Member Handbook 2015 to 2016

D.C. Healthy Families

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

Este programa es financiado en parte por el Departamento de Finanzas de Atención Médica del gobierno del Distrito de Columbia.

888-404-3549 MEMBER SERVICES
MedStarFamilyChoice.com

Knowledge and Compassion
Focused on You
Call us if you do not speak or read English.

Llámenos si no habla ni lee inglés.

Hãy gọi cho chúng tôi nếu bạn không nói hoặc đọc tiếng Anh

聯繫我們：如果你不說或讀英語

Appelez-nous si vous n’êtes pas en état de parler ou lire en anglais.

አማርኛ ውወጥ ያመልክቱ ወይም ይህን ያስጠዘም።

 만약 당신이 영어를 말하거나 읽지 못한다면 우리에게 전화하십시오.
Welcome to MedStar Family Choice

Thank you for choosing MedStar Family Choice. We are happy to be your Medicaid managed care organization (MCO). We know that nothing is more important than you and your family’s health. That’s why we work hard to make sure that you and your family are treated with the kind of care and respect you want and deserve. We are committed to your health and want to make sure that you and your family receive the highest quality of care possible.

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

All new members will be invited to a new member orientation. At the orientation, you will be able to speak with MedStar Family Choice employees and ask any questions you may have. It is a chance to meet some of our team and let us welcome you to MedStar Family Choice.

New members will receive calls from us soon after you join. 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 Outreach department right away at 855-210-6203 and ask to speak with the prenatal coordinator.

If you have any questions, please call our Member Services department at 888-404-3549.
How this Handbook Works

MedStar Family Choice is a managed care plan that is paid by the District of Columbia to help you get health care. In this handbook, we tell you about how MedStar Family Choice works, how to find doctors, how to call us, and what services we pay for.

Telling you about these things can be hard to do. Words used in health care and words used by your doctor can sometimes be hard to understand. Sometimes we have to tell you about laws that you need to know. These also can be hard to understand. To help you, we have explained many hard to understand terms in the back of this book. The title of this section of the member handbook is “What Some Words Mean.”

If you ever have any questions about things you read in this book or other questions about MedStar Family Choice, you can call Member Services at 888-404-3549 or visit MedStarFamilyChoice.com, and we will do our best to help you.

How this member handbook can help you

This member handbook tells you:

• How to get health care
• What services we will pay for (we call these covered services)
• What services we cannot pay for
• Learn about our wellness programs and rewards
• How to pick your primary care provider (PCP)
• What to do if you get sick
• Know the care you need if you are pregnant or thinking about becoming pregnant
• How to get assistance managing any chronic diseases or special healthcare needs you have
• What you should do if you have a complaint or a grievance or want to change a decision by MedStar Family Choice (also called an appeal)
• How to get transportation to your medical appointments

This member handbook gives you basic information about how MedStar Family Choice works and its rules. Please call MedStar Family Choice Member Services, 8 a.m. to 5:30 p.m. Monday through Friday if you have any questions.
**Important Phone Numbers**

| For questions about your managed care organization, benefits and services, any other questions relating to your plan, or questions when your PCP is not available, please call member services. | Member Services | 888-404-3549  
Monday through Friday, 8 a.m. to 5:30 p.m. |
|---|---|---|
| TTY/TDD Member Services | 711  
Monday through Friday, 8 a.m. to 5:30 p.m. |

Language services are available free of charge. Please let the customer service representative know if you need an interpreter at the beginning of the call.

| If you have questions after business hours or have questions for a nurse, please call our nurse advice line. | Nurse Advice Line | 855-210-6204  
24 hours a day, seven days a week |
|---|---|---|
| TTY/TDD Nurse Advice Line | 711  
24 hours a day, seven days a week |

| If you need behavioral health care or have a behavioral health or substance abuse question: | Your primary care physician’s office | _______ - _______ - _______  
(Check your member ID card for the phone number) |
|---|---|---|
24 hours a day, seven days a week |
| TTY Behavioral Health Line | 800-334-1897  
24 hours a day, seven days a week |
| D.C. Department of Behavioral Health Hotline | 888-793-4357  
24 hours a day, seven days a week |

Language services are available free of charge. Please let the customer service representative know if you need an interpreter to talk about your substance abuse benefits, a provider who speaks a language other than English, or help in translating any letters you receive regarding your care.

| If you need to see a doctor within 24 hours for urgent care: | Your primary care physician’s office | _______ - _______ - _______  
(Check your member ID card for the phone number)  
24 hours a day, seven days a week |
|---|---|---|
| Nurse Advice Line | 855-210-6204  
24 hours a day, seven days a week |

Language services are available free of charge. Please let the customer service representative know if you need an interpreter at the beginning of the call.

| MedStar PromptCare/ Urgent Care Centers | Capitol Hill Center  
228 7th St., SE  
Walk-in hours—no appointment necessary | 202-698-0795  
Monday through Friday, 8 a.m. to 8 p.m.  
Saturday and Sunday, 9 a.m. to 5 p.m. |
|---|---|---|
| Adams Morgan Center  
1805 Columbia Rd., NW  
Walk-in hours—no appointment necessary | 202-797-4960  
Monday to Friday, 9 a.m. to 9 p.m.  
Saturday and Sunday, 9 a.m. to 5 p.m. |

(continued on next page)
For immediate support to quit smoking, please call the quit line. The quit line was developed in collaboration with and is sponsored by the U.S. Department of Health and Human Services.

| If you believe you need help to manage your diabetes, asthma, HIV/AIDS, heart disease, or another chronic condition: | Case Management Department | 855-210-6203  
Monday to Friday, 8 a.m. to 5:30 p.m. |
|---|---|---|
| If you need someone who speaks your language or if you are hearing impaired: | Member Services | 888-404-3549  
Monday to Friday, 8 a.m. to 5:30 p.m. |
| | TTY/TDD Member Services | 711  
Monday to Friday, 8 a.m. to 5:30 p.m. |
| Language services are available free of charge. Please let the customer service representative know if you need an interpreter at the beginning of the call. |
| If you need a ride to an appointment: | MedStar Family Choice Transportation Provider | 866-208-7357  
24 hours a day, seven days a week |
| Language services are available free of charge. Please let the customer service representative know if you need an interpreter at the beginning of the call. |
| For dental questions: | MedStar Family Choice Dental Provider | 855-388-6251  
Monday through Friday, 8 a.m. to 5:30 p.m. |
| Language services are available free of charge. Please let the customer service representative know if you need an interpreter at the beginning of the call. |
| For vision questions: | MedStar Family Choice Vision Provider | 888-785-8990  
Monday through Friday, 8 a.m. to 5 p.m. |
| Language services are available free of charge. Please let the customer service representative know if you need an interpreter at the beginning of the call. |
| For information on the MedStar Family Choice Stop Smoking program, please call the MedStar Family Choice Outreach department. | MedStar Family Choice Outreach Department | 855-210-6203 |

For an emergency, dial 911 or go to the nearest emergency room.

Your main doctor: ___________________________  Phone: ___________________________
Child’s main doctor: ___________________________  Phone: ___________________________
Other child’s main doctor: ___________________________  Phone: ___________________________
Other child’s main doctor: ___________________________  Phone: ___________________________
# Table of Contents

**Welcome to MedStar Family Choice** .................................................................................................................................................. 3

**How this Handbook Works** .......................................................................................................................................................... 4

How this member handbook can help you ...................................................................................................................................... 4

**Important Phone Numbers** ......................................................................................................................................................... 5

**Your Rights and Responsibilities** ............................................................................................................................................... 9

**Your Member Identification Card** ............................................................................................................................................. 11

**Your Primary Care Provider (PCP)** ............................................................................................................................................. 12

How to pick your PCP ................................................................................................................................................................................. 12

Types of primary doctors to choose from ........................................................................................................................................ 12

Things to know when choosing a primary doctor .......................................................................................................................... 12

How to change your PCP ........................................................................................................................................................................... 12

**Your Main Dental Office** ............................................................................................................................................................... 13

**Routine Care, Urgent Care and Emergency Care** ........................................................................................................................ 13

Routine care ................................................................................................................................................................................................. 13

Urgent care .................................................................................................................................................................................................. 13

Emergency care (What to do if you have an emergency) ...................................................................................................................... 14

**Care When You Are Out of Town** .............................................................................................................................................. 14

**MedStar Family Choice Providers and Nonproviders** ................................................................................................................ 15

**Making an Appointment** ............................................................................................................................................................... 16

Making an appointment with your PCP ........................................................................................................................................... 16

Changing or canceling an appointment ............................................................................................................................................. 16

Getting care when your PCP’s office is closed ................................................................................................................................. 17

How long it takes to see your doctor ................................................................................................................................................... 17

**Support Services** ............................................................................................................................................................................. 18

Interpretation services ............................................................................................................................................................................... 18

Translation services .................................................................................................................................................................................... 18

Services for the hearing and visually impaired ............................................................................................................................... 18

Transportation services .......................................................................................................................................................................... 19

Health education programs .................................................................................................................................................................... 19

**Specialty Care and Referrals** ......................................................................................................................................................... 20

How to get specialty care ...................................................................................................................................................................... 20

Self-referral services ............................................................................................................................................................................... 20

Behavioral health services ................................................................................................................................................................. 21

Services for alcohol or other drug problems .................................................................................................................................... 21

Birth control and other family planning services .......................................................................................................................... 21

**Pharmacy Services and Prescription Drugs** .............................................................................................................................. 22

**Disease Management** ................................................................................................................................................................. 25

**Services to Keep Adults from Getting Sick** .............................................................................................................................. 25

Recommendations for check ups ......................................................................................................................................................... 25

Adult screening recommendations ....................................................................................................................................................... 25

Screenings for women only .................................................................................................................................................................... 25
Screenings for men only ................................................................. 26
Preventive counseling ...................................................................... 26
Adult and adolescent immunizations .............................................. 26
**Pregnancy** .................................................................................. 26
Prenatal and postpartum care .......................................................... 27
**Your Child’s Health** .................................................................. 27
Health Check program for children (EPSDT) ............................... 27
Immigrant children .......................................................................... 29
Caring for your children’s teeth ......................................................... 29
Children with special healthcare needs .......................................... 29
Strong Start Early Intervention program ........................................ 30
Immunizations (shots) for children and teens .................................. 31
**Your Health Benefits** ................................................................. 32
Health services covered by MedStar Family Choice ....................... 32
Services we do not pay for .............................................................. 42
Notice of changing benefits or service locations ............................ 42
**Other Important Information** .................................................... 42
What to do if you move .................................................................... 43
What to do if you have a baby .......................................................... 43
What to do if you adopt a child ........................................................ 43
What to do if someone in your family dies ....................................... 43
How to change your MCO ............................................................... 43
What to do if you get a bill for a covered service ............................... 43
Paying for services that are not covered .......................................... 43
Advance directives ........................................................................... 44
What to do if you have other insurance ......................................... 44
What to do if you are eligible for both Medicaid and Medicare ....... 44
Physician (doctor) incentive plan disclosure ..................................... 44
How to make suggestions for changes in policies and procedures ... 45
Out-of-pocket expenses ................................................................... 45
New technology ............................................................................... 45
Website .......................................................................................... 46
**Complaints, Grievances, Appeals and Fair Hearings** .................... 47
Complaints and Grievances .............................................................. 47
Appeals and fair hearings ................................................................. 47
Expedited (emergency) grievances and appeals process ............... 48
Your rights during the grievances, appeals, and fair hearings process 48
**Notice of Privacy Practices** ......................................................... 48
**Fraud and Abuse** ...................................................................... 49
**Medicare Part D Notice** ............................................................... 50
**What Some Words Mean** .......................................................... 51
Your Rights and Responsibilities

Member rights

You have the right to:

- Be treated with respect and dignity, no matter your race, color, creed, ancestry, marital status, political affiliation, national origin, age, sexual orientation, religion, gender, personal appearance, physical or mental disability, or type of illness or condition.

- Have access to care, no matter your race, color, creed, ancestry, marital status, political affiliation, national origin, age, sexual orientation, religion, gender, personal appearance, physical or mental disability, or type of illness or condition.

- Privacy. Your medical records and all information about your health is private and will only be shared in a manner that follows district and federal laws.

Privacy during treatment

- Information. You may ask for and receive information about MedStar Family Choice, its services, its doctors, other caregivers, and about your rights and responsibilities as a member of the health plan.

- Make recommendations regarding your rights and responsibilities as a member of MedStar Family Choice.

- Ask for qualifications of the people treating you.

- Choose a primary care provider (PCP) from MedStar Family Choice’s listing of doctors and change your PCP.

- Be told what your health problem is, what treatment you will be given and what risks are related to your illness and treatment. This must be told to you so that you understand the information.

- Talk to your doctor and help make choices and decisions about your health care and treatments.

- Choose someone who will have the legal right to make healthcare choices for you if you become unable to yourself.

- Refuse any treatment by a provider, and be told what might happen if you don’t have the treatment.

- Discuss all of the appropriate or medically necessary treatment options, regardless of the cost or whether they are covered by your health plan. MedStar Family Choice does not restrict providers from discussing all of the appropriate or medically necessary treatment options with members.

- Receive family planning services and supplies from the provider of your choice.

- Obtain medical care without unnecessary delay.

- Receive information on advanced directives or a living will, develop advanced directives or a living will and choose not to have or continue any life-sustaining treatment.

- Continue treatment you are currently receiving until you have a new treatment plan.

- Receive interpretation and translation services free of charge if you need them.

- Refuse oral interpretation services.

- Get an explanation of prior authorization procedures.

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
• Request and receive a copy of your medical records and request that they be amended or corrected as allowed by law.

• Exercise your rights and know that the exercise of those rights will not adversely affect the way that MedStar Family Choice or our providers treat you.

• File a complaint, appeal or grievance with us and have it resolved in a reasonable amount of time. For example, the complaint, appeal or grievance could include a concern about the care you received.

• Request an appeal or fair hearing if you feel we were wrong in denying, reducing or stopping a service or item.

• Request that ongoing benefits be continued during an appeal or fair hearing.

• Receive a second opinion from another doctor in MedStar Family Choice if you don’t agree with your doctor’s opinion about the services that you need. If another in-network provider is not available, MedStar Family Choice will help arrange a second opinion outside of the MedStar Family Choice network at no cost to you. Contact us at 888-404-3549 for help with this.

• Receive a copy of the MedStar Family Choice member handbook.

• Obtain summaries of customer satisfaction surveys.

• Receive MedStar Family Choice’s Dispense As Written policy for prescription drugs

• Receive other information about us, such as how we are managed, our financial condition and any special ways we pay our doctors. You may request this information by calling 888-404-3549.

All enrollees are entitled to copy of our practice guidelines upon request. To receive a copy, please call Member Services at 888-404-3549.

Member responsibilities

It is your responsibility to:

• Read this handbook so that you can understand the services provided and how to contact MedStar Family Choice with questions.

• Be courteous and respectful to MedStar Family Choice staff and healthcare providers.

• Tell the truth about your health. You must tell us about any illnesses you had before. You must tell us about operations you had before. You must tell us what medicines you used in the past. You must tell MedStar Family Choice and your healthcare providers any information we may need in order to provide care to you.

• Do what your doctor tells you to do to get well or stay well. Follow the plans and instructions for your care that you and your healthcare provider have agreed to.

• Live a healthy lifestyle that includes seeing your doctor regularly and following preventive care guidelines, such as screenings and immunizations.

• Accept what might happen to you if you refuse treatment or if you do not follow the advice given to you.

• Tell your doctor if your health changes in any way that you did not expect.

• Know the name of your primary care provider (PCP) and get your PCP’s okay before getting care from anyone else.
• Make appointments with your PCP during office hours instead of using the emergency room for things that are not emergencies. The emergency room should only be used when you have a medical emergency.

• Be on time for all your appointments. Let the office know at least 24 hours ahead of time when you cannot keep an appointment.

• Help your doctor get medical records from providers who have treated you in the past.

• Follow the rules of the D.C. Medicaid Managed Care program.

• Carry your ID card and photo ID with you always. Tell the people in the doctor’s office, lab, drugstore, or anywhere that you are getting health care that you are a MedStar Family Choice member.

• Ask questions about your care. Make sure that you understand what your health problem is and your treatment. Participate in developing treatment goals that both you and your doctor agree on.

• Notify MedStar Family Choice of any car accidents, falls, etc. where someone else may be at fault.

• Complete your renewal applications in a timely manner to prevent gaps in your health insurance.

• Report any other health insurance coverage to the Economic Security Administration at 202-727-5355.

• Give your doctor a copy of your living will and advanced directive if you have one.

• Report any known or suspected fraud and abuse as it is related to benefits, services, or payments. For more information please see page 49 of the handbook.

MedStar Family Choice staff may read your medical records to make sure that you are getting the care you need.

Your Member Identification Card

After you sign up for MedStar Family Choice and you have picked a primary care provider (PCP) or one was assigned to you, we will send you a member ID card in the mail. This card lets your doctors, hospitals, drug stores, and others know that you are a member of MedStar Family Choice. Please make sure that the information on your member identification card is correct. If there are any problems, or if you have lost your card, call Member Services at 888-404-3549.

Each MedStar Family Choice member has his or her own card. Your children will also have their own cards. You must keep your children’s cards so they don’t get lost. The card is only for the person whose name is on it. It is against the law to let anyone else use your or your child’s member ID card or Medicaid card.

Your member ID card looks like this:

Please remember to carry your member ID card with you all the time. Always show your card before receiving any medical care or getting medicine at a pharmacy. Be sure to keep your Medicaid card, too.
Your Primary Care Provider (PCP)/Primary Doctor

If you chose to enroll in MedStar Family Choice you were given the opportunity to choose your PCP from a list of in network doctors. You were also given the chance to choose a PCP for each member of your family. If you were auto assigned to MedStar Family Choice a doctor was selected for you. If you would like to select a new doctor or resume care with your previous doctor prior to when you signed up with MedStar Family Choice, please call Member Services at 888-404-3549. You may only switch your PCP to MedStar Family Choice network doctors. It is important to call your PCP first when you need care.

How to pick your PCP/primary doctor:
- If your current PCP is a member of MedStar Family Choice’s network, you may stay with that doctor.
- If you don’t have a PCP, you can choose from a list of doctors by visiting us at MedStarFamilyChoice.com, and selecting Find a Provider on the home page.
- Call Member Services at 888-404-3549 if you need help picking a doctor or would like a copy of the provider directory mailed to you.
- 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 Member Services at 888-404-3549 to change your PCP.
- MedStar Family Choice will send you a member ID card. Your card will have your PCP’s name and phone number on it.

Type of primary doctors you can choose from:
- Family and general practice doctor: Usually can see the whole family
- Internal Medicine doctor: Usually sees only adults and children 16 years and older
- Pediatrician: Sees children from newborn to adult
- Obstetrician/Gynecologist (Ob/Gyn): Specializes in women’s health and maternity care
- A clinic or a federally qualified health center (FQHC)
- If you or your child has special healthcare needs, a specialist may be your or your child’s PCP, but you need to call us and let us know that you would like this. We will try to help you get a specialist to be your or your child’s PCP, but the specialist would have to agree to it.

Things to keep in mind when choosing a primary doctor:
- Pick a doctor who is close to your home or work.
- 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 Member 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 and Member Services can help you pick one.

How to change your PCP
You can change your PCP anytime. Just pick a new PCP from the provider directory or from our website at MedStarFamilyChoice.com. Call Member Services at 888-404-3549 once you have picked a new PCP. If you need help picking a new PCP, Member Services can help you. You may also select a new PCP while at the doctor’s office by completing a PCP change form. Ask the doctor’s office for details.
If you choose a new PCP, MedStar Family Choice will send you a new ID card within 10 business days. You should destroy your old card when you receive your new one.

Your Main Dental Office

A main dental office is where you should go for your routine dental care. It is important to go back to the same main dental office for each appointment and always arrive on time. You can change your main dental office as many times as you like, but only one time each month. If you already have a dentist or main dental office, be sure they participate in the D.C. Medicaid Dental Program by calling Customer Service at 800-685-0615.

You can find a participating dentist or change your main dental office three ways:
2. Go to dentaquest.com: choose Members and your state; then select find a dentist.
3. Fill out the main dental office change form on the website and mail or fax to customer service.
Your main dental office can be changed if you miss appointments, do not follow the dentist’s advice or the relationship is not working for either you or the dentist.

Routine Care, Urgent Care and Emergency Care

There are three kinds of health care you may need: Routine care, urgent care or emergency 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 is medical care you need within 24 hours, but not right away. Some urgent care issues are:
- Moderate colds
- Cough
- Sore throat
- Minor cuts and scrapes
- Sprains
- Earaches
- Urinary tract infections
- Diarrhea
- Throwing up
- Lice, scabies or ringworm
- Diaper rash
- 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. If you believe you need urgent care, you may also call the Nurse Advice Line for further assistance at 888-210-6204. The Nurse Advice Line can also provide locations for MedStar Prompt Care and other urgent care facilities. Locations are also listed at the front of this handbook. 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. Language services are available free of charge. Please let your customer service representative know if you need an interpreter at the beginning of the call.

**Emergency care** is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness. This care also includes mental health, alcohol or other drug related emergencies. You do not need to get our approval to go to the emergency room. If you have a emergency, call 911 or go to the nearest emergency room. The emergency room is NOT the place to go for everyday medical problems, such as colds, earaches, medications refills, long-standing chronic problems, or minor injuries. You can go to any emergency room, in or out of network. You do not need our approval first. Call your PCP for medical problems that are not real emergencies. If you need to speak to a nurse, please call the **Nurse Advice Line** at **855-210-6204**.

These are some examples of emergency medical conditions:
- Chest pain
- Loss of consciousness
- Bad burns
- Paralysis
- Fainting
- A broken bone
- Drug overdose
- Bleeding that cannot be stopped
- Poisoning
- Trouble breathing
- Convulsions
- Miscarriage or a pregnancy with vaginal bleeding
- Being in labor

If you need to be in a hospital, your PCP must arrange and oversee your care. MedStar Family Choice will pay for the hospital and for any special care you need, but only if your PCP says it is okay. So you must not go to a hospital without calling your PCP unless you have an emergency.

**Some definitions about emergency care**

An **emergency medical condition** is a medical condition that is severe right from the beginning. If not treated right away, this type of condition could have serious impacts on your health.

**Emergency services** are covered services that help to calm an emergency medical condition.

**Post-stabilization services** are covered services that are needed after an emergency condition has been calmed.

**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:

**For 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. If MedStar Family Choice does not say it is okay before you get the care, you will have to pay for the care yourself.

Remember: You need to go to a provider in MedStar Family Choice’s network.
**For 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.

**For emergency care:** If you 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 Member Services.

**For prescriptions:** If you need to refill a prescription or need a prescription while out of town, please call our Member Services department. If you need assistance after hours please call our Nurse Advice Line at 855-210-6204. Our pharmacy network contains numerous national chains that can be used to fill your prescription while you are out of town.

If your child does not live at home and needs to see a doctor, please call Member Services at 888-404-3549.

---


MedStar Family Choice will pay for the covered service you receive when you go to one of our doctors or other healthcare providers. We call these doctors, and other healthcare providers, our network providers. All of 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, lab, or other provider, 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 written authorization.

MedStar Family Choice may require prior authorization for certain services. Your participating doctor has been given a list of services that need prior authorization. In addition, if you need to be seen by an out-of-network provider, your provider will need to get our approval before seeing you (prior written authorization.) In order for this to happen, the provider must contact MedStar Family Choice for approval. MedStar Family Choice requires 14 days to process a request once all necessary information has been received. If it is of benefit to you, MedStar Family Choice may extend the decision-making process another 14 days to get additional information from you or your provider. The decision may be shorter depending on the urgency of the request. MedStar Family Choice will review all requests on an individual basis. In cases where out-of-network services have been approved, you are not responsible for the cost of these services.

Decision making is based on appropriateness of care and services and existence of coverage. MedStar Family Choice does not reward doctors, or other persons, for denying any treatment or service. Financial rewards are not given that would encourage decisions resulting in less care than needed.
Remember: You need to go to a provider in MedStar Family Choice’s network.

Making an Appointment

Making an appointment with your PCP:

• Have your member 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 member ID card. You can also find it online at MedStarFamilyChoice.com, or in your provider directory.

• Tell the person who answers that you are a MedStar Family Choice member. Tell them you want to make an appointment with your PCP.

• Tell the person why you need an appointment. For example:
  - You or a family member is feeling sick.
  - You hurt yourself or had an accident.
  - You need a check up or follow-up care.

• Write down the time and date of your appointment.

• Come to your appointment on time, and bring your member ID card with you. Many offices may ask for a photo ID as well.

• If you need help making an appointment, please call Member 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 office is closed:

If you need to speak to your PCP when the office is closed, call your PCP’s office and leave a message with the person who answers the phone. Be sure to give the person who answers your phone number. Someone will call you back as soon as possible. You can also call the Nurse Advice Line at 855-210-6204. If you think you have an emergency, call 911, or go to the emergency room.

How long it takes to see your doctor:

Your doctor’s office must give you an appointment within a certain number of days after you call. The table below 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.
<table>
<thead>
<tr>
<th>TYPE OF VISIT</th>
<th>YOUR CONDITION</th>
<th>HOW LONG IT TAKES TO SEE YOUR DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent visit</td>
<td>You are hurt or sick and need care but can wait up to 24 hours to see a doctor.</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Routine visit</td>
<td>You have a minor illness or injury or you need a regular check up, but you don’t need an urgent appointment.</td>
<td>Within 30 days</td>
</tr>
<tr>
<td>Follow-up visit</td>
<td>You need to see your doctor after a treatment you just had to make sure you are healing well.</td>
<td>Within one to two weeks, depending on the kind of treatment</td>
</tr>
<tr>
<td>Adult wellness visits</td>
<td>• You are having your first appointment with a new doctor.</td>
<td>Within 30 days or sooner if necessary</td>
</tr>
<tr>
<td></td>
<td>• You are due for a regular adult check-up.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• You are due for a prostate exam, pelvic exam, PAP smear, or breast exam.</td>
<td></td>
</tr>
<tr>
<td>Nonurgent appointments with specialists (by referral)</td>
<td>Your PCP referred you to see a specialist for a nonurgent condition.</td>
<td>Within 30 days</td>
</tr>
<tr>
<td>Child EPSDT (well-child) check ups (not urgent)</td>
<td>Your child is due for an EPSDT check up.</td>
<td>Initial checkup: Within 60 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Additional check ups: Within 30 days of due dates for children under age two; within 60 days of due dates for children age two and older</td>
</tr>
</tbody>
</table>
### Immigrant children EPSDT (well-child) check ups (not urgent)

<table>
<thead>
<tr>
<th>TYPE OF VISIT</th>
<th>YOUR CONDITION</th>
<th>HOW LONG IT TAKES TO SEE YOUR DOCTOR</th>
</tr>
</thead>
</table>
| Immigrant children EPSDT (well-child) check ups (not urgent) | Your child is due for a well-child check up | Initial checkup: Within 60 days  
Additional checkups: Within 30 days of due dates for children under age two; within 60 days of due dates for children age two and older |
| Early Intervention program assessments | Tests (assessments) for children up to age 3 at risk of developmental delay or disability | Within 30 days |

### Support Services

#### Interpretation services
MedStar Family Choice will provide oral interpretation services if you need them, including at the hospital.

Please call **Member 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 five days in advance, unless the appointment is urgent.

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

#### Services for the hearing and visually impaired
If you have trouble hearing, call Member Services using 711. If you have trouble seeing, call **Member Services** at **888-404-3549**. We can give you information on an audio tape, in Braille or in large print.

**Interpretation and translation services and services for the hearing and visually impaired are FREE.**
Transportation services
MedStar Family Choice will provide transportation to medical appointments with in-network medical providers if you need it.

- Call MedStar Family Choice Transportation Provider at 866-208-7357 to tell them what time and what day you need to be picked up.
- **You must call at least three 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 type of transportation you get depends on your medical needs.
- When you call to schedule your transportation, have ready your Medicaid ID number, phone number and home 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.
- Have your MedStar membership card and a photo ID with you when you are picked up.

Health education programs
MedStar Family Choice wants you to learn about your health and how to stay well. There are health programs in the community available to you. We offer classes, support groups, and health education events at various locations. Members can attend classes on topics such as prenatal care, baby care, diabetes, exercise, and many others. We encourage you to attend as many as you can. Visit our website for listings or call the Care Management office for assistance at 855-210-6203. Follow the prompts for the Outreach department.

All classes and events are free of charge. Please bring your member identification card and photo ID with you when you attend.

To learn tips on health and wellness or learn about health problems that may concern you and your family, please call the Nurse Advice Line at 855-210-6204 and follow the prompts for the audio health library.

Beginning July 1, 2015, you may also log into our member portal at MedStarFamilyChoiceHealthyLife.com to access wellness tools such as a health survey, food logging, exercise plans, wellness workshops, information on upcoming community events, and more.
Specialty Care and Referrals

How to get specialty care

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

For female enrollees, if your PCP is not an Ob/Gyn, you have the right to see an Ob/Gyn or a family planning provider within the MedStar Family Choice 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 will help arrange a second opinion outside of the MedStar Family Choice network at no cost to you. You can contact your PCP or Member 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 said it wouldn’t pay for the visit, you can:
• Make an appointment with another doctor in the MedStar Family Choice network and get a second opinion
• Appeal our decision (see page 47 on appeals)
• Ask for a fair hearing (see page 47 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 in your network for routine or preventive services (females only)
• Receive family planning services
• Receive services for sexually transmitted diseases (STDs)
• Receive immunizations (shots)
• Visit a dental provider in the network
• Receive emergency mental health services in an emergency room for conditions that are life threatening and are related to withdrawal from narcotics or alcohol
Behavioral health services
Mental health care is for both adults and children. This care helps when you feel depressed or anxious.

If you need help, or someone from your family needs help, call the MedStar Family Choice Behavior Health Line at 877-398-0124 for assistance setting up an initial assessment. For assistance 24 hours a day, seven days a week call the D.C. Department of Behavioral Health Hotline at 888-793-4357.

Prior-authorization is not needed for behavioral health services if they are medically necessary for the member.

Services for alcohol or other drug problems
Problems with alcohol or other drugs are dangerous to your health and can be dangerous to the health of people around you. It is important to go to the doctor if you need help with these problems. MedStar Family Choice will help you arrange for detoxification services and provide care coordination to help you get other services. To get services for these problems, you can:

- Call for behavioral health services, 24 hours a day, seven days a week at 877-398-0124.
- Addiction Prevention and Recovery Administration (APRA) at 202-727-8473.

Birth control and other family planning services
You can get birth control and other family planning services from any provider you pick. 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 Member Services at 888-404-3549 for more information on birth control or other family planning services. All birth control and other family planning services are confidential.

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 diseases
- Treatment for all sexually transmitted diseases
- Sterilization procedures if you are 21 years or older (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 (vasectomy or tubal ligation)
- HIV/AIDS treatment
- Abortion services

You do not need a referral to receive 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 get HIV testing and counseling, call Member Services at 888-404-3549. If you need HIV treatment, your PCP will help you get care.

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’s network. If you want to know our policy on filling a prescription based on how the provider wrote the prescription (dispense as written policy,) please contact our Member Services at 888-404-3549.

There are many pharmacy chains where you can get your medications, such as CVS, Rite-Aid, Walgreens, Giant, Safeway, and MedStar Pharmacies. There are many independent pharmacies in our network as well. You can find a list of all the pharmacies in the MedStar Family Choice network at MedStarFamilyChoice.com or in your provider directory. For details on what drugs are covered, please turn to page 33 for information on where the list of covered drugs is located.

To get a prescription filled:

• Pick a pharmacy that is part of the MedStar Family Choice network and is close to your work or home.
• Try to fill all of your prescriptions at the same pharmacy, so the computer can help identify possible problems from taking medicines at the same time that can cause side effects.
• When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your MedStar Family Choice member ID card.
• If you need help, please call 888-404-3549.

Things to remember:

• You should not be asked to pay for your medicines. Call MedStar Family Choice Member Services if the pharmacy or drug store asks you to pay.
• Sometimes, your doctor may need to get permission from MedStar Family Choice for a drug. While your doctor is waiting for the permission, you have a right to a supply of the medication that will last for up to 72 hours or for one full round of the medicine if you take it less than once a day.
Frequently Asked Questions about Pharmacy

What is a formulary?
A formulary is a list of medicines. The MedStar Family Choice formulary is the list of medicines that are routinely available for members of MedStar Family Choice. We say these medicines are “formulary” or “on the formulary.” Other medicines not on the list are called “nonformulary.” You can find a copy of the MedStar Family Choice formulary listing on our website. Your doctor should be familiar with the medicines that are on the formulary. If you are prescribed a medicine by mistake that is not on the formulary, we will sometimes ask the prescriber to change the prescription to a formulary medication.

How do I get help with a pharmacy problem?
You can call MedStar Family Choice from 8:00 a.m. to 5:30 p.m., Monday through Friday at 888-404-3549. If you need a medicine in an emergency when the office is closed, please have the pharmacist call 855-210-6203 to get instructions on how to reach the person on call.

What drugs need our approval?
A list of all the drugs that need our approval is in the front section of our formulary in the section called Prior Authorization. Nonformulary medicines will need approval, too. Your doctor will need to send information to MedStar Family Choice to get the approval.

What does it mean if a medicine is on step therapy?
It means that MedStar Family Choice expects you to have tried one medication (or more) before you can fill the medicine on the step therapy. For example, Crestor® is on step therapy. It is a brand name medicine used to treat high cholesterol. There are many other generic medicines on the formulary for treating high cholesterol that MedStar Family Choice would expect you to try before moving up to Crestor®. If you are having a problem filling a medication on step therapy, you should call your doctor or MedStar Family Choice for help.

What does it mean when a medicine is an over-the-counter medicine?
Over-the-counter medicine is a medicine that you can often buy at a drug store without a prescription. Examples of over-the-counter medicines are aspirin, medicines for coughs and colds, ointments for rashes, and many others.

Are over-the-counter medicines covered?
Yes, there are a lot of these medicines on the formulary. There is a list of them in the front section of the formulary document in the section called Over-the-Counter (OTC) Drug Coverage. You will need a prescription from your doctor to use your MedStar Family Choice card to pay for over-the-counter medicines. Your doctor can write, call or fax the prescription to the pharmacy. There can be refills if your doctor includes that with the prescription. Plan B emergency birth control for women and condoms do not need a prescription. Ask the pharmacist for help with which kinds are covered.

What happens if I get a prescription for a medicine that is not listed in the formulary?
If you need a medicine that is not listed, your doctor will need to send information to us by phone at 202-243-5400, or 855-210-6203 or by fax at 202-243-5405 to request a medical exception. A medical exception request is used to when you need a nonformulary medicine or other special request.
What happens if I get a prescription for a medicine that is not covered?
If a medicine is in the not covered group, MedStar Family Choice will not pay for it. There are very few medicines that are not covered. An example of a medicine that is not covered is diet pills. If a medicine is not covered, you will have to pay for it.

Are there limits to prescriptions?
Most medicines are limited to a one month supply. Refills can be written for 12 months. Some medicines have quantity limits. This means that only a limited number of pills or tablets are allowed for a period of time. MedStar Family Choice sets the limits based on recommendations for safety from the Food and Drug Administration.

What if you need two prescriptions for the same medicine at the same time, for example, one for home and one for school?
You can get two prescriptions, but it is a special request. You should call your doctor. Your doctor’s office needs to call MedStar Family Choice and we will approve the second medicine.

What if I am planning to go out of town for a long period of time?
You can have medicine for when you travel, but it is a special request. You doctor’s office needs to call MedStar Family Choice. MedStar Family Choice has a rule that says you may only get one extra month’s supply for travel.

What if my medicine is lost or stolen?
If it is lost or stolen, you will need a new prescription. Your doctor’s office needs to call MedStar Family Choice and we will replace the medicine. If the medicine is a pain medicine (narcotic,) you may be asked to provide a police report.

Will the pharmacist give me a generic medication?
Yes, a pharmacist is required to give you a generic version of the medication if one is available. Generic medications have the same active ingredient at the same dosage strength as a brand name medicine. They are the same as the brand name medication. The MedStar Family Choice pharmacy network will only give out generic medications with an “A” rating by the Food and Drug Administration. An “A” rating means that the generic drug has been tested and is the same in strength and safety to the brand name medication.

How can I get a brand name medicine?
For MedStar Family Choice to approve a brand name medicine when a generic version is available, the doctor needs to send information about why you cannot take the generic medicine.

Can a therapeutic substitution be made by the pharmacist or by MedStar Family Choice?
A therapeutic substitution is when a similar medicine is given to you by the pharmacy. Pharmacists in the District of Columbia are not allowed to make a therapeutic substitution.

What should I do if I paid for a medicine myself, but I think it should have been paid for with my MedStar Family Choice card?
Sometimes, but not always, you can get your money back from MedStar Family Choice. You can call the office from 8:00 a.m. to 5:30 p.m., Monday through Friday at 202-243-5400. We will look at the situation and give you advice on what you need to do.
Disease Management

If you have a chronic illness or special healthcare need such as asthma, high blood pressure or mental illness, we may put you in our Disease Management program. This means you will have a case manager. A case manager is someone who works for MedStar Family Choice and who will help you get the services and information you need to manage your illness and be healthier.

Services to Keep from Getting Sick

MedStar Family Choice 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 offers gift cards for finishing your recommended yearly screenings. Please call the Care Management office for information on the programs you are qualified for at 855-210-6203.

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

Recommendations for check ups (screenings)

Please make an appointment and go see your PCP at least one time every year for a check-up. The list below tells you the types of things to talk with your PCP about during your check-up.

Adult and adolescent screening recommendations:

• Blood pressure and cholesterol (lipid disorder) screening
• Sexually transmitted diseases
• HIV/AIDS screening and testing
• Diabetes screening
• Tobacco use
• Alcohol and other drug use
• Depression
• Colorectal cancer (50 years and older)
• Obesity
• Hepatitis C

Screenings for women only:

• Breast cancer screening (mammogram)
• Cervical cancer (PAP test) [For adolescents as appropriate]
• Osteoporosis (post-menopausal women)
• HPV (human papillomavirus) screening [For adolescents as appropriate]
• Chlamydia
Screenings for men only:
- Prostate cancer screening
- Abdominal aortic aneurysm

Preventive counseling
Preventive counseling is available to help you stay healthy. You can get preventive counseling on:
- Diet and exercise
- Alcohol and drug use
- Smoking cessation
- HIV/AIDS prevention

Adult and adolescent immunizations
If you are an adult, you may need some immunizations (shots.) Please talk to your PCP about which ones you may need.

Pregnancy
If you are thinking about having a baby, you should make an appointment with your PCP for advice on having a healthy pregnancy and for a prescription for vitamins to start taking before you are pregnant. 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
- Member Services at 888-404-3549
- Your PCP

You may have been pregnant when you signed up with MedStar Family Choice. If you are already in care for this pregnancy with an Ob/Gyn doctor, you may be able to keep seeing him or her in some cases. Please call the Care Management office for more information at 855-210-6203.

If you become pregnant after you signed up, your PCP will help you pick a MedStar Family Choice Ob/Gyn doctor. Please tell your PCP when you think you might be pregnant so that you can start seeing an Ob/Gyn doctor right away. If you believe that you might be pregnant and do not have an Ob/Gyn doctor, you can call your PCP to get a pregnancy test.

Member Services will assist you in finding an Ob/Gyn doctor. You may also choose a provider from the provider directory or on our website MedStarFamilyChoice.com.

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.

Once you have had your baby, call:
- The Care Management office at 855-210-6203 and select the prompt for Outreach
- Your ESA case worker at 202-727-5355
Remember, if you are pregnant or think you are pregnant, do not drink alcohol, use drugs or smoke.

Prenatal and postpartum 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 to choose a pediatrician before your baby is born. Once your baby is born, it is important to call the pediatrician immediately to schedule an appointment. If you need help selecting a pediatrician, contact Member Services at 888-404-3549.

Please call MedStar Family Choice 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 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 855-210-6203, 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 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 855-210-6203 and select the prompt for Outreach and ask to speak with a postpartum coordinator.

Your Child’s Health

Health Check program for children (EPSDT)

MedStar Family Choice wants to help your children grow up healthy. If your child is in the D.C. Healthy Families (Medicaid) program, your child will be in the Health Check program, also called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This program starts right after your child is born and lasts until your child turns 21. The Health Check program gives your child a number of important check ups.

There is a health check (EPSDT) information sheet in this handbook. In addition, a separate document is included in your welcome packet. You can also ask your doctor, call Member Services or visit our website, MedStarFamilyChoice.com, for a copy of the health check (EPSDT) periodicity schedule. The schedule tells you when your child needs to go to the doctor.
<table>
<thead>
<tr>
<th>HEALTHCARE SERVICE</th>
<th>NEWBORN TO 1 MONTH OLD AND 2 MONTHS OLD</th>
<th>4, 6, 9 AND 12 MONTHS OLD</th>
<th>15, 18 AND 24 MONTHS OLD</th>
<th>3 THROUGH 10 YEARS OLD</th>
<th>11 THROUGH 20 YEARS OLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Check</td>
<td>√ at each visit</td>
<td>√ at each visit</td>
<td>√ at each visit</td>
<td>√ Yearly</td>
<td>√ Yearly</td>
</tr>
<tr>
<td></td>
<td>• Unclothed physical exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Hearing/vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Developmental and behavioral health screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head circumference (measuring around the head)</td>
<td>√ at each visit</td>
<td>√ at each visit</td>
<td>√ at each visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>√ Yearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PKU and sickle cell</td>
<td>√ Complete within two to four days of birth. No later than 1 month old</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead risk assessment and/or lead blood testing</td>
<td>√ Assessment at each visit and blood test by 12 months old</td>
<td>√ Assessment at each visit and blood test at 24 months old</td>
<td>√ Screen at 3, 4, 5, and 6 years old if not previously tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (counseling/testing required if positive assessment)</td>
<td>√ (begin at 12 months)</td>
<td>√</td>
<td></td>
<td>√ Yearly</td>
<td>√ Yearly</td>
</tr>
<tr>
<td>Cholesterol screening and testing</td>
<td></td>
<td></td>
<td></td>
<td>√ Yearly</td>
<td>√ Yearly</td>
</tr>
<tr>
<td>Sexually transmitted diseases (counseling/testing required if positive assessment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√ Yearly</td>
</tr>
<tr>
<td>Blood test (Hct/Hgb)</td>
<td>√ (Begin at 9 months)</td>
<td>√ At 24 months</td>
<td>√ Yearly</td>
<td>√ Yearly</td>
<td></td>
</tr>
<tr>
<td>Urine testing</td>
<td></td>
<td></td>
<td></td>
<td>√ (at 4 years)</td>
<td>√ Yearly</td>
</tr>
<tr>
<td>Health education and guidance</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√ Yearly</td>
<td>√ Yearly</td>
</tr>
<tr>
<td>Pelvic exam/Pap test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>√ If sexually active or 18 years old</td>
</tr>
<tr>
<td>Dental exam</td>
<td></td>
<td></td>
<td></td>
<td>√ Yearly</td>
<td>√ Yearly</td>
</tr>
</tbody>
</table>
In addition to health check/EPSDT services, your child can also get the benefits described in the Member Health Benefits on page 32.

**Immigrant Children**

If your child is in the Immigrant Children’s program, your child will get well-child care. This program starts right after your child is born and lasts until your child turns 21.

In addition to well-child care, your child can also get the benefits described in the Your Health Benefits section on page 32.

**Care for your children’s teeth**

All dental health check ups and treatments are free for MedStar Family Choice members under age 21.

Dentists can prevent cavities and teach you and your child how to care for their teeth.

- From birth up to age three, your child’s PCP may provide dental care during regular check ups. The PCP may decide to send the child to a dentist.
- Beginning at age three, all children should see a dentist in the MedStar Family Choice network for a check-up every year. Look in the MedStar Family Choice provider directory or online at MedStarFamilyChoice.com to pick a dentist near you. Please call the dentist's office for an appointment.

**Children with special healthcare needs**

When children have—or are at risk of having—physical, developmental, behavioral, or emotional conditions that are permanent or that last a long time, they can have special healthcare needs. These children may need health care and other services that are more than or different from what other children need.

MedStar Family Choice will check to see if your child has special healthcare needs. Please be sure your child has been checked for this. If your child has not been checked to see if they have special healthcare needs, call Member Services at 888-404-3549. MedStar Family Choice will provide assessment results in the first language spoken by the enrollee, parent, guardian, or caretaker when requested.

- If your child has special healthcare needs, your child has the right to have a PCP who is a specialist.
- Be sure your child with a special healthcare need has a treatment plan. Call MedStar Family Choice Member Services to ask for a treatment plan for your child.

For more information, please contact Member Services at 888-404-3549.
Strong Start DC Early Intervention (EI) Program

If you think your child is not growing the way he or she should, have your child tested (early intervention assessment.) To schedule an EI assessment, call your PCP. If your child needs EI Services, your PCP will refer your child to the D.C. government’s Early Intervention program.

The Early Intervention program provides special services for your child with developmental delays, disabilities or special needs. Children up to age three get early intervention services from MedStar Family Choice. Children ages three years and older get special educational services from the D.C. public school system. This program is in accordance with the IDEA act, a federal law.

MedStar Family Choice has case managers who can tell you more about the Early Intervention program and the other services your child can get.

MedStar Family Choice covers the services listed below if your child is in the EI program:

- For children up to age three, MedStar Family Choice covers all healthcare services, even if the service is not in your child’s treatment plan.
- For children ages three years and older, MedStar Family Choice:
  - Pays for all healthcare services and services in your child’s treatment plan that your child needs when not in school—even on evenings, weekends and holidays.
  - Coordinates services that are not provided through the school’s treatment plan.

For more information on the services your child can get through the EI program, contact your child’s school.
## Immunizations (shots) for children and teens

Immunizations (shots) are important to keep your child healthy.

Your PCP and MedStar Family Choice will schedule appointments for your child’s shots.

Shots are free. The shot schedule for children is:

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>BIRTH</th>
<th>2 MONTHS</th>
<th>4 MONTHS</th>
<th>6 MONTHS</th>
<th>12 MONTHS</th>
<th>15 MONTHS</th>
<th>18 MONTHS</th>
<th>2 YEARS</th>
<th>4 TO 6 YEARS</th>
<th>11 TO 12 YEARS</th>
<th>13 TO 18 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(between 1 and 2 months)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓ (Tdap)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus Influenza type b (Hib)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (IPV)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Var)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV13)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ 3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All children 6 months to 18 years of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Certain risk groups</td>
</tr>
</tbody>
</table>
Your Health Benefits

Health services covered by MedStar Family Choice

The list below shows the healthcare services and benefits for all MedStar Family Choice members. For some benefits, you have to be a certain age or have a certain need for the service. MedStar Family Choice will not charge you for any of the healthcare services in this list if you go to a network provider or hospital. MedStar Family Choice does not charge copays for services covered by MedStar Family Choice.

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

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHAT YOU GET</th>
<th>WHO CAN GET THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care services</td>
<td>• Preventive, acute and chronic healthcare services generally provided by your PCP</td>
<td>All members</td>
</tr>
</tbody>
</table>
| Specialist services      | • Healthcare services provided by specially trained doctors or advanced practice nurses  
                           • Referrals are usually required.  
                           • Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury, or a congenital deformity or a condition that impairs the normal function of your body | All members              |
| Laboratory and X-ray services | • Lab tests and X-rays with a referral                                                                                                                                                      | All members              |
| Hospital services        | • Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services)  
                           • Inpatient services (hospital stay)                                                                                                                                                  | Any member with a referral from their PCP or who has an emergency |
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHAT YOU GET</th>
<th>WHO CAN GET THIS BENEFIT</th>
</tr>
</thead>
</table>
| Pharmacy services (prescription drugs) | • Prescription drugs included on the MedStar Family Choice drug formulary. You can find the drug formulary at MedStarFamilyChoice.com, or by calling Member Services.  
• Only includes medications from in-network pharmacies  
• Includes the following nonprescription (over-the-counter) medicines for colds, fever and rashes. A complete list is available on the website or by calling Member Services. | All members other than dually eligible (Medicaid/Medicare) members whose prescriptions are covered under Medicare Part D |
| Emergency services                     | • A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition, regardless if the provider is in or out of the MedStar Family Choice network.  
• Treatment for emergency conditions                                                                                                           | All members                                                                                                       |
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHAT YOU GET</th>
<th>WHO CAN GET THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td>• Pregnancy testing: counseling for the women</td>
<td>All members as appropriate</td>
</tr>
<tr>
<td></td>
<td>• Routine and emergency contraception</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Voluntary sterilizations for members older than 21 years of age (requires signature of an approved sterilization form by the member 30 days prior to the procedure)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Screening, counseling and immunizations (including for HPV)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Screening and preventive treatment for all sexually transmitted diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Does not include sterilization procedures for members under age 21</td>
<td></td>
</tr>
<tr>
<td>Podiatry</td>
<td>• Special care for foot problems</td>
<td>All members</td>
</tr>
<tr>
<td></td>
<td>• Regular foot care when medically needed</td>
<td></td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>• Rehabilitation services, including physical, speech and occupational therapy</td>
<td>All members</td>
</tr>
<tr>
<td>Prosthetic devices</td>
<td>• Replacement, corrective or supportive devices prescribed by a licensed provider</td>
<td>All members</td>
</tr>
<tr>
<td>Vision care</td>
<td>• Eye exams at least once every year and as needed; and eye glasses (corrective lenses) as needed</td>
<td>Members under the age of 21</td>
</tr>
<tr>
<td></td>
<td>• One pair of eyeglasses every two years except when the member has lost his or her eyeglasses or when the prescription has changed by more than 0.5 diopter</td>
<td>All members age 21 and older</td>
</tr>
<tr>
<td>BENEFIT</td>
<td>WHAT YOU GET</td>
<td>WHO CAN GET THIS BENEFIT</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
</tbody>
</table>
| Home health services    | In-home healthcare services, including:  
  • Nursing and home health aide care  
  • Home health aide services provided by a home health agency  
  • Physical therapy, occupational therapy, speech pathology, and audiology services                                                             | All members                    |
| Personal care services  | Services provided to a member by an individual qualified to provide such services who is not a member of the individual’s family, usually in the home, and authorized by a physician as a part of the member’s treatment plan | All members                    
  Is not available to members in a hospital or nursing home                                                                                      |
<p>| Nursing home care       | Full-time skilled nursing care in a nursing home up to 30 consecutive days                                                                                                                                  | All members                    |
| Hospice care            | Support services for people who are dying                                                                                                                                                                 | All members                    |
| Transportation services | Transportation to and from medical appointments with in network doctors in the District of Columbia. All other trips must be approved by MedStar Family Choice.                                             | All members                    |</p>
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHAT YOU GET</th>
<th>WHO CAN GET THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult wellness services</strong></td>
<td>• Immunizations&lt;br&gt;• Routine screening for sexually transmitted diseases&lt;br&gt;• HIV/AIDS screening, testing and counseling&lt;br&gt;• Breast cancer screening (women only)&lt;br&gt;• Cervical cancer screening (women only)&lt;br&gt;• Osteoporosis screening (post-menopausal women)&lt;br&gt;• HPV screening (women only)&lt;br&gt;• Prostate cancer screening (men only)&lt;br&gt;• Abdominal aortic aneurysm screening (men only)&lt;br&gt;• Screening for obesity&lt;br&gt;• Diabetes screening&lt;br&gt;• Screening for high blood pressure and cholesterol (lipid disorders)&lt;br&gt;• Screening for depression&lt;br&gt;• Colorectal cancer screening (Members 50 years and older)&lt;br&gt;• Smoking cessation counseling&lt;br&gt;• Diet and exercise counseling&lt;br&gt;• Mental health counseling&lt;br&gt;• Alcohol and drug screening</td>
<td>Members over age 21 as appropriate</td>
</tr>
<tr>
<td>BENEFIT</td>
<td>WHAT YOU GET</td>
<td>WHO CAN GET THIS BENEFIT</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
</tbody>
</table>
| **Child wellness services** | Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:  
• Health and development history and screenings  
• Physical and mental health development and screenings  
• Comprehensive health exam  
• Immunizations  
• Lab tests including blood lead levels  
• Health education  
• Dental screening services  
• Vision screening services  
• Hearing screening services  
• Alcohol and drug screening and counseling  
• Mental health services | Members under age 21 |
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHAT YOU GET</th>
<th>WHO CAN GET THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental benefits</td>
<td>Under age 21</td>
<td>See specific age-related benefits</td>
</tr>
<tr>
<td></td>
<td>• General dentistry (including regular and emergency treatment) and orthodontic care for special problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Check-ups twice a year with a dentist are covered for children ages three through 20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A child’s PCP can perform dental screenings for a child up to age three</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Does not include routine orthodontic care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fluoride varnish</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Over age 20</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• General dental exams and routine cleanings every six months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Surgical services and extractions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emergency dental care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fillings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• X-rays (full series limited to once every three years)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Full mouth debridement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prophylaxis limited to two times per year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bitewing series</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Palliative treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sealant application</td>
<td></td>
</tr>
<tr>
<td>BENEFIT</td>
<td>WHAT YOU GET</td>
<td>WHO CAN GET THIS BENEFIT</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td>• Removable partial and full dentures. Reline or rebase of a removable denture is limited to two in five years unless there is a prior authorization.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Root canal treatment limited to two molars per year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Periodontal scaling and root planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Removal of impacted teeth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Initial placement or replacement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted,) once every five years—some limitations apply</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Removable partial prosthesis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Any dental service that requires inpatient hospitalization must be prior authorized</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Elective surgical procedures requiring general anesthesia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fluoride varnish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Crowns</td>
<td></td>
</tr>
<tr>
<td>BENEFIT</td>
<td>WHAT YOU GET</td>
<td>WHO CAN GET THIS BENEFIT</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Hearing benefits</td>
<td>Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries</td>
<td>All members</td>
</tr>
<tr>
<td>Behavioral health services</td>
<td>Services provided by behavioral health providers, including:</td>
<td>All members</td>
</tr>
<tr>
<td></td>
<td>• Diagnostic and assessment services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Physician and mid-level visits, including:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Individual counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Group counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Family counseling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- FQHC services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Medication/somatic treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Crisis services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Inpatient hospitalization and emergency department services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Day services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Intensive day treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Case management services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Services for individuals 65 years and older in an institution for mental disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Treatment for any mental condition that could complicate pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patient Psychiatric Residential Treatment Facility Services (PTRF) for members under 22 years of age for 30 consecutive days</td>
<td></td>
</tr>
<tr>
<td>BENEFIT</td>
<td>WHAT YOU GET</td>
<td>WHO CAN GET THIS BENEFIT</td>
</tr>
<tr>
<td>---------</td>
<td>--------------</td>
<td>-------------------------</td>
</tr>
</tbody>
</table>
| Alcohol and drug abuse treatment | • Inpatient detoxification  
• Other alcohol/drug abuse services are provided by the Addiction, Prevention and Recovery Administration (DBH)  
• Help with getting care from DBH  
• Inpatient and outpatient substance abuse treatment  
• Other alcohol/drug abuse services are provided by the Addiction, Prevention and Recovery Administration (DBH)  
• Help with getting care from DBH | All members  
Members under age 21 |
| Durable medical equipment (DME) and disposable medical supplies (DMS) | Durable medical equipment (DME)  
Disposable medical supplies (DMS) | All members |
Services we do not pay for

Below is a listing of benefits or services that are not paid for by MedStar Family Choice:

- 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
- Services performed outside of the United States

Notice of changing benefits or service locations

MedStar Family Choice offers many benefits and services to keep you well. At times, there may be changes in those services. If there are changes, you will get a letter from MedStar Family Choice. The letter will tell you what has changed. If you have questions about the change, call Member Services at 888-404-3549 or visit our website, MedStarFamilyChoice.com.

There are many providers in the MedStar Family Choice network for you to go to for services. Sometimes those locations change. When there is a change to your PCP’s address, we will send you a letter to let you know. Unfortunately, there may be times when MedStar Family Choice has to change your PCP without letting you know ahead of time. In this case, a new card will be sent to you.

Remember, you can change your PCP at any time by calling Member Services.

Current names of all of the various types of providers, including specialists and hospitals, locations, telephone number, and nonEnglish languages spoken by current contracted providers in your service area, including identification of providers that are not accepting new patients, can be found in the provider directory online at MedStarFamilyChoice.com, or by calling Member Services at 888-404-3549.

If you have any questions or you are confused about services or where to go to get them, call Member Services at 888-404-3549 for help. Additionally, please call Member Services if you have any type of insurance other than Medicaid.

Other Important Information

Renewing your Medicaid Coverage

You may be required to renew your Medicaid coverage on the one year anniversary date from when you enrolled with MedStar Family Choice. If you receive a renewal form in the mail, it is important that you complete it and use the pre-paid postage envelope to mail it to the address listed on the form. Help with completing the form is available by calling 855-532-5465.
What to do if you move:
- Call the District of Columbia (D.C.) Economic Security Administration (ESA) Change Center at **202-442-5988**.
- Call MedStar Family Choice **Member Services** at **888-404-3549**.

What to do if you have a baby:
- Call D.C. Economic Security Administration (ESA) Change Center at **202-442-5988**.
- Call MedStar Family Choice **Member Services** at **888-404-3549**.

What to do if you adopt a child:
- Call D.C. Economic Security Administration (ESA) Change Center at **202-727-5355**.

What to do if someone in your family dies:
- Call D.C. Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call MedStar Family Choice **Member Services** at **888-404-3549**.

How to change your managed care organization (MCO)
You can change your MCO once a year or at any time if you have a good reason.
- You can change your MCO once a year during the 90 days lock in period. This is the first 90 days from the date you first joined MedStar Family Choice. If you are a new member, you can change your MCO during the first 90 days after your enrollment with an MCO.
- D.C. Healthy Families will send you a letter two months before your anniversary date. The letter tells you how to change MCOs.

You will not be allowed to get health care from MedStar Family Choice anymore if you:
- Lose your Medicaid eligibility
- Establish social security income (SSI) eligibility

A child will be removed from MedStar Family Choice if the child:
- Becomes a ward of the District

The D.C. government may remove you from MedStar Family Choice if:
- You let someone else use your member ID card.
- The District finds you committed Medicaid fraud.
- You do not follow your member responsibilities.

**Changing your MCO if you have a good reason**
You have the right to change your MCO at any time after the first 90 days if you have a good reason. Examples of good reasons are poor quality of care and being unable to see the providers you need. Call **D.C. Healthy Families** at **202-639-4030** if you would like more information on how to change MCOs.

What to do if you get a bill for a covered service:
If you get a bill for a covered service that is in the list above, call **Member Services** at **888-404-3549**.

Paying for services that are not covered:
- If you decide you want a service that we do not pay for and you do not have written permission from MedStar Family Choice, you will have to 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 member ID card and tell doctors that you are a member of MedStar Family Choice before you get services.

For information on services that are not covered under MedStar Family Choice, but may be covered through the District of Columbia, please visit DHCF.DC.gov/Services or call 202-442-5988. Transportation to these services will be provided by MedStar Family Choice.

**Advance directives**

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 speak for yourself.

• It is important to talk about an advance directive with your family and your primary care provider (PCP).
• If you want to fill out and sign an advance directive, ask your PCP for help during your next appointment, or call Member Services at 888-404-3549 and they will help you.

**What to do if you have other insurance**

If you are a member of MedStar Family Choice and eligible for Medicaid, you must tell us right away if you have any other health insurance. Please call Member Services at 888-404-3549 and tell us right away.

**What to do if you are eligible for both Medicaid and Medicare**

If you have Medicare and Medicaid, please call Member Services at 888-404-3549 and we will let you know what you will need to do.

**Physician (doctor) incentive plan disclosure**

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

Please call MedStar Family Choice at 888-404-3549 for this information.

Care Management decision making is based on appropriateness of care and service and present existence of coverage. MedStar Family Choice does not reward providers or other individuals for issuing denials of coverage or service. Financial incentives are not given that would encourage decisions resulting in less care than needed.
How to make suggestions for changes in policies or procedures

MedStar Family Choice welcomes your comments and ideas. If you have suggestions for changes to be made in how we provide health care or give you service, call Member Services at 888-404-3549. Your ideas will be taken seriously. They will be brought before the Consumer Advisory Board, and you will receive a response from us.

We want you to be happy with your health care and we want you to help us to take care of you. We hope you will let us know what we are doing right, as well as what we could do better.

Out-of-pocket expenses

You should always be sure to show your MedStar Family Choice identification card when you need medical care. All MedStar Family Choice providers are aware that they may not charge members for covered services. If, however, you were asked to pay for a covered service, please contact Member Services as soon as possible. We will contact the provider to determine why you were charged. In addition, if you were incorrectly charged for a service that is covered by MedStar Family Choice, we will assist you in getting reimbursed for this expense. In order to review the issue, we will request documentation, such as a receipt, from the provider office.

New technology

MedStar Family Choice evaluates new technology on an as-needed basis. Providers will contact the MedStar Family Choice Care Management department to request authorization for the new technology. One of the MedStar Family Choice medical directors will review the request and make sure that it has been approved by the Food and Drug Administration. In addition, we will determine if Medicaid covers the service at this time. If Medicaid determines that the new technology should be a covered service, the request will be approved if it is medically necessary. If Medicaid does not currently cover the new technology, we will review industry standards in considering whether or not to cover the new technology.
Website
MedStar Family Choice continues to update our website with valuable information and we’ve made it easier to use the information most important to you.

The MedStar Family Choice website, MedStarFamilyChoice.com, contains valuable information, including:

• Appeals process
• Benefit information
• Covered services
• Added services under MedStar Family Choice
• Copay information
• What to do if you are billed for a covered service
• Case and disease management services
• Contact information for MedStar Family Choice
• Find-a-Provider (searchable provider directory)
• Formulary
• Health encyclopedia
• Hours of operation and after-hours instructions
• Interpreter services
• Member handbook
• Member newsletter
• Member rights and responsibilities
• Fraud and abuse information
• New technology policies
• Notice of privacy practices
• Outreach program
• Preventive care programs
• Pharmacy protocols and procedures
• Pharmacy quick reference guide
• Quality improvement programs
• Schedule of health education classes
• Transportation guidelines
• Utilization management decision making
• Utilization affirmative statement
• Utilization external appeal rights

If you do not have access to the Internet, all of these materials are available in print by contacting our Member Services department, Monday through Friday, 8 a.m. to 5:30 p.m., at 888-404-3549.
Complaints, Grievances, Appeals and Fair Hearings

MedStar Family Choice and the D.C. government both have ways that you can complain about the care you get or the services MedStar Family Choice provides to you. You may choose how you would like to complain as described below.

Complaints

• If you are unhappy about any matter related to the health care you received, you can file a complaint. Examples of why you might file a complaint include:
  - You feel you were not treated with respect.
  - You are dissatisfied that the closest provider is too far away from your home.
  - You are dissatisfied with payments or the X-rays or tests that are required for a treatment to be authorized.

Grievances

• If you are unhappy about any matter, you may file a grievance. Possible subjects of grievances include, but are not limited to, the quality of care or services provided, the rudeness of a provider or employee or their failure to respect your rights as a member.

To file a complaint or grievance, you should call Member Services at 888-404-3549.

Your doctor can also file a complaint or grievance for you.

You should file a complaint or grievance as soon as possible and no later than 90 days after the issue you are unhappy about took place. MedStar Family Choice will usually give you a decision within 30 days but may ask for extra time, but not more than 44 days total, to give a decision.

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 and request a fair hearing with the D.C. Office of Administrative Hearings.

• To file an appeal with MedStar Family Choice about your medical, mental health, vision, dental, or transportation services call Member Services at 888-404-3549.
• To file a request for a fair hearing, call or write the District government at:
  District of Columbia Office of Administrative Hearings
  Clerk of the Court
  441 4th St., NW, N450
  Washington, DC 20001
  202-442-9094 PHONE

  - MedStar Family Choice can help you file a request for a fair hearing by calling Member Services at 888-404-3549 or writing us at 901 D St., Suite 1050, Washington, DC 20024.
  - You may also contact the District’s Ombudsman program at 202-724-7491 and they will help you request a fair hearing.
• **Deadlines**
  - You must file an appeal or request a fair hearing within 90 days of getting MedStar Family Choice’s notice of action in the letter you received.
  - 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 days from MedStar Family Choice postmark of the Notice of Action or the intended effective date of MedStar Family Choice’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 with your written permission.

**Expedited (Emergency) grievances and appeals process**

If your appeal is determined to be an emergency, MedStar Family Choice will give you a decision within three calendar days. 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.

**Your rights during the complaints, grievances, appeals, and fair hearings process**

- As your right, you may request a fair hearing from the Office of Administrative Hearings at any time before, during or after you have filed an appeal with MedStar Family Choice, but no more than 90 days from the date the notice of action is mailed.
- 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 days.
- You have the right to have someone from MedStar Family Choice 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/TDD 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 complaint, grievance, appeal, or fair hearing.

If you have any questions about the complaints, grievances, appeals, and fair hearings process, please call **Member Services** at **888-404-3549**.

**Notice of Privacy Practices**

With your enrollment packet, you received a copy of our notice of privacy practices. This important document includes:

- How MedStar Family Choice may use and disclose your medical information
- How you can access this information
- How to report a complaint if you feel your privacy has been violated

You may view it on our website at **MedStarFamilyChoice.com**, or to request a copy of the notice of privacy practice’s, call **Member Services** at **888-404-3549**.
For your protection, MedStar Family Choice has policies to make sure that your protected health information is safe. These policies explain how we protect oral (verbal,) written or electronic protected health information. Before talking about your protected health information with anyone over the phone, we will verify the identity of the caller and make sure the caller has the authority to know this information. Within our company, we make sure that any discussions about our members’ protected health information occur in a way that only those individuals who need to be involved in the discussions will hear them. MedStar Family Choice also makes certain that we secure all written (paper) or electronic protected health information. Paper documents and portable electronic devices are kept in secure locations. Electronic information, including information on portable electronic devices is protected with a secure password. Only staff members who must have access to your information to perform their jobs have access. When using your information, only the minimum amount needed is used. Federal and state law prohibits MedStar Family Choice from using your personal information to discriminate against you in any way, or from giving this information to your employer or other unauthorized third party unless required by law.

**Fraud and Abuse**

Fraud is when someone knowingly does something wrong or dishonest in order to benefit his or her self or someone else. Abuse consists of behaviors or actions that are unnecessary and create waste and could be dangerous in a healthcare setting.

You must report fraud and abuse when you think it might be occurring. Some examples of healthcare fraud are:

- Not reporting all of your financial information or giving false information when you apply for benefits
- Allowing someone else to use your health insurance card or one of your child’s health insurance cards
- Permanently living in another state while still receiving health benefits from the District of Columbia
- Selling medicines or supplies given to you by your doctor
- Changing or forging prescriptions given to you by your doctor

Some examples of how providers might commit fraud and abuse are:

- Performing services that are not needed
- Billing for services that were never performed
- Billing numerous times for the same service

When someone is reported for possible fraud and abuse, MedStar Family Choice will perform an investigation. The results are reported to the Department of Health Care Finance. The Department of Health Care Finance may perform its own investigation, too. People who perform these activities or any other dishonest activity on purpose may lose their health benefits, be fined or jailed.

While MedStar Family Choice looks for possible fraud and abuse activities, we need your help to stop fraud and abuse. MedStar Family Choice has a strict non-retaliation policy. You do not need to give your name. However, if you choose to give us your name, you don’t have to worry about anyone denying you service, removing you from the managed care organization or treating you in any
way that would cause you or a family member from feeling that you did something wrong for reporting any incident. If you know of a situation that may involve fraud and abuse, please report it immediately by calling our compliance director at 855-210-6203 or you may call Member Services at 888-404-3549. Your report will remain confidential.

You may also call the District of Columbia office of the Inspector General Hotline at 202-724-TIPS (202-724-8477) or 800-521-1639; Contact TTY: 711, or email: hotline.oig@dc.gov. You may report it in writing at 717 14th Street, NW, 5th Floor, Washington, DC 20005. Again, you do not have to give your name.

**Medicare Part D Notice**

If you get Medicare and Medicaid at the same time, please note that you will get your medicines from the Medicare Part D program. MedStar Family Choice will only cover your prescriptions for:

- Benzodiazepines
- Barbiturates
- Over-the-counter medications

If you have any questions about your medicines, please call MedStar Family Choice Member Services at 888-404-3549. If you have questions about Medicare Part D, you can also visit Medicare.gov, or call Medicare at 800-MEDICARE (800-633-4227.)
What Some Words Mean

**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 the MedStar Family Choice 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 the MedStar Family Choice and will help those people in the Disease Management program get the care and information they need to stay healthy.

**Check-Up**
See Screening.

**Complaint**
An expression of dissatisfaction about any matter related to the healthcare services received.

**Contraception**
Birth control.

**Covered Services**
Healthcare services that the MedStar Family Choice will pay for.

**Detoxification**
Getting rid of harmful substances from the body, such as drugs and alcohol.

**Development**
The way in which your child grows.

**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**
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 and sometimes life-threatening condition

**EPSDT**
Early, Periodic Screening, Diagnosis and Treatment program (also called Health Check program) that gives health care to members under 21 years old

**Fair Hearing**
If you file an appeal, you can ask for a hearing with D.C.’s Office of Administrative Hearings

**Family Planning**
Services such as pregnancy tests, birth control, testing, and treatment for sexually transmitted diseases, and HIV/AIDS testing and counseling

**Family and General Practice Doctor**
A doctor that can treat the whole family

**Grievance**
If you are unhappy with the care you get or the healthcare services the MedStar Family Choice gives you, you can call Member Services to file a grievance.

**Handbook**
This book that gives you information about the MedStar Family Choice and its services

**Health Risk Assessment**
Tool used by managed care organizations to find out what areas of your health need to be improved

**Health Check Program**
See EPSDT

**Hearing Impaired**
If you cannot hear well or if you are deaf

**IDEA**
Individuals with Disabilities Education Act; a federal law that gives services to children with developmental delays and special healthcare needs

**Immunization**
Shot, vaccine
Internal Medicine Doctor
Doctor who specializes in internal digestive systems of the body and treats adults and children over 14 years old

Interpretation/Translation Services
Help from the MedStar Family Choice when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital

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
A plan that gives you a list of providers that you can see

Maternity
The time when a woman is pregnant

Member
The person who gets health care from the MedStar Family Choice

Member Identification Card
The card that lets your doctors, hospitals, drug stores, and others know that you are a member of MedStar Family Choice

Mental Health
How a person thinks, feels and acts in different situations

Network Providers
Doctors, nurses, dentists, and other people who take care of your health who are a part of the MedStar Family Choice

Non-covered Services
Health care that the MedStar Family Choice does not pay for

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 who are not a part of MedStar Family Choice
Pediatrician
A children’s doctor

Pharmacy
The store where you pick up your medicine

Physician Incentive Plan
Tells you if your doctor has any special financial arrangements with MedStar Family Choice

Postpartum Care
Health care for a woman after she has her baby

Prenatal Care
Care that is given to a pregnant woman the whole time she is pregnant

Prescription
Medicine that your doctor orders for you. You must take the it to the pharmacy/drug store 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 the MedStar Family Choice to get health care or treatment that is not usually paid for by MedStar Family Choice

Provider Directory
A list of all providers who are part of the MedStar Family Choice

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 another type of 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 Health Care Needs
Children and adults who need health care and other services that are more than or different from what other children and adults need

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 the MedStar Family Choice to get to your medical appointments. 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