

June 30, 2023

PROVIDER ALERT: IMPROVING APPEAL OUTCOMES

MedStar Family Choice DC (MFC-DC) values all our provider partners and the services you provide to our Enrollees. Our UM, Claims, and Appeals Departments work together to serve you and our Enrollees. MFC-DC encourages all providers to utilize the resources below to reduce denials, reduce appeal submissions, and improve appeal outcomes (if an appeal is submitted).

How to reduce denials and the need for appeals?

- **Confirm Enrollee Benefit Eligibility** – make sure your patient has benefit coverage for the service(s) you wish to provide. If your patient does not have benefits coverage for services, there is a greater chance of receiving a denial and filing an appeal. You can access the District's Medicaid Fee Schedule at: <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleInquiry>
- **Request prior authorization (PA) before submitting a claim (when applicable)** – If you submit a claim for a service that requires prior authorization, there is a greater chance of receiving a denial and filing an appeal. You can access the MFC-DC Prior Authorization Grid at: <https://www.medstarfamilychoicedc.com/providers/utilization-management>
- **Know the rules** – There are specific rules for some DME, genetic testing, insulin pumps, PSA services, etc. If you submit claims or prior authorization without reviewing the rules for services you provide, there is a greater chance of receiving a denial and filing an appeal. You can access the MFC-DC Medical Policies and Procedures library at: <https://www.medstarfamilychoicedc.com/providers/medical-policies-and-procedures>
- **Check the formulary when writing a new prescription** – Detailed clinical information must be submitted to support the need for any drugs requiring prior authorization and in cases where a non-formulary medication is being requested. If you do not review the formulary BEFORE submitting a medication request, there is a greater chance of receiving a denial and filing an appeal. You can



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access the MFC-DC Medication Formulary at:

<https://www.medstarfamilychoicedc.com/providers/pharmacy>

- **Submit relevant and complete clinical documents** – When submitting prior authorization request and/or appeal request, you must include all relevant and complete clinical documentation. If you do not submit appropriate clinical documents when requesting PA and when submitting an appeal, there is a greater chance of receiving a PA denial and filing an appeal that is upheld.

Providers have ninety (90) business days from the date on the denial letter or the EOB to submit a first-level appeal. A second-level appeal must be submitted within thirty (30) calendar days of the first-level appeal notification letter. MFC-DC will acknowledge receipt of all appeals (first and/or second level) within five (5) business days of receipt.

MFC-DC resolves appeals within ninety (90) business days of receipt of the initial appeal. There are no exceptions for untimely filing.

For questions concerning this Provider Alert, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m.

Phone: 855-798-4244, Option 2

Email: mfcdc-providerrelations@medstar.net

**It's how we
treat people.**