Provider NEWSLETTER

maryland physicians care
Medicaid with a Heart

EDITION 4, 2021

25 YEARS

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Maryland Physicians Care will offer a $100 gift card to MPC members who become fully vaccinated between December 15, 2021, and March 31, 2022.

To qualify for the gift card, MPC members must:

- Be 12 years old or older
- Have received the full vaccination dosage between December 15, 2021, and March 31, 2022

What does "fully vaccinated" mean? For this program, you are considered fully vaccinated when:

- You receive the second dose of a two-dose vaccine series (Pfizer or Moderna), or
- A single dose of a single-dose vaccine (Johnson & Johnson).

To qualify for the gift card, MPC members must submit a redemption form on the MPC website. MPC will verify that the member qualifies and is fully vaccinated before sending the $100 gift card. **NOTE:** Completion of the redemption form does not guarantee a gift card.

Help Is Here

Good news – the COVID-19 vaccine is free for all MPC members!

To Find a Vaccination Clinic near you:

➡ **Go to Maryland's Vaccine Locator,**

➡ **Call 855-MD-GOVAX,**

➡ **Contact your nearest Pharmacy,**

➡ Contact your Primary Care Provider, or

➡ Contact your nearest urgent care center.

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 must occur in early 2022. 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 (PCP) 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.

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. An MPC 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:
Toll-Free: 800-953-8854 OR 443-300-7325
Fax: 844-284-7698
Email: MBU-MDMedicaidSpecialNeeds@marylandphysicianscare.com

Family
Planning Benefits

MPC covers comprehensive family planning services such as:

- Office visits for family planning services
- Laboratory tests, including pap smears
- All FDA-approved contraceptive devices, methods, and supplies
- Immediate postpartum insertion of IUDs
- Oral Contraceptives (must allow 12-month supply to be dispensed for refills)
- Emergency contraceptives and condoms without a prescription
- Voluntary sterilization procedures (Sterilization procedures are not self-referred; member must be 21 years of age and must use an in-network provider or have authorization for out-of-network care.)

Pharmacy
Benefit Coverage

Maryland Physicians Care is committed to delivering a cost-effective and inclusive medication formulary for our membership. We utilize a Preferred Drug List (PDL) that provides an overview of the medications we cover and details the utilization management requirements we have implemented for our formulary. The procedures for prior authorization, step therapy, quantity limits, and exclusions are highlighted in the PDL. The most up-to-date version of our PDL is listed here: For Providers -> Approved Drug Benefits. The section also includes monthly formulary change updates and formulary recommendations for asthma controller medications and HIV medication management. For any questions regarding pharmacy procedures or requests for a printed copy of our PDL, please call 1-800-953-8854.

Availability of UM Criteria

To make UM decisions, MPC uses nationally-recognized, evidence-based criteria which are applied based on the needs of individual members and characteristics of the local delivery system. Medical review criteria used includes:

- Criteria required by applicable state or federal regulatory agency
- Applicable InterQual Criteria as the primary decision support for most medical diagnoses and conditions
- MPC Clinical Policy Guidelines Outreach and engagement examples

Should you like to obtain a copy of criteria and/or guidelines used in determining a denial or modification of a specific case, contact MPC's Utilization Department by calling 800-953-8854 and follow the prompts to the Customer Service Department.

UM Affirmative Statement Regarding Incentives

MPC bases UM decision-making only on the appropriateness/medical necessity of the care and service being provided. MPC does not reward health care providers or other individuals for issuing denials of coverage or service. There are no financial incentives for UM decision-makers to encourage underutilization.

If you would like to obtain a copy of the Affirmative Statement, contact MPC's Utilization Department by calling 1-800-953-8854 and following the prompts to the Customer Service Department.

Discussing a Denial with our Medical Director

If a service request is denied due to lack of medical necessity, the requesting provider can request to speak with our Medical Director to conduct a Peer-to-Peer.

The intent of the Peer-to-Peer is to discuss the denial decision. To request a Peer-to-Peer regarding a denial, please call 410-412-8297 and leave the following information:

- Provider name
- Provider phone number
- Provider's available date and time(s) (Please note: Peer-to-Peers cannot be scheduled more than three (3) business days from the Peer-to-Peer request)
- Member name
- Member DOB
- Authorization #
- The caller's contact information

The provider/facility must request the Peer-to-Peer within two (2) business days of the initial notification of the denial.

Maryland Physicians Care has three (3) business days to respond to Peer-to-Peer requests.

If the MPC Medical Director returns the Peer-to-Peer request and leaves a message, the provider has two (2) business days to return the call, or the denial will be upheld, and the provider will need to file an appeal.
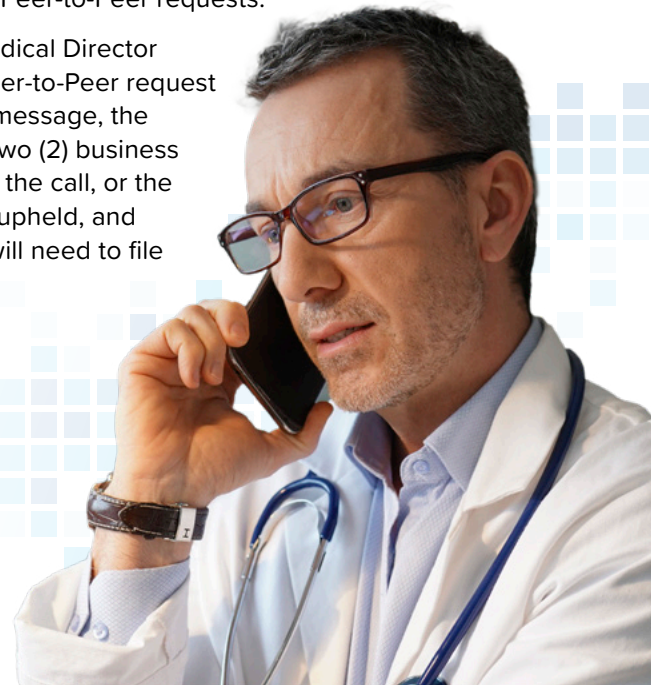
MPC Correct Coding Corner:

EMERGENCY DEPARTMENT HOSPITAL VISITS

- General classification rev code 0450 should not be used in conjunction with any subcategory; the sum of 0451 and 0452 is the equivalent to 0450.
- Stand-alone usage of 0451 is acceptable when no services beyond an initial screening/assessment are rendered.
- Stand-alone usage of 0452 is not acceptable.

DME/DMS EQUIPMENT

DME / DMS Equipment rental reimbursement cannot exceed the purchase price. MPC will consider a maximum of 12 months to be equivalent to the purchase price.

CODES REQUIRING NDC NUMBERS

Providers must report the NDC quantity when billing for drugs using J-codes. The NDC reporting requirements for provider-administered drugs also extend to claims when the Program is not the primary payor but the secondary or tertiary payor.
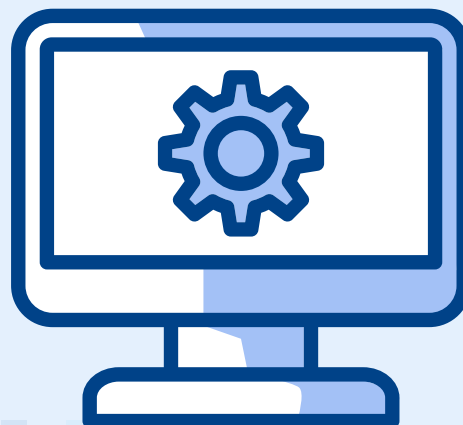
DENIALS

The Program will deny claims for drugs if the:

- NDC is missing or invalid,
- NDC is unable to be rebated,
- NDC Unit of Measure is missing or invalid, or
- NDC Quantity is missing.

For reporting the NDC on 837P electronic claims, providers must use the 2410 Loop (Drug Identification):

- LIN03 = NDC code
- CTP04 = Quantity
- CTP05 = Unit of Measure (UOM)

Members Have Rights and Responsibilities

Member rights and responsibilities cover members' treatment, privacy, and access to information.

We have highlighted a few below.

MEMBER RIGHTS INCLUDE BUT ARE NOT LIMITED TO:

- Receiving all services that we must provide
- Receiving assurance that member medical record information will be kept private
- Being able to ask for and get a copy of medical records and being able to request that the records be changed or corrected if needed

MEMBER RESPONSIBILITIES INCLUDE:

- Asking questions if they don't understand their rights
- Keeping scheduled appointments

- Having a member ID card with them
- Always contact their primary care physician (PCP) first for non-emergency medical needs
- Notifying their PCP of emergency room treatment

The provider manual includes a more comprehensive list of member rights and responsibilities.

Visit MPC-Provider-Manual-2021-04.21.pdf or call 1-800-953-8854 if you need a copy of the manual. Member rights and responsibilities can also be viewed here.

Self-Service
Options Available

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

- Review Gaps in Care Reports
- Review Member Vaccination Status Reports
- 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
- Drug Formulary Search
- Download the Provider Manual
- Control website access for your office
- View historical patient health records
- Submit assessments to provide better patient care
- Update provider demographic data
- Learn about MPC's Diabetes Prevention Program
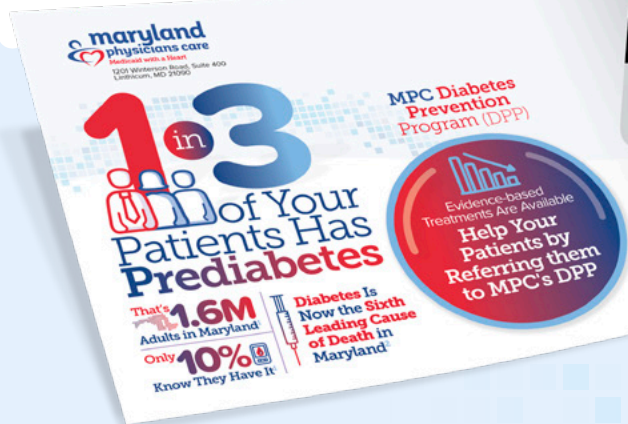
Using CRISP to Improve Continuity of Care & Member Satisfaction

The Chesapeake Regional Information System for our Patients (CRISP) is a regional health information exchange (HIE) in Maryland and the District of Columbia.

Features include:

- Up-to-date patient demographic data, allowing for easier patient outreach
- Health records, including histories and physicals, discharge summaries, lab data, and radiology data
- Care team information to help ensure coordination with all entities that have a relationship with a patient — this could include primary care providers, managed care organizations, and care management programs in which the patient is enrolled
- Patient Care Snapshot, which provides information about interactions with the health care system, including emergency, inpatient, and outpatient environments — this can help identify gaps in care or alert of overuse of emergency services
- Encounter Notification Service (ENS) alerts providers when patients present to the emergency room or are hospitalized, allowing for coordination of care and prompt follow-up after discharge.

Using CRISP improves continuity of care by providing you information from other care team participants. It can also improve member satisfaction ratings. The annual Member Satisfaction Survey includes a question related to how informed your provider seemed about healthcare received from other providers.

MPC strongly recommends you use CRISP in your day-to-day practice. For more information on CRISP, visit https://crisphealth.org/ or call 1-833-580-4646.

For resources and training materials, please visit here.

2021 Member Satisfaction Results are Available!

The Consumer Assessment of Healthcare Provider and Systems (CAHPS®) Survey is an anonymous survey that asks health plan members about their experience with their healthcare, including their experience with the care and service provided by their providers. Physicians and office staff are critical drivers of performance on the CAHPS® survey.

The 2021 CAHPS® Survey Results for both Children and Adults are available here: 2021-Member-Satisfaction-Results 10.4.2021.pdf. Provider-specific results are not available as the survey is anonymous. However, if you would like additional details or have questions about the survey or results, please contact Customer Service at 1-800-953-8854 and ask for the Quality Management Department.
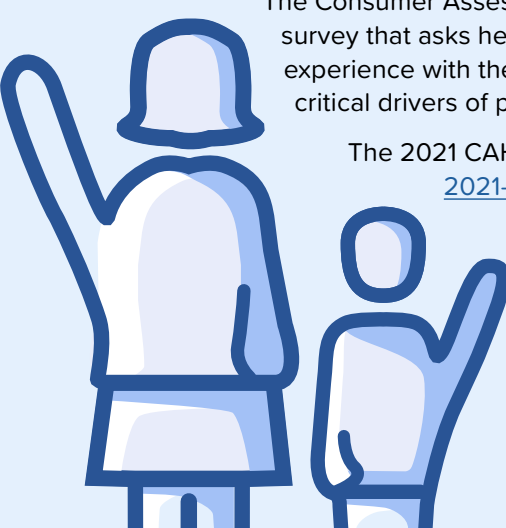
MPC Partners to Facilitate Onsite Lead Testing

Maryland Physicians Care is pleased to announce our partnership with LabCorp providing on-site MedTox filter paper lead screening tests for members. This quick and easy test for members is available at NO CHARGE to the provider or site. Tests can be performed right in the office, and the results are downloaded to the site's EMR. The goal is to make sure that all members receive lead testing by their 1st birthday. A list of members in need of testing can be found on the Provider Portal through your Gaps in Care Report. If you do not have access to the Provider Portal, please contact your MPC Provider Relations Representative for assistance in enrollment. For more information in obtaining MedTox test kits, please review our Q3 Provider Forum or contact Joe Huffer, MedTox, at hufferj@labcorp.com or 1-877-725-7241.

Maryland Prenatal Risk Assessment Forms (MDPRA)

The MDPRA identifies pregnant women who may benefit from local health department Administrative Care Coordination Unit (ACCU) services and serves as the referral mechanism. ACCU services complement medical care and may be provided by public health nurses and social workers through the local health departments. Services may include resource linkage, psychosocial/environmental assessment, reinforcement of the medical plan of care, and other related services.

During the initial visit, the provider/staff will complete the demographic and assessment sections for all pregnant women enrolled in Medicaid at registration and those applying for Medicaid. Within ten (10) days of completing the prenatal risk assessment, forward the assessments to the local health department in the jurisdiction in which the pregnant enrollee lives.

The HealthChoice Program will reimburse prenatal care providers an additional fee for completion of the Maryland Prenatal Risk Assessment (MPRA). Use HCPCS code H1000. Only one risk assessment per pregnancy will be reimbursed.

At Maryland Physicians Care, our Special Needs Coordinator and case management team review all MDPRAs received from the local health departments and providers to screen members for outreach and needs assessment for possible enrollment into our high-risk perinatal program.

Our Special Needs Coordinator and Case Management team may be contacted by:
Phone: 443-300-7325
Fax: 844-284-7698
Email: MBUMDMedicaidSpecialNeeds@marylandphysicianscare.com

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 don't need to give us your name or contact information to report fraud and abuse, but if you do, we'll 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 correct 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 to complete the Fraud and Abuse Form.
- **Write to the Compliance Officer at: Maryland Physicians Care 1201 Winterson Road, 4th Floor Linthicum Heights, MD 21090**

WE NEED YOUR HELP!

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

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Click to 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

CASE MANAGEMENT
1-800-953-8854

HEALTH EDUCATION REQUESTS
1-800-953-8854

Keep Us Informed

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 the secure MPC Provider Portal. Please let us know at least 30 days before you expect a change to your information.

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 **TIPS** for getting started and for additional resources. Enroll or update your information at **eprep.maryland.health.gov**.

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