

Maryland Medicaid Self-Referral Services

Self-referral services as defined in the HealthChoice regulations, Maryland Medicaid Managed Care Program, COMAR 10.09.62, are “health care services for which under specified circumstances, the MCO is required to pay, without any requirement of referral by the primary care provider (PCP) or MCO when the enrollee accesses the service through a provider other than the enrollee’s PCP.” While MCO members are required to use in-network providers for most medical services, under certain circumstances, MCOs are responsible for some out-of-network care received by their members. These circumstances and payment requirements are defined in COMAR 10.09.67.28 under Benefits-Self-Referral Services and COMAR 10.09.65.20 under MCO Payment for Self-Referral Emergency and Physician Services. The circumstances under which MCOs must pay for out-of-network care can be classified into three types:

- Self-referral provisions for all MCO members
- Continuity of care for new MCO members
- Emergency care provisions. A “classic” example of a self-referral provision is the ability of all MCO members to access family planning services from the provider of their choice.

RESPONSIBILITIES OF MEMBERS AND PROVIDERS when seeking care without an MCO/PCP referral or authorization for a “self-referral” service, HealthChoice members should present their MCO card to the provider.

- The MCO is required to have the member’s Medical Assistance number on the MCO card.
- Self-referral providers should call the Eligibility Verification System (EVS) at 1-866-710-1447 prior to rendering care. To use this system you must have a Medicaid provider number. ELIGIBILITY VERIFICATION SYSTEM The Maryland Medicaid Eligibility Verification System (EVS) is a telephone inquiry system that enables health-care providers to quickly and efficiently verify a Medicaid recipient’s current eligibility status. A Medical Assistance card alone does not guarantee that a recipient is currently eligible for Medicaid benefits. You can call EVS to quickly verify a recipient’s eligibility status.
- To ensure recipient eligibility for a specific date of service, you must use EVS prior to rendering service. EVS is fast and easy to use, and is available 24 hours a day, 7 days a week. EVS requires only seconds to verify eligibility and during each call you can verify as many recipients as you like. EVS is an invaluable tool to Medicaid providers for ensuring accurate and timely eligibility information for claim submissions. Providers may download the EVS/IVR user brochure, which contains additional details about the new system, by accessing the Department’s website at www.dhmd.state.md.us/medcareprog.
- For providers enrolled in eMedicaid, WebEVS, a web-based eligibility application, is available at www.emdhealthchoice.org. Providers must be enrolled in eMedicaid in order to access WebEVS. To enroll and access WebEVS go to URL above, select ‘Services for Medical Care Providers’, and follow the login instructions. If you need information, please visit the website or for provider application support call 410-767- 5340. If you have questions concerning the new system, please contact the Provider Relations Division at 410-767-5503 or 1-800-445-1159.

MCO REIMBURSEMENT: An MCO must reimburse out-of-plan providers for self-referred services to its enrollees at the established Medicaid rate, unless specifically noted otherwise in this manual or COMAR regulations. MCOs must reimburse out-of-plan providers for undisputed self-referral claims within thirty (30) days of receipt.