



# 4th Quarter Provider Forum

December 17, 2025

# Provider Forum Agenda

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

**Operation Updates – Temira Miller, Director Provider Relations and Data Management**

- ACH Payments
- 2025 Member Satisfaction Results
- Billing and Claims Reminders
- MPC Surveys (Provider Pulse and Access & Accessibility)
- Provider Data Integrity
- MPC Provider Relations Representative

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

**Prevention & Wellness-Rachelle Cannon, Manager, Prevention & Wellness**

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

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



## CMO Corner

December 17th, 2025

## Vaccination Schedules

MPC historically follows the vaccine recommendations of the Advisory Committee on Immunization Practices

Recent changes to the committee have brought some concern to the ACIP recommendations

MPC continues to fully support immunization practices, especially for children

# New Vaccination Schedule

MPC has decided to follow the recommendations of the Northeast Public Health Collaborative (NEPHC)

The NEPHC has identified the AAP vaccination schedule as the best in class for pediatric vaccinations. MPC is therefore following the guidance of the AAP for the vaccination schedule.

This schedule can be found at [AAP.org/immunizationschedule](http://AAP.org/immunizationschedule)

# Hepatitis B Virus Vaccination

Universal HBV vaccination at birth, 2 months, and after 6 months has been recommended for decades, resulting in massive declines in HBV infection.

On December 4<sup>th</sup>, the ACIP voted to alter HBV vaccination recommendations

- Only vaccinate at birth if mother is HBV positive or unknown
- Check titers after vaccination to determine if antibodies have been created and consider further vaccination cessation

These recommendations do not appear to be supported by best evidence.

MPC continues to support the AAP recommendations for HBV vaccination at birth, and to complete a three dose course of vaccination.

**MPC supports childhood vaccination, and encourages discussion with parents about fully vaccinating their children.**

**MPC wants to ensure our members are protected and cared for. We will continue to do outreach to our members to encourage them to become fully vaccinated.**



## Operation Updates

# Switch from Paper Checks to ACH Payments

## Why Choose ACH with Maryland Physicians Care?

- Many MPC Providers Already Use ACH: Join your peers in enjoying faster, safer payments.
- Faster Payments: Funds are deposited directly into your bank account—no mailing delays.
- Secure & Reliable: Reduces risk of lost or stolen checks.
- Eco-Friendly: Less paper, less waste.
- Convenient: Automatically receive payments without manual deposit.
- Better Cash Flow Management: Predictable, timely payments for smoother practice operations.

To signup for Electronic Fund Transfer (EFT) and Electronic Remittance Advices (ERA) visit [instamed.com/eraeft](http://instamed.com/eraeft) or call [1-866-945-7990](tel:1-866-945-7990).

*Make the switch today for faster, safer, and simpler payments!*

# 2025 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 survey. The 2025 CAHPS® survey results for both children and adults are available on the website at [2025 Member Satisfaction Results.](#)

Provider-specific results are not available as the survey is anonymous. However, if you would like 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.

# Billing and Claims Reminders

## Sudden and Serious Update Reminder

Maryland Physicians Care (MPC) has updated its Sudden and Serious Code list effective December 1, 2025. The list is located under Provider Resources (Billing and Claims section) at ER Sudden and Serious List Updated – Maryland Physicians Care. This list includes ICD-10 codes designating an emergency room visit that requires immediate medical attention, which will automatically adjudicate hospital claims. Please replace your Sudden and Serious Code list with the updated code list.

## Dental Update

The Maryland Department of Health announced that DentaQuest, a SunLife company, will be the new Dental Administrative Service Organization for the Maryland Healthy Smiles Dental Program, effective January 1, 2026. Please direct any questions to the Office of Medical Benefits Management at [mdh.dentalgroup@maryland.gov](mailto:mdh.dentalgroup@maryland.gov).

## Referral Process:

MPC does not require referrals for specialist care. MPC does recommend that members coordinate their care through their Primary Care Provider (PCP).

# Provider Pulse Surveys



Maryland Physicians Care (MPC) conducts quarterly Pulse Surveys. We would love for you to participate if contacted.

The results are based on respondents rating of MPC's performance in various areas and used to improve the provider's experience with MPC.

Here are a few examples of the survey questions:

- Satisfaction with accuracy and timeliness of claims processing
- Satisfaction with process for verification of member eligibility
- Satisfaction with knowledge and efficiency of Provider Representatives
- Yes or no, would you recommend MPC to your patients



# & Accessibility Surveys

We are conducting Access and Accessibility surveys, and you may receive a call from our customer service team.

Some of the questions asked during the survey are consist of:

- Are you able to schedule an urgent care appointment within the next 48 hours?
- If you are a part of a group practice, can another PCP in your practice schedule an urgent care appointment within the next 48 hours?
- Are you able to schedule a routine care visit within the next 30 days?
- Are you or another PCP in your practice able to schedule a telehealth appointment within the next 30 days



# Provider Data Integrity

Please contact us within ten days whenever you have changes to your demographic information, including accepting new patients. Although voluntary please also contact us to update the provider's information regarding race and ethnicity. Also please provide the languages spoken by the provider and the office staff.



Members use some of 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.

Be certain to let us know when you are updating your NPI-2 organization number so we can update our system accordingly.

# MPC Provider Relations Representatives

MPC providers have designated Provider Relations Representatives based on the specialty and or practice/group location. This provider representative will be your primary contact with MPC and will keep you updated on any policy changes. Should you need assistance you can reach Provider Relations by **Phone: 1-800-953-8854** (follow prompts to PR dept.), **Fax: 866-333-8024** or **Email** [ProviderRelations@mpcmedicaid.com](mailto:ProviderRelations@mpcmedicaid.com). To find your Provider Relations Representative, click the link below. [Download the Territory List](#)

**India Ransom  
(REP)**

Durable Medical Equipment (DME), Prosthetics & Orthotics, Laboratory, Pathology, Dialysis and Urgent Care.

**Stacey Charles  
(REP)**

Baltimore City  
All providers not associated with Health Systems and FQHCs  
Howard County

**Deborah Amos  
(REP)**

Arundel County • All providers not associated with Health Systems  
Calvert, Charles, and St. Mary's counties, Diabetes Prevention Providers (DPP)

**Zaida Maldonado  
(REP)**

Baltimore County  
Carroll County  
Harford County

**Rose Coffey  
(REP)**

Cecil, Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester counties, Doula Providers, Delaware

**Eden Salsman  
(Sr. Rep)**

Luminis Health-Anne Arundel Medical Center

**Baltimore City Health System**

- Mercy Medical Center

**Baltimore County Health Systems**

- MedStar Health System
- LifeBridge Health
- Greater Baltimore Medical Center (GBMC)

**Robert Hamilton  
(Sr. REP)**

Frederick and Montgomery counties

**Janice Garraway  
(Sr. REP)**

Skilled Nursing Facilities, Home Infusion Therapy, Hospice Services, Home Health, PT,OT,SLP, Radiology, Ambulatory Surgery Centers and Anesthesia

**Tammy Barnes  
(Sr. REP)**

Allegany, Garrett, and Washington counties, West Virginia and Pennsylvania

**Jeanie Young  
(Sr. REP)**

Washington, D.C and Prince George's County, Baltimore City Federally Qualified Health Centers (FQHC)

**Latoya Rampasard  
(Sr. REP)**

**Baltimore City Health Systems**

- Johns Hopkins
- University of Maryland
  - St Agnes
  - Kennedy Krieger

# Questions and Answers





**Quality Improvement-HEDIS Outreach**

# Health Fair Outcomes for CY 2025

**Hosted: 6 Health Fairs**

**Locations:** Cumberland, Washington, Frederick, PG/Montgomery, Baltimore

Provided members with 25+ resources to address social/economic disparities

## **Outcomes:**

- 600 members received lead testing
- 95 Diabetic members received eye exams
- 43 Adult members received a well visit
- 25 children received a well visit

**763 gaps in care closed in MPC Health Fairs**

# Clinic Day Outcomes for CY 2025

MPC partners with local community providers and specialist to host MPC days. Partnerships include but are not limited to: Optical Fair, Calvert Health, Dundalk Medical Practice, Dr. Radji Koudiratou, Dr. Dagmar, and Radiology Centers within the communities During clinic days gaps are closed for specific measures: Breast Cancer Screening, Well Visits, Lead testing, and Diabetic Eye

**Hosted: 62 (5 remaining for CY 2025)**

**Locations:** Cumberland, Washington, Frederick, PG/Montgomery, Baltimore

## **Outcomes:**

- 309 members received breast cancer screenings
- 371 Diabetic members received eye exams
- 118 Adult members received a well visit
- 30 children received a well visit
- 26 children received lead testing

**854 gaps in care closed in MPC Community hosted clinic days**

**1,617 total gaps closed during MPC Health Fair/Clinic day in CY 2025.**

# Final Call: 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](#). Members can call 410-412-8280 for questions or help with registration.

## Calendar Year 2025 Incentives

- \$75 for Breast Cancer Screening
- \$75 for Diabetic Eye Screening
- \$75 for State Lead testing
- \$50 for Postpartum (7 to 84 days postpartum)

**Eligible members must complete the service between 04/01-12/31/2025. Postpartum incentives are year round**



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 2025 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](#).

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

# Partnering to Improve HEDIS

CY 2026

# Member Engagement CY 2026

HEDIS Outreach Manager  
Sammi Turner  
[Sturner@mpcmediadi.com](mailto:Sturner@mpcmediadi.com)  
410-412-0394



MPC will host Quarterly raffles to assist in WCV activation into care



HEDIS Outreach will be partnering with sites to offer scheduling assistance for WCV



Ongoing Clinic days: BCS, Diabetic Eye, and Well Visits



Expanding Community/Provider Partnerships

# Well Child Visits the first 30 months of life (W30)

## Description

All data are collected through admin data/claims only.

- Members who turned 15 months old during the measurement year and had six (6) or more comprehensive well-child visits with a PCP during their first 15 months of life.
- Members who turned 30 months old during the measurement year and had at least two (2) or more comprehensive well-child visits with a PCP between 15 months and 1 day to 30 months of life.

## Helpful Hints

- This measure is administrative ONLY—submit claims timely with appropriate codes that reflect age-appropriate well care service rendered
- Telehealth is not permitted for well-visit compliance
- Consider sick visits as an opportunity to catch patients up on their annual well care as appropriate
- Visits must be with a primary care practitioner in person
- PCP does not have to be the practitioner assigned to the child

CPT Codes	
99381	Preventive visit new patient age: <1 year
99382	Preventive visit new patient age: 1 to 4 years
99391	Preventive visit established patient age: <1 year
99392	Preventive visit established patient age: 1 to 4 years

# Well Child Visit (WCV)

## Description

Members 3-21 years of age who had at least one comprehensive well-visit with a PCP or an OB/GYN practitioner during the measurement year.

## Helpful Hints

- This measure is administrative ONLY—submit claims timely with appropriate codes that reflect age-appropriate well care services rendered.
- Telehealth is not permitted for well-visit compliance
- Consider sick visits as an opportunity to catch patients up on their annual well care as appropriate
- Visits must be with a primary care practitioner in person. The PCP does not have to be the practitioner assigned to the child

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

# Childhood Immunization Status (CIS-E)

## 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

# Adolescent Immunizations (IMA-E)

## Description

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

- Combo 1 - Must have one Meningococcal and one Tdap vaccinations.
- Combo 2 - Must have one Meningococcal, one Tdap and HPV two (2) dose or three (3) dose series

**Meningococcal:** At least one meningococcal vaccine with a date of service on or between the member's 11th and 13th birthdays.

**Tdap:** At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13<sup>th</sup> birthdays.

**HPV:** Document all doses of human papillomavirus given between their 9th and 13th birthday.

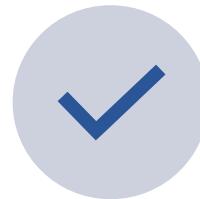
## Helpful Hints

- All immunizations MUST be given by the child's 13<sup>th</sup> birthday.
- Use the appropriate CVX or CPT codes. Be sure to send all information to State Immunet

# Staying Ahead- Proactive with Prospective Medical Record Reviews



Select medical records may be reviewed during the Calander year to improve CY 2025



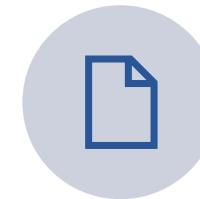
Medical records are typically requested for CY 2025 dates of service exception of **(CCS)** measure with looks back of 5 years **(2021-2025)** and the Eye Exam **(EED)** measure looks back two years **(2024-2025)**



Please be sure the medical records include both name and DOB on each page.



Please send the records as soon as fax is received. Any delays could result in record being excluded from the prospective review



MPC will fax request to practice sites- fax will contain member information, what is being requested for each member and an information page describing exactly what documents are needed. Medical records can be faxed back to MPC secure fax line at **855-946-1758**.



Medical Records can be faxed, mailed, or We can also arrange for MPC to come on-site to do medical record retrieval. Please reach out to Debbie Morris our HEDIS manager, if you would prefer us to come on-site.

# Contact

**Secure Fax Line- 855-946-1758**

**MPC – MCMI Mailing Address (attention HEDIS/Quality)**

**1201 Winterson Rd – 4<sup>th</sup> Floor**

**Linthicum Heights, MD 21090**

**MPC (MCI-MCMI) HEDIS Staff**

HEDIS Manager

Debbie Morris

443-758-3615

[Dmorris@mpcmedicaid.com](mailto:Dmorris@mpcmedicaid.com)

HEDIS Project Manager (Medical Records)

Amanda Hart

410-412-9718

[Ahart@mpcmedicaid.com](mailto:Ahart@mpcmedicaid.com)



## Provider Education

Provider Forum 12/17/2025

Rachelle Cannon, Prevention & Wellness Manager

# Agenda

- ❑ Cultural competency
- ❑ New Pregnancy Resource web pages



# Cultural Competency

**Cultural competency in healthcare is the ability of systems to provide care to patients with:**

- diverse values, beliefs, and behaviors
- social, cultural, and linguistic needs.

MPC has **9 new** online cultural competence-related trainings for providers.

All linked trainings are either **FREE** or have a small fee and provide continuing education credits.

# How can Cultural Competency Training benefit you?

- ✓ increased patient satisfaction;
- ✓ elimination of disparities in members' health status based on racial, ethnic, and cultural backgrounds;
- ✓ improved quality of services and health outcomes;
- ✓ competitive edge in the marketplace and decreased likelihood of liability claims; and
- ✓ compliance with legislative, regulatory, and accreditation mandates.



# Where to find Cultural Competency Training

The screenshot shows the Maryland Physicians Care website. A red arrow points from the 'For Providers' menu item (which is highlighted with a red oval) to the 'Training Opportunities' section on the right. Another red arrow points from the 'Cultural Competency' link in that section to the 'Training' link below it.

**For Providers**

**RESOURCES**

- Prior Authorization
- Services – Prior Authorization
- Provider Forms
- Approved Drug Benefits
- Medication – Prior Authorization
- Step Therapy Requirements
- HIV Carve-in Benefit
- Information
- Billing and Claims
- Provider Resources

**PROGRAMS**

- MPC's Diabetes Prevention Program
- Training Opportunities
- Cultural Competency
- Training

# New Cultural Competency Trainings

Health Literacy & Public Health

Exploring Cross-Cultural Communication

Introduction to C.L.A.S. Standards

Cultural Competency Program for Disaster & Emergency Management

Culturally & Linguistically Appropriate Services (CLAS) in Nursing

Culturally & Linguistically Appropriate Services (CLAS) in Maternal Health Care

Improving Cultural Competency for Behavioral Health Professionals

Mental Health, Stigma, & Communication

Improving Health Equity in IBD Care: Real-World Insights From a Multiphase Initiative

# Cultural Competency Training: sample topic expansion view

## Think Cultural Health



### Think Cultural Health: A Physician's Practical Guide to Culturally Competent Care

Offered by Office of Minority Health/DHHS

<https://cccm.thinkculturalhealth.hhs.gov/default.asp?curcase=1>

#### Topics Covered:

- 1 :: Areas related to cultural and linguistic competency in medical practice.
- 2 :: Strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors that may influence clinical care.
- 3 :: Strategies to enhance skills toward the provision of care in a culturally competent clinical practice.
- 4 :: Advantages of the adoption of the National CLAS Standards in clinical practice.

#### Length:

Self-paced / 9 hours

#### Cost:

The U.S. Department of Health & Human Services offers this activity at no charge to the participant.

#### Certification Upon Completion:

N/A

#### Continuing Education Credits:

##### Physicians:

- A maximum of 9.0 AMA PRA Category 1 Credit(s)\*.
- DOs can obtain a maximum of 9 continuing education credits for completing this program. The American Academy of Osteopathy (AAO) accepts Category 1 AMA Physician's Recognition Award credits, for which this program is accredited.

##### Family Practice Physicians:

- Up to 9 elective credits by the American Academy of Family Physicians.

##### Physician Assistants:

- A maximum of 9 hours of AAPA Category I CME credit by the Physician Assistant Review Panel. Approval is valid for one year from the Issue date of December 31, 2021. Participants may submit the self-assessment at any time during that period.
- Successful completion of the self-assessment is required to earn Category I CME credit. Successful completion is defined as a cumulative score of at least 70 percent correct.

##### Nurse Practitioners:

- 9.0 contact hours of continuing education by the American Association of Nurse Practitioners. Activity ID 21105234 (through October 31, 2022)

#### Additional:

There are also culturally and linguistically appropriate services (CLAS) type of education e-learning programs for various types of practitioners:  
<https://thinkculturalhealth.hhs.gov/education>

# Cultural Competency Trainings Link:

<https://www.marylandphysicianscare.com/providers/cultural-competency-training/>

Questions?

# New Pregnancy Resource Pages

## Provider Homepage Tab

For Members MPC Well Connected For Providers

Providers - Home

**HEALTH CARE MANAGEMENT**

- Behavioral Health and Substance Use
- Medical Management

**INFORMATION**

- Frequently Asked Questions
- Health and Wellness Library**
- Health Education Request Form
- News and Events

**RESOURCES**

- Prior Authorization
- Services – Prior Authorization
- Provider Forms
- Approved Drug Benefits
  - Medication – Prior Authorization
  - Step Therapy Requirements
  - HIV Carve-in Benefit
  - Information
- Billing and Claims

## Health & Wellness Library

## Health and Wellness

Maryland Physicians Care wants to help our members make healthy choices for a happy life. We offer several tools and resources to help you live a happy and healthy life. The goal of Health and Wellness is to provide you with information to make the best choices for you and your children.

Health and Wellness Library

- Asthma
- Body Mass Index (BMI)
- Children's Health
- Cholesterol
- Cold and Flu
- Diabetes
- Doctor Visits
- Flu Shot
- Food Choices Made Easy
- Healthy Living
- Healthy Weight Management

**Postpartum**

**Prediabetes**

**Pregnancy**

**Pregnancy Resources**

# New Pregnancy Resource Pages



## Pregnancy

A healthier you can mean a healthier baby. When you're pregnant, the best way to take care of your baby is to take care of yourself. We are here to help. If you need help finding a doctor, you can [search on our website](#) or call us at [1-800-953-8854](#).

- [See Your Doctor](#)
- [Make Healthier Food Choices for You & Your Baby](#)
- [Stay Active](#)
- [Download the Pacify App](#)
- [Get Your Flu Shot](#)
- [Pay Attention to Your Mental Health](#)
- [Learn More About Minority Health](#)

<https://www.marylandphysicianscare.com/members/health-and-wellness/pregnancy/>



## Pregnancy Resources

- Healthy Eating
- Mental Health
- Minority Health
- Staying Active

<https://www.marylandphysicianscare.com/members/health-and-wellness/pregnancy-resources/>



## Postpartum

Bringing a baby into the world is exciting—and sometimes overwhelming. As a Maryland Physicians Care member, you have access to trusted doctors, 24/7 support, and helpful benefits for you and your baby. This guide is here to walk with you through recovery, newborn care, and beyond.

### What Happens to Your Body

- Your uterus shrinks back to size, which may cause cramps and bleeding.
- Hormones change quickly, leading to mood swings, headaches, or sweating.
- Breasts may feel full and sore as milk comes in.
- The C-section area may feel sore as it heals.
- Fatigue is common after birth and while caring for a newborn.

### Your Feelings Matter

<https://www.marylandphysicianscare.com/members/health-and-wellness/postpartum/>

# How to reach us:



**P&W Coordinator:**  
**410-412-9017**



[preventionandwellness@mpc  
medicaid.com](mailto:preventionandwellness@mpcmedicaid.com)

## Health Education Request Form

Maryland Physicians Care is here to assist providers in helping their patients, our members, make healthier choices for a better quality of life and well-being. We offer several tools and resources for this wellness journey. They include educational classes, web-based resources, and/or current evidence-based tip sheets that can be mailed or emailed to members.

For any educational need, please fill out the following:

Provider Name (Required)

First  Last

Provider Phone (Required)

Provider Email (Required)

Member Name (Required)

First  Last

Member Phone (Required)

Member Email (Required)

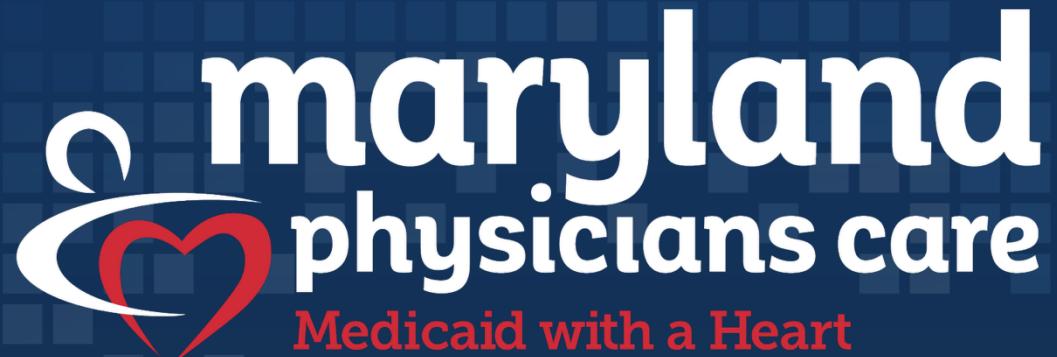
1. Request Type (Required)

- 30–45-minute class
- Web-based resources

<https://www.marylandphysicianscare.com/providers/health-education-request/>



**Questions?**



# Care Management

Angela Hart Director, Care Management

# Care Management at MPC

is a team-based approach designed to assist members and their caregivers with managing medical conditions effectively.

# Clinical Programs

## NCQA Programs

### Catastrophic Care:

- Complex needs due to serious medical condition(s), injury or event

### Complex Care:

- High risk members with one or more chronic diseases

### 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

## Additional Programs

### Care Compass:

- SDoH needs
- Access to care
- Care coordination
- ED Diversion

### Pregnancy Care:

- High risk pregnancy
- Maternal Opioid Misuse (MOM)

### HIV Care

# Referrals to Care Management

? How:

Contact MPC SNC Latrece Acree, RN, BSN

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

i What:

- Member Name
- DOB
- MA#

- Current Phone#
- Reason for the referral

\*\*Also, helpful if member is made aware of the referral

Who:

- Chronic illnesses
- Catastrophic care
- Condition care
- Transitions of care

- Care coordination
- High risk pregnancy
- SDoH Needs

# Maternal Child Health Services

- Home Visiting
- Doulas
- Maternal Opioid Misuse (MOM) Care Management



# Home Visiting Services

## Home visiting services:

- Provide support to pregnant women during pregnancy and childbirth.
- Support for parents and children during the postpartum period and up to 2 or 3 years of age.
- Include prenatal home visits, postpartum home visits, and infant home visits.

To be eligible for this free service, a patient must meet the following requirements:

- Be a Maryland Medicaid member
- Be pregnant, or have delivered a child within 3 months

**Contact our SNC for more information**

More information regarding HVS can be found using this link:  
[Medicaid Home Visiting Services](#) or on our MPC website

# Doulas

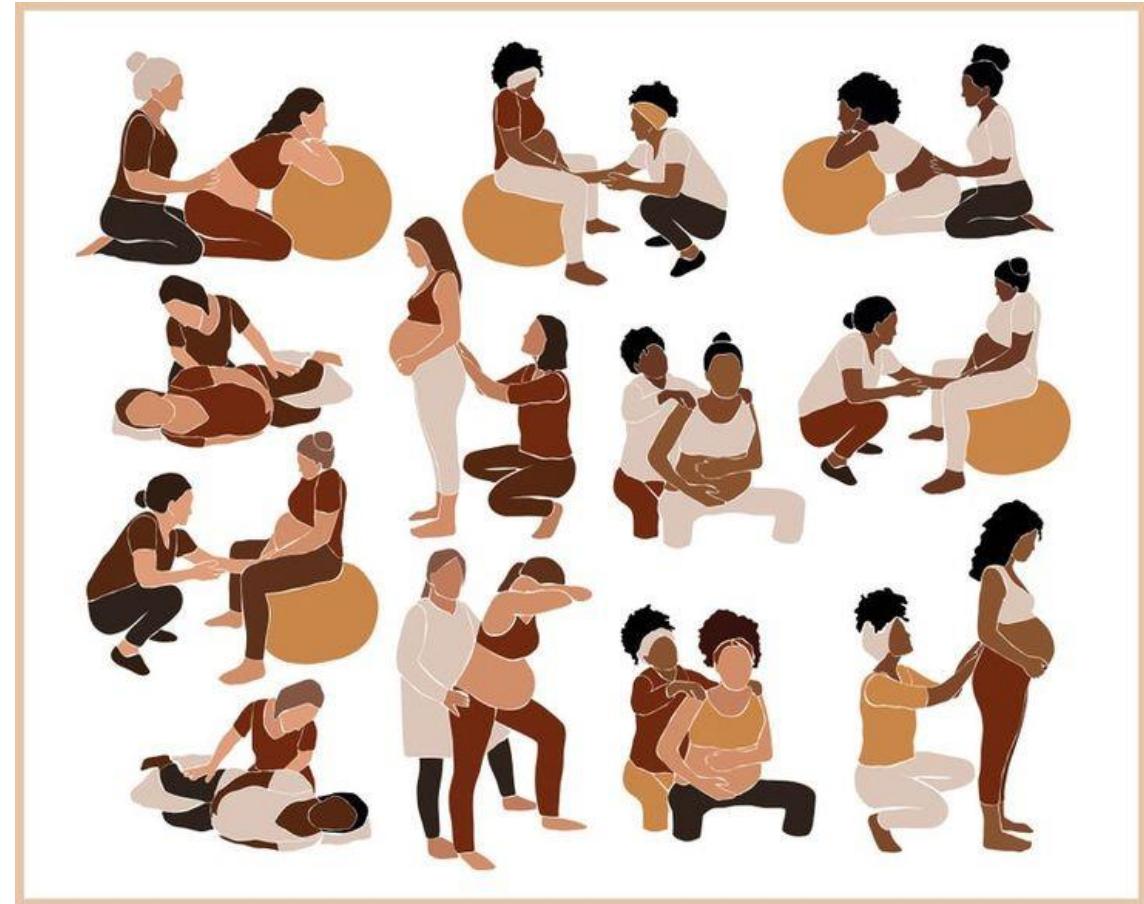
## Doula Services:

- Education on labor, birth, comfort measures, breast feeding, and postpartum care
- Prenatal, delivery, and postpartum visits
- Emotional and physical support during labor and delivery

To be eligible for this free service, a patient must meet the following requirements:

- Be a Maryland Medicaid member
- Be pregnant or have delivered a child within the last 180 days.

**Contact our SNC for more information**



More information regarding Doulas can be found using this link:  
[Medicaid Doula Program](#) or on our MPC website

# Maternal Opioid Misuse (MOM)

- Care Management for pregnant members with opioid use disorder or a history of OUD
- Services during pregnancy and up to 1 year postpartum
- Focus: health, well-being, treatment, and recovery

To be eligible for this free service, a patient must:

- Be a Maryland Medicaid member
- Be pregnant at the time of enrollment
- Have current or past OUD diagnosis



More information regarding MOM can be found using this link:  
[MOM CM Services](#) or on our MPC website.



# REMINDERS

# Maryland Prenatal Risk Assessment (MPRA) Requirements



DEPARTMENT OF HEALTH

Maryland Prenatal Risk Assessment- MDH 4850

## PURPOSE:

- Helps identify women who have medical, nutritional, and psychosocial predictors of poor birth outcomes.
- *Allows the patient, local health department (LHD), provider, and MCO to work together to promote the best possible birth outcome.*
- Completion of the MPRA and completion of a plan of care at the first prenatal visit is required for all Medicaid patients.

# MPRA Requirements

MDH requires that an MPRA be completed during the FIRST prenatal visit and that a copy of the completed form is faxed within 10 days to the LHD in the county in which the woman resides.

Instructions and fax numbers are on the back of the form.



Providers are reimbursed for completion of the MPRA.

- Billing code is H1000
- Reimbursement is \$40



Only one risk assessment per pregnancy will be paid.

# Primary Substance Use Services

## Available for All MPC Members

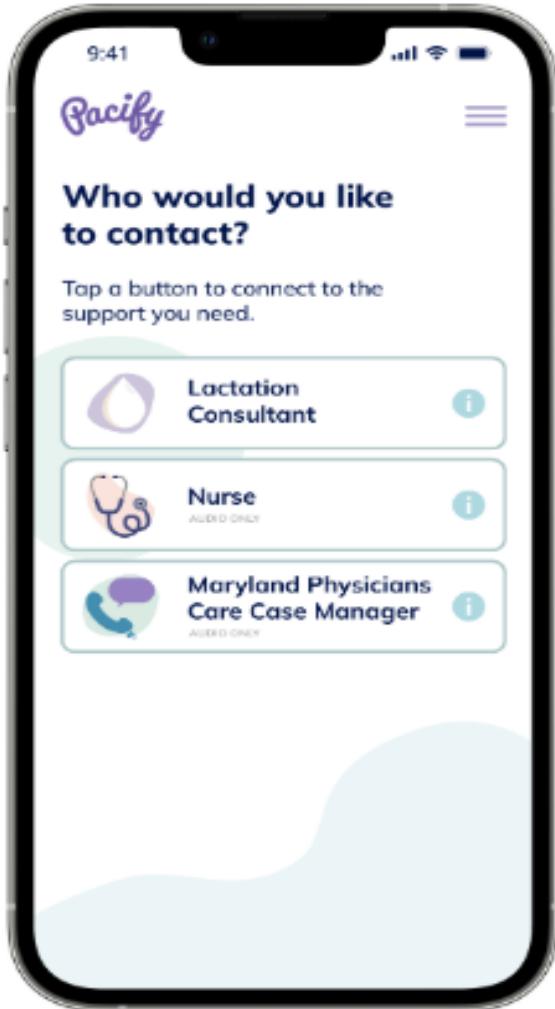
MPC covers screening, early intervention, and/or referral for additional substance use services

The SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based approach used to identify and address risky substance use behaviors in healthcare settings for all ages. Providers are encouraged to begin screening, using the SBIRT, during well child visits to:

- Identify patients at risk for substance use disorders (SUDs);
- Provide early intervention to prevent or reduce substance use-related problems; and
- Connect patients with appropriate treatment and support services.

Best practice is also to obtain a release of information to the State's behavioral health/substance use vendor (Carelon) following the ROI process under 42 CFR, Part 2.

# Pacify App



Pacify is a mobile app that provides on-demand support from live **Certified Lactation Consultants, Doulas, and Nurses.**

- No appointment required; Available 24/7, including holidays
- Services available in English and Spanish
- Available to expectant members for up to 12 months postpartum

**Pacify is statistically proven to:**

- Boost vaccination rates
- Increase frequency of prenatal/postpartum and well-child visits
- Improve overall patient well being

**Have your patients contact our SNC for more information**

More information regarding Pacify can be found using this link:  
[Pacify: Doulas & Lactation Consultants](#) or on our MPC website

# MyVirtualMPC App

Free for MPC members 24/7. 365 days a year!



## YOUR PATIENTS:

Connect to a doctor 24 hours a day, 7 days a week, 365 days a year

Are referred back to you when necessary

Can have their care bridged from ED/Hospital post discharge back to you

Can connect as often as they'd like, for as long as they'd like, at no cost

## YOU:

Reduce after-hours calls and redirect overflow patients away from ED/back to your office

See patients when they need you most

See improved adherence to post-discharge care plans

Provide a resource for high-needs patients

Encourage your patients to download and register today

More information regarding MyVirtualMPC can be found using this link:  
[MyVirtualMPC](http://MyVirtualMPC) or on our MPC website



# QUESTIONS?



# Pharmacy Updates

# Pharmacy Updates – December 2025

## Agenda

- Formulary Updates
- UM Review - Documentation

# Formulary Updates 4Q 2025

September 2025				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
No Formulary Changes				
October 2025				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
No Formulary Changes				
November 2025				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
Veletri (epoprostenol)	Prostaglandin Vasodilator	Add to formulary w/PA	11/17/2025	Treprostinil, Tyvaso, Sildenafil, Adempas
Ajovy (fremanezumab)	CGRP Receptor Antagonist	Add to formulary w/PA	11/17/2025	Emgality, Aimovig
December 2025				
Drug Name	Therapeutic Class	Change	Effective Date	ADL Alternative (if applicable)
Entresto	ARB/Neprilysin inhibitor	Remove from formulary	12/31/2025	Sacubitril/Valsartan, Valsartan, Lisinopril, Enalapril
Anoro Ellipta	LABA/LAMA	Remove from formulary	12/31/2025	Umeclidinium-Vilanterol Budesonide-Formoterol, Fluticasone-Salmeterol
Arnuity Ellipta	Inhaled Corticosteroid	Remove from formulary	12/31/2025	Fluticasone Furoate, Budesonide-Formoterol, Fluticasone-Salmeterol
Rabeprazole	Proton Pump Inhibitor	Remove from formulary	12/31/2025	Pantoprazole, Omeprazole

# UM Program Review - Documentation

- MPC requires supporting documentation to be submitted with ALL prior authorization requests
  - The pharmacy UM team continues to receive faxes and electronic prior authorizations (ePA) submissions missing supporting documentation
  - Failure to supply complete prior authorization requests will delay the review process and create additional administrative burden
- Highlight listed below on our PA forms:

**SECTION A:** Please note that supporting clinical documentation is required for ALL PA requests. Pharmacy prior authorization reviews can be subject to trial with additional medications that are not listed within the criteria. The policies are subject to change based on COMAR requirements, MDH transmittals and updates to treatment guidelines.

# Provider Resources

## ➤ MPC Pharmacy UM Contact Information

- PA Telephone Number: 1-888-258-8250**
  - ❖ Note: this number is only for providers
- PA Fax Number: 1-833-896-0656**
- Pharmacy Prior authorization information:** [Pharmacy Prior Authorization](#)

# Questions and Answers

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

# Thank You for Attending!

We appreciate your participation in the Q4 2026 Provider Forum.

## Mark Your Calendar!

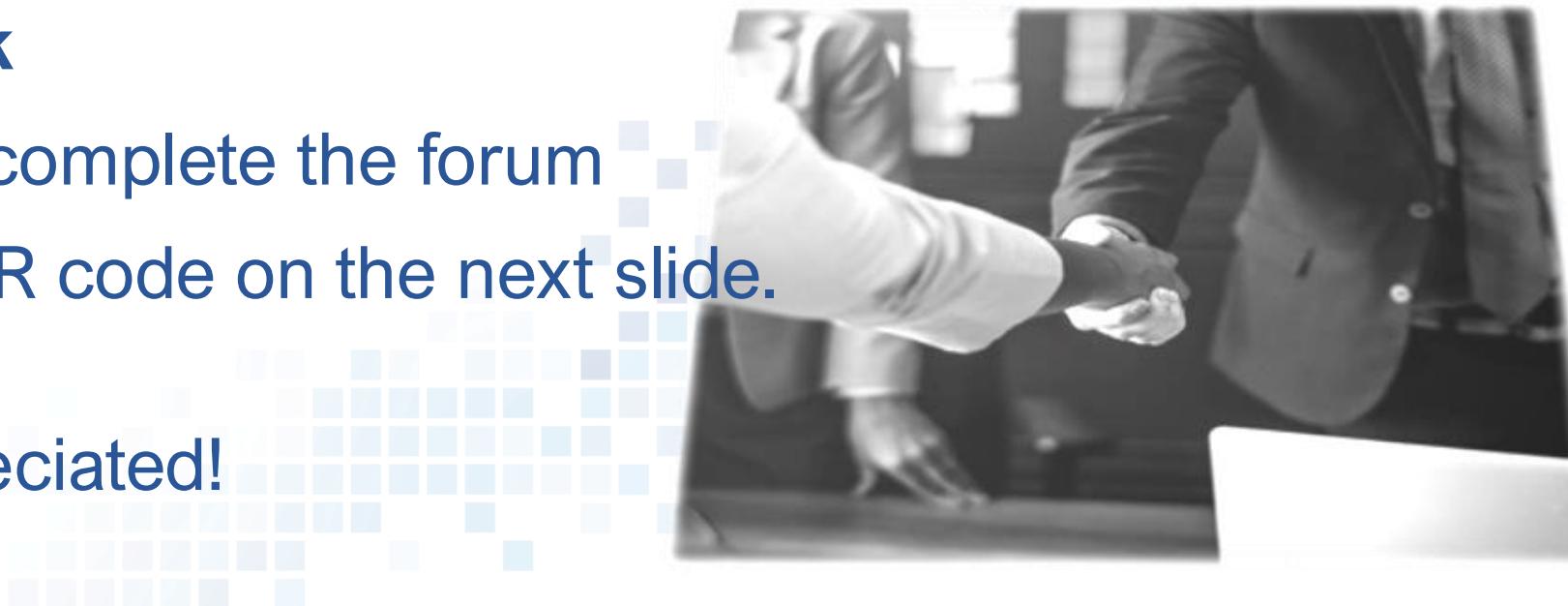
MPC's Q1 2026 Provider Forum will be held on March 18, 2026, at 9:00 AM.

We look forward to seeing you there!

## We Value Your Feedback

Please take a moment to complete the forum survey by scanning the QR code on the next slide.

Your input is greatly appreciated!



# MPC Post Provider Forum Feedback Survey

