Updates to the MedStar Family Choice Provider Manual

We have made a few updates to MedStar Family Choice Maryland HealthChoice Provider Manual. Please take the time to review the latest version of the Provider Manual, as all changes/updates went into effect June 6, 2014.

A summary of the changes includes:

**Section 1: General Information**
- Member Rights and Responsibilities
- Becoming a Provider (CAQH Credentialing/Recredentialing Process)
- Provider Performance Data

**Section 2: Provider Responsibilities**
- Role and Responsibilities of Primary Care Providers (Access Standards)
- Role and Responsibilities of Specialist Providers (Access Standards)

**Section 3: Referral and Utilization Management**
- Routine Referrals (Specialist to Specialist Clarification)
- Nurse Advice Line
- Interpreter Services
- Utilization Management Decisions
- Initial Request for Inpatient Authorization (Timeline Updates)
- Concurrent Review (Timeline Updates)
- Prior Authorization Updates
- Disease Management Programs
- HIPAA

A copy of this manual may also be reviewed and downloaded from the Maryland HealthChoice portion of our website at MedStarFamilyChoice.com.

If your office does not have Internet access or you are in need of further assistance, please contact the MedStar Family Choice Provider Relations department at 800-905-1722, option 6.

Effective Communication CAHPS Audit Scores

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with healthcare. These surveys are used as a tool to measure patient satisfaction and identify areas in need of improvement. For members, one of the CAHPS categories is “How Well Doctors Communicate.” Our 2013 results, based on 2012 data, indicated an overall score of 89 percent, a three percent decrease from the previous year. In an effort to improve audit scores, it has been suggested that we remain mindful of how we communicate with our patients.

MedStar Family Choice member materials, for example, are written at a fifth grade reading level as mandated by the state of Maryland. This, in combination with definitions and explanations, helps patients understand the messages being conveyed. As you are already aware, many patients have little experience with medical terminology and keeping it simple makes things easier for the patient to understand.

Patients who understand the information their practitioners are presenting to them about their health and treatment continued on page 2
are more likely to follow their instructions to improve their health. To communicate effectively with patients, practitioners need to be mindful that each patient is different, so their communication techniques must be diverse as well. Realizing that all patients are different, and keeping up to date with various backgrounds, cultures, social and economic issues, past history, etc., could potentially help providers to better communicate with their patients on an individual level.

Encouraging patient involvement is also a great tool to bridge the communication gap between providers and patients. Providers must recognize when to call upon the help of the patient’s family/friends (with the patient’s permission, of course) to assist with communication and cultural differences when needed. Some educational resources include: Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) training, CME, Speciality Education & CLAS modules. More resources can be found on the U.S. Department of Health & Human Services Think Cultural Health website at: ThinkCulturalHealth.HHS.gov.

For language barriers, providers should utilize interpretation services, as they are available through some patient insurance companies, such as MedStar Family Choice. Practitioners may contact our Provider Relations department at 800-905-1722, option 6, to schedule in-office interpretation services for our members.

Our members who contact physician offices with benefit questions should be directed to call our Member Services department at 888-404-3549. They may also visit our website at MedStarFamilyChoice.com. Taking all of these steps will help to foster a good relationship between you and your patients.

Components of a Postpartum Visit

Under the Medicaid program, members should have, at a minimum, one postpartum care visit on or between 21 and 56 days after delivery. Members who comply with a postpartum exam within this timeframe receive a $25 gift card from MedStar Family Choice to Target, Wal-Mart or Giant. We will provide transportation to this specific postpartum appointment if needed. Members can contact our postpartum coordinators, Kimberley Wedmore at 410-933-2282, or Gail Abram at 410-933-2289, to inquire about the program and schedule transportation.

In order for an appointment to qualify as a postpartum visit, as per “HEDIS® 2015 Technical Specifications Volume 2,” the visit must include documentation in the chart of the date of the visit and one of the three services below:

- Pelvic exam OR
- Weight evaluation, blood pressure, breast and abdomen exam (if there is no breast examination, notation of breastfeeding education is acceptable) OR
- Notation of postpartum care, including but not limited to the following:
  - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check”
  - A preprinted Postpartum Care form in which information was documented during the visit

Please note: If a member receives a C-section, a suture check does not qualify as a postpartum visit and the member should be given a separate postpartum appointment within two to four weeks after this visit (but within 21 to 56 days after delivery).
Payment of Delivery and Postpartum Care

E/M codes may not be used when reporting postpartum visits and will be denied. Since June 27, 2011, providers must bill a delivery code that includes the postpartum visit when the physician intends to provide postpartum care. The CPT® codes that include delivery and postpartum care are:

- 59410: Vaginal delivery including postpartum care
- 59515: Cesarean delivery including postpartum care
- 59614: Vaginal delivery after previous cesarean delivery including postpartum care
- 59622: Cesarean delivery following attempted vaginal delivery after previous cesarean delivery including postpartum care

When these CPT® codes are billed on the date of delivery, the provider is paid in advance for the postpartum care. The postpartum visit must occur within 21 to 56 days after the date of delivery. The actual postpartum service, once rendered, must be billed in order to avoid a retraction. To bill the postpartum visit, use the CPT® code that was originally billed on the date of the delivery but add modifier TH (i.e., 59410TH, 59515TH, 59614TH, 59622TH). The date of service of the postpartum visit must also be reported when the TH modifier is used. The diagnosis codes on postpartum claims should reflect one of the following: V24.1, V24.2, V25.1, V72.3, or V76.2. This visit is paid at $0 since the postpartum payment was included in the delivery payment.

The TH modifier indicates that the prepaid postpartum visit was performed as originally intended, meets HEDIS® standards and confirms if services were rendered within the 21 to 56 days after the delivery. If one of the CPT® codes listed above is billed on the date of delivery but the visit did not take place in the timeline of 21 to 56 days after delivery, we will retract a portion of the payment and the provider will be paid for the delivery only. The retraction amount is the difference between the reimbursement for a delivery code, including postpartum and a delivery only CPT® code. The only time a provider should bill for a postpartum only is when the postpartum visit is performed by a provider who is different than the provider who performed the delivery. This visit should be billed with CPT® code 59430. If your office requires any clarification regarding billing modifiers in the global period, postpartum visits or any other questions about MedStar Family Choice’s global claims logic, please contact your provider relations representative at 800-905-1722, option 6.

Find a Provider Online

Finding a participating MedStar Family Choice provider couldn’t be easier! Visit MedStarFamilyChoice.com to look up participating PCPs and specialists by logging on to our online provider directory. Providers can be found by:

- Specialty
- Last name/facility name
- First name
- Group name
- Languages
- Hospital affiliations
- New patients
- Gender
- City
- Radius/ZIP

Just complete one or more of the search fields and you will get updated information instantly. If your office does not have access to the web, please contact Provider Relations at 800-905-1722, option 6.

Patient Safety Information Regarding Pharmaceuticals

We receive safety information, including black box warnings or recalls, from our pharmacy benefit manager. Visit MedStarFamilyChoice.com to view these safety updates, as well as current pharmacy protocols and clinical practice guidelines.
Update to the MedStar Family Choice Formulary

Maryland HealthChoice
Updates continue to be available quarterly on MedStarFamilyChoice.com and more frequently on ePocrates. Paper booklets of the 2014 Formulary can be requested from the MedStar Family Choice Provider Relations department at 800-905-1722, option 6. Details of the prior authorization criteria are available on the MedStar Family Choice website with the other pharmacy protocols. In accordance with a transmittal from the Department of Health and Mental Hygiene (DHMH) related to changes from the Centers for Medicare & Medicaid Services (CMS) in the Affordable Care Act, MedStar Family Choice has added numerous contraceptives and smoking cessation products to the formulary. These are brands and will only be covered if other, generic formulary alternatives have been tried and failed or were not tolerated due to side effects.

At the May 2014 Pharmacy and Therapeutics Committee Meeting, the following changes were made to the MedStar Family Choice 2014 formulary.

Additions That Have or Will go Into Effect in the Next Few Weeks:
- Carbidopa (generic)
- Fluorscein/benoxinate ophthalmic sol (0.25%/0.4%)

Additions with Prior Authorization Effective on or Around July 1, 2014:
- Hep C drugs - MedStar Family Choice will follow the DHMH “Clinical Criteria for Hepatitis C (HCV) Therapy.” Prior authorization will be required. Completion of a special form will be required.

Removals:
- None

Removal of Prior Authorization:
- None

Managed Drug Limitations and Step Therapy:
- Butalbital/acetaminophen added MDL 30 tabs/23 days to align with other butalbital containing medications
- Removed step therapy for montelukast

Member Complaint/Grievance and Appeal Process

The MedStar Family Choice complaint/grievance and appeal procedure that members follow can be found on our website at MedStarFamilyChoice.com and in your provider manual. If you do not have access to our website or a provider manual, you may call Provider Relations at 800-905-1722, option 6, for a copy of the manual. The process will tell you the following:
- How members can file a complaint, grievance or appeal, and the differences between them
- How quickly we will respond to the member and the provider
- What to do if the member does not agree with our decision

Please note that providers may not appeal a decision on the member’s behalf without written permission from the member. A form is available on our website that permits providers to appeal on a member’s behalf. Members have the right to contact the HealthChoice Enrollee Help Line at 800-284-4510, Monday through Friday, 7:30 a.m. to 5:30 p.m., when they have a concern about a decision made by MedStar Family Choice.

Health Education Schedule

We offer health education classes free of charge to MedStar Family Choice members. Classes are designed to appeal to our members on many health levels. For example, prenatal classes are available for moms-to-be, along with education for infant safety and sibling classes. These are just a few classes offered through the birth and family education listings. In addition to these classes, MedStar Health hospitals offer blood pressure screenings, and cancer, diabetes and heart disease education, as well as smoking cessation support. Providers are encouraged to refer members to these classes and document the referrals, as well as the member’s feedback, in the member’s chart. Visit MedStarFamilyChoice.com for a complete listing of classes. If you do not have access to the Internet, you may call MedStar Family Choice Provider Relations at 800-905-1722, option 6, for a listing of classes.
MedStar Family Choice Documentation and Coding Audits

Throughout each year, we conduct focused and routine chart audits. If a provider’s office is selected for review, we will contact the physician’s office and request copies of the medical records for specific dates of services for our members. The records are reviewed by our internal auditor and each code that was billed and paid is analyzed. Many of our reviews focus on E/M visits. Providers should ensure that the medical record documentation supports the level of service billed, and meets medical necessity. Medical necessity of a service is determined through various factors, including, but not limited to:

- Clinical judgment
- Standards of practice
- Chief complaint
- Any acute exacerbations/onsets of medical conditions or injuries
- The acuity of the patient
- Multiple medical co-morbidities
- The management of the patient for that specific date of service

The volume of documentation should not be the primary influence upon which a specific level of service is billed. To avoid payment retractions, the documentation in the medical records must be legible, dated, signed by the provider, and support the CPT code that was billed on the claim. If you have any questions regarding MedStar Family Choice chart audits, please contact Provider Relations at 855-210-6203, option 5.

Provider Training on State-Mandated Developmental Screening Tools

Developmental training or retraining on pediatric screening tools for children under six years old is recommended. The training covers the recommended ASQ or Peds screening tools that Maryland pediatric primary care providers are required to use in their office, as well as how to interpret and document screening results and how to refer and track referrals. Please contact Marti Grant, RN, MA, consultant, at 443-621-8361 or by email at garymarti1@verizon.net to schedule a training.

PCP Auto Assignment

Members who fail to designate a primary care provider (PCP) after enrolling in MedStar Family Choice will be automatically assigned to a PCP that is geographically close to the member’s residence. Members under the age of 21 are automatically assigned to EPSDT providers as appropriate. Members may change PCPs at any time by calling Member Services. If your name is not listed on the member’s card on the date of service, you are permitted to see the member as long as you are participating with MedStar Family Choice and the member is eligible with MedStar Family Choice on the date of service. When possible, we ask that your office assist the member in having their member card changed to reflect the correct primary care provider by calling Member Services at 888-404-3549. Member rosters continue to be mailed to PCPs on a monthly basis, but this information changes daily and should not be used to determine member eligibility. Therefore, provider offices should be utilizing the state’s EVS line to verify benefits on the date of service. Please contact our Outreach department at 800-905-1722 if you have more questions regarding eligibility.
Chiropractic and Rehabilitation Services

Chiropractic services is not a covered benefit for adult members 21 years and older under Maryland Medical Assistance. As a result, chiropractic services, including physical therapy services provided by a chiropractor are not a covered benefit for adult enrollees in MedStar Family Choice. Adult members referred for physical therapy must be referred to an in-network PT provider who is contracted to provide physical therapy for MedStar Family Choice members.

Chiropractic services for members 20 years and under are covered. For a list of participating chiropractors, please visit the Find A Doc feature on our website, MedStarFamilyChoice.com.

When referring a member for chiropractic services, please note:
• Referrals may only be written for the first 10 visits.
• Subsequent visits (>10) require prior authorization.
• Participating chiropractors are not contracted to perform physical therapy (PT) services for MedStar Family Choice members.

While chiropractic services are not a benefit for our members 21 years and over, these members do have benefits for rehabilitative services, including medically necessary physical therapy, speech therapy and occupational therapy.

When referring a member for PT/OT/ST services, please note:
• Referrals may only be written for the first 10 visits.
• Subsequent visits (>10) require prior authorization.
• Referrals for members under the age of 21 are not the responsibility of MedStar Family Choice. Rehabilitative services for this age group are covered by the Maryland Medicaid fee-for-service program. Providers may contact the DHMH Maryland Children’s Health program for a list of participating providers at 800-456-8900.

As a reminder, please refer to our website for a listing of participating rehabilitation providers (PT/OT/ST).

For questions about this communication, please contact Provider Relations at 800-905-1722, option 6.

Department of Health and Mental Hygiene’s Fraudulent and Sanctioned Prescriber Lists

The Department of Health and Mental Hygiene (DHMH) currently classifies prescribers into two categories, fraudulent and sanctioned. Fraudulent prescribers on the Medicaid Management Information Systems (MMIS) with suspension code “B” have submitted pharmacy claims with an NPI that did not pass the check-digit logic or verification process. Sanctioned providers on the Medicaid Management Information Systems (MMIS) with suspension code “S” are unable to write prescriptions within the sanctioned date span. The fraudulent and sanctioned lists are updated on a weekly and/or as needed basis. All providers listed on the DHMH fraudulent and sanctioned prescriber lists are unable to write/prescribe medications to Maryland Medicaid recipients.

The DHMH is currently performing Prescriber Enrollment outreach. At the end of the outreach period, providers who have not enrolled with Fee for Service Medicaid will be placed into a third category, classified as Ignore prescriber. What this means is that any medication claim submitted with the NPI number of a provider on the ignore prescriber list is subject to denial. Providers who are listed on the ignore prescriber list, but want to order, prescribe and/or refer Maryland Medicaid recipients, must complete the prescriber enrollment application process. Details on how to enroll may be found on the Department of Health and Mental Hygiene website at: MMCP.DHMH.Maryland.gov/ SitePages/Prescriber%20Enrollment.aspx.

Prescribing providers who receive denials and need to inquire about the reason they are unable to prescribe medications should contact DHMH at the following e-mail address: dhmh.rxenroll@maryland.gov.
Completing Back to School Forms

Prior to the start of a new school year, parents of MedStar Family Choice members may request that their child’s PCP complete applicable school forms. Please remember that the completion of forms cannot be billed to patients participating in the Maryland Medical Assistance program. All other services that are not covered or not reimbursed under the Maryland Medical Assistance program can be found at https://MMCP.DHMH.Maryland.gov/Docs/Phys-Svcs-Prov-Fee-Man_2013.pdf in the Maryland Medical Assistance Program Physicians’ Services Provider Fee Manual.

Important Change to Utilization Review Process

We have updated our policy regarding the utilization review process. As a result of feedback from our colleagues in hospital utilization review departments, in addition to recent NCQA policy clarifications prompted by queries submitted by MedStar Family Choice, we will implement the processes noted below. Under this updated process, we will no longer be compelled to deny an admission if clinical is not received within 24 hours of receiving a face sheet or notification of admission.

Definitions:

- **Notification of admission**: Message from any hospital entity indicating that the member is admitted. An example of Notification of Admission would be a face sheet or a telephone call.
- **Request for authorization**: Notice of admission, including date of admission, facility, attending physician, and diagnoses accompanied by clinical review.
- **Clinical review**: Clinical information pertaining to the current inpatient days that is beyond the diagnoses documented on the face sheet. An example would be a review prepared by the utilization review nurse.

**Initial Request for Inpatient Authorization**

All initial requests for authorization of inpatient days should now be accompanied by clinical review. We will make an authorization decision within one day of receipt. The expectation is that clinical will be provided within one business day of admission.

**Notification of admissions** will be recorded on the communication log in a separate section. We will note them on the communication log sent to the hospital until clinical review is received or the patient is discharged.

**Concurrent Review**

For ongoing inpatient reviews, we will document on the daily communication log the next scheduled review date. We will make a determination within one calendar day of the scheduled review date. If clinical review is not received on the scheduled review date, the day(s) may be subject to denial for lack of information.

Excluded Parties Listing—Payment Ban

The Health and Human Services Office of the Inspector General (HHSOIG) publishes a list of providers that are excluded from receiving payments from the Medicaid program for any and all reimbursable items or services. The list was created to support and prevent fraud and abuse of the Medicaid program. The payment ban includes contractors, providers, employees of providers, etc. Providers should be aware of and screen all employees and contractors for exclusion since payments may be retracted if reimbursement is directly or indirectly related to the excluded parties for items/services received by a Medicaid recipient. A searchable list can be found on the List of Excluded Individuals/Entities (LEIE) on the HHSOIG website, as well as a separate look up for Maryland sanctioned providers and entities excluded from participation in the Medicaid program. Visit OIG.HHS.gov/Fraud/Exclusions.asp for all lists. Both lists should be utilized and checked regularly. Questions and concerns regarding the LEIE can be directed to the chief compliance officer, Office of the Inspector General, at 410-767-5784.
HIPAA - Notice of Privacy Practices

All new members receive a copy of our Notice of Privacy Practices upon joining MedStar Family Choice. The Notice of Privacy Practices outlines how MedStar Family Choice may use and disclose our member’s information, as well as when authorization for use and disclosure is required. Policies and procedures are also in place to make sure that our members’ protected health information is safeguarded and explains how we protect verbal, written and electronic protected health information, including portable electronic devices. Therefore, to ensure the privacy and security of our members’ medical information, we require our participating providers to abide by a number of medical record documentation standards. These standards include provisions such as:

• Providing a Notice of Privacy Practices to members
• Complying with all federal, state and local regulations pertaining to medical records
• Securing both paper and electronic medical records
• Ensuring the confidentiality of member information through creation of standards
• Releasing of information only to authorized staff, including those from DHMH, DOH and HHS, for quality assurance and auditing purposes
• Reporting to us, in a timeframe required by law, breaches of the HIPAA privacy rules as it relates to MedStar Family Choice members and cooperation with MedStar Family Choice in the remediation of such breaches

We will notify members when our Notice of Privacy Practices change or are updated. Changes that went into effect on Sept. 23, 2013 were communicated to our members through the MedStar Family Choice Member Newsletter and the revised notice was posted on our website. The changes included:

Our duty to the member: We must let our members know if there is a breach of their medical information.

Their written authorization: Uses and disclosures of their medical information not covered by the notice will be made only with their written permission. This includes the sale and marketing of their medical information, and some disclosures of psychotherapy notes.

Electronic copy of their medical information: They may ask for an electronic copy of their medical information. We will give them the electronic format they asked for if it is easy to produce this way.

Self-pay for medical care: If they pay in full for your medical care out-of-pocket, they can ask that the provider does not share their medical information with their health plan.

A copy of the notice is available on our website at MedStarFamilyChoice.com and hard copies can be provided upon request by calling Provider Relations at 800-905-1722, option 6. Please be sure to remember that providers must immediately report privacy breaches related to MedStar Family Choice members in accordance with the provider agreement by calling the MedStar Family Choice compliance director or Provider Relations.

Connect to Quit Corner

Ask, Advise, Assess. Connect to Quit.

Have you heard?

The Maryland Quitline now offers specialized services for pregnant women!

That’s right. Pregnant tobacco-users who are ready to quit can receive 10 FREE telephone-based quit counseling sessions—both before & after childbirth—to help prevent postnatal relapse to tobacco use.

Connect pregnant tobacco-using patients directly to the Maryland Quitline using MDQuit’s Fax Referral program. It’s free. It’s effective. It’s simple.

Visit http://MDQuit.org/Fax-To-Assist to get started today!

MDQuit.org
Maryland’s Tobacco Resource Center - Linking Professionals to Their Patients

Visit http://MDQuit.org/Fax-To-Assist to get started today!
MedStar Family Choice 2014 Family Fitness & Health Expo

Our annual Family Fitness & Health expo was held on June 21, 2014 at The FedEx Field in Landover, Maryland. We targeted our new MedStar Family Choice members and their families within Prince George’s County and Montgomery County.

Prior to the event, we contacted members who either were not able to schedule their physical for 2013 due to scheduling conflicts with their primary care provider (PCP) or members who were not yet established with a physician. We then offered these members an appointment to receive their physical at our event. Members who received their physical at the fair were eligible to receive a $25 Wal-Mart gift card and then entered into a separate drawing for a basket filled with Redskins memorabilia. We had five physicians from our MedStar Family Choice network who volunteered to perform physical exams. The physicians were Dr. Richard Walsh, Dr. Jamelah Terry, Dr. Danielle Gerry, Dr. Kanika Hampton, and Paula Ohiku, CRNP. We had nurses that completed triage and volunteers to help with registration. All records were sent back to the member’s established primary care physician.

The day was packed with educational information, games and prizes. The first 100 guests to arrive received a sports bag filled with goodies. And, as a reward for completing their physical exam, each family had the privilege to go on a stadium tour. All who attended enjoyed healthy snacks, music, make your own trail mix, and fitness activities, and they received education from the various exhibitors.

Vendors who participated in the expo included: The Prince George’s Local Health Department; The Ronald McDonald House of Charities; KIDS Mobile Medical Clinic; Prince George’s County Red Cross, Community Radiology; Prince George’s County WIC; D.C. United; The Women’s Heart National Coalition; The National Capital Poison; Dance 2 Fitness; American Heart Association; Brain Injury Prevention; MedStar Franklin Square Health Questionnaire Wheel; DentaQuest; Healthy Smiles of Maryland; House of Ruth; Junior Diabetes Research Center; Dr. Taryn Richardson; Asthma & Allergy Practice; and Dr. Darny, Nutritionist.

Did You Know?

We have nurses and social workers who are available to work with you and your patients to manage chronic illnesses such as diabetes, asthma, COPD, wounds, pain management, and substance abuse.

We also have a nurse who will work with you to help your patients to manage high-risk pregnancies.

We have programs to help prepare members for joint replacement surgery or to explore the option of gaining access to the state’s Rare and Expensive Case Management (REM) program.

Our nurses and social workers are also available to assist our members who require extensive use of resources or who need assistance to coordinate complex care. You can learn more about our complex case management programs and our disease management programs by logging onto our website at MedStarFamilyChoice.com or by calling 410-933-2200, option 1, and asking about our case management programs.

MedStar Family Choice nurses had a Scavenger Hunt for Health table displaying eating healthy, diabetic education and asthma teaching tools.

We are planning our next Family Fitness & Health Expo for the near future. The date has not yet been determined. If you are interested in engaging with and getting to know members and other health care professionals as a volunteer at the next health expo, you can contact your provider relations representative at 800-905-1722, option 6. Physicians are encouraged to volunteer but must be EPSDT certified in order to conduct physicals. Providers who complete physicals at the expo can be compensated, but must be able to bill MedStar Family Choice.

We would like to thank all of the volunteers, physicians and vendors for everything they did at the expo!
EPSDT Screening and Lab Reminder

The Maryland Healthy Kids/EPSDT program requires that specific screenings and required labs are completed for children enrolled in their program. These screenings and labs must be documented in the patient’s chart and include:

• **Anemia Screening:** Screen at 12 and 24 months of age by performing a hematocrit (Hct) or hemoglobin (Hgb). No further screenings are required unless clinically indicated or there are no previous test results available for the child.

• **Lead Risk Assessment and Blood Lead Testing:** Use the Preventive Screen Questionnaire at each preventive healthcare visit from ages 6 months to 6 years old. Regardless of the results of the lead questionnaire, every child must have a blood lead level (BLL) test at 12 months and 24 months of age. Initiate BLL testing at any age and when documentation of a previous baseline BLL cannot be confirmed for children up to 6 years of age. DHMH, consistent with the new CDC guidelines, recommends that children with a lead level greater than the new reference level of 5 mg/dL should be retested within three months.

• **Measurements and Graphing:** Height and weight is required through 20 years of age and graphed on growth charts. Calculation and graphing of body mass index (BMI) and age gender BMI percentile is required on ages two to 20. Measurement and graphing of head circumference to age two is required. Blood pressure must be documented on ages three and older.

• **Developmental Screening Tools, i.e Ages and Stages Questionnaire (ASQ) or Parents Evaluation of Development Status (PEDS):** These are purchased forms and cannot be photocopied. Implementation of the tools became effective Jan. 1, 2012 and must be used at pediatric visits nine, 18 and 24 to 30 months. To obtain training on the tools, contact the Maryland Healthy Kids program at 410-767-4804. Since there is an up-front cost to obtain these forms, the provider will receive reimbursement for utilizing the screening tools by billing CPT code 96110 on the HCFA 1500 form as each individual form is used.

• **M-CHAT (Modified Checklist for Autism in Toddlers):** This form is free of charge. It can be printed from the M-CHAT website at MCHATScreen.com and can be photocopied. The form should be used at pediatric visits at ages 18 months and then 24 to 30 months. Providers are reimbursed for completing the M-CHAT by using CPT 96110 on the HCFA 1500 form. If the M-CHAT is performed on the same day as a billable developmental tool using CPT 96110, be sure to attach Modifier 59 to report the services as separate and distinct screenings performed on the same day.

• **Substance Abuse Assessment:** This assessment should begin at 12 years of age or younger, if indicated, with re-assessment yearly thereafter.

• **Hearing and Vision Assessment:** This assessment should occur during preventive care visits. Follow up with a qualified specialist for these elements may be indicated when a problem is identified. Newborn hearing screen follow up is required for abnormal results.

• **STI/HIV Risk Assessment:** Complete the risk assessment at each Healthy Kids visit beginning at age 12 or earlier according to the child’s history. Follow up with appropriate assessments and testing when there is a “yes” answer to any of the questions on the Preventive Screen Questionnaire.

Please contact the Division of Healthy Kids program at 410-767-1903 with any questions. Visit DHMH.State.MD.US/EPSDT/HealthyKids for more information.
Member Rights and Responsibilities

MedStar Family Choice members have certain rights and responsibilities. These rights and responsibilities are reviewed annually and were last updated on June 6, 2014. These member rights and responsibilities can be found in our Provider Manual and/or the member handbook, as well as our website at MedStarFamilyChoice.com. Please contact MedStar Family Choice Provider Relations at 800-905-1722, option 6, with any questions and comments or to request a hard copy of all materials.

MedStar Family Choice members have the right to:

• Be treated with respect and dignity no matter their race, national origin, age, color, creed, marital status, ancestry, political beliefs, personal appearance, sexual orientation, religion, gender, physical or mental disability, or type of illness or condition.

• Have access to care no matter their race, color, creed, marital status, ancestry, political beliefs, personal appearance, national origin, age, sexual orientation, religion, gender, physical or mental disability, or type of illness or condition.

• Privacy - Their medical records and all information about their health is private and will only be shared in a manner that follows state and federal laws.

• Privacy during treatment

• Information - They may ask for and receive information about MedStar Family Choice, its services, its doctors and other caregivers, and about their rights and responsibilities as a member of the health plan.

• Make recommendations regarding their rights and responsibilities as a member of MedStar Family Choice.

• Ask for the qualifications of the people treating them.

• Choose a primary care provider (PCP) from MedStar Family Choice’s listing of doctors.

• Be told what their health problem is, what treatment they will be given, and what risks are related to their illness and treatment. This must be told to them so that they understand the information.

• Talk to their doctor and help to make choices and decisions about their healthcare and treatments.

• Choose someone who will have the legal right to make healthcare choices for them if they become unable to tell their wishes themselves.

• Refuse any treatment by a provider, and be told what might happen if they don’t have the treatment.

• Discuss all of the appropriate or medically necessary treatment options, regardless of the cost or whether they are covered by their health plan. MedStar Family Choice does not restrict providers from discussing all of the appropriate or medically necessary treatment options with members.

• Develop advance directives or a living will.

• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

• Request and receive a copy of their medical records and request that they be amended or corrected as allowed.

• Exercise their rights and know that the exercise of those rights will not adversely affect the way that MedStar Family Choice or our providers treat them.

• File a complaint, appeal or grievance with us and have it resolved in a reasonable amount of time. For example, the complaint, appeal or grievance could include a concern about the care they received (see Section VII B and C of the Member Handbook).

• File a complaint, appeal or grievance against MedStar Family Choice with the state (section VII E of the Member Handbook).

• State fair hearings (see Section VII E Member Handbook).

• Request that ongoing benefits be continued during an appeal or state fair hearing; however, they may have to pay for the continued benefits if our decision is upheld in the appeal or hearing (see Section VII E of the Member Handbook).

• Receive a second opinion from another doctor in MedStar Family Choice if they don’t agree with their doctor’s opinion about the services that they need. If another in-network provider is not available, MedStar Family Choice will help arrange a second opinion outside of the MedStar Family Choice network at no cost to them. They can contact us at 888-404-3549 for help with this.

• Receive other information about us, such as how we are managed. They may request this information by calling 888-404-3549.

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It is the member’s responsibility to:

• Read this handbook so that they can understand the services provided and how to contact MedStar Family Choice with questions.

• Be courteous and respectful to MedStar Family Choice, healthcare providers and office staff.

• Tell the truth about their health. They must tell about any illnesses they had before. They must tell about operations they had before. They must tell what medicines they use or have used in the past. They must tell MedStar Family Choice and their healthcare providers any information we may need in order to provide care to them.

• Do what their doctor tells them to do to get well or stay well. Follow the plans and instructions for their care that they and their healthcare provider have agreed to.

• Live a healthy lifestyle, which includes seeing their doctor regularly and following preventive care guidelines, such as screenings and immunizations.

• Accept what might happen to them if they refuse treatment or if they do not follow the advice given to them.

• Tell their doctor if their health changes in any way that they did not expect.

• Know the name of their primary care provider (PCP) and get their PCP’s okay before getting care from anyone else.

• Make appointments with their PCP during office hours instead of using the emergency room for things that are not emergencies.

• Be on time for all their appointments. Let the office know at least 24 hours ahead of time when they cannot keep an appointment.

• Carry their ID card and photo ID with them always. Tell the people in the doctor’s office, lab, drugstore, or anywhere that they are getting health care, that they are a MedStar Family Choice member.

• Ask questions about their care. Make sure that they understand what their health problem is, that they understand their treatment and that they participate in developing treatment goals that both they and their doctor agree on.

• Notify MedStar Family Choice of any car accidents, falls, etc. where someone else may be at fault. They must work with MedStar Family Choice concerning the accident and the bills.

• Call Member Services toll-free at 888-404-3549 if they are having any problems getting the care they need.

• Notify MedStar Family Choice, the local health department and/or their DSS case worker if they move.

• Complete their renewal applications in a timely manner to prevent gaps in their health insurance.

• Report any other health insurance coverage to their doctor and MedStar Family Choice.

• Give their doctor a copy of their living will and advance directive if they have one.

• Report any known or suspected fraud and abuse as it relates to benefits, services or payments. Please contact our Member Services department at 888-404-3549.

MedStar Family Choice staff may read our member’s medical records to make sure that they are getting the care they need.

The MedStar Family Choice Newsletter is a publication of MedStar Family Choice.
Submit new items for the next issue to Melanie Bodencak, MedStar Family Choice, melanie.bodencak@medstar.net

Kenneth A. Samet, FACHE
President and CEO, MedStar Health

Eric Wagner
President, MedStar Family Choice

Melanie Bodencak
Editor

MedStarFamilyChoice.com