



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

PT 38-15

Office of Health Services
Medical Care Programs

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Provider Transmittal No. 80
June 23, 2015

TO: Physicians
Nurse Practitioners
Nurse Midwives
Local Health Departments
Federally Qualified Health Centers
General Clinics
Hospitals
Managed Care Organizations

FROM: *Susan J. Tucker*
Susan J. Tucker, Executive Director
Office of Health Services

RE: Maryland Medical Assistance Program Spring Updates 2015

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

We value your participation in the Maryland Medical Assistance Program (Medicaid). You make a difference in ensuring Maryland's families, children, and vulnerable populations have access to quality health care services.

Please review the following updates and use the appropriate contact for questions or concerns.

E&M Rate Changes

Effective April 1, 2015, the Department of Health and Mental Hygiene (the Department) and HealthChoice managed care organizations (MCOs) began reimbursing physicians for evaluation and management (E&M) services provided to Medicaid participants at 87 percent of the 2015 Medicare rates. The new rate marked a decrease from the 100 percent of Medicare rates paid for calendar years 2013 and 2014 as part of the Affordable Care Act (ACA). Former Governor O'Malley and the Maryland Board of Public Works approved this rate decrease as part of an initiative to address the state budget deficit in January 2015.

Effective July 1, 2015, the Department and MCOs will **increase** reimbursement for E&M services from 87 percent to 92 percent of the 2015 Medicare rates. These rates effective July 1, 2015 are approximately 35 percent higher than Maryland Medicaid rates in effect in 2012.

The Vaccines for Children (VFC) administration rates are unchanged.

For the updated 2015 Maryland Medicaid rates, please see: dhmh.maryland.gov/providerinfo

Submit questions regarding the 2015 E&M rate changes to: dhmh.primarycareattestation@maryland.gov

Free Care Policy Update

CMS issued guidance in mid-December 2014 permitting state Medicaid programs to pay for services available free of charge to the general public. The guidance primarily impacts public health providers who may have previously wanted to bill Medicaid for certain services provided free of charge to those without any insurance or to undocumented individuals, but could not, under the Federal Free Care Policy.

The new guidance does not override existing Local Health Department (LHD) regulations related to the Department's Non-Chargeable List (COMAR 10.02.01). Under these Maryland regulations, LHD providers must bill for services not included on the Non-Chargeable List.

If LHDs have questions about the Non-Chargeable List, please contact Nedina Broy-Stevenson at: 410-767-5138 or nedina.broy-stevenson@maryland.gov.

Plan B/Emergency Contraception

Providers are encouraged to remind Medicaid participants that both Maryland Medicaid fee-for-service and HealthChoice MCOs cover all methods of birth control, including emergency contraceptives (ECs). Please remind Medicaid participants that in the event they need access to ECs, they do not need a prescription. Medicaid participants can simply visit their local pharmacy, request the EC, and present either their Medicaid card or MCO card.

Guidance on the Medicaid Redetermination Process

The Department developed a double-sided, one-page flyer (see attachment) that details the steps Medicaid participants should take to complete their annual Medicaid eligibility redetermination. Each side of the flyer outlines a different process, as the steps to complete redeterminations vary based on a participant's age and disability status. Please feel free to share this flyer with the Medicaid participants you see to help ensure there is no lapse in Medicaid coverage.

Hospital Presumptive Eligibility (HPE)

As part of the ACA, HPE provides temporary Medical Assistance (MA), with full benefits, to the ACA populations—children, parents, single adults under 65, and pregnant women—for up to 60 days. These include hospital services, as well as community-based physician, mental health and substance use services, and pharmacy benefits. All Medicaid requirements, including preauthorization and utilization review, are also applicable to HPE enrollees.

Approved HPE applicants receive an HPE Approval Notice as proof of coverage. They do not receive a regular Medicaid card or a HealthChoice MCO card. If a participant presents you with an HPE Approval Notice, verify enrollment using the Eligibility Verification System (EVS) on the date of service. If an individual is enrolled in HPE, the EVS message will say, "*Recipient eligible. Full fee-for-service benefits: Hospital Presumptive Eligibility.*"

EHR Environmental Scan

In March 2013, the Department surveyed Medicaid providers currently enrolled in the Medicaid Electronic Health Records (EHR) Incentive Program and providers potentially eligible to participate. Nearly all respondents plan to continue in the EHR Program. Among the providers who have not yet participated in the

EHR Program, 70 percent indicate interest in adopting EHR in the next few years. Through Medicaid's partnership with the State's Health Information Exchange (HIE), Chesapeake Regional Information System for Our Patients (CRISP), the Department offers assistance to providers interested in adopting EHRs, connecting to the HIE, and maximizing their EHR within their practice. Providers interested in participating should contact CRISP at [1-877-952-7477](tel:1-877-952-7477) or support@crisphealth.org.

ICD-10 Implementation

ICD-10 implementation is moving forward. Medicaid will begin accepting ICD-10 codes on October 1, 2015. Beginning October 1, the Department will deny claims containing diagnosis codes not coded to the highest level of specificity (also known as "header codes").

Providers interested in conducting testing with the Department must email dhhm.icd10@maryland.gov. The Department's goal is to complete end-to-end testing July 31, 2015.

For general questions about ICD-10, email dhhm.icd10@maryland.gov.

For more information about ICD-10 implementation in Maryland, please visit: dhhm.maryland.gov/icd10info.

If you would like to sign up for the list-serv to receive ICD-10 updates as they become available, please visit: dhhm.maryland.gov/icd10info.

Billing for Technical Services

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.

Questions may be directed to Aminata Page, Health Policy Analyst, Office of Health Services, Physician Program at 410-767-1462.

Maryland Medicaid MCO Participation

Providers are reminded that eight managed care organizations participate in the Maryland Medicaid HealthChoice Program. Participating MCOs include:

- Amerigroup Community Care
- Jai Medical Systems
- Kaiser Permanente
- Maryland Physicians Care
- MedStar Family Choice
- Priority Partners
- Riverside Health of Maryland
- UnitedHealthCare

Providers are encouraged to visit:

<https://mmcp.dhmh.maryland.gov/healthchoice/Documents/Jan%202015%20MCO%20comparison%20chart.pdf> to view the MCO comparison chart for any questions related to services covered or coverage area information.

For general information about the HealthChoice program, visit:

<https://mmcp.dhmh.maryland.gov/healthchoice/SitePages/Home.aspx>

For an electronic copy of this transmittal, visit:

<https://mmcp.dhmh.maryland.gov/MCOupdates/Lists/Provider%20Transmittals/20151.aspx>.