maryland physicians care

HEALTH & WELLNESS

Provider NEWSLETTER

Overview of Utilization Management

Utilization Management (UM) is one way that Maryland Physicians Care ensures that our members receive the care they need, when they need it, and in the most appropriate setting. Utilization Management is a process that includes the review of medical services to determine if they are medically necessary, meet plan authorization criteria and coverage terms, comply with plan benefit exclusions, and are consistent with nationally recognized standards of care. Utilization Management also includes the review of medical services to determine if they are appropriate in terms of cost-effectiveness and are consistent with the member's benefit plan.

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To access a timely response to your UM request or notifications, submit all clinical information and supporting documentation to the appropriate number below:

- Medical/Surgical Utilization Management: 410-772-5500
- Outpatient Behavioral Health: 410-772-5500
- Inpatient Behavioral Health: 410-772-5500
- For Pharmacy Services: 410-772-5500

Medicaid Utilization Management Criteria

Medicaid Utilization Management Criteria

MPC Pharmacy: Utilization Management (UM) – Request for Information (RFI) Update

Beginning January 1, 2026, Maryland Physicians Care will implement a new Utilization Management (UM) process for certain medications. This update will help ensure members receive safe, appropriate care while supporting clinical review and documentation for high-dollar medications. Prior to implementation, Maryland Physicians Care will provide a Request for Information (RFI) to prescribers whose prescribed drugs will be subject to the UM process. Visit the PLEASE-PA website for more information and to submit a PA request.

MPRA Update

The Maryland Physicians Care Pharmacy Department has received an update from the Maryland Department of Health (MDH) regarding the Medicaid Preferred Drug List (PDL). MDH is requiring providers to cancel prescribed Preferred Diabetic Supplies (PDS) and Preferred Diabetic Insulin (PDI) and instead prescribe Durable Medical Equipment (DME) for diabetic test strips, lancets, and insulin, as applicable.

Prior to administering the medication, please read the following information carefully and review the attached documentation to determine if patient care must be modified to comply with the new requirements.

The changes implemented in December, effective January 1, 2026, are as follows:

- Preferred Diabetic Supplies (PDS) and Preferred Diabetic Insulin (PDI) are no longer covered under the Medicaid Preferred Drug List (PDL).
- Providers must prescribe Durable Medical Equipment (DME) for diabetic test strips, lancets, and insulin, as applicable.
- Prior authorization (PA) is required for DME prescriptions, and PA requests must be submitted through the PLEASE-PA portal.
- Pharmacy claims will be rejected if a PA is not approved.

Updating ePREP

Beginning January 1, 2026, Maryland Physicians Care will update its ePREP (Electronic Prior Authorization Review Process) to include the following Medicaid Preferred Drug List (PDL) changes:

- Preferred Diabetic Supplies (PDS) and Preferred Diabetic Insulin (PDI) are no longer covered under the Medicaid Preferred Drug List (PDL).
- Providers must prescribe Durable Medical Equipment (DME) for diabetic test strips, lancets, and insulin, as applicable.
- Prior authorization (PA) is required for DME prescriptions, and PA requests must be submitted through the PLEASE-PA portal.
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MPC Correct Coding Corner:

1. Code to the highest specificity.
2. Use only ICD-10-CM codes for diagnosis and ICD-10-PCS codes for inpatient hospital services.
3. Do not use unspecified codes unless no more specific code is available.
4. Use the most recent coding guidelines and ensure that documentation supports the chosen codes.
5. Avoid using "rule out" or "suspected" in coding; only code for conditions confirmed by the provider.
6. Ensure that the coding accurately reflects the patient's condition and the services provided.
7. Regularly review and update coding practices to stay up-to-date with changes in coding guidelines and regulations.
8. Consider the impact of coding on patient care and ensure that it supports the provider's clinical decision-making.
9. Collaborate with providers to clarify any ambiguities in the documentation and ensure that the coding reflects the patient's condition accurately.
10. Implement a coding audit process to identify and correct any errors or inconsistencies in coding.

Up-to-date Provider Demographic Data = Member and Provider Satisfaction

It is important that your demographic data with MPC is complete and accurate. Keeping your information up-to-date helps us provide you with the most accurate information about your practice and your patients. Accurate information helps us to connect members to your practice, to provide language services, cultural competency, and other services, and to provide your name and contact information to your patients who need to find a provider in your specialty.

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Update the office hours by email, phone, or log in the Special Needs Coordinator:

- Phone: 410-772-5500
- Fax: 410-772-5500
- Email: MPC

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Special Needs CM Referral

Case Management (CM) is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet a member's health care needs, through communication and available resources to promote quality, cost-effective outcomes. For more information, please visit the HealthChoice Provider Manual on the MPC website.

Consider the following when deciding on referral:

- Multiple Chronic Illnesses
- Multiple Hospitalizations
- Multiple Emergency Room Visits

Encouraging Breast Cancer Awareness

Breast cancer is the second most common cancer among women in the United States, after skin cancer. It affects women of all ages, backgrounds, and lifestyles. Although most breast cancers are found in women who are 50 years and older, breast cancer can also be found in younger women. Breast cancer can also be found in men, but it is rare. Breast cancer can be found in men, but it is rare.

Breast cancer is a disease in which cells in the breast grow out of control. There are many kinds of breast cancer. Some kinds of breast cancer do not cause symptoms. Breast cancer can be found before a woman has any symptoms when it is small or has not spread to other parts of the body. When breast cancer does cause symptoms, they may include a lump in the breast, pain in the breast, or nipple discharge that is not milk. Breast cancer can also be found in men, but it is rare.

Help Your Patients Keep Their Medicaid Coverage With MPC!

Many people who qualify for Medicaid may be eligible for benefits through the Affordable Care Act (ACA) Marketplace. Medicaid coverage is ending for many people.

Help your patients navigate health coverage and avoid gaps in care by:

- Encouraging your patients to complete their Medicaid renewal
- Helping your patients understand how Medicaid coverage ends and what to do next
- Connecting your patients to Marketplace coverage

Encourage your patients to take these very important steps to keep their MPC coverage:

- Complete their Medicaid renewal
- Update their contact information with their Medicaid office
- Respond to requests for information from their Medicaid office

HELP PREVENT FRAUD AND ABUSE

Fraud and abuse in health care costs billions of dollars every year and affects millions of Medicaid members and others, and drains resources from the health care system. Fraud and abuse can take many forms, including billing for services not rendered, providing unnecessary or low-quality services, and using false information to obtain benefits.

Examples of Fraud and abuse include:

- Billing for services not rendered
- Providing unnecessary or low-quality services
- Using false information to obtain benefits
- Kickbacks and bribes
- Falsifying medical records
- Prescribing controlled substances for non-medical purposes
- Overbilling for services provided
- Participating in a fraudulent scheme with other providers or suppliers

Fraud and abuse can have serious consequences for providers, including fines, penalties, and even criminal charges. It can also lead to the loss of trust from patients and the community, and it can ultimately harm the health care system as a whole.

To report fraud and abuse, providers can contact the Maryland Department of Health's Office of Inspector General (OIG) at 1-800-MEDICAID (1-800-633-4227) or visit the OIG website at https://www.dhmh.maryland.gov/oig/Pages/default.aspx. Providers can also report fraud and abuse to their managed care organization (MCO) or to the Centers for Medicare & Medicaid Services (CMS) at 1-800-Medicare (1-800-633-4227).

It is important for providers to be aware of the signs of fraud and abuse and to take steps to prevent it from occurring in their practice. By working together to prevent fraud and abuse, providers can help ensure that the health care system is fair and sustainable for all patients.

Childhood Immunizations

Children should receive immunizations against 14 diseases by the age of 2 to protect them from life-threatening illnesses and complications such as pneumonia and meningitis. Immunizations are a great time to catch up on any gaps in immunizations. Immunizations are a great time to catch up on any gaps in immunizations. Immunizations are a great time to catch up on any gaps in immunizations.

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- Hepatitis B (Hep B)
- Rotavirus (RV)
- Diphtheria, tetanus, and acellular pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate (PCV)
- Inactivated poliovirus (IPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Varicella (chickenpox)
- Hepatitis A (Hep A)
- Meningococcal conjugate (MCV4)
- Tdap booster
- Human papillomavirus (HPV)
- Tdap booster

Member Rights & Responsibilities

Member rights include, but are not limited to, the following:

- Receive information on the services we provide, our network, our rules, and your rights and responsibilities.
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Member responsibilities include, but are not limited, to the following:

- Keep your appointments and be on time. If you cannot keep your appointment, call your provider's office and let them know.
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MPC Provider Portal

What can I do on the portal?

- Submit Claims
- Check Claim Status
- Check Eligibility
- Submit Prior Auth
- Check Prior Auth Status
- Submit Appeals
- Submit Grievances

GET PROVIDER PORTAL

Where can I find the MPC Portal User Guide?

Visit our website at www.mpc.com and click on the Provider Portal tab. Scroll down to the Provider Portal Training section and click on the Provider Portal User Guide.

Referrals and MPC

Referrals are made by your PCP.

Visit Our Website

Visit our website at www.mpc.com

- Building Healthy Communities
- Case Management
- Cultural Competency
- Health Education Requests
- Health Information Technology
- Member Rights and Responsibilities
- Member Services (Member Handbook, Language Services, Vision, Dental, Behavioral Health, Pharmacy, Transportation, Interpreter Services)
- Member Services
- Provider Services
- Provider Training
- Quality Improvement
- Quality Improvement Committee Minutes
- Utilization Management
- Vision Services

CLICK HERE FOR MORE

WHO TO CALL

PROVIDER SERVICES
Provider Services is available 24 hours a day, seven days a week, Monday through Friday, 8:00 a.m. to 5:00 p.m. Eastern Time.
410-772-5500

MEMBER SERVICES
410-772-5500

MARYLAND HEALTHY SMILES DENTAL PROGRAM
410-772-5500

PUBLIC BEHAVIORAL HEALTH SERVICES
410-772-5500

EMPIRICA VISION
410-772-5500

UTILIZATION MANAGEMENT
410-772-5500

CASE MANAGEMENT
410-772-5500

HEALTH EDUCATION REQUESTS
410-772-5500

RETAIL PHARMACY MEDICATION UM
410-772-5500

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