MedStar Family Choice

First Quarter 2021

# Provider Newsletter

Maryland HealthChoice Program

## Know our access and availability standards.

MedStar Family Choice providers must offer hours of operation to MedStar Family Choice members consistent with the items below and the provider's specialty. HealthChoice regulations require providers to adhere to the following guidelines for appointment scheduling:

- Well-child assessments and routine and preventative primary care appointments: 30 days from request
- Routine specialist follow-up appointments: 30 days from request
- Newborn visits: Within three to five days after discharge from the hospital
- Routine dental, lab, and X-rays: 30 days from request
- Initial assessment of pregnant and postpartum women and those requesting family planning services: 10 business days from request

As a reminder, providers must also maintain:

- 24/7 phone coverage; for example, 911 and an answering service and/or answering machine with directions for emergency care
- Urgent care appointments within 48 hours of request If the doctor that sees the member is not available, another doctor in the practice should see the member.
  - If there is no availability, an explanation as to why and alternative options for care should be provided to the member.
- Office hours for MedStar Family Choice members must be equivalent to the office hours offered to commercial, Medicare, or other Medicaid patients
- Patient wait time may not exceed 30 minutes after the scheduled appointment time to be seen for regular office visits (this does not apply to patients who are added to the schedule last minute and advised that they will be seen at the first available time).

**Throughout the year, MedStar Family Choice provider relations will monitor our provider network for adherence to these requirements.** In addition, MDH conduct secret shopper activities on a regular basis. In the event your office is identified as not meeting the requirements above during a MedStar Family Choice or Government Program Secret Shopper Campaign, you will be contacted by Provider Relations.

## IN THIS ISSUE ▶▶

# Welcome new providers to MedStar Family Choice.

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

- **AllCare Medical Center LLC** (Family Medicine, Prince George's County)
- **BLS Diagnostics LLC** (Neurology, Anne Arundel County and Harford County)
- **Complete Chiropractic and Rehabilitation LLC** (Chirpractic, Montgomery County)
- **Empowered Health** (Family Medicine, Baltimore City)
- **Foreman's Imperial Health LLC** (Family Medicine, Baltimore County)
- **Legacy Medical Clinic with Mental Health LLC** (Family Medicine, Prince George's County)
- **Mazique Pediatrics** (Pediatrics, Prince George's County)
- **MyEyeDr Optometry of Maryland LLC** (Optometry, Howard County, Montgomery County)
- **Pediatrics at Chartley PA** (Pediatrics, Baltimore County)
- **Pfeiffer Chiropractic and Rehab** (Chirpractic, Baltimore County)
- **Rehoboth Medical Center LLC** (Family Medicine, Montgomery County)
- **SRKite Associates** (Family Medicine, Baltimore County)
- **Waldorf Womens Care LLC** (Obstetrics and Gynecology, Charles County)

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

- Ambulatory Surgery Center: **Bay Surgery Centers LLC, Bay Surgery Centers-Glen Burnie LLC, Bay Surgery Centers-Kent Island LLC, Bay Surgery Centers-Waldorf LLC, KureSmart Pain Management Surgery Center-Catonsville LLC, KureSmart Pain Management Surgery Center-Columbia LLC**
- Durable Medical Equipment: **Holistic Medical Supplies LLC, Medi-Rents & Sales Inc**
- Skilled nursing facilities: **Largo Nursing and Rehabilitation Center LLC**

# Avoid timely filing denials.

A clean claim must be received by MedStar Family Choice within 180 days from the date of service. After 180 days, any claim submitted will be denied as untimely and the claim will not be paid. If the claim is first submitted to another insurance carrier (Commercial, Medicaid fee-for-service, etc.), claims must be submitted within 180 days from the date of the Explanation of Benefits (EOB) of the primary carrier. It is always required that the provider submit the EOB with the claim once they receive it.

MedStar Family Choice does not accept billing system printouts as proof that a claim was filed in a timely manner. Providers should make every effort to submit their claims as soon as possible. This allows providers additional time to submit corrected new claims within the 180-day timeframe.

# Report fraud, waste and abuse.

MedStar Family Choice and MedStar Health have compliance programs in place to monitor and detect noncompliance. Fraud, waste, and abuse is a form of noncompliance which could be committed by a provider, member, or even an employee of the managed care organization. As a MedStar Family Choice provider, it is your responsibility to report incidents of fraud, waste, or abuse.

**Providers suspecting fraud and abuse must report this immediately by contacting MedStar Family Choice. There are numerous ways in which providers can report compliance issues:**

- Contact the Compliance Director at **410-933-2283**
- Contact Provider Relations at **800-905-1722**
- Contact the MedStar Health Corporate Integrity Hotline at **877-811-3411**

A strict non-retaliation policy is in place for reporting known or suspected fraud, waste, and abuse. Some common examples of fraud, waste, and abuse are:

- Billing for a service that was never performed
- Unbundling of procedures
- Up-coding
- Performing unnecessary procedures
- Altering or forging a prescription
- Allowing others to use a member's ID card for care
- Inappropriate use of Medicaid resources

Many billing errors are oversights and are not indicators of fraudulent activity. However, fraud, waste, and abuse does occur. MedStar Family Choice implements actions to monitor, identify, and deter these types of activities. We regularly monitor and audit claims submissions and encounter data. In addition, MedStar Family Choice performs routine and random chart audits as a part of the compliance program.

Providers are afforded appeal rights and have 90 days from the receipt of the audit findings letter to file a written appeal. Appeals and refund checks should be sent to:

MedStar Family Choice
Attention: Director of Medicaid Contract Oversight
5233 King Ave
Suite 400
Baltimore, MD 21237

Providers are subject to comply with these audits. If overpayments related to fraudulent or abusive billing have been identified, we may retract those payments made to providers. MedStar Family Choice is required to notify the Maryland Department of Health (MDH) Office of Inspector General and Medicaid Fraud Control Unit (MFCU) of the retraction. MDH or the MFCU may perform its own investigation. Penalties such as fines, loss of licensure, or imprisonment can occur for providers found guilty of fraudulent activity.

**Please note:** When in the course of regular business, as part of an internal compliance program, or as a result of a self-audit, a provider determines that payments made to the provider were in excess of the amount due from MedStar Family Choice, the provider is obligated to report and return the improper amounts within 60 days of recovery.

# 2020 EPSDT results are in.

**Calendar Year 2019**

Each year, the Maryland Department of Health (MDH) evaluates the quality of care (QOC) provided to Maryland medical assistance recipients enrolled with a HealthChoice Managed Care Organization (MCO). The MDH contracts with Qlarant to serve as the External Quality Review Organization (EQRO). Beginning with the calendar year 2007 services, Qlarant began performing an annual medical record review of preventive services performed according to Maryland's Schedule of Preventive Health Care for HealthChoice children up to the age of 20.

Five components are used to assess each MCO. The components reviewed are: Health and Developmental History; Comprehensive Physical Examination; Laboratory Tests/At-Risk Screenings; Immunizations; and Health Education/Anticipatory Guidance.

Each element requires a minimum performance score of 80%. For 2020 (based on a review of the calendar year 2019 medical records), the composite score for MedStar Family Choice was 86 % (a decrease of eight percentage points from the previous year) and three percentage points above the overall statewide HealthChoice Composite score of 83%. Additionally, MedStar Family Choice scored above the HealthChoice Aggregate score in all but one of the individual components.

MedStar Family Choice results for 2020:

- 90% in Health and Development History
- 95% in Comprehensive Physical Exam
- 59% in Laboratory Test/At-Risk Screenings
- 80% in Immunizations
- 93% in Health Education/Anticipatory Guidance

It is important to note that MedStar Family Choice EPSDT certified providers must follow the current MDH Recommended Childhood Immunization Schedule and the Maryland Healthy Kids Preventative Health Schedule. Providers should use the age-appropriate Maryland Healthy Kids Program encounter forms, risk assessment forms, and questionnaires designed to assist with documentation of preventative services. MedStar Family Choice EPSDT certified providers are also required to enroll in the Vaccines for Children program (VCF) and are strongly encouraged to use Maryland's online immunization registry, Maryland ImmuNet, for tracking and updating immunizations and lead tests along with sending out reminders.

Looking forward, MedStar Family Choice EPSDT certified providers must stay current regarding Maryland Healthy Kids Program standards along with updates and revisions to the Maryland Schedule of Preventative Health Care. When implementing or updating electronic medical records, MFC EPSDT certified providers should be mindful to ensure all Maryland Healthy Kids Program requirements are incorporated into the system and establish a plan to ensure that medical records comply with audit requests. MFC will work with providers to ensure standards are met by providing education, sharing data, and assisting with outreach. Additionally, MFC will work with providers to establish a pandemic crisis mitigation plan.

The CY 2019 medical record review identified the following areas of opportunities for improvement: Documentation to support completion of the following: Developmental Screening Tool; Substance Use Assessment; Blood Pressure measurement; 12-Month Blood Lead Test; Referral to Lab for Blood Lead Test; STI/HIV Risk Assessment; Meningococcal Immunization; Human Papillomavirus Immunization; Up-to-Date Immunizations; and Referral to Dentist. MFC will be reaching out to EPSDT certified providers to assist with making improvements in these areas.

MDH makes helpful forms available for use by providers on their website at **MMCP.Health.Maryland.gov/EPSDT/HealthyKids/Pages/Encounter-Forms.aspx**.

If you are unable to print a copy of any of the EPSDT forms, you can contact MedStar Family Choice Provider Relations Department at **800-905-1722, option 5**, and a sample will be provided. MedStar Family Choice would like to thank all of our providers for your continued cooperation in our efforts to improve our EPSDT scores.

# HEDIS® 2020 scores are available.

Completing an NCQA HEDIS Compliance Audit™ has been required of managed care organizations (MCOs) operating in Maryland since 2001. Under the HealthChoice regulations, the MCOs report designated subsets of the Medicaid HEDIS measures. MedStar Family Choice benchmarks its performance against the Maryland Medicaid plans and the NCQA Means and Percentiles Report. NCQA accredits and certifies a wide range of healthcare organizations and manages the evolution of HEDIS.

The Maryland Department of Health and NCQA require plans to submit all measures required for Medicaid plans in order to retain NCQA accreditation and other measures at the Department's discretion. MedStar Family Choice continues to score high compared to the Maryland Medicaid average for many measures.

**To see the scores above the Maryland average for HEDIS 2020, Calendar Year 2019, as well as our proposed focus for HEDIS 2021, please visit Bit.ly/MFCHEDIS**. MedStar Family Choice would like to thank you for your cooperation and assistance in getting our members into care.

As we continue to improve and strive for high scores, your dedication to quality health care is very much appreciated.

NCQA HEDIS Compliance Audit™ is a trademark of the Nation Committee for Quality Assurance (NCQA).
HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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# Ensure patient privacy and security during (and after) the COVID-19 national emergency.

The HIPAA Privacy and Security Rules regulate what can and cannot be done with certain types of health information. In addition to HIPAA, providers must comply with other applicable federal, state, and local laws which govern privacy requirements. The U.S. Department of Health and Human Services (HHS) has continued to emphasize that the protections of the HIPAA Privacy and Security Rules are not set aside during the COVID-19 national emergency. The HIPAA Privacy Rule covers protected health information (PHI) in any medium. The HIPAA Security Rule covers electronic protected health information (ePHI). A few simple steps can help protect patient privacy daily. These tips include:

- Do not leave PHI in areas where it can be viewed or accessed by unauthorized individuals.
- Sign-in sheets should not state the reason for the patient's medical appointment.
- Face sheets should be turned toward the wall if patient charts are outside of an examination room.
- Keep confidential conversations at a low level and away from non-secure devices (such as certain smart devices) which record communications.
- Adhere to minimum necessary requirements when leaving information on voicemails.
- Computers/workstations should be in an area that minimizes accidental/unauthorized viewing of patient information.
- Assign strong passwords to computer systems.
- Do not share user IDs or passwords.
- Do not post passwords in or around workstations where they can be viewed easily by others.
- Always log off or lock computers/workstations when away from the workstation.
- Secure ePHI through encryption.
- Save PHI to the appropriate locations and regularly back up your data.
- Properly dispose of any documents containing PHI in shredders or special destruction boxes so they are unreadable, indecipherable, and otherwise cannot be reconstructed.

Visit the HHS website at **HHS.gov** and **HealthHit.gov** for more information regarding HIPAA.

# Case management services and other benefits available.

MedStar Family Choice offers case management services provided by highly qualified nurses, social workers and coordinators. These professionals assist members in the management of their complex bio-psycho-social needs. This is done telephonically by educating the member on disease self-management, facilitating access to healthcare and connecting the member to needed resources within the community. Case managers work closely with providers to ensure that their patients receive appropriate and timely healthcare. The Case Management staff will frequently contact providers to obtain clinical information and to ensure that services needed, were received. It is very important that MedStar Family Choice hears back from providers as quickly as possible to prevent delay in patient's receipt of follow up care, referral to specialists, medications and DME.

**Types of Case Management Services**

**Complex Case Management (CCM)**
MedStar Family Choice provides Complex Case Management Services to our most complex and highest risk members that include but is not limited to:

- Members experiencing a critical event or diagnosis that requires care coordination or extensive use of resources. A critical event or diagnosis includes, but is not limited to the following:
  1. Amyotrophic Lateral Sclerosis (ALS)
  2. Hemophilia
  3. Lymphatic and Hematopoietic (blood) system disorders
  4. Guillain-Barre Syndrome
  5. Liver Failure
  6. Burns > 20% of total body surface area
  7. Hemiplegia
  8. Sickle Cell Disease with Severe Crisis
  9. Cancer/Tumors
  10. Cerebrovascular Accident (Stroke)
  11. Osteomyelitis
  12. Sepsis
  13. Transplants
  14. Acute trauma with complex care coordination needs
  15. Complex psycho-social or behavioral needs
- Members designated by the state as a 'Special Needs Population.' Per COMAR 10.09.65.04B, Special Needs Populations are identified as the following non-mutually exclusive populations:
  1. Children with special health care needs.
  2. Individuals with a physical disability.
  3. Individuals with a developmental disability.
  4. Pregnant and postpartum women.
  5. Individuals who are homeless.
  6. Individuals with HIV/AIDS.
  7. Children in State supervised care.

**Comprehensive Case Management Services**
Comprehensive Case Management Services are available to MedStar Family Choice adult and pediatric members with certain medical conditions.

Inclusion criteria for adult members include but is not limited to:

- High Risk Pregnancy
- Diabetes
- Asthma
- COPD
- Hypertension
- Cardiovascular Disease
- HIV
- Substance Use Disorder
- Social Issues/Mental Health

Inclusion criteria for pediatric members include but is not limited to:

- Diabetes
- Asthma
- Obesity
- Epilepsy
- Chronic Lung Disease
- Cardiovascular Disease (CAD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Anxiety
- Substance Abuse
- Other Mood Disorder

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**Transition Care Case Management Services**
Transition Care Case Management is a service provided by MedStar Family Choice to assist your patient, identified as high risk for readmission when transitioning from the hospital to home. This service is provided by Registered Nurse Case Managers who work closely with your patient to assist with adherence to the discharge plan order by the hospital care team, locating providers, scheduling follow-up appointments and assisting with transportation if needed. This service is offered for 30 days, and if after that time your patient requires further assistance, they will be referred to one of our other case management services.

**Rare and Expensive Case Management (REM) Services**
For your patients with a diagnosis that makes them eligible for REM, MedStar Family Choice case managers reach out to the member and provide education about the Maryland Medicaid REM Program. If the member is agreeable, the REM application is completed and submitted to the MDH REM unit. If you have a patient that has a REM qualifying diagnosis, please contact the Case Management Department by calling **800-905-1722, option 2**.

**Enrollment**
Members of MedStar Family Choice do not have to enroll in our Complex Case Management, Comprehensive Case Management, Transition Care, or REM Services. They are automatically included in the programs when they are identified as meeting qualifying criteria. Membership in all services is voluntary and members have the option to decline or stop participating at any time. A copy of this information provided to members can be obtained by contacting the MedStar Family Choice Case Management Department.

To refer your MedStar Family Choice patient to any of the above services, please fax your referral to **410-933-2274** or call our Case Management Department at **800-905-1722, option 2**. We are available Monday through Friday from 8:30 a.m. to 5:00 p.m. Any faxes or voice messages received after hours will be handled the next business day.

## Other benefits available for MedStar Family Choice members

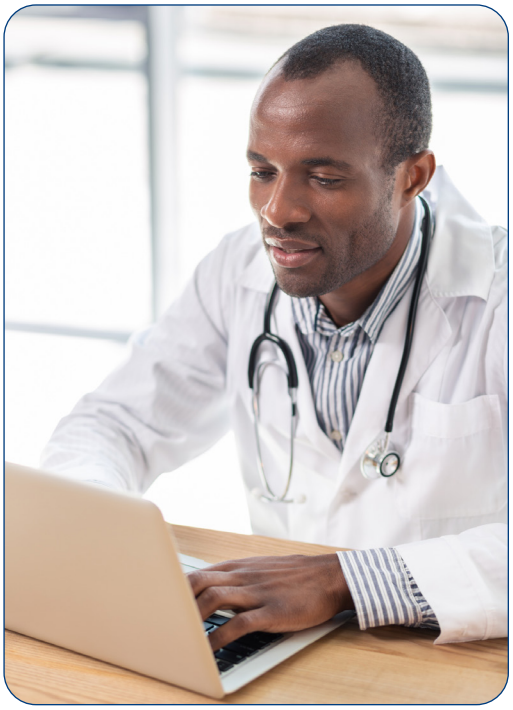
**Free Smartphone**
A free smartphone with 4.5 GB of data and 350 monthly minutes, unlimited text messages, and free calls to MedStar Family Choice. For more information, call **877-631-2550**.

**Resource Connection**
A case manager can connect your patients with resources in their community to assist them with mental and/or substance abuse needs, utility turn offs, food assistance, and emergency shelters.

**Educational Materials**
Flyers and handouts with information on chronic conditions are available to MedStar Family Choice members. The information is written in easy to understand language. A case manager is available to answer your patient's questions and concerns, and to advise on wellness incentives that may be available to them.

**Coordinate Care**
A case manager can assist your patient with locating a PCP and/or specialist in their area, as well as scheduling appointments and coordinating transportation based on your patient's needs. For more information, call **800-905-1722, option 2**.

# How utilization management-authorization review works.



To ensure that members receive proper health care, MedStar Family Choice follows a basic pre-authorization process. To request pre-authorization, all appropriate ICD-10s/CPT/HCPCS and supporting clinical information must be included with the provider's request. Requests for authorization can be included on the Maryland Uniform Consultation Referral Form or the MedStar Family Choice Prior Authorization (Non-Pharmacy) Request form with clinical information attached. Our experienced clinical staff reviews all requests, and pre-authorization decisions are based on nationally recognized criteria, such as Inter-Qual and Medicare guidelines. Additional authorization criteria utilized by MedStar Family Choice can be found at **MedStarFamilyChoice.com** in our utilization management (UM) criteria policy.

Member needs that fall outside of standard criteria are reviewed by our physician staff for plan coverage and medical necessity. We do not specifically reward practitioners or other individuals for issuing denials of coverage of care. UM decision making is based only on appropriateness of care and services and existence of coverage. In addition, there are no financial incentives for UM decision makers that would encourage decisions that result in underutilization. Providers may request a written copy of the criteria used in the decision making process by contacting the UM department at **800-905-1722, option 2**, Monday through Friday, from 8:30 a.m. to 5 p.m. Authorization requests should be made no less than five to seven business days in advance of the service.

Please allow up to two business days for MedStar Family Choice to process a complete authorization request. Requests are considered complete when all necessary clinical information has been received from the provider. The final decision is made within 14 calendar days from the initial request for authorization, whether or not all clinical information has been received. For members with urgent authorization needs, physicians or a physician's staff member should contact MedStar Family Choice Care Management at **410-933-2200** or **800-905-1722, option 2**. If MedStar Family Choice denies the pre-authorization request, the provider and member will receive a copy of the denial. In addition, the denial letter will indicate that the treating provider may contact the MedStar Family Choice physician who made the decision to discuss the case by calling **800-905-1722, option 2**.

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# Interpreter services are available.

Cultural and linguistic differences can create barriers between providers and patients. These barriers may hinder healthcare professionals from understanding patient needs. Providers can positively enhance a patient-physician relationship by:

- Being focused on the patient during the visit
- Asking clear and concise questions
- Following up with additional questions to ensure the member understands the provider's instructions

For members that are hearing impaired or not proficient in English, MedStar Family Choice will provide telephonic interpretation services and/or professional on-site interpreters. Please contact our Care Management department at **800-905-1722, option 2**, to schedule telephonic translation services or call Provider Relations at **800-905-1722, option 5**, to coordinate an in-office interpreter.

A direct link to the Cultural Diversity Training online is available on the **MedStar Family Choice Provider Resources webpage**.

## Provide equal access to appointments.

Civil rights are personal rights guaranteed and protected by the U.S. Constitution and federal laws. The Biden Administration recently also signed an executive order outlining a policy committed to preventing and combating discrimination on the basis of gender identity or sexual orientation.

Nondiscrimination laws and regulations prohibit discrimination and require covered entities like providers to provide individuals an equal opportunity to participate in a program activity regardless of race, color, national origin, age, disability, sex, or (under certain conditions) religion.

Providers must provide the same access standards for all patients, regardless of the payer source. An example of discrimination includes offering fewer hours to Medicaid recipients than to commercial members or Medicaid fee for service members. Services may not be denied or performed in a different manner because of discrimination. Members may not be subjected to segregation or separate treatment in violation of a law, regulation, or another requirement.

In accordance with Title VI of the Civil Rights Act, MedStar Family Choice provides translation services, utilizes Maryland Relay for the hearing impaired, and performs site visits to confirm handicap accessibility. Providers must ensure that patients with disabilities or who require an interpreter are provided with these services as needed and free of charge. Providers can contact MedStar Family Choice for assistance. Please report MedStar Family Choice equal access or discrimination concerns to our Provider Relations department at mfc-providerrelations2@medstar.net or **800-905-1722, option 5**.

## Value-based purchasing 2020 results based on CY 2019.

Value-Based Purchasing is a program created by the Maryland Department of Health (MDH). It makes sure that managed care organizations (MCOs) in the HealthChoice program give the best care. There were 13 quality measures in this program for the 2019 measurement. Most measures are based on the HEDIS results. MCOs can receive additional payment (incentive) or pay fines (disincentive) based on the results. MedStar Family Choice received two incentives and nine disincentives for Value-Based Purchasing in 2020.

**Proposed Focus for 2021**

MedStar Family Choice focuses on areas for the next year where we feel there is an opportunity to improve care for our members. MedStar Family Choice will focus on:

- Diabetes testing, especially for A1C control
- Controlling high blood pressure
- Asthma medications

## Gynecological services available for members.

Female MedStar Family Choice members may schedule all gynecological care, including Pap smears and annual and/or routine gynecological examinations, with either a primary care physician or a participating gynecologist without a referral. This includes all in-network primary care providers and gynecologists. Referrals and prior authorization are required for all out-of-network providers, including primary care and gynecologists. If a member decides to utilize an in-network gynecologist for gynecologic services, please direct the member to a MedStar Family Choice gynecologist by utilizing our Find-a-Provider online directory at **MedStarFamilyChoice.com** or contact MedStar Family Choice Provider Relations at **800-905-1722, option 5**, to request a listing of participating gynecologists.

# Know the rights and responsibilities of our members.

MedStar Family Choice members have certain rights and responsibilities. These rights and responsibilities are reviewed annually. These member rights and responsibilities can be found in our Provider Manual and the Member Handbook; both can be found on our website at **MedStarFamilyChoice.com**. Please contact MedStar Family Choice Provider Relations at **800-905-1722, option 5**, with any questions and comments or to request a hard copy of all materials.

**MedStar Family Choice members have the right to:**

- Be treated with respect and dignity no matter their color, creed, ancestry, marital status, political beliefs, personal appearance, race, national origin, age, sexual orientation, religion, gender, physical or mental disability, or type of illness or condition.
- Have access to care no matter their color, creed, ancestry, marital status, political beliefs, personal appearance, race, national origin, age, sexual orientation, religion, gender, physical or mental disability, or type of illness or condition.
- Privacy–Member medical records and all information about their health is private and will only be shared in a manner that follows state and federal laws.
- Privacy during treatment
- Information–Members may ask for and receive information about MedStar Family Choice, its services, its doctors and other caregivers, and about their rights and responsibilities as members of the health plan.
- Make recommendations regarding their rights and responsibilities as members of MedStar Family Choice.
- Ask for the qualifications of the people treating them.
- Choose a primary care provider (PCP) from MedStar Family Choice's listing of doctors.
- Be told what their health problem is, what treatment they will be given, and what risks are related to the illness and treatment. This must be told so that members understand the information.
- Talk to their doctor and help to make choices and decisions about their healthcare and treatments.
- Choose someone who will have the legal right to make healthcare choices for them if they become unable to tell their own wishes.
- Refuse any treatment by a provider, and be told what might happen if they don't have the treatment.
- Discuss all of the appropriate or medically necessary treatment options, regardless of the cost or whether they are covered by the health plan. MedStar Family Choice does not restrict providers from discussing all of the appropriate or medically necessary treatment options with members.
- Develop Advance Directives or a Living Will.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request and receive a copy of their medical records and request that they be amended or corrected as allowed.
- Exercise their rights and know that the exercise of those rights will not adversely affect the way that MedStar Family Choice or our providers treat them.
- File a complaint, appeal, or grievance with us and have it resolved in a reasonable amount of time. For example, the complaint, appeal, or grievance could include a concern about the care they received.
- File a complaint, appeal, or grievance against MedStar Family Choice with the State.
- State fair hearings
- Request that ongoing benefits be continued during an appeal or state fair hearing; however, members may have to pay for the continued benefits if our decision is upheld in the appeal or hearing.

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**MedStar Family Choice members have the right to:**

- Tell the truth about their health. They must tell about any illnesses they've had before. They must tell about operations they've had before. They must tell what medicines they use or have used in the past.
- Receive a second opinion from another doctor in MedStar Family Choice if the member does not agree with the doctor's opinion about the services that the member needs. If a second opinion is not available within the MedStar Family Choice network, one can be obtained out-of-network at no cost to the member. MedStar Family Choice Care Management can coordinate these requests.
- Receive other information about us, such as how we are managed. They may request this information by calling **888-404-3549**.
- Read the enrollee handbook so that they can understand the services provided and how to contact MedStar Family Choice with questions.
- Be courteous and respectful to MedStar Family Choice staff, healthcare providers, and office staff.
- They must tell MedStar Family Choice and their healthcare providers any information we may need in order to provide care to them.
- Do what their doctor tells them to do to get well or stay well. Follow the plans and instructions for their care that the member and healthcare provider have agreed to.
- Live a healthy lifestyle, which includes seeing the doctor regularly and following preventive care guidelines, such as screenings and immunizations.
- Accept what might happen to them if they refuse treatment or if they do not follow the advice given to them.
- Tell their doctor if their health changes in any way that they did not expect.
- Know the name of their primary care provider (PCP) and get their PCP's okay before getting care from anyone else.
- Make appointments with their PCP during office hours instead of using the emergency room for things that are not emergencies.
- Be on time for all appointments. Let the office know at least 24 hours ahead of time when they cannot keep an appointment.
- Carry their ID card and photo id with them always. Tell the people in the doctor's office, lab, drugstore, or anywhere that they are getting healthcare, that they are a MedStar Family Choice member.
- Ask questions about their care. Make sure that they understand what their health problem is, that they understand the treatment, and that they participate in developing treatment goals that both the member and doctor agree on.
- Notify MedStar Family Choice of any car accidents, falls, etc. where someone else may be at fault. They must work with MedStar Family Choice concerning the accident and the bills.
- Call Member Services toll-free at **888-404-3549** if they are having any problems getting the care they need.
- Notify MedStar Family Choice, the local health department, and/or the DSS case worker if they move.
- Complete their renewal applications in a timely manner to prevent gaps in their health insurance.
- Report any other health insurance coverage to their doctor and MedStar Family Choice.
- Give their doctor a copy of their Living Will and Advance Directive if they have one.
- Report any known or suspected fraud and abuse as it relates to benefits, services, or payments.

# MedStar Family Choice formulary update.

Details of the prior authorization criteria are available on the **MedStar Family Choice Pharmacy webpage** with the other pharmacy protocols. For more information, please call the MedStar Family Choice Provider Relations department at **800-905-1722, option 5**.

**CHANGES BELOW ARE EFFECTIVE AS OF FEBRUARY 1, 2021**

**Additions:**

- KERALYT GEL 3%
- AMINOCAPROIC ACID
- ZYTIGA (abiraterone acetate)
- INVOKAMET(canagliflozin and metformin hydrochloride)
- INVOKAMET XR (canagliflozin and metformin hydrochloride extended-release)
- INVOKANA (canagliflozin)
- GLYXAMBI (empagliflozin and linagliptin)


**Additions with Prior Authorization:***

- AUSTEDO (deutetrabenazine)

**Removals*:**

- None

**Removals of Prior Authorization:**

- JARDIANCE (empagliflozin)
- TRIJARDY XR (empagliflozin, linagliptin, and metformin hydrochloride extended-release)

**Managed Drug Limitations & Step Therapy**:**

- None

* Details of the prior authorization criteria are on the MedStar Family Choice website in the Prior Authorization Table.

** Details of the step therapy criteria are on the MedStar Family Choice website in the Step Therapy Table.

MedStar Family Choice

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**.

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**MedStarFamilyChoice.com**

ACCREDITED NCQA HEALTH PLAN

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