Second Quarter 2019

MedStar Health

MedStar Select Provider Newsletter

Welcome New Providers to MedStar Select

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

- **Access Wellness Healthcare, LLC** (Family Medicine, Annapolis, Anne Arundel County)
- **Dr. Lukumonu A Adisa DC, LLC** (Chiropractic Medicine, Silver Spring, Montgomery County)
- **Kashi Chesapeake Chiropractic and Spinal Rehab PC** (Family Medicine, Baltimore, Baltimore County)
- **Privia Medical Group Cal Arundel Family Medicine** (Family Medicine, Owings, Calvert County)

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

- Skilled nursing facilities: **Autumn Lake Healthcare at Alice Manor, Autumn Lake Healthcare at Bridgepark, Autumn Lake Healthcare at Pikesville, King David Nursing and Rehabilitation Center, Layhill Nursing and Rehabilitation Center, Meadow Park Rehabilitation and Healthcare Center, Orchard Hill Rehabilitation and Healthcare Center, Shady Grove Nursing, and Rehabilitation Center**
- Laboratory: **Caris Life Sciences**
- Durable medical equipment companies: **Chandler's Medical Supply, Cheryl's Health Boutique, Grace Care LLC, Weiner's Home Health Care Center**

Notice of Privacy Practices

All new members receive a copy of our Notice of Privacy Practices (Notice) upon joining MedStar Select. The Notice outlines how MedStar may use and disclose our members' information, as well as how members could access this information. Policies and procedures are also in place to protect our members' written and electronic protected health information. Therefore, to ensure the privacy and security of its members' personal health information, MedStar Select requires its providers to abide by a number of medical record documentation standards. These standards include provisions such as:

- Providing a compliant notice of privacy practices to members
- Complying with all federal, state, and local laws and regulations pertaining to medical records and releases
- Securing both paper and electronic medical records and releases
- Ensuring the confidentiality of member information through the creation of standards
- Releasing information to authorized individuals, including individuals from government agencies such as MDH, DOH, and/or HHS for quality assurance and auditing purposes
- Reporting to MedStar in a timeframe required by law or other applicable requirement

Providers must promptly report breaches related to MedStar Select members in accordance with the provider agreement and any other applicable laws, regulations, and requirements. Methods to report breaches include calling the MedStar Health Privacy Office at **410-772-6606**, through the Integrity Hotline at **877-811-3411** (toll free) or emailing us at **privacyofficer@medstar.net**.

A copy of the Notice is available on MedStar's website at **MedStarHealth.org/mhs/patients-and-visitors/privacy-policy**.

Hard copies can be provided upon request by contacting Provider Relations at **mfc-providerrelations2@medstar.net** or **800-905-1722, option 5**.

Outpatient Rehabilitation Services

Outpatient rehabilitation services, including medically necessary physical therapy, occupational therapy and speech therapy, are covered benefits for MedStar Select plans. These services are provided in various outpatient settings, such as hospital outpatient departments and Comprehensive Outpatient Rehabilitation Facilities (CORFs). Refer to the Summary of Benefits posted at **MedStarProviderNetwork.org** to determine the applicable copay or coinsurance, which does vary based on plan, as well as any coverage restrictions. A listing of all participating providers is also available at this website.

Medically necessary chiropractic services are also covered under MedStar Select; however, coverage restrictions do apply. In addition to the Summary of Benefits, please refer to the policies posted on **MedStarProviderNetwork.org** (PA.059 and MP.111), which provide coverage and billing guidelines. Prior authorization is required for members under the age of 13. MedStar Select offers a 30-visit limit on these services.

Diabetic Eye Exam – Opportunities to Close the Gap!

While May was Healthy Vision Month, there is still time to ensure your patients with diabetes get scheduled for a retinal eye exam. Diabetic members are at an increased risk for experiencing a variety of eye problems including retinopathy, cataracts and glaucoma. Diabetic retinopathy is the most common diabetic eye disease and the leading cause of blindness in American adults. The diabetic eye exam is one of the most challenging clinical measures across MedStar. Working together with your patients, you can help improve measure performance and get your patients the care they need. To meet this measure, patients must receive an exam either from an ophthalmologist or optometrist. Your help is appreciated in improving performance on this important clinical measure!

HEDIS Definition

Patients 18-75 years old in current year with diabetes (type 1 or type 2) who had a retinal eye exam by an eye care professional (optometrist or ophthalmologist) in current year or an eye exam with negative results for retinopathy in prior year.

Documentation Requirements (MMG providers: also refer to MedConnect Guidance)

- Evidence of annual retinal or dilated eye exam by optometrist or ophthalmologist;
  - ➢ copy of eye exam report in EMR; or
  - ➢ patient reported retinal or dilated eye exam with approximate date, provider type and results (positive or negative for diabetic retinopathy)
- Exception to an annual exam is if there was negative retinal or dilated exam for retinopathy in the prior year.

Common Barriers

Comprehensive diabetes care requires multiple providers in executing a plan of care. A lack of symptoms may deter some members with diabetes from getting their eyes screened for damage, and they may not fully understand their risks for diabetic retinopathy. As their physician, you are able to influence your patients and emphasize the importance of getting this exam.

Helpful Hints/Member 2019 Benefits Available

- Diabetes Eye Exam is **$0 cost** to the member through Group Vision Services (EyeMed) only. If the patient obtains their Diabetes Eye Exam during a specialist visit (e.g., ophthalmologist), there is a $30 co-pay.
- For assistance in getting an appointment your patients can contact Member Services: **855-242-4872 (TTY 711)**; Vision provider services are also available: **866-265-4626**.

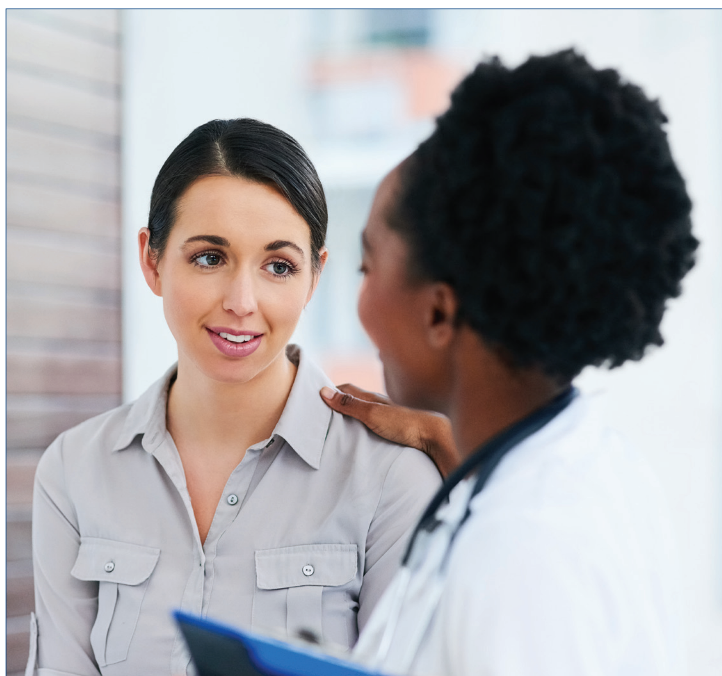
Screening for Hypertension

Hypertension is a recognized global disease and affects patients of every demographic. Therefore, we encourage all practices, regardless of specialty, to check each patient's blood pressure during an office visit with their provider, even if the patient has no prior history of high blood pressure.

Many factors may increase a patient's blood pressure and it is recommended that members with a high blood pressure reading be asked if they are under treatment for hypertension. If they are not, the patient should be encouraged to schedule an appointment with his or her primary care provider to screen for potential disease.

Providers performing blood pressure checks on each patient at every office visit ensures that diseases, like hypertension, do not pass undetected and improves the chances for successful treatment. Together, the medical community can reduce the growing effects of hypertension on the patient population.

For questions or concerns regarding this communication, please contact Provider Relations at **mfc-providerrelations2@medstar.net** or **800-905-1722, option 5** (MD).



Referrals to Specialists

Coordination of a member's care requires that providers communicate with specialists, therapists and other specialty providers. Even though written referrals are not required for MedStar Select members, referring providers should give the member's name, reason for the referral, relevant medical information and the referring provider's name, as well as their national provider identifier (NPI), to the referred facility, specialist or behavioral health provider. This information is needed on the CMS-1500 form.

The referring provider can communicate this information to the other provider by calling, faxing through a prescription, or using a Universal Referral form. The referring provider should be communicating this information directly to the specialist without involving the member. Once the member has seen the specialist, the specialist must communicate findings and treatment plans to the referring provider within 30 days from the date of the visit. Both providers should jointly determine how care is to proceed.

If a member has self-directed care to a specialist, the specialist should contact the PCP, if applicable, to obtain medical records to determine what care has been completed in order to avoid duplicating services already performed. If the member does not have a PCP, obtain a medical history from the member to try to determine whether any prior services have been performed.

Providers should refer members within network. If there is a need for an out-of-network specialist, Medical Management must authorize the care. The PCP or specialist should call Medical Management at **855-242-4875** to obtain an authorization for services to be rendered by a non-participating provider. Failure to obtain an authorization could result in claims denials, or claims processing at a lower benefit level for MedStar Select.

Helping Patients Live Well with Chronic Disease Self-Management Programs at MedStar Health

Living Well is a seven-week program that can help your patients take charge of their health and their life.

This program is designed for adults living with a chronic condition, such as heart disease, diabetes, cancer, depression, chronic pain, lung disease or any chronic health concern.

The program covers:

- Problem solving
- Managing emotions
- Exercise
- Managing medications
- Cognitive symptom management
- Communication skills
- Goal setting
- Developing patient/physician partnerships
- Advanced directives
- Health eating and much more

Community Health at MedStar Health is providing these workshops at **no cost** to participants. Classes are highly interactive.

The program was developed by Stanford University. It has been tested and evaluated with the following results.

- Showed significant improvements in exercise, cognitive symptom management and communication with physicians
- Spent fewer days in the hospital
- Had fewer outpatient visits and hospitalizations

Referring a Patient is Easy

Complete a referral order in MedConnect by clicking on the "Orders" tab and selecting "Community Health Program Referral." Once the referral is sent, a member from our team will follow up with your patient for program intake and enrollment.

Patients can visit **MedStarHealth.org/LivingWell** for specific dates and locations. Hospital calendars are updated regularly.

For more information about Living Well, contact your local hospital's Community Health department, email **communityhealth@medstar.net** or call **877-367-5864**.

Complex Care and Condition Care Overview

Complex Care and Condition Care are essential components of MedStar Health's Care Advising services, which are used to support the practitioner-patient relationship and plan of care. These programs evaluate clinical, humanistic and economic outcomes on an ongoing basis, and use evidence-based practice guidelines to emphasize the prevention of exacerbations and complications. Complex and Condition Care target patients with at least one of five chronic conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), diabetes, and asthma.

Complex and Condition Care use coordinated health care interventions and communications for populations with significant self-care needs. Evidence-based medicine and a team approach are used to:

- Empower patients
- Support behavior modification
- Reduce incidence of complications
- Improve physical functioning
- Improve emotional well-being
- Support the physician/patient relationship
- Emphasize and reinforce use of clinical practice guidelines

The team approach to care is supported by a multi-disciplinary roster of health professionals, including a registered nurse Care Advisor or health coach, pharmacist, dietitian, and social worker. They work together, informing and collaborating with the patient's primary care physician to enhance Care Advising. Whether identified for Complex Care or Condition Care, materials indicate that patients are offered services appropriate for their health needs through Care Advising, a part of their Personal Approach To Health (PATH).

Program Goals

The goal of both Complex Care and Condition Care is to effectively impact the health outcome and quality of life of patients with chronic conditions. This is accomplished by using a multi-faceted approach based on assessment of patient needs, ongoing care monitoring, evaluation, and tailored patient and practitioner interventions. Complex and Condition Care can also reduce hospital length of stay and lower overall costs.

Patient Identification

MedStar Health systematically evaluates patient data against a set of identification and stratification criteria. For Complex and Condition Care, criteria are established to identify eligible patients, stratify them by risk, and determine the appropriate intervention level. The following data sources are used to identify patients on a monthly basis, when available:

- Enrollment data
- Health Information Line
- Medical claims or encounters
- Pharmacy claims

(continued on next page)

- Assessment screening results
- Practitioner referrals
- Data collected through utilization (UM), condition care and care management (CM) activities
- Data collected from health management or wellness programs
- Laboratory results
- Electronic medical/health records

Once identified, patients are stratified to determine the appropriate intervention level based on their known needs and status. Stratification is a dynamic process, and stratification level can change as a patient's condition changes.

Patient Engagement and Support

Patients identified for Complex and Condition Care are considered to be participating unless they specifically request to receive no program services or to "opt-out." Once identified as eligible, patient engagement follows the steps outlined below:

Welcome Packet Mailed	A staff member of MedStar Health's care team sends patient a welcome packet. The welcome packet includes information about education and support provided through Care Advising, the extended care team, required legal and regulatory information, and how Care Advising services support the patient-provider relationship.
Introductory Phone Call	The welcome packet is followed by a phone call from a Care Advising staff member. Over the phone, the staff member shares the advantages of Care Advising and encourages the patient to participate. Patients identified for Low Risk Condition Care will not receive a proactive phone call, but will be invited to contact the care team if he or she chooses to participate.
Physician Notification	When a patient engages in Care Advising, a staff member notifies the patient's primary care physician directly.

Practitioner Feedback

MedStar Health provides semi-annual reports to practitioners alerting them to potential care opportunities, or care gaps, for their patients who have one of the identified chronic conditions. The focus of the report is to notify practitioners of their patients who may have care gaps related to their chronic condition. These may include missed services, recommended tests, medications or other care gaps based on clinical practice guidelines.

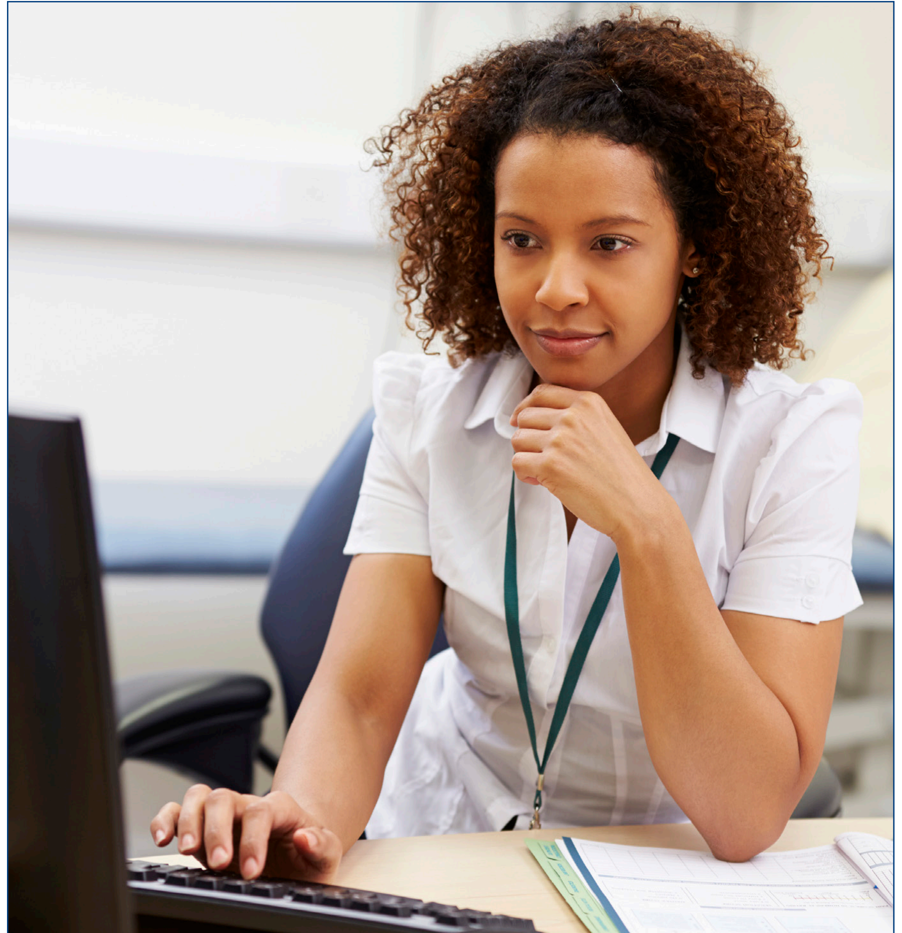
On an as needed, individual basis, the care advisor or health coach will alert the practitioner to time-sensitive care opportunities, such as an asthma patient increasing his or her use of a rescue inhaler or a heart failure patient reporting weight gain.

For questions, feedback or complaints about Complex or Condition Care, or to request a hard copy of our disease management materials please call us at: **855-859-1734** (TTY users: **855-250-5604**), Monday to Friday, 9 a.m. to 5 p.m. EST. To view the full 2019 Practitioner Overview, please visit **MedStarProviderNetwork.org/Provider-Education-0**.

Maintaining Up-To-Date Information

Making sure that the demographic information that MedStar Select has about your practice and each practitioner is the first step in making sure the encounters our members have with you begin on the right foot. The benefits of MedStar Select having accurate information are many and include the following:

1. Our members know where you are located and where to go for an appointment.
2. Our members can reach you to make an appointment.
3. MedStar Select is able to more accurately adjudicate your claims.
4. MedStar Select knows where to send your claim reimbursement.
5. MedStar Select knows where to send important communications.
6. MedStar Select knows how to reach you to coordinate care and authorizations for our members.
7. MedStar Select is able to accurately reflect who is in your practice and who has moved on.
8. You are able to fulfill your contractual obligation to keep us updated on your practice.

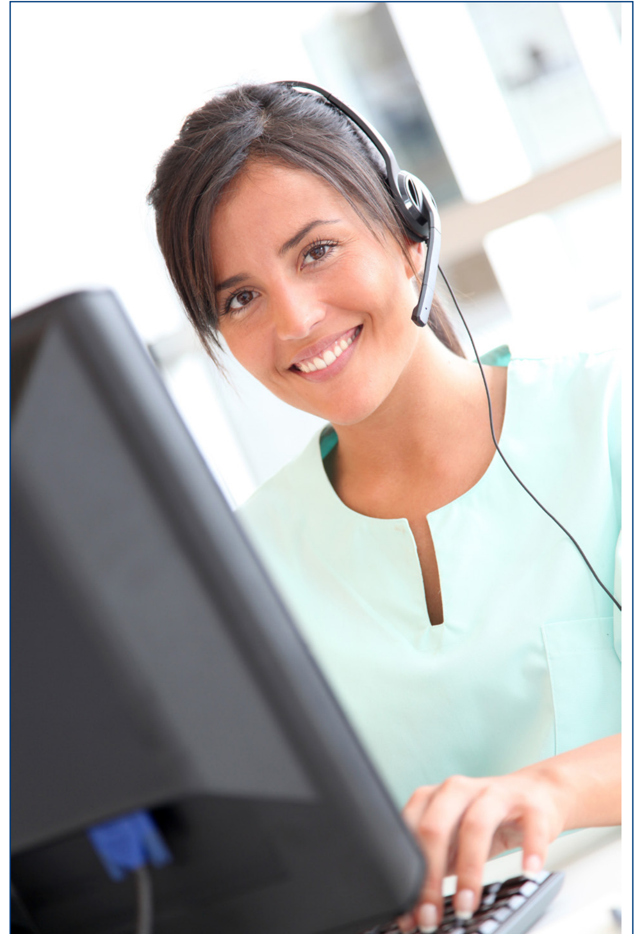


To notify MedStar Select about changes to your practice, please submitted via fax (**855-600-3077**) or email (**mfc-providerrelations2@medstar.net**). Changes to demographic information should be made 30 days in advance, or as soon as possible if the change happens sooner than 30 days out. Please note, personnel changes do not follow this 30-day rule.

MedStar Select should be provided with a 90-day notice for planned terminations (both group and individual practitioner). For unplanned events, MedStar Select must be notified immediately. Notice for practitioners joining your group should be given as soon as possible in order for the credentialing process to begin and the new provider to receive word that he or she can begin seeing patients to avoid situations where the practitioner would be considered out-of-network.

Contact Us

We are here to help. Please reference the below list of numbers if you have any questions or concerns.



Member Services
855-242-4872 PHONE
Monday through Friday, 7 a.m. to 7 p.m.

Care Management
888-959-4033 PHONE
Monday through Friday, 8:30 a.m. to 5 p.m.

Medical Management/Prior Authorization
855-242-4875 PHONE
Monday through Friday, 8:30 a.m. to 5 p.m.

Provider Services
(For claims and eligibility inquiries)
855-222-1042 PHONE
Monday through Friday, 8:30 a.m. to 5 p.m.

Provider Relations
(For credentialing/re-credentialing or practice additions/terminations/address changes)
800-905-1722, option 5 PHONE
Monday through Friday, 8:30 a.m. to 5 p.m.

Interactive Voice Recognition
855-275-1251 PHONE

To verify member eligibility, access the provider website at **MedStarProviderNetwork.org** or call Provider Services at **855-222-1042**.

Find a Provider in our Online Directory

Finding a participating MedStar Select provider couldn't be easier! Visit **MedStarProviderNetwork.org** to look up participating PCPs and specialists by logging on to visiting our online provider directory.

Providers can be found by completing one or more of the search fields to get updated information instantly. If your office does not have access to the web, please contact Provider Relations at **800-905-1722, option 5**.

MedStar Select False Claims and Statements Requirements

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.

Federal False Claims Act

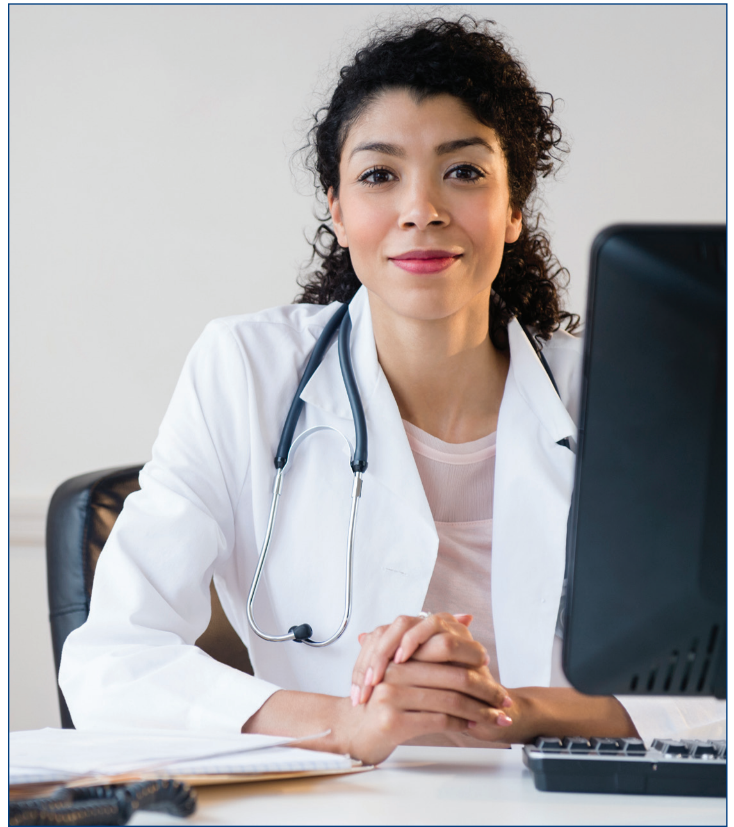
The Federal False Claims Act, 31 U.S.C. §§ 3729-3733, applies to persons or entities that knowingly and willfully submit, cause to be submitted or conspire to submit a false or fraudulent claim, or that use a false record or statement in support of a claim for payment to a federally funded program. The 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 of $10,781 to $21,916 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

A number of states have enacted false claims acts in an attempt to prevent the filing of fraudulent claims to state-funded programs. The District of Columbia has established such an act under Title 2, Chapter 3 of the District of Columbia Code. The District of Columbia law provides that any person who knowingly presents or causes to be presented a false claim, record or statement for payment by the District, or conspires to defraud the District by getting a false claim paid, can be liable to the District for penalties and damages. District of Columbia law allows whistleblowers to bring claims under certain circumstances and protects whistleblowers from retaliation by employers. Virginia has a similar law, known as the Taxpayers Against Fraud Act, established under Chapter 3 of Title 8.01 of the Virginia Code. Virginia's law also permits whistleblowers to bring actions in the name of the Commonwealth of Virginia and protects whistleblowers from discrimination by employers. Maryland has a similar law, called 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. In Maryland, the civil penalty can be up to $10,000 for each violation. There can be an additional penalty of up to three times the amount of the damages that the state sustains. Depending on the outcome, the whistleblower may be entitled to a portion of the judgment or settlement.

Provider OnLine

Provider OnLine is specifically designed for practitioners and providers affiliated with MedStar Select. The portal allows quick and efficient access to claims, benefit, and eligibility information for members, our associates and covered dependents. In addition, providers can chat online with Provider Services by clicking the link at the bottom of the home page.



In order to check eligibility and benefits, simply enter the member's identification number, last name, and first name, then click "Search." Eligibility results for applicable dependents and subscribers display within seconds. The result details show the member's specific benefits and effective date of benefits.

The Claim Inquiry search allows providers to search by member, associate, covered dependent or claim information online to obtain real time claims status. Detailed CMS-1500 and UB claim detail is supplied, including adjustment reasons, by clicking on the applicable claim from the search results. Providers who have questions on claims can compose an email to Provider Services on the claim detail screen directly.

You can also save time by messaging or chatting directly with Provider Services through the Provider OnLine portal. Communications are sent directly to the appropriate service area by selecting the applicable topic.

Provider OnLine also offers the capability to accept prior authorizations submitted by providers electronically. Once submitted, providers are able to view the status of their request as well as make edits up until a decision has been rendered. If you are interested in obtaining access to submit requests electronically, please notify **mfc-providerrelations2@medstar.net** to request permission. Requests will continue to be accepted via phone and fax as well.

If you are not already registered for Provider OnLine, sign up through **Secure.TogetherForYourHealth.com/WebRequests/Requests/SecurityRequest.aspx**.

For further information on the Provider OnLine portal, please contact Provider Services at **855-242-1042**.

Membership Cards

Each MedStar Select member receives an identification card, which can be used only by the person listed on the card. Use of a member's card by another person is insurance fraud and is grounds for the member's termination from the health plan. Possession of a member ID card does not guarantee eligibility.

Providers must request any and all insurance cards from the member before performing services. Providers should verify eligibility by going online at **MedStarProviderNetwork.org** or by calling Provider Services at **855-222-1042**.

Medical Record Requests for Appeals

Members have the right to file appeals regarding claim payment or organizational determinations. In some situations MedStar Select need to request medical records in order to process the appeal.

Your timely response to this request is needed in order for us to best serve our members and meet regulatory requirements. If you receive a request for medical records from the plan please respond as expeditiously as possible.

Providers Participating in MedStar Select Plan

Please check **MedStarProviderNetwork.org** to confirm your office information is displaying correctly on the searchable online directory.

If there have been any changes or you become aware of an error, please contact Provider Relations at **mfc-providerdemographics@medstar.net** or **800-905-1722** to resolve.

Help us to ensure that MedStar Select and Medicare Choice has the most accurate and up to date information!

5233 King Ave., Suite 400
Baltimore, MD 21237
800-905-1722 **PHONE**
MedStarProviderNetwork.com

19-MFCMD-0096

The MedStar Select and MedStar Medicare Choice Newsletter is a publication of MedStar Health. Submit new items for the next issue to MedStar Family Choice Provider Relations at **mfc-providerrelations2@medstar.net**.

Kenneth Samet
President and CEO, MedStar Health

Eric Wagner
President, MedStar Family Choice

Margo Briscoe
Manager, Provider Relations

MedStar Franklin Square Medical Center
MedStar Georgetown University Hospital
MedStar Good Samaritan Hospital
MedStar Harbor Hospital
MedStar Montgomery Medical Center
MedStar National Rehabilitation Network
MedStar Southern Maryland Hospital Center
MedStar St. Mary's Hospital
MedStar Union Memorial Hospital
MedStar Washington Hospital Center
MedStar Ambulatory Services
MedStar PromptCare
MedStar Medical Group
MedStar Visiting Nurse Association
MedStar Family Choice
MedStar Institute for Innovation
MedStar Health Research Institute