

Twin States AAHAM

All Payer Conference

June 9, 2023



Topics

Vermont Network and PR Team

Network and PR Reminders

2023 Updates and News

MVP Website Updates

Quality



Vermont Network and Professional Relations

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Professional Relations Team

	Counties	Primary
Lori Bombardier Senior Professional Relations and Contracting Representative Email: lbombardier@mvphealthcare.com Phone: 802-264-6505	Bennington Caledonia Chittenden Lamoille Washington Windsor Windham	UVMHN Dartmouth HealthFirst
Jill Bushey Professional Relations Representative Email: jbushey@mvphealthcare.com Phone: 802-264-6535	Addison Essex Franklin Grand Isle Orange Orleans Rutland Clinton, NY Essex, NY Franklin, NY	PCHP



Network and PR Reminders



Credentialing New Providers

The following sections of CAQH must be completed

- Practice locations, Remit address, hospital affiliation, malpractice, and disclosure questions
- Education/training, Work History, Specialty, and Special Experience and Skills

All required supporting documents must be current and uploaded

- Attestation signed and dated (signature stamps not acceptable)
- Copy of State license(s)
- Copy of DEA
- Malpractice face sheet
- Copy of W-9

IMPORTANT

Be sure to grant MVP access to the CAQH application and re-attest that the information is current with no changes and/or expirations.

Provider Change of Information

Provider demographic changes must be submitted online with the Provider Change of Information Form

- Access at **mvphealthcare.com/demographics**

View a tutorial at:
**[mvphealthcare.com/
providers/education](https://mvphealthcare.com/providers/education)**

Types of changes include:

- *Address Change* for service location(s) only
- *TIN-Remit Change* for changes that affect practice and Tax ID, Remit (billing) Address and/or Tax Address
- *Specialty Change* to add or remove a specialty
- *Provider Inactivation* to remove a provider from a specific group/Tax ID

Retain Reference number provided after submission

Send status inquiries with the Reference number to **MVPPR@mvphealthcare.com**

Billing and Payment Reminders

As of August 1, 2022, MVP began enforcing National Uniform Billing standards for claims billed for implantable devices for Revenue Codes 0274, 0275, 0276 and 0278

- Must contain a valid HCPCS code
- Payment at invoice cost

As of October 1, 2022, MVP no longer prints and mails explanations of payment or capitation summaries with paper remittances

- Available through the PaySpan website only
- To view, select Research Payments, hover on "View Remit", and choose "Download CSV to export"



2023 Updates and News



Elimination of the X-Waiver Requirement

What does this mean for Providers?

- Providers with a current DEA registration that includes **a Schedule III authority** may prescribe buprenorphine for opioid use disorder
- An X-waiver registration is no longer required
- There are no longer limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine

The removal of the X-waiver and limit requirements help support ongoing efforts to expand access to Members for medication in the treatment of opioid use disorders.

Information regarding the removal of the X - Waiver and educational materials for prescribing buprenorphine for opioid use disorder can be found on the Substance Abuse and Mental Health Services Administration (SAMHSA) website [Removal of DATA Waiver \(X-Waiver\) Requirement | SAMHSA](#)

Medicare Advantage Plans

Transportation Benefit

- Supplemental benefit for non-urgent transportation
- MVP's vendor is American Logistics (ALC)

Meal Delivery Service

- Post inpatient discharge meal delivery through Moms Meals
- Zero cost to Members
- 14 meals

Joint Replacement Care Kits

- Designed for post joint replacement surgery
- Patients receive customized kits

End of the PHE

COVID-19 Vaccines

No cost share for Commercial and Medicare Members when FDA approved COVID-19 vaccines are provided by an in-network provider

COVID-19 Diagnostic and Antibody Testing

Cost share will apply to COVID-19 diagnostic lab tests and associated covered services to treat COVID-19 diagnosis or symptoms

- MVP will not reimburse separately for COVID-19 diagnostic pre-op testing for Commercial and NY Medicaid Members; Medicare will be reimbursed based on CMS guidelines

COVID-19 Treatment

Cost share will apply for COVID-19 treatment at any site of service for VT and NY fully insured plans and Medicare plans

Medicare

- **Oral Antivirals:** Coverage will continue with no cost share under Part D through 12/31/2024 when prescribed by an in-network provider
- **Approved Monoclonal Antibodies:** Coverage will continue under Part B with no cost share through 12/31/2023 with an in-network provider

Telehealth

Telehealth services will continue to be covered with applicable cost share

- Audio-only services billed using accepted CPT codes will continue to be covered in accordance with regulatory guidelines

MSK and IPM Prior Auth Change

Currently managed by Magellan

Effective July 1, 2023 prior authorization no longer required for non-emergent musculoskeletal procedures, including:

- Outpatient interventional pain management (IPM)
- Inpatient and outpatient hip, knee, shoulder, lumbar and cervical spine surgeries

Cases for services to be performed prior to July 1 must still be submitted to Magellan



MVP Website Updates



Multi-Factor Authentication (MFA)

- Implemented Multi Factor Authentication (MFA) to secure data and meet NYS DFS regulation (NYCRR 500)
 - MFA implemented using industry standard Microsoft Authenticator App
 - Portal users need to approve the login using Authenticator App
- Provide access to data for multiple Tax IDs with a single logon

MVP Provider Onboarding

Online resource for new and existing providers

Outlines everything Participating Providers need to know and do to get started with MVP, as well as acclimate providers to the resources available on the website

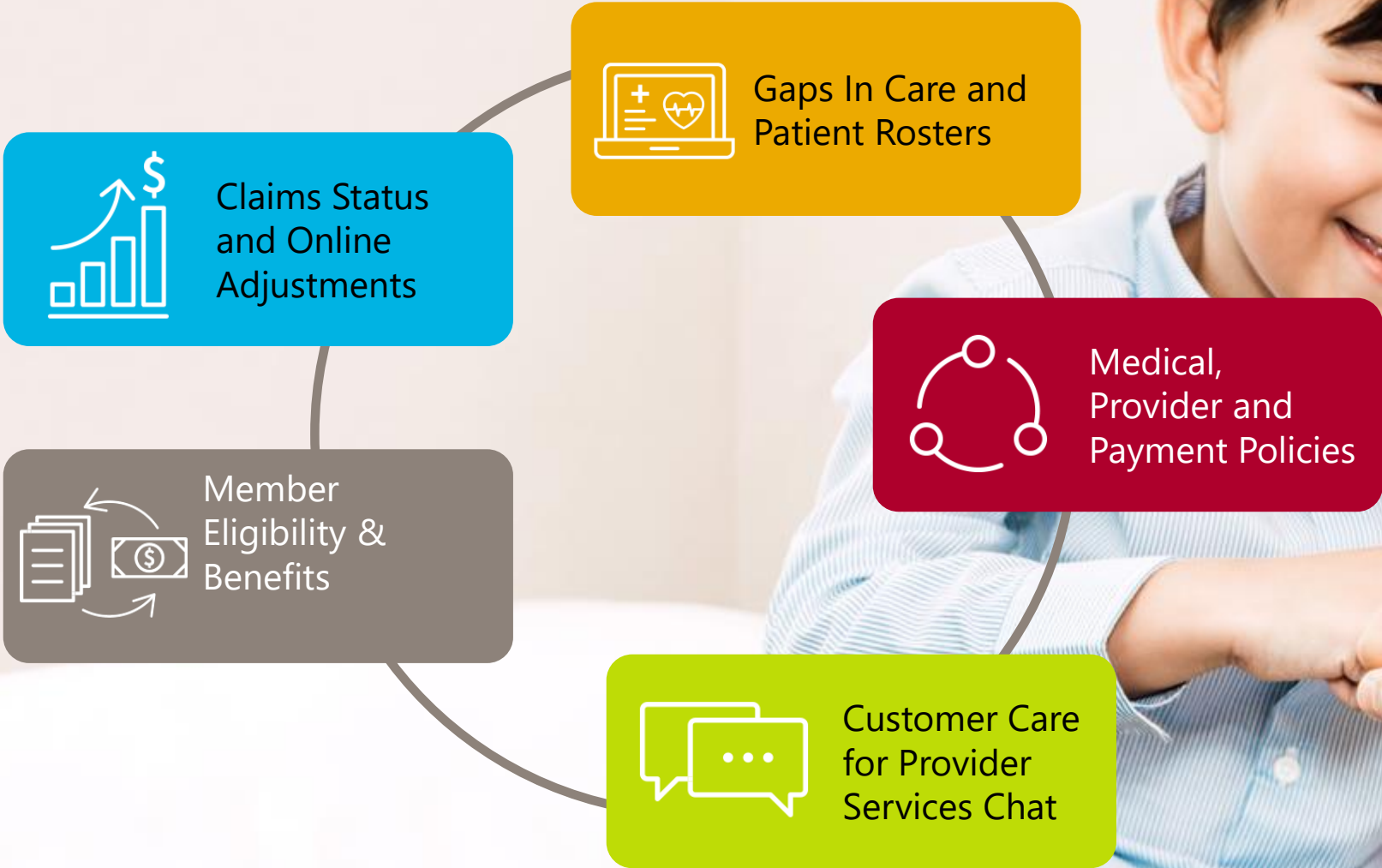
Includes

- Setting up your MVP online account
- Setting up electronic claim submission
- Required annual Provider regulatory responsibilities
- MVP Resources, including Provider and Payment Policies, Forms and the Communications Center

mvphealthcare.com/providers/onboarding



Using the Portal for Success





What is Quality?



What is Quality?

MVP seeks to provide the highest quality of care to its Members by focusing on:



Improving quality of care



Improving quality of data



Advancing a culture of quality

How Quality is Measured

MVP uses standardize data sets, such as HEDIS, quality measures and established benchmarks to measure and monitor quality of care to the Members we service.

HEDIS (Healthcare Effectiveness Data and Information Set) provides payers with a set of standardized performance measure that measures:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Development of the Electronic Clinical Data System (ECDS) to help HEDIS users to understand how health IT can increase efficiency of quality reporting.

What Needs To Be Done To Improve Quality?

Monthly Gap In Care (GIC) Reports

- Knowing how to access the GIC report through Provider Portal
- Knowing what the color codes mean in reference to what is needed
- What specific documentation is needed to close gaps.
- Developing a tracking process to monitor member, measure and dates records have been submitted to MVP

Pre-Post Planning

- Schedule Prevention/Screening visit early in the year
- Know what open gaps each patient has prior to visit so planning can be done
- When the visit is over schedule any follow-ups, screening, labs etc. before patient leaves office

Provider Resources

- Provider Communication Center offers up to date information at: **Provider Communication Center**
- Fast Fax Communication keeps you up to date on such things as pharmacy and medical policy changes
- Provider Resource Guides for 2023 available at: **2023 Provider Reference Guides**

Explore Ways to Create Efficiencies

- Granting Remote EMR access
- Engage in Clinical Data exchange opportunities

Thank You!

