

Professional Relations Updates & Reminders

New Staff

We are excited to welcome Jill Rock to the Vermont Professional Relations team. Jill is servicing Addison, Essex, Franklin, Grand Isle, Orange, and Orleans Counties. Jill can be reached at 802-264-6535 or via email at jrock@mvphhealthcare.com.

MSK Program

Starting January 1, 2019, MVP partnered with Magellan Healthcare to implement a musculoskeletal (MSK) management program. This program requires prior authorization for MVP members for select non-emergent MSK procedures, including outpatient interventional pain management services (IPM), inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries.

Provider Demographic Changes and Updates

Any change in information for contracted and non-contracted providers is required to be submitted online through the Provider Change of Information Form. The Provider Change of Information Form is available in front of the secure login and can be used to notify MVP of demographic changes such as adding or removing an address, changing Tax information (Tax ID or address), or to inactivate a provider from a location.

To help facilitate the correct processing of a request, use the Notes field at the end of the form to restate or clarify what is being requested. Retain the Reference number provided after submitting the form as it can be used to submit a status inquiry on the request.

Provider Newsletter – *Healthy Practices*

This year MVP changed the publication schedule of *Healthy Practices* from bi-monthly to quarterly and it has a fresh new look. To receive *Healthy Practices* electronically, sign in to mvphhealthcare.com/providers/ and select Communication Preferences to go paperless.

Provider Resource Manual (PRM)

Provider policies and procedures are updated in the Provider Resource Manual (PRM) quarterly. Updates are published to the website 30 days in advance of the effective date to allow providers to review the policy changes. All policies are effective on the first day of each quarter unless otherwise stated.

Beginning July 1, 2019, the PRM will have a new look and the Payment Policy section has been separated to allow for a better user experience.

Gaps In Care Reports

Coming soon, Gaps In Care Reports will be available through the secure provider portal.

2019 Medicare Advantage Plans

In 2019, CMS expanded the opportunity for health plans to provide supplemental benefits that offer additional services or reduced cost share for services and/or items that are tied to a specific health status or chronic disease state. MVP's Medicare Advantage plans targeted benefits for members with the following diagnoses:

- **Diabetes:** Members diagnosed with diabetes will pay a \$0 co-pay for routine podiatry visits.
- **Stroke:** Members who have suffered a stroke are allowed up to \$250 per year for bathroom safety and assistance devices purchased from DME Supply USA, a division of Lincare. Eligible devices must be on MVP's approved list, which is available at dmesupplyusa.com/mvp/.
- **Hypertension:** Members diagnosed with hypertension have a \$0 co-pay for one blood pressure cuff per year purchased from DME Supply USA, a division of Lincare. Eligible devices must be on MVP's approved list, available at dmesupplyusa.com/mvp/.

MVP Medicare Advantage plan members must have a confirmed diagnosis to qualify for these benefits.

Claims Updates & Reminders

Authorizations for Radiology Services and Professional Claims

Historically MVP has allowed for reimbursement of professional services submitted with a modifier 26 for radiology services that require prior authorization whether there was an authorization in place or not.

Beginning June 1, 2019, if a prior authorization is not obtained from eviCore for radiology services that require one, MVP will deny both the technical and professional charge.

Claims and Clinical Editing

MVP uses Change Healthcare (formerly McKesson) Claims Xten Clinical Editing Software to facilitate consistent claims processing and payment. The software applies a predetermined set of rules, which is reviewed and updated periodically based on nationally recognized correct coding standards such as AMA and NCCI.

MVP also has a comprehensive list of custom clinical edits which can be found Claims section of the Provider Resource Manual.

A clinical edit denial can be appealed by using the Claims Adjustment Request Form (CARF) by providing a brief explanation in the comments section indicating the reason and rationale, and submitting any clinical or coding documentation, medical and/or operative reports to support why it should be considered.

Working with CIGNA

The Cigna national PPO network is MVP's primary provider network available to members outside of MVP's service area. CIGNA contracted providers outside of MVP's service area should contact CIGNA at 800-244-6224 for claims related questions and document the representative name, date, time and reference number.

MVP and CIGNA work together to look at the flow of provider information and pricing/payment mechanisms to facilitate operational accuracy and consistency, and if you are unable to resolve claim payment issues with CIGNA, contact MVP's Provider Services team at 800-684-9286.