

Other Important Information

What to do if you move

- Call the D.C. Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call MedStar Family Choice Member Services at 888-404-3549.

What to do if you have a baby

- Call the D.C. Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call MedStar Family Choice Member Services at 888-404-3549.

What to do if someone in your family dies

- Call the D.C. Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call MedStar Family Choice Member Services at 888-404-3549.

How to change your managed care organization (MCO)

You can change your managed care organization once a year or at any time if you have a good reason.

- You can change your MCO once a year during the 90 days before your anniversary date—the month and date you first joined MedStar Family Choice.
- The District of Columbia will send you a letter two months before your anniversary date. The letter tells you how to change MCOs.

You will not be allowed to get health care from MedStar Family Choice anymore if you:

- Lose your Alliance eligibility.
- Establish social security income (SSI) eligibility.

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

- Let someone else use your member ID card.
- The District finds you committed Medicaid fraud.
- You do not follow your member responsibilities.

What to do if you get a bill for a covered service

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

Changing your MCO if you have a good reason

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

Paying for services that are not covered

- If you decide you want a service that we do not pay for and you do not have written permission from MedStar Family Choice, you will have to pay for the service yourself.
- If you decide to get a service that we do not pay for, you must sign a statement that you agree to pay for the service yourself.
- Remember to always show your member ID card and tell doctors that you are a member of MedStar Family Choice before you get services.



Advance directives

An advance directive is a legal document you sign that lets others know your healthcare choices. It is used when you are not able to speak for yourself. Sometimes this is called a living will or a durable power of attorney.

An advance directive can let you pick a person to make choices about your medical care for you. An advance directive also lets you say what kind of medical treatment you want to receive if you become too ill to speak for yourself.

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

What to do if you have other insurance

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

Physician (doctor) incentive plan disclosure

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

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

How to make suggestions for changes in policies or procedures

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

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

Out-of-pocket expenses

You should always be sure to show your MedStar Family Choice identification card when you need medical care.

All MedStar Family Choice providers are aware that they may not charge members for covered services. If, however, you were asked to pay for a covered service, please contact Member Services as soon as possible. We will contact the provider to determine why you were charged.

In addition, if you were incorrectly charged for a service that is covered by MedStar Family Choice, we will assist you in getting reimbursed for this expense. In order to review the issue, we will request documentation, such as a receipt from the provider office.

New technology

MedStar Family Choice evaluates new technology on an as-needed basis. Providers will contact the MedStar Family Choice Care Management Department to request authorization for the new technology. The MedStar Family Choice medical director will review the request and make sure that it has been approved by the Food and Drug Administration. In addition, we will determine if D.C. Healthcare Alliance covers the service at this time. If D.C. Healthcare Alliance determines that the new technology should be a covered service, the request will be approved if it is medically necessary. If D.C. Healthcare Alliance does not currently cover the new technology, we will review industry standards in considering whether or not to cover the new technology.

Website

MedStar Family Choice continues to update our website with valuable information and we've made it easier to find the information most important to you.

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

- Appeals process
- Benefit information
- Covered services
- Added services under MedStar Family Choice
- Co-pay information
- What to do if you are billed for a covered service
- Case and disease management services
- Contact information for MedStar Family Choice
- Find-a-provider (searchable provider directory)
- Formulary
- Health encyclopedia
- Hours of operation and after-hours instructions
- Interpreter services
- Member handbook
- Member newsletter
- Member rights and responsibilities
- Fraud and abuse information
- New technology policies



- Notice of privacy practices
- Outreach program
- Preventive care programs
- Pharmacy protocols and procedures
- Pharmacy quick reference guide
- Quality improvement programs
- Schedule of health education classes
- Transportation guidelines
- Utilization management decision making
- Utilization affirmative statement
- Utilization external appeal rights

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