

Maryland HealthChoice Participating Provider Training



Medicaid Program and Governance

The Medicaid program



- Is an entitlement program financed by the FEDERAL and STATE governments and administered by the STATE governments.
- Provides medical coverage for specific groups of low income people.
- Follows federal guidelines established by the Centers for Medicare and Medicaid Services (CMS).
- Has a variety of eligibility requirements and eligibility groups, because there are many federal and state requirements.

Maryland HealthChoice Program

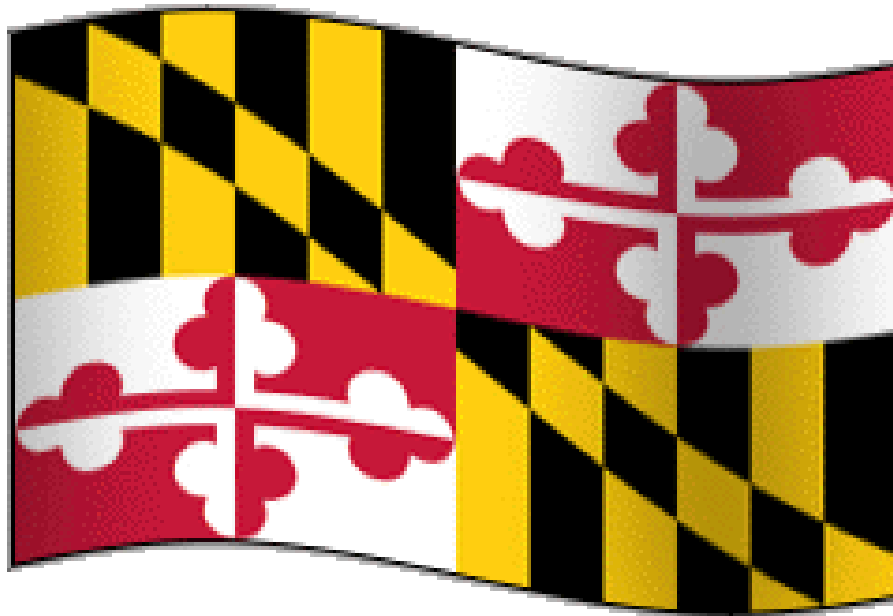
The Maryland Medicaid program is administered by the Department of Health and Mental Hygiene (**DHMH**).



HealthChoice, Maryland's statewide mandatory managed care program, provides health care to most Medicaid participants. Eligible Medicaid participants enroll in a Managed Care Organization (MCO) of their choice and select a primary care provider (PCP) to oversee their medical care.

Maryland HealthChoice Program

Beginning **June 2, 2014**,
the Kaiser Permanente Mid-Atlantic States region will participate in the
HealthChoice program as a **Managed Care Organization (MCO)**.

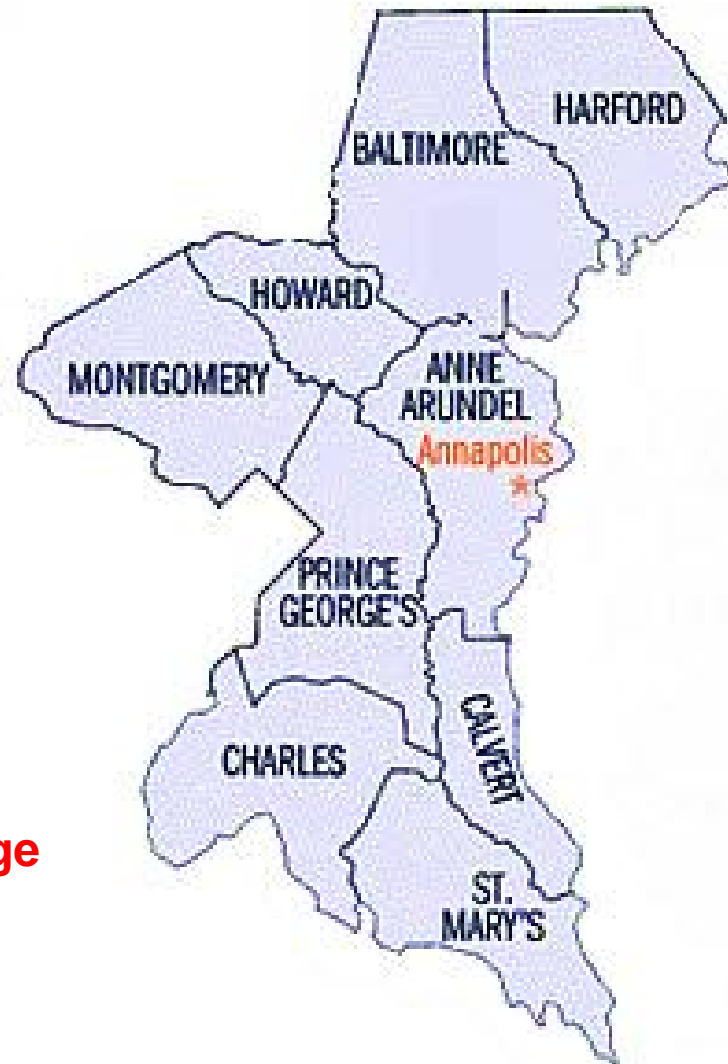


Maryland HealthChoice Coverage Area

Kaiser Permanente Maryland HealthChoice service area will cover the following counties:

- Anne Arundel County
- Baltimore County
- Calvert
- Charles
- Harford
- Howard
- Montgomery
- Prince George's
- St. Mary's

The City of Baltimore and Frederick County are not included in the coverage area.



Maryland Medicaid Primary Locations

Eligible Kaiser Permanente Maryland HealthChoice members may receive **PRIMARY** care services at any Kaiser Permanente locations in Maryland:

| | |
|----------------|------------------|
| Annapolis | Camp Springs |
| City Plaza | Columbia Gateway |
| Frederick | Gaithersburg |
| Kensington | Largo |
| Marlow Heights | Prince George's |
| Severna Park | Shady Grove |
| Silver Spring | South Baltimore |
| Towson | White Marsh |
| Woodlawn | |

Kaiser Permanente Maryland HealthChoice members may also see selected Participating Primary Care and OB/GYN providers within Kaiser Permanente's Maryland HealthChoice Participating Provider Network.

Maryland Medicaid Specialty Locations

Kaiser Permanente Maryland HealthChoice members that require **SPECIALTY*** care services, may obtain those services at all Kaiser Permanente Medical Centers throughout the region including the District of Columbia and Northern Virginia.



** There may be program limitations and restrictions based on certain specialty services.*

Maryland Medicaid Pharmacy Locations

Kaiser Permanente Maryland HealthChoice members will be able to fill prescriptions at **ANY** Kaiser Permanente pharmacy center location across the Mid-Atlantic States region.

Kaiser Permanente Maryland HealthChoice members also have the option to use non-Kaiser Permanente participating network Pharmacies, including but not limited to the following:

- Giant
- Walmart
- Target
- CVS
- Rite Aid
- Walgreens
- Contracted Independent Pharmacies



Enrollment and Eligibility

To verify eligibility, **PROVIDERS** may call:

Kaiser Permanente at 1-800-810-4766 or
The Maryland Medicaid Eligibility Verification System (EVS) at 1-866-710-1447

Participating Providers enrolled with KP HealthConnect AffiliateLink may also verify eligibility and benefit information online by logging on at:

www.providers.kp.org/mas

Participating Providers or members may call Member Services at 1-855-249-5019 or for TTY 1-866-513-0008 regarding:


- General enrollment questions
- Clarification of eligibility verifications
- Clarification of member benefits
- Members terminated greater than 90 days
- Members presenting with no Kaiser Permanente identification number
- Clarification of claims issues

Medicaid Identification Card

The Kaiser Permanente Maryland HealthChoice ID card will contain the DHMH-assigned Medicaid number in addition to the Kaiser Permanente assigned Medical Record Number.

Medical Record Number (MRN)

Maryland Medicaid Program Identifier



KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

PARTICIPANT IN MARYLAND HEALTHCHOICE

| | |
|--------------------------|--------------------|
| KP MEDICAL RECORD NUMBER | MEDICAID ID NUMBER |
| 00000000 | 000000000000 |

HEALTHCONNECT, DON

| | | |
|-----|--------|----------|
| SEX | CENTER | DOB |
| M | KEN | 1/1/1972 |

Pharmacy BIN:
Pharmacy Group:

PRIMARY CARE PHYSICIAN

Mary Physician

Medical Advice: (800) 777-7904
Pharmacy PCN:
Pharmacy Copay: \$

Medicaid Number

Assigned PCP

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

Preventing Medicaid Fraud

Medicaid Fraud is defined as:

“Knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application for any benefit or payment under a State plan established by Title XIX of the Social Security Act of 1939.” (COMAR 10.09.24.14)

Recognize that fraud can happen in several ways:

- Using another patient’s Medicaid card or Kaiser Permanente Member ID card
- Filing a false claim
- Failure to report any changes to income, resources, and family composition within 10 working days.

Members and providers suspected of fraud, and abuse are to be reported to the Provider Relations Department within 24 hours of discovery.

Failure to report fraud and abuse may result in several sanctions for people and the organization. Those sanctions could include:

- Criminal and civil penalties
- Financial fines
- Loss of Medicaid contract(s)
- Loss of membership
- Overall Kaiser Permanente reputation



Kaiser Permanente Maryland HealthChoice Benefits

Benefits

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|---|---|
| Office Visit | Primary and specialty services provided by MAPMG or through a network of participating providers in the community. |
| Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) | For members younger than 21 years old, medically necessary EPSDT services, will be provided in accordance with the EPSDT periodicity schedule and performed by an EPSDT certified providers. Partial or inter-periodic well-child & health care services necessary to prevent, treat, or ameliorate physical, mental or developmental problems or conditions will be covered. |
| Pregnancy-Related Services | We will coordinate pregnancy-related medical services during pregnancy and two months after the birth. In addition, we will refer infants, children under 5 and pregnant women to WIC or other relevant services as needed (substance abuse, dental care, post-natal care to include home visits). |
| Family Planning Services | Comprehensive family planning services, including family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy, without a doctor's order) and permanent sterilizations. |
| Laboratory and Diagnostic Services | Medically necessary diagnostic services and Laboratory services |

Kaiser Permanente Maryland HealthChoice Benefits

Benefits

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| Pharmacy Services | Zero (\$0) Copayment on prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), latex condoms, and chewable vitamins for children younger than age 12. |
| Vision Care | Vision care services and preventive services including at least one eye examination every 2 years for members over 21; at least one eye examination every year with glasses (contacts if medically necessary) for members under 21. |
| Disposable Medical Supplies & DME | Medically necessary disposable medical supplies and durable medical equipment, including but not limited to all supplies and equipment used in the administration or monitoring of health conditions by the member. |
| Podiatry | Medically necessary podiatry services is covered for members younger than 21 years old. In addition members 21 years old or older with vascular disease affecting the lower extremities or diabetes is entitled to routine foot care. Foot care, may include special shoes, supports, and routine foot care. |
| Cosmetic Surgery | Covered for medically necessary surgery and related services to restore bodily functions or correct deformity resulting from disease, trauma or congenital or developmental abnormalities. |
| Dialysis | Covered for treatment of renal disease both in and out of network. Members with End Stage Renal Disease (ESRD) are eligible for the REM program. We will work with DHMH and the member to facilitate access to this program. |

Kaiser Permanente Maryland HealthChoice Benefits

Benefits

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| <p>Oxygen and related Respiratory equipment</p> | <p>Any medically necessary oxygen and related respiratory equipment are covered</p> |
| <p>Rehabilitation Outpatient - (PT, OT, Speech Therapy)</p> | <p>Medically necessary rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay) for adult enrollees can be provided either at our medical centers or with participating providers.</p> |
| <p>Diabetic Care Services</p> | <p>Members who qualify for medically necessary special diabetes-related services, including; diabetes nutrition counseling, diabetes outpatient education, diabetes-related durable medical equipment, disposable medical supplies, and therapeutic footwear and related services.</p> |
| <p>Plastic and Restoration Surgery</p> | <p>Any medically necessary surgery to correct a deformity from disease, trauma, congenital or developmental anomalies, or to restore body functions.</p> |
| <p>Enteral Feedings</p> | <p>Enteral nutritional and supplemental vitamins and mineral products given by nasogastric, jejunostomy, or gastrostomy tube in the home. Enteral products include specialized infant formula, nutrition, or medical foods.</p> |

Kaiser Permanente Maryland HealthChoice Benefits

Benefits

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| <p>Outpatient Hospital Services</p> | <p>Medically necessary outpatient hospital services.</p> |
| <p>Inpatient Hospital Services</p> | <p>Medically necessary inpatient treatment provided with authorization from the health plan or following an emergency admission. We will comply with length of stay requirements for childbirth and discharge planning.</p> |
| <p>Skilled Nursing Facility Care (SNF), Long-term Care Facility Services</p> | <p>Full-time nursing care in a nursing home or long-term care (LTC) facility. Available to all members. After 30 days transition to State of Maryland instead of Kaiser Permanente HealthChoice.</p> |
| <p>Primary Mental Health Services</p> | <p>Primary mental health services are basic mental health services provided by PCP or another Kaiser Permanente participating provider in network.</p> <p>If more than just basic mental health services are needed, your PCP will refer members to call the Public Mental Health System at 1-800-888-1965 for specialty mental health services.</p> |

Kaiser Permanente Maryland HealthChoice Benefits

Benefits

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| Home Health Services | Home health services, including, skilled nursing services, home health aide services, physical therapy services, occupational therapy services, speech pathology services, and medical supplies that are used during a home health visit. |
| Hospice Care Services | We will cover medically necessary hospice care services to enrollees who are terminally ill with a life expectancy of 6 months or less. We will not require a member to change their out of network provider to an in network provider. |
| Blood and Blood Products | We will cover medically necessary procedures, blood, blood products, derivatives, components, biologics, and serums to include autologous services, whole blood, red blood cells, platelets, plasma, immunoglobulin, and albumin both within our medical centers or with participating providers. |
| Clinical Trials | Approved clinical trials for treatment provided for life-threatening conditions or prevention, early detection, and treatment studies on cancer. |
| Smoking Cessation | Cover all dosage forms of smoking cessation products (such as patches, chewing gum, lozenges, inhalers, nasal sprays) in accordance to the Kaiser Permanente formulary. |
| Transplants | Medically necessary transplants are available for members |

Kaiser Permanente Maryland HealthChoice Benefits

Benefits

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| Second Opinions | If a member requests one we will provide for a second opinion from a provider within our network, if necessary we will arrange for the member to obtain one outside our network. |
| HIV Testing and Treatment Counseling | Partial Carve Out - certain diagnostic services are paid by the state such as: (Viral load testing, genotypic, phenotypic or other HIV/AIDS resistance testing) Most HIV/AIDS drugs. Anyone with HIV/AIDS who needs substance abuse treatment will have access within 24 hours of request. HIV Testing and Counseling - All pregnant women will be offered a test for HIV and will receive information on HIV infection and its affect on the unborn child. |

Kaiser Permanente Maryland HealthChoice Carved Out Benefits

Carved Out Benefits

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| ICF/DD Formerly ICF-MR Services | Intermediate Care Facilities/Developmentally Disabled |
| Abortion Services | Medical procedure to end certain kinds of pregnancies in accordance with criteria is covered by the State. Women eligible for HealthChoice only because of their pregnancy are not eligible for abortion services." |
| Audiology Services | Hearing Aids & Audiology Services are NOT COVERED for members over 21 years old. |
| Medical Day Care Services | Rendered in a center licensed by the state or local health department that includes medical and social services |
| Dental Services | Preventive Services dental services for members will be provided by Maryland Healthy Smiles Dental Program - through DentaQuest, including: dental exams two times a year, dental cleaning two times a year, X-rays once a year, filling for cavities, non-surgical extraction, topical fluoride; discount for other services. DentaQuest: 1-855-208-6316 |
| Personal Care | Skilled personal care, help with daily living, is administered by the State. |
| Occupational, Physical, Speech Therapy and Audiology | For children under 21 the State pays for these services if medically necessary. For help in finding a provider they should call the State's Hotline at 1-800-492-5231 |

Carved Out Benefits

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| Substance Abuse Treatment | <p>Comprehensive substance abuse treatment that includes substance abuse assessments, outpatient substance abuse treatment including individual, group, and family counseling, methadone maintenance, detoxification treatment on an outpatient basis, or, if medically necessary, an inpatient basis.</p> <p>Effective January 1, 2015, Kaiser Permanente will not be responsible for payment to providers delivering substance use disorder (SUD) services per COMAR 10.09.70. In order to receive Medicaid payment for SUD services, providers must be enrolled with Maryland Medicaid and registered with the Administrative Services Organization (ASO), ValueOptions (VO). Once approved as a Medicaid provider and registered with VO, providers will be able to submit authorization requests and claims to VO.</p> |
| Behavioral Health | <p>All services, with the exception of basic primary mental health services which your PCP can provide and treatment of chemical dependencies will be coordinated by the MCO</p> |

Participating Provider Responsibilities

| Responsibilities | |
|---|---|
| Reporting Communicable Diseases | You must ensure that all cases of reportable communicable diseases that are detected or suspected in an enrollee by either a clinician or a laboratory are reported to the Local Health Department (LCD) as required by Health – General Article 18-201 to 18-216, Annotated Code of Maryland and COMAR 10.06.01 Communicable Diseases. |
| Appointment Scheduling and Outreach Requirements | In order to ensure that HealthChoice enrollees have every opportunity to access needed health related services, as specified under COMAR 10.09.66, PCPs must develop collaborative relationship with Kaiser Permanente, specialty care providers, the Administrative Care Coordination Units (ACCU) at the LHD, and the DHMH Provider Hotline to bring enrollees into care. |
| Services for Children | For children younger than 21 years old, we shall assign the enrollee to a PCP who is certified by the EPSDT Program, unless the enrollee or enrollee’s parent, guardian, or care taker, as appropriate, specifically requests assignment to a PCP who is not EPSDT certified |
| Special Needs Population | The State has identified certain groups as requiring special clinical and support services from their MCO. These special needs populations are: <ul style="list-style-type: none">• Pregnant and postpartum women• Children with special health care needs• Individuals with HIV/AIDS• Individuals with physical disability• Individuals with a developmental disability• Individuals who are homeless• Individuals with a need for substance abuse treatment• Children in State-supervised care |

Early, Periodic, Screening, Diagnostic, and Treatment Services

For enrollees under 21 years of age, all of the following EPSDT services are covered:

- Well child services provided in accordance with the EPSDT periodicity schedule by and EPSDT-certified provider, including:
 - Periodic comprehensive physical examinations
 - Comprehensive health and developmental history, including an evaluation of both physical and mental health development
 - Immunizations
 - Laboratory tests including blood level assessments
 - Vision, hearing, and dental screening
 - Health education
- EPSDT partial or interperiodic well child services and health care services necessary to prevent, treat, or ameliorate physical, mental, or developmental problems or conditions, which services are sufficient in amount, duration, and scope to treat the identified condition, and are subject to limitation only on the basis of medical necessity, including:
 - Chiropractic services
 - Nutrition counseling
 - Audiological screening when performed by a PCP
 - Private duty nursing
 - Durable medical equipment including assistive devices
- Providers are responsible for making appropriate referral for publicly funded programs not covered by Medicaid, including Head Start, the WIC nutritional program, early intervention services, School Health-Related Special Education Services, vocational rehabilitation, and Maternal and Child Health Services (located at local health departments).

Appointment and Access Standards

| Type of Appointment | Access Standard |
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| Initial Health assessment appointment (upon enrollment) | Within 90 days of enrollment |
| Children under the age of 21 | Within 30 days of enrollment |
| Maternity Care – Pregnant or Post – Partum | Within 10 days of enrollment |
| Members with Health Risk Assessment (HRA) that screen positive requiring expedited intervention | Within 15 days from the date of receipt of the completed HRA. |
| Urgent care | Within 24 hours of the request |
| Emergency services | Available immediately upon request |

Referrals and Authorizations

Specialty Care Referrals

- **Initial Consultation**
 - Referral must be authorized by PCP or Specialist
 - Referral valid for 90 days (3 months), or as otherwise specified on the referral
- **Additional Visits (Specialist may initiate extension of referral) by:**
 - Faxing request (Uniform Referral Form) to the UMOC at 1-800-660-2019, or
 - Calling UMOC at 1-800-810-4766 follow voice prompts

After an approved initial consult you do not have to call the PCP to request additional visits, call the UMOC number shown above.

Referrals and Authorizations

Utilization Management Operations Center (UMOC)

Referral Management Unit: 8:00am – 4:30pm, weekdays

Concurrent Review Unit: 8:30am – 5:00pm, weekdays

Home Care/DME Unit: 8:30am – 5:00pm, weekdays

Emergency Care Management (ECM): 24/7, 365 days/year

Referrals, authorizations, hospital observation & inpatient admissions

Automated Authorization Requests/KP HealthConnect AffiliateLink:
www.providers.kp.org/mas

General Number (listen for prompts): 1-800-810-4766

Fax Numbers

- Specialty Care Referrals: 1-800-660-2019
- Concurrent Review: 855-414-1702
- Homecare/DME (Please send clinical information): 855-414-1695

Claims & Billing Procedures

Billing Address:
**Mid-Atlantic Claims
Administration
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998**

Clearinghouse for electronic claims:
Emdeon
Payor ID: 52095

**Timely Filing: 180 days (6 months)
from date of service**

Timely appeals filing: 180 days (6 months) from date of denial

“Clean Claim”: Standard format/completed fields, attachments, current industry standard data coding

All patient services must be billed on CMS 1500 or UB04

Provider Payment Dispute Resolution

Providers who disagree with a decision not to pay a claim in full or in part may file a payment dispute request within 90 days from the date of denial.

A provider may initiate a payment dispute by calling Provider Relations at 1-877-806-7470. A payment dispute request may also be submitted in writing to:

Mid-Atlantic Claims Administration
Kaiser Permanente
P.O. Box 371860
Denver, CO 80237-9998

A dispute decision will be given within 45 days from the date of receipt of the appeal.

In the event of adverse dispute decision by Kaiser Permanente, a provider may contact the DHMH Provider Hotline at 1-800-766-8692, TDD 1-800-735-2258