

MVPFASTFAX

March 24, 2020 – 2020.23

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Important News for Providers

Utilization Management Changes Due to COVID-19

Effective for 90 Days (March 20 - June 18, 2020)

In response to the directive to lessen the administrative burden during this time, as directed by the NYS Department of Financial Services (DFS) Circular Letter No.8 (2020), MVP Health Care® (MVP) will make the following Utilization Management (UM) changes:

Prior Authorizations

MVP has suspended prior authorization requirements for all lines of business for:

- Inpatient surgery and inpatient admissions for hospitals in NY and VT
- Post-acute care after discharge from hospitals in NY and VT including prior authorization requirements administered by naviHealth
- All Radiation Therapy and High-Tech Radiology (MRI's, MRA's, CT's, Nuclear Cardiology and PET Scans) managed by eviCore
- All musculoskeletal codes managed by Magellan/NIA

MVP will continue to perform prior authorization review for all other services, including:

- Outpatient elective procedures, in-office procedures, durable medical equipment, and physician administered drugs
- Use of out-of-network and out-of-state providers for provider office, ambulatory surgical, outpatient facility, and inpatient settings

MVP reserves the right to retrospectively audit any services provided during this timeframe that were performed without prior authorization.

Acute Care Facility, Skilled Nursing, and IP Rehabilitation Facilities

MVP has suspended the admission, concurrent, and retrospective review requirements for acute care facility admissions at hospitals in NY and VT.

Prior authorization for admission to Skilled Nursing and IP Rehabilitation facilities and for Home Care is also suspended.

As is standard business practice, services performed in an urgent care facility or an emergency room do not require prior authorization.

MVP is available to accept notifications of admission. The Notification of Unplanned, Urgent, or Emergency Room Admission form has been added to our website at mvphealthcare.com/providers/forms/#admissions. Supporting documentation is not required during this timeframe.

To view all faxed messages, visit mvphealthcare.com/FastFax.

To receive future FastFax messages by email, send a request to MVPFastFax@mvphealthcare.com.

Questions? Contact your MVP Professional Relations Representative or call the MVP Customer Care Center for Provider Services at 1-800-684-9286.



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MVP is available for assisting with discharge planning.

MVP reserves the right to retrospectively review all admissions that occurred during this 90-day timeframe regardless of notification to MVP.

Post-Acute Care Services

MVP has suspended the prior authorization for home care services for Medicare Advantage members.

MVP has suspended prior authorization for transfers to Skilled Nursing and Rehabilitation Facilities.

- It is encouraged that Skilled Nursing and Acute Inpatient Rehabilitation Facilities continue to notify MVP of any admission (for Medicare Advantage Members continue to notify naviHealth).
- It is preferred that members continue to be directed to participating facilities. MVP and naviHealth will not reject admissions to non-participating facilities.
- MVP will waive the 3-day hospital stay rule, if it exists, for all lines of business.
- It is expected that transfers are medically necessary.

MVP and naviHealth will perform concurrent review during member stays at skilled nursing and rehabilitation facilities. For any adverse determination that is adjudicated, MVP will follow NYS DFS rules of 90-day extension of timeframe for appeals.

Admission Requirements for Behavioral Health

MVP has modified the admission requirements for inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential for 90 Days.

Providers should notify MVP within two business days of the admission to the above levels of care. Concurrent reviews are suspended for all services mentioned above, however, MVP will continue to assist in coordinating care and discharge planning throughout the member's stay.

MVP clinicians will contact facilities for periodic consultations. These consultations are not for utilization review purposes, but rather for coordination of care regarding the member's treatment and discharge plans. MVP is also offering assistance as needed during these consultations to remove any barriers there may be related to post discharge care.

When the member is discharged, the provider should notify MVP of the discharge date along with the discharge plan within 24 hours of discharge. This includes members leaving against medical advice (AMA).

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