

MedStar Family Choice Provider Alert

September 12, 2016

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

This is a reminder that today is the day that MedStar Family Choice's new more streamlined appeals, claim reconsideration and claim project request process becomes active. As of today all inquiries should be sent to one of the addresses below and not the King Ave and D St NW street addresses. Any appeals sent to the street addresses will now be routed to one of the P.O. Boxes which may cause a delay. Copies of the updated appeals and reconsideration forms are available 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.

These new addresses are in preparation for a new Prior Authorization and Care Management system that MedStar Family Choice (MFC) will be implementing on 10-3-16. **To assist MFC in the transition to our new system and to provide you with the most timely processing of your requests we are asking that you submit as many of your formal appeals requests to us this month on or before 9-23-16 and that you refrain from submitting appeals during the last week of September.** This will allow us to have a smoother transition to our new system, and provide you with the prompt appeals turnaround times that you have come to expect from us.

***\*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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