



## Provider's Information at a Glance

### Eligibility

- **Before rendering services, always verify Medicaid/HealthChoice eligibility.** Call **EVS:** 866-710-1447. To verify the PCP on file, registered network practices should verify eligibility through the employment of MPC's HIPAA-compliant My MPC Source web portal, via our website at [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com).

Member ID#: <b>000000000-00</b>	Date of Birth: <b>00/00/0000</b>	Sex: <b>X</b>
<b>Member Name:</b> <u>Last Name, First Name</u>		
<b>PCP:</b> <u>Last Name, First Name (DO, MD??)</u>		
PCP's Phone #: <u>(000) 000-0000</u>	<b>Effective Date:</b> <u>00/00/0000</u>	
<b>Member Services:</b>	(800) 953-8852	
<b>HealthChoice Enrollee Action Line:</b>	(800) 284-4510	
RxBIN: 800002	RxPCN: A4	RxGRP: MDCA
Pharmacist Call: (800) 824-0898		
This ID card is not a guarantee of eligibility, enrollment or payment. <a href="http://www.MarylandPhysiciansCare.com">www.MarylandPhysiciansCare.com</a>		

- To select Maryland Physicians Care (MPC) as their Managed Care Organization (MCO), HealthChoice recipients must call HealthChoice: 800-977-7388.

### Appointment Scheduling, Outreach, and Medical Management

- Members must be scheduled for an initial health appraisal within 90 days of enrollment, unless the member has an established relationship with their PCP. Members under 2 years of age must be scheduled within 30 days. See Section II-4 of the MPC Provider Manual.
- Internists/Family Practice Providers - The PCP must perform a substance abuse screen, preferably using the modified C.A.G.E. on members 18 years and older, as part of their initial health assessment. See Section II-15 and Sample Forms page XE-10 of the MPC Provider Manual.
- Pediatricians/Family Practice Providers - Members under age 21 years will be assigned only to a Maryland Healthy Kids certified PCP, who must follow an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) periodicity schedule. See Appendix E of the MPC Provider Manual.
- Obstetricians - For pregnant and post-partum women, an initial visit is to be scheduled within 10 days of the member's request. See Section II-7 of the Provider Manual. A Maryland Prenatal Risk Assessment (Form DHMH 4850) must be completed at the first visit, a copy of the form must be faxed along with a request for authorization for global OB services to the MPC Prior Auth Unit. Pregnancy-related service providers need to follow, at minimum, applicable ACOG guidelines. Any observation services for members receiving services in Labor & Delivery, related to labor checks for potential preterm labor, require notification to the MPC PA Unit 800-953-8854, select option 2, then option 1.
- MPC member medical records are audited annually during the State of Maryland Quality Care Review. **Providers must meet required medical record documentation standards.** See Sections I-39 and I-43 of the MPC Provider Manual.
- Clinical Practice Guidelines are available to providers to ensure that they understand MPC expectations for appropriate medical care. See Appendix D of the MPC Provider Manual.

### Prescriptions, Drug Formulary and Specialty Injectibles

- Please consult the current MPC Preferred Drug List (PDL) before writing a prescription. If the drug is not listed, a Pharmacy Prior Auth Request Form must be completed before the drug will be considered. You must include the PDL drugs previously prescribed and the medical reason in the comment section.
- **Step Therapy and Quality Limits.** The step therapy program requires certain first-line drugs to be prescribed prior to the approval of specific second-line drugs. Certain drugs also have quantity limits. A Pharmacy Prior Auth Request Form must be completed to request alternate therapy and should be faxed to the **Pharmacy PA Unit at 866-207-7231**.
- **Specialty Injectibles.** To coordinate delivery & management of specialty injectibles, call CuraScript at 866-848-9870.
- No cost Over the Counter (OTC) drugs may be acquired with a prescription. See the MPC website for a current list.
- To access the latest MPC PDL, list of drugs with quantity limits, obtain a list of drugs that require step therapy, identify drugs that require Pre-authorization or obtain a pharmacy prior authorization form, please go to the MPC website: [www.MarylandPhysiciansCare.com](http://www.MarylandPhysiciansCare.com)

## **Provider Referral Process and Document Requirements**

Primary Care Providers (PCP's) are responsible for initiating and coordinating referrals of enrollees for medically necessary services beyond the scope of their practice. PCP's are to monitor the progress of referred enrollees; care and ensure that enrollees are returned to the PCP's care as soon as appropriate.

Participating Specialist Providers (PSP's) may also refer enrollees for medical services beyond the scope of their practice or may redirect the enrollees back to their PCP's, who in turn will coordinate the referrals.

The Maryland Uniform Consultation and Referral Form may be used to support the referral process; however, this form is not required provided that referrals are documented in the enrollees' medical charts, with pertinent referral information furnished to the MPC participating health professional to which the member is being referred. . If you choose to use a referral form you must use the Maryland Uniform Consultation and Referral Form. With the exception of an obstetrical referral that must be sent or faxed to MPC's Case Management Department immediately upon confirmation of pregnancy, providers do not need to furnish a copy of the referral form to MPC.

If a participating health professional is not available, MPC may issue a prior authorization for a referral to a non-contracted provider. A non-contracted provider will not be reimbursed for services rendered without a prior authorization.

\*\*\*\*\*PLEASE NOTE\*\*\*\*\*

**A service that does not require an actual paper referral may still require prior authorization. Providers should check the PA requirements by utilizing the online PA Requirements Lookup tool which is accessible via our secure online web portal, My MPC Source.**

### **Pre-authorization**

- See Section II-25 in the Provider Manual for detailed instructions on obtaining a pre-authorization (PA) number.
- MPC will not reimburse for medically unnecessary or other non-covered services or for services provided to members who are not enrolled with MPC MCO on the date(s) of service.
- A pre-authorization number may be obtained by:
  - Submitting an on-line request through MPC's secure web portal, MY MPC Source, via our website at [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com).
  - **Faxing MPC PA form to 800-953-8856 (outpatient requests) and 1-800-385-4169 (inpatient requests)** (Sample Forms page XE-6 of Provider Manual). Please use a cover sheet with the practices correct phone and fax numbers to safeguard the protected health information and facilitate processing.
  - Please use fax or web portal whenever possible; or **Call 800-953-8854 –select menu Option 2, - then follow the prompts to the Prior Authorization department.**
- When requesting a pre-authorization, please provide the following: Member's demographic information, clinical notes/explanation of medical necessity, diagnosis and procedure codes, and date(s)/place of service.

### **Prior Authorization Requirement Search Tool**

- The prior authorization requirement search tool allows the provider to search PA requirements by current procedural terminology (CPT<sup>®</sup>) and Healthcare Common Procedure Coding System (HCPCS) codes. Users can search PA requirements by individual or multiple codes simultaneously, review PA requirements by specific procedures or service groups and receive immediate, detailed Yes/No information regarding PA requirements. Please note that providers should also use our Member Handbook to verify benefits as the prior authorization requirement search tool is not a benefits document.
- The Prior Authorization Requirement Search Tool is only available via our secure web portal. If you are not already registered, download an application on the Providers section of [www.MarylandPhysiciansCare.com](http://www.MarylandPhysiciansCare.com).

Maryland Physicians Care Provider Relations offers trainings and updated user guides. We will notify providers of more specific information as it becomes available. If you have questions, please contact Maryland Physicians Care Provider Relations at **1-800-953-8854, option 2.**

### **Lab and X-Ray**

- Participating network laboratories require a referral or written requisition from the referring provider.
- Participating network radiology services require a referral or written requisition from the referring provider (Physician Orders, Referrals), **and, if applicable, a pre-authorization** (see PA Requirements above).
- MPC will no longer allow lab and most radiology services (CPT Codes 70000- 79999) to be performed as stand-alone outpatient procedures in an HSCRC rate regulated facility. This policy applies to lab and radiology procedures that are performed as stand-alone procedures or in conjunction with other radiology or laboratory procedures. It is our intention that all radiology and laboratory procedures should be performed in free-standing facilities where clinically appropriate and access to these facilities is readily available.
- **Referrals to all out-of-network / non-participating laboratories and radiology require pre-authorization!**

### **MCO Claims**

- The MPC MCO member ID number is the member's Maryland Medical Assistance (MA) I.D. number.
- **For covered medical benefits, the Maryland Physicians Care MCO Medicaid/HealthChoice member is not responsible for any deductibles, co-payments, or balances due.**

(Maryland Physicians Care MCO Quick Reference Guide updated, 1/1/2012)

- To prevent unnecessary processing delays:
  - Always include name of provider of service in Block 31 CMS 1500. Do not use "Signature on File".
  - Bill with the latest ICD-9 codes using the five-digit format, and the current CPT code with the correct modifier.
  - Block 33, CMS 1500, **practice name must be the same as Form W-9**, and Agreement with MPC.
  - MPC does not issue a provider number. Please bill the physician's NPI in box 24j and the group NPI in box 33a; and the Tax Identification (same as Form W-9) Number in Box 25 on the CMS 1500 form.
  - **Submit claims to the Claims P.O. Box below.** Submitting to any other location will cause processing delays.
  - All encounter and claims must be submitted within 180 days of encounter.
- **MPC encourages electronic claims transmittal.** See below for participating electronic claims clearing houses.
- MPC, as a Medicaid MCO, is a payer of last resort. Bill the primary insurance first then submit the claim for the remainder to MPC with a copy of the primary carrier's EOB. Primary insurance's EOB must include explanation for any denied charges. If there are problems getting the claim paid correctly due to COB issues, contact your Provider Representative.
- Telephone inquiries for claims status only: 800-953-8854, Select Menu Option 2 – then Option 2.

### **Claims Appeals, Resubmissions and Overpayments**

- To submit a corrected claim or missing attachment, return the claim, stamped "Resubmission" with requested change(s), corrected errors, and requested attachments to the claims address below, ATTN: "Resubmission" within 90 working days of the denial. Not clearly indicating "Resubmission" may result in further delays.
- To appeal a claim denial, submit a letter of explanation, copy of remittance advice, MPC denial letter and other documentation relevant to the reason for the denial to the 509 Progress Drive address below, ATTN: "Appeals Department" within 90 working days of the receipt of a pre-authorization or claim denial.
- If you receive an overpayment, send a letter and copy of the MPC remittance advice noting the reason for overpayment to the 509 Progress Drive address below, ATTN: "Finance".

### **Important Addresses and Telephone Numbers**

#### **Maryland Physicians Care**

509 Progress Drive  
 Linthicum, MD 21090  
 800-953-8854

#### **Western Maryland Regional Office**

13700 McMullen Highway SW, Suite 1  
 Cumberland, MD 21502  
 800-953-8854, option 2, option 3  
 Direct Dial: 301-729-5647 or 301-729-5643  
 Fax: 240-362-0169

#### **Maryland Physicians Care MCO Claims**

P.O. Box 61778  
 Phoenix, AZ 85082-1778

**Provider Relations:** 800-953-8854, option 2, Fax: 860-907-2361  
 Maryland Physicians Care Prior Authorization Unit: 800-953-8854, option 2, option 1.  
 Pharmacy Services (Express Scripts): 800-824-0898, select menu option 2, then option 1.  
 Dental Services (Dentaquest): 800-685-1150 for members over 21; 888-696-9596 for members under 21.  
 Substance Abuse (MPC): 800-953-8854, option 7  
 Specialty Mental Health Services (Value Options): 800-888-1965.  
 Vision Services (Block Vision Inc): 800-428-8789.  
 Ambulatory PT/OT/speech/audiology for children (under 21 years old): Call HealthChoice at 800-492-5231.  
 Maryland Relay for the Hearing Impaired: 800-735-2258.

**Electronic Claims.** The following electronic claims clearing houses participate with MPC:

- WebMD/Emdeon: **877-363-3666** MCO Provider ID #22348 for both CMS 1500 and UB 04.