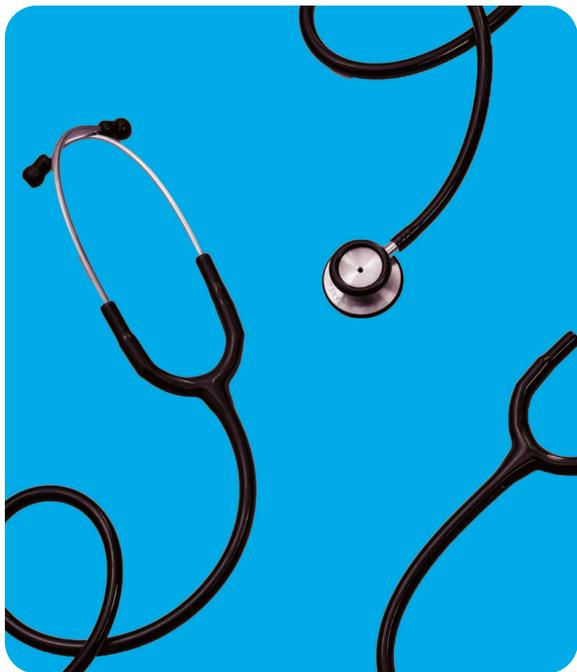


# DC Healthy Families Program Immigrant Children's Program Enrollee Handbook

2023



**It's how we  
treat people.**



# MedStar Family Choice District of Columbia

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8:00 a.m. to 5:30 p.m.

For directions on how to visit us, call **202-363-4348** or **855-798-4244**.

3007 Tilden Street, NW, POD 3N  
Washington, DC 20008

Enrollee Services: **202-363-4348** or **888-404-3549** (toll-free)

Website: [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com)

MedStar Family Choice District of Columbia (MFC-DC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnicity, age, religion, physical or mental disability, pregnancy, sex, sexual orientation, sexual stereotyping, marital status, gender, gender identity or expression, language, ability to pay, or socioeconomic status. MFC-DC does not exclude people or treat them differently because of race, color, national origin, ethnicity, age, religion, physical or mental disability, pregnancy, sex, sexual orientation, sexual stereotyping, marital status, gender, gender identity or expression, language, ability to pay, or socioeconomic status. For more information, please visit our website at [MedStarFamilyChoiceDC.com/Notice-of-Nondiscrimination](https://www.MedStarFamilyChoiceDC.com/Notice-of-Nondiscrimination).

# Language Accessibility

## English

Attention: If you do not speak and/or read English, please call 888-404-3549 between 8:00 a.m. and 5:30 p.m. A representative will assist you.

## Spanish/Español

Atención: Si no habla y/o lee español, llame al 888-404-3549 entre las 8:00 a. m. y las 5:30 p. m. Un representante lo asistirá.

## Amharic/አማርኛ

ማሳሰቢያ: አማርኛ የማይናገሩ እና/ወይም የማይጽፉ ከሆነ፣ እባክዎ ከ 8:00 a.m. እስከ 5:30 p.m. ባለው ሰዓት ውስጥ ወደ 888-404-3549 ይደውሉ። ተወካይ እርስዎን ያግዝዎታል።

## العربية /Arabic

تنبيه: إذا كنت لا تتحدث أو تقرأ اللغة العربية، يُرجى الاتصال بـ ٨٨٨-٤٠٤-٣٥٤٩ بين الساعة ٨:٠٠ صباحًا و٥:٣٠ مساءً. أحد مندوبينا سيقوم بمساعدتك.

## Bassa /Bàsɔ̀

DÈ ÈÈ NIÀ KÈ DYÉDÉ GBO: Ǿ Jũ ké m̄ se Bàsɔ̀ wùdù poe dyuò mɔɔ wuquún zàà dyuò ní, dá nòbà nià kè 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muè. À ké-baɔa-nyò dɔ́ mu m̄ gbo kpáun.

## Burmese/မြန်မာဘာသာစကား

သတိပြုရန် သင့်ည့် မြန်မာဘာသာစကား ကို ဝေ့လျှော့ချခင်း ၊ မဟုတ်ဘဲ ဖတ်ချခင်း မရှိလွှင့် ဝေးဇူးပြု၍ နံနက် ၈၀၀ နာရီခွဲခွဲ ညနေ ၅၃၀ နာရီအဖျက်ကားတြင့် ၈၈၈၄၀၄၃၅၄၉ သို့ ၊ ဖုန်းခေါ်ဆိုပါ။ ကိုယ့်လွှင့်လွှင့်က သင့်ကို ကူညီပါမည့်။

## Cantonese / 粵語

注意: 如果你不會說或讀 粵語, 請在早上8點到下午5點半之間撥打888-404-3549。有個代表會幫助你的。

## Chinese (Mandarin) / 普通

注意: “如果你不会或 普通 , 在早上8点到下午5点半之间打888-404-3549。有个代表会帮助你的。”

## Farsi

هاتف 888-404-3549 هرامش اب رصع 5.30 ات حبص 8.00 اتعاس نیب آفطل ،دیتسین یسیلیگنا نابز هب ندن اوخ ای/و ندرک تبحص هب رداق رگا» :هجوت «درک دهاوخ کمک امش هب یاهدنیامن .دیریگب سامت

## French/Français

ATTENTION: “Si vous ne parlez pas et / ou ne lisez pas le Français, veuillez composer le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra”.

## Gujarati/ગુજરાતી

ધ્યાન આપો: જો તમે બોલી શકતા ન હોય અને / અથવા ગુજરાતી વાંચી શકતા ન હોય, તો કૃપા કરીને સવારે 8:00 થી સાંજે 5:30 ની વચ્ચે 888-404-3549 પર કોલ કરો. કોઈ પ્રતિનિધિ તમને સહાય કરશે.

## Haitian Creol/Kreyòl Ayisyen

ATANSYON: Si w pa pale ak/oubyen li Kreyòl Ayisyen, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede w.

## Hindi

ध्यान दें: यदि आप इंग्लिश बोलते और / अथवा पढ़ते नहीं हैं, तो कृपया 888-404-3549 पर सुबह 8:00 बजे से शाम 5:30 बजे के बीच फोन कर। एक प्रतिनिधि आपकी सहायता करगा।





# Important Phone Numbers

 <p>For questions about MedStar Family Choice District of Columbia:</p>	Enrollee Services	<b>202-363-4348</b> or <b>888-404-3549</b> (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	<b>711</b>	
 <p>If you need care after your doctor's office is closed:</p>	Nurse Helpline	<b>855-798-3540</b> (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Nurse Helpline	<b>711</b>	
 <p>If you need to see a doctor within 24 hours ("Urgent Care"):</p>	Your PCP's Office	_____ (fill in your PCP's information here)	
	Nurse Helpline	<b>855-798-3540</b> (toll-free)	24 hours a day, 7 days a week
 <p>If you need a ride to an appointment:</p>	Transportation Services	<b>866-201-9974</b> (toll-free)	24 hours a day, 7 days a week
 <p>If you need Mental Health care or have a Mental Health question:</p>	Your PCP's Office	_____ (fill in your PCP's information here)	
	Nurse Helpline	<b>855-798-3540</b> (toll-free)	24 hours a day, 7 days a week
	DC Department of Behavioral Health Access Hotline	<b>888-793-4357</b> (toll-free)	
 <p>If you need someone who speaks your language or if you are hearing impaired:</p>	Enrollee Services	<b>202-363-4348</b> or <b>888-404-3549</b> (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	<b>711</b>	
 <p>Dental Questions:</p>	Avēsis	<b>844-391-6678</b> (toll-free)	24 hours a day, 7 days a week
 <p>Vision Questions:</p>	Avēsis	<b>844-391-6678</b> (toll-free)	24 hours a day, 7 days a week

**FOR AN EMERGENCY, CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM.**

# Personal Information

My Medicaid ID Number: \_\_\_\_\_

My Primary Care Provider (PCP): \_\_\_\_\_

My Primary Care Provider (PCP) Address: \_\_\_\_\_

\_\_\_\_\_

My Primary Care Provider (PCP) Phone: \_\_\_\_\_

Child's Medicaid ID number:

\_\_\_\_\_

\_\_\_\_\_

Child/Children Primary Care Provider (PCP): \_\_\_\_\_

Child/Children Primary Care Provider (PCP) Address: \_\_\_\_\_

\_\_\_\_\_

Child/Children Primary Care Provider (PCP) Phone: \_\_\_\_\_

My Primary Dental Provider (PDP): \_\_\_\_\_

My Primary Dental Provider (PDP) Address: \_\_\_\_\_

\_\_\_\_\_

My Primary Dental Provider (PDP) Phone: \_\_\_\_\_

Child/Children Primary Dental Provider (PDP): \_\_\_\_\_

Child/Children Primary Dental Provider (PDP) Address: \_\_\_\_\_

\_\_\_\_\_

Child/Children Primary Dental Provider (PDP) Phone: \_\_\_\_\_

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# Welcome to MedStar Family Choice District of Columbia

Thank you for choosing MedStar Family Choice District of Columbia (MFC-DC). We are happy to be your Medicaid Managed Care Plan (MCP). We know that nothing is more important than you and your family's health. That's why we work hard to make sure that you and your family are treated with the kind of care and respect you want and deserve. We are committed to your health and want to make sure you and your family receive the highest quality of care possible.

This handbook contains important information. Please read it carefully. You will learn what services you can receive from MFC-DC. If we make changes to MFC-DC that will affect you, we will tell you 30 days ahead of time.

All new Enrollees will be invited to a new Enrollee orientation. At the orientation, you will be able to speak with MFC-DC employees and ask any questions you may have. It is a chance for you to meet some of our team and let us welcome you.

New Enrollees will receive calls from us soon after joining. We want to make sure you schedule a visit with your doctor quickly. We will also provide you with a health benefits overview at this time, as well as ask you to complete a health risk assessment. The results of your assessment will allow us to ensure you get the care that you need. If we leave you a message and ask that you call us back, please try to return our call so we can get you into care. If you are pregnant, please call our Care Management department right away at **855-798-4244** and ask to speak with the prenatal coordinator.

## Questions?

If you have any questions, please call our Enrollee Services department at **888-404-3549**.

## How This Handbook Works

MFC-DC is a managed care plan paid for by the District of Columbia to help you get health care. In this Handbook, we tell you how MFC-DC works, how to find doctors, how to call us, and what benefits we pay for. Words used in Health Care and by your doctor can sometimes be hard to understand. In the Definitions section, we have explained these words in the back of this book.

If you have questions about things, you read in this book or other questions about MFC-DC, you can call Enrollee Services at **888-404-3549** or visit **MedStarFamilyChoiceDC.com**, and we will do our best to help you.

### How this handbook can help you

This Enrollee Handbook tells you:

- How to access health care.
- Your covered Services.
- Services NOT covered.
- How to choose your Primary Care Provider and Primary Dental Provider (your PCP or PDP).
- What to do if you get sick.
- What you should do if you have a Grievance or want to change (Appeal) a decision by MFC-DC.

This Enrollee Handbook gives you basic information about how MFC-DC works.

Please call MFC-DC Enrollee Services anytime, 24 hours a day, and 7 days a week if you have any questions.



# Your Rights

## You have a right to:

- Know that when you talk with your doctors and other providers, it's private.
- Have an illness or treatment explained to you in a language you can understand.
- Participate in decisions about your care, including the right to refuse treatment.
- Receive a full, clear, and understandable explanation of treatment options and the risks of each option so you can make an informed decision.
- Refuse treatment or care.
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Can see and receive a copy of your medical records and request an amendment or change, if incorrect.
- Receive access to healthcare services that are available and accessible to you in a timely manner.
- Choose an eligible PCP/PDP from within MFC-DC's network and to change your PCP/PDP.
- Make a Grievance about the care or services provided to you and receive an answer.
- Request an Appeal or a Fair Hearing if you believe MFC-DC was wrong in denying, reducing, or stopping a service or item.
- Receive Family Planning Services and supplies from the provider of your choice.
- Obtain medical care without unnecessary delay.
- Receive a second opinion from a qualified healthcare professional within the network or, if necessary, to obtain one outside the network at no cost to you.
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment.
- Receive a copy of MFC-DC's Enrollee Handbook and/or Provider Directory.
- Continue the treatment you are currently receiving until you have a new treatment plan.
- Receive interpretation and translation services free of charge.
- Refuse oral interpretation services.
- Receive transportation services free of charge.
- Get an explanation of prior authorization procedures.
- Receive information about MFC-DC's financial condition and any special ways we pay our doctors.
- Obtain summaries of customer satisfaction surveys.
- Receive MFC-DC's "Dispense as Written" policy for prescription drugs.
- Receive a list of all covered drugs.
- Be treated with respect and due consideration for your dignity and right to privacy.
- Receive information, including information on treatment options and alternatives, regardless of cost or benefit coverage, in a manner you can understand.
- Receive information about MFC-DC, its services, its practitioners and providers and Enrollee rights and responsibilities.
- Make recommendations regarding the organization's Enrollee rights and responsibilities policy.

# Your Responsibilities

## You are responsible for:

- Treating those providing your care with respect and dignity.
- Following the rules of the DC Medicaid Managed Care Program and MFC-DC.
- Following instructions you receive from your doctors and other providers.
- Going to scheduled appointments.
- Telling your doctor at least 24 hours before the appointment if you must cancel.
- Asking for more explanation if you do not understand your doctor's instructions.
- Going to the Emergency Room only if you have a medical emergency.
- Telling your PCP/PDP about medical and personal problems that may affect your health.
- Reporting to Economic Security Administration (ESA) and MFC-DC if you or a family Enrollee have other health insurance or if you have a change in your address or phone number.
- Reporting to Economic Security Administration (ESA) and MFC-DC if there is a change in your family (i.e. deaths, births, etc.).
- Trying to understand your health problems and participate in developing treatment goals.
- Helping your doctor in getting medical records from providers who have treated you in the past.
- Telling MFC-DC if you were injured as the result of an accident or at work.
- Working with your Primary Care Provider (PCP) to create and follow a plan of care that you and your PCP agree on.
- Supplying information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.



# Your Enrollee ID Card

Once you are assigned a primary care provider (PCP), we will send you an Enrollee ID Card. This card lets your doctors, hospitals, pharmacies, and others know you are an Enrollee of MFC-DC. Please make sure that the information on your Enrollee ID Card is correct. If there are any problems, or if you have lost your card, call Enrollee Services at **888-404-3549**. You can also visit the Enrollee Portal. Once registered, you can view and print your ID Card. The link to the Enrollee Portal can be found on our website at [MedStarFamilyChoiceDC.com/Enrollees/General-Benefits](https://www.MedStarFamilyChoiceDC.com/Enrollees/General-Benefits).

Each MFC-DC Enrollee has their own card. Your children will also have their own card. You must keep your children's cards so they don't get lost. It is against the law to let anyone else use your Enrollee ID card.

## Your Enrollee ID Card looks like this:



**MedStar Family Choice**  
DISTRICT OF COLUMBIA

**DC Healthy Families**  
**MedStarFamilyChoiceDC.com**  
**Enrollee Services: 888-404-3549**

---

**Last Name, First Name**

DOB: 01/01/2013      Eff Date: 01/01/2013  
MFC ID#: 123456789      MA ID#: 12345678912

PCP Group Name:  
PCP Phone:  
PDP Group Name:  
PDP Phone:

**CVS CareMark®** RxPCN: MCAIDADV | RxBin: 004336 | RxGroup: RX0610  
Copayments: OV \$0 | RX \$0 | ER \$0

Front of Card

**PRESENT THIS CARD FOR ALL HEALTH SERVICES**

<b>Enrollee Services: 24/7 by phone</b> (Office: Monday – Friday, 8 a.m. to 5:30 p.m.)	<b>888-404-3549 or TTY 711</b>
<b>24/7 Nurse Advice Line</b>	<b>855-798-3540</b>
<b>Transportation</b>	<b>866-201-9974</b>
<b>Dental/Vision</b>	<b>844-391-6678</b>
<b>Behavioral Health</b>	<b>800-777-5327</b>
<b>Pharmacy/After Hours Prescription</b>	<b>855-798-4244</b>
<b>Economic Security Administration</b>	<b>202-727-5355</b>



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR

**Notice to Providers:** Most institutional services require prior authorization which may be obtained by calling **855-798-4244**. Submit EDI claims using Payer ID RP062. Paper medical claims should be mailed to **MedStar Family Choice DC, P.O. Box 211702, Eagan, MN 55121**. Call **800-261-3371** for claims questions. For questions regarding pharmacy claims submission, call **800-364-6331**.

Back of Card

**Please remember to always carry your Enrollee ID Card and Picture ID. Always show your card before receiving any medical care or getting medicine at a pharmacy.**



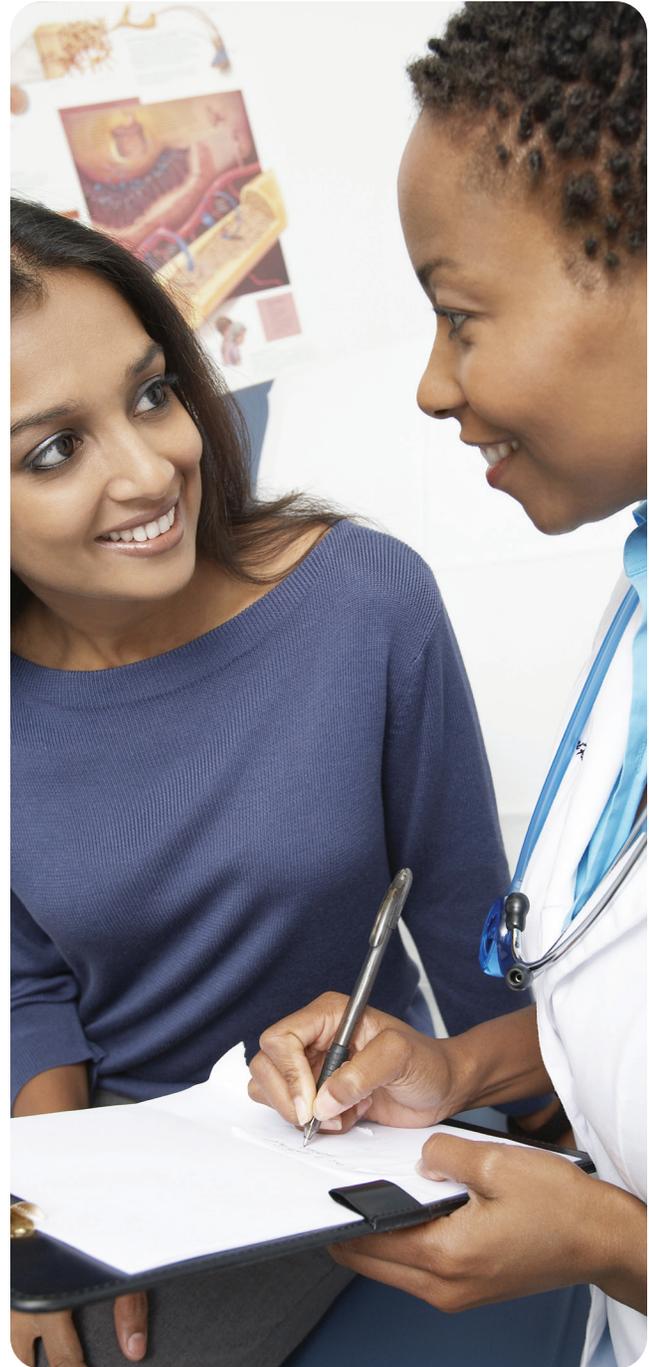
# Your Primary Care Provider

Now that you are an Enrollee of MFC-DC, your Primary Care Provider (PCP) will help you and your family to get the health care you need.

It is important to call your PCP first when you need care. If you had a PCP before you were assigned to MFC-DC, please call Enrollee Services at **888-404-3549**. We can help you stay with that PCP if you want to.

## Choosing your PCP

1. Choose a PCP when you enroll in MFC-DC. This person will be your PCP while you are an Enrollee of MFC-DC.
  - If your current PCP is a Provider of MFC-DC's network, you may stay with that doctor.
  - If you don't have a PCP, you can choose from a list of doctors in our Provider Directory or at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com). To request a paper copy of the Provider Directory please fill out and return to us the Doctor/Clinic Listing Request Card included in your new Enrollee Packet or call Enrollee Services at **888-404-3549**.
  - Call Enrollee Services at **888-404-3549** if you need help choosing a doctor.
  - If you do not choose a PCP within the first 10 days of being in our plan, we will choose a doctor for you. If you do not like the PCP we choose, you may change your PCP. Call Enrollee Services at **888-404-3549** or visit the Enrollee Portal to send a secure message with the name of the PCP you would like. To access the Enrollee Portal visit our website at [MedStarFamilyChoiceDC.com/Enrollees/General-Benefits](https://www.MedStarFamilyChoiceDC.com/Enrollees/General-Benefits).
  - MFC-DC will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.





2. Choose a PCP for each family Enrollee in MFC-DC. Your PCP may be one of the following:

- Family and General Practice Doctor - usually can see the whole family
- Internal Medicine Doctor - usually sees only adults and children 14 years and older
- Pediatrician - sees children from newborn up to adult
- Obstetrician/Gynecologist (OB/GYN) - specializes in women's health and maternity care
- If you or your child has special healthcare needs, you may choose a specialist as your PCP.

3. When you choose your PCP, please:

- Try to choose a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our

Provider Directory lists which hospitals a PCP can send you to. You can also call Enrollee Services for help.

- Sometimes the PCP you choose won't be able to take new patients. We will let you know if you need to choose a different doctor.
- Choose a doctor who is close to your home or work.

### How to change your PCP

You can change your PCP anytime. Just choose a new PCP from the Provider Directory. Call Enrollee Services at **888-404-3549** once you have chosen a new PCP, or visit the Enrollee Portal to send a secure message with the name of the PCP you would like. To access the Enrollee Portal visit our website at [MedStarFamilyChoiceDC.com/Enrollees/General-Benefits](https://www.MedStarFamilyChoiceDC.com/Enrollees/General-Benefits). If you need help choosing a new PCP, Enrollee Services can help you.

# Your Primary Dental Provider

Now that you are an Enrollee of MFC-DC your Primary Dental Provider (PDP) will help you and your family to get the health care you need.

It is important to call your PDP first when you need care. If you had a dentist before you were assigned to MFC-DC, please call Dental Enrollee Services at **844-391-6678**. We can help you stay with that dentist if you want to.

## Choosing your PDP

1. Choose a PDP when you enroll in MFC-DC. This person will be your PDP while you are an Enrollee of MFC-DC.
  - If your current PDP is a Provider of MFC-DC's network, you may stay with that dentist.
  - If you don't have a PDP, you can choose from a list of dentists in our Provider Directory or at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com). To request a paper copy of the Provider Directory please fill out and return to us the Doctor/ Clinic Listing Request Card included in your new Enrollee Packet or call Enrollee Services at **888-404-3549**.
  - Call Dental Enrollee Services at **844-391-6678** if you need help choosing a dentist.
  - If you do not choose a PDP within the first 10 days of being in our plan, we will choose a dentist for you. If you do not like the PDP we choose for you, you may change your PDP. Call Dental Enrollee Services at **844-391-6678** to change your PDP.
  - MFC-DC will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it.





- Choose a PDP for each family Enrollee in our plan, including your children. Your PDP may be one of the following:
  - Family and General Practice Dentist - usually can see the whole family
- 2. When you choose your PDP, please note the following:
  - Our Provider Directory lists which hospitals a PDP can send you to. You can also call Enrollee Services for help.
  - Sometimes, the PDP you choose won't be able to take new patients. We will let you know if you need to choose a different dentist.

### How to change your PDP

You can change your PDP anytime. Just choose a new PDP from the Provider Directory. If you need help choosing a new PDP, Dental Enrollee Services can help you. Call Dental Enrollee Services at **844-391-6678** once you have chosen a new PDP.

# Routine Care, Urgent Care, and Emergency Care

There are three (3) kinds of health care you may need: Routine Care, Urgent Care, or Emergency Care.

## Routine Care

Routine Care is the regular care you get from your PCP. Routine Care is also care you get from other doctors that your PCP sends you to. Routine Care can be check-ups, physicals, health screenings, and care for health problems like diabetes, hypertension, and asthma. If you need Routine Care, call your PCP's office and ask to make an appointment.

## Urgent Care

Urgent Care is medical care you need within 24 hours but not right away. Some Urgent Care issues are:

- Moderate colds
- Cough
- Sore throat
- Lice, scabies or ringworm
- Minor cuts and scrapes
- Sprains
- Earaches
- Diaper rash
- Urinary tract infections
- Diarrhea
- Throwing up
- Mild headache

### If you need Urgent Care, call your PCP's office.

If your PCP's office is closed, leave a message with the person who answers the phone when the office is closed. Then call the Nurse Help Line at **855-798-3540**. A nurse will help you decide if you need to go to the doctor right away. The nurse will tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.



## Emergency Care

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness. You have the right to use any hospital for emergency care. Prior authorization is not required for emergency care services.

Examples of medical emergency conditions include:

- Chest pain
- Bleeding that cannot be stopped
- Loss of consciousness
- Poisoning
- Bad burns
- Trouble breathing
- Paralysis

## What to do if you have an emergency

- Call **911** or go to your nearest Emergency Room (ER).
- Show your MFC-DC Enrollee ID Card.
- As soon as you can, call your PCP.

# Care When You Are Out-of-Town

When you need to see a doctor, or get medicine when you are out of town:

## Routine Care

You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town because doctors who are not in the District of Columbia are not a part of MFC-DC. If MFC-DC does not say it is okay before you get the care, you must pay for the care yourself. If you need medicine from a doctor while you are out of town, please call our Enrollee Services department. If you need assistance after hours, please call our Nurse Advice Line at **855-798-3540**. Our pharmacy network contains numerous national chains that can be used to fill your prescription while you are out of town.

## Urgent Care

Call your PCP. If your PCP's office is closed, call the Nurse Help Line at **855-798-3540**. A nurse will help you decide if you need to go to the doctor right away. The nurse can tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

## Emergency Care

If you have an emergency, including mental health, alcohol, or another drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the ER, you should ask the ER staff to call your PCP. If you go to the ER, you should call Enrollee Services as possible. **Prior authorization is not required for emergency care services.**

# In-Network and Out-of-Network Providers

MFC-DC will pay for your care when you go to one of our doctors or other healthcare providers. We call these doctors and other healthcare providers our “network” providers. A doctor or provider who is not one of ours is called an “out-of-network” provider. All these “in-network” doctors can be found in your Provider Directory.

If you go to an “out-of-network” doctor, hospital, or lab, you may have to pay for your care. You will not have to pay if you have asked us first and we have told you, usually in writing, that it is okay. We call this “prior authorization.” MFC-DC will provide adequately and timely covered services from an approved out-of-network provider if

MFC-DC does not have an in-network provider who can perform a covered service.

**Prior Authorization (PA)** means approval for a health service not routinely covered by MFC-DC. You must get this approval before you receive the service. You do not need a PA to receive emergency care. Call Enrollee Services at **888-404-3549** to ask about getting a PA.

You may go to a Family Planning provider of your choice, even if they are out-of-network. No prior authorization is required. See page 22 for more information on Family Planning Services.

## Making an Appointment

### Making an appointment with your PCP

- Have your Enrollee ID Card and a pencil and paper close by.
- Call your PCP’s office. Look for your PCP’s phone number on the front of your Enrollee ID Card. You can also find it in your Provider Directory or online at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com).
- Tell the person who answers that you are a MedStar Family Choice District of Columbia Enrollee. Tell them you want to make an appointment with your PCP.
- Tell the person why you need an appointment. For example:
  - You or a family Enrollee is feeling sick

- You hurt yourself or had an accident
- You need a check-up or follow-up care
- Write down the time and date of your appointment.
- Go to your appointment on time and bring your Enrollee ID Card and picture ID with you.
- If you need help making an appointment, call Enrollee Services at **888-404-3549**.

### Changing or canceling an appointment

- It is very important to come to your appointment and to be on time.
- If you need to change or cancel your appointment, please call the doctor at least 24 hours before your appointment.



- For some appointments, you may have to call more than 24 hours before to cancel.
- If you do not show up for your appointment, or if you are late, your doctor may decide you cannot be their patient.

### **Getting care when your PCP's or PDP's office is closed**

If you need to speak to your PCP or PDP when the office is closed, call your PCP's or PDP's office and leave a message including your phone number with the person who answers the phone. Someone will call you back as soon as possible. If you have an emergency, call **911** or go to the Emergency Room. You

can also call the Nurse Help Line 24 hours a day at **855-798-3540**.

### **How long does it take to see your doctor?**

Your doctor's office must give you an appointment within days after you call. Please call **888-404-3549** if you cannot get an appointment during these time periods. The table below shows how long it will take to get an appointment.

Type of Visit	Your Condition	How Long it Takes to See Your Doctor
<b>Urgent Visit</b>	You are hurt or sick and need care within 24 hours to avoid getting worse, but you don't need to see a doctor right away. Examples include flu/fever, vomiting/diarrhea, sore throats, earaches, eye infection, sprains/strains, possible broken bones, throwing up, minor cuts or scrapes, lice, scabies or ringworm, urinary tract infections	Within 24 hours
<b>Routine Visit</b>	You have a minor illness or injury, or you need a regular checkup, but you don't need an urgent appointment.	Within 30 days
<b>Follow-up Visit</b>	You need to see your doctor after a treatment; you have to make sure you are healing well.	Within 1-2 weeks depending on the kind of treatment
<b>Adult Wellness Visits</b>	<ul style="list-style-type: none"> <li>You are having your first appointment with a new doctor</li> <li>You are due for a regular adult checkup</li> <li>You are due for a prostate exam, a pelvic exam, a PAP smear, or a breast exam</li> </ul>	Within 30 days or sooner if necessary
<b>Non-urgent appointments with specialists (by Referral)</b>	Your PCP referred you to see a specialist for a non-urgent condition	Within 30 days
<b>Child EPSDT checkups - not urgent</b>	Your child is due for an EPSDT checkup	Initial checkup: Within 60 days  Additional checkups: Within 30 days of due dates for children under age two; within 60 days of due dates for children age two and older
<b>IDEA (Early Intervention) assessments</b>	Tests ("assessments") for children up to age 3 at risk of developmental delay or disability	Within 30 days

# Support Services

## Transportation Services

Non-covered services are services not covered by MFC-DC but covered by the Department of Health Care Finance (DHCF) or other District agencies. MFC-DC will provide transportation to your doctor's appointments if you need it. MFC-DC will also provide transportation to/from most non-covered services.

- Call Transportation Services at **866-201-9974** to tell them the time and what day you need to be picked up.
- You must call at least 3 business days (not including Saturday and Sunday) before your appointment to get transportation.
- If you need transportation to EPSDT visits or urgent visits, you can call the day before the appointment to ask for transportation.
- The types of transportation are buses, metro, vouchers to pay for an Uber, Lyft, taxi, wheelchair vans, and ambulances. The type of transportation you get depends on your medical needs.
- Give Transportation Service your Enrollee ID, phone number, and address where you can be picked up. Also, tell them the name, address, and phone number of the medical/dental facility or doctor's office you are going to.

## Interpretation and Translation Services/Auxiliary Aid Services for the Hearing and Visually Impaired

### Interpretation Services

MFC-DC will provide oral Interpretation Services for FREE, including at the hospital.

Please call Enrollee Services at **888-404-3549** for Interpretation Services. Please call us before your doctor's appointment if you need Interpretation Services.

Interpreter Services are usually provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must let us know within 3-5 days or 48 hours before the appointment. Please call Enrollee Services at **888-404-3549** for all Interpretation Services.

### Translation Services

If you get information from MFC-DC and need it translated into another language, please call Enrollee Services at **888-404-3549**.

### Auxiliary Aid Services for the hearing and visually impaired

If you have trouble hearing, call **711** to contact the Telecommunications Relay Service (TRS). The TRS assistant can help you place the call to Enrollee Services at **888-404-3549**. If you have trouble seeing, call Enrollee Services at **888-404-3549**. We can give you information on an audio tape, in Braille, or in large print.

# Specialty Care and Referrals

## How to get specialty care

Your primary care provider (PCP) may decide that you need to see a doctor who can give you special help. We call these doctors specialists. Your PCP will tell you where to go for treatment if he or she thinks you need a specialist. Your PCP will either make the appointment for you or give you the phone number to make the appointment. Your PCP will give you a referral to take to the specialist. Your PCP will still be your regular doctor and will talk to the specialist who takes care of you.

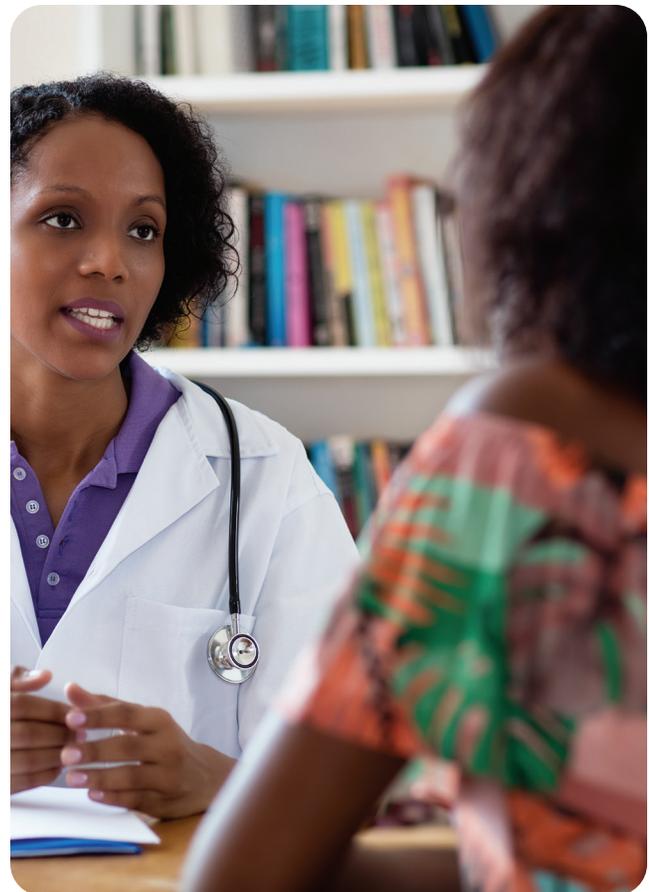
For female Enrollees, if your PCP is not an OB/GYN, you have the right to see an OB/GYN or a family planning provider within the MFC-DC network without a referral. If you feel like you want a second opinion, you have the right to obtain one from another in-network provider. If another in-network provider is not available, MFC-DC will help arrange a second opinion outside of the MFC-DC network at no cost to you. You can contact your PCP or Enrollee Services at **888-404-3549** for help in getting a second opinion. A referral may be required, so it is best to keep your PCP informed of your concerns.

If you want to see a specialist, but MFC-DC said it wouldn't pay for the visit, you can:

- Make an appointment with another doctor in the MFC-DC network and get a second opinion
- Appeal our decision (see page 41 on Appeals)
- Ask for a Fair Hearing (see page 41 on Fair Hearings)

## Self-referral services

There are certain services you can get without getting prior permission from your PCP. These are called self-referral services and are listed here.



### You DO NOT need a referral to:

- See your PCP
- Get care when you have an emergency
- Receive services from your OB/GYN doctor within the MFC-DC network for routine or preventive services (females only)
- Receive Family Planning Services
- Receive services for sexually transmitted infections (STIs)
- Receive immunizations (shots)
- Visit a vision provider in the network
- Take your child to a dental provider in the network
- Receive mental health or services for problems with alcohol or other drugs



## Mental Health Services

Mental health care is for both adults and children. This care helps when you feel depressed or anxious.

**If you need help, or someone from your family needs help, call:**

- The Crisis hotline at MFC-DC at **855-798-3540**
- The DC Department of Behavioral Health Hotline at **888-793-4357**, 24 hours a day, 7 days a week

## Services for alcohol or other drug problems

Problems with alcohol or other drugs are dangerous to your health and can be

dangerous to the health of people around you. It is important to go to the doctor if you need help with these problems. MFC-DC will help you arrange for detoxification services and provide care coordination to help you get other services. To get services for these problems, you can:

- Call MFC-DC Behavioral Health Services at **800-777-5327**, 24 hours a day, and 7 days a week.
- Call the Department of Behavioral Health (DBH) Assessment and Referral Center (ARC) directly at **202-727-8473**.
- All Mental health, Alcohol, and Drug Abuse Services are confidential.

## Birth Control and Other Family Planning Services

You do NOT need a Referral to receive birth control or other Family Planning Services. All birth control and other Family Planning Services are confidential.

You can get birth control and other Family Planning Services from any provider you choose. You do not need a referral to get these services. If you choose a Family Planning Services doctor other than your PCP, tell your PCP. It will help your PCP take better care of you. Talk to your PCP or call MFC-DC Enrollee Services at **888-404-3549** for more information on birth control or other Family Planning Services.

### Family Planning Services include:

- Pregnancy testing
- Counseling for the woman and the couple
- Routine and emergency contraception
- Counseling and immunizations
- Screening for all sexually transmitted infections
- Treatment for all sexually transmitted infections
- Sterilization procedures (must be 21 or older and requires you to sign a form 30 days before the procedure)
- HIV/AIDS testing and counseling

### Family Planning Services do not include:

- Routine infertility studies or procedures
- Hysterectomy for sterilization
- Reversal of voluntary sterilization
- HIV/AIDS treatment
- Abortion



### HIV/AIDS testing, counseling and treatment

You can get HIV/AIDS testing and counseling:

- When you have Family Planning Services
- From your PCP
- From an HIV testing and counseling center

For information on where you can go for HIV testing and counseling, call Enrollee Services at **888-404-3549**. If you need HIV treatment, your PCP will help you get care or you can call **888-404-3549**. You can also get Pre-exposure prophylaxis (PrEP) if you or your doctor believe you are at high risk for HIV/AIDS.

## Pharmacy Services and Prescription Medications

Pharmacies are where you pick up your medicine (drugs). If your doctor gives you a prescription, you must go to a pharmacy in MFC-DC's network.

You can find a list of all the pharmacies in the MFC-DC network in your Provider Directory or online at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com).

If you are out of town, have an emergency, or need Urgent Care, please see pages 15 and 16 of this handbook for instructions.

### How to get a prescription filled

- Choose a pharmacy that is part of the MFC-DC network and is close to your work or home.
- When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your MFC-DC Enrollee ID Card.
- If you need help, please call Enrollee Services at **888-404-3549**.

### Things to remember

- You should not be asked to pay for your medicines. Call MFC-DC Enrollee Services if the pharmacy or drug store asks you to pay.
- Sometimes, your doctor may need to get prior authorization (PA) from MFC-DC for a drug. While your doctor is waiting for the PA, you have a right to get the medication:
  - For up to 72 hours or
  - For one full round of the medicine if you take it less than once a day



## Disease Management

If you have a chronic illness or special healthcare need such as asthma, high blood pressure, or mental illness, we may put you in our Disease Management Program.

This means you will have a Care Manager. A Care Manager works for MFC-DC and will help you get the services and information you need to manage your illness and be healthier.

## Care Coordination and Case Management Programs

If you or your child has a chronic illness or special healthcare need such as diabetes, high blood pressure, mental illness or asthma, MFC-DC may offer you special services and programs to help with your healthcare needs. You or your child will have a Care Manager who will help you get the services and information you need to manage your illness and improve your health.

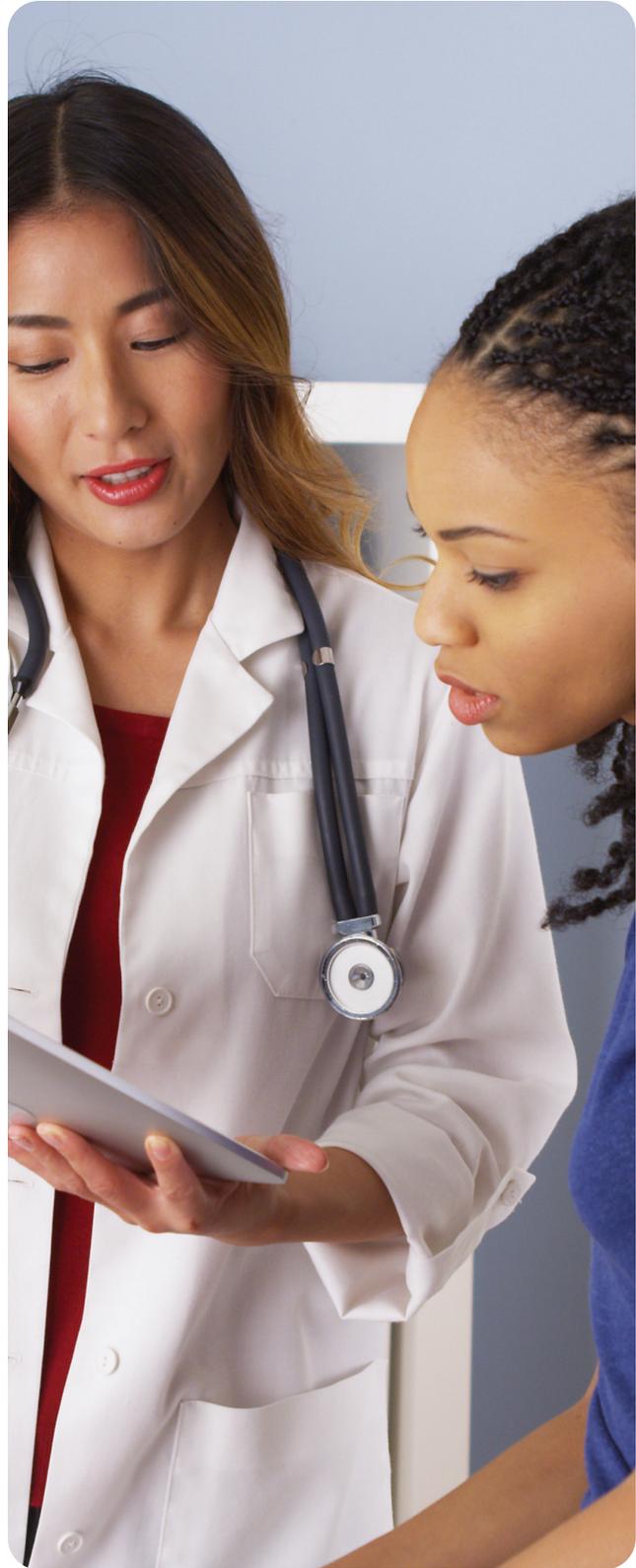
MFC-DC Care Managers can help you or your child with the following:

- Getting covered services;
- Setting up medical appointments and tests;

- Setting up transportation;
- Finding ways to make sure you get the right service;
- Finding resources to help with special healthcare needs and/or help your caregivers manage day-to-day stress;
- Connecting with community and social services; and
- Transitioning to other care when your benefits end, you choose another MCP, or you move to another DC Medicaid program, if necessary.

Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program. For more information, contact MFC-DC Care Management at **202-363-4348** or **855-798-4244**.





# Services to Keep Adults from Getting Sick

MFC-DC wants you to take care of your health. We also want you to sign up for health and wellness services. Health and wellness services include screenings, counseling, and immunizations.

MFC-DC offers gift cards for finishing your recommended yearly screenings. Please call to speak with a Community Outreach representative for information on the programs you are qualified for at **202-363-4348** or **855-798-4244**.

## Recommendations for check-ups (“screenings”)

Please make an appointment and see your PCP at least once every year for a check-up. See the “Adult Wellness Services” list in the “Your Health Benefits” section for things to talk with your PCP about during your check-up.

## Preventive Counseling

Preventive counseling is available to help you stay healthy. You can get preventive counseling on:

- Diet and Exercise
- Alcohol and Drug Use
- Smoking Cessation
- HIV/AIDS Prevention

## Immunizations

You may need some immunizations (shots) if you are an adult. Please talk to your PCP about which ones you may need.

**Make an appointment to see your PCP at least once a year for a check-up.**

# Pregnancy

If you are pregnant or think you are pregnant, it is very important that you go to your OB/GYN doctor right away. You do not need to see your PCP before making this appointment.

## If you are pregnant, please call:

- Economic Security Administration (ESA) at **202-727-5355** to report your pregnancy
- MFC-DC Care Management office at **202-363-4348** or **855-798-4244**.
- Your PCP

There are certain things that you need to get checked if you are pregnant. This will help make sure that you have a healthy pregnancy, delivery, and baby. This is called Prenatal Care. You get prenatal care before your baby is born.

## Prenatal and Post-Partum Care

Your OB/GYN doctor will want to see you throughout your pregnancy. As you get close to the time to have your baby, your OB/GYN doctor will want to see you more often. It is very important for your health and your baby's health that you do not miss these appointments.

Please call MFC-DC as soon as you know you are pregnant. We have a special program for pregnant women that helps encourage good prenatal care. If you are less than 28 weeks pregnant, you may be eligible to join the MFC-DC Momma and Me Incentive program.

**Remember, if you are pregnant or think you are pregnant, do not drink alcohol, use drugs, or smoke.**





This program offers incentives for taking care of yourself and your baby before and after your delivery. As a Momma and Me participant, you will also receive educational materials. For additional information about the program, please call the Care Management department at **202-363-4348** or **855-798-4244**, and select the prompt for Outreach and ask to speak with a prenatal coordinator.

For those moms that do not enroll in the MFC-DC Momma and Me Incentive program, we have a postpartum program called We

Care. For participating in this program, you may be eligible for an incentive for receiving your postpartum exam and for taking your newborn to his or her first two-week, well-child visit. For additional information about the We Care program, please call the Care Management department at **202-363-4348** or **855-798-4244** and select the prompt for Outreach and ask to speak with a postpartum coordinator.

Once you have your baby, call Care Management at **202-363-4348** or **855-798-4244** and ESA at **202-727-5355**.

# Your Child's Health

## Health Check Program for Children (EPSDT)

MFC-DC wants to help your children grow up healthy. If your child is in the DC Healthy Families (Medicaid) program, your child will be in the Health Check Program, also called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). This is the pediatric part of the Medicaid program and starts right after your child is born and lasts until your child turns 21. The Health Check Program gives your child several important checkups.

There is a Health Check (EPSDT) information sheet in this handbook (see removable insert on page 51). You can also ask your doctor, call Enrollee Services, or visit our website at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com) for a copy of the **Health Check (EPSDT) Periodicity Schedule**. The schedule tells you when your child needs to go to the doctor.

As part of the Health Check/EPSDT services benefits, your child can get the other Medicaid benefits described in the "Enrollee Health Benefits" section below.

## Immigrant Children

If your child is in the Immigrant Children's Program, your child will get well-childcare services. This program lasts until your child turns 21.

In addition to well-childcare, your child can also get the benefits described in the "Enrollee Health Benefits" section below. Immigrant children are only eligible for medical services while in enrolled in MFC-DC.

**You do not have to pay anything for these Services for your child - they are free. If you have any questions or need help with transportation or scheduling an appointment, please call Enrollee Services at 888-404-3549.**





## Care for your child's teeth

All dental health checkups and treatments are free for MFC-DC Enrollees under age 21. Dentists can prevent cavities and teach you and your child how to care for their teeth.

- From birth, to age 3, your child's PCP may provide dental care during regular check-ups. The PCP may decide to send the child to a dentist.
- Beginning at age 3, all children should see a dentist in the MFC-DC network for a checkup every year. Please call the dentist's office for an appointment. Choose a dentist near you in the MFC-DC Provider Directory or online at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com). If you need help choosing a dentist, call Dental Enrollee Services at **844-391-6678**.

## Children with Special Healthcare Needs

When children have physical, developmental, behavioral, or emotional conditions that are permanent or that last a long time, they can have Special Healthcare Needs. These children may need additional health care and other services.

MFC-DC will contact you to complete a health screener to see if your child has Special Healthcare Needs. If you have not been contacted by MFC-DC, please call Enrollee Services at **888-404-3549**.

If your child has Special Healthcare Needs:

- Your child has the right to have a PCP who is a specialist.
- Your child may be assigned to a case manager to help with your child's special needs.
- Your child's case manager will work with you and your child's doctor to create a treatment plan.

Make sure your child's doctor signs your child's treatment plan. If you do not have a treatment plan, call MFC-DC Enrollee Services to ask for a treatment plan for your child.

## Individuals with Disabilities Education Act (IDEA) Program

IDEA is a federal law. IDEA stands for the Individuals with Disabilities Education Act. The IDEA program provides special services for your child with developmental delays, disabilities, or special needs. Children up to age 3 get early intervention services from MFC-DC. Children ages 4 and older get special educational services from the D.C. Public School and Public Charter School systems.

D.C.'s Growth Chart (see removable insert on page 52) can help you figure out if your child is having delays in growth and development.

If you think your child is not growing the way they should, have your child tested ("IDEA evaluation"). To get an IDEA evaluation, call your PCP. If your child needs IDEA Services, your PCP will refer your child to the D.C. Strong Start Early Intervention Program.



MFC-DC has case managers who can tell you more about IDEA and the other services your child can get.

MFC-DC covers the services listed below if your child is eligible for Early Intervention services:

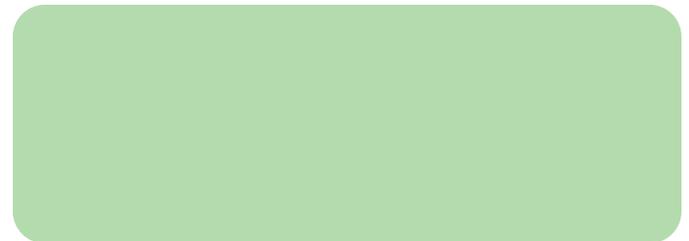
- For children up to age 3, MFC-DC covers all healthcare services even if the service is in your child's treatment plan (IFSP).
- For children aged 3 and older, MFC-DC:
  - Pays for all healthcare services and services in your child's treatment plan that your child needs when not in school—even on evenings, weekends, and holidays.
  - Coordinates services that are not provided through the school's treatment plan.

For more information on the services your child can get through the IDEA program, contact Enrollee Services at **888-404-3549** or your child's school.

## Immunizations "shots" for children and teens

Immunizations (shots) are important to keep your child healthy. When your child is very young, your child will need shots every few months. The shots start at birth. These shots protect them from diseases.

Your PCP and MFC-DC will schedule appointments for your child's shots. The Periodicity Chart (see removable insert on page 51) for the schedule of your child's shots.



# Your Health Benefits

## Services covered by MedStar Family Choice District of Columbia (MFC-DC)

The list below shows the healthcare services and benefits for all MFC-DC Enrollees. For some benefits, you must be a certain age or have a certain need for the service. MFC-DC will not charge you for any healthcare services on this list if you go to a network provider or hospital.

If you have a question about whether MFC-DC covers certain health care and how to access services, call MFC-DC Enrollee Services at **888-404-3549**.

## Services we do not pay for

- Cosmetic surgery
- Experimental or investigational services, surgeries, treatments, and medications
- Services that are part of a clinical trial protocol
- Abortion, or the voluntary termination of a pregnancy, not required under Federal law
- Infertility treatment
- Sterilizations for persons under the age of 21
- Services that are not medically necessary
- Some counseling or referral services may not be covered by MFC-DC due to religious or moral beliefs. Contact DHCF at **202-442-5988** for more information.

Benefit	What You Get	Who Can Get This Benefit
<b>Adult Wellness Services</b>	<ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Routine screening for sexually transmitted infections</li> <li>• HIV/AIDS screening, testing, and counseling</li> <li>• Breast cancer screening</li> <li>• Cervical cancer screening (women only)</li> <li>• Osteoporosis screening (post-menopausal women)</li> <li>• HPV screening</li> <li>• Prostate cancer screening (men only)</li> <li>• Abdominal aortic aneurysm screening</li> <li>• Obesity screening</li> <li>• Diabetes screening</li> <li>• High blood pressure and cholesterol (lipid disorders) screening</li> <li>• Depression screening</li> <li>• Colorectal cancer screening (Enrollees 50 years and older)</li> <li>• Smoking cessation counseling</li> <li>• Diet and exercise counseling</li> <li>• Mental Health counseling</li> <li>• Alcohol and drug screening</li> </ul>	Enrollees over age 21 as appropriate

Benefit	What You Get	Who Can Get This Benefit
<b>Alcohol &amp; Drug Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Inpatient detoxification</li> <li>• Other alcohol/drug abuse services are provided by the Addiction, Prevention, and Recovery Administration (DBH)</li> <li>• Help with getting care from DBH</li> </ul>	All Enrollees
	<ul style="list-style-type: none"> <li>• Inpatient and outpatient substance abuse treatment</li> <li>• Other alcohol/drug abuse Services are provided by the Addiction, Prevention, and Recovery Administration (DBH)</li> <li>• Help with getting care from DBH</li> </ul>	Enrollees under age 21
<b>Child Wellness Services</b>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:</p> <ul style="list-style-type: none"> <li>• Health and development history and screenings</li> <li>• Physical and mental health development and screenings</li> <li>• Comprehensive health exam</li> <li>• Immunizations</li> <li>• Lab tests including blood lead levels</li> <li>• Health education</li> <li>• Dental screening services</li> <li>• Vision screening services</li> <li>• Hearing screening services</li> <li>• Alcohol and drug screening and counseling</li> <li>• Mental health services</li> </ul> <p>Does not include any health services furnished to a child in a school setting</p>	Enrollees under age 21
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>• General dentistry (including regular and emergency treatment) and orthodontic care for special problems</li> <li>• Check-ups twice a year with a dentist are covered for children ages 3 through 20.</li> <li>• A child's PCP can perform dental screenings for a child up to age 3</li> <li>• Does not include routine orthodontic care</li> <li>• Fluoride varnish treatment up to four (4) times a year</li> <li>• Sealant application</li> </ul>	<p>Enrollees under age 21</p> <p>Enrollees 21 years and older can get dental services from Medicaid. Call MCP Dental Help Line at <b>866-758-6807</b></p>

Benefit	What You Get	Who Can Get This Benefit
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>• General dental exams and routine cleanings every six (6) months</li> <li>• Surgical services and extractions</li> <li>• Emergency dental care</li> <li>• Fillings</li> <li>• X-rays (complete series limited to one (1) time every three (3) years)</li> <li>• Full mouth debridement</li> <li>• Prophylaxis limited to two (2) times per year</li> <li>• Bitewing series</li> <li>• Palliative treatment</li> <li>• Removable partial and complete dentures</li> <li>• Root Canal treatment</li> <li>• Periodontal scaling and root planning</li> <li>• Dental crowns</li> <li>• Removal of impacted teeth</li> <li>• Initial placement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every five (5) years. Some limitations may apply.</li> <li>• Removable partials prosthesis</li> <li>• Space maintainers (partial dentures) when medically necessary</li> <li>• Any dental service that requires inpatient hospitalization must have prior authorization (pre-approval)</li> <li>• Elective surgical procedures requiring general anesthesia</li> </ul>	Enrollees age 21 and older
<b>Dialysis Services</b>	<ul style="list-style-type: none"> <li>• Treatment up to 3 times a week (limited to once per day)</li> </ul>	All Enrollees
<b>Durable Medical Equipment (DME) &amp; Disposable Medical Supplies (DMS)</b>	<ul style="list-style-type: none"> <li>• DME - Wheelchairs, Hospital Beds, Walkers, Oxygen</li> <li>• DMS - Bandages and Wraps, Catheters</li> <li>• Orthotics - Braces, Splints, Prosthetics</li> </ul>	All Enrollees

Benefit	What You Get	Who Can Get This Benefit
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition, regardless of whether the provider is in or out of the MFC-DC network.</li> <li>• Treatment for emergency condition</li> </ul>	All Enrollees
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>• Pregnancy testing; counseling for the woman</li> <li>• Routine and emergency contraception</li> <li>• Voluntary sterilizations for Enrollees over 21 years of age (requires signature of an approved sterilization form by the Enrollee 30 days prior to the procedure)</li> <li>• Screening, counseling and immunizations (including for Human Papilloma Virus - HPV)</li> <li>• Screening and preventive treatment for all sexually transmitted infections</li> <li>• Nurse Midwife and Doula services</li> </ul> <p>Does not include sterilization procedures for Enrollees under age 21</p>	All Enrollees, as appropriate
<b>Hearing Benefits</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries</li> </ul>	All Enrollees
<b>Home Health Services</b>	<p>In-home healthcare services, including:</p> <ul style="list-style-type: none"> <li>• Nursing and home health aide care</li> <li>• Home health aide services provided by a home health agency</li> <li>• Physical therapy, occupational therapy, speech pathology, and audiology services</li> </ul>	All Enrollees
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>• Support services for people who are nearing end of life</li> </ul>	All Enrollees
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services)</li> <li>• Inpatient services (hospital stay)</li> </ul>	Any Enrollees with a Referral from their PCP or who have an emergency
<b>Laboratory &amp; X-ray Services</b>	<ul style="list-style-type: none"> <li>• Lab tests and X-rays</li> </ul>	All Enrollees
<b>Nursing Home Care</b>	<ul style="list-style-type: none"> <li>• Full-time skilled nursing care in a nursing home up to 90 consecutive days</li> </ul>	All Enrollees

Benefit	What You Get	Who Can Get This Benefit
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Services provided by mental health providers, including but not limited to:               <ul style="list-style-type: none"> <li>– Diagnostic and assessment services</li> <li>– Physician and mid-level visits, including:                   <ul style="list-style-type: none"> <li>» Individual counseling</li> <li>» Group counseling</li> <li>» Family counseling</li> <li>» FQHC Services</li> </ul> </li> </ul> </li> <li>• Medication/Somatic treatment</li> <li>• Crisis services</li> <li>• Inpatient hospitalization and emergency department services</li> <li>• Intensive day treatment</li> <li>• Case management services</li> <li>• Treatment for any mental condition that could complicate pregnancy</li> <li>• Patient psychiatric residential treatment facility services (PRTF) for Enrollees under 22 years of age for thirty (30) consecutive days</li> <li>• Mental health services for children that are included in an IEP or IFSP during holidays, school vacations, or sick days when the child is not in school</li> <li>• Care coordination for Enrollees receiving the following Services from DBH:               <ul style="list-style-type: none"> <li>– Community-based interventions</li> <li>– Multi-systemic therapy (MST)</li> <li>– Assertive community treatment (ACT)</li> <li>– Community support</li> </ul> </li> <li>• Mental health and substance abuse services in an Institution for Mental Disease</li> </ul>	<p>All Enrollees, as appropriate</p>
<b>Personal Care Services</b>	<ul style="list-style-type: none"> <li>• Services provided to an Enrollee by an individual qualified to provide such Services who is not a member of the Enrollee’s family, usually in the home, and authorized by a physician as a part of the Enrollee’s treatment plan.</li> <li>• You must get prior authorization for this service.</li> </ul>	<p>All Enrollees Not available to Enrollees in a hospital or Nursing Home</p>

Benefit	What You Get	Who Can Get This Benefit
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li>• Prescription drugs included on the MFC-DC drug formulary. You can find the drug formulary at <a href="http://MedStarFamilyChoiceDC.com">MedStarFamilyChoiceDC.com</a> or by calling Enrollee Services.</li> <li>• Only includes medications from network pharmacies</li> <li>• Includes non-prescription (over-the-counter) medicines: <ul style="list-style-type: none"> <li>– Latex Condoms</li> <li>– Emergency Contraception (such as Plan B)</li> </ul> </li> </ul> <p>A complete list is available on the website or by calling Enrollee Services. You must get a prescription from your doctor to get the over-the-counter medication.</p>	<p>All Enrollees other than dually eligible (Medicaid/Medicare)</p> <p>Enrollees whose prescriptions are covered under Medicare Part D</p>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Special care for foot problems</li> <li>• Regular foot care when medically needed</li> </ul>	All Enrollees
<b>Primary Care Services</b>	<ul style="list-style-type: none"> <li>• Preventive, acute, and chronic healthcare services generally provided by your PCP</li> </ul>	All Enrollees
<b>Prosthetic devices</b>	<ul style="list-style-type: none"> <li>• Replacement, corrective, or supportive devices prescribed by a licensed provider</li> </ul>	All Enrollees
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>• Including physical, speech and occupational therapy</li> </ul>	All Enrollees
<b>Specialist Services</b>	<ul style="list-style-type: none"> <li>• Healthcare services provided by specially trained doctors or advanced practice nurses.</li> <li>• Referrals are usually required</li> <li>• Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body</li> </ul>	All Enrollees
<b>Transportation Services</b>	<ul style="list-style-type: none"> <li>• Transportation to and from medical appointments to include services covered by DHCF</li> </ul>	All Enrollees
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• Eye exams at least once every year and as needed; and eye glasses (corrective lenses) as needed</li> </ul>	Enrollees under age 21
	<ul style="list-style-type: none"> <li>• One (1) pair of eyeglasses every two (2) years except when the Enrollee has lost his or her eyeglasses or when the prescription has changed by more than 0.5 diopter</li> </ul>	Enrollees age 21 and older

# Transition of Care

If MFC-DC is new for you, you can keep your scheduled doctor's appointments and prescriptions for the first 90 days. If your provider is not currently in the MFC-DC network, you may be asked to select a new provider within MFC-DC's provider network.

If your doctor leaves MFC-DC's network, we will notify you within 15 calendar days so that you have time to select another provider. If MFC-DC terminates your provider, we will notify you within 30 calendar days before the effective termination date.

## Other Important Things to Know

### What if I move?

- Update your contact information online at <https://districtdirect.dc.gov>.
- Call MFC-DC Enrollee Services at **888-404-3549**.

### What if I have a baby?

- Call DC Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call MFC-DC Care Management office at **202-363-4348** or **855-798-4244**.

### What if I adopt a child?

- Call DC Economic Security Administration (ESA) Change Center at **202-727-5355**.

### What if someone in my family dies?

- Call DC Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call MFC-DC Enrollee Services at **888-404-3549**.

### How to change my MCP

- You can change your MCP:
  - During the 90 calendar days following the date of your initial enrollment or 90

calendar days after the date you received your enrollment notice from the District, whichever is later.

- Once a year during open enrollment.
- If temporary loss of eligibility causes you to miss the open enrollment.
- If the District imposes sanctions on MFC-DC or suspends enrollment.
- At any time, if you have a good reason/cause, such as:
  - » You move out of the service area;
  - » MFC-DC does not, because of moral or religious objections, cover the service(s) you need;
  - » You need related services to be performed at the same time, and not all the related services are available, and if your provider determines that receiving the services separately is risky;
  - » You believe the MFC-DC has discriminated against you based on your race, gender, ethnicity, national origin, religion, disability, pregnancy, age, genetic information, marital status, sexual orientation, gender identification, personal appearance, familial responsibilities, political

affiliation, and source of income or place of residence or;

- » You feel you have received poor quality of care, lack of access to covered services, or lack of access to Providers experienced in dealing with your health care needs.
- DC Healthy Families will send you a letter two months before open enrollment. The letter tells you how to change MCPs.
- When you change your MCP, your health care information will transition to the new MCP you choose so that you can continue to get the care you need.

### To change your MCP:

- By phone, call **202-639-4030** or **800-620-7802**. Hours of Operation: Monday through Friday 8:00 a.m. to 6:00 p.m.
- Online at [DCHealthyFamilies.com](https://www.DCHealthyFamilies.com)
- Fill out the Health Plan Selection Form and all of the other forms in the Enrollment Packet. Mail them back in the enclosed envelope found in the Enrollment Packet.

### You will not be allowed to get health care from MFC-DC anymore if you:

- Lose your Medicaid eligibility
- Establish Social Security Income (SSI) eligibility

### A child will be removed from MFC-DC if the child:

- Becomes a ward of the District

### The DC Government may remove you from MFC-DC if you:

- Let someone else use your Enrollee ID Card;
- Commit Medicaid fraud; or
- Do not follow your Enrollee responsibilities.

### What if I get a bill for a covered service?

If you get a bill for a covered service that is in the list above, call Enrollee Services at **888-404-3549**.

## Paying for non-covered services

- If you decide you want a service that we do not pay for and you do not have written permission from MFC-DC, you must pay for the service yourself.
- If you decide to get a service that we do not pay for, you must sign a statement that you agree to pay for the service yourself.
- Remember to always show your Enrollee ID Card and tell your doctors that you are an Enrollee of MFC-DC **before** you get services.

## Learn how new technology is evaluated.

MFC-DC evaluates new technology, and new uses for technology already available, as needed. We evaluate new technology to keep up with industry changes and standards. This helps to ensure that Enrollees have access to safe and effective care.

The new technology we evaluate may fall into categories such as medical and behavioral healthcare procedures, medications, medical equipment (for example, insulin pump) and treatments (for example, vaccines). When there is a need for new technology, the Chief Medical Officer will review it and make sure that it has been approved by the Food and Drug Administration and that studies and research show that it is safe and that it is effective for our Enrollees.

## Advance Directive

An Advance Directive is a legal document you sign that lets others know your healthcare choices. It is used when you are not able to speak for yourself. Sometimes this is called a "living will" or a "durable power of attorney."

An Advance Directive can let you pick a person to make choices about your medical care for you. An advance directive also lets you say what kind of medical treatment you want to receive if you become too ill to tell others your wishes.

It is important to talk about an Advance Directive with your family, your PCP, or others who might help you.

If you want to complete and sign an Advance Directive, ask your PCP for help during your next appointment, or call Enrollee Services at **888-404-3549**, and they will help you.

### What to do if I have other insurance

If you are an Enrollee of MFC-DC, you must tell us right away if you have any other health insurance. Please call Enrollee Services at **888-404-3549**.

### What to do if I am eligible for both Medicaid and Medicare

If you have Medicare and Medicaid, please tell MFC-DC so you can choose Medicare providers. You must sign up for Medicare Part D for your prescription drugs. Medicaid will pay your co-pays. See page 50 of this handbook for more information.

### What is Fraud?

Fraud is a serious matter. Fraud is making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. An example of fraud for providers is billing for services that were not furnished and supplies not provided. An example of fraud for Enrollees is falsely claiming that you live in the District when you live outside the boundaries of the District of Columbia.

If you suspect fraud, please let us know. It is not required that you identify yourself or give your name. To report fraud, call the MFC-DC Compliance Hotline, **877-811-3411**, or call the DC Department of Health Care Finance's Fraud Hotline at **877-632-2873**. If you want more information about fraud, visit the MFC-DC website at [MedStarFamilyChoiceDC.com](http://MedStarFamilyChoiceDC.com).

### Physician (doctor) incentive plan disclosure

You have the right to find out if MFC-DC has special financial arrangements with MFC-DC's doctors.

Please call MedStar Family Choice-DC Enrollee Services at **888-404-3549** for this information.



# Grievances, Appeals, and Fair Hearings

MFC-DC and the District government both have ways that you can complain about the care you get or the services MFC-DC provides to you. You may complain as described below.

## Grievances

- If you are unhappy with something that happened to you, you can file a Grievance. Examples of why you might file a Grievance include the following:
  - You feel you were not treated with respect
  - You are not satisfied with the health care you got
  - It took too long to get an appointment
- To file a Grievance, you should call Enrollee Services at **888-404-3549**.
- Your doctor can also file a Grievance for you.

You can file a Grievance at any time after the thing you are unhappy about. MFC-DC will usually give you a decision within 90 calendar days but may ask for extra time (but not more than 104 calendar days total) to give a decision.

To File a Grievance in writing with MFC-DC, mail to:

**MedStar Family Choice District of Columbia**  
**Attn: Enrollee Services Coordinator**  
3007 Tilden Street, NW, POD 3N  
Washington, DC 20008

## Appeals

If you believe your benefits were unfairly denied, reduced, delayed, or stopped, you have a right to file an Appeal with MFC-DC. If you call and give your Appeal over the phone, MFC-DC will summarize your Appeal in a letter and send you a copy. Be sure to read the letter carefully.

Your Appeal will be decided by MFC-DC within 30 calendar days from the date your Appeal was received.

If MFC-DC needs more time to get information and the District decides this would be best for you, or if you or your Advocate requests more time, MFC-DC may increase this time for the decision by 14 calendar days. MFC-DC must give you written notice of the extension.

You will receive written notice of MFC-DC's decision about your Appeal in the mail.

If you are not happy with MFC-DC's decision about your Appeal, you may request a Fair Hearing.

To file an Appeal with MFC-DC, call Enrollee Services at **888-404-3549**. To file an Appeal in writing with MFC-DC, mail to:

**MedStar Family Choice District of Columbia**  
**Appeals Processing**  
P.O. Box 43790  
Baltimore, MD 21236

## Fair Hearings

If you are not satisfied with the outcome of the appeal you filed with MFC-DC, you can request a "Fair Hearing" with the DC's Office of Administrative Hearings.

To file a request for a Fair Hearing, call or write the District government at:

**DC Office of Administrative Hearings**  
**Clerk of the Court**  
441 4th Street, NW, Room N450  
Washington, DC 20001  
Telephone Number: **202-442-9094**

## Deadlines

- You must file an Appeal within 60 calendar days from the Adverse Benefit Determination Notice date.
- You may request a Fair Hearing no more than 120 calendar days from the date of the MFC-DC Resolution of Appeal Notice.
- If you want to continue receiving the benefit during your Fair Hearing or Appeal, you must request the Fair Hearing or Appeal within the later of the following:
  - Within 10 calendar days of the date on the MFC-DC Adverse Benefit Determination Notice or the Resolution of Appeal Notice; or
  - The intended effective date of the MFC-DC's proposed action (or, in other words, when the benefit is to stop).

Your provider may file an Appeal or request for a Fair Hearing on your behalf.

## Expedited (emergency) Grievances and Appeals process

If your Appeal is determined to be an emergency, MFC-DC will give you a decision notice within 72 hours. MFC-DC will also make reasonable efforts to speak with you within 72 hours regarding your Appeal. An Appeal is considered an emergency if it would be harmful or painful to you if you had to wait for the standard time frame of the Appeal procedure.

All Appeals filed by Enrollees with HIV/AIDS, mental illness, or any other condition that requires attention right away will be resolved and communicated back to the Enrollee within 24 hours of filing the Appeal.

## Your rights during the Grievances, Appeals, and Fair Hearings process

- You have the right to a Fair Hearing. You may request a Fair Hearing from the Office of Administrative Hearing after you have gone through the one-level Appeal process with MFC-DC. You must request a Fair

Hearing no more than 120 calendar days from the date of the Resolution of Appeal Notice.

- If MFC-DC does not give you notice regarding your appeal or does not give you notice on time, then the appeal process will be considered complete, and you may request a Fair Hearing.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days - this could be as short as 10 calendar days.
- You have the right to have someone from MFC-DC help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or other representative.
- You have a right to have accommodations made for any special healthcare need.
- You have a right to adequate TTY/TTD capabilities and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the Grievance, Appeal, or Fair Hearing.

If you have any questions about the Grievances and Appeals/Fair Hearings process, please call Enrollee Services at **888-404-3549**.

# Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, and how you can get this information. Please read it carefully.

## Who will follow this notice?

MedStar Health Inc. and its affiliated entities and subsidiaries are separate legal entities. However, they are under common ownership and control and thus have organized themselves as a single Affiliated Covered Entity (ACE) for the purposes of the HIPAA Privacy Rule. This status permits MedStar, its affiliated entities, and subsidiaries to maintain a single Notice of Privacy Practices. This notice describes the health information practices of the MedStar organization. All entities, sites, and locations will follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, and healthcare operations as described in this notice.

## Our obligation to you

We value the privacy of your medical information as an important part of our patient-first pledge. We view the protection of patient privacy as an essential component of our vision to be the Trusted Leader in Caring for People and Advancing Health, and our mission to serve our patients. We strive to use only the minimum amount of your health information necessary for the purposes described in this Notice of Privacy Practice ("Notice").

We collect information from you and use it to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your health information and to give you this Notice of our legal duties, our privacy practices, and your rights. We are required to follow the terms of our most current Notice. When we disclose information to other

persons and companies to perform services for us, we will require them to protect your privacy. There are other laws we will follow that may provide additional protections, such as laws related to mental health, alcohol, and other substance abuse, and communicable diseases or other health conditions.

This Notice covers the following sites and people: all healthcare professionals authorized to enter information into your chart, all volunteers authorized to help you while you are here, all of our associates and on-site contractors, all departments and units within the hospital, all healthcare students, all healthcare delivery facilities and providers within the MedStar system, and your personal doctor and others while they are providing care at this site. Your doctor may have different policies or notices about the health information that was created in his or her private office or clinic.

## How we may use and disclose health information

### Treatment

We may use and disclose your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. We may use and disclose your health information to doctors, nurses, technicians, medical students, and other personnel who are involved in taking care of you at our facilities or with such persons outside our facilities. We may use or share information about you to coordinate the different services you need, such as prescriptions, lab work, and X-rays. We may disclose information about you to people outside our facility who may be involved in your care after you leave, such as family members, home health agencies, therapists, nursing homes, clergy, and others. We may

give information to your health plan or another provider to arrange a referral or consultation.

## Payment

We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. We may share this information with your insurance company or a third party used to process billing information. (As described below, if you pay for your health care in full and out-of-pocket, you may request that we not share your information with your insurance company.) We may contact your insurance company to verify what benefits you are eligible for, to obtain prior authorization, and to tell them about your treatment to make sure that they will pay for your care. We may disclose information to third parties who may be responsible for payment, such as family members or to bill you. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

## Healthcare Operations

We may use and disclose your health information as necessary to operate our facility and make sure that all of our patients receive quality care. We may use health information to evaluate the quality of services you received or the performance of our staff in caring for you. We may use health information to improve our performance or to find better ways to provide care. We may use health information to grant medical staff privileges or to evaluate the competence of our healthcare professionals. We may use your health information to decide what additional services we should offer and whether new treatments are effective. We may disclose information to students and professionals for review and learning purposes. We may combine our health information with information from other healthcare facilities to compare how we are doing and see where we can make improvements. We may use health information for business planning, or disclose

it to attorneys, accountants, consultants, and others in order to make sure we are complying with the law. We may remove health information that identifies you so others may use the de-identified information to study health care and healthcare delivery without learning who you are. If operating as a health plan, we will not use or disclose genetic information for underwriting purposes (this does not apply to long-term care plans).

## Business Associates

There are some services provided by MedStar Health through contracts with business associates. Examples include a copy service we use when making copies of your health record, consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

## Certain Marketing Activities

We may use your medical information to forward promotional gifts of nominal value; to communicate with you about products, services and educational programs offered by MedStar Health; to communicate with you about case management and care coordination; and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

## Health Information Exchanges

We may participate in health information exchanges to facilitate the secure exchange of your electronic health information between and among several healthcare providers or other healthcare entities for your treatment, payment or other healthcare operations purposes. This means we may share

information we obtain or create about you with outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies), or we may receive information they create or obtain about you (such as medication history, medical history or insurance information) so each of us can provide better treatment and coordination of your healthcare services. In addition, if you visit any MedStar Health facility, your health information may be available to other clinicians and staff who may use it to care for you, to coordinate your health services or for other permitted purposes.

The Chesapeake Regional Information System for our Patients (CRISP) is a regional HIE serving Maryland and Washington, D.C., in which we participate. We may share information about you through CRISP for treatment, payment, healthcare operations or research purposes. You may “opt-out” and disable access to your health information available through CRISP by calling **877-952-7477** or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [CrispHealth.org](https://www.CrispHealth.org). As permitted by law, even if you opt-out of CRISP, public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP.

### **Appointment Reminders and Service Information**

We may use or disclose your health information to contact you to provide appointment reminders or to let you know about treatment alternatives or other health-related services or benefits that may be of interest to you.

### **Individuals involved in your care or payment for your care**

We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may share

your information with other healthcare professionals, government representatives or disaster-relief organizations, such as the Red Cross, in emergency or disaster-relief situations so they can contact your family or friends or coordinate disaster-relief efforts.

### **Patient Directories**

We may keep your name, location in the facility and your general condition in a directory to give to anyone who asks for you by name. We may give this information and your religious affiliation to clergy, even if they do not know your name. You may ask us to keep your information out of the directory, but you should know that if you do, visitors and florists will not be able to find your room. Even if you ask us to keep your information out of the directory, we may share your information for disaster-relief efforts or in declared emergency situations.

### **Fundraising Activities**

We depend extensively on philanthropy to support our healthcare mission. We may use your name and other limited information to contact you, including the dates of your care, the name of the department where you were treated and the name of your treating physician so that we may provide you with an opportunity to make a donation to our programs. We may collaborate with a third party, including Georgetown University, to manage our fundraising activities. If we or any of our agents contact you for fundraising or philanthropy purposes, you will be told how you may ask us not to contact you in the future.

### **Research**

We may use or disclose your health information for research that has been approved by one of our official research review boards, which has evaluated the research proposal and established standards to protect the privacy of your health information. We may use or disclose your health information to a researcher preparing to conduct a research project.

## Organ and Tissue Donation

We may use or disclose your health information in connection with organ donations, eye or tissue transplants or organ donation banks, as necessary to facilitate these activities.

## Public Health Activities

We may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury or disability. For example, we must report certain information about births, deaths and various diseases to government agencies. We may disclose health information to coroners, medical examiners and funeral directors as allowed by the law to carry out their duties. We may use or disclose health information to report reactions to medications, problems with products or to notify people of recalls of products they may be using. We may use or disclose health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

## Serious threat to Health and Safety

We may use or disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose health information to someone reasonably able to help prevent or lessen the threat, such as law enforcement or government officials.

## Required by law, legal proceedings, health oversight activities and law enforcement

We will disclose your health information when we are required to do so by federal, state and other law. For example, we may be required to report victims of abuse, neglect or domestic violence, as well as patients with gunshot and other wounds. We will disclose your health information when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, or other lawful process.

We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

## Specialized Government Functions

If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations. We may disclose health information to make medical suitability determinations for foreign service.

## Correctional Facilities

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

## Workers' Compensation

We may disclose your health information as required by applicable workers' compensation and similar laws.

## Health Plan

When MedStar Health operates as a health plan, we will not use or disclose your genetic information for underwriting purposes.

## Your Written Authorization

Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written authorization. These include the sale of your health information, use of your health information for marketing purposes and certain disclosures of psychotherapy notes.

You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

## Your Privacy Rights Regarding Your Health Information

### Right to obtain a copy of this Notice of Privacy Practices

We will post a copy of our current Notice in our facilities and on our website, [MedStarHealth.org](https://www.medstarhealth.org). A copy of our current Notice will be available at our registration areas or upon request. To request a copy of our current Notice of Privacy Practices, please call **410-772-6606**.

### Right to See and Copy Your Health Record

You have the right to look at and receive a copy of your health record or your billing record. To do so, please contact the facility where you received treatment or the privacy office at MedStar Health. You may be required to make your request in writing.

You may request an electronic copy of this information, and we will provide access in the electronic form and format requested if it is readily reproducible in the requested format. If not, we will discuss the issue with you and provide a copy in a readable electronic form and format upon which we mutually agree, depending on the information and

our capabilities at the time of the request. You may also request that we send your health information directly to a person you designate if your written request is signed, in writing, and clearly identifies both the person designated and the address to send the requested information.

If you would like a copy of your health record, a fee may be charged for the cost of copying or mailing your record (and the electronic media if the request is to provide the information on portable electronic media), as permitted by law. We will provide a copy of your health record usually within 30 days. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

### Right to Update Your Health Record

If you believe that a piece of important information is missing from your health record, you have the right to request that we add an amendment to your record. Your request must be in writing, and it must contain the reason for your request. To submit your request, please contact the facility where you received treatment or the privacy office at MedStar Health. We will make every effort to fulfill your request usually within 60 days. We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information is not contained in records that you would be permitted by law to see and copy. If we deny your request, you will be notified in writing usually within 60 days. Even if we accept your amendment, we will not delete any information already in your records.

### Right to get a list of the disclosures we have made

You have the right to request a list of the disclosures that we have made of your health information. This list is not required to include

disclosures made for treatment, payment and healthcare operations, and certain other disclosure exceptions. Your request must be in writing and indicate in what form you want the list (for example, on paper or electronically). To request a list of disclosures, please contact the facility where you received treatment or the privacy office at MedStar Health. The first list you request in a 12-month period is at no cost. For additional lists, we may charge a fee, as permitted by law.

### **Right to request a restriction on certain uses or disclosures**

You have a right to request a restriction on how we use and disclose your medical information for treatment, payment and healthcare operations, and to certain family members or friends identified by you who are involved in your care or the payment of your care. We are not required to agree to your request, and will notify you if we are unable to agree. Your request must be in writing and it must (1) describe what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

In some instances, you may choose to pay for a healthcare item or service out of pocket rather than submit a claim to your insurance company. You may request that we not submit your medical information to a health plan or your insurance company if you, or someone on your behalf, pays for the treatment or service out of pocket in full. To request this restriction, you must make your request in writing prior to the treatment or service. In your request, you must tell us (1) what information you want to restrict and (2) to what health plan the restriction applies.

### **Right to Breach Notification**

You have the right under HIPAA, or as required by law, to be notified if there is a breach of your unsecured medical

information. If requested, this notification may be provided to you electronically.

### **Right to Choose a Representative**

You have the right to choose someone to act on your behalf. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make efforts to verify that the person you designate has this authority and can act for you before we take any action.

### **Right to choose how you receive your Health Information**

You have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing, and it must specify how or where you wish to be contacted. To submit a request, please contact the facility where you received treatment or the privacy office at MedStar Health.

### **Contact Person**

If you believe your privacy rights have been violated, you may call or file a complaint in writing with the MedStar Health Privacy Office or the Department of Health and Human Services (please reference the contact information below). We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### **Privacy Officer - MedStar Health Inc.**

10980 Grantchester Way, Columbia, MD 21044

**410-772-6606**

[privacyofficer@medstar.net](mailto:privacyofficer@medstar.net)

#### **U.S. Department of Health and Human Services Office for Civil Rights**

200 Independence Ave., S.W., Washington, DC 20201

**877-696-6775** (toll-free)

[HHS.gov/OCR/Privacy/HIPAA/Complaints](https://www.hhs.gov/OCR/Privacy/HIPAA/Complaints)

If you have questions about this Notice or would like to exercise your privacy rights, please contact the facility where you received treatment or the MedStar Privacy Office.

## Changes to this Notice of Privacy Practices

### We reserve the right to change this Notice.

We reserve the right to make the revised Notice effective for medical information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in each MedStar Health facility and on our website. In addition, each time you register at, or are admitted to, the hospital for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of our current Notice in effect.

El Aviso sobre Prácticas de Privacidad está disponible en español.

개인 정보 보호 정책 관행의 공지 사항 한글로 사용할 수 있습니다.

آب رعل ءة للاب حاتم ءة صوصللا ءركنم

通知隐私做法是可以在简体中文。

**Các thông báo về việc bảo mật Thực tiễn hiện có sẵn tại Việt Nam**

Уведомление о конфиденциальности доступна на русском языке.

*Footnote: MedStar Health Inc., located in Columbia, Maryland, is a nonprofit, community-based healthcare organization serving Maryland and the Washington, D.C., region. The health system is made up of a number of distinguished healthcare providers and other diversified healthcare entities. While these entities operate independently of one another and as separate employers, they also work toward a common mission and values. The mission of MedStar is to serve our patients, those who care for them and our communities, and our vision is to be the trusted leader in caring for people and advancing health. In working to achieve this goal, it is the responsibility of each MedStar entity to enforce its privacy policies and to take appropriate disciplinary or other actions for employee violations. Please note that for purposes of this Notice of Privacy Practices, the MedStar Health parent company and all of its subsidiaries will be referred to collectively as "MedStar Health." For privacy purposes only, MedStar Health is organized as an Affiliated Covered Entity, as described in 45 CFR §164.504(d)(1); legally separate entities that are affiliated may designate themselves as a single covered entity.*

MedStar Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **877-772-6505**。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **877-772-6505**.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **877-772-6505** 번으로 전화해 주십시오.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **877-772-6505**.

# Medicare Part D Notice for Enrollees with Both Medicare and Medicaid

If you get Medicare and Medicaid at the same time, you will get your medicines from the Medicare Part D Program.

MFC-DC will only cover your medicines for:

- Formulary over the counter medications, vitamins, & minerals as prescribed by your doctor.

If you have any questions about your medicines, please call MFC-DC Enrollee Services at **888-404-3549**. If you have questions about Medicare Part D, you can also call Medicare at **800-MEDICARE (800-633-4227)** or visit [Medicare.gov](https://www.Medicare.gov) website.

## The Office of Health Care Ombudsman and Bill of Rights

The Health Care Ombudsman Program is a District of Columbia Government program that assists you in receiving health care from your MCP. The Health Care Ombudsman can provide the following services:

- Explain the health care you have a right to receive;
- Respond to your questions and concerns about your health care;
- Help you understand your rights and responsibilities as an Enrollee in a MCP;
- Provide assistance in obtaining the medically necessary services that you need;
- Answer questions and concerns you may have about the quality of your health care;
- Help you resolve problems with your doctor or other healthcare provider;
- Provide assistance in resolving complaints and problems with your MCP;
- Assist with appeal processes; and

- Provide assistance in filing a Fair Hearing request for you.

The Health Care Ombudsman does not make decisions on grievances, appeals, or Fair Hearings. To reach the Health Care Ombudsman, please call **202-724-7491** or **877-685-6391** (toll-free). The Office of Health Care Ombudsman & Bill of Rights is located at:

One Judiciary Square  
441 4th Street, NW  
Suite 250 North  
Washington, DC 20001  
Phone: **202-724-7491**  
Fax: **202-442-6724**  
Toll-Free Number: **877-685-6391**  
Email: [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)



# Child Development Milestones



By the end of their **THIRD MONTH,** most babies:

- Lift head and chest when lying on stomach
- Hold upper body up with arms when lying on stomach
- Kick legs
- Open and shut hands
- Bring hands to mouth
- Grab and shake toys
- Watch moving objects
- Watch faces closely
- Recognize familiar objects and people
- Start using hands and eyes together
- Begin to babble and to imitate some sounds
- Smile when they hear their parents' voices
- Enjoy playing with other people
- May cry when playing stops<sup>1</sup>



By the end of their **SEVENTH MONTH,** most babies:

- Roll over stomach to back and back to stomach
- Sit up
- Reach for objects
- Move objects from one hand to the other
- Support weight on legs when held up
- See in color
- See at a distance
- Use voice to express feelings
- Respond to own name
- Babble
- Understand emotions by tone of voice
- Explore objects with hands and mouth
- Struggle to get objects that are out of reach
- Enjoy playing peek-a-boo
- Show an interest in mirrors<sup>1</sup>



By their **FIRST BIRTHDAY,** most babies:

- Crawl
- Pull self up to stand
- Walk holding onto furniture
- May walk few steps without help
- Grasp with fingers
- Say "dada" and "mama"
- Try to imitate words
- Respond to "no" and simple requests
- Use simple gestures, such as shaking head "no" and waving bye-bye
- Explore objects
- Begin to use objects (drinking from cup, brushing hair)
- Find hidden objects easily<sup>1</sup>



By their **SECOND BIRTHDAY,** most children:

- Walk alone
- Jump
- Pull toys behind them while walking
- Carry toys while walking
- Begin to run
- Kick a ball
- Climb on and off furniture
- Walk up and down stairs while holding onto support
- Scribble with crayon
- Build tower of 5 blocks or more
- Recognize names of familiar people, objects and body parts
- Use 2 words together
- Follow simple instructions (1 or 2 steps)
- Begin to sort objects by shapes and colors
- Begin to play make-believe
- Imitate behavior of others
- Want to do things for themselves<sup>1</sup>



By their **THIRD BIRTHDAY,** most children:

- Can do some things for themselves (like putting on clothes and feeding self)
- Enjoy playing imaginatively and with other kids
- Tell stories with 2 to 3 sentences
- Can be understood more than half of the time
- Can name a friend
- Know whether they are a boy or girl
- Build a tower of 6 to 8 cubes
- Throw a ball overhand
- Ride a tricycle
- Walk up stairs alternating feet
- Balance on 1 foot for 1 second
- Copy a circle
- Draw a person with 2 body parts (head and one other part)
- Are toilet trained during the daytime<sup>1</sup>



By their **FOURTH BIRTHDAY,** most children:

- Play with other children
- Can follow family rules
- Play with favorite toys
- Listen to stories
- Engage in fantasy play
- Know first and last name
- Sing a song or say a poem from memory
- Know what to do if cold, tired, or hungry
- Can be understood
- Name 4 colors
- Play board/card games
- Draw a person with 3 parts
- Hop on one foot
- Balance on 1 foot for 2 seconds
- Build a tower of 8 blocks
- Copy a cross
- Can eat by themselves
- Brush their teeth
- Can dress self



By their **FIFTH BIRTHDAY,** most children:

- Are more likely to agree to rules
- Like to sing, dance, and act
- Able to distinguish fantasy from reality
- Recall part of a story
- Speak sentences of more than 5 words
- Know their name and address
- Can count 10 or more objects
- Correctly name at least 4 colors
- Stand on one foot for ten seconds or longer
- Hop, swing, and climb
- Copy a triangle and other geometric patterns
- Print some letters of the alphabet
- Use a fork and spoon
- Dress and undress without assistance<sup>2</sup>

www.earlystagesdc.org

Source: www.earlystagesdc.org

1. 0-2 year milestones: March of Dimes (www.marchofdimes.com) • 2. 3-5 year milestones: American Academy of Pediatrics (www.aap.org)

Definitions	
<b>Advance Directive</b>	A written, legal paper that you sign that lets others know what health care you want or do not want if you are very sick or hurt and cannot speak for yourself.
<b>Advocate</b>	A person who helps you get the health care and other services you need.
<b>Appeal</b>	An Appeal is a special kind of complaint you make if you disagree with a decision MFC-DC makes to deny a request for healthcare services or payment for services you already received. You may also make this kind of complaint if you disagree with a decision to stop services that you are receiving.
<b>Appointment</b>	A certain time and day you and your doctor set aside to meet about your healthcare needs.
<b>Care Manager</b>	Someone who works for MFC-DC who will help you get the care, support, and information you need to stay healthy.
<b>Check-Up</b>	See Screening
<b>Contraception</b>	Supplies related to birth control
<b>Covered Services</b>	Healthcare services that MFC-DC will pay for when completed by a provider.
<b>Detoxification</b>	Getting rid of harmful substances from the body, such as drugs and alcohol.
<b>Development</b>	How your child grows.
<b>Disease Management Program</b>	A program to help people with chronic illnesses or Special Healthcare Needs, such as asthma, high blood pressure, or mental illness, get the necessary care and services.
<b>Durable Medical Equipment (DME)</b>	Special medical equipment that your doctor may ask or tell you to use in your home.
<b>Emergency Care</b>	Care you need right away for a serious, sudden, sometimes life-threatening condition.
<b>Enrollee</b>	The person who gets health care through MFC-DC's provider network.
<b>Enrollee Identification (ID) Card</b>	The card that lets your doctors, hospitals, pharmacies, and others know that you are an Enrollee of MFC-DC.

## Definitions

<b>EPSDT</b> <b>Early, Periodic Screening, Diagnosis, and Treatment Program</b>	Services that provide a way for children ages birth up to 21 to get medical exams, check-ups, follow-up treatment, and special care they need. Also known as <i>Health Check Program</i> .
<b>Fair Hearing</b>	You can request a fair hearing with DC's Office of Administrative Hearings if you are not satisfied with the decision regarding your appeal.
<b>Family Planning</b>	Services include pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDS testing and counseling.
<b>Family and General Practice Doctor</b>	A doctor that can treat the whole family.
<b>Grievance</b>	If you are unhappy with the care you get or the healthcare services MFC-DC gives you, you can call Enrollee Services to file a grievance.
<b>Handbook</b>	This book that gives you information about MFC-DC and our services.
<b>Health Check Program</b>	See EPSDT
<b>Hearing Impaired</b>	If you cannot hear well or if you are deaf.
<b>IDEA</b>	Individuals with Disabilities Education Act; a federal law that services children with developmental delays and special healthcare needs.
<b>Immunization</b>	Shot or vaccination.
<b>Internal Medicine Doctor</b>	Doctor for adults and children over 14 years old.
<b>Interpretation/ Translation Services</b>	Help from MFC-DC when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
<b>Mammogram</b>	X-ray test to detect breast cancer.
<b>Managed Care Plan (MCP)</b>	A company that the District of Columbia pays to give you health care and health services.
<b>Maternity</b>	The time when a woman is pregnant and shortly after childbirth.
<b>Mental Health</b>	How a person thinks, feels and acts in different situations.

## Definitions

<b>Non-Covered Services</b>	Health care that MFC-DC does not pay for when completed by a provider.
<b>OB/GYN</b>	Obstetrician/Gynecologist; a doctor trained to care for a woman's health, including when she is pregnant.
<b>Out-of-Network Providers</b>	Doctors, nurses, dentists, and others who take care for your health, and are <b>not</b> a part of MFC-DC.
<b>Pediatrician</b>	A children's doctor.
<b>Pharmacy</b>	Where you choose your medicine.
<b>Physician Incentive Plan</b>	Tells you if your doctor has any special arrangements with MFC-DC.
<b>Post-Partum Care</b>	Health care for a woman after she has her baby.
<b>Prenatal Care</b>	Care that is given to a pregnant woman the entire time she is pregnant.
<b>Prescription</b>	Your doctor orders medicine for you; you must take it to the pharmacy to choose the medication.
<b>Preventive Counseling</b>	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
<b>Primary Care Provider (PCP)</b>	The doctor that takes care of you most of the time.
<b>Prior Authorization</b>	Written permission from MFC-DC to get health care or treatment.
<b>Provider Directory</b>	A list of all providers who are part of the MFC-DC.
<b>Providers</b>	Doctors, nurses, dentists, and other people who take care of your health.
<b>Referral</b>	When your primary doctor gives you a written note that sends you to see a different doctor.

Definitions	
<b>Routine Care</b>	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine Care can be a check-up, physical, health screen, and regular care for health problems like diabetes, asthma, and hypertension.
<b>Screening</b>	A test that your doctor or other healthcare provider may do to see if you are healthy. This could be a hearing, vision, or test to see if your child is developing normally.
<b>Self-Referral Services</b>	Certain services you can get without getting a written note or referral from your primary doctor.
<b>Services</b>	The care you get from your doctor or other healthcare provider.
<b>Special Healthcare Needs</b>	Children and adults who need health care and other special services that are more than or different from what other children and adults need.
<b>Specialist</b>	A doctor trained to give special care, like an ear, nose, throat, or foot doctor.
<b>Specialty Care</b>	Health care provided by doctors or nurses trained to give a specific kind of health care.
<b>Sterilization Procedures</b>	A surgery you can have if you do not want children in the future.
<b>Transportation Services</b>	Help from MFC-DC to get to your appointment. The type of transportation you get depends on your medical needs.
<b>Treatment</b>	The care you get from your doctor.
<b>Urgent Care</b>	Care you need within 24 hours, but not right away.
<b>Visually Impaired</b>	If you cannot see well or you are blind.









# MedStar Family Choice

DISTRICT OF COLUMBIA

## Enrollee Services

3007 Tilden Street, NW, POD 3N  
Washington, DC 20008  
**202-363-4348** or **888-404-3549** (toll-free)

[MedStarFamilyChoiceDC.com](http://MedStarFamilyChoiceDC.com)



**It's how we treat people.**



This program is funded in part by the  
Government of the District of Columbia  
Department of Health Care Finance.

