



MedStar Family
Choice



Provider Newsletter

4th Quarter 2025

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EFT and ERA

MedStar Family Choice's only direct clearinghouse partner is Change Healthcare and ECHO Health, Inc. to provide EFT payments and 835 Electronic Remittance Advices (ERA). MedStar Family Choice strongly encourages you to enroll to receive EFT payments and 835 ERAs in order to take advantage of these options.

If you have any existing relationship with Change Healthcare, please be sure to notify Change Healthcare of any banking or payment address changes needed on your account. For those unfamiliar with Change Healthcare, Change Healthcare is committed to data privacy, security, and the prevention of fraud. They employ the latest intrusion prevention and fraud mitigation technologies to protect our clients. Their fraud mitigation strategy includes specific authentication, identify and account verification vendor technologies, and robust internal fraud prevention protocols to identify potential fraud before processing payments to enrolled accounts. Please note that payments will appear on your bank statement from Huntington National Bank and ECHO as "HNB – ECHO".

Providers who enroll for EFT payments will continue to receive the associated ERAs from ECHO with the Change Healthcare Payer ID. Please make sure that your Practice Management System will be updated to accept the Change Healthcare Payer IDs as identified for each respective MedStar Family Choice Health Plan:

- MedStar Family Choice District of Columbia: RP062
- MedStar Family Choice Maryland HealthChoice: RP063

To sign-up to receive EFT, through Settlement Advocate for MedStar Family Choice, Inc only, visit Enrollments.ECHOHealthInc.com/EFTERADirect/MedStar. No Fees apply.

All generated ERAs will be accessible to download from the ECHO provider portal at Providerpayments/Login.aspx. You can also log into Providerpayments/Login.aspx to access a detailed explanation of payment for each transaction. Changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Enrollment team at **440-835-3511**.

If you have any difficulty with the Change Healthcare website or have additional questions, as they relate to Change Healthcare, please call **800-317-3523**.

The below Payer IDs must be used to submit claims electronically:

- MedStar Family Choice District of Columbia: RP062
- MedStar Family Choice Maryland HealthChoice: RP063

If you do not use a clearinghouse to submit your professional claims electronically and would like to submit a claim electronically rather than through regular mail, you may submit your CMS-1500 (professional) claim by using MedStar Family Choice's Provider and Claims Portal by using one of the links:

MedStar Family Choice DC: MFCDCProvider.HealthTrioConnect.com

MedStar Family Choice MD: MFCMDProvider.HealthTrioConnect.com

Claims Mailing Address

MedStar Family Choice
Claims Processing Center PO Box 211702
Egan, MN 55121

Refunds and Overpayments

Improperly paid or overpaid claims must be returned within 60 days of discovery. (Code of Maryland Regulations—COMAR 10.67.07- 01K).

If your practice determines it has received overpayments or improper payments, contact the Provider Customer Service Line at **800-261-3371**. Please use the Payment Dispute Form at MedStarFamilyChoiceMD.com/Maryland-Providers/Claims-Appeals-Grievances/Claims/Claims-Payment-Dispute anytime you are submitting a refund to MedStar Family Choice.

Refunds, along with a copy of the EOB identifying the overpayment and the reason for the overpayment, should be sent to the address below:

Refunds and Overpayments Address:
MedStar Family Choice
Maryland Claims
PO BOX 715639
Philadelphia, PA 19171-5639

Please include claim details, including a claim number associated with a refund/overpayment.

Updates to the MedStar Family Choice formulary

The MedStar Family Choice Formulary is available on our website. The direct link is [MedStarFamilyChoiceMD.com/Maryland-Providers/Pharmacy-Prescription-Information](https://www.MedStarFamilyChoiceMD.com/Maryland-Providers/Pharmacy-Prescription-Information). Paper copies of the formulary can be requested by contacting Provider Relations at mfc-providerrelations2@medstar.net or by phone at **800-905-1722**, option 2. Details of the prior authorization criteria are available on the MedStar Family Choice website with the other pharmacy protocols.

Changes for January 1, 2026

The Pharmacy and Therapeutics Committee completed the annual full-formulary review at the October 2025 meeting. Additional updates from the November P&T Committee meeting are included in the following summary of changes made for the MedStar Family Choice Maryland HealthChoice 2026 Formulary:

Removals:

- Noritate Cream 1%
- Apretude (PrEP only)
- Trulicity
- Orenitram ER and Titration Kit
- Ajovy

Step Therapy added:

- Continuous Glucose Meters (CGM) and supplies (no ST for diabetic enrollees)

Prior Authorization added:

- Descovy (PrEP only)

Testing supply update:

- Unifine pen needles (Exclusive)



Quick Authorization Guide updates

Effective November 1, 2025, the following biosimilar drugs now require authorization when being given in the office or through an infusion center.

Chemical Name (Drug Class)	HCPCS	Preferred Products	Non-Preferred Products
Aflibercept (VEGF Inhibitor)	Q5147	Pavblu	Eylea
Bevacizumab (VEGF Inhibitor)	Q5118	Zirabev	Avastin Mvasi Vegzelma
Infliximab (TNF inhibitor)	Q5121	Avsola	Avastin Mvasi Vegzelma
Pegfilgrastim (Hematopoietic agent)	Q5108	Fulphila	Neulasta Fylnetra Nyvepria Stimufend Udenyca
Ranibizumab (VEGF Inhibitor)	Q5128	Cimerli	Lucentis Byooviz
Rituximab (Anti-CD20 monoclonal antibody)	Q5123 Q5119	Riabni Ruxience	Rituxan Truxima
Tocilizumab (IL-6 antagonist)	Q5114 Q5113	Tyenne	Actemra Tofidence
Trastuzumab (HER2 receptor antagonist)	Q5114 Q5113	Ogivri Herzuma	Herceptin Kanjinti Ontruzant Trazimera
Denosumab (RANKL inhibitor)	Q5136 Q5157	Jubbonti/Wyost Stoboclo/Osenvelt	Prolia/Xgeva
Ustekinumab (IL-23 inhibitor)	Q5100 Q5099	Yesintek Steqeyma	Stelara Otulfi Selarsdi Wezlana Pyzchiva

The timeliness and ease of the Preauthorization Process

Did You Know MedStar Family Choice exceeds the standard for Timely Preauthorization Decisions?

Were you aware that MedStar Family Choice maintains a 99% compliance rate for timely preauthorization decisions—surpassing Maryland’s 95% requirement?

We are proud to support our providers and members by reviewing all complete preauthorization requests within one calendar day or less from receipt. We know that administrative tasks can be a burden, so we keep our list of services and medications requiring preauthorization limited and easy to find at [MedStarFamilyChoiceMD.com](https://www.MedStarFamilyChoiceMD.com). Our electronic, fillable forms make submitting requests quick and convenient, and our clinical staff and medical directors are available to answer your questions directly—no waiting for callbacks.

As you complete the next Provider Satisfaction Survey, please remember our commitment to making the preauthorization process as easy, efficient, and fast as possible. If you have questions or suggestions, we’re here to help at **410-933-2200** or **800-905-1722**. Thank you for partnering with MedStar Family Choice!



Continue the fight against COVID-19

MedStar Family Choice is strongly encouraging our provider network to continue the fight against the COVID-19 pandemic. Please continue to encourage your patients to get vaccinated against COVID-19. As a Medicaid provider, you are helping us serve the most vulnerable populations.

If you need any assistance, please contact Provider Relations at mfc-providerrelations2@medstar.net or **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 at [MedStarFamilyChoiceMD.com/Maryland-Providers/Quality-Assurance-and-Monitoring-Programs](https://www.MedStarFamilyChoiceMD.com/Maryland-Providers/Quality-Assurance-and-Monitoring-Programs). Paper copies are available upon request by calling **888-404-3549**. 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 Nation Committee for Quality Assurance (NCQA). CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Maryland Medicaid to cover Cell and Gene Therapy for Sickle Cell Disease

Beginning January 1, 2026, Maryland Medicaid will provide coverage for FDA-approved cell and gene therapies for sickle cell disease through the CMS Cell and Gene Therapy (CGT) Access Model. This new benefit includes coverage for CASGEVY and LYFGENIA for eligible participants.

Coverage includes the full care journey at authorized treatment centers, including evaluation, apheresis, infusion, recovery, and required long-term follow-up. Providers are encouraged to discuss these treatment options with eligible patients and refer them for evaluation as appropriate.

Clinical eligibility criteria and additional resources are available on the Maryland Medicaid Cell and Gene Therapy webpage at [Health.Maryland.gov/MMMCP/Pages/CGT.aspx](https://www.Health.Maryland.gov/MMMCP/Pages/CGT.aspx).



HealthyLife Portal

Did you know MedStar Family Choice offers our members access to the Healthy Life Portal to track their own health? The HealthyLife Portal contains a meal planner as well as easy-to-use logs to track their calories, weight, blood pressure, glucose, cholesterol, and more. The portal also has health education information and offers gift cards to members for completing a health survey and other workshops.

The HealthyLife Portal can help your patients earn while they learn! MedStar Family Choice members who are 18 years and older can access the portal by visiting and registering at [MedStarHealth.LiveHealthylgnite.com/users/sign_in](https://www.MedStarHealth.LiveHealthylgnite.com/users/sign_in).

Understand our complaint, grievance, and appeal process

The MedStar Family Choice complaint, grievance, and appeal procedure that members follow can be found on our website at [MedStarFamilyChoiceMD.com](https://www.MedStarFamilyChoiceMD.com) and in your provider manual. If you do not have access to our website or a provider manual, you may contact Provider Relations at mfc-providerrelations2@medstar.net or **800-261-3371**, for a copy of the manual. The process will tell you the following:

- How members can file a complaint, grievance or appeal, and the differences between them
- How quickly we will respond to the member and the provider
- What to do if the member does not agree with our decision

Please note that for Member Appeals, MedStar Family Choice must have written permission from the member to allow providers to appeal on their behalf by the stated deadline. **MedStar Family Choice will call members notifying them that written permission is required for the provider to appeal on their behalf. Without written permission, member appeal requests submitted by providers will not be processed.**

Members have the right to contact the HealthChoice Enrollee Help Line at **800-284-4510**, Monday through Friday, 7:30 a.m. to 5:30 p.m. when they have a concern about a decision made by MedStar Family Choice.

Members can receive a 90-day supply of medication

MedStar Family Choice Maryland HealthChoice wants to remind our providers that members may receive a 90-day supply of most maintenance medications at participating retail pharmacies. Please consider ordering 90-day supplies of chronic medications for your patients.

MedStar Pharmacies also offer free next-day home delivery services Monday through Friday in select zip codes. More information is available here: [MedStar Home Delivery Services](#).

Mail order services are also available through CVS Caremark Mail Service Pharmacy. To start the process, prescribers may ePrescribe to CVS Caremark Mail Service Pharmacy™, NCPDP ID: 0322038, 9502 E Shea Blvd, Scottsdale, AZ 85260. For questions about coverage for any medication formulary or non-formulary, please call **800-905-1722, option 2**.

Reducing ED visits with the Emergent Care project

MedStar Family Choice has an Emergency Room Diversion Workgroup with the goal to decrease avoidable Emergency Department (ED) usage by our members. The Emergent Care Team includes MedStar Family Choice associates from Utilization Management, Case Management, Outreach, Social Work, Emergent Care, Community Relations, and Quality. The workgroup focuses on MedStar Family Choice members with high-dollar utilization of the ED as well as addressing barriers to care those members face.

MedStar Family Choice is striving to improve care for its members through ongoing and "perpetual" case management that includes telephonic contact. MedStar Family Choice determines barriers to care and then works to overcome those barriers. Barriers to care can include accessibility to providers, transportation, safety concerns, and others.

Members are being contacted by the Medstar Family Choice Emergent Care Coordinator, to discuss their recent ED visits. Members will be assisted with selecting a PCP and scheduling a PCP appointment if needed. The members are provided with information about our 24-hour Nurse Advice Line, MedStar eVisit - Telehealth platform, and a list of available urgent care providers.

The Emergent Care Coordinator will also determine the member's barrier to care in addition to any other medical needs. Next, the Emergent Care Coordinator will refer those members to case management if needed. Once enrolled in case management, the nurse case manager will contact these

members on a routine basis to assist in scheduling appointments (primary care and specialty), getting prescriptions filled, refilled and delivered, setting up transportation, addressing social and safety issues/concerns, etc. Case management will help MedStar Family Choice to establish a strong relationship with these members, with the goals of offering and coordinating improved access to appropriate care overall. Member satisfaction is measured through a post-program follow-up phone call.

Urgent Care Network access expansion

We are pleased to announce that University of Maryland Urgent Care is now participating in our MedStar Family Choice Maryland network. This addition enhances our existing urgent care options, giving members more choices for after-hours, weekend, and walk-in care.

Why does this matter?

Members now have convenient access to quality care when and where they need it most. University of Maryland Urgent Care centers are located throughout Maryland communities.

Current Locations:

Aberdeen	Denton	Glen Burnie
Baltimore City	Easton	Pasadena
Baltimore County	Fallston	
Chester	Forest Hill	

To locate a participating urgent care center, please visit our online Provider Directory.



Providers are responsible to report overpayments or improper payments within 60 days

MedStar Family Choice encourages providers to conduct regular self-audits to ensure accurate payment. Medicaid funds that were improperly paid or overpaid must be returned within 60 days of discovery. 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.
- Notify MedStar Family Choice in writing of the reason for the overpayment.

If your practice determines it has received overpayments or improper payments, contact the Provider Customer Service Line at **800-261-3371**.

Please use the **Provider Overpayment Refund Submission Form** anytime you are submitting a refund to MedStar Family Choice.

Pharmacy and Therapeutics Committee

MedStar Family Choice has an active Pharmacy and Therapeutics Committee. Meetings are held on the third Wednesday of February, May, August, October, and November from noon to 1:30 p.m. Please consider getting involved and bringing your expertise to this Committee. Committee activities include:

- Reviewing the closed formulary to align drug offerings with clinical appropriateness while balancing fiscal responsibility.
- Managing Policies and Procedures governing the Pharmacy Benefit.
- Assessing drug utilization and developing strategies to address opportunities to improve patient care.
- Developing interventions to ensure the safe use of medications.

If you are interested in joining the Pharmacy and Therapeutics committee, please email: mfc-formularyfeedback@medstar.net.

Free interpretation and translation services available

MedStar Family Choice is committed to ensuring all members can access care regardless of language or communication needs. Members with limited English proficiency or hearing/vision impairments have access to telephonic, in-person, or video interpreter services, as well as document translation.

Telephonic Interpretation

- Direct members to the Outreach Department at **800-905-1722, option 1** for appointment scheduling, care coordination, and general inquiries.

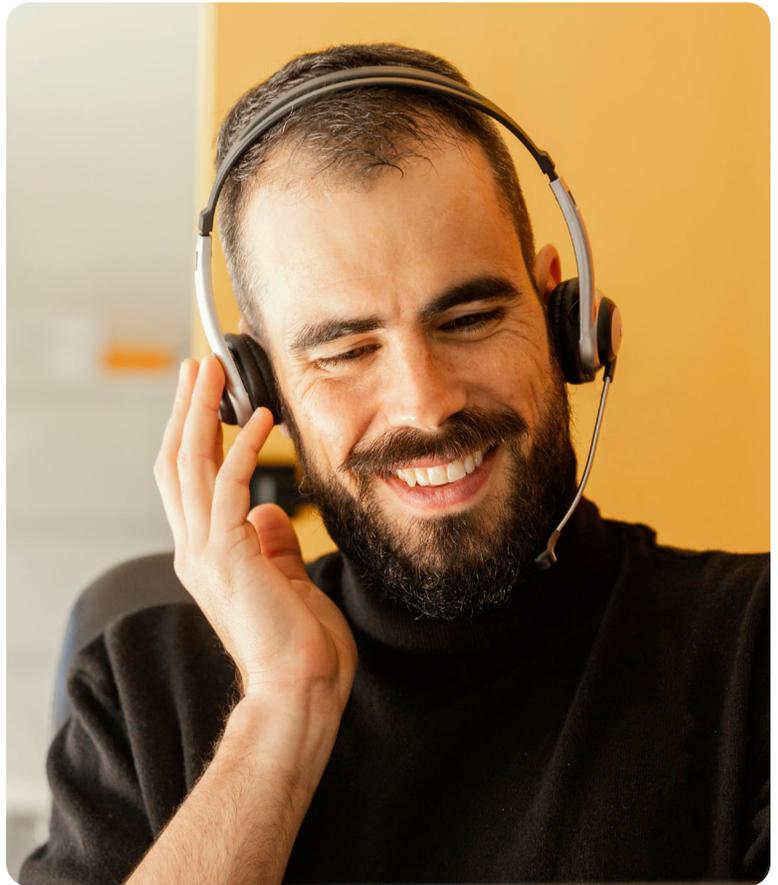
In-Office Interpretation Services

- Options include in-person, telephonic, or video.
- Submit an Interpreter Request Form to mfc-providerrelations2@medstar.net.
- Please submit requests as early as possible to ensure availability.

Document Translation

- Providers can request document translation by emailing the document and translation details to mfc-providerrelations2@medstar.net
- Providers may also submit an Interpreter Request Form with the document and member information to the same email address.

For more information or questions, visit the Interpreter Services page on our website at [MedStarFamilyChoiceMD.com/Maryland-Providers/Provider-Support/Outreach/Interpreter-Services](https://www.MedStarFamilyChoiceMD.com/Maryland-Providers/Provider-Support/Outreach/Interpreter-Services) or contact us at mfc-providerrelations2@medstar.net or **800-261-3371**.



Find MedStar Family Choice provider contacts here

Each participating MedStar Family Choice provider is assigned a provider representative to assist offices with questions regarding the MedStar Family Choice health plan. Your representative is assigned to you based on the county where your office is located. If you are not certain who your provider representative is, please call or email MedStar Family Choice Provider Relations, and we can assist you.

Provider Relations: mfc-providerrelations2@medstar.net or **800-261-3371**.

Provider Orientation/Targeted Education, Site Evaluations for New Locations, Demographic Changes, Provider Terminations, Assistance with non-claim related Provider question/ concerns, and Provider Contracting

Ancillary Network (Home Care, DME, Urgent Care, etc.): mfc-ancillary@medstar.net

Provider Orientation/Targeted Education, Ancillary Contracting, Assistance with ancillary questions/concerns

Behavioral Health/Substance Abuse: **800-888-1965** (Carelton)

Case Management and Disease Management: **800-905-1722, option 2** or 888-243-1790 (fax)

Change Healthcare EFT Assistance: **888-686-3260**

Claims (Claims Status, Eligibility Verification, Member Benefits, PCP Assignment)

Provider Claims Portal: mfcmdprovider.healthtrioconnect.com or **800-261-3371**

Claims Processing Center:

MedStar Family Choice

PO Box 211702

Egan, MN 555121

800-261-3371

Dental For children under 21 years, pregnant women, and adult members (adult services will be transitioned effective 1/1/2023): **844-275-8753** (Maryland Healthy Smiles Program)

Eligibility Verification: **866-710-1447** MD EVS

Medical and Claim Appeals: **888-905-1722, option 3**

Outreach Department: **800-905-1722, option 1** or 888-991-2232 (fax)

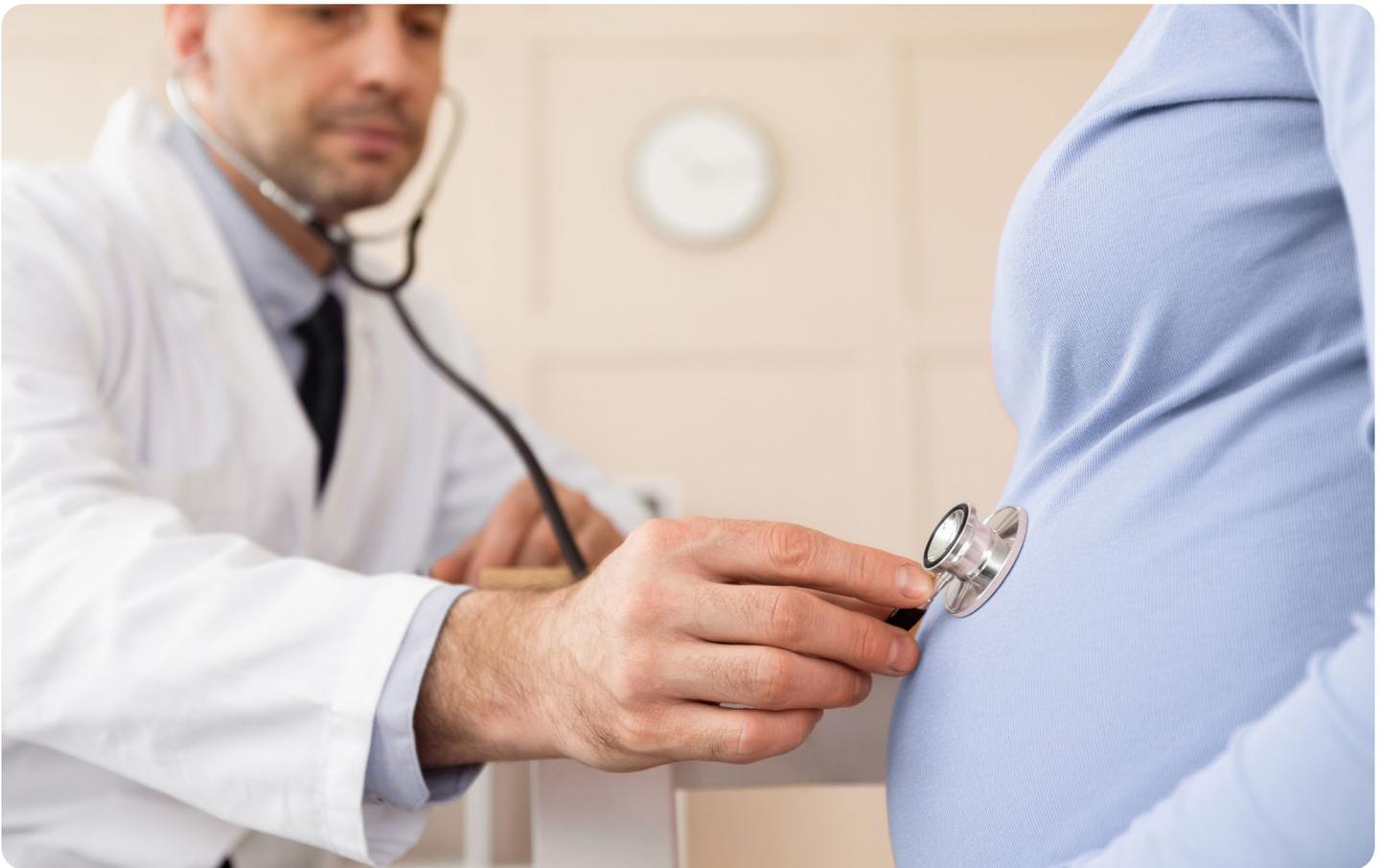
Newborn Coordination, Member Compliance, Transportation

Routine Vision: **833-241-4248** (Avesis)

Utilization Review: **800, 905, 1722, option 2** or

888-243-1790 (fax) Pharmacy, Outpatient Authorization and Inpatient Authorizations

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



MedStar Family Choice site evaluations are being completed

Site surveys are completed for all MedStar Family Choice PCPs and Obstetrics/Gynecology (OB/GYN) offices at the time of initial credentialing. Currently, site surveys are being completed in-person and virtually (based on necessity). Reevaluations for all PCP and OB offices are conducted within 18 months of the recredentialing period to ensure ongoing compliance. 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 require a site evaluation after MedStar Family Choice Provider Relations is notified of a new location. Claims for visits at the new location will be treated as out of network until the site visit has taken place.

If you have any questions or comments regarding minimum standards for site evaluations, please contact Provider Representative at mfc-providerrelations2@medstar.net or **800-261-3371**.

Maryland Medicaid eligibility redetermination is an ongoing process for Medicaid members

MedStar Family Choice reminds providers that Medicaid eligibility redetermination is ongoing, and it is important for members to take action to avoid a gap in coverage.

Providers are encouraged to remind Maryland Medicaid members to:

- Open and respond promptly to mail from Maryland Health Connections, Maryland Department of Health or their local Department of Social Services
- Keep their contact information (address, phone number, and email) up to date to ensure they receive important notices
- Complete and return any renewal forms prior to the deadline listed on their notice.
- Remind members that if they do not complete their renewal on time they may lose their Medicaid coverage, even if they are still eligible

Members can update their information or complete their renewal by:

- Visiting Maryland Health Connection at marylandhealthconnection.gov
- Calling Maryland Health Connection at **855-642-8572**
- Contacting their local Department of Social Services for assistance

Provider outreach plays a critical role in helping members maintain coverage. Encouraging timely redetermination helps ensure continuity of care and access to needed Medicaid services.

Clinical practice and preventative guidelines are online

MedStar Family Choice provides a comprehensive list of **clinical practice and preventive guidelines online**. They are updated at least every two years, some every year. Below is a list of the guidelines.

- Management of Pediatric ADHD
- Pediatric Anxiety Disorders Assessment and Treatment
- Diagnosis and Management of Asthma in Adults
- Diagnosis and Management of Asthma in Children and Adolescents

- Diagnosis and Management of Pediatric Acute Asthma Exacerbation
- Treating Acute Asthma Exacerbations in Adults
- Management of Acute Low Back Pain in Adults
- Management of Bronchiolitis in Pediatrics
- Management of Bronchitis in Adults
- Management of Bronchitis in Children and Adolescents
- Diagnosis, Management and Prevention of COPD
- COVID-19 Interim Guidance: Return to Sports and Physical Activity
- Outpatient Diagnosis and Management of Venous Thromboembolic Disease
- Identification and Management of Clinical Depression in Adults
- Pediatric Depressive Disorders Assessment and Treatment
- Management of Adult Diabetes Mellitus
- Assessment and Prevention of Falls in the Elderly
- Guidelines for the Management of Heart Failure
- Management of Hyperbilirubinemia in the Healthy Newborn
- Management of Hyperlipidemia
- Management of Hypertension in Adults Age 18 and Older
- Management of Hypertension in Pediatric Patients up to 18 Years of Age
- 20254 Immunization Schedule Adult and Pediatric
- Prescribing Naloxone in the Outpatient Setting
- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity
- Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
- Osteoporosis Screening and Management
- Managing Otitis Media in Children
- Opioids for Pain Management
- Cervical Cancer Screening for the Primary Care Physician
- Guideline for Perinatal Care
- The Diagnosis and Management of Pharyngitis in Adults
- The Diagnosis and Management of Acute Group A Streptococcal Pharyngitis in Adolescent and Pediatric Patients
- Community Acquired Pneumonia -Adult
- Community Acquired Pneumonia - Pediatric
- 2025 Preventive Screening Recommended Guidelines - Adult and Pediatric
- Outpatient Use of Proton Pump Inhibitors
- Management of Sinusitis in Adult
- Management of Sinusitis in Children Ages 1 to 18
- Management of Urinary Tract Infections in Adults
- Outpatient Management of Pediatric Urinary Tract Infection

All clinical practice guidelines are PDFs and can be downloaded. Alternatively, you may contact Provider Relations at **800-905-1722, option 5**, to request hard copies of these guidelines.

Please contact Provider Customer Service at **800-261-3371, option 1**, if you have more questions regarding eligibility. Should you have any question regarding individual provider participation, please contact Provider Relations at **800-905-1722, Option 5**.

Provider Claim Dispute and Appeal Process

MedStar Family Choice providers must follow the steps below to initiate a Claim Dispute or administrative or clinical appeal. To assist providers, we have created forms available on our website for these kinds of requests, with information about each category detailed below.

Claims Payment Dispute

MedStar Family Choice developed a **Claims Payment Dispute Form** for your convenience. Use this form to request a review of claims payment received that does not correspond with the payment expected. This form contains all the information that is required to process your request. Please complete the form in its entirety and mail or email the form to the address listed on the **Claims Payment Dispute Form**. A claims payment dispute may be submitted for multiple reason(s), including:

- Coordination of Benefits/OHI Issues; need primary carrier EOP
- Overpayment or Underpayment per Contracted Rate
- Eligibility Issue
- Authorization on File. Auth #_____
- Single Case Agreement
- Timely Filing (must attach proof)
- Duplicate Claim
- Paid to Wrong Provider
- Invoice/Itemized Bill Attached
- Other (comments are required)

Providers must use the **Claims Payment Dispute Form** for all payment disputes, or your request will not be processed.

Formal Appeal Process

MedStar Family Choice will accept clinical/medical necessity or administrative (claim) appeal requests in writing within applicable time frames using the **Medicaid Appeal Form** from the website. Appeal requests must include a clearly expressed request for the appeal or re-evaluation. The request must include the reason and supporting documentation as to why the Adverse Action (denial) was believed to have been issued incorrectly.

MedStar Family Choice will send a letter to confirm the appeal within 5 business days of receipt of the appeal request. MedStar Family Choice will make a decision within 30 days from the date of the appeal and send a letter with the decision. Providers acting on their own behalf are defined as those who dispute Adverse Actions when the service has already been provided to the member and there is no member financial liability. First level appeals must be submitted in writing within 90 business days from the date of the Remittance Advice (RA)/denial notice.

The appeal must outline reasons for the appeal with all necessary documentation including a copy of the claim and the RA, when applicable. Appeal requests for medical necessity decisions must include supporting clinical/medical documentation.

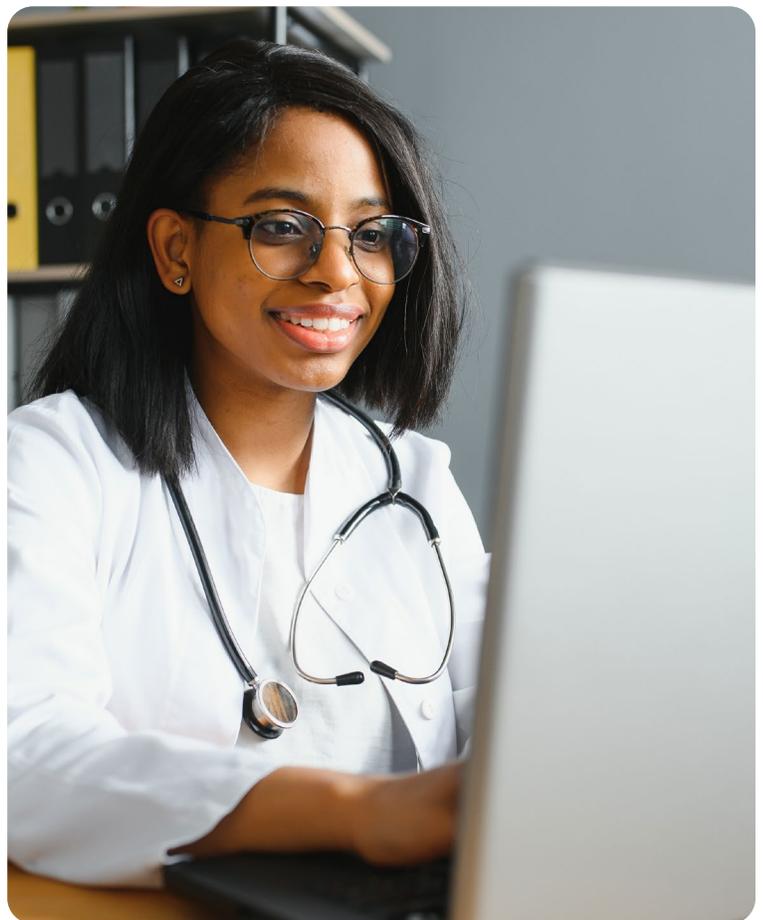
A provider appeal must include a clearly expressed reason for re-evaluation, with an explanation as to why the denial was believed to have been issued incorrectly. An acknowledgement of receipt of the appeal (first and second level) will occur within five business days of receipt. Second level appeals must be submitted within 30 calendar days of the first level appeal notification letter. The second level appeal is the final level of appeal. MedStar Family Choice will respond within 30 calendar days of receipt of the second level appeal. Please use the Medicaid Appeal Form and mail the written request with all supporting documentation, such as clinical/ medical documentation. Use the mailing address below for all Appeal requests below:

MedStar Family Choice Appeals Processing
P.O. Box 43790
Baltimore, MD 21236

Cultural Diversity training is available online

As a MedStar Family Choice provider, you along with office staff are required to take annual Cultural Diversity training. But MedStar Family Choice has made it easier to satisfy your training requirements.

The Cultural Diversity training is available as an online training. This means the training can be taken at any time. There is no need to travel or schedule a specific date and time at your office.



The Cultural Diversity Training link can be accessed on the Provider Resources webpage at [MedStarFamilyChoiceMD.com/Maryland-Providers/Provider-Resources](https://www.MedStarFamilyChoiceMD.com/Maryland-Providers/Provider-Resources). Your provider relations associate is available to provide in-person Cultural Diversity Training and other trainings on MedStar Family Choice processes and updates like the Provider Orientation/Provider Education training.

Please contact us today, to schedule your provider education session. If you have any questions or concerns about these online trainings, please email MedStar Family Choice Provider Relations at mfc-providerrelations2@medstar.net or call **800-261-3371**.

Where to send claims for MedStar Family Choice members

Electronic Submission

MedStar Family Choice encourages all providers to submit claims electronically. MedStar Family Choice participates with Smart Data Solutions (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 Payer ID# RP063.

ALL claims should be mailed to the following address:

MedStar Family Choice Maryland Claims
P.O. Box 211702
Eagan, MN 55121

This would include any claim that requires additional documentation. Please submit the claim and necessary supporting documentation to this mailing address.

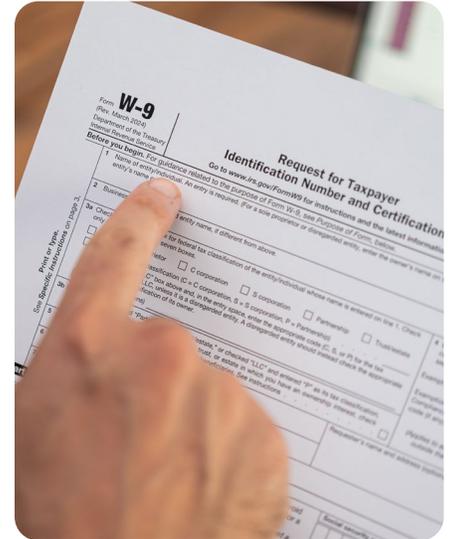
Claims Contact Phone Number: **800-261-3371**

Professional claims are also accepted directly via web portal.

Update 1099 statements

MedStar Family Choice will be mailing 1099 statements during the month of January. The 1099s are mailed to the last W-9 address we have on file. You may not receive your statement in the mail if MedStar Family Choice was not notified that the W-9 address we have on file for your office changed recently. Participating providers who need to update their IRS/W-9 address information should login to the Provider Web Portal at [ProviderPortal.MedStarFamilyChoice.com](#) to update their information and upload a recent copy of their W-9 form.

Your information will then be updated in our system. If your W-9 address did not change and you received your 1099 statement for the last calendar year through the mail, then you do not need to send an update. All requests for a copy of a 1099 statement should be directed to **800-261-3371**.



Update your information and more on the validation provider web portal

Important: There can only be one user per provider/ancillary group. This portal does not house claims or member eligibility information; it is only used to validate provider data and submit provider/ancillary-related updates.

The MedStar Family Choice Provider Web Portal (MFC PWP) 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. Other internal systems use this information to process authorizations, claims, and issue reimbursement checks.

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. For your convenience, [click here](#) to access the MFC PWP User Guide. Before registering, you will need:

- Group DBA(doen business as) Name
- Group Tax ID
- Group Type II NPI (Group NPI)

Additional registration information is available at MedStarFamilyChoiceMD.com/Maryland-Providers/Make-Provider-Changes.

For portal questions send a detailed email to mfc-providerrelations2@medstar.net or call **800-261-3371**.

Improving appeal outcomes

MedStar Family Choice MD appreciates all provider partners, and the services provided to our members. UM (authorizations), Claims, and Appeals work together to serve you and our members. We encourage all providers to utilize the resources below to reduce denials, reduce appeal submissions, and improve appeal outcomes (if an appeal is submitted). SO, HOW CAN YOU IMPROVE APPEAL OUTCOMES?

BY REDUCING DENIALS AND HERE'S HOW!

- Confirm Enrollee Benefit Eligibility
- Request prior auth (PA) before submitting a claim
- Know the rules for providing service(s)
- Check the formulary when writing a new prescription
- Submit relevant and complete clinical document



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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