# physicians care Help is Here

# 3<sup>Rd</sup> Quarter Provider Forum 2023 September 21, 2023

## **Provider Forum Agenda**

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

- New on the Provider Portal Member Roster Redetermination Report
- Billing and Claims Reminders
- Provider Overpayment Refunds
- Provider Data Integrity
- Electronic Appeals Submission

Quality Improvement /HEDIS Outreach – Sammi Turner, Quality Improvement Manager Health Education – Rachelle Cannon, Prevention & Wellness Manager Case Management – Mary Leitch, VP, Medical Management Population Health – Dr. Lorena De Leon, Sr. Director, Population Health and SDOH Pharmacy Updates – Dr. Jonathan Keyser, Sr. Director, Pharmacy Medical Management – Dr. Bruce VanDerver, Chief Medical Officer



## **Provider Portal Member Roster Redetermination Report**

#### NEW FOR PCPS: MPC PATIENT MEDICAID RENEWAL PANEL REPORT AVAILABLE

MPC developed for PCP practices a report of your *patients with MPC Coverage* that are up for their *Medicaid redetermination to keep MPC coverage*.

The *monthly Patient Panel Renewal Report* is available on the MPC Provider Portal.

Your Patient Renewal Report includes the list of members that are due for Medicaid redetermination in the next 90 days and includes the date the member will lose Medicaid and MPC coverage if they do not take action to renew for benefits. This report will be updated monthly. This data is based on files received from MDH and subject to change.

#### PLEASE HELP YOUR PATIENTS KEEP THEIR MEDICAID and MPC COVERAGE!

#### How to retrieve your Member Roster Redetermination report:

- Login into the Maryland Physicians Care Portal using your credentials
- Go to the 'Tools and Resources' tab and select 'Document List' at the bottom
- □ Click on the small Red Search button below the Last Name field
- At the very bottom of the screen your Member Roster Redetermination 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

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



# **Billing and Claims Reminders**

# Attention Ordering Physicians and Laboratories:

Attention Ordering Physicians and Laboratories: Effective August 1, 2023, MD Medicaid coverage is now available for Biomarker Genetic testing for Cancers. Prior authorization is required for Biomarker testing. Please use MPC's code checker web tool **Services - Prior Authorization - Maryland** Physicians Care on MPC's website to confirm that prior authorization is required prior to ordering biomarker testing. The ordering Physician should request prior authorization, and we recommend the laboratory should not perform biomarker testing without confirming prior authorization. Prior authorization is not a guarantee for reimbursement

# **ER Sudden and Serious**

Please note that <u>ER Sudden and Serious</u> <u>List (PDF)</u> has been updated and shared on our website under Provider Resources (Billing and Claims section). This list includes ICD-10 codes designating an emergency room visit that require immediate medical attention which will automatically adjudicate hospital claims.



# **Cont. Billing and Claims Reminders**

#### ASC Group Payment Reimbursement Change

Effective September 1, 2023, Maryland Physicians Care allows additional reimbursement as a bill-above for high cost implantable billed by an Ambulatory Surgery Center. An invoice with the items must accompany the claim submission. The invoice must include the member's name, identification number, HCPCS codes and per item price. See MPC's website at the following link for a list of these items: **Billing** and Claims - Maryland Physicians Care



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# **Provider Overpayment Refunds**

Federal and State regulations require providers to routinely audit claims for overpayments. Medicaid funds that were improperly paid or overpaid must be returned within <u>60 days</u> of discovery. If your practice determines it has received an overpayment or improper payments, you are required to return the overpayment to Maryland Physicians Care (MPC) within <u>45 days</u> calendar days after the date the overpayment notification.

Under the requirements of the Maryland Medicaid HealthChoice program and/or your provider contract, you are obligated to cooperate with MPC to secure the return of any overpayment or payment made in error. Failure to comply, MPC will offset the overpayment amount due against future claims.

Overpayments should be returned along with the reason for the overpayment and a copy of the

Explanation of Payment(s) to: Maryland Physicians Care P.O. Box 22655 New York, NY 10087-2655



# **Provider Data Integrity**



Please contact MPC 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.



# **Electronic Claims Appeals Submission**



Reminder you can submit appeals electronically. Just Click to Submit your claim appeals electronically. Here are some reasons to try it today!

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

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# **Questions and Answers**





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# Quality Improvement-HEDIS Outreach

Presented by: Sammi Turner

## HEDIS Prospective Chart Review Findings CY 2023

Missed Opportunities for capturing post-partum care visits. Members are seen in the postpartum period (7-84 days after delivery), but the claim does not reflect the correct code to capture as a postpartum visit.

BMI % and Counseling for Nutrition and Physical activity is addressed during the visit, but codes are not submitted on the claim

CIS- Members are missing their 4th DTaP or it is given out of date range.



## **Postpartum and Prenatal Care (PPC)**

#### Description

Women who had a live birth(s) between October 8, 2022 and October 7, 2023. The measure assesses:

- **Timeliness of Prenatal Care:** Deliveries that received a prenatal care visit in the first trimester <u>OR</u> within 42 days of enrollment in the organization.
- **Postpartum Care:** Deliveries that had a postpartum visit on or between 1-12 weeks (7 to 84 days) after delivery

#### Helpful Hints

- Prenatal visits-OB history/prenatal risk assessment obtained by an RN that is cosigned by OB/GYN or PCP are eligible for prenatal care visit
- Prenatal visits—Office visit with pregnancy related diagnosis during first trimester
- Postpartum visits—visit that occur between 1-12 weeks after delivery (7 to 84 days after delivery)
- Postpartum visit- Stress importance of post-partum visits during prenatal care

	Prenatal Care
CPT II	0500F-0502F
HCPCS	H1000, H1004
ICD-10 + CPT	ICD-10 Pregnancy related diagnosis Office visit CPT codes

	Postpartum Care
ICD-10	Z39.2, Z39.1, Z30.430, Z01.42, Z01.419,
	Z01.411
CPT II	0503F
СРТ	57170, 58300, 59430, 99501



## **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
- Counseling for nutrition
- Counseling for physical activity

#### **Helpful Hints**

- Anticipatory guidance regarding weight, diet, nutrition, and physical activity are valid for the WCC measure counseling elements 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

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

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



# **Childhood Immunization Status (CIS)**

#### Description

Children who turn 2 years old during the calendar year must have the following on or before their 2nd birthday.

#### Combo 10 includes the following:

- 4 doses PCV (Pneumococcal conjugate vaccine)
- 4 doses DTaP/dt (Diphtheria and tetanus toxoids and acellular)
- 3 doses IPV (Poliovirus vaccine)
- 3 doses Hep B (Hepatitis B)
- 3 doses Hib (Hemophilus influenzae type B conjugate)
- 1 dose MMR (Measles, mumps, and rubella)
- 1 dose VZV (Chicken Pox)
- 1 dose Hep A (Hepatitis A)
- 2 doses Influenza (if LAIV\* was administered, it must have been given on child's 2nd birthday)
- 2 doses Rotavirus Monovalent (Rotarix RVI) OR 3 doses Rotavirus Pentavalent (RotaTeq TIV)

#### **Helpful Hints**

- All immunizations must be given on or BEFORE the child's 2<sup>nd</sup> birthday
- The LAIV nasal flu spray MUST be given **ON** the child's second birthday
- Encourage and offer flu shots during the months of September through May
- If the parent or guardian state the child had a flu shot somewhere else, be sure to document in the medical record the date and injection given
- For the first Hep B injection documentation that states "given at birth" is sufficient documentation
- If child has an anaphylactic reaction due to vaccination, document appropriately the reaction and submit the appropriate CPT code.
- Specify if rotavirus monovalent (Rotarix) or 3 dose rotavirus pentavalent (RotaTeq) was given
- Use the appropriate CVX or CPT codes
- Be sure to send all information to Maryland Immunet





Maryland Physicians Care (MPC) partners with Specialists/Providers in the community to offer clinic days. Clinic days provide direct Gap closures to approximately 20-25 members per event. 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.





# **MPC** Achieves 3.5 Star Rating



There was a significant increase in star ratings. A total of 38 measures (5 CAHPs and 33 Medical, Behavioral Health, Pharmacy) were included for plan ratings.



## **Returning MPC Health Events**

MPC Health Events: Partnership with multiple providers, community resources, MPC internal departments.

- Baltimore at Eastpoint Mall on 09/20/2023 from 10am-3pm- Prenatal/Postpartum Baby Shower, SSI Adult, SSI Child, Lead, and Diabetic Eye gap closures. Members will have access to community resources such as WIC, DSS, referrals to community resources for needs such as food, shelter, and more. MPC has 300 members scheduled to attend.
- Montgomery and PG County with Casa Ruben 10/14/2023 from 11am-1pm: SSI Adult, SSI Child, and Lead, 2<sup>nd</sup> event. Community resources will be available. MPC can schedule 150 members for Gap Closure.
- Washington County at Goodwill Horizon on 11/07/2023 from 10am-2pm: SSI Adult, SSI Child, and Lead. Seeking Community resource vendors who wish to participate. MPC can schedule 150 members for Gap Closure.



## **Member Incentives: For Completing Services on their own**

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)
\$75 for Diabetic Eye Screening (July-October)
\$75 For SSI Adult and Child (Sept-December)
\$50 for Postpartum (7 to 84 days after delivery)
\$50 for members born in 2022 that have not tested for lead by the time they reach 15 months of age.



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 <u>410-412-8280</u>.

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





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: <u>Sturner@MPCmedicaid.com</u> (preferred) Outreach: 410-412-8280 Cell 410-412-0394



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**Medicaid with a Heart** 

# **Provider Education** Presented by: Rachelle Cannon

# Provider Pulse Surveys

- What is the purpose/goal?
  Why do they really matter?
  How have we done so far?
- > Where can we improve?



MPC conducts quarterly Provider Pulse Surveys to assess providers' level of satisfaction with the MCO in various areas of operation including but not limited to ✓ claims,

- ✓ authorization,
- ✓ eligibility,
- ✓ website,
- ✓ portal,
- ✓ health education (HE) materials,
- ✓ customer service, and
- $\checkmark$  provider relations.
- Based on the results of the survey, MPC identifies areas of improvement and develops interventions to increase provider satisfaction.
- The goal is to achieve satisfaction ratings of 4.5 out 5 stars.
- In both Q1 and Q2 of 2023, 603 providers were included in each quarterly survey with over 50% response rates for each quarterly survey.



# **2023 Provider Pulse Survey**

### **Prevention & Wellness**

The P&W department is seeking clarification/input from this group on how we can assist with increasing our scores on HE materials as the scores are decreasing in this area.

Survey Question Rates	Q1	Q2	Q3	Q4	Average
Satisfaction with prevention and wellness education materials (i.e., health literature, health materials, etc.)	4.23	3.90			4.07

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# **Prevention & Wellness**



#### MISSION

Prevention & Wellness (P&W) serves MPC members, communities, and providers by developing and implementing health *education on various preventive health topics and wellness activities* to improve members' health.



#### <u>GOAL</u>

The P&W Program is specifically designed to *promote the importance and benefits of accessing timely preventive and well care* through targeted member/provider education and outreach initiatives.







### Let's quickly review:

https://www.marylandphysicians care.com/members/health-andwellness/

#### Prevention and Wellness

The Maryland Physicians Care (MPC) Prevention and Wellness Team is responsible for providing health education to our members, your patients.

#### Help is Here

MPC's Prevention and Wellness Team can provide:

- Outreach to Medicaid recipients and network providers to remind and promote the utilization of preventive services
- Education to members on the importance of preventive health care through virtual, in-person, and/or written materials
- Delivery of health education via informational tables, health fairs, and other venues such as community events and school-based programs

For additional information or questions, please contact the MPC Prevention and Wellness Coordinator at preventionandwellness@mpcmedicaid.com or scan the QR code to access a Health Education Request Form for your patients.





#### We provide health education and conduct outreach that includes, but is not limited to:

- Clinic days for Breast Cancer Screening (BCS), lead screening, and Adult Access to Preventive/ Ambulatory Health Services (AAP)
- Community Advisory Board (CAB) meetings
- Provider Forums
- MPC website self-management tools
- Social media
- Quarterly newsletters
- Health education request forms (providers <u>and</u> members)







Our goal is to make access to Health Education for your patients, our members, easier to access.

## patients with low HEALTH LITERACY...

MPC's Prevention & Wellness Team will promptly respond to the patient's needs identified in the request.



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EMERGENCY

ROOM



HOSPITAL

STAYS







MORTALITY RATES

www.cdc.gov/phpr

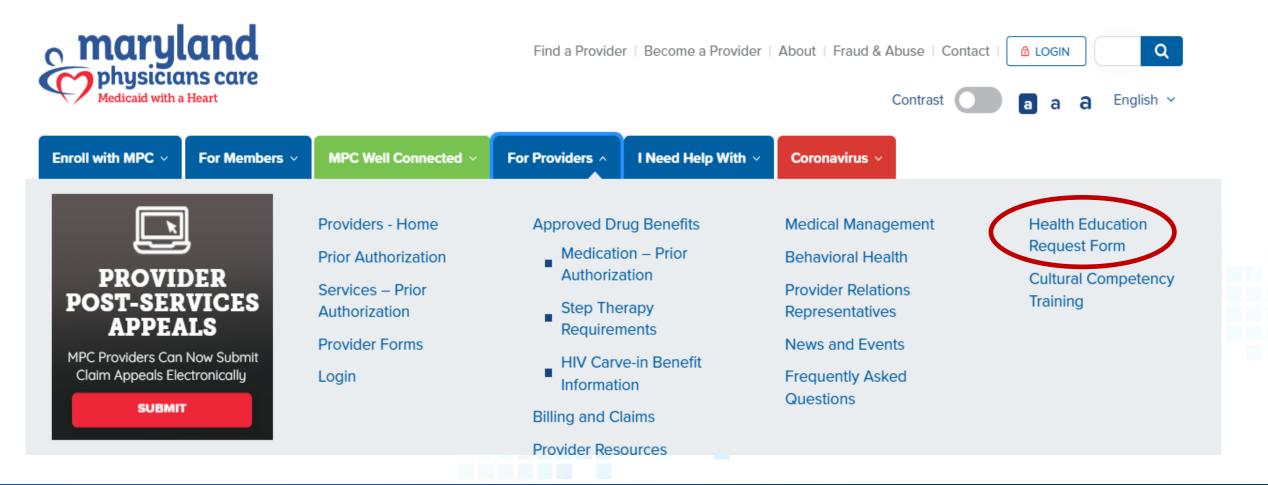
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TREATMENT

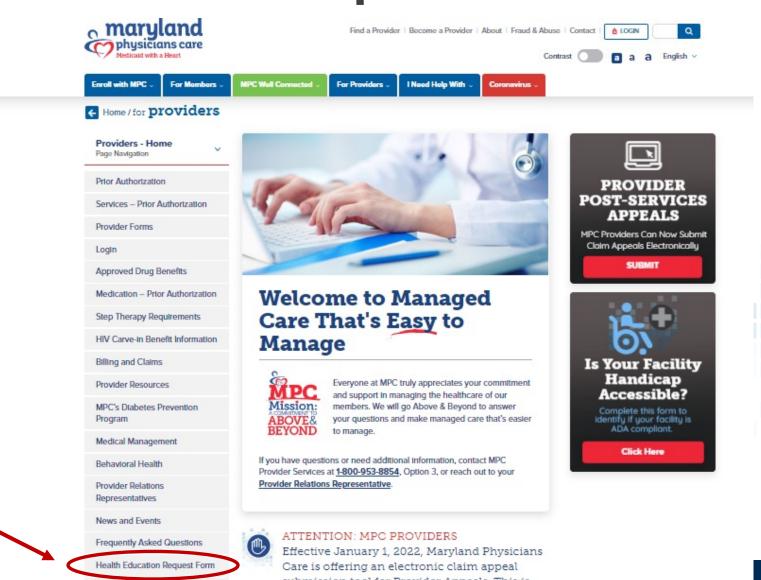
PLANS











Cultural Competency Training

submission tool for Provider Appeals. This is

solely for the submission of Provider Appeals





Provider Name (Required)		2. Which topic would you like your patient	to receive information on? (Required)
		Adult Weight Management	Asthma Management
		Blood Pressure/Cholesterol	Children's Health
First	Last	Dental/Oral Health	Diabetes
Provider Phone (Required)	Provider Email (Required)	Better Sleep	Emergency Preparedness
		$\Box$ Fall Prevention (in and outside the home)	Healthy Eating on a Budget
			Lead Poisoning Awareness
		Men's Health	Nutrition
		Pre-Diabetes	Questions to Ask During Doctor Visits
Member Name (Required)		STI/STD/HIV Education	Stress Management
		Tobacco Education	Women's Health
First	Last	□ Other	
Member Phone (Required)	Member Email (Required)	3. What barriers do you foresee getting in Education Program? ( <i>Required</i> )	the way of a patient attending a FREE Health
		COVID concerns	□ Childcare
		Lack of time	Cultural
		□ Transportation	□ Work
1. Request Type (Required)		Language	□ Other
□ 30–45-minute class			
Web-based resources		Submit	
$\Box$ Mailed or emailed material			

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# Care Management

Presented by: Mary Leitch

## 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



If you are pregnant, on Medicaid, and using opioids, hope and help is here. Contact the MOM program today 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?	How?	What?
<ul> <li>MPC Special Needs Coordinator</li> <li>Kerry O'Malley, RN, BSN</li> <li>Email: <u>MPCSNC@mpcmedicaid.com</u></li> <li>Phone: 443-300-7325</li> <li>Fax: 1-844-284-7698</li> </ul>	Member Name DOB MA# Current Phone# Reason for the referral **It is also helpful if member is made aware of the referral and anticipates the outreach	Chronic illnesses Catastrophic care Condition care Transitions of care Care coordination High risk pregnancy SDoH



# **MyVirtualMPC** App

# 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**!

MyVirtual by maryland physicians care



#### DOWNLOAD NOW



MPC



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**Pacify App** 

Who would you like

AUDID ONLY

Racife

to contact?

support you need.

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**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
- First foods
- Fever

Rash

- 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!











MPC has partnered with NXXTTelecom who provides free smart devices and service for qualifying customers, under the Federal Affordable Connectivity Program.



Your patients could qualify for 1 smart phone and/or tablet



We can assist with applications, and most are approved within hours.

Device is typically received within 5-7 days, once approved.









#### **Social Care Coordination Overview**

#### Presented by: Dr. Lorena de Leon Sr. Director Population Health & SDoH

#### Moving upstream to create a proactive model

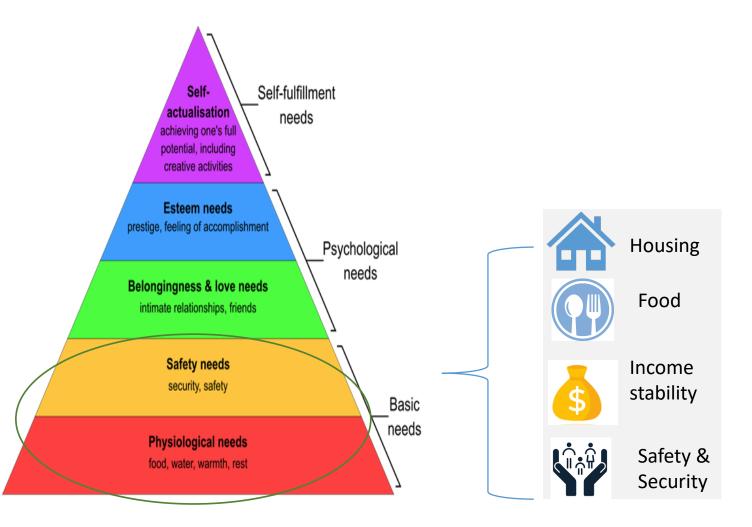
- Healthcare has traditionally been reactive
- Moving upstream allows for addressing fundamental issues within an individual's life
- Understanding each individual's environment is necessary for engagement in their health promotion





- Many individuals struggle having basic needs met
- Compliance with treatment plans will remain a challenge if barriers to access are not addressed
- Going back to basics is needed to create a strong foundation of trust

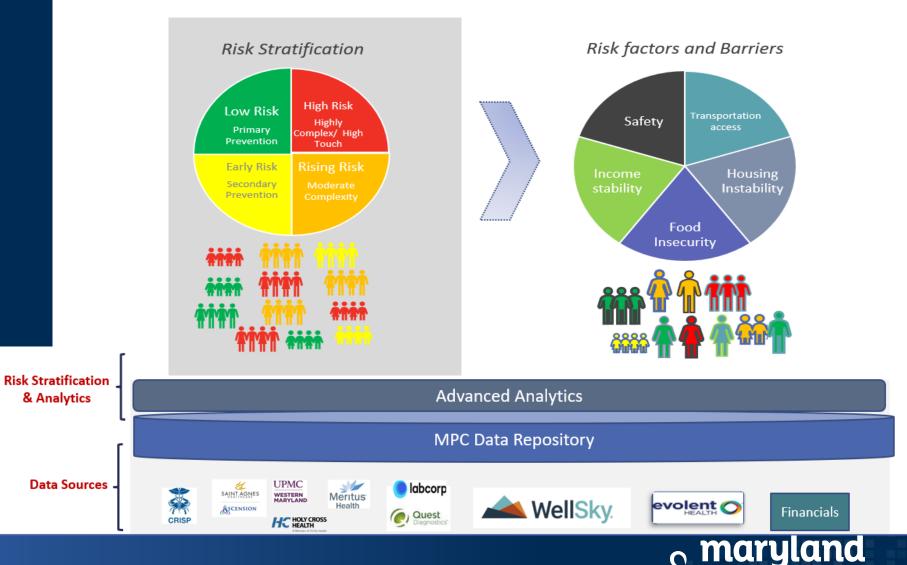
## Assessing and addressing SDOH is fundamental to care coordination





#### Data is key to identifying barriers

- Interoperability and data aggregation is foundational
- Understanding individual risks and needs allows for targeted solutioning
- Precision increases chances for limited resources to have an impact and improve outcomes

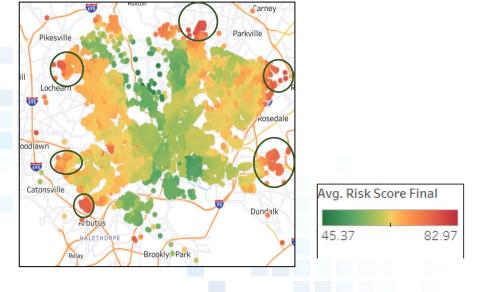


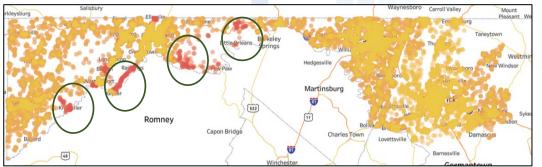
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#### **Targeted Interventions Based on SDoH Risk**

- Focused on "hot spots" of micro population across the city with high needs
- Identify partnership based on specific individual's needs
- Closed-loop referral system to accountable
   network
- Develop strategic partnerships where resources are not available to improve access

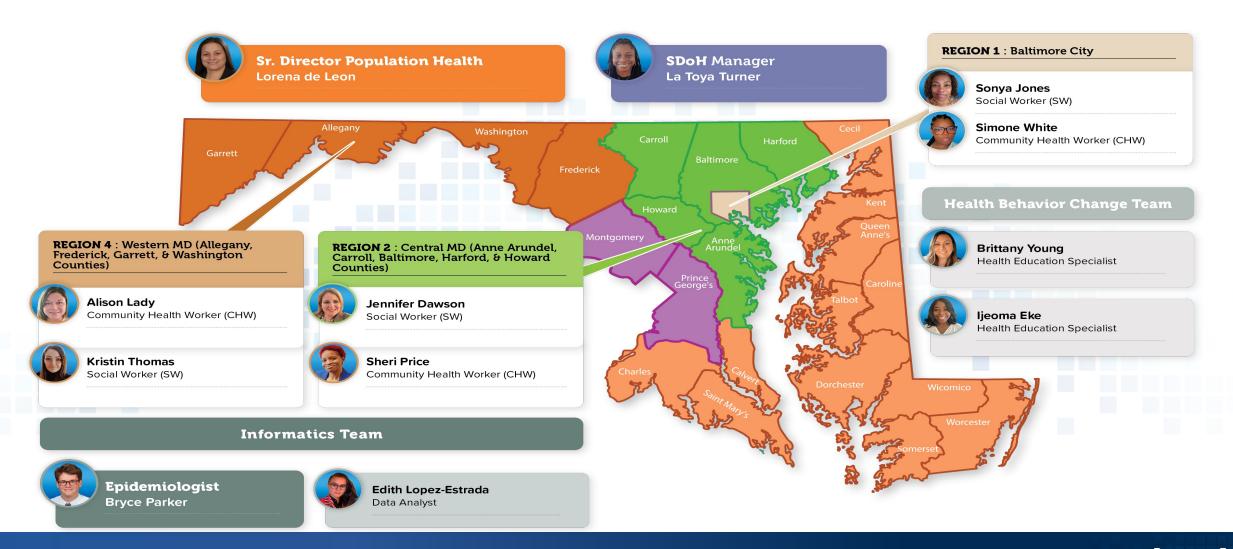
#### MPC's membership distribution by risk score







#### **Population Health and SDoH Team**



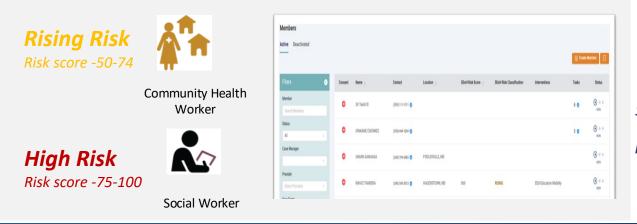


#### **Deployment Strategy**

#### Member Self-Screening



#### In community Member Screening



#### Member Self-Referrals

Members will be able to self-refer into a curated community-based organization network specific to community needs. Member login experience will allow for data aggregation and pathing to CHW or Social workers with high priority responses to key questions

#### **Coordinated Referrals**

Social Worker and CHWs will coordinate referrals into a curated communitybased organization to improve member engagement, health outcomes, and direct to right site of care



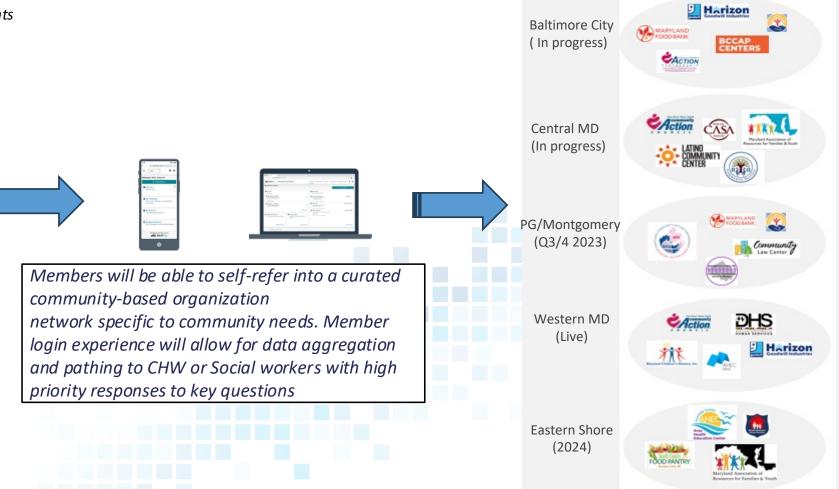
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#### Member Self-Screening Tool









**CBO Network** 

# **Questions?**

# For additional information, please send us an email at SDoH@MPCMedicaid.com



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**Medicaid with a Heart** 

# Pharmacy Updates Presented by: Dr. Jonathan Keyser

## Formulary Updates 3Q 2023

		July 2023		
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
		No Changes		
		August 2023		
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
		No Changes		
		September 2023		
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
Skyclarys	Nuclear Factor Erythroid 2 - Related Factor 2 Activator	Add to formulary w/PA	09/18/2023	N/A
Ozempic	GLP-1 agonist	Remove from formulary	11/20/2023	Trulicity, Rybelsus
Joenja	PI3K Delta inhibitor	Add to formulary w/PA	09/18/2023	N/A
Daybue	Glycine-Proline-Glutamate Analog	Add to formulary w/PA	09/18/2023	N/A

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**Medicaid with a Heart** 

#### CMO Corner Presented by: Dr. Bruce Vanderver

In December 2022, the ADA changed their recommendations for statins in Diabetics

- 1) In diabetics with known cardiovascular disease, the goal LDL is <55
  - Start on a statin
  - If not at goal, add Ezetimibe
  - If still not at goal, add a PCSK9 inhibitor
- 2) In diabetics age 40+ with *any CVD risk factor*, the goal LDL is <70
  - Start on a statin
  - Goal reduction of >50%
  - Add Ezetimibe and PCSK9 inhibitors if needed

Webinar Survey





#### **CVD Risk factors**

- **1. Family history of premature CVD**
- 2. Chronic Kidney Disease
- 3. Metabolic Syndrome
  - Waist circumference >40 inches in men, >35 inches in women
  - Hypertriglyceridemia > 150
  - HDL-C < 40 in men, <50 in women
  - High blood pressure >130/85
  - Fasting glucose > 110
- 4. Chronic Inflammatory Conditions
  - Especially Rheumatoid Arthritis, Psoriasis, and HIV
- 5. Hypertriglyceridemia >175

Webinar Survey







#### Influenza Season Is Coming!!!

**Please encourage your patients to get the flu vaccine** 

**Everyone 6 months and older should get it** 

□ But some folks should definitely get it

- ✓ Age 65+
- $\checkmark$  High risk conditions
  - Asthma and COPD
  - Heart Disease and Stroke
  - Diabetes
  - Chronic Kidney Disease
  - Immunosuppression
- ✓ Pregnancy

Webinar Survey





There is a new immunization for RSV this year: Nirsevimab (Beyfortus)

> A long-acting monoclonal antibody which binds to the fusion protein on the RSV virus

- Recommended for:
  - All children 8 months or younger at the start of RSV season
    - Includes those born during the RSV season
  - High risk children 8 19 months should get a dose in their second season too
    - High risk per AAP criteria

Webinar Survey

MPC is still waiting on guidance from MDH as to who will pay for this ACIP recommended adding to the VFC list





# Questions?





### Thank you for participating! MPC Provider Forum Feedback Survey



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