



## Primary Adult Care (PAC) Information at a Glance

### Eligibility

- Before rendering services, always verify Primary Adult Care (PAC) eligibility. Call EVS: 866-710-1447.
- The PAC Program covers individuals over age 19 who are not eligible for Medicare or full Medicaid benefits.
- PAC Member Services (24 hours, 7 days a week): 866-651-7835, option 1. Fax: 410-401-9015.
- Check your Rosters – Primary Care Providers (PCP) please check your most current roster to ensure that you are the member's PCP of Record. The current roster will accurately reflect assigned members for the month.
- Verification of eligibility and up-to-date rosters may also be obtained through Maryland Physicians Care's secure Web-based provider portal. For more information regarding this important and user-friendly tool, please send an email to the attention of the Provider Relations Department at [providers@marylandphysicianscare.com](mailto:providers@marylandphysicianscare.com).

  <p><b>Member Services:</b> (866) 651-7835  <b>PAC Enrollee Action Line:</b> (888) 754-0095  <b>EVS:</b> (800) 492-2134</p> <p><b>EXPRESS SCRIPTS™</b>  RxBIN: 800001    RxPCN: A4    RxGRP: MDCA  Pharmacist Call: (800) 824-0898</p> <p>This ID card is not a guarantee of eligibility, enrollment or payment.  <a href="http://www.MarylandPhysiciansCare.com">www.MarylandPhysiciansCare.com</a></p>	<p>PAC covers primary care, pharmacy services and some additional diabetic services.</p> <p>Prior authorization is required for certain diabetic services.</p> <p>No hospital benefits are available.</p> <p><b>To verify member eligibility go to</b>  <a href="http://www.MarylandPhysiciansCare.com">www.MarylandPhysiciansCare.com</a> or call (866) 651-7835 and the MD eligibility verification system at (800) 492-2134.</p> <p><b>Send Claims to:</b>  Maryland Physicians Care • PO 61778 • Phoenix, AZ 85082-1778</p>
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### Covered Services, Appointment Scheduling, Outreach, and Medical Management

- **The PAC program does NOT include all the HealthChoice program benefits.** PAC covers primary care services, family planning & GYN services, prescription drugs, adult dental services, and a limited number of diagnostic services outside the PCPs office. For details on the limited benefits, please refer to the PAC Provider Manual. The current PAC Provider Manual is available at [www.MarylandPhysiciansCare.com](http://www.MarylandPhysiciansCare.com), select PAC, select PAC Provider and on the left you will find links to the Provider Manual and Quick Reference Guide; or contact your Provider Representative for a copy.
- **PAC does not cover services delivered in hospitals, including outpatient, inpatient, and emergency room.**
- MPC has defined the covered services in relation to the PAC regulations. There are limited basic lab services rendered in the PCP office that are allowed for all members. There are limited radiology services, when ordered by the PCP, for all members in a non-regulated facility only. See Section III, Benefits, and Appendix E in the PAC Provider Manual, for a detailed listing of allowed lab and radiology codes. (Note: There is an exception in rural areas, to allow mammograms to be provided at regulated rural hospitals-only with prior authorization).
- **Specialty care is not a covered benefit under PAC.** When the PCP recommends that a PAC member see a specialist, the PCP should be aware that the PAC member is responsible for payment of the non-covered specialty care service. To the extent possible, PCPs should refer to specialty providers who can offer a sliding fee arrangement for the non-covered service. If the member needs additional help in locating a specialty provider, the member can also call the State's Enrollee Action Line at 888-754-0095. Staff will attempt to identify a resource for the member.
- Diabetic members are allowed those services required to manage their diabetic condition, including podiatry services, if medically necessary.
- **Dental Benefit.** Effective October 1, 2007, PAC members are eligible for a preventive dental benefit program which includes: Exams; X-rays; Filings; Cleanings; and Extractions. For more information, call Doral Dental at 800-936-0935.
- **Vision Benefit** – Effective January 1, 2008, PAC members are eligible for vision benefits, to include one eye exam by an Ophthalmologist and a pair of eyeglasses per year. For more information, call Block Vision at 800-428-8789.
- Members may go through the State for certain specialty care that they will receive fee for service, such as specialty mental health. See Section IV Specialty Mental Health Services in the PAC Provider Manual.
- The PCP must perform a substance abuse screen, preferably using the modified C.A.G.E. on members 19 years and older, as a part of their initial health assessment. Except for the buprenorphine prescription benefit, Substance Abuse services are not a PAC benefit.
- MPC member medical records are audited annually during the State of Maryland Quality Care review. Providers must meet required medical record documentation standards. See Attachment I-B of the PAC Provider Manual.

## **Prescriptions and Drug Formulary**

- Please consult the current MPC PAC 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. The Pharmacy Prior Auth Request Form can be downloaded from the MPC website.
- Over the counter (OTC) drugs may be acquired with a prescription. See the MPC website for a current list.
- To access prescription or drug formulary information, please go to the MPC website: [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)

## **Services that Require Prior Authorization**

- Members with diabetes receive additional benefits through the PAC program, but require prior authorization. To include:
  - Diabetes education and Diabetes nutrition information
  - Over-the-counter, non-custom, diabetes-related DME and disposable medical supplies consisting of:
    - Finger-sticking devices used in obtaining blood samples for blood glucose testing; Blood glucose meters;
    - Diagnostic reagent strips and tablets used in testing for ketones and glucose in urine and glucose in blood;
    - Compression stockings; Walkers, crutches and canes; Non-custom orthotic inserts.
  - Routine foot care for enrollees with vascular disease affecting the lower extremities
  - All podiatry services
  - Vision care, consisting of one ophthalmologic examination and one pair of eyeglasses per year.
- Mammograms scheduled at rural hospitals-only. See Section III, Benefits, in the PAC Provider Manual for details.
- **A prior authorization number may be obtained by calling 800-953-8854, option 2; or fax: 800-953-8856**

## **Primary Adult Care (PAC) Claims**

- The PAC member ID number is the member's Maryland Medical Assistance (MA) I.D. number.
- **For covered medical benefits, the PAC member is not responsible for any deductibles, co-payments, or balances due. However, there is a co-pay for the PAC program Pharmacy benefit (\$2.50 co-pay for generic medications and a \$7.50 co-pay for brand name medications. There is no co-pay for Contraceptives).**
- 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.
  - Use the NPI number as appropriate 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.
  - To avoid a timeliness of filing denial, all encounter and **claims must be submitted within 180 days of encounter.**
- **MPC encourages electronic claims transmittal.** ProxyMed / MedAvant: 800-792-5256 (MPC ID# 00247 for CMS 1500, and MPU01 for UB04); or WebMD / Emdeon: 877-469-3263 (MPC ID#22348 for both CMS 1500 and UB04).

## **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 for a service covered by the PAC program, submit a written 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: "Grievance and Appeals Coordinator" **within 90 working days of the receipt of a prior authorization or claim denial.**
- If you receive an overpayment, please send along with your Refund Check, a copy of the MPC remittance advice noting the overpayment to the 509 Progress Drive address below, ATTN: "Finance".

## **Important Addresses and Telephone Numbers**

**Maryland Physicians Care**  
509 Progress Drive, Suite 117  
Linthicum, MD 21090  
800-953-8854

**Maryland Physicians Care Claims**  
P. O. Box 61778  
Phoenix, AZ 85082-1778  
(Telephone Inquires for claims status only: 800-953-8854 option 2, option 2)

**Provider Relations:** Contact your assigned Representative directly. Department main number is 800-953-8854, option 2, then option 3. Fax: 410-401-9013, or Contact MPC Provider Relations by e-mail at [providers@marylandphysicianscare.com](mailto:providers@marylandphysicianscare.com).  
Specialty Mental Health Services (**MAPS MD**): 800-888-1965. **Block Vision:** 800-428-8789. **Doral Dental:** 800-936-0935.  
Maryland Physicians Care Web-Site and access to the on-line PAC provider manual: [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)