

**University of Maryland
Medical System Health Plans**
1966 Greenspring Drive
Suite 100
Timonium, MD 21093



www.umhealthpartners.com
www.ummedicareadvantage.com

Provider Customer Service:
410-779-9359 or 800-730-8543
providers@ummshealthplans.com

Summer 2020



INSIDE THIS ISSUE

University of Maryland Medical System

COVID-19 and Telehealth
Provider Appeal Timeframes
Case Management
Provider Portal
Demographic Changes
Recredentialing - ePREP
Utilization Management Criteria
Utilization Management Department
Affirmative Statement about Incentives
Health Education
Clinical Practice Guidelines
HEDIS Reporting Tip
Reminder about Balance Billing
Fraud, Waste or Abuse
Non-Discrimination
Translation Services
Cultural Competency
CAHPS Survey

University of Maryland Health Partners:

Diabetes Prevention Program
Population Health
Pharmacy/Formulary Updates
Postpartum Billing Guidance
Standards for Access to Care
Members' Rights and Responsibilities

University of Maryland Health Advantage:

UMHA *Dual* is now *Dual Prime*
Model of Care Annual Training
Qualified Medicare Beneficiary Reminder
Medicare Prescriber Requirements

Thank you for participating in the University of Maryland Medical System Health Plans provider network. This Provider Newsletter has information that applies both generally and specifically to our two lines of business. University of Maryland Health Partners is our Medicaid Managed Care Organization and University of Maryland Health Advantage is our Medicare Advantage plan. Please contact providers@ummshealthplans.com with any questions regarding this newsletter.

University of Maryland Medical System Health Plans (UMMSHP)

Coronavirus (COVID-19) Update: These are unprecedented times and University of Maryland Medical System Health Plans continues to monitor the effects of the Coronavirus, COVID-19 pandemic from various health, government, patient, and provider perspectives. To date, we have taken many steps have been taken including:

- Covering visits to diagnose and/or test for COVID-19.
- Expanding and covering telehealth visits/remote evaluations.
- Prior authorization is not required to be seen or treated (office visit, urgent care, emergency department).
- ALL member cost share to diagnose or test for COVID-19 will be waived (copays, co-insurance and deductibles).
- Allowing for early prescription refills at network pharmacies.
- Coverage for non-participating providers will processed as in-network.

Our continued thoughts with healthcare workers, those effected, caregivers, and loved ones.

Provider Appeal Timeframes as of Jan 1, 2020

The following timeframes apply to Provider Level I Appeal requests received after Jan 1, 2020:

UMHP – Medicaid	
Participating / Contracted Providers	90 business days from Date of Denial
Non-Par / Non-Contracted Providers	90 business days from Date of Denial

UMHA – Medicare	
Participating / Contracted Providers	90 business days from Date of Denial
Non-Par / Non-Contracted Providers	60 calendar days from Date of Denial with a valid Waiver of Liability (WOL)

Note: These timelines include Provider Level I Appeal requests on Claims that were denied in 2019 or 2020.

Medicaid Enrollment:

Effective October 1, 2019 the Maryland Department of Health mandates all providers submitting claims for Health Choice/Medicaid members must be enrolled with the State Maryland program via ePREP. Failure to register prior to this date may result in claim denials. For enrollment questions, please call Maryland ePREP at 844-463-7768.

Patient Referrals:

Please continue to confirm provider participation with the Health Plan for Specialist Providers, when referring members. The Provider Directory is available online or by calling 410-779-9359.

Complex Case Management:

Providers can make referrals for members to be considered for complex case management, by calling 800-730-8543.

Provider Portal:

Sign-in to the provider portal to access claims, authorization, and member eligibility look-ups. You may also print current copies of your PCP Panel and HEDIS Gaps in Care reports and other resource documents including formulary information.

<https://providers.ummshealthplans.com/Portal-Login>

Demographic Changes:

Providers must inform UMMSHP of any changes to their address, telephone number and/or group affiliation as well as additional practitioners joining or leaving their practice to ensure accurate data is published in our provider directories and accurate claims payment information is on file. Email providers@ummshealthplans.com or fax updates to 410-779-9389.

Recredentialing:

UMMSHP re-credentials providers on a three-year cycle. If you are due for re-credentialing, please ensure that you have a Maryland State Medicaid Provider number, update your information on CAQH as well as upload all current copies of your malpractice insurance for the practice where you are working, DEA/CDS, License and Board Certifications. Providers who are due for recredentialing will receive a letter and an attestation form to complete and fax back to the Credentialing Department at 410-558-6237.

Provider Enrollment Assistance:

Assistance with the Medicaid Provider enrollment can be obtained by calling 844-463-7768 or visiting the ePREP website at <https://goo.gl/X9mVs3>. **Medical claims submitted to UMMSHP with dates of service beginning January 1, 2020 from providers who are not enrolled in ePREP may not be paid.**

Utilization Management Criteria:

UMMSHP's Utilization Management criteria is available to providers upon request. You may contact Provider Services at 410-779-9359 / 800-730-8543.

Utilization Management Department:

The Utilization Management (UM) staff is available from 8:00 am – 5:00 pm, Monday through Friday. An on-call nurse is available to answer inquiries during non-business hours. Staff members will always identify themselves by name, title and state whether they are with either University of Maryland Health Partners (UMHP) or University of Maryland Health Advantage (UMHA) when returning UM calls. Both language assistance and TDD/TTY are available for members as needed to discuss UM questions and/or concerns.

A friendly reminder regarding requests for rehabilitative services such as PT, OT, and ST. UMMSHP requires providers to submit medical records that includes a realistic treatment goal on the first prior authorization (PA) request. Subsequent PA requests for the same member and for the same service must be accompanied with progress notes towards achieving the initial goal, establishment of a new goal, and rationale for additional services. The initial treatment goal and potential subsequent treatment goals MUST demonstrate progress towards an end.

Affirmative Statement about Incentives:

UM decision making is based on appropriateness of care and service, and existence of coverage. UMMSHP does not reward practitioners or individuals for issuing denials of coverage or care. UM decision-makers do not receive financial incentives to encourage decisions that result in under-utilization. UMMSHP does not compensate practitioners or individuals for denials, does not offer incentives to encourage denials, and does not encourage decisions that result in underutilization.

Health Education:

Health education is offered on a wide array of topics to our members. To connect your members with health education resources offered by UMMSHP or within the community, please visit our websites (www.ummedicareadvantage.org and www.umhealthpartners.com) or contact the Quality Department at quality@ummshealthplans.com

Clinical Practice Guidelines:

UMMSHP's Provider Advisory Committee (PAC) reviews and approves the Clinical Practice Guidelines annually. The latest Clinical Practice Guidelines for UMHP are available at www.umhealthpartners.com/For-Providers and for UMHA at www.ummedicareadvantage.org/For-Providers

HEDIS Reporting Tip:

To indicate that a Body Mass Index (BMI) analysis was performed, please include ICD-10 Z68.20 – Z68.45 and CPT II 3008F on the claim form. Reporting this information via claims will eliminate the need to review medical records to validate the performance of this service.

Reminder about Balance Billing:

Please note that Medicaid and Medicare regulations require that a provider "Accept payment by the program as payment in full for covered services rendered and make no additional charge to any person for covered services." Providers are responsible for educating staff personnel on this issue and supervising staff so that balance billing does not occur.

Fraud, Waste or Abuse (FWA):

UMMSHP needs your help in actively reporting fraud, waste or abuse. If you notice anything that may be FWA, please report it. You can send a fax to 844-339-2935, or email us at compliance@ummshealthplans.com. You can report FWA anonymously. To report FWA anonymously, please call our anonymous Hotline at 410-779-9323.

Non-Discrimination:

Please note that covered services are to be provided to members with the same degree of care and skill as customarily provided to your patients who are not members, according to generally accepted standards of provider practice. Members and non-members should be treated equitably.

Members should not be discriminated against on the basis of race, gender, creed, ancestry, lawful occupation, age, religion, marital status, sexual orientation, mental or physical disability, color, national origin, place of residence, health status, source of payment for services, cost or extent of covered services required, or any other grounds prohibited by law.

Interpretation Services:

We offer interpretation services for our members who speak a language other than English. You can call the Provider Services department and ask for an interpreter. 410-779-9359 / 800-730-8543.

Cultural Competency:

Health care organizations should ensure that patients/consumers receive from all their staff effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language.

Provider 2019 Consumer Assessment of Healthcare Providers and Systems Surveys (CAHPS) Results for University of Maryland Health Partners:

The 2019 CAHPS survey results are available on the website, under the Provider tab, in the Quality Improvement Section or by contacting Provider Relations by calling 410-779-9359.

University of Maryland Health Partners (UMHP)

HealthChoice Diabetes Prevention Program:

National Diabetes Prevention Program (National DPP) Lifestyle Change Program will be available through the HealthChoice Diabetes Prevention Program (HealthChoice DPP). This is an evidence-based program established by the Centers for Disease Control and Prevention (CDC) to prevent or delay the onset of type 2 diabetes through healthy eating and physical activity. UMHP is partnering with recognized CDC providers to offer educational programs. If you have any UMHP patients who are prediabetic, obese and/or have had a history of gestational diabetes and you would like to refer them to the DPP, please contact member services by calling 410-779-9369.

Population Health:

UMHP launched its population health management strategy in January 2019 with a focus on adult diabetes. Diabetes ranks in Maryland's top 10 diagnoses across all care settings based on utilization between June 1, 2017 and May 31, 2018. UMHP can help support your patients who have diabetes across the continuum of care from healthy (low risk) to complex (high risk) cases. This strategy will improve UMHP's ability to service patients.

University of Maryland Health Partners Benefits Updates (Acupuncture):

Clarification on the UMHP Acupuncture benefit: Acupuncture is available for all substance use disorder diagnoses (i.e., Nicotine Abuse, Opioid Abuse, etc.).

Pharmacy Updates:

Effective September 1, 2019, UMHP's preferred formulary drugs to treat Hepatitis C are the biosimilar Eplclusa and Mavyret.

Effective January 1, 2020, UMHP members who are on medication(s) to treat HIV must show their UMHP ID card at their network pharmacy. ***These medications will no longer be processed by Maryland Medicaid Fee-For-Service and will be processed by the HealthChoice MCOs.***

UMHP posts quarterly formulary updates in the formulary section of its website. UMHP Pharmacy Management Procedures are available on the UMHP website. The Pharmacy Management Procedures section offers a wealth of information on prior authorization, generic substitutions, step therapy and quantity limits, therapeutic interchange, medication exception requests, and copays.

Please note that UMHP offers a 90-day supply of formulary generic maintenance medications for:

- Asthma, Diabetes, Hypertension, Hyperlipidemia, AND
- Formulary generic birth control, AND
- Formulary generic and brand prenatal vitamins and folic acid

If the medication is new for your patient, please write an initial prescription for a 30-day supply. After you have evaluated the patient and determined the medication is the correct therapy, then prescribe a 90-day supply (with three refills, if appropriate). Patients can take their 90-day prescriptions to an in-network retail pharmacy or you can e-prescribe to an in-network retail pharmacy.

Reminder to ensure your Medically Necessary Pharmacy Prior Authorization (or exception request) gets approved promptly:

Always send clinical documentation supporting your request with your initial authorization request. CVS/Caremark will request additional documentation, if needed. Respond to CVS/Caremark's inquiry (or exception request) within 15 hours of CVS/Caremark's request to fax number 877-418-4133. For step-therapy/non-formulary items: provide documentation of treatment failure with formulary alternative(s). If the member is new to the Provider/Plan: provide documentation and length of prior treatment success with requested prescription. Please consider Formulary alternatives first.

Mail-Order Pharmacy Benefit

Overview:

- Starting February 1, 2019, a new mail-order benefit became available to UMHP members who are on chronic medication(s).
- Members will be able to fill most medications through the mail-order benefit. Prescriptions that can currently be filled through our 90-day benefit at retail network pharmacies for the treatment of chronic conditions include: diabetes, high blood pressure, high cholesterol, asthma, prenatal care and birth control are also available through the mail-order benefit.
 - *Note: Members can receive up to a 12-month supply of their birth control prescription*
- Members **will not** be allowed to fill the following types of medications through the mail-order benefit:
 - Controlled substances
 - Specialty medications
- Members can be directed to the CVS Customer Service helpline at 1-855-566-8397 to enroll in the mail-order benefit or to address any questions about their benefit.

Specialty Pharmacy Network Update

Overview:

Effective January 1, 2019, UMHP implemented a preferred specialty pharmacy network. The preferred specialty pharmacy network includes CVS Specialty Pharmacy and select University of Maryland Pharmacies that will deliver or mail specialty medications. These specialty pharmacies have additional support from nurses and pharmacists who are very familiar with UMHP members' rare/specialized conditions.

Providers need to know the following:

- Starting January 1, 2019, all specialty medications must be filled at an UMHP preferred specialty pharmacy, which includes CVS Specialty Pharmacies and select University of Maryland Specialty Pharmacies.
- Members will be allowed a one-time 30-day transition fill to allow providers enough time to move a member's specialty medication(s) from their current pharmacy to a preferred specialty pharmacy (if provider did not switch to a preferred specialty pharmacy prior to January 1, 2019).
- Any specialty medications that are filled at a specialty pharmacy that is out of network will reject at the point-of-sale as "pharmacy not contracted" and will NOT be covered or reimbursed.

Network Pharmacies Include: *** pharmacies that only dispense specialty medications

CVS Specialty***

HUB: Monroeville, PA

NPI#1043382302 NCPDP#3958898

Call: 1-800-237-2767 Fax: 1-800-323-2445

University of Maryland Medical Solutions Home Infusion

825 N Hammonds Ferry Rd., Ste C, Linthicum Heights, MD 21090

NPI# 1386016319 NCPDP#2139954

Call: 443-462-5850 Fax: 410-636-0309

University of Maryland Medical Center (UMMC) Pharmacy at Redwood

11 South Paca St., Baltimore, MD 21230

NPI# 1760582928 NCPDP#2120789

Call: 410-328-5243 Fax: 410-328-2920

University Center Weinberg Pharmacy

22 South Greene, Baltimore, MD 21201

NPI# 1144260894 NCPDP#2118429

Call: 410-328-1175 Fax: 410-328-0666

University of Maryland Medical System (UMMS) Pharmacy Services & Specialty Pharmacy***

920 Elkridge Landing Road, Linthicum, MD 21090

NPI# 1912329434 NCPDP# 2138077

Call: 855-547-4276 Fax: 410-684-3776

UMMC Midtown Campus Pharmacy

821 North Utah St, First Floor, Baltimore, MD 21201

NPI# 1700237716 NCPDP#2140351

Call: 410-856-3650 Fax: 410-856-3854

Postpartum Billing Guidance:

We require separate CPT codes billed for delivery and postpartum visits.

Old CPT Code	New Delivery CPT Codes	Postpartum CPT Code	Postpartum ICD10
59410	59409	59430	Z39.2
59515	59514	59430	Z39.2
59614	59612	59430	Z39.2
59622	59620	59430	Z39.2

Postpartum visits must be completed between 21 days and 56 days post-discharge from the hospital. An incentive payment will be made for postpartum visits when billed with the CPT-II code 0503F.

Standards for Access to Care:

UMHP requires providers to meet the State of Maryland Access and Availability guidelines for services to Medical Assistance recipients. Assessments are conducted annually to ensure compliance.

Type of Appointment	Standard Access Requirement
Initial appointment	Within 90 Days
New enrollee (high risk)	Within 15 Days of receipt of HRA (Health Risk Assessment)
Family Planning Services and Initial assessments of pregnant and post-partum woman	Within 10 Days
Well Child	Within 30 Days
Initial newborn visit	Within 3-5 Days of Discharge
Routine/Symptomatic	Within 7 Days
Preventive Care	Within 30 Days
Dental, Optometry, Lab and X-ray appointments	Within 30 Days
Dental, Optometry, Lab and X-ray appointments (Urgent)	Within 48 Hours
Urgent visit	Within Same Day
Emergency	Immediately

Members' Rights and Responsibilities:

Please visit www.umhealthpartners.com under the "Members" section to review the members' rights and responsibilities.

University of Maryland Health Advantage (UMHA)

2020, University of Maryland Health Advantage *Dual* is known as *Dual Prime*. Sample ID card:



Model of Care Annual Training:

The Centers for Medicare and Medicaid Services (CMS) **requires** all Medicare Advantage Special Needs Plans (SNP) to have a Model of Care (MOC). CMS also requires all SNPs to conduct **initial** and **annual** training that reviews the major elements of the MOC for providers.

Please visit www.umhatraining.com to complete your annual MOC training

Pharmacy Updates: Opioid Prescribing Overview

We are asking providers within the same practice/medical group to minimize the number of opioid prescribers for a given member. The number of opioid drugs a member can receive will be limited to up to 90 MME per day for a 30-day supply. Prescriptions for greater than this amount will need prior authorization. Members who are new to opioid drugs may have other limitations. For example, the member must use an immediate release drug before they can use an extended-release drug. New opioid users will only be able to get up to a seven-day supply on their first fill. If member is not treatment naïve, has active cancer, or resides in LTC or hospice, please call the CVS Pharmacy Help Desk at 1-866-693-4620.

Qualified Medicare Beneficiary Program update:

Please remember that all Medicare providers and suppliers, including pharmacies, may not bill beneficiaries enrolled in the QMB program for Medicare cost-sharing. Medicare beneficiaries enrolled in the QMB program have no legal obligation to pay Medicare Part A or Part B deductibles, coinsurance, or copays for any Medicare-covered items and services. For more Information about enrollee QMB status and exemption from cost-sharing liability: <https://goo.gl/N3r6GW>.

Medicare Prescriber Requirements:

Any physician or other eligible professional who prescribes Part D drugs must either enroll in the Medicare program or opt out to prescribe drugs to their patients with Part D prescription drug benefit plans. Medicare Part D may no longer cover drugs that are prescribed by physicians or other eligible professionals who are neither validly enrolled, nor opted out of Medicare.

All prescribers must be enrolled by January 1, 2019 to ensure enrollees get their prescriptions.

Enroll online at <https://pecos.cms.hhs.gov/pecos/login.do#headingLv1>.

Claims Submission:

University of MD Health Advantage:

Electronic Data Interchange (EDI) Claims:

Clearinghouse, Change Healthcare
(formerly Emdeon) – Payor ID 45282

Mailing address:

P.O. Box 66004
Lawrenceville, NJ 08648

University of MD Health Partners:

Electronic Data Interchange (EDI) Claims:

Clearinghouse, Change Healthcare
(formerly Emdeon) – Payor ID 45281

Mailing address:

P.O. Box 66005
Lawrenceville, NJ 08648

University of Maryland Medical

System Health Plans

1966 Greenspring Drive, Suite 100
Timonium, MD 21093

www.umhealthpartners.com
www.ummedicareadvantage.org

Provider/Customer Service:

800-730-8543, 410-779-9359

Provider Relations Representatives:

providers@ummshealthplans.com

