MedStar Family Choice

DISTRICT OF COLUMBIA

Provider Newsletter

1st Quarter 2025

In This Issue

DHCF Department of Health Care Finance

This program is brought to you by the Government of the District of Columbia Department of Health Care Finance.

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

MFCDC22025

A message from Dr. Karyn Wills

Start the New Year with a Focus on Impactful Goals

Dr. Karyn Wills

As we step into 2025, it's the perfect time to set goals that truly make a difference. Our mission to improve health outcomes, enhance enrollee engagement, and address health disparities is more important than ever. Providers like you play a crucial role in this mission, and your efforts directly impact the well-being of our enrollees. Here are some key areas to focus on as you set your goals for the year ahead:

- **Advance Health Equity for All Enrollees**—Achieving health equity means ensuring every enrollee can reach their highest level of health, regardless of their background. Our 2025 health equity goals include:
  - **Cultural Competency Training:** We're committed to providing training that helps you deliver care that respects and addresses the diverse cultural needs of our enrollees. Consider joining our upcoming sessions to deepen your understanding of how culture, language, and lived experiences shape health outcomes.
  - **Improving Access in Wards 7 and 8:** These areas face significant barriers to care. Let's work together to increase access to preventive services, address transportation challenges, and connect enrollees to critical resources.
  - **Reducing Health Disparities:** Help us close gaps in care by addressing root causes like social determinants of health. This includes improving access to education, housing, and employment opportunities that impact your patients' well-being.

By prioritizing health equity, we can ensure that even the most vulnerable populations receive the quality care they deserve.

- **Enhance Quality Through HEDIS® Measures**—HEDIS measures are essential benchmarks for quality performance. By focusing on preventive care, chronic disease management, and follow-up care, you can drive improvements in key areas such as:
  - **Annual Wellness Visits:** Ensure enrollees complete these essential checkups to identify health risks early.
  - **Cancer Screenings:** Increase rates of cervical, breast, and colorectal cancer screenings through reminder systems and outreach efforts.

- **Maternity Care:** Timely visits for pregnant individuals improve the chances of a safe pregnancy.
- **Diabetes Care:** Prioritize HbA1c testing, eye exams, and blood pressure management for diabetic enrollees.

Improving these metrics not only supports better outcomes but also positions you for potential incentives tied to quality performance.

- **Leverage Technology to Enhance Care Delivery**—Adopting or optimizing technology can simplify workflows, improve patient communication, and enhance care coordination. Consider these steps for 2025:
  - **Use Data Analytics:** Identify enrollees due for preventive care or those at risk for poor outcomes. Tools like dashboards or EHR reporting can streamline this process.
  - **Explore Telehealth Options:** Virtual care can increase access for enrollees facing barriers like transportation or mobility challenges.
  - **Automate Reminders:** Use text messages, patient portals, or automated calls to remind patients about appointments, screenings, and medication refills.

- **Deepen Enrollee Engagement**—Engaging enrollees in their care leads to better adherence, improved satisfaction, and healthier outcomes. In 2025, focus on strategies to actively involve your patients:
  - **Build Trust and Rapport:** Take time to educate enrollees about their health and encourage shared decision-making.
  - **Address Barriers to Care:** Partner with health plans to tackle social determinants of health, such as transportation or housing issues.
  - **Promote Wellness Incentives:** Inform enrollees about available rewards for completing wellness checks, screenings, and other preventive care activities.

- **Collaborate for Success**—Remember, you are not alone in this effort. Our health plan provides resources, data insights, and support to help you achieve your goals. We're here to partner with you in driving innovation and improving outcomes.

Let's Achieve More Together in 2025! As you reflect on your practice's goals for the year, think about how aligning with Medicaid initiatives can make a difference in the lives of your patients. Set specific, measurable objectives, and let us know how we can support you in achieving them. Together, we can make 2025 a year of growth, equity, and impact for the communities we serve.

We are grateful for your continued dedication to providing excellent care for our enrollees. If you have questions or if we can assist you in any way, please contact the Provider Customer Service Department, Monday through Friday, 8 a.m. to 5:30 p.m. at **800-261-3371** or **mfcdc-providerrelations@medstar.net**.

Stay safe and well,

Karyn Wills, MD, Chief Medical Officer
MedStar Family Choice

Key contacts

24/7 Nurse Advice Line: 855-798-3540
MedStar Family Choice DC Nurse Advice Line
Our 24/7 nurse advice line can help direct patients to the care they need any time of the day or night.

Care Management & Prior Authorization: 855-798-4244
MedStar Family Choice DC Care Management Center 3007 Tilden St., NW, POD 3N, Washington, DC 20008
Processes requests for services requiring authorization and Case Management.

Authorization:

- Pharmacy & Infusion Drugs
  Fax **202-243-6258**
- Non-Pharmacy Authorization
  Fax **202-243-6307**
  - Diabetes and Nutrition Counseling
  - DME, Home Health, & Soft Supplies
  - Orthotics & Prosthetics
  - Outpatient Rehab (PT, OT, ST)
  - Skilled Nursing/Sub Acute Rehab
  - Surgical Procedures
- Acute Inpatient Concurrent Review
  Fax **202-243-6256**
- MedStar WHC Concurrent Review
  Fax **202-243-6257**
- Behavioral Health Services
  Fax **202-243-6320**

Case Management Services (including Behavioral Health):
Phone **855-798-4244** | Fax **202-243-6253**
Care coordination, High-Risk Pregnancy, Early Intervention, and Social Work.

Claims/Encounter Data Submission/ Provider Portal
MedStar Family Choice DC Claims Processing Center
P.O. Box 211702
Eagan, MN 55121
800-261-3371 Provider Calls
888-404-3549 Enrollee Calls
Processes claims and encounter data. Resolves claim issues. Claims must be submitted within 365 days. Electronic claims submission is also available.

Payor ID # RP062

Community Wellness Center
3924 Minnesota Ave., NE
Washington, DC 20019
202-827-0001
Open Monday through Friday, 9 a.m. to 5 p.m. for enrollee walk-ins or meetings by appointment.

Dental Benefits - Avesis: 844-391-6678
Dental services available to all enrollees. Benefit package depends on the type of coverage.

Eligibility Verification
202-906-8319 (Inside DC Metro)
866-752-9233 (Outside DC Metro)
The District's IVR line verifies that a patient is eligible to receive benefits and is active with MedStar Family Choice DC.

Laboratory
LabCorp **800-788-8764**
Quest Diagnostics **866-697-8378**
Requesting physician sends patient to an approved LabCorp or Quest draw station using a LabCorp or Quest Requisition Form with MedStar checked off.

Outreach
MedStar Family Choice DC Care Management Center Phone **855-798-4244**
Fax **202-243-6252**
Outreach verifies PCP assignment, answers questions about eligibility/benefits, assists with transportation, and can assist providers with required outreach attempts for preventive care and enrollee compliance, and translation/interpreter services.

Provider Relations
MedStar Family Choice DC Provider Relations
3007 Tilden St., NW, POD 3N,
Washington, DC 20008

Continued contact info on next page

MFCDC-ProviderRelations@MedStar.net
MedStarFamilyChoiceDC.com
(for self-service options) Phone **800-261-3371**
Fax **855-616-8763**
Assists with problem solving, education, recruitment, contracting, credentialing, and cultural competency concerns.

Radiology
MedStar Family Choice DC Outpatient Radiology Network (see Provider Manual)
Requesting Physician completes a Consultation referral form or a script to a participating radiology site for any radiology tests.

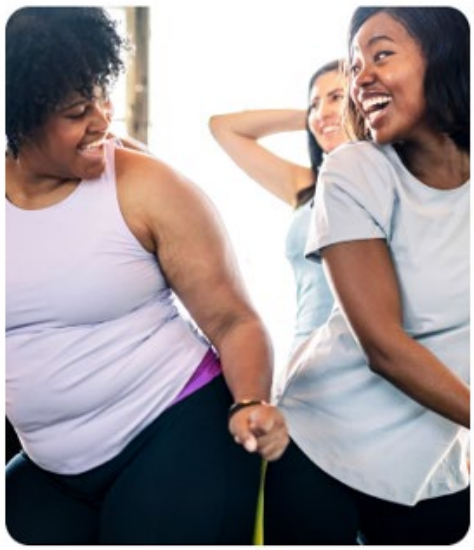
Routine Vision Benefits - Avesis: 844-391-6678
Enrollees may self-refer to a participating provider for routine vision care. Medical eye problems must be referred to a participating ophthalmologist. Referrals are not required for Diabetic eye exams.

Transportation - Access2Care: 866-201-9974
Providers and Enrollees may call directly to schedule.

You may contact MedStar Family Choice DC, Monday through Friday, between 8 a.m. and 5:30 p.m. Providers have the option to leave a message or send a fax after normal business hours. However, any calls and faxes received after hours will be addressed the next business day.

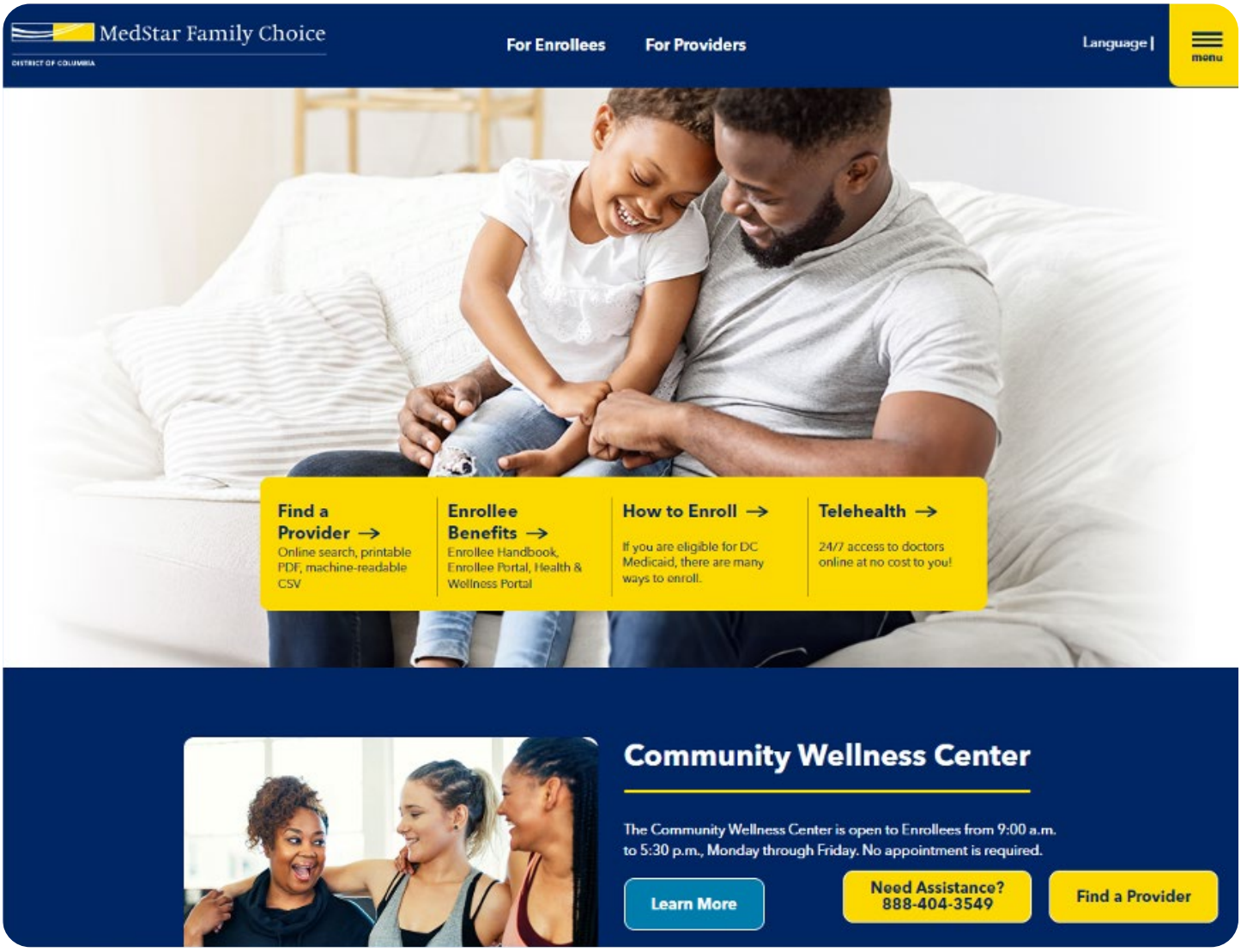
Our Community Wellness Center is open!

The new Community Wellness Center provides a welcoming space for enrollees to participate in wellness events, classes, and activities. It is also a place to connect with MedStar Family Choice DC staff, including outreach coordinators, case managers, and social workers, to address needs and share resources. To learn more, enrollees can stop by or visit our website at **MedStarFamilyChoiceDC.com/Enrollees/General-Benefits/Community-Wellness-Center**.
The Community Wellness Center is open Monday through Friday, 9 a.m. to 5 p.m.
We are available for enrollee walk-ins or meetings by appointment.



It's new on the website!

Our MedStar Family Choice DC website has a new enhanced home page. Website visitors will find easy access to our online Find a Provider search tool, enrollee benefits, MedStar eVisit–Telehealth, new Community Wellness Center webpage, Health and Wellness Portal, and much more! Look for additional enhancements in 2025 including website search functionality.



Know our access and availability standards

As a MedStar Family Choice DC participating provider, your office is expected to meet the following appointment guidelines:

- Waiting time in the office may not exceed 45 minutes.
- Initial appointments for new enrollees age 21 and older must be within 45 days of their enrollment date or within 30 days of the request, whichever is sooner.
- Initial appointments for new enrollees under the age of 21 must be within 60 days of enrollment or earlier if needed to comply with the EPSDT periodicity schedule.
- Initial assessment of pregnant or postpartum women and those requesting family planning services must be within 10 days of the request.
- Routine primary or specialty care (including EPSDT appointments that are due, IDEA services and physical exams) must be within 30 days of the request.
- Urgent care appointments must be within 24 hours of the request.
- Primary care providers must maintain twenty-four (24) hours per day, seven (7) days per week access for enrollees. During after-hours, this can be accomplished via an answering machine or answering service. Both methods must provide the enrollee with instructions on how to access their PCP or an on-call PCP. In the case of an emergency, the enrollee is to be instructed to call 911 or go to the nearest emergency room.
- Behavioral Health (BH) Providers Appointment Standards:
  - BH Provider must provide care for a non-life-threatening emergency within 6 hours.
  - The BH Provider office must direct enrollees with non-life-threatening emergencies to the ED or behavioral health crisis units.
  - The BH Provider must provide Urgent care within 48 hours.
  - The BH Provider must be able to schedule Initial visit for routine care within 10 business days.
  - The BH Provider must provide Follow-up routine care within 30 days of an appointment.

MedStar Family Choice DC conducts secret shopper surveys monthly to ensure that providers are in compliance with the above requirements. If your office is found non-compliant with any of the above requirements, your provider relations associate will contact you with the specific details. Your office will then be re-surveyed within the next 60 days. If the office remains non-compliant; you will be asked to submit a thirty (30) day corrective action plan to resolve the deficiency. During the 30 days of the corrective action plan, the Provider office will not be allowed to see MedStar Family Choice DC enrollees.

Let's Talk Behavioral Health

Spotlight: Social media and mental health

Social media has become a central part of modern life, profoundly influencing how individuals interact, share information, and access resources. While its potential to foster connection and provide support is undeniable, the overuse or maladaptive use of social media can have detrimental effects on mental health—particularly among adolescents, a group uniquely sensitive to its psychological impacts.

The risks of social media

Social media platforms are purposefully designed to maximize user engagement, often resulting in excessive screen time. Studies have established a correlation between prolonged screen time and heightened rates of anxiety and depression. Beyond the quantity of time spent online, certain features of social media contribute to adverse mental health outcomes:

- **Social comparison:** Adolescents, who are especially attuned to peer validation, may engage in frequent comparisons with curated, idealized representations of others on social media. This behavior is strongly associated with feelings of inadequacy, jealousy, and diminished self-worth.
- **Body image concerns:** The ubiquity of digitally altered images on social media perpetuates unattainable beauty standards. Exposure to such content has been linked to negative body image, reduced self-confidence, and an increased prevalence of disordered eating behaviors.
- **Addictive patterns:** Social media's algorithm-driven content delivery can foster compulsive use, disrupting sleep, academic performance, and interpersonal relationships.

The benefits of social media

Despite its risks, social media can also positively influence mental health when used mindfully. Platforms provide avenues for:

- **Self-expression:** A space for individuals to share their thoughts, feelings, and creativity.
- **Community building:** Connection with supportive networks and shared-interest groups, reducing feelings of isolation.
- **Resource accessibility:** Tools for mental health education, crisis intervention, and awareness campaigns that can empower individuals to seek help when needed.

Strategies to mitigate risks

For clinicians and caregivers, guiding adolescents and their families toward healthier social media habits is essential. Consider these evidence-based strategies:

- **Limit screen time:** Advocate for clear boundaries around daily screen use, such as establishing "device-free" zones or times in the home.
- **Encourage open communication:** Facilitate discussions about the content adolescents consume online. Help them critically evaluate unrealistic portrayals and discuss any emotional or psychological effects.
- **Promote positive engagement:** Direct adolescents toward accounts and communities that emphasize authenticity, self-esteem, and constructive dialogue.
- **Foster offline activities:** Encourage hobbies, physical activity, and face-to-face interactions that balance online time.
- **Model healthy behavior:** Demonstrate mindful social media use as a caregiver or professional, setting an example for balanced engagement.
- **Leverage platform features:** Educate families on built-in safety tools, such as content filters, time management settings, and reporting mechanisms for harmful material.

Clinical considerations

Social media's ultimate influence depends on how it is used, the individual's developmental stage, and the quality of their offline support systems. As providers, it is crucial to assess the role social media plays in a patient's mental health. Key questions for evaluation include:

- How much time do you spend on social media daily?
- How do you feel about the content you consume? Does it enhance or detract from your mood and self-esteem?
- Have you noticed changes in your mental health or behavior related to your online activity?
- Do you find it difficult to regulate your social media use?

Conclusion

Social media is capable of both supporting and undermining mental well-being. By fostering awareness, open dialogue, and intentional use, individuals and families can mitigate its risks while maximizing its benefits. If concerns about social media's impact on mental health persist, a referral to a mental health professional for further evaluation and support is recommended.

Compliance Corner

Spotlight: Notice of provider audit

Medical practices may face external audits by both governmental entities and private health insurance providers. The audits are undertaken on behalf of those who pay claims to review billing practices and ensure the integrity of the process. Government audits can include Medicare, Medicaid, and recovery audits. The results of the audit can have significant implications for a medical practice. Therefore, it is essential you take the audit seriously and apply certain defensive strategies. Preparing ahead of time is essential because you may not get advance notice that an audit is happening.

There is little doubt that an audit can be a scary experience for a healthcare practice. Many employees are afraid of the auditor, given what they represent and the potential repercussions for the practice. However, an audit does not necessarily mean your practice will be punished.

There Are Different Types of Medical Audits

First, not every audit is the same. Some may be routine in nature and not in response to any specific allegation of wrongdoing. These audits are becoming increasingly rare these days, as the trend has been for auditors to conduct their examinations when data analysis indicates possible wrongdoing. Other audits may occur when the government may believe there are billing irregularities at a

specific medical practice. However, you may not know the scope of an audit at first because the auditors are intentionally vague. They do not want a practice to be able to "sanitize" their books and hide evidence of wrongdoing. The element of surprise can work to an auditor's advantage.

Insurance audits are somewhat different because they are based on contracts as opposed to federal regulations. Nonetheless, insurance companies may be even more aggressive about auditing than the government because they are for-profit companies—but the government still has an interest in these audits as there could be the possibility of insurance fraud charges based on the findings of the audit. If an insurance company uncovers wrongdoing during an audit, it may attempt to reduce payments to your practice and recover money it has already paid.

Audit Defense Is All About Preparation

Much of your audit defense work is done ahead of time by ensuring your practice remains in compliance with applicable regulations. When your practice devotes time and resources to compliance, there will be fewer issues for auditors to spot. You may not even be subject to an audit because your billing may not trigger any warnings or indicators that your practice needs to be audited in the first place. You should consider a robust program of internal auditing to ensure your billing is mistake-free and compliant with regulations.

One of the most important things your practice can do is prepare ahead of time, even if you do not know there is going to be an audit. In some cases, the auditor may show up at your door unannounced, and an unprepared employee could cause serious problems for your business. Although you should cooperate with the auditors as requested, you should already have an audit response playbook in place detailing what to do so your employees are ready once you learn of an audit.

Designate an Audit Response Team

There should be a small team ready to deal with an auditor whenever they show up at your practice. Each employee on the team should have their own role and responsibility, and they should be careful not to exceed either. Your employees should generally plan to redirect questions to their supervisor. Be careful about allowing all employees to speak to an auditor because they are trained to ask the same questions to several people to see if their answers are consistent.

Monitor the Auditor and the Scope

When the auditors actually arrive, you should try to obtain as much information as possible about the audit and its scope. While the auditor may not give you much insight into why they're there or what they're looking for, you should at least be able to learn what they intend to inspect.

Know the rights and responsibilities of our enrollees

Enrollees have a right to:

- Know that when they talk with their doctors and other providers, it's private.
- Have an illness or treatment explained to them in a language they can understand.
- Participate in decisions about their care, including the right to refuse treatment.
- Receive a full, clear, and understandable explanation of treatment options and the risks of each option so they can make an informed decision.
- Refuse treatment or care.
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Can see and receive a copy of their medical records and request an amendment or change, if incorrect.
- Receive access to healthcare services that are available and accessible to them in a timely manner.
- Choose an eligible PCP/PDP from within MedStar Family Choice DC's network and to change their PCP/PDP.
- Make a Grievance about the care or services provided to them and receive an answer.
- Request an Appeal or a Fair Hearing if they believe MedStar Family Choice DC was wrong in denying, reducing, or stopping a service or item.
- Receive Family Planning Services and supplies from the provider of their choice.
- Obtain medical care without unnecessary delay.
- Receive a second opinion from a qualified healthcare professional within the network or, if necessary, to obtain one outside the network at no cost to them.
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment.
- Receive a copy of MedStar Family Choice DC's Enrollee Handbook and/or Provider Directory.
- Continue the treatment they are currently receiving until they have a new treatment plan.
- Receive interpretation and translation services free of charge.
- Refuse oral interpretation services.
- Receive transportation services free of charge.
- Get an explanation of prior authorization procedures.
- Receive information about MedStar Family Choice DC's financial condition and any special ways we pay our doctors.
- Obtain summaries of customer satisfaction surveys.
- Receive MedStar Family Choice DC's "Dispense as Written" policy for prescription drugs.
- Receive a list of all covered drugs.
- Be treated with respect and due consideration for their dignity and right to privacy.

Enrollees are responsible for:

- Treating those providing their care with respect and dignity.
- Following the rules of the DC Medicaid Managed Care Program and MedStar Family Choice DC.
- Following instructions they receive from their doctors and other providers.
- Going to scheduled appointments.
- Telling their doctor at least 24 hours before the appointment if they must cancel.
- Asking for more explanation if they do not understand their doctor's instructions.
- Going to the Emergency Room only if they have a medical emergency.
- Telling their PCP/PDP about medical and personal problems that may affect their health.
- Reporting to Economic Security Administration (ESA) and MedStar Family Choice DC if they or a family Enrollee have other health insurance or if they have a change in their address or phone number.
- Reporting to Economic Security Administration (ESA) and MedStar Family Choice DC if there is a change in their family (i.e. deaths, births, etc.)
- Trying to understand their health problems and participate in developing treatment goals.
- Helping their doctor in getting medical records from providers who have treated them in the past.
- Telling MedStar Family Choice DC if they were injured as the result of an accident or at work.

Formulary updates

MedStar Family Choice District of Columbia Pharmacy and Therapeutics Committee meets quarterly. During the October and November 2024 meetings, the formulary changes below were made for DC Healthy Families and DC Healthcare Alliance. **Bolded** names indicate a brand medication; other listed medications are generic.

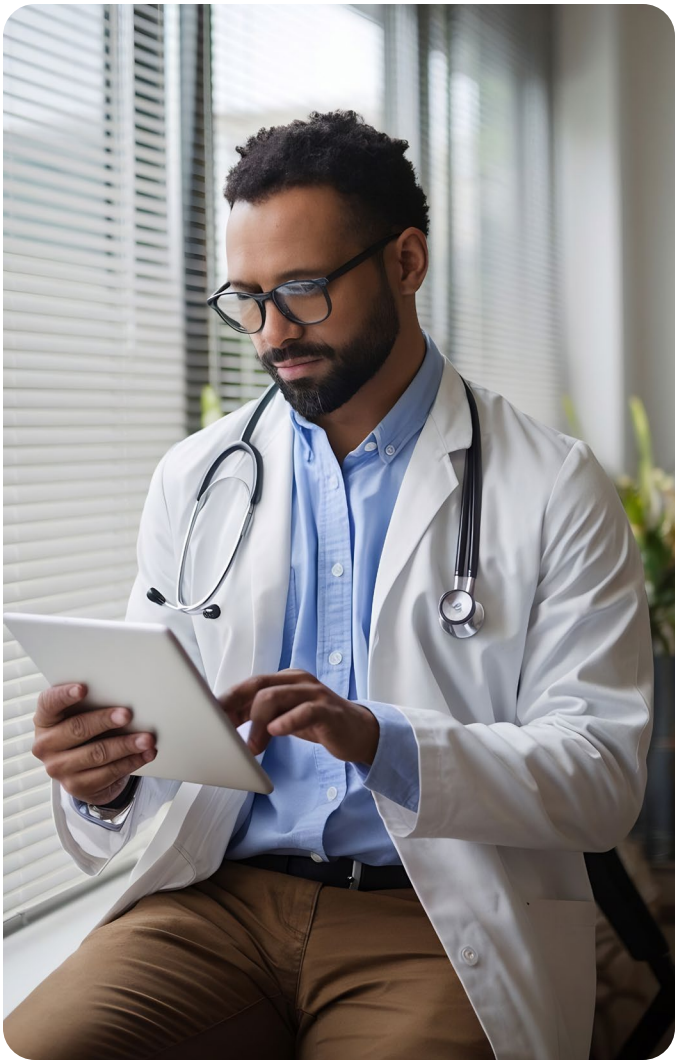
CHANGES BELOW BECAME EFFECTIVE ON OR AROUND JANUARY 1, 2025

Additions:
adapalene/benzoyl peroxide 0.1/2.5%, 0.3/2.5% topical gel
Aklief *(trifarotene)*
Bafiertam *(monomethyl fumarate) – add with QL*
budesonide 9 mg capsules
Cabtreo *(clindamycin, adapalene, benzoyl peroxide) topical*
clindamycin vaginal suppositories
clindamycin/benzoyl peroxide 1/5% gel
colestipol 1 gram tablets
Entresto *(valsartan/sacubitril) capsules*
ethacrynic acid tablets
FreeStyle Libre 3 PLUS *CGM kits, sensors – add with QL*
insulin glargine-yfgn injection

Lentocilin *(penicillin G benzathine) injection*
Neffy *(epinephrine) intranasal spray*
Plegridy *(peginterferon beta-1a) – add with QL*
Pulmicort Flexhaler *(budesonide) inhaler*
testosterone 1.62% pumps, unit-of-use packets
Tlando *(testosterone) 112.5mg capsules – add with QL*
Twyneo *(tretinoin, benzoyl peroxide) topical*
urea 10% cream (OTC)
Velphoro *(sucroferric oxyhydroxide) tablets*

Removals:
acyclovir 5% ointment
amoxicillin/K clavulanate 250/5mL oral suspension
Austedo *(deutetrabenazine) tablets, starter kit*
Auvi-Q *(epinephrine) autojector*
Avonex *(interferon beta-1a) injection*
butalbital/acetaminophen/caffeine capsules
citrate oral solution
carisoprodol 350 mg tablets
cimetidine 300mg/5mL oral solution
colchicine 0.6mg capsules – redirect to tablets
cyclobenzaprine 7.5 mg tablets
desipramine tablets
diclofenac 3% topical gel
Dilantin *(phenytoin) 30 mg capsules*
ergotamine/caffeine 1/100 mg tablets
Fensolvi *(leuprolide) 45 mg injection*
HC-pramoxine cream 2.5-1%
hydrocodone/homatropine tablets, oral solution
Inpefa *(sotagliflozin) tablets*
Kevzara *(sarilumab) injection*
Kyzatrex *(testosterone) capsules*
Lunsumio *(mosunetuzumab) 1mg/mL injection*
MAOIs – marplan, phenelzine, tranylcypromine
Mayzent *(siponimod) tablets*
metformin 500mg ER osmotic tablets
methadone 10mg/1ml oral concentrate
Micromatrix, Regranex
multivitamin oral liquid – Suport Liquid, Livita Liquid for adults
naproxen DR 500 mg tablets
neomycin/polymyxin/HC opth suspension
Noritate *(metronidazole) cream*
Opzelura *(ruxolitinib) cream*
potassium citrate ER 1620mg tablets
Premphase *(conjugated estrogens and medroxyprogesterone acetate)*
Prempro *(conjugated estrogens and medroxyprogesterone acetate)*
promethazine DM oral solution
Rebif *(interferon beta-1a) injection*

Remodulin *(treprostinil) injection*
Rituxan *(rituximab) 100mg, 500mg injection*
saxagliptin tablets
Spravato *(esketamine) nasal spray*
sucralfate oral suspension
Synagis *(palivizumab) injection*
Takhzyro *(lanadelumab) injection*
Tarpeyo *(budesonide) DR capsule*
tetrabenezine
theophylline 450, 600mg tablets, oral solution
tolvaptan 15mg, 30mg tablets
triamcinolone aerosol spray
Tyvaso *(treprostinil) dry powder inhaler*
urea 40% cream, lotion
V-Go *insulin pump kits*
Vumerity *(diroximel fumarate) capsules*
Zejula *(niraparib) tablets*
Zurzuvae *(zuranolone) capsules*



Additions with Prior Authorizations:*
Adempas *(riociguat) tablets*
Doxepin 3 mg, 6 mg – add with ST, QL
Ebglyss *(lebrikizumab) – with QL*
Iclusig *(ponatinib) 30 mg tablets*
Ingrezza *(valbenazine) tablets – with QL*
Jornay PM *(methylphenidate) ER capsules*
liraglutide injectable pens – with QL
Lynparza *(olaparib) tablets*
Ocrevus *Zunovo (ocrelizumab and hyaluronidase)*
Ogsiveo *(nirogacestat) 150mg tablets – with QL*
Olumiant *(baricitinib) – with QL*
Opsynvi *(macitentan/tadalafil) – with QL*
Oxycontin *(oxycodone) ER tablets (10,15,20,30,40mg) – with QL*
Promacta *(eltrombopag)*
ramelteon – add with ST, QL
tramadol ER tablets
Yorvipath *(palopegteriparatide) – with QL*

Managed Drug Limits:
Ajovy *(fremanezumab) – add QL 1 per month, 1 per 3 months for quarterly injection*
alogliptin tablets – add QL of 1 per day
Botox *100/200 unit injection – add QL of 2 per 70 days*
butalbital-containing tablets – update QL to 18 per 30 days
COVID *test kits – update QL to 2 kits per 30 days*
cyclosporine ophthalmic emulsion – add QL of 60 per 30 days
fluconazole 150 mg tablets – update QL to 4 every 30 days
Jardiance *(empagliflozin) – add QL of 1 per day*
ketorolac 10 mg tablets – update QL to 20 tablets per 30 days

maintenance inhalers (QVAR, Breztri, Proair, Trelegy) – Add QL of 3 inhalers/80 days; allow 90 DS
naratriptan tablets; sumatriptan injections, nasal spray; zolmitriptan tablets, ODT – update QL to 12 per 30 days
Oriahnn *(elagolix, estradiol, norethindrone) capsules – Add QL 56 per 28 days and 1344/lifetime*
Otezla *(apremilast) starter kit – add QL to limit to 1x dispense*
Oxervate *(cenegermin) – add QL to limit to 8-week treatment course (keep NF)*
pirfenidone 267mg capsules – add QL of 270 per 30 days
Qbrexza *(glycopyrrolate) pads – add QL of 30 per 30 days*
Rezdiffra *(resmetirom) 80mg, 100mg tablets – add QL of 30 per 30 days*
Riluzole *50 mg tablets – add QL of 60 per 30 days*
rizatriptan tablets, ODT – update QL to 18 per 30 days
Santyl *(collagenase) ointment 250/gm –update QL of 30 grams per 30 days*
sildenafil 10mg/1mL oral suspension – add QL 224mL per 30 days
sofosbuvir/velpatasvir 400/100mg tablets – add QL
sumatriptan tablets – update QL to 9 tablets per 30 days
Xdemvy *(lotilaner) ophth solution – add QL 10mL per 365 days*

Utilization Management Change:
Enbrel *(etanercept) – add PA*
Cablivi *(caplacizumab) 11mg – add PA*
Cosentyx (secukinumab) – add PA, update QL
Fasenra *(benralizumab) – add AL 6-12 years only and max 56 DS*
lubiprostone 8mcg, 24mcg capsules – remove PA, add QL 2/day and DS max 30 days
mirabegron tablets – remove ST requirement
Movantik *(naloxegol) 12.5mg, 25mg tablets – remove PA, add QL 30/30 days*
Omnipod *insulin pump kits – remove PA*
Opsumit *(macitentan) tablets – add PA*
Orenitram *(treprostinil) tablets – add PA, QL*
Orilissa *(elagolix) 150mg, 200mg tablets – remove PA*
posaconazole 100 mg tablets – add PA
Uptravi *(selexipag) – add PA*
Xgeva *(denosumab) – remove PA*
Xolair *(omalizumab) - add PA*

The full formulary and list of formulary updates are available on the MedStar Family Choice DC Provider Website at **MedStarFamilyChoiceDC.com/Providers/Pharmacy**.

The MedStar Family Choice DC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary additions or changes to: **mfc-formularyfeedback@medstar.net**

*Please see the Prior Authorization and Step Therapy Table for clinical criteria. The table is updated regularly. Please use the most current version found on the MedStar Family Choice DC Provider website at **MedstarFamilyChoiceDC.com/Providers/Pharmacy.**

Case Management services and other available benefits

Case Management Services are provided by licensed registered nurses and social workers, and coordinators. These professionals assist enrollees in the management of their biopsychosocial needs. This is done telephonically and face to face, when applicable, by educating the enrollee on disease self-management, facilitating access to health care, and connecting the enrollee to needed resources within the community. Case managers work closely with providers to ensure that their enrollees receive appropriate and timely health care.

Case Management services

We provide Case Management services to our most complex and highest risk enrollees, as well as those requiring care coordination and resource management. Enrollees identified by District of Columbia Health Care Finance (DHCF) as 'Special Needs Population' include an adult age 21 or older who:

- Has a chronic, physical, developmental or behavioral health condition;
- Receives SSI;
- Has a disability that meets the DDI definition.

Inclusion criteria for adult enrollees include, but is not limited to:

- High Risk Pregnancy
- Diabetes
- Asthma
- COPD
- Hypertension
- Cardiovascular Disease
- HIV
- Substance Use Disorder
- Social Issues/Mental Health

Inclusion criteria for pediatric enrollees include but is not limited to:

- Diabetes
- Asthma
- Epilepsy
- Chronic Lung Disease
- Cardiovascular Disease (CAD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Anxiety
- Substance Use Disorder
- Other Mood Disorder

Transition Care Case Management services

Transition Care Case Management is a service provided by MedStar Family Choice DC to assist your patient, identified as high risk for readmission when transitioning from the hospital to home. This service is provided by registered nurse case managers who work closely with your patient to assist with adherence to the discharge plan ordered by the hospital care team, locating providers, scheduling follow-up appointments, and assisting with transportation if needed. This service is offered for 30 days, and if after that time your patient requires further assistance, they will be referred to one of our case management programs.

Enrollment

Enrollee participation in Case Management services is voluntary and enrollees can start, stop, or decline participation at any time. However, they are automatically included in the programs once identified by us as meeting qualifying criteria. Adults with special healthcare needs as defined by DHCF are mandated to be in some level of perpetual Case Management.

To refer your enrollee to any of the above services, please fax your referral to 202-243- 6253, or call us at **855-798-4244** (select option 2 for Provider and then option 1 for Care Manager). We are available Monday through Friday from 8 a.m. to 5:30 p.m. Any faxes or voice messages received after hours will be handled the next business day.

Additional enrollee benefits

Resource connection

A case manager can connect your patients with resources in their community to assist them with mental and/or substance use needs, utility turn-offs, food assistance, and emergency shelters. Printed educational materials with information on chronic conditions are available for enrollees. The information is written in easy-to-understand language. A case manager is available to answer your patient's questions and concerns, and to advise on wellness incentives that may be available to them.

Coordinate care

A case manager can assist your patient with locating a specialist in their area, as well as scheduling appointments and coordinating transportation based on your patient's needs. For more information, call **855-798-4244** (select option 2 for Provider and then option 1 for Care Manager).

Utilization Management prior authorization review process

To ensure enrollees receive proper health care, we follow a basic prior authorization process. To request prior authorization, all appropriate ICD-10/CPT/HCPCS and supporting clinical information must be included with the provider's request.

- For Non-Pharmacy requests, use the Non-Pharmacy & DME Prior Authorization Request Form or Uniform Consultation Referral Form located on the **MedStarFamilyChoiceDC.com/Providers/Utilization-Management** webpage and fax it to us at 202-243-6307.
- For Pharmacy requests, use the appropriate Pharmacy Prior Authorization Request Form located on the **MedstarFamilyChoiceDC.com/Providers/Pharmacy** webpage and fax it to us at 202-243-6258. The Pharmacy forms are as follows:
  - Opioid Prior Authorization Form
  - Pharmacy Prior Authorization/Non-Formulary Request Form

Our clinical staff reviews all requests, and prior-authorization decisions are based on medical necessity using nationally-recognized criteria, such as Inter-Qual, ASAM, and Medicare guidelines. Additional authorization information can be found on the above listed Utilization Management and Pharmacy web pages or on our Medical Policies and Procedures page at **MedStarFamilyChoiceDC.com/Providers/Medical-Policies-and-Procedures**. Enrollees' needs that fall outside of standard criteria are reviewed by our medical directors for plan coverage and medical necessity. We do not reward practitioners or other individuals for issuing denials of coverage of care.

UM, decision-making is based only on the appropriateness of care and services and the existence of coverage. In addition, there are no financial incentives for UM decision-makers that would encourage decisions that result in underutilization. Providers will receive written communication detailing the rationale for adverse determination. Information on how to file an Appeal is also detailed in the denial letter. Providers may request a written copy of the criteria used in the decision-making process by contacting us at **855-798-4244** (select option 2 for Provider and then option 1 for Authorizations), Monday through Friday, from 8 a.m. to 5:30 p.m. We highly encourage that authorization requests are made no less than five business days in advance of the service.

Please allow up to 14 days for us to process a complete routine/standard authorization request. Requests are considered complete when all necessary clinical information received from the provider has been reviewed thoroughly. The final decision is made within 14 calendar days from the initial authorization request, whether or not all clinical information has been received. For enrollees with urgent authorization needs, providers and/or staff should contact us at **855-798-4244** (select option 2 for Provider and then option 1 for Authorizations/Care Manager). For Pharmacy requests, MedStar Family Choice DC must decide within 24 hours of the receipt of the request. Please ensure that all pertinent clinical information is provided with the request to prevent any denial of service for lack of clinical information. If we deny the prior authorization request, the provider and enrollee will receive a written copy of the denial and its rationale. Information on how to request an Appeal is also included in the denial letter.

MedStar Family Choice

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If you have questions regarding information in this newsletter, please call us, Monday through Friday, 8 a.m. to 5:30 p.m., at **800-261-3371** (select option 1 or remain on the line).

You can also email us at **mfcdc-providerrelations@medstar.net.** This Provider Newsletter is a publication of MedStar Family Choice District of Columbia. Submit new topics for subsequent publication consideration to **mfcdc-providerrelations@medstar.net.**

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