



Annual Notices

MVP Nonpublic Personal Financial Information Policy

MVP Health Plan, Inc., MVP Health Services Corp., MVP Health Insurance Company, MVP Health Plan of New Hampshire, Inc. and MVP Health Insurance Company of New Hampshire, Inc. (collectively "MVP")

Your privacy is important to MVP

MVP is committed to safeguarding your information.

MVP's Nonpublic Personal Financial Information Policy

We want you to understand what information we may gather and how we may share it. This Nonpublic Personal Financial Information Policy (the "Policy") explains MVP's collection, use, retention and security of nonpublic personal financial information about you. Examples of nonpublic personal financial information are: your social security number, your payment history, your date of birth and your status as a MVP member.

How MVP collects information

We collect nonpublic personal financial information about you from the following sources:

- your applications and other forms;
- your transactions with us, our affiliates, and others; and
- consumer reporting agencies, in some cases.

Sharing your information

We do not disclose any nonpublic personal financial information about our members or former members to anyone, except as permitted by law. We may disclose the following information to companies that perform marketing services on our behalf or to other companies with which we have joint marketing agreements:

- information we receive from you on applications or other forms, such as your name, address or status as an MVP member;
- information about your transactions with us, our affiliates or others, such as your health plan coverage, premium, and payment history.

Our former members

Even if you are no longer an MVP member, our policy will continue to apply to you.

Our security practices and information accuracy

We also take steps to safeguard member information. We restrict access to the nonpublic personal financial information of our members to those MVP employees who need to know that information in the course of their job responsibilities. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect member information. We also have internal controls to keep member information as accurate and complete as we can. If you believe that any information about you is not accurate, please let us know.

Other information

This Policy applies to products or services that are purchased or obtained from MVP. We reserve the right to change this policy, and any of the policies described above, at any time. The examples contained within this policy are illustrations; they are not intended to be exclusive or exhaustive.

Members can obtain a copy of our Privacy Notice by visiting our Web site www.mvphealthcare.com and clicking on Privacy Notice link in the bottom right corner of the home page or by calling the Member Services department toll-free at **1-888-MVP-MBRS (1-888-687-6277)** to request a copy.

Out-of-Network Reimbursement for PPO, Indemnity Plans

MVP members receive most of their care from providers in our network. When members choose to see an out-of-network doctor, the method for reimbursement is different and MVP is changing the way we reimburse providers in these situations.

New York's Attorney General Andrew Cuomo and MVP reached an agreement that supports his plan to establish a new not-for-profit organization to gather, maintain, and analyze provider reimbursement data for use by health insurers who choose to pay out-of-network providers using usual, customary and reasonable fees.

Like many other health insurers, MVP used Ingenix® data to establish usual, customary and reasonable (UCR) reimbursements for out-of-network providers because Ingenix was the industry standard. However, unlike many other insurers, MVP only used this database for a very small number of claims, less than 1 percent of the 12 million claims we process annually. Still, we recognize the Attorney General's concern about conflicts of interest inherent in the Ingenix database because it is owned by a health insurance company (United Health Group).

We agreed with the Attorney General that if we continue to pay out-of-network physicians using UCR methodology, we will base the payments on data from the Attorney General's new, not-for-profit replacement company for Ingenix, once that company is up and running.

We are working on a process to replace the UCR database with the federal government's database for Medicare fees. We would pay a percentage above those fees, and would make adjustments for regional differences, as the government does (i.e. Manhattan vs. Albany). This new process is estimated to be in place in July of this year. In the meantime, we will continue to use Ingenix, because it is the only database for UCR rates available to us, until our new process or the new not-for-profit database is available.

We agree that our members and providers will be well served by a new, more transparent system of paying out of network claims.

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 call your local emergency number for medical assistance.

An emergency is a sudden and surprising illness or condition with such bad symptoms, including very bad pain, that not getting help right away could reasonably be expected by a prudent layperson with an average knowledge of health and medicine to:

- 1) Place your physical or mental health in serious danger; or
- 2) Cause serious limits to bodily functions; or
- 3) Cause serious dysfunction of any bodily organ or part.

Emergency Services or Care means Covered Services needed to evaluate and treat an emergency.

If MVP determines that the care you received did not meet this standard, MVP will not pay for the care.

Financial Incentives Relating to Utilization Management Policy

It is the policy of all of the operating subsidiaries of MVP Health Care, Inc. ("MVP/Preferred Care") to facilitate the delivery of appropriate health care to our members and to monitor the impact of the Plan's Utilization Management program to detect and correct potential under- and over-utilization of services.

MVP/Preferred Care's Utilization Management Program does not provide financial incentives to employees, providers, or practitioners who make utilization management decisions that would encourage barriers to care and services.

Utilization management decisions are based only on appropriateness of care and the benefits provisions of the member's coverage.

MVP/Preferred Care does not specifically reward practitioners, providers or staff, including Medical Directors and UM staff, for issuing denials of requested care.

Financial incentives, such as annual salary reviews and/or incentive payments do not encourage decisions that result in underutilization.

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 60 days from the date you received the letter. 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

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 90 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

Women's Health and Cancer Rights Act of 1998, Annual Notice

As required by the Women's Health and Cancer Rights Act of 1998, MVP Health Insurance Company 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 lymphedema. To obtain a detailed description of the mastectomy-related benefits available through MVP, please refer to your Certificate of Coverage.

How MVP Health Insurance Company assesses new technology

MVP Health Insurance Company 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 insurer.

MVP regularly reviews 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. Draft policies are reviewed 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.

A comprehensive review of all policies is performed.

Need to see a behavioral health provider? MVP makes it easy

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.

The Behavioral Health Access Center in New York is your own customer service line for mental health and substance abuse care issues. If you don't know what provider to see, the Access Center in New York has specially trained clinical intake specialists to help you make your selection. The telephone number is toll free. Call **1-800-568-0458** to the Behavioral Health Access Center in New York.

How to reach the Utilization Management Department

You may reach the Utilization Management Department regarding authorizations for care during working hours and after working hours by calling MVP Member Services toll-free at **1-888-687-6277**.

Resolving problems with MVP (Member Complaint and Appeal Process)

MVP Health Insurance Company wants to solve any problems you may have with us fairly and in a friendly manner. Call the Member Service Department toll-free at **1-888-MVP-MBRS (1-888-687-6277)** if you have a problem with MVP. A Member Service Representative can often resolve your problem on the spot. The Member Service Department is open seven days a week from 8:00 AM to 10:00 PM except for holidays. MVP has interpreters if you do not speak English. If you are hearing impaired, call a Verizon relay operator at **1-800-662-1220**. The relay operator will contact MVP and assist in the call.

Filing a complaint or grievance

If the Member Service Representative cannot resolve your problem, you or your representative may file a complaint or grievance by contacting the Member Appeals Department:

MVP Health Insurance Company, Inc.
Member Appeals Department
PO Box 1076, Schenectady NY 12301-1076

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. A **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.

Medical complaints and grievances are handled by a licensed health care professional who is qualified to review the issue at hand. In a grievance, the reviewer must not have been involved in making MVP's original decision.

If your complaint 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.

MVP will never retaliate or take any discriminatory action against a member should he or she file a complaint or grievance.

Refer to your Certificate of Coverage for complete information, including time frames in which to initiate an appeal.

Formulary and Exceptions Policy

If your MVP Health Insurance Company benefits include prescription drug coverage, that coverage is subject to the MVP Prescription Drug Formulary, our list of covered drugs.

New prescription drugs are introduced all the time and drug companies advertise these new drugs heavily on television and in print. Before MVP will cover a newly-introduced prescription drug, a committee of MVP physicians and pharmacists review 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 your doctor believes that a prescription drug that is not on MVP's Formulary is medically necessary for you and you do not have coverage for non-formulary drugs, your doctor can request an exception from MVP.

To find out if MVP covers a specific drug, or if MVP covers a drug with certain conditions such as Prior Approval or with Quantity Limits, log on to our Web site (**www.mvphealthcare.com**) or contact the MVP Member Services Department.

How to obtain information on the Web about practitioners who participate with MVP

New York State makes 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. This Web site offers information to the public at no charge and can be accessed via the Members' Home page of MVP's Web site, **www.mvphealthcare.com**. If you do not have access to the Internet and would like to receive a printed report from either of these sites for a specific practitioner, please contact the MVP Member Services Department at **1-888-687-6277**.

Now available!

The MVP Health Insurance Company Participating Provider Directory

Send me the most recent NY Participating Provider Directory

To receive your Directory, fill out this and mail to:

MVP Health Insurance Company
Attn: Corporate Communications Dept./Art. 42 Directory
P.O. Box 1076, Schenectady, N.Y. 12301-1076

A Directory will be mailed to the address on this card. Please allow 4 to 8 weeks for delivery. Your Directory will arrive via return mail.

Name _____

Address _____

City _____ State _____ Zip _____

Member ID# _____



MVP HEALTH CARE

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