



STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
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TO: Physicians
Nurse Practitioners
Nurse Midwives
Local Health Departments
Federally Qualified Health Centers
General Clinics
Hospitals

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

RE: Medicaid Program Updates for Fall 2014

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

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

PCP Fee Increase in 2015

Maryland Medicaid increased rates for certain primary care services in calendar years 2013 and 2014. The Governor's budget for FY 2015 includes funding to maintain these increased rates into 2015. The budget is subject to change. The Program will inform providers if Medicaid needs to decrease rates.

While Maryland is paying the enhanced rate to all providers who render these services, it is essential that all pediatricians, general internists, and family medicine practitioners attest to their primary care status before December 31, 2014. Attestations are key to ensuring that Maryland receives increased federal funds for these important services. If you have already attested, you are not required to attest again.

To submit an attestation or to find additional information about the PCP Fee Increase in Maryland, visit <https://mmcp.dhmfh.maryland.gov/SitePages/PCPFeeIncrease.aspx>

Submit questions about the PCP Fee Increase to dhmfh.primarycareattestation@maryland.gov.

Physician Revalidation

Under the Affordable Care Act (ACA), Maryland is required to revalidate Medicaid providers at least every five years. The Program is currently contacting physicians regarding revalidation of information in Medicaid provider files. If you receive a letter from the Program, please submit your application for revalidation to ensure there is no interruption in your enrollment status with the Program.

Ordering, Rendering, and Referring Provider Re-enrollment or Revalidation

The Affordable Care Act (ACA) requires Maryland Medicaid to re-enroll all ordering, rendering, and referring Medicaid providers. Federal requirements state that participants who receive prescriptions from unenrolled prescribers will be unable to fill prescriptions, effective Fall 2014/Winter 2015.

Currently, the Program is reaching out to prescribers. If you receive a letter from the Program, please submit your application for enrollment or revalidation to ensure there is no interruption in your enrollment status.

Submit questions about prescriber enrollment to dhmfh.rxenroll@maryland.gov.

Electronic Health Records (EHR) and Health Information Technology (HIT) Resources

In partnership with CRISP, Maryland's state-wide Health Information Exchange (HIE) recently launched a Meaningful Use Resource Center. The Meaningful Use Resource Center provides a single, comprehensive informational tool for Eligible Professionals and staff working toward meeting Meaningful Use requirements under the EHR Incentive Program.

To attest to Meaningful Use, visit <https://mmcp.dhmfh.maryland.gov/ehr/SitePages/Home.aspx>

For general EHR questions, visit <https://meaningfuluse.crisphealth.org> or call [1-877-952-7477](tel:1-877-952-7477).

Telemedicine Expansion

The Maryland legislature passed SB 198/HB 802 during the 2014 legislative session, requiring Maryland Medicaid Telemedicine Program expansion, repealing rural geographic and disease

limitations. The program no longer requires a cardiovascular diagnosis. The Maryland Medicaid Telemedicine Program will be statewide beginning October 1, 2014.

For information about the telemedicine program in Maryland, including provider eligibility information and how to apply to become a telemedicine provider, please visit dhmh.maryland.gov/telemedicine.

Submit questions about telemedicine to dhmh.telemedicineinfo@maryland.gov.

ICD-10 Implementation

ICD-10 implementation is delayed until October 2015. Providers must continue to use ICD-9 codes until further notice. Providers should also continue to use the updated (02-12) version of the CMS 1500 form, which went into effect on April 1, 2014.

Though ICD-10 implementation is delayed, providers may contact the Program if they wish to conduct testing. If you are interested in conducting testing for ICD-10 in anticipation of October 2015, please email dhmh.icd10@maryland.gov.

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

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

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

Behavioral Health Integration

Beginning January 1, 2015, substance use disorder (SUD) treatment services will be carved out of HealthChoice managed care organizations (MCOs). Similar to mental health treatment services, SUD services will be managed by the administrative services organization (ASO), ValueOptions. For SUD services, HealthChoice MCOs will transfer authorizations to the ASO to ensure continuity of care effective January 1, 2015. ValueOptions will schedule training sessions with SUD providers throughout the State in preparation for the implementation date.

For additional information on Behavioral Health Integration, please visit:

<http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx>

For additional information about ValueOptions, please visit: <http://www.valueoptions.com/>

Hospital Presumptive Eligibility (HPE)

Maryland Medicaid will launch the Hospital Presumptive Eligibility (HPE) program in Fall 2014. HPE allows qualified hospitals to make immediate, temporary Medicaid coverage determinations.

HPE provides temporary MA, with full MA benefits, to the ACA populations – children, parents, single adults under 65, and pregnant women—for up to 60 days. HPE enrollees are not enrolled in managed care organizations (MCOs) until they receive a full MA determination.

Approved HPE applicants will receive an HPE Approval Notice as proof of coverage. They will not receive a regular red and white card. If a participant presents you with an HPE Approval Notice, verify enrollment as usual, using the Eligibility Verification System (EVS), on the date of service. Please see the attached HPE Notice of Approval for reference.

For information about HPE, visit dhmh.maryland.gov/hpe.

Submit questions about HPE to dhmh.hpe@maryland.gov.

Changes to Health Benefits Exchange (HBX)

Open enrollment for Qualified Health Plans (QHPs) begins November 15, 2014. Those seeking Medicaid coverage do not have to wait for the open enrollment period to apply. Persons applying for Medicaid can apply at any time through their local Department of Social Services or Local Health Department.

Using technology based on Connecticut's system, Marylanders will soon move to a revamped health insurance exchange. In the first release of Maryland's new health benefit exchange, mostly minor changes will be made to the Connecticut platform to accommodate Maryland-specific branding, regulations, notices, and general information. Current work includes updating the system for Spanish speakers.

For additional information and updates, please visit: <http://marylandhbe.com/>

To access the Maryland Health Benefit Exchange, please visit: <http://marylandhealthconnection.gov/>

New Medicaid Red & White Cards

Maryland Medicaid recently switched from hard plastic cards to hard stock paper cards. The look and color of the card remains the same. When the Primary Adult Care (PAC) Program participants transitioned into full Medicaid on December 31, 2013, they received this "new" red and white card. All new Medicaid participants will receive this paper card going forward.

Appendix A: Approval Notice

Hospital Presumptive Eligibility Program

HOSPITAL PRESUMPTIVE ELIGIBILITY NOTICE OF APPROVAL

Patient name: [REDACTED]

Medical Assistance ID #: [REDACTED]

YOUR TEMPORARY HEALTH COVERAGE PERIOD BEGINS: XXXXXXXX

YOUR TEMPORARY HEALTH COVERAGE PERIOD ENDS: XXXXXXXX

WHY YOU ARE RECEIVING THIS NOTICE

You qualify for Hospital Presumptive Eligibility (HPE) through the Maryland Medical Assistance (MA) Program. HPE provides temporary health coverage. HPE offers full access to all benefits under Maryland Medicaid Fee-for-Service *for a limited time only*. **Present this notice as *proof of coverage* during this temporary coverage period.**

HOSPITAL PRESUMPTIVE ELIGIBILITY IS NOT A FINAL DETERMINATION FROM THE MEDICAID AGENCY

To determine your eligibility beyond **END DATE**, you must take action.

- For consideration to receive full MA coverage beyond the end date above, you must complete the MA application.
- The hospital can help you complete the full MA application. You can apply any time online at <https://marylandsail.org> or by visiting a local connector entity, health department or department of social services. You can also apply by calling Maryland Health Connection Consumer Support Center at 1-855-642-8572 (TTY 1-855-642-8573).
- If we do not receive your full MA application by [REDACTED], you will have a gap in coverage.
- Completing the full MA application does not extend this temporary coverage, but may qualify you for full coverage.
- If you submit a full MA application before [REDACTED] and you are not found eligible, your temporary coverage will end on **XXXX**.

Issued by: **HOSPITAL NAME**

Authorized HPE Representative: **XXXXXX**

HPE Representative Email: **XXXXXX**

Notice to providers: Please use the Medical Assistance Eligibility Verification System (EVS) to check the MA ID number above prior to delivering services. Health care providers with questions may email dhmh.HPE@maryland.gov.