



Quarter 1 Provider Forum

March 5, 2020

AGENDA

I. Operations Update

- Maryland Department of Health ePREP update
- Provider Directory Accuracy

II. Pharmacy Update

- Website updates
- Benefit updates

III. Quality Improvement Update

- CAPHS survey
- EPSDT Medical Record Review
- Best practice highlights
- Outreach initiatives

MDH EPREP UPDATE

Effective **January 1, 2020**:

- Maryland Department of Health (MDH) requires all providers delivering services to Maryland Medicaid members to have an active enrollment status in the **electronic Provider Revalidation and Enrollment Portal (ePREP)** every 5 years.
- Claims system validates billing and rendering NPI against **weekly MDH file that is active when the claim is processed.**
- If billing or rendering NPI is not found on most recent file or does not have an active status, claim will deny with specific denial reason.

MDH EPREP UPDATE

Professional license verification in ePREP

- Providers are responsible for updating professional license information prior to license expiration in the ePREP portal.
- If a provider fails to update her professional license expiration date in ePREP, the provider's enrollment status will "suspend" and claims submitted by the provider will deny until the provider corrects the issue in ePREP.
- Explanation of payment will reflect the reason for claim denial specific to ePREP. Example: EX2N means "Rendering provider ID suspended MD Medicaid ePREP Enrollment- must review"
- The provider can resubmit claims for adjudication within timely filing guidelines (180 days from date of service) once her status has been updated.

MDH EPREP UPDATE

- MDH Website: mmcp.health.Maryland.gov/pages/ePREP.aspx
- ePREP Portal: <https://eprep.health.maryland.gov>
- ePREP Call Center 1-844-463-7768

PROVIDER DIRECTORY ACCURACY

- The Maryland Department of Health (MDH) engages in a broad range of activities to monitor network adequacy and access.
- Accurate online directories are key to ensuring members have access to accurate information about network providers. It is important that providers partner with Maryland Physicians Care (MPC) to ensure compliance with the standard set by MDH.
- MPC employs several processes to facilitate review and updating of provider directories
 - Lexis Nexis VerifyHCP® - Requests providers to verify and update information via web portal, email, fax, or phone call. Secure web portal developed in collaboration with the American Medical Association
 - Telephonic outreach- It is important that the person answering the phone validate the information as MDH's External Quality Review Organization (EQRO) surveys providers and assesses MCO's directory accuracy based on the outcome of the telephonic survey

PROVIDER DIRECTORY ACCURACY

- Important data elements besides address, phone number, and office hours
 - Languages spoken
 - ADA accessibility
 - Building
 - Exam rooms
 - Equipment
- Remember: The Provider Directory is your free advertising that allows members to search for a provider who meets their needs, including cultural and physical accessibility standards



Pharmacy Updates

Marlon Cooper, PharmD
Director of Pharmacy Services

DIRECTOR OF PHARMACY SERVICES

PHARMACY RESOURCES UPDATES

To enhance the utility of its health plan website, MPC continues to update its pharmacy webpages:

- **“Approved Drug Benefits”** page which provides:
 - Real-time formulary coverage information
 - Monthly formulary changes
 - OTC coverage
 - **Medication Clinical Review Policies**
 - **Provider Alerts (medication or therapy hot topics)**

- **“The Prior Authorization Process”** which directs medical office staff to:
 - Prior authorization information and resources
 - Reviewing entity for specific medication – **MPC Specialty Medication List**

PHARMACY PROCESS UPDATES

To enhance the responsiveness regarding medications prior authorization requests, MPC has implemented two communication documents:

- **“Acknowledgement Fax”** which acts as a feedback communication informing medication authorization requestors that the sent request was indeed received.
- **“The Request for Additional Information Fax”** which informs the medication authorization requestors about missing information needed to complete a prior authorization review.

PHARMACY CLINICAL UPDATES

The following are clinical updates evaluating drug utilization review process:

The Provider Opioid Letter

- Is designed to educate providers about the risk associated with prescribing opioid prescriptions with a dosage of ≥ 90 morphine milligram equivalents (MME)/day.

HIV Medication Carve-In

- As of January 1, 2020, MPC became responsible for processing HIV medication therapy for its membership. All member remaining on the same regimen for the 180-day period will be able to get medications without disruption. New member and new regimens may require prior approval. **New Quick Reference HIV Drug Chart.**

PHARMACY BENEFIT UPDATE

HIV Medication Carve-In

As of January 1, 2020, all MPC became responsible for providing and managing HIV medication therapy for its membership as part of the **MCO's pharmacy benefit** according to the Maryland Department of Health (MDH). The class of medications

- A comprehensive transition work plan is being executed minimal disruption with the transfer of benefit
- Claims for HIV medications will be processed without interruption for the first 180 days of 2020.
- Members new to therapy or changes to current therapy regimens may be impacted by established clinical criteria for prior authorization
- No copays will be charged for medications under this new plan benefit



Quality Improvement/HEDIS Outreach

CAHPS SURVEY OVERVIEW



WHAT IS CAHPS?

Consumer Assessment of Healthcare Providers and Systems



- Annual Member Satisfaction survey
 - Now in progress! Survey window is February – June
 - Offered via mail and phone; English and Spanish
 - Conducted by an NCQA certified vendor contracted by the state



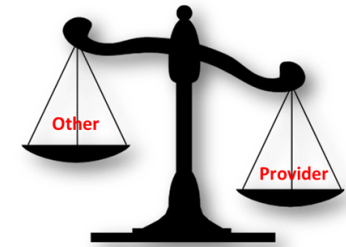
- Members rate their experience
 - Health Care
 - Health Plan



- Results are published in July with full reports in the Fall
 - Able to benchmark and compare rates regionally and nationally
 - Provider-specific results are not available
 - Continuous action plans in place to improve member experience

CAHPS - PROVIDER RELATED ELEMENTS

- Member experience with Providers and Office staff is heavily weighted in CAHPS



Provider Network/Engagement	Operations (Call Center, Claims, Grievances & Appeals)	Medical Management (Authorizations, Care Management)	Marketing	Pharmacy
Annual Flu Vaccine Rating of Health Care Rating of Personal Doctor Rating of Specialist Rating of Health Plan Getting Needed Care Getting Care Quickly Care Coordination Health Promotion Customer Service Rating of Drug Plan Getting Needed RX Drugs	Annual Flu Vaccine Rating of Health Plan Getting Needed Care Getting Care Quickly Health Promotion Customer Service Rating of Drug Plan Getting Needed RX Drugs Access to information Plan Administration	Annual Flu Vaccine Rating of Health Care Rating of Health Plan Getting Needed Care Care Coordination Health Promotion Customer Service Rating of Drug Plan Getting Needed RX Drugs Access to Information	Annual Flu Vaccine Rating of Health Care Rating of Health Plan Getting Care Quickly Health Promotion Customer Service Rating of Drug Plan Access to Information Plan Administration	Annual Flu Vaccine Rating of Health Care Rating of Health Plan Health Promotion Customer Service Rating of Drug Plan Getting Needed RX Drugs

SAMPLE QUESTIONS

Getting Appointments and Care Quickly

Questions	Response Options
In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you thought you needed?	Never, Sometimes, Usually, Always
In the last 6 months, how often did you get an appointment for as <u>check-up or routine care</u> as soon as you needed?	Never, Sometimes, Usually, Always
Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see <u>within 15 minutes</u> of your appointment time?	Never, Sometimes, Usually, Always

Getting Needed Care

In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	Never, Sometimes, Usually, Always, Someone else made my specialist appointments for me
In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always

Health Plan Customer Service

In the last 6 months, how often did your health plan's customer service give <u>you the information or help you needed</u> ?	Never, Sometimes, Usually, Always
In the last 6 months, how often did your health plan's customer service staff <u>treat you with courtesy and respect</u> ?	Never, Sometimes, Usually, Always
In the last 6 months, how often were the forms from your health plan <u>easy to fill out</u> ?	Never, Sometimes, Usually, Always

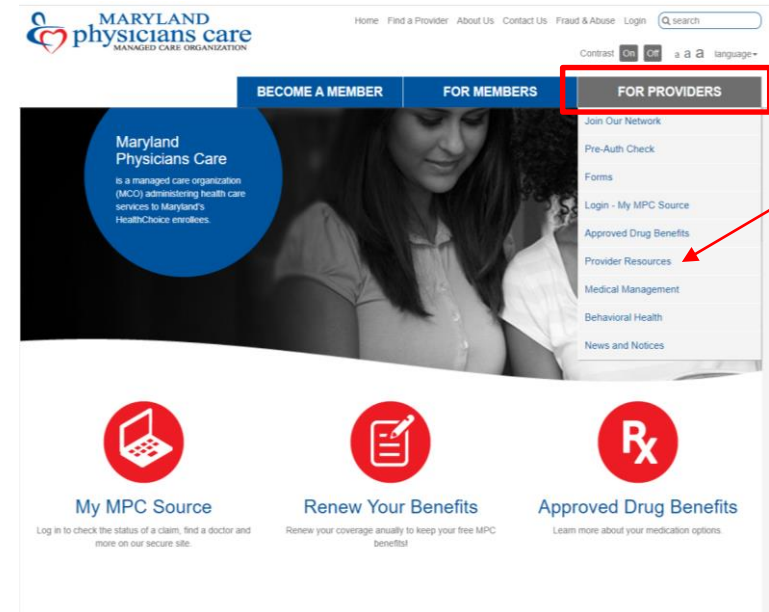
Customer Service Provided at the point of care impacts this rating!



RESOURCES

- CAHPS survey results along with other valuable Provider resources are made available on MPC's website.

- ✓ View CAHPS Results & Quality Program Goals/Accomplishments
 - ✓ <https://www.marylandphysicianscare.com/providers/medical-management/quality-management.html>
- ✓ Provider Manual
 - ✓ Appointment Access Standards
- ✓ Provider Newsletters
- ✓ Provider Practice Guidelines
- ✓ HEDIS TIP Materials
- ✓ Clinical Policies—Appeals, Prior Auth, etc



<https://www.marylandphysicianscare.com/>

EPSDT MEDICAL RECORD REVIEW



- ✓ Annual Medical Record Review conducted by MDH’s External Quality Review Organization
- ✓ Members under 21yo who had at least 1 preventive visit are sampled
- ✓ Assesses documentation of age appropriate screenings per the EPSDT/Healthy Kids periodicity schedule
- ✓ 80% compliance (minimum) required in 5 areas

Results reported in Nov 2019

Components	CY 2017	CY 2018
Health and Developmental History	91%	92% ↑
Comprehensive Physical Exam	93%	96% ↑
Laboratory Tests/At-Risk Screenings	82%	85% ↑
Immunizations	86%	93% ↑
Health Education/Anticipatory Guidance	91%	91%
Composite Score	88%	93% ↑

EPSDT LABORATORY / AT-RISK SCREENINGS

Table I-3. CY 2016 through CY 2018 Laboratory Tests/At-Risk Screenings Element Scores

Summary

- Aggregate score 85% (goal met)
- YOY Improvement in 12/13 elements
- 4 Areas of Opportunities

	Laboratory Tests/ At-Risk Screenings Elements	MPC Score Jan – Dec 2016	MPC Score Jan – Dec 2017	MPC Score Jan – Dec 2018	HealthChoice Aggregate Score Jan – Dec 2018
➔	Newborn Metabolic Screen	<u>63%</u>	100%	86%	83%
	Recorded TB Risk Assessment ³	<u>79%</u>	81%	85%	86%
	Recorded Cholesterol Risk Assessment	81%	83%	85%	86%
➔	Dyslipidemia Lab Test ¹	N/A	<u>35%</u>	<u>64%</u>	<u>78%</u>
	Conducted Lead Risk Assessment	91%	92%	94%	93%
	12 Month Blood Lead Test	<u>70%</u>	80%	100%	98%
	24 Month Blood Lead Test	<u>68%</u>	82%	100%	94%
	3 – 5 Year (Baseline) Blood Lead Test	86%	<u>76%</u>	90%	93%
	Referral to Lab for Blood Lead Test	90%	<u>77%</u>	89%	90%
➔	Conducted Anemia Risk Assessment ¹	N/A	<u>52%</u>	<u>77%</u>	<u>79%</u>
	Anemia Test ²	N/A	<u>74%</u>	87%	87%
	Recorded STI/HIV Risk Assessment ¹	N/A	<u>78%</u>	84%	86%
➔	HIV Test Per Schedule ⁴	N/A	N/A	<u>31%</u>	<u>52%</u>

Underlined element scores denote scores below the 80% minimum compliance requirement.

¹CY 2016 scores not applicable; element criteria revised and scored baseline in CY 2017.

²New element scored as baseline in CY 2017.

³CY 2016 and CY 2017 scores not applicable; element criteria revised and scored as baseline in 2018 and 2019.

⁴New element scored as baseline in 2018.

GUIDELINE REVIEW:



Opportunities to Improve

- A second newborn metabolic screen (lab test) by 8 weeks of age.
- Dyslipidemia lab test results at 9-11 and 18-21 years of age.
- Anemia risk assessment annually beginning at 11 years of age.

Keep up the Good Work!

- Anemia test results at 1, 2, and 3-5 years of age.
- Tuberculosis risk assessment annually beginning at 1 month of age.
- Cholesterol risk assessment annually beginning at 2 years of age.
- STI/HIV risk assessment annually beginning at 11 years of age.

EPSDT LEAD RISK ASSESSMENT & TESTING

GUIDELINE REVIEW:

- Lead risk assessment (questionnaire)
 - Every well visit from 6 mos through 6 yrs of age
- Blood lead test at 12 and 24 months of age (routine)
 - Sooner is positive or at risk



HEDIS and State Lead Screening Measure Outcomes

Lead Measures	2017	2018
HEDIS Lead Screening	74.70%	80.06%
MDH Lead Screening	56.70%	55.60%

The state lead measure is more time sensitive



How can we improve the timeliness of Lead Testing rates for optimal member outcomes & improved performance?

BEST PRACTICE HIGHLIGHTS



A MESSAGE FROM DR. CYD CAMPBELL



Dr. Cyd P. Campbell, MD

- Sr. Medical Director with Maryland Physicians Care MCO
- Board Certified Pediatrician
- Subspecializing in Behavioral and Developmental Pediatrics.

She asked participating providers:

- What are you doing in your practice to improve timeliness of 12 month lead testing outcomes?

BEST PRACTICE HIGHLIGHTS

- Use the Risk Assessment Questionnaires
 - Start at the 6 month visit
 - Earlier in higher risk areas
 - Perform blood lead testing immediately if “at risk”
 - Don’t wait until 1 year old well visit for members with positive risk assessments
- Use the 9 month visit to discuss the importance of lead testing & order testing
 - Less vaccines and services at the 9 month visit than the 12 month visit
 - Test results available for review at the 12 month visit
 - If test was not completed by 12 month, provides opportunity to
 - Assess barriers to compliance
 - Reinforce importance / risks of lead poisoning
 - Consider contacting MPC for advanced outreach or home based specimen collection

RESOURCES

- <http://mmcp.dhmh.Maryland.gov/epsdt>
- <https://brightfutures.aap.org/Pages/default.aspx>
- www.marylandphysicianscare.com/providers



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Bright Futures™

prevention and health promotion for infants,
children, adolescents, and their families™

For more information about MPC's Quality Program or make member referrals to our Special Needs Coordinator, call Provider Services at 1-800-953-8854

HEDIS AND VALUE-BASED PURCHASING OUTREACH INITIATIVES



VALUE-BASED PURCHASING 2020

Value-based purchasing is a Pay for Performance Model of care. The state of Maryland uses HEDIS measures as well a custom measure to monitor the performances of the Maryland Medicaid MCO's

2020 VBP Measure	2019 Benchmarks		2020 Benchmarks		Variance from 2019 to 2020	
	Neutral	Incentive	Neutral	Incentive	Neutral	Incentive
Adolescent Well Care	68%	73%	66%	72%	↓2%	↓1%
SSI Adult	84%	87%	84%	87%	No change	No Change
SSI Child	84%	87%	84%	87%	No change	No change
Asthma Medication Ratio	66%	72%	66%	71%	No change	↓1%
Breast Cancer Screening	70%	75%	70%	74%	No change	↓1%
CDC - HbA1c Control (<8%)	57%	64%	54%	62%	↓3%	↓2%
Controlling High Blood Pressure	63%	69%	60%	66%	↓3%	↓3%
Lead Screening	66%	71%	66%	72%	No change	↑1%
Well Child Visits- 1 st 15 months of life (6+ visits)	71%	76%	71%	76%	No change	No change

VALUE-BASED PURCHASING

Information reflects NCQA HEDIS 2019 Technical Specification and is used only as a reference to assist in improving your practice's HEDIS/VBP rates

Measure	Requirement	CPT
Adolescent Well-Care ages 12-21 (AWC)	Members must complete one comprehensive visit per year.	99384, 99385, 99394, 99395
Well-child visit first 15 months of life (W15)	Members must have 6+ well visits by age 15 months	99381, 99382, 99391, 99392, 99461
Breast Cancer Screening (BCS)	Women 50-74 need to complete one mammogram in the past 27 months. Exclusion: Bilateral Mastectomy	77055-77057, 77061-77063, 77065-77067
Lead Screening	All members born in 2019 (not based on risk), must complete a lead test before the end of 2020 . Testing can occur as early as 9 months of age	Only one code will meet compliance 83655
SSI Child- Birth to age 20 SSI Adult- 21-64	All members receiving Social Security Income should complete at least one Ambulatory Care Visit with PCP. This can be sick or well. No substance abuse, ED visits count	Any Ambulatory Care visit code or well visit code. Also Urgent Care S9083, S9088
Asthma Medication Ratio	Members must fill maintenance medication at least .05 to rescue inhalers	Pharmacy claim based
HbA1c Control	The last reading in the measurement year must have value of <8	Lab based
Controlling High Blood Pressure	Based on last blood pressure reading of the year. Reading must be less than can not equal 140/90	

MPC INTERVENTIONS

Interventions	Details
Text messaging/letter/calls	Multi-modal communication platform to engage membership into care
AWC Raffles	Providing Quarterly raffles for members who complete well visit. DOS January-May= Six flag tickets with transportation DOS June-September=Raven's Raffle DOS- October-Dec 15 th - \$500.00 Gift card
Home Visits	Alegis will provide home visits to unengaged members for SSI Adult, Lead, and HbA1c testing. Coverage areas: Baltimore/Central MD, PG and Montgomery Counties
Remote Access Scheduling- Providers who grant MPC remote access scheduling	MPC will provide targeted outreach for Value-based purchasing Gaps in Care. Outreach includes telephonic/text/calls and scheduling directly to PCP office.
Clinic Days	MPC works with participating radiology, ophthalmologist, libraries to host small events (20-50 members) to close gaps in care for a specified measure. Members who attend will receive round trip transportation and a gift card. BCS=\$100.00 VISA card Lead/HbA1c/SSI Adult/Child= \$75.00 Visa Card
Health Fairs	Large events (200-400 members) that include external stakeholders: Health Departments, providers, and community resource vendors. Goal is to close gaps in care, provide health education and address socio-economic disparities

MPC HEALTH FAIR EVENT

- Location: Eastpoint Mall by the food court
- Date: April 3rd : 9:30am-3pm
- Closing Gaps for HbA1c, lead, SSI assessments, Diabetic eye exams. Members who attend receive round trip transportation and a \$75.00 Visa
300+ members are scheduled

Target population: Baltimore City/County

- Addressing Social/Economic disparities: Vendors include Social Services, WIC, Share agencies, ACCU, and more
- Addressing Access to Care for PCP provider attendance to provide meet and greet our members: Total Health Care, BMS, Seth Deepak, and Life Bridge

For more information please contact Quality HEDIS Outreach Manager:
Sammi Turner: Sturner@mci-mcmi.com; 410-412-8287

CLINIC DAY

Measure	Location	March	Date	Time
BCS	Advanced Radiology (Dundalk)		Thursday 3/12	1p – 4p
BCS	American Radiology (Fleet St)		Saturday 3/28	9a – 1p
April				
Lead/HbA1c/SSI	Eastpoint Mall Health Fair		Friday 4/3	9:00 – 4P
BCS	Seton Imaging		Saturday 4/4	9a – 1P
BCS	Diagnostic Imaging (Washington Co)		Tuesday 4/7	3:30p – 6:30p
BCS	American Radiology (Fleet St)		Saturday 4/25	9a – 1p
Lead	Adventure Dental (Pratt St)		Tuesday 4/28	9a – 1p
May				
Lead	Adventure Dental (Essex)		Tuesday 5/5	9a – 1p
BCS	Advanced Radiology (Dundalk)		Thursday 5/7	1p – 4p
Lead/HbA1c	Urbana Regional Library (Frederick)		Friday 5/8	10a – 1:30p
BCS	Seton Imaging		Saturday 5/9	9a – 1P
BCS	JH White Marsh		Tuesday 5/19	1p – 4p
BCS	American Radiology (Fleet St)		Saturday 5/30	9a – 1p
June				
BCS	Diagnostic Imaging (Washington Co)		Tuesday 6/2	3:30p – 7:30p
BCS	Seton Imaging		Saturday 6/13	9a – 1p
Lead	Adventure Dental (Landover Hills)		Wednesday 6/17	9a – 1p
BCS	American Radiology (Fleet St)		Saturday 6/27	9a – 1p

All members who attend a clinic day receive round trip transportation

HbA1c/Lead/SSI receive a \$75.00 Visa card BCS receive \$100 Visa cards provided day of clinic

Contact for Clinic days:

Mary Sisson-Collier 410-412-8284 Beanie Furr – 410-412-8285 Barb Koonz – 410-412-8283

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