



## 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).



**MedStar Family Choice  
Maryland HealthChoice  
Provider Manual**  
*Updated August 2022*



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

## 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 involved 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 to better facilitate this process.

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 **410-933-2274** or by calling **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://ahrq.gov/NCEPCR/Care/Coordination.html)**

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# Update to the MedStar Family Choice formulary.

MedStar Family Choice is proud to be accredited by NCQA. Given changes in the NCQA pharmacy guidelines which now align with Federal Regulations, we would like to inform you of the following change:

**Effective July 1, 2022, MedStar Family Choice must make a decision and notification on all pharmacy requests within twenty-four (24) hours of receipt of the requests.**

**To comply with this stringent turnaround time, we need your assistance with pharmacy requests and ask that your office provides complete clinical information at the time of original submission.**

Please check the MedStar Family Choice Formulary and Pharmacy Prior Auth table that can be found on our website prior to submitting your request. If additional clinical information is required, please be advised that your office must return it quickly or the request will be denied due to incomplete information to comply with this new regulation.

We will have updated forms available on the website for the July 1, 2022, implementation date. To access the forms, please check: <https://www.medstarfamilychoice.com/maryland-providers/utilization-management>.

## 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.

### CHANGES BELOW ARE EFFECTIVE AS OF JULY 5, 2022

Removal of Prior Authorization

- No longer require PA on FORMULARY INSULIN PENS

### CHANGES BELOW ARE EFFECTIVE AS OF JULY 20, 2022

Additions with Prior Authorization\*

- Omnipod 5

### CHANGES BELOW ARE EFFECTIVE AS OF AUGUST 1, 2022

Additions

- Clobetasol 0.05% Cream

### CHANGES BELOW ARE EFFECTIVE AS OF OCTOBER 1, 2022

Additions

- Insulin Lispro Pen 100u/ML
- Insulin Lispro Pen Junior
- Novolin N Pen 100 Unit
- Insulin Aspart Pen 70/30
- Insulin Lispro pen pro75/25
- Camcevi

Additions with Prior Authorization\*

- Camzyos
- Lupron Depot excluding Lupron Depot-Peds

**MFC did a review of insulins and will be removing certain branded insulins for biosimilars that are shown here in parenthesis.**

- |  |   |
|--|---|
| • Fiasp F/P Pen 100u/ML (insulin aspart)         | • Humalog Kwik Pen 75/25 (insulin lispro) |
| • Fiasp Panfil Inj U-100 (insulin aspart)        | • Humalog Mix Vial 50/50 (insulin lispro) |
| • Fiasp Vial 100u/ML (insulin aspart)            | • Humalog Mix Vial 75/25 (insulin lispro) |
| • Humalog Vial 100u/ML (insulin lispro)          | • Novolog Mix Vial 70/30 (insulin aspart) |
| • Novolog 5's Cartridge 100U/ML (insulin aspart) | • Semglee INJ 100U/ML (insulin glargine)  |
| • Novolog F/P Pen 100u/ML (insulin aspart)       | • Semglee PEN 100U/ML (insulin glargine)  |
| • Novolog Inj Flexpen (insulin aspart)           | • Semglee SOL 100U/ML (insulin glargine)  |
| • Novolog Vial 100u/ML (insulin aspart)          | • Semglee VIA 100U/ML (insulin glargine)  |
| • Humalog Kwik Pen 50/50 (insulin lispro)        |   |

\*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 Prior Authorization Table.

## 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**.

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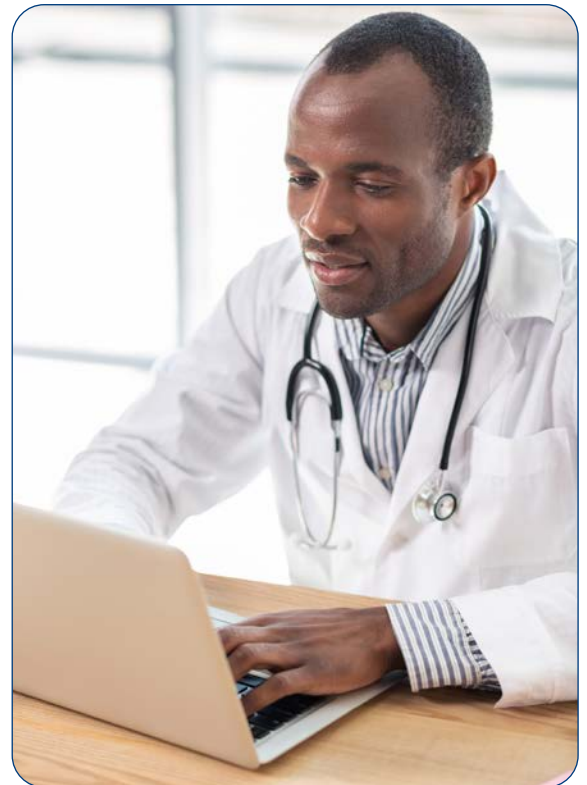
## Learn more about provider credentialing and recredentialing.

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

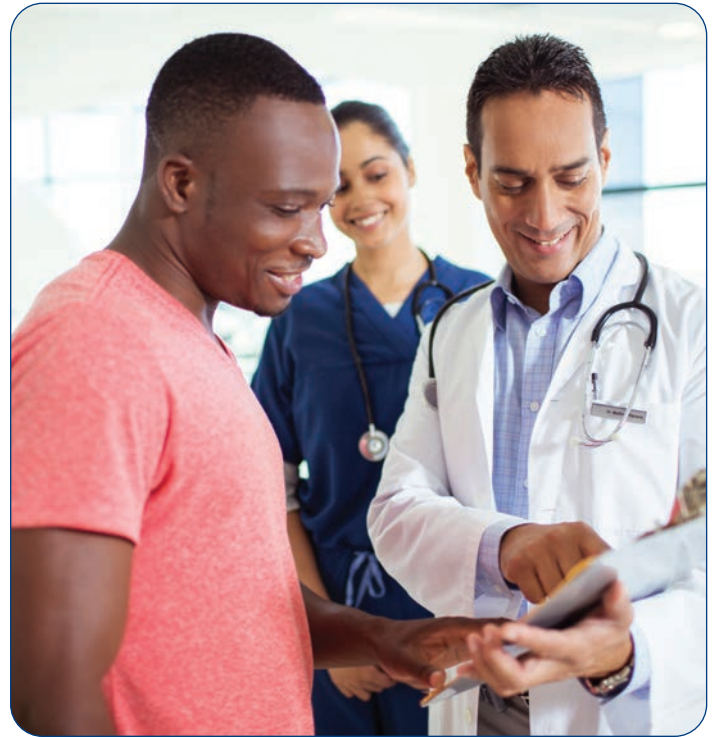


## Schedule annual physicals.

### 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.

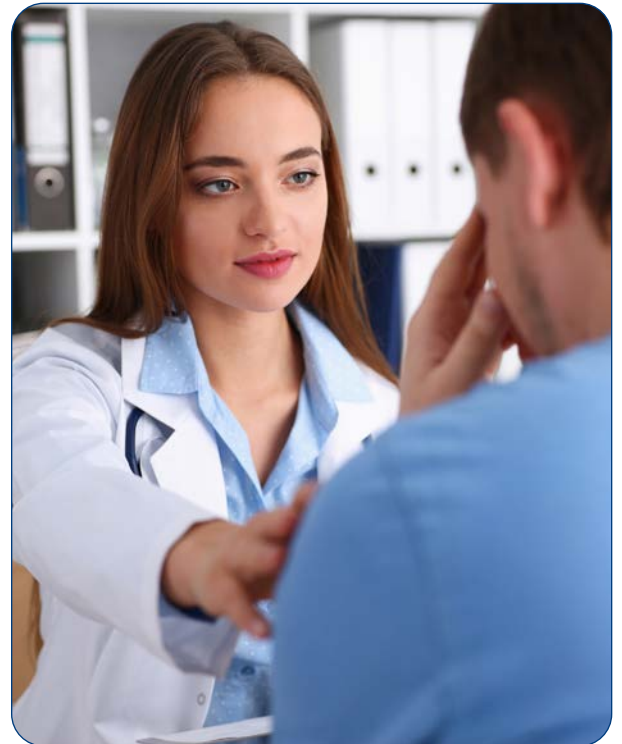


## How to coordinate an organ transplant.

Getting ready for a transplant procedure takes a big commitment from the member and the member's family. As a result, we have nurses who become the member's MedStar Family Choice Case Manager. The Case Manager will assist to coordinate care with the transplant team as well as other providers.

The nurse case manager begins the process by contacting the member to explain the program as well as completing a detailed medical and social history. They make sure the member knows what to expect and answers questions regarding provider appointments, provide education on what labs to expect, medication education, how long the process may take, discuss any addiction conditions and counseling on healthy food and lifestyle options. The nurse case manager stays involved with the member and the provider office through the entire process.

Providers are encouraged to contact Medstar Case Management Department at **410-933-2200**, option 2 to inquire if prior authorization is needed for pre-transplant specialty appointments/procedures. When the member is listed for an organ transplant, the referring physician is responsible for faxing all clinical documentation to MedStar Family Choice at **410-933-2205** or **410-933-2209**, in order to obtain authorization. This includes documentation of the facility where the transplant will take place, ICD-10® codes, listing letter, and documents supporting medical necessity.



Both members and providers can contact our Organ Transplant Coordinators at **410-933-2200, option 2**.



## Find another provider online for MFC members.

Finding a participating MedStar Family Choice provider couldn't be easier! Visit [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com) to look up participating primary care physicians and specialists by logging on to our online provider directory. Providers can be found by:

- Physician/Group/Facility Name
- Service or Specialty
- Location
- Language
- Gender

Just complete one or more of the search fields and you will get updated information instantly. If your office does not have access to the web, please contact Provider Relations at **800-905-1722, option 5**.

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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**. Member rosters or Provider Panel Reports continue to be mailed to primary care groups monthly, but this information changes daily and should not be used to determine member eligibility. Please contact our Outreach department at **800-905-1722, 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.

## Find patient safety information regarding pharmaceuticals online.

We periodically receive safety information, including black box warnings or recalls, from our pharmacy benefit manager.

Visit [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com) to view these safety updates, as well as current pharmacy protocols and clinical practice guidelines.

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## 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**. 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.

## 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 2021 adult population results revealed a summary rate of 95.28% which is an improvement compared to MY 2020 results. Contributing questions for this measure include personal doctor explained things, personal doctor listened carefully, personal doctor showed respect, and 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). MedStar Family Choice provides 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.

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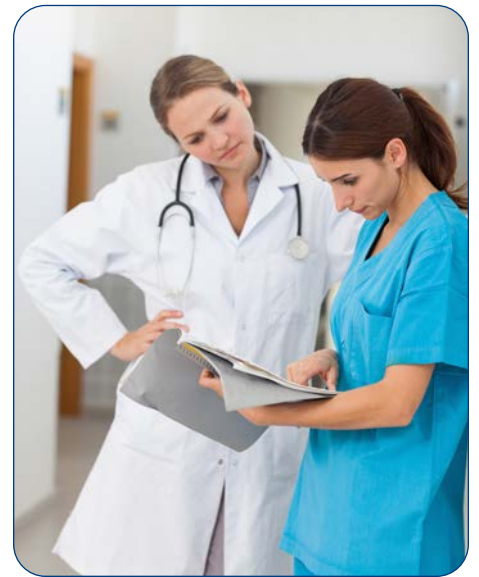
## Verify member eligibility for Medicaid products.

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://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://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.





## 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.



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## 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. Member can earn extra 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://MedStarFamilyChoiceHealthyLife.com). Members or providers can call **410-933-3057** for more information.

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## 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 coordinators, Jeanne Cox at **410-933-3062** or Lauren St. Pierre at **410-933-7255** to inquire about the program and schedule transportation.



## Coverage of chiropractic and rehabilitation services.

Chiropractic services are not a covered benefit for adult members 21 years and older under Maryland Medical Assistance. As a result, chiropractic services, including physical therapy services provided by a chiropractor, are not a covered benefit for adult enrollees in MedStar Family Choice. Adult members referred for physical therapy must be referred to an in-network physical therapy provider who is contracted to provide physical therapy for MedStar Family Choice members.

Chiropractic services for members 20 years and under are covered. For a list of participating chiropractors, please visit the Find A Provider feature on [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com). When referring a member for chiropractic services, please note:

- Chiropractic referrals may only be written for the first 10 visits.
- Chiropractic visits (greater than 11) require prior authorization.
- Participating chiropractors are not contracted to perform physical therapy (PT) services for MedStar Family Choice, Maryland HealthChoice members.

While chiropractic services are not a benefit for our members 21 years and over, these members do have benefits for rehabilitative services, including medically necessary physical therapy, speech therapy and occupational therapy. When referring a member for PT/OT/ST services, please note:

- PT, OT and ST referrals may only be written for the first 30 visits.
- PT, OT and ST subsequent visits (greater than 30) require prior authorization. Referrals for members under the age of 21 are not the responsibility of MedStar Family Choice. Rehabilitative services for this age group are covered by the Maryland Medicaid fee-for-service program.



Providers may contact the Maryland Children's Health program for a list of participating providers at **800-456-8900**. As a reminder, please refer to our website for a listing of participating rehabilitation providers (PT/OT/ST). For questions, please contact Provider Relations at **800-905-1722, option 5**.

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## Providers that are excluded from payments.

The U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) has the authority to exclude individuals and entities from Federally funded health care programs. Those that are excluded may not receive payment from Federal healthcare programs, including MedStar Family Choice, as it is a Medicaid Managed Care Organization. This includes services that they furnish, order, or prescribe.

The payment ban includes contractors, providers, employees of providers, etc. Providers are required to screen all employees and contractors for exclusion since 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) and 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 a providers and entities excluded from participation in the Medicaid program which can be found at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>.

Both lists should be utilized and must be checked regularly. Questions and concerns regarding the LEIE can be directed to the MedStar Family Choice Compliance Director at **410-933-2283**.

## How provider performance data is used by MFC.

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.

## Don't Forget! Federal Rules Require Medicaid Providers To Enroll In Fee-For-Service

MedStar Family Choice would like to remind you that federal rules require Managed Care Organization (MCO) providers enroll with the MCO's state Medicaid agency (42 CFR Part 438, Subpart H). To continue to render Medicaid reimbursable services, you must enroll and remain active with the Maryland Medicaid Medical Assistance Program (Medicaid), **even if your practice will be providing services to HealthChoice participants only.**

As a participating provider, you are required to **enroll and maintain an active status** through the electronic Provider Revalidation and Enrollment Portal (ePREP). MedStar Family Choice will not accept any new provider credentialing without an active Maryland Medicaid provider number.

**IMPORTANT REMINDER:** All claims submitted to MedStar Family Choice from participating providers that do not have an active/valid Maryland Medicaid ID number on file with MDH and ePrep will not be reimbursed. Please be sure to verify and update your information at a minimum once a year. It would be ideal if you can complete this twice a year.

For more information about Medicaid's ePREP, and to access training information, please go to **[Health.Maryland.gov/ePREP](https://Health.Maryland.gov/ePREP)**.

# Welcome new providers to MedStar Family Choice!

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

- **ABS Clinical Services LLC** (Family Medicine, Prince George's County)
- **Capital Institute of Hearing & Balance LLC** (Audiology, Silver Spring, Montgomery County)
- **Capital Interventional Pain & Spine Center LLC** (Physical Medicine and Rehabilitation, Bethesda, Montgomery County)
- **Cathy Healthcare LLC** (Family Medicine, Baltimore, Baltimore County)
- **CRI Clinic**
- **Geriatric Medicine Specialists at Good Samaritan Hospital**
- **Gilead Health Services LLC** (Family Medicine, Lutherville, Baltimore County)
- **Greater Maryland Orthopedics** (Orthopedic Surgery, Ellicott City, Howard County)
- **MedCity Family Clinic** (Family Medicine, Baltimore, Baltimore County)
- **Middle River Healthcare LLC** (Family Medicine, Essex, Baltimore County)
- **Oshoke Healthcare Services LLC**
- **Pine Heights Integrative Health LLC** (Chiropractic Medicine, Baltimore, Baltimore County)
- **Privia Medical Group Thrive Primary Care** (Physician Assistant PCP, Hughesville, Charles County)
- **Protelix Health Clinic LLC** (Family Medicine, Lutherville, Baltimore County)
- **Rosa Chiropractic and Physical Therapy Center LLC** (Chiropractic Medicine, Potomac, Montgomery County)

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

- Radiology: **Physician Imaging of Washington Hospital Center LLC**
- Pediatric Hospital: **The Hospital for Sick Children**
- Durable Medical Equipment: **QualiCare Medical Supplies LLC**
- Ambulatory Surgery Center: **FallsGrove Endoscopy Center LLC, Podiatry Associates Ambulatory Surgical Centers LLC**
- Laboratory: **Myriad Genetic Laboratories Inc, Myriad Women's Health Inc**
- Skilled nursing facilities: **Catonsville MD Opco LLC**



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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