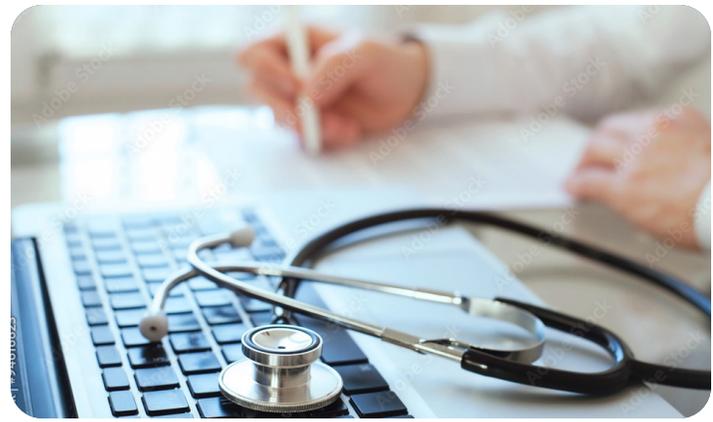




# MedStar Family Choice

DISTRICT OF COLUMBIA

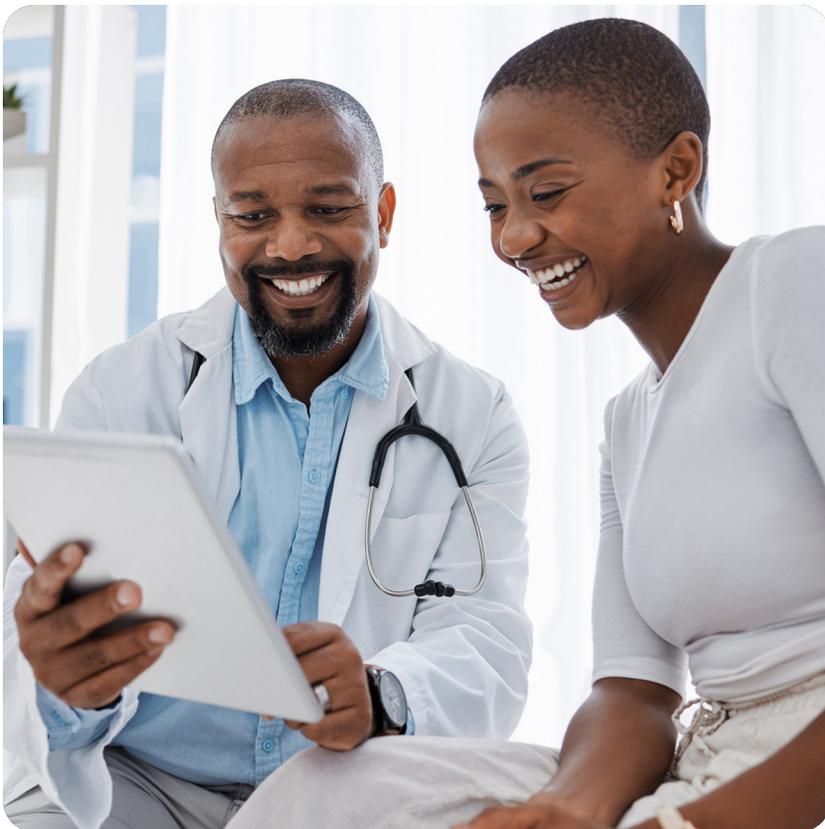


# Provider Newsletter

2nd Quarter 2023

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



# A message from Dr. Tu about Medicaid renewal



At the onset of the COVID-19 pandemic and Federal Government Public Health Emergency (PHE) declaration, Medicaid continued health care coverage for all beneficiaries, even if someone's eligibility changed. The District also continued coverage for residents under the Alliance and Immigrant Children's Program (ICP).

With the end of the PHE, continuous eligibility has ended. This means that all 50 states and the District of Columbia are required to restart Medicaid, Alliance and ICP eligibility renewals.

Aligning with the Federal requirements, the Department of Health Care Finance (DHCF) initiated the renewal process for all Enrollees in April which will extend over 14 months. When it's time for a Medicaid Enrollee to renew coverage, they will receive a letter and renewal packet in the mail. Enrollees will be given time to complete and return the packet electronically or in person at any of the customer service centers.

I'm sharing these details with you, so you can kindly remind your patients to renew their healthcare benefits. The first step is for them to update their contact information with the Department of Health Care Finance (DHCF) at [DistrictDirect.DC.gov](https://DistrictDirect.DC.gov) to receive their Medicaid renewal letter and packet. You'll find additional information and tools, including the Stakeholder Communications Toolkit, at [DHCF.DC.gov/Medicaid-Renewal](https://DHCF.DC.gov/Medicaid-Renewal).

Thank you for your help in supporting this very important process. If you have questions or if we can assist you in any way, please call the Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).

Sincerely,

**Raymond Tu, M.D., M.S., F.A.C.R.**

Chief Medical Officer

MedStar Family Choice District of Columbia

**Did you know** all DC residents with Medicaid, Alliance, or the Immigrant Children's Program must start renewing their coverage again?

**Don't miss out** on important information. If you haven't already, take time today to update your address, phone number, and/or email address at [districtdirect.dc.gov](https://districtdirect.dc.gov) so that DHCF knows where to send your Medicaid renewal letter.

If you need help, please call the Public Benefits Call Center at **202-727-5355**.

DMHHS DHCF GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

# Welcome to MedStar Family Choice District of Columbia!

**We are proud to welcome the following new physical and behavioral health providers to our network.**

Access Health Services  
Andromeda Transcultural Health  
AprilMay Company Inc  
Behavioral Health & Substance Abuse Network PLLC  
Better Morning Inc  
C E Nassi Consulting Group LLC  
C Jonez Nutrition Consulting Services  
CapitolHill Consortium for Counseling & Consultation LLC  
Caring Health Services  
Carlos Astrada  
Chase Counseling and Consulting Services LLC  
Community Concierge Care LLC  
Connected Psychology  
Creative Ways Therapy Inc  
District Urgent Care  
Eugene S Morris LICSW  
Father Flanagan's Boys Home  
Georgetown Psychiatry Group  
Halback and Associates  
Hope 4 You LLC  
Hopeful Counseling LLC  
Hyacinth Wellness LLC  
Ibe Medical Associates PC  
Ince Counseling and Consulting LLC  
Interdynamics Inc  
Jackson Marriage and Family Counseling Services LLC  
JHU Psychiatry  
Johnny Barton  
K Way Consulting Services  
Korey Puckett  
LH Psychological Counseling Educational Services Inc  
Love Your Life Healthcare Inc  
MedStar WHC Behavioral Health Services  
Metropolitan Family Connect PLLC  
Mindflower Group  
Modern Owl Counseling  
One Common Unity Inc  
Peace by Piece  
Platinum Behavioral Health LLC  
Reignite Psychological and Consulting Services  
Robbyn T Shin 1  
Sandra Mullen Barrett LPC  
Sean Penny MA LPC  
Susan K Theut MD

Target Behavioral Health Services  
WHC MedStar Physicians Behavioral Health  
WHC Physician Group LLC Psychiatry

**In addition, we are happy to welcome the following ancillary providers into our network:**

Abundant Grace Health Services.... Mental Health Clinic  
Anchor Mental Health Inc ..... Mental Health Clinic  
Capital City Sleep Center LLC ..... Sleep Center  
ContinuumRx of North Virginia LLC ... Infusion/Injectables  
Family Preservation Services  
of Washington DC LLC ..... Mental Health Clinic  
Inner City Family Services ..... Mental Health Clinic  
McClendon Center ..... Mental Health Clinic  
MedStar Endoscopy Center  
at Lutherville LLC ..... Ambulatory Surgery Center  
MedStar Health Endoscopy Center  
Silver Spring LLC ..... Ambulatory Surgery Center  
Prestige Healthcare Resources Inc .... Mental Health Clinic  
PSI Services III Inc ..... Mental Health Clinic  
Quality Healthcare Services LLC ..... Mental Health Clinic  
Sterling Care Bethesda ..... Skilled Nursing Facility  
Synergy Orthopedics LLC ..... Durable Medical Equipment





# May was mental health awareness month

The District, like our entire country, is facing a mental health crisis which impacts everyone including young people. The U.S. Department of Health and Human Services (HHS) provides current and updated information on mental health and its essential role to overall health and wellbeing. For additional information visit [HHS.Gov/About/News/2023/05/03/Fact-Sheet-Celebrating-Mental-Health-Awareness-Month-2023.html](https://www.hhs.gov/about/news/2023/05/03/fact-sheet-celebrating-mental-health-awareness-month-2023.html)



## Don't get denied

Be sure your Pharmacy Prior Authorization Form is COMPLETE!

Get information and forms on our website at [MedStarFamilyChoiceDC.com/Providers/Pharmacy](https://www.MedStarFamilyChoiceDC.com/Providers/Pharmacy).

Include relevant and complete supporting documentation.

# Our provider community at work

## Spotlight on C3 Cares

Community Concierge Care (C3 Cares) was founded on the belief that accessing care should be easy, especially for those who need it the most. That's why their primary care clinics are located directly in the housing communities where their patients and our Enrollees live. Founder and CEO of C3 Cares, Erin Athey, DNP, FNP-DC, RN, has dedicated her career to serving under-resourced and disenfranchised communities in Washington, D.C. For nearly two decades, she has served the community as a clinician and educator, developing several innovative, community-based initiatives. These experiences demonstrated to Erin that more needed to be done to ensure high-quality, equitable care was accessible to all.

In November 2021, after winning a Johnson and Johnson Quickfire Challenge Award to Improve Access to Care, Erin founded C3 Cares with the mission of expanding access to convenient, quality healthcare. Opening its first location in the Greenleaf Public Housing community, C3 Cares is bringing services directly to the people who needed them most. With a dedication to keeping care accessible, C3 Cares offers patients:

- Services embedded in their community
- Same-day appointments
- Home visits and telehealth appointments
- Pop-up vaccination clinics and other events
- Continued education and health literacy efforts

C3 Cares plans to expand its impact on the community by hiring more providers, partnering with more community-based organizations, and opening more clinics in Washington D.C.'s public housing communities in the coming year.



# Know our access and availability standards

As an MFC-DC participating provider, your office is expected to meet the following appointment guidelines:

- Waiting time in the office may not exceed 45 minutes.
- Initial appointments for new Enrollees age 21 and older must be within 45 days of their enrollment date or 30 days of the request, whichever is sooner.
- Initial appointments for new Enrollees under the age of 21 must be within 60 days of enrollment or earlier if needed to comply with the EPSDT periodicity schedule.
- Initial assessment of pregnant or postpartum women and those requesting family planning services must be within 10 days of the request.
- Routine primary or specialty care (including EPSDT appointments that are due, IDEA services, and physical exams) must be within 30 days of the request.
- Urgent care appointments must be within 24 hours of the request.
- Primary care providers must maintain twenty-four (24) hours per day, seven (7) days per week access for Enrollees. During after-hours, this can be accomplished via an answering machine or answering service. Both methods must provide the Enrollee with instructions on how to access their PCP or an on-call PCP. In the case of an emergency, the Enrollee is to be instructed to call 911 or go to the nearest emergency room.

MFC-DC conducts secret shopper surveys throughout the year to ensure that providers comply with the above requirements. If your office is found non-compliant with any of the above requirements, your provider relations associate will contact you with specific details. Your office will then be re-surveyed within the next 60 days. If the office remains non-compliant; you will be asked to submit a thirty (30) day corrective action plan to resolve the deficiency.

For questions concerning these standards, please contact the MFC-DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m. or **855-798-4244**, Option 2, or [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).

# How Utilization Management authorization review works

To ensure Enrollees receive proper health care, we follow a basic prior-authorization process. To request prior authorization, all appropriate ICD-10/CPT/HCPCS and supporting clinical information must be included with the provider's request.

- For Non-Pharmacy requests, use the Prior Authorization (Non-Pharmacy, or Pain Management/Opioid) Request Form or Uniform Consultation Referral Form, and fax it to us at **202-243-6307**.
- For Pharmacy requests only, use the Prior Authorization/Non-Formulary Medication Request Form, and fax it to us at **202-243-6258**.

All forms can be found on our website at [MedStarFamilyChoiceDC.com/Providers/Utilization-Management](https://www.MedStarFamilyChoiceDC.com/Providers/Utilization-Management). Our clinical staff reviews all requests, and prior-authorization decisions are based on medical necessity using nationally-recognized criteria, such as Inter-Qual, ASAM, and Medicare guidelines. Additional authorization information can be found at: [MedStarFamilyChoiceDC.com/Providers/Utilization-Management](https://www.MedStarFamilyChoiceDC.com/Providers/Utilization-Management), or [MedStarFamilyChoiceDC.com/Providers/medical-Policies-and-Procedures](https://www.MedStarFamilyChoiceDC.com/Providers/medical-Policies-and-Procedures) for Medical Policies and Procedures.

Enrollees' needs that fall outside of standard criteria are reviewed by our medical directors for plan coverage and medical necessity. We do not reward practitioners or other individuals for issuing denials of coverage of care. UM, decision-making is based only on the appropriateness of care and services and the existence of coverage. In addition, there are no financial incentives for UM decision-makers that would encourage decisions that result in underutilization. Providers may request a written copy of the criteria used in the decision-making process by contacting us at **855-798-4244** (select option 2 for Provider and then option 1 for Authorizations), Monday through Friday, from 8 a.m. to 5:30 p.m. Authorization requests should be made no less than five business days in advance of the service.

Please allow up to 14 days for us to process a complete routine/standard authorization request. Requests are considered complete when all necessary clinical information received from the provider has been reviewed thoroughly. The final decision is made within 14 calendar days from the initial authorization request, whether or not all clinical information has been received.

For Enrollees with urgent authorization needs, providers and/or staff should contact us at **855-798-4244** (select option 2 for Provider and then option 1 for Authorizations/Care Manager).

For Pharmacy requests, MFC-DC must decide within 24 hours of the receipt of the request. Please ensure that all pertinent clinical information is provided with the request to prevent any denial of service for lack of clinical information.

If we deny the prior authorization request, the provider and Enrollee will receive a written copy of the denial and its rationale. Information on how to request an Appeal is also included in the denial letter.

# Formulary updates for providers

MedStar Family Choice District of Columbia (MFC-DC) has a Pharmacy and Therapeutics Committee that meets quarterly. During the May 2023 meeting, formulary changes were made as listed below for DC Healthy Families and DC Healthcare Alliance. Bolded names indicate a brand medication; other listed medications are generic.

THESE CHANGES BECOME EFFECTIVE July 1, 2023 (UNLESS INDICATED OTHERWISE).

Please note effective July 1, 2023, MFC-DC will reinstitute the 3-day emergency override. This was previously extended to 14 days due to the Public Health Emergency which ended May 11, 2023.

## Additions:

- **KESIMPTA** (ofatumumab) - treatment of relapsing multiple sclerosis
- Clindamycin and Benzoyl peroxide topical gel (1.2-5%, 1-5%) - acne treatment
- Hyoscyamine sulfate disintegrating tablets - treatment for gastrointestinal disorders
- COVID-19 home test kits - testing for COVID-19

## Additions with Prior Authorization Requirement:\*

- **ORSERDU** (elacestrant) - treatment of some advanced breast cancer types
- **LUNSUMIO** (mosunetuzumab-axgb) - treatment of relapsed/refractory follicular lymphoma
- **JAYPIRCA** (pirtobrutinib) - treatment of relapsed/refractory mantle cell lymphoma
- **LEQEMBI** (lecanemab-irmb) - treatment of Alzheimer disease in certain patients with mild symptoms

## Removals:

- Danyelza
- Makena (see information related to Makena withdrawal from the market below)
- Lumoxiti

## Addition of Prior Authorization Requirement:

- Incretin Mimetic Agents (GLP-1) Drug Class: To ensure medications in this class are being prescribed for an FDA-approved indication. This will include adding a PA to all the GLP-1 medicines on formulary.
  - **OZEMPIC** (semaglutide)
  - **RYBELSUS** (semaglutide)
  - **TRULICITY** (dulaglutide)
  - **VICTOZA** (liraglutide)

## Managed Drug Limitations & Step Therapy:\*

- Cough and Cold medications
  - All opioid-containing medications (codeine/hydrocodone) are excluded for ages <18 years.
  - All cough and cold medications (opioid and non-opioid containing) are excluded for ages <4 years.

The full formulary and list of formulary updates are available on the MFC-DC Website at [MedStarFamilyChoiceDC.com/providers/pharmacy](https://www.MedStarFamilyChoiceDC.com/providers/pharmacy).

\*Detailed Prior Authorization and Step Therapy submission information, including clinical criteria and submission requirements for approval, are available on the MFC-DC website in the Prior Authorization and Step Therapy Table.

# Compliance Corner

## Cultural Diversity Training is available online

As a MedStar Family Choice District of Columbia (MFC-DC) provider, you are required to take annual trainings, and we have made it easier for you to satisfy your training requirements. The Cultural Diversity Training is available as an on-demand online course and can be taken at any time. There is no need to travel or schedule at a specific date and time at your office. The online training is available on the MedStar Health Simulation Training & Education Lab (SiTEL) website, which delivers online education and experiential learning. The Cultural Diversity Training link can be accessed on the Provider Resources webpage:

**[MedStarFamilyChoiceDC.com/Providers/Provider-Resources](https://www.medstarfamilychoicedc.com/Providers/Provider-Resources)**.

Your provider relations associate is available to fulfill your other training needs by providing Provider Orientation/Provider Education training. Please contact us today to schedule your provider education session. If you have any questions or concerns about this online training or SiTEL, please email MFC-DC Provider Relations at **[mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net)** or **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations).



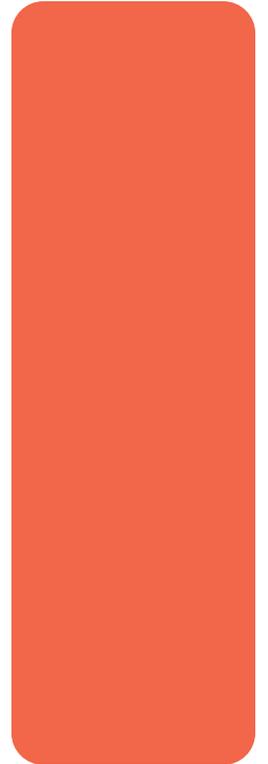
## Ensure patient privacy and security

The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules regulate what can and cannot be done with certain types of health information. In addition to HIPAA, providers must comply with other applicable federal, state, and local laws which govern privacy requirements.

The HIPAA Privacy Rule covers protected health information (PHI) in any medium. The HIPAA Security Rule covers electronic protected health information (ePHI). A few simple steps can help protect patient privacy daily. These tips include:

- Do not leave PHI in areas where it can be viewed or accessed by unauthorized personnel.
- Sign-in sheets should not state the reason for the patient's medical appointment.
- Face sheets should be turned toward the wall if patient charts are outside of an examination room.
- Keep confidential conversations at a low level.
- Leave minimum necessary information regarding appointments on patients' voicemails.
- Computers/workstations should be in an area that minimizes accidental/non-authorized viewing of patient information.
- Assign strong passwords to computer systems.
- Do not share user IDs or passwords.
- Do not post passwords in or around workstations where they can be viewed easily by others.
- Always log off of computers/workstations when leaving work for a long period or lock computers when away from the workstation.
- Add password-protected screensavers to personal workstations.
- Protect electronically transmitted PHI through encryption and password-protect electronic patient information.
- Save PHI data to the appropriate locations and in the appropriate manner so the data is backed up regularly.
- Properly dispose of any documents or papers containing PHI in shredders or special destruction boxes which is consistent with retention guidelines.

Visit the U.S. Department of Health and Human Services website at [HHS.gov](https://www.hhs.gov) and [HealthIT.gov](https://www.healthit.gov) and search HIPAA for more information regarding HIPAA rules.

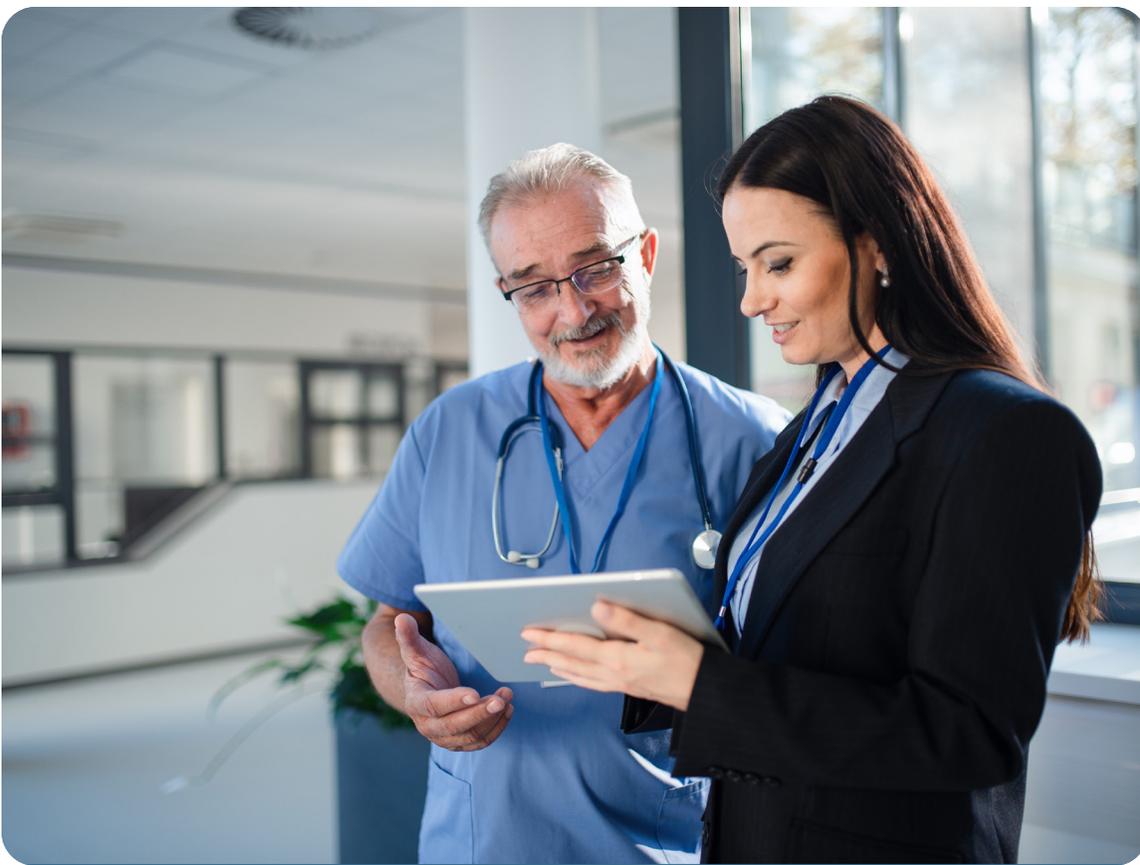


## Ensure EPSDT quality of care

The District of Columbia Department of Health Care Finance (DHCF) annually evaluates the quality of care provided to Managed Care Organization (MCO) Enrollees that meet criteria for HealthCheck, the District's early and periodic screening, diagnostic, and treatment (EPSDT) program. DHCF contracts with Qlarant to serve as the External Quality Review Organization (EQRO). On October 1, 2020, Qlarant began performing an annual medical record review of completed preventive services per the District's HealthCheck Periodicity Schedule for children up to the age of 20.

MCOs are assessed using five components including Health and Developmental History; Comprehensive Physical Examination; Laboratory Tests/At-Risk Screenings; Immunizations; and Health Education/Anticipatory Guidance. A minimum performance score of 80% is required for each component.

Additionally, EPSDT-certified providers are required to follow guidance from the District of Columbia Department of Health Immunization Schedule, as well as age-specific EPSDT developmental forms and preventive screen questionnaires. EPSDT-certified providers are strongly encouraged to use the District of Columbia Immunization Information System (DOCIIS) website for tracking and updating immunizations and to follow up with lab results and referrals. We recommend providers include complete medical record documentation to support rendered EPSDT services. DHCF makes helpful forms available for use by providers on their website at [DCHealthCheck.net/trainings/documentation/epsdt/index.html](https://DCHealthCheck.net/trainings/documentation/epsdt/index.html). If you are unable to print a copy of any of the EPSDT forms, call us at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations), and a copy will be provided to you.



## How to request a second opinion for an Enrollee

MedStar Family Choice District of Columbia (MFC-DC) Enrollees may occasionally request a second medical opinion. Enrollees have the right to do so and should be referred to a different in-network provider by his/her primary care physician (PCP).

If an in-network provider is not available to offer a second opinion, an out-of-network provider can be requested. The Enrollee's PCP should work with the Enrollee, as well as the MFC-DC Utilization Management (UM) department when a second opinion must be scheduled with an out-of-network provider. A referral from the Enrollee's PCP, along with prior authorization from the UM department, before the Enrollee's appointment with the non-participating physician, is required. Prior authorization can be obtained by faxing a Prior Authorization (NonPharmacy) Request Form or Uniform Consultation Referral Form to us at 202-243-6307. These forms can be found on our website at [MedStarFamilyChoiceDC.com/providers/utilization-management](https://www.MedStarFamilyChoiceDC.com/providers/utilization-management). If you would like to speak with someone, please call us at calling **855-798-4244**, (select option 2 for Provider, then option 1 for Prior Authorization, or option 2 for Provider Relations).

# Understand PCP auto assignment and verify Enrollee eligibility

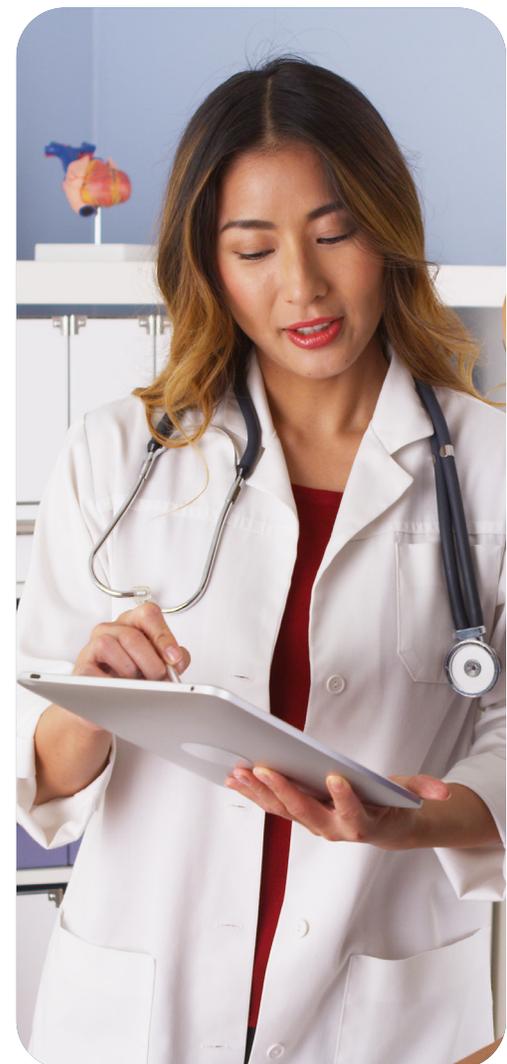
Enrollees who fail to designate a primary care provider (PCP) after enrolling in MedStar Family Choice District of Columbia (MFCDC) will be automatically assigned to a PCP that is geographically close to the Enrollee's residence. Enrollees under the age of 21 are automatically assigned to early and periodic screening, diagnostic, and treatment (EPSDT) providers, as appropriate. Enrollees may change PCPs at any time by calling Enrollee Services. If your name is not listed on the Enrollee's ID card on the date of service, you are permitted to see the Enrollee as long as you are participating with MFC-DC and the Enrollee is eligible with MFC-DC on the date of service. MFC-DC does not deny claims when an Enrollee presents an ID card that does not reflect your office as the PCP. This is to prevent participating PCP offices from turning Enrollees away when they are active on the date of service. **PLEASE DO NOT TURN ENROLLEES AWAY!**

Changing a PCP is relatively simple. When possible, we ask that your office assist the Enrollee with having their Enrollee ID card changed to reflect the correct PCP. Please follow these instructions if your office is not printed on the card as the Enrollee's PCP:

- Always verify through IVR that the Enrollee is an eligible MFC-DC Enrollee on the date of service by calling **202-906-8319** (inside DC Metro area) or **866-752-9233** (outside DC Metro area).
- See the patient if they are active. Do not reschedule the appointment.
- Ask the Enrollee to call Enrollee Services at **888-404-3549** to request a new Enrollee card reflecting their correct PCP name prior to the next scheduled appointment. You may allow the patient to call from your office while they are waiting to be seen. (You can also utilize the Provider Data Web Portal at **ProviderPortal.MedStarFamilyChoice.com** to make changes.)
- Follow current authorization procedures, if applicable. A list of services requiring prior authorization is available at **MedStarFamilyChoiceDC.com** or can be obtained by calling Provider Relations.

Please keep in mind the importance of current PCP information in regards to Enrollee ID cards. This information is used to create Enrollee rosters that are mailed monthly to PCP offices. These rosters are used by MFC-DC to send Enrollee information to provider offices and for Enrollee outreach. If the roster is inaccurate, the PCP on file may receive information that needs to be included in a chart or phone calls with information for an Enrollee who is no longer under their care.

If you need further assistance regarding Enrollee benefits and eligibility, call Enrollee Services at **888-404-3549** (select option 2 for Provider, then option 2 for DC plans).





# Interpreter and translation services are available

MFC-DC is happy to assist you and our Enrollees with interpretation and translation services if your office does not have access. Please call the MFC-DC Outreach department at **855-798-4244** (select option 1 for Enrollee, then option 2 for a Community Outreach representative) and a Community Outreach representative will assist the Enrollee with setting up interpretation (telephonic, in-person, or video) or translation (document or letter) service. All requests received after 5:30 will be handled the next business day. Please provide the Outreach representative with the following information:

- Type of request (In-person Interpretation, Video Interpretation, Telephonic Interpretation, document translation)
- Language Requested
- Enrollee's Name
- Enrollee's Birthdate
- Enrollee's MFC ID #
- Date of Event
- Doctor's office or location if applicable

All telephonic interpretation services are provided to MFC-DC by LanguageLine Solutions. Once it has been verified that the Enrollee is an active Enrollee with MFC-DC, LanguageLine Solutions can be accessed directly at **866-874-3972**, Access code 211943 by doing a 3-way call with the Enrollee.



# Clinical Practice Guidelines are available online

Clinical Practice Guidelines, a list of guidelines for a variety of conditions, are available on our website at [MedStarFamilyChoice.com/Providers/Provider-Resources/Provider-Support/Clinical-Practice-Guidelines](https://www.medstarfamilychoice.com/Providers/Provider-Resources/Provider-Support/Clinical-Practice-Guidelines). For a hard copy of the guidelines, please contact Provider Relations at [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net) or **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). These guidelines include:

- Management of Pediatric ADHD
- Diagnosis and Management of Asthma in Adults
- Diagnosis and Management of Asthma in Children and Adolescents
- Diagnosis and Management of Pediatric Acute Asthma Exacerbation
- Treating Acute Asthma Exacerbation in Adults
- Management of Acute Low Back Pain in Adults
- Management of Bronchiolitis in Pediatrics
- Management of Bronchitis in Adults
- Management of Bronchitis in Children and Adolescents
- Diagnosis, Management, and Prevention of COPD
- COVID-19 Interim Guidance: Return to Sports and Physical Activity
- Outpatient Diagnosis and Management of Venous Thromboembolic Disease
- Identification and Management of Clinical Depression in Adults
- Management of Adult Diabetes Mellitus
- Assessment and Prevention of Falls in the Elderly
- Guidelines for the Management of Heart Failure
- Management of Hyperbilirubinemia in the Healthy Newborn
- Management of Hypercholesterolemia
- Management of Hypertension in Adults Age 18 and Older
- Management of Hypertension in Pediatric Patients up to 18 Years of Age
- 2023 Immunization Schedule - Adult
- 2023 Immunization Schedule - Pediatric
- Prescribing Naloxone in the Outpatient Setting
- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity
- Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
- Osteoporosis Screening and Management
- Managing Otitis Media in Children
- Opioids for Pain Management
- Cervical Cancer Screening for the Primary Care Physician
- Guideline for Perinatal Care
- The Diagnosis and Management of Pharyngitis in Adults
- The Diagnosis and Management of Acute Group A Streptococcal Pharyngitis in Adolescent and Pediatric Patients
- Community Acquired Pneumonia - Adult
- Community Acquired Pneumonia - Pediatric
- 2023 Preventive Screening Recommended Guidelines - Adult
- 2023 Preventive Screening Recommended Guidelines - Pediatric
- Outpatient Use of Proton Pump Inhibitors
- Management of Sinusitis in Adults
- Management of Sinusitis in Children Ages 1 to 18
- Management of Urinary Tract Infections in Adults
- Outpatient Management of Pediatric Urinary Tract Infection

# Bookmarking website documents may prevent accessing updated versions

It has come to our attention that providers are bookmarking documents from our website. Although this may seem like a quick easy way to access frequently used documents, this creates a problem when documents are updated. Documents such as the formulary, clinical practice guidelines, and claim submission forms, are updated on a regular basis so bookmarking them will always take you to the original document and version you bookmarked, not the most updated one. Please don't bookmark documents from our website to ensure you are always using the most updated version.



MedStar Family  
Choice

DISTRICT OF COLUMBIA



3 YEARS

If you have questions regarding information in this newsletter, please call us, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).

This Provider Newsletter is a publication of MedStar Family Choice District of Columbia. Submit new topics for subsequent publication consideration to [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).

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Washington, DC 20008

**202-363-4348**

**855-798-4244** (toll-free)

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

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