Welcome & Key Contacts

Welcome

Welcome to MedStar Select – a provider sponsored health plan established to serve the healthcare needs of MedStar Health associates and their families.

As the region's largest healthcare provider, MedStar plays a significant role in the wellbeing of the communities we serve. We are a local health plan owned by MedStar Health. Our responsibility includes ensuring that, as members of our communities, our associates and their families receive the highest level of quality care focused on health and wellness.

MedStar Select provides associates with access to comprehensive and competitive medical benefits. It is built around the MedStar Select Provider Network, including MedStar physicians and hospitals as well as key community clinical partners. MedStar Select covers the greater Baltimore and Washington, DC regions as well as Southern Maryland. The plan is designed to be patient-centered and physician-driven with innovative. coordinated care programs.

Our goal is to work with you and others in the MedStar Select Provider Network to make sure our associates and their families get regular preventive services and quality medical care, as well as to reduce unnecessary medical procedures.

This document is intended to serve as the main resource for information about MedStar Select, its services and claims processes, as well as a reference for providers when questions arise. If certain situations require further explanation, providers should call:

Provider Services Monday through Friday, 8 a.m. to 5 p.m. 855-222-1042

Provider OnLine

Provider OnLine is specifically designed for practitioners and providers affiliated with MedStar Select. The Portal allows quick and efficient access to claim, benefit, and eligibility information for our associates and their families. In addition, providers can chat online with Provider Services by clicking the link at the bottom of the home page.

Check Eligibility & Benefits

The Provider OnLine Portal allows associates and their families' eligibility verification in 1 easy step. Simply enter identification number, last name, and first name, then click search. Eligibility results for applicable dependents and subscribers display within seconds. The result details show the specific benefits and effective date of benefits.

Online Claim Submission

The Provider OnLine Portal offers a CST (Claims Submission Tool) that provides a complete Internet Portal solution for services provided by Health Plan. Health Plan OnLine is a website that gives anyone with access the ability to view transactions. A portion of its function can process claims via the Web. All claims are entered or submitted in batches. A submitter can be any type of user that has been configured to process claims or other electronic inbound or outbound transactions.

Check the Status of a Claim

The Claim Inquiry search allows providers to search by associate or claim information online to obtain real-time claim status. Detailed HCFA and UB claim detail is supplied, including adjustment reasons by clicking on the applicable claim from the search results. Providers who have questions on claims can compose an email to Provider Services on the claim detail screen directly.

Direct Provider Services Communicating

Save time by messaging or chatting online with Provider Services through the Provider OnLine Portal. Communications are sent directly to the appropriate service area by selecting applicable topic. Providers have the options to select topics such as, but not limited to, eligibility, authorization inquiry, claim inquiry, or batch inquiry.

Register for the Provider OnLine site today! Sign up through

https://secure.togetherforyourhealth.com/WebRequests/Requests/SecurityRequest.aspx?CLI ENT=000101&ID=000001&DIV=0001.

For further information on the Provider OnLine Portal, please contact Provider Services at 855-242-1042.

Internet Site

The MedStar Select Plan website is located at www.MedStarProviderNetwork.org.

Physicians can find the following information on the website:

- Certificate of coverage
- Provider manual
- Provider information links to various other MedStar Select documents for providers

- Utilization Management information including Prior Authorization requirements
- Pharmacy information including protocols and the formulary
- Behavioral Health resources
- Provider directory
- Provider newsletters
- Notice of privacy practices
- Quick Reference Guide including contact information for MedStar Select
- Medical Management services and forms
- Provider OnLine for access to claim information

If your office does not have access to this information, please contact provider services at 855-222-1042 to obtain these documents in print.

How to Use This Manual

This manual provides physicians, hospitals and other healthcare practitioners in the MedStar Provider Network with a succinct, easy-to-use guide to the MedStar Select Plan's business and medical management practices. When referencing the manual, please take special note of information that has been highlighted for your attention.

This chapter includes a list of **Key Contacts**. Throughout this manual, we also include important phone numbers and addresses, all of which are printed in **bold-face type**.

MedStar Select will update this manual and post revisions as needed. The bottom of each page indicates the copyright date and the edition to indicate the timeliness of the information.

Key Contacts

The following chart includes all of the important telephone and fax numbers listed in the MedStar Select Plan Provider Manual. Before calling Provider Services, please have the following information available:

- Provider's tax identification (ID) number (preferred), or
- MedStar Select provider number

Providers will be asked for the associate and their families identification number as well as the phone number of the telephone from which the call is made.

MedStar Select Plan Contacts

CONTACT	TELEPHONE NUMBER
Provider Services Eligibility inquiries, claims inquiries, claims appeals information.	855-222-1042

MedStar Provider Relations

Notification of provider additions, terminations, address changes. Contracting or Credentialing inquiries.

Please note: Claims inquiries cannot be handled by the MedStar Provider Relations Department. Please call **Provider Services.**

800-905-1722 (MD Providers)

855-210-6203 (DC Providers)

Fax: 410-933-3077 msfcproviderrelations2@medstar.net

Medical Management

To obtain prior authorization, or assistance with patient admissions/discharges.

855-242-4875 Fax: 855-431-8762

MedStar Select Claims

PO Box 1200. Pittsburgh, PA 15230 Electronic Payer ID #251MS

Specialty Pharmacy

855-242-4875

Pharmacy Help Desk, includes an option for pharmacy authorizations covered under the pharmacy benefit with CVS Caremark

Please contact Caremark at 888-771-7282 Kaiser Permanente: 800-777-7902

For drugs covered under the Medical **Benefit**

855-266-0712 Fax: 855-862-6517

http://medstarprovidernetwork.org/mc_ pharm prior authorization forms.html

CONTACT	TELEPHONE NUMBER
Care Management To speak to a Care Manager or refer a patient for Care Management.	Main Line: 888-959-4033 Option 1 Maternity Line: 888-959-4033 Option 2
MedStar Provider OnLine For technical issues related to the Provider Portal or to obtain login.	855-222-1043
MedStar Select Member Services For MedStar Associate inquiries.	855-242-4871 TTY: 855-250-5604

855-242-4873
855-222-1042
855-242-4871
Please Contact Magellan Healthcare at 800-327-7855 Claims: PO Box 2188 Maryland Heights, MO 63043
877-811-3411
Cigna PPO Dental Plan: 888-336-8258 Cigna DHMO Dental Plan: 800-367-1037 <u>Cigna.com</u>
Group Vision Services 866-265-4626
800-847-2050
855-250-5604
855-222-1046