

# MedStar Select/Medicare Choice Provider Newsletter

## MedStar Medicare Choice Pharmacy Benefits

The pharmacy benefits manager for MedStar Medicare Choice is Evolent Health. A directory of participating pharmacies, the formulary and prior authorization forms are available at **MedStarProviderNetwork.org**. Please utilize these resources to determine if the prescribed drug is on the current formulary, if a prior authorization is required, there are quantity limits, or if step therapy is required. If your patient must take a nonformulary medication, an exception may be available.

To request an exception, complete the nonformulary exception form, posted on **MedStarProviderNetwork.org** under Pharmacy Prior Authorization Forms. Please remember, if approved, the medication will be tiered as nonpreferred and may still incur significant costs for the patient. Please call Evolent Health at **855-266-0712** with questions.

### Where Can MedStar Medicare Choice Members Get Their Vaccines?

Medicare beneficiaries MUST receive most of their vaccinations from a pharmacist at a pharmacy (mandated by the Medicare Part D benefit).

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**Exception:** Influenza, pneumonia and tetanus (following an injury) are covered through the member's medical benefit and can be administered at and billed by a pharmacy, a physician's office or an Emergency department (ED).

### **Helping Your MedStar Medicare Choice Patients Afford Their Diabetic Care**

For many of your patients, caring for their diabetes is not only an emotional challenge, but also a financial one. For some, this financial burden has led to medication adherence issues and other complications. If your patient is struggling financially, patient assistance programs may be available. These programs are typically offered for brand-only medications and are sponsored by the drug manufacturer.

The following two websites can help in determining your patient's eligibility for assistance programs:

- **NeedyMeds.org**
- **Medicare.gov/Pharmaceutical-Assistance-Program**

Low income Medicare patients may also contact the Social Security Administration to determine if they qualify for Medicare Extra Help (low income subsidy), which may reduce their prescription costs. More information can be found at **SocialSecurity.gov/ExtraHelp** or by calling **800-772-1213**. When prescribing for diabetic testing supplies, the covered manufacturers are Lifescan (OneTouch products) and Bayer (Contour products). The quantity limit for blood glucose test strips is 150 strips per 30 days. If more frequent testing is required, a quantity limit exception may be applied. Please complete the prior authorization form found on **MedStarProviderNetwork.org**.

## **MedStar Select Annual Enrollment**

The annual enrollment period for MedStar Select began on Nov. 1 and Nov. 18 for benefits beginning on Jan. 1, 2017. The MedStar Select Plan offers comprehensive medical coverage for MedStar Health associates and their dependents through the MedStar Select Provider Network. This network consists of not only MedStar-employed providers, but also a full complement of contracted community providers. The plan offers in-network and out-of-network benefits. You do not have to select a primary care physician (PCP) to coordinate your care and referrals are not necessary for specialty care.

For more information, or to confirm if you are in the MedStar Select Provider Network, visit **MedStarMyHealth.org** or call **855-242-4872**.

## **Medicare Advantage Annual Enrollment Period**

The annual enrollment period for Medicare Advantage plans began on Oct. 15, and will run through Dec. 7, for benefits beginning on Jan. 1, 2017. MedStar Medicare Choice is offered through MedStar Family Choice, a local, provider-sponsored organization and proud member of MedStar Health. MedStar Medicare Choice offers affordable HMO plans that include medical and prescription drug coverage, a \$0 monthly premium, low physician visit copays, no required referrals, and routine vision and dental benefits, in addition to other benefits. For more information and to enroll, please visit **MedStarMedicareChoice.com**.

## Excluded Parties - Payment Ban

According to the Federal guidance, Medicare payment may not be made for items or services furnished or prescribed by a provider or entity who has been excluded from participation in Federal programs. Providers should be aware of this provision, and screen all employees and contractors for exclusion upon hire, and monthly thereafter. Payments may be retracted if reimbursement is directly or indirectly related to the excluded parties for items/services provided to a Medicare enrollee. Prior to hiring an individual, and monthly thereafter, providers should review the Department of Health and Human Services Office of the Inspector General (DHHS OIG) list of excluded individuals and entities (LEIE) and the General Services Administration (GSA) System for Award Management (SAM) to ensure that employees are not excluded from participation. The payment ban includes contractors, providers, employees, and suppliers. Searchable lists can be found on the OIG and GSA websites.

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## MedStar Select and Medicare Choice Site Evaluations

Site surveys are completed for all MedStar Family Choice PCPs and specialists at the time of initial credentialing and recredentialing. Recredentialing site audits will occur every three years thereafter. If a member complaint is received about the physical condition of the provider office, a follow-up site audit will be performed. New provider sites and site additions also require a site evaluation after MedStar Family Choice Provider Relations is notified of the change or addition. If you have any questions or comments regarding minimum standards for site evaluations, please contact your provider representative at **800-905-1722, option 5**.



## Covered Preventive Care for MedStar Medicare Choice

Our plan covers many preventive services at no cost to our MedStar Medicare Choice members, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots and pneumococcal shots
- Welcome to Medicare preventive visit (one time)
- Yearly wellness visit

**Any additional preventive services approved by Medicare during the contract year will be covered.**

## MedStar Medicare Choice Health and Wellness Education

MedStar Medicare Choice members have access to Silver&Fit, a fitness and healthy aging program designed to help members achieve better health through exercise. The Silver&Fit program includes access to fitness facility membership through a local network of participating fitness facilities, instructor-led classes, home exercise kits, health and wellness educational materials, electronic fitness device tracking and general support. Silver&Fit can be reached at **877-427-4788**, Monday through Friday, from 8 a.m. to 9 p.m., and can help locate a network fitness center in Washington, D.C., and Maryland or assist with other program-specific information. TTY users call, **877-710-2746**. Information is also available on **SilverAndFit.com**. All members are encouraged to talk to their doctor before beginning any new exercise program.

## Effective Communication

Many patients have little experience with medical terminology and keeping it simple makes things easier for the patient to understand. Patients who understand the information their practitioners are presenting to them about their health and treatment are more likely to follow instructions to improve their health.

To communicate effectively with patients, practitioners need to be mindful that each patient is different, so their communication techniques must be diverse as well. Providers should realize that all patients are different, and keeping up to date with various backgrounds, cultures, social and economic issues, past history, etc., could potentially help providers better communicate with their patients on an individual level.

Encouraging patient involvement is also a great tool to bridge the communication gap between providers and patients. Providers must recognize

when to call upon the help of the patient's family/friends (with the patient's permission, of course) to assist with communication and cultural differences when needed. Some educational resources include: Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) training, CME, Specialty Education, and CLAS modules. More resources can be found on the U.S. Department of Health & Human Services Think Cultural Health website at **ThinkCulturalHealth.HHS.gov**. For language barriers, providers should utilize interpretation services, as they are available.

Our members who contact physician offices with benefit questions should be directed to call our Member Services department at **855-242-4872**. They may also visit our website at **MedStarMedicareChoice.com**. Taking all of these steps will help to foster a good relationship between you and your patients.

## Find a Provider in our Online Directory

Finding a participating MedStar Family Choice provider couldn't be easier! Visit **MedStarProviderNetwork.org** to look up participating PCPs and specialists by logging on to our online provider directory. Providers can be found by completing one or more of the search fields to get updated information instantly. If your office does not have access to the web, please contact Provider Relations at **800-905-1722, option 5**.



# Pharmacy and Star Measures Frequently Asked Questions

This document was developed as a reference guide, providing information about Star Pharmacy measures and has been divided into three sections: Helpful Information, Provider Questions and Member Questions.

## Helpful Information

This section shares information about Star Measures and why MedStar Health will be focusing on it this year.

## What are the Center for Medicare and Medicaid Services (CMS) Star Ratings?

CMS uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plans and participating health systems. Medicare plans are measured on a five point rating scale. Five is the highest score.

## Why are Star Measures and Rating Important?

The five-star program is a key component in financing health care benefits for Medicare Advantage beneficiaries. This program

encourages quality and performance improvement—with the goal of better medication adherence rates in members.

## Why is MedStar Focusing on Star Rating Now?

MedStar Medicare Choice wants to ensure the health and wellbeing of our members. By increasing Star measure awareness in our provider community, we hope to encourage quality and performance improvement.

## What do the Five-Star Rating Measures Consist of?

CMS bases the five-star rating system on a range of quality metrics, including clinical measures (ie: blood pressure control for patients with hypertension), member satisfaction and complaints and medication adherence.

## Which Pharmacy Measures Should MedStar Providers Focus on?

Below is a table listed the four quality measures and their specific components.

Quality Measure (Prior Authorization)	Measure Specifics
Medication Adherence for Diabetes Medications	Any patient 18 years and older with a diabetes prescription should maintain 80 percent adherence. This includes drug therapy across the following classes of medications: biguanides, sulfonylureas, thiazolidinediones, and DiPeptidyl Peptidase (DPP)-IV inhibitors, incretin mimetics and meglitinides.
Medication Adherence for Hypertension Medications	Any patient 18 years and older with a prescription for RAS antagonist medication should maintain 80 percent adherence. This includes ACE, ARB or a direct renin inhibitor drug.
Medication Adherence for Cholesterol Medications	Any patient 18 years and older with a prescription for cholesterol medication (a statin drug) should maintain 80 percent adherence.
Diabetes Treatment	Any patient who has both diabetes and high blood pressure whose treatment included a renin angiotensin system (RAS) antagonist [ACE/ARB or direct renin inhibitor] medication

## Provider Specific Questions

This section offers answers to common questions our provider community may ask as it relates to Star Measures and improving pharmacy outcomes.

### I Recently Received a Pharmacy Adherence Report? What Information is in This Report?

Providers who have members eligible for this measure will receive a report called the “Point of Care” report. This report showcases results of patient medication adherence measures and can help identify which members may need some additional assistance with their medications. The adherence measure is calculated based on the number of days a patient has a filled medication out of the 365 days of the year. A patient is considered noncompliant once they fall below 80 percent adherence level. Noncompliant patients lower the overall adherence score for the health plan.

### Some of My Patient’s Adherence Rates are Lower Than I Would Like. How Can I Help Them?

Your patients may be avoiding their medications for the following reasons:

- Cost
- Access
- Unpleasant side effects
- Forgetfulness

As their provider, you may be able to help by considering the following:

- Why have they chosen not to continue their medications?
- What generic alternatives are available to them?
- Do they have access to a pharmacy that delivers?
- Are they interested in enrolling in an auto-refill program offered by mail order or a local pharmacy?

## What Will Happen if the Medication Adherence Rates of My Patients do not Improve?

As a provider led-health plan, our goal is to provide you with the resources necessary to help your patients get and stay healthy. By working closely with your patients, together with the care advising and pharmacy services team, we are confident most patients’ adherence scores will improve.

Unfortunately, there may be some patients that are more challenging to work with. Patients whose adherence rates fall below the 80 percent threshold will be considered noncompliant. Because this can reflect poorly on the care delivered by the plan and provider, we are available to work with you in meeting your patient’s needs.

## Member Specific Questions

This section offers answers to some common questions Piedmont WellStar Medicare Choice members may ask. Please note, members may have questions for the care advising team, member services and/or their provider.

### What if I Can’t Afford to Pay for My Medications?

There are many low cost generic medications that are available on the plans covered drug list. For help in finding cost effective alternatives, reach out to your provider or call **800-772-1213** to be connected with a care advisor.

### What if I Can’t Get to a Pharmacy to Pick Up My Prescription?

If you are having trouble accessing a pharmacy, consider the following solutions:

- Mail Order: Your doctor can call or fax your prescription to an Express Scripts mail order facility and deliver 90 days of medication at a time.

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- Delivery Service: Check with your local pharmacy to see if they have a delivery service.

### **I Often Forget to Take My Medication. How Can I do a Better Job of Remembering?**

Consider purchasing a pill box that stores your medication by day or time. Your clinical pharmacist can help you do that. In addition, try setting daily reminders on your phone or alarm clock.

### **I Can't Recall if There has Been a Change in My Therapy?**

If you do not remember if and how your medication regimen has changed, feel free to reach out to a clinical pharmacist or your provider. When you receive the information you are looking for, we suggest writing it down and creating reminders.

### **The Medication Side Effects I am Experiencing are Very Uncomfortable.**

#### **What are My Options?**

Taking your prescribed medication is integral to your improved health and management of disease. We do understand, however, that certain side effects can be uncomfortable. Before stopping or changing your medication regimen, please speak with your provider and clinical pharmacist. Together, you may be able to identify alternative medications.

### **I am not Sure that My Medication has Any Affect. Can I Stop Taking It?**

Your medication is necessary in treating your condition and preventing future catastrophic events. Some medication benefits are not noticeable, others are prescribed as preventative measures. If you have concerns or questions, please reach out to your provider or clinical pharmacist.

### **I Feel Like I don't Need My Medication Anymore and My Friends and Family Agree. Can I Stop Taking this Medication?**

Only your doctor can advise you to stop or change your medication. Remember, some medications are prescribed for prevention only. In addition, abruptly stopping your medication can sometimes cause serious complications. Please reach out to your provider with questions.

### **What Should I Talk to My Provider About at Our Next Appointment?**

Every visit to your doctor should consist of a comprehensive review of your medications so your doctor can be informed and better assist you with cost, side effects or other health improvement tactics. If you have questions in between visits, feel free to call your provider's office or clinical pharmacist.



# Helping Your MedStar Medicare Choice Patients Afford their Medication

Make sure you know about these Medicare Advantage benefits designed to save your patients money when getting medication.

## 1. 90-Day Supply (versus 30-Day):

- Filling a 90-day supply of a medication is a good way to save your patients' time and lead to potential cost savings.
- By having a 90-day supply of medicine, your patients' only have to go to the pharmacy four times a year versus 12, saving time and money on transportation.
- This also helps patients to continue to take medicine as you prescribed.

All DSNP and full Low Income Subsidy (LICS) patients are eligible to receive a 90-day supply at the cost of 30 days. All generic drugs on the formulary (or Tier 1) drugs are \$0 to \$2.95 depending on the patient's income level. All brand drugs on the formulary are \$0 to \$7.40 depending on the patient's income level.

To find out if your patient qualifies for the low income subsidy, have your patient contact the Social Security Administration at [SocialSecurity.gov/ExtraHelp](https://www.socialsecurity.gov/ExtraHelp) or by calling **800-772-1213**.

## 2. Mail Order Pharmacy Services:

- Mail order pharmacy can be a great convenience as it allows for your patients' medicine to be delivered right to their door. This can save patients' time from traveling to and from the pharmacy, money from transportation and safety from getting out in poor weather conditions.
- Contact Express Scripts mail order pharmacy at **800-282-2881**. This is also the number listed on the back of patients' insurance card.

- Remember a 90-day supply is required to enroll in the mail order program.
- Patients will need to enroll and set up an account.
- Patients can pay by e-check, check, money order or credit card.

## 3. Auto-Refill Program with Local Pharmacy:

- An auto-refill program is a great way to make sure your patients' have medicine on time and are able to take it as prescribed each time it is due for a refill.
- It is a free service from the pharmacy, removing the need to call in or drop off refills.
- Most pharmacies call and remind patients when their prescription is ready or contact you when more refills are needed.

## 4. CSNP Patients with Diabetes:

- MedStar Medicare Choice offers a Tier 6 pharmacy option for CSNP members with diabetes.
- Tier 6 medications are \$10 per 30-day supply.



# Nondiscrimination Health Programs and Activities

## Final Rule, Section 1557 of the Affordable Care Act

The Department of Health and Human Services issued the Final Rule, Nondiscrimination in Health Programs and Activities, implementing prohibition of discrimination under section 1557 of the Affordable Care Act of 2010, which will help to advance health equity and reduce health disparities by protecting some of the most vulnerable populations from discrimination in the health care context. This rule went into effect on July 18, 2016, and health plans have until the first plan year beginning Jan. 1, 2017, to implement any needed benefit design changes to their plans. This rule applies to any health programs, or activities any part of which is receiving Federal financial assistance from HHS, and health programs or activities that are administered by HHS or established under Title I of the Affordable Care Act, including issuers that participate in Medicare, Medicaid or Health Insurance Marketplaces. The rule prohibits discrimination on the basis of race, color, national origin, sex, age or disability. It requires covered entities to make their programs accessible to individuals with disabilities and individuals with limited English proficiency. It also requires nondiscrimination in health insurance benefit design, including prescription drug benefits, marketing practices, and health coverage, including prohibition of categorical exclusions for all services related to gender transition.

Section 1557 has been in effect since the Affordable Care Act was enacted in 2010 and this rule provides additional clarity about covered entities' responsibilities. We recognize that many organizations have already taken

actions to implement Section 1557 and are taking additional actions to comply with the rule. We are asking all organizations and providers to become familiar with the rule and take necessary steps to ensure compliance with your obligations under section 1557.

Additional information about this rule can be found at:

[HHS.gov/civil-rights/for-individuals/section-1557/index.html](https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html)



# MedStar Medicare Choice Vision Benefit

MedStar Medicare Choice members have their vision benefit through Superior Vision. There is a \$0 copay for one routine eye exam per year and \$135 allowance (MedStar Medicare Choice HMO and MedStar Medicare Choice Care Advantage) and a \$100 allowance (MedStar Medicare Choice Dual Advantage) toward the cost of one pair of glasses (frames and lenses) or contact lenses every year.



## Diabetes Eye Exam

Diabetes retinopathy is the leading cause of blindness in American adults. Encourage your patients who have diabetes to have their annual dilated eye exam. The diabetes eye exam is no cost to the patient, which applies to ophthalmologists as well.

# Membership Cards

Each MedStar Select and MedStar Medicare Choice member receives an identification card, which can be used only by the person listed on the card. Use of a member's card by another person is insurance fraud and is grounds for the member's termination from the health plan. Possession of a member ID card does not guarantee eligibility. Providers must request any and all insurance cards from the member before performing services. Providers should verify eligibility by going online at **MedStarProviderNetwork.org** or by calling Provider Services at **855-222-1042**.

**MedStar Select**  
 Member: ID# 22000000001  
 Group ID# 012345-012  
 Office Visits: \$0/0 ER: \$100  
 Specialist: \$20 Urgent Care: \$10  
 www.MedStarMyHealth

**MedStar Medicare Choice**  
 Health Plan (80840): 6102890012  
 Member ID: 20000000001  
 Member: SAMPLE MEMBER  
 PCP: SAMPLE PCP  
 Phone: (202)123-4567  
 Plan: CHOICE DUAL ADVANTAGE HMO DSNP  
 Group: MCH103-000  
 Rx BIN: 003858  
 Rx PCN: MD  
 Rx GRP: PMDA  
 Copays: PCP: \$0/0 SPEC: \$0 ER: \$65  
 CMS: H9915-006

**MedStar Medicare Choice**  
 Health Plan (80840): 6102890012  
 Member ID: 20000000001  
 Member: SAMPLE MEMBER  
 PCP: SAMPLE PCP  
 Phone: (410)123-4567  
 Plan: CHOICE HMO  
 Group: MCH102-501  
 Rx BIN: 003858  
 Rx PCN: MD  
 Rx GRP: PMDA  
 Copays: PCP: \$0/10 SPEC: \$40 ER: \$65  
 CMS: H9915-006

**MedStar Medicare Choice**  
 Health Plan (80840): 6102890012  
 Member ID: 20000600501  
 Member: SAMPLE MEMBER  
 PCP: NO PCP SELECTED  
 Phone:  
 Plan: CHOICE CARE ADVANTAGE HMO CSNP  
 Group: MCH105-501  
 Rx BIN: 003858  
 Rx PCN: MD  
 Rx GRP: PMDA  
 Copays: PCP: \$0/10 SPEC: \$40 ER: \$65  
 CMS: H9915-007

## Provider Alert

# MedStar Medicare Choice Requirements

As a participating provider of MedStar Family Choice's Medicare Choice product you are contractually required to complete the MedStar Medicare Choice SNP Model of Care Provider Training (Earn 1.75 CMEs), the Medicare Parts C&D General Compliance Training and the Combating Medicare Parts C and D Fraud Waste and Abuse training each calendar year.

Be sure to attend all mandatory trainings.

- To receive credit for the MedStar Family Choice's SNP Model of Care training and accompanying CME's you must complete and sign the attestation form at the end of the training and fax it to **703-890-1636**. This course is specific to our Medicare Choice product and as a result trainings taken for other payers do not count towards our training requirement.
- To receive credit for the Parts C&D General Compliance training and the Combating Medicare Parts C&D Fraud Waste and Abuse training you must submit a copy of each certificate that is awarded upon completion of the trainings to our Provider Relations department at **410-933-2261** or to **mfc-providerrelations2@medstar.net**. These courses are not specific to our Medicare Choice product and as a result trainings taken and certificates awarded for other payers can count towards our training requirement.

We would like to send a special thank you those who have already completed both trainings and notified us.

If you have not yet completed the training please follow the links below to complete the required training(s). If you are receiving this communication by fax, please review the attached documentation for instructions on how to complete the training or visit our website at: **MedStarProviderNetworks.com** under the Medicare Choice section.

### The Following Links Can Provide Additional Information

**MedStarProviderNetwork.org/  
Medicare-Choice/SNP-Provider-Training-  
%E2%80%93earn-175-cme%E2%80%99s**

**MedStarProviderNetwork.org/  
Medicare-Choice/Combating-Medicare-Parts-  
C-and-D-Fraud-Waste-and-Abuse**

### SNP Model of Care

MedStar Medicare Choice is working hard to continue its relevant communication with its network of physicians, all while maintaining a zero dollar premium for its members. MedStar Medicare Choice has enrolled additional members into its Plans during the latest Annual Enrollment Period, and a good portion of these members are enrolled in one of two Special Needs Plans (SNP) in both Washington, D.C. and Maryland. The Dual Special Needs Plan (D-SNP) serves patients eligible for both Medicare and Medicaid and the Chronic Special Needs Plan (C-SNP) serves patients diagnosed with diabetes and/or congestive heart failure (CHF).

## What does this mean?

These plans were approved by CMS under the documentation of an evidence-based Model of Care. The Model of Care is designed to address the unique healthcare needs of those eligible enrollees. Importantly, there is also a focus on the socio-economic and behavioral health factors that may impact a patient's ability to manage illness and access quality care. The Model of Care aims to improve the patient's access, coordination of care, and transitions of care.

## How does this impact you, as the valued provider?

As a provider caring for SNP members, CMS requires that you are trained on essential information about special needs plans and special needs members. For your convenience, we offer various methods to complete this training. In order to support your patients, an online course has been added to **MedStarProviderNetwork.org**. You will be eligible to receive 1.75 CME credits after answering all questions and completing all information on the 'Attestation of Course Completion for CME Credits Eligibility' form. Once the attestation form is completed and signed, please fax it to **703-890-1636**. Upon completion of this course, you will be able to:

- Define SNP and the eligible member's demographics.
- Describe the Model of Care for our SNP programs and how it improves the member's health and healthcare experience.
- Understand the key elements of the Model of Care's "whole person" management approach, including the individualized care plan and interdisciplinary care team.
- Identify the measurable performance outcomes.

MedStar Medicare Choice's mission is to serve vulnerable populations with a holistic, integrated model to ensure they receive timely access to quality care in a setting most appropriate for their needs.

## What's Next?

Visit **MedStarProviderNetwork.org** to complete the online SNP Model of Care training. Click on "SNP Provider Training - Earn 1.75 CMEs." Review the materials, complete and sign the attestation form and fax it to **703-890-1636**.

For more information, a detailed article can be found in our 2015 Quarter 2 Newsletter: Provider Newsletter Quarter 2. For additional questions about completing the SNP training, please contact provider services at **855-222-1042**.

## Parts C and D General Compliance Training

The NEW FREE (1) Medicare Parts C and D General Compliance Training provides separate content for compliance and FWA, and provide web-based versions that are printable and PDF versions that are downloadable. The training content is generic since various entities (e.g., health plans, labs, hospitals, providers, etc.) complete the training. A certificate of completion (which includes contact hours) is generated upon passing a short test with a score of 70 percent or higher at the end of each web-based training (WBT).

There is no continuing education (CE) with these 2 WBTs but contact hours are included on the certificate of completion. Please check with your licensing body to see if they will accept the certificate of completion with the contact hours.

## 1. Medicare Parts C and D General Compliance Training

A new Medicare Parts C and D General Compliance Training Web-Based Training (WBT) course is available through the Learning Management and Product Ordering System. Learn about:

- How a compliance program operates
- How compliance program violations should be reported

To get your certificate you must go through the WBT itself. The PDF version is provided as a service to organizations to incorporate the CMS training content into existing training systems and written documents and is not intended to take the place of the WBT, no certificate is provided with the PDF download.

**Download available at:**  
**[CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf)**

Sponsors and/or FDRs will have three options for ensuring FDRs have satisfied the general compliance and FWA training requirement: (1) FDRs can complete the web-based general compliance and/or FWA training modules located on the CMS MLN. Once an individual completes the training, the system will generate a certificate of completion. The MLN certificate of completion must be accepted by Sponsors. There is no continuing education (CE) with these 2 WBTs but contact hours are included on the certificate of completion. Please check with your licensing body to see if they will accept the certificate of completion with the contact hours. Page 1 of 2 (2) Sponsors and FDRs can incorporate the content of the CMS standardized training

modules from the CMS website into their organizations' existing compliance training materials/systems. (3) Sponsors and FDRs can incorporate the content of the CMS training modules into written documents for providers (e.g. Provider Guides, Participation Manuals, Business Associate Agreements, etc.).

Compliance Program Training Requirements can be found at: **[CMS.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html](https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html)**

Please direct any questions related to C and D Compliance to:

**[Parts\\_C\\_and\\_D\\_CP\\_Guidelines@cms.hhs.gov](mailto:Parts_C_and_D_CP_Guidelines@cms.hhs.gov)**

### **Combating Medicare Parts C and D Fraud, Waste, and Abuse**

The NEW FREE (1) Combating Medicare Parts C and D Fraud, Waste and Abuse training courses, listed below, provide separate content for compliance and FWA, and provide web-based versions that are printable and PDF versions that are downloadable.

The training content is generic since various entities (e.g., health plans, labs, hospitals, providers, etc.) complete the training. A certificate of completion (which includes contact hours) is generated upon passing a short test with a score of 70 percent or higher at the end of each web-based training (WBT).

There is no continuing education (CE) with these 2 WBTs but contact hours are included on the certificate of completion. Please check with your licensing body to see if they will accept the certificate of completion with the contact hours.

## 2. Combating Medicare Parts C and D Fraud, Waste, and Abuse

A new Combating Medicare Parts C and D Fraud, Waste, and Abuse (FWA) Web-Based Training (WBT) course is available through the Learning Management and Product Ordering System. Learn about:

- FWA in the Medicare Program
- The major laws and regulations pertaining to FWA
- Potential consequences and penalties associated with violations
- Methods of preventing FWA
- How to report FWA
- How to correct FWA

To get your certificate you must go through the WBT itself. The PDF version is provided as a service to organizations to incorporate the CMS training content into existing training systems and written documents and is not intended to take the place of the WBT, no certificate is provided with the PDF download.

**Download available at:**  
**[CMS.gov/Outreach-and-Education/Medicare-Learning- Network-MLN/MLN Products/Downloads/CombMedCandDFWAdownload.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf)**

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2 WBTs but contact hours are included on the certificate of completion. Please check with your licensing body to see if they will accept the certificate of completion with the contact hours. (2) Sponsors and FDRs can incorporate the content of the CMS standardized training modules from the CMS website into their organizations' existing compliance training materials/systems. (3) Sponsors and FDRs can incorporate the content of the CMS training modules into written documents for providers (e.g. Provider Guides, Participation Manuals, Business Associate Agreements, etc.).

Compliance Program Training Requirements can be found at: **[CMS.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and- Audits/Compliance ProgramPolicyandGuidance.html](https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html)**

Please direct any questions related to C and D Compliance to:

**[Parts\\_C\\_and\\_D\\_CP\\_Guidelines@cms.hhs.gov](mailto:Parts_C_and_D_CP_Guidelines@cms.hhs.gov)**



# Contact Us

We are here to help. Please reference the list of numbers below if you have any questions or concerns. In some cases, there are separate numbers for MedStar Medicare Choice and MedStar Select.

## Member Services

MedStar Medicare Choice

855-222-1041 **PHONE**

Seven days a week, 8 a.m. to 8 p.m.

(Oct. 1 to Feb. 14)

Monday to Friday, 8 a.m. to 8 p.m. and

Saturday 8 a.m. to 3 p.m. (Feb. 15 to Sept. 30)

MedStar Select

855-242-4872 **PHONE**

Monday through Friday, 7 a.m. to 7 p.m.

## Care Management

MedStar Medicare Choice and MedStar Select

888-959-4033 **PHONE**

Monday through Friday, 8 a.m. to 5 p.m.

## Medical Management/Prior Authorization

MedStar Medicare Choice and MedStar Select

855-242-4875 **PHONE**

Monday through Friday, 8 a.m. to 5 p.m.

## Provider Services (For Claims and Eligibility Inquiries)

MedStar Medicare Choice and MedStar Select

855-222-1042 **PHONE**

Monday through Friday, 8 a.m. to 5 p.m.

## Provider Relations (For Credentialing/ Re-Credentialing or Practice Additions/ Terminations/Address Changes)

MedStar Medicare Choice and MedStar Select

800-905-1722, option 5 **PHONE**

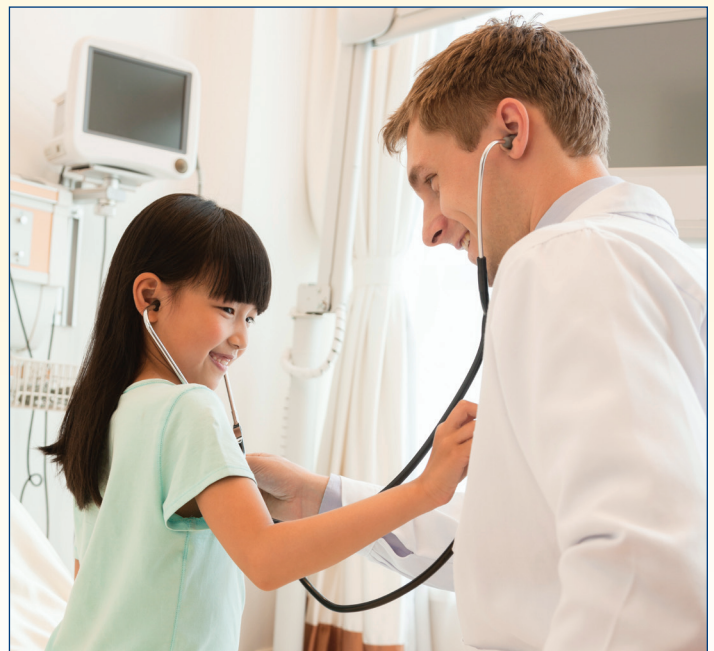
Monday through Friday, 8:30 a.m. to 5 p.m.

## Interactive Voice Recognition

MedStar Select

855-275-1251 **PHONE**

To verify member eligibility, access the provider website at **MedStarProviderNetwork.org** or call Provider Services at **855-222-1042**.



5233 King Ave., Suite 400

Baltimore, MD 21237

800-905-1722 **PHONE**

**MedStarProviderNetwork.com**

The MedStar Select and MedStar Medicare Choice provider newsletter is a publication of MedStar Health.

Submit new items for the next issue to [arion.k.long@medstar.net](mailto:arion.k.long@medstar.net).

**Kenneth Samet**

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MedStar Franklin Square Medical Center  
MedStar Georgetown University Hospital  
MedStar Good Samaritan Hospital  
MedStar Harbor Hospital  
MedStar Montgomery Medical Center  
MedStar National Rehabilitation Network  
MedStar Southern Maryland Hospital Center  
MedStar St. Mary's Hospital  
MedStar Union Memorial Hospital  
MedStar Washington Hospital Center  
**MedStar Family Choice**  
MedStar Medical Group  
MedStar PromptCare  
MedStar Visiting Nurse Association  
MedStar Institute for Innovation  
MedStar Health Research Institute