



Provider maryland physicians care Medicaid with a Heart

NEWSLETTER

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MPC NEEDS YOUR HELP!



HELP YOUR PATIENTS KEEP THEIR MEDICAID COVERAGE WITH MPC!

Once the Public Health Emergency (PHE) ends, all members will be required to renew their coverage. The Maryland Department of Health (MDH) will send members a notice when it is time to renew. Help make sure that your patients receive their notice from MDH. Encourage them to take these simple steps to update their information now:



1. [Visit Maryland Health Connection's website.](#)
2. [Log into or create an account.](#)
3. [Verify their mailing address, phone number, and email address.](#)

They can also update their mailing address, phone number, and email address by calling the Maryland Health Connection at 855-642-8572.

Effective 1/1/23 Change in Adult Dental Benefit



Maryland Medicaid will start providing dental coverage to adults beginning January 1, 2023. HealthChoice members will now be covered under the Maryland Healthy Smiles Dental Program (MHSDP). The MHSDP program will provide comprehensive dental services. These include:

- Regular checkups and cleanings
- X-rays
- Fillings
- Extractions
- And more

You can now refer your patients for adult dental services to the Maryland Healthy Smiles Program at 1-855-934-9812.

Due to Maryland Medicaid's adult dental coverage, MPC will no longer cover adult dental services as of 1/1/2023.

Pharmacy Benefit Coverage

Maryland Physicians Care is committed to delivering our membership a cost-effective and inclusive medication formulary. 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: [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 prior authorizations or requests for a printed copy of our PDL, please call 1-800-953-8854.



Maryland Healthy Kids Program / EPSDT

The Maryland Department of Health (MDH) requires Primary Care Providers (PCPs) treating members under 21 years old to become EPSDT-Certified. MPC cannot assign members to a PCP's panel without a parent's consent if the provider is not EPSDT-Certified. To find out more about the application and certification process, visit <https://health.maryland.gov/mmcp/epsdt/pages/home.aspx>.

At their site, you can also find resources such as:

- Childhood immunization schedules
- Preventive health schedules
- Recommended forms for use during wellness visits
- Billing guidelines
- Other valuable resources



2022 MEMBER SATISFACTION RESULTS ARE AVAILABLE!

The Consumer Assessment of Healthcare Providers 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 2022 CAHPS® Survey Results for both Children and Adults are available on the [website](#) and here [2022 Satisfaction Survey Results \(PDF\)](#). Provider-specific results are not available as the survey is anonymous. However, if you want 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.

HIV/AIDS Awareness



December is National
HIV/AIDS Awareness month.

The goal is to spread information about testing and treatment, reduce the stigma around HIV/AIDS, help those living with it, and honor those who have passed on.

The CDC offers clinicians a [digital toolkit](#) that contains resources from the [Let's Stop HIV Together](#) campaign to support you, your colleagues, and your partners in communicating about HIV screening, treatment, and prevention. The toolkit is perfect for providers looking to apply digital strategies to help increase HIV screening, promote prevention strategies for at-risk patients, and improve patient care through treatment and viral suppression. It includes guidance, social media content, multimedia and digital products, and other tools to initiate or enhance your digital HIV outreach.

Family Planning Services

Did you know 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 a 12-month supply to be dispensed for refills)
- Emergency contraceptives and condoms without a prescription
- Voluntary sterilization procedures (Sterilization procedures are not self-referred; members must be 21 years of age and must use an in-network provider or have authorization for out-of-network care.)



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, your staff, and 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 the following:

- Noncompliant members
- New diagnoses
- Complex multiple comorbidities

Providers may make a referral by contacting our Special Needs Coordinator at:

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

Fax: 1-844-284-7698

Email: MPCSNC@mpcmedicaid.com

UM Affirmative Statement Regarding Incentives

MPC bases UM decision-making only on the appropriateness/medical necessity of the care and service 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 decisionmakers to encourage underutilization.

If you want a copy of this statement, you can contact MPC's Utilization Department by calling 1-800-953-8854 and following the prompts to the Customer Service Department.

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 include:

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

The UM decision-making criteria is available upon receiving a denial. If you want a copy, you can contact MPC's Utilization Department by calling 800-953-8854 and following the prompts to the Customer Service Department.



Discussing a Denial with our Medical Director



If a request for service 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 (P2P).

The intent of the Peer-to-Peer is to discuss the denial reason with the ordering clinician or attending physician.

To request a Peer-to-Peer regarding a denial, please call **410-412-8297** and leave the following information:

- Member name
- Member DOB
- Authorization # (if known)
- Caller's name and contact information
- Provider name (Clinician to perform P2P)
- Provider phone number
- Provider's available dates and time(s) (MPC will try to accommodate the provider's availability, but please note that if the provider's availability is more than three (3) business days from the date of the request, the provider must file an appeal.)



Maryland Physicians Care must receive the Peer-to-Peer request 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.

For Pharmacy services or Medications reviewed by ESI (Express Scripts Inc), please contact Express Scripts for Peer-to-Peer requests at [1-800-753-2851](tel:1-800-753-2851).

For services reviewed and denied by NIA (National Imaging Assoc), please contact NIA for Peer-to-Peer questions at [1-800-424-4836](tel:1-800-424-4836).



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, can help identify gaps in care or alert of overuse of emergency services.
- Encounter Notification Service (ENS) to alert 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 the continuity of care by providing 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, visit [here](#).





Coding Corner:

New Clearinghouse

Effective December 14, 2022, MPC will use Availity to provide EDI clearinghouse services. **MPC's Payer ID will remain the same.** Providers can register to access the Availity Essentials Portal at www.availity.com.

Outpatient Facility (O13X Bill-Type) Claims Billing Requirement Reminder: REVENUE CODES 0250, 0258, 0636, or 0637

- Revenue Codes 0250, 0258, 0636, or 0637 must always include a valid NDC billed on claims.
- Effective 12/01/2022, MPC will deny outpatient facility services for revenue codes 0250, 0258, 0636, or 0637 if the NDC is missing or invalid.

Administration Fee for Injectables (All Provider Types)

- Administration Fee for injectables (96372-96379) must be submitted with an allowable injectable code (drug or substance abuse service).
- Injectables are not payable when billed without one of the following injectable codes J0001-J9999, Q0001-Q9999, S0001-S9999, and C0001-C9999 for the same date of service.
- Effective 01/01/2023, MPC will deny injectables if not billed with a corresponding drug.

Allergy Services Update

- Allergy immunotherapy ordered by providers other than board-certified allergists or board-certified ENT physicians is considered not medically necessary and is not allowed.
- To ensure the potency and efficacy of the antigens, the provision of multiple-dose vials (CPT 95165) is restricted to sufficient antigen for not more than 120 doses in 12 months when ordered by a board-certified allergist or board-certified ENT physician.
- Subcutaneous immunotherapy performed in the home setting (POS 12) is considered experimental and investigational and is not covered.
- MPC's Allergy Immunotherapy Policy can be found [here](#).

NCCI Edits

MPC follows the standard NCCI edits.

Pharmacy Reminder

As previously mentioned, MPC reimburses physician-administered/ordered standard drug pricing billed on professional claims at the MDH fee schedule.

Self-Service Options

There are many time-saving and beneficial self-service options available to providers. 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 claims
- View and submit service authorizations
- Communicate with us through secure messaging
- Maintain multiple providers on one account
- Control website access for your office.

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
- Submit assessments to provide better patient care
- Learn about MPC's Diabetes Prevention Program.

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

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 by calling MPC’s Compliance Hotline at 1-866-781-6403 or going online at [MPC Fraud and Abuse](#).

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 our secure provider portal at mpcMedicaid.com/login. Please let us know at least 30 days before you expect a change to your information.

