



**Maryland Physicians Care 2nd Quarter Provider Forum**  
**June 15, 2023**

# Provider Forum Agenda



## **Operation Updates – Adrienne Bennett, Sr. Director Provider Management**

- Quick Reference Guide (QRG)
- Non-Emergency Medical Transportation (NEMT)
- Claims Billing Requirement Reminders
- Provider Data Integrity
- Quarterly Provider Newsletter
- Member Redetermination Reminder
- Provider Portal: Member Redetermination Panel Report

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

**Health Education – Rachelle Cannon, Prevention & Wellness Manager**

**Care Management – Angela Hart, Director of Care Management**

**Pharmacy Updates – Dr. Jonathan Keyser, Sr. Director Pharmacy**

**Medical Management – Dr. Bruce VanDerver, Chief Medical Officer**



**Operation Updates**

# Quick Reference Guide (QRG)



MPC wants to keep you informed. We have updated our QRG. Please be sure to check it out. [Quick Reference Guide.](#)

## Helpful Information at Your Fingertips

If you have questions or need additional information, contact **MPC Provider Services** at **1-800-953-8854**, or reach out to your Provider Relations Representative. Providers may email MPC to update their demographic data and ask about credentialing or enrollment at [ProviderDataManagement@mpcMedicaid.com](mailto:ProviderDataManagement@mpcMedicaid.com).

### Provider Relations

MPC providers have designated Provider Relations Representatives based on the practice/group location. This specialist will be your primary contact with MPC and will keep you updated on any policy changes. To find your Provider Relations Representative, visit the territory contact list found at [mpcMedicaid.com/pr](http://mpcMedicaid.com/pr).

### Translation Services

Providers may contact **MPC Provider Services** at **1-800-953-8854**, which will link to a translation service (telephonic only).

### About MPC

**Maryland Physicians Care (MPC)** is a locally managed care organization owned by Ascension Saint Agnes, Holy Cross Health, Meritus Health, and UPMC Western Maryland. MPC administers health care services to Maryland's HealthChoice enrollees. HealthChoice is a program of the Maryland Department of Health.

### Maryland Physicians Care (MPC)

**Phone: 1-800-953-8854**  
**Fax: 1-866-333-8024**



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### Medical Management

Scheduled Inpatient and Outpatient  
Prior Authorization  
**Fax: 1-800-953-8856**

Notice of Admission  
**Fax: 1-844-385-4169**

Concurrent Review/Clinical Information  
**Fax: 1-855-905-5939**

Special Needs Coordinator  
**Fax: 1-844-284-7698**

Verify and submit authorizations  
through [mpcMedicaid.com/login](http://mpcMedicaid.com/login)

### Specialty Services

High Tech Radiology Imaging - National  
Imaging Associates (NIA)  
**Phone: 1-800-424-4836 | radmd.com**

Non-Emergent Medical Transportation (NEMT)  
**Phone: 1-800-953-8854**

Routine Vision Services - Superior Vision  
**Phone: 1-800-428-8789**

Maryland Healthy Smiles Dental Program  
**Phone: 1-855-934-9812**

Pharmacy Services - Express Scripts  
**Phone: 1-800-753-2851**  
**Fax: 1-877-251-5896**  
**RxBIN: 610084**

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## Ways to Connect with MPC



### PHONE 1-800-953-8854

- Contact Customer Service Monday-Friday | 8 am - 5 pm, EST
- Claim Status
- Request Provider Education or Orientation Session
- Network Participation
- Member Eligibility



### WEBSITE [mpcMedicaid.com/providers](http://mpcMedicaid.com/providers)

- Provider Manual
- Provider Forms
- Guides and FAQs
- Prior Authorization Checker Tool
- Health Plan News
- Clinical Guidelines
- Change or Update Demographic Information
- Electronic Claims Appeals Submission



### SECURE PORTAL [mpcMedicaid.com/login](http://mpcMedicaid.com/login)

- Member Eligibility
- PCP Verification
- PCP Panel Lists
- Submit Authorization/Check Status



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### Claims Payment

MPC uses InstaMed to provide free Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

To register, visit [instamed.com/eraeft](http://instamed.com/eraeft) or call **1-866-945-7990**.

### Manage Claims

Submit claims for free through MPC's secure web portal: [mpcMedicaid.com/login](http://mpcMedicaid.com/login)

Electronic Clearinghouse Availability  
**Payor ID - 76498**  
**Phone: 1-800-282-4548**

Mail paper claims to:  
**Maryland Physicians Care**  
**P.O. Box 21099**  
**Eagan, MN 55121**

### Authorization Requests

Submit authorizations for free through MPC's secure web portal: [mpcMedicaid.com/login](http://mpcMedicaid.com/login)

**Fax: 1-800-953-8856**  
**Phone: 1-800-953-8854**

**Claims can be reviewed at [mpcMedicaid.com/login](http://mpcMedicaid.com/login) using the same user name and password.**

### Submit Appeals

Appeals must be submitted within 90 days of the claim remittance advice, or it will be denied for timely submission.

Complete Appeal Form at [mpcMedicaid.com/providers/forms](http://mpcMedicaid.com/providers/forms).

Claim Appeals can be submitted electronically at [providerappeals.marylandphysicianscare.com](http://providerappeals.marylandphysicianscare.com) or  
**Fax: 1-833-656-0648**

Mail form and medical records for claims to:  
**Maryland Physicians Care**  
**P.O. Box 1104**  
**Portland, ME 04104**

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# Non-Emergent Medical Transportation (NEMT)



If a member needs transportation assistance contact the local health department (LHD) to assist members in accessing non-emergency medical transportation services (NEMT). Maryland Physicians Care will cooperate with and make reasonable efforts to accommodate logistical and scheduling concerns of the LHD.



MCO Transportation Assistance Under certain circumstances Maryland Physicians Care may provide limited transportation assistance when members do not qualify for NEMT through the LHD. Maryland Physicians Care provides non-emergency transportation to access a covered service if we choose to provide the service at a location that is outside of the closest county in which the service is available.

# Claims Billing Requirement Reminder



## Continuous Glucose Monitoring Authorization Requirements

- Maryland Physicians Care (MPC) has updated its approved HCPCS code to include the HCPCS codes for the glucose monitor, E2102 and E2103 and the supplies, A4238 and A4239. Prior authorization continues to be required for the glucose monitor, E2102 and E2103. Effective immediately, please submit all new prior authorization requests for the monitor with the new E codes
- Effective June 1, 2023, MPC discontinued reimbursement for HCPCS codes A9277 and A9278 and A9279

## HCPCS Code S9088 Not Covered by HealthChoice Program

- Maryland Physicians Care (MPC) has confirmed that the HealthChoice Program does not cover HCPCS Code S9088, Services provided in an Urgent Care Center
- Effective June 1, 2023, MPC will deny HCPCS Code S9088 for dates of service on or after June 1, 2023



# Provider Data Integrity

Please contact us within ten days whenever you have changes to your demographic information, including accepting new patients.



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.

MPC conducts roster reconciliation regularly.

# 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!**

[Newsletter Signup - Maryland Physicians Care](#)

[Enroll with MPC ▾](#)

[For Members ▾](#)

[MPC Well Connected ▾](#)

[For Providers ▾](#)

[I Need Help With ▾](#)

[Coronavirus ▾](#)

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[Contact](#)

[Find a Provider](#)

[For Members](#)

[For Providers](#)

[Login to My MPC Source](#)

## Newsletter Signup

Sign up for the Maryland Physicians Care Newsletter to receive information about upcoming screenings, health news, and free resources, sent directly to your inbox.

**Name \***

First

Last

**Email \***

**Zip Code \***

**I am a... \***

☐ MPC Member

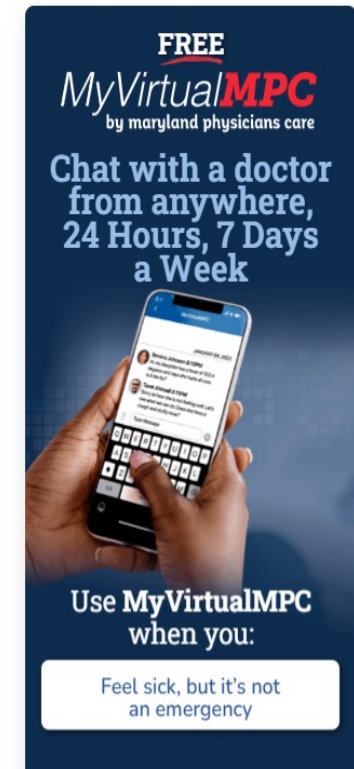
☐ MPC Provider

☐ Other

**Privacy Policy \***

☐ I agree with the terms and conditions of the [privacy policy](#).

- All Maryland Physicians Care emails include an unsubscribe link and you may opt-out at any time. See our [privacy policy](#).





# Member Redetermination Reminder



## HELP YOUR PATIENTS KEEP THEIR MEDICAID COVERAGE WITH MPC!

**Changes are coming to Maryland Medicaid.**

Medicaid renewals **will not** be automatic this year. Your patients **will** need to renew their coverage with Maryland Health Connection this year to keep their health insurance benefits.

Patients can renew their insurance by:

1. **GOING ONLINE** to Maryland's Health Connection at <https://marylandhealthconnection.gov/checkin>
2. **CALLING** Maryland's Health Connection's Customer Service at 855-642-8572
3. **VISITING** MPC's website at [mpcMedicaid.com/renew-membership](http://mpcMedicaid.com/renew-membership)

**REMIN**D your patients to take these very important steps to keep their MPC coverage.

For more information to assist your patients, please visit the MDH website at [health.maryland.gov/mmcp/Pages/home.aspx](http://health.maryland.gov/mmcp/Pages/home.aspx).

Please contact MPC's Provider Relations Department at 800-953-8854, Option 2, with any questions, concerns, or for additional assistance.

# New on the Provider Portal Member Redetermination Panel Report

We are pleased to announce that a new report is available for you to identify the member's redetermination status on your panel.

- Login to the provider portal
- Go to "Tools & Resources" and then click on "Document List"
- Click on the small red search button below the Last Name field
- At the very bottom of the screen your Member Redetermination Panel Report will show, if present
- Click on the icon in front of the Report Title
- Open the Excel file that shows on the bottom of your screen for the report

*You can also use the provider portal for quick question responses through provider forums, provider relations outreach, customer service contacts and newsletters.*



# Questions and Answers



***Thank You!***



**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.

# Well Child Visit (WCV)



- **No limits on well visits-** The visits do not have to wait for a full year to pass (members can have multiple well visits in one year)
- Well visits are based on **Administrative data only** (Compliance can only be achieved via claim submission)
- Consider turning sick visits into well visits when appropriate
- Visits must be with a primary care provider but does not have to be the PCP they are assigned to

CPT Codes	
99382	Preventive visit new patient age: 1 to 4 years
99383	Preventive visit new patient age: 5 to 11 years
99384	Preventive visit new patient age: 12 to 17 years
99385	Preventive visit new patient age: 18 to 39 years
99392	Preventive visit established patient age: 1 to 4 years
99393	Preventive visit established patient age: 5 to 11 years
99394	Preventive visit established patient age: 12 to 17 years
99395	Preventive visit established patient age: 18 to 39 years



# Weight Counseling for Children (WCC)



## Description

Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and evidence of the following during the measurement year:

- BMI percentile documentation (documentation of BMI value alone is not sufficient)
- Counseling for nutrition
- Counseling for physical activity

## Helpful Hints

- Anticipatory guidance regarding weight, diet, nutrition, and physical activity are valid for the WCC measure whether rendered during a sick or well visit and includes telehealth.
- Include BMI percentile ICD-10 coding on the claim and document in the health record via growth chart or documented as a percentile for sick or well visits including telehealth. Member reported height and weight can be used to calculate and document BMI percentile.
- Include Nutritional and Physical Activity Counseling ICD-10 coding on the claim and document in the health record.

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

# Cervical Cancer Screening-CCS

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

- Women age 21–64 who had cervical cytology (PAP) performed every 3 years
- Women age 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 ≥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 2022, a well visit that occurs in March of 2023 and again in December of 2023 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.

# Clinic days



Maryland Physicians Care (MPC) partners with Specialists/Providers in the community to offer clinic days. Clinic days provide direct Gap closures. MPC provides all outreach and scheduling. MPC reps are on site the day of the event and provide members a \$75.00 gift card once their appointment is completed. Members can call 410-412-8280 to schedule.

## Clinics:

- BCS (State-Wide)
- Diabetic Eye (Baltimore)
- SSI Adult/Child (Baltimore)
- Lead (Baltimore)
- **New:** Lead/SSI (Montgomery and PG County- Casa Ruben June 10th)
- **New:** Baltimore Health Event- SSI Adult, SSI Child, Lead, Diabetic Eye

## Meet The Outreach Team



**Angela Tabbs**  
(ATABBS) HEDIS Outreach Coord



**Mayra Dixon**  
(MDIXON) HEDIS Outreach Coord



**Muslimah Furr**  
(MFURR) HEDIS Outreach Coord



**Yonic Machado**  
(YMACHADO) HEDIS Outreach Coord



**Alicia Villatoro**  
(AVILLATORO) HEDIS Outreach Coord



**Mary Collier**  
(MCOLLIER) Sr HED Outreach Team Lead

# Go on your own: Member Incentives

MPC provides members with a health reward when members schedule and complete care on their own. The reward focuses on a select population/measure and is claim based. Members are required to complete registration to obtain their gift card -[HEDIS Incentive Registration Page - Maryland Physicians Care](#).


## Calendar Year 2023 Incentives

- \$75 for Breast Cancer Screening (April-October)
- \$50 for Postpartum (7 to 84 days after delivery)
- \$50 for Diabetic Eye Screening (July-September)



You may qualify for an incentive gift card from Maryland Physicians Care. MPC members who have completed a specified prevention and wellness health event during 2023 are eligible.

To qualify for the gift card, MPC members should fill out the form entirely. MPC will verify that the member qualifies before sending the gift card. If you have any questions, contact our HEDIS Department at [410-412-8280](tel:410-412-8280).

 Note: Completion of the redemption form does not guarantee a gift card. Gift cards may take up to 6-8 weeks to arrive.



# 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](mailto:Sturner@MPCmedicaid.com) (preferred)

Outreach: 410-412-8280

Cell 410-412-0394



**Provider Education**

# You Can Make A Difference in the Services We Provide

MPC's formal medical committees, subcommittees, and ad hoc work groups advise and guide the Quality Management Program. These committees integrate MPC's medical functions, operations, and network into the Quality Management Program.

As a network provider, you are qualified to apply for a position on one of our quality committees and can provide valuable insight and perspective on 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](mailto:dreilly@mpcmedicaid.com).

# Quality Management/ Utilization Management Committee (QMUM)

Meets 6 Times Per Year

The **QMUM Committee** advises and makes recommendations to the Chief Medical Officer and the Quality Management Oversight Committee regarding the development and implementation of the Quality and Utilization Program. Committee responsibilities include but are not limited to:

- Conducting peer reviews;
- Investigating quality of care or service and patient safety issues;
- Reviewing and approving program improvement plans, clinical guidelines, trends in quality and utilization indicators;
- Reviewing results of member and provider satisfaction surveys;
- Reviewing and approving program descriptions, annual work plans, and annual program evaluations related to quality and utilization; and
- Reviewing data sets and general utilization information, such as member demographics, costs, and outcomes from monitoring utilization indicators.

# Credentialing Committee (CC)

Meets 10 Time Per Year

The **CC** acts as advisor to the Chief Medical Officer or designee and conducts peer review of credentialing files for practitioners seeking initial or continuing approval to participate in the MPC provider network. Committee responsibilities include, but are not limited to:

- Evaluating results of health facility site reviews and medical record keeping reviews, when indicated;
- Reviewing and approving credentialing audit reports for entities with delegated credentialing;
- Reviewing, approving, denying, or recommending revisions to program description/policies related to credentialing and recredentialing functions; and
- Conducting off-cycle peer review evaluations and making recommendations regarding follow-up actions, as warranted, referred from ongoing practitioner monitoring activities.




# Pharmacy and Therapeutic Committee (P&T)

Meets at least 4 Times Per Year



The **P&T Committee** advises and makes recommendations to the Chief Medical Officer and the corporate office Pharmacy Department regarding the MPC Pharmacy Program. Committee Responsibilities include, but are not limited to:

- Reviewing drug utilization data, clinical and patient safety information, medical literature, and making recommendations about additions to the Preferred Drug List/Formulary;
  - Reviewing and making recommendations regarding member and provider educational materials and programs;
  - Reviewing and evaluating oversight/monitoring information related to contracted pharmacy services;
  - Evaluating and recommending new technology related to medications and other pharmacy products; and
  - Reviewing requests from providers for changes to the Preferred Drug List/Formulary.
- 



# To Find Out More...



To apply or find out more about any of our quality committees, please contact:



**Donna Reilly, Project Manager** at  
[dreilly@mpcmedicaid.com](mailto:dreilly@mpcmedicaid.com).



# CARE MANAGEMENT

CYCLE IN/OUT/GENERAL

# INTRODUCTION

**Care Management at MPC** is a team-based approach designed to assist members and their caregivers with managing medical conditions effectively.

We have highly trained nurses, health educators, community health workers, care coordinators, and social workers who can:

- help members understand their health problems
- teach them how to manage illness and medications
- assist with any social determinate issues they may have interfering with getting to appointments or managing their health
- provide resources in the community that may be beneficial



# CLINICAL PROGRAMS

## NCQA Programs

- **Catastrophic Care:**
  - Complex medical and care coordination needs due to serious medical condition(s), injury or event
- **Complex Care:**
  - High risk members with one or more chronic diseases and high care coordination needs
- **Condition Care:**
  - Moderate risk DM for: Asthma, COPD, CAD, Diabetes, CHF, HTN
- **Transitions of Care:**
  - Members transitioning from acute care setting to home identified as high risk for readmission

## Non-NCQA Programs

- **Care Compass:**
  - HRA assessments
  - Care Management Screenings
  - SDoH needs
  - Access to care
  - Care coordination needs
- **Pregnancy Care:**
  - High risk pregnancy through 60 days post partum
- **HIV Care:**
  - Members with HIV that are not linked to services
- **Corrective Managed Care:**
  - Pharmacy Lock-In Program

# MATERNAL OPIOID MISUSE (MOM) PROGRAM



**We got you.**

Pregnancy can be hard. The MOM program can help make it easier.

If you are pregnant, on Medicaid, and using opioids, **hope and help** is here. Contact the MOM program today [health.maryland.gov/enrollMOM](https://health.maryland.gov/enrollMOM).



## What is the MOM program?

- The MOM program offers care management services, helping members connect all the care services needed for the health, wellbeing, treatment, and recovery of soon to be parents and infants who have an opioid use disorder (OUD). Services provided during pregnancy and up to one year after delivery.

## How does MOM care management work?

- A care manager will meet with members at least monthly, working together to develop a care plan that is best for them and their baby.
- What do the Care Managers discuss?
  - Mental and physical health needs
  - Treatment goals
  - Basic healthy lifestyle needs and supports
  - How to avoid overdose
  - Medicine for opioid treatment
  - Other opioid treatments while pregnant
  - Local resources

# REFERRING TO CARE MANAGEMENT

## Who?

MPC Special Needs  
Coordinator

Kerry O'Malley, RN, BSN

- Email:  
[MPCSNCR@mpcmedicaid.com](mailto:MPCSNCR@mpcmedicaid.com)
- Phone: 443-300-7325
- Fax: 1-844-284-7698

## How?

Member Name

DOB

MA#

Current Phone#

Reason for the referral

**\*\*Also helpful if member  
is made aware of the  
referral and anticipates  
the outreach**

## What?

Chronic illnesses

Catastrophic care

Condition care

Transitions of care

Care coordination

High risk pregnancy

SDoH



# MY VIRTUAL MPC

MPC members have free access to doctors 24/7.

Virtual (text) chats and video chats may address minor injuries, non-emergency illness, prescription refills (excluding controlled substances) and answers to general medical questions



**Chat with a doctor from anywhere, even after hours!**

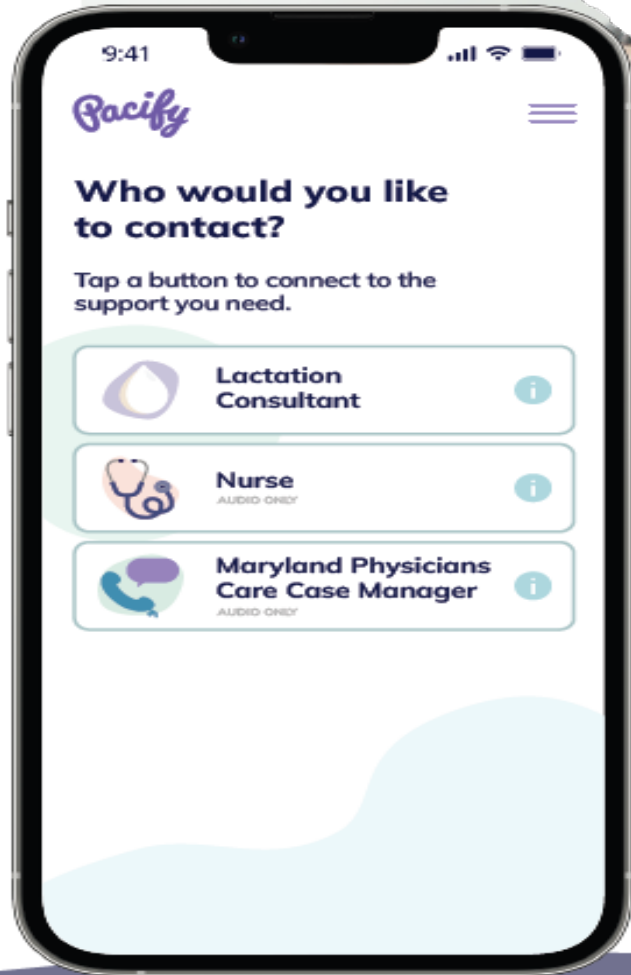
Send a secure chat message, share images, or video with a local doctor — **at no additional cost to you!**

**MyVirtualMPC**  
by maryland physicians care



**DOWNLOAD NOW**

The MPC logo consists of the letters "MPC" in a bold, white, sans-serif font, set against a dark blue rounded square background.



**Pacify** connects you with:

**Pacify Lactation Consultants:**

Available 24/7 via video

**Nurses:** Available 24/7 via phone

**Maryland Physicians Care Case Managers:**

Available 8am-5pm Monday - Friday via phone

Call to get help with:

- Breastfeeding
- Pumping
- Formula
- First foods
- Fever
- Rash
- Earaches
- Crying
- Safe sleep

and even about your benefits or scheduling an appointment with a doctor - as often as you need to, all at no cost!

# STAYING CONNECTED



NXXT Telecom offers free smart devices and service for qualifying customers, under the Federal Affordable Connectivity Program.



Our members can qualify for 1 smart phone and/or tablet



We can assist with applications, and most are approved within hours. Device is received within 5-7 days, once approved.

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# QUESTIONS?

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**Pharmacy Updates**

# FORMULARY CHANGES

April 2023				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
No Changes				
May 2023				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
Amjevita	<i>Rheumatological Agent</i>	Add to formulary	05/03/2023	Enbrel, Humira, Xeljanz
June 2023				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
Rezvoglar	<i>Insulin</i>	Add to formulary	06/19/2023	Insulin glargine-YGFN

## MPC PHARMACY PROGRAM

- Medical Rx PA Form Update
  - Effective August 1, 2023, MPC will be implementing new requirements for completing the Medical Rx prior authorization request form.
  - The updated form possesses a “Site of Service” section that MPC has added to confirm the infusion service setting.
  - This will help minimize the administrative burden for our providers requesting medication infusions under the Site of Service program that went live on April 1, 2023.



# MPC PHARMACY PROGRAM

- Medical Rx PA Form Update
  - The Site of Service section will need to be completed for every medical Rx infusion prior authorization request submitted to MPC.

Site of Service – **This section must be completed.**

Please select the infusion service administration setting:

<input type="checkbox"/> Standalone ambulatory infusion site, off-campus	<input type="checkbox"/> Outpatient hospital
<input type="checkbox"/> Home infusion	<input type="checkbox"/> Infusion center on hospital campus
<input type="checkbox"/> Standalone provider office	

## MPC PHARMACY PROGRAM

- Autoimmune Pilot Termination

- Effective June 1, 2023, MPC terminated our autoimmune pilot with Eviti.
- Starting on June 1, 2023, requests for the medications listed on the following slide must be submitted to our PBM, Express Scripts (ESI), for review and processing under the pharmacy benefit or to MPC for review and processing under the medical benefit.
- This update is only for the autoimmune pilot with Eviti and does not impact the MPC partnership with the Eviti Oncology platform.

# MPC PHARMACY PROGRAM

## Pharmacy Benefit Medications:

Humira	Ilaris (canakinumab)	Otezla
Acthar Gel	Enbrel	Simponi Subq
Tremfya	Benlysta Subq	Stelara IV/Subq
Fasenra	Ilaris	Taltz
Orencia Subq	Kevzara	Xeljanz
Nucala	Skyrizi IV/Subq	Cimzia
Actemra Subq	Rinvoq	Kineret
Cosentyx		

## Medical Benefit Medications:

Orencia IV	Benlysta IV	Actemra IV
Simponi Aria IV		

# MPC PHARMACY PROGRAM

## Autoimmune Pilot Termination

- For medications reviewed under the pharmacy benefit, providers must submit their prior authorization requests to ESI via e-PA system, fax at 1-877-251-5896 or may call directly into the ESI PA system at 1-800-753-2851 to initiate a prior authorization review.
- For medications reviewed under the medical benefit, providers must submit their prior authorization requests to MPC via fax at 1-800-953-8856 and may call MPC with any questions at 1-800-953-8854.
- If you have any questions regarding the termination of this pilot, please reach out to our provider relations phone number at 1-800-953-8854.

# Questions and Answers

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



**CMO Corner**  
**June 15, 2023**

**MPC began requiring outpatient procedures be performed in Ambulatory Surgery Centers (ASC) 10 years ago**

- Began with GI and GU procedures
- Cost for ASC is up to ¼ the cost of outpatient hospital
- Expanded to Orthopedic and Pain Management in late Summer 2022
- GYN and General Surgery started in Spring 2023

**Expectation that any procedure that can be performed in an ASC, will be performed in an ASC**



## **Many procedures do not require PA if done in an ASC**

- Outpatient hospital will typically require PA in these cases for Place of Service
- We are not looking for clinical justification for the procedure in those instances
- We want to know the clinical rationale that the procedure cannot be done in an ASC

## **If you have privileges with an ASC not in the MPC network – LET US KNOW!**

- MPC will try to contract with them

**Similar to the ASC policy, MPC is requiring that certain administered medications that can be provided in unregulated space be provided in unregulated space**

- Normally, regulated space is any facility on a hospital campus
- It can include outpatient infusion centers, physician offices, etc.
- When in doubt, ask your finance people

**Unlike the ASC policy, most of these medications require PA**

- Will continue to require PA for medical necessity of the medication
- If done in regulated space, will also need PA for Place of Service
- This is done with one PA request (we will handle it all internally)

<b>IVIG</b>	<b>Entyvio</b>	<b>Vyvgart</b>
<b>Iron Infusions</b>	<b>Antibiotics</b>	<b>Vyepti</b>
<b>Infliximab</b>	<b>Antifungals</b>	<b>Lemtrada</b>
<b>Ocrevus</b>		<b>Tysabri</b>

## Options for infusion:

- Unregulated infusion centers
- Physician office infusion center
- Home infusion

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# QUESTIONS?

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# MPC Provider Forum Feedback Survey

