



Provider Excellence Program

There are many factors that should be taken into consideration when selecting a provider. While many people think about their reputation and location, quality of care and cost efficiency are additional elements that should be considered.

The new MVP Health Care® (MVP) Provider Excellence Program is designed to provide our HMO, EPO, PPO, and POS health plan members in New York State with this information on Family Medicine and Internal Medicine in-network providers to help them make informed health care decisions.



View a list of designated providers
at [mvphealthcare.com/
ProviderExcellence](https://mvphealthcare.com/ProviderExcellence).



How Provider Groups are Measured

Since members may receive care from multiple providers within a practice, MVP assesses performance and determines designation status at the practice level.

Quality of Care

Providers are assessed using nationally-recognized National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) data, relevant to each specialty included in this program. Examples include:

- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Antidepressant medication management
- Use of imaging studies for lower back pain
- Several aspects of diabetes management

Cost Efficiency

Providers are assessed using an industry-standard methodology to evaluate cost efficiency where MVP reviews entire episodes of care for injuries or diseases that may require a series of visits and treatment, as opposed to individual visits for isolated conditions.

Cost is measured over a longer period of time, which results in a more accurate picture of how a provider or a practice performs. This ensures that providers are providing high value care in addition to high quality care.

How MVP Determines Designation Status

MVP compiles data for the included specialties within the MVP network in New York State. Provider group quality and cost efficiency performance are compared to their peers and all providers' results are ranked. Based on rank, top performing provider groups receive MVP Provider Excellence Program designation status, indicating that the provider group provides high quality care, high value care.

How to Identify High-Value Providers

Visit mvphealthcare.com/ProviderExcellence to view a PDF listing of high quality, cost efficient providers.

Designation status should not be the only factor considered when making health care decisions.

At this time, plan benefits and provider reimbursement are not affected by a provider group's designation status. MVP is primarily using this data to inform our members of provider groups that provide high quality, high value care.

Please call the MVP Customer Care Center phone number on the back of your MVP Member ID card if you have any questions, or if you'd like to provide feedback about this program.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

