MedStar Family Choice

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Novel Coronavirus (COVID-19) Updates
Provider Guidance for the State of Emergency End
Effective August 15, 2021

MedStar Family Choice is following the direction provided by the Maryland Department of Health related to COVID-19. As referenced in the attached MDH Provider Update and in accordance with the Governor's declaration of the end of the State of Emergency, flexibilities associated with orders enacted in response to the public health emergency will expire August 15, 2021.

Previous flexibilities that were enacted by MFC will revert to normal operating procedures effective August 15, 2021.

Please review the specific changes that will occur August 15th and thereafter:

Transfers to Skilled Nursing Facilities:

Preauthorization will be required for admission to post-acute facilities. For coordination of care purposes, MFC requests that members are admitted to participating facilities* whenever possible.

*Contracted providers and facilities may be found on our website: www.medstarfamilychoice.com

Concurrent Inpatient Reviews:

MFC will issue denials for failure to submit ongoing concurrent inpatient reviews on all existing and new admissions. An authorization is still required for all inpatient days.

Interhospital Transfers

No 'prior' authorization is required for accepting facility admission, related to emergency interhospital transfers. An authorization meeting medical necessary criteria is still required for all inpatient days.

DME/DMS

MFC DME/DMS vendors will require written signature to verify receipt.

Remote Patient Monitoring

1. No authorization required for remote patient monitoring in the home. (HCPCS code S9110 or Rev code 0581).

MedStar Family Choice

MedStar Family Choice Quick Authorization Guide

Our current 'Quick Authorization Guide' is posted on our website. Our authorization rules have been developed to minimize the administrative burden of utilization management.

Highlights of current authorization guidelines that remain in effect include:

1. No authorization required for procedures conducted by in-network providers at in-network facilities, with a few exceptions noted on the Quick Authorization Guide.
2. No authorization required for first 6 home health visits provided by our contracted providers*.
3. No authorization required for DME purchase <$1000.000/month billed charges or first three months of rentals <$1000.00/month from a contracted vendor*.
4. No authorization required for the first 30 visits for outpatient OT/PT/SLP provided by a contracted provider*.
5. No preauthorization for ER visits

The MDH Provider Update includes critical updates and information related to:

- COVID-19 Fee Schedule Updates
- FQHC Billing for Vaccines
- Hospital Billing for Vaccines
- Provider Enrollment Flexibilities
- Pharmacist Administration of Injections
- Postpartum Coverage
- School Based Health Center (SBHC) Updates
- Telehealth

Additionally, other provider updates are covered in this in-depth Provider Transmittal. For your reference, MFC recommends you take the time to review the content contained in this MDH update.

MedStar Family Choice will continue to closely monitor all communications from MDH. We will communicate with our provider community as quickly as possible any changes that may impact what has been outlined in this provider alert. If you have any questions, please call **800-905-1722, option 5**. You may also email us questions at MFC-ProviderRelations2@medstar.net.

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 88
July 13, 2021

TO: Behavioral Health Providers
Clinics
Dentists
Disposable Medical Supplies (DMS) Providers
Durable Medical Equipment (DME) Providers
Early Intervention and School Health Service Providers
Federally Qualified Health Centers (FQHCs)
Hospice Providers
Hospitals
Local Health Departments
Managed Care Organizations
Nurse Anesthetists
Nurse Midwives
Nurse Practitioners
Nursing Facilities
Oxygen Providers
Pharmacies
Physician Assistants
Physicians
Therapy Group Providers

FROM: Alex Shekhdar, Acting Director
Medical Benefits Management
Molly Marra, Director
Medicaid Provider Services

RE: Summer 2021 General Provider Updates

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

COVID-19 Provider Updates

Provider Guidance for the State of Emergency End
In accordance with the Governor's declaration of the end of the State of Emergency, the Maryland Department of Health Secretary's Orders issued in response to COVID-19 will expire

on August 15, 2021. Unless otherwise noted, the Medicaid flexibilities associated with these orders will sunset on this date. For more information, providers should look for COVID-19 Medicaid provider updates here: https://mmcp.health.maryland.gov/Pages/COVID-19-Provider-Updates.aspx

COVID-19 Fee Schedule Updates
Due to rapidly changing policies and federal guidance, the COVID-19 Vaccine, Infusion and Laboratory Fee Schedules are updated frequently. The fee schedules can be found on the Provider Information webpage: health.maryland.gov/providerinfo.

For questions regarding the *COVID-19 Vaccines and Infusion Fee Schedule* please contact christa.smith@maryland.gov.

For questions regarding the *COVID-19 Laboratory Fee Schedule* please contact tenesha.lynch@maryland.gov.

FQHC Billing for Vaccines
For COVID-19 vaccine billing, Federally Qualified Health Centers (FQHC) should follow the guidance established in Provider Transmittal 37-21. To receive reimbursement, FQHCs must bill for COVID-19 vaccines administered during a somatic office visit as part of the cost-based rate for the visit. COMAR 10.09.08.06J limits the Program from reimbursing visits solely for the administration of a vaccine; however this limitation has been waived only for the administration of the COVID-19 vaccine.

Hospital Billing for Vaccines
To be reimbursed for COVID-19 vaccine administration, hospitals must follow the guidance established in Provider Transmittal 40-21 Billing Requirements for COVID-19 Vaccine Administration.
Please refer to the *COVID-19 Reimbursable Vaccine and Infusion Code Fee Schedule* at health.maryland.gov/providerinfo for guidance on billing codes and reimbursement rates.

Provider Enrollment Flexibilities
As permitted under CMS waiver authority and to reduce administrative burden during COVID-19 public health emergency, Maryland Medicaid Provider Enrollment temporarily stopped scheduling Affordable Care Act (ACA)-required provider revalidations via ePREP. As of early Fall 2020, Medicaid began rescheduling revalidations. As a reminder, the ePREP revalidation application is only available once ePREP prompts the provider to revalidate. Providers will receive email and hard mail notification when they have been scheduled to revalidate.

During the state of emergency, Medicaid did not suspend providers whose licenses expired. Medicaid will extend this flexibility through September 30, 2021. However, providers who have already renewed their licenses should submit a supplemental application to update their licenses now, rather than wait until that deadline to prevent future billing issues.

Legislative Updates

Pharmacist Administration of Injections
Senate Bill 84 (2021) requires Medicaid to reimburse pharmacists for the administration of self-administered drugs and maintenance injectable drugs to the extent it reimburses other health care practitioners for the same service. At this time, Medicaid is reviewing its current policy and consulting its Board of Pharmacy partners and will share further guidance when it is available. Please visit health.maryland.gov/providerinfo for future updates.

Postpartum Coverage
Currently, Maryland Medicaid provides continuous eligibility for pregnant women whose household income is equal to or less than 250 percent of the federal poverty level through the last day of the month in which the 60-day postpartum period ends. Senate Bill 923 (2021) requires Medicaid to extend postpartum coverage for medical and dental benefits for all eligible pregnant women whose family income is equal to or less than 250 percent of the poverty level for one year immediately following the end of the woman's pregnancy, as permitted by federal law. Effective April 1, 2022, the Centers for Medicaid and Medicare Service (CMS) will allow states to extend the postpartum period to a year by filing a State Plan Amendment (SPA) to their Medicaid program. Medicaid will share further guidance as needed closer to implementation.

Please note that due to the public health emergency, Medicaid is extending all participant eligibility renewals until December 31, 2021 and will not terminate enrollment during this period.

School Based Health Center (SBHC) Updates
Pursuant to House Bill 409 (2020), physicians and nurse practitioners are eligible to enroll as Maryland Medicaid SBHC sponsors. To meet such requirements, please find updated enrollment guidance for all SBHC sponsor provider types in the Maryland Medicaid SBHC Provider Manual on health.maryland.gov/providerinfo, under "Billing Guidance, Fee Schedules, and Preauthorization Information".

As required by House Bill 1148 (2021), on or before July 1, 2022 the Governor shall transfer the administration of school based health center grants and any related functions from the State Department of Education to the Bureau of Maternal and Child Health within the Maryland Department of Health. Please note that this legislation does not involve any operational change to Medicaid SBHC enrollment or billing processes.

Telehealth
The Preserve Telehealth Access Act of 2021 takes effect July 1, 2021. As such, Medicaid will continue to provide coverage for health care services delivered through telehealth regardless of the participant's location at the time services are rendered and to allow a distant-site provider to provide services to a participant from any location at which the services may be delivered through telehealth. Additionally, Medicaid will permit services to be rendered via audio-only telehealth during the period July 1, 2021 through June 30, 2023.

Certain flexibilities to deliver services via telehealth permitted during the Maryland state of emergency will be discontinued. For example, the Act requires that MDH not reimburse facility, room, or board charges for telehealth visits unless a professional fee cannot be billed separately. For behavioral health providers, any special exemptions for delivering services beyond audio-only (e.g., the length of time of visit) will revert back to pre-pandemic standards. See the COVID-19 Provider Updates page for additional information, https://health1.maryland.gov/mmcp/Pages/COVID-19-Provider-Updates.aspx.

Other Provider Updates

Adjustments for Fee-for-Service (FFS) Professional Claims
As communicated in Provider Transmittal (PT) 41-21 Mass Adjustments for Professional Services Claims, the Maryland Department of Health (MDH) is making certain FFS professional claims adjustments for services paid between January 1, 2021 and March 10, 2021, to align with the Medicare fee schedule.

MDH will automatically adjust paid claims for codes that providers billed the **same rate or higher** than the current rate found in the 2021 Professional Services Fee Schedule. This mass adjustment for impacted claims will take place the week of June 14, 2021 and appear on the provider's remittance advice.

Providers may submit a manual adjustment request for codes billed at a rate **lower** than the current allowed amount, providers may submit a manual adjustment request for codes. For additional instruction, please review PT 41-21.

Please email inquiries about the Professional Services Fee Schedule to mdh.professionalservicespolicy@maryland.gov.

Coverage Determination Requests
Any provider or manufacturer can request for a service that is not currently covered by Medicaid to be considered for coverage. To make a formal coverage request to the Coverage Review Committee, please complete and submit the *Request for New Medicaid Coverage Consideration for Procedures, Devices, and Drugs/Biologics* form, which can be found health.maryland.gov/providerinfo, under "General Information".

For the request to be considered, requestors must complete all fields. Some fields include instructions to email certain attachments to mdh.professionalservicespolicy@maryland.gov. An incomplete submission will not be considered for coverage. If necessary, the Committee may request additional information. The Coverage Review Committee will review all complete submissions and provide a decision within 60 business days.

Formalizing the Medicaid Website as Public Notice Platform
Pursuant to the requirements of **42 CFR 447.205**, Maryland Medicaid must issue public notice of proposed changes to statewide methods and standards for setting Medicaid payment rates for

State Plan services at least one day prior to the effective date of the change. When there is a rate reduction or restructuring, an initial notice must be published with enough time to allow for a 30-day public comment period, and subsequently a final notice must be published addressing any comments received. The public notice must describe the proposed change, estimate the impact on expenditures, explain why the change is being made, and provide contact information for the public to submit written comments. Prior to March 2020, Maryland Medicaid's primary mechanism for publishing public notice was the Maryland Register.

During the COVID-19 public health emergency, the Department began utilizing the Medicaid website, instead of the Maryland Register, to post its public notices. Shifting public notice to the website increased the efficiency of relaying information and provided a more easily accessible resource for providers to discover updates. In July, Centers for Medicare & Medicaid Services (CMS) confirmed Maryland Medicaid's website is a sufficient platform to host the Program's public notice announcements.

Going forward, Maryland Medicaid will continue to use the Medicaid website as the primary platforms for public notice and cease to print notices in the Maryland Register. Providers and other stakeholders can find public notices, in order of release date, in the section marked "Public Notice" on the webpages below.

Medicaid Homepage: health.maryland.gov/mmmcp
Medicaid Provider Information page: health.maryland.gov/providerinfo

PERM Medical Record Requests
The Centers for Medicare & Medicaid Services (CMS) will be conducting its Payment Error Rate Measurement (PERM) review of Maryland Medicaid payments during Fiscal Year (FY) 2022 (July 1, 2021–June 30, 2022). PERM is a triennial audit that measures improper payments in Medicaid and the Children's Health Insurance Programs, as required by the Improper Payments Information Act of 2002 (as amended by the Improper Payments Elimination and Recovery Act of 2010).

PERM includes a Medical Record Review (MRR) of Medicaid paid services to determine that the services were performed, documented, and reimbursed in compliance with state and federal policy. The PERM review contractor selects claims for review via random sampling and sends MRR requests to the corresponding billing providers. Medicaid participating providers must respond to PERM MRR requests.

Please review Provider Transmittal 4-20 Medicaid Program Updates for Fall 2019 for additional PERM background information and provider requirements.

Physician Preauthorization Requests
The Maryland Medicaid Professional Services Program requires preauthorization for certain physician services (including transplants) and physician-administered drugs. A full list of the CPT/HCPCS codes that currently require preauthorization can be found on the Professional Services Preauthorization Information webpage at:

https://mmcp.health.maryland.gov/Pages/Preauthorization-Information.aspx, as well as in the *Note* column of the current Professional Services Fee Schedule.

Preauthorization requests for all physician-administered drugs must include the 11-digit National Drug Code (NDC) in order to be accepted by the Program**.** This NDC must have a federal rebate for Maryland Medical Assistance reimbursement.

For detailed guidance on completing preauthorization requests, please refer to the "Reference Guide for Completing a Preauthorization Request" under the Quick Links section on the Preauthorization Information webpage.

Process for Hospital Claims Denied for Exceeding Maximum Charge
Outpatient hospital claims that are denied for error code 321, "Allowed Charge Exceeds Maximum Amount Allowed, Itemized Bill Required" should be submitted directly to the Division of Hospital Services for review at mdh.acutehospitalpolicy@maryland.gov with a request to override the denial. If the service requires preauthorization from the Professional Services Program, documentation of the approval must be submitted with the request.

If you have questions, please contact Denise James at denise.james@maryland.gov.

Provider Verification System (PVS)
Maryland Medicaid's Provider Verification System (PVS) is live! PVS is a public-facing search engine for Maryland Medicaid fee-for-service (FFS) provider enrollment. PVS functionality helps the Department and providers comply with federal Medicaid enrollment regulations. PVS users can lookup a provider's FFS enrollment status for a specified date using name, NPI, and/or Medicaid provider number. PVS will return a result of "active" for a provider who is actively enrolled, or "inactive" if the provider is suspended or terminated.

PVS does not require a login, and is available for use at:
https://encrypt.emdhealthchoice.org/searchableProv/main.action

For more information, see the PVS Overview for Providers at:
https://mmcp.health.maryland.gov/Documents/PVS%20Overview%20-%20Providers%202020-08-17.pdf

Referring Provider Requirements for Early Intervention and School Health Service Providers
As communicated in Provider Transmittal (PT) 38-21 Enrolling Referring Maryland Medicaid Providers, effective June 1, 2021 the FFS Medicaid Program requires referring providers to be enrolled with Maryland Medicaid. Additionally, the enrolled referring provider's NPI must be included on all claims related to early intervention and school health-related services provided in accordance with an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP). For additional information, please review PT 38-21.

If you have questions regarding this requirement, please contact Stanlee Lipkin, Program Specialist, by email at stanlee.lipkin@maryland.gov.

Rendering Provider Requirements for EPSDT Therapy Group Providers
As communicated in Provider Transmittal (PT) 23-21 Enrolling Rendering Maryland Medicaid Providers – REVISED PROCEDURE, effective March 1, 2021 the Program requires EPSDT Therapy Group Providers (PT 28s) to include the NPI of an enrolled individual or rendering provider on claims in order to receive reimbursement for services. Claims submitted on or after this date that do not include an enrolled individual or rendering provider will be denied.

If you have questions regarding this requirement, please contact Stephanie Hood, Program Specialist, by email at stephanie.hood@maryland.gov.

60 Days Postpartum Dental Coverage
In accordance with the Governor's Fiscal Year (FY) 2021 Supplemental Budget Bill, Maryland Medicaid will begin to offer an additional 60 days of postpartum dental benefits for pregnant women whose household income is equal to or less than 250 percent of the federal poverty level starting Fall 2021. These dental benefits extend to the end of the second month following the end of the pregnancy. For information about the Senate Bill 923 (2021) extension of postpartum dental coverage through 12 months following the end of the pregnancy, please review the postpartum coverage section below.