



# MedStar Family Choice

Maryland HealthChoice Program

# Provider Newsletter

2nd Quarter 2023



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# Welcome new providers to MedStar Family Choice!

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

- **Artisan Chiropractic Clinic LLC**  
(Chiropractic Medicine, Prince George's County)
- **Barrett Family Chiropractic**  
(Chiropractic Medicine, Baltimore County)
- **Edge Family Medicine LLC**  
(Family Medicine, Prince George's County)
- **Excelsior Healthcare Enterprises**  
(Family Medicine, Prince George's County)
- **Ibe Medical Associates PC**  
(Family Medicine, Prince George's County)
- **International Pediatrics PA**  
(Family Medicine, Montgomery County)
- **Nix Direct Access Pediatrics PC**  
(Pediatrics, Prince George's County)
- **Peds World Associates Corp**
- **Pinnacle Family Care Practice LLC**  
(Family Medicine, Baltimore County)
- **Reproductive Endocrinology and Gynecology**
- **Resilience Healthcare Inc** (Family Medicine, Baltimore, and Montgomery County)
- **Seetak Health and Wellness LLC**  
(Family Medicine, Montgomery County)



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

- Ambulatory Surgery Center: Metropolitan Vascular Institute LLC
- Durable Medical Equipment: Brace Shop Inc
- Home Visiting Services: Mary's Center for Maternal and Child Care Inc
- Infusion/Injectables: ContinuumRx Inc
- Skilled Nursing Facility: Bel Air SNF Operator LLC, Bethesda SNF Operator LLC, Forest Hill SNF Operator LLC

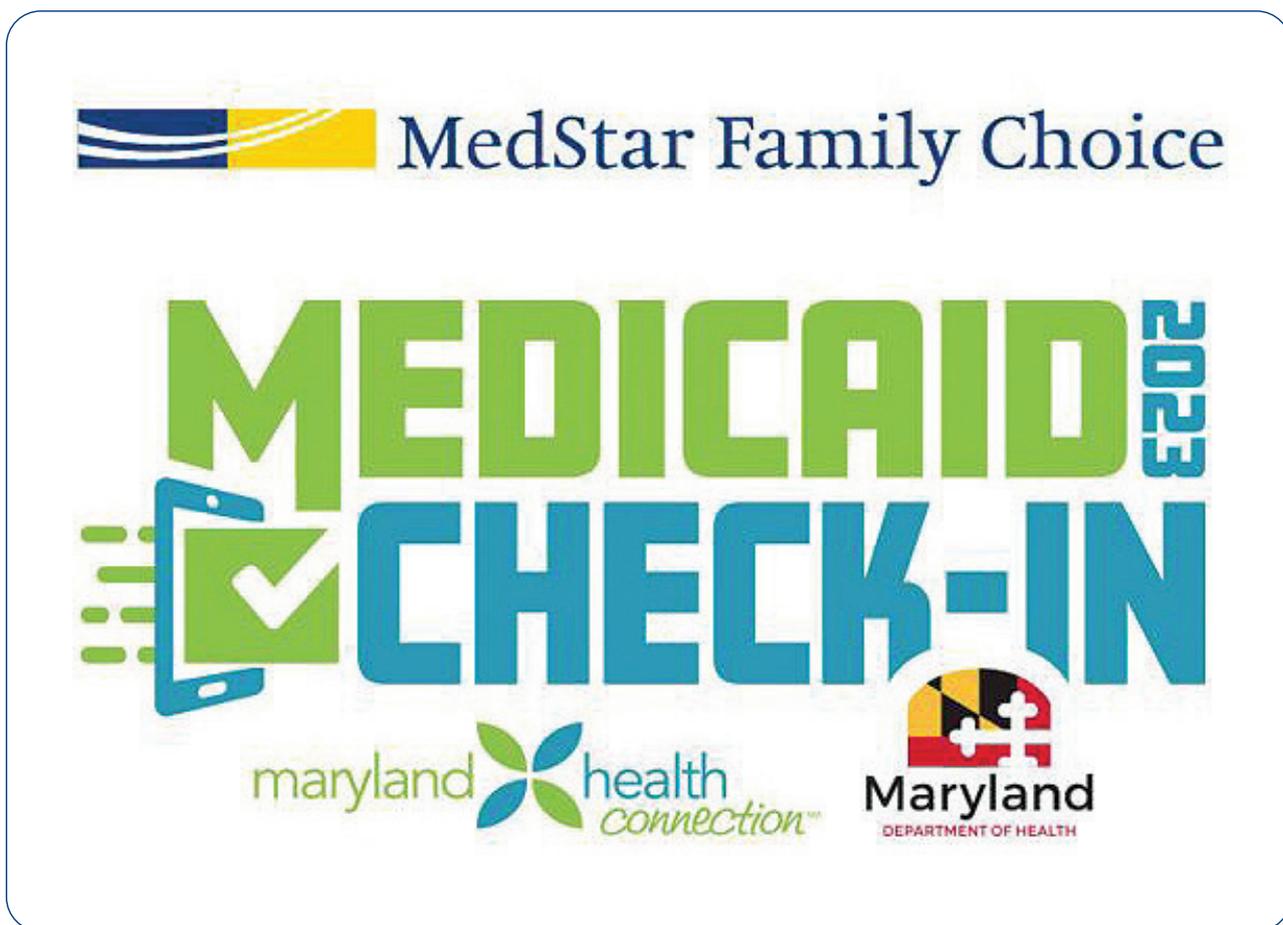
# Medicaid Redetermination Provider Toolkit

MedStar Family Choice is actively working on redetermination efforts to ensure those that qualify for Medicaid benefits will maintain coverage. We need your help in notifying all Medicaid members to ensure there is no loss in coverage for our most vulnerable populations.

Medicaid renewals are NOT automatic this year and will require action on the Medicaid beneficiary. There is an active Maryland Department of Health (MDH) campaign underway and we are asking for your help in this effort as well.

Please review the Provider toolkit that has been created to help build awareness to all Medicaid members which can be found at: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>.

Additionally, please watch and share this video clip to learn more about Medicaid Check-In and how to help our members: <https://www.youtube.com/watch?v=CBHxYbxwIAE>



# 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](https://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.

Additional registration information is

available at [MedStarFamilyChoice.com](https://MedStarFamilyChoice.com). For problems with registration, send a detailed email to [mfc-providerrelations2@medstar.net](mailto:mfc-providerrelations2@medstar.net) or call **800-905-1722, option 5.**

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://mfcfdcprovider.healthtrioconnect.com/ (DC)	ProviderPayments.Com
What Can I Do With this Portal?	<p>Update or provide notification about my information related to:</p> <ul style="list-style-type: none"> <li>• Federal Tax Identification Number – this will require Provider Relations or Ancillary team follow-up</li> <li>• Billing and W-9 address</li> <li>• Type II NPI / Organizational NPI</li> <li>• Provider Group Name Change</li> <li>• Practice Locations that are closed or opened</li> <li>• Office hours, phone/fax number</li> <li>• Any provider leaving your group / practice</li> <li>• Individual provider demographic updates (panel changes, age restrictions)</li> <li>• 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</li> </ul> <p>Validate my group / practice information quarterly</p>	<ul style="list-style-type: none"> <li>• Check on Member / Enrollee Eligibility</li> <li>• Check on Claims Status</li> <li>• Submit Claims Payment Disputes</li> <li>• View authorizations</li> <li>• Access listing of members assigned to practitioners associated with my group, if they are identified as primary care providers</li> <li>• Access Remittance Advice</li> </ul>	<ul style="list-style-type: none"> <li>• Access Remittance Advices / 835s</li> <li>• View 1099s</li> </ul>
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	

# 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.



## 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, 2023.**

**Please note effective July 1, 2023, MFC MD will reinstitute the 3-day override. Previously extended to 14-days due to the Public Health Emergency which ended May 11, 2023.**

### **Additions:**

- Kesimpta (ofatumumab)
- Clindamycin phosphate 1.2% and benzoyl peroxide 5% (45gm)
- Clindamycin phosphate 1% and benzoyl peroxide 5% (25 g, 35 g, 50 g)
- Chlorzoxazone 500mg
- Hyoscyamine Sulfate Tab Disintegrating 0.125

### **Additions with Prior Authorization: \***

- Orserdu (elacestrant)
- Lunsumio (mosunetuzumab-axgb)
- Jaypirca (pirtobrutinib)
- Sunlenca (lenacapavir)
- Leqembi (lecanemab-irmb)

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

### **Removals:**

- Danyelza
- Makena (see information related to Makena withdrawal from the market below)
- Lumoxiti

### **Addition of Prior Authorization:**

- Drug Class Incretin Mimetic Agents (GLP-1):  
To prevent use of medications in this class for non-FDA approved indications (example: Ozempic and Mounjaro being prescribed solely for weight loss). This will include adding a PA to all the GLP -1 medicines on formulary.
  - Ozempico
  - Rybelsus
  - Trulicity
  - Victoza

### **Managed Drug Limitations & Step Therapy\*\***

#### Cough and Cold agents

- All opioid (codeine/hydrocodone) agents are excluded for ages < 18yrs
- Opioid and non-opioid are excluded for < 4 year of age.



### **Obstetrics and Gynecology Clinical Practice Update - Use of Makena (17-OHP)**

FDA approval of Makena and all generic forms of 17-alpha hydroxyprogesterone caproate injection (17-OHP), was withdrawn on April 6, 2023, following a 2020 FDA recommendation for voluntary discontinuation of sales due to post-market studies that failed to verify clinical benefit. Available evidence does not show Makena is effective for the approved use.<sup>1</sup>

Makena was conditionally approved in 2011 to reduce the risk of preterm birth in women with a singleton pregnancy and history of a singleton, spontaneous preterm birth and was not indicated for use in women with multiple gestations or other risk factors for pre-term birth.<sup>2</sup>

The American College of Obstetricians and Gynecologists (ACOG) guidance regarding the use of progesterone for the prevention of preterm birth is included in ACOG Practice Bulletin No. 234, "Prediction and Prevention of Spontaneous Preterm Birth"<sup>3</sup>. Updated recommendations are:

- Vaginal progesterone has not been proven effective in the absence of a shortened cervix and should not be considered as an alternative to 17-OHPC. However, vaginal progesterone may be considered as a treatment option for patients with a history of preterm birth, singleton gestation, and a shortened cervix ( $\leq 25$  mm length).
- Intramuscular 17-OHPC is not recommended for the primary prevention of preterm birth in patients with a history of spontaneous preterm birth.
- Dependent upon cervical length measurement, prior pregnancy history, and past treatment, a discussion of the range of interventions available to prevent a recurrent preterm birth should occur and a collaborative action plan should be developed.

Currently, no progesterone formulation carries an FDA-approved indication for prevention of preterm labor, all use is off-label. ACOG Clinical Guidance does not recommend vaginal progesterone administration in the absence of a shortened cervix, the demographic previously indicated for treatment with 17-OHP.

ACOG recommends the use of vaginal progesterone if the cervical length is  $\leq 25$ mm length when visualized during the 18- to 22-week gestation anatomy assessment and supports consideration of use versus cerclage with serial endovaginal ultrasound measurement of cervical length beginning at week 16 and repeated every 1 to 4 weeks until 24 weeks of gestation.<sup>3</sup>

In patients for whom the use of vaginal progesterone treatment is appropriate, there are two formulary products available for use:

- Crinone 8% vaginal gel
- Oral Progesterone 200 mg capsules (generic for Prometrium®) for intravaginal administration.

References:

1. <https://www.fda.gov/news-events/press-announcements/fda-commissioner-and-chief-scientist-announce-decision-withdraw-approval-makena>
2. <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/makena-hydroxyprogesterone-caproate-injection-information>
3. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/04/updated-guidance-use-of-progesterone-supplementation-for-prevention-of-recurrent-preterm-birth>

# Know about the Rare and Expensive Case Management Program

The Rare and Expensive Case Management (REM) Program is a case managed fee for service alternative to participation in a Managed Care Organization (MCO) for Medicaid recipients with specified rare and expensive conditions.

In addition to a wide range of medical services that are available under the standard Medicaid fee-for-service benefit package, there are no restrictions on the providers your patient may see as long as the provider is enrolled as a fee-for-service provider and the services are medically necessary. Another equally important benefit, is that both your adult and pediatric patients will be assigned a case manager and have access to dental and vision benefits.

Direct case management services are provided by either a registered nurse or social worker. The main goal of the case manager is to help your patient reach his/her highest level of functioning capability. This is done by assisting the patient with navigating the healthcare system to ensure access to the best possible health care services and to assist with any issues involving access to durable medical equipment, disposable medical supplies, medications, and scheduling appointments. Case managers assist with care coordination and can attend appointments with the patient and provider.

MedStar Family Choice has a case manager devoted to identifying and coordinating the enrollment of our members into the REM program. If you have a patient that you feel might benefit from the REM program, please contact our REM Case Managers at 443-692-1184 for assistance. For a list of qualifying diagnoses, please visit: [REM Program](#).



# How to refer members to specialists

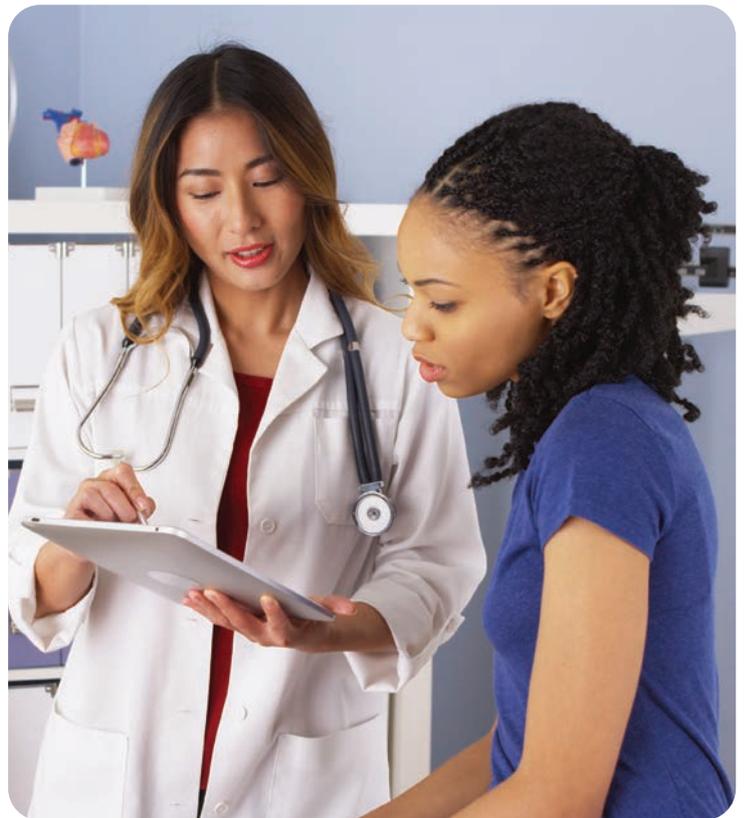
## Referrals to an In-Network Provider

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](https://www.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](mailto:mfc-providerrelations2@medstar.net). Telephone assistance is available for Maryland providers by calling **800-905-1722, option 5**.



# New to you: 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.

This page will be updated monthly.



# EPSDT At-Risk Screenings and Lab Tests Reminder.

Maryland Healthy Kids/EPSDT certified providers must adhere to the standards of preventative health care described in the Maryland Healthy Kids Program Manual. This includes following the Maryland Healthy Kids Preventative Health Schedule. The schedule reflects minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age.

The current Maryland Healthy Kids Preventative Health Schedule is available here: <https://health.maryland.gov/mmcp/epsdt/Documents/Maryland%20EPSDT%20Schedule-01-01-22%20HealthRiskAssessment.pdf>

Information on Maryland Healthy Kids/EPSDT Screening Components including validated tools can be found here: <https://health.maryland.gov/mmcp/epsdt/healthykids/Pages/providerforms.aspx>

Coding and Billing Guidelines for Assessments and Screenings can be found here: <https://health.maryland.gov/mmcp/epsdt/healthykids/AppendixSection6/Coding%20Guidelines%20for%20Screening%20Tools%20Primary%20Care%203%2025%2021%20FINAL.pdf>

Please contact the Maryland Healthy Kids program at 410-767-1836 with any questions. Visit <https://health.maryland.gov/mmcp/epsdt/Pages/Home.aspx> for more information.



# 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](https://www.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 **800-905-1722, option 5**. 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					
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	★ ★	★ ★	★ ★ ★	★ ★	★ ★	★ ★	
<p>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.</p> <p>Help is available in your language: 1-855-642-8572 (TTY: 1-855-642-8573). These services are available for free.</p> <p>Hay ayuda disponible en su idioma: 1-855-642-8572 (TTY: 1-855-642-8573). Estos servicios están disponibles gratis.</p> <p>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)</p>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>• Appointments are scheduled without a long wait</li> <li>• The health plan has good customer service</li> <li>• Everyone sees a doctor at least once a year</li> <li>• The health plan answers member calls quickly</li> </ul>	<p><b>Doctor Communication and Service</b></p> <ul style="list-style-type: none"> <li>• Doctors explain things clearly and answer questions</li> <li>• The doctor's office staff is helpful</li> <li>• Doctors provide good care</li> </ul>	<p><b>Keeping Kids Healthy</b></p> <ul style="list-style-type: none"> <li>• Kids get shots to protect them from serious illness</li> <li>• Kids see a doctor and dentist regularly</li> <li>• Kids get tested for lead</li> </ul>	<p><b>Care for Kids with Chronic Illness</b></p> <ul style="list-style-type: none"> <li>• Doctors give personal attention</li> <li>• Kids get the medicine they need</li> <li>• A doctor or nurse knows the child's needs</li> <li>• Doctors involve parents in decision making</li> </ul>	<p><b>Taking Care of Women</b></p> <ul style="list-style-type: none"> <li>• Women are tested for breast cancer and cervical cancer</li> <li>• Moms are taken care of when they are pregnant and after they have their baby</li> </ul>	<p><b>Care for Adults with Chronic Illness</b></p> <ul style="list-style-type: none"> <li>• Doctors monitor blood sugar and cholesterol levels</li> <li>• Doctors examine eyes for vision loss and check kidneys are healthy and working properly</li> <li>• Adults get antibiotics and treatment for lower back pain when they need it</li> </ul>	
<p><small>*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.</small></p>							

# How to address patient crisis situations.

Many patients are faced with competing social or behavioral health needs that limit their ability to engage medical care. These stressors may lead to a crisis situation for your patient during an office visit.

Some important steps to remember while addressing a patient experiencing a crisis situation include:

- Remain calm and talk with a soothing voice. People often feed off energy of others.
- Acknowledge that the person is dealing with a concern. This validates the concern.
- Advise that you would like to help.
- Ask the person to explain the concern so that you better understand. Everyone wants to feel heard and understood.
- Connect the patient with appropriate resources. Community resources should be utilized in the moment to assist the patient, as patients are often more receptive to help during the crisis.

Several easily accessed resources include:

## 2-1-1 Maryland

- 2-1-1 Maryland is a Statewide resource that provides simple access to health and human services information and assistance by connecting individuals with community resources such as mobile crisis services, shelters, food pantries and by providing information on where and how to apply for assistance programs for eviction issues, food assistance, legal advice, utility assistance, and more.

## Mobile Crisis Teams Accessed Through 211 (Prince George's County use 311)

- Most jurisdictions have a crisis hotline, or a team connected with the Emergency Services for the residents of each city and county. The crisis team is staffed by mental health professionals who can assess the situation, connect the patient to appropriate services, or dispatch EMS if needed. Member must be agreeable to this service for sharing of protected health information (PHI).

## Optum-Maryland – 800-888-1965 (Medical Assistance Patients ONLY)

- Public mental health and substance abuse administrators that can screen recipients and assist with connection to appropriate mental health services.

**911** – Available for medical emergencies or when patients or staff are in danger of harming themselves or others

## Emergency Petition

- Physician can complete petition for emergency mental health evaluation for a patient who appears to have a mental disorder, presents significant danger to self or others, and declines mental health services. The form is available at [Courts.State.MD.us/courtforms/joint/ccdc013.pdf](https://Courts.State.MD.us/courtforms/joint/ccdc013.pdf).

## MedStar Family Choice Case Management

- If agreeable, MedStar Family Choice members with non-emergent social or behavioral health issues can be referred to our Case Management team at **410-933-2200, option 2, option 2 (again)**.

# Clinical Practice Guidelines are available online.

Clinical Practice Guidelines are available on [MedStarFamilyChoice.com](https://www.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](mailto:mfc-providerrelations2@medstar.net) or **800-905-1722, option 5**.

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](https://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](https://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.

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## 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](mailto:privacyofficer@medstar.net).

A copy of the Notice is available at [MedStarHealth.org/MHS/Patients-and-Visitors/Privacy-Policy](https://www.MedStarHealth.org/MHS/Patients-and-Visitors/Privacy-Policy) and throughout

[MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com). Hardcopies can be provided upon request by contacting Provider Relations at [mfc-providerrelations2@medstar.net](mailto:mfc-providerrelations2@medstar.net) or **800-905-1722, option 5**.

## About provider 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 provider’s 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. Many of our reviews focus on evaluation and management (E/M) visits. Providers should ensure that the medical record documentation supports the level of service billed and meets medical necessity.

Medical necessity of services rendered by a provider exercising clinical judgment is determined through various factors, including, but not limited to:

- 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
  - Reason for the encounter (chief complaint or history of presenting illness)
  - Relevant history and prior diagnostic results
  - Clinical examination findings
  - Assessment, clinical impression, or diagnosis
  - Medical plan of care

- Each page of the health care record should include the patient's name and date of birth
- Date, legible identity of the provider rendering service, and the provider's credentials
- All records should be signed by the rendering provider.
- To avoid payment retractions, the documentation in the medical records must be legible, dated, signed by the provider, and support the CPT code billed on the claim. In addition, all claims should be billed under the rendering provider's NPI#.

If you have any questions regarding MedStar Family Choice chart audits, please contact Provider Relations at [mfc-providerrelations2@medstar.net](mailto:mfc-providerrelations2@medstar.net) or **800-905-1722, option 5**.

**We also encourage providers to conduct regular self-audits to ensure accurate payment. 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](http://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](https://www.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](https://www.cms.gov) for the National Correct Coding Initiative Policy Manual, as well as the Medicaid NCCI Reference Documents at [Bit.ly/3u5alxE](https://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.

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## Did You Know About the Pediatric Lead and Asthma Programs Available Through Maryland's Department of Health?

If you are the primary care provider for children 0-18 who meet the following criteria, they may be eligible for the Home Visiting Program, Healthy Homes for Healthy Kids offered through the Maryland Department of Health (MDH):

- Enrolled in Medicaid or CHIP or eligible for Medicaid / CHIP but not yet enrolled;
- Reside in the following jurisdictions in Maryland (Anne Arundel County, Baltimore City, Baltimore County, Charles County, Dorchester County, Frederick County, Harford County, Montgomery County, Prince George's County, St. Mary's County, and Wicomico County.); AND
- Have the following criteria met:
  - A diagnosis of moderate to severe asthma; or
  - A BLL of  $\geq 5\mu\text{g}/\text{dL}$ ; or
  - A diagnosis of moderate to severe asthma AND a BLL of  $\geq 5\mu\text{g}/\text{dL}$ . (the standard clinical definition of moderate to severe asthma by age group)

For more information about the additional supports that may be available, please see MDH's website related to the Home Visiting Services for Children with Asthma: <https://health.maryland.gov/phpa/OEHFP/EH/Pages/CHI1P2EnvCa1s2eMgmt.aspx>

This is the associated flyer regarding this program as well: [https://health.maryland.gov/phpa/OEHFP/EH/Shared%20Documents/CHIP%20Documents/P2%20UPDATED%20Healthy%20Homes%20Flyer%20\\_3.5.21\\_final.pdf](https://health.maryland.gov/phpa/OEHFP/EH/Shared%20Documents/CHIP%20Documents/P2%20UPDATED%20Healthy%20Homes%20Flyer%20_3.5.21_final.pdf)

# Best practices related to MFC's transition to our New Claims Vendor

As you are aware, MedStar Family Choice transitioned to a new claims vendor effective January 1, 2023. Here are some helpful hints as they relate to 2023 claims submission:

- MFC MD Payer ID = RP063
- MFC DC Payer ID = RP062

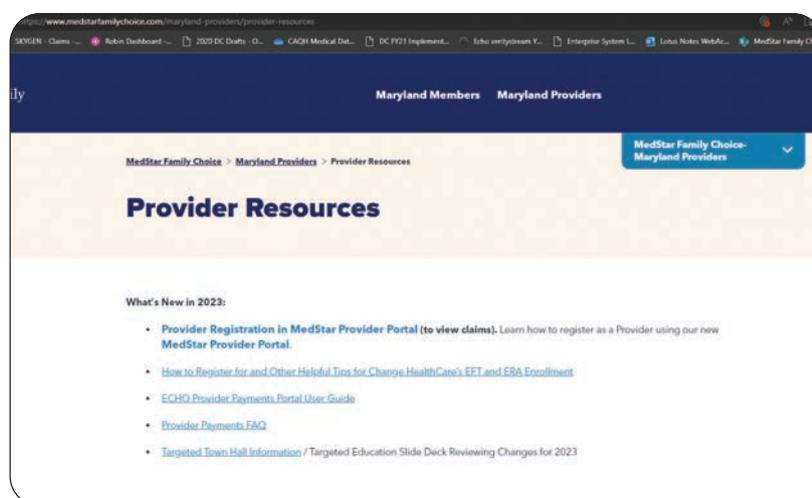
If you are a solo practitioner that only submits claims using your Type I NPI, please be sure to update your profile with MedStar Family Choice. If MFC has a Type II NPI on file for your group, but you only bill your Type I, this may result in your claims processing out of network.

Now, more than ever, please be sure you are validating your practice's demographic information through use of our Provider Web Portal: [ProviderPortal.MedStarFamilyChoice.com](https://ProviderPortal.MedStarFamilyChoice.com) (please see the article about the Provider Web Portal in this newsletter).

This transition also means MFC is now offering providers different options for reimbursement. If you wish to opt out of the default virtual card option, you must contact Change Healthcare to update your preferred reimbursement method on file. If you wish to receive payments via EFT, please ensure you select the direct EFT option (<https://enrollments.echohealthinc.com/EFTERADirect/MedStar>). There is no fee to providers when this direct EFT option is selected. Selecting the direct EFT option does not impact your payment options with any other payors. It will only ensure that you are enrolled to received EFT payments for MedStar Family Choice.

You may also request your payment be a paper check. Please contact Change Health Care's Echo Health Enrollment Team at 800-317-3523 for questions or assistance related to your payment options.

The Provider Resources section has detailed user guides to help you navigate through any questions you may have, and is available here: <https://www.medstarfamilychoice.com/maryland-providers/provider-resources>



# Did you know about the Maternal Opioid Misuse (MOM) Program?

Maryland Department of Health (MDH) has launched the Maternal Opioid Misuse (MOM) Program to help Medicaid members with opioid use disorder. The MOM Program was created to provide case management services to pregnant enrollees with opioid use disorder that will continue for one year following the end of pregnancy. The program's success requires providers to encourage patients who qualify to enroll.

A toolkit is available to providers to help enroll participants in the program. You will receive access to approved messages, social media examples and graphics. Sharing this crucial messaging to patients who qualify for the MOM program will ensure they have a healthier pregnancy and postpartum support. To view the toolkit visit [MOM Case Management Toolkit](#).

This MOM Case Management toolkit contains all informational resources for the MOM Program. Providing support to pregnant Medicaid members diagnosed with OUD will ensure access to proper healthcare for participants and their families.

## 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



# 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](mailto:mfc-providerrelations2@medstar.net)**.

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