



3rd Quarter Provider Forum
September 15, 2022

Provider Forum Agenda



Operation Updates – Adrienne Bennett, Sr. Director, Provider Management Temira Miller, Provider Relations Manager

- Balance Billing
- Authorization Code Checker
- Provider Data Integrity
- Electronic Claims Appeals Submission
- Lab Referrals
- Referral Process

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

Pharmacy Updates – Dr. Jonathan Keyser, Senior Director of Pharmacy

Health Education – Rachelle Cannon, Prevention & Wellness Manager

COVID 19 Treatment – Dr. Maislyn Christie, Senior Medical Director



Operation Updates

Temira Miller

Provider Relations Manager

Medicaid Balance Billing

The State of Maryland Medical Assistance Program prohibits cost sharing 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.

Authorization Code Checker



Some services require authorization. To verify if the service requires authorization, please use the Authorization Code Checker. Please contact Clinical Review at 800-953-8854 option 2 then 4, if the code is not found.

MPC Medicaid Pre-Authorization Tool

Enter the code of the service you would like to check:

Non-participating providers require prior authorization for **all** services except for emergent and self-referred services. For non-participating providers, learn how you can [become an MPC provider](#).

Disclaimer: All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding, and billing practices. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

For specific details about authorization requirements, please refer to our [Quick Reference Guide](#).

Provider Data Integrity



Please contact us within ten days whenever you have changes to your demographic information; members 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.

Electronic Claims Appeals Submission



Here are some reasons to try it today!

- Easy
- Reduces administrative cost
- Saves administrative time
- Immediate confirmation
- Submit via the MPC website

Submit Electronic Appeals at:
providerappeals.marylandphysicianscare.com

Submitting Your Claim Appeals Is Easier Than Ever!

To save you time, reduce your administrative expense, and simplify the claim appeal process, Maryland Physicians Care (MPC) Providers can now submit claims appeals electronically at providerappeals.marylandphysicianscare.com.

- This form is only to be used for appealing denied or partially denied claims.
- The claim number is mandatory.
- As part of your submission, you will receive an e-mail response confirming receipt of your appeal within 15 minutes.
- MPC must receive all appeal requests within 90 business days from the date of the Medicaid remittance, or the appeal will be denied.

Please use this form to address the decision made during the request for a review process. Do not use this form for provider inquiries, first-time claims, resubmissions, or corrected claims. This form is not for Member appeals; please continue to submit them as you currently do.

As an alternative, you can send your form and medical records for claims to:

Mail to:
Maryland Physicians Care
PO Box 1104
Portland, ME 04104
Fax: 1-833-656-0648

Managed Care That's Easier to Manage.

maryland physicians care
Medicaid with a Heart
mpcMedicaid.com 800-953-8854

Lab Referrals



As a reminder, Please use Maryland Physicians Care participating free-standing laboratories to process specimens. Non-participating laboratory charges may be denied.

Referral Process

Reminder Maryland Physicians Care does **not** require referrals for specialist care.



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



Quality Improvement-HEDIS Outreach

Improving Performance with CPT II Codes



Category II Codes* are for reporting purposes and when submitted on claims are captured as administrative data in our HEDIS software.



Administrative data reduces the burden of medical record requests fulfillment for the site.



The use of these codes can improve accuracy of care gaps and assist both plan and provider on identifying non-compliant populations.



NCQA is reducing the measures that allow for medical record review. Many measures/quality outcomes are restricted to claims data only.

*CPT II Codes are provided as a recommendation only. Please see HEDIS Tips sheet available on the provider portal for additional recommendations and information pertaining to HEDIS measures.

Examples of Administrative Codes



Administrative coding for anticipatory guidance and BMI percentile for Well-Child Visits

BMI Percentile Pediatric ICD-10 Coding	Body Mass Index (BMI) Percentile, Pediatric Description
Z68.51	BMI less than 5th percentile for age
Z68.52	BMI 5th percentile to less than 85th percentile for age
Z68.53	BMI 85th percentile to less than 95th percentile for age
Z68.54	BMI greater than or equal to 95th percentile for age

Nutritional Counseling ICD-10 Coding	Nutritional Counseling Description
Z71.3	Dietary counseling and surveillance

Physical Activity Counseling ICD-10 Coding	Physical Activity Description
Z71.82	Exercise counseling
Z02.5	Encounter for examination for participation in sport

Administrative CPT II Coding for Blood Pressure Reading

Systolic--CPT II Codes		Diastolic—CPT II Codes	
Blood pressure <130 mm Hg	3074F	Blood pressure <80 mm Hg	3078F
Blood pressure 130-139 mm Hg	3075F	Blood pressure 80 – 89 mm Hg	3079F
Blood pressure ≥ 140 mm Hg	3077F	Blood pressure ≥ 90 mm Hg	3080F

Cervical Cancer Screening-CCS



Women 21 - 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology (PAP) performed every 3 years
- Women ages 30–64 who had cervical cytology (PAP) human papillomavirus (HPV) co-testing; OR had human papillomavirus (HPV) performed every 5 years
- Medical record must include cervical cytology/HPV test date and results

CPT Codes	
Cervical Cytology	88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175
HPV Test	87624-87625

Members that had a total hysterectomy can be excluded by adding the applicable ICD-10 diagnosis code to the claim.

- **Q51.5** Agenesis and aplasia of cervix
- **Z90.710** Acquired absence of both cervix and uterus
- **Z90.712** Acquired absence of cervix with remaining uterus

Administrative Codes for Blood Pressure-CBP



Assesses members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm HG) during the measurement year. The BP reading that is applied to outcomes is the last reading during the measurement year.

Include the applicable CPT II code on the claim to capture data administratively

Systolic--CPT II Codes		Diastolic—CPT II Codes	
3074F	Blood pressure less than 130 mm HG	3078F	Blood pressure less than 80 mm Hg
3075F	Blood pressure 130-139 mm Hg	3079F	Blood pressure 80 – 89 mm Hg
3077F	Blood pressure greater than or equal to 140 mm Hg	3080F	Blood pressure greater than or equal to 90 mm Hg

- BP must be <140/90- Can not be equal to and compliance is only achieved if both Systolic and Diastolic readings are in normal range.
- Recheck any blood pressure reading \geq 140/90 on day of service and document all BP values taken during the visit
- If BP is not controlled, schedule member for follow up appointment for BP recheck
- Encourage members to refill their medications, and take medication as ordered
- Order 90-day refills for formulary agents
- Documentation in the medical record of BP readings reported or taken by the member are acceptable

Q and A

Question: Do well child visits have to be a full year before scheduling?

Answer: No there is no limit on well visits for children or adults. Maryland Physicians Care understands that it is not always possible to schedule well visits based on members last well visit. For example, If a member had a well visit in October 2021, a well visit that occurs in March of 2022 and again in December of 2022 are reimbursable.

Question: The member is not in our system. Are we still responsible for them?

Answer: The member is still assigned to your practice. If member has not yet accessed care at your facility, they would be considered a new member to your practice. Please outreach member to schedule an appointment.

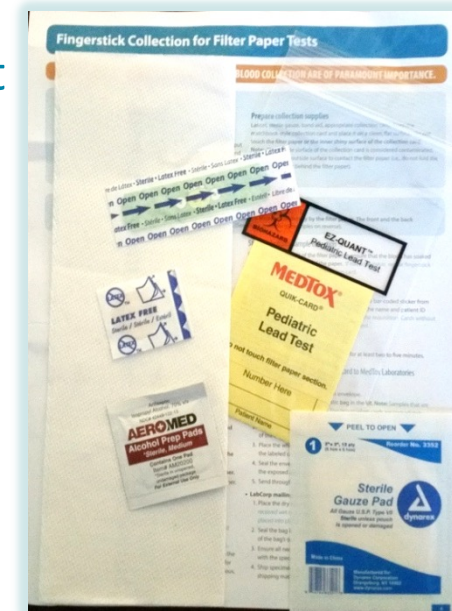
Question: The member is not using their Maryland Physicians Care insurance because they have other insurance. Why are they in the denominator or showing as non-compliant?

Answer: The secondary insurance should still receive a claim, even if it is denied for EOB. This can be done by submitting a \$0 dollar claim or billing any balance (co-pays). This provides record of service to the MCO, and the provider receives credit for services rendered, thus improving quality scores. This also closes the gap for the member and prevents unnecessary outreach and may increase member satisfaction. If no claim is received member remains non-compliant.

Improving Lead- Filter Paper Collection

Each collection kit contains all 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



Medtox Contact Information

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 levels² 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 visit
- May be less invasive and traumatic for a child than a venous collection
- No spinning, refrigeration, or phlebotomist required
- Reports are available via fax, secure website or EMR

Cost-Effective

- Collection supplies and specimen shipment are included
- LabCorp files claims with Medicaid 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 LabCorp's commitment to improving health and improving lives. The convenient, in-office screening can aid in getting more patients appropriately screened. It is a perfect complement to LabCorp's traditional venous collections.

Test name	LabCorp Test Number	Supply (PS) Number
Lead, Blood, Filter Paper	701280	10P671

ONE COMPANY. ONE GOAL. ONE CHOICE.



www.labcorp.com



LabCorp Specialty Testing Group

References

1. Centers for Disease Control and Prevention. Lead: Current and Safe Practices. *MMWR*. November 19, 2008; 57(46):979-983.

2. Centers for Disease Control and Prevention. Childhood Lead Poisoning and Test Results. *MMWR*. November 19, 2008; 57(46):984-987.

3. Centers for Disease Control and Prevention. Childhood Lead Poisoning and Test Results. *MMWR*. November 19, 2008; 57(46):984-987.

Member Incentives



Measure	Requirement	Incentive
Breast Cancer Screening (BCS)	Women 52-74 years of age as of December 31, 2022, who had at least one mammogram between October 1, 2020, and December 31, 2022 Exclusion: Bilateral Mastectomy (need this to be submitted on a claim for exclusion)	<ul style="list-style-type: none"> Any member who attends a Maryland Physicians Care hosted clinic day may receive a \$150.00 gift card
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. ED visits/Mental Health/Substance Abuse will not meet compliance	<ul style="list-style-type: none"> Any Ambulatory Care Visit Code or well visit code Urgent Care visit codes: S9083, S9088 Claim based- Card will when MCO receives claim Any member who attends a Maryland Physicians Care hosted clinic day or completes an Ambulatory Outpatient visit may receive a \$100.00 gift card MPC is partnering with a home vendor to provide services to un-engaged populations offering members a home visit or telehealth visit for members 3-64 years of age.
Postpartum	Deliveries that had a postpartum visit on or between 7days and 84 days after delivery	<ul style="list-style-type: none"> 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
Provider collaboration	MPC is working with providers to host lead clinic days Provider offices provide; Date/Phlebotomist MPC provides: Outreach, scheduling, member incentive	Members assigned to the site who attend the clinic day will receive a \$50.00 gift card for completing the lead testing.
State Custom Lead	Any member born in 2021, Celebrating a 1 st birthday in 2022 will need to complete lead testing in 2022. Members who complete lead testing in 2022, will be compliant for the HEDIS lead testing measure in 2023.	Members who complete lead testing 09/10/2022-12/31/2022, will receive a \$50.00 gift card. This is claim based (83655). Provider and member will not need to do any additional work to receive gift card.

BCS/SSI Clinic day Schedule September- December

Members can call the outreach department directly at 410-412-8280 to schedule.

MPC will have rep on site and members will receive gift card the day of the clinic.

September				
Dundalk Advanced Radiology	Thursday	9/8	1p – 4p	BCS
Medical Park Community Radiology	Saturday	9/10	8a – 12:15	BCS
UPMC Diagnostic Ctr Western MD	Thursday	9/15	12p – 4p	BCS
Seton Imaging	Saturday	9/17	9a – 12:45	BCS
Optical Fair Dr Attman Eastpoint	Wednesday	9/21	10:30 – 2:45	SSI
Fleet St American Radiology	Tuesday	9/27	5:30p – 7:45p	BCS
October				
Greenbelt Community Radiology	Saturday	10/1	8a – 12:15	BCS
Seton Imaging	Saturday	10/15	9a – 12:45	BCS
Frederick Community Radiology	Thursday	10/20	9:15 – 11:45	BCS
Frederick Community Radiology	Thursday	10/20	1p – 4p	BCS
Optical Fair Dr Attman Eastpoint	Wednesday	10/26	10:30 – 2:45	SSI
November				
Seton Imaging	Saturday	11/12	9a – 12:45	BCS
Optical Fair Dr Attman Eastpoint	Wednesday	11/30	10:30 – 2:45	SSI
December				
Seton Imaging	Saturday	12/10	9a – 12:45	BCS
Optical Fair Dr Attman Eastpoint	Wednesday	12/21	10:30 – 2:45	SSI
Glen Burnie Advanced Radiology	Wednesday	12/21	2p – 5p	BCS

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



Pharmacy Updates

Jonathan Keyser, PharmD, MBA
Senior Director of Pharmacy

Formulary Changes

July 2022				
No Changes				
August 2022				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
Oxymorphone ER	<i>Analgesic-opioid</i>	Remove from formulary	09/19/2022	Morphine ER, Fentanyl, Oxycodone ER
Oxycodone ER	<i>Analgesic-opioid</i>	Add to formulary	09/19/2022	N/A
Morphine IR/ER	<i>Analgesic-opioid</i>	Add QL	09/19/2022	N/A
<u>Reyvow</u>	<i>Antimigraine</i>	Add to formulary w/PA	09/19/2022	N/A
Dabigatran (Pradaxa)	<i>Anticoagulant</i>	Add to formulary w/PA	09/19/2022	N/A
Albuterol HFA (Ventolin generic)	<i>Beta-agonist</i>	Remove from formulary	09/19/2022	Albuterol HFA (Proair)
Fluticasone-Salmeterol (generic Advair)	<i>ICS-LABA</i>	Add step-therapy (ST w/generic <u>Airduo</u>)	09/19/2022	Fluticasone-Salmeterol (generic <u>Airduo</u>)
<u>Wixela</u> (fluticasone-salmeterol)	<i>ICS-LABA</i>	Add step-therapy (ST w/generic <u>Airduo</u>)	09/19/2022	Fluticasone-Salmeterol (generic <u>Airduo</u>)

- ❖ Tentatively 4th quarter of 2022, MPC will be implementing new requirements regarding the injection/infusion of certain medications administered in the outpatient setting.
- ❖ MPC will require prior authorization for infusion services administered in regulated spaces such as hospital and related health systems. Infusion services administered in non-regulated settings will not require prior authorization.

Pharmacy Program: Site of Care



- ❖ Non-regulated space includes but is not limited to standalone infusion clinics and home infusion
- ❖ Medications administered in the outpatient setting will still require separate prior authorization for appropriate utilization
- ❖ There will be outreach to impacted members and providers about this upcoming outpatient infusion requirement. MPC will be providing additional communication of the change once the implementation date has been established.

Questions and Answers

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



Provider Education

Rachelle Cannon, Prevention & Wellness Manager

Topics for today's forum

Recruiting for MPC Quality Committees

Health Education Requests



Recruiting for MPC Quality Committees

YOU CAN MAKE A DIFFERENCE IN THE SERVICE WE PROVIDE!



MPC's formal medical committees, subcommittees, and ad hoc work groups advise and guide the Quality Management Program.

As a network provider, you are qualified to apply for a position on one of our quality committees.

YOU can provide valuable insight and perspective to the program!

To find out more about what committees are available and/or to apply, please contact Donna Reilly, Project Manager via email at dreilly@mpcmedicaid.com

Health Education Request Form



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 patient's needs identified in the request.

patients with low
HEALTH LITERACY...



Are more likely to visit an
EMERGENCY ROOM



Have more
HOSPITAL STAYS



Are less likely to follow
TREATMENT PLANS



Have higher
MORTALITY RATES

www.cdc.gov/phpr



Health Education Request Form



[Find a Provider](#) | [Become a Provider](#) | [About](#) | [Fraud & Abuse](#) | [Contact](#) |

[LOGIN](#)



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PROVIDER POST-SERVICES APPEALS

MPC Providers Can Now Submit
Claim Appeals Electronically

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Health Education Request Form

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Welcome to Managed Care That's Easy to Manage



Everyone at MPC truly appreciates your commitment and support in managing the healthcare of our members. We will go Above & Beyond to answer your questions and make managed care that's easier to manage.

If you have questions or need additional information, contact MPC Provider Services at **1-800-953-8854**, Option 3, or reach out to your **Provider Relations Representative**.



ATTENTION: MPC PROVIDERS

Effective January 1, 2022, Maryland Physicians Care is offering an electronic claim appeal submission tool for Provider Appeals. This is solely for the submission of Provider Appeals.



PROVIDER POST-SERVICES APPEALS

MPC Providers Can Now Submit Claim Appeals Electronically

[SUBMIT](#)



Is Your Facility Handicap Accessible?

Complete this form to identify if your facility is ADA compliant.

[Click Here](#)



Health Education Request Form



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
- Web-based resources
- Mailed or emailed material

2. Which topic would you like your patient to receive information on? (Required)

- Adult Weight Management
- Blood Pressure/Cholesterol
- Dental/Oral Health
- Better Sleep
- Fall Prevention (in and outside the home)
- Immunizations
- Men's Health
- Pre-Diabetes
- STI/STD/HIV Education
- Tobacco Education
- Other
- Asthma Management
- Children's Health
- Diabetes
- Emergency Preparedness
- Healthy Eating on a Budget
- Lead Poisoning Awareness
- Nutrition
- Questions to Ask During Doctor Visits
- Stress Management
- Women's Health

3. What barriers do you foresee getting in the way of a patient attending a FREE Health Education Program? (Required)

- COVID concerns
- Lack of time
- Transportation
- Language
- Childcare
- Cultural
- Work
- Other

Submit



COVID19 TREATMENT

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

New Omicron boosters are available!

- Bivalent, using mRNA sequence from original Covid and Omicron ba.4/ba.5
- Available for ages 12+

Speaking of vaccinations....

It's time for Influenza vaccinations

- Please remind your patients to get vaccinated
- Some patients are confusing Covid and Flu vaccines
 - They protect against totally different viruses
- This flu season is expected to be significant
 - The Australian flu season is the worst it has been in 5 years
 - Reduced amount of masking this year will impact flu season

COVID TREATMENT

- Treatments are available for Covid for patients at risk of progression to severe disease
- These reduce the risk of progression – they do not “cure” Covid
- 2 pills available – Paxlovid and Molnupiravir
- 2 infusions available – Remdesivir and monoclonal antibodies (mAb)

Risk for Severe Covid

- Immunocompromised individuals
- Unvaccinated individuals
- Age 65+
- Cancer
- Smoking status
- Heart conditions
- Chronic kidney, liver, lung, disease
- Cystic fibrosis
- Dementia or other neurological conditions
- Diabetes
- HIV
- Mental health disorders
- Obesity
- Pregnancy
- Cognitive disabilities

COVID TREATMENTS

	Route of Administration	Age	Dosing	Limitations
Paxlovid	PO	12 years+	5-day regimen	Begin within 5 days of symptoms
Molnupiravir	PO	18 years+	5-day regimen	Begin within 5 days of symptoms
mAb	IV	12 years+	1-time infusion	Begin within 5 days of symptoms
Remdesivir	IV	3.5kg +	3-daily infusions	Begin within 7 days of symptoms

COVID TREATMENTS

- Paxlovid and Molnupiravir available in pharmacies
- mAb and Remdesivir infusions available at most medical centers
 - Each facility has a different process for infusions

The CDC recommends Paxlovid, followed by Remdesivir, for outpatient treatment.

Use other therapies only when these are not available.

COVID PROPHYLAXIS

- Vaccination is still the best option
- For those unable to be vaccinated, or with significant immunosuppression, there is Evusheld
 - For ages 12 years+
- Given every 6 months
- Must be administered before Covid exposure or infection