



October 1, 2009

## Broker Buzz - October 2009

### **Pharmacy benefit change notification mailings going out to groups and subscribers**

In mid-September we advised you that, pending regulatory approval, MVP Health Care is moving to simplify things further by making our pharmacy benefits more consistent across all our product offerings.

We are required by insurance regulations to mail notification of these changes to groups and subscribers 90 days prior to renewal in order to implement these changes. Those mailings for January groups are underway and we wanted you to be aware of them in the event that receive questions about them from your clients.

To view the group and subscriber notification, please click [here](#).

### **Coverage for Unmarried Young Adults through 29 - New York State Mandate**

A mandate has been passed that amends state insurance law by requiring commercial insurers, not-for-profit corporations and HMOs to offer options to continue coverage for unmarried young adults through age 29, under or by way of a parent's health insurance policy, regardless of financial dependence.

#### **The mandate is broken down into two parts:**

1) **Make Available Option** - A dependent rider will be made available at additional cost to small or large groups and to individuals with health insurance coverage originating in New York State. The young adult will continue to be a dependent under the parent's

policy.

The group has the opportunity to purchase the rider, it is not available on a policyholder basis. Fully-insured (commercial) products are subject to this mandate. The products that will have the Make Available Option rider are:

- HMO (small or large group)
- POS (small or large group)
- EPO (small or large group)
- PPO (small or large group)
- High Deductible Health Plans (HDHPs)
- Indemnity (small or large group)
- Healthy NY Sole Proprietors
- Healthy NY Small Group
- Individual policies, such as Healthy NY Individual.

Effective date of the Make Available Option of the Mandate - September 1, 2009. MVP will offer this rider to new and renewing groups and individual policyholders beginning with effective/renewal dates of September 1, 2009 and forward. \*\*Please note that MVP has to file and obtain regulatory approval of this rider before it can be offered.

2) **Young Adult Option** - When a dependent exceeds the age of dependent coverage under the parent's policy, an option will be offered to the young adult to independently purchase coverage through the parent's employer until they are 30. The young adult would have their own policy under this option. The eligibility criteria for the dependent young adult option is as follows:

- Unmarried
- Under 30 years of age
- Not be insured or eligible for health insurance coverage through own employer
- Live, work or reside in the health plan service area, and:
- Not be covered by Medicare.

The fully insured group products affected by the Young Adult Option are:

- HMO
- POS
- EPO
- PPO
- High Deductible Health Plans (HDHPs)
- Indemnity (small or large group)
- Healthy NY Sole Proprietors
- Healthy NY Small Group.

Effective Date of the Young Adult Option of the Mandate - September 1, 2009. MVP will offer the Young Adult Option during a 12-month open enrollment period, September 1, 2009 - August 31, 2010, subject to the group's renewal date as it occurs within that period. It will also be offered:

- Within 60 days of when a dependent exceeds the age limit under the parent's policy

- Within 60 days of when they move back into MVP's service area, or otherwise become newly eligible due to change in circumstances
- Or during the group's regular annual open enrollment periods, beginning on September 1, 2009 and forward.

### **What Employers Need To Know**

For the Make Available Option rider, this coverage will be available at additional cost. For the Young Adult Option, the employer group will be responsible for collecting the premium from the covered individual and remitting payment to MVP.

MVP will be sending notice of this mandate to subscribers shortly. If you would like to see the letter to subscribers, please click [here](#) to view the Dependent through Age 29 letter. If you have any questions, please contact your Account Representative.

### **CMS Compliant Reporting Requirement**

The Centers for Medicare and Medicaid (CMS) require us to report a variety of data regarding our brokers and agents in 2009. While we track and submit most data, there is one type of data we need from you -- disciplinary actions and complaints involving agents working with Medicare beneficiaries.

"Complaints" include complaints we receive through Medicare as well as complaints made directly to MVP or the Broker Agency.

A complaint must always be investigated and, if the complaint is valid it could result in "disciplinary action" along a broad continuum, from manager-coaching, documented verbal warning, re-training, a documented corrective action plan, suspension, or termination of employment or contract. You should use your existing investigation and disciplinary action process.

Any disciplinary action along this continuum must be reported to CMS. Please note that some items are reported by the NYS DOI and our reporting must match, for example a short term revocation (for example, 1-2 days) is among those which CMS will receive from us and NYS DOI. Note that disciplinary action refers to action taken by the NYSDOI, MVP or the Employer.

MVP has established a link on our Web site to provide you with a simple method for reporting valid complaints and their resulting action. Please visit [mvphealthcare.com/brokers](http://mvphealthcare.com/brokers), and click on the link "Reporting complaints against Medicare Certified Agents".

To find the CMS requirements on the Internet, [click here](#).

### **New Integrated Online Member Tools for Consumer-Directed Plans with HSAs Available for January 1, 2010**

MVP is launching a new portfolio of Consumer-Driven products that empower members to be effective health care consumers and make informed health care decisions. These new plans, which meet federal requirements for pairing with HSA accounts, feature access to a secure Member Information Portal where members can view detailed medical claims,

deductible information, and HSA account information. This gives members all the information they need to make informed decisions on how their HSA funds are spent. Many choose to use their HSA funds to cover their annual deductible, or to use it in a different way - to pay for other qualified health expenses. The choice is theirs.

Members enrolled in these new products will receive a CareFund debit card to access their HSA account.

A secure online experience will make MVP's Consumer Directed plans easier to use for members.

## **New this Fall - Renew Small Groups Online**

We've expanded our online tools for brokers to include small group renewals. You can use the new renewal function for January 1, 2010 renewals, the tool will be available by the end of October.

A tutorial that outlines how to use the small group renewal application will be made available on our Web site in the coming weeks.

In addition to renewing a small group with their current coverage, you can quote a brand new product, or consider alternative plans that MVP has suggested based on the current coverage of the group, availability and other factors. Alternate quote suggestions will be implemented for New York plans, followed by New Hampshire and Vermont plans.

We have also added a group and member maintenance area so that you can update your clients' data at any time. The data is always accurate because it is entered into our core computer system exactly as you enter it.

Our member maintenance tool allows brokers, if they have access, to change subscriber and member information, with confirmation by the group. ID card requests, address changes, or the addition or deletion of members can be done on this tool, with confirmation by the employer and/or subscriber.

Finally, we took the feedback we received about the tools implemented last year and improved them to make them easier to use. The biggest improvement -- we revamped the online member enrollment screens based on your comments.

More online tools are coming in 2010 to make doing business with MVP even easier.

## **Formulary Changes Effective October 1, 2009**

### **Select Biologic Chemotherapy Agents**

This policy was recently reviewed and now states that KRAS mutation testing must be performed and the results documented in the patients' medical records prior to the use of cetuximab and panitumumab. Testing must be done at an MVP participating laboratory.

### **Tamiflu & Relenza**

These medications have been moved to formulary, Tier 2 on an interim basis. MVP will continue to monitor utilization.

## **Policy Updates Effective Oct. 1, 2009**

#### Aldosterone Blockers (Inspra®)

- Policy approved for archive due to appropriate utilization

#### ACE/ARB

- Exforge HCT® was added to the policy requiring failure on an ACE inhibitor first

#### Infusion Medications for MS (Tysabri®)

- Definitions for the various forms of multiple sclerosis were removed
- Language was added stating that "alternative treatment criteria for members currently with high disease activity, as defined by a high number of relapses while on treatment and the progression of gadolinium-positive lesions on MRI, will be reviewed on a case-by-case basis"

#### Orphan Drug

- Prior authorization will no longer be required for Velcade®
- Arcalyst®, Cinryze® and Adagen® were added to the policy and will require prior authorization
- Kuvan® was removed from this policy. Refer to new Kuvan policy.

#### Mail Order

- Excluded drugs by therapeutic class were updated
- Language was added stating that the exceptions list is not all inclusive and to refer to the MVP Formulary for the most up-to-date information

#### Acthar®

- New policy
- Prior authorization is required for FDA approved indications based on the specific criteria

#### Kuvan®

- New policy
- Prior authorization is required based on the following specific criteria

#### Thrombopoiesis-stimulating Proteins

- New policy
- Prior authorization is required for Nplate® and Promacta® based on specific criteria

#### Mozobil®

- New policy
- Prior authorization is required based on specific criteria

The following policies were reviewed and approved with no changes to criteria:

- Tekturna/HCT (Direct Renin Inhibitors)

**Medications removed from prior authorization**

Banzel® no longer requires prior authorization and is non-formulary, Tier 3.

**Formulary Updates for Commercial Members**

The MVP Formulary is updated after each Pharmacy and Therapeutics Committee meeting. The most current version is available online at [www.mvphealthcare.com](http://www.mvphealthcare.com). Unless otherwise noted, the following Formulary information is effective Oct. 1, 2009.

**New Drugs** (recently approved by the FDA, prior authorization required, Tier 3)

Multaq®	Ilaris®
Ulesfia®	Zipsor™
Cambia™	Ozurdex™ (medical benefit)
Caldolor™ (medical benefit)	

**Drugs Added to Formulary (Tier 1)**

sulfacetamide topical 10% (generic Klaron®)  
malathion lotion (generic Ovide®)

**Medications Removed from Prior Authorization**

Banzel®

**2009 Formulary Updates for Medicare Part D Members**

The following are recent updates to the Medicare Part D Formulary. For a more detailed document, visit the Pharmacy section of our Web site. In addition, a list of medications that require prior authorization or are subject to steptherapy or quantity limits and corresponding Medicare Part D policies can be found online.

**Drugs Added to Formulary**

**Tier 1**

topiramate	risperidone ODT
mycophenolate# 250mg	carbamazepine ext-rel
ursodiol	sulfacetamide topical 10%

**Tier 2**

Banzel®	Exforge HCT®#
Degarelix®# 80mg	Lamictal ODT®
Vimpat®	Creon®

**Tier 3**

mycophenolate# 500mg	Promacta® #
Xenazine® #	Degarelix® 120mg
Afinitor® #	Cimzia®#

# subject to prior authorization, step therapy or quantity limits

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MVP Health Care | 625 State Street | Schenectady | NY | 12305

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