



# MedStar Family Choice

Maryland HealthChoice Program

# Provider Newsletter

3rd Quarter 2024



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# MFC Provider Manual available online

The MedStar Family Choice Provider Manual has been updated. While each HealthChoice Managed Care Organization (MCO) has its own policies and procedures, many program elements apply to all providers, regardless of the MCO. The purpose of the manual is to explain those elements and be a useful reference for providers who participate in the HealthChoice program.

The MedStar Family Choice Provider Manual advises you about the MedStar Family Choice MCO, including its policies and procedures relative to providing care. It also contains useful contact information to assist our network providers and their staff members.

The Provider Manual is now available for download on the MedStar Family Choice website or directly at [Bit.ly/MFC-ProviderManual](https://bit.ly/MFC-ProviderManual).

# Coordination of care is important

The goal of care coordination is to organize care and share relevant information among all providers involved with a particular patient to achieve safer and more effective care. Information sharing is crucial when patients transition between different aspects of the health care system, for example, transitions across settings such as primary care, specialty care as well as emergency department and/or inpatient settings.

To ensure effective care coordination for our members, MedStar Family Choice wants to remind all providers taking part in an MFC member's care to refer any assessments, results, and/or recommendations to the member's primary care provider (PCP). Additionally, any referrals to other providers should include the name of the member's PCP.



MedStar Family Choice offers several programs to assist with member coordination of care. For more information regarding specific care coordination programs and assistance please call MedStar Family Choice Care Management at **800-905-1722, option 2**.

MedStar Family Choice Quality, Outreach, and Provider Relations departments continuously work with providers and members to improve this process. Please feel free to contact our Provider Relations department at [mfc-providerrelations2@medstar.net](mailto:mfc-providerrelations2@medstar.net) or **800-905-1722, option 5** with any comments, questions, and/or recommendations.

**Other Resources: Agency for Healthcare Research and Quality Care coordination – [AHRQ.gov/NCEPCR/Care/Coordination.html](https://www.aahrq.gov/NCEPCR/Care/Coordination.html)**

# Update to the MedStar Family Choice formulary

MedStar Family Choice is proud to be accredited by NCQA.

**MedStar Family Choice must render a decision and complete notification for all pharmacy prior authorization requests within twenty-four (24) hours of receipt.**

Please check the MedStar Family Choice Formulary and Pharmacy Prior Auth on our website prior to submitting your request. **To comply with this stringent turnaround time, we ask that your office provide complete clinical information at the time of original submission to avoid denials for incomplete requests.**

To access the forms, please check: <https://www.medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information>

## Updates to the Formulary for MedStar Family Choice Providers

There are many formulary changes and updates that are occurring in September and October.

### WEGOVY:

The Maryland Department of Health has mandated that Wegovy (generic name: semaglutide) will be covered for **NON**-diabetic patients for the prevention of cardiovascular disease.

- Coverage is effective beginning on **September 15, 2024**.
- PA Approval Duration must be renewed every 6 months
- Prior Authorization requirements will be posted on the Maryland Family Choice website. Highlights of the criteria include:
  - Patient must be aged 18 years or older
  - Patient must not have diabetes of any type
  - BMI  $\geq$  27 kg/m<sup>2</sup> including current height and weight. Note: if weight loss is achieved and BMI is below 27, coverage is discontinued.
  - Documentation must be submitted to show that patient has ASCVD as defined by one of the following:
    - Prior myocardial infarction; or
    - Prior stroke (ischemic or hemorrhagic); or
    - Symptomatic peripheral arterial disease (PAD) as evidenced by:
      - Intermittent claudication with ankle-brachial index (ABI)  $<$  0.85 at rest
      - History of a peripheral arterial revascularization procedure; or
      - Amputation due to atherosclerotic disease

**Reminder:** Wegovy cannot be approved for coverage for weight loss and may not be approved unless the criteria described on the Prior Authorization table is explicitly met.

## HIV MEDICATION COVERAGE:

Coverage of medications to treat HIV/AIDS has been significantly updated.

- Medications without utilization in the previous 12 months and Brand-name versions of drugs that have generic equivalents have been removed from the formulary.
- Drugs that are no longer considered clinically appropriate have been removed.
- here will be Prior Authorization requirements in place for all HIV-drugs remaining on the formulary beginning on October 1, 2024.
  - Required information includes:
    - Opportunistic infection(s) diagnosis date(s) OR
    - CD4 laboratory test results; AND
    - One of the following:
      - HIV RNA/DNA quantitative (if detectable)
      - HIV RNA/DNA qualitative
      - HIV P24 antigen
      - HIV Western blot
      - HIV genotype
- The approval will continue in perpetuity unless the patient has a gap in therapy greater than 90 days.
- Patients for whom HIV-status has already been verified by the plan will be exempted from the need to obtain the initial prior authorization.

## FORMULARY CHANGES:

### Formulary Additions Effective August 1, 2024:

Candesartan/HCTZ tablets	Riluzole 50 mg tablets
Clobetasol 0.05% gel	Sodium Fluoride 1.1% toothpaste
Difluprednate Ophthalmic Solution	Tazarotene 0.1% cream; 0.05% gel
Fulphila & Fynetra (pegfligrastim) injection	Urea 20% cream
Hydrocortisone 1% cream (Rx)	Zoryve (roflumilast) 0.15%, 0.3% cream
Metronidazole 1% topical gel	Zoryve (roflumilast) 0.3% foam

### Formulary Removals Effective August 1, 2024

Cimetidine Solution	Kevzara IV
Collanex powder	Loteprednol 0.5% ophthalmic suspension
Diclofenac 3% gel	Micromatrix powder
Hydromet Syrup	Rocklatan ophthalmic drops
Jentaduetto tablets	Sucralfate suspension

**Formulary Additions with Prior Authorization Requirement Effective September 1, 2024:**

Iclusig 15, 30 and 45 mg tablets	Imcivree (setmelanotide)
Lupron Depo Pediatric Strength Kits	Sodium Fluoride 1.1% toothpaste
<b>HIV Clean Up: Formulary Removals Effective October 1, 2024</b>	
Abacavir Solution 20 mg/ml	Lopinavir/Ritonavir 100/5 mg tablets
Abacavir 300 mg tablets	Lopinavir/Ritonavir 200/50 mg tablets
Abacavir 600 mg/Lamivudine 300 mg	Nevirapine 200 mg, 400 mg and 50 mg/5 ml
Aptivus 250 mg capsules	Prezista 75 mg, 100 tablets & suspension
Atazanavir 150 mg and 200 mg capsules	Selzentry brand-name products
Biktarvy 30/120/15 strength only	Symfi and generics
Cabneuva 400/600	Symfi LO and generics
Efaviranz 600 mg tablets	Tivicay PD 5 mg tablets
Emtricitabine 200 mg capsules	Triumeq PD 60/5/300 mg tablets
Emtriva solution 10 mg/ml	Trogarzo 200 mg/1.33 ml Solution
Etravirine 100 mg and 200 mg tablets	Truvada generics: 100/150, 133/200 and 167/250 mg strengths only
Evotaz 300/150 mg tablets	Tybost 150 mg tablets
Fosamprenavir 700 mg tablets	Viread 150 mg, 200 mg or 250 mg tablets
Isentress 25 mg, 25 mg chewable, 100 mg	Viread powder 40 gm
Lamivudine solution 10 mg/ml	Zidovudine 100 mg capsules
Lamivudine 150 mg and 300 mg tablets	Zidovudine 300 mg tablets
Lopinavir/Ritonavir Solution 400/100 mg/5 ml	Zidovudine 50 mg/5 ml syrup



**HIV Clean Up: Formulary Addition of Prior Authorization Requirements**

Atazanavir 300 mg capsules	ISENTRESS 400 mg and 600 mg HD tablets
Biktarvy 50/200/25 mg tablets	Juluca 50/25 mg tablets
Cabenuva 600/900 mg injection	Maraviroc 150 mg and 300 mg tablets
Cimduo 300/300 mg tablets	Odefsey tablets
Darunavir 600 mg and 800 mg tablets	Pifeltro 100 mg tablets
Destrigo tablets	Prezcobix 800/150 mg tablets
Dovato 50/300 mg tablets	Ritonavir 100 mg tablets
Edurant 25 mg tablets	Rukobia 600 mg tablets
Generic Truvada 600/200/300 mg tablets	Stribild tablets
Emtricitabine/Tenofovir DF 200/300 mg tabs	Symtuza tablets
Genvoya tablets	Tonofovir 300 mg tablets
Tivicay 50 mg tablets	Triumeq 600/50/300 mg tablets

**New Utilization Management Limits added Effective September 1, 2024**

Oral contraceptives with high cost, branded-generics. Specific manufacturers will be blocked. Point-of-sale messaging will direct pharmacies to alternate manufacturer of the same ingredient
All butalbital combination products are limited to 18 tablets/capsules per 30 days
Eucrisa (crisaborole) cream is limited to 60 grams per 25 days
Nitroglycerin rectal ointment is limited to 30 grams per 60-day supply

# How to request second opinions with out-of-network providers

On occasion, MedStar Family Choice members may request to seek a second medical opinion. Members have the right to do so and should be referred to a different in-network provider by his/her primary care physician (PCP). If an in-network provider is not available to provide a second opinion, an out-of-network provider can be requested. The member's PCP should work with the patient, as well as the MedStar Family Choice Care Management department, when a second opinion must be scheduled with an out-of-network provider. A referral from the member's PCP, along with a prior authorization from Care Management, prior to the member's appointment with the nonparticipating physician, is required.

Prior authorization can be obtained by faxing a Maryland Uniform Referral form or the MedStar Family Choice prior authorization template to MedStar Family Choice Care Management at **410-933-2274** or by calling **800-905-1722, option 2**.



# Learn more about provider credentialing and recredentialing

Accurate and timely provider data is essential to keeping MedStar Family Choice's credentialing system running smoothly. MedStar Family Choice's credentialing system helps to develop directories, and assists with paying claims. Collecting and maintaining accurate provider data can be challenging which is why we rely on providers to keep their CAQH online application up to date. In addition, MedStar Family Choice providers are required to comply with the following:

- Providers shall immediately notify MedStar Family Choice of any changes in the status of licensure (i.e., suspended, revoked, surrendered, new licensure number, etc.).
- Providers shall maintain a valid and current license to practice at all times.
- DEA or CDS Certificates applies to providers who are qualified to write prescriptions, and providers must also maintain a valid and current certificate at all times.
- Every 120 days practitioners must re-attest that their CAQH online application is correct.
- Providers will notify MedStar Family Choice of the suspension, loss or reduction of hospital privileges.
- Providers must enroll with the state Medicaid agency, and maintain an active Fee-for-Service (FFS) provider number.

## **CAQH Benefits to Providers**

- Free service to providers
- Easy to use
- Enter, submit, and store all data electronically
- Eliminates the need for time-consuming paper forms
- Enhanced security features help you maintain total control of your information
- Re-attest in minutes
- Updated information is immediately available to organizations authorized by the provider
- Upload supporting documents directly into CAQH ProView to eliminate the need for manual submission, and to improve the timeliness of completed applications

# Schedule annual physicals

## Annual physical versus sports physical.

Throughout the year, physicals, immunizations, and blood tests are completed for daycare, schools and sports. MedStar Family Choice believes that it is very important that all children get appropriate and timely annual physicals. If you have a MedStar Family Choice member in need of a physical exam, prior to the anniversary date of their previous physical, MedStar Family Choice will cover the physical exam. We do not deny any claims for annual physicals if it is completed prior to the anniversary date of the last physical. This will ensure that our members are in compliance with the guidelines that are set by the Maryland Department of Health. Please note that a sports physical does not qualify as an annual physical.

Therefore, if a MedStar Family Choice member requires a sports physical, and they have not had an annual physical within the calendar year, providers are encouraged to complete an annual physical along with the sports physical. If you have any questions or comments, contact MedStar Family Choice Provider Relations at **800-905-1722, option 5**.



# Stay Ahead of Flu Season

The season has changed and summer is over and we welcome fall. The leaves will change color and the air will turn crisp. We must remember that flu season is upon us. Here are some tips to help you stay healthy and flu-free this fall.

## 1. Get Vaccinated

- Get your flu shot every year. Each year the shot is update for the flu virus suspected this year.
- Everyone ages 6 months and older should get the flu vaccine. Especially if you have a risk for complications- young children, pregnant persons, older adults, people with chronic health problems.

## 2. Practice Good Hygiene

- Hand Washing- Wash your hands with soap and water for at least 20 seconds.
- Cover coughs and sneezes: Use tissue or elbow to cover your mouth and nose. Throw away tissue and wash hands immediately.
- Avoid touching your face: Avoid touching your eyes, mouth, nose.

## 3. Keep a Healthy Lifestyle

- Balanced diet: Eat fruits, vegetables, and lean protein to support your immune system.
- Regular exercise: Physical activity boosts your immune system.
- Get enough sleep: Sleep supports your immune system.

## 4. Avoid Close Contact

- Stay away from sick people: Avoid close contact with sick people and if you are sick, keep your distance from others to protect them from getting sick.
- Stay home when sick: Do not go to school, work, or other public places if you have flu symptoms, to prevent spreading the virus.

## 5. Clean and Disinfect

- Regular cleaning: Clean and disinfect touched objects frequently, like doorknobs, light switches, mobile devices.
- Use disinfectants: household disinfectants can kill germs on surfaces.

## 6. Consider Antiviral Medication

- Consult your doctor: If you are at high risk for flu complications and talk about antiviral medications. These can help reduce the severity and duration of the flu if taken soon after symptoms begin.

## 7. Stay Informed

- Monitor Flu Activity: Keep up with local activity in the area through the local health department and Center for Disease Control (CDC)
- Follow Public Health Advice: Keep the recommendations from public health officials.

# Behavioral Health Benefits

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

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

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



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

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

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

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## Understand 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. Your individual provider name will not be listed on the member's card. The member's card will show a variation of your practice name. However, please remember, 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 updating their card to reflect the correct primary care practice by calling Member Services at **888-404-3549**. PCP's can view or download their member rosters or Provider Panel Reports by accessing the new Provider Portal at [mfcmdprovider.healthtrio.com](https://mfcmdprovider.healthtrio.com).

Please contact Provider Customer Service at **800-261-3371, option 1**, if you have more questions regarding eligibility. Should you have any question regarding individual provider participation, please contact Provider Relations at **800-905-1722, Option 5**.

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## Pass-through billing is prohibited

MedStar Family Choice and the Maryland Department of Health prohibit pass-through billing. Pass-through billing occurs when the ordering provider requests and bills for a service, but the service is not performed by the ordering provider or those under their direct employment.

Subcontracted individuals/businesses are not considered under "direct employment". You must only bill for services you directly perform if you are a physician or practitioner within a group.

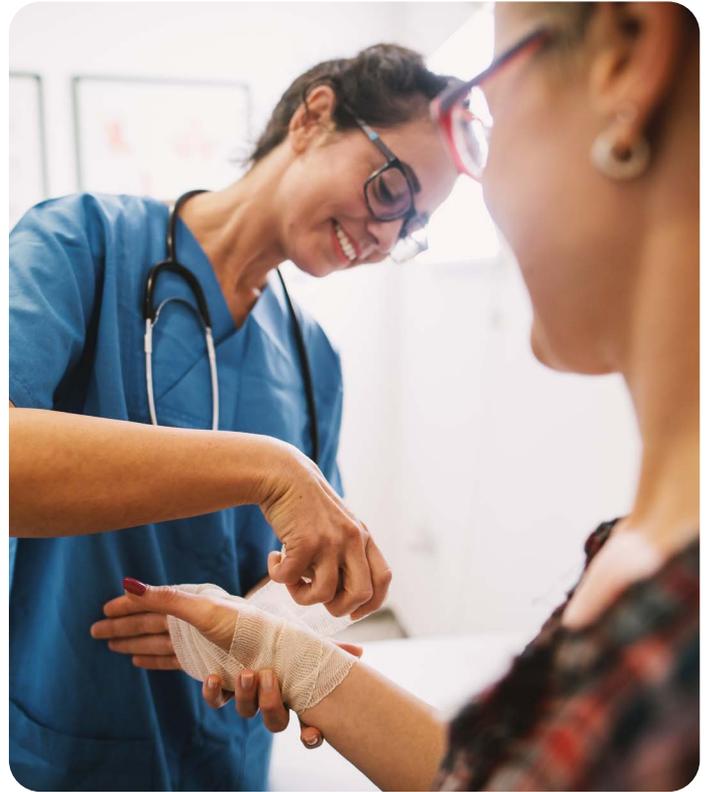
The MFC Provider Agreement, Section 9.4 states that providers/groups "may not enter into subcontracts for performance of its obligations hereunder, without the prior written approval of MedStar Family Choice. To be reimbursed, the rendering provider must be participating and obtain prior-authorization, if required.

MDH has provided the following example in a Provider Transmittal: "Per limitations provided in COMAR 10.09.02.04, providers may only bill Medicaid for services they or their employees have actually performed when billing for a service that includes both a technical and a professional component. Providers may not bill for services they have subcontracted to be performed by a third party. For example, a Dr. Smith enters into an agreement to pay ABC Consultants directly to interpret ultrasounds that Dr. Smith has performed. The agreement does not establish an employer employee relationship. In this case, Dr. Smith would bill for the service using a modifier TC to indicate that he only performed the technical component of the service. Even though Dr. Smith has an arrangement where he has paid ABC Consultants to perform the professional component, Dr. Smith may not bill for the professional component because neither he nor his employees have performed the service. ABC Consultants would bill the Program for the professional component only using the modifier 26." Please contact Provider Relations at **800-905-1722, option 5** if you need additional information.

# Let's decrease emergency department utilization as a team

MedStar Family Choice is looking to reduce emergency department (ED) utilization in 2022 for minor illnesses or injuries. As providers, you can have a meaningful impact on accomplishing this goal. When you see a MedStar Family Choice member, please discuss with them that there are other options to being treated for minor illnesses or injuries.

- Encourage the member to contact you or your office first before going to the ED unless it is life threatening.
- If your office provides extended office hours or urgent care services, please educate our members about this available option and explain the benefits of not sitting in the ED.
- Encourage the use of an urgent care facility when appropriate like MedStar Health Urgent Care, Patient First, Express Care or Righttime Medical Care. Explain to the member that it's more convenient because of the decreased wait time.
- Promote MedStar eVisit as it gives MedStar Family Choice members 24/7 video access to board-certified doctors at no cost. Members can connect with a medical doctor via secured video from their tablet, smart phone, or computer for non-urgent medical conditions. To learn more or schedule an eVisit, download the MedStar eVisit app or visit [MedStarHealth.org/eVisit](https://www.MedStarHealth.org/eVisit).
- Help us educate our members on the availability of their Nurse Advise Line benefit. Members can contact a nurse with questions or concerns about their minor illness or injury 24/7 by calling the nurse hotline at **855-210- 6204**.



Thank you for partnering with us in educating our members on appropriate use of the ED.

# How we detect false claims and statements

MedStar Family Choice is committed to complying with federal and state laws and regulations. This is intended to provide you with information on laws pertaining to the prevention and detection of fraud, waste, and abuse, in accordance with the requirements of the Federal Deficit Reduction Act of 2005. This article also describes the procedures in place within MedStar Health and MedStar Family Choice for detecting and preventing fraud, waste, and abuse. The MedStar



Office of Corporate Business Integrity (OCBI) provides all MedStar Health facilities with compliance oversight, billing integrity support, occurrence reporting and resolution, and training and education. MedStar's Internal Audit department conducts routine, independent audits of business practices, and all financial managers are required to attend training on the financial manager's code of ethics and reporting obligations.

Associates (employees), physicians, contractors, and patients are encouraged to report privacy, financial reporting, and other compliance concerns by calling the MedStar Integrity Hotline toll-free at **877-811-3411**. The hotline is available 24 hours a day and calls will be confidential. Associates, physicians, contractors, and patients can also email **OCBI at [compliance@medstar.net](mailto:compliance@medstar.net)**. Any person reporting fraud and abuse may also contact the MedStar Family Choice Maryland Medicaid Compliance Director at **410-933-2283**. Providers may also call MedStar Family Choice Provider Services at **888-404-3549**.

Retaliation for reporting in good faith, an actual or potential violation or problem, or for cooperating in a compliance, legal or other investigation is expressly prohibited by MedStar policy. If overpayments related to fraudulent or abusive billing have been identified, we may retract these payments made to providers, and under certain circumstances (Maryland Medicaid MCO Transmittal No. 82), MedStar Family Choice may be required to notify the Maryland Department

of Health (MDH) OIG and Medicaid Fraud Unit (MCFU). These entities may perform their own investigation. Penalties such as fines, loss of licensure or imprisonment can occur for providers found guilty of fraudulent activity.

## Federal False Claims Act

The Federal False Claims Act, 31 U.S.C. §§ 3729-3733, applies to persons or entities that knowingly and willfully submit, cause to be submitted or conspire to submit a false or fraudulent claim, or that use a false record or statement in support of a claim for payment to a federally funded program.

The phrase “knowingly and willfully” means that the person or entity had actual knowledge of the falsity of the claim or acted with deliberate ignorance or reckless disregard for the truth or falsity of the claim. Persons or entities that violate the Federal False Claims Act are subject to civil monetary penalties (42 U.S.C. § 1320a-7a) and payment of damages due to the federal government. Under the False Claims Act, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government’s damages plus civil penalties. Each year the fines are adjusted for inflation. As of May 2022, the penalties were updated to \$12,537 to \$15,076 per false claim. The Federal False Claims Act provides that any person with actual knowledge of false claims or statements submitted to the federal government may bring a False Claims Act action in the government’s name against the person or entity that submitted the false claim. This is known as the False Claims Act’s “qui tam” or whistleblower provision. Depending on the outcome of the case, a whistleblower may be entitled to a portion of the judgment or settlement. The Federal False Claims Act provides protection to whistleblowers that are retaliated against by an employer for investigating, filing, or participating in a False Claims Act lawsuit.

## State False Claims Acts

Several states have enacted false claims acts in an attempt to prevent the filing of fraudulent claims to state funded programs. Maryland has a similar law, titled the Maryland False Health Claims

Act of 2010, originally enacted as Maryland Senate Bill 279. The Maryland law prohibits actions constituting false claims against state health plans or programs, permits whistleblowers to bring actions under the law and provides protection for whistleblowers from retaliation home connections. (\*bilingual nurses, Spanish/English are available)

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# Understanding the CAHPS member communications survey

In 2022, the State of Maryland Department of Health (MDH) contracted with the Center for Study of Services (CSS), a National Committee for Quality Assurance (NCQA)-certified survey vendor, to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1H Adult Medicaid Survey. The purpose of the survey is to assess members’

experience with MedStar Family Choice. Medstar Family Choice members were asked to give their overall ratings of their Doctors, Health Care, and Health Plan along with questions regarding how well doctors communicate, ease of getting care, timeliness of care, and customer service.

"For the composite measure "How Well Doctors Communicate", Medstar Family Choice's MY 2023 adult population survey results revealed a summary rate of 94.82% which is similar to the MY 2022 results.

Contributing survey statements for this measure included:

- My personal doctor explained things.
- My personal doctor listened carefully.
- My personal doctor showed respect.
- My personal doctor spent enough time.

A helpful tool to improve communication, published by The National Center for Cultural Competence at Georgetown University, is the RESPECT model for communication in a Multicultural Environment. RESPECT stands for Rapport, Empathy, Support, Partnership, Explanations,

Cultural Competence, and Trust. A copy can be found here: [NCCC.Georgetown.edu/curricula/communication/C15.html](https://nccc.georgetown.edu/curricula/communication/C15.html)

Other cultural competency educational resources can be found on the U. S. Department of Health and Human Services Think Cultural Health website at [ThinkCulturalHealth.HHS.gov/About](https://ThinkCulturalHealth.HHS.gov/About).

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## Interpreter Services

MedStar Family Choice does provide interpreters for members who require such services. MedStar Family Choice utilizes the Language line and can provide for in-office translation services when requested. You may contact the MedStar Family Choice Outreach Department at 800-905-1722, option 1 to schedule telephonic translation services.

If the member is requesting that a translator attend the visit, you may contact the Provider Relations Department at **800-905-1722, option 5** to schedule in office translation services. Please provide MedStar Family Choice with as much advance notice as possible prior to the appointment.

If you are a MedStar Family Choice member in need of in-office translation services, please have your doctor complete the Interpreter Request form and email to [MFC-ProviderRelations2@medstar.net](mailto:MFC-ProviderRelations2@medstar.net)

For additional information, please contact the Provider Relations Department at **800-905-1722, option 5**.

The Interpreter Request form is located on our website: <https://www.medstarfamilychoice.com/maryland-providers/provider-support/outreach/interpreter-services>

# Verify member eligibility for Medicaid products

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

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

- Sample member ID cards for each Medicaid product are available on our website at [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com). Please follow these steps to determine eligibility for your MedStar Family Choice– Maryland HealthChoice patients:
- Call the Maryland EVS line at **866-710-1447** to verify if a patient is eligible to receive benefits and is active with MedStar Family Choice on the date of service. More information on the EVS line can be found at [EMDHealthChoice.org](https://www.EMDHealthChoice.org).
- If providers have further questions regarding member benefits under MedStar Family Choice, please contact the MedStar Family Choice Provider Services Call Center at **800-261-3371**.

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

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## Keep pediatric patients healthy with EPSDT screenings and labs

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 schedule is available here. Information on

Maryland Healthy Kids/EPSDT Screening Components including validated tools can be found [here](#). Coding and Billing Guidelines for Assessments and Screenings can be found [here](#).

Please contact the Division of Healthy Kids program at **410-767-1836** with any questions.

Visit [Health.Maryland.gov/MMCP/EPSDT](https://Health.Maryland.gov/MMCP/EPSDT) for more information.

# Did you know we offer the “Momma & Me” Program?

Medstar Family Choice offers the Momma & Me program for eligible members who are expecting. By enrolling in the Momma & Me program, members will be eligible to receive gift cards for keeping their OB appointments. Members can earn gift cards by attending OB classes and seeing the dentist during their pregnancy. MedStar Family Choice members can also take online Momma & Me classes located on [MedStarFamilyChoiceHealthyLife.com](https://www.MedStarFamilyChoiceHealthyLife.com). Members or providers can call **443-692-1012** for more information.

## When to schedule postpartum visits

As part of the Medstar Family Choice “We Care” postpartum program, postpartum coordinators outreach pregnant members within 1 to 2 days after delivery to provide education and encourage the new mothers to schedule a comprehensive postpartum care exam as soon as possible. MFC postpartum coordinators will schedule this appointment for the member and transportation assistance is available if needed.

Ideally, the comprehensive postpartum care visit should occur between 21 and 56 days after delivery. Members who complete their comprehensive postpartum exam within this timeframe may be eligible for a prepaid incentive.

Additionally, MFC offers an in-home or telehealth postpartum visit with a nurse practitioner, only if the member did not receive prenatal care or cannot get into their OB office within the ideal timeframe.

**Please note: If a member sees their provider for a two-week wound check, they must still be seen for a separate comprehensive postpartum visit.**

Members can contact our “We Care” postpartum coordinator, Jeanne Cox at **443-692-1026** to inquire about the program and schedule transportation.



# Providers that are excluded from payments

The U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) and state government agencies have the authority to exclude individuals and entities from government funded health care programs. Those that are excluded may not receive payment from government agencies and their subcontractors, including MedStar Family Choice. The payment ban applies to any products and services furnished, ordered, or prescribed.

Providers are required to screen all employees and contractors for exclusion prior to hire and monthly thereafter. Payments may be retracted if reimbursement is directly or indirectly related to the excluded parties for items and services received by a Medicaid recipient. The OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities (LEIE). A searchable list can be found on the HHS OIG website at <https://exclusions.oig.hhs.gov/>. The Maryland Department of Health also maintains a list of Maryland Medicaid sanctioned providers and entities excluded from participation in the Medicaid program which can be found at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>.

The Maryland Department of Health also maintains a list of Maryland Medicaid sanctioned providers and entities excluded from participation in the Medicaid program which can be found at [https://health.maryland.gov/mmcp/provider/Pages/sanctioned\\_list.aspx](https://health.maryland.gov/mmcp/provider/Pages/sanctioned_list.aspx).

These and other lists must be checked regularly. Questions and concerns regarding sanctions and exclusions can be directed to the MedStar Family Choice Compliance Director at **410-933-2283**.

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## How provider performance data is used by MFC

MedStar Family Choice maintains and monitors state licensures to ensure that our network MedStar Family Choice may utilize a provider's performance data in numerous ways, including but not limited to:

- Recredentialing
- Pay for performance
- Quality improvement activities
- Public reporting to consumers
- Preferred status designation in the network (using tiers) for narrow networks
- Reduced member cost sharing
- Other quality activities

Please contact Provider Relations at [mfc-providerrelations2@medstar.net](mailto:mfc-providerrelations2@medstar.net) or **800-905-1722, option 5**, with any questions and or concerns.

# Important Reminder Regarding Laboratory Services

MedStar Family Choice wants to ensure our provider network knew where to send members for laboratory services that cannot be performed in-office. Here is a list of our current in-network laboratory service providers:

- Accupath Diagnostic Laboratories
- Dianon System
- Esoterix Genetics Laboratories
- Laboratory Corporation of America
- Medtox Laboratories Inc
- Monogram BioScience Inc
- Sequenom Laboratories
- Caris Life Sciences
- Exact Sciences Laboratories LLC
- Litholink Corporation
- Myriad Genetic Laboratories Inc

As a participating provider for MedStar Family Choice, please be sure to use our

in-network laboratories. If the laboratory is not listed in the above table, they are not participating and remain out-of-network for MedStar Family Choice.

MedStar Family Choice will reimburse for the collection of venous blood by venipuncture when collected in a physician's office. However, all specimens must be sent to the appropriate in-network laboratory for processing.

Members directed to a laboratory service center must be sent with a laboratory requisition form or a referral and must include specific member information, type of laboratory test being ordered along with the associated diagnosis code(s).

Please be sure to verify member eligibility and prior authorization requirements for laboratory services provided to members. All laboratory services provided by an out-of-network laboratory requires prior authorization.

# Welcome new providers to MedStar Family Choice

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

- **AMC Healthcare Hydration**
- **Capital Foot Care**
- **North Bay Ent & Audiology Group LLC**
- **Sureshkumar Muttath MD**

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

- **Charles County Government** (Mobile Integrated Health)
- **Citizen Care and Rehabilitation Center** (Skilled Nursing Facility)
- **Clearway Anesthesia Services NE LLC** (Anesthesiology)
- **Maternal and Infant Care** (Home Visit Services-HFA)
- **New Hampshire Medical Supply** (Durable Medical Equipment)
- **Roland Park SNF Operations LLC** (Skilled Nursing Facility)
- **Rossville SNF Operations LLC** (Skilled Nursing Facility)
- **Towson SNF Operations LLC** (Skilled Nursing Facility)

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## When and how to seek prior authorization

Not all services or medications require prior authorization! MedStar Family Choice wants to make it easy for you to know **when and how** to seek prior authorization if required.

1. Go to [www.medstarfamilychoice.com](http://www.medstarfamilychoice.com)
2. Scroll to the **MedStar Family Choice-Maryland** area
3. Click on **Healthcare Providers**

Non-Pharmacy Requests	Pharmacy Requests
1. Under the <b>Preauthorization and Utilization Management</b> tile, click on <b>View Preauthorization and Utilization Management</b>	1. Under the <b>Pharmacy and Formulary</b> tile, click on <b>View Prescription Information</b>
2. You will now see <b>Forms and Additional Information</b>	2. You are now on the <b>Pharmacy and Prescription Information</b> page. Click on MedStar Family Choice Formulary to see if your desired medication requires prior authorization (PA)
3. Click on <b>List of services that require pre-authorization</b> to see the services that require a pre-authorization.	3. If the medication needs a PA, click on <b>Prior Authorization Table and Step Therapy</b> on the <b>Pharmacy and Prescription Information</b> page to see the PA criteria for your medication.
4. On the <b>Forms and Additional Information</b> page, select and complete the form that applies to your needed service.	4. If you need a PA form: go to the <b>Pharmacy and Prescription Information</b> page and scroll down to Prior Authorization forms
5. Several forms may be completed in the web browser then printed or downloaded to your computer and completed. They are the: <b>a. Prior authorization (non-pharmacy) request form</b> <b>b. DME authorization form</b> <b>c. Prior authorization-home health services request form</b>	5. Which form to pick: <b>a. For medications that require a PA or that are Non-Formulary, pick General Medication Prior Authorization Form</b> <b>b. For Opioids, use the Opioid Prior Authorization Form</b> <b>c. For Hepatitis C medications, use the Hepatitis C Prior Authorization Form</b>

## PRO TIPS

**DON'T MAKE THE MISTAKE OF LEAVING OUT INFORMATION!** Complete each line fully.

- Provide a contact person's name and phone—preferably the person to whom any questions should be directed. **Please provide a DIRECT or BACK LINE number.**
- If a procedure is being done in a hospital or ambulatory surgery center, provide the facility name and NPI number.
- ICD-10 codes and CPT or HCPCS codes are required, along with number of units or visits being requested.

- If the request is for a medication, indicate its name, dose, and frequency. If it is for a non-formulary medication, **you must indicate what formulary options have been tried and failed.**
- If something is being requested out-of-network, either document on the form or supply a letter of medical necessity to justify the reasoning behind the out-of-network request.
- **Attach all clinical notes/medical records**, pertinent radiology studies, and lab results to support the request for service. **The PA form does not substitute for clinical notes.**

Once the form is complete, combine it with supporting medical records, radiology or lab studies and **fax it to 410-933-2274.** One of our experienced clinical staff will review the request and make a medical necessity determination.

**If you follow this process and send all the required information, we will process your request for authorization within two business days of receipt for non-pharmacy authorizations, and within twenty-four (24) hours for outpatient pharmacy authorizations.**

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## Health care requirements for children in out-of-home (OOH) care

Please review an important Memorandum regarding Health Care Requirements for Children in Out-of-Home (OOH) Care provided by the Maryland Department of Human Services that requires your attention on the MedStar Family Choice website at <https://bit.ly/MFCOOHC>

Your attention to this matter is greatly appreciated.



# 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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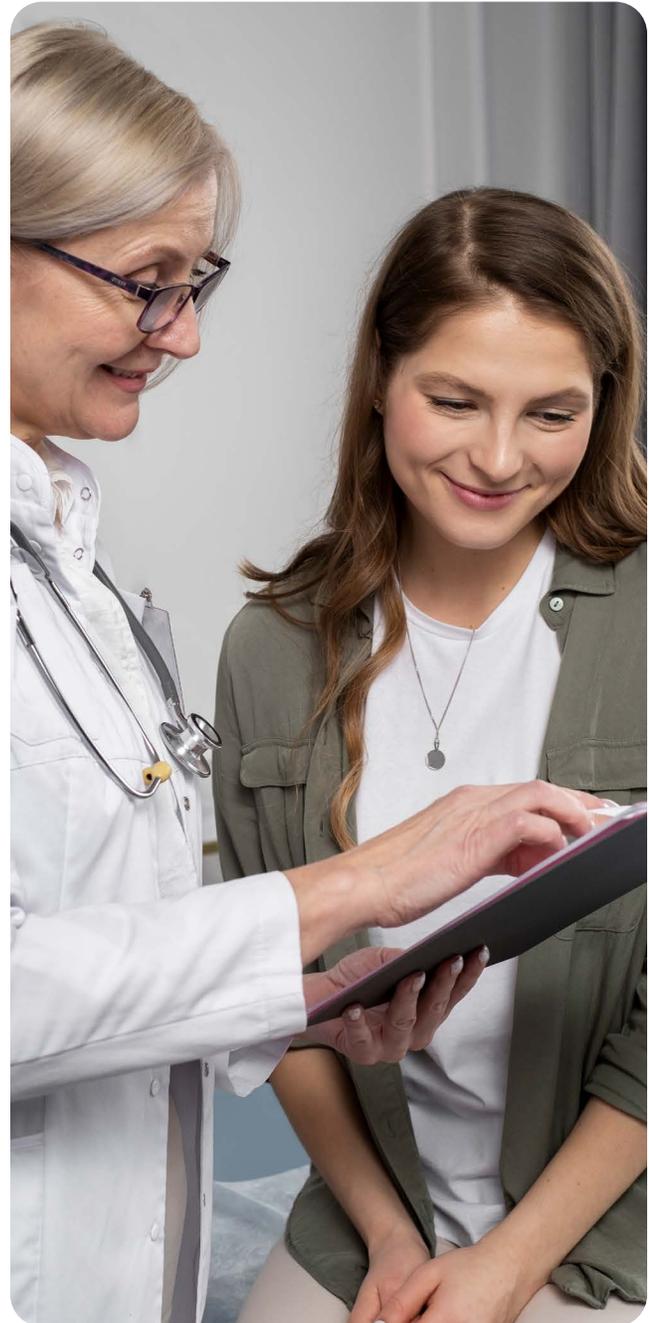
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**It's how we treat people.**