



A SUMMARY OF CHANGES TO MPC'S HEALTHCHOICE PROVIDER MANUAL NOVEMBER 2009

Maryland Physicians Care's ("MPC") HealthChoice Provider Manual has been revised to reflect changes related to the aspects of program administration listed below. This manual is available in the provider module of MPC's website www.marylandphysicianscare.com.

- Provider Licensure
- Changes to Listing of Reportable Communicable Diseases
- Substance Abuse
- School-Based Health Clinics
- MCO Support Services-Outreach
- The Referral Form
- Lab and Radiology Referrals
- Dental Benefits for Children and Pregnant Women
- Dental Benefits for Adults 21 Years of Age and Older
- MPC Provider Complaint, Grievance and Appeals Processes
- 2009 Pediatric and Adult Immunization Schedule

Provider Licensure: The Provider shall maintain free and clear licensure, and shall report any changes in licensure status to Maryland Physicians Care's Provider Relations Department immediately upon receipt of notification of licensure status change.

Changes to Listing of Reportable Communicable Diseases: Addition of Melioidosis after Measles

MCO Support Services: MPC's outreach program focuses member education related to the importance of receiving health care from a single "medical home" (i.e., the primary care physician); reinforce with members the importance of preventive and wellness care; assisting members, when appropriate, to change at-risk behaviors that are adversely affecting their health status; and assisting members in scheduling and obtaining appropriate and timely preventive services.

Phone: 1.800.953.8854 follow the prompts. Fax: 1.866.648.1012.

The Referral Form: The Maryland Uniform Consultation and Referral Form may be used to support the referral process; however, this form is not required by MPC 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.

Laboratory Referrals: Enrollees are to be referred to a Participating free-standing Laboratory Provider for services not in PCP's/OBS's/PSP's contract. Referrals to Participating free-standing Lab Providers for medically necessary testing do not require prior authorization. **Referrals to non-contracted or hospital laboratories require prior authorization from MPC.**

Radiology: Enrollees are to be referred to a Participating (contracted) free-standing Radiology Providers for most radiology services that are performed as stand-alone procedures or in conjunction with other radiology or laboratory procedures. All radiology procedures should be performed in free-standing facilities where clinically appropriate and access to these facilities is readily available. The policy includes regional exceptions, and remains in effect for specific counties (Anne Arundel, Baltimore City, Baltimore, Calvert, Charles, Carroll, Frederick, Harford, Howard, Montgomery, Prince George's, and Washington counties). MPC recognizes service exceptions through the identification of some procedures that are most appropriately performed in a hospital outpatient setting, and includes a list of these procedures that will continue to be allowed in HSCRC regulated facilities. In addition to the list of exclusions, all radiology procedures will still be allowed in HSCRC facilities if either of these conditions is met.

1. The service is medically necessary to occur in a hospital setting and is pre-authorized
2. The service is provided on the same day and in conjunction with an authorized hospital outpatient procedure.

It is important to keep in mind that certain radiology services such as MRIs and PET Scans continue to require prior authorization place of service notwithstanding.

Dental Services for Children and Pregnant Women: These services are provided by the Maryland Healthy Smiles Dental Program, administered by -Doral Dental. Contact them at **1-888-696-9596** if you have questions about dental benefits.

Dental Services for Adults 21 years of age and older: Dental services listed below are available through Doral Dental, which may be contacted by calling 1-: **800-685-1150**.

MCO Provider Complaint Process: Maryland Physicians Care has an established process for registering and responding to provider complaints in a timely fashion, including standards for timeliness that recognize the need for expedited determinations in situations defined as emergent, urgent, or expedited. This process includes the notification to the provider of the determination, and the appeal process. Provider complaints may be considered either a grievance or an appeal.

MCO Provider Grievance Process: A provider grievance is an expression of dissatisfaction that is not regarding an action or adverse decision. Provider grievances may be considered emergent, urgent or administrative in accordance with the State-defined timeframes listed below. Emergent provider grievances are addressed within 24 hours of receipt, urgent provider grievances are addressed within 48 hours of receipt, and Administrative provider grievances are addressed within 30 days of receipt.

Maryland Physicians Care has a written grievance process whereby a provider who is dissatisfied with the MCO may seek resolution verbally by contacting Maryland Physicians Care's Provider Relations Department at 1-800-953-8854, Option 2, Option 3, via email

A SUMMARY OF CHANGES TO MPC'S HEALTHCHOICE PROVIDER MANUAL NOVEMBER 2009

MBU-Providers@marylandphysicianscare.com, or in writing to the attention of the Provider Relations Department at Maryland Physicians Care 509 Progress Drive, Suite 117, Linthicum, Maryland 21090.

MCO Provider Appeals: Maryland Physicians Care has a process regarding provider appeals as a request for a review of an action-related to claims denials. Appeals for service denials, reductions or terminations are considered member appeals and follow the MCO member appeal process. Maryland Physicians Care requires all provider appeals to be submitted in writing to the attention of The Appeals Department at Maryland Physicians Care 509 Progress Drive, Suite 117, Linthicum, Maryland 21090.

Timeframes related to the appeals process: Providers have 90 business days to file an appeal from the date of claim denial. MPC acknowledges provider written appeals within five business days of its receipt. Providers are allowed 30 days from the date of MPC's appeal determination to file one subsequent level of appeal for consideration. Second appeals must include additional information or documentation for consideration. MPC resolves appeals, within 90 business days of receipt of the initial appeal by MPC. Previously denied claims are paid within 30 days of the appeal decision date when a claim denial is overturned. We will not take any punitive action against a provider for utilizing our provider complaint process.