

1st Quarter Provider Forum

March 17, 2022

Provider Forum Agenda



Operation Updates – Adrienne Bennett, Sr. Director, Provider Management Lashobie Avery, Provider Relations Manager

- COVID Vaccination Incentive
- EPREP Enrollment
- Radiology Services Reminder
- Reference Labs
- Bilateral Procedures Billing
- ASC Group Payment Reimbursement Change
- Quarterly Provider Newsletter
- Electronic Claim Appeals Submission
- Access & Accessibility Study
- Provider Satisfaction Survey
- Provider Data Integrity
- Electronic Claims Submission

Quality Improvement /HEDIS Outreach – Sammi Turner, Quality Improvement Manager

Lead Screening – Joe Huffer, LabCorp National SDT Lead (MedTox)

Health Education – Rachelle Cannon, Prevention & Wellness Manager

Pharmacy Updates - Dr. Jonathan Keyser, Director of Pharmacy

COVID 19 Vaccinations / Infant Formula Recall – Dr. Maislyn Christie, Senior Medical Director



Operation Updates

Lashobie Avery, MBA, MHA Provider Relations Manager

COVID Vaccination Incentive



There is still time for your patients to get \$100 for completing their full vaccination by March 31, 2022.



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

member qualifies and is fully vaccinated before sending t \$100 gift card. **NOTE:** Completion of the redemption form does not guarantee a gift card.

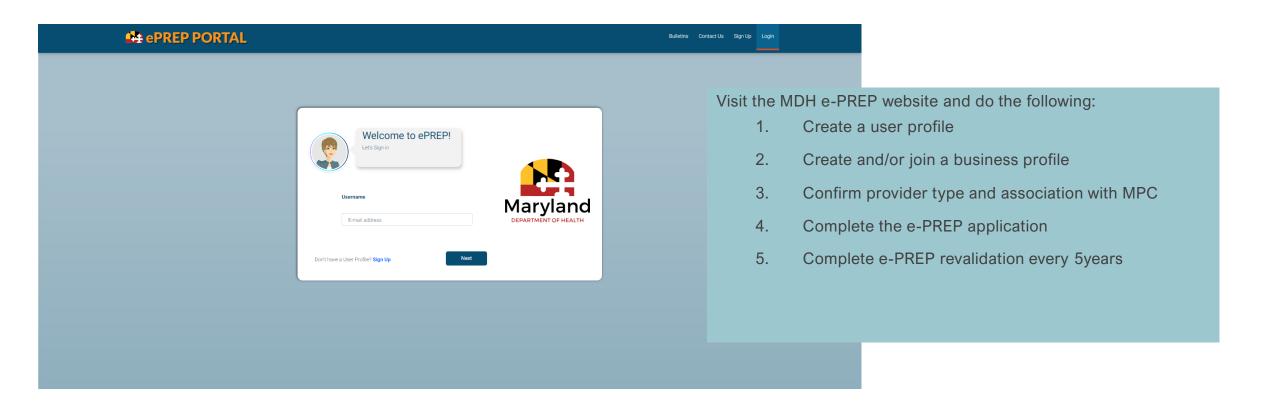
Help Is Here

ePrep Enrollment

https://eprep.health.maryland.gov/



Not Enrolled in ePREP? Here's What to Do





Radiology Services Reminder

Maryland Physicians Care requires radiology services to be performed in a non-regulated freestanding facility. Services rendered outside of a non-regulated freestanding facility will require preauthorization.





Reference Labs – Bill Type 141

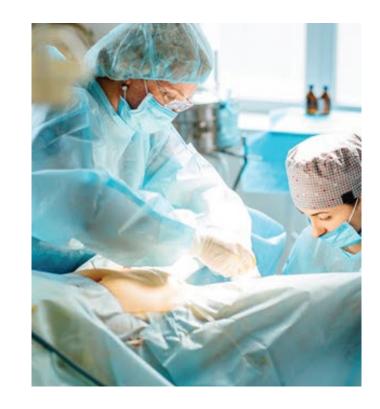


MPC does not accept bill type 141, non-patient laboratory. Therefore, hospital-based laboratories are not payable as reference laboratories. Please use MPC participating freestanding laboratories to process specimens. Effective April 15, 2022, hospital-based laboratory claims with bill type 141 will be denied.

Bilateral Procedures Billing maryland physicians care Medicaid with a Heart

ASC Bilateral Procedures Billing

- ASCs must bill bilateral procedures on two separate lines using modifier RT & LT. Following Medicare guidelines, modifier 50 is not payable.
- All claims must be billed on a UB04.



ASC Group Payment Reimbursement Change





- ☐ Effective January 1, 2021, Maryland Physicians Care changed the ASC group payment reimbursement structure to align with the CMS's most current ASC payment system.
- □ Previously, MPC reimbursed ASCs based on nine groups, the current reimbursement is based on fifty-six groups.
- ☐ The ASC payment group determines the amount that Medicare pays for facility services furnished in connection with a covered procedure.
- □All claims must be billed on a UB04.

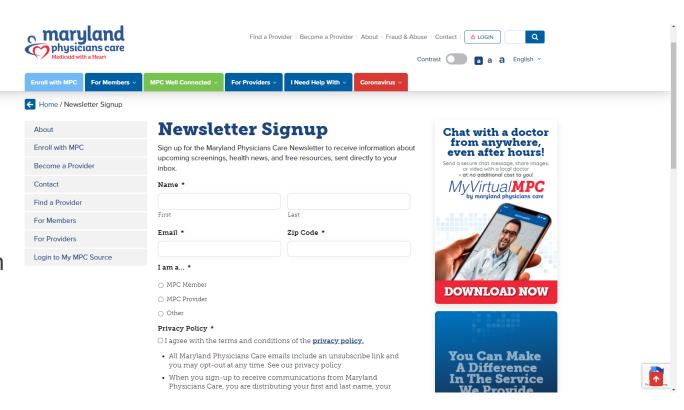
MPC Quarterly Provider Newsletter



Did you know that you can sign up on our website to receive the Quarterly Provider Newsletter automatically in your inbox?

The Newsletter is information about upcoming updates, health news, and other free resources!

Signup today!







Now, just Click to Submit your claim appeals electronically.

To save you time and simplify the claim appeal process, Maryland Physicians Care has launched an online claim appeal submission tool, simply complete the form and hit the submit button.

Here are some of the features:

- Used to appeal denied or partially denied claims.
- A claim number is mandatory.
- Automatic email confirmation.
- Valid within 90 business days from the remittance date.



Fax and mail options are still available.



Electronic Claims Submission

Signup for InstaMed today!

- ✓ Cut down on paperwork
- ✓ Increase accuracy and cut down on claim rejection
- ✓ Decrease overhead costs and staff time
- ✓ Ability to confirm a payer's receipt of a claim throug electronic reports
- ✓ Expedited claims processing turnaround and potential payment time frame
- ✓ Improve the practice's accounts receivable



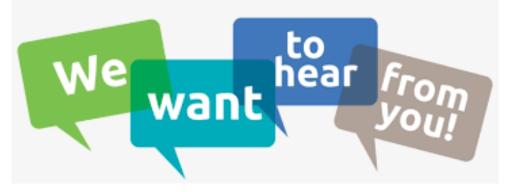


We are conducting Access and Accessibility surveys and you may receive a call from our customer service team.



Provider Satisfaction Surveys





Maryland Physicians Care (MPC) satisfaction surveys are conducted annually by the Center for the Study of Services (CSS) on behalf of the Maryland Department of Health (MDH). Results are based on respondents rating of MPC's performance in various areas compared to other Maryland Medicaid MCOs.





Please contact us within ten days whenever you have changes to your demographic information, member use this information to search for providers that meet their unique needs. Accurate online directories are key to ensuring members have access to accurate information about network providers.





maryland physicians care Medicaid with a Heart

Questions and Answers

Please post your questions in the Q&A area of the Webinar! Thanks



Quality Improvement-HEDIS Outreach

Sammi Turner, Quality Improvement Manager

HEDIS Annual Project



Why is it important to plans and providers

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Measures Collected Using Electronic Data Systems

How can Provider Sites Help



Medical records are collected by Maryland Medicaid Plans 2/01/2022-04/29/2022

Medical Records are requested for CY 2021 Dates of Service

MPC will fax request to practice sites- Fax will include directions and member identification.

Please include Patient Identifier- to include name and DOB. The recommendation is to have patient identifier on all pages. If this is not possible name and DOB on first page, all other pages must include name.

All Medical Records must be received and reviewed by 04/29/22. Please send the records as soon as fax is received. Any delays could result in a failure to the project

Medical Records can be faxed, mailed, or MPC can arrange for pick up at site location

If a member has primary insurance, it is important to bill secondary insurance. Claim request have been sent for possible 2021 DOS where a medical claim was not rendered to the plan. All claims must be received by 04/15/2022

Contact Information



Secure Fax Line- 855-946-1758

MPC – MCMI Mailing Address 1201 Winterson Rd – 4th Floor Linthicum Heights, MD 21090

MPC (MCI-MCMI) HEDIS Staff

HEDIS Manager
Debbie Morris
410-412-9723
Dmorris@mpcmedicaid.com

HEDIS Project Manager (Medical Records)
Amanda Hart
410-412-9718
Ahart@mpcmedicaid.com

2022 Population Health Incentive Program Overview



MCO performance will be based on the NCQA National Medicaid HMO benchmarks for HEDIS measures as noted below. For MDH custom measures, state-based methodology will be utilized applying the same performance guidelines below.

- Superlative performance: Score at or above the 90th percentile of Medicaid HMOs nationwide.
- Very strong performance: Measurement score in the 75th to 89th percentiles (inclusive) of Medicaid HMOs nationwide.
- Strong performance: Measurement score within the 50th to 74th percentiles (inclusive) of Medicaid HMOs nationwide.
- None of the above: For measurement scores below the 50th percentile of all Medicaid HMOs nationwide, the MCO would not receive an incentive within this category.

Population Health Incentive Program- Measures



	Measure	Sub- Measure Weight (if applicable)	Categorization	CMS Adult Core Set	CMS Child Core Set	CMS Scorecard	Measure Steward
1	AMR-CH: Asthma Medication Ratio: Ages 5-64		Chronic Disease- Asthma	х	x		NCQA
2	HPC-AD: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)		Chronic Disease- Diabetes	х		х	NCQA
3	PPC-CH: Prenatal and Postpartum Care: Timeliness of Prenatal Care		Maternal Health		Х		NCQA
4	PPC-AD: Prenatal and Postpartum Care: Postpartum Care		Maternal Health	X		х	NCQA
5	Ambulatory Care Visits for SSI Adults		Preventative				MDH Homegrown
6a	Lead Screenings for Children	50%	Preventative				MDH Homegrown
6b	Lead Screening in Children (LSC)	50%	Preventative				NCQA
7	Ambulatory Care Visits for SSI Children		Preventative				MDH Homegrown
8	Risk of Continued Opioid Use (COU): >=31 days covered		SUD				NCQA

MDH = Maryland Department of Health; NCQA = National Committee for Quality Assurance

FILTER PAPER LEAD SCREENING TEST NUMBER 791280

ONE COMPANY. ONE GOAL. ONE CHOICE.





Filter Paper Lead Screening (791280)



Service Advantages

- The filter paper service allows offices to easily screen their pediatric patients during their well-child checkups
 - Only two drops of blood are required for analysis
 - No phlebotomist is required to complete the less invasive collection
 - No centrifuging, no clotting, no refrigeration
 - Convenient collection kits are provided
 - Collection can be completed in CLIA-waived facilities
 - Aids in getting more patients appropriately screened

Lead Poisoning Numbers



0

There is no safe blood lead level in children¹ nor is there any use for lead in the human body. Lead is a neurotoxin that can have serious and long lasting effects on the human body and is of particular harm to developing children (<6 years of age).

535,000

The approximate number of U.S. children between 1 and 5 years of age who have had high lead levels¹

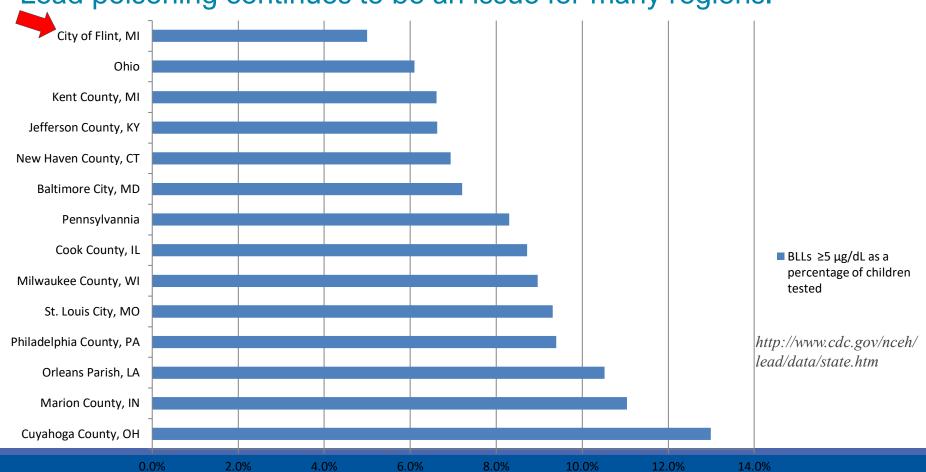
23,200,000

The number of **housing units** in the U.S. that contain one or more lead-based paint hazards, with 3.6 million of those housing children under the age of 6²

Lead Exposure



The water situation in Flint highlighted just one path of lead exposure. Lead poisoning continues to be an issue for many regions.^{3,4}





Testing recommended at 12 months and 24 months

Since 1989, federal Medicaid law has required states to provide assessments, education, and treatment for elevated blood lead levels.⁵

LabCorp's lead screening options for children

- Venous testing
- Capillary tube collections
- And now, filter paper collection



Filter Paper Collection



Each collection kit contains all of the necessary supplies to complete a single test (lancet, alcohol wipe, Band-Aids collection card, etc.)

A set of collection instructions is also included in each kit

- 1. The patient's hands should be washed with soap and water and the stick site should be prepped with the alcohol wipe
- The collection does not need to be a "finger" stick, but it is the most commonly used method of collection
- 2. The collector will perform the stick, then add two drops of free falling blood onto the collection card
- It does not need to fall directly onto the circles on the card
- 3. Once the card is allowed to dry for a couple of minutes, it is placed in the re-sealable bag and is ready to be shipped



Additional Information



Questions?

Joe Huffer

(877) 725-7241

hufferj@labcorp.com

Screen For Lead: EVERY CHILD, EVERY TIME

Filter Paper Lead Testing



The CDC estimates that 500,000 US children suffer from levels of lead above the reference level at which public action is recommended.\(^1\) Lead poisoning may affect children of all socioeconomic levels\(^1\) and may occur without obvious symptoms. An in-office collection may help offices increase their lead poisoning screening rates.

Simple

- Screenings may be performed with 2 drops of blood during a routine office whit
- May be less invasive and insurratio for a child than a venous collection
- No spinning, refrigeration, or philobolomist required
- Reports are available via faz, secure website or EMR

Cost-Effective

- Collection supplies and specimen shipment are included.
- LabCorp files claims with Medicald and most major insurance companies.
- No equipment to purchase or maintain

Accurate

- State-of-the-art technology assures timely and accurate results
- Samples are stable for up to 6 months
- LabCorp meets state reporting requirements for lead screening results

LabCorp and one of its specialty testing laboratories, MedTox, offer a comprehensive set of testing options for lead exposure.

The filter paper lead screening service is an example of LabCorpt commitment to improving health and improving levs. The convenient, in office screening can aid in getting more gallerish appropriately screened. It is a perfect complement to LabCorpt toditional woman collections.

Test same	LubCorp Test Number	Supply (PS) Number
Lead, Blood, Filter Paper	791280	107973

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References



- 1. Wheeler, W, Brown, MJ. Centers for Disease Control and Prevention. *MMWR*. Blood lead levels in children aged 1-5 years United States, 1999-2010. April 5, 2013. Vol.62. No.13.
- 2. U.S. Department of Housing and Urban Development. American healthy homes survey lead and arsenic findings. April 2011.
- 3. Kennedy, C, Yard, E, Dignam, T, Buchanan, S, Condon, S, Brown, MJ, et al. Centers for Disease Control and Prevention. *MMWR*. Blood lead levels in children aged <6 Years Flint, Michigan, 2013-2016. July 1, 2016. Vol. 65. No. 25.
- 4. Centers for Disease Control and Prevention. Childhood lead poisoning data, statistics, and surveillance. Various states. Available at: https://www.cdc.gov/nceh/lead/data/. Updated September 1, 2016.
- 5. Wengrovitz, AM, Brown, MJ. Centers for Disease Control and Prevention. *MMWR*. Recommendations for blood lead screening of Medicaid-eligible children aged 1-5 years: an updated approach to targeting a group at high risk. Aug. 7, 2009. Vol. 58(RR09).

2022 At-A Glance



- ➤ Telephonic Live Outreach calls-Will continue
- > Text communication- Will continue
- Letters- Will continue- for members who can not be reached by phone or text
- ➤ New- Email communication will be added to the 2022 platform
- LHD referrals- State Lead Initiative- collaboration on member and provider education on the importance of lead testing to <u>all</u> Medicaid members
- Smart 90- Providing 90-day prescription fills for maintenance medications- AMR control medications, SPC & SPD

Member Incentives



Measure	Requirement	Incentive
Breast Cancer Screening (BCS)	Women 52-74 years of age as of December 31, 2021, who had at least one mammogram between October 1, 2020, and December 31, 2022 Exclusion: Bilateral Mastectomy	 Any member who is non-compliant and completes a clinic day mammogram will receive a \$150.00 gift card. Incentive is only for members who attend a clinic day
SSI Child- Birth to age 20 SSI Adult- 21 to 64 years of age	All members receiving Social Security Income should complete at least one Ambulatory Care Visit wit PCP. This can be sick/well/urgent care/Telehealth. • Any Ambulatory Care Visit Code or well visit code • Urgent Care visit codes: S9083, S9088 ED visits/Mental Health/Substance Abuse will not meet compliance	 Any member who is non-compliant that completes MPC hosted clinic day will receive a \$100.00 gift card Incentive is only for members who attend a clinic day
Postpartum	Deliveries that had a postpartum visit on or between 7days and 84 days after delivery	 57170,58300, 59430,99501 or F Code 0305F Incentive is claim based. Card mails when MCO receives claim Member will receive a \$50.00 Visa gift card





Contact Information



Any Questions regarding HEDIS/Member Outreach, please feel free to contact:

Sammi Turner M.B.A., D.H.A

Quality HEDIS Manager

MCI-MCMI for Maryland Physicians Care

Email: Sturner@MPCmedicaid.com

Office: 443-412-8287

Outreach: 410-412-8280

Cell 410-412-0394





Questions and Answers

Please post your questions in the Q&A area of the Webinar! Thanks



Health Education

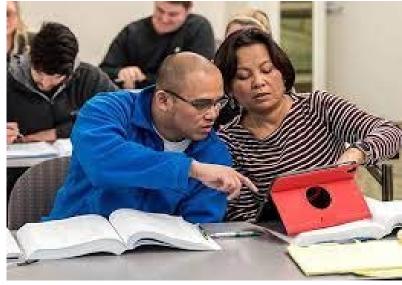
Rachelle Cannon, Prevention & Wellness Manager



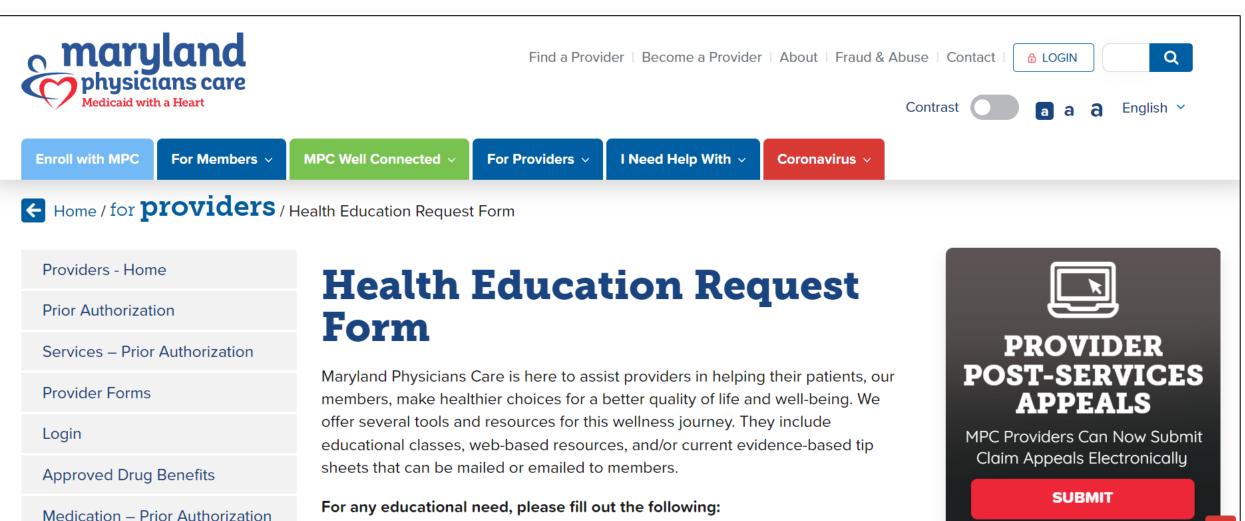
- Maryland Physicians Care has developed a new online Health Education Request Form for providers to access.
- Our goal is to make access to Health Education for your patients, our members, easier to access.
- MPC's Prevention & Wellness Team will promptly respond to the patients

needs identified in the request.

- Several tools and resources are available:
 - ✓ Educational classes (virtual or in-person)
 - ✓ Web-based resources
 - ✓ Evidence-based tip sheets that can be mailed or emailed to members









Provider Name (Required)	
First	Last
Provider Phone (Required)	Provider Email (Required)
Member Name (Required)	
First	Last
Member Phone (Required)	Member Email (Required)
1. Request Type (Required)	
☐ 30–45-minute class	
\square Web-based resources	
☐ Mailed or emailed material	

2. Which topic would you like your patient to receive information on? (Required)					
☐ Adult Weight Management	☐ Asthma Management				
☐ Blood Pressure/Cholesterol	☐ Children's Health				
☐ Dental/Oral Health	□ Diabetes				
☐ Better Sleep	☐ Emergency Preparedness				
\square Fall Prevention (in and outside the home)	\square Healthy Eating on a Budget				
☐ Immunizations	☐ Lead Poisoning Awareness				
☐ Men's Health	☐ Nutrition				
☐ Pre-Diabetes	$\ \square$ Questions to Ask During Doctor Visits				
☐ STI/STD/HIV Education	☐ Stress Management				
☐ Tobacco Education	☐ Women's Health				
☐ Other					
3. What barriers do you foresee getting in the way of a patient attending a FREE Health Education Program? (Required)					
□ COVID concerns	☐ Childcare				
☐ Lack of time	□ Cultural				
☐ Transportation	□ Work				
□ Language	Other				
Submit					





For additional information or questions, please contact Rachelle Cannon, MPC Prevention and Wellness Manger, at rcannon@mpcMedicaid.com or 410-412-9089, ext. 209.



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Questions and Answers

Please post your questions in the Q&A area of the Webinar! Thanks

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Pharmacy Updates

Jonathan Keyser, PharmD, MBA Director of Pharmacy

Formulary Changes



January 2022							
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)			
Meperidine	Analgesic	Remove from formulary	02/01/2022	Morphine, Oxycodone, Hydromorphone			
Insulin Glargine-YFGN (Semglee-YFGN)	Insulin	Add to formulary	01/01/2022	N/A			
	February 2022						
	No Changes						
	March 2022						
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)			
Aubagio	Multiple Sclerosis	Remove from formulary	04/15/2022	Dimethyl Fumarate (Tecfidera)			
Vumerity	Multiple Sclerosis	Remove from formulary	04/15/2022	Dimethyl Fumarate (Tecfidera)			
Humira	Immunologic	Add to formulary	04/01/2022	Enbrel			
Insulin Lispro	Insulin	Remove from formulary	04/15/2022	Admelog			
Amitiza	Gastrointestinal Agent	Remove from formulary	04/15/2022	Lubiprostone			

MPC Autoimmune Rx Review



On November 15, 2021, MPC transitioned the review of select medications prescribed for the treatment of autoimmune disease. The reviews were transitioned to our vendor, Eviti.

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

MPC Autoimmune Rx Review



Effective June 1, 2022, MPC will be transitioning the review of additional medications prescribed for the treatment of autoimmune disease to our vendor Eviti.

Acthar Gel (corticotropin)	Actemra (tocilizumab) IV/Subq	Kineret (anakinra)	Tremfya (guselkumab)
Fasenra (benralizumab)	Cimzia (certolizumab)	Rinvoq (upadacitinib)	
Nucala (mepolizumab)	Cosentyx (secukinumab)	Skyrizi (Risankizumab-rzaa)	

MPC Autoimmune Rx Review



1. Prior authorization requests will be submitted via their web-based platform Eviti Connect® for Autoimmune Diseases: https://autoimmuneconnect.eviti.com/.

2. Eviti provides support for registration to their web portal and assistance with entering prior authorization requests into the platform. Support services for Eviti can be reached at clientsupport@nanthealth.com or 888-482-8057 option #2



Questions and Answers

Please post your questions in the Q&A area of the Webinar! Thanks



COVID Vaccination/Infant Formula Recall

Dr. Maislyn Christie Senior Medical Director

COVID Vaccinations



Please encourage your unvaccinated patients to get vaccinated, 75% of eligible Marylanders are vaccinated.

Among Medicaid recipients, the rate drops to ~50%!

The vaccines provide 70% protection against Covid hospitalization (even against Omicron). (Anyone age 5+ can get the vaccine)

Covid-19 is becoming an ENDEMIC disease

It will always be with us, so vaccination is the best protection.

COVID Vaccinations



Boosters

- -Recommended for ages 12+
- -Booster can be different from vaccine series
- -Give approximately 5 months after completing vaccine series
- -Provides approximately 50% enhanced protection

Infant Formula Recall



Abbott recalled several lots of infant powdered formula

- -Similac
- -Similac PM 60/40
- -Alimentum
- -EleCare

Please inquire with your patients if they are using any of these powdered formulas for their children.

Infant Formula Recall



Through April 30th, 2022, Maryland WIC will offer alternate forms of the affected formula, or a similar product.

The program is complicated, with some requirements for certain substitutions.

MPC has posted the memo from MDH on our website.





Questions and Answers

Please post your questions in the Q&A area of the Webinar! Thanks



Thank you for joining!