermont also make information available to consumers who would like to know more about their physicians, with easy online searches.

The New York State Physician Profile website was created with the passage of the New York Patient Health Information and

Quality Improvement Act of 2000. Using this New York website, MVP members may find information about the doctor's medical education, translation services at the doctor's office, and information about legal actions taken against the doctor. To see all the information that is available for each doctor, visit nydoctorprofile.com and search on any doctor's name.

These websites offer information free to the public and can be accessed directly via the links provided here. If you do not have Internet access and would like to receive a printed report from any of these sites about a specific practitioner, contact the MVP Customer Care Center at **1-888-687-6277** (TTY: **1-800-662-1220**).

How MVP Assesses New Technology

MVP draws upon the knowledge of its medical directors, participating physicians, and allied health professionals to research new technologies, medical products, behavioral health treatments, and pharmaceuticals for inclusion as benefits covered by the health plan.

MVP regularly assesses new technologies and new applications of existing technologies for inclusion as covered benefits.

The research process includes a review of information from appropriate government regulatory bodies as well as published scientific evidence. Benefit policies are examined by physicians and other health care professionals across the MVP service area, as well as by staff in several MVP departments, to decide whether the technologies will be included as covered benefits. The MVP Quality Improvement Committee gives final approval.

MVP's technology policies are reviewed at least annually, with comprehensive updates triggered more often by changes in published medical evidence. Qualified specialists with expertise relevant to each topic are invited to participate in this process. By carefully considering new technologies before approving them for coverage, MVP assures our members that they are receiving safe, effective, and high quality care.

Transition of Care

If your practitioner leaves the MVP provider network, MVP will send you a letter to notify you. If you are undergoing treatment for a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for up to 90 days from the effective date of the provider's termination. If you are in your second or third trimester of pregnancy, you may continue to receive care from your practitioner throughout your pregnancy, delivery, and



through the completion of your postpartum care directly related to your pregnancy.

You cannot continue to see a provider that has left the MVP network if the provider was removed from the network for the following reasons:

- Concern of imminent harm to patients
- A determination of fraud
- A final disciplinary action by a state licensing board that impairs the provider's ability to practice

Transition care also applies when you are a new member. If you are seeing a non-participating provider when you join MVP, you must switch to a participating provider. However, if you have a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for 60 days from your date of enrollment. If you are in your second or third trimester of pregnancy, you may continue to receive care from your practitioner throughout your pregnancy, delivery, and through the completion of your postpartum care directly related to your pregnancy.

In either situation, the provider must agree to:

- Accept MVP's reimbursement or payment in full
- Agree to adhere to the MVP Quality Improvement requirements
- Adhere to MVP's policies and procedures
- Provide MVP with medical information related to your care

If the provider will not agree to the above, MVP cannot offer you transitional care.

MVP will also provide transition of care support if your benefits have been exhausted or you are terminated from MVP. An MVP clinician will review your case to identify ongoing needs and will either work with your PCP or provide you with community resources to assist in providing ongoing treatment. You will be notified regarding plans for future unmet needs.

Member Complaints, Appeals, and Grievances

MVP wants to solve any problems you may have with us in a fairly and friendly manner. Call the MVP Customer Care Center at **1-888-687-6277**, if you have a concern with MVP. A Customer Care representative can often resolve your problem immediately. MVP has interpreters if you do not speak English. If you are hearing impaired, TTY users may call a Verizon relay operator at **1-800-662-1220**. The relay operator will contact MVP and assist in the call.

If the MVP Customer Care representative cannot resolve your problem, you or your representative may file a complaint, appeal, or grievance by submitting it to the Member Appeals department at:

**MEMBER APPEALS DEPARTMENT
MVP HEALTH PLAN
PO BOX 2207
SCHENECTADY NY 12301-2207**

A complaint is a written or verbal expression of dissatisfaction. Examples of complaints are problems scheduling appointments with providers or timeliness of claim payment issues. An appeal (or grievance) is a request from a member for MVP to change a decision it has made. It may concern whether or not a requested service is a benefit covered by MVP or the way a complaint has been resolved.

Medical complaints and first level appeals are handled by a licensed health care professional who is qualified to review the issue. In an appeal (or grievance), the reviewer must not have been involved in making MVP's original decision. If your complaint, appeal, or grievance concerns an administrative matter, it will be handled by a member of the senior administrative staff with the necessary education and background to resolve the matter. Second level appeals and grievances are reviewed by the MVP Appeals Committee.

MVP will never retaliate or take any discriminatory action against a member should he or she file a complaint or appeal.

If you are covered under a New York or Vermont subscriber contract or Certificate of Coverage and have been denied coverage on the basis of medical necessity or because the service is deemed experimental or investigational, you have the right to request a review by a state-approved external appeal agent. You may obtain an external appeal application by contacting:

- The New York State Department of Financial Services at **1-800-400-8882** or **dfs.ny.gov**.
- The MVP Customer Care Center at **1-888-687-6277** (TTY: **1-800-662-1220**).

If you are covered under a Vermont subscriber contract or Certificate of Coverage you may also contact the Health Care Advocate Program. The Office of Health Care Advocate is a statewide program operated by Vermont Legal Aid, Inc. Full-time health care counselors staff the program to help Vermont residents resolve problems and complaints with their health insurance. The office is in the Burlington office of Vermont Legal Aid and can be reached by calling **1-800-917-7787**.

You may also contact the Vermont Department of Financial Regulations by calling **1-800-631-7788**.



MVP Policy for Approving Medically Necessary Health Care

MVP supports and encourages the delivery of appropriate health care to our members and through our Utilization Management program. Part of the program is to monitor our members' use of health care services to detect and correct potential under- and over-use of health care services.

The MVP Utilization Management program does not provide financial incentives to employees, providers, or practitioners who make utilization management decisions that would encourage or create barriers to members getting appropriate health care and services.

Our Utilization Management program follows these principles:

1. Utilization management decisions are based only on appropriateness of care and the benefit provisions of the subscriber's coverage.
2. MVP does not reward practitioners, providers, or staff, including Medical Directors and utilization management staff, for issuing denials of requested care.
3. Financial incentives, such as annual salary reviews and/or incentive payments do not encourage decisions that result in under-use of health care and services by members.

Criteria we use to make decisions are available on request.

The MVP medical staff, comprised of physicians, registered nurses, and other health care providers, review requests for health care services to determine if the requested service is medically necessary. The staff uses specific clinical review criteria including clinical protocols, practice guidelines, and written policies to make these decisions. You and your doctor can get copies of these review criteria by contacting an MVP Customer Care representative at **1-888-687-6277** (TTY: **1-800-662-1220**).

You can also reach an MVP Customer Care representative any time at **mvphealthcare.com**.

MVP Privacy Notice

Members can obtain a copy of our Privacy Notice by visiting **mvphealthcare.com** and selecting *Notice of Privacy Practices & Compliance* at the bottom of the page. To request a printed copy of this notice, call the MVP Customer Care Center at **1-888-687-6277** (TTY: **1-800-662-1220**).

Report Suspected Insurance Fraud/Abuse

Every year, billions of dollars are spent on fraudulent claims throughout the insurance industry, translating into escalating costs and premiums. We all pay for this costly crime. At MVP, we are committed to providing top-quality, affordable health care. That's why we're tough on fraud.

MVP has a dedicated unit called the Special Investigations Unit (SIU), which deals exclusively with situations regarding potential fraud, waste, and abuse. SIU works closely with federal and state agencies responsible for identifying and investigating potential insurance fraud, waste, and/or abuse, as well as our many providers and other insurance companies. We also rely on members like you.

Common forms of insurance fraud include:

- A health care provider bills for services you never received.
- Payments made for services previously covered by another insurance carrier.
- Payments made to or for someone who was not an eligible subscriber or dependent.
- Someone using your MVP Member ID card to obtain medical care, supplies, or equipment.

These are serious crimes—punishable by law.

Please help us fight insurance fraud by reporting any activities you suspect. Contact the MVP Special Investigations Unit by calling them toll-free at **1-877-TELL-MVP** (835-5687). As always, your privacy is our top concern. Should you wish to make an anonymous report, contact EthicsPoint at **1-888-357-2687**. Please be assured that any information you provide will be kept in strict confidence.

