



MedStar Family
Choice

DISTRICT OF COLUMBIA

Provider Newsletter

1st Quarter 2023



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A Message from Our Chief Medical Officer



Raymond Tu, MD



Shalama Brooks, MS, MPH



Eileen Langstraat, PharmD

We wish you a Happy New Year 2023, the Year of the Rabbit.

As Michael Jordan, David Beckham, and Lionel Messi have shown us, having a strong team is important to success (who all happen to be Year of the Rabbit athletes). Your MedStar Family Choice District of Columbia (MFC-DC) team is so pleased to welcome new leaders to support you and our Enrollees. Shalama Brooks, MS, MPH, is our Director of Quality and Outreach, and Eileen Langstraat, PharmD, is our health plan Pharmacist. Both are experts in their field and great additions to Team MFC-DC!

There are several activities underway and planned for 2023 to encourage all our Enrollees to complete a primary care visit. Stay tuned! Also, please complete the 2022 Provider Satisfaction Survey. Your input is greatly appreciated and it will help us identify areas where we may have opportunities for improvement.

If we can assist you in any way, please call the Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at mfc-dc-providerrelations@medstar.net.

Sincerely,

Raymond Tu, M.D., M.S., F.A.C.R.

Chief Medical Officer, MedStar Family Choice District of Columbia



Welcome to MedStar Family Choice District of Columbia!

We are proud to welcome the following new provider groups including Behavioral Health to our network.

Connections Therapy Center
House Calls of the District of Columbia Inc
Lucis Consulting LLC
Privia Medical Group The McCuiston Group

In addition, we are happy to welcome the following ancillary provider groups into the network:

Cedar Hill Urgent Care - Urgent Care Centers
InfuCare Rx LLC - Infusion/Injectables
Theragen - Durable Medical Equipment



What's New in 2023

As you may recall from our October 31, 2022 Provider Alert and our recent Town Hall meetings, MedStar Family Choice has transitioned to a new vendor for the provision of certain administrative functions effective January 1, 2023. This change impacts both Maryland and District of Columbia health plans.

As of January 1, 2023, we will utilize UST HealthProof as a Business Process As A Service (BPaaS) partner. UST will perform the following services:

- Claims Processing
- Encounter Data Management
- Enrollee Eligibility Processing/Verification
- Enrollee/Provider Services

Please note, as of January 1, 2023, our only direct clearinghouse partner is Change Healthcare and ECHO Health, Inc. to provide EFT payments and 835 Electronic Remittance

Advices (ERA). We strongly encourage you to enroll in order to take advantage of these options.

If you have an existing relationship with Change Healthcare, please be sure to check if any additional action is needed on your account to take advantage of this MedStar Family Choice change. For those unfamiliar with Change Healthcare, Change Healthcare is committed to data privacy, security, and the prevention of fraud. They employ the latest intrusion prevention and fraud mitigation technologies to protect our clients. Their fraud mitigation strategy includes specific authentication, identify and account verification vendor technologies, and robust internal fraud prevention protocols to identify potential fraud before processing payments to enrolled accounts. Please note that payments will appear on your bank statement from Huntington National Bank and ECHO as "HNB - ECHO".

Providers who enroll for EFT payments will continue to receive the associated ERAs from ECHO with the Change Healthcare Payer ID. Please make sure that your Practice Management System is updated to accept the Change Healthcare Payer IDs as identified for each respective MedStar Family Choice Health Plan:

- MedStar Family Choice District of Columbia: RP062
- MedStar Family Choice Maryland HealthChoice: RP063

To sign-up to receive EFT, through Settlement Advocate for MedStar Family Choice, Inc. only, visit Enrollments.ECHOHealthInc.com/EFTERADirect/Medstar. No Fees apply.

All generated ERAs will be accessible to download from the ECHO provider portal (ProviderPayments.com). You can also log into ProviderPayments.com to access a detailed explanation of payment for each transaction. Changes to the ERA enrollment or ERA distribution can be made by contacting the ECHO Health Enrollment team at **440-835-3511**.

If you have any difficulty with the Change Healthcare website or have additional questions, as they relate to Change Healthcare, please call **800-317-3523**.

Here are some KEY details related to these changes effective January 1, 2023:

Payer ID for MedStar Family Choice District of Columbia: RP062

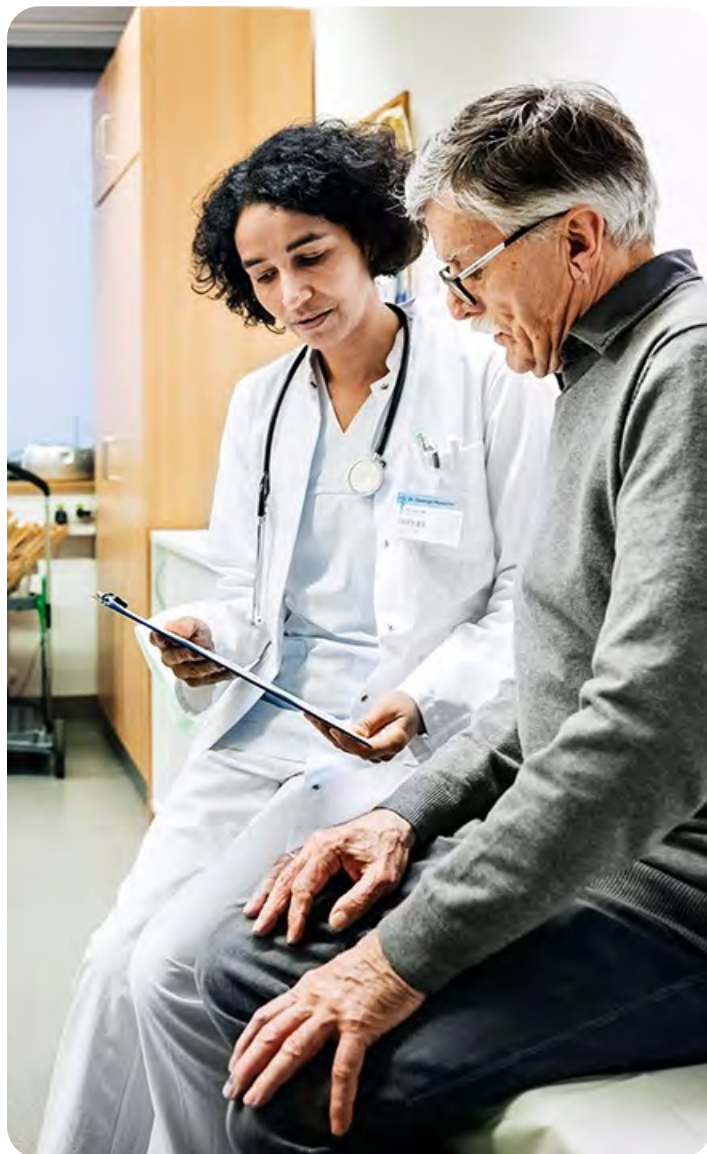
Provider and Claims Portal for MedStar Family Choice District of Columbia:
MFCDProvider.HealthTrioConnect.com

Claims Mailing Address

MedStar Family Choice Claims Processing Center
PO Box 211702
Egan, MN 55121

Refunds and Overpayments Address

MedStar Family Choice
Attn: District of Columbia Claims
5233 King Ave Suite 400
Baltimore, MD 21237



MFC-DC Contact List

Each participating MedStar Family Choice District of Columbia (MFC-DC) provider is assigned a Provider Relations associate to assist with questions regarding the MFC-DC health plans.

If you are not certain who your Provider Relations associate is, please contact us and we'll assist you. You can also click this link to access [Provider Relations Associate Territory Assignment](#) information on our website.

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**
 - o Diabetes and Nutrition Counseling
 - o 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) | **866-752-9233** (Outside DC)
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
MFCDC-ProviderRelations@MedStar.net
MedStarFamilyChoiceDC.com (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.

You may contact MFC-DC, Monday through Friday, between 8 a.m. and 5:30 p.m. Providers have the option to leave a message or send a fax after normal business hours. However, any calls and faxes received after hours will be addressed the next business day.

2022 Provider Satisfaction Survey

Medstar Family Choice District of Columbia (MFC-DC) is committed to supporting your practice in delivering the best medical care to your patients and our Enrollees. As part of our commitment, we are measuring the quality of our services last year from your practice's perspective through our "2022 Provider Satisfaction Survey." Your input will help us understand how our policies and practices affect your ability to provide the best possible care for our Enrollees and help us identify those areas where we may have opportunities for improvement.

The survey is available online February 27th through March 17th. It will take approximately 10 minutes of your time. The survey can be completed by an office manager, nurse, physician, or another staff member at your practice. [Click here to take the survey!](#)

Thank you in advance for your response and willingness to provide your valuable feedback.

We have obtained the services of Karna, LLC, an independent research organization, to conduct the survey on our behalf. Your name or the name of your practice will not be associated with information shared with MFC-DC, and all information you provide is kept confidential. If you have any questions about the survey, please contact Dr. Sherri Livingstone at slivingstone@karna.com.





Know the rights and responsibilities of our Enrollees

Enrollees have certain rights and responsibilities. These rights and responsibilities are reviewed annually and can be found in our Enrollee Handbook and Provider Manual; both can be found on our website at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com). Please contact us at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations) with any questions or comments you may have, or to request a hard copy of all materials.

MedStar Family Choice District of Columbia (MFC-DC) Enrollees have the right to:

- Know that when they talk with their doctors and other providers it is private.
- Have an illness or treatment explained to them in a language they can understand.
- Participate in decisions about their care, including the right to refuse treatment.
- Receive a full, clear and understandable explanation of treatment options and risks of each option so they can make informed decisions.
- Refuse treatment or care.
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation.

- See and receive a copy of their medical records and request an amendment or change, if incorrect.
- Receive access to health care services that are available and accessible to them in a timely manner.
- Choose an eligible PCP/PDP from within MFC-DC's network and to change their PCP/PDP.
- Make a Grievance about the care or services provided to them and receive an answer.
- Request an Appeal or a Fair Hearing if they believe MFC-DC was wrong in denying, reducing or stopping a service or item.
- Receive Family Planning Services and supplies from the provider of their choice.
- Obtain medical care without unnecessary delay.
- Receive a second opinion from a qualified healthcare professional within the network, or, if necessary, to obtain one outside the network, at no cost to the Enrollee.
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment.
- Receive a copy of MFC-DC's Enrollee Handbook and/or Provider Directory.
- Continue treatment they are currently receiving until they have a new treatment plan.
- Receive interpretation and translation services free of charge.
- Refuse oral interpretation services.
- Receive transportation services at no cost.
- Get an explanation of prior authorization procedures.
- Receive information about MFC-DC's financial condition and any special ways we pay our doctors.
- Obtain summaries of customer satisfaction surveys.
- Receive MFC-DC's "Dispense as Written" policy for prescription drugs.
- Receive a list of all covered drugs.
- Be treated with respect and due consideration for their dignity and right to privacy.
- Receive health care and services that are culturally competent and free from discrimination.
- Receive information, including information on treatment options and alternatives, regardless of cost or benefit coverage, in a manner the Enrollee can understand.
- Exercise their rights, and that the exercise of those rights does not adversely affect the way MFC-DC, our providers, or the District of Columbia Healthcare Finance treats them.
- Request a Fair Hearing with the District of Columbia after an Adverse Determination is made as a result of an Appeal.
- Request that ongoing benefits be continued during an appeal or state fair hearing however, the Enrollee may have to pay for the continued benefits if the decision is upheld in the appeal or hearing.
- Receive other information about how MFC-DC is managed including the structure and operation, as well as physician incentive plans.
- Receive information about the MFC-DC, its services, its practitioners and providers and Enrollee rights and responsibilities.
- Make recommendations regarding the organization's Enrollee rights and responsibilities policy.
- A candid discussion of appropriate or medically necessary treatment options for the Enrollee's conditions, regardless of cost or benefit coverage.

Enrollees are responsible for:

- Treating those providing their care with respect and dignity.
- Following the rules of the DC Medicaid Managed Care Program and MFC-DC.
- Following instructions received from their doctors and other providers.
- Going to scheduled appointments.
- Telling their doctor at least 24 hours before the appointment if they must cancel.
- Asking for more explanation if they do not understand their doctor's instructions.
- Going to the Emergency Room only if they have a medical emergency.
- Telling their PCP/PDP about medical and personal problems that may affect their health.
- Reporting to Economic Security Administration (ESA) and MFC-DC if they or a member of their family (who is an Enrollee) has other health insurance or if they changed their address or phone number.
- Reporting to Economic Security Administration (ESA) and MFC-DC if there is a change in their family (i.e. deaths, births, etc.).
- Trying to understand their health problems and participate in developing treatment goals.
- Helping their doctor in getting medical records from providers who have treated them in the past.
- Telling MFC-DC if they were injured as the result of an accident or at work.
- Informing your provider and MFC-DC if they have any other health insurance coverage.
- Being on time for appointments and notifying providers as soon as possible if they need to cancel an appointment.
- Showing their Enrollee ID card when they check in for every appointment.
- Reporting lost or stolen Enrollee ID cards to MFC-DC.
- Calling MFC-DC if they have a problem or a complaint.
- Working with their Primary Care Provider (PCP) to create and follow a plan of care that the Enrollee and PCP agree on.
- Asking questions about their care and let their provider know if there is something they do not understand.
- Updating the District of Columbia Government (ex: DHCF, ESA) if there has been a change in their eligibility status.
- Providing MFC-DC and our providers with accurate health information in order to provide proper care.
- Telling their PCP as soon as possible after they receive emergency care.
- Informing their caregivers about any changes to their Advance Directive.
- Supplying information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.



Our Provider Community at Work

Spotlight on: Medical Home Development Group

Medical Home Development Group (MHDG) is a minority-owned company founded in 2012. They have two offices located in the District of Columbia and provide Healthcare Management and Care Delivery Services. MHDG is a NCQA Recognized Patient Centered Medical Home, offering a patient-centered integrated care approach to addiction treatment with co-occurring mental health disorders that include primary care, medication assisted treatment, and recovery support.

MHDG clinical team members are accomplished healthcare professionals that are board certified in adult, adolescent, and addiction treatment, with multiple years of experience focusing on integrated care. MHDG's management is led by healthcare experts with decades of progressive multi-disciplinary healthcare management/consulting expertise in a variety of healthcare system settings.

Medical Home Development Group's mission is a multi-specialty, single goal approach. They combine extensive years of experience and industry leadership with a focus on unique business issues relative to an integrated care model. Their expertise is in understanding the dynamics of complex health care organizations, developing strategies for achieving integrated organizational objectives while managing the implementation of those strategies. The heart of their management style is to centralize operations under the leadership of their clinical director. This approach allows for oversight, accountability, and transparency to address gaps in care as they co-manage a very high risk and fragile population.

MHDG is currently participating in two CMS value-based treatment programs, one with a local managed care organization as a member of the Partners in Care Network, and the other with Medicare. MHDG is 1 of 61 total participants selected from applicants across the country to participate in Medicare's Value in Treatment Demonstration project to increase access to opioid use disorder treatment services, improve physical and mental health outcomes, and to the extent possible, reduce Medicare program expenditures for applicable beneficiaries.

Since 2017 MHDG has been an active participant in the My Health GPS program approved by DHCF to provide chronic care management services to Medicaid beneficiaries identified by DHCF as having three or more eligible chronic conditions. In 2021 MHDG was awarded a mini grant on behalf of the Wards 3 and 4 DC Prevention Center, to provide ward level prevention services, community engagement, outreach, and education that focuses on the health risk associated with opioid and stimulant misuse. In 2022 MHDG became a National Health Service Corp HRSA approved site and an approved Narcan distribution and Covid19 vaccine site by the District of Columbia Department of Health.





Formulary updates for providers

MedStar Family Choice District of Columbia (MFC-DC) has a Pharmacy and Therapeutics Committee that meets quarterly. During our October/November 2022 meetings, formulary changes were made as listed below for DC Healthy Families and DC Healthcare Alliance. Bolded names indicate a brand medication; other listed medications are generic.

THESE CHANGES BECAME EFFECTIVE JANUARY 1, 2023.

Additions:

- Acyclovir ointment - treatment for mucocutaneous herpes simplex virus
- **Aubagio tablets (teriflunomide) - treatment for multiple sclerosis**
- Clotrimazole-betamethasone cream 1-0.05% - treatment for fungal skin infection
- Erlotinib tablets - treatment for some cancers
- Fluticasone propionate HFA inhaler - treatment for asthma, chronic obstructive pulmonary disease (COPD)
- Insulin aspart pen, vials - treatment for diabetes
- Insulin degludec flextouch pen - treatment for diabetes
- Insulin glargine pen, vials - treatment for diabetes
- Insulin lispro pen, vials - treatment for diabetes
- **Novolin insulin products**

- **Repatha injection (evolocumab) - treatment for high cholesterol**
- Rivastigmine patches - acetylcholinesterase inhibitor for dementia, Parkinson's and Alzheimer disease
- **Siliq injection (brodalumab) - treatment for plaque psoriasis**
- Sunitinib tablets - treatment for some cancers
- **Vumerity capsules (diroximel fumarate) - treatment for multiple sclerosis**

Additions with Prior Authorization Requirement: *

- **Caplyta capsules (lumateperone) - treatment of bipolar disorder, schizophrenia**
- **Fiasp insulin products (insulin aspart) - treatment of diabetes**
- **Mounjaro injection (tirzepatide) - treatment of diabetes**
- **Myrbetriq ER tablets (mirabegron) - treatment of overactive bladder**
- **Nurtec tablets (rimegepant) - prevention and treatment of migraine**
- **Oxtellar XR tablets (oxcarbazepine) - treatment of seizures, trigeminal neuralgia**
- **Relyvrio oral (sodium phenylbutyrate/taurursodiol) - treatment for amyotrophic lateral sclerosis (ALS)**
- **Sprycel tablets (dasatinib) - treatment for some cancers**
- **Vemlidy tablets (tenofovir) - treatment of hepatitis B virus (HBV)**

*Please see the PA Table on the MFC-DC website for details of the requirements for approval and guidance on the submission of clinical information.

Removals:

- **Humalog insulin products - treatment for diabetes**
- **Humulin insulin products - treatment for diabetes**
- **Novolog insulin products - treatment for diabetes**
- **Semglee insulin products (branded generic) - treatment for diabetes**
- **Tresiba FlexTouch pen (insulin degludec) - treatment for diabetes**

Removal of Prior Authorization Requirement:

- Glatiramer acetate 40 mg/mL syringes - treatment for multiple sclerosis

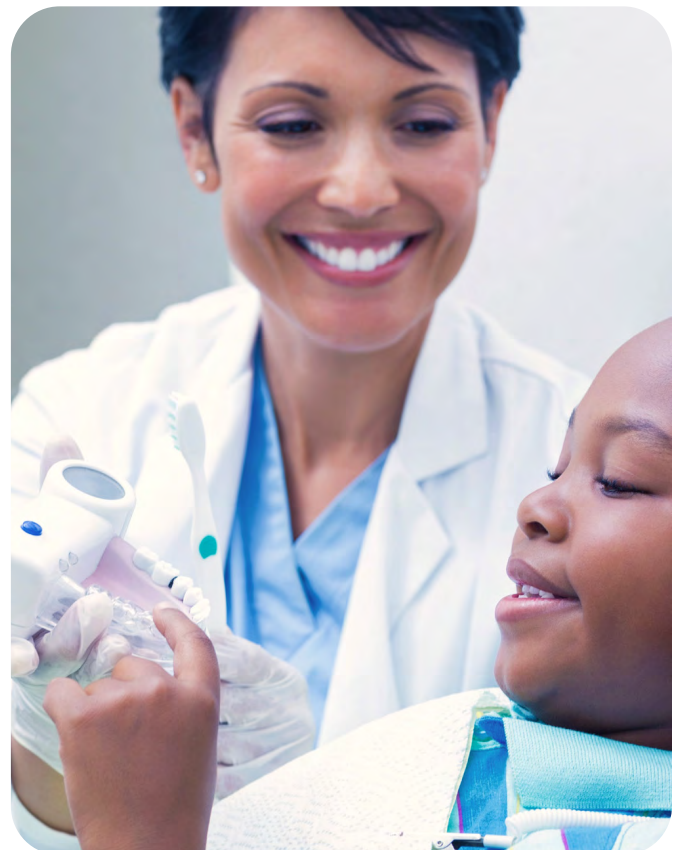
Managed Drug Limitations & Step Therapy: *

- NONE

Drug Formulary updates are also available on the MFC-DC Website at

[MedStarFamilyChoiceDC.com/providers/pharmacy](https://www.mfc-dc.com/providers/pharmacy).

*Details of the Prior Authorization Criteria and Step Therapy Criteria are on the website in the Prior Authorization and Step Therapy Table.





Case Management services and other available benefits

Case Management Services are provided by licensed registered nurses and social workers, and coordinators. These professionals assist Enrollees in the management of their biopsychosocial needs. This is done telephonically and face to face by educating the Enrollee on disease self-management, facilitating access to health care, and connecting the Enrollee to needed resources within the community. Case managers work closely with providers to ensure that their Enrollees receive appropriate and timely health care.

Case Management services

We provide Case Management services to our most complex and highest risk Enrollees, as well as those requiring care coordination and resource management.

Enrollees identified by District of Columbia Health Care Finance (DHCF) as 'Special

Needs Population' include an adult age 21 or older who:

- Has a chronic, physical, developmental or behavioral health condition;
- Receives SSI;
- Has a disability that meets the DDI definition.

Inclusion criteria for adult Enrollees include, but is not limited to:

- High Risk Pregnancy
- Diabetes
- Asthma
- COPD
- Hypertension
- Cardiovascular Disease
- HIV
- Substance Use Disorder
- Social Issues/Mental Health

Inclusion criteria for pediatric Enrollees include but is not limited to:

- Diabetes Asthma
- Obesity
- Epilepsy
- Chronic Lung Disease
- Cardiovascular Disease (CAD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression
- Anxiety
- Substance Use Disorder
- Other Mood Disorder

Transition Care Case Management services

Transition Care Case Management is a service provided by MedStar Family Choice District of Columbia to assist your patient, identified as high risk for readmission when transitioning from the hospital to home. This service is provided by registered nurse case managers who work closely with your patient to assist with adherence to the discharge plan ordered by the hospital care team, locating providers, scheduling follow-up appointments, and assisting with transportation if needed. This service is offered for 30 days, and if after that time your patient requires further assistance, they will be referred to one of our other case management services.

Enrollment

Enrollee participation in Case Management services is voluntary and Enrollees can start, stop, or decline participation at any time. However, they are automatically included in the programs once identified by us as

meeting qualifying criteria. Adults with special healthcare needs as defined by DHCF are mandated to be in some level of perpetual Case Management.

To refer your Enrollee to any of the above services, please fax your referral to **202-243-6253**, or call us at **855-798-4244** (select option 2 for Provider and then option 1 for Care Manager). We are available Monday through Friday from 8 a.m. to 5:30 p.m. Any faxes or voice messages received after hours will be handled the next business day.

Additional Enrollee benefits

Resource connection

A case manager can connect your patients with resources in their community to assist them with mental and/or substance use needs, utility turn-offs, food assistance, and emergency shelters. Printed educational materials with information on chronic conditions are available for Enrollees. The information is written in easy to understand language. A case manager is available to answer your patient's questions and concerns, and to advise on wellness incentives that may be available to them.

Coordinate care

A case manager can assist your patient with locating a specialist in their area, as well as scheduling appointments and coordinating transportation based on your patient's needs. For more information, call **855-798-4244** (select option 2 for Provider and then option 1 for Care Manager)



Compliance Corner

Regulatory Compliance - The Importance of Being Credentialed

What is Provider Credentialing?

Credentialing is a process to verify a healthcare provider's qualifications to provide care or services to beneficiaries. The process includes obtaining and assessing documented evidence of a provider's licensure, education, training, career history, and other qualifications.

A provider must be in good standing to provide services to Medicaid beneficiaries. The provider must not be excluded, suspended or debarred from participating in any District, State, or Federal health care benefit program.

Importance of Being Credentialed

- It helps to ensure the quality of care to Medicaid beneficiaries.
- It ensures the safety of care to Medicaid beneficiaries and entire healthcare industry.
- It can help prevent practices from delayed or denied reimbursements.
- Medicaid beneficiaries are likely to choose providers who are in-network and covered by their insurance than providers who are out-of-network.

MedStar Family Choice District of Columbia (MFC-DC) and District of Columbia Regulatory Compliance Rules

- MFC-DC requires all providers who render services to Medicaid beneficiaries to be credentialed, whether they bill for services directly or not, this includes nurse practitioners, physician assistants, psychologists, licensed clinical social workers, and licensed professional counselors.
- Department of Health Care Finance (DHCF) requires that every member in a group must be enrolled in the DC Medicaid Program and have signed an individual Provider Agreement. A provider number will also be assigned to each member in the provider group to indicate which member is rendering the service.
- Providers that also refer Medicaid beneficiaries to your practice should also be credentialed.

If your practice currently has providers not credentialed with the MFC-DC plan and are providing or plan to provide services to Medicaid beneficiaries, please contact Provider Relations at **855-798-4244** to begin the credentialing process and add providers to your practice.



MedStar Provider Assistance Program

MedStar Family Choice District of Columbia wants to support providers in their role as caregiver to Enrollees. To that end, the MedStar Provider Assistance Program allows you to securely notify us whenever you need support to engage an Enrollee. Support could be things such as transportation, compliance with appointment scheduling, and information concerning care gaps, etc. The MedStar Provider Assistance Program also provides an opportunity for you to refer Enrollees who may also need care management support or assistance with Social Determinant of Health (SDOH).

To refer an Enrollee, please complete the MedStar Provider Assistance Referral Form located on our website at [MedStarFamilyChoiceDC.com/providers/provider-resources](https://www.MedStarFamilyChoiceDC.com/providers/provider-resources).





Know our access and availability standards

As a MFC-DC participating provider, your office is expected to meet the following appointment guidelines:

- Waiting time in the office may not exceed 45 minutes.
- Initial appointments for new Enrollees age 21 and older must be within 45 days of their enrollment date or within 30 days of the request, whichever is sooner.
- Initial appointments for new Enrollees under the age of 21 must be within 60 days of enrollment or earlier if needed to comply with the EPSDT periodicity schedule.
- Initial assessment of pregnant or postpartum women and those requesting family planning services must be within 10 days of the request.
- Routine primary or specialty care (including EPSDT appointments that are due, IDEA services and physical exams) must be within 30 days of the request.
- Urgent care appointments must be within 24 hours of the request.

- Primary care providers must maintain twenty-four (24) hours per day, seven (7) days per week access for Enrollees. During after-hours, this can be accomplished via an answering machine or answering service. Both methods must provide the Enrollee with instructions on how to access their PCP or an on-call PCP. In the case of an emergency, the Enrollee is to be instructed to call 911 or go to the nearest emergency room.

MFC-DC conducts secret shopper surveys throughout the year to ensure that providers are in compliance with the above requirements. If your office is found non-compliant with any of the above requirements, your provider relations associate will contact you with the specific details. Your office will then be re-surveyed within the next 60 days. If the office remains non-compliant; you will be asked to submit a thirty (30) day corrective action plan to resolve the deficiency.

For questions concerning these standards, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m. or **855-798-4244**, Option 2 or mfcdc-providerrelations@medstar.net.



MedStar Family Choice

DISTRICT OF COLUMBIA



3 YEARS

If you have questions regarding information in this newsletter, please call us, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at mfcdc-providerrelations@medstar.net.

This Provider Newsletter is a publication of MedStar Family Choice District of Columbia. Submit new topics for subsequent publication consideration to mfcdc-providerrelations@medstar.net.

Leslie Lyles Smith, Executive Director
Raymond Tu, M.D., M.S., F.A.C.R. Chief Medical Officer
Carl Chapman, Director Provider Networks

Provider Relations

3007 Tilden Street, NW, POD 3N
Washington, DC 20008

202-363-4348

855-798-4244 (toll-free)

MedStarFamilyChoiceDC.com



It's how we treat people.