

MedStar Family Choice- Maryland HealthChoice Quick Reference Guide

Behavioral Health/Substance Abuse Benefits

Carelon 1-800-888-1965

Members may self-refer to a participating provider, or provider may initiate referral for member by calling mental health provider.

Care Management

MedStar Family Choice Care Management Center
10980 Grantchester Way, 5th Fl, Columbia, MD 21044
1-800-905-1722 or (fax) 1-888-243-1790

Processes requests for services requiring authorization.

Fax or mail Maryland Uniform Referral Form to MFC Care Management Center. Referrals are valid for 180 days.

Claims/Encounter Data Submission

MedStar Family Choice Claims Processing Center

PO Box 211702

Eagan, MN 55121

800-261-3371 Provider Calls

888-404-3549 Member Calls

Processes claims and encounter data. Assists with claims resolution.

Claims must be submitted within 180 days. Claims appeals must be submitted within 90 business days from the date of denial.

Electronic claims submission is also available

Payor ID # RP063

Dental Benefits

Maryland Healthy Smiles Program 1-844-275-8753.

Avesis 1-833-241-4248

Adult members may self-refer to a participating dental provider for routine dental care.

Diabetes and Nutritional Counseling

MedStar Family Choice Care Management Center
1-800-905-1722 or (fax) 410-933-2274 (fax) 1-888-243-1790

Care Management processes requests for services requiring prior authorization.

DME, Home Health, & Soft Supplies

MedStar Family Choice Care Management Center

1-800-905-1722 or (fax) 1-888-243-1790

Care Management processes requests for services requiring prior authorization.

Eligibility Verification

EVS: 1-866-710-1447

The State's EVS line verifies that a patient is eligible to receive benefits and is active with MFC.

MedStar Family Choice Provider Customer Service Line

1-800-261-3371

For questions related to Verification of eligibility, benefits, and PCP assignment.

Hearing (Audiology)

Audiology Services are covered by MedStar Family for all ages.

Infertility

Not an MFC benefit

Injectables & Infusion Drugs

MedStar Family Choice Care Management Center

1-800-905-1722 or (fax) 410-933-2274 (fax) 1-888-243-1790

Care Management processes requests for services requiring prior authorization.

Laboratory

LabCorp 1-800-859-0391 or 1-800-631-5250

Physicians may send patients to an approved LabCorp draw station using a LabCorp Requisition Form with MedStar checked off.

Orthotics & Prosthetics

MedStar Family Choice Care Management Center

1-800-905-1722 or (fax) 410-933-2274 (Fax) 1-888-243-1790

Braces and splints greater than \$500.00 require prior authorization. All foot orthotics require prior authorization.

Outpatient Rehab (PT, OT, ST, Chiropractic Care)

MedStar Family Choice Care Management Center

1-800-905-1722 or (fax) 410-933-2274 (fax) 1-888-243-1790

PT, OT, ST for Adults 21 years and older refer to a participating rehab site. >30 visits require prior authorization.

MDH manages patients under age 21 for PT, OT, ST; Refer to MDH 877-463-3464.

MFC only manages patients ages 0-20 yrs for Chiropractic manipulation.

Check Quick Authorization Guide for authorization requirements

Adults are not covered for services rendered by a Chiropractor.

Outreach

MedStar Family Choice Care Management Center

1-800-905-1722 or (fax) 1-888-991-2232

Outreach arranges access for non-emergency transportation to MFC members for medical appointments and can assist providers with required outreach attempts for preventive care and member compliance.

Provider Relations

MedStar Family Choice Provider Relations

10980 Grantchester Way, 5th Floor, Columbia, MD 21044

1-800-261-3371 or (fax) 855-600-3077

mfc-providerrelations2@medstar.net

Assists providers and staff with problem solving orientations, training, recruitment, contracting, credentialing, and in-office interpreter services.

Radiology

MFC Outpatient Radiology Network

Requesting Physician completes a script or MD Uniform Referral form to a participating radiology site.

Referrals are not required for mammogram screenings.

Routine Vision Benefits

Avesis- 1-833-241-4248

Members may self-refer to a participating provider for routine vision care.

Referrals are not required for diabetic eye exams.

For medical eye problems refer to an in-network ophthalmologist.

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Sample MFC ID card

	Maryland HealthChoice Program MedStarFamilyChoiceMD.com Member Services Phone: 888-404-3549
MedStar Family Choice	
Last Name, First Name	
MFC ID#: 123456789	MA ID#: 12345678912
DOB: 01/01/2013	Eff Date: 01/01/2013
PCP Group Name: PCP Phone: (999) 999-1212	
CVS CareMark®	
RxBin: 610084	RxPCN: PCS
	RxGroup: T2400001

PRESENT THIS CARD FOR ALL HEALTH SERVICES

Services: If you are a member and have questions about topics such as benefits, access to services or address changes, please call **888-404-3549**. Please call Member Services or use our website at **MedStarFamilyChoiceMD.com** for questions related to coverage of specific services. **MedStar Family Choice is a Maryland HealthChoice MCO. HealthChoice is a program of the Maryland Department of Health (MDH). HealthChoice Enrollee Help Line: 800-284-4510.**

Emergency/Urgent Care Benefits: If your emergent condition is so serious that you are unable to call your doctor, go to the nearest emergency room and notify your doctor within 24 hours or as soon as you are able. If you require follow-up care, you must contact your doctor for authorization. Our nurse advice line is also available 24 hours a day, seven days a week at no cost to you. Call **855-210-6204** any time.

Member Questions and Complaints: Members should contact MedStar Family Choice at **888-404-3549** with any questions, concerns or complaints. If a member feels his/her concern has not been resolved completely by MedStar Family Choice, the member can contact the Maryland HealthChoice Enrollee Help Line at **800-284-4510**.

Notice to Providers: All institutional services require pre-authorization. Questions regarding the pre-authorization of services should be directed to **800-905-1722**. Claims submissions should be mailed to **MedStar Family Choice, P.O. Box 211702, Eagan, MN 55121**. Submit EDI claims using Payer ID RP063. If you have questions regarding the submission of claims or other claims issues, please call **800-261-3371**.

Notice to Pharmacists: For questions regarding pharmacy claims submissions, please call **800-345-5413**.