



CareFirst 

Community Health Plan  
District of Columbia



 GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER MAYOR

# Enrollee Handbook

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

Enrollee Services (202) 821-1100  
[www.carefirstchpdc.com](http://www.carefirstchpdc.com)

**DC HEALTHY FAMILIES  
IMMIGRANT CHILDREN'S PROGRAM**

CareFirst.   
**Community Health Plan**  
District of Columbia

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8:00am-5:30pm. For directions on how to visit us, call (202) 821-1100.

1100 New Jersey Ave., SE  
Suite 840  
Washington, DC 20003

Monday-Friday  
8:00am- 5:30pm

Enrollee Services (202) 821-1100  
855-326-4831 (toll free)  
TTY/TDD: 711

# Interpreter Services are Available for Free

## English

If you do not speak and/or read English, please call 202-821-1100 or 855-326-4831 (TTY: 711) between 8:00am – 5:30pm, Monday- Friday. A representative will assist you.

## Español (Spanish)

“Si no habla y / o no lee inglés, llame al 202-821-1100 o al 855-326-4831 (TTY: 711) entre las 8:00 a.m. y las 5:30 p.m., de lunes a viernes. Un representante lo ayudará.

## Tiếng Việt (Vietnamese)

Nếu bạn không nói và / hoặc đọc tiếng Anh, vui lòng gọi 202-821-1100 hoặc 855-326-4831 (TTY: 711) trong khoảng thời gian từ 8:00 sáng - 5:30 chiều, Thứ Hai - Thứ Sáu. Một đại diện sẽ hỗ trợ bạn.

## 한국어 (Korean)

“영어로 말하거나 읽지 못하는 경우 월요일-금요일 오전 8시에서 오후 5시 30 분 사이에 202-821-1100 또는 855-326-4831 (TTY: 711) 로 전화하십시오. 담당자가 도와 드릴 것입니다.”

## Français (French)

«Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 202-821-1100 ou le 855-326-4831 (ATS: 711) entre 8h00 et 17h30, du lundi au vendredi. Un représentant vous assistera. »

(Arabic) 855-326-4831 أو 202-821-1100 فيرجى الاتصال برقم بين (TTY: 711) عربي "إذا كنت لا تتحدث و / أو تقرأ الإنجليزية ، من الاثنين إلى الجمعة. سوف يساعدك مندوب الساعة 8:00 صباحًا - 5:30 مساءً ، من الاثنين إلى الجمعة. "

## 普通話 (Mandarin)

“如果您不會說和/或不會讀英語，請在周一至週五的8:00 am – 5:30 pm之間致電202-821-1100或855-326-4831 (TTY: 711)。代表將為您提供幫助。”

## Русский (Russian)

«Если вы не говорите и / или не читаете по-английски, звоните по номеру 202-821-1100 или 855-326-4831 (TTY: 711) с 8:00 до 17:30 с понедельника по пятницу. Представитель поможет вам.

## ဗမာ (Burmese)

အကယ်၍ သင်သည်အင်္ဂလိပ်စကားမပြောတတ်လျှင်နှင့် / သို့မဟုတ်စာမဖတ်လျှင်၊ နံနက် ၈ ၊ ၀၀ နှာရှိမှညနေ ၅ ၊ ၃၀ နှာရှိ တနင်္လာနေ့မှသောကြာနေ့အထိ 202-821-1100 သို့မဟုတ် 855-326-4831 (TTY: 711) သို့ခေါ်ဆိုပါ။ ကိုယ်စားလှယ်ကသင့်ကိုကူညီလိမ့်မယ်။

## Guǎngdōng huà (Cantonese)

“Rúguò nín bù huì shuō he/huò bù huì dú yīngyǔ, qǐng zài zhōuyī zhì zhōu wǔ de 8:00 Am – 5:30 Pm zhī jiān zhìdiàn 202-821-1100 huò 855-326-4831(TTY:711). Dàibiǎo jiāng wèi nín tígōng bāngzhù.”

## (Farsi)فارسی

اگر زبان انگلیسی صحبت نمی کنید و یا انگلیسی خوانده اید ، لطفاً از ساعت 8 صبح - 5:30 بعد از ظهر ، دوشنبه تا جمعه با شماره 202-821-1100 یا 855-326-4831 تماس بگیرید. یک نماینده به شما کمک می کند (TTY: 711) "

## Polskie (Polish)

„Jeśli nie mówisz i / lub nie czytasz po angielsku, zadzwoń pod numer 202-821-1100 lub 855-326-4831 (TTY: 711) w godzinach od 8:00 do 17:30, od poniedziałku do piątku. Przedstawiciel będzie Ci pomagał ”.



**Português (Portuguese)**

“Se você não fala e / ou lê inglês, ligue para 202-821-1100 ou 855-326-4831 (TTY: 711) entre as 8:00 e as 17:30, de segunda a sexta-feira. Um representante o ajudará.

**ਪੰਜਾਬੀ (Punjabi)**

“ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਜਾਂ / ਜਾਂ ਨਹੀਂ ਪੜ੍ਹਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੋਮਵਾਰ-ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 202-821-1100 ਜਾਂ 855-326-4831 (ਟੀਟੀਵਾਈ: 711) ਨੂੰ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।”

**Kreyòl Ayisyen (Haitian Creole)**

“Si ou pa pale ak / oswa li angle, tanpri rele 202-821-1100 oswa 855-326-4831 (TTY: 711) ant 8:00 am - 5:30 pm, lendi-vandredi. Yon reprezantan pral ede ou. ”

**हिन्दी (Hindi)**

“यदि आप अंग्रेजी नहीं बोलते हैं और / या पढ़ते हैं, तो कृपया सुबह 8:00 - 5:30 बजे, सोमवार- शुक्रवार के बीच 202-821-1100 या 855-326-4831 (TTY: 711) पर कॉल करें। एक प्रतिनिधि आपकी सहायता करेगा।”

**Soomaali (Somali)**

“Haddii aadan ku hadlin ama / ama aqrin Ingiriisiga, fadlan soo wac 202-821-1100 ama 855-326-4831 (TTY: 711) inta u dhexeysa 8:00 aroor - 5:30 pm, Isniinta-Jimcaha. Wakiil ayaa ku caawin doona. ”

**Hmoob (Hmong)**

“Yog koj tsis hais lus thiab/los yog nyeem lus Askiv, thov hu rau 202-821-1100 los sis 855-326-4831 (TTY: 711) ntawm 8:00 am – 5:30 pm, Hnub Monday--Friday. Tus neeg sawv cev yuav pab koj.”HmongItalian

**Tagalog**

“Kung hindi ka nagsasalita at / o magbasa ng Ingles, mangyaring tumawag sa 202-821-1100 o 855-326-4831 (TTY: 711) sa pagitan ng 8:00 am - 5:30 pm, Lunes-Biyernes. Tutulungan ka ng isang kinatawan. ”

**日本人(Japanese)**

英語を話せない、または読まない場合は、月曜日から金曜日の午前8時から午後5時30分までに202-821-1100または855-326-4831 (TTY : 711) に電話してください。担当者がお手伝いします。

## Important Phone Numbers

<b>For questions about your MCO:</b>	Enrollee Services	(202) 821-1100 OR (855) 326-4831 (toll free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	711 (toll free)	24 hours a day, 7 days a week
<b>If you need care after your doctor's office is closed:</b>	Nurse Helpline	(855)-872-1852 (toll free)	24 hours a day, 7 days a week
	TTY/TDD Nurse Helpline	711 (toll free)	24 hours a day, 7 days a week
<b>If you need to see a doctor within 24 hours ("Urgent Care"):</b>	Your <u>PCP</u> 's Office	(Fill in your <u>PCP</u> 's information here)	
	Nurse Helpline	(855) 872-1852 (toll free)	24 hours a day, 7 days a week
<b>If you need a ride to an appointment:</b>	Enrollee Services	(202) 821-1100 or (855) 824-5693 (toll free) 24 hours a day, 7 days a week	
<b>If you need Mental Health care or have a Mental Health question:</b>	Your <u>PCP</u> 's Office	(Fill in your <u>PCP</u> 's information here)	
	Nurse Helpline	(855) 872-1852 (toll free)	24 hours a day, 7 days a week
	DC Department of Behavioral Health Access Hotline	(888) 793-4357	24 hours a day, 7 days a week
<b>If you need someone who speaks your language or if you are Hearing Impaired:</b>	Enrollee Services	(202) 821-1100 OR (855) 326-4831 (toll free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	711 (toll free)	24 hours a day, 7 days a week
<b>Dental Questions:</b>	Avesis	(833) 554-1011	Monday-Friday 7:00am – 8:00pm
<b>Vision Questions:</b>	Avesis	(833) 554-1011	Monday-Friday 7:00am – 8:00pm
<b>FOR AN EMERGENCY, DIAL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM</b>			

# Personal Information

My Medicaid ID Number:

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My Primary Care Provider (PCP):

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My Primary Care Provider (PCP) Address:

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My Primary Care Provider (PCP) Phone:

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Child's Medicaid ID number:

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Child/Children Primary Care Provider (PCP):

---

Child/Children Primary Care Provider (PCP) Address:

---

Child/Children Primary Care Provider (PCP) Phone:

---

My Primary Dental Provider (PDP):

---

My Primary Dental Provider (PDP) Address:

---

My Primary Dental Provider (PDP) Phone:

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Child/Children Primary Dental Provider (PDP):

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Child/Children Primary Dental Provider (PDP) Address:

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Child/Children Primary Dental Provider (PDP) Phone:

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# Welcome to CareFirst BlueCross BlueShield Community Health Plan District of Columbia (CareFirst CHPDC)

Thank you for choosing CareFirst BlueCross BlueShield (CareFirst CHPDC) as your Medicaid Managed Care Organization. Our commitment is to provide you with access to quality health care with excellent customer service.

This Enrollee Handbook contains essential information about CareFirst CHPDC and how our plan works. We urge you to review it carefully. As a CareFirst CHPDC enrollee, you will obtain great benefits and services. If CareFirst CHPDC changes how, it works or learns information about its medical providers that you need to know (such as which doctors are taking new patients and the doctors' office hours), you will be informed about the change 30 days before it occurs.

New enrollees will receive an invitation in your New Enrollee packet to our Enrollee Orientation as well as a new enrollee welcome call. The Enrollee Orientation is our way of providing you with a personal way for you to learn how to best use our health care system and to ask any questions you may have.

## How this Handbook Works

CareFirst CHPDC 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 CareFirst CHPDC works, how to find doctors, how to call us, and what things we pay for. Words used in Health Care and words used by your doctor can sometimes be hard to understand. We have explained these words in the back of this book in the Definitions section.

If you have questions about things you read in this book or other questions about CareFirst CHPDC you can call CareFirst CHPDC Enrollee Services at (202) 821-1100 or visit [www.carefirstchpdc.com](http://www.carefirstchpdc.com) and we will do our best to help you.

## How this Handbook Can Help You

This Enrollee Handbook tells you:

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

This Enrollee Handbook gives you basic information about how CareFirst CHPDC works. Please call CareFirst CHPDC Enrollee Services anytime, 24 hours a day, and 7 days a week if you have any questions.

# Your Rights

## You Have a Right to:

- Be treated with respect and due consideration for your dignity and right to privacy and cultural preferences.
- To receive information about the organization, its services, its practitioners and providers and enrollee rights and responsibilities.
- Access information about the organization (including programs and services provided on behalf of the client organization), its staff's qualifications and any contractual relationships.
- Receive understandable information in your chosen language and format.
- Know that when you talk with your doctors and other providers it's private.
- Have an illness or treatment explained to you in a language you can understand.
- Have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Participate in decisions about your care, including the right to refuse treatment.
- Receive a full, clear and understandable explanation of treatment options and risks of each option so you can make an informed decision.
- Refuse treatment or care.
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation as specified in other federal regulations on the use of restraints and seclusion.
- Can see and receive a copy of your medical records and request an amendment or change, if incorrect
- Have personally identifiable data and medical information kept confidential; know what entities have access to their information; know procedures used by the organization to ensure security, privacy and confidentiality.
- Receive access to health care services that are available and accessible to you in a timely manner.
- Choose an eligible PCP/PDP from within CareFirst CHPDC's network and to change your PCP/PDP.
- The right to obtain services from an out-of-network provider when the provider network is unable to provide the necessary services, for as long as the provider network is unable to provide them.
- Make a Grievance about the care provided to you and receive an answer.
- Voice complaints/grievances or appeals about the organization or the care it provides and receive instructions on how to use the complaint process, including the organization's standards of timeliness for responding to and resolving complaints/grievances and issues of quality.
- Make recommendations regarding the organization's enrollee rights and responsibilities policy.
- Know who is their care manager and know how to request a change in care manager.
- Be informed of all care management services available, even if a service is not covered, and to discuss options with treating practitioners.
- Be supported by the organization to collaborate on decisions with their practitioners.
- Request an Appeal or a Fair Hearing if you believe CareFirst CHPDC was wrong in denying, reducing or stopping a service or item.
- Receive Family Planning Services and supplies from the provider of your choice
- Obtain medical care without unnecessary delay.
- Receive a second opinion from a qualified health care professional within the network, or, if necessary, to obtain one outside the network, at no cost to you.
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment.
- Receive a copy of CareFirst CHPDC's Enrollee Handbook and/or Provider Directory.
- Continue treatment you are currently receiving until you have a new treatment plan.
- Receive interpretation and translation services free of charge.

- Have your provider acting within the lawful scope of practice, to advise or advocate on your behalf, regarding your health status, medical care or treatment options, including any alternative treatment that may be self-administered.
- Refuse oral interpretation services.
- To be furnished health care services that are available and accessible in a timely manner; coordinated; sufficient in amount, duration, or scope; and provided in a culturally competent manner to meet your specific needs.
- Receive transportation services free of charge.
- Get an explanation of prior authorization procedures.
- Receive information about CareFirst CHPDC's financial condition and any special ways we pay our doctors.
- Obtain summaries of customer satisfaction surveys.
- Receive CareFirst CHPDC's "Dispense as Written" policy for prescription drugs
- Receive a list of all covered drugs.
- Free to exercise his or her rights, and that the exercise of those rights does not adversely affect the way CareFirst CHPDC or its network providers, sub-contractors, or the District treat the Enrollee.
- Decline participation or disenroll from programs and services offered by the organization.
- Receive notice of any change that the District defines as significant, at least 30 days before the intended effective date of the change.
- The option to directly access a specialist (for example, through a standing referral or an approved number of visits) as appropriate for the condition and identified needs. This access should be documented in your plan of care.
- CareFirst CHPDC does not impose cost sharing to its enrollees.

## Your Responsibilities

### **You are responsible for:**




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

# Your Enrollee ID Card


Once you are assigned a primary care provider (PCP), we will send you an Enrollee ID Card in the mail. This card lets your doctors, hospitals, drug stores and others know that you are an Enrollee of CareFirst CHPDC. Please make sure that the information on your Enrollee ID Card is correct. If there are any problems, or if you have lost your card, call Enrollee Services (202) 821-1100. Each CareFirst CHPDC enrollee has his/her own card. Your children will also have their own card. You must keep your children's cards, so they don't get lost. It is against the law to let anyone else use your Enrollee ID card.

## Your Enrollee ID Card looks like this:

### Front of Card

		 <b>DC Healthy Families</b> <small>GOVERNMENT OF THE DISTRICT OF COLUMBIA</small>  <b>MURIEL BOWSER, MAYOR</b>	
Enrollee Name <b>JANE DOE</b> Enrollee ID	PCP First Name, Last Name PCP Group Name PCP Phone Number	CareFirst CHPDC Subscriber ID	PDP First Name, Last Name PDP Group Name PDP Phone Number
DOB: Sex:	RxBin: 610674 RxPCN: ABARCA RxGroup: THPDC		

### Back of Card

		<a href="http://www.carefirstchpdc.com">www.carefirstchpdc.com</a> Enrollee Services: M-F 8 a.m.–5:30 p.m. <b>202-821-1100</b> Toll free: <b>855-326-4831, 711 TTY</b> Nurse Advice Line: 24 hours/7 days, <b>855-872-1852</b> Prior Authorizations: <b>855-326-4831</b> Abarca & After-Hour Prescriptions: <b>866-297-6156</b> MTM Transportation Services: <b>855-824-5693</b> Economic Security Administration (ESA): <b>202-727-6355</b>
Hospital or physicians: file claims with local BlueCross and/or BlueShield plan.		Medical Claims Submission Information for Local Providers <b>CareFirst Community Health Plan</b> <b>District of Columbia</b> <b>P.O. Box 830786</b> <b>Birmingham, AL 35283-0786</b> <b>Electronic Payer ID: L0230</b>
<small>CareFirst BlueCross BlueShield Community Health Plan District of Columbia is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.</small>		
<b>A B A R C A</b> <small>Pharmacy services provided through ABARCA on behalf of CareFirst BlueCross BlueShield Community Health Plan District of Columbia.</small>		

*Each CareFirst CHPDC Enrollee has his or her own card. It is against the law to let anyone else use your Enrollee ID Card.*

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

# Your Primary Care Provider (PCP)

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

It is important to call your PCP first when you need care. If you had a PCP before you signed up with CareFirst CHPDC, please call Enrollee Services at (202) 821-1100. We can help you stay with that PCP if you want to.

## Picking your PCP

1. Pick a PCP at the time you enroll in CareFirst CHPDC. This person will be your PCP while you are an Enrollee of CareFirst CHPDC.
  - If your current PCP is a Provider of CareFirst CHPDC's network, you may stay with that doctor.
  - If you don't have a PCP, you can choose from a list of doctors in our Provider Directory or at [www.carefirstchpdc.com](http://www.carefirstchpdc.com)
  - Call Enrollee Services at (202) 821-1100 if you need help in picking a doctor.
  - If you do not pick a PCP within the first 10 days of being in our plan, we will choose a doctor for you. If you do not like the PCP we pick for you, you may change your PCP. Call Enrollee Services at (202) 821-1100 to change your PCP.
  - CareFirst CHPDC will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.
2. Pick a PCP for each family Enrollee in our plan, including your children. Your PCP may be one of the following:
  - Family and General Practice Doctor - usually can see the whole family.
  - Internal Medicine Doctor - usually sees only adults and children 14 years and older.
  - Pediatrician - sees children from newborn up to adult.
  - Obstetrician/Gynecologist (OB/GYN) - specializes in women's health and maternity care.
  - If you or your child has special health care needs, you may choose a specialist as your PCP.
3. When you pick your PCP, please:
  - Try to pick a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PCP can send you to. You can also call Enrollee Services for help.
  - Sometimes the PCP you choose won't be able to take new patients. We will let you know if you need to pick a different doctor.
  - Pick a doctor who is close to your home or work.

## How to Change your PCP

You can change your PCP anytime. Just pick a new PCP from the Provider Directory. Call Enrollee Services at (202) 821-1100 once you have picked a new PCP. If you need help picking a new PCP, Enrollee Services can help you.



# Your Primary Dental Provider (PDP)

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

It is important to call your PDP first when you need care. If you had a dentist before you signed up with CareFirst CHPDC, please call Enrollee Services at (202) 821-1100. We can help you stay with that dentist if you want to.

## Picking your PDP

1. Pick a PDP at the time you enroll in CareFirst CHPDC. This person will be your PDP while you are an Enrollee of CareFirst CHPDC.
  - If your current PDP is a Provider of CareFirst CHPDC's network, you may stay with that dentist.
  - If you don't have a PDP, you can choose from a list of dentists in our Provider Directory or at [www.carefirstchpdc.com](http://www.carefirstchpdc.com)
  - Call Enrollee Services at (202) 821-1100 if you need help in picking a dentist.
  - If you do not pick a PDP within the first 10 days of being in our plan, we will choose a dentist for you. If you do not like the PDP, we pick for you, you may change your PDP. Call Enrollee Services at (202) 821-1100 to change your PDP.
  - CareFirst CHPDC will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it.
  - Choose a PDP for each family Enrollee in our plan, including your children. Your PDP may be one of the following:
    - Family and General Practice Dentist - usually can see the whole family
2. When you pick your PDP, please:
  - Try to pick a dentist who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PDP can send you to. You can also call Enrollee Services for help.
  - Sometimes the PDP you choose won't be able to take new patients. We will let you know if you need to pick a different dentist.

## How to change your PDP

You can change your PDP anytime. Just pick a new PDP from the Provider Directory. Call Enrollee Services at (202) 821-1100 once you have picked a new PDP. If you need help picking a new PDP, Enrollee Services can help you.

# Routine Care, Urgent Care and Emergency Care

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

## Routine Care

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

## Urgent Care

Urgent Care is medical care you need within 24 hours, but not right away, it is not life-threatening. Some Urgent Care issues are: allergies, sinus problems like hay fever, colds, flu, sore throat, upper respiratory infections, diarrhea, vomiting, stomach aches, ear aches, cuts, rashes, pink eye, urinary tract infection, or sexually transmitted infections.

**If you need Urgent Care, call your PCP's office.** If your PCP's office is closed, leave a message with the person who answers the phone when the office is closed. Then call the Nurse Help Line at (855) 872-1852. A nurse will help you decide if you need to go to the doctor right away. The nurse will tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

## Emergency Care

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness. You have the right to use any hospital for emergency care. **Prior authorization is not required for emergency care services.** Some Emergency care issues are: Chest pain, stroke, loss of speech, poisoning, drug overdose, broken bones, shortness of breath, severe burns, severe dizziness, non-stop bleeding, trauma.

## WHAT TO DO IF YOU HAVE AN EMERGENCY

1. Call 9-1-1 or go to your nearest Emergency Room (ER).
2. Show the ER your CareFirst CHPDC Enrollee I.D. Card.
3. As soon as you can, call your PCP.

## Care When You Are Out-of-Town

### When You are Out of Town

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

#### Routine Care

You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town because doctors who are not in the District of Columbia area are not a part of CareFirst CHPDC. If CareFirst CHPDC does not say it is okay *before* you get the care, you must pay for the care yourself. If you need medicine from a doctor while you are out-of-town, call Enrollee Services at (202) 821-1100 or (855) 326 4831.

#### Urgent Care

Call your PCP. If your PCP's office is closed, call the Nurse Help Line (855) 872-1852. A nurse will help you decide if you need to go to the doctor right away. The nurse can tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

## Emergency Care

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

## In-Network and Out-of-Network Providers

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

If you go to an “Out-of-Network” doctor, hospital or lab, you may have to pay for the care you get. You will not have to pay if you have asked us first and we have told you, usually in writing, that it is okay. We call this “prior authorization.”

CareFirst CHPDC will provide (adequately and timely) covered services from an approved out-of-network provider if CareFirst CHPDC does not have an in-network provider who can perform a covered service.

**Prior Authorization (PA)** means approval for a health service that is not routinely covered by CareFirst CHPDC. You must get this approval before you receive the service. Call Enrollee Services at (202) 821-1100 to ask about getting a PA. **You do not need a PA to receive emergency care.**

You may go to a Family Planning provider of your choice even if they are Out-of-Network. **No prior authorization is required.** See page 16 for more information on Family Planning Services.

## Making an Appointment

### Making an Appointment with your PCP

- Have your Enrollee ID Card and a pencil and paper close by.
- Call your PCP’s office. Look for your PCP’s phone number on the front of your Enrollee ID Card. You can also find it in your Provider Directory or online at [www.carefirstchpdc.com](http://www.carefirstchpdc.com).
- Tell the person who answers that you are a CareFirst CHPDC Enrollee. Tell them you want to make an appointment with your PCP.
- Tell the person why you need an appointment. For example:
  - You or a family Enrollee is feeling sick
  - You hurt yourself or had an accident
  - You need a check-up or follow-up care
- Write down the time and date of your appointment.
- Go to your appointment on time and bring your Enrollee ID Card and picture ID with you.
- If you need help making an appointment, call Enrollees Services at (202) 821-1100.

### Changing or Cancelling an Appointment

- It is very important to come to your appointment and to be on time.
- If you need to change or cancel your appointment, please call the doctor **at least 24 hours before your appointment.**
- For some appointments, you may have to call **more than 24 hours before to cancel.**
- If you do not show up for your appointment, or if you are late, your doctor may decide you cannot be his or her patient.

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

If you need to speak to your PCP or PDP when the office is closed, call your PCP's or PDP's office and leave a message including your phone number with the person who answers the phone. Someone will call you back as soon as possible. You can also call the Nurse Help Line 24 hours a day at: (855) 872-1852. If you think you have an emergency, call 911 or go to the Emergency Room.

## How long does it take 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 (202) 821-1100 if you cannot get an appointment during these time periods.

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

# Support Services

## Transportation Services

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

- Call MTM Transportation at (855) 824-5693 to tell them what time and what day you need to be picked up.
- You must call at least 3 days (not including Saturday and Sunday) before your appointment to get transportation. If you need transportation to EPSDT visits or urgent visits, you can call the day before the appointment to ask for transportation.
- The types of transportation are bus, metro, vouchers to pay for a taxi, wheelchair vans, and ambulances. The type of transportation you get depends on your medical needs.
- Give MTM Transportation your Enrollee ID, phone number and address where you can be picked up. Also, tell them the name, address, and phone number of the medical/dental facility or doctor's office you are going to.

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

### Interpretation Services

CareFirst CHPDC will provide oral Interpretation Services if you need them at **no cost** including at the hospital.

Please call Enrollee Services at (202) 821-1100 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 at least 3 days (not including Saturday and Sunday) before your appointment.

### Translation Services

If you get information from CareFirst CHPDC and need it translated into another language, please call Enrollee Services at (202) 821-1100.

### Auxiliary Aid Services for the Hearing and Visually Impaired

If you have trouble hearing, call Enrollee Services at 711

If you have trouble seeing, call Enrollee Services at (202) 821-1100. We can give you information on an audio tape, in Braille or in large print.



# Specialty Care and Referrals

## How to get specialty care

Specialty care is when care is given by a specialist doctor who has extra training and cares for a specific condition or part of the body. For example, a Cardiologist cares for the heart and a Podiatrist cares for the feet.

Your PCP will help you know when you need to see a specialist and give you a referral. A referral is a written note given to you by your PCP to see a different doctor. You must get a referral to see a doctor other than your PCP except for well-women visits, family planning, and some mental health services.

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

- Make an appointment with another doctor in CareFirst CHPDC's network and get a second opinion
- Appeal our decision (see page 33 on Appeals)
- Ask for a Fair Hearing (see page 33 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 infections (STIs)
- Receive Immunizations (shots)
- Receive Occupational Therapy (first 18 visits)
- Receive Physical Therapy (first 18 visits)
- Receive Speech Therapy (first 18 visits)
- Receive Behavioral Health Outpatient Counseling
- Visit a vision provider in the network
- Take your child to a dental provider in the network
- Receive mental health or services for problems with alcohol or other drugs

## Mental Health Services

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

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

- The crisis hotline at CareFirst CHPDC (202) 821-1100 or (855) 326-4831(toll free)
- The DC Department of Behavioral Health Hotline at 1-888-793-4357, 24 hours a day, 7 days a week

## Services for Alcohol or Other Drug Problems

Problems with alcohol or other drugs are dangerous to your health and can be dangerous to the health of people around you. It is important to go to the doctor if you need help with these problems. CareFirst CHPDC 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 Enrollee Services at (202) 821-1100, 24 hours a day, and 7 days a week.
- Call the Department of Behavioral Health (DBH) Assessment and Referral Center (ARC) directly at (202) 727-8473
- All Mental Health, Alcohol and Drug Abuse Services are confidential.

## Birth Control and other Family Planning Services

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

You can get birth control and other Family Planning Services from any provider you 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 CareFirst CHPDC Enrollee Services at (202) 821-1100 for more information on birth control or other Family Planning Services.

### Family Planning Services include:

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

### Family Planning Services do not include:

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

### HIV/AIDs testing, counseling, and treatment

You can get HIV/AIDs testing and counseling:

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

For information on where you can go for HIV testing and counseling, call Enrollee Services (202) 821-1100. If you need HIV treatment, your PCP will help you get care. Or you can call (202) 821-1100. You can also get Pre-exposure prophylaxis (PrEP) if you are your doctor believe you are at high risk for HIV/AIDs.

# 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 CareFirst CHPDC's network.

You can find a list of all the pharmacies in the CareFirst CHPDC's network online at [www.carefirstchpdc.com](http://www.carefirstchpdc.com)

If you are out of town and have an emergency or need Urgent Care, contact our Enrollee Services Department at (202) 821-1100 or Nurse Help Line (855) 872-1852 (toll free).

## To get a prescription filled:

- Pick a pharmacy that is part of the CareFirst CHPDC network and is close to your work or home.
- When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your CareFirst CHPDC Enrollee ID Card.
- If you need help, please call Abarca Health at (866) 287-6156 or CareFirst CHPDC Enrollee Services at (202) 821-1100.

## Things to remember:

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

# Disease Management

If you have a chronic illness or special health care 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 Disease Manager. A Disease Manager is someone who works for CareFirst CHPDC and who will help you get the services and information you need to manage your illness and be healthier.

## Care Coordination and Care Management Programs

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

CareFirst CHPDC Care Manager can help you or your child with:

- Getting covered services;
- Setting up medical appointments and tests;
- Setting up transportation;
- Finding ways to make sure you get the right service;
- Finding resources to help with special health care needs and/or your caregivers manage day-to-day stress
- Connecting with community and social services
- With transitioning to other care when your benefits end, you choose another MCO or you move to the DC Medicaid Fee-For-Service program, if necessary

For more information contact (202) 808-0987 and a care coordinator will help you find what you need or direct you to a care manager to help. Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program.

## Services to Keep Adults from Getting Sick

CareFirst CHPDC 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.

### **Recommendations for Check-Ups (“Screenings”)**

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

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

### **Preventive Counseling**

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

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

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

## **If you are pregnant, please call:**

- Economic Security Administration (ESA) at (202) 727-5355-to report your pregnancy
- Enrollee Services at (202) 821-1100
- Your PCP

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

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

## **Prenatal and Post-Partum Care**

When you register with CareFirst CHPDC's Maternity program, you get these services:

- Pregnancy Care Manager
- Assistance obtaining WIC
- Prenatal Information & Classes
- Safe Sleep Program
- Car Seat Program
- Community Resource Assistance
- Maternity Support Mobile App (Pacify)

**Once you have your baby, call Enrollee Services (202) 821-1100 and ESA at (202) 727-5355.**



# Your Child's Health

## HealthCheck Program for Children (EPSDT)

CareFirst CHPDC 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 HealthCheck Program, also called Early and Periodic Screening, Diagnostic and Treatment (EPSDT). This program starts right after your child is born and lasts until your child turns 21. The HealthCheck Program gives your child several important checkups.

There is a HealthCheck (EPSDT) information sheet in this handbook. Refer to page 34 under **Immunizations (Shots) for Children and Teens**. You can also ask your doctor, call Enrollee Services, or visit our website [www.carefirstchpdc.com](http://www.carefirstchpdc.com) for a copy of the HealthCheck (EPSDT) Periodicity Schedule. The schedule tells you when your child needs to go to the doctor.

In addition to HealthCheck/EPSDT services, your child can also get the benefits described in the “Enrollee Health Benefits” section below.

## Immigrant Children

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

In addition to well-child care, your child can also get the benefits described in the “Enrollee Health Benefits” section below. Immigrant children are only eligible for medical services while enrolled in CareFirst CHPDC.

**You do not have to pay anything for these Services for your child – they are free. If you have any questions or need help with transportation or scheduling an appointment, please call Enrollee Services at (202) 821-1100.**

## Care for your Child's Teeth

All dental health checkups and treatments are free for CareFirst CHPDC enrollees under age 21. Dentists can prevent cavities and teach you and your child how to care for their teeth.

- From birth, up to age 3, your child's PCP may provide dental care during regular check-ups. The PCP may decide to send the child to a dentist.
- Beginning at age 3, all children should see a dentist in the CareFirst CHPDC network for a checkup every year. Look in the CareFirst CHPDC's Provider Directory or online at [www.carefirstchpdc.com](http://www.carefirstchpdc.com) to pick a dentist near you. Please call the dentist's office for an appointment.

## Children with Special Health Care Needs

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

CareFirst CHPDC will contact you to complete a health screener to see if your child has Special Health Care Needs. If you have not been contacted by CareFirst CHPDC, please call Enrollee Services at (202) 821-1100

If your child has Special Health Care Needs:

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

Make sure your child's treatment plan is signed by you and your child's doctor. If you do not have a treatment plan, call CareFirst CHPDC Enrollee Services to ask for a treatment plan for your child.

# The IDEA Program

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

The D.C.'s Growth Chart can help you figure out if your child is having delays in growth and development.

## Infant and Toddler Developmental Chart

No two babies are alike. Each child will grow and learn differently. Here's a checklist of developmental milestones — things most children can do by a certain age. Not reaching these milestones, or reaching them much later than other children, could be a sign of developmental delay.

Here are some things children are usually able to do at different ages:

### 1-2 Months



- Sucks and/or swallows easily
- Turns head from side to side when lying on tummy
- Startles easily in response to loud noises
- Turns head in direction that cheek is touched

### 3-4 Months



- Holds a rattle and smiles
- Makes cooing sounds like “ooh” or “aah”
- Rolls from tummy to back
- Plays with hands by touching them together or putting them in the mouth

### 4-6 Months



- Laughs and babbles, like saying “bababa” or “dadada”
- Balances self while sitting for a few seconds
- Moves toys from hand to hand
- Turns toward sounds like your voice or music

### 6-9 Months



- Sits up without falling
- Crawls or creeps forward on tummy by moving arms and legs
- Holds something in each hand at the same time
- Pulls up to stand by holding on to furniture
- Shakes head to say “no”

### 9-12 Months



- Takes steps by holding on to furniture
- Picks up small objects, toys and finger foods
- Waves “bye-bye”
- Says “Mama” or “Dada” to the right person
- Looks at pictures in a book

### 12-15 Months



- Walks without help
- Drinks from a cup without help
- Picks up small objects and drops into a container
- Points and asks for things
- Scribbles on paper using crayon

### 15-18 Months



- Points to body parts — eyes, nose, mouth when you — name them
- Shows emotions — happy or sad
- Tries to talk and repeats words
- Feeds self with spoon but spills
- Looks at picture books and turns pages

### 18-24 Months



- Points to pictures in a book when you name them
- Puts words together like “mommy shoes,” “see car,” “go bye-bye”
- Shows affection — offers hugs and kisses
- Plays actively with toys — kicks large ball, stacks things, etc.
- Takes off clothes on their own like hat, shoes, socks

### 24-36 Months



- Follows simple two-step directions like, “Go to your room and bring me a diaper.”
- Uses 4 to 5 word sentences
- Plays make-believe with dolls, stuffed animals, and people
- Shows affection for playmates
- Jumps up and down

If your child is younger than three, call us at **202-727-3665** or visit [www.strongstartdc.com](http://www.strongstartdc.com).

**Don't Wait  
and Wonder.**

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

CareFirst CHPDC has care managers who can tell you more about IDEA and the other services your child can get.

CareFirst CHPDC covers the services listed below if your child is eligible for Early Intervention services:

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

For more information on the services your child can get through the IDEA program, contact Enrollee Services (202) 821-1100 or your child’s school.

## Immunizations (Shots) for Children and Teens





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

Your PCP and CareFirst CHPDC will schedule appointments for your child's shots.

The Periodicity Chart for the schedule of your child's shots.

# DC | HEALTH School Immunization Requirements Guide

All students attending school in DC must present proof of appropriately spaced immunizations by the first day of school. Please complete and return your student's school health forms including the [Universal Health Certificate](#) and [Oral Health Assessment Form](#).  
**ALL STUDENTS SHOULD RECEIVE AN ANNUAL FLU VACCINE**

My student should receive these vaccine doses upon school enrollment*	
 <b>2-3</b> years old <b>Preschool to Head Start</b>	<p><b>The following vaccines are typically received before the age of 2:</b></p> <ul style="list-style-type: none"> <li>4 doses of Diphtheria/Tetanus/Pertussis (DTaP)</li> <li>3 doses of Polio</li> <li>1 dose Varicella if no history of chickenpox</li> <li>1 dose of Measles/Mumps/Rubella (MMR)</li> <li>3 doses of Hepatitis B</li> <li>2 doses of Hepatitis A</li> <li>3 or 4 doses depending on the brand of Hib (Haemophilus Influenza Type B)</li> <li>4 doses of PCV (Pneumococcal)</li> </ul>
 <b>4-6</b> years old <b>Kindergarten to 1<sup>st</sup> Grade</b>	<p><b>Additional doses needed <u>after</u> receiving the vaccines listed above:</b></p> <ul style="list-style-type: none"> <li>1 dose of Diphtheria/Tetanus/Pertussis (DTaP)</li> <li>1 dose of Polio</li> <li>1 dose of Varicella if no history of chickenpox</li> <li>1 dose of Measles/Mumps/Rubella (MMR)</li> </ul>
 <b>7-10</b> years old <b>2<sup>nd</sup> Grade to 5<sup>th</sup> Grade</b>	<p><b>Consult your doctor and make sure your student received <u>all</u> the vaccines listed above!</b></p>
 <b>11+</b> years old <b>6<sup>th</sup> Grade to High School</b>	<p><b>Additional vaccines needed <u>after</u> receiving <u>all</u> vaccine doses listed above:</b></p> <ul style="list-style-type: none"> <li>1 dose of Tdap</li> <li>2 doses of Meningococcal (Men ACWY)</li> <li>2 or 3 doses of Human Papillomavirus Vaccine (HPV)</li> </ul>

\*The spacing and number of doses required may vary. Please contact your child's health care provider. For additional information, contact DC Health's Immunization Program at (202) 576-7130.

# Your Health Benefits

## Health Services covered by CareFirst CHPDC

The list below shows the health care services and benefits for all CareFirst CHPDC Enrollees. For some benefits, you must be a certain age or have a certain need for the service. CareFirst CHPDC will not charge you for any of the health care services in this list if you go to a network provider or hospital.

If you have a question about whether CareFirst CHPDC covers certain health care and how to access services, call CareFirst CHPDC Enrollee Services at (202) 821-1100.

Benefit	What You Get	Who Can Get This Benefit
<b>Adult Wellness Services</b>	<ul style="list-style-type: none"> <li>• Immunizations</li> <li>• Routine screening for sexually transmitted infections</li> <li>• HIV/AIDS screening, testing and counseling</li> <li>• Breast cancer screening</li> <li>• Cervical cancer screening (women only)</li> <li>• Osteoporosis screening (post-menopausal women)</li> <li>• HPV screening</li> <li>• Prostate cancer screening (men only)</li> <li>• Abdominal aortic aneurysm screening</li> <li>• Obesity screening</li> <li>• Diabetes screening</li> <li>• High blood pressure and cholesterol (lipid disorders) screening</li> <li>• Depression screening</li> <li>• Colorectal cancer screening (Enrollees 50 years and older)</li> <li>• Smoking cessation counseling</li> <li>• Diet and exercise counseling</li> <li>• Mental Health counseling</li> <li>• Alcohol and drug screening</li> </ul>	Enrollees over age 21 as appropriate
<b>Alcohol &amp; Drug Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Inpatient detoxification</li> <li>• Other alcohol/drug abuse services are provided by the Addiction, Prevention and Recovery Administration (DBH)</li> <li>• Help with getting care from DBH</li> </ul>	All Enrollees
	<ul style="list-style-type: none"> <li>• Inpatient and outpatient substance abuse treatment</li> <li>• Other alcohol/drug abuse Services are provided by the Addiction, Prevention and Recovery Administration (DBH)</li> <li>• Help with getting care from DBH</li> </ul>	Enrollees under age 21



Benefit	What You Get	Who Can Get This Benefit
<b>Child Wellness Services</b>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:</p> <ul style="list-style-type: none"> <li>• Health and development history and screenings</li> <li>• Physical and mental health development and screenings</li> <li>• Comprehensive health exam</li> <li>• Immunizations</li> <li>• Lab tests including blood lead levels</li> <li>• Health education</li> <li>• Dental screening services</li> <li>• Vision screening services</li> <li>• Hearing screening services</li> <li>• Alcohol and drug screening and counseling</li> <li>• Mental health services</li> </ul> <p><i>Does not include any health services furnished to a child in a school setting</i></p>	<p>Enrollees under age 21</p>
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>• General dentistry (including regular and emergency treatment) and orthodontic care for special problems</li> <li>• Check-ups twice a year with a dentist are covered for children ages 3 through 20.</li> <li>• A child's PCP can perform dental screenings for a child up to age 3</li> <li>• Does not include routine orthodontic care</li> <li>• Fluoride varnish treatment up to four (4) times a year</li> </ul> <ul style="list-style-type: none"> <li>• General dental exams and routine cleanings every six (6) months</li> <li>• Surgical services and extractions</li> <li>• Emergency dental care</li> <li>• Fillings</li> <li>• X-rays (full series limited to one (1) time every three (3) years)</li> <li>• Full mouth debridement</li> <li>• Prophylaxis limited to two (2) times per year</li> <li>• Bitewing series</li> <li>• Palliative treatment</li> <li>• Sealant application</li> <li>• Removable partial and full dentures</li> <li>• Root Canal treatment</li> <li>• Periodontal scaling and root planning</li> <li>• Dental crowns</li> <li>• Removal of impacted teeth</li> <li>• Initial placement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted), once every five (5) years. Some limitations may apply.</li> <li>• Removable partials prosthesis</li> <li>• Any dental service that requires inpatient hospitalization must have prior authorization (preapproval)</li> <li>• Elective surgical procedures requiring general anesthesia</li> </ul>	<p>Enrollees under age 21 (Enrollees 21 years and older can get dental services from Medicaid. Call MCO Dental Help Line at 1-866-758-6807)</p> <p>Enrollees age 21 and older</p>



Benefit	What You Get	Who Can Get This Benefit
<b>Dialysis Services</b>	<ul style="list-style-type: none"> <li>Treatment up to 3 times a week (limited to once per day)</li> </ul>	All Enrollees
<b>Durable Medical Equipment (DME) &amp; Disposable Medical Supplies (DMS)</b>	<ul style="list-style-type: none"> <li>Durable medical equipment (DME)</li> <li>Disposable medical supplies (DMS)</li> </ul>	All Enrollees
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition, regardless if the provider is in or out of the CareFirst CHPDC network</li> <li>Treatment for emergency condition</li> </ul>	All Enrollees
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>Pregnancy testing; counseling for the woman</li> <li>Routine and emergency contraception</li> <li>Voluntary sterilizations for Enrollees over 21 years of age (requires signature of an approved sterilization form by the Enrollee 30 days prior to the procedure)</li> <li>Screening, counseling and Immunizations (including for Human Papilloma Virus- HPV)</li> <li>Screening and preventive treatment for all sexually transmitted infections</li> </ul> <p><i>Does not include sterilization procedures for Enrollees under age 21</i></p>	All Enrollees as appropriate
<b>Hearing Benefits</b>	<ul style="list-style-type: none"> <li>Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries</li> </ul>	All Enrollees
<b>Home Health Services</b>	<p>In-home health care services, including:</p> <ul style="list-style-type: none"> <li>Nursing and home health aide care</li> <li>Home health aide services provided by a home health agency</li> <li>Physical therapy, occupational therapy, speech pathology and audiology services</li> </ul>	All Enrollees
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>Support services for people who are nearing end of life</li> </ul>	All Enrollees
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services)</li> <li>Inpatient services (hospital stay)</li> </ul>	Any Enrollees with a Referral from their PCP or who has an emergency
<b>Laboratory &amp; X-ray Services</b>	<ul style="list-style-type: none"> <li>Lab tests and X-rays</li> </ul>	All Enrollees
<b>Nursing Home Care</b>	<ul style="list-style-type: none"> <li>Full-time skilled nursing care in a nursing home up to 90 consecutive days</li> </ul>	All Enrollees

Benefit	What You Get	Who Can Get This Benefit
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Services provided by mental health providers, including:               <ul style="list-style-type: none"> <li>○ Diagnostic and assessment services</li> <li>○ Physician and mid-level visits, including:</li> <li>○ Individual counseling</li> <li>○ Group counseling</li> <li>○ Family counseling</li> <li>○ FQHC Services</li> </ul> </li> <li>• Medication/Somatic treatment</li> <li>• Crisis services</li> <li>• Inpatient hospitalization and emergency department services</li> <li>• Intensive day treatment</li> <li>• Case management services</li> <li>• Treatment for any mental condition that could complicate pregnancy</li> <li>• Patient psychiatric residential treatment facility services (PTRF) for Enrollees under 22 years of age for thirty (30) consecutive days</li> <li>• Mental health services for children that are included in an IEP or IFSP during holidays, school vacations, or sick days when the child is not in school</li> <li>• Care coordination for Enrollees receiving the following Services from DBH:               <ul style="list-style-type: none"> <li>○ Community-based interventions</li> <li>○ Multi-systemic therapy (MST)</li> <li>○ Assertive community treatment (ACT)</li> <li>○ Community support</li> </ul> </li> <li>• Mental health and substance abuse services in an Institution for Mental Disease</li> </ul>	All Enrollees, as appropriate
<b>Personal Care Services</b>	<ul style="list-style-type: none"> <li>• Services provided to an Enrollee by an individual qualified to provide such Services who is not a member of the Enrollee’s family, usually in the home, and authorized by a physician as a part of the Enrollee’s treatment plan.</li> <li>• You must get prior authorization for this service.</li> </ul>	All Enrollees Not available to Enrollees in a hospital or Nursing Home
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li>• Prescription drugs included on the CareFirst CHPDC drug formulary. You can find the drug formulary at <a href="http://www.carefirstchpdc.com">www.carefirstchpdc.com</a> or by calling Enrollee Services.</li> <li>• Only includes medications from network pharmacies</li> <li>• Includes the following non-prescription (over the counter) medicines [List the OTC medications you cover here. You must get a prescription from your doctor to get the over-the-counter medication. A complete list is available on the website or by calling Enrollee Services].</li> </ul>	All Enrollees other than dually eligible (Medicaid/Medicare) Enrollees whose prescriptions are covered under Medicare Part D
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Special care for foot problems</li> <li>• Regular foot care when medically needed</li> </ul>	All Enrollees
<b>Primary Care Services</b>	<ul style="list-style-type: none"> <li>• Preventive, acute, and chronic health care services generally provided by your PCP</li> </ul>	All Enrollees
<b>Prosthetic devices</b>	<ul style="list-style-type: none"> <li>• Replacement, corrective, or supportive devices prescribed by a licensed provider</li> </ul>	All Enrollees
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>• Including physical, speech and occupational therapy</li> </ul>	All Enrollees

Benefit	What You Get	Who Can Get This Benefit
Specialist Services	<ul style="list-style-type: none"> <li>• Health care services provided by specially trained doctors or advanced practice nurses.</li> <li>• Referrals are usually required</li> <li>• Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body</li> </ul>	All Enrollees
Transportation Services	<ul style="list-style-type: none"> <li>• Transportation to and from medical appointments to include services covered by DHCF</li> </ul>	All Enrollees
Vision Care	<ul style="list-style-type: none"> <li>• Eye exams at least once every year and as needed; and eyeglasses (corrective lenses) as needed</li> </ul>	Enrollees under age 21
	<ul style="list-style-type: none"> <li>• One (1) pair of eyeglasses every two (2) years except when the Enrollee has lost his or her eyeglasses or when the prescription has changed by more than 0.5 diopter</li> </ul>	Enrollees age 21 and older

## Services We Do Not Pay For

- Cosmetic surgery
- Transplant surgery (pre-op and post-op services are covered only)
- Experimental or investigational services, surgeries, treatments, and medications
- Services that are part of a clinical trial protocol
- Abortion, or the voluntary termination of a pregnancy, not required under Federal law
- Infertility treatment
- Sterilizations for persons under the age of 21
- Services that are not medically necessary
- Some counseling or referral services may not be covered by CareFirst CHPDC due to religious or moral beliefs. Contact DHCF at (202) 442-5988 for more information.
- Services not covered by applicable regulatory bodies including CMS and DHCF

## Transition of Care

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

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

## New Technology Review

CareFirst CHPDC reviews new medical and mental health treatments and new uses for older treatments. Treatments can also be new drugs, or equipment and devices. CareFirst CHPDC follows state, federal and other official groups rules and regulations. CareFirst CHPDC creates coverage guidelines to make sure you have a fair chance to get safe and good care.

A group of doctors, specialists and many different team enrollees will do research and make a decision if the treatment:

- has been approved by the correct government agencies;
- has scientific proof that it helps improve health results and is greater than any bad effects;
- helps a patient as good as any current treatments.

If you have a medical problem that your doctor thinks have a high chance of causing death within a year, there is a way to make a fast decision within 5 business days. If that is you, call enrollee services (202) 821-1100 to begin that process. If you are unhappy with a decision we make, you can appeal that decision and instructions will be provided to you on how to do that, if needed.

## Other Important Things to Know

### What to do if I move

- Call the District of Columbia (DC) Economic Security Administration (ESA) Change Center at (202) 727-5355.
- Call CareFirst CHPDC Enrollee Services at (202) 821-1100

### What to do if I have a baby

- Call DC Economic Security Administration (ESA) Change Center at (202) 727-5355.
- Call CareFirst CHPDC Enrollee Services at (202) 821-1100

### What to do if I adopt a child

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

### What to do if someone in my family dies

- Call DC Economic Security Administration (ESA) Change Center at (202) 727-5355.
- Call CareFirst CHPDC Enrollee Services at (202) 821-1100

### How to change my MCO

- You can change your MCO once a year, or at any time if you have a good reason/cause.
  - If you move out the service area;
  - CareFirst CHPDC does not, because of moral or religious objections cover the service(s) you need;
  - If you need related services to be performed at the same time and not all the related services are available and if your provider determines that to receive the services separately will be risky.
  - If you believe the MCO has discriminated against you based on your race, gender, ethnicity, national origin, religion, disability, pregnancy, age, genetic information, marital status, sexual orientations, gender identification, personal appearance, familial responsibilities, political affiliation, and/or source of income or place of residence or;
  - If you feel that you received poor quality of care, lack of access to covered services, or lack of access to Providers experienced in dealing with your health care needs.
- You can change your MCO once a year during the 90 calendar days before your anniversary date—the month and date you first joined CareFirst CHPDC.
- During the 90 calendar days following the date of your initial enrollment or 90 calendar days after the date you received your enrollment notice from the District, whichever is later.
- At least every 12 months thereafter.
- If temporary loss of eligibility causes you to miss the annual disenrollment opportunity.
- If the District imposes sanctions on the MCO, suspending enrollment.
- D.C. Healthy Families will send you a letter two months before your anniversary date. The letter tells you how to change MCOs.
- Your health care information will transition to the new MCO you choose so that you can continue to get the care you need.

## **You will not be allowed to get health care from CareFirst CHPDC anymore if you:**

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

## **A child will be removed from CareFirst CHPDC if the child:**

- Becomes a ward of the District

## **The D.C. government may remove you from CareFirst CHPDC if you:**

- Let someone else use your Enrollee ID Card;
- The District finds you committed Medicaid fraud; or
- You do not follow your Enrollee responsibilities.

## **Disenrollment Request**

CareFirst CHPDC may request disenrollment due to change of status, including the following situations

- If an enrollee doesn't qualify for SSI or a newborn status.
- If an enrollee will be in long-term care more than 90 days.
- If an enrollee has moved out of the District of Columbia.

CareFirst CHPDC may not request disenrollment because of a change in your health status, or because of your use of medical services, mental state, or uncooperative or disruptive behavior because you have special needs (except when your continued enrollment in CareFirst CHPDC seriously harms our ability to provide services to either you or other enrollees).

- CareFirst CHPDC assures that we do not request disenrollment for reasons other than those permitted by DC Medicaid.

You can request to disenroll from the plan for a good reason at any time. If you don't have a specific reason to disenroll you can do so at the following times:

- During the 90 days after the date of your initial enrollment into CareFirst CHPDC, or during the 90 days after the date DC Medicaid sends you notice of enrollment, whichever is later.
- At least once every 12 months thereafter.
- Upon automatic reenrollment of a beneficiary who is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less, if the temporary loss of Medicaid eligibility has caused the enrollee to miss the annual disenrollment opportunity.
- When DC Medicaid imposes the intermediate sanctions, which stop all new enrollment, including default enrollment, after the date the Secretary or the State notifies CareFirst CHPDC of a determination of a violation.
- If you want to request disenrollment without cause, you can follow the below steps:
  - To disenroll from Medicaid: Contact Economic Security Agency (ESA) at (202) 727-5355.
  - To switch disenroll from CareFirst CHPDC only: Contact DHCF's Enrollment Broker at (202) 639-4030.
- If you need any assistance with this, please call Enrollee Services at (202) 821-1100.

## **What to do if I get a bill for a covered service**

If you get a bill for a covered service that is in the list above, call Enrollee Services at (202) 821-1100.

## **Paying for Non-Covered Services**

If you decide you want a service that we do not pay for and you do not have written permission from CareFirst CHPDC, you must pay for the service yourself.

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

## **Advance Directive**

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

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

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

If you want to fill out and sign an Advance Directive, ask your PCP for help during your next appointment, or call Enrollee Services at (202) 821-1100 and they will help you.

If you have been denied by a provider with getting an advance directive, you should contact Health Regulation Administration located at 825 North Capitol St. NE Washington, DC 20002 (202) 442-5888 to file a grievance.

## **What to do if I have other insurance**

If you are an Enrollee of CareFirst CHPDC, you must tell us right away if you have any other health insurance. Please call Enrollee Services at (202) 821-1100.

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

If you have Medicare and Medicaid, please tell CareFirst CHPDC so you can pick Medicare providers. If you have Medicare, you must sign up for Medicare Part D for your prescription drugs. Medicaid will pay your co-pays. See page 39 of this handbook for more information.

## **Fraud**

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

If you suspect fraud, please let us know. It is not required that you identify yourself or give your name. If you would like more information about what fraud is, visit CareFirst CHPDC website at [www.carefirstchpdc.com](http://www.carefirstchpdc.com). To report fraud, call CareFirst CHPDC Compliance Hotline, 1-855-228-1700, or call the DC Department of Health Care Finance’s Fraud Hotline at 1-877-632-2873.



## **Physician (doctor) incentive plan disclosure**

You have the right to find out if CareFirst CHPDC has special financial arrangements with CareFirst CHPDC's doctors.

Please call CareFirst CHPDC Enrollee Services at (202) 821-1100 for this information.

## **Quality**

At CareFirst CHPDC Health Plan, quality care and service for our enrollees is a top priority. We are always looking for ways to serve you better and improve.

As our valued enrollee, we want you to be informed about our Quality Program. To obtain information about our goals, how we measure quality, how we work to improve and our results:

Visit our website at [www.carefirstchpdc.com](http://www.carefirstchpdc.com)

Call Enrollee Services at (202) 821-1100

We are happy to answer your questions or mail you information upon your request

## **Utilization Management**

CareFirst CHPDC Health Plan enrollees and practitioners are advised that (Utilization Management) decision making is based only on the appropriateness of care and service and the existence of coverage. CareFirst CHPDC Health Plan does not reward practitioners or other individuals for issuing denials of coverage or service care. Financial incentives for the Utilization Management decision makers do not encourage decisions that result in underutilization.

# **Grievances, Appeals and Fair Hearings**

CareFirst CHPDC and the District government both have ways that you can complain about the care you get or the Services CareFirst CHPDC provides to you. You may choose how you would like to complain as described below.

## **Grievances**

- If you are unhappy with something that happened to you, you can file a Grievance. Examples of why you might file a Grievance include:
  - You feel you were not treated with respect
  - You are not satisfied with the health care you got
  - It took too long to get an appointment
- To file a Grievance, you should call Enrollee Services at (202) 821-1100.
- Your doctor can also file a Grievance for you.

You or your authorized representative may file a grievance either orally or in writing, at any time after the thing you are unhappy about. CareFirst CHPDC will usually give you a decision within 90 calendar days but may ask for extra time (but not more than 104 calendar days total) to give a decision.

**To File a grievance in writing with CareFirst CHPDC, mail to:**

CareFirst CHPDC  
Attention: Grievances and Appeals Department  
1100 New Jersey Avenue SE  
Suite 840  
Washington, DC 20003

**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 CareFirst CHPDC. If you are not satisfied with the outcome of the appeal you filed with CareFirst CHPDC you can request a “Fair Hearing” with the DC’s Office of Administrative Hearings.

**To file an Appeal with CareFirst CHPDC, call Enrollee Services at (202) 821-1100**

**To file an Appeal in writing with CareFirst CHPDC, mail to:**

CareFirst CHPDC  
Attention: Grievances and Appeals Department  
1100 New Jersey Avenue SE  
Suite 840  
Washington, DC 20003

**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  
4<sup>th</sup> Street, NW  
Room N450  
Washington, DC 20001  
Telephone Number: (202) 442-9094

**Deadlines:**

- You must file an Appeal within 60 calendar days from the date on the adverse benefit determination notice.
- You may request a Fair Hearing only after completing CareFirst CHPDC’s one level Appeal process and within 120 calendar days from the date of the CareFirst CHPDC’s notice of appeal resolution.
- If you want to continue receiving the benefit during your Fair Hearing or Appeal, you must request the Fair Hearing or Appeal within the later of the following:
  - Within 10 calendar days from CareFirst CHPDC postmark of the Notice of Adverse Benefit Determination or the Appeal Resolution Notice or
  - The intended effective date of the CareFirst CHPDC’s proposed action (or, in other words, when the benefit is to stop).

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

## Appeals

If you call and give your Appeal over the phone, CareFirst CHPDC will summarize your Appeal in a letter and send you a copy. Be sure to read the letter carefully.

Your Appeal will be decided by CareFirst CHPDC within 30 calendar days from the date your Appeal was received.

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

You will receive written notice of CareFirst CHPDC's decision about your Appeal in the mail.

If you are not happy with CareFirst CHPDC's decision about your Appeal you may request a Fair Hearing.

## Expedited (Emergency) Grievances and Appeals Process

If your Appeal is determined to be an emergency, CareFirst CHPDC will give you a decision within 72 hours. An Appeal is considered an emergency if it would be harmful or painful to you if you had to wait for the standard time frame of the Appeal procedure.

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

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

- You have the right to a Fair Hearing. You may request a Fair Hearing from the Office of Administrative Hearing after you have gone through the one-level Appeal process with CareFirst CHPDC. You must request a Fair Hearing no more than 120 calendar days from the date the notice upholding the adverse benefit determination is mailed.
- If CareFirst CHPDC does not give you notice regarding your appeal or does not give you notice in a timely manner, then the appeal process will be considered complete, and you may go ahead and request a Fair Hearing.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days, this could be as short as 10 calendar days.
- You have the right to have someone from CareFirst CHPDC 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 health care need you have.
- You have a right to adequate TTY/TTD capabilities, and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the Grievance, Appeal or Fair Hearing.

If you have any questions about the Grievances and Appeals/Fair Hearings process, please call Enrollee Services at (202) 821-1100.

## **Notice of Privacy Practices**

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

### **Why Are You Giving This Notice to Me?**

CareFirst CHPDC Health Plan knows that information about you and your health is personal, and we are required by the federal Health Insurance Portability and Accessibility act (HIPAA) to tell you what your responsibilities are and what rights you have under the law. CareFirst CHPDC has internal procedures to protect oral, written and electronic protected health information across the organization.

### **What is CareFirst CHPDC Required to do Under HIPAA?**

- Make sure that your protected health information is kept private;
- Give you this notice to tell you about our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of this notice.

### **What is Protected Health Information (PHI)**

Protected Health Information (PHI) is defined as any oral, written or electronic information that:

- Identifies you or can be used to identify you.
- Either comes from you or has been created or received by a health care provider, a health plan, or a healthcare clearinghouse.
- Has to do with your physical and/or mental health or condition, providing health care to you, or paying for providing health care to you.

In this notice, “protected health information” will be written as PHI.

### **How Can You Use or Share my PHI?**

There are laws that allow or require us to use or disclose your PHI for many reasons. This Notice tells you how we may use and disclose your PHI. While not every use or disclosure is listed, the ways we may use to share your PHI falls within one of the descriptions below.

#### **For Treatment:**

We may use and share your PHI for treatment. For example, we may use or share your PHI to enroll you in a disease management program, or to share it with your care manager.

#### **For Payment to Caregivers:**

We may use and share your PHI in order to pay for health care you receive. For example, a bill that we may receive from your doctor may have information on it that identifies you, the nature of your illness, the treatment or tests given to you and the supplies that might have been used.

## **For Health Care Operations:**

We may use and share your PHI to run our business. We protect your PHI by limiting access to it within our Plan. Only our employees directly involved in our business activities that require access to your PHI are authorized to see or discuss your PHI. For example, we may use your PHI to review and improve the quality of healthcare services you receive. In addition, CareFirst CHPDC shares your PHI with our business partners; however, they are under the same obligations to protect your PHI as CareFirst CHPDC is. Those business partners include:

- CityBlock (Special Health Care Needs-Case Management/Care Coordination Services)
- Avesis (Dental and Vision services)
- Abarca (Pharmacy)
- SS&C (Claims management)

## **For Another Covered Entity's Needs:**

We may share your PHI with another covered entity, such as a doctor or health plan, for their treatment or payment use. For example, we may share your PHI with a health plan to help them pay for your care. We may also share your PHI with them so that they can do certain business tasks if you have or have had a relationship with them.

## **To remind you of appointments and health-related benefits or services:**

We may use your PHI to send you appointment reminders. We may use PHI to tell you about other health care treatment, services, or benefits.

## **To comply with the law:**

We will share your PHI when we are required by law to do so. We will share PHI when we are required to in a court or other legal proceeding. For example, we will disclose PHI if a law says that we must report PHI about people who have been abused.

## **To report public health activities:**

We will share PHI with government officials in charge of collecting certain PHI. For example, we may share PHI about births, deaths, and some diseases.

## **For health oversight activities:**

We may share PHI if a government agency conducting activities approved or required by law, such as audits, investigations, licensure or disciplinary actions. Oversight agencies include government agencies that look after the health care system, benefit programs, including Medicaid, SCHIP, or Healthy Kids, and government regulation programs.

## **For purposes of disposition of your remains:**

We may share your PHI with coroners, medical examiners, and funeral directors. If permitted by law, we may also share PHI with organizations that help find organs, eyes, and tissue to be donated or transplanted.

## **To avoid harm:**

In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement or others who may be able to stop or lessen the harm.

**For certain government functions:**

We may share PHI for national security reasons. For example, we may share PHI to protect the President of the United States.

**For Workers' Compensation:**

We may share PHI to obey workers' compensation laws.

**Lawsuits and disputes:**

If you are involved in a lawsuit or a dispute, we may share PHI about you in response to a court or administrative order or other lawful process.

**For research:**

We may share your PHI with researchers when an institutional review board or privacy board as followed the HIPAA information requirements.

**Other Uses and Sharing of Your Health Information:**

We will ask for your written permission before we make any use or disclosure of your PHI not described in this notice. If you give us your written permission, you may still decide later that you no longer want us to use or disclose your PHI in that way. If you change your mind, you must tell us in writing. We will then stop using your PHI in that way.

**Will You Give my PHI to my Family, Friends, or Others?**

We may share PHI about you with a friend or family enrollee who is involved with your care or who helps pay for your care when you are present if you agree to do so. For example, if one of our care managers visits you in the hospital and your mother is with you, we may discuss your PHI with you in front of her if you approve. We will not discuss your PHI with others unless you have given permission. There may be times when you are not present or are unable to make healthcare decisions. If this should happen, we may share your PHI with the next of kin or a relative you have given permission for us to speak for you. For example, we may share PHI with your emergency contact on file if you are unable to speak, so that you can receive care.



## What are my Rights Under Federal Law with Respect to my PHI?

The law gives you the following rights regarding your PHI. To receive these rights, please call Enrollee Services.

1. **You can see or get copies of some of your PHI** – Sometimes your right to see or get copies of your PHI may be limited. You must ask us in writing. We may charge a fee for copying and mailing the PHI.
2. **You may ask us to limit our uses and disclosures for purposes of treatment, payment or healthcare operations.** – We are not required to agree to the request. You may also ask us to limit disclosures to someone who is involved in our care or payment for your care, like a family enrollee or friend.
3. **You may ask us to send your PHI to another address if it is necessary to protect you from danger. You may ask us to communicate with you in a certain way if it is necessary to protect you from danger.** – For example, you may ask us to send PHI to you at work instead of at home. You may ask us to send your PHI by e-mail rather than regular mail. You must tell us in writing what you want. You must tell us that you could be in danger if we do not agree to your request.
4. **You can get a list of certain disclosures we have made of your PHI.** – The list will only include disclosures made after April 14, 2003. The list will not include certain types of disclosures. We will give you one list free during any 12-month period. You will need to pay for any additional lists during that time.
5. **You may ask us to correct your PHI if you think there is a mistake.** You must ask us in writing and tell us why you want us to correct the information.
6. **You may get a paper copy of this notice at any time.** To obtain a paper copy of this notice, please call Enrollee Services.

## May I submit a Grievance about Your Privacy practices?

**Yes! YOU WILL NOT BE PUNISHED FOR FILING A GRIEVANCE.** If you think we violated your privacy rights you may file a grievance. You must send your written grievance to: CareFirst CHPDC 1100 New Jersey Avenue SE Suite 840 Washington, DC 20003 You may send a written complaint to the Secretary of the Department of Health and Human Services (DHHS) at: Office for Civil Rights 200 Independence Avenue, SW Washington, DC 20201 You may also call DHHS at (877) 696-6775.

## How will I know if my rights change?

We may change this notice and our privacy policies at any time. Then the new notice will apply to all of your PHI. We will make the new notice available to you at all times. The new notice will contain the new effective date. If you have any questions about this notice, please contact Enrollee Services at (202) 821-1100.

# MEDICARE PART D NOTICE

## FOR ENROLLEES WITH BOTH MEDICARE AND MEDICAID

If you get Medicare and Medicaid at the same time, beginning on January 1, 2006 you will get your medicines from the Medicare Part D Program.

CareFirst CHPDC will only cover your medicines for:

- Certain over-the-counter drugs
- Barbiturates
- Benzodiazepines

If you have any questions about your medicines, please call CareFirst CHPDC Enrollee Services at (202) 821-1100. If you have questions about Medicare Part D, you can also call Medicare at 1-800-MEDICARE (1-800-633-4227) or visit [www.Medicare.gov](http://www.Medicare.gov) website.

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

The Health Care Ombudsman Program is a District of Columbia Government program that provides assistance and advice to you in receiving health care from your MCO. The Health Care Ombudsman can provide the following services:

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

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

One Judiciary Square  
441 4th Street, NW  
Suite 900 South  
Washington, DC 20001

Phone: (202) 724-7491  
Fax: (202) 442-6724

Toll Free Number: (877) 685-6391  
Email: [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)

## Definitions

<b>Advance Directive</b>	A written, legal paper that you sign that lets others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself.
<b>Advocate</b>	A person who helps you get the health care and other Services you need.
<b>Appeal</b>	An Appeal is a special kind of complaint you make if you disagree with a decision CareFirst CHPDC makes to deny a request for health care services or payment for services you already received. You may also make this kind of complaint if you disagree with a decision to stop services that you are receiving.
<b>Appointment</b>	A certain time and day you and your doctor set aside to meet about your health care needs.
<b>Care Manager</b>	Someone who works for CareFirst CHPDC who will help you get the care, support and information you need to stay healthy.
<b>Check-Up</b>	<i>See Screening</i>
<b>Contraception</b>	Supplies related to birth control
<b>Covered Services</b>	Health care services that CareFirst CHPDC will pay for when completed by a provider.
<b>Detoxification</b>	Getting rid of harmful substances from the body such as drugs and alcohol.
<b>Development</b>	The way in which your child grows.
<b>Disease Management Program</b>	A program to help people with chronic illnesses or Special Health Care Needs such as asthma, high blood pressure or mental illness, get the care and services they need.
<b>Durable Medical Equipment (DME)</b>	Special medical equipment that your doctor may ask or tell you to use in your home.
<b>Emergency Care</b>	Care you need right away for a serious, sudden, sometimes life-threatening condition.
<b>Enrollee</b>	The person who gets health care through a CareFirst CHPDC's provider network.
<b>Enrollee Identification (ID) Card</b>	The card that lets your doctors, hospitals, pharmacies, and others know that you are an Enrollee of CareFirst CHPDC.
<b>EPSDT Early, Periodic Screening, Diagnostic and Treatment Program</b>	Services that provide a way for children ages birth up to 21 to get medical exams, check-ups, follow-up treatment, and special care they need. Also known as <i>HealthCheck Program</i> .
<b>Fair Hearing</b>	You can request a fair hearing with DC's Office of Administrative Hearings if you are not satisfied with the decision regarding your appeal.
<b>Family Planning</b>	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDs testing and counseling.

## Definitions

<b>Family and General Practice Doctor</b>	A doctor that can treat the whole family.
<b>Grievance</b>	If you are unhappy with the care you get or the health care services CareFirst CHPDC gives you, you can call Enrollee Services to file a grievance.
<b>Handbook</b>	This book that gives you information about CareFirst CHPDC and our services.
<b>HealthCheck Program</b>	<i>See EPSDT</i>
<b>Hearing Impaired</b>	If you cannot hear well, or if you are deaf.
<b>IDEA</b>	Individuals with Disabilities Education Act; a federal law that gives services to children with developmental delays and special health care needs.
<b>Immunization</b>	Shot or vaccination.
<b>Internal Medicine Doctor</b>	Doctor for adults and children over 14 years old.
<b>Interpretation/ Translation Services</b>	Help from CareFirst CHPDC when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
<b>Managed Care Organization (MCO)</b>	A company that is paid by the District of Columbia to give you health care and health services.
<b>Maternity</b>	The time when a woman is pregnant and shortly after childbirth.
<b>Mental Health</b>	How a person thinks, feels and acts in different situations.
<b>Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health and are a part of CareFirst CHPDC.
<b>Non-Covered Services</b>	Health care that CareFirst CHPDC does not pay for when completed by a provider.
<b>OB/GYN</b>	Obstetrician/Gynecologist; a doctor who is trained to take care of a woman's health, including when she is pregnant.
<b>Out-of-Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health, but are <b>not</b> a part of CareFirst CHPDC.
<b>Pediatrician</b>	A children's doctor.
<b>Pharmacy</b>	Where you pick-up your medicine.
<b>Physician Incentive Plan</b>	Tells you if your doctor has any special arrangements with CareFirst CHPDC.
<b>Post-Partum Care</b>	Health care for a woman after she has her baby.
<b>Prenatal Care</b>	Care that is given to a pregnant woman the entire time she is pregnant.
<b>Prescription</b>	Medicine that your doctor orders for you; you must take it to the pharmacy to pick-up the medicine.
<b>Preventive Counseling</b>	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.

## Definitions

<b>Primary Care Provider (PCP)</b>	The doctor that takes care of you most of the time.
<b>Prior Authorization</b>	Written permission from CareFirst CHPDC to get health care or treatment.
<b>Provider Directory</b>	A list of all providers who are part of the CareFirst CHPDC.
<b>Providers</b>	Doctors, nurses, dentists, and other people who take care of your health.
<b>Referral</b>	When your main doctor gives you a written note that sends you to see a different doctor.
<b>Routine Care</b>	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine Care can be a check-up, physical, health screen and regular care for health problems like diabetes, asthma and hypertension.
<b>Screening</b>	A test that your doctor or other health care 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.
<b>Self-Referral Services</b>	Certain services you can get without getting a written note or referral from your main doctor.
<b>Services</b>	The care you get from your doctor or other health care provider.
<b>Special Health Care Needs</b>	Children and adults who need health care and other special services that are more than or different from what other children and adults need.
<b>Specialist</b>	A doctor who is trained to give a special kind of care like an ear, nose and throat doctor or a foot doctor.
<b>Specialty Care</b>	Health care provided by doctors or nurses trained to give a specific kind of health care.
<b>Sterilization Procedures</b>	A surgery you can have if you do not want children in the future.
<b>Transportation Services</b>	Help from CareFirst CHPDC to get to your appointment. The type of transportation you get depends on your medical needs.
<b>Treatment</b>	The care you get from your doctor.
<b>Urgent Care</b>	Care you need within 24 hours, but not right away.
<b>Visually Impaired</b>	If you cannot see well or you are blind.



**Community Health Plan**  
District of Columbia

Enrollee Services:  
1100 New Jersey Ave., SE  
Suite 840  
Washington, DC 20003

(202) 821-1100  
(855) 326-4831 (toll free)  
[www.carefirstchpdc.com](http://www.carefirstchpdc.com)



CareFirst   
Community Health Plan  
District of Columbia

1100 New Jersey Ave, SE , Suite 840  
Washington, DC 20003

202-821-1100 ■ 855-326-4831

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



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