



MedStar Family Choice

DISTRICT OF COLUMBIA



Provider Newsletter

4th Quarter 2025

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This program is brought to you by the Government of the District of Columbia Department of Health Care Finance.



Our community at work

Spotlight: Whitman-Walker Health...Everyone Matters

At Whitman-Walker Health, they see patients, hear them, and care for them. They believe healthcare is vital and that everyone deserves affordable, whole-person, compassionate, affirming healthcare, delivered by a team of dedicated healthcare professionals. They are committed to delivering personalized primary care services for anyone age 10 and up. They prioritize the patient's well-being through routine check-ups, preventative care, dental services, managing chronic conditions, and by offering sexual health services, and mental health and substance use treatment.

Whitman-Walker Health is here to help patients be their healthiest self. With a focus on holistic health, Whitman-Walker Health goes beyond treating symptoms to address the root causes of health concerns. Their primary care services encompass a range of medical needs, ensuring that patients receive comprehensive and integrated care that promotes overall health and wellness.

Whether an enrollee is seeking a cervical cancer screening, looking for treatment for menopause symptoms, having heart health issues, needing to speak to a therapist, or is seeking birth control or sexual health services, Whitman-Walker Health will work with them to achieve their goals in a safe, loving, and affirming space.

Whitman-Walker Health healthcare goes beyond what many places consider healthcare. They offer insurance and care navigation services, wellness services to enhance health, legal services to address structural barriers enrollees may face, and other wrap-around services to meet needs and support our community.

Northwest DC—Discover the heart of community-centric healthcare at Whitman-Walker's 1525 14th Street NW location. Positioned as a cornerstone within the vibrant tapestry of our Logan Circle neighborhood, this facility embodies their unwavering dedication to accessible and inclusive health services.

Southeast DC—Proudly operating in Congress Heights on the St. Elizabeths East campus, the Max Robinson Center is the largest expansion of inclusive healthcare in Whitman-Walker's history. Named in honor of Max Robinson, a trailblazing journalist and advocate, this center reflects his legacy by offering a range of healthcare services that prioritize holistic well-being. Located at 1201 Sycamore Dr. SE, the state-of-the-art Federally Qualified Health Center (FQHC) facility is designed to be a haven for wellness, embodying the principles of compassion and accessibility.



At Whitman-Walker Health, they provide comprehensive and inclusive primary medical care, women's health, healthcare for children 10 and up, SMART Immediate Care, behavioral health, dental care, and a range of health-related legal, insurance navigation and support services to more than 20,000 individuals and families annually in the greater Washington, DC region. Both locations even have an on-site pharmacy for all to use, patient or not.



WHITMAN-WALKER HEALTH
We see you.

Whitman-Walker's care model is rooted in a 50+ year legacy of service to the LGBTQ communities, people living with HIV, Black and Latino communities, and other people facing barriers to accessing health care. That legacy is what makes their present and future health care welcome to everyone. Their motto "We See You" symbolizes that they see patients, but they see the person first.

Whitman-Walker Health can be reached at **202-745-7000** to book an appointment, or to learn more about all their services visit [Whitman-Walker.org](https://www.whitman-walker.org).

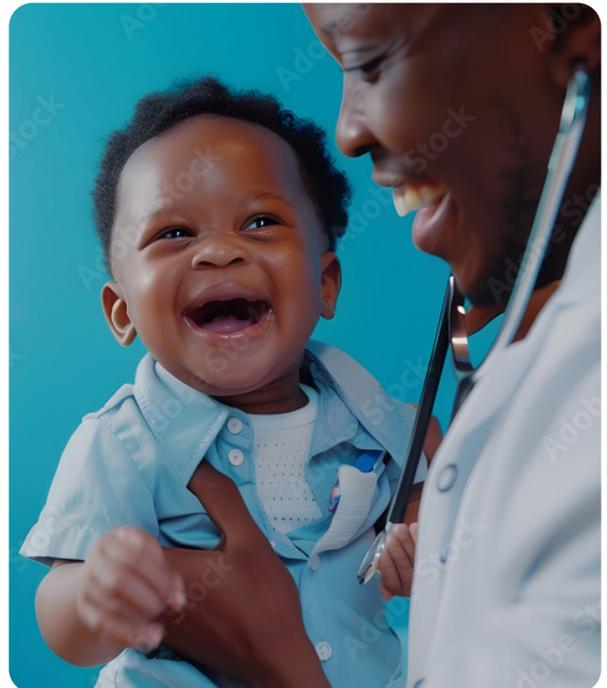
A message from Quality and Outreach to our provider partners

Together, we are improving the health and well-being of children and adolescents across the district. As we focus on key EPSDT priorities, particularly well-child visits and lead screenings ahead of September 2026, your partnership is vital to our success.

Why EPSDT matters

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is the cornerstone of child health. Timely screenings ensure:

- Early identification of developmental delays
- Prevention of chronic conditions
- Healthy growth and school readiness
- Stronger engagement with primary care
- Compliance with federal and District standards



By completing Well-Child Visits (WCV), immunizations, and lead screenings on time, we collectively improve long-term outcomes for children across DC.

Key EPSDT priorities (Now through September 2026)

Many DC children are still behind on age-appropriate WCVs. Providers play a critical role in:

- Ensuring children ages 0–30 months complete the annual visits.
- Completing annual WCVs for children and adolescents ages 3–20.
- Using every encounter, sick visit, immunization, follow-up to schedule a WCV before the child leaves appointment.
- Offering flexible scheduling (evenings, weekends) when possible.

Lead screenings

Lead toxicity remains a real risk in DC. DC Health requires “every child, twice by two.”

- Lead testing between 6 months and 14 months & 22 months to 26 months.
- If a child over 26 months age has not been tested for lead, law mandates two BLL tests before the child turns six (6) years old.
- Submission of complete lead screening documentation into the EHR and immunization registry

Strengthening documentation & coding accuracy

Accurate documentation supports EPSDT compliance and ensures that services count toward CMS-416 reporting. Please ensure:

- All completed screenings are coded correctly
- WCVs include all required components (developmental screening, vision, hearing, immunizations as appropriate)
- Lead test results documented
- Claims are submitted in a timely manner

Partner with us on outreach & scheduling

We value your collaboration in improving preventive care access. Please partner with us by:

- Accepting warm handoffs from our outreach and care management teams
- Offering appointment blocks for members who are overdue for visits
- Hosting in-clinic “Wellness Days” or “Back-to-School Clinics”
- Participating in school-based or community-based EPSDT events
- Notifying us of barriers (capacity, staffing, no-show challenges) so we can support solutions

Update to the MedStar Family Choice DC Formulary

Key Formulary Actions (2025 Annual Formulary Review Meeting & Q4 P&T committee meeting updates | Effective January 1, 2026)

Formulary Additions (Effective January 1, 2026)

- **Uptravi (PA + quantity limits)** – added due to reduced hospitalizations and alignment with Maryland.
- **Revised CGM Access** – step therapy requiring confirmed diabetes diagnosis; covers Libre, Dexcom, Eversense.

Formulary Removals (Effective January 1, 2026)

- **Trulicity** – removed due to lack of rebates; alternatives available. Current utilizers grandfathered.
- **Ajovy** – removed due to low utilization; Emgality & Qulipta remain preferred.
- **Orenitram** – removed; replaced with Uptravi.

Additional Formulary Adjustments

- Added: **Stelara biosimilars, Cimzia, Pulmicort Flexhaler, generic Advair, Zepbound (OSA only).**
- Removed: **Dilantin 30 mg, Desipramine, Acyclovir ointment, Stelara originator.**

New Product Change (Effective January 1, 2026)

- MedStar Family Choice to **exclusively cover Owen Mumford insulin pen needles.**
- Confirmed **universal availability**; manufacturer will support pharmacies with emergency supply during rollout.
- Formulary will list preferred NDCs; pharmacies may **switch to preferred product without new Rx.**



Provider Claim Dispute and Appeal Process

MedStar Family Choice providers must follow the steps below to initiate a Claim Dispute or administrative or clinical appeal. To assist providers, we have created forms available on our website for these kinds of requests, with information about each category detailed below.

Claims Payment Dispute

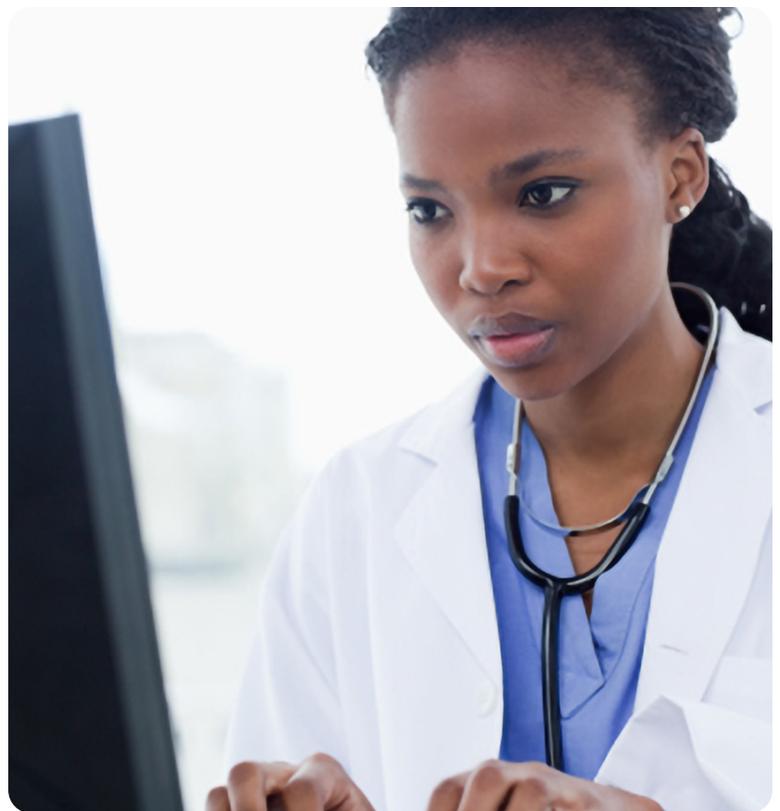
MedStar Family Choice developed a Claims Payment Dispute Form for your convenience. Use this form to request a review of claims payment received that does not correspond with the payment expected. This form contains all the information that is required to process your request. Please complete the form in its entirety and mail or email the form to the address listed on the Claims Payment Dispute Form. A claims payment dispute may be submitted for multiple reason(s), including:

- Coordination of Benefits/OHI Issues; need primary carrier EOP
- Overpayment or Underpayment per Contracted Rate
- Eligibility Issue
- Authorization on File. Auth # _____
- Single Case Agreement
- Timely Filing (must attach proof)
- Duplicate Claim
- Paid to Wrong Provider
- Invoice/Itemized Bill Attached
- Other (comments are required)

Providers must use the Claims Payment Dispute Form for all payment disputes, or your request will not be processed. The form is available on our website here: [MedStarFamilyChoiceDC.com/-/media/project/mho/mfcdc/provider-forms/mfc-payment-dispute-form-07012025.pdf](https://www.MedStarFamilyChoiceDC.com/-/media/project/mho/mfcdc/provider-forms/mfc-payment-dispute-form-07012025.pdf)

Formal Appeal Process

MedStar Family Choice DC will accept clinical/medical necessity or administrative (claim) appeal requests in writing within applicable time frames using the **Medicaid Appeal Form** from the website that



you find here: [MedStarFamilyChoiceDC.com/-/media/project/mho/mfcdc/provider-forms/mfc-appeals-form-update-07012025.pdf](https://www.MedStarFamilyChoiceDC.com/-/media/project/mho/mfcdc/provider-forms/mfc-appeals-form-update-07012025.pdf).

Appeal requests must include a clearly expressed request for the appeal or re-evaluation. The request must include the reason and supporting documentation as to why the Adverse Action (denial) was believed to have been issued incorrectly.

MedStar Family Choice DC will send a letter to confirm the appeal within 5 business days of receipt of the appeal request. Med Star Family Choice DC will make a decision within 30 days from the date of the appeal and send a letter with the decision. Providers acting on their own behalf are defined as those who dispute Adverse Actions when the service has already been provided to the member and there is no member financial liability. First level appeals must be submitted in writing within 90 business days from the date of the Remittance Advice (RA)/denial notice.

The appeal must outline reasons for the appeal with all necessary documentation including a copy of the claim and the RA, when applicable. Appeal requests for medical necessity decisions must include supporting clinical/medical documentation.

A provider appeal must include a clearly expressed reason for re-evaluation, with an explanation as to why the denial was believed to have been issued incorrectly. An acknowledgement of receipt of the appeal (first and second level) will occur within five business days of receipt. Second level appeals must be submitted within 30 calendar days of the first level appeal notification letter. The second level appeal is the final level of appeal. MedStar Family Choice DC will respond within 30 calendar days of receipt of the second level appeal. Please use the Medicaid Appeal Form and mail the written request with all supporting documentation, such as clinical/medical documentation. Use the mailing address below for all Appeal requests:

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



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If you have questions regarding information in this newsletter, please call us, Monday through Friday, 8 a.m. to 5:30 p.m., at **800-261-3371** (select option 1 or remain on the line).

You can also email us at **mfdc-provider-relations@medstar.net**. This Provider Newsletter is a publication of MedStar Family Choice District of Columbia. Submit new topics for subsequent publication consideration to **mfdc-providerrelations@medstar.net**.

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