

MVP Health Plan

2011 Annual Notices



MVP Health Care 2011 Member Annual Required Notices

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The Rights and Responsibilities of MVP Members

MVP Health Care encourages members to learn and exercise their rights and responsibilities. This policy outlines what members can expect from MVP Health Care and what MVP Health Care expects from members. Listed below are the member's Rights and Responsibilities that all Commercial MVP Health Care members receive.

MVP Health Care members have the following Member Rights:

1. The right to receive information about the health plan, its services, its practitioners and providers. You also have the right to receive a copy of the health plan's member rights and responsibilities and make recommendations to the policy.

As a member you should have received a certificate of coverage or contract. This document outlines important information about your benefits and how to use them.

If your plan requires you to select a Primary Care Physician (PCP), you may change your selection at any time by calling MVP's Customer Care Center or visiting the health plan's web site www.mvphealthcare.com. Information available on the health plan's web site includes an updated list of participating practitioners and providers, their specialties, locations and more.

2. The right to be treated with respect, a recognition of your dignity and your right to privacy.

You have a right to be treated with dignity. You have a right to receive quality medical services, in a professional and courteous manner, regardless of your race, sex, religion, age or sexual orientation.

All information concerning your medical history and enrollment file is privileged and confidential. The health plan will not release information regarding any member's care without a written statement or release signed by the member, except as required by law.

3. The right to participate with practitioners in making decisions about your health care. This includes the right to have a candid discussion about appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

Your health care provider is required to tell you, in terms you will understand, all treatment options, including those options not covered by the plan. You have the right to receive information necessary for you to be able to give informed consent prior to the start of any procedure or treatment. The information will be made available to an appropriate person acting on your behalf, should you not be able to receive the information. You also have the right to ask for a second opinion before you get any non-emergency treatment or care. No information that could have any bearing on the treatment you receive should be kept from you. You may refuse treatment to the extent permitted by law and have the right to be informed of the medical consequences should you choose that option.

4. The right to voice complaints or appeals about the organization or the care it provides.

The health plan works hard to make sure you get the health care services you need and excellent

service. If you are not fully satisfied with the medical or administrative services provided by the health plan, you have a right to a thorough investigation of the complaint or appeal by qualified and impartial staff. If you come across a situation that causes concern, please call the Customer Care Center. If the Customer Care representative cannot satisfactorily respond to your concerns or you are unhappy with our response to your issues, you have a right to file a formal complaint. Normally, complaints are investigated and responded to in writing within 30 calendar days of receipt

If you do not agree with a previous decision associated with a denial of services or benefits, you have the right to access our two-step appeal process. Appeals are handled in a timely manner based on your health care needs. The investigation and decision of the appeal is completed within 15 calendar days of receipt.

Details of the complete complaint and appeals process can be found in the Member Handbook and is also available upon request from MVP's Customer Care Center.

5. The right to receive medically necessary specialty care.

If a provider with an appropriate specialty is not available within the health plan's network to treat a medical condition, you have a right to request out-of-plan services.

6. The right to reasonable and timely access to medically necessary health care services and access to your medical records.

The health plan sets high standards for our health care professionals and continually monitors the medical care you receive. Often, one phone call is all you'll need to access treatment quickly.

You also have the right to your medical records, including diagnosis, treatments and prognosis. If you would like to see your records, please check with your physician's office. They will be able to give you these records. If you need copies of these records, some offices charge on a per page basis. When it is not advisable to share this information with you, the information will be shared with the person acting on your behalf.

7. The right to formulate Advance Directives regarding your care and Healthy Care Proxy.

Advance Directives are documents that detail the care you wish to receive if you are unable to explain those wishes to your doctor (e.g., you are in a coma). Advance directives can be filled out and given to your doctor at any time.

You may choose a health care proxy who can make decisions for you if you cannot make decisions for yourself. These decisions may include termination or withholding of life support systems, artificial nutrition and hydration. The proxy document may include special instructions, limits of authority, and an expiration date

MVP Health Care members have the following Member Responsibilities:

1. A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

You have a responsibility to notify the health plan of any changes in your status, such as adding or

deleting dependents, change in marital status, etc.

It is important for you to give your health care provider an honest description of your current symptoms, effects of medication, or results of treatment. Always give your medical history. This may include any relevant medical records, including X-Rays or other diagnostic tests.

2. A responsibility to participate in your health care.

You have a responsibility to follow the plans and instructions for care that you have agreed to with your practitioners. You also have a responsibility to participate in developing mutually agreed-upon treatment goals, to the degree possible.

3. A responsibility to select a Primary Care Physician.

You have a responsibility to select a participating primary care physician for yourself and your dependents to coordinate your medical care. *Please note some plans, such as EPO and PPO, do not require you to select a PCP. See your certificate of coverage or contract for details.*

4. A responsibility to identify yourself as a health plan member when receiving care.

You have a responsibility to carry your membership card at all times and never permit anyone else to use it.

5. A responsibility to pay all applicable copayments, coinsurance and deductibles to your health care providers, as specified in your Subscriber Contract or Certificate of Coverage.

You need to pay your health care provider any copay(s) due. The health plan is billed directly for the rest of the charges. You may be asked to pay the entire bill at time of service if you get care from an out-of-network provider. Simply send an original itemized bill with proof of payment to the health plan for processing.

6. A responsibility to treat all personnel with courtesy and dignity.

When you are treated with respect, you are more likely to return that respect. It is your right to expect courtesy. It is your responsibility to act with courtesy toward your practitioners, the practitioners' office staff, and the health plan staff, including Customer Care representatives.

How to Contact MVP

With extended hours and e-mail access, MVP makes it easy to contact our Customer Care Center when you have questions or need help. We're easy to reach, seven days a week (excluding holidays) and 24-hours a day on our Web site www.mvphealthcare.com. You can also call MVP Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 4 p.m. Eastern time. If your MVP member ID begins with a number (e.g. 82000606100) call toll-free 1-888-MVP MBRS (1-888-687-6277). If your MVP member ID begins with a letter (e.g. A1234567801) call 1-800-950-3224.

MVP has interpreters in many languages if you do not speak English. If you are hearing impaired, TTY users may call a relay operator at 1-800-662-1220 for assistance with their calls to MVP.

MVP Nurse Advice Line

The MVP Nurse Advice Line is staffed by registered nurses available to answer questions and offer guidance 24/7. Members should first try to consult with their primary care physician (PCP) on any medical issues, but if the PCP is unavailable, members have the option of calling the nurse advice line by calling MVP's Customer Care number. If your MVP member ID begins with a number (e.g. 82000606100) call toll-free 1-888-MVP MBRS (1-888-687-6277). If your MVP member ID begins with a letter (e.g. A1234567801) call 1-800-204-4712.

How To Contact The Utilization Management Department

You may reach the Utilization Management department regarding authorizations for care during working hours and after working hours by calling the MVP Customer Care Center. If your MVP member ID begins with a number (e.g. 82000606100) call toll-free 1-888-MVP MBRS (1-888-687-6277). If your MVP member ID begins with a letter (e.g. A1234567801) call 1-800-950-3224.

MVP Quality Improvement Program

MVP is dedicated to providing quality health care and services to our members. Our Quality Improvement (QI) program sets standards for the care and services that are provided to our members by MVP and by participating providers. MVP reports on its progress toward achieving the QI program goals in an annual Quality Improvement Evaluation report. You are welcome to participate in the development, implementation, or evaluation of the quality improvement system and/or, you may comment on MVP's Quality Improvement process. If you are interested in participating or commenting, please call our Quality Improvement department. To receive a summary of the program description document and the Executive Summary of the Annual Evaluation, please call our Quality Improvement department at 1-800-777-4793 ext. 2602.

How to Obtain Services

Coverage, Payment and General Information

Your Member Handbook and Certificate of Coverage provide detailed information about your MVP benefits, including covered services, access to care and any restrictions that may apply to your specific health plan. The MVP Health Plan, Inc. Member Handbook is available online at www.mvphealthcare.com/member (select "Member Handbooks" from the "Forms and Publications" menu) or in hardcopy, by request from MVP's Customer Care Center.

Your MVP Member ID card is an easy reference tool for information about your copayments for doctor visits (PCP and specialist) and hospital care (inpatient and Emergency Room). On the back of your ID card you will find toll-free phone numbers to call if you have any questions about your health care benefits, including emergency care, hospital admissions, mental health/substance abuse services, receiving care from providers who are not part of MVP's network and locating participating pharmacies (if your MVP plan includes pharmacy benefits).

When you receive covered services from participating providers, you must pay the designated amounts for these services as listed in your Certificate of Coverage or any applicable riders. Other

than the designated amounts, you should not have to pay for covered services that you receive from participating providers. In the rare instance that this may occur, please send the claim (itemized bill) to MVP. Include your name, address, MVP ID number, provider, date of service and diagnosis. Keep a copy of the claim for your records, and send the original to MVP Health Plan, Inc.

If your MVP member ID begins with a number (e.g. 82000606100) please send the original to: MVP Health Plan, Inc., Attention: Subscriber Claims, PO Box 2207, Schenectady NY 12301-2207.

If your MVP member ID begins with a letter (e.g. A1234567801) please send the original to MVP Health Plan, Inc., Attn: Subscriber Claims, PO Box 22920, Rochester NY 14692.

Your Primary Care Physician

When you joined MVP, you and your covered dependents selected Primary Care Physicians (PCP) from those in the MVP provider network. Your PCP gives you care, such as routine well care, preventive care, and basic health screening services, and coordinates any scheduled hospital care that you might require. In some cases your PCP must get prior approval from MVP before you can get some referrals and treatments.

Specialist as PCP

If you have a life-threatening, disabling or degenerative disease, you can have your specialist or specialty care center act as your Primary Care Physician. The specialist or specialty care center will take over coordination of all your primary care services. They will also okay visits for other specialty care, lab work, hospitalization and all other health services. Advanced cancer care, HIV disease and severe heart conditions are examples of cases where a specialist might act as your PCP. MVP must approve this arrangement. If you believe that your specialist should become your PCP, ask your current PCP to contact MVP. You and your PCP will be notified of MVP's decision in writing.

How to Obtain Behavioral Health Services

All it takes is a simple phone call to request to see a psychiatrist, psychologist, social worker or substance abuse counselor. That phone call can come from you, the behavioral health provider or your Primary Care Physician (PCP) prior to a behavioral health visit.

Value Options® (for members in New York and New Hampshire) or PrimariLink (for members in Vermont) are your own customer service lines for mental health and substance abuse care issues. If you don't know what provider to see, both Value Options® and PrimariLink have specially trained clinical intake specialists to help you with your selection. They have profiled all of the behavioral health providers in each network and can match your problem and location to a provider that will meet your needs. Give them a call when you need help. The telephone numbers are toll free: call 1-800-568-0458 and follow the prompts for behavioral health care to be connected to Value Options® and call 1-800-320-5895 for PrimariLink.

Emergency Care Policy

If you or a member of your family have an emergency that requires immediate medical care, you should go to the nearest hospital emergency room or medical facility, or call your local emergency number for medical assistance. MVP follows the prudent layperson standard when paying for emergency care. If MVP determines that the care you received did not meet the following standard, MVP will not pay for the care.

You do not need a referral from your Primary Care Physician or prior approval from MVP to get emergency medical care if you believe that not getting immediate attention for your emergency condition would:

- place your physical or mental health in serious jeopardy;
- seriously impair your bodily functions;
- cause serious dysfunction of any organ or body part;
- and, in New York state, result in disfigurement.

If you are unsure if your condition is an emergency, call your PCP for guidance and to coordinate your medical care. Your PCP (or a covering physician) is on call twenty-four hours a day, including weekends and holidays.

In-Area Emergencies

The hospital emergency room or other medical facility will charge your normal emergency room copayment (this amount is printed on your MVP ID card). Please contact your Primary Care Physician as soon as possible following the emergency so that he or she can coordinate any follow-up care that you may need.

Out-of-Area Emergencies

Your MVP benefits provide coverage for non-emergency care that you receive from providers who practice within MVP's network. You are also covered when you need emergency care outside MVP's service area. If an emergency occurs while you are out of town, go to the nearest physician or hospital for treatment. Please notify MVP of the emergency within 48 hours or as soon as possible, so that we can arrange for any follow-up services outside the MVP service area.

MVP Referral Requirements

MVP Referral Requirements Eliminated for Most Plans

As of January 1, 2009, MVP eliminated the referral requirement for specialty care for all fully insured and self-funded MVP HMO and Point of Service (POS) plans for in-network benefits, Medicare HMO (Preferred Gold) and Healthy New York. This change in MVP's referral policy does not affect services that require prior authorization. MVP network practitioners will continue to be responsible for obtaining prior authorization for inpatient admissions and select procedures and services.

Effective February 1, 2011, members who are enrolled in Medicaid (MVP Option, MVP Option Family/MVP Option Child) products only need referrals for the following specialist services:

- Oral surgery
- Dermatology
- Plastic Surgery

Members who are enrolled in CompCare products (individual HMO and POS plans) still need to have PCP referrals for some specialist care and services. CompCare members do not need a referral before seeking the following specialist services

- Emergency care.
- Routine eye care, or an annual dilated eye exam for members with diabetes.
- Care from a gynecologist or obstetrician (OB/GYN), except for infertility treatment. The OB/GYN must be in the MVP provider network. If your benefit plan covers infertility treatment, a referral is required.
- Physical/occupational therapy; visits to an allergist; nutritional counseling; or oncology/hematology services (including chemotherapy and radiation therapy). Your physician's order/prescription is all that's required. All applicable benefit limitations remain in effect.

Except as noted in your subscriber contract or Certificate of Coverage, referrals that are required for specialty care visits are good for one year from the date written, unless specific visit limitations are prescribed by the referring practitioner. Members should continue to seek the specialty care services of a participating MVP practitioner to receive the maximum benefit level.

Please note: Your MVP subscriber contract or Certificate of Coverage and any pertinent rider(s) control your MVP benefits, coverage and any other terms of your coverage.

Standing Referrals

Members with conditions that require ongoing care can have standing referrals. This means that one referral is good for a year of visits to a specialist or specialty care center. Examples include cardiac conditions, cystic fibrosis, multiple sclerosis, and organ transplants.

Formulary and Exceptions Policy

If your MVP benefits include prescription drug coverage, that coverage is subject to the MVP Prescription Drug Formulary, our list of covered drugs. Depending on the benefit design non-formulary drugs might require pre-authorization or be available at a higher copayment.

Before MVP will cover a newly-introduced prescription drug, a committee of MVP physicians and pharmacists reviews the available data concerning the effectiveness and safety of the new drug to determine if the drug represents a significant improvement over existing covered medications. If a drug meets the committee's criteria, MVP approves that drug for coverage.

If a drug is not covered by your prescription drug benefit and your doctor believes that it is medically necessary for you, your doctor can request an exception from MVP. Members can also initiate an exception request using the Member Formulary Exception Form at www.mvphealthcare.com/member or by contacting MVP's Customer Care Center.

To find out if MVP covers a specific drug, or if MVP covers a drug with certain conditions such as pre-authorization or with quantity limits, log on to our Web site www.mvphealthcare.com or contact MVP's Customer Care Center.

Population Health Management

We're there when you need us!

Living well can sometimes take an extra helping hand. That's why MVP Health Care has a team of nurses, respiratory therapists, health coaches, social workers and other health care professionals to help you.

If you are living with a serious physical or mental health concern, you may call MVP for help and support (1-866-942-7966) and in some situations, MVP may reach out to you to offer assistance. MVP will match you with one of our free programs or connect you with other wellness resources that can help.

How MVP can help

When you are faced with a health issue, MVP can point you to programs and resources that can help you manage or improve a medical condition, guide you through a medical event, and learn how to take the best care of yourself.

We offer health care management programs for members living with:

- Asthma
- Cancer (Oncology)
- Cardiac (after a heart attack or open heart surgery)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Depression
- Diabetes
- Dialysis
- Heart Failure
- Low Back Pain

We also offer special programs to help members whose health concerns are complicated, can lead to hospital or emergency room visits. If you think that you might benefit from one of these programs, call MVP for further assistance at 1-866-942-7966.

- Acute Case Management for members who have been in the hospital or emergency room within the last year with heart problems, stroke or another chronic illness
- Little Footprintssm for high-risk pregnancies
- The Option Case Management Program for Medicaid members

What our programs include:

Education and Support

Program participants can talk with an MVP clinician who can answer your questions and help you find community-based resources and health care solutions. Our clinicians can offer information about healthy eating habits, medication management, symptom monitoring and management, weight monitoring and fitness activities. We'll also supply you with personalized mailings and newsletters with the latest health information!

Health Coaching

If you need extra help to work through a complex health concern or mental health issue, you may be matched with a personal health coach. Your health coach will work with you and your doctor to help you set and reach goals that are important to your treatment plan.

Self-Care Resources

Whether you are researching a health condition or treatment, looking for simple answers to your health questions, or reaching your health improvement goals, taking care of yourself is easier when you use MVP's online wellness tools. MVP's clinicians can direct you to helpful online resources.

How to find out more

Not all resources are available to all MVP members. Call **1-866-942-7966** for more information or to see if you qualify. You may also visit us on the web at www.mvphealthcare.com. Click on "members" at the home page and then click the link for "population health management programs" to find detailed information on program offerings and current program newsletters. We are committed to connecting you with the help you need to live well!

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, MVP provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy, including lymphadema. To obtain a detailed description of the mastectomy-related benefits available through MVP, please contact our Customer Care Center.

Obtaining Information Online About Practitioners Who Participate with MVP

Both New York state and Vermont make information available to consumers who would like to know more about their physicians, with easy online searches.

The New York State Physician Profile Web site (www.nydoctorprofile.com) was created with the passage of the New York Patient Health Information and Quality Improvement Act of 2000. Using this New York Web site, MVP members may find information about the doctor's medical education, translation services at the doctor's office and information about legal actions taken against the doctor. To see all the information that is available for each doctor, search on any doctor's name.

For information about practitioners in Vermont, members may check the Vermont Department of Health Physician Profiles at http://www.healthvermont.gov/hc/med_board/profiles.aspx.

Members can find information about physicians practicing in New Hampshire and Massachusetts at <http://www.docboard.org>. Launched in 1996, the AIM DocFinder is recognized for its easy-to-use search engine. DocFinder contains licensing, background, and disciplinary information of physicians and other health care practitioners in more than thirty states. DocFinder provides a link to the New Hampshire State Board of Medicine (www.state.nh.us/medicine) for information regarding the education, medical license, board certification and specialty of physicians in New Hampshire.

These Web sites offer information free to the public and can be accessed via the Members' Home page of MVP's Web site, www.mvphealthcare.com. If you do not have Internet access and would like to receive a printed report from either of these sites about a specific practitioner, contact MVP's Customer Care Center toll-free. If your MVP member ID begins with a number (e.g. 82000606100) call toll-free 1-888-MVP MBRS (1-888-687-6277). If your MVP member ID begins with a letter (e.g. A1234567801) call 1-800-950-3224.

How MVP Assesses New Technology

MVP draws upon the knowledge of its medical directors, participating physicians and allied health professionals to research new technologies, medical products, behavioral health treatments and pharmaceuticals for inclusion as benefits covered by the health plan.

MVP regularly assesses new technologies, and new applications of existing technologies, for inclusion as covered benefits. The research process includes a review of information from appropriate government regulatory bodies as well as published scientific evidence. Benefit policies are examined by physicians and other health care professionals across MVP's service area, as well as by staff in several MVP departments, to decide whether the technologies will be included as covered benefits. MVP's Quality Improvement Committee gives final approval.

MVP's technology policies are reviewed at least annually, with comprehensive updates triggered more often by changes in published medical evidence. Qualified specialists with expertise relevant to each topic are invited to participate in this process. By carefully considering new technologies before approving them for coverage, MVP assures our members that they are receiving safe, effective and high quality care.

Transition Care

If your practitioner leaves the MVP network, MVP will send you a letter to notify you. If you are undergoing treatment for a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for up to 90 days (60 days in New Hampshire) from the effective date of the provider's termination. This also applies if you are in your second or third trimester of pregnancy. You may continue to receive care from your practitioner throughout your pregnancy, delivery and through the completion of your post-partum care.

You cannot do this if the provider was dropped from the MVP network for the following reasons:

- Concern of imminent harm to patients;
- A determination of fraud;
- A final disciplinary action by a state licensing board that impairs the provider's ability to practice.

Except in New Hampshire, transition care also applies when you are a new member. If you are seeing a non-participating provider when you join MVP, you must switch to a participating provider. However, if you have a life-threatening, disabling, or degenerative condition, you may be able to continue to see that practitioner for covered services for 60 days from your date of enrollment. If you are in your second or third trimester of pregnancy, you may stay with your practitioner throughout your pregnancy, delivery and through the completion of your post-partum care. In either situation, the provider must agree to:

- accept MVP's reimbursement or payment in full;
- provide MVP with medical information related to your care;
- adhere to MVP's policies and procedures.

If the provider will not agree to the above, MVP cannot offer you Transition Care.

Member Complaints, Appeals and Grievances

MVP wants to solve any problems you may have with us fairly and in a friendly manner. Call the Customer Care Center toll-free (at 1-888-MVP-MBRS/1-888-687-6277 if your MVP member ID begins with a number, or 1-800-950-3224 if your MVP member ID begins with a letter), if you have a problem with MVP. A Customer Care representative can often resolve your problem on the spot. MVP has interpreters if you do not speak English. If you are hearing impaired, TTY users may call a Verizon relay operator at 1-800-662-1220. The relay operator will contact MVP and assist in the call.

If the Customer Care representative cannot resolve your problem, you or your representative may file a complaint, appeal or grievance by contacting the Member Appeals department.

If your MVP member ID begins with a number (e.g. 82000606100), please use the following address:

MVP Health Plan, Inc.
Member Appeals Department
PO Box 2207
Schenectady NY 12301-2207

If your MVP member ID begins with a letter (e.g. A1234567801) please use the following address:

MVP Health Plan, Inc.
Attention: Member Appeals

220 Alexander Street
Rochester, NY 14607

A complaint is a written or verbal expression of dissatisfaction. Examples of complaints are problems scheduling appointments with providers or timeliness of claim payment issues. An appeal (or grievance) is a request from a member for MVP to change a decision it has made. It may concern whether or not a requested service is a benefit covered by MVP or the way a complaint has been resolved.

First level medical complaints and appeals are handled by a licensed health care professional who is qualified to review the issue at hand. In an appeal (or grievance), the reviewer must not have been involved in making MVP's original decision. If your complaint, appeal or grievance concerns an administrative matter, it will be handled by a member of the senior administrative staff with the necessary education and background to resolve the matter. Second level appeals and grievances are reviewed by the MVP Appeals Committee. MVP will never retaliate or take any discriminatory action against a member should he or she file a complaint or appeal.

If you are covered under a New York or Vermont subscriber contract or Certificate of Coverage and have been denied coverage on the basis of medical necessity or because the service is deemed experimental or investigational, you have the right to request a review by a state-approved external appeal agent. You may obtain an external appeal application by contacting:

- The New York State Department of Insurance at 1-800-400-8882 or its Web site at (www.ins.state.ny.us)
- The New York State Department of Health at 1-518-486-6074 or its Web site at (www.health.state.ny.us)
- MVP's Customer Care Center. If your MVP member ID begins with a number (e.g. 82000606100) call toll-free 1-888-MVP MBRS (1-888-687-6277). If your MVP member ID begins with a letter (e.g. A1234567801) call 1-800-950-3224.

If you are covered under a Vermont subscriber contract or Certificate of Coverage you may also contact the Health Care Ombudsman Program. The Office of Health Care Ombudsman is a statewide program operated by Vermont Legal Aid, Inc. Full-time health care counselors staff the program to help Vermont residents resolve problems and complaints with their health insurance. The office is in the Burlington office of Vermont Legal Aid and can be reached by calling toll-free 1-800-917-7787. You may also contact the State of Vermont Department of Banking, Insurance, Securities & Health Care Administration (BISHCA) for assistance. You can reach BISHCA's Division of Health Care Administration Consumer Assistance by calling (802) 828-2900 or toll free at 1-800-631-7788.

MVP Policy for Approving Medically Necessary Health Care

MVP supports and encourages the delivery of appropriate health care to our members and through our Utilization Management program, monitors our members' use of health care services to detect and correct potential under- and over-use of health care services.

The MVP Utilization Management program does not provide financial incentives to employees, providers or practitioners who make utilization management decisions that would encourage or create barriers to members getting appropriate health care and services.

Our Utilization Management program follows these principles:

1. Utilization management decisions are based only on appropriateness of care and the benefit provisions of the subscriber's coverage.
2. MVP does not reward practitioners, providers or staff, including Medical Directors and utilization management staff, for issuing denials of requested care.
3. Financial incentives, such as annual salary reviews and/or incentive payments do not encourage decisions that result in under-use of health care and services by members.

Criteria we use to make decisions are available on request.

MVP medical staff comprised of physicians, registered nurses and other health care providers review requests for health care services to determine if the requested service is medically necessary. They use specific clinical review criteria including clinical protocols, practice guidelines and written policies to make these decisions. You and your doctor can get copies of these review criteria by contacting a Customer Care representative toll-free. If your MVP member ID begins with a number (e.g. 82000606100) call toll-free 1-888-MVP MBRS (1-888-687-6277). If your MVP member ID begins with a letter (e.g. A1234567801) call 1-800-950-3224.

You can also reach a Customer Care representative via our web site, www.mvphealthcare.com at any time.

MVP Privacy Notice

Members can obtain a copy of our Privacy Notice by visiting our Web site, www.mvphealthcare.com, and clicking on the Privacy Notice link at the bottom of the home page. To request a printed copy of this notice, call the Customer Care Center toll-free at 1-888-MVP-MBRS (1-888-687-6277) if your MVP ID number begins with a number, or 1-800-950-3224 if your MVP ID number begins with a letter.