

Healthy Practices



A quarterly publication for MVP Health Care® Providers.

The Closers

Providers from Saratoga Hospital and Open Door Family Medical Center shared challenges in closing gaps in care in the pandemic/post-pandemic world and some creative strategies to help overcome them.

What have you learned over the last year that might be helpful to your colleagues when dealing with closing gaps in care for their patients?

At Open Door, our clinicians stress preventive care at every visit—regardless of the visit reason—to take advantage of each opportunity to discuss immunizations, required screenings, or other services that the patient may need. There is also an organizational expectation that preventive care is discussed during a visit, and this is evaluated during the clinician peer review process. Each of our sites conducts quarterly staff meetings which include a review of quality measures and scores so there is heightened clinician awareness on the importance of gap closure. Open Door has expanded the role of team-based care compared to last year due to the Dramatic Performance Improvement project with Coleman Associates, which promotes a team approach to caring for patients.

Saratoga Hospital has expanded the dietitian's role to provide Annual Wellness Visits, Intensive Behavior Therapy for weight loss, diabetic retinopathy screening, as well as other screening appointments and functions. Our registered dietitian is a valued part of the team and is collaborative, pitching in to help wherever needed. This approach helps to support the practice's model of preventive care. It is equally important that the care team has routine case conference meetings to discuss complex cases, barriers to care, and quality metrics. This supports closing gaps in care in a timely manner and reinforces with all staff the need to address the barriers to care that our patients may experience. These creative solutions have served as the "launching pad" for program development supporting our patients' disease management goals.

Continued on the next page

Summer 2023

Volume 19 Number 3

Let's Deliver

health insurance
built around



**We welcome
your comments.**

Healthy Practices
MVP Health Care
Professional Relations Dept
PO Box 2207
Schenectady NY 12301-2207

mvphealthcare.com/providers
MVPPR@mvphealthcare.com

**Customer Care
Center
for Provider
Services**

1-800-684-9286



Since many people have recently delayed preventive care, how have you overcome the obstacles to stay connected with your patients?

Open Door used **CareMessage**, a text messaging platform, to contact patients that had gaps in care. For example, during the summer of 2022, Open Door texted adolescents that had not had a well visit in the calendar year. We asked them to schedule an appointment prior to the upcoming school year and offered backpack incentives to get them in. We also utilize “**Patient Visit Planning Reports**” to address care gaps for patients that come into the health center for an appointment. Over the past year, we have prioritized the need for morning huddles between the clinicians and their support staff to review gaps in care and plans for addressing them at the time of the patient visit.

One of the strategies we had at Saratoga Hospital was to convert our Nutritional Services to telehealth, which kept our visit volumes about the same as before the pandemic. Registered Dietitians (RD) conducted telephonic outreach to make sure patients had what they needed; food, medications, etc. This began our virtual **Nutrition Prescription Program** where patients can learn the curriculum via telehealth. “Preventive health” as it relates to the most common chronic disease conditions was the overarching learning component throughout our 12-week course. This patient-focused approach to disease management supports continuing self-care and adoption of new methods for living healthy lives.

Saratoga Hospital is performing very well in closing cancer screening measures such as cervical, breast, and colorectal. Can you share your approach?

Addressing food security during the pandemic helped us to build trust with our patients. These connections through telehealth counseling allowed regular contact with them and presented opportunities to discuss other health screenings. We kept visits in person when appropriate (for cervical cancer screening), but we also utilized screening strategies that did not require an in-office procedure such as Stool DNA testing. This screening follows U.S. Preventive Services Task Force (USPSTF) guidelines and can be collected at home. Many eligible patients elected to take advantage of these screenings.

Open Door has had success engaging populations that may have challenges receiving childhood immunizations. What strategies did you implement to be so successful?

We have a workflow in place where a nurse checks the New York State Immunization Information System (NYSIIS) vaccination registry for children who come in for a visit for any reason, not just a physical examination. If the child needs vaccination(s), the clinician discusses it with the parent or guardian, and the immunizations are given during the visit. We also use vaccine templates to assist in documentation. There is now reimbursement for vaccine counseling which pays for the work and time clinicians dedicate to discussing vaccines with patients, parents, or guardians.

Our nurses also use the Relevant database to periodically outreach patients, both adults and children, who are missing vaccines per the Advisory Committee on Immunization Practices (ACIP) vaccine guidelines. We receive all ACIP recommended vaccines from Vaccine for Children (VFC) and Vaccine for Adults (VFA) which enables Open Door to offer free vaccines to our uninsured patients. We always have ample stock of vaccines on hand to close gaps in care.

For school-aged children, Open Door has eight School-Based Health Centers (SBHC) which provide preventive primary care as well as acute care. The SBHC clinicians use the Relevant reporting system at Open Door to identify and close gaps in care, including immunizations.

Saratoga Hospital is particularly good at getting patients with Diabetes to engage in condition management (eye exams and HbA1c testing). What do you attribute to your success?

Providing Medical Nutrition Therapy (MNT) and Diabetes Self-Management Training (DSMT) services by an RD on-site, embedded into the practice makes a significant impact on patient engagement and clinical outcomes. The RD at the Community Health Center, Stephanie Samascott, completes warm hand offs from the primary care provider (PCP). This immediate connection to a new member on the patient’s care team is instrumental in strengthening the patient’s investment in their health. Injection education and diabetes technology training with patients coupled with chronic disease management classes and the Nutrition Rx program has been the magic formula to meet the needs of our patients with diabetes. Our RD also works to improve the practice’s quality measures by monitoring patient’s lab results and notifying the providers when patients are due for updated labs.

Open Door has performed well in prenatal/post-partum measures. What are the key drivers in this success?

We have a Midwifery program with six midwives who provide prenatal and post-partum care. There is no access issue for these services. The midwives collaborate closely with each other to provide team-based care. There are dedicated prenatal and women’s health nurses who track and reschedule appointment cancellations and no-show visits to ensure continuity of care for our patients.

We thank the contributors of this discussion for bringing ideas, creativity, and patient-centered solutions for the continued health of their patients:

Saratoga Hospital

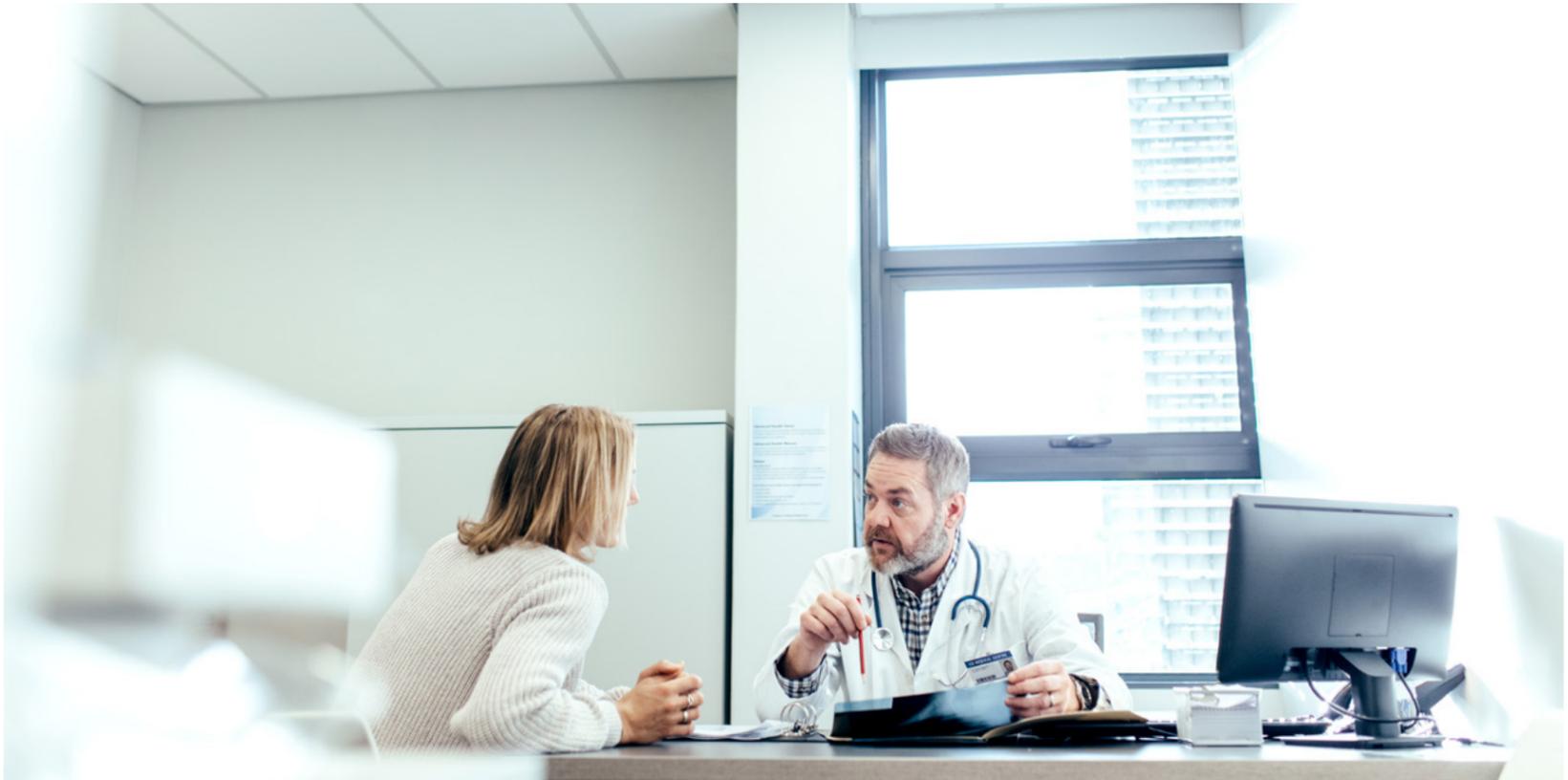
- Dr. Renee Rodriguez-Goodemote, MD, FAAAP
- Dr. Karin Borrelli, MD
- Stephanie Samascott, MS, RD, CDN—Registered Dietitian
- Lisa Hodgson, RD, CDN, CDCES—Clinical Nutrition Manager

Open Door Family Medical Center

- Dr. Daren Wu, Chief Medical Officer

As a Federally Qualified Health Center, Open Door provides top-notch health care to those who are hardest to reach, regardless of their ability to pay. Often, Open Door serves patients who may not otherwise have access to care – including low-income families and individuals without insurance.

Saratoga Hospital is the Saratoga region’s leading health care provider and the only acute-care facility in Saratoga County. The hospital’s multispecialty practice, Saratoga Hospital Medical Group, provides care at over 20 locations, delivering the programs and services that can have the greatest impact on individual and community health.



Health Information Exchange

Helping your patients to understand the benefits

Patient engagement and education are crucial to their understanding of consent options and the impact of their choices when they decline or decide to enroll in a regional Health Information Exchange (HIE). Meaningful consent occurs when patients make an informed decision. It is important that members understand that when they go to an emergency department, urgent care, or a new doctor’s office, the caregivers need to know current and past health conditions, prior medical tests and results, any medications prescribed, medication allergies or side effects, and any/all other specialists on a patient’s health care team. If they are unable to provide these details, it is reassuring to know that a care team can have instant access to this health information if they have signed a consent to become enrolled in a regional HIE.

The benefits of accurate, up-to-date information include:

- Reduced risk of medical mistakes
- Less chance of drug interactions
- Fewer repeated tests and duplicate charges
- Easier second opinions
- Physicians can send and receive referrals and share test results and other information that can help improve the coordination of care
- Helping your patients team to make informed decisions when placing orders for tests and treatment

Additional benefits to patients:

- An HIE allows for secure sharing of health record with other Providers for the best coordination of care
- State and county public health officials can see patient records in situations like the COVID-19 pandemic, when they are helping manage large health events
- Health information is private and secure. Providers who access medical record must report to the HIE whose records they have accessed and why. That way, you know your patient’s information has been handled properly and your privacy has been protected
- Patients can view their medical records or those for whom they are a parent, legal guardian, or designated caregiver
- Patients can share records with doctors outside the region or with facilities not connected to the HIE, like VA hospitals
- Enrollment can be rescinded at any time

Please be sure to talk to your patients about the importance of enrolling in a HIE. If you have questions, please contact MVP at hedisquality@mvphealthcare.com.

Provider Policies and Payment Policies Effective July 1, 2023

MVP Provider Policies and Payment Policies includes revisions on operational procedures, plan type offerings, and clinical programs. The policies are designed to serve as a reference tool for Providers and facilities. The following policies have been updated, with an effective date of July 1, 2023, and are posted at mvphealthcare.com/policies.

[Behavioral Health](#)

[Claims](#)

[Credentialing](#)

[New York State Government Programs](#)

[Quality Programs](#)

[Utilization and Case Management](#)

[MVP Payment Policies](#)

Closing Gaps in Care

NYS 2022–2023 Performance Improvement Project (PIP)

Improving Rates of Preventive Dental Care for MMC Adult Members Ages 21–64 Years

Program Overview

Low-income adults suffer a disproportionate share of dental disease and are nearly 40% less likely to have a dental visit in the past 12 months, compared to those with higher incomes. Poor oral health can increase risks for chronic conditions such as diabetes, heart disease, and tooth decay—currently the most common chronic disease in the US. The NYS Department of Health (NYSDOH) recognizes the importance of annual dental visits and good oral health for the Medicaid Managed Care (MMC) population. The current NYS PIP, Improving Rates of Preventive Dental Care for MMC Adult Members Ages 21–64 Years, aims to help improve preventive dental care rates among this population, by focusing on three areas:

1. Annual dental visits (ADV)
2. Emergency department visits for non-traumatic dental conditions (NTDC-ED)
3. Social determinants of health (SDOH)

To align with the goals of the NYS PIP, MVP has partnered with Healthplex, facilities, and providers to increase ADVs, reduce NTDC-ED, identify and address SDOH affecting preventive dental care, and improve Member experience and access to appropriate care.

Based on partial 2022 data, MVP Members have made significant progress reducing NTDC-ED, but more work needs to be done to promote ADVs among the MMC population as ADVs are still experiencing a downward trend.

To help better understand some of the SDOH barriers keeping Members from having routine dental care, MVP conducted a survey among Medicaid Members ages 21–64 in the Northeast region. Among those who have not received dental care in the last 12 months, many (59%) noted the COVID-19 pandemic had at least some impact on their dental care. Barriers such as finding childcare or transportation were mentioned less frequently. Now that the COVID-19 public health emergency has ended, there is an opportunity to help Members get back on track with their routine dental care.

Dental Care is Primary Care

Primary care teams can help Members understand the importance of oral health in the context of their overall health and reinforce the importance of annual dental visits and preventive care. Additionally, PCPs and their teams can leverage their skills, resources, and tools to intervene in the oral disease process by:

- Asking about the Member’s oral health, risk factors, and symptoms of oral disease
- Looking for signs that indicate oral health risk or active oral disease
- Identifying SDOH or local/regional barriers to dental care
- Deciding on the most appropriate response
- Offering preventive interventions, referral for treatment, and/or self-care practices

Back to School Check List: Immunizations

August is Immunization Awareness Month, and a time when parents get their children ready to go back to school.

Some parents may have concerns that vaccines have harmful side effects. As you educate and discuss immunization needs with the parents/child it’s important to remind them that in NYS and Vermont, certain vaccines are mandatory for acceptance into day care, and pre-K–12 grade.

Parents must show proof of a child’s up to date immunizations within 14 days of the first day of school or day care. The only exemption from vaccinations in NYS is a valid medical exemption. To obtain a valid medical exemption in NYS, the NYSDOH Bureau of Immunization/Division of Epidemiology requires the ‘*Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age*’ form. (This form is number DOH-5077 and can be found at health.ny.gov/forms/doh-5077.pdf). A NYS licensed physician must complete the medical exemption statement.

In Vermont, exemptions from vaccination requirements are allowed for religious or medical reasons. The medical immunization exempt form is available by visiting healthvermont.gov/disease-control and selecting *Immunizations*, then *Immunization Information for Child Care and School Providers*. The form must be completed by the child’s health care Provider.

School-Age Vaccine Check List

AGE GROUP	VACCINES REQUIRED
< Four	<ul style="list-style-type: none"> • Haemophilus influenzae type b conjugate (HiB) • Hepatitis B • Pneumococcal
Four to Six	<ul style="list-style-type: none"> • Diphtheria, tetanus, and pertussis (DTaP) • Measles, mumps, rubella (MMR) • Polio • Varicella (Chickenpox)
11–12	<ul style="list-style-type: none"> • Meningococcal disease (MCV4) • Tetanus, diphtheria, and pertussis (Tdap)
13–18	<ul style="list-style-type: none"> • MCV4 booster

Recommended for Children and Adolescents:

- Human papillomavirus (HPV)—Initial dose of the HPV vaccine after they turn nine years old
- Flu—Children (over six months old) should get their flu shot each year
- COVID-19—The CDC recommends children (over six months old) get their primary series of COVID-19 vaccines and receive a booster dose when eligible

Source sites:
 1. healthvermont.gov/disease-control/immunization/immunization-information-child-care-and-school-providers
 2. health.ny.gov/prevention/immunization/schools/school_vaccines

Back to School Checklist: Asthma Action Plans

Each summer, MVP mails an Asthma Action Plan to school-age kids in a Medicaid (NY) or Commercial (NY, VT) plan. Members are encouraged to complete the action plan, keep a copy for themselves, and share copies with their doctor and with their school. Our goal is to educate Members on the importance of completing an asthma action plan, while ensuring school staff understand how they can help our young Members in the event of an asthma attack.

Your patients living with asthma may have questions or ask for input in completing their action plan. As always, we appreciate your support and guidance of our Members.



Follow-up Matters

September is Suicide Prevention Month—a time to raise awareness about this often-stigmatized topic. Suicidal thoughts, much like mental health conditions, can affect anyone regardless of age, gender, or background. Incidentally, suicide is often the result of an untreated mental health condition.

Follow-up care supports the transition of individuals who are in suicidal crisis as they continue their journey toward recovery. Research shows that 43% of suicides occur within a month of discharge from a hospital and that 47% of those individuals died before their first follow-up appointment. But follow-up care can be an impactful method of suicide prevention. To learn more visit followupmatters.988lifeline.org.

For more tips and best practices on follow-up care after an ED visit for your patients visit mvphealthcare.com/providers/communications-center and select *Closing Gaps in Care*, and then *Tips for Providers (FUA, FUM)*.

MVP also provides telephonic case management with licensed behavioral health clinicians who can help link customers with in-network outpatient therapists, assist with access to other social service needs, provide information about other supportive resources, and much more. If you have a patient that would like access to our Case Management program, call MVP at **1-866-942-7966**. Or visit mvphealthcare.com/behavioralhealth to learn more.



Pharmacy Policy Updates

Below is a recap of the Pharmacy and Formulary updates that recently went into effect. All policies are reviewed at least once annually. For more detailed information on these changes, please review updates at mvphealthcare.com/FastFax.

EFFECTIVE APRIL 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
SGLT2 Inhibitors—Medicaid	Archived
Hepatitis C Treatment—Medicaid	Archived
Disposable Insulin Delivery Devices—Medicaid	Archived
Infertility Drug Therapy—Medicaid/HARP	Archived
Lidocaine (topical) Products	Archived
Transgender Hormone Therapy—Medicaid/HARP	Reviewed/ No changes
Male Hypogonadism	Reviewed/ No changes
Multiple Sclerosis Agents	Reviewed/ No changes
Pulmonary Hypertension (Advanced Agents)—Medicaid/HARP	Reviewed/ No changes
Hemophilia Factor	Reviewed/ No changes
Diclofenac (topical) Products	Updated
Select Hypnotics	Updated

EFFECTIVE JUNE 1, 2023

PHARMACEUTICAL POLICY NAME	STATUS
Mail Order	Updated
Dupixent	Updated
Valchlor	Updated
Onychomycosis	Updated
Cosmetic Drug Agents	Updated
Adalimumab	Updated
Luxturna	Reviewed/ No changes
Topical Agents for Pruritis	Reviewed/ No changes
Parsabiv	Reviewed/ No changes

Formulary Updates

COMMERCIAL, MARKETPLACE, AND MEDICAID

New Drugs (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Medicaid)

Please note that on April 1, 2023, the pharmacy benefit for NYS Medicaid Managed Care and HARP Members transitioned to the NYS Medicaid Fee-for-Service (FFS) Pharmacy Program called NYRx. Physician administered medications under the Medicaid member's medical benefit remain the responsibility of MVP.

DRUG	INDICATION
Rebyota® (fecal microbiota, live-jslm)	The prevention of recurrence of Clostridioides difficile infection (CDI) in adults, following antibiotic treatment for recurrent CDI
Krazati® (adagrasib)	The treatment of adults with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer who have received at least one prior systemic therapy
Lunsumio™ (mosunetuzumab-axgb)	The treatment of relapsed or refractory follicular lymphoma in adults who have received at least two prior systemic therapies
Sunlenca® (lenacapavir)	The treatment of human immunodeficiency virus (HIV)-1 infection in heavily treatment experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations, in combination with an optimized background regimen
Briumvi™ (ublituximab-xiyy)	The treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
Legembi™ (lecanemab-irmb)	The treatment of early-stage Alzheimer's disease
NexoBrid® (anacaulase-bcdb)	The removal of eschar in adults with deep partial thickness and/or full-thickness thermal burns
Jaypirca™ (pirtobrutinib)	The treatment of relapsed or refractory mantle cell lymphoma in patients previously treated with a BTK inhibitor
Orserdu™ (elacestrant)	The treatment of advanced or metastatic estrogen receptor-positive, HER2-negative breast cancer
Filspari™ (sparsentan)	The treatment of immunoglobulin A nephropathy in adults
Stimufend® (pegfilgrastim-fpgk)	Use to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia (biosimilar of Neulasta)
Sezaby™ (phenobarbital)	The treatment of neonatal seizures in term and preterm infants
Tlando (testosterone undecanoate)	The treatment of conditions associated with a deficiency or absence of endogenous testosterone in adult men
Aponvie™ (aprepitant)	The prevention of postoperative nausea and vomiting in adults
Amjevita™ (adalimumab-atto)	The treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, ulcerative colitis, and plaque psoriasis in adults and the treatment of juvenile idiopathic arthritis in patients four years of age and older (biosimilar of Humira)
Vegzelma® (bevacizumab-adcd)	The treatment of metastatic colorectal cancer; unresectable, locally advanced, recurrent, or metastatic non-squamous non-small cell lung cancer; recurrent glioblastoma; metastatic renal cell carcinoma; persistent, recurrent, or metastatic cervical cancer; and epithelial ovarian, fallopian tube, or primary peritoneal cancer (biosimilar of Avastin)
Syfovre™ (pegcetacoplan)	The treatment of geographic atrophy associated with dry age-related macular degeneration

DRUGS REMOVED FROM PRIOR AUTHORIZATION: COMMERCIAL AND EXCHANGE

Entadfi

Zoryve

NEW GENERICS (ALL BRANDS WILL BE NON-FORMULARY, TIER 3)

BRAND NAME	GENERIC NAME	COMMERCIAL	MEDICAID	EXCHANGE
Xyrem	Sodium Oxybate solution	Tier 3 with PA per GABA-Receptor Modulator policy and QL (Daily Dose Limit= 18)	Transitioned to NYRx	Tier 3 with PA per GABA-Receptor Modulator policy and QL (Daily Dose Limit= 18)
Cambia	Diclofenac packets	Tier 1 with QL (QL= 9 packets per 45 days)	Transitioned to NYRx	Tier 2 with QL (QL= 9 packets per 45 days)
Hetlioz	Tasimelteon	Tier 1 with PA per Select Hypnotics policy	Transitioned to NYRx	Tier 2 with PA per Select Hypnotics policy
Mirvaso gel	Brimonidine tartrate ge	Tier 1	Transitioned to NYRx	Tier 2
Trokendi XR	Topiramate capsules ER	Tier 1	Transitioned to NYRx	Tier 2
Treanda	Benamustine	Medical (brand and generic)	Medical (brand and generic)	Medical (brand and generic)
Adrenalin Inj 1mg/ml	Epinephrine ing 1mg/ml	Brand Tier 2, Generic Tier 1	Transitioned to NYRx	Brand Tier 2, Generic Tier 2

Miscellaneous Updates

COMMERCIAL AND EXCHANGE FORMULARY

Drug	Action	Effective Date
Brand Latuda	Move to Tier 3	April 22, 2023
Lurasidone (generic)	Add at Tier 1	March 9, 2023
Brand Aubagio	Move to Tier 3	May 1, 2023
Teriflunomide (generic)	Add at Tier 1	March 16, 2023

Medical Policy Updates

Below is a recap of the Medical Policies that went into effect recently. All policies are reviewed at least once annually. For more detailed information on these changes, please review mvphealthcare.com/Fastfax or *Sign In* to your online account at mvphealthcare.com/Providers, then select *Resources*, then *Medical Policies*.

EFFECTIVE APRIL 1, 2023

Alopecia Treatment
Bariatric Surgery
Breast Implantation and Removal
Breast Reconstruction Surgery
Breast Reduction Surgery
Cochlear Implants and Osseointegrated Devices
Colorectal Cancer Susceptibility Genetic Testing
Cranial Orthotics
Deep Brain Stimulation
Durable Medical Equipment (Includes Prosthetics & Orthotics)
Endovascular Repair of Aortic Aneurysms
Endovenous Ablation of Varicose Veins
External Breast Prosthesis
Genetic and Molecular Diagnostic Testing
High Frequency chest Wall Oscillation Devices
Hospital Beds
Hyperbaric Oxygen Therapy (HBO)
Implantable Cardioverter Defibrillators
Indirect Handheld Calorimeters
Infertility Services (Advanced) and In Vitro Fertilization
InterQual Criteria Medical Policies: Pectus Excavatum, Spinal Cord Stimulator
Lymphedema Compression Garments & Compression Stockings
Neuropsychological Testing
Non-Invasive Liver Fibrosis Testing
Obstructive Sleep Apnea Diagnosis and Other Sleep Disorders
Prostate Cancer Interventions
Prosthetic Devices (External): Eye and Facial and Scleral Shells
Radiofrequency Neuroablation (Rhizotomy) Facet Joint Injections, Medial Branch Blocks, Procedures for Chronic Pain
Sacral Nerve Stimulation and Percutaneous Nerve Stimulation
Serological Testing for Inflammatory Bowel Disease (IBD)
Temporomandibular Joint Dysfunction (New York)
Temporomandibular Joint Dysfunction (Vermont)
Transcranial Magnetic Stimulation for Treatment Resistant Depression
Ventricular Assist Devices (VADs) and Total Artificial Heart

EFFECTIVE APRIL 16, 2023

Continuous Glucose Monitoring
EFFECTIVE JUNE 1, 2023
Benign Prostatic Hyperplasia (BPH) Treatments
Dental Care Services Facility Services for Dental Care
Dental Care Services Medical Services for Complications of Dental Problems
Durable Medical Equipment (Includes Prosthetics and Orthotics)
Electrical Stimulation Devices and Therapies
Insulin Infusion Pumps (External Continuous Subcutaneous)
Investigational Procedures, Devices, Medical Treatments, and Tests
Percutaneous Left Atrial Appendage (LAA) Closure Devices
Phototherapeutic Keratectomy (PTK) and Refractive Surgery
Prosthetic Devices (Upper & Lower Limb)
Scoliosis Bracing
Wheelchairs (Manual)



MVP Expands Coverage

MVP Now Offers State Program Plans in Northern New York

MVP is excited to share that we have expanded Medicaid, Health and Recovery Plan (HARP), Child Health Plus, and Essential Plan coverage options into eight New York State counties: Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Montgomery, and St. Lawrence. Individuals have begun enrolling July 1, 2023 for coverage effective August 1, 2023.

With the expansion of the service area, MVP will increase its ability to offer great care for individuals and families. MVP Medicaid, HARP, Child Health Plus, and Essential Plan coverage includes no co-pays for preventive care, including annual physicals and covered immunizations, \$0 virtual care services, access to high quality doctors and hospitals, coverage for prescriptions, emergency coverage, and more.

Along with our trusted Provider Partners, MVP is committed to serving the health and wellness of communities in these new areas. If you have questions about this expansion, please contact your MVP Professional Relations Representative.

New Integrated D-SNP Plan Now Available

As of July 1, 2023, dual eligible individuals began enrolling in the new MVP DualAccess Complete (HMO D-SNP) plan.

The MVP DualAccess Complete plan includes integrated benefits for dually eligible enrollees (IB-Dual). IB-Dual is a Dual Special Needs Plan (D-SNP) that offers Medicare Advantage and Managed Medicaid benefits with the same carrier. Members who receive Medicare Advantage and Medicaid benefits through the same carrier have access to increased intensive care coordination and efficient plan management.

This is the second MVP D-SNP plan. The Centers for Medicare & Medicaid Services (CMS) has awarded the MVP D-SNP plan with five stars for 2023, which is the only five-star ranking in New York State.

The new IB-Dual plan will be offered in the Capital District (Albany, Columbia, Greene, Rensselaer, Saratoga, and Schenectady counties), the Hudson Valley (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties), and Monroe county with benefits effective August 1, 2023.

Providers can learn more at mvphealthcare.com/DSNPeducation. Members may visit joinMVPmedicare.com.



625 State Street
Schenectady, NY 12305-2111
mvphealthcare.com

PRSR STD
US Postage
PAID
MVP Health Care



MVP Community Partnerships

MVP has partnered with Vermont's Age Well to launch the *Striders Walking Club*, focused on keeping older Vermonters active. Registration is open for the program, which started April 26, 2023. The club is held at the University Mall in South Burlington but will move outdoors during the summer months.

