

Provider Alert - August 7, 2020 Change to Appeal Form

On September 7, 2020, MedStar Family Choice (MFC) will introduce a more streamlined way to submit appeals. MFC updated and combined the Clinical/Medical Necessity appeal form and the Administration/Claim appeal form into one form, the Medicaid Appeal form. Providers must use the new appeal form when submitting appeals. **Note: There is only one PO BOX for appeals and the MFCclaims@medstar.net mailbox will no longer be used as of September 7, 2020.**

Please also note the options listed below will not be available and functioning until Monday, September 7, 2020. Please continue to use the current email addresses, fax numbers, mailing addresses, and forms (available online) until September 7, 2020. Copies of the updated forms will be available on MedStarFamilyChoice.com for use on September 7th.

****As of September 7, 2020, all appeals should be mailed to:***

MedStar Family Choice
Appeals Processing
P.O BOX 43790
Baltimore, MD 21236

Appeals can still be faxed to the following numbers below:

Clinical/Medical Necessity appeal requests can be faxed to **410-350-7435**.
Administration/Claim appeal requests can be faxed to **410-350-7455**.

Change to Reconsideration Form

As of September 7, 2020, MFC will update the Claim Reconsideration Form and renamed it as the Payment Dispute Form. Please note, the former email account will no longer be used.

****As of September 7, 2020, Payment Dispute forms should be emailed or mailed to:***

MFCPaymentDispute@skygenusa.com

MedStar Family Choice
P.O BOX 2189
Milwaukee, WI 53201
ATTN: Payment Disputes

Change to Claim Assistance/Project Request Form

As of September 7, 2020, MFC will no longer accept Claim Assistance/Project Request forms. Please contact Provider Customer Service at **800-261-3371** or use the above options to resolve claim issues.