



MedStar Family
Choice

Knowledge and Compassion
Focused on You

Provider Education Session
Maryland HealthChoice Program

2018



What is MedStar Family Choice (MFC)?

- A Managed Care Organization (MCO)
- Maryland HealthChoice
- Part of the MedStar Health System
- NCQA Accredited
- Service Areas:
 - Anne Arundel County
 - Baltimore County and City
 - Charles County
 - Harford County
 - Montgomery County
 - Prince Georges Count
 - St. Mary's County

Contacts & Phone Numbers

Description	MFC (Maryland Health Choice)
Provider Relations (problem solving, orientations/training, recruitment, and credentialing)	Phone: 800-905-1722, option 5 Fax: 855-600-3077
Outreach (verifies PCP assignment, benefit questions, non-emergency transportation, and assists in outreach attempts for preventive care and member compliance)	Phone: 800-905-1722, option 1 Fax: 888-991-2232
Care Mgt, UM, Case Mgt, Disease Mgt (Provides authorization for required services, DME, medications requiring authorization and injectables)	Phone: 800-905-1722, option 2 Fax: 888-243-1790
Claims Processing Center (Processes claims and encounter data and resolves claims issues)	Phone: 800-261-3371

Outreach Department

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Outreach Department

- **Outreach assists with:**
 - Educating on preventive care and member compliance
 - Transportation (if criteria is met)
 - Community based resources
 - Scheduling appointments
 - Repeated missed appointments
 - Repeated ER usage
 - Administers various outreach programs: Momma and Me/Post Partum Program, Diabetes Program and the Mammogram/Pap Program

Outreach Dept/Newborn Coordinator

- **Point of contact for providers**
 - Eligibility
 - PCP selection
 - Coordination of in-network and out of network care
 - ID cards
 - Claims
 - General newborn issues
- **Newborns:** Call 1-800-905-1722 , option 1

Access to Care and Eligibility

Access to Appointments

- Requirements set by the Maryland DHMH for Maryland HealthChoice providers
 - 24 hours phone coverage with emergency directions
 - Members waiting room time should be no more than 30 minutes and emergency cases should be seen immediately
 - Office hours for MFC members must be equivalent to the office hours offered to commercial or other Medicaid patients

Appointment Standards

	MFC (Maryland Health Choice)
Newborns: Initial office visit	3-5 days after birth
Adults (Healthy): Initial office visit	Within 90 days of enrollment
Adults (High Risk) : Initial office visit	Within 15 days of enrollment
Children: Initial office visit	Within 30 days of Enrollment/Request
Routine office visits, physicals, Lab & X-ray	Within 30 days of request
OB/Post-partum and family planning: initial appt	Within 10 days of request

ER Utilization

- Ways Providers can help decrease ER utilization for minor illnesses or injuries:
 - Encourage the member to contact you first to discuss their condition before going to the ER
 - If during normal business hours provide urgent sick appointments
 - If after hours or unable to provide an urgent sick appointment encourage use of an Urgent Care Center
 - Members can talk with a nurse about their condition by calling 24/7 Nurse Hotline at 855-210-6204.

Primary Care Assignment


- **Auto-assignments**
 - PCPs only
 - Members who do not select a PCP are assigned one based on geography
- **PCP Rosters are mailed monthly**
- **PCPs must alert MFC 30 days in advance of reaching patient capacity.**

Member Eligibility

- **Member ID Cards**
 - PCP name is printed on card
 - Members may change PCPs at any time
 - Members may see any MFC PCP even if the PCP name is not listed on the ID card
 - Member must be eligible on DOS
 - Provider must be par on DOS
 - Have member call member service number on back of card to change PCPs

Sample Member ID Cards

- MFC Maryland HealthChoice

 MedStar Family Choice		Maryland HealthChoice Program	
Last Name, First Name		Eff: 01/01/2013	
DOB: 01/01/2013		MA#: 12345678912	
ID#: 123456789*01		(999) 999-1212	
PCP Name		RxGroup: T2400001	
CareMark		RxBin: 610084	
Vision/Rx/Adult Dental		\$0 copay	
Member Services:		A Managed Care Organization	
888-404-3549 PHONE		MedStarFamilyChoice.com	
		13-MFC-0706.032013	

Member Eligibility

- **Confirm Eligibility**
 - Verify members are assigned to MFC prior to rendering services
 - Maryland Medicaid EVS: 866-710-1447
- **MFC Provider Portal**
 - Must be registered
 - Access Eligibility Tab
 - Enter member Information & Provider Information
 - Hit Check eligibility button

Care Management Department

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Case and Disease Management

- **MFC Case Managers help with:**

- Pediatric Asthma
- Adult Respiratory
- High Risk Pregnancy
- Substance Abuse
- HIV/AIDS
- Adult Hypertension
- Mental Illness
- Diabetes (Adult and Pediatric)
- Adult Cardiovascular Disease
- Pain Management
- Wound Management
- Joint Replacement
- Adult Heart Failure
- Substance Abuse

- **Complex Case Management is available for:**

- Members identified as High Risk by Stratification Manager, our predictive model software and meeting criteria for Adult Complex Case Management or Pediatric Care (Pediatric Complex Case Management)
- Complex psycho-social or behavioral needs
- Transplants
- Catastrophic conditions/special needs requiring coordination of care
- 1 inpatient admission or 2 ERs in past six months and some combination of the following:
 - Multiple chronic conditions with high utilization requiring education or interventions
 - A critical event or diagnosis that requires care coordination or extensive use of resources

* If you would like to refer a member to any of our Programs, fax Maryland referrals to 410-933-2205 or call our MD Care Management Department at 800-905-1722.

Referrals and Pre Authorizations

Referral Procedures

- **Writing a Referral:**
 - Use “Find-A-Provider” on the MFC website (www.MedStarFamilyChoice.com)
 - Referrals are valid for 180 days
 - Number of visits is required or the referral defaults to one visit
 - Authorizing signature box must be signed by PCP
 - PCP Referral forms
 - Uniform Consultation Referral Form
 - Forms generated by an EMR system are accepted as long as all information on the Uniform Consultation form is represented
 - PCP may give verbal consent to a specialist for one visit if referral is not ready on DOS

Referral Procedures Continued

- **Specialty Care Provider**
 - Directly refer MFC patients for radiology and laboratory services
 - Do not send the patient back to the PCP for these services
 - Use a LabCorp Requisition Form for labs
 - Use a referral form or write a script to participating Radiology providers (must include diagnosis)
 - Specialists can refer to other specialists if they receive written or verbal approval from the PCP
 - Document approval in the chart
 - OB can refer to a high risk OB without PCP approval

Obtaining Prior Authorization

- **Rendering/ordering provider must:**
 - Complete Uniform Referral Form or the MFC Care Management Prior Auth Form
 - Attach most recent clinical documentation to support request
 - For pharmacy requests, check the PA Table prior to sending
 - Fax the form to the health plan
 - MFC Maryland HealthChoice: 1-888-243-1790 or call 1-800-905-1722, option 2
 - If authorized procedures dates of service change or if services are added/changed, call MFC to revise the services originally requested
 - ICD-10/CPT/HCPCS codes in the medical record must match what is being requested for authorization and what is billed to MFC

Please Note: To avoid unnecessary cancellations, please send elective authorization requests at least seven days in advance

Services Requiring Prior Authorization

- **Where to find services requiring authorization**
 - Refer to the MFC Authorizations Quick Reference Guide
- **Common outpatient services requiring prior authorization**
 - Specialty visits to non par providers or in non-par hospitals
 - Pain Injections including Epidural, Facet blocks, Rhizotomies
 - Cardiac Rehab
 - Pulmonary Rehab
 - PET Scans
 - Bariatric Surgery- including Outpatient Surgeries
 - Genetic Testing

Procedures and Tests Not Requiring Authorization

- **Procedures performed by an in-network provider at an in-network facility**
 - Blood Transfusions
 - Chemotherapy
 - CT Scan
 - Breast Biopsy
 - Circumcisions
 - Colonoscopies
 - Dialysis catheter insertion or removal
 - EEG's Regular (non-video)
 - EGD's
 - PICC line insertion, Port-a-cath, Hickman insertion & removal
 - Sterilizations- male or female
 - 30 day event monitors
 - Sigmoidoscopy Dialysis (In or out of network)
 - Holter Monitors
 - AFI's, Amniocentesis, BPP's, Fetal Fibronectin, Fetal Echo, Fetal Stress/Non Stress tests
 - Pacemaker readings
 - Radiation Therapy
 - TPN
 - MRI

Benefit Limitations/Non Covered

- Cosmetic surgery
- Experimental or investigational services
- Clinical Trials
- Abortion (See manual for exceptions)
- Infertility treatment or Impotence Services/Therapy
- Sterilizations for persons under the age of 21
- Reversal of Strerilizations
- Chiropractic Services for members 21 yrs and over

Inpatient Authorizations/ Concurrent Review

- **Initial Request for Inpatient Authorization**

All initial **Requests for Authorization** of inpatient days must be accompanied by clinical review. MedStar Family Choice will make an authorization decision within one day of receipt of clinical review. 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. MFC 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, MFC will document on the daily communication log the next scheduled review date. MFC 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.

Authorization Denials

- **Inpatient Authorization Denial Recourse**

- If an Inpatient day is denied, the hospital can request an expedited or urgent appeal either verbally or in writing; only if the member is still inpatient.
- If an Inpatient day is pended or denied, the facility or attending physician can request a peer to peer review while the patient remains inpatient or up to 3 business days after discharge
- Submitting medical records and/or all clinical information will assist greatly in the decision process
- Practitioner and MFC Physician Advisor may also engage in informal discussions, when necessary
 - MFC Maryland HealthChoice: 1-800-905-1722

Pharmacy

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Pharmacy

- **Formulary**
 - Mailed once a year
 - Includes OTC medications
 - Updated quarterly and available as a pdf on the MFC website
 - Additional copies available upon request.
 - Prior Authorization Table is available on the MFC website
- **Prior authorization is required for non formulary and select medications**
 - For Maryland call Pharmacy Nurse at 1-800-905-1722, Option 2
 - Have clinical information available
 - Refer to PA Table on website for guidance
 - Examples: High cost specialty medications and expensive brands

Pharmacy Continued

- **Synagis (palivizumab)**
 - Complete the Statement of Medical Necessity Form
 - Forms can be obtained from our website
 - Contact Provider Relations for a hard copy of form
 - Authorization is based on criteria set by the American Academy of Pediatrics 2014 Criteria
- **Over the Counter Medications (OTC)**
 - Scripts are required for OTC medication, or the provider may contact the pharmacy directly
 - Refer to MFC formulary for covered medications
 - Refills are permitted
 - Scripts are not required for Latex condoms and Plan B
 - Examples of OTC medications that are covered include:
 - Antacids
 - Antibacterial creams
 - Antifungals
 - Cough and cold medicines
 - Laxatives

Pharmacy Denials

- If a member or provider disputes a denial of a prescription drug or pharmacy service, the dispute will go through an appeals process and a decision will be made by a Medical Director
- If a member or provider believes that the appeal requires urgent review due to the seriousness of the member's health condition, the member or provider can call MFC at 800-905-1722 to request that the appeal be handled in an expedited way (decision is made within 24 hours)

Rejected Pharmacy Claims

- Pharmacies should contact MFC for rejected claims
- Providers should contact MFC to discuss rejections when contacted by pharmacy at 1-800-905-1722, Option 2
- Members should contact Member Services at 1-888-404-3549

Ancillary & Services

Ancillary Care & Services

MFC Maryland HealthChoice

Audiology	<ul style="list-style-type: none"> -Under 21 years refer to DHMH at 877-463-3464 -21 year and over, not a covered benefit, refer to in-network ENT
Cardiac Rehabilitation	<ul style="list-style-type: none"> -Prior authorization required
Dental * Self referral	<ul style="list-style-type: none"> -Maryland Healthy Smiles 855-934-9812: <21 and pregnant women -Denta Quest 888-308-2489: Limited benefits for mbr 21 years and over
Diabetes and Nutritional Counseling	<ul style="list-style-type: none"> -In office (3 visits) -In network home care agency (3 visits) -Hospital based (3 visits) require authorizations.
Dialysis	<ul style="list-style-type: none"> -Refer to in-network Dialysis facility -Refer patients to Case Management for REM
DME (Durable Medical Equipment)	<ul style="list-style-type: none"> - > \$1,000.00 needs PA -Equipment rentals > than 90 days requires prior PA (exception is oxygen)

Ancillary Care & Services Continued

MFC Maryland HealthChoice	
DME/Soft Supplies	- Soft supplies > \$500 per vendor, per month
DME/Braces, Orthotics, and splints (excludes foot orthotics)	-> \$500 need PA
DME/Foot Orthotics, custom shoes, diabetic orthotics or shoes, CAM Walking boot	-PA required
DME/Insulin Pumps or Continuous Glucose Monitors	-PA required
Genetic Counseling	The OB meets with the family and charges a regular office visit.
Genetic Testing	-All genetic testing requires prior authorization
Home Health Care	Authorization required after first 6 visits with in network provider
Hospice, Skilled Nursing & Acute Rehab Facilities	-PA required

Ancillary Care & Services Continued

MFC Maryland HealthChoice

<p>Laboratory</p> <p><i>* LabCorp Acct Setup: 800-788-8765</i></p>	<ul style="list-style-type: none"> -Lab Corp only -Use Requisition form - Specialists should forward all lab results to PCPs -PCPs perform Rapid strep tests, RSV and Flu Test in their office
<p>Mental Health/ Substance Abuse</p>	<ul style="list-style-type: none"> - Carve out -Public Behavioral Health Systems: 800-888-1965 - Self Referral
<p>Outpatient rehab services PT, OT, ST</p>	<ul style="list-style-type: none"> -Refer to in-network provider -<21 carved out to DHMH, 877-463-3464 ->21 PA required for 30 or more visits per injury, per service
<p>Radiology</p>	<ul style="list-style-type: none"> -Use in network Radiology provider -Refer using uniform referral form or script -Both PCPs and Specialists can refer -Orthopedic providers may perform flat x-rays in their office (POS 11)
<p>Transplant <i>Including Pre-transplant testing</i></p>	<ul style="list-style-type: none"> -PA required
<p>Vision</p>	<ul style="list-style-type: none"> -Superior Vision: 800-998-5005 -Routine eye care is self referral and includes diabetic eye exam (dilated eye exam) -Provider may initiate referral by calling Superior

Other Services Available to Members

Health Education

- **Health Education Classes**
 - Provided by MedStar Health Hospitals
 - Free to all MFC members
 - Document in the chart if a member has been asked to attend a session or has attended a class
 - Listings are on the MFC website or contact Provider Relations for a schedule of classes
- **For new onset of illnesses, such as Diabetes, please contact the Case Management Department**
- **Members needing assistance locating classes can call the Outreach Department**

Interpretation And Transportation Services

- Free of charge to MFC members who meet criteria
- Schedule telephonic translation services through Care Management
 - MFC Maryland HealthChoice: (800) 905-1722, option 2
- Providers can schedule an in-office translator
 - MFC Provider Relations: 800-905-1722, option 5
 - In office translator requests must be received no less than 5 days in advance for routine appointments unless the appointment is urgent
- Schedule transportation thru Outreach at 800-905-1722, option 1

Claims

Claims Submission/ Timely Filing

- **Submit claims within 180 days of DOS**
- **Submit paper claims using the revised 1500 Claim Form: Version 2.0 7/14**
 - Refer to the NUCC website for instructions: NUCC.org

- **Claims Address**

MFC Maryland Claims Processing Center
PO Box 2189
Milwaukee, WI 53201
Phone: 800-261-3371

Electronic Claims Submission

- **Submit claims electronically:**

Professional Claims	Payer ID	Facility Claims	Payer ID
Healthcare (formerly Emdeon)	39190	Healthcare (formerly Emdeon)	39190
Relay Health (aka McKesson)	4775	Relay Health(aka McKesson)	3614
Capario (formerly Medavant ProxyMed)	00243	PayorPath (aka Allscripts)	521995799
		XactiMed (aka Medassetts)	521995799

- **Submit directly via 837**

- **On-line claims submission**



Check Claims Status

–Check claims status by phone

- 1-800-261-3371

–Online Look up

- Register at www.medstarfamilychoice.com
- Need information from a current EOB to register
 - CS#, Name, Complete Address (exact match)

Notes for Claims Submission

- **ER Facility claims:**
 - If a code is not on the ER auto pay list, submit claim with medical documentation. The auto-pay list is available on the MFC website.
- **Observation Authorizations:**
 - Effective 1/1/2017, the Maryland Medicaid benefit for observation is limited to \leq 24 hours.
- **Miscellaneous or unlisted CPT codes are not accepted**

Claims Appeals

- Submit within 90 business days of denial letter date (EOB)
- Written request, specific reason for the appeal and necessary documentation
 - Appeal forms/templates are available on MFC website or by calling MFC Provider Relations
- Send to address on appeal form
- Decision notification will be provided within 30 days and appear on the EOB

Credentialing and Recredentialing

Credentialing

- **Contact Provider Relations**

- Practitioners interested in joining the MFC network may request contracts and required forms.
- Practitioners participating with Counsel for Affordable Quality HealthCare (CAQH) must:
 - Have an updated profile on the CAQH website
 - Complete the CAQH Medical Data Sheet
 - Sign and Date the attached Attestation Page
 - Complete and return Disclosure of Ownership and Controlled Interest Form
- Practitioners not participating in CAQH can complete the full application
 - Can be printed from the visiting the Maryland Insurance Administration's website website <http://www.mdinsurance.state.md.us/sa/insurer/health-care-providers.html>
 - Can be obtained by contacting Provider Relations
- PCP Practitioners seeing children under the age of 21 years must be EPSDT certified

Recredentialing

- Occurs every 36 Months (3 years)
- MFC follows NCQA, CMS and DHMH guidelines
- Process begins six months prior to recredentialing date.
- Practitioners who participate with CAQH must have updated information on the CAQH Website or additional information will be requested
- Practitioners not on CAQH will be contacted to provide updated information.

Please Note: Disclosure of Ownership and Controlled Interest Form must be completed for all practitioners applying for participation

Site Evaluations

Performed in accordance to NCQA, DeMarva and MedStar Family Choice Credentialing Guidelines

- Must be completed
 - New Office Locations
 - Complaints
- Helps to ensure that
 - Site Exists
 - Cleanliness
 - HIPPA compliant
 - Fire Safety and Handicap Accessibility
 - Lab and radiology certificates are present (if applicable)
 - Refrigerated medications/injections are stored at the proper temperature (if applicable)

Please Note: Practitioners will not be credentialed without a current site evaluation on file for all locations.

Counsel for Affordable Quality HealthCare (CAQH) Reminder

- CAQH is Free to practitioners
- Providers no longer need to be invited to join
- Practitioners must designate MedStar Family Choice as an authorized health plan
- Practitioners need to re-attest every 120 days
 - Go to <https://proview.caqh.org/pr>
 - Select “Attest” from the home page
 - Review and update and upload any applicable supporting documents (Curriculum Vitae, MD License, Board Certification Certificate, DEA, CDS, Malpractice Ins, etc)
 - Click “Attest”

Provider Demographic Changes

- Notify Provider Relations in writing
 - Letterhead
 - Practice Email Account
- Billing Address Changes
 - W9 required
- New locations
 - Site Visit required
- Provider Profile sheets
 - CMS requirement for government products
 - Faxed, emailed and/or mailed quarterly
 - Make changes and return to provider relations
 - All profiles sheets must be returned

Compliance

Compliance Program/ Fraud and Abuse

- **MFC Compliance programs monitor and detect fraud and abuse**
 - DHMH hold MFC responsible for monitoring
 - MFC uses claims encounter to monitor activity
 - Focused chart audits are performed
 - CCI edits (Correct Coding Initiative Edits) to ensure proper coding
- **Common examples of fraud and abuse are:**
 - Billing for a service that was never performed
 - Unbundling of procedures
 - Up-coding
 - Duplicate Billing
 - Performing unnecessary procedures
 - Altering or forging a prescription
 - Allowing others to use a member's ID card for care
 - Pass Through Billing

Compliance Program/ Fraud and Abuse

- **Federal False Claims Act:** individuals who “knowingly” submit false claims are liable for 3x the government’s damages plus civil penalties per false claim.
- **Maryland False Claims Act of 2010:** the penalty can be up to 10,000 per false claim plus other penalties up to 3 x the amount of the damages that the state sustains.
- Providers and Provider staff are required to notify MedStar Family Choice of suspected fraud and abuse
- **“Qui tam plaintiffs”/“Whistleblowers”** may be entitled to portions of the judgments or settlement
 - Retaliation against “whistleblowers” is prohibited

Compliance Program/ Fraud and Abuse

- Providers are required to self report any over payments received
- Failure to report fraud and abuse can lead to state and federal sanctions. Sanctions can include loss of health benefits, termination of contract, loss of licensure, fines or imprisonment
- Who to contact if you suspect a member or provider of fraud and abuse
 - MFC Compliance Director: 410-933-2283
 - MedStar Health Integrity Hotline: 877-811-3411
 - Email: complianceofficer@medstar.net

Compliance Program/ Equal Access Laws

- Medicaid recipients must not be discriminated against in the provision of healthcare services
 - Federal laws exist to protect patients and ensure equal access to services
- Are entitled to receive care without regard to race, age, gender, color, sexual orientation, marital status, ancestry, national origin, religion, creed, political beliefs, personal appearance, physical or mental disability or type of illness/condition
 - Services may not be denied based on these factors
 - Services may not be performed in a different manner based on these factors
 - May not be subjected to segregation or separate treatment based on these factors

Compliance Program/Equal Access Laws Continued

- Report equal access or discrimination concerns to MFC Provider Relations
- More information can be found at:
 - <http://www.hhs.gov/ocr>
 - U.S. Department of Health and Human Services Office for Civil Rights Hotline: 1-800-368-1019

Compliance Program/ Excluded Parties

- Medicaid and MCOs are prohibited from paying for items or services furnished by an excluded provider or organization
- MFC monitors the appropriate exclusion lists on a routine basis
- Providers are responsible for monitoring the Medicaid exclusion lists to determine if any employees or contractors are on this list
 - HHS-OIG Website: <http://oig.hhs.gov/exclusions/index.asp>
 - Maryland Medicaid Program:
http://www.dhmh.state.md.us/mma/providerinfo_exclusion.pdf
 - GSA Exclusion List

Privacy

- Providers must follow all federal and state laws regarding privacy and confidentiality (including but not limited to HIPAA)
- Providers should only share patient data in accordance with appropriate laws
- Providers should ensure patients receive a notice of privacy practice
- Providers should ensure the security of patients' PHI

Advanced Directives

- Providers must discuss Advanced Directives with members.
- Providers should encourage members complete an Advance Directive and make sure the member gives a copy to his/her provider.
- Providers should have forms available for members to complete if requested.

Quality Improvement

Quality Improvement

- Quality Improvement programs for HealthChoice
 - Delmarva Systems Review
 - Healthy Kids Review
 - HEDIS®
 - Value Based Purchasing
 - CAHPS®
 - Consumer Report Card
 - Performance Improvement Projects

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

CAHPS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Quality Improvement

- Areas of Focus for 2018
 - Overall diabetic care
 - Hemoglobin A1c Testing
 - Retinal Exam or Dilated eye exams
 - Pap Smears
 - Mammograms
 - Prenatal & Post Partum Exams
 - Childhood Immunizations
 - Adolescent Immunizations, including HPV
 - Well Child visits for all ages, in particular through 15 months, 3-6 years, and 12-21 years
 - Controller medication coverage for people with asthma
 - Documentation of BMI Percentile, nutrition counseling, and physical activity counseling

Quality Improvement

Please review the 2018 Quality Improvement Slides inside your packet

- MFC Quality Improvement Initiatives
- Detailed information Quality Audits
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Questions?

