



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## MARYLAND MEDICAL ASSISTANCE PROGRAM General Provider Transmittal No. 86 December 10, 2018

**To:** Clinics  
Durable Medical Equipment (DME) Providers  
Durable Medical Supplies (DMS) Providers  
Federally Qualified Health Centers  
Hospitals  
Local Health Departments  
Managed Care Organizations  
Nurse Anesthetists  
Nurse Midwives  
Nurse Practitioners  
Pharmacies  
Physicians  
Physician Assistants

**From:** Jill Spector, Director *Jill Spector*  
Office of Health Services

**Re:** Medicaid Program Updates for Winter 2018

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

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### Disposable Medical Supplies – Preauthorization Requests

Effective October 1, 2018 Telligen, Inc., Maryland Department of Health's (MDH) utilization control agent, assumed responsibility for completing reviews for Maryland Medicaid participants who request disposable medical supplies (DMS) requiring preauthorization. Telligen has been performing similar authorizations for durable medical equipment (DME) and oxygen services since September 1, 2016. Telligen conducts these reviews to determine eligibility, medical necessity, utilization or continuation of medical need for the items provided to Maryland Medicaid participants in order to support their independence in their home, school, worksite, and community per Code of Maryland Regulations (COMAR) 10.09.12.

Providers must submit DMS requests electronically through Telligen's web-based provider portal, Qualitrac. Qualitrac is a web application that allows healthcare providers to submit review requests for consideration. MDH will no longer accept preauthorization requests for DMS services.

For questions about DME and DMS services, please contact the Division of Community Support Services at 410-767-7283.

### **Medicaid Provider Enrollment, Eligibility, and Disaster Response**

The Centers for Medicare and Medicaid Services (CMS) provide guidance to States regarding public health emergencies. CMS may waive residential eligibility requirements to allow individuals displaced by a natural disaster to apply for Medicaid coverage in other states. For example, an individual displaced by a hurricane seeking to reside in Maryland may apply for Medicaid coverage via the Maryland Health Connection.

For Medicaid participants who intend to return to their home state, the individual's home state Medicaid agency may waive provider enrollment requirements, including application fees, criminal background checks, site visits, or state licensure/certification, to enable providers to temporarily enroll in the home state's Medicaid Program to receive reimbursement for services rendered. The authority for these waivers is Section 1135 of the Social Security Act.

The guidance states that CMS may waive certain eligibility and provider enrollment requirements to provide care and receive subsequent reimbursement for services rendered to displaced individuals when the HHS Secretary declares a public health emergency due to a natural disaster that requires a state's residents to evacuate. As a general rule, providers should consult with the individual's home state Medicaid Program website if they want to provide care and be reimbursed for services. Please direct any specific questions you may have regarding the disaster response waiver to Trina Roberts at 404-562-7418 or [Shantrina.Roberts@cms.hhs.gov](mailto:Shantrina.Roberts@cms.hhs.gov).

For more comprehensive guidance about Medicaid and natural disaster evacuees, please review the materials in CMS' Disaster Response Toolkit: <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html>.

### **Pharmacist Prescribers**

Maryland Senate Bill 363 (2017) allows qualified pharmacists to prescribe certain contraceptive medications and self-administered contraceptive devices. Effective January 1, 2019, qualified pharmacists and pharmacies may enroll with Maryland Medicaid as a Pharmacist Prescriber provider type. Once enrolled, pharmacist prescribers may bill for the patient assessment rendered in order to determine whether to prescribe contraceptives and which contraceptive to prescribe.

In order for Medicaid to reimburse providers for these services, Pharmacies must take three steps. First, the Pharmacy must obtain a new NPI for the location they intend to enroll as a Pharmacist Prescriber. Second, the Pharmacy must enroll as a group Pharmacist Prescriber provider. Third, the individual qualified pharmacist must enroll as a Pharmacist Prescriber renderer. The Pharmacist Prescriber group would bill the patient assessment via a CMS-1500. Pharmacies should NOT bill Conduent for the patient assessment.

Pharmacy providers who intend to participate as Pharmacist Prescribers should look for more information at [https://mmcp.health.maryland.gov/Pages/pharmacist\\_prescribers.aspx](https://mmcp.health.maryland.gov/Pages/pharmacist_prescribers.aspx).

## **Revalidations through the electronic Provider Revalidation and Enrollment Portal (ePREP)**

All Maryland Medical Assistance Program (Medicaid) providers must revalidate their Medicaid enrollments at least every five years to continue participation in the Medicaid Program. For group and facility providers, this requires each provider location enrolled with Maryland Medicaid to revalidate their enrollment. Once scheduled, the Maryland Department of Health (MDH) will send a Revalidation Request notice to the provider by mail. Additionally, enrollment revalidation requirements apply to providers who only render services through HealthChoice managed care organizations (MCOs).

A provider will receive a Revalidation Request instructing providers to enter ePREP and submit a revalidation application. Prior to ePREP implementation, providers could submit paper revalidation applications at any time without receiving a Revalidation Request. Now, a provider may only submit a revalidation application once the ePREP system schedules it. Providers who have already created a business profile in ePREP will receive an email notification as well as a hard copy of the Revalidation Request notice. Failure to submit a complete and accurate revalidation application will result in suspension of enrollment.

Providers may submit supplemental applications at any time to update information and demographics. ePREP does not limit or schedule such supplemental changes to providers' enrollment record.

For questions about Medicaid enrollment, please contact us at 1-844-4MD-PROV (1-844-463-7768). For more information about ePREP, including revalidation instruction resources and other ePREP user functions, please visit <https://mmcp.health.maryland.gov/Pages/ePREP.aspx>.

## **Clarification of Provider Transmittal 07-19 (EPSDT Transmittal No. 42) re: Billing of Hearing and Vision Screenings**

The purpose of Provider Transmittal 07-19 was to inform EPSDT providers that both Medicaid Fee-for Service and Managed Care Organizations will reimburse for hearing and vision screenings as a separate service, in addition to a preventive health visit. EPSDT Transmittal #42 and the Coding and Billing Guidelines for Vision and Hearing Screenings Attachment may be found at [https://mmcp.health.maryland.gov/MCOupdates/Documents/pt\\_07-19.pdf](https://mmcp.health.maryland.gov/MCOupdates/Documents/pt_07-19.pdf).

For questions please contact the EPSDT Program at 410-767-1836 or [Lesa.Watkins@maryland.gov](mailto:Lesa.Watkins@maryland.gov).

## **Attending Providers on Institutional Claims**

Effective April 1, 2019, institutional claims submitted to Maryland Medicaid must include the NPI of an attending physician who is actively enrolled as a Maryland Medicaid provider.

Under section 6401 of the Affordable Care Act and Code of Federal Regulations section 42 CFR § 455.410(b), ordering, referring and prescribing (ORP) providers are required to “be enrolled as participating providers” with the state Medicaid agency in order for their ordered, referred, and

prescribed services to be billable to Medicaid. The Centers for Medicare and Medicaid Services (CMS) interprets this enrollment requirement to include attending physicians supervising care in institutional settings, including hospitals, nursing facilities, and residential treatment centers. This federal policy applies to providers seeking Medicaid reimbursement for serving patients in institutional settings under the care of an attending physician. For such services, the attending physician serves as the ORP provider, and must be enrolled with the state Medicaid program for the service to be billable to Medicaid.

To comply with this federal rule, Maryland Medicaid will require that all claims submitted via 837i electronic claim form include the NPI of a valid individual attending provider who is actively enrolled in the Maryland Medicaid program. To receive payment, an institutional provider's claim will be required to meet the following criteria:

- The attending provider NPI field must be completed with a valid 10-digit number.
- The attending provider NPI must be a Type 1 (Individual) NPI belonging to an individual practitioner. A Type 2 (Organizational) NPI belonging to a professional group or facility is not permitted in the attending field.
- The attending provider NPI must belong to a provider who is actively enrolled in the Maryland Medicaid program.

Claims that do not meet these criteria will be at risk of denial as of April 1, 2019.

Attending physicians and other ORP providers must enroll with Maryland Medicaid using the electronic Provider Revalidation and Enrollment Portal (ePREP). Physicians who do not wish to enroll with Maryland Medicaid as independent solo practitioners may enroll as rendering providers by submitting an affiliation application together with their facility. Please visit <http://health.maryland.gov/eprep> for enrollment and affiliation instructions, and contact the ePREP call center at (844)-463-7768 for enrollment assistance.