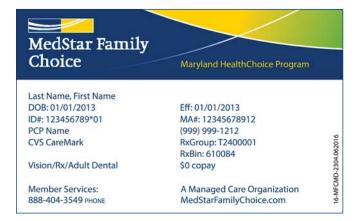
VI. Claims Submission, Provider Appeals, Quality Initiatives, Provider Performance Data, and Pay for Performance

A. Facts to Know Before You Bill

You must verify through the Eligibility Verification System (EVS) that participants are assigned to MedStar Family Choice before rendering services.

Eligibility Verification

MedStar Family Choice members are provided with an identification card indicating MedStar Family Choice as their chosen Managed Care Organization.



Providers must verify eligibility through EVS prior to rendering services to MedStar Family Choice members. The phone number for EVS is **866-710-1447**. The MDH also allows providers to verify eligibility on-line. The website is **www.emdhealthchoice.org**. Providers may contact MedStar Family Choice directly to verify a member's PCP. MedStar Family Choice members may change PCPs at any time. Members can call MedStar Family Choice Member Services Monday through Friday 8:30 a.m. to 5 p.m. at **888-404-3549** to change their PCP. PCPs may see MedStar Family Choice members even if the PCP name is not listed on the membership card. As long as the member is eligible on the date of service and the PCP is participating with MedStar Family Choice, the PCP may see the MedStar Family Choice member. However, MedStar Family Choice does request that the PCP assist the member is changing PCPs so the correct PCP is reflected on the membership card. The office should contact Member Services (**888-404-3549**). MedStar Family Choice's Outreach staff is available to providers Monday through Friday from 8:30 a.m. to 5 p.m. (**800-905-1722**) to answer any eligibility or PCP questions.

- You are prohibited from balance billing anyone that has Medicaid including MCO members.
- You may not bill Medicaid or MCO members for missed appointments.
- Medicaid regulations require that a provider accept payment by the Program as payment in full for covered services rendered and make no additional charge to any person for covered services.
- Any Medicaid provider that practices balance billing is in violation of their contract.
- For covered services MCO providers may only bill us or the Medicaid program if the service is