

naryland Provider NEWSLETT!

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COVID-19 Vaccination Update

Maryland Physicians Care announces its new Patient COVID Vaccination Roster for its primary care providers to assist practices to know the vaccination status of their patients. The report will be made available through MPC's Provider Portal or by request into MPC provider relations (email).

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 the MPC Website at Coronavirus Information for Providers for information

regarding registration and COVID-19 vaccines and the MDH Quick Reference Guide for COVID-19 Vaccine Registration and Ordering.

All Marylanders aged 12 and older are eligible for the vaccination. Patients may go to Maryland Vax.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 decrease severity of illness if patients do get sick.

PROVIDER NOTICE: **MEMBER BENEFITS** REDETERMINATION NEEDED

HELP MPC MEMBERS RENEW MEDICAID BENEFITS and

keep their health coverage with MPC. Due to the Public Health Emergency (PHE) Maryland Medicaid has extended coverage to all enrollees, which may end after the Federal PHE tentatively at the end of 2021. MPC is alerting all its enrollees to renew their benefits now to avoid any interruption of health benefits coverage.

You can do this by reminding all your patients with MPC to renew their benefits by visiting Maryland's Health Connection or calling 855-642-8572. Please visit MPC Renew Membership for renewal information to assist your patients.

MPC would like to partner with you to ensure that our members and your patients complete the Medicaid benefits renewal "redetermination" process timely to avoid any interruptions with their access to care. Primary Care Providers may request their patient roster to outreach patients to renew their Medicaid benefit. As a primary care provider, 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.

Special **Needs Case** Management Referrals



For more information about HIV Care, Pre- and Post-Natal Care, and other Special Needs Populations, please visit the HealthChoice Provider Manual on our website.

Referrals to Case Management are effortless the only information required for a referral is:

- Member Name, DOB, and Medicaid Number
- Reason for the referral
- A good contact number for member
- Whether or not you have spoken with member regarding the referral would be helpful, though not required

Information can be faxed, emailed, or called in.

Toll-Free: 1-800-953-8854 OR 443-300-7325

Fax: 1-844-284-7698

Email: MBU-MDMedicaidSpecialNeeds@ marylandphysicianscare.com

Flu Vaccine



Maryland Physicians Care reaches out to members annually to remind them to get their free flu shot. Whether it's during an office visit or over the phone, join us in encouraging members to take the following steps:

- Make a strong recommendation. Research shows patients are more likely to get a flu shot when their doctor recommends it.
- Address questions and concerns. Discuss safety, effectiveness, side effects, and misconceptions. Sometimes people are nervous to ask.
- Highlight the positives. Getting a free flu shot can protect patients and those around them, help reduce community spread, and decrease the severity of illness if patients get sick.
- Help make a plan. Ask patients where and when they will get a flu shot if they haven't yet. Consider keeping a list of local resources to help them know where to go.

UM Overview

Utilization Management is one way Maryland Physicians Care (MPC) monitors the medical necessity and costeffectiveness of the services our members receive. Participating and nonparticipating health professionals, hospitals, and other providers must comply with MPC's prior authorization and concurrent review policies and procedures. Noncompliance may result in delay or denial of reimbursement.

For more information about Utilization Management (UM), please call 1-800-953-8854, then follow the prompts to the Prior Authorization Department. Staff is available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. MPC TDD/TTY 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.



Staff can receive inbound communication regarding UM issues after normal business hours by faxing to the applicable number before or calling 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, and communications after midnight Monday - Friday are returned the same business day.

Need Talking Points for Patient's Vaccine Hesitancy?

As the demand for COVID-19 vaccine decreases, primary care providers will have to meaningfully communicate the benefit of the COVID-19 vaccine to get patients in for an appointment. To assist with linking providers to best practices for communicating with and outreaching to their patients, Maryland Department of Health (MDH) created a toolkit for Vaccine Communication and Outreach Strategies in Primary Care.



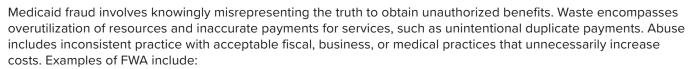


TOPICS INCLUDE:

- Best practices on how you and your staff can effectively communicate with your patients regarding COVID and vaccines
- How to overcome vaccine hesitancy and hot topics
- Addressing vaccine hesitancy with patients
- Outreach and engagement examples
- Direct outreach best practices
- Indirect outreach best practices
- Motivational interviewing techniques to overcome vaccine hesitancy
- Additional resources for providers, staff, and patients

Preventing Fraud, Waste, and Abuse

Maryland Physicians Care (MPC) actively collaborates with Maryland's HealthChoice Program to contain the burgeoning Medicaid costs associated with fraud, waste, and abuse (FWA) and promote the Program's integrity. We request that providers assist us in learning how to identify and report FWA.



- Billing for services not performed, duplicate times for one service, for more costly services than performed, or for a covered service when a non-covered service was provided
- **■** Falsifying diagnoses
- Accepting kickbacks for patient referrals
- **■** Ordering excessive or inappropriate tests
- Prescribing medicines that are not medically necessary
- Members obtaining medications or products that are not needed and selling them
- Providing false information to apply for services
- Doctor shopping to get multiple prescriptions
- Using someone else's insurance coverage for services

FWA is against the law. MPC reports all suspected incidences of FWA to the Maryland Department of Health, Office of Inspector General for further investigation, which can result in criminal penalties. If you think a provider or member is doing something wrong, you can report it. You don't need to give your name or contact information to report FWA, but we'll keep it confidential if you do. You must provide as much information as possible to assist us in completing a thorough investigation. Reporting can be done in the following ways:

- Call MPC's Compliance Hotline at 1-866-781-6403 and leave a detailed message.
- Complete the FWA form online at <u>Fraud & Abuse</u>.
- Write to the Compliance Officer at MPC
 1201 Winterson Road, 4th Floor,
 Linthicum Heights, MD 21090.

Pharmacy Opioid Update

The management of opioid medications and access to these treatments remains a high priority for Maryland Physicians Care (MPC). To curb inappropriate opioid utilization, MPC has implemented new quantity limits on frequently prescribed opioid medications. Through drug utilization review activities, several opioid medications were identified as outliers for high quantity prescriptions for our members. Effective July 2021, the approved quantity limit updates were applied to the following medications:

DRUG NAME	PREVIOUS QUANTITY LIMITS	CURRENT QUANTITY LIMITS	
Fentanyl	15 patches/23 days	10 patches/23 days	
Methadone HCI	180 tablets/30 days 180 mL/30 days	120 tablets/30 days 120 mL/30 days	
Oxycontin	90 tablets/30 days	60 tablets/30 days	
Hydromorphone HCI	180 tablets/23 days	23 days 120 tablets/23 days	
Hydrocodone-APAP	240 tablets/23 days	150 tablets/23 days	
Oxycodone-APAP	240 tablets/23 days	150 tablets/23 days	



IMPORTANT PHARMACY NOTICE

Notice - Maryland Physicians Care has moved reimbursement for physician-administered/ordered standard drug pricing billed on professional claims to match Medicare at Average Sales Price (ASP) +6 percent.



Medicaid Balance Billing

The State of Maryland Medical
Assistance Program prohibits costsharing or "balance billing" of a
Medicaid recipient for covered services
under the Medicaid program. Providers
may bill Medicaid recipients for noncovered services under the Medicaid
Program if they have signed consent
from the Medicaid recipient that
specifically names the services being
rendered and the associated cost in
advance of providing the service.



Pharmacy Process Update

Effective November 15, 2021, Maryland Physicians Care (MPC) will transition the review of select autoimmune medications to

our vendor Eviti. Eviti will process prior authorization requests prescribed for the autoimmune medications listed below:

Humira	llaris	Otezla	Taltz
(adalimumab)	(canakinumab)	(apremilast)	(ixekizumab)
Enbrel (etanercept)	Kevzara (sarilumab)	Simponi (golimumab) Simponi Aria (golimumab)	Xeljanz (tofacitinib) Xeljanz XR (tofacitinib)
Benlysta	Orencia	Stelara	
(belimumab)	(abatacept)	(ustekinumab)	
IV/Subq	IV/Subq	IV/Subq	

Prior authorization requests will be submitted to Eviti Connect® for Autoimmune Diseases via their web-based platform. A letter campaign went out to our network providers in early August and September that gave information on the training schedule with Eviti. The Eviti team will provide training sessions two weeks before November 15, 2021, and we encourage participation from our providers and their staff. The schedule and registration for the training sessions can also be found on our provider website under the Approved Drug Benefits section.



MPC Correct Coding Corner:

- Mail all paper claims to PO Box 21099, Eagan, MN 55121 and use MPC payer ID of 76498 for claims submitted to the Emdeon Clearinghouse.
- Laboratory/radiology procedures performed in Maryland hospital-regulated space require authorization.

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/service
- Bundling/Unbundling services
- Correct use of modifiers
- Same day/same procedure services
- Maryland Medicaid HealthChoice program requirements and other requirements as defined

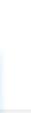
3-D MAMMOGRAMS

Following the recommendation by the U.S. Preventive Services Task Force, MPC covers 2-D mammograms for its members. Claims with the 2-D mammogram under CPT 77067 will be adjudicated. For providers billing 3-D mammograms with 2-D CPT code 77067, the add-on code 77063 will have the 2-D portion of the claim processed and the 3-D add-on code denied as a non-covered service. Providers who have members accept financial responsibility for the 3-D addon code in advance of the rendered service may bill members for the 3-D portion of the claim.

The Provider Web Portal

Enroll in the Provider Portal to 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







Create your account today!

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**

Member Appeals Form

Please be aware that providers can appeal pre-service decisions on a member's behalf by faxing the Member Pre-Service Appeal form to us. This form can be found on the Provider Forms page of our website or can be accessed directly by following this link: MEMBER-Preservice-Appeal-7.25.21.pdf





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 outdated information may not be paid for services to Maryland Medicaid recipients. Review these <u>TIPS</u> for getting started and for additional resources. Enroll or update your information at <u>eprep.maryland.health.gov</u>.

Maryland Physicians Care wants to provide the



Maryland Physicians Care wants to provide the best care we can to our members. That means it's 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 mpcMedicaid.com. Please let us know at least 30 days before you expect a change to your information.