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Keep us informed.

Maryland Physicians Care wants to provide the best care we can to our members. That means it is important for us to know if you plan to move, change phone numbers, or change your network status. Call 1-800-953-8854 to update or verify your contact information or status. You can also check your information on our secure provider portal at MarylandPhysiciansCare.com. Please let us know at least 30 days before you expect a change to your information.



COVID-19

Vaccination Update

Per the Maryland Department of Health (MDH), registration with ImmuNet is required to administer the COVID-19 vaccination. It is

essential that your practice is registered with ImmuNet. Please refer to MPC Website at [Coronavirus Information for Providers - Maryland Physicians Care](#) for information regarding registration and COVID-19 vaccines and the MDH Quick Reference Guide for COVID-19 Vaccine Registration & Ordering.

Maryland is now in Phase 3 for COVID vaccination availability, this means all

Marylanders 12 and older are eligible for the vaccination. Patients may go to MarylandVax.org for more information and to locate a vaccination site near them.

For more information about discussing the vaccine with patients, please see MDH's [Vaccine Communications and Outreach Strategies in Primary Care](#) toolkit.

Also, getting a free flu shot can protect patients and those around them, help reduce community spread, and can decrease severity of illness if patients do get sick.



PROVIDER NOTICE: MPC MEMBER REDETERMINATION NEEDED

For most people who receive Medical Assistance, eligibility must be reviewed at least annually, as required by Federal Regulation. This review is called "Redetermination." During redetermination, all factors of eligibility must be met, just as they were at the initial application.

Please share this very important information with your MPC patients. For information on how to renew their Medicaid benefits and keep MPC as their health plan coverage direct them to [Renew Membership](#).

As a Managed Care Organization (MCO), Maryland Physician Care would like to partner with you to ensure that our

members and your patients complete the redetermination process timely and avoid any interruptions with their access to care.

If you are a PCP, we would like to provide you a monthly list of members that are assigned to your practice and are approaching their redetermination date. You could use this information to encourage these members to take the appropriate actions to prevent disruption of their benefits. This monthly file would include members that will be disenrolled in the following month if action is not taken. For more information, please contact your Provider Relations representative.



Communication: A Vital Part of Coordinated Care



Your goal is to provide the highest quality of care for each patient. As a specialist, sharing information with each patient's primary care provider (PCP) is essential. That communication provides continuity and 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. 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, which can lead to healthier, happier patients.

Guidelines for Care

Maryland Physicians Care (MPC) adopts preventive and clinical practice guidelines based on the health needs of our membership and on opportunities for improvement identified as part of the Quality Improvement (QI) program. When possible, we adopt preventive and clinical practice guidelines formulated by nationally recognized organizations, government institutions, statewide initiatives, or a consensus of healthcare professionals in the applicable field.

The guidelines are made available as resources for preventive services, as well as for the management of chronic diseases, to develop treatment plans for members and to help members make healthcare decisions. MPC providers' adherence to the guidelines is evaluated at least annually, through HEDIS and other

performance measurement. For the most up-to-date version of preventive and clinical practice guidelines, [Visit Provider Resources.](#)



MPC Correct Coding Corner:

- **DME / DMS Equipment** rental reimbursement cannot exceed the purchase price.
- **Telehealth visits** and regulations have been extended for HealthChoice members throughout the next two Maryland State fiscal years.
- **Outpatient Drug Testing** – Per the Department of Health (MDH) Program requirements - ONLY CPT 80305 is covered by HealthChoice MCOs and allowed to be billed by community somatic providers in the office setting. Lab code 80307 is NOT covered by the HealthChoice MCOs, rather is ONLY covered under MDH's Behavioral Health Vendor Optum when billed by a behavioral health or community laboratory provider.

REMINDER: Mandatory Regulatory Overpayment Recoupment Activities

MPC is required by regulations to timely recover provider claims overpayments for inappropriate or incorrect claims billing reimbursements or other identified program overpayments.

Such overpayment recoveries include but are not limited to:

- Center for Medicare/Medicaid Services (CMS) and MD Medicaid correct coding requirements
- Once in a lifetime procedure/services
- Bundling/Un-bundling services
- Correct use of modifiers
- Same day/same procedure services
- Maryland Medicaid HealthChoice program requirements and other requirements as defined





Meeting Appointment Accessibility Standards

Are your patients able to obtain services when they are needed?

Maryland Physicians Care (MPC) monitors the availability of our network practitioners. Availability is key to member care and treatment outcomes.

MPC follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms.

Please review the appointment availability standards below. They are also available in the Provider Manual.

TYPE OF APPOINTMENT	SCHEDULING TIMEFRAME
Life-threatening Emergency care	Same day as request
Urgent care (including PCP and Specialist)	Within 48 hours
Routine PCP appointments	Within 30 days of request
Routine Specialist appointments	Within 60 days of request
Routine pregnancy well care	Within 10 days of request

Behavioral Health and Substance Use Disorders

MPC covers primary care behavioral health services including the assessment, clinical evaluation, and referral for additional services. Opiate overuse continues to be a national healthcare challenge; providers are encouraged to access resources at the [Maryland SBIRT](#) website.

The CDC recommends expanding the use of non-opioid therapies for chronic pain. Primary Care Providers should evaluate the member prior to writing a prescription for a controlled substance using the Screening, Brief Intervention and Referral to Treatment (SBIRT) tool. This is an evidence-based tool to assist members who may benefit from a substance use program. More information regarding the SBIRT resources and tools may be found [here](#).

Members identified using the SBIRT should be referred to the Maryland Medicaid ASO, Optum Maryland at 1-800-888-1965. Members in need of behavioral health services should be referred to the Local Core Service Agency.

Providers must ensure that all regulatory requirements are followed regarding the release of information for substance use services per 42 CFR Part 2.



HEDIS Measures Performance

HEDIS®, the Healthcare Effectiveness Data and Information Set, is a set of standardized performance measures updated and published annually by the National Committee for Quality Assurance (NCQA). HEDIS® is a tool used by most U.S. health plans to measure performance on important aspects of care and service. HEDIS® is designed to provide purchasers and consumers with the information they need to reliably compare the performance of healthcare plans.

Through HEDIS® Maryland Physicians Care is accountable for the timeliness and quality of healthcare services delivered to its diverse membership. Maryland Physicians Care reviews HEDIS® rates on an ongoing basis and continually looks for ways to improve. It is an important part of our commitment to providing access to high-quality and appropriate care to our members.

Maryland Physicians Care has recently made HEDIS® gaps in care reports available on the provider portal and provides HEDIS TIP Sheets on the website to assist practices with identifying HEDIS® measures to engage members in care. [HEDIS Tip Sheet](#)





After-Hours Requirements

Members need to know who to contact after business hours. Providers are required to offer arrangements for access to a covering physician after business hours, or they must have an answering service, triage service, or voice message that explains to members how to access urgent and emergency care. This helps ensure our members get the best possible healthcare. The requirements below ensure that our members have adequate access to needed healthcare services and can access their providers after normal business hours and on weekends. All primary care provider offices must be available after hours via an answering service, pager, or instructions that give the member access to an on-call medical professional. Acceptable options are:

- **Answering service**
- **On-call provider or nurse helpline**
- **Recorded message:** offices using a recorded message must provide a message directing members to call another number to reach a PCP, on-call physician, or nurse helpline.



The Provider Web Portal

View, submit and adjust claims for service dates after 1/1/21

- Easily check patient eligibility
- View, manage, and download your patient list
- 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

Here's the link, create your account today!



 LOGIN



Pharmacy Process Update

Effective October 4, 2021, MPC will be transitioning the review of select autoimmune medications to our vendor Eviti. Eviti will process prior authorization requests prescribed for the autoimmune medications listed below:

Humira (adalimumab)	Ilaris (canakinumab)	Otezla (apremilast)	Taltz (ixekizumab)
Enbrel (etanercept)	Kevzara (sarilumab)	Simponi (golimumab)	Xeljanz (tofacitinib)
Benlysta (belimumab)	Orencia (abatacept)	Stelara (ustekinumab)	

Prior authorization requests will be submitted to Eviti Connect® for Autoimmune Diseases via their web-based platform. There will be a letter campaign going out to our network providers in early August and September that will give information on future training opportunities with Eviti. MPC will also supply updates on our website under the Approved Drug Benefits section regarding this transition.

How to Contact Care Management (CM)

To speak with someone from the CM 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 care management issues. Communications received after normal business hours are returned the next business day. Communications after midnight M-F are returned the same business day.

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 1-877-535-0591 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. Upon request, they verbally inform the member, facility personnel, the attending physician, and other ordering practitioners/providers of specific utilization management requirements and procedures.

Care for Persons Living with HIV

Incidence of HIV diagnosis continues to decline in Maryland; however, high diagnosis rates of HIV persist in the Baltimore and Washington Metropolitan Statistical Areas. Testing for HIV is a key component to reducing new HIV infections. Additionally, it is important that persons living with HIV/AIDS (PLWHA) can access quality primary and specialty care for their own health and the health of their partners. MPC and our providers have special obligations to PLWHA:

- PCPs are required to refer PLWHA and HIV/AIDS to specialist for treatment and coordination of specialty care.
- PCPs should offer a diagnostic evaluation service (DES) assessment annually or at the member's request. The DES includes a physical, mental, and social evaluation. The member may choose the DES provider from a list of approved locations or self-refer to a certified DES for the evaluation.

- PCPs are responsible for referring PLWHA to substance use disorder treatment within 24 hours of member's request for services.
- PCPs should offer case management for any member with an HIV diagnosis. These services will be provided with the member's consent. Members will be enrolled in case management if requested at any time following an HIV diagnosis.



Please note that as of July 1, 2020, HIV medications have been 'carved-in' to HealthChoice MCOs. Please find our preferred drug list [here](#). Contact information for HIV Case Management Referrals can be found in this newsletter's Access to CM section (above).

VISIT OUR WEBSITE

FIND INFORMATION ON:

- Quality Improvement Program
- Population Health Management Programs
- Case Management Programs
- 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
- Provider Manual
- Member Handbook
- Provider Directory
- Credentialing Rights

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 eligibility, 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

1-800-953-8854

Follow prompts to UM

CASE MANAGEMENT

1-800-953-8854

HEALTH EDUCATION REQUESTS

1-800-953-8854



Provider NEWSLETTER

Fraud and Abuse

MPC needs your help to prevent fraud and abuse! We encourage you to report anything suspicious you may have seen. You may report fraud and abuse without the fear of reprisal.

Fraud and abuse occur when someone gives false information to receive health care benefits and/or services. Examples of fraud and abuse include:

- Someone using an ID card that does not belong to him/her.
- Under-reporting income and insurance or resources and assets.
- Billing for services or supplies that were not provided.
- Providing unsolicited supplies to beneficiaries.
- Misrepresenting a diagnosis, a beneficiary's identity, the service provided, or other facts to justify payment.
- Prescribing or providing excessive or unnecessary tests and services.
- Selling prescription medications or making changes to a written prescription.

Ways to report fraud and abuse to MPC:

You do not need to give us your name or contact information to report fraud and abuse, but if you do, we will keep it confidential. It is important that you give us as much information as you can when you report fraud and abuse because it will help us do a complete and thorough investigation. You can report fraud and abuse in the following ways:

- **CALL** MPC's Compliance Hotline at 1-866-781-6403 and leave a detailed message.
- **GO ONLINE** at [Fraud & Abuse - Maryland Physicians Care](#) to complete the Fraud and Abuse Form.
- **WRITE** to the Compliance Officer at MPC, 1201 Winterson Road, 4th Floor, Linthicum Heights, MD 21090.

Fraud and abuse are against the law. MPC reports all suspected incidences of fraud and/or abuse to the Maryland Department of Health, Office of Inspector General for further investigation, which can result in criminal penalties.



Enroll in ePREP

Are you enrolled in the electronic Provider Revalidation and Enrollment Portal (ePREP)? ePREP is a requirement for Maryland Medicaid providers. It is a one-stop-shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes. Please ensure you are enrolled and that your information is consistently kept up to date. Providers who do not enroll or have out-of-date information may not be paid for services to Maryland Medicaid recipients. Review these [TIPS](#) for getting started and for additional resources. Enroll or update your information at eprep.maryland.health.gov.