



MedStar Family Choice

Caring For You. Caring About You.

MedStar Health

# MedStar Family Choice Provider Alert August 15, 2016

## **This Alert applies to Maryland Medicaid, DC Medicaid, and DC Alliance only**

On September 12, 2016 MedStar Family Choice (MFC) will introduce a more streamlined way to submit appeals, claim reconsideration requests, and claim assistance/project requests to us and our mailing addresses for appeals will change. Appeals sent to the D Street and King Avenue addresses after this date will be redirected to the correct P.O.Box, which will delay processing.

Please note that these options listed below will not be available and functioning for your use until Monday, September 12, 2016. Any information sent to the new email addresses or P.O. Boxes prior to this date will not be processed. Continue to use the current email addresses, fax numbers, mailing addresses and forms (available online) until September 12, 2016. Copies of the updated forms will be available for use on the 12th at [www.medstarfamilychoice.com](http://www.medstarfamilychoice.com) under Provider Resources. MFC encourages you to use the forms however you are not required to do so.

***\*As of 9-12-16 Formal Appeals for Medical Necessity should be mailed to:***

**MFC DC Medicaid/DC Alliance:**

P.O BOX 43850

Baltimore, MD 21236

**MFC Maryland Medicaid**

P.O BOX 43790

Baltimore, MD 21236

***\*As of 9-12-16 Formal Appeals for Administrative denials should be emailed or mailed to:***

Securely Email the form to: [MFCClaims@medstar.net](mailto:MFCClaims@medstar.net)

Or mail to:

**MD/DC Claim Appeals:**

P.O BOX 43730

Baltimore, MD 21236

***\*As of 9-12-16 Administrative Claim Reconsideration forms should be emailed or mailed to:***

Securely Email the form to: [AdministrativeClaimReconsideration@vestica.com](mailto:AdministrativeClaimReconsideration@vestica.com)

Or mail to:

**DC and DC Alliance Claim Reconsideration:**

P.O BOX 2142

Milwaukee, WI 53201

**MD Claim Reconsideration:**

P.O BOX 2189

Milwaukee, WI 53201

***\*As of 9-12-16 Claim Assistance/Project Request forms should be emailed or mailed to:***

Securely Email the form to: [MFCClaims@medstar.net](mailto:MFCClaims@medstar.net)

Or send via Secure fax to: 410-933-3091

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