MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

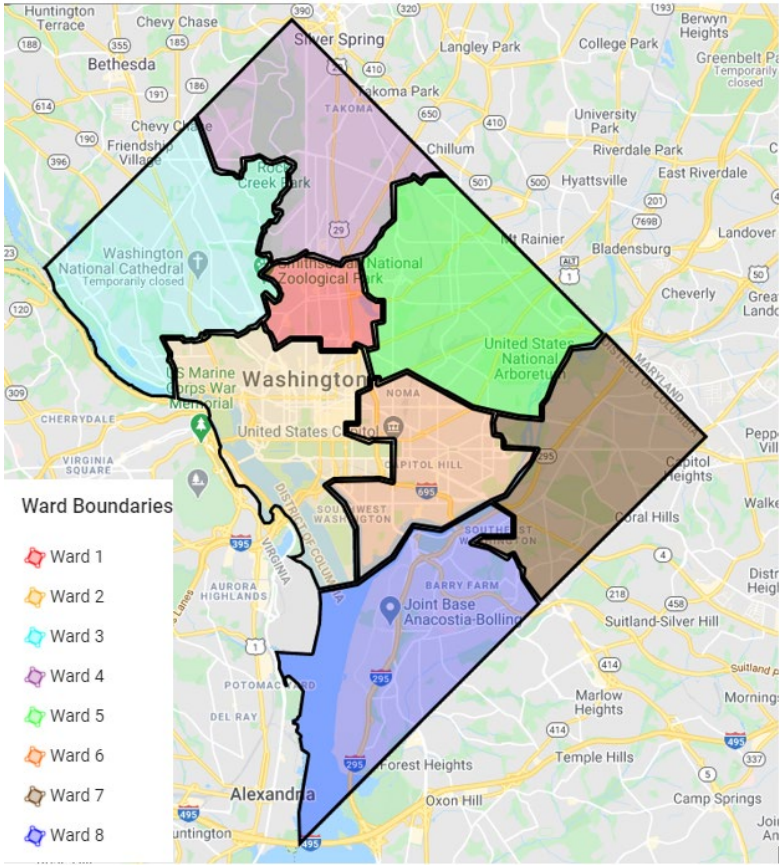
2026

Provider Education

District of Columbia Healthy Families

What is MedStar Family Choice-District of Columbia (MFC-DC)?

- A Managed Care Plan (MCP)
- MedStar Family Choice-DC:
  - DC Healthy Families
- Part of the MedStar Health System
- Service Area
  - District of Columbia (DC)



Map overlay created via Google Maps:
https://www.google.com/maps/d/viewer?mid=1DpJu2DbYssvxH0XsK6f6iXV6BN4&hl=en_US&ll=38.89392092000488%2C-77.014690499999999&z=12

MedStar Family Choice
DISTRICT OF COLUMBIA

Contacts and Phone Numbers

Description	MFC-DC DCHF
Provider Relations (problem solving, orientations/training, recruitment, and credentialing)	Phone: 855-798-4244 opt. 2 Fax: 202-243-6254 (Local) 855-616-8763 (toll-free)
Outreach (assists in outreach attempts for preventive care and enrollee compliance)	Phone: 855-798-4244 Fax: 202-243-6252
Utilization Management (authorization for required services, DMEs, medications requiring authorization, injectables, etc.)	Phone: 855-798-4244 Fax: 202-243-6258
Case Management Services (care coordination, high-risk pregnancy, early intervention, social work)	Phone: 855-798-4244 Fax: 202-243-6253
Claims Processing Center (processes claims and encounter data and resolves claims issues)	Phone: 800-261-3371

Additional Provider Resources can be found at:
medstarfamilychoicedc.com

MedStar Family Choice
DISTRICT OF COLUMBIA

Contacts and Phone Numbers
MFC-DC Vendor Partners

Name		Phone Number
avēsis a GUARDIAN company	Dental and Vision	844-391-6678
CVS Health	Pharmacy	800-364-6331 (pharmacy claims issues)
Access 2 Care	Transportation	866-201-9974
Carenet Health Engaging. For the better.	Nurse Advice Line	855-798-3540

MedStar Family Choice
DISTRICT OF COLUMBIA

Overview of the Department of Health Care Finance (DHCF)

- DHCF selected MFC-DC as one of the Medicaid Managed Care Plan in the District of Columbia.

- MFC-DC works with DHCF to help transform the system into a person-centered one that best supports the Medicaid enrollees in managing and improving their healthcare needs.

MedStar Family Choice
DISTRICT OF COLUMBIA

Enrollee Eligibility

Populations we serve:	Children twenty (21) years of age and under, including children eligible for Children's Health Insurance Program (CHIP);
	Parent, caretaker, relatives twenty (21) years of age and over;
	Childless adults nineteen (19) to sixty-four (64) years of age;
	Adults with special health care needs twenty (21) and older who are ineligible for Medicare;
	Enrollees placed in foster care who, upon the discretion of the Child and Family Services Administration (CFSA) elects to remain in the DCHFP;

MedStar Family Choice

DISTRICT OF COLUMBIA

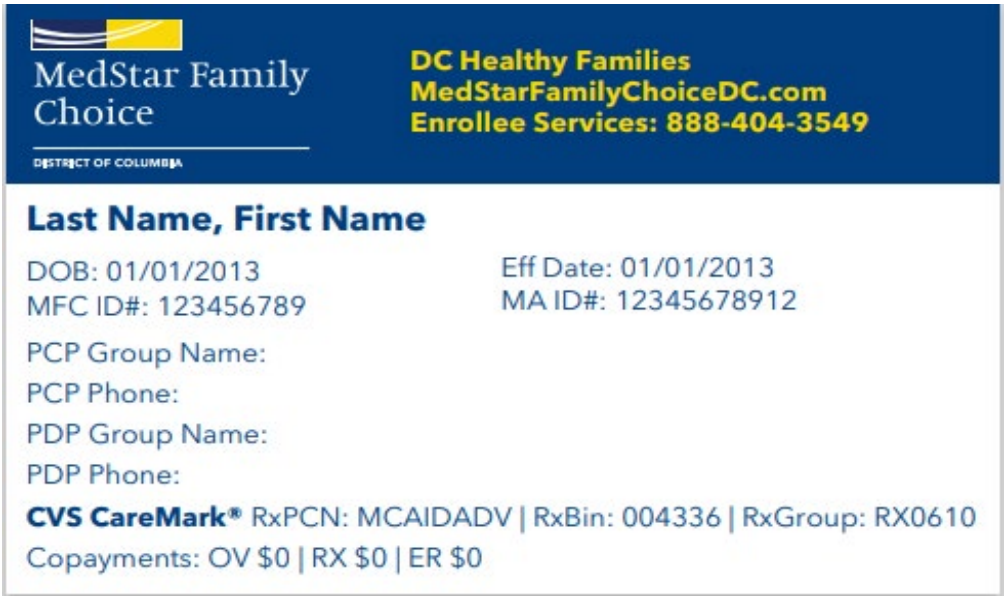
Enrollee Information

- **Enrollee ID Cards**
  - Primary Care Provider (PCP) name is printed on card
  - Enrollees may change PCPs at any time
  - Enrollees may see any MFC-DC PCP even if the PCP name is not listed on the ID card
    - Enrollee must be eligible on DOS
    - Provider must be par on DOS
  - Have enrollees call the Enrollee Service number on back of card to change PCPs

MedStar Family Choice
DISTRICT OF COLUMBIA

Sample MFC-DC Enrollee ID Cards

DC Healthy Families



MedStar Family Choice
DISTRICT OF COLUMBIA

Confirming Enrollee Eligibility

- **Confirm Eligibility**
  - Providers must verify members eligibility and ensure the member is assigned to MFC prior to rendering services
  - District of Columbia Government Medicaid IVR system

https://www.dc-medicaid.com/dcwebportal/home

    - Phone: 202-906-8319 (inside Metro area)
    - Phone: 866-752-9233 (outside DC Metro area)

  - MFC Professional Web Portal
    - https://mfcmdprovider.healthtrioconnect.com/

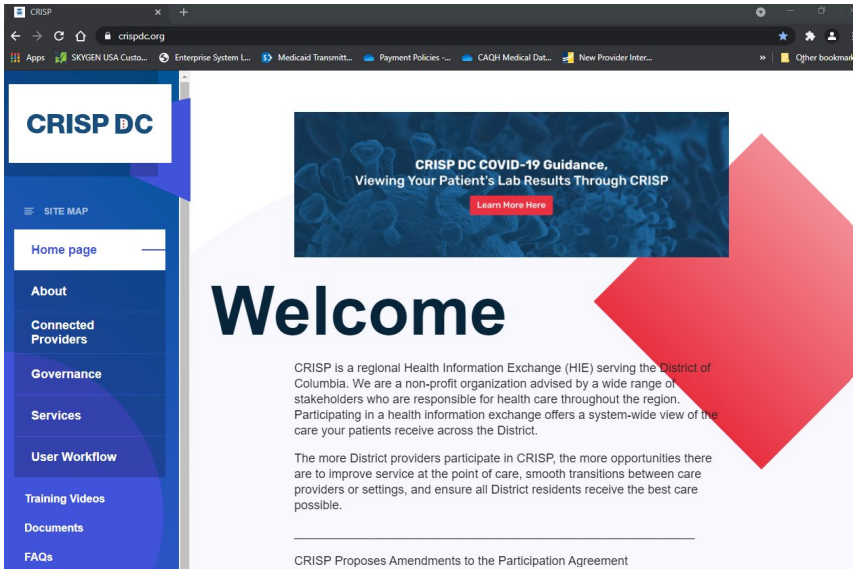
Important to Note: EVS is the most accurate

In addition to eligibility information, Providers can also access the DC Medicaid Fee Schedule through this website above as well.

MedStar Family Choice
DISTRICT OF COLUMBIA

The District of Columbia's Health Information Exchange (DC HIE)

- DHCF leads the implementation of the HIE to:
  - Provide real-time access to health-related information
  - Support person-centered care
  - Improve health outcomes
- DC CRISP – Chesapeake Regional Information System for our Patients
  - crispdc.org/
- Enrollment to CRISP is required for all MFC-DC providers who anticipate having more than hundred (100) claims to the DC Medicaid program in the upcoming year



MedStar Family Choice
DISTRICT OF COLUMBIA

Enrollees Rights & Responsibilities

MedStar Family Choice

DISTRICT OF COLUMBIA

MedStar Family Choice DC
Enrollees Rights

Enrollees have the right to:

- Be treated with respect and due consideration for their dignity and right to privacy.
- Receive access to healthcare services that are available and accessible to them in a timely manner.
- Participate in decisions about their care, including the right to refuse treatment.
- Make a Grievance about the care or services provided to them and receive answer.
- Request an Appeal or a Fair Hearing if they believe MedStar Family Choice DC was wrong in denying, reducing, or stopping a service or item.
- Exercise their 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 them.

MedStar Family Choice
DISTRICT OF COLUMBIA

MedStar Family Choice DC Enrollees Responsibilities

Enrollees are responsible for:

- Treating those providing their care with respect and dignity.
- Following the rules of the DC Medicaid Managed Care Program and MedStar Family Choice DC.
- Following instructions received from their doctors and other providers.
- Working with their Primary Care Provider (PCP) to create and follow a plan of care that the Enrollee and PCP agree on.
- Telling their doctor at least 24 hours before the appointment if they must cancel.
- Asking for more explanation if they do not understand their doctor's instructions.
- Going to the Emergency Room only if they have a medical emergency.
- Supplying information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.

MedStar Family Choice

DISTRICT OF COLUMBIA

Health Trio Portal

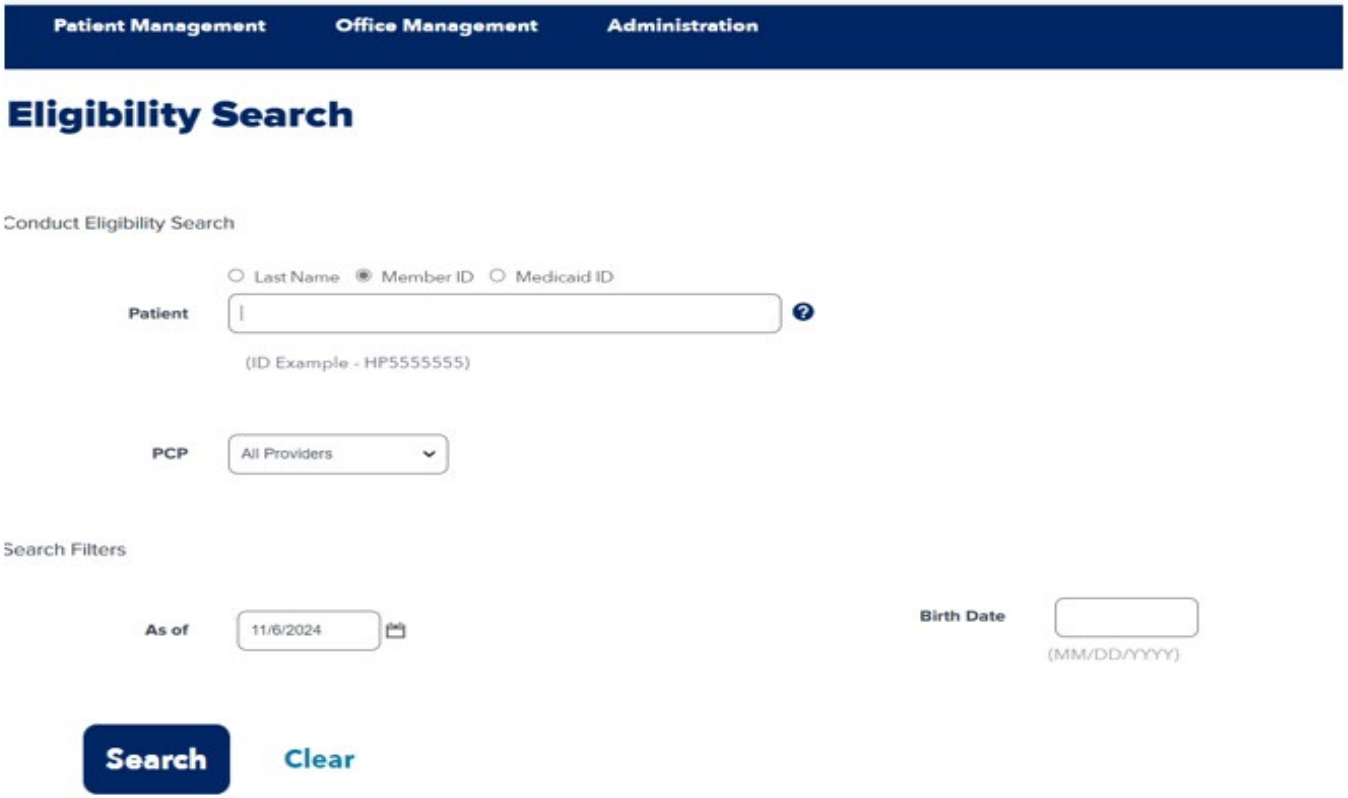
MedStar Family Choice

DISTRICT OF COLUMBIA

Office Management

MedStar Family Choice
DISTRICT OF COLUMBIA

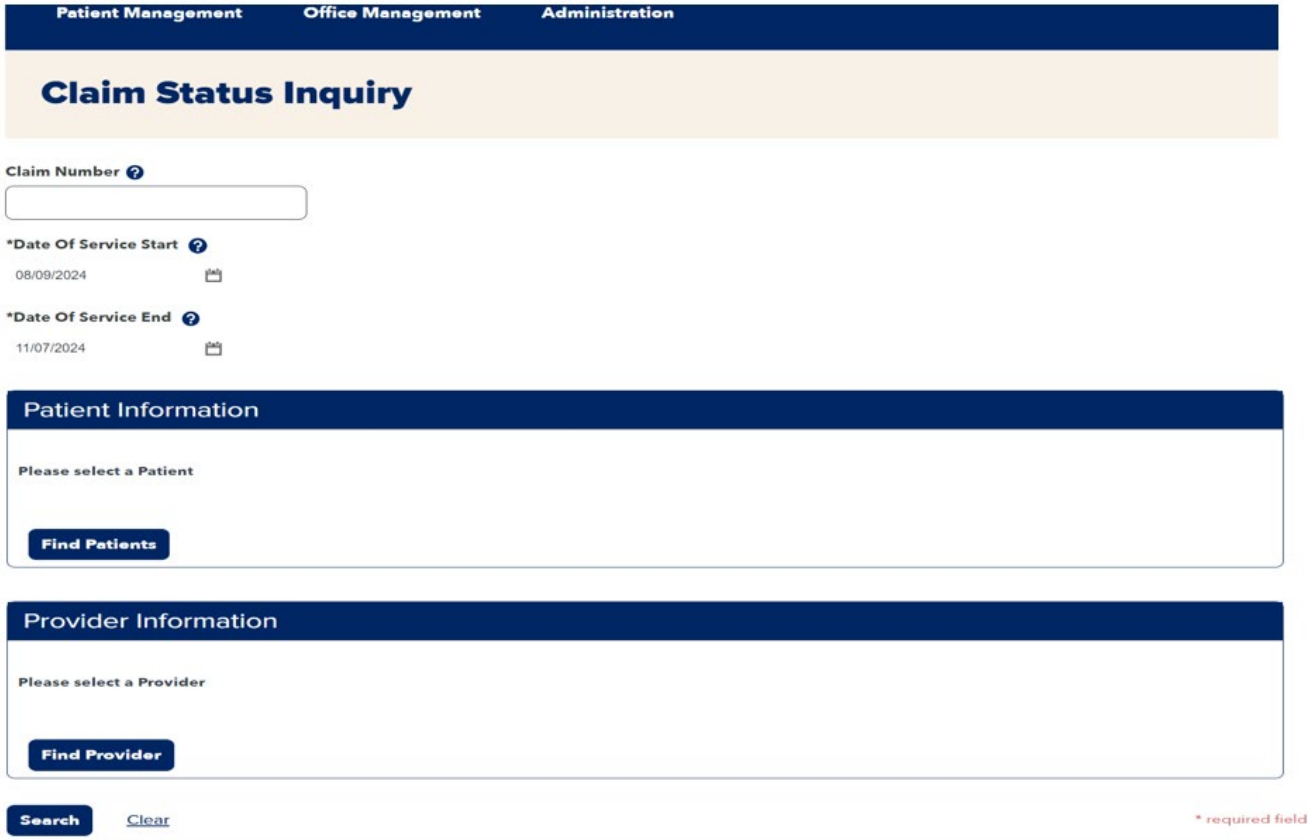
Eligibility Search



MedStar Family Choice

DISTRICT OF COLUMBIA

Claim Status inquiry



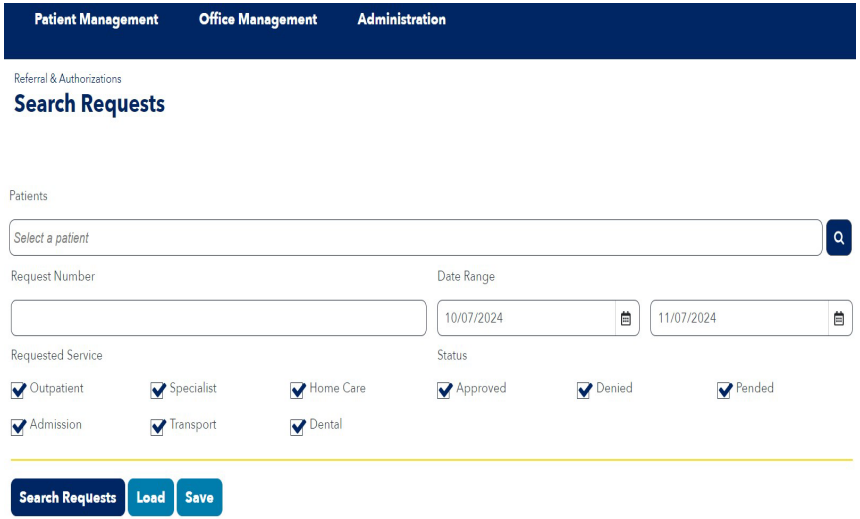
MedStar Family Choice

DISTRICT OF COLUMBIA

Code Search

MedStar Family Choice
DISTRICT OF COLUMBIA

Authorization Search



MedStar Family Choice

DISTRICT OF COLUMBIA

Access to Care / Appointment Standards

MedStar Family Choice
DISTRICT OF COLUMBIA

Appointment Standards

Type of Appointment	Appointment Standard
Urgent Care Appointment	Within 24 hours
Newborns: High Risk Assessment	Within 48 hours of discharge
Children: Well-Child Assessment	Within 30 days of request
Initial EPSDT Screens	Within 60 days of enrollment date or earlier when possible
EPSDT Screenings: Laboratory tests/ X-ray / Immunizations	• EPSDT within 30 days if under the age of two (2) • EPSDT within 60 days for 2 years and older

MedStar Family Choice
DISTRICT OF COLUMBIA

Appointment Standards

Type of Appointment	Appointment Standard
IDEA multidisciplinary treatment for infants and toddlers at risk of disability	Within 25 days of receipt
Adults (Healthy): Initial office visit	• Within 45 days of enrollment • Within 30 days of request
Routine/Preventative Care office visits (PCPs)	Within 30 days
Follow up visits (Specialists)	Within 30 days
Pregnant/Post-partum and family planning: Initial Appointment	Within 10 calendar days of request

MedStar Family Choice
DISTRICT OF COLUMBIA

Appointment Standards Behavioral Health

Type of Appointment	Appointment Standard
Non-life-threatening Emergency	Within 6 hours
Urgent Care	Within 48
Initial visit for routine care	Within 10 business days of request
Follow-up routine care	Within 30 days

MedStar Family Choice
DISTRICT OF COLUMBIA

Clinical Operations Department

Case Management & Utilization Management

MedStar Family Choice

DISTRICT OF COLUMBIA

Case Management Programs

Complex Care: The goal of the Complex Case Management Program is to identify enrollees at highest risk for needing intensive resources at high cost, and objectively improve health, function, safety and enrollees' satisfaction.	
Condition Care: Condition Care is designed for Enrollees who require additional assistance, health education, and care coordination in managing their chronic conditions. The aim of the Condition Care Program is to promote self-management skills that prevent elevation into a higher risk level.	**Transition Care**: The Transition Care Program will focus on Enrollees who are at the very vulnerable point of transitioning from the acute care setting to home and at-risk for readmission to the hospital. Specialized discharge assessments are completed with these Enrollees to identify factors that may lead to readmissions and barriers that may impact engagement with outpatient services.
Emergent Care: Program offers care coordination services for those Enrollees who exhibit a pattern of frequent ED utilization. The Emergent Care program is designed to reduce the likelihood of returning to the ED for services that could otherwise be provided by a PCP or urgent care center.	**Resource Management:** Enrollees who request assistance for low-risk needs, such as locating a new PCP but do not have needs that rise to the level of requiring a care plan; or Enrollees who are assessed or found to have needs appropriate for case management but decline participation.

MedStar Family Choice

DISTRICT OF COLUMBIA

Case Managers assist with the following, but not limited to:

- Unmanaged Chronic Conditions (Adults & Pediatrics)
  - Diabetes
  - Asthma
  - Hypertension
  - Cardiovascular Disease
- HIV / AIDS
- High Risk Pregnancy
- Pain Management Care
- Mental Health
- Substance Use Disorder
- Strong Start/ Early Intervention (children 0-4yrs)

If you would like to refer an enrollee to our Programs, send a fax to **202-243-6253** or call us at **855-798-4244** option 2 then 1.

MedStar Family Choice
DISTRICT OF COLUMBIA

Case Managers: Registered Nurses and Social Workers

Services Requiring Prior Authorization

- **Specialty visits to out-of-network providers or out-of-network hospitals**
- **All Inpatient elective procedures**
- **Outpatient services requiring prior authorization:**
  - All out-of-network service
  - Audiology services
  - Bariatric Surgery
  - Pain Injections including Epidural, Facet blocks, Cardiac Rehab
  - Rhizotomies
  - Pulmonary Rehab
  - Genetic Testing

These are just a few of the Services requiring Prior Authorization.
Please confirm Eligibility and whether the Service requires Prior Authorization before rendering care

- **Where to find services requiring authorization**
  - Refer to the Prior Authorization Grid on our website (List of services that require pre-authorization)

MedStar Family Choice
DISTRICT OF COLUMBIA

To prevent delay in decisions, please submit your request at least 5 days in advance, with all supporting clinical information

- **Preauthorization and Utilization Management Webpage**
  - **https://www.medstarfamilychoicedc.com/providers/utilization-management**

- **Before submitting your Prior Authorization request**
  - Use the Medicaid Fee Schedule to see if your request is a covered Medicaid benefit.
  - Review the Prior Authorization Grid to determine if your request requires PA
  - Determine where to fax your prior authorization request by using the Quick Reference Guide.

- **Prior Authorization Forms & additional information**
  - **Medication Request Form - Prior Authorization/Non-Formulary (Non-opioid, Hep C, or Synagis) – Use for Pharmacy requests**
  - **Non-Pharmacy & DME Prior Authorization Request Form**
  - **Opioid Prior Authorization Form – Use for all Opioid requests**
  - **Prior Authorization (BH SUD) Request Form – Use for SUD Residential Rehab requests**
  - **Uniform Consultation Referral Form**
  - **Medical Policies and Procedures**

MedStar Family Choice
DISTRICT OF COLUMBIA

Prior Authorization FAX Numbers:
Pharmacy ONLY 202-243-6258
Non-Pharmacy 202-243-6307
Behavioral Health 202-243-6320

Procedures and Tests Not Requiring Authorization

Performed by an in-network provider at an in-network facility

- Blood Transfusions
- Chemotherapy & Radiation Therapy
- CT Scan, MRI, PET scans
- Breast Biopsy
- Circumcisions
- Colonoscopies
- Dialysis (In network) & catheter insertion or removal
- EEG's Regular (non-video)
- EGD's
- Lines insertion & removal (PICC, Port-a-cath, Hickman insertion)
- Sterilizations - male or female
- 30-day event monitors Mammogram Screening
- Holter Monitors
- AFI's, Amniocentesis, BPP's, Fetal Fibronectin, Fetal Echo, Fetal Stress/Non- Stress tests
- Pacemaker readings
- TPN

MedStar Family Choice

DISTRICT OF COLUMBIA

Benefit Limitations/Non-Covered

The following are benefit limitations and non-covered services for DC Healthy Families

DC Healthy Families
Abortion
Chiropractic Services
Cosmetic Surgery
Experimental or investigational services
Non-covered services in the State Plan
Services that are not medically necessary
Services that are part of a clinical trial protocol
Sterilizations for persons under the age of 21
Infertility Treatment

MedStar Family Choice
DISTRICT OF COLUMBIA

Inpatient Authorizations/Concurrent Review

- **Initial Request for Inpatient Authorization**

  All initial **Requests for Authorization** of inpatient days must be accompanied by clinical information. MFC-DC will make an authorization decision within 72 hours of receipt of all clinical information.

- **Notification of Admissions:** MFC-DC will document the information on the Daily Communication Log sent to the hospital; until clinical information is received, or notification is received that the enrollee is discharged.

- **Continued Stay Review**

  For ongoing inpatient reviews/authorization, MFC-DC will document the next scheduled review due date on the Daily Communication Log. We will make a determination within three (3) calendar days of receipt of clinical information. If clinical information is not received on the scheduled review due date, the day(s) may be subject to denial for lack of information.

MedStar Family Choice
DISTRICT OF COLUMBIA

Inpatient Authorization Denial Recourse

- Submitting medical records or clinical information for the date of service will assist greatly in the decision process.

- If an Inpatient day is denied, the hospital can request an expedited or urgent Appeal either verbally or in writing; only if the enrollee is still inpatient.

- If an Inpatient day is pended or denied, the facility or attending physician can request a peer-to-peer review with an MFC-DC's Medical Director, while the enrollee remains inpatient or up to three (3) business days after discharge.

MedStar Family Choice
DISTRICT OF COLUMBIA

Contact Information

- **Main Number**:
  202-363-4348 or 855-798-4244

- **Prior Authorization**
  – Fax: 202-243-6258 (Pharmacy **ONLY**)
  – Fax: 202-243-6307 (all non-Pharmacy, SNF/Rehab
  – Fax: 202-6320 (all non-Pharmacy Behavioral Health)

- **Inpatient Acute Hospital Concurrent Review**
  – Fax: 202-243-6256

- **Case Management Referrals**
  – Fax: 202-243-6253

MedStar Family Choice
DISTRICT OF COLUMBIA

Behavioral Health and Substance Abuse

MedStar Family Choice
DISTRICT OF COLUMBIA

Behavioral Health

Manifestations of Mental Illness

- Mood Instability
- Unstable relationships in multiple settings
- Hallucinations
- Use available screening tools to determine if referral needed

Manifestations of Alcohol and Substance Abuse

- Using to excess
- Inability to stop
- Physical symptoms of withdrawal if no use
  - Can use Cage questions to assess for Alcohol

Appointment Standards Behavioral Health

Type of Appointment	Appointment Standard
Non-life-threatening Emergency	Within 6 hours
Urgent Care	Within 48
Initial visit for routine care	Within 10 business days of request
Follow-up routine care	Within 30 days

MedStar Family Choice
DISTRICT OF COLUMBIA

Referrals

Emergency Situation

- Enrollee is suicidal or homicidal – refer to ER or call 911
- Can call Crisis Response
- Can call police and report Mental Health Emergency

Routine or Urgent Referrals

- Dept of Behavioral Health website lists Core Service Agency offices available for referrals
- MFC-DC Website has information on in-network providers
  - Can review and give enrollee the contact information
  - Can refer the enrollee to the MFC-DC website and click "Providers"

MedStar Family Choice
DISTRICT OF COLUMBIA

Primary Care Physician BH Related Training

Program

- Information available on the MFC-DC website including diagnostic criteria, best practice recommendations and also in-network providers including therapists and Psychiatrists

- Behavioral Health offerings also listed on the website and information is reviewed in the Ambulatory Best Practices meetings prior to being integrated into the website

- MFC-DC is projected to offer training program for Primary Care offices that will review Behavioral Health services offered and also review assessment tools available to providers

MedStar Family Choice
DISTRICT OF COLUMBIA

Pharmacy

MedStar Family Choice

DISTRICT OF COLUMBIA

Pharmacy

Formulary

- Includes Over-The-Counter (OTC) medications
- Updated quarterly and available as a PDF on the MFC-DC website
- Additional copies available upon request
- Prior Authorization (PA) Table is available on the MFC-DC website: https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/

Prior authorization is required for non-formulary and select medications

- Call Pharmacy Nurse at **855-798-4244, Option 2 then 1**
- Have clinical information available
  - Refer to PA Table on website for guidance
  - Prior Authorization / Non-Formulary Medication Request Form
- Examples: High-cost specialty medications and expensive brands

MedStar Family Choice
DISTRICT OF COLUMBIA

Pharmacy

The following are not covered by the MCP:

- Prescriptions ordered for any medication for the purpose of controlling weight, including but not limited to central nervous system stimulants, anorectic agents, and glucagon-like peptide 1 agonists;
- Medications prescribed for cosmetic indications and hair regrowth;
- Medications for hypoactive sexual dysfunction disorder and erectile dysfunction; and
- Medications that are not approved by the Food and Drug Administration (FDA).

- **Prescription and Drug Formulary**
  - MedStar Family Choice DC maintains a closed formulary.
  - Check the current MedStar Family Choice DC formulary before writing a prescription for either prescription or over-the-counter drugs.
  - To do so, go to MedStarFamilyChoiceDC.com/Providers/Pharmacy

MedStar Family Choice
DISTRICT OF COLUMBIA

Pharmacy -Prior Authorization Process

- MedStar Family Choice DC pays for a wide variety of medications, as outlined in our MedStar Family Choice DC Formulary.
- Some formulary medications require prior authorization (PA). A full list of these medications can be found in the Formulary and in the PA Table. Both of these documents are available on the website in the Provider Pharmacy section.

All non-formulary medications require PA authorization.

- Non-formulary brand medications with a generic option available require PA authorization, and prescribers must explain why the generic version of the medication cannot be used.
- Medications requiring Step Therapy if it cannot be validated that the patient has tried precursor medication(s) require PA authorization.
- Early refills (e.g. for lost medication, early refills, travel supplies) require PA.
- All long acting narcotics, narcotic doses in excess of 90ME per day, and methadone for pain with an exclusion for certain diagnoses require PA
- Prescriptions for narcotics for more than a 7-day supply for opioid naïve Enrollees will require PA after January 1, 2021

MedStar Family Choice
DISTRICT OF COLUMBIA

Pharmacy (Continued)

Pharmacy Denials

- If an enrollee or provider disputes a denial of a prescription drug or pharmacy service through the Appeals process, MFC-DC will fill a prescription for the following:
  - 72 hours for prescription drugs that are administered or taken daily or more than once per day.
  - One full course for prescription drugs that are administered or taken less frequently than once per day.
- MFC-DC will contact the provider who wrote the prescription to resolve any outstanding issues while the Grievance or Appeal is pending.

Rejected Pharmacy Claims

- Pharmacies should contact MFC-DC for rejected claims.
- Providers should contact MFC-DC to discuss rejections when contacted by pharmacy at **855-798-4244, Option 2 then 1.**
- MFC-DC Enrollees should contact Enrollee Services at **888-404-3549.**

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services

	DC Healthy Families
Audiology	Prior Authorization Required
Cardiac Rehabilitation	Prior authorization required
Dental * Self referral	Avesis **844-391-6678** • Exams and routine cleanings every 6 months • X-rays (full series limited to every 3 years) • Services include surgical extractions, removal of impacted teeth, filings, root canal therapy (limited to 2 molars per year), crowns, removable full and partial dentures. Includes dental implants as a treatment option. District covers deep sedation/general anesthesia, but not IV sedation. Some limitations may apply. • Orthodontic care for special problems for enrollees under 21. (routine orthodontic care is not included) • Fluoride varnish treatment up to 4 times a year for enrollees under 21. • Contact Avesis for additional information and full benefit list.

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services (Continued)

	DC Healthy Families
Diabetes and Nutritional Counseling	• In office (from 4 visits) • In Network Homecare agency (after 3 visits) • Hospital based visits • (from visit 4) require authorizations.
Dialysis	Refer to in-network Dialysis facility
Genetic Counseling	The OB meets with the family and charges a regular office visit.
Genetic Testing (not done through LabCorp or Quest)	All genetic testing requires pre-auth
Hearing Aids Cochlear Implants Auditory Osseointegrated Devices	All hearing aids, cochlear implants, auditory osseointegrated devices require authorization regardless of cost

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services (Continued)

	DC Healthy Families
DME (Durable Medical Equipment) ** See website or contact Provider Relations for in-network vendors*	• > $1,000.00 needs PA • Equipment Rentals > than 90 days requires prior PA (exception is oxygen)
DME: Soft Supplies and disposables	Soft supplies > $750 per vendor, per month
DME: Braces, Orthotics, Prosthetics and Splints (excludes foot orthotics)	> $500 need PA
DME: Foot Orthotics, Custom Shoes, Diabetic Orthotics or Shoes, CAM Walking Boot	PA required
DME: Insulin Pumps or Continuous Glucose Monitors	PA required

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services (Continued)

	DC Healthy Families
Home Health Care	Authorization required after first 6 visits with in-network provider
Hospice, Skilled Nursing & Acute Rehab Facilities	PA required
Laboratory ** LabCorp Acct Setup:* *800-788-8765* *•Quest Acct Setup up:* *866-697-8378* *•Note for offices located at MWHC, there is a LabCorp on hospital grounds. At GUH there is a draw agreement in place.*	• Lab Corp or Quest • Use Requisition form • Specialists should forward all lab results to PCPs • PCPs perform Rapid strep tests, RSV and Flu Test in their office • Must ensure to include 01 suffix of MFC-DC ID# on req form

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services (Continued)

	DC Healthy Families
Outpatient rehab services PT, OT, ST	• Refer to in-network provider • PA required for >30 visits per injury, per service
Radiology ** See website or contact Provider Relations for in network providers*	• Use in network Radiology provider • Refer using uniform referral form or script • Both PCPs and Specialists can refer • Orthopedic providers may perform flat x-rays in their office (POS 11)
Transplant Pre-transplant testing	PA required
Transplant Surgery	Need PA from District of Columbia

MedStar Family Choice
DISTRICT OF COLUMBIA

Ancillary Care and Services (Continued)

	DC Healthy Families
Vision	Avesis **844-391-6678** • Routine eye care is self-referral and includes diabetic eye exam (dilated eye exam) • Under 21 – exam and 1 pair of eyeglasses every calendar year. • Over 21 – exam and 1 pair of eyeglasses every 2 calendar years. • Medically necessary contact lenses are available in lieu of eyeglass and require prior auth. • Provider may initiate referrals and/or prior authorization for services by calling Avesis

MedStar Family Choice
DISTRICT OF COLUMBIA

Other Services Available to MFC-DC Enrollees

MedStar Family Choice
DISTRICT OF COLUMBIA

ER Utilization

Ways Providers can help decrease ER utilization for minor illnesses or injuries:

- Encourage the enrollee to contact you first to discuss their condition before going to the ER.
- If during normal business hours, provide urgent sick appointments.
- If after hours or unable to provide an urgent sick appointment, encourage use of an Urgent Care Center.
- Enrollees can talk with a nurse about their condition by calling 24/7 Nurse Hotline at 855-210-6204.
- MedStar eVisit
  - 24 hours a day, seven days a week, 365 days a year video access to trusted medical providers for patients of all ages.
  - Connect from your tablet, smartphone, or computer for non-emergency medical conditions.
  - No appointments are necessary.
  - https://www.medstarhealth.org/medstar-health-evisit/

MEDSTAR EVISIT

MedStar eVisit offers 24/7 on-demand video access for minor health issues not requiring a physical exam or testing.

Conditions we can treat:

- Cold or mild flu symptoms, allergies, pink eye, rash, minor cut, known urinary tract infection or yeast infection, gout flare-up

MedStar eVisit is not appropriate for:

- Conditions requiring a physician to look into your ear, listen to your heart or lungs with a stethoscope, or use other exam techniques
- Conditions requiring in-person testing, such as a blood or urine test
- Prescription refills for controlled substances (e.g. narcotics for pain, and ADHD or short-acting anxiety medications)
- Severe flu symptoms, or any flu symptoms for those under 2 or over 65

MedStar Family Choice
DISTRICT OF COLUMBIA

Interpretation Services

- Free of charge to DC Healthy Families.
- Schedule telephonic translation services through Outreach.

  855-798-4244 opt. 2

- Providers can schedule an in-office translator.

  MFC-DC Provider Relations: 855-798-4244 opt. 2

- In office translator requests must be received no less than 5 days in advance for routine appointments unless the appointment is urgent.

Transportation for DC Enrollees

- Benefit for DC Healthy Families
- Transportation provided by Access2Care
- 3-day advance notice preferred; immediate requests will be accommodated as quickly as possible
- Non-emergency transportation to medical appointments or services
- Will provide public transportation, Smart Trip Cards, wheelchair vans and ambulances (ACLS transportation covered separately)
- Transportation network also includes LYFT and Uber
- Contact Access2Care at **866-201-9974** to assist enrollees or enrollees can contact Access2Care directly to schedule transportation

MedStar Family Choice
DISTRICT OF COLUMBIA

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

MedStar Family Choice
DISTRICT OF COLUMBIA

DC HealthCheck Program

Focuses on key areas:

- Health and Developmental History (Mental and Physical)
- Comprehensive Well-Child Exam
- Lead Screenings/At Risk Screenings
- Immunizations
- Health Education/Anticipatory Guidance
- Dental Cleaning

MedStar Family Choice
DISTRICT OF COLUMBIA

DC HealthCheck Program Continued

- **Primary Care Providers must be recertified every 2 years if seeing children, youth and young adults 21 and under**
  - Website training available at http://www.dchealthcheck.net/index.html
  - Documentation of certification is a requirement prior to acceptance of a provider into our network and recertification is a requirement to continue participation
  - Providers must give written and oral explanations of EPSDT services to pregnant women, parent(s) and or guardian(s), child custodians and sui juris teenagers
  - Providers must emphasize importance of preventative aspects of the service and benefits of early developmental anticipatory guidance for children under age three.
  - Providers must report any no-shows/missed appointments to the MFC-DC Outreach Department
  - Use the DC HealthCheck Periodicity Schedule
  - Screening tools and age appropriate EPSDT forms
    - Download from the DHCF HealthCheck website at: http://www.dchealthcheck.net/resources/healthcheck/smrf.html
    - There is no cost for these forms
    - DC endorses Bright Futures visit: https://brightfutures.aap.org/Pages/default.aspx

MedStar Family Choice

DISTRICT OF COLUMBIA

EPSDT Screening Requirements - LEAD

- **Federal Mandate**
  - Lead Risk Assessment Screening questionnaire must be completed at every well-child visit from age 6 mos. to 6 years of age
  - Check Blood lead level at ages 12 and 24 months and with any positives on Lead Risk Assessment

- **By District of Columbia Law**
  - Medicaid children should receive 2 blood lead tests (first blood test between ages 9 and 14 months and second between 22 and 26 months)
  - If no documentation of previous lead screening, federal law requires lead screening between the ages of 36 and 72 months as well as a blood lead test
  - Children 36-72 months require a test unless assessed as low lead risk
  - If blood lead level is greater than or equal to 5 ug/dL, screen with a blood test at each preventive health visit through 6 years of age
  - https://www.dchealthcheck.net/trainings/labs/lead.html

Developmental Screening Tools

- **Recommended tools for General Developmental Screening of children through age 5 include:**
  - **Ages and Stage Questionnaire, www.agesandstages.com**
  - **Parent's Evaluation of Developmental Status, www.pedstest.com**
    - There is a cost
    - Providers may bill per each screen that is submitted (96110)
  - **M-CHAT (Modified Checklist for Autism in Toddlers)**
    - Modified checklist for autism in toddlers (cannot be modified)
    - Use at 18 months and 24 to 30 months
    - Providers may bill per each screen (96110)
    - Use modifier 59 if performed on the same day as a different billable screening tool that uses CPT 96110
    - Form is free of charge (can be photocopied)
      - Available at www.MCHATScreen.com

Individuals with Disabilities Education Act (IDEA)

- IDEA is a national law that allows eligible children with disabilities access to free and appropriate education and ensures special education and related services to this population
- PCPs should work closely with MFC-DC Case management to identify individuals receiving Part B services to ensure needed support services can be offered
  - Part B: (3-21 years) MFC-DC will provide support services for needs not provided within the school system
  - Part C: (Birth to 3 years) Provides services to children who are “at risk” for a developmental, behavioral or physical care delay
- PCPs should refer enrollees who qualify for Part C to MFC-DC as soon as the need is identified to ensure Early Intervention Assessments occur timely

Credentialing and Recredentialing

MedStar Family Choice

DISTRICT OF COLUMBIA

Credentialing

MFC-DC follows all federal and state regulatory requirements and NCQA accreditation standards

- Providers interested in joining the MFC-DC network
  - May request credentialing / contract information
  - Must have an active DC Medicaid number
  - Should complete the New Provider interest form

MedStar Family Choice DC New Provider/Group Interest Form

- Should complete the New Ancillary Vendor Interest Form

MedStar Family Choice DC New Ancillary Vendor Interest Form

  - Providers participating with Counsel for Affordable Quality HealthCare (CAQH) must:
    - Have an updated profile on the CAQH website
    - Complete the MFC CAQH Medical Data Sheet
    - Complete and return Disclosure of Ownership and Control Interest Form
  - Providers not participating in CAQH can complete the full application by accessing it here: http://www.credentialingapplicationdc.org/
    - PCP Providers seeing children under the age of 21 years must be EPSDT certified
    - DC HealthCheck practitioners must recertify every two (2) years
    - ➢ **The credentialing process will be completed within 120 days from the date MedStar Family Choice DC notifies the Provider of MedStar Family Choice DC's intent to process the application.**

MedStar Family Choice
DISTRICT OF COLUMBIA

Recredentialing

- Occurs at least every 36 months (3 years)
- MFC-DC follows NCQA, CMS and DHCF credentialing standards and guidelines
- Process begins six months prior to the recredentialing expiration date
- Providers who participate with CAQH must have current and up to date information on the CAQH Website or MFC-DC will request updated information
- Providers who do not have a CAQH account will be contacted to provide an updated Uniform Credentialing/Recredentialing Provider Application

Please Note: Disclosure of Ownership and Control Interest Form must be completed for all practitioners applying for participation

MedStar Family Choice
DISTRICT OF COLUMBIA

Counsel for Affordable Quality HealthCare (CAQH) Reminder

- CAQH is Free to providers
- Providers no longer need to be invited to join
- Providers must designate MedStar Family Choice-DC as an authorized health plan to receive your information
- Providers must re-attest, **every 120 days**, that all the information in your profile is still correct. You will also receive a notification from CAQH to re-attest
  - Go to https://proview.caqh.org/pr
  - Select “Attest” from the home page
  - Review and update and upload any applicable supporting documents (Curriculum Vitae, MD License, Board Certification Certificate, DEA, CDS, Malpractice Ins, etc)
  - Click “Attest”

MedStar Family Choice
DISTRICT OF COLUMBIA

Site Evaluations

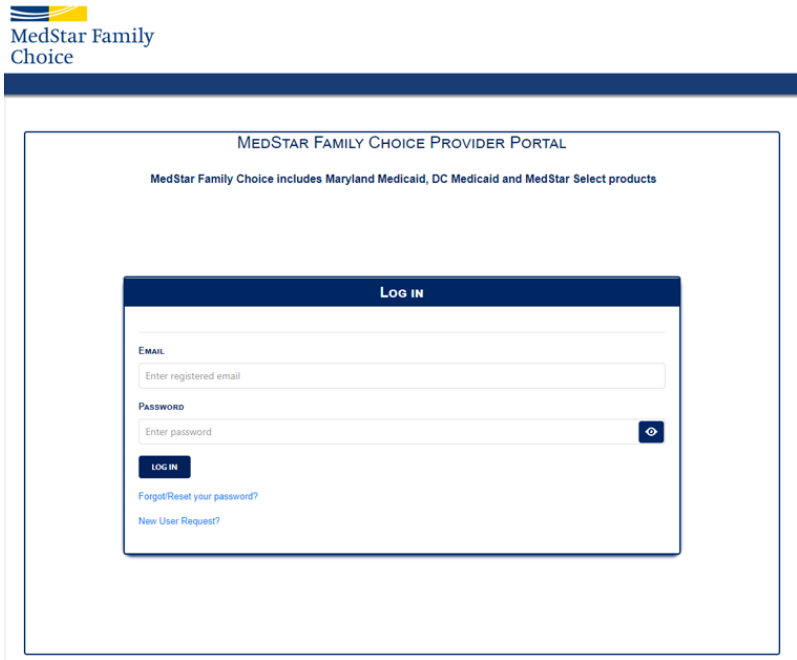
- Performed in accordance to NCQA and MedStar Family Choice-DC Credentialing Guidelines
- Site Evaluations must be completed:
  - New Office Locations
  - Complaints
- Helps to ensure that:
  - Site Exists
  - Cleanliness
  - HIPAA compliant
  - Fire Safety and Handicap Accessibility
  - Lab and radiology certificates are present (if applicable)
  - Refrigerated medications/injections are stored at the proper temperature (if applicable)

Please Note: Practitioners will not be credentialed without a current site evaluation on file for all locations.

MedStar Family Choice
DISTRICT OF COLUMBIA

Provider Demographic Changes

- Provider Data Web Portal
  - https://providerportal.medstarfamilychoice.com/
  - Secure website
  - Validate Provider / Group Demographics Quarterly
  - Submit Provider / Group Changes
  - Review Summary of Changes
- Notify Provider Relations in writing
  - Letterhead
  - Practice Email Account
- Provider Profile Forms
  - For those without email / internet access
  - Faxed / mailed quarterly
  - Make changes to the form and return to Provider Data Management for updates
- Change Requirements:
  - New Tax ID – New Contracts
  - Billing Address Changes- W-9 Form
  - New location - Site Evaluation



MedStar Family Choice
DISTRICT OF COLUMBIA

Claims

MedStar Family Choice

DISTRICT OF COLUMBIA

Claims Submission/Timely Filing

- **Submit claims within 365 days of DOS**
- **Submit paper claims using the revised 1500 Claim Form**
  - Refer to the NUCC website for instructions: NUCC.org
- **Claims Address**

MFC-DC Claims Processing Center

PO Box 211702

Eagan, MN 55121

Phone: 800-261-3371

MedStar Family Choice

DISTRICT OF COLUMBIA

Electronic Claims Submission

MedStar Family Choice encourages all providers to submit electronic claims. MFC participates only with Smart Data Solutions (SDS).

To initiate electronic claims:

- Contact your practice management software or EDI software vendor.
- Inform your vendor of MedStar Family Choice's EDI
  - **MFC-DC Payer ID# RP062**
  - **MFC-MD Payer ID# RP063**

Claims Provider Portals

https://mfcmdprovider.healthtrioconnect.com/ (MD)

https://mfcdcprovider.healthtrioconnect.com/ (DC)

MedStar Family Choice

DISTRICT OF COLUMBIA

ECHO Contacts

Description	Contact Information
ECHO Health Enrollment team (Changes to the ERA enrollment or ERA Distribution)	Phone: 440-835-3511
ECHO Health Provider Portal (For claims payments / changes to ERA enrollment / ERA Distribution)	www.ProviderPayments.com
ECHO Health Tech Support (For tech support related to claims payments / changes to ERA enrollment)	Phone: 800-317-3523
ECHO Customer Service	Phone: 888-686-3260

MedStar Family Choice
DISTRICT OF COLUMBIA

Notes for Claims Submission

- **Corrected Claims:**
  - Submit corrected claims with all services rendered and not just with the corrected/modified code only.
  - Facility claims - append the correct Type of Bill (TOB) XX7.
  - Professional claims - add the correct resubmission code and original reference number (claim number) for accurate processing.
- **ER Facility claims:**
  - If the diagnosis code is not on the ER auto pay list, submit claim with medical documentation. The auto-pay list is available on the MFC-DC website.
- **Observation Authorizations:**
  - Required for observation status exceeding 48 hours (will be subject to medical review)
  - Required if observation placement becomes an inpatient stay (will require medical review)
- **Miscellaneous or unlisted CPT codes are not accepted**

MedStar Family Choice
DISTRICT OF COLUMBIA

Payment Disputes

- MFC-DC will accept correspondence through Payment Dispute Form
  - Payment Dispute Form must be used for any claims dispute and must be completed in its entirety
- Submit within 90 business days from date of denial
- A claims payment dispute may be submitted for multiple reason(s), including:
  - Contractual payment issues
  - Disagreements over reduced or zero paid claims
  - Other health insurance denial issues
  - Submit another carrier's EOB
  - Retro-eligibility issues
  - Paid to wrong provider
  - In/Out Network issue
  - Claim denied for lack of authorization, but you have proof of prior authorization

Payment Dispute Forms can be found on the MFC-DC Provider Website

MedStar Family Choice
DISTRICT OF COLUMBIA

Appeals

- **Use the Appeal form** at www.medstarfamilychoice.com
  - The appeal must outline reasons for the appeal with all necessary documentation including a copy of the claim and the RA / EOP, when applicable.
  - Return form to the address listed on the form with all supporting documentation

- **First level appeals** must be submitted in writing within 90 business days from the date of the explanation of payments RA / EOP / denial.

- **Second level appeals** must be submitted within 30 calendar days of the first level appeal notification letter.

- **An acknowledgement of receipt of the appeal (first and second level) will occur within five business days of receipt.**

- **Decision notification will be provided within 30 days.**

MedStar Family Choice
DISTRICT OF COLUMBIA

Compliance

MedStar Family Choice

DISTRICT OF COLUMBIA

Compliance Program/Fraud and Abuse

- **MFC-DC Compliance programs monitor and detect fraud and abuse**
  - DHCF holds MFC-DC responsible for monitoring
  - MFC-DC uses claims encounter to monitor activity
  - Focused chart audits are performed
  - CCI edits (Correct Coding Initiative Edits) to ensure proper coding
- **Common examples of fraud and abuse are:**
  - Billing for a service that was never performed
  - Unbundling of procedures
  - Up-coding
  - Duplicate Billing
  - Performing unnecessary procedures
  - Altering or forging a prescription
  - Allowing others to use an enrollee's ID card for care
  - Pass Through Billing

Compliance Program/Fraud and Abuse

- **Federal False Claims Act:** individuals who "knowingly" submit false claims are liable for 3x the government's damages plus civil penalties per false claim.
- **DC False Claims Act:** Any person who commits fraudulent acts shall be liable to the District for 3 x the amount of damages and liable for the costs of a civil action brought to recover penalties or damages, and may be liable to the District for a civil penalty of not less than $5,000, and not more than $10,000, for each false claim
- Providers and Provider staff are required to notify MedStar Family Choice-DC of suspected fraud and abuse
- **"Qui tam plaintiffs"/"Whistleblowers"** may be entitled to portions of the judgments or settlement
- Retaliation against "whistleblowers" is prohibited
- Providers are required to self-report any over payments received
- Failure to report fraud and abuse can lead to state and federal sanctions. Sanctions can include loss of health benefits, termination of contract, loss of licensure, fines or imprisonment

MedStar Family Choice
DISTRICT OF COLUMBIA

Compliance Program/Contacts

Who to contact if you suspect an enrollee or provider of fraud and abuse

DC Healthy Families
MFC-DC Compliance Director for DC • **202-469-4482**
MedStar Health Integrity Hotline • **877-811-3411** or email: complianceofficer@medstar.net
Department of Health Care Finance Fraud Hotline • **877-632-2873** or in writing to: 899 N Capitol Street, NW Washington, DC 20002 Or online: dhcf.dc.gov/service/reporting-medicaid-fraud-and-abuse

MedStar Family Choice
DISTRICT OF COLUMBIA

Compliance Program/Fraud and Abuse

Overpayments

We encourage providers to conduct self-audits to ensure accurate payments.

If your practice determines overpayments or improper payments, you are required to:

- Return the overpayment to MedStar Family Choice-DC within 60 calendar days after the date on which the overpayment was identified.
- Notify MedStar Family Choice-DC in writing of the reason for the overpayment.
- Contact MedStar Family Choice-DC Claims Processing Center at **800-261-3371**
- Send the refund, the reason for the overpayment and a copy of the Explanation of Payment(s) identifying the overpayment to:

MedStar Family Choice-DC
5233 King Ave
4th Floor
Baltimore, MD 21237
1-800-261-3371

MedStar Family Choice
DISTRICT OF COLUMBIA

Compliance Program/Equal Access Laws Continued

- Report equal access or discrimination concerns to MFC-DC Provider Relations
- More information can be found at:
  - http://www.hhs.gov/ocr
  - U.S. Department of Health and Human Services Office for Civil Rights Hotline: **800-368-1019**

MedStar Family Choice
DISTRICT OF COLUMBIA

Compliance Program/Excluded Parties

- Medicaid and MCOs are prohibited from paying for items or services furnished by an excluded provider or organization
- MFC-DC monitors the appropriate exclusion lists on a routine basis
- Providers are responsible for monitoring the Medicaid exclusion lists to determine if any employees or contractors are on this list
  - HHS-OIG Website: http://oig.hhs.gov/exclusions/index.asp
  - Excluded Party List System: https://www.sam.gov/SAM/pages/public/searchRecords/advancedPIRSearch.jsf
  - GSA Exclusion List

MedStar Family Choice
DISTRICT OF COLUMBIA

OIG Compliance and Program Integrity

MedStar Family Choice
DISTRICT OF COLUMBIA

Program Integrity

- **About Program Integrity**
  - Program Integrity means a system of reasonable and consistent oversight measurements supporting the Medicaid program and its compliance measures.
- **Purpose**
  - Combating Medicaid provider fraud, waste, and abuse which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid enrollees.

Program Integrity

- Program Integrity has broad responsibilities under the Medicaid Plan as required by CMS to:
  - Review Medicaid provider activities, audit claims, identify overpayments, and educate providers and others on Medicaid program integrity/compliance issues.
  - Provide effective support and assistance to Management and Providers in their efforts to combat Medicaid provider fraud, waste, and abuse.

MedStar Family Choice
DISTRICT OF COLUMBIA

Program Integrity

- Eliminate and recover improper payments in accordance with the Improper Payments Information Act of 2002, Executive Order 13520 and the Improper Payments Elimination and Recovery Act of 2010
  - Audit referral information may originate from the FRAUD Hotline, Agency staff, facilities and/or health care practitioners, the general public, data analysis, or other sources.
  - Allegations of a criminal nature are referred to the appropriate law enforcement entity.

Program Integrity

Other Reporting

- Current Open Audits and Reviews
- Fraud Waste and Abuse (FWA) trends, reporting, investigations/legal actions, and areas of joint interest/cooperation
- DC Compliance - performing focused audits
  - Telemedicine activity,
  - DME billing and reasonableness reviews
  - Analysis of claims activities compared to peer group
- Audit Process
  - Medical Records are received from the provider to perform a Coding Audit (CMS Requirements)
  - Medical Records are reviewed to determine appropriateness of Coding requirements and Clinical standards

Office of Inspector General – Sole Practitioner Model Compliance Plan

SEVEN STEPS TO AN EFFECTIVE COMPLIANCE PROGRAM

1. Written policies and procedures
2. Compliance leadership and oversight
3. Effective training and education
4. Effective lines of communications
5. Enforcing Standards which support compliance
6. Conducting desk audits, risk assessment, peer reviews, and regular monitoring of activities
7. Responding to detected offenses and corrective actions

Quality

MedStar Family Choice

DISTRICT OF COLUMBIA

Provider Role in Quality Improvement

- Participate in annual provider satisfaction surveys
- Participate in quality improvement activities
- Comply with requests for information regarding quality of care concerns
- Cooperate in activities related to external quality reviews such as performance improvement projects

MedStar Family Choice
DISTRICT OF COLUMBIA

Provider Performance

- MedStar Family Choice monitors provider performance through quality metrics including those metrics that are part of NCQA HEDIS®
- Care gaps are monitored and can be shared with providers to assist in closing any gaps
- Performance metrics are evaluated on an annual basis and align with DCHF Quality Strategy Plan
- Additional performance standards can be implemented based on business needs

MedStar Family Choice
DISTRICT OF COLUMBIA

Outreach Department

MedStar Family Choice

DISTRICT OF COLUMBIA

Outreach Department Key Functions

- **Outreach assists with:**
  - Educating on preventive care and enrollee compliance
  - Transportation
  - Scheduling appointments
  - Repeated missed appointments
  - Administers various outreach programs via Head of Household Approach
    - Adult Physicals
    - Well-Child 30 months
    - Lead testing 12 and 24 months
    - Mammogram/Pap Program
  - Coordinating community-based wellness events with mobile mammography, physicals, and lead lab services

➢ **The Outreach Department is available:**

Monday through Friday

8 am to 5:30 pm at

855-798-4244

➢ **Providers may also Fax MFC DC at 202-243-6252**

MedStar Family Choice

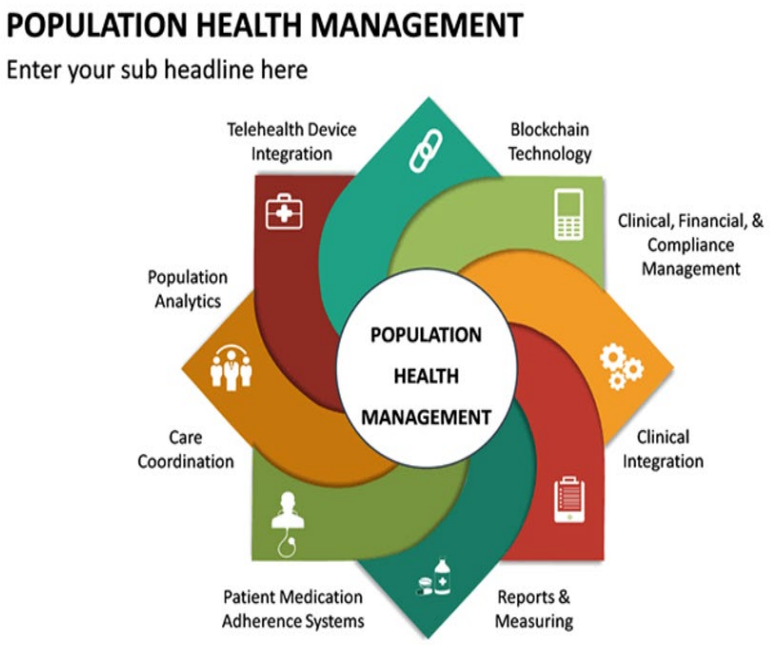
DISTRICT OF COLUMBIA

Population Health Equity

MedStar Family Choice
DISTRICT OF COLUMBIA

What is Population Health and Health Equity

- Population health involves understanding and addressing the diverse factors that influence health outcomes across different populations.
- Population health zeroes in on targeted interventions tailored to specific communities or population groups. This approach considers a range of determinants, including social, economic, environmental, and behavioral factors, that affect the health of these groups. (UM population health)



MedStar Family Choice
DISTRICT OF COLUMBIA

Population Health cont.

MedStar Family Choice
DISTRICT OF COLUMBIA

Health Equity

- **Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health.

  Achieving this requires ongoing societal efforts to:

  - Address historical and contemporary injustices;
  - Overcome economic, social, and other obstacles to health and health care
  - Eliminate preventable health disparities.

MedStar Family Choice
DISTRICT OF COLUMBIA

Equality vs Equity

EQUALITY:
Everyone gets the same–regardless if it's needed or right for them.

EQUITY:
Everyone gets what they need–understanding the barriers, circumstances, and conditions.

Cultural Competency

MedStar Family Choice
DISTRICT OF COLUMBIA

Cultural Competency Definition

Cultural competency is the ability of individuals, as reflected in personal and organizational responsiveness, to understand the social, linguistic, moral, intellectual, and behavioral characteristics of a community or population, and translate this understanding systematically to enhance the effectiveness of health care delivery to diverse populations.

MFC-DC Purpose/Scope/Policy

- **Our Purpose is to Ensure that**: All enrollees receive equitable and effective treatment in a culturally and linguistically appropriate manner
- **The Scope**: All MedStar Family Choice-DC Participating Providers
- **Policy**: MFC-DC encourages all providers treating our enrollees to provide culturally and linguistically appropriate services that improve the quality of care and health outcomes, and contribute to the elimination of racial and ethnic health disparities

MedStar Family Choice
DISTRICT OF COLUMBIA

Cultural Competency

Cultural competency processes support regulatory efforts:

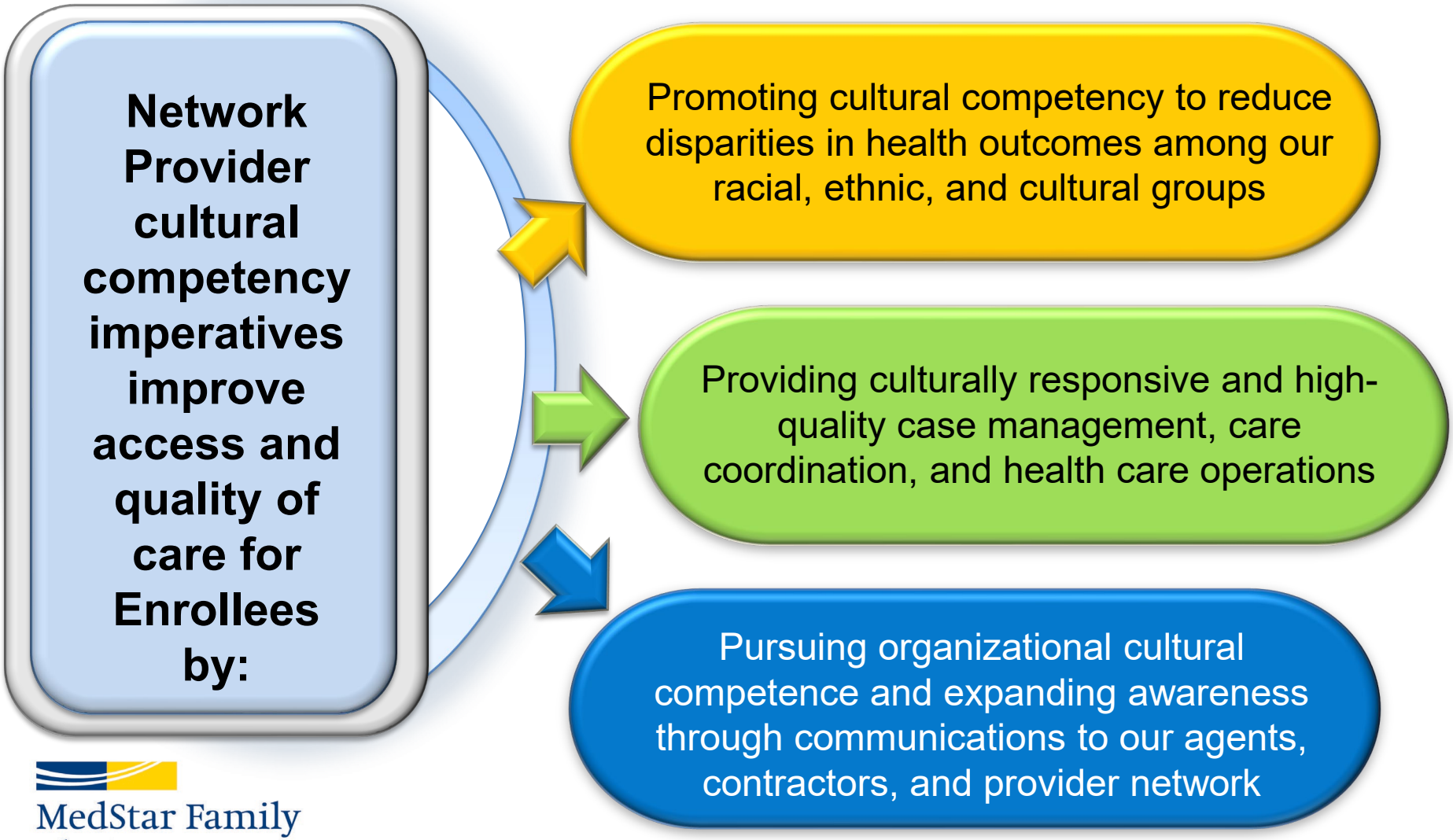
- To enhance and develop skills, behaviors and attitudes
- To integrated policies, procedures and practices throughout the MFC Provider Network
- To allow the MFC Provider Network to respond sensitively and respectfully to people of various cultures, primary spoken languages, races, ethnic backgrounds and religions, and sexual orientations, and
- To communicate with persons accurately and effectively to identify and diagnose, treat and manage physical and behavioral health conditions through appropriate plans for treatment and self- care professionals
- To enable effective outcomes across-cultural situations.

Cultural Competency

- The Four Layers of Diversity wheel shows how we process stimuli and information regarding diversity.
- The ways we process this leads to our assumptions, drives our own behaviors, and ultimately impacts others.

MedStar Family Choice
DISTRICT OF COLUMBIA

Cultural Competency Imperatives



MedStar Family Choice
DISTRICT OF COLUMBIA

Policies

Providers should develop certain policies to help achieve cultural competence and language access. These policies may include:

- **Recognizing beneficiaries' beliefs**
- **Addressing cultural and linguistic differences in a competent manner**
- **Fostering staff behaviors that effectively address interpersonal communication styles that respect beneficiaries' cultural backgrounds**
- **Facilitating culturally sensitive and person-centered care delivery approaches**

MedStar Family Choice
DISTRICT OF COLUMBIA

Nondiscrimination Regulation

- Federal and state civil rights laws prohibit discrimination on the basis of race, color, national origin, age, disability and sex.

MedStar Family Choice
DISTRICT OF COLUMBIA

Nondiscrimination

- Examples of prohibited practices:
  - Deny an individual any service, financial aid, or benefit.
  - Provide a different service, aid or benefit, or provide them in a manner different that they are provided to others.
  - Segregate or treating individuals separately in any manner related to receiving programs, services, or benefits.
  - Retaliation of any sort.
  - Discrimination, including efforts on the basis of National Origin or Limited English Proficiency (LEP).

- Providers should have wheelchair accessible locations and meet all other ADA compliance requirements

MedStar Family Choice

DISTRICT OF COLUMBIA

Written Materials and Translation Services

- Medstar Health provides interpretation and use of auxiliary aids such as TTY/TDY and American Sign Language (ASL) services free of charge

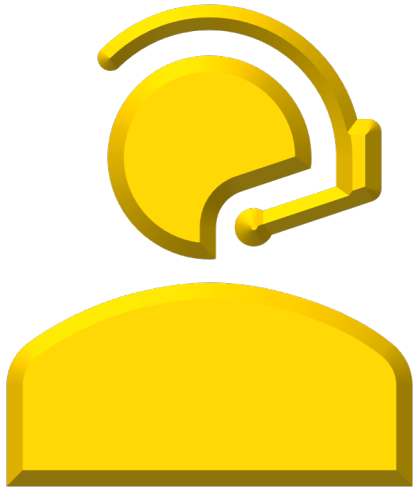
- Our contractors need to agree to abide by the same non-discrimination requirements

MedStar Family Choice
DISTRICT OF COLUMBIA

Written Materials and Translation Services

How do I appropriately direct limited-English proficient or non-English proficient ("LEP/NEP") Enrollees to free services?

- Route the caller to MFC Enrollee Services at 888-404-3549 (toll free)
- Staff can also engage Language Line Services directly (866-874-3972 Access code 211943) by completing a 3-way call with the caller



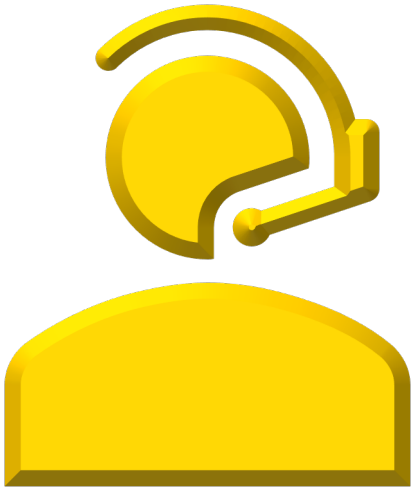
How do I appropriately direct the hearing and visually impaired to free auxiliary aid services?

- Route the caller to MFC Enrollee Services at 711 to access telecommunications relay services (TTY or TDD) for free
- If a beneficiary has trouble seeing, the beneficiary could call Enrollee Services at 888-404-3549 for information on an audio tape, in Braille or in large print.

Written Materials and Translation Services

Are on-site interpreters available for Enrollees who need services at a provider's office?

- Yes. Please call Enrollee Services or contact the D.C. Manager of Communications for information on on-site interpreters.



If an Enrollee elects to use a family member or friend or refuses oral interpretation services, what must we do?

- MFC must obtain **written consent** from the Enrollee that waives the Enrollee's right to oral interpretation services.
  - Use the D.C. Office of Human Rights waiver form!

MedStar Family Choice
DISTRICT OF COLUMBIA

Written Materials and Translation Services

Network Provider written materials and vital documents must:

Provide culturally appropriate information in prevalent non-English languages and consider the needs of Enrollees with disabilities and LEP

Include language tag lines that include the availability of written translations or oral interpretation

Provide alternative and accessible formats for persons with visual impairments

Communicate to Enrollees how to access these formats

Are written in no less than twelve (12) font size and 5th grade level readability

MedStar Family Choice
DISTRICT OF COLUMBIA

Additional Information

- Translation services help facilitate compliance with multiple laws, including but not limited to:
  - Section 1557 of the Patient Protection and Affordable Care Act (PPACA)
  - D.C. Language Access Act of 2014
  - Section 504 of the Rehabilitation Act of 1973
  - The Americans with Disabilities Act and implementing regulations
  - Title VI of the Civil Rights Act of 1964 and implementing regulations
- More info online under the D.C. OHR website, in Transmittals such as 14-35, and DHCF's website

MedStar Family Choice
DISTRICT OF COLUMBIA

Questions?

For inquiries and support please contact:

MFC-DC Provider Relations Department

Email: MFCDC-ProviderRelations@MedStar.net

Phone Number 800-261-3371
Fax 855-616-876

Thank you

It's how we treat people.

MedStar Family Choice