



# Provider Web Portal User Guide

<https://providerportal.medstarfamilychoice.com>

## OVERVIEW

The MedStar Family Choice Provider Portal is a convenient way for providers participating with MedStar Family Choice to submit changes and/or validate provider data.

The user guide walks you through the individual screens and functionalities associated with the application. The information displayed on the screens is based on your account affiliation and authentication.

## ACCESSING THE SYSTEM

For general questions or technical issues please contact Provider Relations at [MFCProviderDemographics@medstar.net](mailto:MFCProviderDemographics@medstar.net)

## LOG IN SCREEN

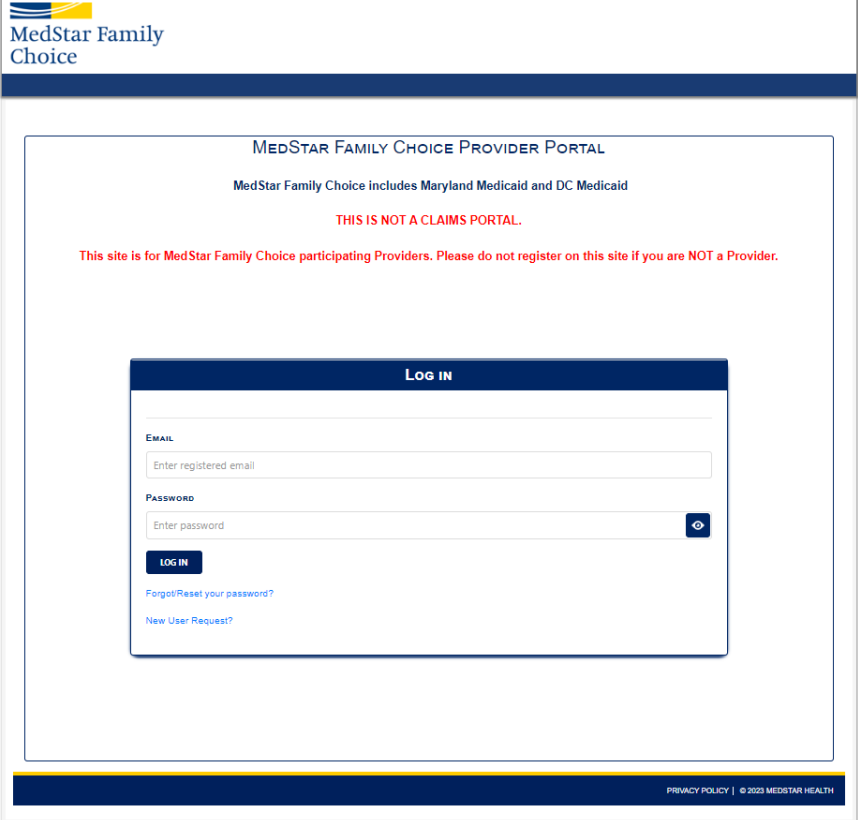
1. Open your internet browser and enter the following address:  
<https://providerportal.medstarfamilychoice.com>
2. Enter your user name and password in the appropriate fields.
3. Click on the log in button.

The screenshot shows the MedStar Family Choice Provider Portal login interface. At the top left is the MedStar Family Choice logo. The main heading is "MEDSTAR FAMILY CHOICE PROVIDER PORTAL". Below this, it states "MedStar Family Choice includes Maryland Medicaid and DC Medicaid". A red warning message reads: "THIS IS NOT A CLAIMS PORTAL. This site is for MedStar Family Choice participating Providers. Please do not register on this site if you are NOT a Provider." The login form is titled "LOG IN" and contains fields for "EMAIL" (with placeholder "Enter registered email") and "PASSWORD" (with placeholder "Enter password" and a toggle icon). Below the password field is a "LOG IN" button. At the bottom of the form are links for "Forgot/Reset your password?" and "New User Request?". The footer of the page includes "PRIVACY POLICY | © 2023 MEDSTAR HEALTH".



## NEW USER REGISTRATION


1. Copy, paste or type in the following address - <https://providerportal.medstarfamilychoice.com> in your internet browser address bar.




The screenshot shows the MedStar Family Choice Provider Portal login page. At the top left is the MedStar Family Choice logo. The main heading is "MEDSTAR FAMILY CHOICE PROVIDER PORTAL". Below this, it states "MedStar Family Choice includes Maryland Medicaid and DC Medicaid". A red warning message reads: "THIS IS NOT A CLAIMS PORTAL. This site is for MedStar Family Choice participating Providers. Please do not register on this site if you are NOT a Provider." The login form is titled "Log in" and contains fields for "EMAIL" (with placeholder "Enter registered email") and "PASSWORD" (with placeholder "Enter password" and a toggle icon). Below the password field is a "LOG IN" button. At the bottom of the form are links for "Forgot/Reset your password?" and "New User Request?". The footer of the page includes "PRIVACY POLICY | © 2023 MEDSTAR HEALTH".



2. Click on the new user request link.


[HOME](#)

 **NEW USER REQUEST**

Please submit the following details to request access for managing your MedStar Family Choice Groups/Providers and Locations

<b>FIRST NAME: *</b>	<input type="text"/>	<b>LAST NAME: *</b>	<input type="text"/>
<b>MIDDLE NAME:</b>	<input type="text"/>	<b>PHONE NUMBER: *</b>	<input type="text" value="( ) - -"/>
<b>EMAIL: *</b>	<input type="text"/>	<b>GROUP TIN: *</b>	<input type="text" value="- -"/>
<b>GROUP NAME: *</b>	<input type="text"/>	<b>COMMENTS:</b>	<input type="text"/>
<b>GROUP/TYPE II NPI: *</b>	<input type="text"/>		

*If access is needed for multiple groups, please provide the primary group name and TIN in the fields provided and additional group names and/or TINs in the comments box.*

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- Enter valid information in the required fields (\*).
- Click on the submit button.
- After successful submission you will receive an account created email.

**From:** MFC PROVIDER PORTAL <[donotreply@medstar.net](mailto:donotreply@medstar.net)>

**Sent:** [REDACTED]

**To:** [REDACTED]

**Cc:** [REDACTED]

**Subject:** Account created for MFC Provider Portal

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Hello [REDACTED],

Your request to access the MedStar Family Choice Provider Portal has been approved

Your username is: [REDACTED]

Create your password by clicking [here](#)

This Create Password link expires in 24 hours


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*Please do not respond to this email. If you have not requested this information, please reach out to us via the following:*

*For questions or technical issues, please contact us at [MFCProviderDemographics@medstar.net](mailto:MFCProviderDemographics@medstar.net)*

Best Regards,  
MFC Provider Portal Admin

6. Click on the link to create your password.
7. Fill in your registered email, enter and confirm new password.
8. Click on the reset button to register your new password.


[HOME](#)

---


## Reset password

Email

Password



Confirm password



RESET

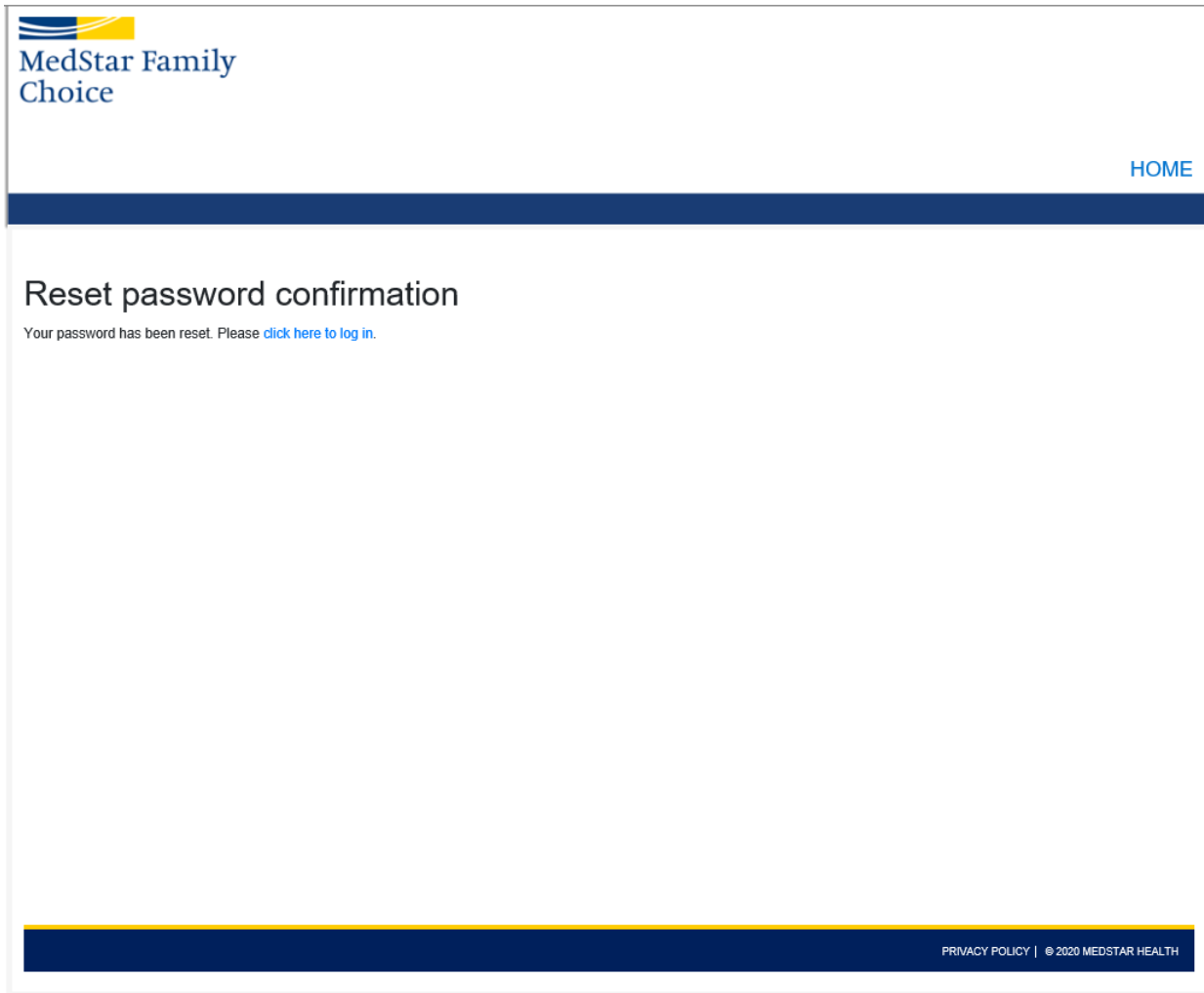
[Resend Verification](#)

**PASSWORD RULES**

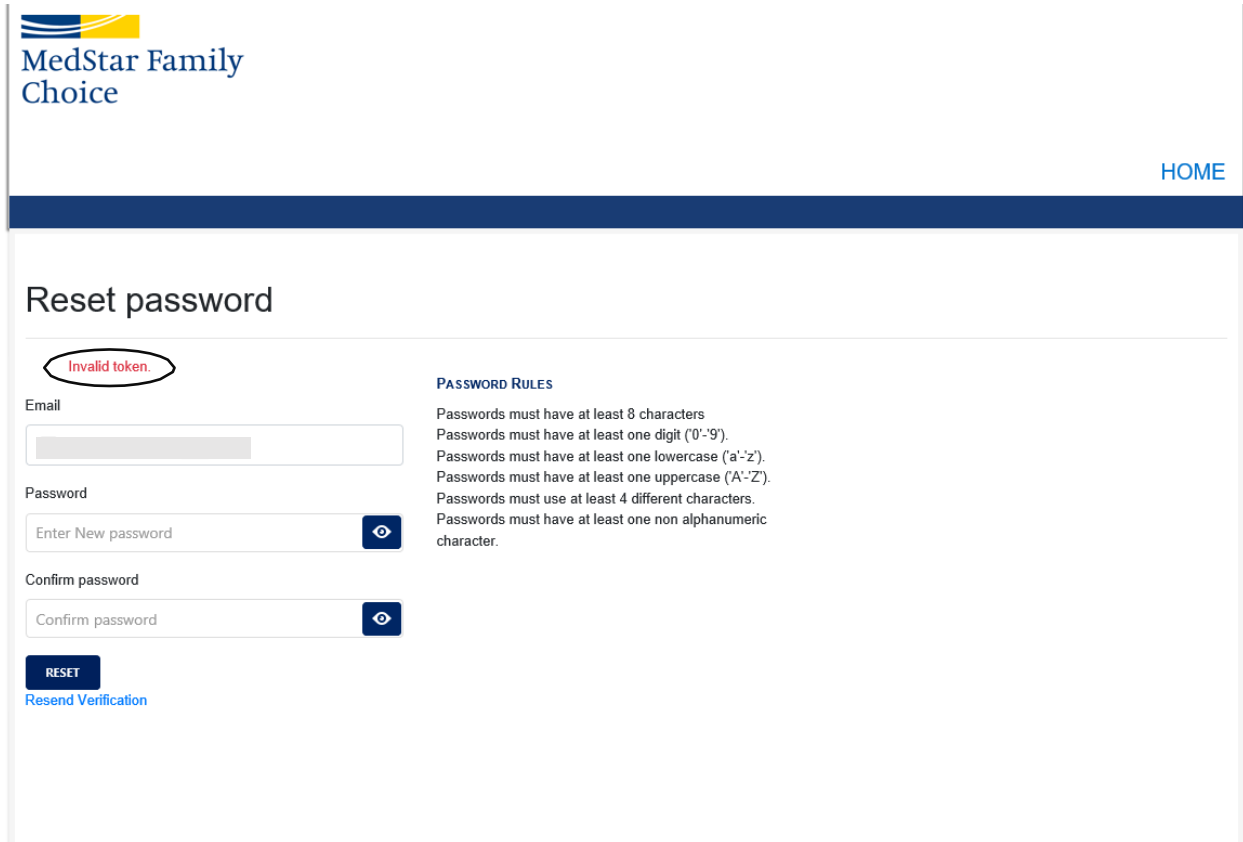
Passwords must have at least 8 characters  
Password must have at least one digit ('0'-'9').  
Password must have at least one lowercase ('a'-'z').  
Password must have at least one uppercase ('A'-'Z').  
Password must use at least 4 different characters.  
Password must have at least one non alphanumeric character.

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9. After successful password creation you receive a link to log in.



10. The invalid token error message displays if the create your password link is used after the 24 hours expiration period.



The screenshot shows the MedStar Family Choice web portal. At the top left is the logo, and at the top right is a [HOME](#) link. The main heading is "Reset password". Below this, a red error message "Invalid token." is displayed in a rounded box. To the right of the form, a section titled "PASSWORD RULES" lists the following requirements: Passwords must have at least 8 characters; Passwords must have at least one digit ('0'-'9'); Passwords must have at least one lowercase ('a'-'z'); Passwords must have at least one uppercase ('A'-'Z'); Passwords must use at least 4 different characters; Passwords must have at least one non alphanumeric character.

The form includes the following fields and controls:

- Email:** A text input field.
- Password:** A text input field with the placeholder "Enter New password" and a toggle icon (eye) to the right.
- Confirm password:** A text input field with the placeholder "Confirm password" and a toggle icon (eye) to the right.
- RESET:** A blue button.
- Resend Verification:** A blue link.

11. Click on the resend verification link to receive steps to set password page.



MedStar Family Choice

HOME

## Steps to set password

Enter your email.

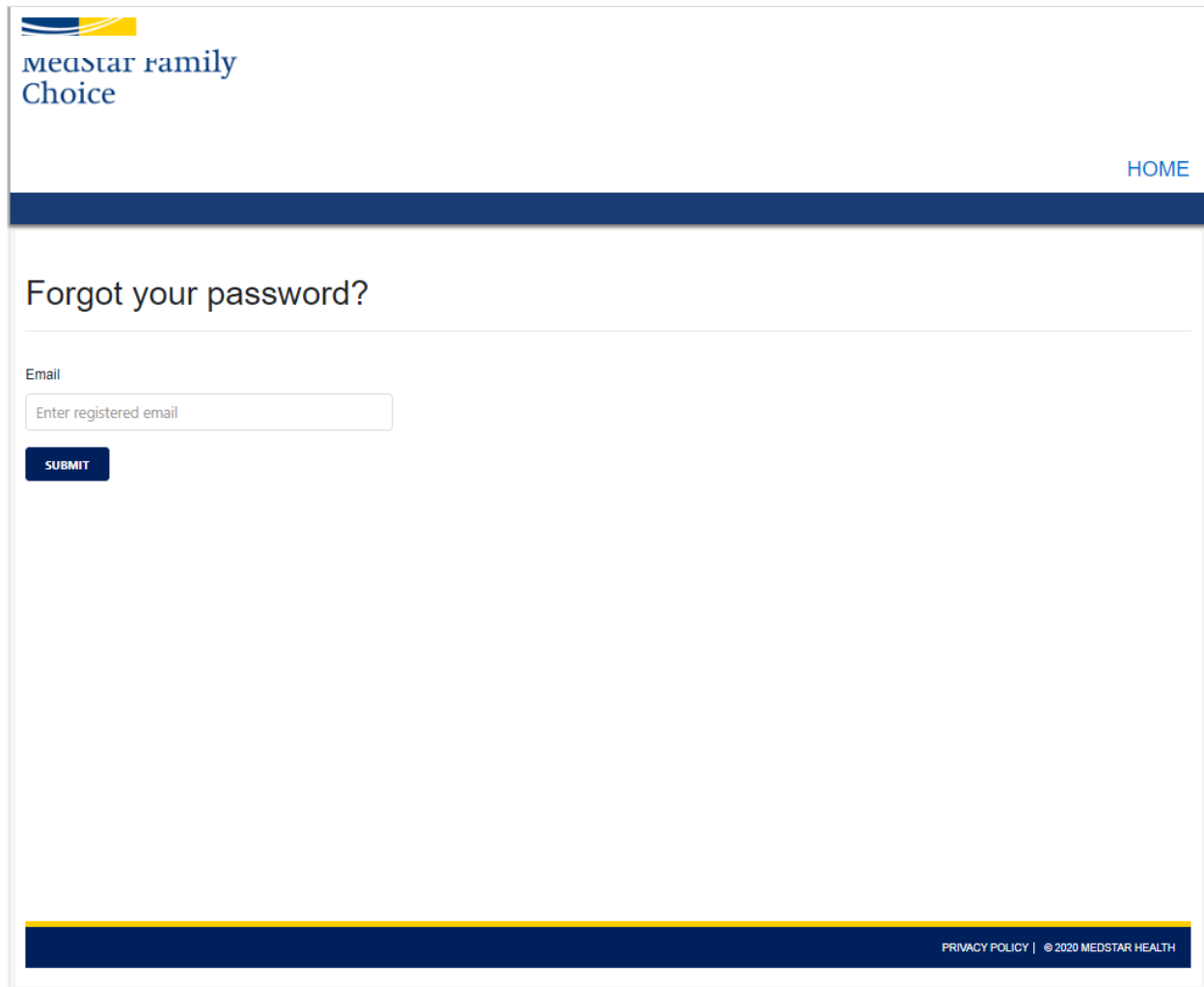
Email

RESEND VERIFICATION EMAIL

PRIVACY POLICY | © 2020 MEDSTAR HEALTH

12. Enter your registered email and click on the resend verification email button to receive a new password reset notification email.

## FORGOT YOUR PASSWORD?



The screenshot shows the 'Forgot your password?' page of the MedStar Family Choice Provider Web Portal. The page has a white background with a dark blue header and footer. The MedStar Family Choice logo is in the top left, and a 'HOME' link is in the top right. The main heading 'Forgot your password?' is centered. Below it is a form with an 'Email' label, a text input field with the placeholder 'Enter registered email', and a dark blue 'SUBMIT' button. The footer contains a dark blue bar with the text 'PRIVACY POLICY | © 2020 MEDSTAR HEALTH'.

MedStar Family Choice

HOME

### Forgot your password?

Email

**SUBMIT**

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1. Enter your registered email and click on the submit button.
2. With successful submission you will receive further password reset instructions in an email.



[HOME](#)

## Forgot password confirmation

An email has been sent to the registered email id. Please follow the instructions in the email on how to reset the password.

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## MY GROUPS

After successful login my groups page is displayed.

Hello MFC Provider Data ManagementLog out



HOME

MY GROUPS

MedStar Family Choice includes Maryland Medicaid and DC Medicaid

GROUP NAME	GROUP TIN	
Physician		<a href="#">Submit Updates</a> <a href="#">Submit Validations</a>


## SUBMIT UPDATES:

1. Click on the submit updates link to update group information.

MedStar Family Choice includes Maryland Medicaid and DC Medicaid

GROUP NAME	GROUP TIN	
Urgentcare		<a href="#">Submit Updates</a> <a href="#">Submit Validations</a>

2. Click on edit to update the group demographic information.


HOME

HOME > **SUBMIT UPDATES** > GROUP DETAILS

GROUP DEMOGRAPHICS

LEGAL BUSINESS NAME

HelixXXX

GROUP/TYPE II NPI

GROUP WEBSITE

GROUP NAME

Physician

GROUP TIN

GROUP EMAIL ADDRESS

EDIT

NEXT

BILLING/PAYMENT DETAILS

PROVIDERS AND LOCATIONS FOR THE GROUP

REVIEW CHANGE REQUESTS

EDIT GROUP DEMOGRAPHICS

LEGAL BUSINESS NAME \*

HelXXXX

Legal business name is the entity name on file with the IRS.

GROUP/TYPE II NPI \*

GROUP EMAIL ADDRESS \*

This email is used for the registration to the provider portal and will also receive health plan correspondence (ie newsletters, fax blasts etc).

GROUP NAME \*

Physician

Group Name is the DBA or name your group wants to have listed in the provider directory.

GROUP TIN

TIN Changes may require a new contract. Please contact the Provider Relations Department at 1-800-905-1722 option 5.

GROUP WEBSITE

SAVE

CANCEL

- Update required/pertinent information.
- Click on save.
- A message flashes "Group demographics changes saved successfully. Please click review change requests to review and submit all your changes!".

## BILLING/PAYMENT DETAILS:

HOME > SUBMIT UPDATES > GROUP DETAILS

GROUP DEMOGRAPHICS

BILLING/PAYMENT DETAILS

BILLING/PAYMENT ADDRESS  
HelXXXX  
PO Box 5254

BILLING PHONE

W9 ADDRESS  
HelXXXX  
PO Box 5254  
Belfast ME 04XX1-X002

W9 PHONE

BILLING FAX

W9 FAX

EDIT BACK NEXT

PROVIDERS AND LOCATIONS FOR THE GROUP

REVIEW CHANGE REQUESTS

1. Click on edit to update group billing/payment information.

EDIT GROUP BILLING/PAYMENT DETAILS

BILLING/PAYMENT ADDRESS

Billing Address is where payment should be sent

Address Line 1 \*

HeilPO00X

Address Line 2

PO Box 5254

City \*

Belfast

State \*

Select...

Zip Code \*

04001-X002

Billing Phone

Billing Fax

Billing Effective Date

W9ADDRESS

Same as Billing Address ☐ No

Address Line 1 \*

HeilPO00X

Address Line 2

PO Box 5254

City \*

Belfast

State \*

Select...

Zip Code \*

04001-X002

W9 Phone

W9 Fax

UPLOAD W9

or Drop file here

Allowed file extensions: .jpg, .jpeg, .png, .pdf Maximum file size: 4 MB.

SAVE

CANCEL

- Changes made to mandatory fields require a W-9 form to be uploaded.
- Update required/pertinent information.
- Click on save.
- A message flashes "Group address changes saved successfully. Please click review change requests to review and submit all your changes!".



## PROVIDERS AND LOCATIONS FOR THE GROUP: PROVIDERS

1. Click on the providers tab to view or edit information.
2. Select the provider you want to edit.
3. Click on the pencil icon to edit the provider information.


[SUBMIT UPDATES](#)
[GROUP DETAILS](#)

GROUP DEMOGRAPHICS


BILLING/PAYMENT DETAILS

PROVIDERS AND LOCATIONS FOR THE GROUP

PROVIDERS

LOCATIONS

Click the triangle icon next to the Provider Name to view the locations for each provider

PROVIDER NAME	TYPE I NPI	AGE RESTRICTIONS	ACCEPTING NEW PATIENTS	SPECIALTY	CULTURAL COMPETENCY TRAINING	
Q	Q		(All)	Q	(All)	
▶ [REDACTED]	[REDACTED]	No Restrictions No Restrictions	Yes	Interventional Cardiology		

[REVIEW CHANGE REQUESTS](#)

EDIT PROVIDER DETAILS

FIRST NAME: \*

Harry

LAST NAME: \*

[REDACTED]

MIDDLE NAME:

A.

AGE RESTRICTION(MinAge): \*

No Restrictions

AGE RESTRICTION(MaxAge): \*

No Restrictions

TYPE I NPI: \*

[REDACTED]

EMAIL: \*

[REDACTED]

This is the Provider's email address and may be used to contact provider. However, it will not be used for general health plan correspondence.

ACCEPTING NEW PATIENTS: \*

Yes

CULTURAL COMPETENCY TRAINING:

Select...

SPECIALTY:

Ophthalmology

Requests to update a specialty should be sent to the Credentialing Department at MSFCredentialing@medstar.net

LANGUAGES KNOWN:

Choose Languages...

TERMINATE PROVIDER:

☐ No

COMMENTS:

SAVE

CANCEL

4. Update required/pertinent information.
5. Click on save.
6. A message flashes “Request saved successfully. Please click review change requests to review and submit all your changes!”.

## ADD OR REMOVE EXISTING LOCATION FOR PROVIDER:

1. Click on the triangle to expand the location information.

[SUBMIT UPDATES](#)
[GROUP DETAILS](#)

GROUP DEMOGRAPHICS

BILLING/PAYMENT DETAILS

PROVIDERS AND LOCATIONS FOR THE GROUP

PROVIDERS

LOCATIONS

Click the triangle icon next to the Provider Name to view the locations for each provider

PROVIDER NAME	TYPE   NPI	AGE RESTRICTIONS	ACCEPTING NEW PATIENTS	SPECIALTY	CULTURAL COMPETENCY TRAINING	
Q	Q		(All)	Q	(All)	
▶ [REDACTED]	[REDACTED]	No Restrictions No Restrictions	Yes	Interventional Cardiology		

REVIEW CHANGE REQUESTS

2. Review location information.
3. To add a location to an existing provider, click on add existing location.

4. Click on the “+” symbol to add an existing location.

5. A pop-up screen appears to input location data.

6. Click on the location selection box to display the group addresses.

7. Select the location and click on save.

8. To add multiple locations repeat steps 4 through 7.

9. To remove a location from an existing provider, click on remove location.

TERM LOCATION FOR PROVIDER

LOCATION DETAILS

ADDRESS LINE 1: \*

100 Tower Lane

ADDRESS LINE 2:

Ste 120

CITY: \*

Rockville

STATE: \*

MD

ZIP CODE: \*

10564

PHONE NUMBER: \*

(101) 780-2429

FAX:

TERMINATE LOCATION

TERM DATE: \*

COMMENTS:

SAVE

CANCEL

10. Enter the date (term date) the provider stopped seeing patients at the location.

11. Click on save.

12. A message flashes “Request saved successfully. Please click to review change requests to review and submit all your changes.”.

### REVIEW CHANGE REQUESTS:

1. If you have made changes and navigate away from the group details, the changes not submitted message appears.

CHANGES NOT SUBMITTED

There are changes pending submission. Please review before navigating from the page. Click cancel to stay on the page. Click exit to leave this page and not save any changes.

EXIT

CANCEL

2. Click on review change requests.

REVIEW CHANGE REQUESTS

REVIEW CHANGES BEFORE SUBMITTING

Drag a column header here to group by that column

Group Name	Group TIN	Provider Name	NPI	Location	Field Modified	Old Value	New Value	Attachment	Comments	
Physician					Last Name	Stynckle	Smith			
Physician					Last Name	Smith	White			

SUBMIT CHANGES

CANCEL

3. Click on trash can icon to delete any unwanted changes.
4. Click on submit changes to submit all changes.
5. Clicking on cancel does not discard your changes.

## PROVIDERS AND LOCATIONS FOR THE GROUP: LOCATIONS

1. Click on the locations tab to view or edit information.

PROVIDERS AND LOCATIONS FOR THE GROUP

PROVIDERS

LOCATIONS

SUBMIT REQUEST FOR NEW LOCATION

Click the triangle icon next to the Location to view the providers for the each Location

LOCATION ADDRESS	PHONE NUMBER	FAX	OFFICE HOURS	
Q	Q	Q	Q	
▶ [REDACTED] Rockville MD 10564	[REDACTED]		Mon- Tue- Wed- Thu- Fri- Sat- Sun-	
▶ [REDACTED] Washington DC 20004	[REDACTED]		Mon- Tue- Wed- Thu- Fri- Sat- Sun-	
▶ [REDACTED] Rockville MD 12345	[REDACTED]		Mon- Tue- Wed- Thu- Fri- Sat- Sun-	

REVIEW CHANGE REQUESTS

2. Click on the triangle icon to view the providers associated with the specific location.

**PROVIDERS AND LOCATIONS FOR THE GROUP**

PROVIDERS

LOCATIONS

SUBMIT REQUEST FOR NEW LOCATION

LOCATION	PHONE NUMBER	FAX	OFFICE HOURS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<div><div></div><div></div><div>Rockville MD 10564</div></div>	<div></div>		Mon- Tue- Wed- Thu- Fri- Sat- Sun-	<div></div>

Providers for the Location:

ADD AN EXISTING PROVIDER

PROVIDER NAME	TYPE   NPI	SPECIALTY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<div></div>	<div></div>	Ophthalmology	<a href="#">Term Provider</a>

<div><div></div><div></div><div>Washington DC 20004</div></div>	<div></div>		Mon- Tue- Wed- Thu- Fri- Sat- Sun-	<div></div>
<div><div></div><div></div><div>Rockville MD 12345</div></div>	<div></div>		Mon- Tue- Wed- Thu- Fri- Sat- Sun-	<div></div>



## ADD EXISTING PROVIDER:

1. Click on the add an existing provider.

ADD EXISTING PROVIDER FOR LOCATION

Click the + symbol to add an existing Provider. Repeat the steps to add multiple Providers.

+

PROVIDER	EFFECTIVE DATE
No data	

2. Click on the “+” symbol to get a pop-up screen to select a provider.

ADD EXISTING PROVIDER FOR LOCATION

Click the + symbol to add an existing Provider. Repeat the steps to add multiple Providers.

+

PROVIDER	EFFECTIVE DATE
<div> <div>PROVIDER *</div> <div>Select...</div> </div> <div> <div>EFFECTIVE DATE *</div> <div> <input type="text"/> <div></div> </div> </div> <div> <div>SAVE</div> <div>CANCEL</div> </div>	

3. Click on the dropdown box to display the list of affiliated providers.
4. Select the provider.
5. Add an effective date.
6. Click on save.

## TERM PROVIDER:

1. Select provider to term and click on term provider link.

PROVIDER NAME	TYPE I NPI	SPECIALTY	
		Nephrology	<a href="#">Term Provider</a>
		Nephrology	<a href="#">Term Provider</a>
		Nephrology	<a href="#">Term Provider</a>
		Nephrology	<a href="#">Term Provider</a>
		Nephrology	<a href="#">Term Provider</a>

TERM PROVIDER FOR LOCATION

PROVIDER DETAILS

FIRST NAME: \*

MIDDLE NAME:

LAST NAME: \*

TYPE I NPI: \*

SPECIALTY:

Ophthalmology

TERM PROVIDER

TERM DATE: \*

COMMENTS:

SAVE

CANCEL

2. Add a term date.
3. Click on save.
4. A message flashes "Request saved successfully. Please click review change request to review and submit all your changes."

## EDIT LOCATION DETAILS:

1. Click on the pencil icon to edit location information.

EDIT LOCATION DETAILS

ADDRESS LINE 1 \*

ADDRESS LINE 2

CITY \*

STATE \*

ZIP CODE \*

PHONE NUMBER \*

FAX

Is HANDICAP-ACCESSIBLE

LOCATION OPERATES 24 HOURS

Copy MONDAY HOURS To ALL WEEKDAYS

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

SAVE

CANCEL

2. Update required/pertinent information.
3. Click on save.
4. A message flashes "Request saved successfully. Please click review change request to review and submit all your changes."

## SUBMIT REQUEST FOR NEW LOCATION:

1. Click on the submit request for new location.

SUBMIT NEW LOCATION REQUEST

Address Line 1 \*

City \*

Phone Number \*

( ) - -

Fax

( ) - -

Location Effective Date \*

Is HANDICAP-ACCESSIBLE

Yes

LOCATION OPERATES 24 HOURS

Yes

ENTER OFFICE HOURS

Copy Monday hours to all weekdays

Day	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

COMMENTS

Address Line 2

State \*

Select...

Zip Code \*

PROVIDERS FOR THIS LOCATION

Provider not found! Please use the SUBMIT REQUEST FOR NEW PROVIDER under the PROVIDERS Tab to add a new Provider Request

Provider
Q

SUBMIT

CANCEL

2. Input required/pertinent information.
3. Click on submit.
4. A message flashes "Group location request successfully submitted."

## SUBMIT QUARTERLY VALIDATIONS – PROVIDERS

1. Click on the submit validations link to validate group information.

MedStar Family Choice includes Maryland Medicaid and DC Medicaid

GROUP NAME	GROUP TIN
Physician	[Masked TIN]

Submit Updates  
Submit Validations

\*\*The participating MFC (MedStar Family Choice) products information is only displayed in the quarterly validations screen under group demographics section and is not available in the submit updates screen.

**GROUP DEMOGRAPHICS**

<b>LEGAL BUSINESS NAME</b> Associates PC	<b>GROUP NAME</b> Associates PC
<b>GROUP/TYPE II NPI</b> [Masked]	<b>GROUP TIN</b> [Masked]
<b>GROUP WEBSITE</b> 	<b>REGISTERED EMAIL ADDRESS</b> [Masked]
<b>PARTICIPATING MFC PRODUCTS</b> Maryland Medicaid, DC Healthy Families, DC Healthcare Alliance	

EDIT NEXT

## 1 SUBMIT QUARTERLY VALIDATIONS FOR PROVIDERS AND LOCATIONS - PROVIDERS TAB

SUBMIT QUARTERLY VALIDATIONS
 GROUP DETAILS

GROUP DEMOGRAPHICS
 BILLING/PAYMENT DETAILS
 PROVIDERS AND LOCATIONS FOR THE GROUP

PROVIDERS
 LOCATIONS

Please select the Providers you want to validate for this quarter. Click the triangle icon next to the Provider Name to view the locations for each provider.

	PROVIDER NAME	VALIDATION STA...	TYPE I NPI	AGE RESTRICTIONS	ACCEPTING NEW PATIENTS	SPECIALTY	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		(All)	<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>			16 years old and Older	Yes	Obstetrics and Gynecolo	

REVIEW CHANGE REQUESTS
 REVIEW QUARTERLY VALIDATIONS

- The individual provider selection box for quarterly validations and submission is available only on the providers tab. Check this box once you have validated the provider data is correct. You are required to select the provider(s) before proceeding to the review quarterly validations option.
  - Select the providers you wish to validate and make any updates as needed
  - If you have made updates, click on the review change requests button before proceeding to review quarterly validations. You will not be allowed to submit /save validations without submitting the changes.
  - If you have not made any changes, click review quarterly validations button to validate the providers all at once or save and come back later to submit remaining validations.
- For any data discrepancies you can make changes using the edit options in the respective sections on this page.

## REVIEW QUARTERLY VALIDATIONS BEFORE SUBMITTING:

Once all the validations are completed check the acknowledgement box and click on submit validations\*.

\*Save validations button is enabled when validations are partially complete. Submit validations button is enabled only when all the validations are complete.

REVIEW VALIDATIONS BEFORE SUBMITTING

Drag a column header here to group by that column

GROUP NAME	GROUP TIN	PROVIDER NAME	NPI	LOCATION DETAILS	VALIDATION STATUS Desc
Physician					Validated
Physician					Validated

**ACKNOWLEDGEMENT:** ☒ I acknowledge I have reviewed the provider demographic information including office locations and telephone numbers, plan participation, hospital affiliations and accepting new patients; submitting changes where appropriate.

SAVE VALIDATIONS

SUBMIT VALIDATIONS

CANCEL

## MY GROUPS (VENDOR)

After successful login my groups page is displayed listing vendor organization information.

Hello MFC Provider Data Management

Log out

HOME

MY GROUPS

MedStar Family Choice includes Maryland Medicaid and DC Medicaid


GROUP NAME	GROUP TIN	
Physician		<a href="#">Submit Updates</a> <a href="#">Submit Validations</a>

## SUBMIT UPDATES (VENDOR)

1. Click on the submit updates link to update vendor information.

MedStar Family Choice includes [Maryland Medicaid](#) and [DC Medicaid](#)

GROUP NAME	GROUP TIN	
<a href="#">Urgentcare</a>	<input type="text"/>	<a href="#">Submit Updates</a> <a href="#">Submit Validations</a>

GROUP DEMOGRAPHICS 

LEGAL BUSINESS NAME

[Associates PC](#)

GROUP/TYPE II NPI

GROUP WEBSITE

PARTICIPATING MFC PRODUCTS

[Maryland Medicaid, DC Healthy Families, DC Healthcare Alliance](#)

GROUP NAME

[Associates PC](#)

GROUP TIN

REGISTERED EMAIL ADDRESS

EDIT

NEXT

2. Click on edit to update the vendor demographic information.



EDIT GROUP DEMOGRAPHICS

LEGAL BUSINESS NAME \*

Services LLC

Legal business name is the entity name on file with the IRS.

GROUP/TYPE II NPI \*

GROUP EMAIL ADDRESS \*
This email is used for the registration to the provider portal and will also receive health plan correspondence (ie newsletters, fax blasts etc).

CULTURAL COMPETENCY TRAINING COMPLETED \*

Select...

GROUP NAME \*

Services LLC

Group Name is the DBA or name your group wants to have listed in the provider directory.

GROUP TIN
TIN Changes may require a new contract. Please contact the Provider Relations Department at 1-800-905-1722 option 5.

GROUP WEBSITE

SAVE
CANCEL

- Update required/pertinent information.
- Click on save.
- A message flashes "Group demographics changes saved successfully. Please click review change requests to review and submit all your changes!".

### BILLING/PAYMENT DETAILS (VENDOR):

- Click on edit to update vendor billing/payment information.

SUBMIT UPDATES
GROUP DETAILS

GROUP DEMOGRAPHICS

BILLING/PAYMENT DETAILS

BILLING/PAYMENT ADDRESS

PO Box
MD 21153

BILLING PHONE
BILLING FAX

W9 ADDRESS

PO Box
MD 21153

W9 PHONE
W9 FAX

EDIT
BACK
NEXT

PROVIDERS AND LOCATIONS FOR THE GROUP

REVIEW CHANGE REQUESTS

March 12, 2020

33

EDIT GROUP BILLING/PAYMENT DETAILS

BILLING/PAYMENT ADDRESS

Billing Address is where payment should be sent

ADDRESS LINE 1 \*

PO Box

ADDRESS LINE 2

CITY \*

STATE \*

Select...

ZIP CODE \*

21153

BILLING PHONE

( ) - -

BILLING FAX

( ) - -

BILLING EFFECTIVE DATE

W9ADDRESS

Same as Billing Address ☐ NO

ADDRESS LINE 1 \*

PO Box

ADDRESS LINE 2

CITY \*

STATE \*

Select...

ZIP CODE \*

21153

W9 PHONE

( ) - -

W9 FAX

( ) - -

UPLOAD W9 or Drop file here

Allowed file extensions: .jpg, .jpeg, .png, .pdf Maximum file size: 4 MB.

SAVE

CANCEL

2. Changes made to mandatory fields require a W-9 form to be uploaded.
3. Update required/pertinent information.
4. Click on save.
5. A message flashes "Request saved successfully. Please click review change requests to review and submit all your changes!".

## LOCATIONS FOR THE VENDOR:

1. Vendors can view or edit location information only.
2. Click on the pencil icon to edit the location information.

[SUBMIT UPDATES](#)
[GROUP DETAILS](#)

**GROUP DEMOGRAPHICS**
**BILLING/PAYMENT DETAILS**
**PROVIDERS AND LOCATIONS FOR THE GROUP**

LOCATIONS

SUBMIT REQUEST FOR NEW LOCATION

Click the triangle icon next to the Location to view the providers for the each Location

LOCATION	PHONE NUMBER	FAX	OFFICE HOURS	
<div> <div></div> <div>Stevenson MD 21153</div> </div>	<div> <div></div> </div>	<div> <div></div> </div>	Mon-8:00 AM-4:00 PM Tue-8:00 AM-4:00 PM Wed-8:00 AM-4:00 PM Thu-8:00 AM-4:00 PM Fri-8:00 AM-4:00 PM Sat- Sun-	

REVIEW CHANGE REQUESTS

## EDIT LOCATION DETAILS (VENDOR):

EDIT LOCATION DETAILS

ADDRESS LINE 1 \*

ADDRESS LINE 2

CITY \*

STATE \*

ZIP CODE \*













PHONE NUMBER \*

FAX

IS HANDICAP-ACCESSIBLE  
☒ Yes

LOCATION OPERATES 24 HOURS  
☐ No

HOURS WHEN THE OFFICE IS OPEN
 

Day	Start Time	End Time
Monday	8:00 AM  	4:00 PM  
Tuesday	8:00 AM  	4:00 PM  
Wednesday	8:00 AM  	4:00 PM  

COPY MONDAY HOURS TO ALL WEEKDAYS  
☐ No

SAVE

CANCEL

1. Update required/pertinent information.

2. Click on save.
3. A message flashes “Request saved successfully. Please click review change request to review and submit all your changes.”

### SUBMIT REQUEST FOR NEW LOCATION (VENDOR):

1. Click on the submit request for new location.

**SUBMIT NEW LOCATION REQUEST**

**ENTER OFFICE HOURS**

Copy Monday hours to all weekdays

Day	Start Time	End Time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>

**COMMENTS**

2. Input required/pertinent information.
3. Click on submit.
4. A message flashes “Group location request successfully submitted.”.

### REVIEW CHANGE REQUESTS (VENDOR):

1. If you have made changes and navigate away from the group details page, the changes not submitted message appears.

**CHANGES NOT SUBMITTED**

There are changes pending submission. Please review before navigating from the page. Click cancel to stay on the page. Click exit to leave this page and not save any changes.

2. Click on review change requests.

**REVIEW CHANGE REQUESTS**

**REVIEW CHANGES BEFORE SUBMITTING**
✕

Drag a column header here to group by that column

GROUP NAME	GROUP TIN	PROVIDER NAME	NPI	LOCATION	FIELD MODIFIED	OLD VALUE	NEW VALUE	COMMENTS	ATTACHMENT	
					Legal Business Name					
					Cultural Competency...		Yes			

SUBMIT CHANGES
CANCEL

3. Click on trash can icon to delete any unwanted changes.
4. Click on submit changes to submit all changes.
5. Clicking on cancel does not discard your changes.

## SUBMIT QUARTERLY VALIDATIONS (VENDOR)

1. Click on the submit validations link to validate vendor information.

Hello MFC Provider Data Management    Log out

HOME

MY GROUPS

MedStar Family Choice includes Maryland Medicaid and DC Medicaid

GROUP NAME	GROUP TIN	
Physician		<a href="#">Submit Updates</a> <a href="#">Submit Validations</a>

\*\*The participating MFC (MedStar Family Choice) products information is only displayed in the quarterly validations screen under group demographics section and is not available in the submit updates screen.

GROUP DEMOGRAPHICS

LEGAL BUSINESS NAME

Associates PC

GROUP/TYPE II NPI

GROUP WEBSITE

PARTICIPATING MFC PRODUCTS

Maryland Medicaid, DC Healthy Families, DC Healthcare Alliance

GROUP NAME

Associates PC

GROUP TIN

REGISTERED EMAIL ADDRESS

EDIT

NEXT

## SUBMIT QUARTERLY VALIDATIONS FOR LOCATIONS (VENDOR):

SUBMIT QUARTERLY VALIDATIONS

GROUP DETAILS

GROUP DEMOGRAPHICS

BILLING/PAYMENT DETAILS

PROVIDERS AND LOCATIONS FOR THE GROUP

LOCATIONS

SUBMIT REQUEST FOR NEW LOCATION

Please select the Locations you want to validate for this quarter

<input checked="" type="checkbox"/>	VALIDATION STATUS	LOCATION	PHONE NUMBER	FAX	OFFICE HOURS	
<input type="checkbox"/>						
<input checked="" type="checkbox"/>		MD 21153			Mon-8:00 AM-4:00 PM Tue-8:00 AM-4:00 PM Wed-8:00 AM-4:00 PM Thu-8:00 AM-4:00 PM Fri-8:00 AM-4:00 PM Sat- Sun-	

REVIEW CHANGE REQUESTS

REVIEW QUARTERLY VALIDATIONS

1. Check individual location selection box once you have validated the location data is correct. You are required to select the location (s) before proceeding to the review quarterly validations option.

- a. Select the locations you wish to validate and make any updates as needed.
  - b. If you have made updates, click on the review change requests button before proceeding to review quarterly validations. You will not be allowed to submit /save validations without submitting the changes.
  - c. If you have not made any changes, click review quarterly validations button to validate the locations all at once or save and come back later to submit remaining validations.
2. For any data discrepancies you can make changes using the edit options in the respective sections on this page.

### REVIEW QUARTERLY VALIDATIONS BEFORE SUBMITTING (VENDOR):

Once all the validations are complete check the acknowledgement box and click on submit validations\*.

\*Save validations button is enabled when validations are partially complete. Submit validations button is enabled only when all the validations are complete.

REVIEW VALIDATIONS BEFORE SUBMITTING
✕

Drag a column header here to group by that column

GROUP NAME	GROUP TIN	PROVIDER NAME	NPI	LOCATION DETAILS	VALIDATION STATUS DESC
Services LLC				Stevenson MD 21153	Validated

**ACKNOWLEDGEMENT:** ☒ I acknowledge I have reviewed the provider demographic information including office locations and telephone numbers, plan participation, hospital affiliations and accepting new patients; submitting changes where appropriate.

SAVE VALIDATIONS
SUBMIT VALIDATIONS
CANCEL