DHCF
Department of Health Care Finance

Medicaid Fee-for-Service Member Handbook

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Welcome to Medicaid

DC Medicaid Beneficiary,

Welcome to the District of Columbia Medicaid Program!

The mission of the Department of Health Care Finance (DHCF) is to help you be as healthy as possible by providing access to comprehensive, high-quality health care.

In the District of Columbia, the health of our residents is a top priority.

Inside this handbook, you will find answers to 4 important questions:

1. What is Medicaid?
2. What health care services can I get through Medicaid?
3. How can I get health services under Medicaid?
4. What to do if I have a problem accessing services under Medicaid?

Important Phone Numbers

Find a doctor (provider)	Health Care Operations Administration	(202) 698-2000 or visit https://medicaid.dc.gov/ProvDirectory/	Monday – Friday 8:15 AM - 4:45 PM
Dental appointment	Dental Helpline	(866) 758-6807	Monday – Friday 8:00 AM – 5:00 PM
Mental health or substance use disorder services	DC Department of Behavioral Health (DBH) Access HelpLine	(888) 793-4357	24 hours/7 days
Long Term Care Services	DHCF Long-Term Care Administration	(202) 442-9533	Monday – Friday 9:00 AM – 5:00 PM
If you need a ride to an appointment (non-emergency)	Transportation Services	(866) 796-0601	24 hours/7 days
If you need someone who speaks your language or if you are Hearing Impaired:	Context Global	(202) 800-8278 interpreterinfo@contextglobal.com	Monday – Friday 9:00 AM – 5:00 PM
Help getting a service	Office of Health Care Ombudsman and Bill of Rights	(877) 685-6391	Monday – Friday 8:15 AM – 4:45 PM
Report on health care fraud	Medicaid Health Care Fraud Hotline	(877) 632-2873 or visit https://dhcf.dc.gov/page/medicaid-program-integrity	24 hours/7 days
Report changes in address, income, health insurance,	DC Department of Human Services Call Center	(202) 727-5355 or https://districtdirect.dc.gov	Monday – Friday 7:30 AM – 5:00 PM

pregnancies, etc.			
Apply for health insurance	District Direct	(202) 727-5355 or https://districtdirect.dc.gov	Monday – Friday 7:30 AM – 4:45 PM
Medical emergencies	Emergency	911	24 hours/7 days
Mental health emergencies	Suicide and Crisis Lifeline	988	24 hours/7 days

***Please see Appendix A for a complete list of additional resources and contact information*.**

Understanding Fee-for-Service (FFS) Medicaid

In the District of Columbia, the Department of Health Care Finance (DHCF) helps pay for medical services for residents with low-income and/or disabilities. For those eligible for full Medicaid services, Medicaid pays health care providers. Providers are doctors, hospitals, pharmacies and other health care professionals and entities enrolled with DC Medicaid.

As a Fee-for-Service (FFS) Medicaid beneficiary, you can go directly to any provider who accepts DC Medicaid. Before you schedule an appointment or get a prescription filled, ask the doctor, clinic, hospital, dentist, pharmacy or mental health provider if they accept DC Medicaid. If you need help finding a provider who accepts FFS Medicaid, please refer to the DHCF provider search site at https://medicaid.dc.gov/ProvDirectory/.

Costs of Services

Your Medicaid health benefits are offered free of charge. This means that you do not have to pay when you visit a doctor or go to a clinic or a hospital for the medically necessary services that you need. There is no pharmacy cost sharing for beneficiaries.

How this Handbook Works

In this handbook, you will learn how FFS Medicaid works, how to find doctors, whom to call for assistance, and what is covered. Words used in health care and by your doctor can sometimes be hard to understand. We have explained these words in the back of this handbook, in the definitions section.

If you have questions about this handbook or DC Medicaid, you can call the Department of Health Care Finance (DHCF) at (202) 442-5988 or visit https://medicaid.dc.gov. We will do our best to help you.

How This Handbook Can Help You

This handbook tells you:

- How to access health care
- Your covered services
- Services NOT covered
- How to access transportation and other support services
- What to do if you get sick
- What you should do to appeal (change) a decision made by Medicaid

Your Rights

Whenever you receive Medicaid services, you have a right to:

- Be treated with respect and dignity
- Know that when you talk with your doctors and other providers, the conversation is private
- Have an illness or treatment explained to you in a language you can understand
- Receive interpretation and translation services **free of charge**
- Refuse oral interpretation services
- Participate in decisions about your care
- Receive a full, clear, and understandable explanation of treatment options and risks of each option so you can make an informed decision, regardless of cost or benefit coverage
- Have direct access to a women's health specialist for routine and preventive health care services covered by Medicaid
- Refuse treatment or care
- Be free of physical and chemical restraints, except for emergency situations
- Be able to see your medical records and to request that they be corrected, if medical information is wrong
- Request an appeal or a fair hearing, if you believe Medicaid was wrong in denying, reducing or stopping a service or item

- Have an opportunity to seek counsel for a fair hearing
- Receive family planning services and supplies from the provider of your choice
- Obtain medical care without unnecessary delay
- Develop an advance directive to choose not to have or continue any life-sustaining treatment
- Get an explanation of prior authorization procedures
- Receive Medicaid's "Dispense as Written" policy for prescription drugs

Your Responsibilities

You are responsible for:

- Treating people providing your health care with respect and dignity.
- Following the rules of the DC Medicaid Program.
- Following instructions you receive from your doctors and other health care providers.
- Going to scheduled appointments and arriving on time.
- 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 primary care provider (PCP) and other doctors about medical and personal problems that may affect your health and health care.
- Trying to understand your health problems and participate in developing treatment goals.
- Helping your doctor to get medical records from providers who have treated you in the past.
- Telling Medicaid if you were injured as the result of an accident or at work.
- Reporting to the Economic Security Administration (ESA)* and your health care providers if you or a family member has other health insurance. It is okay to have other health insurance with Medicaid, but it's important to let ESA know you have it.
- Telling ESA if you move or your income changes.

- Not committing or participating in actions that constitute fraud or abuse as defined in this handbook.
- Reporting fraud or abuse committed by yourself or any other individual, including a beneficiary or provider, that relates to the provision and/or receipt of District Medicaid services, to DHCF at Department of Health Care Finance, Division of Program Integrity, 441 4th Street NW, Washington, DC, 20001, telephone: (202) 698-2000, Fraud Hotline: (877) 632-2873.

See Appendix B for a complete list and contact information for the ESA centers in DC.

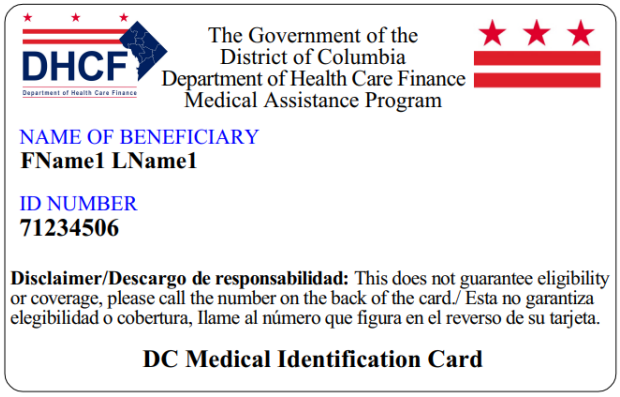
Your DC Medicaid Identification Card

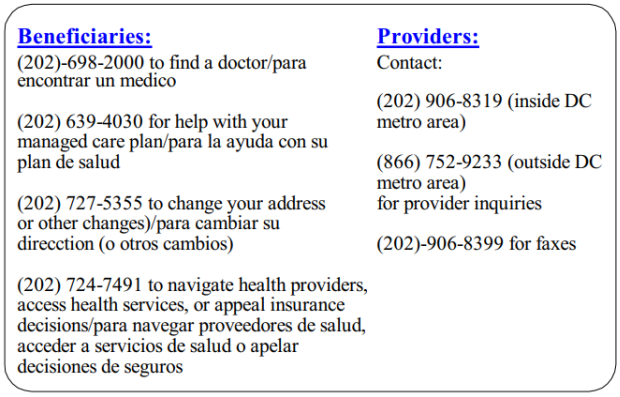
Your DC Medicaid Identification Card will look like the card printed here. You should receive it in the mail a few days after your application is approved by the Economic Security Administration (ESA). If you do not receive it, call the ESA Change Center at (202) 724-5506 to request a replacement. You can also access, view, download, and print your card by logging into "My Account" on District Direct. Please make sure that the information on your card is correct. If there are any problems, or if you have lost your card, call the ESA Change Center at (202) 724-5506 to request a new one. Each DC Medicaid beneficiary has their own card. Your children will also have their own card, and you must keep your children's cards so they are not lost. It is against the law to let anyone else use your DC Medicaid Member Identification Card.

Some people are enrolled in Medicare, but Medicaid helps pay for the costs. This means that you have Medicare, but Medicaid will pay for your Medicare premiums, co-payments, and/or deductibles. Typically, this applies to people who have an income too high for Medicaid but need some extra help paying their medical bills. If you think you might be eligible for this program, you should contact ESA at (202) 698-3900.

If you are a qualified Medicare beneficiary, see Appendix C for more information on how to use both your Medicare and Medicaid benefits.

DC Medicaid Identification Card





Please remember to carry your Medicaid Identification Card and picture ID with you all the time. Always show your card before receiving any medical care or getting medicine at a pharmacy. If you have other insurance, make sure to show that card, too. Remember, you should never let other people use your card or your child's card to get services.

Your Primary Care Provider (PCP) and Primary Dental Provider (PDP)

You are not required by DC Medicaid to pick a Primary Care Provider (PCP) or a Primary Dental Provider (PDP); however, you are encouraged to choose a PCP and a PDP that you trust, because having a doctor and dentist who knows your overall health history will help to ensure that you get all the services you need.

Dental benefits are also provided through DC Medicaid. You do not need to apply for it separately. You will need to provide your Medicaid Identification Card to your dental provider to receive dental services.

Dental health is an important part of overall health, and the Medicaid program covers many services to keep your teeth healthy. You can get the most from your Medicaid benefits when you:

- See a dentist to get covered services that you need
- See your dentist on a regular basis, even if you do not have a problem with your teeth

- Follow your dentist's advice about routine care (such as brushing and flossing)

Although this is not a requirement, you are encouraged to pick a PCP and a PDP that you trust. Once you choose your providers, please follow the steps below to make regular appointments.

Making an Appointment

DC Medicaid wants you to take care of your health, by having regular preventive check-ups and follow-up visits with your health care providers. Please make an appointment and go see your PCP at least **once** every year for a check-up and your PDP at least once every 6 months.

1. Have **your Medicaid Member Identification Card** and a pencil and paper close by.
2. Call your PCP's or PDP's office.
3. Tell the person who answers that you are a DC Medicaid beneficiary, and you want to make an appointment with your PCP or PDP.
4. Tell the person why you need an appointment. For example:
    a. You (or a family member) are feeling sick
    b. You hurt yourself or had an accident
    c. You need a check-up or follow-up care
5. Write down the time and date of your appointment.
6. Go to your appointment on time and bring your **Medicaid Member Identification Card** and a picture ID with you.

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 miss your appointments or arrive late too often, your doctor may decide to no longer serve as your provider.

Support Services

Transportation Services

DC Medicaid provides free transportation to doctor's appointments if you need it.

- Call the Transportation Broker at (866) 796-0601 and 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 for urgent visits, you can call the day before the appointment to ask for transportation.
- The types of transportation available include buses, metro, Lyft, Uber, taxi, transportation vans, wheelchair vans, and ambulances. The type of transportation you get depends on your medical needs.
- When you call to request your appointment, give the transportation service provider the following:
    1. Your Medicaid Identification Card number
    2. Your phone number
    3. The address where you can be picked up
    4. The name, address, and phone number of the medical/dental facility or doctor's office you are going to

Interpretation Services

Medicaid provides free interpretation services to help you communicate with health care providers, whether in the doctor's office, a clinic, or at a hospital.

Interpreter services can be provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must contact Context Global at (202) 800-8278 at least 3 days (not including Saturday and Sunday) prior to your appointment.

Services for the Hearing and Visually Impaired

If you have trouble hearing, or trouble seeing, contact Context Global at (202) 800-8278, TTY 711. They can provide the information that you need on an audio tape, in Braille, or in large print.

Specialty Care

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

cardiologist cares for the heart and a podiatrist cares for the feet. Some services, like surgery or hospital stays, require "prior authorization," meaning that these services must be pre-approved by DC Medicaid before you get them, to ensure that the care is medically necessary and right for you. Your doctor will take care of this. Below is a list of many of the services that require a prior authorization.

- Surgical procedures (in the hospital and in outpatient facilities)
- Organ transplant
- Lab and x-ray
- Cosmetic procedures or surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or a condition that impairs the normal function of your body
- Eyeglass and contact lens services
- Medical supplies, equipment and appliances
- Services provided by a Home Health Agency
- Dental services
- Prescribed drugs (for drugs not on preferred drug list)
- Prosthetic devices

See Appendix D for a complete list of services requiring prior authorization and how to get these services.

Behavioral Health Services

All mental health and substance use services are <u>confidential.</u>

Mental Health Services

For <u>urgent and emergent</u> care:

- **Call 9-8-8**, the national crisis line that is equivalent to 9-1-1 for Behavioral Health.
- Call the **Community Response Team** at (202) 673-6495.
- Go to the closest Emergency Department or Urgent Care Center.

For <u>non-urgent</u> care:

- Speak to your **Primary Care Provider** about your needs and concerns.

- If you need help finding a provider who accepts FFS Medicaid, check the DHCF provider search site, https://medicaid.dc.gov/ProvDirectory for assistance.
- You may also call the **DC Department of Behavioral Health Access Helpline at (888) 793-4357**, 24 hours a day, 7 days a week.

Services for Alcohol and Drug Use Problems

For non-urgent care:

- Speak to your **Primary Care Provider** about your needs and concerns.
- Additionally, for support with Substance Use Treatment, walk into the **Assessment and Referral Center (ARC)**, located at 75 P Street NE, Washington, DC 20002. Hours of operations: Monday – Friday, from 7:00 a.m. to 6:00 p.m. or call (202) 727-8473.
- If you need help finding a provider who accepts FFS Medicaid, check the DHCF provider search site, https://medicaid.dc.gov/ProvDirectory/ for assistance.

For urgent and emergent care:

- Stabilization for individuals experiencing intoxication from alcohol and/or drugs is also available at the **DC Stabilization Center**, 24 hours a day, 365 days a year, at 35 K Street NE, Washington, DC 20001.
- Go to the closest Emergency Department or Urgent Care Center.

Birth Control and other Family Planning Services

As a Medicaid beneficiary, you can get birth control and other Family Planning Services from any DC Medicaid enrolled provider. You do not need a referral to get these services.

Family Planning Services include:

- Pregnancy testing
- 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 sign a required form 30 days before the procedure)
- HIV/AIDs testing and counseling

Family Planning Services DO NOT include:

- Hysterectomy for sterilization

If you become pregnant, visit your PCP or your Obstetricians/Gynecologist (OB/GYN) as soon as possible. Early visits to your doctor will help you and your baby be healthy throughout your pregnancy. You should contact the Economic Security Administration (ESA) Change Center at (202) 724-5355 to report a change in your health condition, once you become pregnant.

If you are pregnant, receiving Supplemental Security Income (SSI) and are 20 years old or younger, you may consider enrolling in the Child and Adolescent Supplemental Security Income Program (CASSIP), a program for children and young adults, 0 – 26 years of age with special health care needs. Through Health Services for Children with Special Needs (HSCSN), you will have your own Care Manager who will help you get the health care you need. When you have your baby, you may have the option of keeping your baby in your own health care plan (HSCSN up to five (5) years for well-child or Fee-for-Service) or enrolling the child in one of the other health care plans.

Pharmacy Services and Prescription Drugs

Pharmacies are where you pick up your medication. If your doctor gives you a prescription, you must go to a DC Medicaid accepted pharmacy. There is no copay for prescription medications covered by DC Medicaid.

If you run out of your medication, you should contact your pharmacist and/or your doctor to get a refill on your medication. You may ask for an early refill for medications, in some rare circumstances, such as for vacation supply, stolen or lost medication.

If you are enrolled in the District Medicaid Fee-for-Service Program and have not received your medication, please give the pharmacist an opportunity to address your concerns and answer your questions. You can ask your pharmacist to give you

a 3-day supply of medicine until the issue that prevented you from receiving your medication is resolved.

If you still have questions and/or concerns after speaking with the pharmacist, please contact the DC Pharmacy Call Center at (800) 273-4962 or DC Medicaid at (202) 442-5988, and someone will assist you.

You can request a fair hearing if you think your request for medication has been wrongfully denied or reduced.

To request a hearing:

- Call the DHCF Ombudsman at (202) 724-7491 or email healthcarecombudsman@dc.gov;
- Call the Office of Administrative Hearings at (202) 442-9094; or
- Visit 441 4th Street, NW, Suite 450 North, Washington, DC 20001.

Coverage for Diabetic Supplies

Diabetic testing supplies are a covered benefit under DC Medicaid. However, you cannot get all of them from a regular pharmacy provider, because some supplies are medical and not a pharmacy benefit.

- Lancets (sharply pointed needle used to prick the skin) come from a Durable Medical Equipment (DME) Pharmacy provider.
- Alcohol wipes (antiseptic skin cleanser for the skin before injection with insulin syringes, and pen needles) can be picked up at a regular pharmacy.
- Several specific brands of blood glucose meters and test strips are available from the pharmacy with a prescription from your doctor. A list of these meters and test strips is available on https://dc.fhsc.com/ or call (800) 272-9679 to ask for this list.

Prior Authorization

Some medications require your doctor to call for a Prior Authorization (PA) before a medication can be filled at a pharmacy. If your medication requires a PA, please ask your doctor to call the Pharmacy Benefit Manager at (800) 273-4962 for a PA or send a fax to (866) 535-7622. Once the PA is submitted, it will take up to 24 hours to process. In certain cases, a temporary 3-day supply may be available to you.

Over the Counter (OTC) Medication

Some over the counter (OTC) medications such as Aspirin or Tylenol are covered by DC Medicaid but will require your doctor to write a prescription for them. There is no copay required.

Medicare and Medicaid Pharmacy Coverage

If you are covered by both Medicaid and Medicare, Medicare Part D will cover your prescription medication(s). DC Medicaid will only pay for a few OTC medications that are excluded from Medicare. If you need assistance to find and enroll in a Part D Plan, please call Medicare at (800) 633-4227, or the George Washington Health Insurance Counseling Project at (202) 994-6272 for free assistance.

HealthCheck Program for Children (EPSDT)

- As children grow and develop, Medicaid wants to help them grow up healthy. If your child is in the Medicaid program, your child will be in the HealthCheck Program, also called the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services benefit. This benefit starts right after your child is born and lasts until your child turns 21. The HealthCheck Program gives your child several important checkups. Children should visit their PCP or pediatrician for "HealthCheck" exams, vaccines and screenings as recommended by the HealthCheck/EPSDT periodicity schedule.

Please refer to the following links for additional information:

- https://www.dchealthcheck.net/documents/DC-HealthCheck-Periodicity-10-2025-FINAL.pdf
- https://www.dchealthcheck.net/documents/HealthCheck-Brochure-08-2026.pdf
- https://www.dchealthcheck.net/documents/HealthCheck-Dental-Brochure-08-2026.pdf

Children with Special Health Care Needs

Children who have physical, developmental, behavioral, or emotional conditions that are permanent or that last a long time may have special health care needs. These children may need additional health care and other services.

If you think that your child may have a developmental delay in one or more areas, he or she should be checked to see if there are services to help. If your child has special health care needs, your child has the right to have a PCP who is a specialist to manage his or her care.

The IDEA Program

IDEA stands for the Individuals with Disabilities Education Act (IDEA) and is a law that requires the District to identify all children with developmental delays or disabilities and help them get the supportive services they need. Children under age 3 and their families get early intervention (EI) services from the Strong Start DC Early Intervention Program within DC's Office of the State Superintendent of Education (OSSE). Children age 3 and older get special educational services from the D.C. Public Schools and Public Charter Schools systems.

If you think your child might have a developmental delay, there are several ways to get help:

- Talk to your child's pediatrician or family medical doctor about your concerns. They can help you get the right tests.
- For children age 2 years and younger, contact Strong Start DC Early Intervention Program's information line at (202) 727-3665. They will make sure your child gets the right tests and services that he or she and the family may need. If you are enrolling in a health plan, please let them know you are receiving these Strong Start early intervention services.

For children age 3-4 years, contact the DC Early Stages Center run by the DC Public Schools (DCPS) at (202) 698-8037. They will make sure your child gets the right tests to see if he or she needs services that will help him or her do better in school. If you are enrolling in a health plan, please let them know you are receiving these services with DCPS Early Stages.

The Child and Adolescent Supplemental Security Income Program (CASSIP)

CASSIP is a specialized voluntary managed care program available to children and young adults who are under the age of 21 receiving SSI and/or have been found to have an SSI-like disability as determined by the DHCF or its authorized agent. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, intermediate care facilities for Individuals

with Intellectual Disabilities (ICF/IID), and residential treatment services for complex medical needs with a consideration of how social factors impact their overall health. In addition to all the health services that are needed, the CASSIP program also provides care management services, individualized case management, respite care, and other value-added benefits. CASSIP covers eligible children and adolescents 0 through age twenty (20) and up to an Enrollee's 26th birthday if the beneficiary is enrolled before their 21st birthday and remains in a CASSIP eligible program code.

If you think you or your child might be eligible, contact Health Services for Children with Special Needs (HSCSN) at (202) 467-2737, and a representative will talk to you about the health plan and help you enroll if that is what you want.

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 and protect your child from diseases. Your doctor can help with scheduling appointments for your child's shots.

Care for your Child's Teeth

All dental health checkups and treatments are free for all DC Medicaid beneficiaries under age 21. Dentists can prevent cavities and teach you and your child how to care for his or her teeth.

- From birth up to age 3, your child's PCP may provide oral health 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 for a checkup every year. Look in DC Medicaid's Provider Directory or online at https://medicaid.dc.gov/ProvDirectory/ to pick a dentist near you.

Please refer to the following links for additional information:
https://www.dchealthcheck.net/documents/HealthCheck-Dental-Brochure-08-2026.pdf

My Health GPS

My Health GPS is managed by DHCF and is offered to you if you have 3 or more chronic conditions, including special health care needs such as diabetes, asthma, high blood pressure, or mental illness that qualify for the "My Health GPS" Health

Home Program. In this Program, you will have a health care team, located in the PCP's office, that will help you get the services and information you need to manage your illness and connect you to the services needed.

Please visit the DC Medicaid website https://medicaid.dc.gov/ for more information about the My Health GPS program. You may also contact the DC Medicaid office at (202) 724-7755.

Home and Community-Based Long-Term Care Services

Long-Term Care (LTC) services help people with a chronic illness or disability meet health or personal needs. Most long-term care services assist people with activities of daily living (ADLs) such as dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community or in a nursing home or other facility. While most people who need long-term care are 65 or older, a person can use LTC services at any age. A person may need these services for a short period of time after an acute illness or hospitalization or over several months or years.

People may receive long-term care services in an institutional setting such as a nursing home or may be able to receive care in their own homes or other community settings under one of the Home and Community-Based Services (HCBS) waivers.

Whenever possible, DC Medicaid makes a strong effort to keep beneficiaries with disabilities where they want to live. To help beneficiaries stay in their homes or in their community, the Medicaid program pays for personal care in the home, home health services, and for special "waiver" services. These are described below.

Personal Care Services

Personal care workers help beneficiaries with basic daily activities in the home. These include such things as help with bathing and personal hygiene, dressing, preparing meals, eating, and help with getting to and from doctors' appointments. A doctor must order these services, and each is provided based on your plan of care.

Home Health Services

Home health care services allow people to receive certain types of skilled care in the home. These services typically involve care performed by a nurse, physical

therapist, or speech therapist. Home health aide services may also include wound care and oxygen therapy. To access these services, please contact the DC Department of Aging and Community Living at (202) 724-5626. You may also call DHCF at (202) 442-9533.

Medicaid Home and Community Based Services (HCBS) Waivers

There are 3 HCBS programs – called "Waivers" – that provide support for people who would otherwise be served in a nursing home or Intermediate Care Facilities for people with Intellectual and Developmental Disabilities (ICF/ID-DD).

The 3 HCBS waiver programs in DC are:

1. Elderly and Persons with Physical Disabilities (EPD) Waiver Program
2. People with Intellectual and Developmental Disabilities (IDD) Waiver Program
3. Individual and Family Supports (IFS) Waiver Program

Elderly and Persons with Physical Disabilities (EPD) Waiver Program

The EPD Waiver Program provides a range of services to assist seniors and individuals with physical disabilities to live in their home or in the community. This is provided in addition to other services offered through DC Medicaid.

Services offered in the EPD Waiver Program include:

- Adult Day Health
- Assisted living
- Case management
- Chore aide
- Community Transition Services
- DSNP/Managed Care Capitated Waiver Services
- Homemaker
- Personal care aide services
- Environmental accessibility adaptations
- Individual directed goods and services
- Participant-directed services program "Services My Way"
- Respite

For more information about how to apply for the EPD Waiver program, please contact the DC Department of Aging and Community Living at (202) 724-5626 or DHCF at (202) 442-9533.

People with Intellectual and Developmental Disabilities (IDD) Waiver Program

This Home and Community Based Services (HCBS) Waiver Program provides Medicaid beneficiaries with intellectual and developmental disabilities the opportunity to receive a range of health-related services and supports based upon their needs.

IDD Waiver Services:

- Assistive Technology Services
- Behavioral Support Services
- Companion Services
- Creative Arts Therapies Services
- Day Habilitation Services
- Dental Services
- Employment Readiness Services
- Family Training Services
- Host Home without Transportation Services
- Individualized Day Supports Services
- In-Home Supports Services
- Occupational Therapy Services
- One-Time Transitional Services
- Parenting Supports Services
- Personal Care Services
- Physical Therapy Services
- Residential Habilitation Services
- Respite Services
- Skilled Nursing Services
- Speech, Hearing and Language Services
- Supported Employment Services – Individual and Small Group Services
- Supported Living Services
- Wellness Services

DHCF partners with the Department on Disability Services (DDS) to administer the IDD Waiver Program. For more information and to apply for the IDD Waiver, please contact the DC Department on Disability Services at (202) 730-1700.

Individual and Family Supports (IFS) Waiver Program

The DC Individual and Family Support s(IFS) Waiver establishes a program to allow District residents with intellectual and developmental disabilities who live in an independent environment, either in their own home or with family or friends, to receive HCBS services and support tailored to their specific needs.

The IFS Waiver meets the needs of people who can leverage support from family or friends and do not need residential services. In this way, the IFS Waiver offers person-centered services that meet each person's needs in the least restrictive setting needed, applying the highest standards of quality and national best practices. The IFS Waiver offers a full range of health and clinical services necessary to help people with complex support needs and their families choose an alternative to institutional services that promotes community inclusion and independence by enhancing and not replacing existing informal networks.

The IFS Waiver offers 22 services. The IFS waiver has a $75,000 per person per ISP/Plan of Care year aggregate spending cap.

All IFS waiver participants are afforded the opportunity to self-direct the following services: individual-directed goods and services (IDGS), in-home supports, companion services, individualized day supports (IDS), and respite services.

IFS Waiver Services:

- Day Habilitation
- Education Supports
- Employment Readiness
- Group Supported Employment
- Respite
- Personal Care Services
- Skilled Nursing
- Assistive Technology Services
- Behavioral Supports
- Companion Services

- Creative Arts Therapies
- In-Home Supports
- Individual Directed Goods and Services
- Individual Supported Employment
- Individualized Day Supports
- Occupational Therapy
- Parenting Supports
- Personal Emergency Response System (PERS)
- Physical Therapy
- Speech, Hearing and Language
- Unpaid Family/Caregiver Training
- Wellness Services

For more information on how to apply to the IFS Waiver Program, please contact the DC Department on Disability Services at (202) 730-1700.

Programs for Dually Eligible Individuals

If you are dually eligible (enrolled in Medicaid and Medicare Parts A, B, and D), you may qualify for one of the District's programs for people who are eligible for both Medicare and Medicaid (called "duals").

District Dual Choice

DHCF is proud to offer a special program designed specifically for duals. This program, called District Dual Choice (Dual Choice), provides a simpler way for duals to manage their health care. It covers various preventive, medical, and long-term care services, and all services are coordinated by a single health plan to make it easier for duals to get the care they need when it is needed.

Anyone who is a resident of the District of Columbia, is 21 years of age or older, and has both Medicare and Medicaid coverage may enroll in Dual Choice. Dual Choice may be a good fit for you if you feel that navigating Medicare and Medicaid separately is confusing and complicated. Dual Choice can help with coordinating your care, so you do not have to do it alone. If you are interested in enrolling in the Dual Choice program, call DHCF at (202) 442-9533 or the DC Department of Aging and Community Living at (202) 724-5626.

Program for All-Inclusive Care for the Elderly (PACE)

DHCF offers District seniors in Wards 7 and 8 access to the Program of All-Inclusive Care for the Elderly (PACE). The Program of All-Inclusive Care for the Elderly is a nationally recognized model of care that integrates Medicare and Medicaid benefits for eligible beneficiaries. Under this model, beneficiaries are eligible for a broader array of benefits than is typically available under either Medicaid or Medicare programs and their care is managed by a comprehensive, interdisciplinary team of clinical professionals working to deliver high-quality and highly coordinated care.

Individuals living in ZIP codes 20019, 20020, or 20032 can join PACE if they meet qualifying conditions, including being 55 or older, meeting nursing home level of care, and being able to live in the community without posing a risk to their health or safety. If you are interested in enrolling in the PACE program, call DHCF at (202) 442-9533 or DC Department of Aging and Community Living at (202) 724-5626.

Understanding Your Health Benefits

Medicaid offers a wide range of services to keep you healthy. These services range from preventive tests like blood pressure and cholesterol screening to medical procedures such as mammograms and surgical procedures. Below are some examples of the medically necessary services that Medicaid covers.

Some of these services are only available to specific people such as the elderly, people with disabilities, or children in foster care. Some services may require prior approval from DC Medicaid. Please keep in mind that Medicaid does not charge for any of the health care services on this list if you go to a Medicaid provider or hospital.

Benefit	What You Get	Who Can Get This Benefit
Adult Wellness Services	• Immunizations • Routine screening for sexually transmitted infections • HIV/AIDS screening, testing and counseling • Breast cancer screening • Cervical cancer screening (women only) • Osteoporosis screening (post-menopausal women) • HPV screening	Beneficiaries over age 21 as appropriate

Benefit	What You Get	Who Can Get This Benefit
	• Prostate cancer screening (men only) • Abdominal aortic aneurysm screening • Obesity screening • Diabetes screening • High blood pressure and cholesterol (lipid disorders) screening • Depression screening • Colorectal cancer screening (Enrollees 45 years and older) • Smoking cessation counseling • Diet and exercise counseling • Mental Health counseling • Alcohol and drug screening	
Alcohol & Drug Use Treatment	• Inpatient detoxification • Other outpatient alcohol/drug abuse services	All beneficiaries
	• Inpatient and outpatient substance abuse treatment • Other alcohol/drug abuse services	Beneficiaries under age 21
Child Wellness Services	Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as: • Health and development history and screenings • Physical and mental health development and screenings • Comprehensive health exam • Immunizations • Lab tests including blood lead levels • Health education • Dental screening services • Vision screening services • Hearing screening services • Alcohol and drug screening and counseling • Mental health services	Beneficiaries under age 21
Dental Benefits	• General dentistry (including regular and emergency treatment) and orthodontic care for special problems • Check-ups twice a year with a dentist are covered for children ages 3 through 20. • Does not include routine orthodontic care • Fluoride varnish treatment up to four (4) times a year.	Beneficiaries under age 21

Benefit	What You Get	Who Can Get This Benefit
	• General dental exams and routine cleanings every six (6) months • Surgical services and extractions • Emergency dental care • Fillings • X-rays (full series and panoramic x-rays are limited to one (1) time every three (3) years) • Full mouth debridement • Prophylaxis is limited to two (2) times per year • Bitewing series • Palliative treatment • Removable partial and full dentures • Root canal treatment • Periodontal scaling and root planing • Dental crowns • Removal of impacted teeth • 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. • Any dental service that requires inpatient hospitalization must have prior authorization (pre-approval) • Elective surgical procedures requiring general anesthesia	Beneficiaries age 21 and older
Dialysis Services	• Treatment up to 3 times a week (limited to once per day)	All beneficiaries
Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)	• Durable medical equipment (DME) a. Wheelchair; b. Oxygen; c. Incontinent supplies; etc.	All beneficiaries
Emergency Services	• A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition. • Treatment for an emergency condition	All beneficiaries
Family Planning	• Pregnancy testing; counseling for the woman • Routine and emergency contraception • Voluntary sterilizations for beneficiaries over 21 years of age (requires signature of an approved	All beneficiaries as appropriate

Benefit	What You Get	Who Can Get This Benefit
	sterilization form by the beneficiary 30 days prior to the procedure) • Screening, counseling, and Immunizations, including for human papilloma virus (HPV) • Screening and preventive treatment for all sexually transmitted infections *Does not include sterilization procedures for beneficiaries under age 21	
Hearing Benefits	• Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries	All beneficiaries
Home Health Services	In-home health care services, including: • Nursing and home health aide care • Home health aide services provided by a home health agency • Physical therapy, occupational therapy, speech-language pathology and audiology services	All beneficiaries
Hospice Care	• Support services for people who are nearing end of life	All beneficiaries
Hospital Services	• Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services) • Inpatient services (hospital stay)	All beneficiaries
Laboratory & X-ray Services	• Lab tests and x-rays	All beneficiaries
Nursing Home Care	• Full-time skilled nursing care in a nursing home up to 30 consecutive days	All beneficiaries

Benefit	What You Get	Who Can Get This Benefit

Mental Health Services	• Services provided by mental health providers, including:
	  • Diagnostic and assessment services
	  • Physician and mid-level visits, including:
	  • Individual counseling
	  • Group counseling
	  • Family counseling
	• Medication/Somatic treatment
	• Crisis services
	• Inpatient hospitalization and emergency department services
	• Services for individuals 65 years and older in an institution for mental disease
	• Treatment for any mental condition that could complicate your pregnancy
	• Patient Psychiatric Residential Treatment Facility services (PTRF) for beneficiaries under 22 years of age for thirty (30) consecutive days
	• Mental health services for children that are included in an Individualized Education Plan (IEP) or IFSP during holidays, school vacations, or sick days when the child is not in school
		All beneficiaries

Personal Care Services	• Services provided to a beneficiary by an individual qualified to provide such services, usually in the home, and authorized by a physician as a part of the Enrollee's treatment plan. • You must get prior authorization for this service	All beneficiaries **Not available to beneficiaries in a hospital or Nursing Home*
Pharmacy Services (prescription drugs)	• Prescription drugs included on the Medicaid Preferred Drug List You can find the preferred drug list at https://dc.fhsc.com/providers/PDL.asp • Only includes medications pharmacies participating in DC Medicaid. • You must get a prescription from your doctor to get over the counter medication.	All beneficiaries except dually eligible (Medicaid/Medicare) beneficiaries whose prescriptions are covered under Medicare Part D
Podiatry	• Special care for foot problems	All beneficiaries
Primary Care Services	• Preventive, acute, and chronic health care services	All beneficiaries

Benefit	What You Get	Who Can Get This Benefit
Prosthetic devices	• Replacement, corrective, or supportive devices prescribed by a licensed provider	All beneficiaries
Rehabilitation Services	• Including physical, speech and occupational therapy	All beneficiaries
Specialist Services	• Health care services provided by specially trained doctors or advanced practice nurses.	All beneficiaries
Telemedicine	• Telemedicine is a way of helping to get services to members who live far away from the providers they need to see.	All beneficiaries
Transportation Services	• Transportation to and from medical appointments	All beneficiaries
Vision Care	• Eye exams at least once every year and as needed; and eyeglasses (corrective lenses) as needed	All beneficiaries under age 21
	• 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	All beneficiaries aged 21 and older

Services <u>Medicaid Does Not</u> Pay For

- Cosmetic surgery (except for surgery required to correct a condition resulting from surgery or disease caused by an accidental injury or a congenital deformity, or is condition that impairs the normal function of your body)
- 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, except:
    - When the pregnancy endangers the life of the mother;
    - When the pregnancy results from rape; and
    - When the pregnancy results from incest
- Infertility procedures such as in vitro fertilization (IVF)
- Sterilizations for people under the age of 21
- Services that are not medically necessary
- Contact DC Medicaid at (202) 442-5988 for more information.

Paying for Non-Covered Services

- If you decide you want a service that Medicaid does not pay for and you do not have written permission from DC Medicaid to receive the service, **you must pay for the service**.
- Remember to always show your Medicaid Member Identification Card and tell doctors that you are a DC Medicaid beneficiary ***before*** you get services.
- District Direct allows residents to apply for public benefits available in the District.

Out-of-Pocket Reimbursement Procedures:

In 2026, DHCF finalized new regulations that allow Medicaid beneficiaries to submit claims for reimbursement of certain out-of-pocket expenses up to 12 months from the date the bill was incurred or the date that the beneficiary was determined eligible for Medicaid, depending on which date would provide the longest timeframe for the beneficiary to seek reimbursement. The new regulations (29 DCMR 933) are available here: ***https://dhcf.dc.gov/release/new-regulations-out-pocket-reimbursement-procedures-medicaid-beneficiaries***.
If you paid for drug prescriptions, doctor visits, or hospitalizations during a time that you were eligible for Medicaid, you may be able to be reimbursed for the expenses.

REQUIREMENTS: You may be eligible for reimbursement during a period of time you or a family member were eligible for Medicaid if:

a. You paid for drug prescriptions, doctor visits, or hospitalizations; or
b. You are currently paying a bill from a pharmacy, clinic, doctor, or hospital for drug prescriptions, doctor visits, or hospitalizations.
c. If you believe that you are entitled to reimbursement, you must request reimbursement within 12 months of the date you went to the pharmacy, clinic, doctor, or hospital, or within 12 months of the date you learned you were eligible for Medicaid.

DEFINITION OF “ELIGIBLE FOR MEDICAID”: The period of time for which you are “eligible for Medicaid” and may be eligible for reimbursement means:

a. The dates that the District of Columbia stated you (and/or your family members) were eligible for Medicaid.

b. Before January 1, 2027, the three (3) months before you submitted your application for Medicaid (and you were later found eligible for those months). On and after January 1, 2027, one (1) month for the childless adult eligibility group who are subject to Medicaid work requirements, and two (2) months for all other eligibility groups who are not subject to Medicaid work requirements.
c. The time after you filed your application for Medicaid and were waiting for a decision (and you were later found eligible).
d. Any time you were improperly denied eligibility of services including: if the DHCF improperly determined that you are not eligible or no longer eligible for Medicaid coverage; a provider required you to pay for a service because you were incorrectly determined ineligible for Medicaid by DHCF; or if you were eligible for both Medicaid and any other health insurance (including Medicare) and a provider is holding you responsible for a bill because you were incorrectly determined not eligible for Medicaid by DHCF.
e. If, for a child under age 21 who is eligible for Medicaid, you were required to pay for any EPSDT service, including medical services, dental services, medication, medical equipment, supplies, or transportation services to Medicaid appointments.

IN ORDER TO BE REIMBURSED, YOU MUST:

1. Complete the enclosed Medicaid Reimbursement Request Form or create a document that contains all of the information required for the Medicaid Reimbursement Request Form and submit it to the address on the Medicaid Reimbursement Request Form. Attach the receipt from the provider that shows the expenses you paid.
2. The Medicaid Reimbursement Request Forms can be found at: https://dhcf.dc.gov/publication/medicaid-out-pocket-reimbursement. If you do not have a receipt from the provider, you may provide a signed and dated letter explaining why you do not have the receipt and DHCF will make a decision on whether the explanation is reasonable and acceptable.
3. Remember that you have 12 months from the date you went to the provider or from the date you learned you were eligible for Medicaid to submit the Medicaid Reimbursement Request Form. If you do not have all of the information, you should submit as much information as you have available.

4. Reimbursement will only be made for expenses that should have been paid by Medicaid. You should carefully review the documents you submit to be sure that they are fully accurate.
5. Complete and include a W-9 form with your submission (available on the DC Medicaid Web portal: https://medicaid.dc.gov/SPDocumentLibrary/DocumentLibrary/Forms--Member%20Forms

DHCF Processing of Out-of-Pocket Reimbursement Requests:

1. If you have any questions, please contact the Department of Health Care Finance (DHCF) for more information: Medicaid Recipient Claims Research Team (RCRT): ***dhcf.medicaidreimbursementrequest@dc.gov***.
2. The RCRT must make a decision and payment on your reimbursement claim within 90 days from the time you file your claim. If no decision is made within those 90 days, your claim will be treated as valid, and you will be paid within 15 working days after the end of the 90-day period.
3. If you are not satisfied with the decision of the RCRT, you have a right to a fair hearing. You must file your request for a fair hearing within 90 days of the date of the decision by RCRT. You may request a fair hearing by calling the Office of Administrative Hearings (OAH) at (202) 442-9094. OAH is located at 441 4th Street, NW, Suite 450N, Washington, DC 20001.
4. If you are not satisfied with the results of the fair hearing, you may appeal to the District of Columbia Court of Appeals. You must file your appeal within thirty (30) days after the OAH mails the final order of its decision.
5. You may be able to obtain free legal assistance to help you present your case at the hearing or on appeal. Free legal assistance for beneficiaries may be available from the following organizations: Bread for the City Legal Clinic at (202) 480-8950 or (202) 791-3982, Legal Aid Society at (202) 628-1161, Legal Counsel for the Elderly at (202) 434-2120, Neighborhood Legal Services at (202) 832-6577 or University Legal Services at (202) 547-4747.

Keeping your Benefits

To maintain your DC Medicaid coverage, you must complete an annual recertification, unless you are a Supplemental Security Income (SSI) beneficiary, a child in the care and custody of the Child and Family Services Agency (CFSA), or unless the District has enough information to renew your coverage automatically.

The Economic Security Administration (ESA) is the District of Columbia agency responsible for determining Medicaid eligibility for DHCF.

When it is time for your renewal, the District of Columbia Access System (DCAS) will send you a renewal form:

- 60 days before your certification period ends if you qualify under Modified Adjusted Gross Income (MAGI) rules.
- 90 days before your certification period ends if you qualify under Non-MAGI rules.

The renewal form will arrive in an envelope from the Department of Human Services, and it will be mailed to the address you have on file with DCAS. You must complete the form and return it by the due date. If there are any changes to report, you may be required to provide proof such as income or address, etc. Please include this documentation when returning your renewal form to avoid delays in processing.

IMPORTANT! If you receive other public benefits from the District such as SNAP, Temporary Aid to Needy Families (TANF) or other services, you can renew your Medicaid at the same time you renew coverage for the other programs. Make sure you complete your renewal form before your current certification period ends so that you do not lose benefits.

Medicaid beneficiaries may submit their completed renewals:

- **Online**: District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit https://districtdirect.dc.gov/ or download the mobile app through the Apple App Store or Google Play**.**
- **By Phone**: Public Benefits Call Center at (202) 727-5355
- **By Mail**:
  Department of Human Services
  Economic Security Administration
  Case Record Management Unit
  P.O. Box 91560
  Washington, DC 20090

- **In-Person:** Drop off completed forms or receive in-person assistance at a DHS Service Center.
- **By Fax**: You may fax renewals to **(202) 671-4400**

The Office of Health Care Ombudsman and Bill of Rights

An "Ombudsman" is a person who investigates problems, makes recommendations for solutions, and helps you solve the problem. The Office of the Health Care Ombudsman and Bill of Rights can help any DC Medicaid beneficiary with health insurance issues, including people with both Medicare and Medicaid. The Office of the Health Care Ombudsman and Bill of Rights has friendly and helpful staff who want to help you get the health care you need.

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 DC Medicaid beneficiary.
- Help you get 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.
- Help you solve complaints and problems with your Medicaid services.
- Assist with appeal processes.
- Help with 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:

441 4th Street, NW
Suite 250 North
Washington, DC 20001
Phone: (202) 724-7491
Fax: (202) 442-6724
Toll Free Number: (877) 685-6391
Email: healthcareombudsman@dc.gov

Fair Hearings

If you believe that your benefits were unfairly denied, reduced, delayed or stopped, you have a right to file a request for a "Fair Hearing" with the DC Office of Administrative Hearings. To file a request for a fair hearing, please call or write to the District government at:

District of Columbia Office of Administrative Hearings
Clerk of the Court
441 4th Street, NW
Suite 450 North
Washington, DC 20001
Phone: (202) 442-9094

Your Rights during the Fair Hearings Process

- You have the right to a fair hearing. You may request a fair hearing from the Office of Administrative Hearings.
- You have a right to keep receiving the benefit we denied while your appeal or fair hearing is being reviewed. To keep your benefit during a fair hearing, you must request the Fair Hearing within a certain number of days - this could be as short as 10 days.
- You have the right to have someone from the Health Care Ombudsman's Office help you through the appeals process.
- You have the right to represent yourself, be represented by an attorney, or be represented by any person such as a relative or friend who is not an employee of a DC Government agency.
- You have the right to have accommodation for any special health care need you have.
- You have a right to adequate TTY/TDD capabilities, and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the fair hearing.

Other Important Information

Advance Directive

An Advance Directive is a legal document you sign that lets others know your health care choices. It is used when you cannot 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. An Advance Directive also lets you say what kind of medical treatment you want to receive if you become too ill to tell others what your wishes are.

It is important to talk about an Advance Directive with your family, your doctor, or others who might help you with these things. If you want to fill out and sign an Advance Directive, ask your doctor for help during your next appointment.

Fraud and Abuse

Fraud means saying, doing, or writing something that is not true to get a benefit or payment when you are not entitled to it. Fraud might be done by someone receiving Medicaid services or by a health care provider. An example of fraud against beneficiaries is falsely claiming that you live in the District, when you live outside the boundaries of the District. An example of fraud for providers is billing for services and/or supplies that were 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 constitutes fraud, visit https://dhcf.dc.gov/page/medicaid-program-integrity. To report fraud, call the DC Department of Health Care Finance's Fraud Hotline at (877) 632-2873.

The Medicaid program is committed to the investigation, prevention, and detection of provider and beneficiary fraud and/or abuse in the Medicaid program. Additional information is available on the Division of Program Integrity (DPI) site: https://dhcf.dc.gov/page/medicaid-program-integrity. Any related complaints, information, or concerns can be reported to the Division of Program Integrity at:

Department of Health Care Finance
Division of Program Integrity
441 4th Street NW, Suite 900 South, Washington, DC 20001
Telephone Number: (202) 698-2000
Hotline Phone Number: (877) 632-2873

Web-based complaint form: https://dhcf.i-sight.com/external/case/new.

Abuse is the excessive or improper use of a benefit or service by a beneficiary in a manner that is inconsistent with good faith use of DHCF Programs or in a manner that results in an unnecessary cost to any DHCF Program.

Notice of Privacy Practices

Information about your health is private. The law says we must keep this kind of information, known as **Personal Health Information (PHI)**, safe for our beneficiaries. Your PHI includes your name, address, birth date, and phone number. It also includes your social security number, Medicaid or Medicare number (if any), and health insurance policy information. It may include information about your health condition. The law also requires the Medicaid agency to provide you with this information in a document called a "Notice of Privacy Practices (NPP)".

An NPP tells you who can see your PHI and when we must ask for your permission before we share it. It tells you when we can share your PHI without your permission and also tells you about your rights to change your information.

See Appendix F for more information about the DHCF Notice of Privacy Practices.

FREQUENTLY ASKED QUESTIONS

How do I find a provider?

You can find a health care provider in different ways:

- If you already have a doctor you regularly see, you can ask him/her if they are enrolled in DC Medicaid. If not, ask them if they would consider joining so you can keep seeing them.
- A DC Medicaid Provider Directory is on the Internet at https://medicaid.dc.gov/ProvDirectory/.
- On the left side of the page, click on "Search for Provider." You can look up providers by specialty.

- Call the Health Care Operations Administration at (202) 698-2000 and someone will help you find a provider.

What if I go to a non-Medicaid provider?
DC Medicaid will pay for the care you get when you go to any doctor or other health care provider that is enrolled in DC Medicaid. If you go to a provider who is not enrolled in DC Medicaid, you will have to pay for the service. There are a few exceptions; for example, if you are out of town and have a health care emergency, your services will be covered even though the doctor is not enrolled in DC Medicaid.

Do I need to choose a primary care provider (PCP)?
We strongly encourage everyone to pick a PCP, but it is not required. Having one doctor who knows about your health history and care helps make sure you get the services you need.

If you need help finding a PCP, call the DHCF Provider Relations Office at (202) 698-2000 or search for a provider in the Provider Directory online at https://medicaid.dc.gov/ProvDirectory/.

Do I need a referral?
You **do not** need a referral to see a health care provider, including a specialist.

What if I need a prior authorization (PA) to get a service?
Some Medicaid services are not needed by everyone. When these services are very expensive or could cause harm to people who do not need them, the service must be "prior authorized" by DHCF or an organization that DHCF uses to perform prior authorizations.

What if I need help with scheduling an appointment?
If you need help scheduling an appointment, contact the Office of the Health Care Ombudsman and Bill of Rights at (877) 685-6391.

What if I don't speak English very well?
You have the right to an interpreter if you do not speak English, are deaf or are hearing impaired. Please call Context Global at (202) 800-8278 to request these services.

After you schedule an appointment with your doctor or specialist, you should also call Context Global to request an interpreter. You will not be charged for this service.

If you ask for an Interpreter and do not get one, please contact the Office of the Health Care Ombudsman and Bill of Rights at (877) 685-6391.

What to do if I get a Bill for a Covered Service?
As a DC Medicaid beneficiary, you should never receive a bill for the care you have been given. Remember to always take your Medicaid card to all health care appointments.

If you get a bill for medical care while you have Medicaid, contact the provider and remind them that they must bill Medicaid for the services provided to you.

If you have paid for medications, supplies, doctor visits, hospitalizations, or other services that should have been paid by DC Medicaid, DHCF will pay you back for these expenses. Also, if you have already paid, or are currently paying, a bill for services you received up to 3 months before you applied for Medicaid, Medicaid may also be able to pay you back or pay the provider of service.

To get money back for these expenses, you must submit your requests to DHCF no later than 1 year after the service took place, or no later than 1 year from the date of your Medicaid eligibility. You must also:

1. Complete the **Medicaid Out-of-Pocket Reimbursement** form, and provide your name, address, telephone number, social security number, date of birth, date(s) of service, providers of the service(s), the services you paid for, as well as the amount you paid.

   To download Medicaid Out-of-Pocket Reimbursement Form available in English and six other languages, please visit https://dhcf.dc.gov/publication/medicaid-out-pocket-reimbursement or https://medicaid.dc.gov/SPDocumentLibrary/DocumentLibrary/Forms--Member%20Forms (English, Spanish, Amharic, French, Chinese, Korean and Vietnamese)

2. Attach the receipt(s) from the provider(s) as proof of payment for the service(s).
3. If no receipt is available, you must provide a sworn statement that the information provided is true and accurate with any explanation of why the receipt is not included. All claims are reviewed, researched and documented. Reimbursements can only be made for services that should have been paid by Medicaid. (Please note that accuracy is important in the payment of all Medicaid claims and any "falsification of or concealment of a material fact, may be prosecuted by law.")

See Appendix F for more information and a copy of the form.

What if I have other insurance?
You are required to let Medicaid know right away if you have any other health insurance.

What if I move?
Call the District Direct Call Center at (202) 727-5355.

What if I have a baby?
Call the District Direct Call Center at (202) 727-5355.

What if someone in my family dies?
Call the District Direct Call Center at (202) 727-5355.

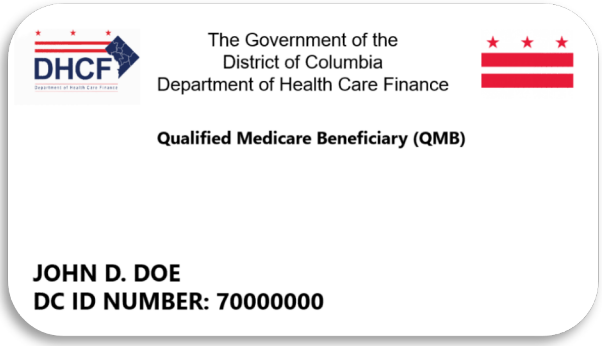
What if I adopt a child?
Call the District Direct Call Center at (202) 727-5355.

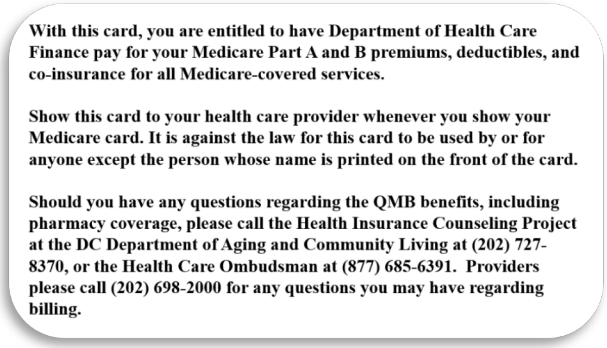
What if I also have Medicare?
If you have both Medicare and Medicaid, you will have all the benefits of both programs. You should get your prescriptions through Medicare. If you have not already, you will need to sign up for a Medicare Part D Drug Plan. There are some types of drugs that Medicare will not cover, but Medicaid may pay for them. Contact the Department of Aging and Community Living, State Health Insurance Assistance Program for help with picking a Part D Plan at (202) 727-8370.

When you go to see a doctor, always show BOTH of your cards, Medicaid *and* Medicare.

Qualified Medicare Beneficiaries (QMBs)
Some people are enrolled in Medicare, but Medicaid helps pay for the costs. This means that you have Medicare, but Medicaid will pay for your Medicare premiums, co-payments, and deductibles. Typically, this applies to people who have an income too high for Medicaid but need some extra help paying their medical bills. If you think you might be eligible for this program, you should contact ESA at (202) 698-3900.

If you are in the QMB program, you will receive a card that looks like the one below.





If you lose your QMB Card, call the Office of the Health Care Ombudsman and Bill of Rights at (877) 685-6391.

Dual eligibility (QMB-Plus)
District residents who are eligible for Medicare coverage and Medicaid under the Aged, Blind or Disabled (ABD) category can receive full Medicaid benefits, plus help paying for the Medicare premiums, coinsurance and deductibles for Medicare covered services. To be eligible for the Qualified Medicare Beneficiary Plus (QMB Plus) Program, you must meet all the requirements for Medicaid, including meeting the 100% income threshold, and all the requirements for the QMB Program. If you are determined eligible for the QMB Plus program, you will receive a QMB card and the regular DC Medicaid card.

What if Service Has Been Denied, Reduced or Terminated?

If a service has been denied, reduced or terminated, and you disagree with it, you have the right to request a "fair hearing." A fair hearing is your opportunity to have a formal review of your complaint.

You may request a fair hearing if:

- Your request for Medicaid eligibility is denied or not acted upon promptly.
- Your Medicaid eligibility is terminated or suspended; or you believe your request for a service has been wrongfully denied, reduced, or not acted upon promptly.

To request a fair hearing, visit, write, or call the:

Office of the Health Care Ombudsman and Bill of Rights
441 4th Street NW, Suite 250N
Washington, DC 20001
Phone: (877) 685-6391
Fax: (202) 442-6724
or
Office of Administrative Hearings
441 4th Street NW, Suite 450N
Washington, DC 20001
(202) 442-9094

The Office of Administrative Hearings (OAH) will send you a letter with your hearing date and any other important information. The letter should include a list of free legal services programs. You or your representative will have the chance to argue your case before a judge. You may bring a friend, relative, advocate or lawyer who is not an employee of the District of Columbia Government to assist you at your fair hearing.

If you would like to talk to a lawyer who will represent you for free, you can call any of the following places to see if they can help you. There is no guarantee that you will be able to get legal help. Even if you do not get legal help, there will still be a fair hearing held, and a decision made.

Bread for the City Legal Clinic 1525 7th Street NW Washington, DC 20001 (202) 265-2400		Bread for the City Legal Clinic 1700 Marion Barry Ave, SE Washington, DC 20020 (202) 561-8587
Legal Aid DC 2041 Martin Luther King Jr. Ave, SE Suite 201 Washington, DC 20020 (202) 628-1161		Legal Aid Society of the District of Columbia 1331 H Street NW, Suite 350 Washington, DC, 20005 (202) 628-1161
Neighborhood Legal Services Program 64 New York Ave, NE Washington, DC 20002 (202) 832-6577		Neighborhood Legal Services Program 4609 Polk Street, NE Washington, DC 20019 (202) 832-6577
Legal Counsel for the Elderly • All D.C. residents 60 years of age or older • D.C. residents 55 years of age or older with Social Security and Supplemental Security Income disability issues • D.C. residents 18+ regarding D.C's home adaptation program (Safe at Home) 601 E Street NW Washington, DC 20049 (202) 434-2120		The Washington Legal Clinic for the Homeless 1200 U Street NW Washington, DC 20009 (202) 328-5500

Definitions

ADL	Activities of Daily Living, like eating, bathing, getting out of bed, and moving and going to the bathroom.
Advance Directive	A written legal paper that you sign that lets others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself.
	An appeal is a special kind of complaint you make if you disagree with a decision DC Medicaid makes to deny a

Appeal	request for health care services or payment for services you have already received. You may also make this kind of complaint if you disagree with a decision to stop the services that you are receiving.
Appointment	A certain time and day you and your doctor set aside to discuss your health care needs.
Case Management Program	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.
Child and Family Services Agency (CFSA)	Child and Family Services Agency - the DC Government agency that serves children in foster care.
Contraception	Birth Control
Co-payment	Your share of the cost for a health care service.
Covered Services	Health care services that DC Medicaid will pay for when completed by a provider.
Detoxification	Getting rid of harmful substances from the body such as drugs and alcohol.
Development	The way in which your child grows.
DBH	Department of Behavioral Health
DHCF	Department of Health Care Finance, the single state agency responsible for the administration of the Medicaid program
Durable Medical Equipment (DME)	Special medical equipment that your doctor may ask or tell you to use in your home.
Emergency Care	Care you need right away for a serious, sudden, sometimes life-threatening condition.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit	Mandatory Medicaid benefit for services that provide a way for children ages birth through 20 to get medical exams, check-ups, follow-up treatment, and special care they need. *Also known as HealthCheck in DC.*
ESA	Economic Security Administration, the DC government agency within the Department of Human Services, is responsible for determining eligibility.
Fair Hearing	If you file an appeal, you can ask for a hearing with DC's Office of Administrative Hearings. A judge will review your complaint.
Family Planning	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDs testing and counseling.

Grievance	If you are unhappy with the care you get, or the health care services you receive, you can call the Ombudsman's office to file a grievance.
Handbook	This book gives you information about DC Medicaid and our services.
Hearing Impaired	If you cannot hear well, or if you are deaf.
HIPAA	Health Insurance Portability and Accountability Act, the law that protects the privacy of your health information.
HSCSN	Health Services for Children with Special Needs; a health plan for children and young adults with SSI or determined to be medically fragile.
ICF/IDD	Intermediate Care Facilities for individuals with Intellectual and Developmental Disabilities
IDD	Intellectual and Developmental Disabilities
IDEA	Individuals with Disabilities Education Act; a federal law that gives services to children with developmental delays and special health care needs.
Immunization	Shot or vaccination.
Internal Medicine Doctor	Doctor who specializes in treating adults and adolescents over age 14.
Interpretation/Translation Services	Help from Medicaid when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
Mental Health	How a person thinks, feels and acts in different situations.
Non-Covered Services	Health care that Medicaid does not pay for when completed by a provider.
OB/GYN	Obstetrician/Gynecologist; a doctor who is trained to take care of a woman's health, including when she is pregnant.
Ombudsman	An individual who investigates problems and makes recommendations for solutions.
Pediatrician	A children's doctor.
Pharmacy	Where you pick up your medicine.
Post-Partum Care	Health care for a woman after she has her baby.
Prenatal Care	Care that is given to a pregnant woman the entire time she is pregnant.
Prescription	Medicine that your doctor orders for you; you must take it to the pharmacy to pick up the medicine.
Primary Care Provider (PCP)	The doctor that takes care of you most of the time.
Prior Authorization	Written permission from DC Medicaid to get health care or treatment.
Provider Directory	A list of all providers who are part of DC Medicaid.

Providers	Doctors, nurses, dentists, and other people who take care of your health.
QMB	Qualified Medicare Beneficiary. The DC Medicaid program pays for Medicare premiums, deductibles, and co-insurance for Medicare covered services for QMBs. However, it does not provide access to Medicaid benefits.
Screening	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.
Services	The care you get from your doctor or other health care provider.
Special Health Care Needs	Children and adults who need health care and other services that are more than or different from what other children and adults need.
Specialist	A doctor who is trained to give a special kind of care like an ear, nose and throat doctor or a foot doctor.
Specialty Care	Health care provided by doctors or nurses trained to give a specific kind of health care.
Sterilization Procedures	A surgery you can have if you do not want children in the future.
SSI	Supplemental Security Income
Transportation Services	Help from DC Medicaid to get to your appointment. The type of transportation you get depends on your medical needs.
Treatment	The care you get from your doctor.
Urgent Care	Care you need within 24 hours, but not right away.
Visually Impaired	A condition where you have limited vision or you are blind.

If you have any comments or recommendations regarding the content of this Handbook, call the Department of Health Care Finance at (202) 442-5988.

APPENDICES

APPENDIX A: Additional Resources and Contact Information

Adult Protective Services (APS)

64 New York Avenue NE, 4th Floor
Washington, DC 20002
Hotline: (202) 541-3950

Office of Health Care Ombudsman and Bill of Rights

441 4th Street NW, Suite 250N
Washington, DC 20001
https://healthcareombudsman.dc.gov/
Phone: (877) 685-6391

DC Department of Behavioral Health (DBH)

Child and Adolescent Mobile Crisis Services (CHAMPS): (202) 481-1450
64 New York Avenue NE, 4th Floor
Washington, DC 20002
Access Helpline: (888) 793-4357
http://dmh.dc.gov

Substance Abuse Disorders Department

Assessment and Referral Center
75 P Street NE (enter on Florida Avenue near the P Street intersection)
Washington, DC 20002
Phone: (202) 727-8473
https://dbh.dc.gov/page/apra

DC Department on Disability Services (DDS)

250 E Street, SW
Washington, DC 20024
Phone: (202) 730-1700
https://dds.dc.gov/

DC Department of Aging and Community Living (DACL)

500 K Street, NE
Washington, DC 20002
Phone: (202) 724-5626 and
TTY: (202) 724-8925
https://dcoa.dc.gov/

Social Security Administration (SSA)

1 (800) 772-1213
http://www.ssa.gov

APPENDIX B: Locations of ESA Service Centers

ESA Service Centers

Service Centers hours are 8:15 a.m. to 4:45 p.m. on Monday, Tuesday, Thursday and Friday, and 8:15 a.m. to 7 p.m. on Wednesday. You may call ESA's Customer Service on (202) 727-5355.

Anacostia
2100 Martin Luther King Avenue, SE
Washington, DC 20020
(202) 645-4614
Fax: (202) 727-3527

Congress Heights
4049 South Capitol Street, SW
Washington, DC 20032
(202) 645-4546
Fax: (202) 4524

Fort Davis
3851 Alabama Avenue, SE
Washington, DC 20020
(202) 645-4500
Fax: (202) 645-6205

H Street*
645 H Street, NE
Washington, DC 20002
(202) 698-4350
Fax: (202) 724-8964

Taylor Street
1207 Taylor Street, NW
Washington, DC 20011
(202) 576-8000
Fax: (202) 576-8740

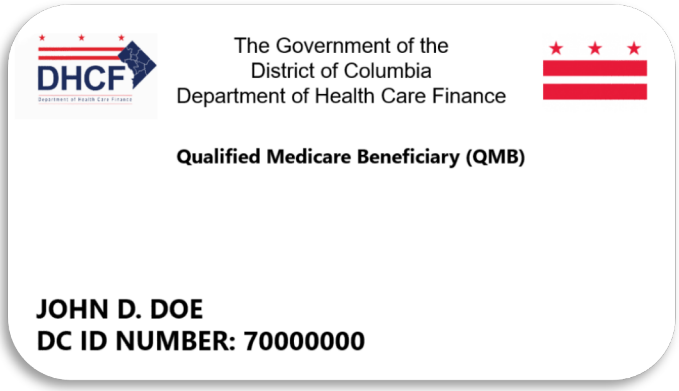
* Interim Disability Assistance (IDA) applications are accepted at all Service Centers including at districtdirect.dc.gov

For additional information, see: https://dhs.dc.gov/service/find-service-center-near-you.

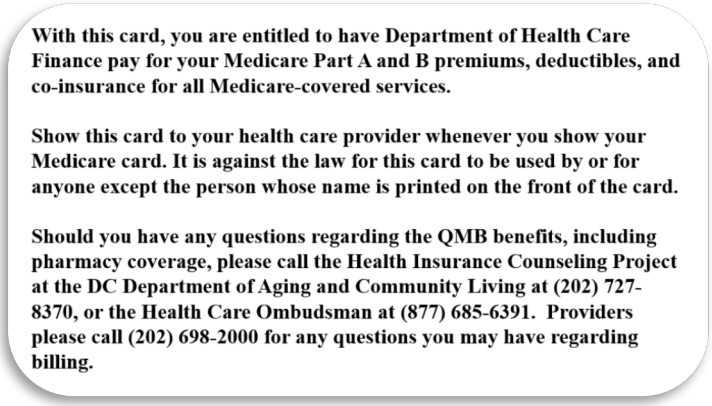
APPENDIX C: Information for Qualified Medicare Beneficiaries (QMBs)

What is a Qualified Medicare Beneficiary (QMB)?

Some people are enrolled in Medicare, but Medicaid helps pay for the costs. This means that while you have Medicare, Medicaid will pay for your Medicare premiums, copayments, deductibles, and other approved expenses. These are usually people who have an income too high for Medicaid but need some extra help paying the bills. The income limit for a single person household is 300% of the federal benefit rate. Your assets and savings are not subject to estate recovery under this program. If you think you or someone you know might be eligible, contact ESA to apply at (202) 698-3900.



If you have a card that looks like the one included here, you are enrolled in the District of Columbia's Medicare Savings Program as a "Qualified Medicare Beneficiary" or "QMB."



Having this benefit means that DC Medicaid will pay for your Medicare premiums, deductibles, and co-insurance for Medicare covered services. It also means that you will receive extra help with your costs under the Medicare prescription drug benefit (Part D), which will limit the amount you may pay for your prescriptions to only a few dollars each.

When you get health services, remember to always show your QMB card along with your Medicare card at every medical visit. This card is proof of your QMB status and means that your health care provider cannot bill you for Medicare co-pays or deductibles.

Although DC Medicaid will pay for your Medicare costs, it does not mean that you are entitled to DC Medicaid benefits. The DC Medicaid program will assist you in paying for services covered under Medicare, but not for Medicaid services.

Should you lose your card, please call the District's Office of the Health Care Ombudsman and Bill of Rights at (877) 685-6391. If you change your address, please notify the ESA as soon as possible at (202) 727-5355.

If you have any questions about this program, or need help enrolling in the Medicare Drug Benefit, you may call the **Department on Aging and Community Living, State Health Insurance Counseling Program (202) 727-8370** or **the Office of the Health Care Ombudsman and Bill of Rights at (877) 685-6391.**

APPENDIX D: Medicaid Services That Require Prior Authorization and How to Get It

Service	Who to contact for Prior Authorizations	Comagine	DHCF/ Medicaid	Other
Botox Injections (Non-Cosmetic)	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Dental Procedures	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Durable Medical Equipment and Supplies	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Home Health	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Hospice	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Surgical Procedures	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Home and Community Based Waiver Services for Persons with Intellectual Disabilities / Developmental Disabilities	DC Department on Disability Services Developmental Disabilities Administration Medicaid Waiver Office (202) 730-1556 Fax number: (202) 730-1804			X

Service	Who to contact for Prior Authorizations	Comagine	DHCF/ Medicaid	Other
Home and Community Based Waiver Services for Elderly Persons with Disabilities	DHCF Long Term Care Unit: (202) 442 -9533		X	
Skilled Home Health Services (Non-waiver)- Skilled Nursing	Comagine Health Prior Authorization Unit (800) 251-8890 Web Portal: https://comagine.org/	X		
Injections Administered in a Physician's Office ("J codes")	DHCF Pharmacy Management Branch: Phone: (202) 442-5952 FAX: (202) 722-5685		X	
Inpatient Hospital Admissions	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Long Term Acute Care Facility Admissions	Comagine Health Prior Authorization Unit (800) 251-8890 Web Portal: https://comagine.org/	X		
Medications Dispensed by a Pharmacy	Prime Therapeutics Help Desk Technical - (800) 272-9679 Clinical- (800) 273-4962			X
Nursing facility admissions (out-of-DC)	Comagine Health Prior Authorization Unit (800) 251-8890 Web Portal: https://comagine.org/			
Orthotics and Prosthetics	Comagine Health Prior Authorization Unit (800) 251-8890 Web Portal: https://comagine.org/	X		
Optical Services	Comagine Health Prior Authorization Unit (800) 251-8890	X		

Service	Who to contact for Prior Authorizations	Comagine	DHCF/ Medicaid	Other
	Web portal: https://comagine.org/			
Organs Transplants (when covered, e.g., heart, kidney, liver, allogeneic bone marrow)	Comagine Health Prior Authorization Unit (800) 731-2314 Web portal: https://comagine.org/	X		
Outpatient Medical/Surgical Procedures	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Pain Management Procedures (Inpatient)	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Pediatric Specialty Hospital Admissions (i.e., Cumberland and Kennedy Krieger Hospitals)	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Personal Care Aide Services (non-waiver)	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
PET Scans	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Psychiatric Residential Treatment Facility (PRTF) Services (beneficiaries ages 0-21)	DHCF / Medicaid: Division of Children's Health Services (202) 299-2118		X	
Sleep Studies	Comagine Health Prior Authorization Unit (800) 251-8890	X		

Service	Who to contact for Prior Authorizations	Comagine	DHCF/ Medicaid	Other
	Web portal: https://comagine.org/			
Surgical procedures (Some types require prior authorization, including gastric bypass surgery, mammoplasty)	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		
Substance Use Disorder (SUD) Residential Treatment Facility	Comagine Health Prior Authorization Unit (800) 251-8890 Web portal: https://comagine.org/	X		

APPENDIX E: Out-of-Pocket Reimbursement Forms

Available on:
https://dhcf.dc.gov/publication/medicaid-out-pocket-reimbursement

MEDICAID REIMBURSEMENT REQUEST FORM | **Today's date**

DIRECTIONS: Complete and return, with receipts, within 6 months after you went to the clinic, doctor, hospital, or pharmacy – or 6 months of the date you learned you were eligible for Medicaid -- to:

Recipients Claims Research Team
DC Department of Health Care Finance
609 H Street N.E.
2nd Floor
Washington, DC 20002

Please give as much information as you can. Attach copies of your receipts. If you don't have a receipt, attach a signed and dated letter that explains why you don't have it. If you're asking for reimbursement of expenses from more than 1 provider (like a doctor *and* a pharmacy), please use separate lines for each.

Your Name	Mailing address	Your phone numbers
		Day
Social Security Number of Medicaid Recipient		Evening
		Cell
Birth Date of Medicaid Recipient	Name & Medicaid ID # of Recipient Requesting Reimbursement	

SUMMARY OF INFORMATION ON ATTACHMENTS

For each expense (drug prescription, doctor visit or hospitalization), give this information*

Date (or estimated date) of expense	Name and address of pharmacy, clinic, doctor or hospital	How much you paid	How much you still owe	How much any other insurance paid	How much you want Medicaid to reimburse

*Attach a copies of any letters or bills from the pharmacy, clinic, doctor or hospital; or letters from credit collection companies about the bill.

I swear and declare, under penalty of perjury, that the statements I made on this paper and on any attached papers are true and correct.

Signature

APPENDIX F: Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003
(Internal Form 36)

If you do not speak and/or read English, please call (202) 442-5988 between 8:15 a.m. and 4:45 p.m. A representative will assist you.

Si usted no habla y/o lee Inglés, por favor llame al (202) 442-5988 entre 8:15 a.m. y 4:45 p.m. Un representante le asistirá. -**SPANISH**

如果您不會說或看不懂英文，請在早上八點到下午六點之間，來電協助熱線 (202) 442-5988，服務代表會協助您。 **-CHINESE**

ይህንን፡ ደብዳቤ ፡ማንበብ፡ ካልቻሉ፡ የደንበኛ ኣገልግሎቶች፡ ሞስጫ፡ ፓር፡ በ (202) 442-5988 ስልክ፡ ቁጥር፡ ከ 8፡15 አስከ 4፡45 ይደዉሉ፡ የቢሮ፡ ባልደረባ ፡ የረዳችዋል። -**AMHARIC**

Nếu bạn không nói/đọc được tiếng Anh, xin gọi Đường Dây Trợ Giúp tại số (202) 442-5988 từ 8 giờ sáng đến 6 giờ tối, sẽ có một đạI diện giúp cho bạn. **-VIETNAMESE**

만약 귀하께서 이 편지를 읽지 못하면, 회원 서비스 부서로 (전화 번호: (202) 442-5988 연락하십시오. (한국어) - **KOREAN**

If you have a hard time understanding this document, please call us at (202) 442-5988

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

The Department of Health Care Finance or DHCF keeps your protected health information (PHI) confidential. The Economic Security Administration (ESA) approved you for Medicaid. ESA then sends information about you to DHCF. DHCF uses this information to pay for your health care.

Your PHI includes your name, address, birth date, and phone number. It also includes your social security number, Medicaid or Medicare number (if any), and health insurance policy information. It may include information about your health condition.

The claims by health care providers include your diagnoses. The claims list your medical treatment and supplies. Claims also include physician's statements, x-rays, and lab test results. Your PHI is this information too.

The law requires us to keep your PHI private. We must provide you with this Notice of our legal duties and privacy practices. The law requires DHCF to abide by this Notice.

USE OF YOUR PHI:

We use your PHI to allow a doctor or nurse to treat you. We allow a business office to process payment for your medical services with your PHI. Administrative personnel reviewing the quality of the care you receive use your PHI too. This Notice also governs how DHCF, and the Economic Security Administration will use and disclose your health information to each other.

We may also use and/or disclose your PHI without your permission when permitted by law:

Treatment: A health care provider to treat you. (EXAMPLE: DHCF may share your PHI with a clinical laboratory.)

Payment: To pay claims for services delivered to you. (EXAMPLE: DHCF shares your PHI with a claims processor. The contractor verifies that you received treatment.)

Health Care Operations: To perform health care operations including:

- Assessing health care quality
- Reviewing accreditation, certification, licensing and credentialing
- Conducting medical reviews, audits, and legal services
- Underwriting and other insurance functions
  (EXAMPLE: DHCF sends your PHI to a quality review committee.)

Previous Provider: To your current or past health care provider.

Public Health and Benefit Activities: For the following kinds of public health/interest activities:

- For public health
- For health care oversight
- For research
- To coroners, medical examiners, funeral directors, and organ procurement organizations
- As authorized by DC workers' compensation laws

To Avoid Harm or Other Law Enforcement Activities: We may disclose your PHI:

- To stop a serious threat to health or safety
- In response to court/administrative orders
- To law enforcement officials
- To the military and intelligence activities
- To correctional institutions

Communication: Contact you personally to keep you informed. (EXAMPLE: DHCF may send appointment reminders or information about other treatment opportunities to you.)

AUTHORIZATION FOR OTHER USES AND DISCLOSURES OF PHI NOT MENTIONED IN THIS NOTICE:

DHCF will only use or disclose your PHI for purposes this Notice mentions. DHCF will never sell your PHI. DHCF will obtain your written authorization for other uses and disclosures. You may revoke your authorization in writing at any time. You may contact the DHCF Privacy Officer at the address listed at the end of this Notice.

YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights with respect to your PHI. In writing, you may:

- Ask us to limit how your PHI is used or given out. We are not required to agree to your request. If we do agree, we will honor it.
- Ask DHCF to talk to you in a different manner.
- Generally, see and copy your PHI. You may ask that any refusal to do is reviewed. You may be charged a reasonable fee for copies.
- Ask DHCF to change your PHI. We may not make the requested changes. If so, we will tell you why we cannot change your PHI. You may respond in writing to any denial. You may ask that both our denial and your response be added to your PHI.
- Get a listing of certain entities that received your PHI from DHCF after April 14, 2003. This list will not include a listing of disclosures made for treatment or payment. Nor will it include disclosures for health care operations, information you authorized us to provide, and government functions.
- Request a paper copy of this Notice of Privacy Practices.
- Opt out of fundraising (if applicable)
- Restrict the disclosure of PHI for those services for which you paid out of pocket
- Limit the use of your genetic information (for certain health plans)
- Be notified of a breach of unsecured PHI, if your PHI is affected

CONCERNS OR COMPLAINTS ABOUT THE USE OR DISCLOSURE OF YOUR PHI:

For more information about our privacy practices, you may contact the Agency Privacy Officer or the District Privacy & Security Official at either of the following addresses.

DHCF Privacy Officer
DC Department of Health
Care Finance
441 4th Street NW
Suite 900 South
Washington, D.C. 20001
Voice: (202) 442-5988
Fax: (202) 442-4790
E-mail: dhcfprivacy@dc.gov

District of Columbia Privacy & Security Official DC Office of Health Care Privacy and Confidentiality
1350 Pennsylvania Avenue NW
Washington, D.C. 20004
Voice: (202) 727-8001
Fax: (202) 727-0246
E-mail: dcprivacy@dc.gov

You may also contact the Privacy Officer for additional copies of this Notice. You have the right to complain to us. You may also complain to the U. S. Department of Health and Human Services. Complaints will not cause you any harm. To complain to us, please contact DHCF at either of the District offices. You also may send a written complaint to the Secretary of the
U. S. Department of Health and Human Services at the following address:

Office for Civil Rights – Region III
U.S. Department of Health and Human Services 150 S. Independence Mall West,
Suite 372 Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (215) 861-4441
Hotline (800) 368-1019
FAX (215) 861-4431
TDD (215) 861-4440
TTY: (886) 788-4989
E-mail: ocrmail@hhs.gov

CHANGES TO THIS NOTICE:

We reserve the right to change the terms of this Notice. If we change the terms of this Notice, we will post a revised notice in the DHCF offices. In addition, the current Notice of Privacy Practices will be posted on the Internet at https://dhcf.dc.gov/.