DHCF
Department of Health Care Finance

Health Care Alliance Fee-for-Service Member Handbook

441 4th Street, NW
Suite 900S
Washington, D.C. 20001

(202) 442-5988

www.dhcf.dc.gov

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Welcome to Alliance

Alliance Member,

Welcome to the District of Columbia's Health Care Alliance 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:

- What is Health Care Alliance for Adults and Children?
- What health care services can I get through Health Care Alliance?
- How can I get health services under Health Care Alliance?
- What to do if I have a problem accessing services under Health Care Alliance?

Important Phone Numbers

Find a doctor (provider)	Health Care Operations Administration	(202) 698-2000 or visit Health Care Alliance | DHCF	Monday – Friday 8:15 AM - 4:45 PM
Dental appointment (CHILDREN ONLY)	Dental Hotline	(866) 758-6807	24 hours/7 days
Mental health or substance use disorder services	DC Department of Behavioral Health (DBH) Access HelpLine	(888) 793-4357	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	Alliance Health Care Fraud Hotline	(877) 632-2873 or visit https://dhcf.dc.gov/page/Alliance-program-integrity	24 hours/7 days
Report changes in address, income, health insurance, pregnancies, etc.	Public Benefits Call Center	(202) 727-5355 or https://districtdirect.dc.gov	Monday – Friday 7:30 AM - 5:00 PM
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) Health Care Alliance

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 Health Care Alliance services, Health Care Alliance pays healthcare providers. Providers are doctors, hospitals, pharmacies and other health care professionals and entities enrolled as a FFS provider.

As a Fee-for-Service (FFS) Health Care Alliance member you can go directly to a primary care office, hospital, pharmacy, laboratory or Xray location that are enrolled with DHCF as a provider. Before you schedule an appointment or get a prescription filled, ask the doctor, clinic, hospital, dentist, pharmacy or mental health provider if they are a provider with DHCF. If you need help finding a provider, please refer to the DHCF provider search site at https://www.dc-medicaid.com/dcwebportal/nonsecure/searchprov.

Costs of Services

Your Health Care Alliance 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. You are not required to pay a co-pay when picking up your prescriptions from a pharmacy.

How this Handbook Works

In this Handbook, you will learn about how FFS Health Care Alliance works, how to find doctors, whom to call, 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 Health Care Alliance, you can call the Department of Health Care Finance (DHCF) at (202) 442-5988 or visit. 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
- What to do if you get sick

Your Rights

Whenever you receive Health Care Alliance 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 Health Care Alliance.
- 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.
- Receive Family Planning Services and supplies from an in network FFS 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.

Your Responsibilities

You are responsible for:

- Treating people providing your health care with respect and dignity.
- Following the rules of the Health Care Alliance 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.

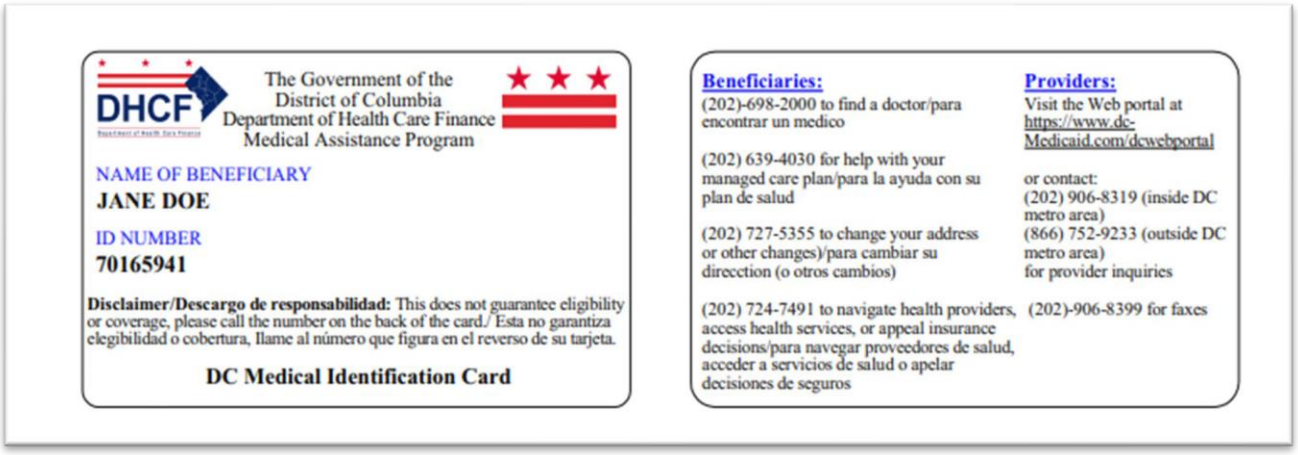
- Asking for more explanation if you do not understand your doctor's instructions.
- Going to the Emergency Room only if you have a medical emergency.
- Telling your primary care provider (PCP) and other doctors about medical and personal problems that may affect your health and health care.
- Trying 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 Health Care Alliance if you were injured as the result of an accident or at work.
- Telling ESA if you move or your income changes.

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

Your Health Care Alliance Identification Card

Your Health Care Alliance 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) 724-6600 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 Health Care Alliance beneficiary has their own card. Your children will also have their own cards, and you must keep your children's cards, so they are not lost. It is against the law to let anyone else use your Health Care Alliance Member Identification Card.

Health Care Alliance Identification Card



Your Primary Care Provider (PCP)

You are not required by Health Care Alliance to pick a Primary Care Provider (PCP); however, you are encouraged to choose a PCP because having a doctor who knows your overall health history will help to ensure that you get all the services you need.

Your Child's Primary Dental Provider (PDP)

Dental coverage is for children only – You are not required to select a Primary Dental Provider (PDP) for your child but encouraged to select one.

Dental benefits for children are provided through Health Care Alliance. You do not need to apply for it separately. You will need to provide your child's Health Care Alliance Identification card to their dental provider to receive dental services.

Dental health is an important part of overall health, and the Health Care Alliance program covers many services to keep your **child's** teeth healthy. You can get the most from your Health Caet Alliance benefits when you:

- Bring your children to the dentist to get covered services that they need
- Bring your children to the dentist on a regular basis, even if they do not have a problem with their teeth
- Follow the dentist's advice about routine care for your children (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

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

1. Have **your Health Care Alliance Member Identification Card** and a pencil and paper close by.
2. Call your PCP's or child's PDP's office.
3. Tell the person who answers that you are a Health Care Alliance 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 is 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 **Health Care Alliance 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

Health Care Alliance does not provide free transportation to doctor's appointments if you need it. Below are some options for transport to medical appointments.

- **Washington Metropolitan Area Transit Authority (WMATA)**
  Metro offers reduced fares and paratransit service for seniors and people with disabilities.
  Visit wmata.com for more information.

- **Transport DC**
  Transport DC provides an alternative to paratransit transportation service for eligible Metro Access customers who are residents of Washington, DC. Transport DC provides $5 taxicab rides to and from any location in DC — without location restrictions — from the 1st of month through the 15th. For the remainder of the month, transportation is restricted to employment and medical treatment locations only.
  Email transport.dc@dc.gov or call (202) 645-7300 for more information.

Interpretation Services

Health Care Alliance 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 5-7 days 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 pulmonologist care for the lungs. Some services, like surgery or hospital stays, require "prior authorization" meaning that these services must be pre-approved 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 may require prior authorization.

- Surgical procedures (in the hospital and in outpatient facilities)
- Lab and X-Ray
- Ophthalmology (eye) care provided by Ophthalmologist (physician eye specialist)
- Eyeglass and contact lens services **(FOR CHILDREN ONLY)**

- Medical supplies, equipment and appliances
- Dental services **(FOR CHILDREN ONLY)**
- Generic Prescribed drugs
- Wheelchairs

See Appendix C 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 confidential.

Mental Health Services

For urgent and emergent 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 non-urgent care:

- Speak to your **Primary Care Doctor** about your needs and concerns.
- If you need help finding a provider who accepts FFS Health Care Alliance, check the DHCF provider search site at https://www.dc-medicaid.com/dcwebportal/nonsecure/searchprov for assistance.
- You may also call the **DC Department of Behavioral Health Access Helpline at 1 (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 Doctor** 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 Health Care Alliance, check the DHCF provider search site at https://www.dc-medicaid.com/dcwebportal/nonsecure/searchprov 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 Health Care Alliance beneficiary, you can get birth control and other Family Planning Services from any Health Care Alliance 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 require you to sign a form 30 days before the procedure)
- HIV/AIDs testing and counseling

Family Planning Services DO NOT include:

- Hysterectomy for sterilization
- Pregnancy Termination

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) 727-5355 to report a change in your health condition, once you become pregnant.

If you are pregnant, receiving Supplemental Security Income (SSI) or if you have an SSI-like disability and are 18 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 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 Health Care Alliance accepted pharmacy that is enrolled as a Fee for service provider. There are no co-pays for all prescriptions covered by Health Care Alliance.

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 have not received your medication, please give the pharmacist an opportunity to address your concerns and answer your question. 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 1 (800) 273-4962 or DHCF at (202) 442-5988, and someone will assist you.

Coverage for Diabetic Supplies

Diabetic testing supplies are a covered benefit under Health Care Alliance. 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 DCRx_Diabetic_Supply_Program_Listing.pdf or call 1 (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 1 (800) 273 4962 for a PA or fax at 1 (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.

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 Children and Adolescents for 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 26 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.

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 Health Care Alliance 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.

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

Understanding Your Health Benefits

Health Care Alliance 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 Health Care Alliance covers.

Some services may require prior approval before the service. Please keep in mind that Health Care Alliance does not charge for any of the health care services on this list if you go to a Health Care Alliance 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 • 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) • Mental Health counseling • Alcohol and drug screening	Beneficiaries over age 21 as appropriate
Alcohol & Drug Use Treatment	• 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

Benefit	What You Get	Who Can Get This Benefit
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
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 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	All beneficiaries as appropriate
Hearing Benefits	• Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries	Beneficiaries under age 21
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 for up to 30 consecutive days	CASSIP ONLY

Benefit	What You Get	Who Can Get This Benefit
Mental Health Services	• Services provided by Department of Behavioral Health	All beneficiaries
Pharmacy Services (prescription drugs)	• Prescription drugs included on the Health Care Alliance Formulary You can find the formulary at: **DCRx_Limited_Alliance_Formulary.pdf**	All beneficiaries
Podiatry	• Special care for foot problems	Beneficiaries under age 21
Primary Care Services	• Preventive, acute, and chronic health care services	All beneficiaries
Prosthetic devices	• Replacement, corrective, or supportive devices prescribed by a licensed provider	All beneficiaries
Rehabilitation Services	• Inpatient or Outpatient physical, speech and occupational therapy.	Beneficiaries under age 21
	• Outpatient physical, speech and occupational therapy.	Beneficiaries over age 21 as appropriate
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
Vision Care	• Eye exams at least once every year and as needed; and eyeglasses (corrective lenses) as needed	All beneficiaries under age 21

Services Health Care Alliance Does Not 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 treatment**
- **Sterilizations** for people under the age of 21
- **Home Health Services provided in the home (PT, OT, Speech, Nursing)**
- **Skilled Nursing Facility or Long Term care**
- **Cell and Gene Therapy**
- **Hospice Care**
- **Non Emergent Transportation**
- **Transplant surgery**
- Services that are **not medically necessary**
- Contact Health Care Alliance at (202) 442-5988 for more information

Paying for Non-Covered Services

- If you decide you want a service that Health Care Alliance does not pay for and you do not have written permission from Health Care Alliance to receive the service, **you must pay for the service**.
- Remember to always show your Health Care Alliance Member Identification Card and tell doctors that you are a Health Care Alliance beneficiary ***before*** you get services.

Keeping your Benefits

To maintain your Health Care Alliance coverage, you must complete an annual recertification, 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 Health Care Alliance eligibility.

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 be in 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.

Health Care Alliance 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 Health Care Alliance beneficiary with health insurance issues, including people with both Medicare and Health Care Alliance. 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 Health Care Alliance 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 Health Care Alliance services.

To reach the Health Care Ombudsman, please call (202) 724-7491 or 1 (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: 1 (877) 685-6391
Email: healthcareombudsman@dc.gov

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

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 Health Care Alliance 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/Alliance-program-integrity. To report fraud, call the DC Department of Health Care Finance's Fraud Hotline at 1-(877) 632-2873.

The Health Care Alliance program is committed to the investigation, prevention, and detection of provider and beneficiary fraud and/or abuse in the Health Care Alliance program. Additional information is available on the Division of Program Integrity (DPI) site: https://dhcf.dc.gov/page/Alliance-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 Fourth Street, NW, Suite 900 South, Washington, D.C. 20001
Telephone Number: (202) 698-2000
Hotline Phone Number: 1 (877) 632-2873

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

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, Health Care Alliance or Medicare number (if any), and health insurance policy information. It may include information about your health condition. The law also requires the Health Care Alliance 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 Health Care Alliance. If not, ask them if they would consider joining so you can keep seeing them.
- A Health Care Alliance Provider Directory is on the Internet at https://www.dc-medicaid.com/dcwebportal/nonsecure/searchprov. 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-Health Care Alliance provider?

Health Care Alliance will pay for the care you get when you go to any doctor or other health care provider that is enrolled in Health Care Alliance. If you go to a provider who is not enrolled in Health Care Alliance, you will have to pay for the **service.**

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 Department of Health Care Finance - Provider Search.

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 Health Care Alliance 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 1-(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, deaf or 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 1 (877) 685-6391.

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

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

What if I have other insurance?
You are required to let Health Care Alliance 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.

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.
Appeal	An appeal is a special kind of complaint you make if you disagree with a decision DC Alliance makes to deny a 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 Health Care Alliance 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 Health Care Alliance 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.

ESA	Economic Security Administration, the DC government agency within the Department of Human Services, is responsible for determining eligibility.
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 Health Care Alliance 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.
Immunization	Shot or vaccination.
Internal Medicine Doctor	Doctor who specializes in treating adults and adolescents over age 14.
Interpretation/Translation Services	Help from Health Care Alliance 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 Health Care Alliance 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 Health Care Alliance to get health care or treatment.
Provider Directory	A list of all providers who are part of Health Care Alliance
Providers	Doctors, nurses, dentists, and other people who take care of your health.

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
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.

APPENDICIES

APPENDIX A: Additional Resources and Contact Information

Adult Protective Services (APS)

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

Office of Health Care Ombudsman and Bill of Rights

Phone:1 (877) 685-6391
441 4th Street NW, Suite 250N
Washington, DC 20001
https://healthcareombudsman.dc.gov/

DC Department of Behavioral Health (DBH)

Access Helpline: 1 (888) 793-4357
Child and Adolescent Mobile Crisis Services (CHAMPS): (202) 481-1450
64 New York Avenue NE, 4th Floor
Washington, DC 20002
http://dmh.dc.gov

Substance Abuse Disorders Department

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

DC Department on Disability Services (DDS)

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

DC Department of Aging and Community Living (DACL)

Phone: (202) 724-5626 and

TTY: (202) 724-8925
500 K Street, NE
Washington, DC 20002
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: Health Care Alliance Services That Require Prior Authorization and How to Get It

Service	Who to contact for Prior Authorizations	Comagine	DHCF/ Alliance	Other
Botox Injections (Non-Cosmetic)	Comagine Health Prior Authorization Unit 1 (800) 251-8890 Web portal: ComagineHealth.org	X		
Dental Procedures (CHILDREN ONLY)	Comagine Health Prior Authorization Unit 1 (800) 251-8890 Web portal: ComagineHealth.org	X		
Durable Medical Equipment and Supplies	Comagine Health Prior Authorization Unit 1 (800) 251-8890 Web portal: ComagineHealth.org	X		
Surgical Procedures	Comagine Health Prior Authorization Unit 1 (800) 251-8890 Web portal: ComagineHealth.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 1(800) 251-8890 Web portal: ComagineHealth.org	X		
Medications Dispensed by a Pharmacy	Prime Therapeutics Help Desk Technical -1(800) 272-9679 Clinical-1(800) 273-4962			X

Service	Who to contact for Prior Authorizations	Comagine	DHCF/ Alliance	Other
Orthotics and Prosthetics	Comagine Health Prior Authorization Unit 1(800) 251-8890 Web Portal: ComagineHealth.org	X		
Optical Services (CHILDREN ONLY)	Comagine Health Prior Authorization Unit 1 (800) 251-8890 Web portal: ComagineHealth.org	X		
Outpatient Medical/Surgical Procedures	Comagine Health Prior Authorization Unit 1 (800) 251-8890 Web portal: ComagineHealth.org	X		
Pain Management Procedures (Inpatient)	Comagine Health Prior Authorization Unit 1(800)251-8890 Web portal: ComagineHealth.org	X		
Pediatric Specialty Hospital Admissions (i.e., Cumberland and Kennedy Krieger Hospitals)	Comagine Health Prior Authorization Unit 1(800)251-8890 Web portal: ComagineHealth.org	X		
Surgical procedures (Some types require prior authorization, including gastric bypass surgery, mammoplasty)	Comagine Health Prior Authorization Unit 1(800)251-8890 Web portal: ComagineHealth.org	X		

APPENDIX D: 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 khôn nói/đọc được tiếng Anh, xin gọi Đường Dây Trợ Giúp tại số 202-442-5988từ 8 giớ sáng đến 6 giớ 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 Dept. of Health Care Finance or DHCF keeps your protected health information (PHI) confidential. The Economic Security Administration (ESA) approved you for Health Care Alliance. 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, Health Care Alliance 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 healthcare 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 http://www.dhcf.dc.gov.