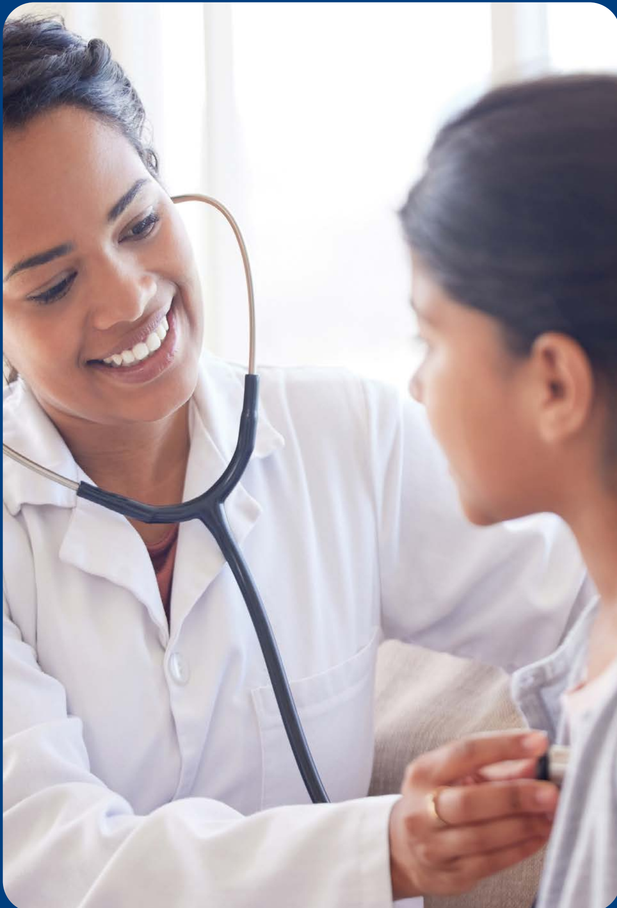
MedStar Family Choice

Maryland HealthChoice Program

Provider Newsletter

2nd Quarter 2024



IN THIS ISSUE

Welcome new providers........................ 2
Access and availability standards........ 3
Update your information 4
Nurse advice line 5
Specialists that left network page 5
Updates to formulary 6
How to refer members to specialists 8
MedStar Family Choice survey results online 10
2023 Consumer Report Card results 11
Clinical Practice Guidelines................ 12
Verifying eligibility.............................. 13
Notice of Privacy Practices reminder 14
Directing MFC members to mental health services 15
Healthy Beginnings/Family Connects Program 15
Weight loss medications..................... 17
About documentation and coding audits 18
National Correct Coding Initiative.. 19
Message from MedStar Family Choice Credentialing 19
MedStar eligibility for Medicaid products... 21
Helpful tips Health Trio 22
Provider announcement of formulary change 22
Where to send claims for members... 24

Welcome new providers to MedStar Family Choice

MedStar Family Choice would like to welcome the following new providers to our network!

- **Infectious Disease Care Center**
- **Chevy Chase Foot and Ankle**
- **Onyx Therapy Group**
- **Alpha Health LLC**
- **Humming Bird Counseling and Therapeutic Services**
- **Virtual Access Care LLC**
- **Cona Healthcare Services LLC**
- **Luminox Healthcare Services LLC**
- **Integrate Health LLC**
- **Lifegate Healthcare Services**
- **Nuer Happy Solutions**
- **Cherish Life with Dignity Counseling and Consulting**
- **Happy Medical Care & Clinic**
- **Akachi Primary & Urgent Care LLC**
- **William J Demeo PhD**
- **Bamboo Beginnings Doula Services LLC**
- **RWA Innovative Providers LLC**
- **Vigor Integrative Wellness LLC**
- **Prudent Behavioral and Wellness Health LLC**
- **BBD Psychiatry Group Professional LLC**
- **Unique Minds Behavioral Health Services LLC**
- **Whole Care**
- **TrueYou Center LLC**

In addition, we welcome the following ancillary provider groups into the network:

- **Denton Nursing and Rehab LLC**- Effective 2-10-24- MD
- **Chestertown Nursing and Rehab LLC**- *Effective- 2-10-24- MD*
- **Pines Nursing and Rehab LLC**- *Effective 2-10-24- MD*
- **Woodside Park MD OPCO LLC**- *Effective 4-01-24- MD*
- **Wheaton Operator LLC**- Effective *4-01-24- MD*
- **Summit Hills MD OPCO LLC**- Effective *4-01-24- MD*
- **Carroll County Anesthesia Associates PA**- Effective *4-15-24- MD*
- **Gwynnfalls MD OPCO LLC**- Effective *5-15-24- MD*
- **Granite MD OPCO LLC**- Effective *5-15-24- MD*
- **Citizen Care and Rehabilitation Centers**- Effective *7-15-24- MD*

Know our access and availability standards

MedStar Family Choice providers must offer hours of operation to MedStar Family Choice members consistent with the items below and the provider's specialty.

Health Choice regulations require providers to adhere to the following guidelines for appointment scheduling:

- Well-child assessments and routine and preventative primary care appointments:
- 30 days from request
- Routine specialist follow-up appointments: 30 days from request
- Newborn visits: Within 14 days of discharge from the hospital
- Routine dental, lab, and X-rays: 30 days from request
- Initial assessment of pregnant and postpartum women and those requesting family planning services: 10 business days from request
- As a reminder, providers must also maintain: 24/7phone coverage; for example, 911 and an answering service and/or answering machine with directions for emergency care.
- Urgent care appointments within 48 hours of request. If the doctor that sees the member is not available, another doctor in the practice should see the member. If there is no availability, an explanation as to why and alternative options for care should be provided to the member.
- Office hours for MedStar Family Choice members must be equivalent to the office hours offered to commercial, Medicare, or other Medicaid patients.
- Patient wait time may not exceed 60 minutes after the scheduled appointment time to be seen for regular office visits (this does not apply to patients who are added to the schedule last minute and advised that they will be seen at the first available time).

Throughout the year, MedStar Family Choice will monitor our provider network for adherence to these requirements. In addition, MDH conducts secret shopper activities on a regular basis. In the event your office is identified as not meeting the requirements above during a MedStar Family Choice or Government Program Secret Shopper Campaign, you will be contacted by Provider Relations.

Update your information and complete validations in the MedStar Family Choice Provider Portal

The MedStar Family Choice Provider Web Portal serves as a quality control mechanism allowing providers to view their information in our system. Your provider information is communicated to the MedStar Family Choice members and provider community via our Find a Provider website.

Provider Web Portal Services include:

- New User Registration
- Password Reset
- Provider and Group Changes
- Review Summary of Changes
- Quarterly Data Validations
- Provider Web Portal User Guide

Visit the MedStar Family Choice Provider Web Portal at **ProviderPortal.MedStarFamilyChoice.com** to register.

Before registering, you will need to have access to the following information:

- Group DBA (doing business as) Name
- Group Tax ID
- Group Type II NPI (Group NPI)
- The group email currently on file with MedStar Family Choice

Once you complete the initial registration process on the portal, you will receive an email link to complete the registration process. This link is only available for 24 hours or you will have to start the registration process again.

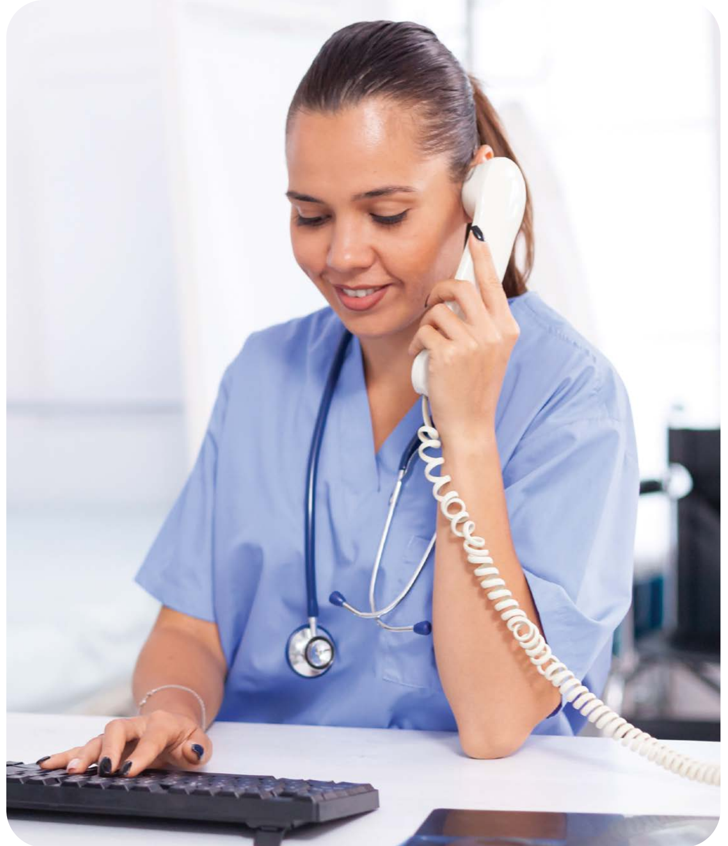
Which Portal Do I Use?

	Provider Web Portal (MFC Provider Demographic Portal)	Provider Claims and Eligibility Portal (HealthTrio Portal)	Change Health Care's Portal
Web Addresses / URLs:	ProviderPortal.MedStarFamilyChoice.com	https://mfcmdprovider.healthtrioconnect.com/ (MD) https://mfcdcprovider.healthtrioconnect.com/ (DC)	ProviderPayments.Com
What Can I Do With this Portal?	Update or provide notification about my information related to: • Federal Tax Identification Number – this will require Provider Relations or Ancillary team follow-up • Billing and W-9 address • Type II NPI / Organizational NPI • Provider Group Name Change • Practice Locations that are closed or opened • Office hours, phone/fax number • Any provider leaving your group / practice • Individual provider demographic updates (panel changes, age restrictions) • New providers with practice – notification of this DOES NOT mean they are credentialed with MedStar Family Choice – this may require additional Provider Relations outreach and additional documentation to be submitted Validate my group / practice information quarterly	• Check on Member / Enrollee Eligibility • Check on Claims Status • Submit Claims Payment Disputes • View authorizations • Access listing of members assigned to practitioners associated with my group, if they are identified as primary care providers • Access Remittance Advice	• Access Remittance Advices / 835s • View 1099s
Who Can Access This Portal	Participating Providers only that can provide validation data elements	Participating Providers Only that can provide validation data elements	All providers that can provide validation data elements
How many Users Can be Here	Only 1 user may be identified per group / if there is already an identified, registered user under your group, you will be outreached by someone to identify who the user for the group should be	There can be 2 identified local administrators for the group. Once 1 local administrator is registered, that user will be responsible for creating and managing users within the same entity for accessing this portal	There is no limit to how many users can be associated with a TIN
Future Enhancements	Ability to have multiple users per entity	Ability to directly submit claims via HealthTrio provider portal – Targeted timeline Q3 2023	

Additional registration information is available at **MedStarFamilyChoice.com**.
For problems with registration, send a detailed email to **mfc-providerrelations2@medstar.net** or call **800-261-3371.**

Nurse advice line available 24/7 at no cost

Did you know MedStar Family Choice members have access a Nurse Advice Line at no cost? The Nurse Advice Line (**855-210-6204**) is open 24 hours a day, seven days a week.



If a MedStar Family Choice member is feeling ill or needs medical advice but cannot make an appointment or be seen immediately by your office, you can let them know a registered nurse is just a phone call away. On the Nurse Advice Line, registered nurses answer calls live to assess symptoms and direct patients to the appropriate level of care. Nurses can also provide nearby urgent care locations if need be.

Using the Nurse Advice Line as a resource for MedStar Family Choice members could reduce wait times by allowing your office to focus on providing care to those who need more immediate attention. The Nurse Advice Line could also boost patient loyalty and retention with around-the-clock access to care.

Specialists no longer in network page

Did you know, **MedStar Family Choice wants to keep you informed!** We started a new page to let you know about any specialist that has left our network starting June 2023. Please go to **Specialists no longer in network page** to find any specialist that left the network.

Updates to the formulary for MedStar Family Choice providers

Details of the prior authorization criteria are available on our Pharmacy webpage with the other pharmacy protocols. For more information, please call the Provider Relations department at **800-905-1722, option 5.**

Updates to the formulary for MedStar Family Choice providers.

CHANGES ON THE FOLLOWING PAGE ARE EFFECTIVE AS OF July 1, 2024.

Additions:

- Brukinsa (Zanubrutinib)
- Fenofibrate 145 mg tablets
- Fenofibrate micronized 43 mg tablets
- Lagevirio (molnupiravir)
- Nifedipine 20 mg capsules
- Nitroglycerin rectal gel (generic Rectiv)
- Bismuth/metronidazole/tetracycline (generic Pylera)
- Xolair 150 mg and 300 mg pre-filled syringes and auto-injectors
- Zenpep 6000-unit strength (new to market)

Additions with Prior Authorization: *

- Ogsiveo (nirogacestat)
- Rezdiffra (resmetirom)

*Please see the PA Table on the MFC website for details of the requirements for approval and guidance on submission of clinical information

Removals:

- Exkivity (mobocertinib) – withdrawn from market
- Fuzeon (enfuvirtide) injection
- Invokana (canagliflozin)
- Lansoprazole/Amoxicillin/Clarithromycin (generic Prev-pac)
- Mavyret (glecaprevir/pibrentasvir)
- Nutropin AQ (human growth hormone) – withdrawn from market
- Relyvrio (sodium phenylbutyrate and taurursodiol) - withdrawn from market
- Brand Revlimid (lenalidomide) – generic shortages relieved
- Brand Tresiba (insulin degludec) – generic remains on formulary

Changes to Managed Drug Limitations

The GLP-1 limitations are in place to mitigate clinical inertia. The limitations are:

- Ozempic 0.25/0.5 mg weekly dose: Maximum 2 pens/year then dose review required.
- Maximum 1 pen/year, then dose escalation required.
- Rybelsus 3 mg daily dose: Maximum 30 capsules/year, then dose escalation required.
- Trulicity 0.75 mg weekly dose: Maximum 1 pen/year, then dose review required.

Exemptions to the exceptions for Ozempic or Trulicity limitations may be granted for A1c < 8.0, otherwise therapy escalation is required. Patients intolerant to dose escalation will be redirected to alternative anti-hyperglycemic therapies.

Managed Drug Limitations &Step Therapy**

- Azelaic Acid: Step Therapy as a third-line agent
- Mirabegon (generic Myrbetriq) has become Step Therapy as a third-line agent unless patient age is > 65 years in which case there are no prior authorization or step therapy requirements.

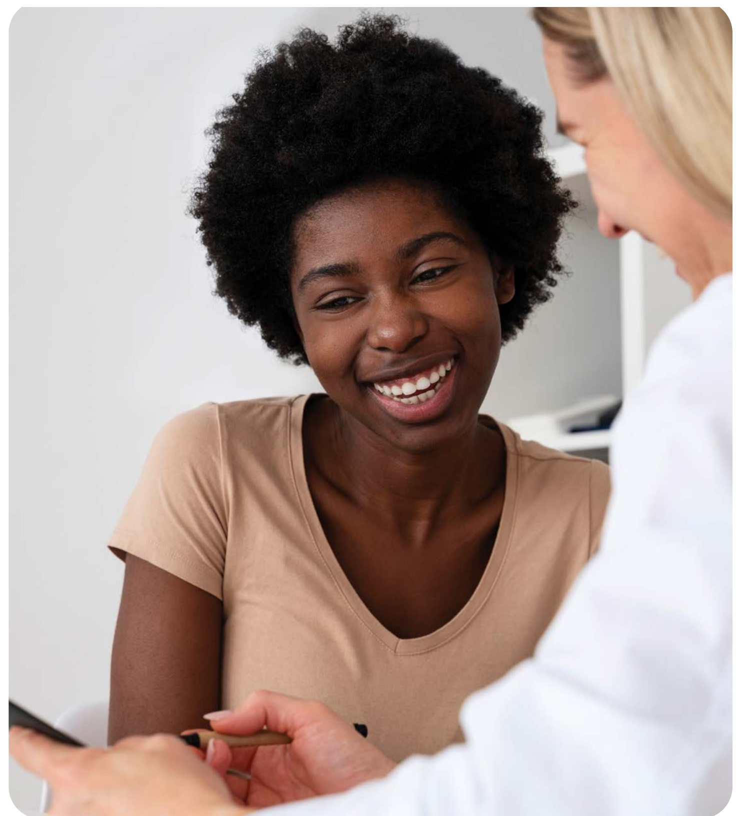
Prior Authorization Removals:

- Calquence

How to refer members to specialists

Referrals to an In-Network Provider
Primary care providers (PCP) should use the Uniform Referral form to refer members to a specialist. Other referral forms generated by a provider's electronic medical record system are accepted as long as all information that is on the Maryland Uniform Referral form is represented on the referral form that the PCP is generating. If a referral is requested by a specialist on the day of a member's visit and the referral is not ready, or if the member presents to the specialist office without a copy of the referral that was provided to them, PCPs may give the specialist verbal consent to see that patient on the date of service. Verbal consent will permit the member's treatment while the referral is completed by the PCP. The specialist should not turn the member away, as the referral is not required to be submitted with the claim. If the specialist does not obtain verbal approval from the PCP, then the specialist can see the member one time without the referral. The office notes should then be sent to the PCP for the member's chart.

Referrals From Specialists
Specialists can refer to other specialists if they receive written or verbal approval from the PCP (follow the documentation steps outlined above). Providers should use the Uniform Referral form to refer members to a specialist. Other referral forms generated by a provider's electronic medical record (EMR) system are accepted as long as all information that is on the Maryland Uniform Referral form is represented on the referral form that the specialist is generating. If a referral is requested by a specialist on the day of a member's visit and the referral is not ready, the referring provider may give the specialist a verbal consent to see that patient on the date of service. Verbal consent will permit the member's treatment while the referral is being completed by the referring provider. Document the verbal approval in the patient's medical chart.

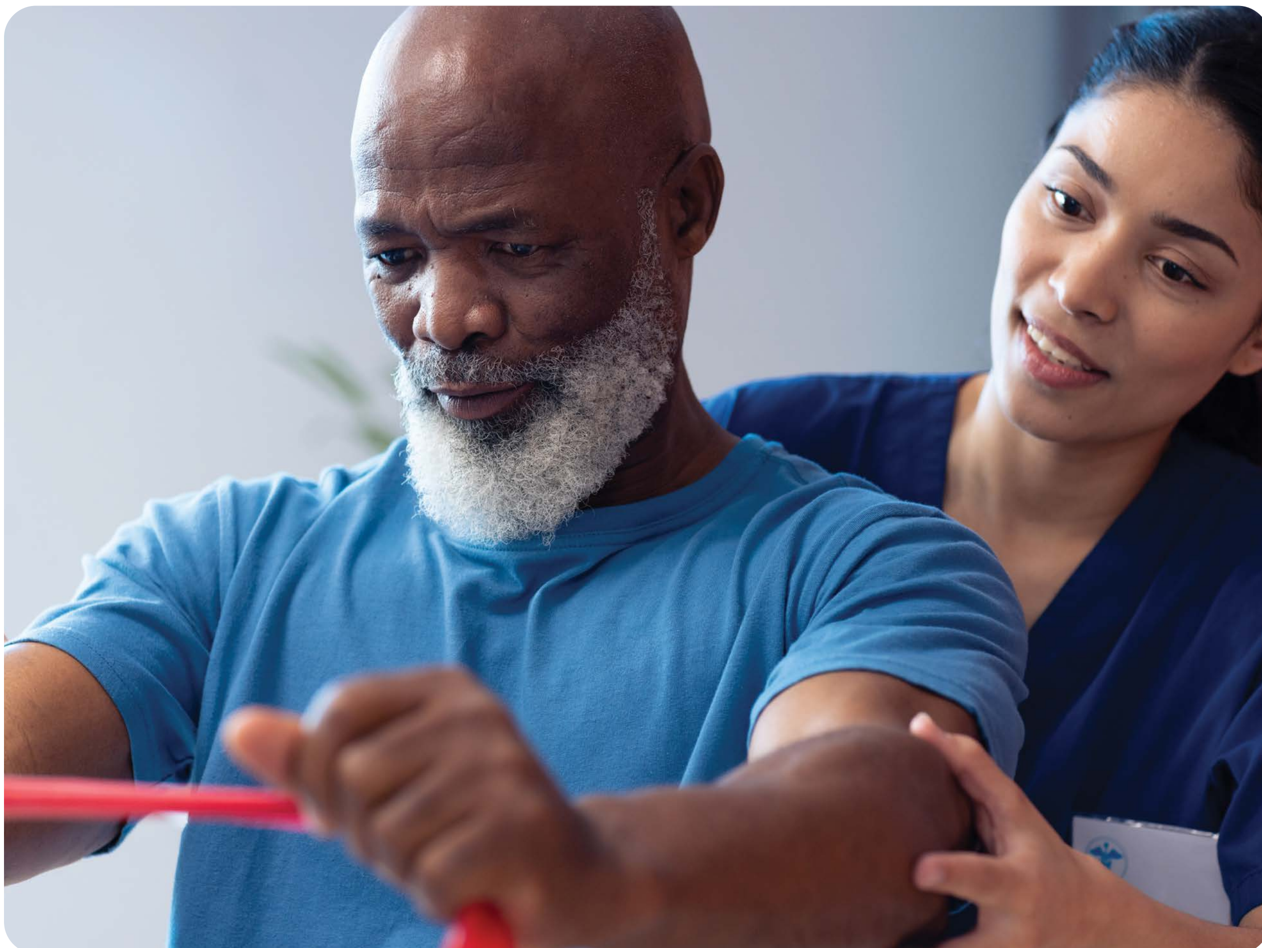


If the specialist does not obtain verbal approval from a referring provider or PCP, then the specialist can see the member one time without the referral. The office notes should then be sent to the PCP for the member's chart.

Referrals for Lab and Radiology Services
PCPs and specialists are to directly refer their MedStar Family Choice patients for lab and radiology services to in-network freestanding locations and facilities. Specialists should not send their members back to the PCP for a referral. All providers should use a Lab Requisition form for labs, and providers can either use a Uniform Referral form and/or their electronic medical record referral form or write a script for radiology requests.

Referrals to Physical Therapy, Occupational Therapy, and Speech Therapy
Both PCPs and specialists can refer to physical therapy, occupational therapy, and speech therapy. Providers are to follow the process outlined within this article for referrals for members over the age of 21 years for up to 30 visits (the state manages patients under the age of 21 for physical therapy, occupational therapy, and speech therapy). Prior authorization is required for more than 30 visits in a calendar year. Please note: physical therapy services provided by a chiropractor are not covered and must be directed to an in-network physical therapy provider. All providers are encouraged to use the "Find A Provider" feature on our website (**MedStarFamilyChoice.com**) in order to receive assistance in finding in-network specialists, laboratories, and radiology providers. Please note, all referrals to out-of-network providers require a prior authorization.

Please send all questions or queries regarding referrals to MedStar Family Choice Provider Relations at **mfc-providerrelations2@medstar.net**. Telephone assistance is available for Maryland providers by calling **800-261-3371**.



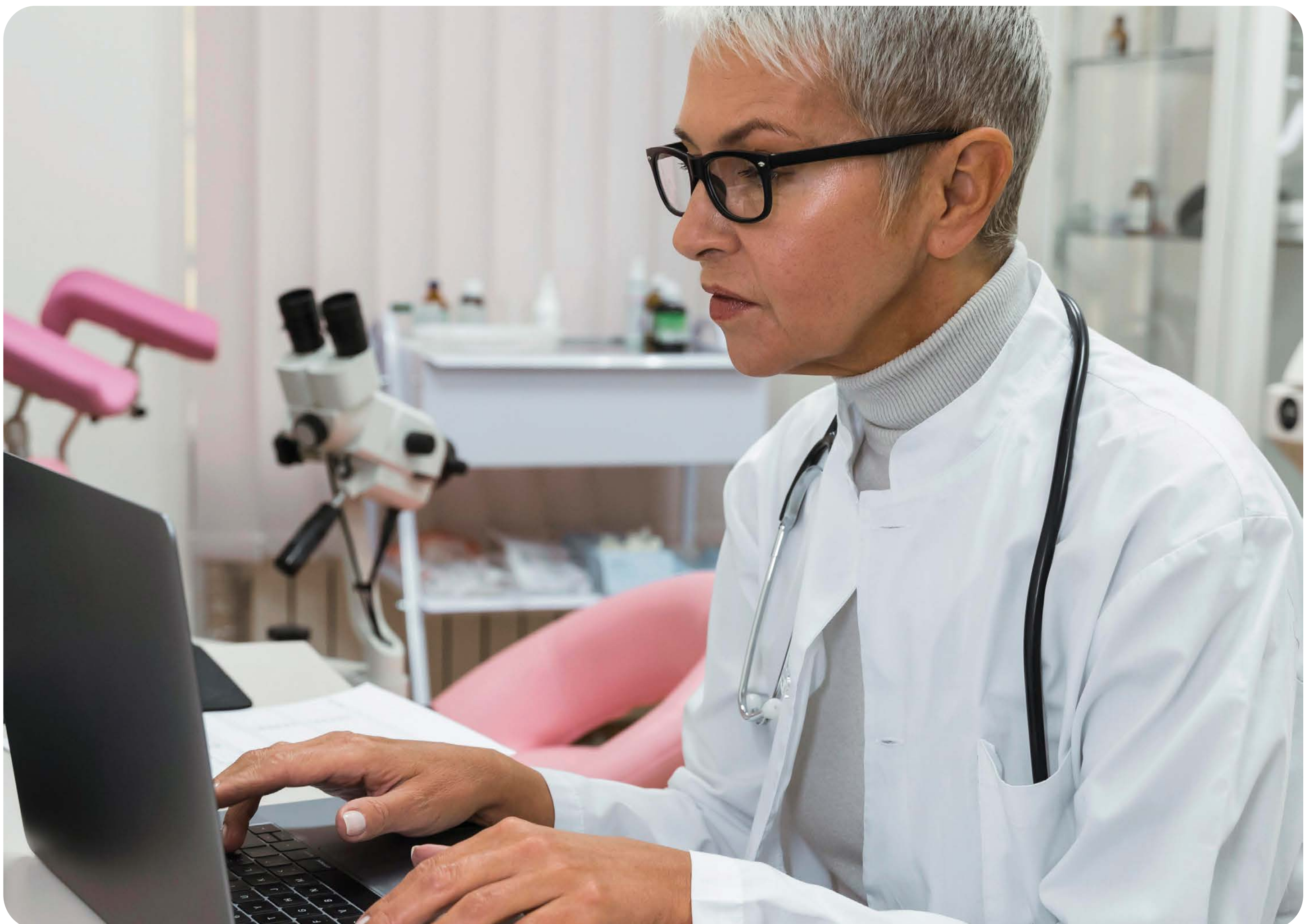
MedStar Family Choice survey results are online

MedStar Family Choice wants you to stay informed on how we are doing. For updated information on survey results such as HEDIS®, Satisfaction Surveys, System Performance Reviews, EPSDT audits, and the Consumer Report Card, please visit the MedStar Family Choice Quality Assurance and Monitoring webpage:

MedStarFamilyChoice.com/Maryland-HealthChoice/For-Maryland-HealthChoice-Physicians/Quality-Assurance-and-Monitoring-Programs

Paper copies are available upon request by calling the MedStar Family Choice Provider Relations Department at **800-261-3371**. As we continue to improve and strive for high scores, your dedication to quality health care is very much appreciated.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



Read the 2023 Consumer Report Card results

The Maryland Department of Health (MDH) developed a **Consumer Report Card** to assist HealthChoice participants in comparing and selecting a managed care organization (MCO) at the time of enrollment. It is a tool that allows enrollees to see how Maryland MCOs compare in six key performance areas so they can easily make an informed choice. The Consumer Report Card performance category scores are based on 40+ quality and access measures derived from HEDIS® scores, encounter data, and member satisfaction survey data.

MFC continuously works with our members and providers to better understand barriers to care and develop meaningful, targeted interventions to improve outcomes. Please refer to MFC's Quality Assurance and Monitoring Programs and our Quality Improvement Plan to view our specific quality improvement objectives and plans for improvement.

2023 Maryland DEPARTMENT OF HEALTH

HealthChoice Performance Report Card for Consumers

KEY

☆ ☆ ☆ Above HealthChoice Average
☆ ☆ HealthChoice Average
☆ Below HealthChoice Average
N/A Not Applicable*

This Report Card shows how Maryland HealthChoice plans compare to each other. You may use this Report Card to help you choose a health plan. To choose a plan call 1-855-642-8572 (TDD: 1-855-642-8573) or visit www.marylandhealthconnection.gov.

If you are having trouble getting health care from your health plan or your doctor, try calling your health plan's customer service line. If you still need help, call the HealthChoice Help Line at 1-800-284-4510 (TDD: 800-977-7389). For more information, visit www.marylandhealthconnection.gov/assets/MCO-Comparison-Chart.pdf

HEALTH PLANS	PERFORMANCE AREAS					
	ACCESS to CARE	DOCTOR COMMUNICATION and SERVICE	KEEPING KIDS HEALTHY	CARE for KIDS with CHRONIC ILLNESS	TAKING CARE of WOMEN	CARE for ADULTS with CHRONIC ILLNESS
AETNA BETTER HEALTH 1-866-827-2710	☆	☆ ☆	☆	N/A	☆	☆
CAREFIRST BLUECROSS BLUESHIELD COMMUNITY HEALTH PLAN (formerly UNIVERSITY OF MARYLAND HEALTH PARTNERS) 1-800-730-8530	☆	☆ ☆	☆	☆ ☆	☆	☆
JAI MEDICAL SYSTEMS 1-888-524-1999	☆ ☆	☆ ☆ ☆	☆ ☆ ☆	N/A	☆ ☆ ☆	☆ ☆ ☆
KAISER PERMANENTE 1-855-249-5019	☆ ☆	☆ ☆	☆ ☆ ☆	N/A	☆ ☆ ☆	☆ ☆ ☆
MARYLAND PHYSICIANS CARE 1-800-953-8854	☆ ☆ ☆	☆ ☆	☆	☆ ☆ ☆	☆ ☆	☆
MEDSTAR FAMILY CHOICE 1-888-404-3549	☆ ☆	☆ ☆	☆ ☆	☆ ☆	☆ ☆	☆
PRIORITY PARTNERS 1-800-654-9728	☆ ☆ ☆	☆ ☆	☆ ☆ ☆	☆ ☆	☆	☆ ☆
UNITEDHEALTHCARE 1-800-318-8821	☆ ☆	☆ ☆	☆ ☆ ☆	☆	☆	☆ ☆
WELLPOINT MARYLAND (formerly AMERIGROUP COMMUNITY CARE) 1-800-600-4441	☆ ☆	☆ ☆	☆ ☆ ☆	☆ ☆	☆ ☆	☆ ☆

Access to Care
- Appointments are scheduled without a long wait
- The health plan has good customer service
- Everyone sees a doctor at least once a year
- The health plan answers member calls quickly

Doctor Communication and Service
- Doctors explain things clearly and answer questions
- The doctor's office staff is helpful
- Doctors provide good care

Keeping Kids Healthy
- Kids get shots to protect them from serious illness
- Kids see a doctor and dentist regularly
- Kids get tested for lead

Care for Kids with Chronic Illness
- Doctors give personal attention
- Kids get the medicine they need
- A doctor or nurse knows the child's needs
- Doctors involve parents in decision making

Taking Care of Women
- Women are tested for breast cancer and cervical cancer
- Moms are taken care of when they are pregnant and after they have their baby

Care for Adults with Chronic Illness
- Doctors monitor blood sugar and cholesterol levels
- Doctors examine eyes for vision loss and check kidneys are healthy and working properly
- Adults get antibiotics and treatment for lower back pain when they need it

MDH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.

Help is available in your language: 1-855-642-8572 (TTY: 1-855-642-8573). These services are available for free.

Hay ayuda disponible en su idioma: 1-855-642-8572 (TTY: 1-855-642-8573). Estos servicios están disponibles gratis.

您若需要免费中文帮助，请拨打这个电话号码：1-855-642-8572 (TDD: 1-855-642-8573)

NOTE: N/A means that the rating is not applicable and does not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan.
This information was collected from health plans and their members and is the most current performance data available. The information was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition.

Clinical Practice Guidelines are available online

Clinical Practice Guidelines are available on **MedStarFamilyChoice.com**. Click on "For Healthcare Providers" to access the provider webpage. A link to the Clinical Practice Guidelines is prominently featured on the provider webpage. For a hard copy of the guidelines, please contact Provider Relations at **mfc-providerrelations2@medstar.net** or **800-261-3371**.

These guidelines include:

- 2023 Preventive Screening Recommended Guidelines (Adult and Pediatric)
- 2023 CDC Recommended Immunization Schedules (Adult and Pediatric)
- Community Acquired Pneumonia (Adult and Pediatric)
- Assessment and Prevention of Falls in the Elderly
- Management of Adult Diabetes Mellitus
- Guidelines for the Diagnosis and Management of Asthma (Adults, Children, and Adolescents)
- Guidelines for the Diagnosis and Management of Pediatric Acute Asthma Exacerbation
- Treating Acute Asthma Exacerbations in Adults
- Management of Hypercholesterolemia
- Identification and Management of Clinical Depression in Adults
- Management of Hyperbilirubinemia in the Healthy Term Newborn
- Management of Hypertension (Adults and Pediatric)
- Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity
- Osteoporosis: Screening and Management
- Managing Otitis Media in Children
- Cervical Cancer Screening for the Primary Care Physician
- Diagnosis and Management of Acute Group A Pharyngitis
- Diagnosis and Management of Acute Group A Streptococcal Pharyngitis in Adolescent and Pediatric Patients
- Management of Pediatric ADHD
- Management of Acute Low Back Pain in Adults
- Management of Bronchiolitis in Pediatrics
- Management of Bronchitis (Adults, Children, and Adolescents)
- Diagnosis, Management, and Prevention of COPD
- Outpatient Diagnosis and Management of Venous Thromboembolic Disease
- Prescribing Naloxone in the Outpatient Setting
- Opioids for Pain Management
- Guidelines for Perinatal Care
- Outpatient Use of Proton Pump Inhibitors
- Management of Sinusitis (Adult and Children)
- Outpatient Management of Pediatric Urinary Tract Infection

Verifying eligibility for MedStar Family Choice members

MedStar Family Choice does not deny claims when a member presents an ID card that does not reflect your office as the primary care provider (PCP). This is to prevent participating PCP offices from turning members away when they are active MedStar Family Choice members on the date of service. PLEASE DO NOT TURN MEMBERS AWAY! When this happens, please ask members to update their ID card information prior to their next appointment. Changing a PCP is relatively simple. Please follow these instructions if your office is not printed on the card as the member's PCP:

- Always verify through EVS that the member is an eligible MedStar Family Choice member on the date of service by calling **866-710-1447** or by visiting the website at **emdhealthchoice.org**
- See the patient if they are active. Do not reschedule the appointment.
- Ask the member to call Member Services at **888-404-3549** to request a new member card reflecting their correct PCP name prior to the next scheduled appointment. You may allow the patient to call from your office while they are waiting to be seen.
- Follow current authorization procedures, if applicable. A list of services requiring prior authorization is available at **MedStarFamilyChoice.com** or can be obtained by calling Provider Relations.

Please keep in mind the importance of current PCP information in regards to member ID cards. This information is used to create member rosters that are available for participating providers through the provider portal (**https://mfcmdprovider.healthtrioconnect.com/**)These rosters are used by MedStar Family Choice to send member information to provider offices and when making outreach attempts for members. If the roster is inaccurate, the PCP on file may consequently receive member mailings that go into the member's chart, as well as telephone calls regarding the specific member that is not actively under their care. MedStar Family Choice rosters are also used by Vaccines For Children (VFC) nurses who supply vaccines to pediatric offices for members enrolled in the HealthChoice program. As a result, pediatric offices may not be adequately stocked with vaccines for their members. If you need further assistance regarding the member's benefits and eligibility, call our Provider Services Call Center at **800-261-3371** and remain on the line to speak with an agent.

A reminder about the Notice of Privacy Practices

All new members receive a copy of our Notice of Privacy Practices (Notice) upon joining MedStar Family Choice. The Notice outlines how MedStar Health, Inc. may use and disclose our members' information, as well as how members could access this information. Policies and procedures are also in place to help protect our members' written and electronic protected health information. Therefore, to ensure the privacy and security of its members' protected health information, MedStar Family Choice requires its providers to abide by a number of medical record documentation standards. These standards include provisions such as:

- Providing a compliant notice of privacy practices to members
- Complying with all federal, state, and local laws and regulations pertaining to medical records and releases
- Securing both paper and electronic medical records and releases
- Ensuring the confidentiality of member information through the creation of standards
- Verifying the identity and authority of a person requesting access to member protected health information
- Releasing information to authorized individuals, including individuals from government agencies such as the Maryland Department of Health (MDH) for quality assurance and auditing purposes

Providers must report to MedStar Health's Office of Corporate Business Integrity any known or suspected privacy concern which is caused by a MedStar Health entity in a timeframe when required by law, the provider agreement, and any other applicable requirement. Methods to report breaches include calling MedStar Health Integrity Hotline at **877-811-3411** (toll free), calling the Office of Corporate Business Integrity at **410-772-6606**, or emailing us at **privacyofficer@medstar.net.**

A copy of the Notice is available at **MedStarHealth.org/MHS/Patients-and-Visitors/Privacy-Policy** and throughout **MedStarFamilyChoice.com**. Hardcopies can be provided upon request by contacting Provider Relations at **mfc-providerrelations2@medstar.net** or **800-261-3371**.

Directing MFC members to mental health services

All MedStar Family Choice members have access to Behavioral Health Benefits which include Mental Health, Substance Use Disorder, and Alcohol Use Disorder treatment-- they are managed by the State Public Behavioral Health Vendor Optum Behavioral Health **800-888-1965**, and billed thru Maryland Medical Assistance/Medicaid, not MedStar Family Choice. PCP referral is not needed.

Patients can locate a provider that accepts Maryland Medical Assistance/Medicaid by:

- Calling Optum Behavioral Health **800-888-1965** for a listing of provider contacts
- Searching one of the following sites for "Medicaid" or "Medical Assistance" accepting providers, selecting Mental Health, Substance Use services or both.
  - **Samhsa.gov/find-help**
  - **Psychologytoday.com/us/psychiatrists**
  - **Psychologytoday.com/us/therapists**
  - **Psychologytoday.com/us/treatment-rehab**

Maryland's Public Behavioral Health vendor is available to assist you with any questions regarding your behavioral health benefits at **1-800-888-1965**.

If patient is in crisis and unable to wait for scheduled appointment, help is available 24 hours a day 7 days a week by calling **988**.

MedStar Family Choice Social Work Case Managers can be reached at **800-905-1722 option 2** & **option 2** to guide members in this process if needed, although we do not manage the benefits.

Prince George's County Healthy Beginnings/Family Connects program

There are two very valuable community resources available for free to at-risk pregnant women and new mothers in Prince George's County.

The **Healthy Beginnings Program** promotes healthy outcomes by offering education and support services to pregnant women and children up to the age of 2.

Services:

- Telephonic and home-visiting case management services that include teaching preventive health practices and self-care measures.
- Counseling on healthy behaviors for all family members.
- Assistance with accessing resources.

Eligibility:

Any Prince George's County resident who:

- Is pregnant and has at least one risk factor associated with poor pregnancy outcomes.
- Families with infants and children up to the age of 2 who have risk factors associated with poor health outcomes.

The **Family Connects Prince George's Program** supports new mothers by bringing health care providers, community resources, and families together.

Services:

In-home visit by highly trained RN who can provide the following services: baby weight check, mom health check, feeding help, postpartum depression screening, information on childcare options, changes in family dynamic, back-to-work support, help with bathing, diapering & swaddling, safe sleep information, management of infant crying, financial resources, playgroups & support groups, early literacy information, family planning, appointment scheduling, and healthy home connections. (*bilingual nurses, Spanish/English are available)

Eligibility:

Any Prince George's County resident who: Just had a baby (or will deliver soon) regardless of income or background.

To refer MedStar Family Choice members visit the **MedStar Family Choice Provider Resources** page or **Medstarfamilychoice.com/Maryland-providers/provider-resources**.

You will be prompted to enter the member's name and date-of-birth, select which program you would like to refer the member to, and an MFC staff member will do the rest.

Statement on weight loss medications

MedStar Family Choice, like all MCOs, follows state and federal exclusions regarding drug coverage for our members. Currently, we do not provide coverage for any medications prescribed for an indication of weight management.

Coverage exclusions are described in the Code of Maryland Regulations (COMAR) 10.57.06.27A (12) and also in the Code of Federal Regulations (CFR) 42 U.S. Code § 1396r–8.

These medications include, but are not limited to:

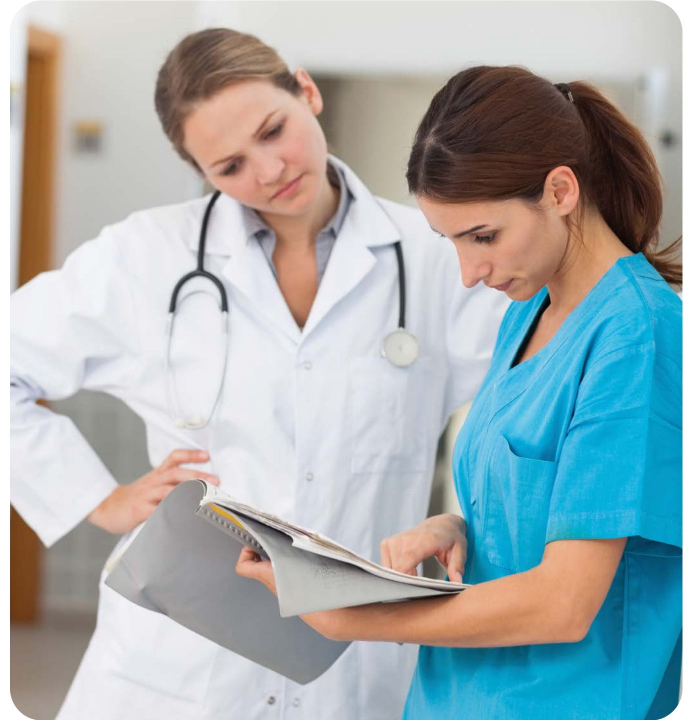
Brand Names	Generic Names
Adipex-P, Lomaira	Phentermine
Alli (OTC), Xenical	Orlistat
Contrave	Naltrexone/Bupropion
Mounjaro, Zepbound	Tirzepatide
Ozempic, Rybelsus, Wegovy	Semaglutide
Qsymia	Phentermine/Topiramate
Victoza, Saxenda	Liraglutide

At this time, no GLP-1 class medication is indicated for pre-diabetes. **We do not cover off-label indications and are unable to approve coverage in the absence of a laboratory confirmed diabetes diagnosis.**

Please consider communicating this information to your patients during their office visits so that they may understand the limitation and ask questions at that time. MFC respectfully requests that you refrain from submitting prior authorization requests for medications prescribed for weight loss to reduce the unnecessary administrative burden on providers, pharmacies and MFC as these requests cannot be approved.

MFC encourages you to consult our Formulary documents and Prior Authorization Table to determine coverage for these medications when prescribed for a diagnosis that is not related to weight management. These references can be found on our website: **MedStarFamilyChoice.com**, under **Pharmacy and Prescription Information.**

About provider documentation and coding audits



As part of our contractual obligations as a Maryland Medicaid MCO, MedStar Family Choice monitors claims and conducts routine and focused chart audits to ensure that payments made to providers are appropriate and accurately documented. If your practice is selected for review, we will contact your office and request copies of the medical records for specific dates of services for our members. The records are reviewed by our compliance auditor and each code that was billed and paid is evaluated. Providers should ensure that the medical record documentation supports the level of service billed and medical necessity.

Medical necessity of services rendered by a provider exercising clinical judgment may be reviewed by our medical directors and determined through various factors, including, but not limited to – are services for:

- The evaluation, diagnosis, or treatment of an illness, injury, disease, or symptoms of health condition?
- Consistent with current accepted standards of good medical practice and or nationally recognized, community developed, evidence-based criteria?

General principles of documentation include:

- Medical record should be complete and legible
- Each page of the health care record should include the patient's name and date of birth (or other unique identifier), date of service, legible identity of the provider rendering service, and the provider's credentials
- All records (written or electronic) must be signed and dated by the rendering provider.

Each encounter should include documentation of the following:

- Reason for the encounter: chief complaint or history of presenting illness (chief complaint is a concise statement describing the symptoms, problems, conditions, or other factors that are the reason for that encounter)
- Relevant history and prior diagnostic results
- Clinical examination findings
- Assessment, clinical impression, or diagnosis
- Medical plan of care

Following the completion of our coding and documentation audits, you will be provided with a summary of our findings. Any deficiencies identified that are determined to not support the claim payment, may be subject to retraction and may result in the issuance of a corrective action plan.

As a reminder, all claims should be billed under the rendering provider's NPI# (box 24J of CMS form 1500). All practitioners in a group must be credentialed with MedStar Family Choice prior to rendering services to our members and claims may not be submitted under another's NPI.

If you have any questions regarding MedStar Family Choice coding and documentation audits, please contact Provider Relations at **mfc-providerrelations2@medstar.net** or **800-261-3371**.

We also encourage providers to conduct regular self-audits to ensure accurate payments. If your practice determines it has received overpayments or improper payments, you are required to:

- Return the overpayment to MedStar Family Choice within 60 calendar days after the date on which the overpayment was identified. (Code of Maryland Regulations - COMAR 10.67.07.01)
- Notify MedStar Family Choice in writing of the reason for the overpayment

If you receive an overpayment for your claims, complete the **Overpayment/Refund form** on the **Claims and Refunds webpage** on **MedStarFamilyChoice.com**. Then send the refund, the reason for the overpayment, and a copy of the Explanation of Payment(s) identifying the overpayment to the address below:

MedStar Family Choice Maryland Claims
5233 King Ave, Suite 400
Baltimore, MD 21237
800-261-3371

Understand the National Correct Coding Initiative

The National Correct Coding Initiative (NCCI) is a program developed by CMS that consists of coding policies and edits. NCCI edits address correct coding combinations submitted by a

provider for multiple services with regards to the same patient, on the same anatomic site, and on the same date of service. There are two types of edits: procedure-to-procedure edits and medically unlikely edits (MUEs). Procedure-to-procedure edits make certain that CPT and/or HCPCS codes billed together are eligible for separate reimbursement. Medically unlikely edits (MUEs) ensure that the appropriate number of units for a particular service were billed.

MedStar Family Choice claims processing center utilizes nationally recognized vendor CCI edit software so that providers are reimbursed for services in accordance with the NCCI procedure-to-procedure edits. Also contained in our existing NCCI edits are the Medicaid MUEs for professional and ASC claims, DME, and some types of outpatient facility claims. This logic includes a maximum number of units of service for each HCPCS/CPT code. Claims that do not meet criteria set in the CCI edit software are denied. Instances when a claim is denied because of NCCI procedure-to-procedure edits include, but are not limited to:

- Mutually exclusive codes that cannot be reported together were billed
- Unbundling of codes when a single comprehensive CPT code is available.

MedStar Family Choice incorporated CMS/Medicaid MUEs into our policies. Therefore, additional MUEs that are compatible with Medicaid will be applied even though they are not applied by Medicare. Please keep in mind that many procedure codes have CCI edits associated with them. Providers should use applicable modifiers when services are in fact separate and independent from each other in order for claims to be processed and paid as separate procedures. Since modifiers can be used to bypass CCI edits, MedStar Family Choice monitors their use. Therefore, if a modifier is to be used to bypass CCI edits, it is imperative that providers clearly document and explain the circumstances of the services that were provided in the member's chart. The documentation must clearly show that the procedure code and modifier met the conditions for separate billing.

At this time, coding edits affect professional and ASC claims, DME claims submitted on CMS-1500 forms, as well as outpatient facility claims submitted on UB-04 (CMS-r1450) forms. For Maryland Health Choice providers, it was determined by the Maryland Department of Health (MDH) in conjunction with CMS. Procedure-to-procedure edits for outpatient hospital claims regulated by the Health Services Cost Review Commission are not permissible.

The MDH clarified that the only outpatient coding edits that must be implemented for regulated outpatient hospital claims are a subset of edits identified under the CMS Integrated Outpatient Coding Edits (I/OCE). Visit **CMS.gov/OutpatientCodeEdit** for more detailed information.

Note: MedStar Family Choice uses the Non-OPPS I/OCE edits. The Non-OPPS edits are a modified list of I/OCE edits that are appropriate for the HSCRC payment methodology that has been approved by CMS.

If you need more information regarding NCCI methodologies and the appropriate usage of modifiers, you can go to the Centers for Medicare and Medicaid Services website at CMS.gov for the National Correct Coding Initiative Policy Manual, as well as the Medicaid NCCI Reference Documents at **Bit.ly/3u5alxE.**

In addition, in the online MDH Provider Manuals for both professionals and facilities, there is information on the usage of modifiers accepted by Maryland Medicaid Program.

A message from MedStar Family Choice Credentialing

MedStar Family Choice maintains and monitors state licensures to ensure that our network practitioners maintain a valid and current license. When a practitioner's licensure (State license, Drug Enforcement Administration- DEA certificate, Controlled Dangerous Substances-CDS certificate) information changes (i.e., a new number issued or a name change), MedStar Family Choice must be notified of the change within 30 days. Failure to notify us of a licensure change may result in suspension or termination from the network.

Attn: Practice Manager Administrator or Credentialing Representative Please ensure that your providers' CAQH applications are up to date and contain accurate information. Remember to upload current copies of the malpractice insurance face sheet and complete the reattestation process every 120 days. Regularly reviewing and updating expired or old information will help us avoid potential delays in the credentialing process.

Verify member eligibility for Medicaid products

Prior to rendering services, provider offices must verify that MedStar Family Choice Medicaid members have benefits on the date of service. If a member does not have benefits on the date of service, then claims will deny. Along with verifying member benefits, providers should be familiar with MedStar Family Choice products and that their office is contracted as a participating provider.

Providers should note which cards members are presenting and verify that they are contracted as a par provider.

Sample member ID cards for each Medicaid product are available on our website at **MedStarFamilyChoice.com.** Please follow these steps to determine eligibility for your MedStar Family Choice– Maryland HealthChoice patients:

- Call the Maryland EVS line at 866-710-1447 to verify if a patient is eligible to receive benefits and is active with MedStar Family Choice on the date of service. More information on the EVS line can be found at EMDHealthChoice.org.
- If providers have further questions regarding member benefits under MedStar Family Choice, please contact the MedStar Family Choice Provider Services Call Center at 800-261-3371.

***QUICK TIP:** To easily identify the correct MedStar Family Choice product, member ID numbers start with nine for Maryland HealthChoice.

Helpful Tips for Registering for HealthTrio – MFC's Claims and Eligibility Provider Portal:

When registering for MedStar Family Choice's Claims and Eligibility Provider Portal, please ensure you have the following information readily available:

- Payment ID (Check Number, Transaction Number or Payment ID Number) – this is the value you will enter for Payer Identification Value 1
- Payment Amount Associated with the Payment ID - please provide the amount paid associated with the Payment ID – this is the value you will enter for Payer Identification Value 2. This is the amount that was paid associated with the value provided for Payer Identification Value 1 listed above

Provider announcement of formulary change

NEW Glucagon-like peptide-1 (GLP-1) Prior Authorization Requirements

MedStar Family Choice has revised the Prior Authorization (PA) criteria for GLP-1 medications. These requirements will go into effect on August 1, 2024.

Formulary GLP-1 medications:

- **Trulicity (dulaglutide)**
- **Ozempic (semaglutide)**
- **Rybelsus (semaglutide)**
- **Mounjaro (tirzepatide)**

New PA Criteria:

Type of PA Request	New PA Criteria
New Start/Initiation	• Baseline A1c is ≥8.0, for adults 18 years and older **WITHOUT** heart disease. • Baseline A1C is ≥7.0, for adults 18 years and older **WITH** heart disease. • Patient is not concurrently prescribed a medication to treat severe constipation: metoclopramide, Amitiza (lubiprostone), Linzess (linaclotide), Motegrity (prucalopride) or Trulance (plecanatide) • No history of pancreatitis • Starter doses are quantity limited and require dose escalation: o **Trulicity 0.75 mg** is limited to one dispense (4 pens) **UNLESS** Trulicity renewal criteria are met with this dose. o **Mounjaro 2.5 mg** is limited to one dispense (4 pens) **UNLESS** Mounjaro renewal criteria are met with this dose. o **Ozempic 0.25/0.5 mg** combines the starter- and titration-doses and is limited to two dispenses (2 pens) before needing clinical review. o **Rybelsus 3 mg** is limited to one, 30-day dispense.
Renewal/Continuation	• Documented positive clinical response defined as one of the following: o Dose titration is occurring at expected monthly intervals which applies only to the first 6 months of treatment or until A1c labs are available, or o A1c goal has been reached on requested dose; **or** o A1c has decreased by ≥1% since onset of therapy; **or** o Patient is at maximum tolerated dose and is being used in combination with other anti-hyperglycemic medications. • Patient has not had medical intervention for pancreatitis OR severe gastrointestinal events. (e.g., hospitalization or new start GI motility agent). These patients will be directed to other anti-hyperglycemic agents. • Prescription claims data shows consistent adherence to the requested medication as shown by no instance of a drug-free interval greater than 2 months at which time the patient would need to satisfy the initial criteria.

What hasn't changed:

- **Cannot be approved for indication of weight management.**
- Must be ordered for an FDA-approved indication for use.
- A1c or TIR% report within past 3 months.
- May not be used concurrently with any other GLP-1 or GLP/GIP acting medication, or DPP4 inhibitors.
- Please see the MedStar Family Choice Prior Authorization and Step Therapy Table for medication-specific criteria.

Where to send claims for MedStar Family Choice members

MedStar Family Choice encourages all providers to submit claims electronically. Effective January 1, 2023, MedStar Family Choice participates with Change Healthcare. As long as you have the capability to send EDI claims to Change Healthcare through direct submission or through another clearinghouse/vendor, you may submit claims electronically using Payer ID# RP063.

Paper claims should be mailed to:

MedStar Family Choice Maryland Claims
PO Box 211702
Eagan, MN 55121
800-261-3371

MedStar Family Choice

Maryland HealthChoice Program

The MedStar Family Choice newsletter is a publication of MedStar Family Choice. Submit new items for the next issue to MedStar Family Choice at **mfc-providerrelations2@medstar.net.**

Kenneth Samet
MedStar Health, President and CEO

Jocelyn Chisholm Carter, J.D.
President

Stephanie Thayer
Director of Provider Strategy and Contracting

Karyn Willis, MD
Medical Director

It's how we treat people.