

# Ask The Carrier

July 15, 2020



# Professional Relations (PR) Department

## **Manager**

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## **Representatives**

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# Resources

Presentation

MVP Health Care Contact Sheet

Professional Relations Territory Sheet

Medical Health Access Standards

CIGNA Quick Reference Guide

How to Use Member ID Card

FastFax

PaySpan

\*All resources will be available after the Provider Portal login at

<https://www.mvphealthcare.com/providers>

<http://www.mvphealthcare.com/fastfax>

# Agenda

Professional Relations Updates & Reminders

Product Updates

Claims & Reimbursement Updates & Reminders

Web Enhancements



# Professional Relations Updates & Reminders



# Integrated Health

## **MVP Insources Management of All Behavioral Health Services**

**Effective January 1, 2020**

Network contracting, utilization management, case management and claims processing of Mental Health and Substance Use Disorders

### **Provider Education Resources**

How to register for Provider Portal

Provider demographic change form/credentialing instructions

Electronic claim submission guidelines

Electronic fund transfer/electronic remittance advice (EFT/ERA)

<https://www.mvphealthcare.com/providers/reference-library/#provider-education-resources>

### **Professional Relations Representative**

Kellie Traver, [ktraver@mvphealthcare.com](mailto:ktraver@mvphealthcare.com), phone # 585-327-2529

# Integrated Health cont.

## **Find a Doctor Tool**

**<https://www.mvphealthcare.com/members/find-a-doctor>**

Search for participating providers, outpatient facilities and hospitals

## **Services Prior to January 1, 2020**

Contact Beacon Health Options

Commercial, Medicare, ASO: **1-800-397-1630**

Medicaid, Child Health Plus, Essential Plan: **1-844-265-7592**

# Integrated Health cont.

## **Services Effective January 1<sup>st</sup>, 2020**

### **Prior authorization for routine services, all lines of business**

Phone 1-800-684-9286

Fax 1-855-853-4850

[BHservices@mvphealthcare.com](mailto:BHservices@mvphealthcare.com)

### **Prior authorization for community-based services (HARP, Medicaid)**

Phone 1-800-684-9286

Fax 1-855-853-4850

[communityservices@mvphealthcare.com](mailto:communityservices@mvphealthcare.com)



# Gaps In Care

## **Applies to PCP for the following lines of business**

ASO, Commercial, Medicare, Medicaid and

Health and Recovery Program (HARP)

## **Measure and report quality metrics based on**

NYS DOH Quality Assurance Reporting (QARR)

National Committee for Quality Assurance (NCQA)

Healthcare Effectiveness Data and Information Set (HEDIS)

## **Reporting**

Produced monthly and available PDF or Excel

Available on the Provider Portal

Identifies what measures the member is failing or passing

Data collected by claims submitted or submitting supplemental data

# New Provider Registration Process

**Effective April 1, 2020**

**Mandatory registration with the Council for Affordable Quality Healthcare (CAQH)**

Applies to new providers not requiring full credentialing

Hospital-Based Physicians: Internal Medicine, Family Practice, Pediatrics, Neonatologists,  
Anesthesiologists, Pathologists, Critical Care, Emergency Medicine

Mid-Level Providers

**Provider Registration Application Request Form**

**<https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/MVP-Health-Care-ProviderRegistrationApplicationRequest.pdf>**

Send completed forms to **MVPPR@mvphealthcare.com**

# Credentialing/Provider Demographic Changes

## **Credentialing new providers**

Applies to MD, DO and ancillary practitioners

Visit [mvphealthcare.com/credentialing](https://mvphealthcare.com/credentialing)

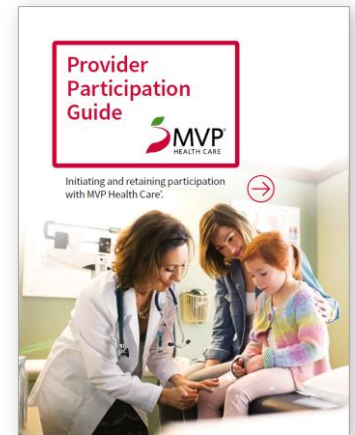
Access Provider Participation Guide for instruction

Credentialing application form

## **Demographic updates to existing providers**

Changes must be submitted using online change form

<https://swp.mvphealthcare.com/psspub/providerSelfService/Pub/EForms/DemographicMain.aspx>





# Product Updates



# Medicare Advantage Plan Updates

## **Post hospitalization meal delivery**

14 Meals delivered to member's residence

No cost share to the member

Does not include Skilled Nursing or observation stays

## **Well-Being reward**

Increased to \$100 from \$75 gift card

Eligible upon completion of annual wellness exam

preventative screening, vision and hearing exams

## **Routine eyewear benefit**

Updated to a yearly allowance for eyewear

## **Returning for 2020**

### **Silver Sneakers –**

16 Years!

\$0 cost to member

### **My Visit Now –**

\$0 copayment for  
online urgent care and  
behavioral health visits

# Commercial Product Updates

## **Annual Mammogram**

Coverage updated from age 40 to age 35

Applicable to large group plans only

## **Maternal Depression Screening**

Procedure Codes: 99401–99404, 96127, 96160, 96161 and G0444

Covered under either mother's policy or child health insurance policy as preventative care

Billed/reimbursed on infant's policy when completed by a Pediatrician

## **Contraception Coverage**

Coverage up to 12 months (removed initial 3-month supply)

Coverage extended to all FDA approved and includes certain over the counter female contraceptives

Removed patient cost-share for drugs, devices and services

# Infertility Services

## Commercial Plans

### **Effective 01/01/2020 or upon renewal**

In-Vitro Fertilization (IVF)

Large group only

3 cycles per lifetime

Fertility Preservation Services (FPS)

Individual, Small & Large group policies

Covered when medical treatment directly or indirectly causes infertility

Includes collection, cryopreservation, storage for either gender

Please see MVP Medical Policies and the Benefit Interpretation Manual "BIM" on the MVP Provider Portal for coverage details & criteria

## Medicaid Plans

### **Effective 10/01/2019**

Ovulation enhancing drugs and related services

3 cycles per lifetime

Services includes office visits, x-rays of the uterus/fallopian tubes, pelvic ultrasounds, blood testing

# MVP Diabetes Prevention Programs

## Medicare Plans

### **Medicare Diabetes Prevention Program (MDPP)**

Approved MDPP/Medicare suppliers only

6-month program; group/classroom setting

Topics include long-term dietary change, physical activity and behavior change strategies for weight control

Follows Medicare guidelines

2020 MVP Fee Schedule Instructions for reimbursed codes under MDPP

## Medicaid Plans

### **NYS Medicaid National Diabetes Prevention Program (NDPP)**

CDC recognized organizations only

Focused group sessions on lifestyle changes, weight loss and increased physical activity

Follows Medicaid guidelines

2020 MVP Fee Schedule Instructions for reimbursed codes under NDPP





# Claims & Reimbursement Updates & Reminders



# Telehealth/Virtual Check-ins/Interprofessional Consultations

## **Telemedicine**

Expanded coverage effective 1/1/2020

Telemedicine, store and forward technology, remote imaging monitoring and MyVisitNow

Includes all lines of business, limited code set for Medicare, Commercial, ASO plans

HIPAA compliant, 2 way (face to face) audiovisual platform

Member cost share applies

## **Virtual Check-ins and Interprofessional Consultations**

Providers must obtain verbal consent from existing member/documentated in medical record

Telephone call, non face to face consultation/limited code set

Restrictions on proximity to in-person visit

Member cost share applies

<https://www.mvphealthcare.com/providers/reference-library/provider-resource-manual>

# Telehealth/State of Emergency

## **Billing guidelines**

Reimbursement non-facility rate, must bill POS 11

Medicare/Medicaid effective 3/1/2020

Commercial effective 3/13/2020

Modifiers 95 or GT required

Telephone E/M codes (99441-99443) reimbursed for all lines of business

Member cost share waived

All lines of business with exception of some ASO plans

## **Member cost share waived for COVID-19 treatment and testing**

Effective 4/1/2020

All lines of business with exception of some ASO plans

Treatment must bill primary diagnosis code U07.1 or U07.2

COVID-19 Testing

Primary diagnosis Z03.818 or Z20.828 for all lines of business

Primary diagnosis R05, R06.02, R50.9 for Commercial members

<http://www.mvphealthcare.com/fastfax>

<https://www.mvphealthcare.com/providers/covid19>

# Matrix Medical

## Third Party Vendor – Mobile Units

### State-of-the-art facility offering:

Complete health assessments

Medication review

Discuss health history

Some preventative care screenings

Reports will be shared with member's PCP

### MVP Medicare Advantage Plan Members

Members with gaps in care will be contacted

No member cost share

Schedule an appointment, please call **1-888-822-3247** (TTY: **771**)

Available Monday through Friday, 8 am to 8 pm, Saturday, 8 am to 5 pm



# Influenza Testing Reimbursement

**Effective January 1, 2020**

Immunoassay for influenza, CPT 87804

Polymerase Chain Reaction (PCR) testing, CPT 87501 and 87502

**Providers should follow guidance from the Centers for Disease and Control Prevention**

<http://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm>

# EviCore

## **MVP Partners with Third Party Vendor**

### **Advanced Radiology Procedure Scheduling Program**

CT, MRI or Pet Scan – complete list found on the Provider Portal under *Resources*

Prior authorization required for all place of service except:

Emergency Room (POS 23)

Inpatient Hospital (POS 21)

**Radiation Services** – complete list found on the Provider Portal under *Resources*

### **Requesting Authorization**

EviCore has 2 business days from date of request upon receipt of all clinical information to make a medical necessity determination

Authorizations valid for 45 days from date of approval

Request authorization online/must be registered [www.evicore.com](http://www.evicore.com) or by telephone **1-866-665-8341**

# CIGNA

## Handling Claim Disputes

CIGNA should be first point of contact, **1-800-CIGNA24 (244-6224)**

Document representative name, date, time and reference #

In the even that your office is unable to resolve a payment issue with CIGNA, please contact MVP's Provider Service Center 1-800-684-9286



# Web Enhancements



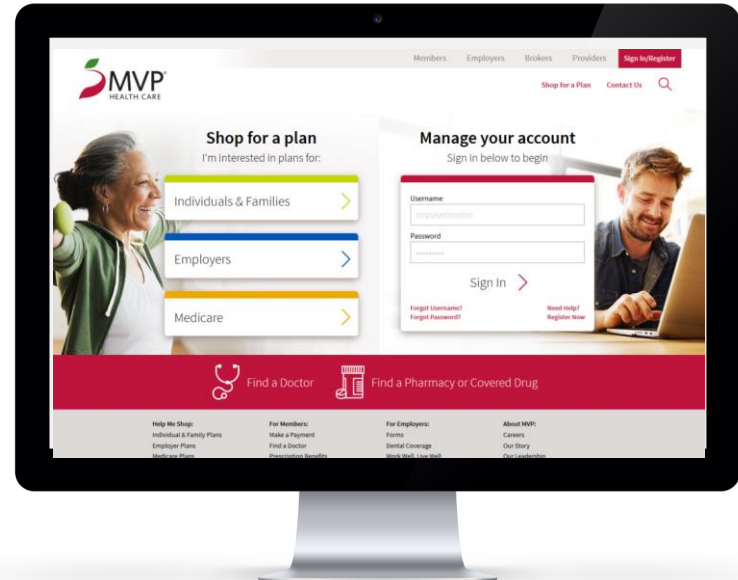


# Accessing the MVP Provider Portal

Go to **mvphealthcare.com**

Click *Providers* in the top right hand corner to access provider homepage

Log in to your current account  
OR click "Register Now for Access"



# Accessing the MVP Provider Portal cont.

**Once logged in, click on one of the functions listed below:**

**Authorizations:** Status search, notification pending review, imaging request

**Reporting :** PCP Member Roster

**Resources:** Medical Policies\*, Provider Resource Manual, Fast Fax archive

**Account Profile:** Account Summary, Communication Preferences



**\*Medical policy updates are communicated via the Health Practices Newsletter**

# Contact

**For Technical Questions** – Such as, login issues, error messages and broken links

Call: E-Support at **1-888-656-5695**

**For All Other Questions or Feedback**

Call: Provider Services at **1-800-684-9286**



# Questions and Answers

## **How do you identify Exchange vs Commercial Plan using the member's ID Card?**

Sample ID cards for each plan type can be viewed in the Provider Resource Manual/MVP Plan Type Information Policy. Please visit [mvphealthcare.com/PRM](http://mvphealthcare.com/PRM) and select the Provider Resource Manual

## **How should an office bill for a visit with family member to discuss patient without patient present?**

This would depend on the plan type, CPT being billed and scenario for the patient. Please visit [mvphealthcare.com/PRM](http://mvphealthcare.com/PRM) and select the Payment Policies.

Thank You!



## Ask the Carrier 2020: Q&A Responses

- **Q:** When does the member cost share for telehealth start?
- **A:** At this time MVP will continue to pay telemedicine at no cost share to the member until the state of emergency is over. This also includes allowing providers to bill with the place of service they usually bill with when seeing a member face to face. In addition to monitoring the state of emergency, MVP will continue to monitor all State and Federal guidelines related to reimbursement for COVID-19.
  
- **Q:** Are you covering antibody testing for COVID-19? Is there a cost for the insured?
- **A:** Yes, MVP covers antibody testing with no member cost share when billed with appropriate diagnosis code. Covered codes are 86328 and 86769. Additional details are located on the MVP Provider webpage at:  
<https://www.mvphealthcare.com/providers/covid19>
  
- **Q:** I am having a problem getting access to EviCore for one of my staff. Could you assist?
- **A:** Your assigned MVP Professional Relations Representative will be happy to assist you with troubleshooting by phone or email. Please click on the below link for the West Region Professional Relations Territory List.
- <https://www.mvphealthcare.com/wp-content/uploads/download-manager-files/MVP-Health-Care-Professional-Relations-Territory-Listing-West.pdf>
  
- **Q:** Why does MVP prefer to work with Matrix Mobile as opposed to fairly reimbursing primary care practices for coding and quality measure gap closure? Matrix's NP's do not meaningfully coordinate care with PCP offices.
- **A:** MVP has a longstanding relationship with Matrix Mobile as part of our effort to remove barriers to accessing care. Services available with home visits include risk assessments, etc., and are intended to supplement, not replace, existing care models.
  
- **Q:** Where do we find the fee schedules for MVP?
- **A:** Fee Schedule Instructions are mailed out each December for the following year. Please contact your MVP PR Representative for assistance.

- **Q:** Will MVP PR Representatives visit offices to do hands on training of your website?
- **A:** MVP PR Representatives are scheduling virtual office visits. We can give a demonstration of the MVP website/Provider Portal over Microsoft Teams.
  
- **Q:** Will MVP be covering the use of Gardasil beyond the age of 27?
- **A:** See FastFax dated October 16, 2019: "In accordance with CDC recommendations, MVP Health Care® (MVP) will reimburse for vaccines administered to adults aged 27 through 45 years when ordered by health care providers who feel there is clinical benefit for their patient. No additional prior authorization or approval steps are required."
  
- **Q:** Will today's PowerPoint presentation be available for download? It has a lot of useful information.
- **A:** Yes! Today's presentation can be found using the following link:
- <https://www.mvphealthcare.com/providers/education#presentations>