



Coming soon for PDA users – ePocrates Rx Formulary™

MVP is pleased to be able to offer our formulary in another medium that is convenient and can reduce medication errors. MVP's partnership with ePocrates™ will allow prescribing practitioners to check the formulary status, as well as alternative drugs, by using their Personal Digital Assistants (PDA). What's more, the service is free.

Please review upcoming editions of the *Monthly Memo* regarding this important and exciting initiative.

New 2003 MVP Formulary

If you are a prescribing health care practitioner, a copy of the May 2003 MVP Formulary should be enclosed with this edition of the *Monthly Memo*.

The MVP Formulary is printed and distributed once a year. Regular, cumulative updates will continue to be presented in the *Monthly Memo*. Starting this month, we ask that you remove this page of the newsletter every month and place it in the pocket on the inside back cover of the enclosed MVP Formulary booklet. That way, you will have a current, comprehensive listing for your review and reference at all times.

The MVP Formulary is now in printable (PDF) format by visiting the provider section of our Web site, www.mvphealthcare.com. If you need a copy of the formulary, please contact your Professional Relations representative.

CUT ON DOTTED LINE AND INSERT IN FRONT POCKET OF FORMULARY

FOLD HERE ▼

Drug	F/C	PA	QL	Page	Mail
Omeprazole	F1		QL	11	N
Relpax®	F2		QL	16	N
Tamoxifen	F1			NL	Y
Sortret®	F1			NL	N

Bolded = effective 6/1/03

NY

PO Box 2207
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monthly
memo





monthly memo

from the Medical Director

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The Monthly Memo is a monthly publication of the Professional Relations Department.

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1.800.639.3881

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1.800.666.1762

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Claims System Updates

MVP is nearing completion to deliver additional remittance advice functionality. Specifically, we are programming and testing specifications to display the necessary claim recovery details so offices can reconcile claim payments more easily.

The customized remittance advice is being enhanced in several ways. These include:

- Clearly denoted sections of the remit corresponding to current claims, current adjustments, and recovery details.
- Totals of each of the sections mentioned above.
- Addition of a new field entitled "CONT-DIS" which will represent the contractual allowance (or contractual discount) in place. Further details on this new field will be forthcoming.
- New fields denoted within the new recovery section, which are specific to recovered claims. They include:
 - original payment amount
 - recovered amount
 - the recovery amount taken back by MVP on the current remit
 - the remaining amount due MVP.

We are excited about the upcoming enhancements to the remittance advice and we thank you for your patience as we work to accomplish this. Please note, we are still actively working to enhance the sorting of the remit and to display current and adjusted claims by provider name, then by member name. We anticipate these improvements in the near future. When the enhancements are in place, you will receive a insert with the revised remittance advices that fully explains these modifications.

Claims denied for "Member Number Missing/Invalid"

Several weeks ago, MVP identified a problem within our claim processing system that caused claims to deny in error, citing explanation "Member number missing/invalid".

We were able to correct the problem and all affected claims have been reprocessed without the need for resubmission. This problem should not occur in the future, and we apologize for any inconvenience this situation may have caused.



Adolescent Preventive Care

MVP endorses the recommendations of the American Academy of Pediatrics (AAP) regarding adolescent preventive care. The AAP recommends adolescents receive an annual well visit. According to the AAP guidelines, each preventive care visit should include a dialogue session and physical exam. The visit should also include age appropriate tests and screening, health education, and immunizations as needed. Please note the recommendations suggest screening for high-risk behaviors, including alcohol and substance abuse, as part of each preventive care visit for patients between the ages of 10 and 21. For your convenience, the AAP guidelines are available on the AAP Web Site (www.aap.org/policy/periodicity.pdf).

MVP encourages you to consider screening adolescents for high-risk behaviors, especially alcohol and substance abuse, at any visit. If there is not sufficient time during the visit to do adequate screening, MVP suggests scheduling a well visit while the adolescent is in the office.

MVP, in collaboration with the Vermont Youth Health Initiative, adopted the CRAFFT screening tool to assist providers in screening adolescents for alcohol and substance abuse. If you need information on the CRAFFT screening tool for adolescent alcohol and substance abuse, please call the Quality Improvement department at 1-800-777-4793.

MVP pays for preventive care visits that include the recommended age appropriate tests, screening, health education, and immunizations. Preventive care visits should be billed utilizing the "well child visit" CPT codes of 99383-99385 for new patients and 99393-99395 for established patients. The following "V" codes may also be used: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, and V70.9. If you utilize a billing service, please share this information with your vendor. MVP routinely monitors the frequency of preventive care visits our members receive utilizing claims data. If the appropriate codes are not used, data collection will not reflect your efforts to follow the recommended guidelines.

Health Management Programs

MVP's Health Management programs have continued to grow. The following is a brief description of the 2002 programs and their recent accomplishments:

Asthma Care Program

The purpose of this initiative is to help members learn how to control their asthma. At the present time over 11,000 MVP members are enrolled in the program. The program includes access to a registered nurse and an educational asthma newsletter to enrolled members. MVP also provides an Asthma Informational Summary report two times a year to each member's PCP. These reports are designed as a quick reference sheet of the patient's asthma management status. Program effectiveness is measured by the HEDIS® measure, *Appropriate Medications for People with Asthma*. MVP's results for this measure show a significant improvement from HEDIS® 2000 to HEDIS® 2002 ($p < 0.001$).

Diabetes Care Program

This program helps members learn how to control their diabetes. At the present time, there are over 12,000 MVP members enrolled in the program, which includes access to a registered nurse and an educational diabetes newsletter. MVP also distributes a Diabetes Informational Summary report two times a year to each patient's PCP, which are designed as a quick reference sheet of the patient's diabetes management status. Program effectiveness is measured by the HEDIS® measures for A1c testing and control, lipid testing and control, nephropathy screening and dilated eye exams. With the exception of the dilated eye exam measure, results of these measures show significant improvement from 1999 to 2001 ($p < .01$). It is expected that new interventions, such as the Diabetes Informational Summary, will demonstrate continued improvement.

Cardiac Care Program

The Cardiac Care program, which started in 2001, is designed for members recovering from a recent heart attack, a percutaneous transluminal coronary angioplasty or a coronary artery bypass graft. Regular telephone calls from a registered nurse encourage members to adopt and maintain healthy habits that will prevent or delay a future cardiac event. In 2002, over 350 members participated in the program. A new initiative for 2002 included a report for PCPs, cardiologists and other prescribing practitioners, to alert them to members who were non-compliant with their lipid-lowering medications after an acute cardiovascular event. MVP also began sending a post-discharge letter to members explaining the role of cholesterol, the significance of an annual lipid profile, recommended LDL level and the importance of compliance with their lipid-lowering medication regimens. MVP will measure the impact of the program and the interventions developed in 2002 through the cardiovascular measures included in HEDIS® 2003.



quality improvement updates

Back Care Program

MVP developed a low back pain disease management program in 2002. This program is modeled after the diabetes and asthma programs in which there is a general population that receives a newsletter as well as a one-on-one telephonic program for those at high-risk. Currently there are over 150 members enrolled in the high-risk component. The program also includes access to PHIP, a personal health improvement program that teaches about the mind-body connection and how moods and behavior can affect an individual's body and health. The impact of MVP's Back Care program will be measured after a full year of implementation has passed.

If you have any questions about our Health Management Programs or would like to refer a member, please call 1-888-357-4687.

Guidelines for Antibiotic Usage in an Upper Respiratory Infection

MVP has endorsed recommendations from the Centers for Disease Control (CDC) for the appropriate treatment of upper respiratory infections. These guidelines replace MVP's former anti-infective guidelines that were contained in MVP's *Physician Quality Improvement Manual*. As with all of our guideline updates, the new recommendations will soon be available in the online edition of the manual. If you would prefer to receive a hard copy of the CDC's recommendations, please call the QI Department at 1-800-777-4793 extension 2394, and a copy will be sent to you. The guidelines are also available directly from the CDC at <http://www.cdc.gov/>. To view the CDC's quick reference guide, go to <http://www.cdc.gov/drugresistance/community/files/ads/judi.pdf>.



benefit interpretation policies

The MVP Quality Improvement Committee approved the following policy, summarized in this newsletter. If you would like to read a policy, which contains clinical criteria, please view the *Benefit Interpretation Manual* at www.mvphealthcare.com under the Communications section. You may also contact your Professional Relations representative to obtain a copy of a policy as well.

Clarification—Routine Foot Care: In an effort to clarify any confusion regarding MVP's policy regarding routine foot care, please review the information stated below.

- Members may be referred by their Primary Care Physician (PCP) to a participating podiatrist for medically necessary foot care with an MVP referral form, if appropriate and necessary for their condition.
- Foot care may be a covered benefit for MVP members when an underlying medical condition exists. Systemic diseases/medical conditions considered for foot care services to be rendered may be:
 - Diabetes with renal, eye, neurological or peripheral circulatory complication
 - Peripheral vascular disease
 - Arteriosclerosis obliterans with manifestations
 - Buerger's disease
 - Chronic thrombophlebitis
 - Peripheral neuropathies involving the feet.

This is not an all-inclusive list. There are other metabolic, neurologic or peripheral vascular diseases not included in this list.

Please note that routine foot care of corns, calluses, flat feet, fallen arches, weak feet, trimming toe nails or chronic foot strain are not covered. Routine foot care services rendered when the only documented diagnosis is onychomycosis will be reviewed by a Medical Director. MVP ASO (Select Care) benefits may vary by employer group.



Pre-authorization of electrical bone stimulators

MVP would like to remind physicians to contact the Durable Medical Equipment (DME) Unit at 1-800-452-6966 for pre-authorization of the rental of electrical bone stimulators. Please be sure to provide as much pertinent clinical information as possible. For electrical bone stimulators, please be prepared to provide the following information:

- date and type of surgery or injury
- X-ray results, when appropriate
- history and physical
- risk factors.

MVP medical policy criteria for electrical bone stimulators can be found in the *Benefit Interpretation Manual* on MVP's Web site, www.mvphealthcare.com.

Observation stays

Observation care requires authorization. Inpatient admissions and extended observation care must be authorized by contacting MVP's Utilization Management department. Elective inpatient admissions must be pre-authorized by MVP before services are rendered.

A concurrent review nurse will review all observation admissions and continued stays for appropriateness utilizing InterQual® criteria. If the stay does not meet criteria for observation or continued observation, the case will be sent to a Medical Director for review. A determination will be made the same day and the concurrent review nurse will notify the hospital and attending physician, via telephone, of the determination. In addition, a letter will be sent out to the attending physician the next business day regarding MVP's determination.
