MedStar Family Choice

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
5233 King Ave, Suite 400 • Baltimore, MD 21237
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
Physician may send patient 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
5233 King Ave, Suite 400 • Baltimore, MD 21237
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.

MedStar Family Choice

MedStar Family Choice- Maryland HealthChoice Quick Reference Guide

Sample MFC ID card

MedStar Family Choice

Maryland HealthChoice Program
MedStarFamilyChoiceMD.com
Member Services Phone: 888-404-3549

Last Name, First Name

MFC ID#: 123456789
DOB: 01/01/2013

MA ID#: 12345678912
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**.