

Due to the fluid nature of changes surrounding COVID-19 policies, MVP is providing an updated version from the fax that you received on January 7. Please disregard that communication.

## Utilization Management Changes Due to COVID-19, Effective December 23, 2020 through February 21, 2021

\*Subject to an Executive Order to extend directives outlined in Circular Letter No. 17

### Prior Authorizations (All Lines of Business)

MVP Health Care® (MVP) will require prior authorization for all Medical and Pharmacy services as listed in the UM Policy Guide, which can be found by signing into your account at [mvphealthcare.com](http://mvphealthcare.com), then select *Resources*, then *Other Resources*.

- Prior authorization will remain in place for all elective services performed by MVP for all levels of care including Transplants, Pharmacy, and Behavioral Health, as well as use of in and out-of-network Providers for Members with no out-of-network benefits.
  - Prior authorization for elective services remains in place. For all elective, and place of service requests, please use of the *Prior Approval Request Form* located at [mvphealthcare.com/Providers](http://mvphealthcare.com/Providers), select *Forms*, then *Prior Authorization*. Requests should be received no later than three-to-five days prior to a scheduled procedure. For services that require prior medical necessity review, authorization should be obtained prior to scheduling the service.
- Prior authorization will remain in place for elective Musculoskeletal Services managed by Magellan/NIA
  - Magellan/NIA requires prior authorization for non-emergent Musculo-skeletal (MSK) procedures including outpatient interventional pain management services (IPM), and inpatient and outpatient hip, knee, shoulder, lumbar, and cervical spine surgeries. Providers may call Magellan at **1-866-249-1578** or submit requests at [RadMD.com](http://RadMD.com).
- Prior authorization will remain in place for all radiation therapy treatments managed by eviCore. Providers may call eviCore at **1-888-647-6613** or submit requests at [eviCore.com](http://eviCore.com).
- Prior authorization will remain in place for elective High-Tech Radiology for Commercial and ASO
  - eviCore requires prior authorization for advanced imaging procedures, including MRI, MRA, CT (including with contrast and 3D), PET, Nuclear Medicine, and Nuclear Cardiology. Providers may call eviCore at **1-888-647-6613** or submit requests at [eviCore.com](http://eviCore.com).
  - Reminder High-Tech radiology no longer requires prior authorization for Medicare Advantage Plans, Medicaid, Medicaid Harmonious Health Plan and Child Health Plus as of January 1, 2021 please see the Fast Fax released on November 30, 2020 for details.

### Acute Care Facilities (All Lines of Business)

- As is standard business practice, services performed in an urgent care facility, or an emergency room do not require prior authorization.
- Admission and concurrent review of urgent non-elective service admissions with an admission date of December 23, 2020 through February 21, 2021 will be suspended.
- Notification of admissions is encouraged. MVP is available to accept notifications of admission through the established processes. The *Notification of Unplanned, Urgent, or Emergency Room Admission* form is available at [mvphealthcare.com/providers/forms/#admissions](http://mvphealthcare.com/providers/forms/#admissions). For Facilities where MVP does not have access to your Electronic Medical Records, it is encouraged to provide supporting documentation for the purposes of

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

discharge planning. If you need assistance with discharge planning, please contact your assigned MVP UM representative.

- Prior Authorization of transfers between acute hospitals, either within the same hospital system or another hospital system is suspended. It is encouraged to transfer to MVP participating facilities.
- Notification of discharges is encouraged to be continued during this timeframe.
- Prior authorization for elective services remains in place. For all elective, and place of service requests, please use of the *Prior Approval Request Form* located at [mvphealthcare.com/Providers](http://mvphealthcare.com/Providers), select *Forms*, then *Prior Authorization*. Requests should be received no later than three-to-five days prior to a scheduled procedure. For services that require prior medical necessity review, authorization should be obtained prior to scheduling the service.
- MVP reserves the right to perform retrospective review.

## **Post-Acute Care Services, Skilled Nursing (SNF), and Acute Inpatient Rehabilitation (AIR) Facilities (All Lines of Business)**

- Prior authorization for transfers to SNF and AIR is suspended during the period of December 23, 2020 through February 21, 2021.
- It is preferred that Members continue to be directed to participating facilities. MVP and naviHealth will not reject transfers to non-participating facilities.
- Post-Acute Care Facilities are encouraged to provide notification of the transfer within 48 hours. Concurrent (continued stay) review will be performed.
- MVP reserves the right to retrospectively review any transfer that was not noticed to MVP.
- To find participating rehabilitation facilities and skilled nursing facilities, visit [mvphealthcare.com/searchproviders](http://mvphealthcare.com/searchproviders). After you enter a zip code and choose the Member's plan type, click *Search All*, then type in "rehabilitation" or "skilled nursing". You can use the filters to adjust the distance and other preferred attributes.
- If you need assistance navigating the Provider Search tool, or would like a list provided to you, contact the MVP Customer Care Center for Provider Services at **1-800-684-9286**.
- MVP will waive the three-day acute hospital stay for those plans where it applies.

### **Commercial, Medicaid, and ASO Members**

- It is encouraged that Post-Acute Care Facilities notify MVP within 48 hours of transfer.
- Please make your notification through MVP by faxing clinical documentation to the Skilled Nursing Fax line at **1-866-942-7826**.
- MVP will perform concurrent review.
- If you need assistance with discharge planning, please contact your assigned MVP UM representative.

### **Medicare Advantage Members**

- It is encouraged that Post-Acute Care Facilities notify naviHealth within 48 hours of transfer.
- Please make your notification through naviHealth at **1-844-411-2883** (Phone) or **1-866-683-6976** (Fax).
- naviHealth will perform concurrent reviews during Member stays at skilled nursing and inpatient rehabilitation facilities.
- If you need assistance with discharge planning, please contact your assigned naviHealth representative.
- Please work in tandem with naviHealth to determine when care is considered no longer medically necessary, and when to issue an Integrated Denial Notice (IDN) or Notice of Medicare Non-Coverage (NOMNC).

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## Home Care Services

### Medicare Advantage Members

- Prior authorization for home care services is suspended.
- Authorizations are not required prior to Home Health Agencies completing evaluations/start of care or resumption of care visits.
- Home Health Agencies may continue to evaluate/conduct start of care, or resumption of care of Members' home health needs without prior authorization.
- Concurrent requests will be reviewed by naviHealth.
  - A reminder of the new naviHealth Home Health Approval Process for initial requests and start of care visits will begin January 1, 2021 for all MVP Medicare Advantage Members requiring HH admissions.
    - As such, InterQual home health criteria will be used for continued care reviews beginning on January 1, 2021.
      - Continued care reviews will include visit eleven (11) and forward.
    - Please refer to the MVP Fast Fax 2020.83 titled New naviHealth Home Health Approval Processes dated December 7, 2020 for additional context.
- Please follow the New Home Health Approval process and submit requests to naviHealth at **1-844-851-1766** (Phone) or **1-866-683-9949** (Fax).

### Commercial and Medicaid Members

- As always, prior authorization is not required for home health care services.
  - It is encouraged to utilize MVP Participating Providers. MVP will not reject the use of non-participating providers.

## Admission Requirements for Behavioral Health (All Lines of Business)

- MVP will continue the notification process for the following in network services: inpatient mental health, mental health residential, inpatient substance use detoxification, inpatient substance use rehabilitation, and substance use residential.
- Notifications will be accepted for out-of-network inpatient mental health, and inpatient substance use detoxification with admission dates of December 23<sup>rd</sup> through February 21, 2021.
- Providers should notify MVP within two business days of the admission to the above levels of care.
- Concurrent reviews are suspended for inpatient mental health, and inpatient substance use detoxification for admission dates of December 23<sup>rd</sup> through February 21, 2021. MVP will continue to assist in coordinating care and discharge planning throughout the Member's stay.
- Authorization requirements remain in place for the following out-of-network services: mental health residential, substance use, residential and inpatient substance use rehabilitation.
- 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 helping 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).
- After February 21, 2021, MVP reserves the right to retrospectively review all admissions that occurred.