

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM General Provider No. 96 June 12, 2024

To: All Providers

From: Tricia Roddy

Deputy Medicaid Director

Re: Summer General Provider Updates 2024

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

1. Announcement of the Transition to Carelon from Optum (BHASO)

As communicated in Provider Transmittal (60-24) Public Behavioral Health System Administrative Service Organization (ASO) Vendor Change, the Maryland Department of Health (MDH) has selected Carelon Behavioral Health to be the next Behavioral Health ASO vendor. The contract award began March 1, 2024 to allow for a 10 month implementation and transition period during the final year of the current contract. The contract base period is five years (January 1, 2025–December 31, 2029) with one two-year option which could extend the contract award period through December 31, 2031.

As Carelon opens its Maryland Operations, it will execute a plan to conduct outreach, train providers to use its system and work steadily with the current vendor, Optum Maryland, to support providers throughout the process.

The current toll-free number for providers and participants, 1-800-888-1965, will remain the same. Additional information will be forthcoming as Carelon engages its Maryland staff who will be part of outreach and communications plans as they evolve. Please direct any questions regarding the information in this transmittal to the Maryland Medicaid Behavioral Health Division at mdh.mabehavioralhealth@maryland.gov.

2. Provider NPI Specific per Location Requirement – Hospital Exclusion Update

As communicated in PT 51-24, Maryland Medicaid will no longer allow limited risk groups and facilities to share an National Provider Identifier (NPI) across multiple enrollments and each group or facility must enroll with a unique NPI. Groups and facilities already enrolled with a shared Type 2 Organizational NPI are required to obtain a unique NPI specific to each enrollment account. This requirement does not apply to providers with a Type 1 Individual NPI.

Excluded from this requirement are Provider Type (PT) NT Skilled Nursing Facility Therapy Group and Provider Type (PT) RX Pharmacy also enrolled as Provider Type 62 DMS/DME Provider. Please note that PT NT is a new provider type, replacing Provider type (PT) 28 Therapy Group Providers-EPSDT affiliated with a Provider Type (PT) 57 Nursing Facility. Additional information can be found in Section 4 of this transmittal. In addition, hospitals are now also excluded from the new NPI policy and can continue to share the same NPI across hospital enrollments

As providers report their new NPIs, the Program is updating their existing accounts and sharing this information with the Managed Care Organizations (MCO) on a weekly basis. This process is only intended to inform the MCO that the new NPI is enrolled and eligible to participate with MCOs. **Providers will need to contact MCOs they are enrolled with to register the new NPI.**

3. Medicaid Provider Enrollment for MCO Self-Referred Services

As communicated in PT 70-24 and outlined in COMAR 10.67.06.28, self-referred services do not require a primary care provider referral to access. Providers offering self-referred services are not obligated to join MCO networks; however, they must register as participating providers in Medicaid via ePREP.

Self-referred services are family planning services, services performed by a school-based health center, pregnancy-related services for participants who have received prenatal care from an out-of-plan provider, initial medical examination for children in State custody, annual diagnostic and evaluation service visit for participants with HIV/AIDS, renal dialysis services performed in a Medicare-certified facility, initial newborn medical examination when it is performed in a hospital by an on-call physician and the MCO failed to provide for the service before newborn's discharge from the hospital, comprehensive substance abuse assessment, and substance abuse services that meet the requirements outlined in COMAR 10.67.06.28(A)(9).

4. New Provider Type PT NT Skilled Nursing Facility Therapy Group

Maryland Medicaid has established a new provider type, PT NT Skilled Nursing Facility Therapy Group. This provider type is intended for therapy group providers who render services in affiliation with a nursing facility. Existing therapy group providers enrolled under PT 28 EPSDT Therapy Group with a nursing facility affiliation will automatically be updated to the new PT NT. No action is needed by the provider to update their enrollment accounts.

New therapy group providers rendering services in affiliation with a nursing facility should enroll under PT NT. New therapy group providers without a nursing facility affiliation should continue to enroll under PT 28.

For any questions, please contact mdh.providerenrollment@maryland.gov

5. Ordering, Referring, and Prescribing Provider Updates

Federal regulations require Medicaid to enroll all Ordering, Referring, and Prescribing (ORP) providers in the Medicaid program for their services and prescriptions to be billable to Medicaid. Due to this requirement, on July 1, 2024 Maryland Medicaid will deny *all* fee-for-service (FFS) pharmacy claims where the individual prescribing practitioner is not actively enrolled in Maryland Medicaid.

All practitioners—including medical trainees, interns, and unlicensed residents—who prescribe to Maryland Medicaid participants must be actively enrolled Medicaid providers in order for their prescriptions to be covered at the Point-of-Sale. Even if an individual prescribing practitioner is otherwise not required to be enrolled for submission of claims for rendered services, they must now enroll for Medicaid to reimburse pharmacies for their prescriptions under this policy. It is critical that prescribing practitioners enroll as soon as possible to ensure that Medicaid participants can continue to access the medications and services they need. Individual practitioners may enroll as either a fully participating (billing or rendering) provider, or an ORP-only provider (does not bill for services or sign a full Provider Agreement).

Prescribing practitioners can check their Medicaid enrollment status via the <u>Provider Verification System (PVS)</u> and enroll through Maryland Medicaid's <u>Electronic Provider Revalidation and Enrollment Portal (ePREP)</u>. Information, guides, and FAQs related to this policy are available on Medicaid's ORP Providers <u>webpage</u>.

6. Claims Processing Division

The Claims Processing Division has received an extensive number of claims requiring denial or return to providers due to incorrect submission. The most common return reasons for paper claims are 1) a missing or incorrect 9-Digit Maryland Medicaid Provider Number or 2) a missing or incorrect Explanation of Medical Benefits (EOMB). Please note that the procedure code, date of service, billed amount, and allowed amount listed on the EOMB and claim form must match. Additionally, reason code descriptions must be present on the EOMB, and the EOMB must be labeled "Medicare EOMB".

For Maryland Medicaid CMS-1500 paper billing and claim submission inquiries please visit: https://health.maryland.gov/mmcp/provider/Documents/ffs-billing/Interim%20CMS%201500%20Billing%20Instructions%20-%20Update%2010.16.23.pdf

For Maryland Medicaid CMS-1500 Part B Medicare Advantage Plan paper billing and claim submission inquiries please visit: https://health.maryland.gov/mmcp/provider/Documents/ffs-

7. Sunset of Abortion Form 521

Effective 1/1/2023, Maryland Medicaid no longer requires submission of the Abortion Form 521 or completion of block 10d on the CMS-1500 form when submitting claims related to abortion services. If a claim denial is received for missing abortion form, please email mdh.professionalservicespolicy@maryland.gov.