



MedStar Family
Choice

DISTRICT OF COLUMBIA

DC Healthcare Alliance Program Enrollee Handbook

2021-2022



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

Enrollee Services 888-404-3549
[MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com)



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

**WE ARE
WASHINGTON
DC** GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



MedStar Family Choice-DC

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

For directions on how to visit us,
call **202-363-4348**.








3007 Tilden St., N.W., POD 3N
Washington, DC 20008

Enrollee Services: **888-404-3549** toll-free.

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



Important Phone Numbers

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

Language Accessibility

English

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

Spanish/Español

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

Amharic/አማርኛ

ማሳሰቢያ፡ ኢንግሊዝኛ የማይናገሩ እና/ወይም የማያነቡ ከሆነ፣ እባክዎ ከጧት 8:00 እስከ አመሻሽ 5:30 ባሉ ሰዓታት ውስጥ ወደ 888-404-3549 ይደውሉ። ተወካይ ያግኙዎታል።

Arabic/العربية

تنبيه: إذا كنت لا تتحدث أو تقرأ اللغة الإنجليزية، يُرجى الاتصال بـ 888-404-3549 بين الساعة 8:00 صباحًا و 5:30 مساءً. أحد مندوبينا سيقوم بمساعدتك.

Bassa/Bàsòò

DĚ ĐE NIĀ KĒ DYÉĐÉ GBO: Ǿ Jũ ké m̃ se Xwí-Wùdù wùdù poe dyuò m̃w̃ wuquún zàà dyuò ní, dǎ nòbà nìà kē 888-404-3549 sòin 8:00 AM ké 5:30 PM gbo muε. À ké-baḍa-nyò dǒ mu m̃ gbo kpàun.

Burmese/မြန်မာစကား

သတိပြုရန်- အကယ်၍ သင်သည် အင်္ဂလိပ်စကား မပြောတတ်၊ မဖတ်တတ်လျှင် ကျေးဇူးပြု၍ နံနက် ၈:၀၀ နာရီနှင့် ညနေ ၅:၃၀ နာရီ အကြားတွင် ၈၈၈-၄၀၄-၃၅၄၉ သို့ ဖုန်းခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးက သင့်ကို ကူညီလိမ့်မည်။

Chinese (Traditional)/粵語

注意：如果你不會說或讀 英語，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 (Simplified)/普通话

注意：如果你不会说或读 英语，请在早上8点到下午5点半之间拨打888-404-3549。有个代表会帮助你的。

Farsi/فارسی

توجه: اگر قادر به صحبت کردن و/یا خواندن به انگلیسی نیستید، لطفاً بین ساعات 8.00 صبح تا 5.30 عصر با شماره 888-404-3549 تماس بگیرید. نماینده‌ای به شما کمک خواهد کرد.

French/Français

Attention : Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 888-404-3549 entre 8h00 et 17h30, un représentant vous répondra.

Gujarati/ગુજરાતી

ધ્યાન આપો: જો તમે અંગ્રેજી બોલી અને/અથવા વાંચી શકતા ન હોય તો, કૃપા કરીને 888-404-3549 નંબર પર 8:00 a.m. થી 5:30 p.m. વચ્ચે કોલ કરો. પ્રતિનિધિ તમારી મદદ કરશે.

Haitian Creole/Kreyòl Ayisyen

Atansyon: Si ou pa pale ak/oswa li anglè, tanpri rele 888-404-3549 ant 8:00 a.m. ak 5:30 p.m. Yon reprezantan pral ede ou.

Hindi/हिन्दी

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

Hmong/Hmong

Nco ntsoov: Yog tias koj tsis hais thiab / los sis tsis nyeem As Kiv, thov hu rau 888-404-3549 thaum 8:00 sawv ntxov thiab 5:30 tsaus ntuj. Ib tus sawv cev yuav pab koj.

Igbo/Igbo

Gee ntị: O buru na ị naghị asụ ma/màòbụ agụ Bekee, biko kpọọ 888-404-3549 ihe dikà ebe 8:00 nke ututu ruo 5:30 nke mgbede. Onye nnọchị anya ga-enyere gị aka.

Italian/Italiano

Attenzione: Se non parli e/o leggi inglese, chiama il numero 888-404-3549 tra le 8:00 e le 17:30. Un rappresentante ti assisterà.

Japanese/日本語

注意: 英語が話せないまたは読めない場合は、888-404-3549までご連絡をお入れください。受付の営業時間は朝8時から昼5時半まででございます。係員がお手伝い致します。

Korean/한국어

알립니다: 영어를 읽거나 말할 수 없다면, 오전 8시에서 오후 5시 30분 사이에 888-404-3549로 문의하십시오. 대표가 도움을 드릴 것입니다.

Polish/Polski

Uwaga: Jeśli nie mówisz i/lub nie czytasz po Angielski, zadzwoń pod numer 888-404-3549 między 8:00 a 17:30. Nasz przedstawiciel będzie mógł Ci pomóc.

Portuguese/Português

Atenção: Se você não fala ou lê Inglês, ligue para 888-404-3549; horário de atendimento das 08:00 às 17:00. Nosso representante irá ajudá-lo.

Punjabi/ਪੰਜਾਬੀ

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਬੋਲ ਅਤੇ/ਜਾਂ ਪੜ੍ਹ ਨਹੀਂ ਸਕਦੇ ਹੋ, ਕਿਰਪਾ ਕਰਕੇ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 888-404-3549 'ਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

Russian / русский

Внимание: Если вы не говорите и/или не можете читать на английский языке, позвоните по телефону 888-404-3549 с 8:00 до 17:30. Представитель поможет вам.

Somali/Soomaaliga

Ogeysiis: Haddii aadan ku hadlin iyo/ama aadan Akhriyi karin Ingiriisi, fadlan wac lambarkaan 888-404-3549 inta u dhexeysa 8:00 subaxnimo iyo 5:30 galabnimo waxaa ku caawin doona qof wakiil ka ah.

Tagalog/Tagalog

Paunawa: Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang 888-404-3549 sa pagitan ng 8:00 a.m. at 5:30 p.m. May kinatawan na tutulong sa iyo.

Urdu/اردو

توجہ فرمائیں: اگر آپ انگریزی بولتے اور/یا پڑھتے نہیں ہیں تو براہ کرم 888-404-3549 پر صبح 8:00 بجے سے شام 5:30 بجے کے درمیان کال کریں۔ ایک نمائندہ آپ کی مدد کرے گا۔

Vietnamese/Tiếng Việt

Chú ý: Nếu bạn không nói và/hoặc đọc Tiếng Anh, vui lòng gọi 888-404-3549 giữa 8 giờ sáng đến 5 giờ 30 chiều. Một người đại diện sẽ hỗ trợ bạn

Yoruba/Yorùbá

Àkíyèsí: Bí o ko bá sọ àtì/tàbí ka èdè Gẹ̀ẹ̀sì, jòwọ̀ pe 888-404-3549 láàárín 8:00 òwúró àti 5:30 ìròlẹ̀. Asojú kan yóò ràn ọ lówọ̀.

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Welcome to MedStar Family Choice-District of Columbia

About MedStar Family Choice-DC

Thank you for choosing MedStar Family Choice-DC. We are happy to be your Managed Care Organization (MCO) for the D.C. Healthcare Alliance program. We know that nothing is more important than you and your health. That's why we work hard to make sure that you are treated with the kind of care and respect you want and deserve. We are committed to your health and want to make sure that you 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 MedStar Family Choice-DC. If we make changes to MedStar Family Choice-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 MedStar Family Choice-DC employees and ask any questions you may have. It is a chance 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

MedStar Family Choice-DC is a managed care organization contracted with the District of Columbia to provide your healthcare benefits. In this Handbook, we tell you about how MedStar Family Choice-DC works, how to find doctors, how to call us, and what benefits are covered. Words used in Health Care and words used by your doctor can sometimes be hard to understand. We have explained these words in the back of this book in the Definitions section.

If you have questions about things you read in this book or other questions about MedStar Family Choice-DC you can call Enrollee Services at **888-404-3549** or visit [MedStarFamilyChoiceDC.com](https://www.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 pick 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 MedStar Family Choice-DC.

This Enrollee Handbook gives you basic information about how MedStar Family Choice-DC works.

Please call MedStar Family Choice-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 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 MedStar Family Choice-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 MedStar Family Choice-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 MedStar Family Choice-DC's Enrollee Handbook and/or Provider Directory.
- Continue treatment you are currently receiving until you have a new treatment plan.
- Receive interpretation and translation services at no cost.
- Refuse oral interpretation services.
- Receive transportation services at no cost.
- Get an explanation of prior authorization procedures.
- Receive information about MedStar Family Choice-DC's financial condition and any special ways we pay our doctors.
- Obtain summaries of customer satisfaction surveys.
- Receive MedStar Family Choice-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 health care and services that are culturally competent and free from discrimination.
- Receive information, including information on treatment options and alternatives, regardless of cost or benefit coverage, in a manner you can understand.
- Exercise your rights, and that the exercise of those rights does not adversely affect the way we, our providers, or the Department of Health Care Finance treats you.
- Request a Fair Hearing with the District of Columbia after an Adverse Determination is made as a result of an Appeal.
- Request that ongoing benefits be continued during an Appeal or state Fair Hearing however, you may have to pay for the continued benefits if the decision is upheld in the Appeal or Hearing.
- Receive other information about how MedStar Family Choice-DC is managed including the structure and operation, as well as physician incentive plans.

- Receive information about MedStar Family Choice-DC, its services, its practitioners and providers and enrollee rights and responsibilities.
- Make recommendations regarding the organization's enrollee rights and responsibilities policy.
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

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 MedStar Family Choice-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 MedStar Family Choice-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 MedStar Family Choice-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 MedStar Family Choice-DC if you were injured as the result of an accident or at work.
- Informing your provider and MedStar Family Choice-DC if you have any other health insurance coverage.
- Being on time for appointments and notifying providers as soon as possible if you need to cancel an appointment.
- Showing your enrollee ID card when you check in for every appointment.
- Reporting lost or stolen enrollee ID cards to MedStar Family Choice-DC.
- Calling MedStar Family Choice-DC if you have a problem or a complaint.
- Working with your Primary Care Provider (PCP) to create and follow a plan of care that you and your PCP agree on.
- Asking questions about your care and letting your provider know if there is something you do not understand.
- Updating the District of Columbia Government (ex: DHCF, ESA) if there has been a change in your eligibility status.
- Providing MedStar Family Choice-DC and our providers with accurate health information in order to provide proper care.
- Telling your PCP as soon as possible after you receive emergency care.
- Informing your caregivers about any changes to your Advance Directive.
- 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 in the mail. This card lets your doctors, hospitals, drug stores and others know that you are an Enrollee of MedStar Family Choice-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 **888-404-3549**.

Each MedStar Family Choice-DC enrollee has his/her 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 Healthcare Alliance

Last Name, First Name
DOB: XX/XX/XXXX
Medicaid ID #: XXXXXXXXXXXX
PCP: XXXXName
PCP Phone: XXX-XXX-XXXX
CVS Caremark® RxPCN: MCAIDADV
Copayments: OV \$0, RX \$0, ER \$0

Enrollee Services
888-404-3549

Eff Date: XX/XX/XXXX
MFC ID #: 6XXXXXXXXX*01
Dentist: XXXXName
Dentist Phone: XXX-XXX-XXXX
RxBin: 004336
RxGroup: RX0610

MedStarFamilyChoiceDC.com

Card Front

PRESENT THIS CARD FOR ALL HEALTH SERVICES

Enrollee Services: 24/7 by phone (Office: Monday - Friday, 8 a.m. to 5:30 p.m.)	888-404-3549 or TTY 711
24/7 Nurse Advice Line	855-798-3540
Transportation	866-201-9974
Dental	844-391-6678
Pharmacy/After Hours Prescription	855-798-4244
Economic Security Administration	202-727-5355
DC Dept of Behavioral Health Helpline	888-793-4357


DEPARTMENT OF HEALTH CARE FINANCIAL ASSISTANCE
A GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC 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 DCMED. Paper medical claims should be mailed to **MedStar Family Choice-DC, P.O. Box 1624, Milwaukee, WI 53201**. Call **800-261-3371** for claims questions. For questions regarding pharmacy claims submission, call **800-364-6331**.

Card Back

Please remember to carry your Enrollee ID Card and Picture ID with you all the time. Always show your card before receiving any medical care or getting medicine at a pharmacy.



Your Primary Care Provider (PCP)

What is a PCP?

Now that you are an Enrollee of MedStar Family Choice-DC, your PCP (Primary Care Provider) 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 signed up with MedStar Family Choice-DC, please call Enrollee Services at **888-404-3549**. We can help you stay with that PCP if you want to.

How to pick your PCP

1. Pick a PCP at the time you enroll in MedStar Family Choice-DC. This person will be your PCP while you are an Enrollee of MedStar Family Choice-DC.
 - If your current PCP is a Provider of MedStar Family Choice-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 in picking a doctor.
 - If you do not pick 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 pick for you, you may change your PCP. Call Enrollee Services at **888-404-3549** to change your PCP.
 - MedStar Family Choice-DC will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.





2. Pick a PCP for each family enrollee in our plan. 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.
- Obstetrician/Gynecologist (OB/GYN) – specializes in women's health and maternity care.
- If you have special healthcare needs, you may choose a specialist as your PCP.

3. When you pick your PCP, please:

- Try to pick 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 pick a different doctor.
- Pick a doctor who is close to your home or work.

How to change your PCP

You can change your PCP anytime. Just pick a new PCP from the Provider Directory. Call Enrollee Services at **888-404-3549** once you have picked a new PCP. If you need help picking a new PCP, Enrollee Services can help you.

Your Primary Dental Provider (PDP)

What is a PDP?

Now that you are an Enrollee of MedStar Family Choice-DC your PDP (Primary Dental Provider) 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 signed up with MedStar Family Choice-DC, please call Enrollee Services at **844-391-6678**. We can help you stay with that dentist if you want to.

How to pick your PDP

1. Pick a PDP at the time you enroll in MedStar Family Choice-DC. This person will be your PDP while you are an Enrollee of MedStar Family Choice-DC.
 - If your current PDP is a Provider of MedStar Family Choice-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 Enrollee Services at **844-391-6678** if you need help in picking a dentist.
 - If you do not pick 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 pick for you, you may change your PDP. Call Enrollee Services at **844-391-6678** to change your PDP.
 - MedStar Family Choice-DC will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it.





2. 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

3. When you pick your PDP, please:

- Try to pick a dentist 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 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 pick a different dentist.

How to change your PDP

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

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 the ER your MedStar Family Choice-DC Enrollee ID Card.
- As soon as you can, call your PCP.

Care When You Are Out of Town

When you are out of town

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

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 MedStar Family Choice-DC. If MedStar Family Choice-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, get your prescriptions filled before you go. MedStar Family Choice-DC will not pay for medicines at out-of-town pharmacies.

Urgent Care

Call your PCP. If your PCP's office is closed, call the Nurse Help Line **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 a mental health or alcohol or other drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the emergency room, you should ask the ER staff to call your PCP. If you go to the emergency room, you should call Enrollee Services as soon as you can. Prior authorization is not required for emergency care services.



In-Network and Out-of-Network Providers

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

If you go to an “Out-of-Network” doctor, hospital or lab, you may have to pay for the care you get. 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.” MedStar Family Choice-DC will provide (adequately and timely) covered services from an approved out-of-

network provider if MedStar Family Choice-DC does not have an in-network provider who can perform a covered service.

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

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 25 for more information on Family Planning Services.

Making an Appointment

Making an appointment with your PCP or PDP

- 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-DC Enrollee. Tell them you want to make an appointment with your PCP.
- Tell the person why you need an appointment. For example:

- You are 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, please 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 his or her 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. You can also call the Nurse Help Line 24 hours a day at: **855-798-3540**. If you think you have an emergency, call **911** or go to the Emergency Room.

Waiting time to get appointments

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

Type of Visit	Your Condition	How Long it Takes to See Your Doctor
Urgent Visit	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
Routine Visit	You have a minor illness or injury, or you need a regular checkup, but you don't need an urgent appointment.	Within 30 days
Follow-up Visit	You need to see your doctor after a treatment you just had to make sure you are healing well.	Within 1-2 weeks depending on the kind of treatment
Adult Wellness Visits	<ul style="list-style-type: none"> You are having your first appointment with a new doctor You are due for a regular adult checkup You are due for a prostate exam, a pelvic exam, a PAP smear or a breast exam 	Within 30 days or sooner if necessary
Non-urgent appointments with specialists (by Referral)	Your PCP referred you to see a specialist for a non-urgent condition	Within 30 days
Child EPSDT checkups - not urgent	Your child is due for an EPSDT checkup	<p>Initial checkup: Within 60 days</p> <p>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</p>
IDEA (Early Intervention) assessments	Tests ("assessments") for children up to age 3 at risk of developmental delay or disability	Within 30 days

Support Services

Transportation Services

MedStar Family Choice-DC will provide transportation to your doctor's appointments if you need it. We will also provide transportation to/from most non-covered services. Non-covered services are services not covered by MedStar Family Choice-DC but covered by DHCF or other District agencies.

- Call Transportation Services at **866-201-9974** to tell them what 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 bus, metro, vouchers to pay for a taxi, wheel chair vans, and ambulances. The type of transportation you get depends on your medical needs.
- Give our 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.

Services if you don't speak English very well (Interpretation & Translation Services)

Interpretation Services

MedStar Family Choice-DC will provide oral Interpretation Services if you need them at no cost, including at the hospital.

Please call Enrollee Services at **888-404-3549** to get 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 before the appointment.

Translation Services

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

Services if you have trouble hearing or seeing (Auxiliary Aid Services for the hearing and visually impaired)

If you have trouble hearing, please 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 (What is a “referral?”)

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 MedStar Family Choice-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, MedStar Family Choice-DC will help arrange a second opinion outside of the MedStar Family Choice-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 MedStar Family Choice-DC declined to pay for the visit, you can:

- Make an appointment with another doctor in the MedStar Family Choice-DC network and get a second opinion
- Appeal our decision (see page 39 on Appeals)
- Ask for a Fair Hearing (see page 39 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 below.

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 MedStar Family Choice-DC network for routine or preventive services (females only)
- Receive Family Planning Services
- Receive services for sexually transmitted infections (STIs)
- Receive immunizations (shots)
- Take your child to a dental provider in the network



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 a doctor in MedStar Family Choice-DC provider network. 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 MedStar Family Choice-DC Enrollee Services at **888-404-3549** for more information on birth control or other Family Planning Services.

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.

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
- Abortions

How to Get Medicines (Pharmacy Services and Prescription Drugs)

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

You can find a list of all the pharmacies in the MedStar Family Choice-DC's network in your provider directory or online at [MedStarFamilyChoiceDC.com](https://www.MedStarFamilyChoiceDC.com).

If you are out of town and need Urgent Care, call your PCP. If your PCP's office is closed, call the Nurse Advice Line at **855-210-6204**. 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.

If you are out of town and have an emergency including a mental health, alcohol, or other drug emergency, go to the nearest emergency room (ER) to get care right away or call **911**. If you go to the ER, you should ask the ER staff to call your PCP. If you go to the ER, call your PCP for a follow-up visit. If you need help scheduling an appointment, call Enrollee Services.

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.

How to get a prescription filled

- Pick a pharmacy that is part of the MedStar Family Choice-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 MedStar Family Choice-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 MedStar Family Choice-DC Enrollee Services if the pharmacy or drug store asks you to pay.
- Sometimes, your doctor may need to get prior authorization (PA) from MedStar Family Choice-DC for a drug. While your doctor is waiting for the prior authorization (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 Case Management Program. This means you will have a Care Manager. A Care

Manager is someone who works for MedStar Family Choice-DC and who 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, MedStar Family Choice-DC may offer you special services and programs to give you extra 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.

MedStar Family Choice-DC Care Manager can help you or your child with:

- Information on managing and maintaining a healthy lifestyle.
- 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 your caregivers deal with day-to-day stress.
- Connecting with community and social services.
- Transitioning to other care when your benefits end, you choose another MCO or you move to the DC Medicaid Fee-For-Service program, if necessary.

For more information contact our Care Management Program at **202-363-4348** or **855-798-4244**. 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.





Services to Keep Adults from Getting Sick

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

MedStar Family Choice-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 go see your PCP at least one time every year for a check-up. See the list of "Adult Wellness Services" in the "Your Health Benefits" section for things to talk with your PCP about during your check-up.

MedStar Family Choice-DC will cover and pay for diagnostic screening and preventive medical services recommended by a physician or other licensed provider.

How to stay healthy

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 or "shots" for adults

If you are an adult, you may need some immunizations (shots). 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 – Having a Baby

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
- Enrollee Services at **888-404-3549**
- Your PCP

There are certain things that you need to get checked if you are pregnant. These 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.

Before and after you have a baby (Prenatal and Post-Partum Care)

Your OB/GYN doctor will want to see you at regular times. It is important for your health and your baby's health that you do not miss these appointments. During the first seven months that you are pregnant, your OB/GYN doctor will want to see you every month. After seven months, your OB/GYN doctor will want to see you every two weeks. As you get close to the time to have your baby, your OB/GYN doctor will want to see you every week. Your OB/GYN doctor will also want to see you about six weeks after you have your baby. After this visit, you can go back to your PCP.

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





Please call MedStar Family Choice-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 MedStar Family Choice-DC Momma and Me Incentive program.

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 office 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 MedStar Family Choice-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 office 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 office at **202-363-4348** or **855-798-4244** and ESA at **202-727-5355**.

Your Health Benefits

Services covered by MedStar Family Choice-DC

The list below shows the healthcare services and benefits for all MedStar Family Choice-DC Enrollees. For some benefits, you must be a certain age or have a certain need for the service. The District of Columbia does not allow cost sharing to be imposed on enrollees. MedStar Family Choice-DC will not charge you for any of the healthcare services in this list if you go to a network provider or hospital.

If you have a question about whether MedStar Family Choice-DC covers certain health care, call MedStar Family Choice-DC Enrollee Services at **888-404-3549**.

Services NOT covered by MedStar Family Choice-DC

- 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
- Open heart surgery
- Vision care for adults
- Organ transplant
- Emergency room services
- TMJ services
- Chiropractic services
- Sclerotherapy
- Deliveries
- Treatment for mental health, behavioral health and alcohol or substance abuse services, except if inpatient hospital treatment is needed for withdrawal from alcohol or narcotics
- Some counseling or referral services may not be covered by MedStar Family Choice-DC due to religious or moral beliefs. Contact DHCF at **202-442-5988** for more information



Benefit	What You Get
Adult Wellness Services	<ul style="list-style-type: none"> • Immunizations • Physical exam • Routine screening for sexually transmitted infections • HIV/AIDS screening, testing and counseling • Breast cancer screening • Cervical cancer screening (women only) • Osteoporosis screening (post-menopausal women) • HPV screening • Prostate cancer screening (men only) • Abdominal aortic aneurysm screening • Screening for obesity • Diabetes screening • Screening for high blood pressure and cholesterol (lipid disorders) • Screening for depression • Colorectal cancer screening (Enrollees 50 years and older) • Smoking cessation counseling • Diet and exercise counseling • Mental Health counseling • Alcohol and drug screening
Dental Benefits	<ul style="list-style-type: none"> • General dentistry (including regular and emergency treatment) and orthodontic care for special problems • \$1000 limit for services per calendar year • Care and treatment of the teeth and gums, including: <ul style="list-style-type: none"> – General dental exams every 6 months – Simple and complex surgical services and extractions – Emergency dental care – Fillings – Cleaning and fluoride treatments every 6 months – Space maintainers (partial dentures) when medically necessary – X-rays (full series limited to 1 time every 3 years) – Dentures (one new set every 5 years) and denture repair – Oral surgery – Any dental service that requires inpatient hospitalization must have prior authorization – Elective surgical procedures requiring general anesthesia • Does not include routine orthodontic care • Does not cover crowns and root canals
Dialysis Services	<ul style="list-style-type: none"> • Treatment up to 3 times per week (limited to once per day)
Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)	<ul style="list-style-type: none"> • DME - Wheelchairs, Hospital Beds, Walkers, Oxygen • DMS - Bandages and Wraps, Suction Catheters • Orthotics - Braces, Splints, Prosthetics

Benefit	What You Get
Emergency Services	<ul style="list-style-type: none"> • Transportation for emergency services such as an ambulance
Family Planning	<ul style="list-style-type: none"> • Pregnancy testing; counseling for the woman • Routine and emergency contraception • 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) • Screening, counseling and Immunizations (including for HPV) • Screening and preventive treatment for all sexually transmitted diseases • Does not include sterilization procedures for Enrollees under age 21
Hearing Benefits	<ul style="list-style-type: none"> • Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries
Home Health Services	<ul style="list-style-type: none"> • In-home healthcare services, including: <ul style="list-style-type: none"> – Physical therapy, occupational therapy, wound care, speech pathology and audiology services – Nursing and home health aide care – Home health aide services provided by a home health agency
Hospital Services	<ul style="list-style-type: none"> • Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services) • Inpatient services (hospital stay) when pre-authorized
Laboratory & X-ray Services	<ul style="list-style-type: none"> • Lab tests and X-rays
Nursing Home Care	<ul style="list-style-type: none"> • Full-time skilled nursing care in a nursing home up to 30 consecutive days
Pharmacy Services (prescription drugs)	<ul style="list-style-type: none"> • Prescription drugs included on the MedStar Family Choice-DC drug formulary. You can find the drug formulary at MedStarFamilyChoiceDC.com or by calling Enrollee Services
Podiatry	<ul style="list-style-type: none"> • Special care for foot problems • Regular foot care when medically needed
Primary Care Services	<ul style="list-style-type: none"> • Preventive, acute, and chronic healthcare services generally provided by your PCP
Rehabilitation Services	<ul style="list-style-type: none"> • When pre-authorized as medically necessary to help improve functioning following an acute injury or other medical event. This includes physical, speech and occupational therapy

Benefit	What You Get
Specialist Services	<ul style="list-style-type: none"> Healthcare services provided by specially trained doctors or advanced practice nurses Referrals are usually required
Transportation Services	<ul style="list-style-type: none"> Transportation to and from medical appointments to include services covered by DHCF



Transition of Care

If MedStar Family Choice-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 MedStar Family Choice-DC network, then you may be asked to select a new provider that is within MedStar Family Choice-DC's provider

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

Other Important Things to Know

What if I move?

- Call the District of Columbia (DC) Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call MedStar Family Choice-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 MedStar Family Choice-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 MedStar Family Choice-DC Enrollee Services at **888-404-3549**.

How to change my MCO

- You can change your MCO once a year, or at any time if you have a good reason/cause. Good reason/cause includes:
 - If you move out the service area;
 - MedStar Family Choice-DC does not, because of moral or religious objections cover the service(s) you need;
 - If 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 to receive the services separately would be risky.
 - If you believe the MedStar Family Choice-DC has discriminated against you based on your race, gender, ethnicity, national origin, religion, disability, pregnancy, age, genetic information, marital status, sexual orientations, gender identification, personal appearance, familial responsibilities, political affiliation, and/or source of income or place of residence or;
 - If you feel that you received poor quality of care, lack of access to covered services, or lack of access to Providers experienced in dealing with your healthcare needs.

- You can change your MCO once a year during the 90 calendar days before your anniversary date—the month and date you first joined MedStar Family Choice-DC.
- 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.
- At least every 12 months thereafter.
- If temporary loss of eligibility causes you to miss the annual disenrollment opportunity.
- If the District imposes sanctions on MedStar Family Choice-DC, suspending enrollment.
- D.C. Healthy Families will send you a letter two months before your anniversary date. The letter tells you how to change MCOs.
- Your healthcare information will transition to the new MCO you choose so that you can continue to get the care you need.

To change your MCO:

- By phone, call **202-639-4030** or **800-620-7802**. Hours of Operation: Monday through Friday 8 a.m. to 6 p.m.
- Online at 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 MedStar Family Choice-DC anymore if you:

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

The D.C. government may remove you from MedStar Family Choice-DC if you:

- Let someone else use your Enrollee ID Card;
- The District finds you committed Medicaid fraud;
- You move out of The District; or
- You 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 MedStar Family Choice-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 doctors that you are an Enrollee of MedStar Family Choice-DC before you get services.

Learn how new technology is evaluated.

MedStar Family Choice-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 what your wishes are.

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

If you want to fill out 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.

Fraud

Fraud is a serious matter. What is fraud? 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 Enrollees is falsely claiming that you live in the district, when you actually live outside the boundaries of the District of Columbia. An example of fraud for providers is billing for services that were not furnished and/or supplies not provided.

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

Physician (doctor) incentive plan disclosure

You have the right to find out if MedStar Family Choice-DC has special financial arrangements with MedStar Family Choice-DC’s doctors.

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

Grievances, Appeals and Fair Hearings

MedStar Family Choice-DC and the District government both have ways that you can complain about the care you get or the Services MedStar Family Choice-DC provides to you. You may choose how you would like to file a grievance 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:
 - 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. The Grievance filing time frame is unlimited. MedStar Family Choice-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 MedStar Family Choice-DC, mail to:

MedStar Family Choice-DC
Attn: Enrollee Services Coordinator
3007 Tilden Street, NW, POD 3N
Washington, DC 20008

Appeals and Fair Hearings

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you have a right to file an Appeal with MedStar Family Choice-DC. If you are not satisfied with the outcome

of the appeal you filed with MedStar Family Choice-DC you can request a "Fair Hearing" with the DC's Office of Administrative Hearings.

To file an Appeal with MedStar Family Choice-DC, call Enrollee Services at **888-404-3549**.

To file an Appeal in writing with MedStar Family Choice-DC, mail to:

MedStar Family Choice-DC
Appeals Processing
P.O. Box 43790
Baltimore, MD 21236

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 date on the adverse benefit determination notice.
- You may request a Fair Hearing no more than 120 calendar days from the date of the MedStar Family Choice-DC's notice of appeal resolution.
- 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 from MedStar Family Choice-DC's postmark of the Notice of Adverse Benefit Determination or the Appeal Resolution Notice or
 - The intended effective date of the MedStar Family Choice-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.

Appeals

If you call and give your Appeal over the phone, MedStar Family Choice-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 MedStar Family Choice-DC within 30 calendar days from the date your Appeal was received.

If MedStar Family Choice-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, MedStar Family Choice-DC may increase this time for the decision by 14 calendar days. MedStar Family Choice-DC must give you written notice of the extension.

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

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

Expedited (Emergency) Grievances and Appeals process

If your Appeal is determined to be an emergency, MedStar Family Choice-DC will give you a decision within 72 hours from receipt of Appeal. MedStar Family Choice-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 MedStar Family Choice-DC. You must request a Fair Hearing no more than 120 calendar days from the date the notice upholding the adverse benefit determination is mailed.
- If MedStar Family Choice-DC does not give you notice regarding your appeal or does not give you notice in a timely manner, then the appeal process will be considered complete and you may go ahead and 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 MedStar Family Choice-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.
- 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 among 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 an 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

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 لال اب ءاآم ءى صوصر ءال 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**.

The Office of Health Care Ombudsman and Bill of Rights

The Health Care Ombudsman Program is a District of Columbia Government program that provides assistance and advice to you in receiving health care from your MCO. 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 an MCO;
- 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 MCO;
- Assist with appeal processes; and
- Provide assistance in filing a Fair Hearing request for you.

To reach the Health Care Ombudsman, please call **202-724-7491** or **877-685-6391** (toll-free).

The Health Care Ombudsman does not make decisions on grievances, appeals or Fair Hearings. The Office of Health Care Ombudsman & Bill of Rights is located at:

One Judiciary Square
441 4th Street, NW
Suite 900 South
Washington, DC 20001
Phone: **202-724-7491**
Fax: **202-442-6724**
Toll-Free Number: **877-685-6391**
Email: healthcareombudsman@dc.gov



DC Medicaid HealthCheck Periodicity Schedule

Based on Recommendations from Preventive Pediatric Health Care
from Bright Futures/American Academy of Pediatrics (AAP)



The DC HealthCheck Periodicity Schedule follows AAP health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestations of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. Developmental, psychosocial, and chronic disease issues may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. If a child comes under care for the first time, or if any items are not done at the suggested age, the schedule should be brought up to date as soon as possible. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

KEY: * = to be performed ** = risk assessment to be performed with appropriate action to follow, if positive ◀ = range during which a service may be provided

CPT CODE	AGE	PRENATAL ¹	NEWBORN ²	5-5 d ⁴	Inf 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	18 mo	24 mo	30 mo	3 y	4 y	MIDDLE CHILDHOOD											ADOLESCENCE										
																5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y					
PHYSICAL EXAMINATION ⁵		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
MEASUREMENTS																																					
Length/Height and Weight			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Head Circumference			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Weight for Length			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Body Mass Index ⁶			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Blood Pressure ⁷			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
ANTICIPATORY GUIDANCE		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
ORAL HEALTH																																					
Oral Health Assessment ⁸	D0191										*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*					
Fluoride Varnish ¹⁰	99188																																				
SENSORY SCREENING																																					
Vision ¹¹	99173, 99174	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Hearing ¹³	92551-2, 92597	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
DEVELOPMENTAL/PSYCHOSOCIAL/HEALTHY																																					
Developmental Surveillance			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Developmental Screening ¹⁵	99110		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Autism Spectrum Disorder Screening ¹⁶	99110		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Psychosocial/Behavioral Surveillance		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Psychosocial/Behavioral Screening ¹⁷	99127		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Tobacco, Alcohol, or Drug Use Screening ¹⁸	99420		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Behavioral Health Screening ¹⁹	99127		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Maternal Depression Screening ²⁰	99161		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
PROCEDURES																																					
Immunization ²¹	90462-1, 90462-2	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Newborn Screening ²⁴	80505	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Lead ²⁵	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Anemia ²⁶	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Dyslipidemia ²⁷	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Tuberculosis ²⁸	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Cervical Dysplasia ²⁹	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Sexually Transmitted Infection ³⁰	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
HIV ³¹	80505		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*				

Child Development Milestones

	<p>By the end of their THIRD MONTH, most babies:</p>  <ul style="list-style-type: none"> • 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 stops¹ 	<p>By the end of their SEVENTH MONTH, most babies:</p>  <ul style="list-style-type: none"> • 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 mirrors¹ 	<p>By their FIRST BIRTHDAY, most babies:</p>  <ul style="list-style-type: none"> • 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 easily¹
<p>By their SECOND BIRTHDAY, most children:</p>  <ul style="list-style-type: none"> • 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 themselves¹ 	<p>By their THIRD BIRTHDAY, most children:</p>  <ul style="list-style-type: none"> • 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 daytime¹ 	<p>By their FOURTH BIRTHDAY, most children:</p>  <ul style="list-style-type: none"> • 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 	<p>By their FIFTH BIRTHDAY, most children:</p>  <ul style="list-style-type: none"> • 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 assistance²

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	
Advance Directive	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.
Advocate	A person who helps you get the health care and other services you need.
Appeal	An Appeal is a special kind of complaint you make if you disagree with a decision MedStar Family Choice-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.
Appointment	A certain time and day you and your doctor set aside to meet about your healthcare needs.
Care Manager	Someone who works for MedStar Family Choice-DC who will help you get the care, support and information you need to stay healthy.
Check-Up	See Screening
Contraception	Supplies related to birth control
Covered Services	Healthcare services that MedStar Family Choice-DC will pay for when completed by a provider.
Disease Management Program	A program to help people with chronic illnesses or Special Healthcare Needs such as asthma, high blood pressure or mental illness, get the care and services they need.
Durable Medical Equipment (DME)	Special medical equipment that your doctor may ask or tell you to use in your home.
Emergency Care	Care you need right away for a serious, sudden, sometimes life-threatening condition.
Enrollee	The person who gets health care through MedStar Family Choice-DC's provider network.
Enrollee Identification (ID) Card	The card that lets your doctors, hospitals, pharmacies, and others know that you are an Enrollee of MedStar Family Choice-DC.
Fair Hearing	You can request a fair hearing with DC's Office of Administrative Hearings if you are not satisfied with the decision regarding your appeal.

Definitions	
Family Planning	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDs testing and counseling.
Grievance	If you are unhappy with the care you get or the healthcare services MedStar Family Choice-DC gives you, you can call Enrollee Services to file a grievance.
Handbook	This book that gives you information about MedStar Family Choice-DC and our services.
Hearing Impaired	If you cannot hear well, or if you are deaf.
Immunization	Shot or vaccination.
Internal Medicine Doctor	Doctor for adults and children over 14 years old.
Interpretation/ Translation Services	Help from MedStar Family Choice-DC when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
Mammogram	X-ray test to detect breast cancer.
Managed Care Organization (MCO)	A company that is paid by the District of Columbia to give you health care and health services.
Managed Care Plan	See Managed Care Organization.
Maternity	The time when a woman is pregnant and shortly after childbirth.
Network Providers	Doctors, nurses, dentists, and other people who take care of your health and are a part of MedStar Family Choice-DC.
Non-Covered Services	Health care that MedStar Family Choice-DC does not pay for when completed by a provider.
OB/GYN	Obstetrician/Gynecologist; a doctor who is trained to take care of a woman's health, including when she is pregnant.
Out-of-Network Providers	Doctors, nurses, dentists, and other people who take care of your health, but are not a part of MedStar Family Choice-DC.
Pharmacy	Where you pick-up your medicine.

Definitions	
Physician Incentive Plan	Tells you if your doctor has any special arrangements with MedStar Family Choice-DC.
Post-Partum Care	Health care for a woman after she has her baby.
Prenatal Care	Care that is given to a pregnant woman the entire time she is pregnant.
Prescription	Medicine that your doctor orders for you; you must take it to the pharmacy to pick-up the medicine.
Preventive Counseling	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
Primary Care Provider (PCP)	The doctor that takes care of you most of the time.
Prior Authorization	Written permission from MedStar Family Choice-DC to get health care or treatment.
Provider Directory	A list of all providers who are part of the MedStar Family Choice-DC.
Providers	Doctors, nurses, dentists, and other people who take care of your health.
Referral	When your main doctor gives you a written note that sends you to see a different doctor.
Routine Care	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.
Screening	A test that your doctor or other healthcare provider may do to see if you are healthy. This could be a hearing test, vision test, or a test to see if your child is developing normally.
Self-Referral Services	Certain services you can get without getting a written note or referral from your main doctor.
Services	The care you get from your doctor or other healthcare provider.
Special Healthcare Needs	Adults who need health care and other special services that are more than or different from what other adults need.

Definitions	
Specialist	A doctor who is trained to give a special kind of care like an ear, nose and throat doctor or a foot doctor.
Specialty Care	Health care provided by doctors or nurses trained to give a specific kind of health care.
Sterilization Procedures	A surgery you can have if you do not want children in the future.
Transportation Services	Help from MedStar Family Choice-DC to get to your appointment. The type of transportation you get depends on your medical needs.
Treatment	The care you get from your doctor.
Urgent Care	Care you need within 24 hours, but not right away.
Visually Impaired	If you cannot see well or you are blind.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]



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 to 5:30 p.m. For directions on how to visit us, call **202-363-4348**.

Enrollee Services

3007 Tilden St., N.W., POD 3N
Washington, DC 20008
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MedStarFamilyChoiceDC.com



It's how we treat people.