MedStar Family Choice

Provider Newsletter

2nd Quarter 2026

In This Issue

Know our access and availability standards

MedStar Family Choice providers must offer hours of operation to MedStar Family Choice members consistent with the items below and the provider's specialty.

HealthChoice regulations require providers to adhere to the following guidelines for appointment scheduling:

- Well-child assessments and routine and preventative primary care appointments within 30 days from request
- Routine specialist follow-up appointments within 30 days from request
- Newborn visits within 14 days of discharge from the hospital
- Routine dental, lab, and X-rays within 30 days from request
- Initial assessment of pregnant and postpartum women and those requesting family lanning services within 10 business days from request
- As a reminder, providers must also maintain 24/7phone coverage; for example, 911 **AND** on-call practitioner, an answering service, and/or answering machine with directions for how to reach provider after hours for emergency care.

- Urgent care appointments within 48 hours of request. If the doctor that sees the member is not available, another doctor in the practice should see the member. If there is no availability, an explanation as to why and alternative options for care should be provided to the member.
- Office hours for MedStar Family Choice members must be equivalent to the office hours offered to commercial, Medicare, or other Medicaid patients.
- Patient wait time may not exceed 60 minutes after the scheduled appointment time to be seen for regular office visits (this does not apply to patients who are added to the schedule last minute and advised that they will be seen at the first available time).

Throughout the year, MedStar Family Choice will monitor our provider network for adherence to these requirements. In addition, MDH conducts secret shopper activities on a regular basis. In the event your office is identified as not meeting the requirements above during a MedStar Family Choice or Government Program Secret Shopper Campaign, you will be contacted by Provider Relations.

Update your information and complete validations in the MedStar Family Choice Provider Portal

The MedStar Family Choice Provider Web Portal serves as a quality control mechanism allowing providers to view their information in our system. Your provider information is communicated to the MedStar Family Choice members and provider community via our Find a Provider website.

Provider Web Portal Services include:

- New User Registration
- Password Reset
- Provider and Group Changes
- Review Summary of Changes
- Quarterly Data Validations
- Provider Web Portal User Guide
- Visit the MedStar Family Choice Provider Web Portal at **ProviderPortal.MedStarFamilyChoice.com** to register.

Please note: *Only one user account is permitted per group within the portal. Multi-user sign-ons are not supported at this time.*

Before registering, you will need to have access to the following information:

- Group DBA (doing business as) Name
- Group Tax ID
- Group Type II NPI (Group NPI)
- The group email is currently on file with MedStar Family Choice

Once you complete the initial registration process on the portal, you will receive an email link to complete the registration process. This link is only available for 24 hours or you will have to start the registration process again.

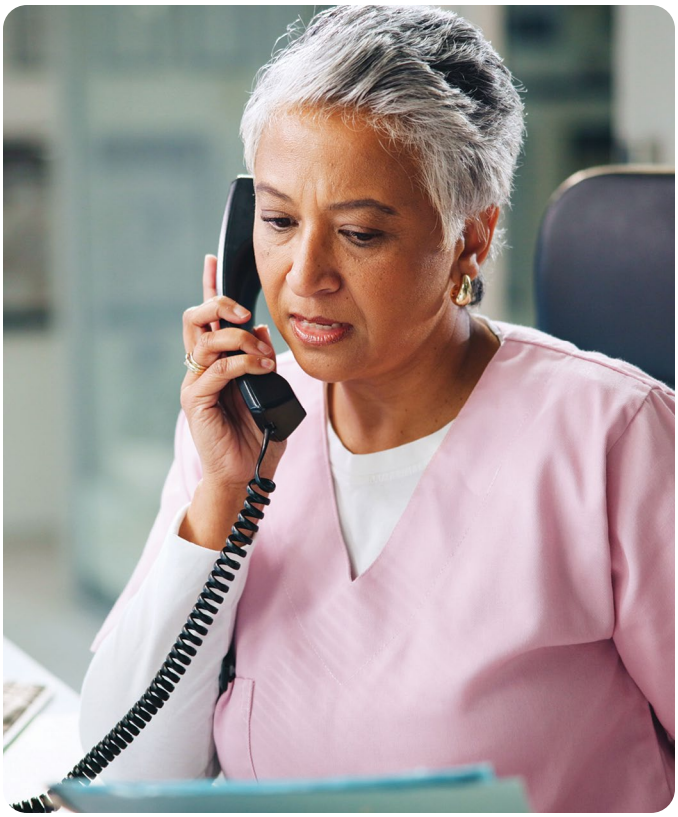
Additional registration information is available at **MedStarFamilyChoice.com.** For problems with registration, send a detailed email to **mfc-providerrelations2@medstar.net** or call **800-261-3371.**

Nurse advice line available 24/7 at no cost

Did you know MedStar Family Choice members have access to a Nurse Advice Line at no cost? The Nurse Advice Line **(855-210-6204)** is open 24 hours a day, seven days a week.

If a MedStar Family Choice member is feeling ill or needs medical advice but cannot make an appointment or be seen immediately by your office, you can let them know a registered nurse is just a phone call away. On the Nurse Advice Line, registered nurses answer calls live to assess symptoms and direct patients to the appropriate level of care. Nurses can also provide nearby urgent care locations if need be.

Using the Nurse Advice Line as a resource for MedStar Family Choice members could reduce wait times by allowing your office to focus on providing care to those who need more immediate attention. The Nurse Advice Line could also boost patient loyalty and retention with around-the-clock access to care.



Updates to the formulary for MedStar Family Choice providers

Details of the prior authorization criteria are available on our Pharmacy webpage with the other pharmacy protocols. For more information, please call the Provider Relations department at **800-905-1722, option 5. Updates to the formulary for MedStar Family Choice Providers**

Key Formulary Updates Effective June 1,2026:

To ensure our pharmacy drug coverage provides the best clinical outcomes and value. MFC has made positive changes and two neutral replacements to the pharmacy formulary since the last Pharmacy and Therapeutics (P&T) committee meeting in several categories. The current formulary can be found under MFC website **(medstarfamilychoicemd.com)** > Maryland Providers tab > Pharmacy and Formulary Information >MedStar Family Choice Formulary.

The current formulary pdf file reflects all the changes listed below:

Starting June 1, 2026: Utilization Management (Drug limitation and step therapy)

- Ozempic (semaglutide) Injection
- Rybelsus (semaglutide tablet)
- Mounjaro (Tirzepatide)

What changed: These drugs now have limitations and step therapy requirements.

PROSTATE CANCER Treatment

- Xtandi (enzalutamide): New PA criteria established
- Nubeqa (darolutamide): New PA criteria established

Kesimpta (ofatumumab)

- Initial therapy: Added to formulary with PA criteria
- Reauthorization: Added to formulary with PA criteria

Migraine Prevention Medications (effective 7/1/26)

- Aimovig (erenumab): Added to formulary with PA criteria established
- Ajovy (fremanezumab): added to formulary with PA criteria established

Episodic Migraine Treatment Medications (effective 7/1/2026)

- Ajovy (fremanezumab): added to formulary with PA criteria ** NEW PEDS indication**
  - Ages 6-17 (45kg or greater)

Emgality (galcanezumab) 120 mg: New PA criteria established

- Adults; Migraine preventions

Emgality (galcanezumab) 100 mg: New PA criteria established

- Episodic Cluster Headache

REMOVALS

- Qulipta : Removed from formulary (Aimovig and Ajovy added in its place)
- Trelegy: Removed from formulary, as multiple options already exist for COPD treatment

Please be aware that, all prescription drugs for weight loss with or without FDA label are not a covered benefit under Medicaid plans. This includes, but may not be limited to, medications such as GLP-1 agonists, phentermine, Orlistat, etc). For more details of MFC drug coverage criteria, please refer to our **Prior Authorization Table and Step Therapy** that can be found on the same page as our formulary.

How to refer members to specialists

MedStar Family Choice no longer requires written referrals from Primary Care Physicians (PCPs) for members to access in-network specialists. The purpose for no longer requiring written referrals from PCPs is designed to improve access to care and streamline the experience for both providers and members.

Referrals to out-of-network specialists will still require a written referral and prior authorization. To ensure timely approvals, please reference the **MedStar Family Choice Quick Prior Authorization Guide,** which outlines services that require prior authorization. The latest version is available in the **Provider News**: Provider Alert section of the MedStar Family Choice Provider News website.

Claims for in-network specialist services should be submitted following standard procedures, with all necessary documentation included to support timely processing.

Referrals for Lab and Radiology Services

PCPs and specialists are to directly refer their MedStar Family Choice patients for lab and radiology services to in-network freestanding locations and facilities. Specialists should not send their members back to the PCP for a referral. All providers should use a Lab Requisition form for labs, and providers can either use a Uniform Referral form and/or their electronic medical record referral form or write a script for radiology requests.

Referrals to Physical Therapy, Occupational Therapy, and Speech Therapy

Both PCPs and specialists can refer to physical therapy, occupational therapy, and speech therapy. Providers are to follow the process outlined within this article for referrals for members over the age of 21 years for up to 30 visits (the state manages patients under the age of 21 for physical therapy, occupational therapy, and speech therapy). Prior authorization is required for more than 30 visits in a calendar year, per service.

Please note: physical therapy services provided by a chiropractor are not covered and must be directed to an in-network physical therapy provider.

All providers are encouraged to use the "Find A Provider" feature on our website **(MedStarFamilyChoice.com)** to receive assistance in finding in-network specialists, laboratories, and radiology providers.

Please note, all referrals to out-of-network providers require prior authorization.

Please send all questions or queries regarding referrals to MedStar Family Choice Provider Relations at **mfc-providerrelations2@medstar.net.** Telephone assistance is available for Maryland providers by calling **800-261-3371.**

MedStar Family Choice survey results are online

MedStar Family Choice wants you to stay informed on how we are doing. For updated information on survey results such as HEDIS®, Satisfaction Surveys, System Performance Reviews, EPSDT audits, and the Consumer Report Card, please visit the MedStar Family Choice Quality Assurance and Monitoring webpage: **Quality Assurance and Monitoring Programs**

Paper copies are available upon request by calling the MedStar Family Choice Provider Relations Department at **800-905-1722, option 5.** As we continue to improve and strive for high scores, your dedication to quality health care is very much appreciated.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Read the 2026 Consumer Report Card results

The Maryland Department of Health (MDH) developed a **Consumer Report Card** to assist HealthChoice participants in comparing and selecting a managed care organization (MCO) at the time of enrollment. It is a tool that allows enrollees to see how Maryland MCOs compare in six key performance areas so they can easily make an informed choice. The Consumer Report Card performance category scores are based on 40+ quality and access measures derived from HEDIS® scores, encounter data, and member satisfaction survey data.

MFC continuously works with our members and providers to better understand barriers to care and develop meaningful, targeted interventions to improve outcomes. Please refer to MFC's Quality Assurance and Monitoring Programs and our Quality Improvement Plan to view our specific quality improvement objectives and plans for improvement.

2026 Maryland Department of Health

HealthChoice Performance Report Card for Consumers

KEY

☆☆☆ Above HealthChoice Average
☆☆ HealthChoice Average
☆ Below HealthChoice Average
N/A Not Applicable*

This Report Card shows how Maryland HealthChoice plans compare to each other. You may use this Report Card to help you choose a health plan. To choose a plan call 1-855-642-8572 (TDD: 1-855-642-8573) or visit www.marylandhealthconnection.gov.

If you are having trouble getting health care from your health plan or your doctor, try calling your health plan's customer service line. If you still need help, call the HealthChoice Help Line at 1-800-284-4510 (TDD: 800-977-7389). For more information, visit www.marylandhealthconnection.gov/assets/MCO-Comparison-Chart.pdf

HEALTH PLANS	PERFORMANCE AREAS					
	ACCESS to CARE	DOCTOR COMMUNICATION and SERVICE	KEEPING KIDS HEALTHY	CARE for KIDS with CHRONIC ILLNESS	PREGNANCY and INFANT CARE	KEEPING ADULTS HEALTHY
AETNA BETTER HEALTH 1-866-827-2710	☆	☆☆	☆	☆	☆	☆
CAREFIRST BLUECROSS BLUESHIELD COMMUNITY HEALTH PLAN 1-800-730-8530	☆	☆☆	☆	☆☆☆	☆☆☆	☆
JAI MEDICAL SYSTEMS 1-888-524-1999	☆☆☆	☆☆	☆☆☆	N/A	☆☆	☆☆☆
KAISER PERMANENTE 1-855-249-5019	☆	☆☆	☆☆☆	☆	☆☆☆	☆☆☆
MARYLAND PHYSICIANS CARE 1-800-953-8854	☆☆☆	☆☆	☆	☆☆☆	☆☆	☆☆
MEDSTAR FAMILY CHOICE 1-888-404-3549	☆☆	☆☆	☆	☆	☆	☆
PRIORITY PARTNERS 1-800-654-9728	☆☆☆	☆☆	☆☆	☆☆☆	☆☆	☆
UNITEDHEALTHCARE 1-800-318-8821	☆☆☆	☆☆	☆☆☆	☆	☆	☆
WELLPOINT MARYLAND 1-800-600-4441	☆	☆☆	☆☆☆	☆	☆☆	☆
	• Appointments are scheduled without a long wait • The health plan has good customer service • Everyone sees a doctor at least once a year • The health plan answers member calls quickly	• Doctors explain things clearly and answer questions • The doctor's office staff is helpful • Doctors provide good care	• Kids get shots to protect them from serious illness • Kids see a doctor and dentist regularly	• Doctors give personal attention • Kids get the medicine they need • A doctor or nurse knows the child's needs • Doctors involve parents in decision making	• Kids get tested for lead • Infants get shots to protect them from serious illness • People are taken care of when they are pregnant and after they have their baby	• Doctors monitor blood pressure and sugar levels • Doctors examine eyes for vision loss and check lungs for good breathing • Adults see a doctor for antibiotics and get health or cancer screenings when they need it

MDH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.

Help is available in your language: 1-855-642-8572 (TTY: 1-855-642-8573). These services are available for free.

Hay ayuda disponible en su idioma: 1-855-642-8572 (TTY: 1-855-642-8573). Estos servicios están disponibles gratis.

您若需要免费中文帮助，请拨打这个电话号码：1-855-642-8572 (TDD: 1-855-642-8573)

NOTE: N/A means that the rating is not applicable and does not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan.
This information was collected from health plans and their members and is the most current performance data available. The information was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition.

Clinical Practice Guidelines are available online

Clinical Practice Guidelines are available here. A link to the Clinical Practice Guidelines is prominently featured on the provider webpage. For a hard copy of the guidelines, please contact Provider Relations at **mfc-providerrelations2@medstar.net** or **800-905-1722, option 5.**

These guidelines include:

- 2026 Preventive Screening Recommended Guidelines (Adult and Pediatric)
- 2026 CDC Recommended Immunization
- Community Acquired Pneumonia (Adult and Pediatric)
- Assessment and Prevention of Falls in the Elderly
- Management of Adult Diabetes Mellitus
- Guidelines for the Diagnosis and Management of Pediatric Acute Asthma Exacerbation
- Treating Acute Asthma Exacerbations in Adults
- Management of Hypercholesterolemia
- Identification and Management of Clinical Depression in Adults
- Management of Hyperbilirubinemia in the Healthy Term Newborn
- Management of Hypertension (Adults and Pediatric)
- Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity
- Osteoporosis: Screening and Management
- Managing Otitis Media in Children
- Cervical Cancer Screening for the Primary Care Physician
- Diagnosis and Management of Acute Group A Pharyngitis
- Diagnosis and Management of Acute Group A Streptococcal Pharyngitis in Adolescent and Pediatric Patients
- Management of Pediatric ADHD
- Management of Acute Low Back Pain in Adults
- Management of Bronchiolitis in Pediatrics
- Management of Bronchitis (Adults, Children, and Adolescents)
- Diagnosis, Management, and Prevention of COPD
- Outpatient Diagnosis and Management of Venous Thromboembolic Disease
- Prescribing Naloxone in the Outpatient Setting
- Opioids for Pain Management
- Guidelines for Perinatal Care
- Outpatient Use of Proton Pump Inhibitors
- Management of Sinusitis (Adult and Children)
- Outpatient Management of Pediatric Urinary Tract Infection

Verifying eligibility for MedStar Family Choice members

MedStar Family Choice does not deny claims when a member presents an ID card that does not reflect your office as the primary care provider (PCP). This is to prevent participating PCP offices from turning members away when they are active MedStar Family Choice members on the date of service. PLEASE DO NOT TURN MEMBERS AWAY! When this happens, please ask members to update their ID card information prior to their next appointment. Changing a PCP is relatively simple. Please follow these instructions if your office is not printed on the card as the member's PCP:

- Always verify through EVS that the member is an eligible MedStar Family Choice member on the date of service by calling **866-710-1447** or by visiting the website at **emdhealthchoice.org**
- See the patient if they are active. Do not reschedule the appointment.
- Ask the member to call Member Services at **888-404-3549** to request a new member card reflecting their correct PCP name prior to the next scheduled appointment. You may allow the patient to call from your office while they are waiting to be seen.
- Follow current authorization procedures, if applicable. A list of services requiring prior authorization is available at **MedStarFamilyChoice.com** or can be obtained by calling Provider Relations.

Please keep in mind the importance of current PCP information in regard to member ID cards. This information is used to create member rosters that are available for participating providers through the provider portal **(mfcmdprovider.healthtrioconnect.com)**These rosters are used by MedStar Family Choice to send member information to provider offices and when making outreach attempts for members. If the roster is inaccurate, the PCP on file may consequently receive member mailings that go into the member's chart, as well as telephone calls regarding the specific member that is not actively under their care. MedStar Family Choice rosters are also used by Vaccines For Children (VFC) who supply vaccines to pediatric offices for members enrolled in the HealthChoice program. As a result, pediatric offices may not be adequately stocked with vaccines for their members. If you need further assistance regarding the member's benefits and eligibility, call our Provider Services Call Center at **800-261-3371** and remain on the line to speak with an agent.

A reminder about the Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) and other regulations require that providers maintain their own Notice of Privacy Practices (Notice). MedStar Health, Inc. also has a Notice. It describes how we may use and disclose our enrollee's information, as well as how enrollees could access this information. To ensure the privacy and security of its enrollee's protected health information, MedStar Family Choice requires its providers to abide by a number of medical record documentation standards. These standards include provisions such as:

- Providing a complaint notice of privacy practices to members
- Complying with all federal, state, and local laws and regulations pertaining to medical records and releases
- Securing both paper and electronic medical records and releases
- Ensuring the confidentiality of member information through the creation of standards
- Verifying the identity and authority of a person requesting access to member protected health information
- Releasing information to authorized individuals, including individuals from government agencies such as the Maryland Department of Health (MDH) for quality assurance and auditing purposes.

Providers must report to MedStar Health's Office of Corporate Business Integrity any known or suspected privacy concern which is caused by a MedStar Health entity in a timeframe when required by law, the provider agreement, and any other applicable requirement. Methods to report breaches include calling MedStar Health Integrity Hotline at **877-811-3411** (toll free), calling the Office of Corporate Business Integrity at **410-772-6606,** or emailing us at **privacyofficer@medstar.net.**

A copy of our Notice is available at **MedStarHealth.org/MHS/Patients-and-Visitors/Privacy-Policy** and throughout **MedStarFamilyChoice.com.** Hardcopies can be provided upon request by contacting Provider Relations at **mfc-providerrelations2@medstar.net** or **800-905-1722, option 5.**

Directing MFC members to mental health services

All MedStar Family Choice members have access to Behavioral Health Benefits which include Mental Health, Substance Use Disorder, and Alcohol Use Disorder treatment—they are managed by the State Public Behavioral Health Vendor Carelon Behavioral Health of Maryland **800-888-1965,** and billed through Maryland Medical Assistance/ Medicaid, NOT MedStar Family Choice. PCP referral is NOT needed. Educate patients to communicate "Maryland Medicaid or Medical Assistance" as insurance when scheduling Behavioral Health appointments, as providers may not recognize MedStar Family Choice as an accepted insurance.

Patients can locate a provider that accepts Maryland Medical Assistance/Medicaid by:

- Calling Carelon Behavioral Health of Maryland 800-888-1965 for a listing of provider contacts
- Searching one of the following sites for "Medicaid" or "Medical Assistance" accepting providers, selecting Mental Health, Substance Use services or both.

Samhsa.gov/find-help
Psychologytoday.com/us/psychiatrists
Psychologytoday.com/us/therapists
Psychologytoday.com/us/treatment-rehab

Maryland's Public Behavioral Health vendor is available to assist you with any questions regarding your behavioral health benefits at **1-800-888-1965.**

If a patient is in crisis and unable to wait for a scheduled appointment, help is available 24/7 by calling **988.**

MedStar Family Choice Social Work Case Managers can be reached at **800-905-1722 option 2 then option 5** to guide members in this process if needed, although we do not manage the benefits.

About provider documentation and coding audits

As part of our contractual obligations as a Maryland Medicaid MCO, MedStar Family Choice monitors claims and conducts routine and focused chart audits to ensure that payments made to providers are appropriate and accurately documented. If your practice is selected for review, we will contact your office and request copies of the medical records for specific dates of services for our members. The records are reviewed by our compliance auditor and each code that was billed and paid is evaluated. Providers should ensure that the medical record documentation supports the level of service billed and medical necessity.

Medical necessity of services rendered by a provider exercising clinical judgment may be reviewed by our medical directors and determined through various factors, including, but not limited to – whether healthcare services are for:

- Services or supplies needed to diagnose or treat your health condition
- Services or supplies that meet accepted evidence-based standards of medicine

General principles of documentation include:

- Medical record should be complete and legible
- Each page of the health care record should include the patient's name and date of birth (or other unique identifier), date of service, legible identity of the provider rendering service, and the provider's credentials
- All records (written or electronic) must be signed and dated by the rendering provider.

Each encounter should include documentation of the following:

- Reason for the encounter: chief complaint or history of presenting illness (chief complaint is a concise statement describing the symptoms, problems, conditions, or other factors that are the reason for that encounter)
- Relevant history and prior diagnostic results
- Clinical examination findings
- Assessment, clinical impression, or diagnosis
- Medical plan of care
- Orders for Tests and Services
- Medication Administration Record
- Documentation to support time spent on services for the CPT level of code billed
- Documentation to support the code(s) and modifier(s) billed
- Provider's signature.

Following the completion of our coding and documentation audits, you will be provided with a summary of our findings. Any deficiencies identified that are determined to not support the claim payment, may be subject to retraction and may result in the issuance of a corrective action plan. If you disagree with our findings, you may file an appeal within 30 business days. As a reminder, all claims should be billed under the rendering provider's NPI# (box 24J of CMS form 1500). All practitioners in a group must be credentialed with MedStar Family Choice prior to rendering services to our members and claims may not be submitted under another's NPI.

If you have any questions regarding MedStar Family Choice coding and documentation audits, please contact Provider Relations at **mfc-providerrelations2@medstar.net** or **800-261-3371.**

We also encourage providers to conduct regular self-audits to ensure accurate payments. If your practice determines it has received overpayments or improper payments, you are required to:

- Return the overpayment to MedStar Family Choice within 60 calendar days after the date on which the overpayment was identified. (Code of Maryland Regulations - COMAR 10.67.07.01)
- Notify MedStar Family Choice in writing of the reason for the overpayment.

If you receive an overpayment for your claims, complete the Overpayment/Refund form on the claims and Refunds webpage on **MedStarFamilyChoice.com.** Then send the refund, the reason for the overpayment, and a copy of the Explanation of Payment(s) identifying the overpayment to the address below:

MedStar Family Choice
Maryland Claims
PO BOX 715639
Philadelphia, PA 19171-5639

Understand the National Correct Coding Initiative

The National Correct Coding Initiative (NCCI) is a program developed by CMS that consists of coding policies and edits. NCCI edits address correct coding combinations submitted by a provider for multiple services with regards to the same patient, on the same anatomic site, and on the same date of service. There are two types of edits: procedure-to-procedure edits and medically unlikely edits (MUEs). Procedure-to-procedure edits make certain that CPT and/or HCPCS codes billed together are eligible for separate reimbursement. Medically unlikely edits (MUEs) ensure that the appropriate number of units for a particular service were billed.

MedStar Family Choice claims processing center utilizes nationally recognized vendor CCI edit software so that providers are reimbursed for services in accordance with the NCCI procedure-to-procedure edits. Also contained in our existing NCCI edits are the Medicaid MUEs for professional

and ASC claims, DME, and some types of outpatient facility claims. This logic includes a maximum number of units of service for each HCPCS/CPT code. Claims that do not meet criteria set in the CCI edit software are denied. Instances when a claim is denied because of NCCI procedure-to-procedure edits include, but are not limited to:

- Mutually exclusive codes that cannot be reported together were billed
- Unbundling of codes when a single comprehensive CPT code is available.

MedStar Family Choice incorporated CMS/Medicaid MUEs into our policies. Therefore, additional MUEs that are compatible with Medicaid will be applied even though they are not applied by Medicare. Please keep in mind that many procedure codes have CCI edits associated with them. Providers should use applicable modifiers when services are in fact separate and independent from each other in order for claims to be processed and paid as separate procedures. Since modifiers can be used to bypass CCI edits, MedStar Family Choice monitors their use. Therefore, if a modifier is to be used to bypass CCI edits, it is imperative that providers clearly document and explain the circumstances of the services that were provided in the member's chart. The documentation must clearly show that the procedure code and modifier met the conditions for separate billing.

At this time, coding edits affect professional and ASC claims, DME claims submitted on CMS-1500 forms, as well as outpatient facility claims submitted on UB-04 (CMS-r1450) forms. For Maryland Health Choice providers, it was determined by the Maryland Department of Health (MDH) in conjunction with CMS. Procedure-to-procedure edits for outpatient hospital claims regulated by the Health Services Cost Review Commission are not permissible.

The MDH clarified that the only outpatient coding edits that must be implemented for regulated outpatient hospital claims are a subset of edits identified under the CMS Integrated Outpatient Coding Edits (I/OCE). Visit **CMS.gov/OutpatientCodeEdit** for more detailed information.

Note: MedStar Family Choice uses the Non-OPPS I/OCE edits. The Non-OPPS edits are a modified list of I/OCE edits that are appropriate for the HSCRC payment methodology that has been approved by CMS.

If you need more information regarding NCCI methodologies and the appropriate usage of modifiers, you can go to the Centers for Medicare and Medicaid Services website at **CMS.gov** for the National Correct Coding Initiative Policy Manual, as well as the Medicaid NCCI Reference Documents at **Bit.ly/3u5alxE.**

In addition, in the online MDH Provider Manuals for both professionals and facilities, there is information on the usage of modifiers accepted by Maryland Medicaid Program.

A message from MedStar Family Choice Credentialing

MedStar Family Choice maintains and monitors state licensures to ensure that our network practitioners maintain a valid and current license. When a practitioner's licensure (State license, Drug Enforcement Administration- DEA certificate, Controlled Dangerous Substances-CDS certificate) information changes (i.e., a new number issued or a name change), MedStar Family Choice must be notified of the change within 30 days. Failure to notify us of a licensure change may result in suspension or termination from the network.

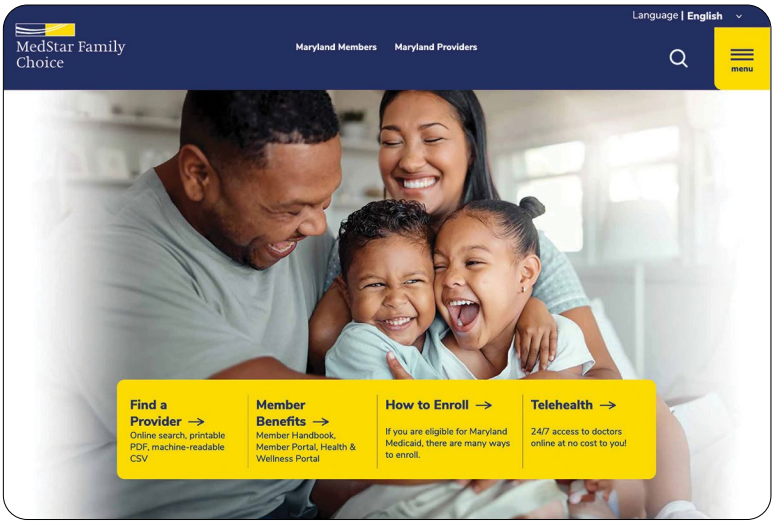
Attn: Practice Manager Administrator or Credentialing Representative

Please ensure that your providers' CAQH applications are up to date and contain accurate information. Remember to upload current copies of the malpractice insurance face sheet and complete the re-attestation process every 120 days. Regularly reviewing and updating expired or old information will help us avoid potential delays in the credentialing process.

Helpful tips for registering for HealthTrio – MFC's Claims and Eligibility Provider Portal

When registering for MedStar Family Choice's Claims and Eligibility Provider Portal, please ensure you have the following information readily available:

- Payment ID (Check Number, Transaction Number, or Payment ID Number)- this is the value you will enter for Payer Identification Value 1
- Payment Amount Associated with the Payment ID- this is the value you will enter for Payer Identification Value 2. This is the amount that was paid associated with the value provided for Payer Identification Value 1 listed above.



Prescriber's guide to pharmacy issues

Have you ever prescribed a medication to a patient only to have them call back or return for their next appointment without taking it, as they report the pharmacy told them the "medicine is not covered by your insurance"?

Many people leave the pharmacy without the needed medicine and without asking the pharmacy to contact the prescriber 's office or insurance.

Please encourage your patients that "It's okay to ask" questions at the pharmacy and not just leave without their medication(s) or a plan for resolving the issue.

We are educating our members that:

- "It's okay to ask" the pharmacy why the medicine is not covered?
- "It's okay to ask" is there a way it could be covered?
- "It's okay to ask" if there is another medicine that could be used? AND
- "It's okay to ask" what if I don't have money for the co pay?

When a medicine rejects at a pharmacy, the pharmacy gets a code or "reason" the medicine is not covered at that time, AND a phone number to call the insurance for help. The insurance does not get an automatic notification that a medication rejected for one of their members. Common rejection reasons are:

- Medicine is not on the list of covered medicines (non-formulary)
- Medicine needs "prior authorization"
- It may be too soon to fill the medicine if it is a refill.

No matter the reason, we encourage members that "It's okay to ask" why, and what can be done to resolve the issue.

Medstar Family Choice wants members to get the medical care and medicines needed to keep them healthy, so we want them to know "it's Okay to Ask." MedStar Family Choice only knows that a medicine has been rejected if contacted by the pharmacy, prescriber, or member, as notifications are not automatic.

MedStar Family Choice is part of Maryland Medicaid and follows the rules set by the Maryland Department of Health for providing care to our members.

Pharmacy rules include:

- Prescription co pays of $1 to $3 depending on type of medication
- Prior authorization needed for controlled substance/pain medications
- Prior authorization needed for non-formulary & some high-cost medications.

While pharmacy co-pays are now required, members do not need to choose between paying for basic needs and medications. IF a patient is unable to pay the pharmacy co-pay, please encourage them to notify the pharmacy, as access to medication should not be denied for lack of co-pay.

Encourage them to contact MedStar Family Choice **800-905-1722, option 5** if pharmacy declines to provide the medication.

If a Prior Authorization is needed, the pharmacy should notify the prescriber of the need.

medstarfamilychoice.com/maryland-providers/pharmacy-prescription-information

If prescribed medication is non-formulary, prescribers can check the list of formulary medications and change prescription to a medicine on formulary if possible. MedStar Family Choice Formulary can be found on our website **medstarfamilychoicemd.com.**

If formulary medications have already been tried and failed, prescriber can submit a request for prior authorization of the non-formulary medication including clinical to support request for the non-formulary medication. All medication prior authorization forms can be accessed using the above link.

Did you know that there are many “over the counter” or OTC medicines that are also covered with a prescription sent or presented to the pharmacy?

For Help with Medstar Family Choice covered medications call:
800-905-1722, option 5
Mon-Fri 8:30 a.m.-5:00 p.m.
For Help with Mental Health & Substance Abuse related medications call Maryland Department of Health Pharmacy Hotline: **800-492-5231, option #3.**

Where to send claims for MedStar Family Choice members

MedStar Family Choice encourages all providers to submit claims electronically. Effective January 1, 2023, MedStar Family Choice participates with SDS . As long as you have the capability to send EDI claims to SDS through direct submission or through another clearinghouse/ vendor, you may submit claims electronically using SDS Payer ID# RP063.

Paper claims should be mailed to:
MedStar Family Choice Maryland Claims
PO Box 211702
Eagan, MN 55121
800-261-3371

Payment Integrity Updates

As a reminder, MedStar Family Choice has partnered with Advanced Medical Pricing Solutions (AMPS) and Alaffia Health to perform prospective (pre-payment) and retrospective (post-payment) high-dollar inpatient Medical Bill Review (MBR) and Itemized Bill Review (IBR) reviews. In addition, AMPS is also providing prospective (pre-payment) and retrospective (post-pay) claims editing services. For additional detailed information on the payment integrity process, please refer to the link below to review the following Provider Alerts previously distributed to participating providers:

- Added Payment Integrity Reviewed effective June 1, 2025
- Payment Integrity Update issued February 4, 2025
- MFC Payment Integrity Update effective September 1, 2024.

medstarfamilychoicemd.com/maryland-providers/provider-resources/ provider-news

Providers may follow the MedStar Family Choice payment dispute or appeals process once retractions are processed. Thank you for your patience as we continue to ensure we are processing claims timely and accurately.

Language help for your patients quick guide for providers and healthcare professionals

MedStar Family Choice is committed to ensuring all members, regardless of their language or communication needs, can access the care they need. This guide highlights the language assistance available on our website, along with other resources to help providers and healthcare professionals support members with limited English proficiency or hearing/vision impairments. This guide may be shared directly with members to help them understand how to access these services and resources.

Website in Many Languages – A Key Resource for Your Patients

Our website offers important healthcare information in several languages, making it easier for members to understand their care options, benefits, and rights.

- Go to: **medstarfamilychoice.com**
- Select a language from the dropdown menu in the top right corner of the homepage.
- All key content, such as member rights, benefits, and contact info, will be displayed in the chosen language. Encourage your patients to visit the website and use this resource to access translated information. This helps ensure they can make informed healthcare decisions.

Interpreter Help (Talking Services)

If a member needs to speak with someone in their preferred language, we provide telephonic or in-person interpretation:

- Phone Help: Call 800-905-1722, option 1 for help with appointments, care, or questions.
- In-Office Help: Request an interpreter (in person, by phone, or video).
  - Fill out the Interpreter Request Form
  - Email it to: **MFC-ProviderRelations2@MedStar.net**
  - Submit early to ensure availability.

Help with Medical Paperwork (Translation Services)

If a member needs help reading medical documents in their language:

- Send the form and medical document to: **MFC-ProviderRelations2@MedStar.net** You can also send both using the Interpreter Request Form.

For more information or to locate the form, visit the Interpretation/Translation Services page on our website: **medstarfamilychoice.com**

MD Relay for Members with Hearing Impairments

For members who are deaf, hard of hearing, or have speech impairments, MD Relay is available to access interpreter services.

- MD Relay Number: 711 (this is a free service for TTY users, voice carry-over, and speech-to-speech services).
- Members can use their preferred method (TTY, voice, or video relay) to connect with MedStar Family Choice.

Community Level Census Data for MedStar Family Choice Service Areas

MedStar Family Choice ensures the access and availability of health care services to our members. Realizing that language services and interpretation are an integral part in the delivery of health care services, MedStar Family Choice Providers and Members, including members with limited English proficiency, have access to appropriate linguistic services through our language assistance and interpretation resources. Providers and Members are advised that language and interpreter services are available telephonically or in person, in addition to written, upon request. MedStar Family Choice staff and providers can identify and respond to language assistance needed pursuant to our educational training programs and online educational materials.

MedStar Family Choice develops language profiles for our members using Community Level Census Data for our service area. This information is used to refine our language service capabilities, determine threshold languages, and identify additional and emerging languages requiring translation and interpreters. For your convenience below you will find Community Level Census Data for the MedStar Family Choice Service area.

Lanuage	Anne Arundel County	Baltimore County	Calvert County	Charles County	Hartford County	Montgomery County	Prince George's County	St. Mary's County	Baltimore City	Total	Percentage
Total	519,917	773,315	85,410	143,532	234,856	951,302	833,068	102,192	580,907	3,643,592	
Speak only English	465,069	668,312	81,738	133,058	219,106	574,996	654,890	94,663	528,955	2,882,832	79.12%
Spanish or Spanish Creole	26,124	30,716	1,669	4,492	6,336	150,914	105,440	2,857	22,080	328,548	9.02%
African languages	2,387	9,352	0	535	931	30,157	23,732	133	3,228	67,227	1.85%
Chinese	2,103	6,261	160	361	795	36,739	5,812	414	2,926	52,645	1.44%
French (incl. Patois, Cajun)	2,154	4,530	212	379	487	21,935	11,920	387	4,163	42,004	1.15%
Tagalog	2,810	6,226	258	1,122	848	10,149	7,788	734	1,282	29,935	0.82%
Korean	2,751	4,280	27	312	752	13,392	2,809	80	1,583	24,403	0.67%
Other Indic languages	1,461	3,724	140	527	193	9,846	2,621	77	1,582	19,148	0.53%
Vietnamese	1,205	2,068	0	272	361	12,022	2,537	95	412	18,560	0.51%
Other Asian languages	1,461	3,724	0	68	325	10,338	2,448	39	948	18,403	0.51%
Russian	723	7,371	90	214	88	8,368	780	157	1,270	17,791	0.49%
Hindi	627	1,958	14	149	225	8,735	1,856	48	801	13,612	0.37%

Urdu	1,032	4,440	0	184	277	4,604	1,636	51	1,147	12,224	0.34%
German	1,994	1,907	252	572	861	4,793	1,199	358	896	11,936	0.33%
Persian	406	1,318	27	77	74	9,153	513	18	483	11,586	0.32%
Arabic	551	3,042	91	147	89	4,959	2,095	19	1,605	10,993	0.30%
French Creole	202	477	0	101	189	3,449	4,662	8	294	9,088	0.25%
Portuguese or Portuguese Creole	880	526	62	65	36	6,195	902	95	499	8,761	0.24%
Gujarati	468	1,816	10	171	705	3,572	890	228	195	7,860	0.22%
Greek	737	2,293	62	112	492	3,438	356	126	957	7,616	0.21%
Italian	728	1,459	168	146	530	2,507	980	170	933	6,688	0.18%
Other Indo-European languages	519	879	78	30	205	2,098	2,638	65	585	6,512	0.18%
Japanese	457	674	24	92	242	2,741	494	251	451	4,975	0.14%
Hebrew	341	1,111	0	0	27	2,868	160	32	1,316	4,539	0.12%
Other Slavic languages	433	960	170	15	127	1,932	110	52	240	3,799	0.10%
Other Pacific Island languages	284	542	0	117	55	1,901	753	72	198	3,724	0.10%
Polish	509	924	0	20	150	1,141	157	2	432	2,903	0.08%
Thai	193	297	0	9	117	1,668	270	52	90	2,606	0.07%
Other West Germanic languages	145	207	17	166	89	763	202	830	174	2,419	0.07%
Mon-Khmer, Cambodian	241	17	0	0	0	1,030	327	0	85	1,615	0.04%
Armenian	74	111	0	0	0	1,370	22	14	43	1,591	0.04%
Serbo-Croatian	249	400	0	6	14	623	227	51	210	1,570	0.04%
Hungarian	99	135	108	0	17	768	121	6	253	1,254	0.03%
Scandinavian languages	82	158	0	8	23	668	141	3	171	1,083	0.03%
Other and unspecified languages	341	140	14	5	17	424	106	0	125	1,047	0.03%
Other Native North American languages	8	49	0	0	55	476	120	1	48	709	0.02%
Yiddish	0	213	0	0	0	381	61	0	141	655	0.02%
Laotian	84	31	19	0	0	135	249	0	61	518	0.01%
Navajo	49	16	0	0	0	38	44	4	10	151	0.00%
Hmong	0	28	0	0	18	16	0	0	0	62	0.00%

Keep pediatric patients healthy with EPSDT screenings and labs

Maryland Healthy Kids/EPSDT certified providers must adhere to the standards of preventative health care described in the Maryland Healthy Kids Program Manual. This includes following the Maryland Healthy Kids Preventative Health Schedule. The schedule reflects the minimum standards required for all Maryland Medicaid recipients from birth to 21 years of age.

The current schedule is available **here.**

Reminders:

- Update immunizations, screenings, labs, and assessments in the medical record.
- A documented referral to a dentist should begin at age 1 and annually.
- Enroll in the Vaccines for Children (VFC) program and the Maryland immunization registry (ImmuNet) to update the child's immunization history.
- DOCUMENT all refusals of immunization and care.
- Hearing and vision screenings should be completed at every WCC. Follow the schedule for subjective vs. objective exam timing.

Coding and Billing Guidelines for Assessments and Screenings can be found **here.**

Please contact the Division of Healthy Kids program at **410-767-1836** with any questions. Visit **Health.Maryland.gov/MMCP/EPSDT** for more information.

Emergency Room Auto-Pay Reminder

The Emergency Room Auto-Pay list is available on our website and includes ICD-10-CM diagnosis codes that qualify for automatic reimbursement of emergency room services provided all other billing and reimbursement requirements are met. The Emergency Room Auto-Pay list may be found on our website using the link below.

MedStar Family Choice Maryland ER Auto-Pay List with Additional Diagnosis Codes

Claims billed for emergency room services with a primary ICD-10-DM diagnosis codes on the auto-pay list will be reimbursed without further documentation for appropriate dates of services. Claims billed with a primary diagnosis code not on the auto-pay list will be reviewed prior to adjudication.

Providers are encouraged to review the current ER Auto-Pay List regularly to ensure accurate billing and reimbursement.

Community violence prevention program and billing requirements

Important Reminder!! Do not bill for community violence prevention services if you have not enrolled with the Maryland Department of Health as a VP Provider Type, claims will not be reimbursed if you are not designated with a VP Provider Type.

Community Violence prevention services are evidence-based, trauma-informed, support services for the purpose of promoting improved health outcomes and preventing future violence and further injury.

Covered Services:

- Mentorship
- Conflict mediation
- Crisis intervention
- Referrals to certified or licensed health care professional or social services
- Patient education
- Screening services to victims of violence

Individuals that render community violence prevention services must complete an accredited training and certification program for violence prevention, maintain documentation of program training, adhere to continuing educations requirements, and maintain an affiliation with an authorized hospital.

Providers must complete the established Maryland Department of Health enrollment process prior to submitting claims, which includes, but is not limited to obtaining a new Type II Organizational NPI (Code 99-Other) under Taxonomy code 405300000X Taxonomy - Prevention Professional. As part of enrollment, providers must submit a letter from the partner hospital demonstrating an affiliation exists with at least one Maryland trauma center, Level I or II licensed short-term general hospital, or children's hospital authorized to provide CVP services.

The initial CVP service must be provided in a partnering trauma hospital. Follow-up services may be provided in other settings, including community-based settings and through telehealth.

Individuals rendering community violence prevention services at a hospital with the Violence Prevention (VP) Provider Type Maryland Department of Health designation may bill using CPT codes 99402 and 99402-GT (if the service is delivered via telehealth), up to 8 units of service per day, per participant. No more than 100 units of services may be billed per participant on a 12-month rolling basis.

Conditions for Reimbursement use CPT code 99402 is limited to place of service at on-campus and off-campus inpatient and outpatient hospital settings, and via telehealth (see table below). Telehealth may be used for follow-up visits. A telehealth visit must use technology that supports the standard level of care required to deliver the service rendered. VPs will use a secured and HIPAA compliant telehealth communication (COMAR 10.09.49.08) and meet all other technical requirements of COMAR 10.09.49.07.

Refer to Maryland Department of Health Transmittals PT 53-23, PT 14-24, and PT 78-26 for additional enrollment and billing requirements.

POS Codes for Initial CVP Encounters	
Encounter Type	Place of Service Code & Description
Initial encounter	19 - Off-campus Outpatient Hospital 21 - Inpatient Hospital 22 - On Campus-Outpatient Hospital

Gender-Affirming care benefits

Important Reminder!
Maryland Department of Health began to cover medically necessary gender-affirming treatment services and may be found in COMAR by clicking on the link below.

dsd.maryland.gov/regulations/Pages/10.67.06.26-3.aspx

MedStar Family Choice continues to add providers to the network offering gender- affirming care, if you know of any Electrologists or Medical Tattoo Artists offering these services, please reach out to our Provider Relations team by sending an email to **MFC-Providerrelations2@medstar.net.**

If you are a provider offering gender-affirming care, please contact Provider Relations so we may include this information in the provider profile.

How utilization management authorization review works

To ensure that members receive proper health care, MedStar Family Choice follows a basic pre-authorization process. To request pre- authorization, all appropriate ICD-10s/CPT/HCPCS and supporting clinical information must be included with the provider's request. Requests for authorization can be included on the Maryland Uniform Consultation Referral Form or the MedStar Family Choice Prior Authorization (Non- Pharmacy or Pharmacy) Request form with clinical information attached. Our experienced clinical staff reviews all requests, and pre-authorization decisions are based on nationally recognized criteria, such as Inter-Qual and Medicare guidelines. Additional authorization criteria utilized by MedStar Family Choice can be found at **MedStarFamilyChoice.com** in our utilization management (UM) criteria policy.

MedStar Family Choice non-pharmacy criteria can be found at:
medstarfamilychoicemd.com/maryland-providers/utilization-management/medical-policies-and-procedures

The pharmacy prior authorization criteria and step therapy can be found at: medstarfamilychoicemd.com/-/media/project/mho/mfc/pharmacy-updates/mfc-md-pa-step-5-2026_.pdf

Member needs that fall outside of standard criteria are reviewed by our physician staff for plan coverage and medical necessity. We do not specifically reward practitioners or other individuals for issuing denials of coverage of care. UM decision making is based only on appropriateness of care and services and existence of coverage. In addition, there are no financial incentives for UM decision makers that would encourage decisions that result in underutilization.

Providers may request a written copy of the criteria used in the decision-making process by contacting the UM department at **800-905-1722, option 2, then option 1,** Monday through Friday, from 8:30 a.m. to 5 p.m.

Authorization requests should be made no less than five to seven business days in advance of the service. Please allow up to two business days for MedStar Family Choice to process a complete nonpharmacy authorization request. Requests are considered complete when all necessary clinical information has been received from the provider. The final decision is made within 14 calendar days from the initial request for authorization, whether or not all clinical information has been received.

For all Outpatient Pharmacy authorization requests MedStar Family Choice must make a decision and notification within twenty-four (24) hours of receipt of the request. To comply with this stringent turnaround time, clinical information to support the request must be submitted at the time of the original submission.

For members with urgent authorization needs, physicians or a physician's staff member should contact MedStar Family Choice Care Management at **410-933-2200** or **800-905-1722, option 2, then option 1.** If MedStar Family Choice denies the pre-authorization request, the provider and member will receive a copy of the denial. In addition, the denial letter will indicate that the treating provider may contact the MedStar Family Choice physician who made the decision to discuss the case by calling **800-905-1722, option 2, then option 1.**

Help Us Expand Access to Remote Prenatal Monitoring Services

Do you know of a provider or organization offering remote Non-Stress Testing (NST) and/or obstetric ultrasound services in members' homes?

As we continue to explore innovative ways to improve access to prenatal care, MedStar Family Choice is interested in identifying qualified providers that provide remote NST and OB ultrasound services in the home setting. These services may help reduce barriers to care while supporting timely monitoring for high-risk pregnancies.

If you are aware of providers currently offering these services, we encourage you to contact MedStar Family Choice Provider Relations Department at **mfc-providerrelations2@medstar.net**

MedStar Family Choice

If you have questions regarding information in this newsletter, or if you would like to submit an article for our next issue, please contact us at **mfc-providerrelations2@medstar.net.**

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