



Provider Newsletter

What's New in 2023!

MedStar Family Choice (MFC) is excited about our upcoming changes effective January 1, 2023. As you may recall from our October 31st Provider Alert and our recent Town Hall meetings, MedStar Family Choice will be transitioning to a new vendor for the provision of certain administrative functions. This change will impact both our Maryland and District of Columbia health plans.

As of January 1, 2023, we will utilize UST HealthProof as a Business Process As A Service (BPaaS) partner. UST will be performing the following services:

- Claims Processing
- Encounter Data Management
- Enrollee Eligibility Processing/Verification
- Enrollee/Provider Services

Please note, beginning on January 1, 2023, MFC's only direct clearinghouse partner will be Change Healthcare and ECHO Health, Inc. to provide EFT payments and 835 Electronic Remittance Advices (ERA). MFC strongly encourages you to enroll (ahead of time) in order to take advantage of these options.

If you have any existing relationship with Change Healthcare, please be sure to check if any additional action is needed on your account to take advantage of this change. 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 <https://enrollments.echohealthinc.com/EFTERADirect/Medstar>. No Fees apply.

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All generated ERAs will be accessible to download from the ECHO provider portal (www.providerpayments.com). You can also log into www.providerpayments.com 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.

Here are some KEY details related to the upcoming changes effective January 1, 2023:

Payer IDs:

MedStar Family Choice – District of Columbia: RP062

MedStar Family Choice – Maryland HealthChoice: RP063

Provider and Claims Portal:

<https://mfcmdprovider.healthtrioconnect.com/> (MD)

<https://mfcdcprovider.healthtrioconnect.com/> (DC)

Claims Mailing Address:

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

Refunds and Overpayments Address:

MedStar Family Choice
Attn: Maryland Claims
5233 King Ave
Suite 400
Baltimore, MD 21237



**MedStar Family
Choice-Maryland
Provider Portal**

Username

[Forgot username](#)

Password

[Forgot password](#)

Login



Register as New User

New to the portal, register as a provider today.

Register

Updates to the MedStar Family Choice formulary.

The 2022 MedStar Family Choice formulary is available on our website. The direct link is [MedStarFamilyChoice.com/Maryland-Providers/Pharmacy-Prescription-Information](https://www.MedStarFamilyChoice.com/Maryland-Providers/Pharmacy-Prescription-Information). Paper copies of the formulary can be requested by contacting Provider Relations at mfc-providerrelations2@medstar.net or via phone (**800-905-1722, option 5**). Details of the prior authorization criteria are available on the MedStar Family Choice website with the other pharmacy protocols.

Changes for January 1, 2023

At the October 2022 Pharmacy and Therapeutics Committee meeting, the entire formulary was reviewed. At the November 2022 P&T meeting, additional modifications were made. The following is a summary of changes made for the MFC Maryland Health Choice 2022 Formulary:

Additions:

- Clotrimazole with Betamethasone Cream 1-0.05%
- Aubagio
- Vumerity
- Fluticasone Propionate HFA Inhaler
- Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%
- Insulin Degludec
- Glatiramer 40 mg

Additions with Prior Authorization: *

- Cerezyme
- Elaprase
- Poteligeo
- Ultomiris
- Sprycel
- Nurtec
- Mounjaro
- **Enspryng**
- **Myrbetriq**
- **Entadfi**
- **Supprelin LA kit**
- **Palforzia**

*Please see the PA Table on the MFC website for details of the requirements for approval and guidance on submission of clinical information.

Removals: *

- **Tresiba**
- **Copaxone 40 mg brand**

Removal of Prior Authorization:

- Tarceva
- Sutent

Managed Drug Limitations & Step Therapy:

- None

*Details of the Prior Authorization Criteria and the Step Therapy Criteria are combined on this website in the Prior Authorization Table.

* Members currently receiving medications that are being removed from the formulary will be grandfathered (permitted to continue therapy) for 90 days, except where otherwise indicated.

Continue the fight against COVID-19!

MedStar Family Choice (MFC) 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 **800-905-1722, option 5**.

Each and Every Time (when appropriate): Help keep our kids vaccinated

According to articles in the [Lancet \(Volume 10, Issue 2, E186-E194, February 01, 2022\)](#) and in [Vaccine \(2022 Feb 7; 40\(6\): 837-840\)](#), routine vaccination rates decreased during the beginning of the COVID-19 pandemic. Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant people) that should not be delayed because of the COVID-19 pandemic. To help with this, consider each patient visit as an opportunity to provide catch-up vaccination for those who have fallen behind.

Consider giving all vaccines due or overdue according to the recommended [CDC immunization schedules](#) during any visit, unless there is a specific contraindication. This will provide protection as soon as possible and help keep our kids safe.



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:

[MedStarFamilyChoice.com/Maryland-Providers/Quality-Assurance-and-Monitoring-Programs](https://www.MedStarFamilyChoice.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).

Healthy Life Portal.

Did you know MedStar Family Choice offers our members access to the Healthy Life Portal to track their own health?

The Healthy Life 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 Healthy Life 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 [MedStarFamilyChoiceHealthyLife.com](https://www.MedStarFamilyChoiceHealthyLife.com).

MedStar Family
Choice



MedStar Family Choice Wellness
Keeping You Healthy

User Login

Username

Password

Log in

[Forgot password?](#) [Forgot username?](#)

First Time Users

[Click here to sign up](#)

Need help or have questions? Call Consumer Support at 1-888-252-8150 | [Terms & Conditions](#) | [Privacy Policy](#)
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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 [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.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 **800-905-1722, option 5**, 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 needs to have written permission from the member to allow providers to appeal on their behalf.

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 medicines.

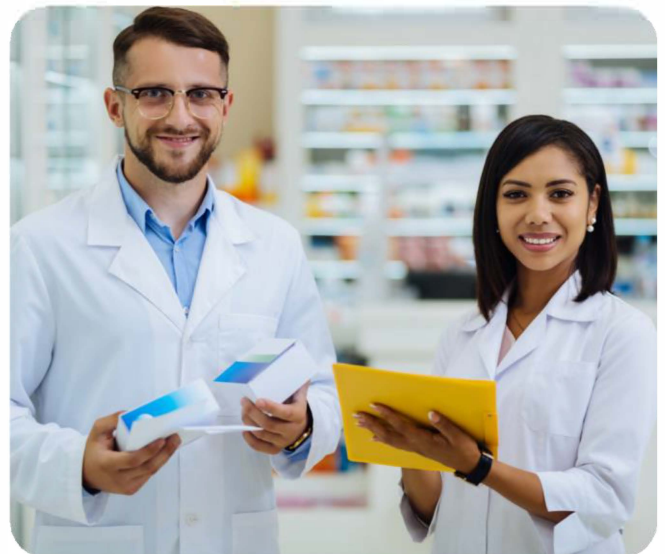
As a participating provider of MedStar Family Choice Maryland HealthChoice, we are pleased to announce that our members can receive a 90-day supply of certain medications at participating retail pharmacies. The list of medications available for 90-day supply treat cardiovascular, central nervous system, endocrine/metabolic, gastrointestinal, hematologic, immunologic, respiratory, and other chronic conditions.

To start the process, simply send a prescription to the retail pharmacy for a 90-day supply. MedStar Family Choice members can also sign up for mail order pharmacy for chronic medications. A 90-day supply will be provided to members using mail order services. To start the process, prescribers may call CVS Caremark Mail Service Pharmacy™ at **800-996-5772** or they may submit a prescription to the CVS Caremark Mail Service Pharmacy™.

For a complete listing of medications available a 90-day supply and mail order pharmacy information, please visit our website at

[MedStarFamilyChoice.com/Maryland-Providers/Pharmacy-Prescription-Information](https://www.MedStarFamilyChoice.com/Maryland-Providers/Pharmacy-Prescription-Information).

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 that members face.



MedStar Family Choice is striving to improve care for its members through ongoing “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 regarding the use of the 24-hour Nurse Advice Line, use of the Evisit platform, and a list of available urgent care providers.

The Emergent Care Coordinator will also determine the member’s barriers 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 work, and safety issues/concerns, etc. Case management will help MedStar Family Choice to establish a strong relationship with these members, with the goal of offering and coordinating improved access to appropriate care overall. Member satisfaction is measured through a post- program follow-up phone call.

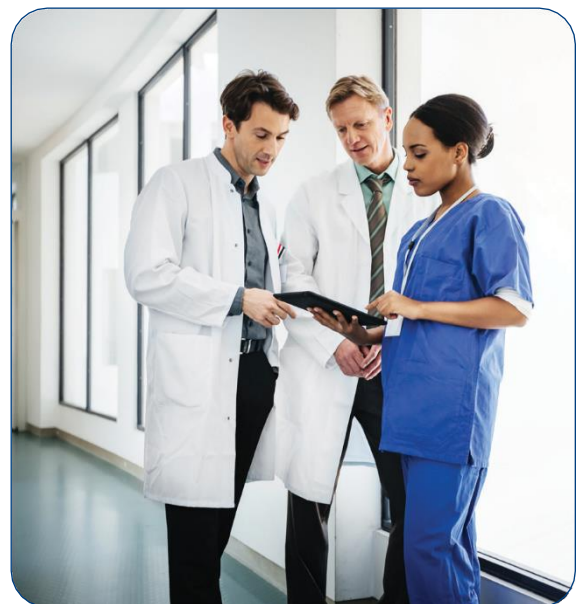
Providers are responsible to report overpayments or improper payments within 60 days.

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 following form anytime you are submitting a refund to MedStar Family Choice: [Bit.ly/MFCMDRefundForm](https://bit.ly/MFCMDRefundForm).



Pharmacy and therapeutics committee meets 5 times a year

MedStar Family Choice has an active Pharmacy and Therapeutics Committee that meets five times a year. Meetings are held in (February, May, August, October, and November) on the third Wednesday from noon to 1:30 p.m. Please consider getting involved and bringing your expertise and input to this committee. Some of the activities of the committee include:

- Reviewing and updating policies and procedures for pharmaceutical management
- Assessing drug utilization patterns and making recommendations for projects to address issues as they arise
- Reviewing the MedStar Family Choice closed formulary, at least annually, and evaluating requests for additions/deletions to the formulary
- Developing interventions to ensure the safe use of medications. If you are interested in joining the Pharmacy and Therapeutics committee, please contact your Provider Relations representative at **800-905-1722, option 5**.



Find all 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 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 **800-905-1722 option 5**

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

Credentialing Status Checks:

msfc.credentialing@medstar.net

Ancillary Network (Home Care, DME, Urgent Care, etc.):

mfc-ancillary@medstar.net

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

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

Newborn Coordination, Member Compliance

Care Management: **800-905-1722** or **888-243-1790** (fax)

Pharmacy, inpatient and outpatient authorization (including medical vision), Case Management

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

Provider Claims Portal: mfcmdprovider.healthtrioconnect.com

MedStar Family Choice Claims Processing Center

PO Box 211702

Egan, MN 555121

800-261-3371

Change Healthcare EFT Assistance: 888-686-3260

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

MD EVS

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

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)

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

You may contact MedStar Family Choice, Monday through Friday, between 8:30 a.m. and 5:00 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 the next business day.



MedStar Family Choice site evaluations are being completed.

Site surveys are completed for all MedStar Family Choice PCPs and specialists at the time of initial credentialing. Currently, site surveys are being completed in-person and virtually. 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 your provider representative at **800-905-1722, option 5**.

Clinical practice and preventive guidelines are online.

Participating providers should review the clinical practice guidelines, as well as the preventive guidelines, posted on the MedStar Family Choice website, [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com), for updates. These guidelines are updated every two years. Currently, the clinical practice guidelines include the following:

- Management of Pediatric ADHD
- 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 and Children
- 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
- 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 Hypercholesterolemia
- Management of Hypertension in Adults Age 18 and Older
- Management of Hypertension in Pediatric Patients up to 18 Years of Age
- 2022 Immunization Schedules - 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
- 2022 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.

Clinical Practice Guidelines

A listing of guidelines for a variety of conditions.

[View Guidelines →](#)

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:

- Contractual payment issues
- Disagreements over reduced or zero paid claims
- Other health insurance denial issues
- Submit another carrier's EOB
- Retro-eligibility issues
- Paid to wrong provider
- In/Out Network issue
- Claim denied for lack of authorization but you have proof of prior authorization

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.

As a MedStar Family Choice provider, you are required to take annual trainings. But MedStar Family Choice has made it easier to satisfy your training requirements. Your provider relations associate is available to fulfill your training needs for the Provider Orientation / provider Education training.

MFC has additional content reviewing the cultural diversity values we expect you to have as a participating provider. Please contact us today to schedule your provider education session. If you have any questions or concerns about these trainings, please email Med Star Family Choice Provider Relations at mfc-providerrelations2@medstar.net or call **800-905-1722, option 5**.

Where to send claims for MedStar Family Choice members.

Please note: Effective 1/1/2023, the MFC Payer ID and claims mailing address will change.

Electronic Submission

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

Effective January 1, 2023, 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

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.

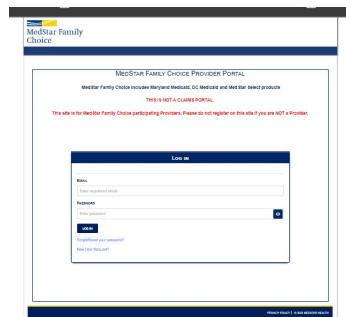
Your information will then be updated in our system. If your W-9 address did not change and you received your 1099 statement for the last calendar year through the mail, then you do not need to send an update. All requests for a copy of a 1099 statement should be directed to **800-261-3371**. Please contact Provider Relations with questions and concerns at **800-905-1722, option 5**.

Update your information and more on the provider web portal.

The MedStar Family Choice Provider Web Portal (PWP) serves as a quality control mechanism allowing providers to view their information in our credentialing system. Please note, this provider web portal at this address only allows you to update your demographic information. To view claims, please go to the HealthTrio provider claims portal. Your provider information is communicated to the MedStar Family Choice members and provider community via our Find a Provider website. Other systems within MedStar Family Choice also 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 for the MFC PWP user guide](#).

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)
- Additional registration information is available at MedStarFamilyChoice.com. For problems with registration, send a detailed email to mfc-providerrelations2@medstar.net or call **800-905-1722, option 5**.



MedStar Family
Choice

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The MedStar Family Choice newsletter is a publication of MedStar Family Choice. Submit new items for the next issue to MedStar Family Choice at mfc-providerrelations2@medstar.net.

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