🦰 MedStar Family Choice

DISTRICT OF COLUMBIA

DC Healthy Families & DC Healthcare Alliance Important Contact Numbers & Quick Reference Guide

24/7 Nurse Advice Line: 855-798-3540

MedStar Family Choice DC Nurse Advice Line Our 24/7 nurse advice line can help direct patients to the care they need any time of the day or night.

Care Management & Prior Authorization: 855-798-4244

MedStar Family Choice DC Care Management Center 3007 Tilden St., NW, POD 3N, Washington, DC 20008 Processes requests for services requiring authorization and Case Management.

Authorization:

• Non-Pharmacy Authorization Fax 202-243-6258

- Diabetes and Nutrition Counseling
- DME, Home Health, & Soft Supplies
- o Orthotics & Prosthetics
- o Outpatient Rehab (PT, OT, ST)
- Pharmacy & Infusion Drugs Fax 202-243-6258
- Acute Inpatient Concurrent Review Fax 202-243-6256
- MedStar WHC Concurrent Review Fax 202-243-6257
- Behavioral Health Services Fax 202-243-6320
- Skilled Nursing/Sub Acute Rehab Fax 202-243-6307

Case Management Services (including Behavioral Health): Phone 855-798-4244 | Fax 202-243-6253

Care coordination, High-Risk Pregnancy, Early Intervention, and Social Work.

Claims/Encounter Data Submission/Provider Portal

MedStar Family Choice DC Claims Processing Center P.O. Box 211702 Eagan, MN 55121

800-261-3371 Provider Calls

888-404-3549 Enrollee Calls

Processes claims and encounter data. Resolves claim issues. Claims must be submitted within 365 days. Electronic claims submission is also available.

Payor ID # RP062

Dental Benefits - Avesis: 844-391-6678

Dental services available to all enrollees. Benefit package depends on the type of coverage.

Eligibility Verification

202-906-8319 (Inside DC Metro) | 866-752-9233 (Outside DC Metro)

The District's IVR line verifies that a patient is eligible to receive benefits and is active with MFC-DC.

Laboratory

LabCorp **800-788-8764** Quest Diagnostics **866-697-8378** Requesting physician sends patient to an approved LabCorp or Quest draw station using a LabCorp or Quest Requisition Form with MedStar checked off.

Outreach

MedStar Family Choice DC Care Management Center Phone 855-798-4244 | Fax 202-243-6252

Outreach verifies PCP assignment, answers questions about eligibility/benefits, assists with transportation, and can assist providers with required outreach attempts for preventive care and Enrollee compliance, and translation/interpreter services.

Provider Relations

MedStar Family Choice DC Provider Relations 3007 Tilden Street, NW, POD 3N, Washington, DC 20008 <u>MFCDC-ProviderRelations@MedStar.net</u> <u>MedStarFamilyChoice.com</u> (for self-service options)

Phone 855-798-4244 | Fax 855-616-8763

Assists with problem solving, education, recruitment, contracting, credentialing, and cultural competency concerns.

Radiology

MedStar Family Choice DC Outpatient Radiology Network (see Provider Manual)

Requesting Physician completes a Consultation referral form or a script to a participating radiology site for any radiology tests.

Routine Vision Benefits - Avesis: 844-391-6678

Enrollees may self-refer to a participating provider for routine vision care. Medical eye problems must be referred to a participating ophthalmologist. Referrals are not required for Diabetic eye exams.

Transportation - Access2Care: 866-201-9974

Providers and Enrollees may call directly to schedule.

DC Healthy Families Enrollee ID Card

DC Healthy Families MedStarFamilyChoiceDC.com Enrollee Services: 888-404-3549
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Eff Date: 01/01/2013
MA ID#: 12345678912
CAIDADV RxBin: 004336 RxGroup: RX0610
ER \$0

PRESENT THIS CARD FOR ALL HEALTH SERVICES



Notice to Providers: Most institutional services require prior authorization which may be obtained by calling 855-798-4244. Submit EDI claims using Payer ID RP062: Paper medical claims should be mailed to MedStar Family Choice DC, PO. Box 211702; Eagan, MN 55121. Call 800-261-3371 for claims questions. For questions regarding pharmacy claims submission, call 800-364-6331.

DC Healthcare Alliance ID Card

Choice	DC Healthcare Alliance MedStarFamilyChoiceD Enrollee Services: 888-4	
Last Name, First Name		
DOB: 01/01/2013 MFC ID#: 123456789	Eff Date: 01/01/2013 MA ID#: 123456789	
PCP Group Name:		
PCP Phone:		
PDP Group Name:		
PDP Phone:		
Copayments: OV \$0 RX \$0 EF	DADV RxBin: 004336 R: ₹\$0	
Copayments: OV \$0 RX \$0 EF	\$0 	
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