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Managing Complex Care

Members with high-risk, complex, or catastrophic conditions, including asthma, diabetes, sickle cell disease, HIV or AIDS and congestive heart failure, often have difficulty facilitating care on their own. A Maryland Physicians Care care manager may be able to help. Care managers are advocates, coordinators, organizers, and communicators. They are trained nurses and practitioners who promote quality and cost-effective outcomes by supporting you and your staff, as well as your patients and their caregivers. A care manager connects the Maryland Physicians Care member with the healthcare team by providing a communication link between the member, his or her primary care physician, the member's family, and other healthcare providers, such as physical therapists and specialty physicians. Care managers help members understand the benefits of following a treatment plan and the consequences of not following the plan outlined by the physician.

Our team is here to help your team with:

- Noncompliant members
- New diagnoses
- Complex multiple comorbidities

Providers may make a referral by contacting our Special Needs Coordinator at phone 443-713-4650, 410-938-7625, fax 844-284-7698, or email at <u>MBU-MDMedicaidSpecialNeeds@marylandphysicianscare.com</u>



Adolescent Care



Adolescence is an important time in development. The Maryland Health Kids Preventative Health Schedule recommends annual checkups for children ages 12-20, as well as additional milestones at 11, 12, and 15 years.

Adolescent Immunizations

According to the Healthy Kids Recommended Childhood

Immunization Schedule, children should receive Tdap and Meningococcal vaccinations before age 13. It is also now recommended that all children, regardless of sex or gender, receive the HPV vaccination before age 13. The figure below describes the immunization rate among MPC members at their 13th birthday; fewer than half those vaccinated with both Tdap and MCV4 also receive the HPV vaccine.



Sexually Transmitted Diseases

While HPV is preventable with a vaccine, we know that other Sexually Transmitted Infections are not. In 2019, treatment for Sexually Transmitted Infection accounted for four of the top 10 most common claims among the Maryland Physicians Care adolescent population. Maryland Healthy Kids recommends annual STI screening beginning at age 11 and an HIV test at age 15. If patients report sexual activity, it is even more important to complete these screenings.

In Maryland, the <u>incidence of Chlamydia, Gonorrhea, and Syphilis</u> have been steadily increasing since 2010, and are most common in adolescents and young adults.

Source: Pages 3, 8, 14, 20 of MDH 2018 Annual Report

Provider Talking Points

Discussing sex, Sexually Transmitted Infections, or sexual and reproductive health with minors is challenging and delicate. The Maryland Department of Health has compiled a <u>list of resources</u> to help providers with these important conversations.



Maryland Healthy Kids Program / EPSDT



In Maryland, the preventative care component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is known as the Health Kids Program. These health care services allow for early identification and treatment of health problems before they become medically complex and costly to treat.

The Maryland Healthy Kids Program is developed by the Maryland Department of Health in conjunction with other State departments and closely correlates the American Academy of Pediatrics Periodicity Schedule. Full Healthy Kids Program information can be found on the <u>Maryland Department of Health</u> <u>Website</u>.

Infancy and Early Childhood

The Maryland Healthy Kids <u>Preventative Health Schedule</u> recommends regular checkups in infancy and early childhood, complete immunization series, and lead screening at 12 and 24 months. Be sure patients have:

- At least six visits before the 15th month of life
- Completed immunizations, as shown in the Recommended <u>Childhood Immunization Schedule</u>
- Lead screening in the second year of life (12-23 months)

Lead Screening

In March 2016, Maryland implemented the Lead-Free Maryland Kids campaign and updated clinical guidelines on blood lead testing for children. Previous guidelines identified certain zip codes and members with Healthy Choice as 'high risk'. The 2016 Maryland Department of Health updated guidelines now list ALL zip codes as 'high risk'. Current guidelines include routine blood lead testing for ALL children at 12 and 24 months, regardless of residence or health care coverage. The guidelines also include completion of a lead screening risk assessment (questionnaire) for all children at each well visit interval between ages 6 months through 6 years of age with earlier or additional testing as indicated.

Maryland Healthy Kids Program / EPSDT (cont.)

Lead Screening Disparities in Maryland

Geographic Variation

The table below shows the blood lead testing disparities by Maryland County. Calvert, Dorchester, St. Mary's, Washington, and Wicomico Counties are in the bottom quartile of testing State-wide.

Race Disparities

Race disparities exist in blood lead testing as well as in the rates of elevated blood lead levels. While our data are incomplete, evidence in testing disparities by race exists. Across Maryland, 56.9% of children received a blood lead test in their second year of life. African American/Black children were almost nine percent (9%) less likely to have received a blood lead test in their second year of life than White counterparts, despite the fact that African American children are <u>at higher risk for lead exposure</u>.



Provider Talking Points

Primary Care Providers are the greatest influence in a caretaker's decisions regarding the care of their children. It is important to remind parents and guardians that:

- No amount of blood lead is safe
- · Lead is found in all areas of Maryland, from many different sources
- A blood lead test is the only sure way to know whether a child has been exposed to lead
- All Maryland Children should have a blood lead test at 12 and 24 months or earlier based on lead risk assessment.

Call to Action: Point of Care Testing

The likelihood of getting a blood lead test is much higher when providers use POC testing. POC Testing provides:

- The convenience of in-office testing
- The ability to provide immediate feedback, and
- The ability to perform a capillary blood draw, rather than a venous sample

What are the advantages of point of care lead testing?

POC lead testing saves the patient and provider time, shortens the time needed to get a test result back to the patient, and eliminates the need for subsequent follow-up visits. More importantly, it increases the likelihood that a test is carried out as the patient does not need to go to a lab for additional services. For many practices it is easily incorporated into the child's well-child visit with minimal effort. Perform the test, get the results, and discuss results all in one visit!

Prior Authorization Request Process

The MPC website has a Pre-Authorization Check tool to assist in determining if your requested service requires prior authorization. In

addition, any request for elective inpatient admission and all nonparticipating providers must also obtain prior authorization before rendering any service other than emergency and self-referral services.

Both InterQual guidelines and Centene Clinical Policies are used to evaluate each request. Per COMAR, the state-mandated turnaround time is two business days when all the appropriate clinical information has been received. If the request is not submitted with the appropriate clinical information, the state-mandated turnaround time is increased to 14 calendar days.

If the submitted information meets guidelines, then the request can be processed. All requests that do not appear to meet the guidelines are referred to a second review by the medical director. When a request is not authorized, the rationale for the denial is sent to the requesting provider as well as the member. Please refer to the denial letter for the peer-to-peer and appeals processes.

Concurrent Review Process

Services that require concurrent review include, but are not limited to, those provided in acute facilities, rehabilitation facilities, and skilled nursing facilities.

Notification of admission to an acute hospital must be made within one business day of the admission. Clinical information to support the inpatient admission must be submitted within 24 hours of the notification. Concurrent review nurses utilize InterQual guidelines to review for medical necessity.

If the information provided meets guidelines then the request can be processed. All requests that do not appear to meet the guidelines are referred to a second review by the medical director. Please refer to our website for further information at MarylandPhysiciansCare.com.

Preventing Fraud and Abuse

Fraud and abuse occur when someone gives false information to receive health care benefits and/or services. Fraud and abuse are against the law. If you think a doctor, dentist, pharmacist at a drug store, or a person getting benefits is doing something wrong, you can report it. You don't need to give us your name or contact information when you report it. But if you do, we'll keep it confidential. You can also choose to give us just your contact information and not your name.

Examples of fraud or abuse include:

- · Getting paid for services that were not given or needed
- · Under-reporting resources and assets, such as bank account, stocks, bonds, home property
- Falsely reporting household income
- Not living in Maryland
- Selling prescription medications
- Making changes to a written prescription

Please use the <u>form on the Maryland Physicians Care website</u> to report suspected fraud or abuse of services paid for by Maryland Physicians Care.

How to Contact Utilization Management (UM)

To speak with someone from the UM Department please call, 1 800 953 8854, then follow the prompts. Staff are available at least eight (8) hours a day during normal business hours for inbound collect or toll-free calls regarding utilization management issues. Staff can receive inbound communication regarding UM issues after normal business hours by fax to 877-535-0591 or phone 1-800-953-8854, and following prompts to Authorization/Concurrent review and leaving a voice message. Communications received after normal business hours are returned the next business day. Communications after midnight M-F are returned the same business day. Maryland Physicians Care TDD/ TTY (Telecommunications Device for the Deaf/TeleTypewriter) services are provided for members who need this service at 1-800-735-2258. Language assistance is also available, free of charge, for members to discuss utilization management issues.

MPC requires utilization management staff to identify themselves by name, title and organization name; and upon request, verbally informs member; facility personnel; the attending physician and other ordering practitioners/providers of specific utilization management requirements and procedures.

Visit our Website

Find information on:

- Quality improvement program
- Case management program
- Disease management program
- Clinical practice guidelines
- Utilization management, including decision-making criteria, affirmative statement and staff availability
- Pharmacy and prescription drug management
- Benefits and coverage
- · Member rights and responsibilities
- Protected health information use and disclosure
- Member handbook
- Provider directory

If you do not have internet service, you can reach us by phone (numbers listed in "Who to Call") for more information.

Who to Call

Provider Services (claims status, network participation, member elibility, etc.): 1-800-953-8854

Member Services (benefits, ID cards, appeals, PCP changes, etc.): 1-800-953-8854

DentaQuest (adults only): 1-800-685-1150

Healthy Smiles Dental Services: 1-855-934-9812

Public Mental Health Services: 1-800-888-1965

Superior Vision: 1-800-428-8789

Utilization Management (UM): 1-800-953-8854 follow prompts to UM

Case Management/ Disease Management: 1-800-953-8854

Health Education Requests: 1-800-953-8854

Self-Service Options Available

There are many time-saving self-service options available to providers. These tools are especially helpful during this COVID-19 pandemic. Many of our providers have office staff working remotely. Be sure you are registered to use the <u>secure online web portal</u>:

- Easily check patient eligibility
- · View, manage, and download your patient list
- · View, submit, and adjust claims
- · View and submit service authorizations
- · Communicate with us through secure messaging
- Maintain multiple providers on one account
- · Control website access for your office
- View historical patient health records
- · Submit assessments to provide better patient care
- Update provider demographic data

Other Provider Resources Available on the MPC website:

- · Coronavirus (COVID-19) updates
- Provider Billing Guidance
- Claims and Appeals Processing Instructions
- Electronic Funds Transfer guidance
- · Operational updates

COVID-19 Update

Maryland Physicians Care (MPC) continues to work closely with the Maryland Department of Health (MDH) in addition to other government authorities to serve and protect patients during the COVID-19 outbreak.

Important COVID-19 billing guidance updates are now available on our website. Please review these changes and visit the Maryland Physicians Care website often for regular updates.

Coronavirus Disease 2019 (COVID-19) and Childhood Vaccinations

During the COVID-19 pandemic, parents have kept their children home to keep them safe. During this time many children have not had well-child visits or received their recommended vaccinations to protect them from childhood diseases like measles, chickenpox and others. It is very important to get vaccinations back on track. Remind parents they can view immunization records at <u>http://MD.MyIR.net</u> and schedule an appointment to get their children up to date on vaccinations.

Here is a link to a <u>short video from the Maryland Department of Health</u> for additional information.