

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

www.umhealthpartners.com
www.ummedicareadvantage.org

Provider/Customer Service:
410-779-9359, 800-730-8543



SPRING - SUMMER 2018

PROVIDER NEWSLETTER

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Thank you for your participation in the University of Maryland Medical System Health Plans provider network. This Spring/Summer 2018 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)

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.

Disease Management Services:

Disease management services are offered to members with asthma, diabetes, CHF, COPD, CAD, high cholesterol and hypertension. If you would like to refer a member to disease management please contact us for more information.

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 University of Maryland Medical System Health Plans (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.

Recredentialing:

UMMSHP recredentials providers on a three-year cycle. If you are due for recredentialing, please ensure that you update your information on CAQH as well as upload all current copies of Malpractice, DEA/CDS, License and Board Certifications. Providers that need to be recredentialled will receive a letter and an attestation form to complete and fax back to the Credentialing Department at 410-558-6237.

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 identify themselves by name, title and with either University of Maryland Health Partners (UMHP) or University of Maryland Health Advantage (UMHA) name when returning UM calls. Both language assistance and TDD/TTY are available for members as needed to discuss UM issues.

Affirmative Statement about Incentives:

UM decision making is based on appropriateness of care and service, and existence of coverage. UMMSHP does not specifically 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 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 wants our providers to be actively involved in reporting fraud, waste or abuse. If you notice anything that may be FWA, please report it. You can report FWA anonymously. To report FWA anonymously, please call our Anonymous Hotline at 410-779-9323. You can also send a fax to 844-339-2935, or email us at compliance@ummshealthplans.com.

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.

University of Maryland Health Partners (UMHP)

University of Maryland Health Partners Benefits Updates (Acupuncture):

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

Pharmacy Updates:

UMHP posts quarterly formulary updates in the formulary section of its website. Also on our website you can find our Pharmacy Management Procedures, which include 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 24 hours of request to fax number 877-418-4133. For step-therapy/non-formulary items: provide documentation of treatment failure with formulary alternatives. 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.



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)

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 if you have not completed your annual MOC training.

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 in order 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
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