The informed patient

Maryland Physicians Care strives to educate our members about their health and encourage them to be active participants in their medical care. To that end, we ask them to prepare for their visits with their primary care provider or specialist by writing down all of their health concerns and thinking about any questions they may have. We suggest that they come prepared to ask and understand the answers to at least three questions:

1. What is my main health problem?
2. What do I need to do?
3. Why is it important for me to do this?

As a provider, we ask you to think about what information you would want to know if you were in your patient’s shoes. As you share this information, make sure you use words that he or she will understand. Check in with the patient frequently to ensure that they understand your explanation. They may be too embarrassed to tell you that they do not understand.

It is a good idea to ask them to repeat back to you the points that are vital to their health. Having an understanding of their health condition and your instructions will allow patients to take better care of their health and you to take better care of them.

As active and involved members of their health care team, you and your patients are more likely to score a big win.

Treatment from specialty providers

A specialist (or specialty care provider) is a doctor who has completed advanced education and clinical training in a specific area of medicine. Specialty care is the health care service provided by the specialist. Some special health needs may require that you send your patient to see a specialist as part of their regular medical care.

Although a written referral form is not required for our members to visit a specialist, it is imperative that the primary care provider (PCP) coordinates all services to visit the provider and documents the same in the member’s medical records. Upon completion of the visit, the specialist is then required to ensure that a copy of the medical notes is delivered to the referring provider as well as the member’s PCP.

If you have any questions, please call Maryland Physicians Care’s Member Services Department at 1-800-953-8854.
Free IM flu vaccine and flu mist is available at the retail pharmacy for members age 19 and above. We expect this to have gone into effect about Oct. 1, 2015.

What is HEDIS?

HEDIS is a tool created by the National Committee for Quality Assurance (NCQA) to collect data about the quality of care and services provided by health plans. NCQA prescribes rigorous methodologies that all health plans must follow for identifying relevant populations/samples, collecting data and reporting outcomes. Because all health plans use the same methodologies and reporting mechanisms, purchasers are able to use fair comparisons when making decisions about their health plans and health care. The project is conducted on an annual basis beginning in January.

HEDIS consists of a set of performance measures that demonstrate how well a health plan is performing in key areas: quality of care, access to care, and member satisfaction with the health plan and doctors.

Medical record data collection process

We expect to begin the review in January and continue through May. The charts we will review are selected at random. Once the charts are selected, a nurse from Maryland Physicians Care (MPC) will contact you to make arrangements to review your charts. The nurse will send you a list of names and measures for review during the on-site visit. During these reviews, we will need to collect small portions of selected medical records that include the relevant information. For a small number of records, we may request that member documentation be faxed to the MPC office in lieu of an office visit.

Our members’ personal health information is kept confidential, and our staff will adhere to all HIPAA laws. Provider and member information will not be presented in any identifiable way. Your contract with MPC provides for the release of medical record information for quality improvement efforts. Please update your staff regarding the 2015 medical record review and encourage them to cooperate.

We thank you in advance for extending this professional courtesy and collaborating with us. As always, we are grateful for your partnership in improving the health of individuals and families in the communities we serve.

If you have questions or concerns about this process, please contact:

Maria Cummings, MSN, RN
Health Care QM Project Manager
Phone: 1-410-401-9497
Email: maria.cummings@marylandphysicianscare.com

www.facebook.com/marylandphysicianscare
Early periodic screening diagnosis and treatment (EPSDT)

The Maryland Healthy Kids Program must certify all primary care providers who plan to serve Medicaid/MCHP children younger than 21 years of age, even if the provider does not contract directly with Medicaid.

The certification process is simple. A nurse from the Healthy Kids Program will come to your office and conduct a site review. After the review, you will receive valuable feedback as to the missed screening opportunities, your office immunization rates or missed opportunities for developmental assessments. This feedback allows for improvement in the quality of care, thereby improving the health of our children.

Ongoing screening of children ensures that we can address the ongoing potentially devastating physical or developmental problems that occur in childhood. Early detection of problems allows time to intervene and improve outcomes.

Developmental screening—particularly for speech and language deficits at the time of the well visits—is important. The use of objective tools is important: ASQ (Ages and Stages Questionnaire) or PEDS (Parents’ Evaluation of Developmental Status) or MCHAT (autism screening tool) will assist providers in knowing where and when to refer for additional services.

Other early critical screening includes testing for lead and anemia.

Dental screening allows providers to address issues of caries and cavities and allow for appropriate early referrals.

Screening adolescents for high-risk behaviors and depression allows us to provide the necessary anticipatory guidance.

Evaluations of immunization records at all visits, both sick and well, allow for catch-up immunization to be done.

Visit our website for an EPSDT certification application: www.marylandphysicianscare.com/assets/pdf/providers/forms/epsdt%20healthy%20kids%20certification%20application.pdf.

Review medications at every visit

It is important to review medication usage during each visit to make sure your patients are both filling and taking what has been prescribed in the manner that you intended. It is helpful to have them bring their bottles in for each visit and to perform a visual inspection to see if the labels have a current fill day and that the appropriate numbers of pills are left. A review of pharmacy claims history for our members reveals that many are not picking up their routine medications on a monthly basis. Take time to ask and provide the necessary education to encourage better medication adherence.
Hours of operation
A practitioner’s office hours cannot be less for Medicaid than for non-Medicaid members. If you only serve Medicaid members, hours offered to Managed Care Organization members must be comparable to those for Medicaid Fee-For-Service members.

AAP guidelines: RSV prophylaxis, prior authorization

By Nina F. Miles Everett, MD, FACP

As respiratory syncytial virus (RSV) season approaches, Maryland Physicians Care (MPC) would like to remind you about the updated American Academy of Pediatrics (AAP) guidelines on RSV prophylaxis and the prior authorization process for palivizumab (Synagis). (See the chart on page 5.)

In 2014, the AAP published a policy statement and technical report, “Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection.”

The AAP recommends that children who are in these high-risk groups receive monthly Synagis injections during the RSV season, which occurs between November and March. This year MPC will follow Department of Health and Mental Hygiene guidelines and approve palivizumab for administration between Nov. 1 and March 31. You will only need to obtain prior authorization (PA) once for the entire season.

MPC uses CVS Caremark as its specialty pharmacy. Many practices work directly with CVS Caremark, which can facilitate the processing of your request and delivery of the medication. CVS Caremark will help you gather the appropriate clinical information and submit it to MPC on your behalf. Please fax the PA request form along with clinical notes and/or the NICU discharge summary to CVS Caremark Specialty Pharmacy at 1-800-323-2445. This information should be legible and document how your patient meets the updated AAP guidelines for Synagis. If your request is for a child who meets criteria for second season dosing, it is essential that supporting clinical documentation be included. Supporting documentation must accompany your request.

Once your request has been received by the plan, CVS Caremark will receive a fax notification within two business days if it has been approved. If additional information is required for review, we will reach out to CVS Caremark to request additional supporting clinical information and process the request within seven calendar days of our receipt. CVS Caremark has a dedicated phone line to assist providers with requests for Synagis. That number is 1-800-237-2767.

MPC appreciates all of your work with our members and requests that you screen your pediatric population and immunize all who would benefit from this lifesaving prophylactic treatment.
<table>
<thead>
<tr>
<th>High-risk groups</th>
<th>2015 recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm infants <strong>without</strong> chronic lung disease (CLD)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>• Gestational age (GA) &lt;29 weeks, 0 days AND 12 months of age at the start of RSV season</td>
</tr>
<tr>
<td>Preterm infants <strong>with</strong> chronic lung disease (CLD)</td>
<td>• Gestational age (GA) &lt;32 weeks, 0 days AND ≤12 months of age at the start of RSV season</td>
</tr>
</tbody>
</table>

**Definition for CLD:**
Has required &gt;21 percent oxygen for at least 28 days after birth
**OR**
24 months of age at the start of RSV season AND continues to require medical support (e.g., supplemental oxygen, chronic systemic corticosteroid therapy, diuretic therapy or bronchodilator therapy) within six months of the start of RSV season

| Infants with hemodynamically significant congenital heart disease<sup>2</sup> | • 24 months of age AND has undergone cardiac transplantation during RSV season AND ≤12 months of age at the start of RSV season |
| Neuromuscular disorder | ≤12 months of age AND Diagnosis of neuromuscular disease or congenital anomaly that impairs ability to clear secretions from the upper airway because of ineffective cough |
| Immunocompromised children | ≤24 months of age at the start of RSV season AND Child is profoundly immunocompromised during RSV season<sup>6</sup> |

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<sup>1</sup> **Chronic lung disease (CLD)** as defined by the 2012 American Academy of Pediatrics AAP Red Book. Children who have required medical therapy (supplemental oxygen, bronchodilator, diuretic or corticosteroids) for the CLD within six months of the start of RSV season.

CLD does NOT include children who used initial supplemental oxygen in the hospital who were weaned to room air prior to hospital discharge and does not include children with a diagnosis of asthma.

<sup>2</sup> **Hemodynamically significant congenital heart disease (CHD)** includes children who are receiving medications to control congestive heart failure, have moderate to severe pulmonary hypertension, or have cyanotic congenital heart disease.

CHD does NOT include children who have hemodynamically insignificant heart disease, who have had cardiac lesions already adequately corrected by surgery, and infants with mild cardiomyopathy who are not receiving any medical therapy for the condition.

The full report is available in the August 2015 issue of *Pediatrics*. If you have any questions about this, please call 1-800-953-8854.
Prior authorization for hepatitis C drugs

As you know, Maryland Medicaid Program has implemented unified clinical criteria for hepatitis C treatment to be used by the Fee-for-Service Program and the managed care organizations that participate in the HealthChoice Program. These guidelines are posted on the Department of Health and Mental Hygiene website at: https://mmcp.dhmh.maryland.gov/pap/sitepages/hepatitis%20c%20therapy.aspx.

Maryland Physicians Care (MPC) requires use of the prior authorization (PA) form developed by the state along with supporting progress notes, labs, pathology and imaging reports. Please take care to fill out the form in its entirety so that the review will not be delayed or denied due to the lack of complete supporting documentation. The form should be faxed to 1-866-207-7231.

Please note that the initial approval will be for eight weeks and that the plan requires that the week-four hepatitis C RNA viral load be submitted before additional therapy is approved. The week-four hepatitis C RNA viral load should be submitted along with a new PA request for the balance of treatment. To ensure that there will be no break in treatment, please forward the week-4 and week-12 (if applicable) hepatitis C RNA viral load as soon as it is done but before week 8 (or 16, if applicable) of the treatment regimen.

If you have any questions, you may call MPC’s Pharmacy Prior Authorization Unit at 1-800-953-8854. Use the prompts for provider and prior authorization.

Need assistance?
If you have any questions, you may call MPC’s Pharmacy Prior Authorization Unit at 1-800-953-8854. Use the prompts for provider and prior authorization.

Prior authorization request for elective inpatient admission process

Any request for elective inpatient admission must go through the prior authorization (PA) process. Both MCG (formerly known as Milliman Care Guidelines) and Aetna Clinical Policy Bulletin criteria 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 incomplete, meaning that it is not submitted with the appropriate clinical information, the state-mandated turnaround time is increased to seven calendar days. This gives the Maryland Physicians Care PA nursing staff additional time to request more supporting clinical information. If this information meets guidelines, then the request can be approved.

If the procedure is listed as ambulatory in MCG, the request will be approved as ambulatory unless there is clinical information that supports the medical necessity of an inpatient stay. If a provider thinks that an overnight stay is required for monitoring and pain control, consideration should first be given to the use of observation. This can be converted to an inpatient admission if medically necessary at any time during or at the end of the observation stay.

All requests that do not appear to meet MCG go through two levels of review. An initial review by the PA nurse is followed by 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 when resubmitting a request, and be sure to include the requested clinical information to support the new request.

Also visit our new, streamlined web portal at http://marylandphysicianscare.aetna.com.
COPD

Best practices for diagnosis and care

Chronic obstructive pulmonary disease (COPD) is a persistent airflow limitation disease associated with an enhanced chronic inflammatory response in the airways and lungs. COPD is relatively common. According to the CDC, 12.7 million Americans have COPD, including 5.8 percent of all adult Marylanders. Twenty-three percent of adult Medicaid patients have some respiratory disease. Given this prevalence, we should be looking to diagnose COPD in any adult with concerning symptoms and risk factors.

Concerning symptoms:
• Dyspnea
• Chronic cough
• Chronic sputum production

Risk factors:
• History of tobacco smoke exposure
• History of exposure to occupational dust and chemicals
• History of exposure to smoke from home cooking or heating fuels

Clinical suspicion is very important in identifying patients with COPD. However, spirometry testing is required to make a diagnosis of COPD. Maryland Physicians Care (MPC) will reimburse for spirometry testing. A post-bronchodilator FEV1/FVC of less than 0.7 confirms the diagnosis of COPD. Spirometry also helps stratify the severity of COPD, and aids in determining management.

MPC encourages all patients suspected of having COPD to receive spirometry testing. MPC also supports the use of the Global Initiative for Chronic Obstructive Lung Disease (GOLD) medical practice guidelines. Refer to the MPC website for the clinical practice guidelines regarding the diagnosis and care of patients with COPD: www.marylandphysicianscare.com/providers/manual/clinical.

Further information and treatment plans are also available at www.goldcopd.org.

Glenn Bruce G. Vanderver, MD, MPH
CMO, Maryland Physicians Care

Provider credentialing and recredentialing

Maryland Physicians Care (MPC) employs a credentialing verification organization that performs primary source verification on its behalf through the employment of the CAQH (i.e., common repository for provider credentialing information).

In order to move forward with the credentialing process, MPC will need your CAQH identification number. In the event that you currently do not share your credentialing information with CAQH, you may access the “Maryland Uniform Credentialing” form on the MPC website, www.marylandphysicianscare.com/forms.aspx. To stay compliant, you must update your licensure, DEA and liability insurance on a regular basis by accessing the CAQH website, www.caqh.org/credapp. Every six months you must re-attest that everything is correct. This process will take less than five minutes.

It is important to keep in mind that network practitioners must maintain a free and clear licensure and report any changes in status of licensure to MPC’s Provider Relations Department immediately upon receipt of notification of change of license status.

Please keep your participation in the MPC provider network current and provide a timely response to credentialing and/or recredentialing requests. Also, any additional provider activity—such as any status change in provider or facility licensure; provider departure and/or relocations; office closures, openings or relocation; expansion of services offered—should be reported to MPC’s Provider Relations Department during the normal business hours.

This information and/or documentation should be furnished to MPC’s Provider Relations Department via direct mail, fax or email:

Maryland Physicians Care
Attn.: Provider Relations
509 Progress Drive, Suite 117
Linthicum, MD 21090
Fax: 1-860-262-9470
Email: providers@marylandphysicianscare.com

www.marylandphysicianscare.com
Maryland Medicaid coverage criteria for breast pumps

First month of life for infant:

MCOs will cover breast pumps and pump kits as medically necessary items under the conditions listed below. Pump can be hospital grade double-electric pump (E0604) or high-quality* nonhospital grade, double-electric pump (E0603).

1. If baby or mother is hospitalized. If baby is in the NICU longer than a month, MCO would continue providing pump for duration of NICU stay.

2. If mom is temporarily prescribed medications that are not compatible with breastfeeding (“pump and dump”).

3. If baby is unable to nurse fully for reasons such as prematurity, congenital anomaly, neurological issues or problems with being able to “latch on.”

4. If mother has underdeveloped breasts or breast surgery, necessitating a hospital-grade electric pump to help stimulate full milk supply.

5. If mother is returning to work prior to baby reaching 1 month of age. This is a medical necessity because not providing a hospital-grade electric pump at this time will cause the mother to fail at achieving a full milk supply.

After first month of life for infant:

1. MCOs to cover nonhospital grade pump—electric personal use pump (E0603) or manual pump (E0602) for reasons that make a breast pump medically necessary (see above).

2. MCOs are not required to provide a breast pump after first month of life for nonmedical reason, including mom’s return to work. MCOs are encouraged to consider voluntarily providing a breast pump or can suggest that mom apply to WIC where she may be able to receive a breast pump.

3. MCOs may not require a denial from WIC prior to approving breast pumps.

*To be considered “high-quality,” the nonhospital grade pump must be automatic with intermittent suction, 50 to 80 cycles per minute, with adjustable vacuum ranging from 50 to 250 mmHg. The pump must be provided by time of discharge of mom from hospital as delay causes mother’s milk supply to diminish and could cause baby to have more difficulty with latching on and extracting milk from the breast.

Prior authorization

Prior authorization (PA) is one way Maryland Physicians Care (MPC) monitors the medical necessity and cost-effectiveness of the services our members receive. Participating and nonparticipating health professionals, hospitals and other providers are required to comply with MPC’s PA policies and procedures. Noncompliance may result in delay or denial of reimbursement. The state-mandated turnaround time for PA requests is two business days when all information is received and seven calendar days when additional information is required (pharmacy and medical). To ensure a timely response to your request, submit all PA requests at least seven days in advance with all required information. In general, to avoid a delay in processing, your PA requests should include all procedural (CPT) and diagnosis codes that require authorization as well as clinical notes to support the PA request. For additional information on our PA process, visit the PA section of our website, www.marylandphysicianscare.com/providers/med-mgmt/prior-auth.
New online training from MDQuit for tobacco cessation!

MDQuit now offers free online training to help health care providers connect their patients to effective tobacco cessation resources, with an emphasis on reaching Medicaid enrollees.

Why target Medicaid enrollees?
Smoking prevalence is roughly 53 percent greater among Medicaid enrollees than among the general population in the U.S.

Training details:
• Consists of five modules that providers can select to fit their personal training needs.
• Individuals who complete the training will be certified as MDQuit “Fax to assist” providers!
• You can sign up for this training using the following link and the training code provided:
  - mdquittraining.litmos.com/self-signup
  - Training code: Medicaid

Training topics covered:
• Brief overview of tobacco use among Medicaid population
• CPT codes for tobacco cessation counseling
• Best practices for tobacco cessation:
  - How to conduct a brief behavioral intervention (A3C model)
  - Information about the Maryland Tobacco Quitline’s cessation services
  - Overview of nicotine replacement therapy (NRT) and cessation medications
• Behavioral changes that promote cessation
• Motivational enhancement strategies

Please take a moment to sign up and complete this training that can be an invaluable service to your patients. If you have any questions, please contact the Provider Services Call Center at 1-800-953-8854, option 2, then follow the prompts to Provider Services.

Communication: A vital part of coordinated care

Your goal is to provide the highest quality of care for each patient. And a key part of that care is good communication.

Sharing information with patients is the place to start. But that’s not where it ends. As a specialist, sharing information with each patient’s primary care provider (PCP) is essential too.

That communication provides continuity. It also helps to ensure the best possible outcome for the patient. Still, in the rapidly evolving world of medicine, communication isn’t always easy. More and more patients have multiple, chronic conditions. They may be seen by one or more specialists, in addition to their PCP.

As a result, care must be thoughtfully coordinated, with good communication between specialists and PCPs. Otherwise, care may become fragmented. And crucial details can slip through the cracks.

Failing to share information can lead to:
• Duplicate tests or procedures
• Poorer outcomes for patients
• Frustration and wasted time for patients and providers alike

Specialty care providers should take steps to ensure that patients’ information is shared with their PCP in a timely manner.

Start with these two basic steps:
1. Request that the lab copy the PCP when sending test results.
2. Send the results to the PCP directly.

Good communication helps things run smoothly. And that can lead to healthier, happier patients.
Provider appeals

Maryland Physicians Care (MPC) requires all provider appeals to be submitted in writing to:

**Maryland Physicians Care**  
Attn.: Appeals Department  
509 Progress Drive, Suite 117  
Linthicum, MD 21090

- Providers have 90 business days to file an appeal from the date of remittance advice.
- MPC acknowledges provider-written appeals within five business days of 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 using our provider complaint process.

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Quality tools for your practice

How are you doing providing needed health services for your patients according to HEDIS reporting?

Secure, direct and easy access to your provider reports is coming soon!

Good news! In the fourth quarter of 2015, Maryland Physicians Care (MPC) will offer Gaps in Care Reporting online, for our primary care physicians (PCPs). These reports focus on needed services for your patients as it relates to HEDIS measures. This tool will allow you to easily search for reports by provider, type and date and is available at any time via our secure provider web portal on [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com).

**Easy-to-use with free, helpful resources**  
This simple tool will give you secure, direct access to view, download, save and print these provider reports that MPC generates for your practice.

In addition, the Provider Reports Tool has helpful links, reference guides, preventive health resources and health plan contacts to assist you in caring for our members.

**Only available on MPC’s secure web portal**  
Access to this tool will only be available to PCPs that are registered to use the secure web portal.

By registering for the secure web portal, you also get access to the Prior Authorization Requirement Search Tool as well as the most current plan information, forms and resources.

To register for our secure provider web portal, log on to our website at [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com) and complete the steps to self-register online or via phone, or download the registration form and submit to register via fax.

**Questions**

If you have questions about the Provider Reports Tool or your reports, please contact your Provider Relations Representative at 1-800-953-8854, then follow the prompts to the Provider Relations department.
A peer-to-peer may be requested within two business days of notification of an inpatient or an outpatient denial by calling the peer-to-peer line at 410-401-9569. A message should be left and should include the name and spelling of the hospital, requesting provider and the patient along with one other patient identifier and the number at which the provider can be reached. Any clinical information provided during the peer-to-peer will need to be faxed to 1-860-902-8745. You may fax additional clinicals not sent in during the initial review, which may avoid the need for a peer-to-peer.

Maryland Physicians Care Case Management Program

The primary source for identification of members for case management is the monthly Consolidated Outreach Risk Evaluation (CORE) report, a predictive modeling tool. The CORE is based on three risk metrics:

1. General risk: General score to identify high-risk members, where the top 1 percent of members, ranked by highest score, are considered high-risk.

2. ED risk: Logistic regression model that assesses the likelihood of a member’s using the Emergency Department (ED) in the next 12 months, where members having a probability of 80 percent or more are considered at high risk for an ED visit.

3. Inpatient (IP) risk: Logistic regression model that assesses the likelihood of a member using the IP in the next 12 months, where members having a probability of 50 percent or more are considered medium- (50 to 69 percent) or high-risk (70 percent or higher) for an IP admit. IP admit risk assessment excludes maternity admits.

Additionally, disease conditions are identified for each member on the CORE, including asthma, chronic pain, substance abuse, end-stage renal disease, chronic kidney disease, congestive heart disease, cardiovascular disease, diabetes, chronic obstructive pulmonary disease and behavioral health diagnoses.

Other members are enrolled in case management via referrals from providers and post-discharge planners and internal referrals, as well as health risk assessments from the state enrollment broker.

Be heard. If you would like to refer a member for possible enrollment in case management, please contact our special needs coordinator at 410-401-9443.
Member satisfaction survey results

Each year, members of Maryland Physicians Care (MPC) are randomly selected to participate in a survey. The purpose of the survey is to assess members’ satisfaction with services from their health care providers as well as services from the Health Plan. MPC uses the results to identify opportunities for improvement so members’ needs may be adequately addressed.

For a copy of the most recent survey results, please visit our website at www.marylandphysicianscare.com.

Help us stop fraud!

Please remember that it is your responsibility as a Medicaid program provider (a requirement which can be subject to federal or state sanctions) to report suspected fraud and abuse.

To report fraud or abuse, call the Maryland Physicians Care (MPC) compliance hotline at 1-866-781-6403. We prefer, but do not require, that you leave your name. Please leave enough information to help us investigate, including the:

• Name of the MPC member or provider you suspect of fraud
• Member’s MPC card number
• Name of doctor, hospital or other health care provider
• Date of service
• Amount of money that MPC paid for service, if applicable
• Description of the acts you suspect involve fraud or abuse

You can also visit the MPC website at www.marylandphysicianscare.com. Click on “Fraud & Abuse,” and you can email us suspected fraud information.

Thank you for your continued support!

Suggest a topic

Is there a topic you would like to see discussed in our provider newsletter? Would you like to offer feedback or recommendations on current or new provider education programs? If so, we would love to hear from you! Please send your feedback either via email to providers@marylandphysicianscare.com, or give us a call at 1-800-953-8854 and follow the prompts to the Provider Relations Call Center.