



## PROVIDER ALERT IMPORTANT REMINDER PROVIDER DEMOGRAPHIC CHANGES FEBRUARY 22, 2024

All general provider changes, including changes in office demographics, must be submitted to MedStar Family Choice no less than 30 days prior to the desired effective date on the notice.

Changes to Tax ID numbers require 45 days written notice from the provider. MedStar Family Choice will confirm receipt of the Tax ID notice in writing within 30 days after acceptance of the Tax ID change. The Tax ID change may result in a new provider contract. Please contact your Provider Relations Associate for any questions you may have.

The MedStar Family Choice Provider Web Portal serves as a quality control mechanism allowing providers to view their information in our system. Your provider information is communicated to the MedStar Family Choice members/enrollees and provider community via our Find a Provider website. Other systems within MedStar Family Choice also use this information to process authorizations and claims and issue reimbursement checks.

To access the user guide for the MedStar Family Choice Provider Web Portal, click on the following link:

https://providerportal.medstarfamilychoice.com/images/MFCImages/userguide/MFCProviderPortal UserGuide.pdf

Provider web portal services include the following:

- New user registration
- Password reset
- Provider and group changes
- Review summary of changes
- Quarterly data validations
- Provider web portal user guide

Visit the MedStar Family Choice Provider Web Portal at <a href="https://providerportal.medstarfamilychoice.com">https://providerportal.medstarfamilychoice.com</a> to register.

Before registering, you will need to have access to the following information:

- Group DBA (doing business as) Name
- Group Tax ID
- Group Type II NPI (Group NPI)

To complete the registration process:

- Click on New User Request
- Enter your group administrator ID (email) currently on file with MedStar Family Choice
- You will receive an email to complete the registration

For problems with registration, send a detailed email to the following email:

Maryland - mfc-providerrelations2@medstar.net.

District of Columbia - MFCDC-ProviderRelations@medstar.net.

Please note: Provider terminations are not considered changes and a 90-day written notice is required as per participation agreements.

If you have an existing relationship with Change Healthcare/ECHO Health, Inc., are enrolled in ECHO Payments *Simplifed* and receive ACH/EFT, a paper check by mail, or virtual credit card as payment for submitted claims, reach out to ECHO Health Inc. to update any changes to the address for where payments and 1099's should be sent.