



MedStar Family
Choice



MedStar Family Choice Maryland HealthChoice **Member Handbook**

May 2025

It's how we **treat** people.

Welcome to MedStar Family Choice!

We are dedicated to providing access to high-quality health care, promoting wellness through preventive care and championing affordability and accessibility for all.

As part of our commitment to delivering expert and compassionate care, MedStar Family Choice offers the support and resources you need. This member handbook is designed to guide you through your benefits, explain how to access care and highlight the various services available to you.

If you have questions or need assistance, contact our Member Services team at **888-404-3549** or visit **[MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com)**.

Thank you for choosing MedStar Family Choice. Our team is committed to delivering the highest level of care and support, and we are here to assist you every step of the way on your healthcare journey.

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Get in Touch

Language Services

Need information in an accessible format or another language? Go to pages 64 to 65.

TTY Users	
Maryland Relay	Call 711
Medical Emergency	
For life-threatening emergency treatment	Call 911
To arrange for emergency or urgent care, call your primary care provider.	
MedStar Family Choice Member Services	
5233 King Ave., STE 400, Rosedale, MD 21237	888-404-3549
Website	www.medstarfamilychoice.com
Special Needs Coordinator	443-692-1173
After-Hours Services	855-210-6204
Benefits Questions	888-404-3549
Customer Service	888-404-3549
Billing	888-404-3549
Coordination of Benefits	888-404-3549
Case Management	1-800-905-1722, #1,#3
Utilization Management	800-905-1722
Enrollment Department	800-905-1722
Pharmacy Services	800-905-1722
Mail-order Pharmacy in Maryland	1-800-552-8159
Specialty Behavioral Health / Substance Abuse Services	
Suicide and Crisis Lifeline	Call or text 988
Maryland Public Behavioral Health System	800-888-1965
Dental Services	
Healthy Smiles Dental Program	855-934-9812
Maryland Medicaid	
HealthChoice Helpline	800-284-4510
Pregnant Members and Family Planning Helpline	800-456-8900
Medicaid Beneficiary Services and Pharmacy Access Hotline	410-767-5800 or 800-492-5231
Maryland Health Connection	
To apply for or renew Medicaid, report a change, and for important notices.	
Consumer Support	855-642-8572
Website and find sign in for your account	marylandhealthconnection.gov


If you need someone to be able to call and speak on your behalf. You must make a request in writing. You can complete an Authorized Representative form. This form lets MedStar Family Choice talk to someone other than you. Your authorized representative can be a family member, a friend, a provider, or a lawyer. Call customer service for more information.

Local Health Department Contact Information

County	Main Phone Number	Transportation Phone Number	Administrative Care Coordination Unit (ACCU) Phone Number
Allegany	301-759-5000	301-759-5123	301-759-5094
Anne Arundel	410-222-7095	410-222-7152	410-222-7541
Baltimore City	410-396-4398	410-396-7633	410-640-5000
Baltimore County	410-887-2243	410-887-2828	410-887-8741
Calvert	410-535-5400	410-414-2489	410-535-5400
Caroline	410-479-8000	410-479-8014	410-479-8189
Carroll	410-876-2152	410-876-4813	410-876-4941
Cecil	410-996-5550	410-996-5171	410-996-5130
Charles	301-609-6900	301-609-6923	301-609-6760
Dorchester	410-228-3223	410-901-2426	410-901-8167
Frederick	301-600-1029	301-600-3124	301-600-3124
Garrett	301-334-7777	301-334-7727	301-334-7771
Harford	410-838-1500	410-638-1671	410-942-7999
Howard	410-313-6300	877-312-6571	410-313-7323
Kent	410-778-1350	410-778-7025	410-778-7035
Montgomery	240-777-0311	301-600-3124	301-600-3124
Prince George's	301-883-7879	301-856-9555	301-856-9550
Queen Anne's	410-758-0720	443-262-4462	443-262-4456
St. Mary's	301-475-4330	301-475-4296	301-475-4330
Somerset	443-523-1700	443-523-1722	443-523-1758
Talbot	410-819-5600	410-819-5609	410-819-5600
Washington	240-313-3200	240-313-3264	240-313-3229
Wicomico	410-749-1244	410-548-5142 Option # 1	410-543-6942
Worcester	410-632-1100	410-632-0092	410-629-0614

Getting Started with MedStar Family Choice

You have enrolled in a Maryland Medicaid HealthChoice managed care plan. Although MedStar Family Choice provides comprehensive benefits under this health plan, Maryland Medicaid directly covers some of your benefits – like behavioral health and dental care. Read this handbook carefully to learn more and to learn how to access your benefits.

A graphic of a name tag with the text "Hello my name is" and a blank space for a name.

Other Names for Your Medicaid Health Plan

- HealthChoice
- Health insurance
- Managed care organization, or MCO
- Managed care plan

No matter how you may refer to us, we are Medicaid.

Be sure to [pick your primary care provider](#) (PCP) who will help you when you need a referral or [preauthorization](#) for a procedure, treatment, or medication.

Before you get services from any health care provider, check to see if that provider is in our network - except in an emergency. Visit our [Provider Directory](#).

We are always here to help. Call MedStar Family Choice member services at

888-404-3549 if you have a question or concern about your coverage or your care.

MEDSTAR FAMILY CHOICE Member ID Card

We will mail you a member ID card. Each member has their own ID number.

You will need your MedStar Family Choice card and your red and white Medical Assistance card for all health care services. You will also need your cards when picking up a prescription at the pharmacy. Always carry both cards with you.

Show both cards when a provider asks you about your health insurance. If you have any other health insurance coverage, you will need to show that card too. See [Other Insurance](#).

Never allow anyone else to use your Medicaid or MedStar Family Choice member card.

Lost or Stolen Card

Report a lost or stolen card right away and request a new one. Call member services at **888-404-3549**. To report a lost or stolen red and white Medicaid ID card, call Beneficiary Services at **1-800-492-5231**.

MedStar Family Choice Sample Member ID Card

Front



Back

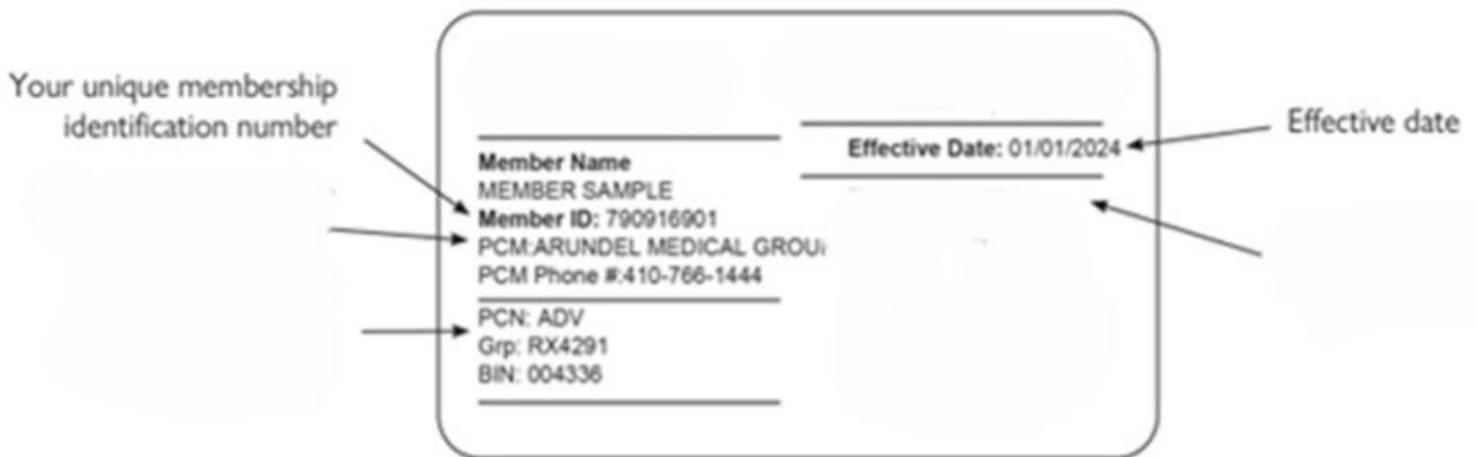


Medicaid Sample Member ID Card

Front



Back



Register for the Member Portal

Go to myMedStar [Patient Portal](#). You can either sign up to create an account or log in to update your existing account.

If you have already created an account, simply enter your email address or username as well as your password and click sign in.

If you don't have an account, click sign up, and fill out the information on the page that pops up.

Visit our secure member portal to learn more about your benefits, change your primary care provider, view and print your MedStar Family Choice ID Card, search for other providers, view service history, and more.

Pick Your Primary Care Provider (PCP)

When you join MedStar Family Choice, you need to pick a PCP from our provider network. If you do not choose a PCP, we will pick one for you.

Visit our Find a [Provider website](#) to find an in-network doctor that is right for you. You can search by

- Name
- Location
- Language
- And more

You and your household members can choose the same PCP or a different one. For members 21 years old and younger, you can choose a certified Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provider.

If you need help finding a PCP or any provider, call member services at **888-404- 3549**.

Changing Your Primary Care Provider

You can change your PCP at any time. If you change your PCP, let us know right away. Call member services at **888-404-3549**.

After Hours, Urgent Care, and Emergency Care

Know Where to Go and When. Choose the right place for health care based on your needs.



DOCTOR'S OFFICE

- Cough or cold
- Fever
- Health screenings
- Lingering pain
- Routine checkups
- If something causes you concern
- Unexplained weight loss



URGENT CARE CENTER

- Flu or fever
- Minor illness or injury
- Possible broken bones
- Sore throat, earaches or eye infections
- Sports injuries
- Sprains or strains
- Vomiting or diarrhea



EMERGENCY ROOM

- Chest pain or pressure
- Convulsions or seizures
- Difficulty breathing
- Poisons
- Serious head, neck or back injury
- Severe bleeding
- Severe burns
- Severe broken bones
- Sexual assault
- Unconsciousness

Overview

What is Medicaid?

Medicaid is a public health insurance program. It is free or low-cost health insurance for eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. It is the largest health care program in the United States.

In Maryland, Medicaid covers about 1.6 million people. Nearly one in four Marylanders get their health insurance through Medicaid. Half of those covered are children. Locally, people also call it Medical Assistance.

Understanding Medicaid and HealthChoice

- The **Maryland Department of Health** is the part of the state government that oversees public health.
- **Medicaid** is part of the Maryland Department of Health. Medicaid provides free or low-cost health insurance for those with limited income. Medicaid pays for the health care services that you get from medical providers.
- **HealthChoice** is the name of Maryland Medicaid's managed care program. Only MCOs that are part of the HealthChoice program can work with Medicaid and with you. You can choose your MCO to get your health care – because it is your health and your choice!
- A **Managed Care Organization, or MCO**, is a health care company or health plan. An MCO enters a contract with the Maryland Department of Health to give you covered health services under Medicaid.
- **Maryland Health Connection** is Maryland's official health insurance marketplace. It is where you enroll in Medicaid. [Maryland Health Connection](#) takes care of the paperwork you need to get Medicaid. When you sign up for Medicaid through them, you will pick a health care company.
- **MCO Network Providers** are the doctors, hospitals, and other providers who work with the health care plan you choose to give you the care you need.

Renewing Your Medicaid Coverage

You will need to renew your Medicaid coverage every 12 months. When you renew, also known as reapplying, redetermination, or recertification, Medicaid checks your income to be sure you are still eligible. Certain Medicaid programs check your assets, too.

- Medicaid will contact you when it is time for you to renew. You will get a notice in the mail or in your online account if you are paperless. You will have 60 days to respond. Renew by the deadline so you do not lose your coverage.
- Most people will renew through Maryland Health Connection. You will renew through DHS if you are aged 65+, blind or disabled or are in a Home and Community-Based Service program.
- Medicaid may be able to auto renew your coverage. You will get a notice to let you know if they do. There is no paperwork for you to fill out and send in when they auto renew you. This is because they were able to verify your eligibility using other sources. If they can't auto renew your coverage, they will send you a letter or email to ask you to apply and tell you how.

Report Changes

Report a change in your income or household within 10 days. You may lose your coverage if you do not. Changes you need to report include:



Family and Household Changes

- Getting married or divorced
- Having a child, adopting a child, or placing a child for adoption or in foster care
- Gaining or losing a dependent
- Change in tax-filing status



Health and Disability Changes

- Getting pregnant
- Having a change in disability status



Income and Financial Changes

- Certain changes in income
- Certain changes in resources for age 65+, blind or disabled



Residency and Citizenship Changes

- Moving to or from Maryland, and a move within Maryland to another county or Baltimore City
- Change of citizenship or immigration status
- Change in status as an American Indian/Alaska Native or tribal status



Legal Changes

- Incarceration or release from incarceration

If you are not sure if you should report a change, call the Maryland Health Connection at **855-642-8572**.

Always Keep Your Contact Information Up to Date

A lot can change in a year, like your contact information. Update a change of address, phone number or email right away so you keep getting important information about your Medicaid coverage.

How to Renew Coverage, Report Changes, or Update your Contact Information with Maryland Health Connection

- Log into your [Maryland Health Connection](#) account.
- Call **855-642-8572**.
- In person at your local [Department of Social Services](#) or your [Local health department](#).

What's Covered

There are three types of covered benefits:

1. **Essential Benefits:** All managed care health plans must cover these benefits. You get these no matter which managed care health plan you belong to.
2. **Other Covered Benefits:** Maryland Medicaid covers some benefits directly. No managed health care plan covers these benefits. For more information, see **Other Covered Benefits**.
3. **MedStar Family Choice Value-Added Benefits:** These are benefits that we offer that are above and beyond the essential benefits and other benefits covered by Maryland Medicaid. For more information, see [Value-Added Benefits](#).

Essential Benefits

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. Some benefits are for all members, while others are only for certain members like those who are 21 years old and younger, are pregnant, or have special needs.

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for [prescriptions](#).

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or [preauthorization](#). See [Self Referral](#) to learn more.

Use the [Find a Provider website](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

For more information on benefits, see [Other Covered Benefits](#) and MedStar Family Choice [Value-Added Benefits](#).

Essential Benefits: All Members

Audiology

- Assess and treat hearing loss and ear problems.
- Members 21+ may be eligible for hearing devices. Talk to your provider for more information.

Blood and Blood Products

Blood or parts of blood given to a patient for a variety of reasons and treatments.

Case Management, Case Manager

Medical professionals, known as case managers, can help you and your family assess, plan, coordinate, monitor, and arrange health services to meet your needs for the best possible health.

You can choose whether to work with a case manager or not.

MedStar Family Choice may assign you a case manager when you enroll with us or soon after. Your case manager can be a registered nurse, a social worker or other health care professional. Your case manager will:

- Help develop a care plan.
 - A care plan is a form that lists a person's health conditions and current treatments for their care written by their care team.
 - You and the people you allow to help you are part of your care team. This could be a family member, friend, lawyer, or other representative.
- Update your care plan at least every 12 months or as needed.
- Keep track of healthcare services you need and receive.
- Talk to you about your options and what is available to help you.
- Help those who give you treatment to work together.

Clinical Trials

You may be eligible for research studies that test new treatments on patients. It must be an approved clinical trial for the treatment of a life-threatening condition. To learn more, talk to your primary care provider or call member services at **888-404-3549** for more information.

Diabetes Prevention and Care Services

See [Diabetes Prevention and Care Services](#).

Dialysis

A treatment for kidney disease that uses a machine to filter waste and water from your blood like your kidneys did when they were healthy. See [Self Referral](#).

You may be eligible for the [Rare and Expensive Case Management Program](#) (REM) if you are on dialysis.

Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)

- [DME](#) are things like crutches, walkers, and wheelchairs that you use daily or for a long time.
- [DMS](#) are things like finger stick supplies, dressings for wounds, and incontinence supplies that are for one time use then thrown away.
- May require [preauthorization](#).

Emergency Care, Emergency Services

For emergency care, go to your nearest hospital's emergency room (ER). If you think the problem is life-threatening, call **911**.

- **You do not need [preauthorization](#) or a referral for emergency care.**
- You may go to any hospital or emergency facility for emergency care.
- An emergency service is any health care service to evaluate or treat a [medical emergency](#).
- Examples of a [medical emergency](#) are:
 - Heart attack symptoms: chest pain, shortness of breath, sweating and nausea
 - Heavy bleeding
 - Bleeding during pregnancy
 - Major burn
 - Loss of consciousness
 - Difficulty breathing
 - Poisoning
 - Severe head pain or dizziness
- See [Emergency Medical Transportation](#) and [Post-Stabilization Care Services](#).

Family Planning

Family planning coverage includes:

- Office visits
- Lab tests
- Prescription birth control pills and devices
- Latex condoms - from a pharmacy, no prescription needed
- Emergency contraceptives - from a pharmacy, no prescription needed
- Voluntary sterilization - [in-network](#) provider and with [preauthorization](#) only
 - Sterilization is a medical procedure that leaves you unable to reproduce or get pregnant. For women it is having your tubes tied, also called tubal ligation, or for men it is a vasectomy.
- You do not need a referral when choosing a family planning provider except for sterilization. See **[Self- Referral](#)**.

Hospital Care

- **Inpatient Care**
 - Inpatient care is medical care or treatment in a hospital for one or more nights.
 - Requires [preauthorization](#) for scheduled hospital stays and care.
 - **You do not need preauthorization for emergency care.**
 - See [Hospital Care, Inpatient Care - Maternity](#) and [Long Term Care](#)
- **Outpatient Care**
 - Outpatient care is medical care or treatment in a hospital but with no overnight stay.
 - Some outpatient services may require [preauthorization](#).
 - MedStar Family Choice only covers up to 24 hours of observation.

Laboratory & Diagnostic Services

Lab tests and diagnostic services, like an X-ray, to help find out the cause of your health problem.

Oxygen and Respiratory Equipment

Medical equipment for people who have trouble breathing. See [Durable Medical Equipment](#).

Pharmacy and Prescription Drug Services

See [Pharmacy and Prescription Drug Services](#) and [MedStar Family Choice Preferred Drug List](#).

Plastic and Restorative Surgery

- Only covers surgery to reconstruct, change or repair a part of your body that is not a normal shape or is oddly shaped due to illness, trauma, that you were born with, or that did not develop in the usual way.
- Does not cover plastic, cosmetic, or reconstructive surgery to make you look better that is not [medically necessary](#).

Podiatry

- Treatment for foot problems or conditions
- Routine foot care for members age 21+ who have vascular disease affecting your body from your hip to your toes.
 - Vascular diseases affect veins, arteries, and capillaries.
- See [Diabetes Prevention and Care Services](#).

Post-Stabilization Care Services

All covered services related to an [emergency medical condition](#) given after the patient is stable. See [Emergency Care](#), [Emergency Services](#).

Primary Care

Basic health care given by your main provider. Your primary care provider (PCP) can be a doctor, a nurse practitioner, clinical nurse specialist, or a physician assistant.

Your PCP also helps you find and get other health care services. See [Self Referral](#).

Primary Behavioral Health

- Primary behavioral health services are basic mental health services provided by your PCP or another MedStar Family Choice provider.
- For all other mental health services, see [Behavioral Health Services](#).

Specialist Services/Specialty Care

- A [specialist](#) has training in a specific area of medicine. Some specialists only treat a certain group of patients.
- You may need a referral from your PCP before you can see a specialist.

Transplants

- A surgical procedure to remove living tissue or an organ from one person, the donor, and place it in another living person, the recipient.
- No experimental transplants.

Urgent Care / Urgent Care Centers

- Go to an [urgent care](#) center when you need care right away but for non-life-threatening conditions only. **No referral or preauthorization needed.**
- You must go to an [in-network](#) urgent care center, or you may receive a bill for services. See the [MedStar Family Choice Provider Directory](#) for more information.

Vision Care

See [Vision Care Services](#).

Essential Benefits: Members 21 Years old and Younger

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits are only for those who are 21 years old and younger.**

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit. There is no co-pay for covered [prescriptions](#) for those who are younger than 21 years old. For more information, see [Pharmacy and Prescription Drug Services](#).

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or [preauthorization](#). See [Self Referral](#).

Use the [MedStar Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services to ensure that children and adolescents receive the proper preventive, dental, mental health, and specialty services.

What are EPSDT services?

Early: Assessing and finding problems early.

Periodic: Checking children's health at periodic, age-appropriate intervals.

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.

Diagnostic: Performing diagnostic tests to follow up when there is a risk.

Treatment: Control, correct or reduce health problems found.

To see if your child's doctor is an EPSDT-certified provider or to find one, visit [MedStar Family Choice Provider Directory](#) or call member services at **888-404-3549**.

MedStar Family Choice EPSDT Covered Services

- Diagnostic Services
- Hearing Services
- Immunizations
- Lead Screening
- Screening services
- Treatment
- [Vision Care Services](#)

Other Maryland Medicaid EPSDT Covered Services

- [Behavioral Health Services](#)
- [Dental Services](#)
- [Occupational Therapy](#)
- [Physical Therapy](#)
- [Speech Therapy](#)

School-Based Health Center Services

School-based health centers are like having a doctor's office in a school. EPSDT- certified doctors and other health care professionals provide onsite preventive and primary health services. **Not all schools have a school-based health center.** See [Self Referral](#).

For children who go to schools with a school-based health center, they can receive the following services at the center:

- Well-child care
- Vaccines
- Follow up to [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services](#) visits when needed
- [Family Planning](#), see [Self Referral](#)

Children with Special Health Care Needs

Children with special health care needs have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. They need more and different health and related services than their peers. For more information, see [Essential Benefits: Special Needs Members](#).

A special healthcare need can include physical, intellectual, and developmental disabilities, as well as long-standing medical conditions, such as asthma, diabetes, a blood disorder, or muscular dystrophy.

These children may also need [long term care](#) services or may be eligible for the [Rare and Expensive Case Management Program](#).

Some children may qualify for other Medicaid home and community-based services waivers or programs. For more information, call our [special needs coordinator](#) at **443-692-1173**.

Covered services for children with special health care needs include:

- Case management. See [Case Management, Case Manager](#).
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- [Specialist Services/Specialty Care](#)

Some services may require a referral or [preauthorization](#).

Out-of-Network Providers

Sometimes, children with special health care needs can see a [specialist](#) outside of our [network](#). You may be able to use an [out-of-network](#) specialty provider:

- **Existing MEDSTAR FAMILY CHOICE Member:** The parent or guardian of a child requests approval for a specific [out-of-network](#) specialty provider. The child must not have a diagnosed special health care need that requires a plan of care when they enrolled with MedStar Family Choice. **We only approve requests when we do not have a local, comparable, and available in-network specialty provider.**
- **New MEDSTAR FAMILY CHOICE Member:** You must contact us to request to keep seeing your [out-of-network](#) provider. For more information, see [Continuity of Care](#). Also note:
 - The specific [out-of-network](#) specialty provider must submit the plan of care for review and approval within 30 days of the child's start date with us to continue to provide services.
 - The child must have a diagnosed special health care need that requires a plan of care before joining MedStar Family Choice.
 - We only approve these requests when the child is receiving these services before joining MedStar Family Choice.

For help, call our special needs coordinator at **443-692-1173**.

Essential Benefits: Pregnant Members

Care for Members Before, During, and After Pregnancy

Are you pregnant or thinking about becoming pregnant? Call us right away. We can help you get the care you need for a healthy pregnancy and your baby to get a healthy start in life.

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits, known as maternity services, are only for pregnant members.**

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit. There is no [co-pay](#) for covered prescriptions for pregnant members. For more information, see [Pharmacy and Prescription Drug Services](#).

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or [preauthorization](#). See [Self Referral](#).

For more information on benefits, see [Essential Benefits: Special Needs Members, Other Covered Benefits](#) and MedStar Family Choice [Value-Added Benefits](#).

Use the [MedStar Family Choice Find a Provider website](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

For questions or help, call our [special needs coordinator](#) at **443-692-1173**. You can also call Maryland Medicaid's Pregnant Members and Family Planning Helpline at **800-456-8900**.

Medicaid Coverage and Pregnancy



If you are only eligible for Medicaid because you are pregnant, your Medicaid and HealthChoice coverage will end one year after the end of your pregnancy. If you get your Medicaid coverage under the Healthy Babies Act, your coverage will end four months after the end of your pregnancy. For more information, call member services at **888-404-3549**.

Dental Care and Pregnancy



Did you know it is safe to go to the dentist at any stage of pregnancy? Taking good care of your teeth and gums is important for you and for your baby's wellness. See [Dental](#) for more information about this covered benefit.

Birthing Centers

- A birthing center, or free-standing birthing center, is a free-standing facility that is not associated with a hospital that provides nurse midwife services.
- Our network may include an out-of-state birthing center that borders Maryland.
- See [Self Referral](#).

Case Management, Case Manager

See [Case Management, Case Manager](#).

Centering Pregnancy

- CenteringPregnancy is care, support, and learning in a group setting - before and after birth.
- It is a new way of getting the care you need as you get ready to give birth.
- Everyone in the group is due around the same time.
- The group talks together, learns together, and supports each other.
- You will spend more time with your provider and care team as part of the group.

Doula Services

- A doula, or birth worker, is a trained professional who provides support and information to you before and after birth, as well as during labor.
- Doulas are non-clinical providers and cannot perform the work of a nurse- midwife, nurse practitioner, or doctor.
- You do not need a referral to see a doula through the end of 2025. See [Self-Referral](#).

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services

Pregnant people ages 21 and younger can receive all EPSDT services. See [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services](#)

Emergency Transfer

Transfer for pregnant women, newborns, and infants to a specialty care hospital or medical center.

HIV Counseling and Testing

- Do a risk assessment, that is, gather information from you to find out if there is a chance of having HIV.
- Get professional support and information on how HIV may affect you and your baby.
- See [HIV/AIDS Testing](#) and [HIV/AIDS Services](#).

Home Visiting Services

Home Visiting services help you get the care and support you need to have a healthy pregnancy and healthy child. A specially trained professional or a nurse usually provides these services in the home. After pregnancy, your home visitor will continue to support you and your child, up to their second or third birthday, depending on the program that's right for you. The program tailors the type of home visiting services and home visitor to the specific needs of the family. The home visits can teach you about:

- Diet and nutrition
- How your baby grows and learns
- Mental health and stress control
- Parenting skills
- Planning for the future
- Resources available to you in the community
- Self-care

Group-based support is also available.

Hospital Care, Inpatient Care - Maternity

- 48 hours for an uncomplicated vaginal delivery.
- 96 hours for an uncomplicated cesarean delivery.
- If you choose to leave the hospital sooner than the above times, we will provide a home visit. See [Baby's First Check-up](#).
- If you must stay in the hospital after childbirth for medical reasons, ask us to ensure that your newborn can stay, too. We will cover up to four days for your newborn to stay with you. For help, call member services at **888-404-3549**.

Lactation Counseling

Lactation counseling is professional help with breastfeeding. A lactation consultant can give you tips, answer questions, and support you. They can help to make breastfeeding easier for you and your baby.

Nutrition Counseling

You can work with a healthcare professional to learn about healthy food choices during and after your pregnancy. Healthcare professionals may include a licensed dietitian or a nutritionist.

Prenatal Care

Care during pregnancy and before birth

- Regular check-ups with a family practitioner, obstetrician (OB doctor), or certified nurse midwife to check your health and the health of your unborn baby.
- Counseling and education.
- If you are pregnant, MedStar Family Choice will help you schedule an appointment for prenatal care within 10 days of your request.
 - **New MEDSTAR FAMILY CHOICE Member:** If you are already seeing a provider who is not in our [network](#), you may be able to continue seeing them. See [Essential Benefits: Pregnant Members Out-of-Network Providers](#) and [Continuity of Care](#).

Prenatal Risk Assessment

The Maryland Prenatal Risk Assessment (MPRA) is a form that collects important health information about pregnant Medicaid members. We use this information to refer you to helpful services, like WIC or home visiting. These services help keep you and your baby healthy before and after birth.

Your provider will complete this assessment at your first prenatal care visit. The information goes to the local health department that will connect you with resources and support services in your area. We do not share information about your HIV status.

Postpartum Care

Care after childbirth

- Counseling and education.
- MedStar Family Choice will help you to schedule an appointment for postpartum care within 10 days of your request.
 - **New MEDSTAR FAMILY CHOICE Member:** If you are already seeing a provider who is not in our [network](#), you may be able to continue seeing them. See [Essential Benefits: Pregnant Members Out-of-Network Providers](#) and [Continuity of Care](#).

Smoking Cessation Counseling

Get professional support and information on how to stop smoking.

Substance Use Treatment

We will refer you to the Public Behavioral Health System within 24 hours of requesting treatment. See [Behavioral Health Services](#).

Out-of-Network Providers

You may be able to keep seeing an out-of-network provider through your pregnancy and up to your first visit after the baby is born if:

- You were pregnant when you enrolled with us.
- You had at least one full prenatal visit with the [out-of-network](#) provider.
- The [out-of-network](#) provider agrees to keep seeing you.

You must contact us to request to keep seeing your out-of-network provider. See [Continuity of Care](#). For help, call member services at **888-404-3549**.

Prenatal Visit Schedule

Prenatal care will help you have a healthy pregnancy and baby. Keep the following appointments with your provider.

When to Go	What to Expect
First Visit - up to 10 Weeks	<ul style="list-style-type: none">• Have an ultrasound to confirm pregnancy and figure out due date• Review of medical history• Get depression screening• Get lab work:<ul style="list-style-type: none">– Blood work– STD testing• Get a full physical exam and Pap smear• Talk about:<ul style="list-style-type: none">– The health of you and your baby, see Prenatal Risk Assessment– Flu vaccine, if needed– Genetic screening options
12 Weeks Visit	<ul style="list-style-type: none">• Review lab work• Check baby's heart rate• Do genetic screening - optional• Get early blood sugar testing for gestational diabetes, if needed
16 Week Visit	<ul style="list-style-type: none">• Check baby's heart rate• Get baby screened for brain, spine, or spinal cord birth defects - called neural tube defects• Get early blood sugar testing for gestational diabetes, if needed
20 Week Visit	<ul style="list-style-type: none">• Have an ultrasound to check that all parts of baby are growing as they should be - called an anatomy ultrasound
24 Week Visit	<ul style="list-style-type: none">• Get a check up• Measure your belly, or fundal height, to track how baby is growing and baby's position• Talk about:<ul style="list-style-type: none">– Blood sugar testing for gestational diabetes on your next visit– Childbirth education, see Centering Pregnancy– Doula Services

28 Week Visit	<ul style="list-style-type: none"> • Get a check up • Get depression screening • Get lab work to check for <ul style="list-style-type: none"> – Gestational diabetes – Anemia – Infections • If Rh-negative blood type, get a shot to protect baby • Get Tdap vaccine, if needed
30 Week Visit	<ul style="list-style-type: none"> • Get a check up • Review lab work • Talk about childbirth
32 Week Visit	<ul style="list-style-type: none"> • Get a check up • Talk about RSV vaccine, if needed <p>Certain high-risk patients will begin more testing, screening and ultrasounds.</p>
34 Week Visit	<ul style="list-style-type: none"> • Get a check up • Talk about: <ul style="list-style-type: none"> – Labor and pain management – Preparing for your baby, including car seats – After delivery care for you and baby – Choosing your baby's doctor
36 through 40 Week Visits	<ul style="list-style-type: none"> • Get a checkup and pelvic exam • Check to see if you are dilating • Get a Strep B test to check baby's ability to eat and breathe • Talk about your delivery plan
40 through 42 Week Visits	<ul style="list-style-type: none"> • Get a checkup and pelvic exam • Check baby's heart rate • Get an ultrasound • Check to see if you are dilating • Talk about inducing labor, if needed
Postpartum Visit - after delivery	<ul style="list-style-type: none"> • Get a check up to see how you are healing • Check your blood pressure • Get depression screening • Talk about birth control

Recommendations for prenatal visits are based on the Source: American College of Obstetricians and Gynecologists (ACOG) guidelines. For the latest information, visit [acog.org/womens-health](https://www.acog.org/womens-health). Getting Ready for Baby's Arrival

Getting Ready for Baby's Arrival

It is best to select your baby's doctor before you deliver. We can help find the right pediatric provider for you and your baby. The provider can be a pediatrician, family practitioner, or nurse practitioner.

Maryland Medicaid will automatically enroll your newborn with us. Your newborn must stay a MedStar Family Choice member for the first 90 days. After that time, you can choose another HealthChoice managed care plan. See [Changing Managed Care Plans](#).

Baby's First Check-up

Your baby usually gets their first check-up while still in the hospital. The pediatrician you choose for your newborn will do a newborn exam in your hospital room. See [Self Referral](#).

You will stay in the hospital to recover for 48 to 96 hours depending on the type of delivery you have. If you choose to leave the hospital sooner, we will provide a home visit within the next 24 hours. You might also get another home visit if your provider thinks it's needed. See [Hospital Care, Inpatient Care - Maternity](#).

We will schedule your newborn for a follow-up visit with a pediatrician within two weeks after you get out of the hospital. See [Well Child Care](#) for more information.

Essential Benefits: Special Needs Members

All Maryland Medicaid HealthChoice managed care organizations must cover certain essential medical benefits. **These benefits are only for those who are special needs members.**

Maryland Medicaid has identified groups of people who may need special healthcare management, intervention, services, or programs to access the care they need.

Some people may belong to more than one special needs group. Groups include:

1. [Children in state-supervised care](#)
2. [Children with special healthcare needs](#)
3. [People experiencing homelessness](#)
4. People who are pregnant or who just gave birth
5. [People with a developmental disability](#)
6. [People with a physical disability](#)
7. [People with HIV/AIDS](#)

Children in State-supervised Care

A child in state-supervised care is a child who is in custody of, committed to, or otherwise placed by the local Department of Social Services, Department of Health, Department of Juvenile Services, or private placement agency licensed by the Social Services Administration.

This includes foster children and children in the justice system.

We work together with state and local agencies to ensure continuity and coordination of care, especially if the child moves to a new area within Maryland.

For questions or help, call our [special needs coordinator](#) at **443-692-1173**.

People Experiencing Homelessness

Call our [special needs coordinator](#) at **443-692-1173** right away if you are experiencing homelessness. We will work with you to connect you with a case manager to get you the help and care you need.

People with a Developmental Disability

Our case managers have the experience and training to provide care for people with developmental disabilities. Talk to your case manager about communications in alternative formats or to ask for a reasonable accommodation.

People with a Physical Disability

We assess the needs of people with physical disabilities to see if they can stay in the community with services that MedStar Family Choice or Maryland Medicaid provides or if they need intermediate or long-term care facility placement. See [Long Term Care](#).

Talk to your case manager about communications in alternative formats or to ask for a reasonable accommodation.

Benefits for special needs members include:

Case Management, Case Manager

MedStar Family Choice will assign you a case manager when you enroll with us or soon after. Your case manager can be a registered nurse, a social worker or other health care professional. See [Case Management, Case Manager](#).

Special Needs Coordinator

A special needs coordinator is your point of contact for healthcare information and referrals. A special needs coordinator helps you and your health care providers understand what is available to address special needs. Special needs coordinators also, can answer questions about your rights under the Americans with Disabilities Act.

- See [Specialist Services/Specialty Care](#).
- See [Self Referral](#).

Other Covered Benefits

MedStar Family Choice does not cover some benefits that Maryland Medicaid covers directly if they are [medically necessary](#). You will use your red and white Medicaid card when you get these services except for Dental. You will get a dental member ID card from the Maryland Healthy Smiles Dental Program. Some services may require a referral or [preauthorization](#).

Use the [Provider Finder](#) to search for a Medicaid provider to get the care you need near you.

Go to the Provider Finder now. Type this link exactly as it appears into your phone or computer's address bar: bit.ly/48s6WxC or scan the QR code.



For more information or questions, call the HealthChoice Helpline
800-284-4510.

For more information on benefits, see [Essential Benefits](#) and MedStar Family Choice [Value-Added Benefits](#)

Other Covered Benefits: All Members

Abortion

Maryland Medicaid covers this procedure. For help, call the HealthChoice Helpline at **800-284-4510**.

Dental

You will use your Maryland Healthy Smiles Dental Program card when you get these services.

For more information on dental benefits and services, visit [Maryland Healthy Smiles Dental Program](#) or call **855-934-9812**.



Go to Maryland Healthy Smiles Dental Program now.

Type this link exactly as it appears into your phone or computer's address bar: bit.ly/3VUnZkC or scan the QR code.

Behavioral Health Services

The Maryland Public Behavioral Health System provides substance use disorder and specialty behavioral health services. No referral needed. For more information, call **800-888-1965**.

See [Primary Behavioral Health](#) for other covered services.

Contact the Suicide and Crisis Lifeline if you are experiencing a mental health or substance use emergency. It's free and confidential. Call or text **988**. Chat with a crisis counselor online at <https://988lifeline.org/chat/>.



Go to Suicide and Crisis Lifeline now.

Type this link exactly as it appears into your phone or computer's address bar: bit.ly/3Dnq2K0 or scan the QR code.

HIV/AIDS Testing

- HIV/AIDS drug resistance testing: genotypic, phenotypic, or other
- Viral load testing
- See [HIV/AIDS Services](#).

Speech Augmenting Devices

Equipment that helps people with speech impairment to communicate.

Transportation Services

- Emergency Medical Transportation
 - Call **911** if you are having a [medical emergency](#).
 - Medical services while transporting the member to a healthcare facility in response to a **911** call.
 - Local fire companies provide this service.

- Non-Emergency Medical Transportation
 - You may request non-emergency medical transportation (NEMT) to and from a Medicaid covered, [medically necessary](#) service when you have no other way to get there.
 - To see if you qualify for this service, contact your [local health department](#).
 - For more information, email MDH.askNEMT@maryland.gov.

MedStar Family Choice may cover some non-emergency medical transportation for special reasons. For more information, call member services at **888-404-3549**.

Other Covered Benefits: Members 21 Years Old and Younger

MedStar Family Choice does not cover some benefits that Maryland Medicaid covers directly if they are [medically necessary](#). You will use your red and white Medicaid card when you get these services.

These benefits are only for those who are 21 years old and younger.

Use the [Provider Finder](#) to search for a Medicaid provider to get the care you need near you.

Occupational Therapy

The kind of treatment that helps you relearn everyday activities. For example, handwriting or eye-hand coordination.

Physical Therapy

Treatment of disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise rather than by drugs or surgery.

Speech Therapy

Training to help people with speech and language problems to speak more clearly.

MedStar Family Choice may pay for these services if they are part of [Home Health Care](#) or an [Inpatient](#) hospital stay.

Value-Added Benefits

These are benefits that we offer that are above and beyond the essential benefits and other benefits covered by Maryland Medicaid. You will use your MedStar Family Choice card when you get these services. There is no grievance or [appeal](#) rights for these benefits. For more information or questions, call member services at **888- 404-3549**.

For more information on benefits, see [Essential Benefits](#) and [Other Covered Benefits](#).

Additional Services Offered by MedStar Family Choice

MedStar Family Choice offers other services unique to the health plan. The following table show the extra healthcare services and benefits that MedStar Family Choice members can get when they need them. If you have a service question or are confused about these extra benefits, you can call MedStar Family Choice Services at **888-404-3549**. Currently, there may be copays for services provided by MedStar Family Choice.

Benefit	What it is	Who can get this benefit	Limitations
Vision Care	Eye exam once a year. Eyeglasses once a year.	21 years and older	Contact lenses that are not medically necessary.
Over the counter (OTC) medications	Some medicines that are available over-the-counter (OTC) are covered as part of your pharmacy benefit and may have a copay.	All enrollees	Not all OTC medications are covered.
Transportation	LDH has primary responsibility for transportation.	All enrollees	Transportation that is not medically necessary.
MedStar eVisit	Access to board- certified medical doctors available 24/7 via secured video from a tabled, smart phone, or computer for non- urgent medical conditions.	All enrollees	None

Prenatal/Postpartum Programs

If you were pregnant when you joined MedStar Family Choice and had already seen a provider, who is not in the MedStar Family Choice network, for at least on complete prenatal check-up, then you can choose to keep seeing that provider all through your pregnancy, delivery, and for two months after the baby is born for follow-up, as long as the provider agrees to continue to see you.

Baby's first check-up before leaving hospital

It is best to select your baby's doctor before you deliver. If the MedStar Family Choice doctor you selected or another MedStar Family Choice doctor does not see your newborn baby for a check-up before the baby is ready to go home from the hospital, we will pay for the on-call doctor to do the check-up in the hospital.

Pregnancy care is the healthcare you receive during pregnancy from a specially trained doctor called an obstetrician or OB doctor. **Seeing your OB doctor is very important to you and your baby. You will need regular check-ups the whole time you are pregnant and even after your baby is born.**

Please call MedStar Family Choice as soon as you know you are pregnant. We have a special program for pregnant women that helps encourage good prenatal care. If you are less than 28 weeks pregnant, you are eligible to join the MedStar Family Choice "Growing Together" incentive program. This program offers gift certificates for all obstetrician appointments. As a "Growing Together" participant, you will also receive educational materials. For more information about the program, please call **410-933- 2200, option 3.**

For those moms that do not enroll in the MedStar Family Choice "Momma and Me" incentive program, we have a postpartum program call "We Care." For additional information about the "We Care" program, please call **410-933-2200, option 3.**

You may have been pregnant when you signed up with MedStar Family Choice. If you already had an OB doctor, you may keep seeing him or her as long as he or she agrees to keep seeing you. If you become pregnant after you signed up, your PCP will help you pick a MedStar Family Choice OB doctor. Please tell your PCP when you think you might be pregnant so that you can start seeing an OB doctor right away. If you believe that you might be pregnant and do not have an Ob/Gyn doctor, you can call your PCP to get a pregnancy test.

Your OB doctor will want to see you at regular times. It is important for your health and your baby's health that you do not miss these appointments.

During the first seven months that you are pregnant, your OB doctor will want to see you every month. After seven months, your OB doctor will want to see you every two weeks. As you get close to the time to have your baby, your OB doctor will want to see you every week.

Your OB doctor will also want to see you about six weeks after you have your baby. After this visit, you can go back to your PCP. Remember to choose a pediatrician before your baby is born. Once your baby is born, it is important to call the pediatrician immediately to schedule an appointment.

Appointments – The provider must schedule an appointment within 10 days of your request. If you cannot get an appointment, call us at **888-404-3549**.

Link to a Pediatric Provider – Every pregnant woman will be linked with a children's doctor that she chooses before giving birth. A children's doctor may be a family practice doctor, pediatrician, or nurse practitioner.

Prenatal Risk Evaluation – Every pregnant woman should have a prenatal risk evaluation at the time of the first visit with the prenatal provider. If there is a risk that may affect the pregnancy and a healthy baby, someone from the Local Health Department or MedStar Family Choice will contact the pregnant woman and offer to visit her.

Length of Hospital Stay – The length of hospital stay after delivery is 48 hours for an uncomplicated vaginal delivery or 96 hours for an uncomplicated cesarean delivery. If you elect to be discharged earlier, a home visit must be provided within 24 hours after discharge. If you must remain in the hospital after childbirth for medical reasons, you may request that your newborn remain in the hospital while you are hospitalized, additional hospitalization up to four days is covered for your newborn.

Follow-up – We are required to schedule the newborn for a follow-up visit two weeks after discharge if no home visit has occurred or within 30 days after discharge if there has been a home visit.

Dental – Pregnant women receive diagnostic, emergency, preventive, and therapeutic dental services for oral diseases. These services are provided by the Maryland Healthy Smiles Dental Program.

Contact them at **1-855-934-9812** if you have questions about your dental benefits.

Substance Use Disorder Services – Any pregnant or postpartum (two months after delivery) woman, who needs treatment for a substance use disorder will immediately be referred to the Specialty Behavioral Health System.

HIV Testing and Counseling – All pregnant women will be offered a test for HIV and will receive information on HIV infection and its effect on the unborn child.

Nutrition Counseling – All pregnant women will be offered nutritional information to teach them to eat healthy.

Smoking Counseling – All pregnant women will be provided information and support on ways to stop smoking.

EPSDT Screening Appointments – Adolescents who are pregnant should receive EPSDT screening services in addition to prenatal care.

Health Education Programs

MedStar Family Choice wants you to learn about your health and how to stay well. We have many classes, support groups, and events in your community. We offer classes on subjects such as prenatal care, baby care, and many others. We encourage you to attend as many of these as you can. For a listing of these classes, call Member Services at **888-404-3549**. You may also view our website for a listing at [MedStarFamilyChoice.com](https://www.MedStarFamilyChoice.com). All classes and events will be free of charge. Please bring your member identification card and photo ID with you when you attend.

MedStar Family Choice also offers our members an online program to help them establish and reach their wellness goals. If you are ready to get motivated and improve your health, all you need to do is log in and create an account at [MedStarFamilyChoiceHealthyLife.com](https://www.MedStarFamilyChoiceHealthyLife.com) today. This secure online portal is easy to use. You can get started on your wellness journey by completing a health survey, exploring the health library, enrolling in a wellness workshop, or starting an exercise plan.

There are many different tools you can use to monitor your progress:

- weight log
- health overview log
- cardio log
- body measurement log
- water tracker
- cholesterol log
- explore healthy recipes
- blood glucose log
- meal planner
- blood pressure log
- food log
- step log

Diabetes Prevention and Care Services

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit. **These benefits are only for people with a prediabetes or diabetes diagnosis.**

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for [prescriptions](#).

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or preauthorization. See [Self-Referral](#).

Use the MedStar [Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

Benefits for Members with a Diabetes Diagnosis

Benefits include [medically necessary](#) special diabetes-related services:

- Diabetes nutrition counseling
 - One initial one-on-one session
 - Four more sessions annually
- Diabetes outpatient education
- Diabetes-related [Durable Medical Equipment](#) and [Disposable Medical Supplies](#)
 - Blood glucose monitoring supplies
 - Diagnostic reagent strips and tablets
 - Finger-sticking devices for blood glucose testing
 - Blood glucose reflectance meters for home use

- Therapeutic footwear and related services
 - Footwear and services that help improve or heal your condition.
 - Therapeutic footwear, orthopedic shoes
 - Arch supports, orthotic devices, in-shoe supports, elastic support
 - Exam, prescription, fitting, and related services for special footwear to prevent or delay loss of the foot.
- Podiatry
 - Diabetes-related foot care.
 - See [Podiatry](#).
- Diabetes-related vision care
 - See [Vision Care Services](#).

Benefits for Members with a Prediabetes Diagnosis

HealthChoice National Diabetes Prevention Program

If you have prediabetes, the HealthChoice Diabetes Prevention Program lifestyle change program may be for you. It can help you lose weight, become more active, and prevent or delay type 2 diabetes.

To be eligible for the HealthChoice Diabetes Prevention Program, you must meet all the following:

- Be 18 to 64 years old
- Be overweight
- Not be pregnant
- Not diagnosed with type 1 or type 2 diabetes
- Have a recent blood test with results in the prediabetes range or have a history of gestational diabetes

Talk to your primary care provider for more information or call member services at **888-404-3549**.

For more information about the HealthChoice Diabetes Prevention Program, visit the [MedStar Family Choice Diabetes Prevention Program website](#).

Fertility Preservation

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit. **These benefits are only for people whose medical treatment may cause infertility, such as surgery or chemotherapy.**

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for [prescriptions](#).

You will use your MedStar Family Choice card when you get these services. **You must have preauthorization for these services.**

Use the [MedStar Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

To be eligible for fertility preservation, you must meet all the following:

- Get [preauthorization](#) for services.
- Be within reproductive age.
- Submit documentation from a reproductive endocrinologist.

Important: Fertility preservation is only for people whose medical treatment may cause infertility and meet the other eligibility criteria above.

Covered services include:

- Fertility consultation
- Gonadal suppression to reduce ovarian insufficiency
- Hormonal treatment and ovulation induction
- Oocyte retrieval and preservation
- Sperm extraction and preservation

Medicaid does not cover in vitro fertilization (IVF), sperm or oocyte donation, and storage of testicular tissue procedures.

Gender Affirming Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for prescriptions.

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or [preauthorization](#).

Use the [MedStar Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

There is no age limit for care, but members must provide informed consent for all services. Minors must have parental consent according to [Maryland Minor Consent Laws](#).

To be eligible for gender-affirming services, you must:

- Talk to your health care provider about a diagnosis for care.
- Be able to make fully informed decisions and consent to treatment.

Covered services include:

Hormone Therapy

- Cross-Sex Hormone Therapy: This includes hormone replacement and suppression therapy. You can take medications by mouth, as an injection, or on your skin.
- Puberty Suppression Therapy: Slows changes to the body during puberty.
- See [Pharmacy and Prescription Drug Services](#).

Gender-Affirming Surgeries and Therapies

You must get [preauthorization](#) for these services.

- [Medically necessary](#) surgeries, including genital reassignment and facial procedures.
- Procedures for skin, chest, and voice alterations to align with a person's gender identity.
- Hair removal and hair transplants for gender-related purposes.
- Doctors can revise or reverse gender-affirming surgeries if there are problems or if your gender identity changes.
- Non-formulary and some formulary drugs used for these treatments require prior authorization.

Post-Transition Services

- Some gender-specific services may be necessary after transitioning, like breast cancer screenings for transgender men or prostate exams for transgender women.
- You do not need [preauthorization](#) for post-transition services.

Laboratory Testing

- Routine testing to check hormone therapy. You may need preauthorization for specific tests.
- See [Laboratory & Diagnostic Services](#).

Behavioral Health

Medicaid offers [behavioral health services](#), such as therapy for gender dysphoria. You do not need [preauthorization](#).

- See [Behavioral Health Services and Primary Behavioral Health](#).

HIV/AIDS Services

You will use your MedStar Family Choice card when you get these services except for testing, which Maryland Medicaid covers directly. See [HIV/AIDS Testing](#) for more information.

Some services may require a referral or [preauthorization](#). See [Self Referral](#).

You may choose an HIV/AIDS [specialist](#) who will coordinate your care with your primary and other specialty care providers. Talk to your provider about access to clinical trials.

Use the [MedStar Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**. See [special needs coordinator](#).

If you are pregnant, see [Essential Benefits: Pregnant Members, HIV Counseling and Testing](#).

For more information, See [Essential Benefits: Special Needs Members](#).

Case Management, Case Manager

- You may ask for case management services at any time, even if you declined them before.
- Your case manager will have special training to help with HIV/AIDS care and resources. Your case manager will not share your information about your HIV status.
- See [Case Management, Case Manager](#).

Diagnostic Evaluation Service (DES)

- One diagnostic and evaluation service (DES) assessment per year.
- The DES includes a medical and psychosocial assessment.
- You must select a DES provider from an approved list of sites, but the provider does not have to be [in-network](#) with MedStar Family Choice. See [Self Referral](#).
- Call member services at **888-404-3549** for help with this service.

Substance Use Treatment

We will refer you to the Public Behavioral Health System within 24 hours of requesting treatment. See [Behavioral Health Services](#).

Long Term Care

Long Term Care Facility Services

All Maryland Medicaid HealthChoice managed care organizations must cover long-term care facility services. However, your managed care organization is only responsible for 90 days of care in a row. After more than 90 days, Maryland Medicaid may directly cover your care.

After 90 days, if you still need long-term care in a facility, you will be disenrolled from MedStar Family Choice. See [Disenrollment](#).

Long term care services are the medical and support services that you need over a long time in a long-term care facility. A long-term care facility can be:

- A chronic hospital
- A chronic rehabilitation hospital
- A nursing facility
 - A nursing facility is state-certified to offer 24-hour medical and skilled nursing care, rehabilitation, or health-related services to people who do not need hospital care.
 - If you lose Medicaid coverage while you are in a nursing facility, you may not be re-enrolled in MedStar Family Choice. If this happens, you will need to apply for Medicaid under long-term care coverage rules.

For more information or questions, call member services at **888-404-3549** or the HealthChoice Helpline at **800-284-4510**.

Essential Benefits: Long Term Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for [prescriptions](#).

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or [preauthorization](#). See [Self Referral](#).

Use the [MedStar Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

Habilitation Services/Devices

These are health care services that help you keep, learn or improve daily living skills and functions. Services may include:

- Physical therapy
- Occupational therapy
- Speech pathology
- For members 21 years old and younger, see [EPSDT](#).

Home Health Services

These are health care services and supplies you get in your home under your doctor's orders. Services are on a part-time or an as-needed basis. Home health care does not include help with non-medical tasks, such as cooking and cleaning. Services may include:

- Skilled nursing services
- Home health aide services
 - Physical therapy
 - Occupational therapy
 - Speech therapy
- Medical supplies used during the visit. See [Disposable Medical Supplies and Durable Medical Equipment](#).

Hospice Services

Home or **inpatient** services provide comfort and support for people in the last stages of a terminal illness and their families.

Outpatient Rehabilitation Service and Devices

Health care services that help a person keep, restore, or improve skills and functioning for daily living that they lost or were impaired because a person was sick, hurt or disabled. Services may include:

- Physical therapy
- Occupational therapy
- Speech pathology
- If you are under 21 years old, see [EPSDT](#).

Other Covered Benefits: Long Term Care

MedStar Family Choice does not cover some benefits that Maryland Medicaid covers directly if they are [medically necessary](#). You will use your red and white Medicaid card when you get these services.

For more information, call the HealthChoice Helpline at **800-284-4510**.

Intermediate Care Facilities for Individuals with Intellectual Disabilities or Persons with Related Conditions (ICF/IID) services

An intermediate care facility (ICF) is a place that provides long-term care for people who need more help than residential care but less care than a skilled nursing facility. The goal of these services is to help people recover and increase their independence.

Medical Day Care Services

Medical Day Care Services are structured group programs that provide health, social, and related support services to functionally disabled adults, age 16 and older.

The program provides care in a community-based setting, offering people an alternative to nursing facility care. These are state licensed centers.

Skilled Personal Care Services

Skilled personal care services are medical services that only a licensed healthcare professional can give – like a nurse or therapist. These services go beyond the basic daily living help that a non-medical caregiver can provide. Examples of skilled personal care that your doctor may order are wound care, feeding tube changes, and physical therapy.

Pharmacy and Prescription Drug Services

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

You will use your MedStar Family Choice card when you get these services.

Prescription drugs are drugs and medications that by law require a prescription also known as a doctor's order. Your doctor, nurse, or physician assistant who writes your prescription is known as the authorized prescriber.

Prescription drug coverage includes:

- Birth control pills and devices
- Chewable vitamins for children 12 years old and younger
- Coated aspirin for arthritis
- Insulin
- Iron pills (ferrous sulfate)
- Needles and syringes

There is a \$1 or \$3 [co-pay](#) for most prescriptions. There is no co-pay for covered [family planning](#) drugs or vaccines. There is no prescription co-pay for those who are younger than 21, pregnant, Native American, or living in long term care.

You can get latex condoms and emergency contraceptives from a pharmacy without a prescription.

Preferred Drug List

The preferred drug list (PDL) is also known as a [formulary](#). It is a list of generic and brand name prescription drugs that we cover. The drugs on this list are the best in terms of safety, effectiveness and cost. Your prescriber will use this list to prescribe your medicine. Some medicines may require [preauthorization](#). Some may have quantity or age limits.

To view our formulary, visit the [MedStar Family Choice formulary webpage](#). If you would like us to mail you a copy of the formulary, call member services at **888-404-3549**.

Call member services at **888-404-3549** if you have any questions about a prescription or [co-pay](#).

Vision Care Services

Eye Care

All Maryland Medicaid HealthChoice managed care organizations must cover this essential medical benefit.

Maryland Medicaid only covers a benefit if it is [medically necessary](#). You should not pay out of your pocket for a medically necessary covered benefit except for [prescriptions](#).

You will use your MedStar Family Choice card when you get these services. Some services may require a referral or [preauthorization](#). See [Self Referral](#).

Use the [MedStar Family Choice Provider Directory](#) to search for a MedStar Family Choice Medicaid provider to get the care you need near you. For more information or questions, call member services at **888-404-3549**.

Adults Aged 21 +

- One eye exam every two years.
- For more vision benefit information, see MedStar Family Choice Value
- Added Benefits.

Children and Young Adults Under Age 21

- One eye exam every year.
- One pair of eyeglasses per year.
- Contact lenses if [medically necessary](#).
- See [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) Services](#).

Members with Diabetes

- One eye exam every year.
- One pair of eyeglasses per year.

Call member services at **800-905-1722** if you have questions or need help to find a vision care provider.

Rare and Expensive Case Management (REM) Program

The Rare and Expensive Case Management (REM) program provides medical case management and other services for eligible people with specific medical conditions. **This is a voluntary program.**

If you enroll in the REM Program, you will no longer get your health care coverage from MedStar Family Choice or any other HealthChoice managed care organization. You will get all your health care benefits directly through Maryland Medicaid.

To be eligible for the REM Program, you must:

- Be eligible for the HealthChoice managed care program.
- Have at least one rare and expensive condition for your age group.
- Choose to be in the REM program.

Talk to your primary care provider to learn more about the medical conditions that will qualify you for this program. You may also call member services at **888-404- 3549** or our [special needs coordinator](#) at **443-692-1173** for more information.

REM benefits include:

- Case management assessment and services
- Certified Nursing Assistant (CNA) and CNA Certified Medication Technician (CMT) services
- Chiropractic services
- Home Health Aide (HHA) and HHA Certified Medication Technician (CMT) services
- Nutrition counseling and supplements
- Occupational therapy
- Private duty nursing, shift nursing services
- Speech-language pathology

You must apply for the REM Program and Maryland Medicaid must approve you for it. If approved, the program will assign you a REM case manager. Your REM case manager will work with you to transition your coverage from MedStar Family Choice. They will work with you to make a care plan to meet your healthcare needs.



For more information and to learn how to apply, call the REM Program at **800-565- 8190**.

Go to the REM web page now. Type this link exactly as it appears into your phone or computer's address bar: bit.ly/4dnz45Q or scan the QR code.

Self-Referral

You can get certain healthcare services from a provider who is not part of the MedStar Family Choice [network](#). You will not need a referral from your primary care provider. MedStar Family Choice will cover these services even if the provider is [out-of-network](#). However, the provider must be a participating Medicaid provider.

Self-referral services include:

- [Birthing Centers](#)
- COVID-19 testing
- [Dialysis](#)
- [Doula Services](#)
- [Emergency Care, Emergency Services](#)
- [Family Planning](#)
- Foster care placement assessment
- [HIV/AIDS diagnostic evaluation](#)
- [Newborn baby checkup](#)
- Pregnancy, certain conditions
- [School-based health centers](#)
- [specialist, children with special needs](#)

Continuity of Care

You may have the right to transfer a preauthorization or keep seeing an [out-of-network](#) provider if you are currently getting medical care and

- Are new to HealthChoice
- Changed your HealthChoice managed care organization
- Moved to HealthChoice from another health plan

Time Limit

These rights usually last 90 days from when your new coverage starts or until your treatment ends—whichever is first. If you are pregnant, these rights extend through pregnancy up to the first doctor's visit after birth.

Limitations

These rights do not apply to:

- [Dental Services](#)
- Mental health services
- Substance use disorder services
- Services provided by Maryland Medicaid fee-for-service, see [Other Covered Benefits](#).

Transferring a Preauthorization

If your former health plan approved surgery or other service, you may not need to get new approval from MedStar Family Choice. Call member services at **888-404-3549** if you want to use that approval. We will need a copy of the [preauthorization](#). If you don't have a copy, contact your prior health plan. They must give you a copy within 10 days.

If you were getting care from a doctor who was in your prior health plan's [network](#) but is out of MedStar Family Choice's network, you might be able to keep seeing them temporarily. You must contact us to request this. This right only applies to specific conditions like:

- An acute condition, for example a broken bone
- A serious chronic condition, for example cancer
- Pregnancy
- Other conditions agreed upon by you and your provider

For questions, call member services at **888-404-3549** or the HealthChoice Helpline at **800-284-4510**.

You have the right to [appeal](#) a denial to transfer a [preauthorization](#) or to see your prior provider. See [File a Complaint, Grievance or Appeal](#).

Out-of-Service Area Coverage

MedStar Family Choice's provider [network](#) offers many care options throughout our service area, which includes Baltimore City, Anne Arundel, Baltimore, Calvert, Charles, Harford, Montgomery, Prince George's and St. Mary's counties.

We also cover care in a nearby state only if the provider is in our [network](#) or if we arrange your care. See [Continuity of Care](#) for exceptions.

We only cover [emergency care](#) and [post-stabilization care services](#) when you are outside of Maryland. If you need non-emergency care outside our service area, call your primary care provider or member services at **888-404-3549** for help.

If you move outside our service area, you can change to another managed care plan. If you decide to stay with MedStar Family Choice you may need to provide your own transportation to an in-network provider in another county. See [Changing Managed Care Plans](#).

Other Insurance

Coordination of Benefits

Medicaid coordinates benefits with other insurers as a secondary payer to all other payers. This means that if an insurer and Medicaid both cover a benefit, the other payer is first responsible for making payment. By law, Medicaid is the payer of last resort.

This is known as third party liability. Other sources of coverage, or a third party, may include

- Employer-sponsored [health insurance](#)
- Long term care insurance
- Medicare
- Other state and federal programs
- Private [health insurance](#)
- Settlement from a liability insurer
- Workers' compensation

Report Other Insurance

You must report if you have other coverage. Call member services at **888-404-3549** to report any other insurance plans or coverage.

Always tell your provider about your other insurance. List your non-Medicaid insurance as your primary insurance.

Third-Party Liability and Work-Related Injury

You must inform MedStar Family Choice if you receive care for an injury from an auto accident or a work-related injury. A third-party insurer is usually responsible for payment. Call member services at **888-404-3549** to make a report.

Changing Managed Care Plans

New Medicaid Members 90 Day Rule

You have 90 days to choose a different managed care health plan for any reason when you first join Medicaid. You may only change your plan once during this time. You must stay with your plan for 12 months before you can make a change except for certain reasons.

Re-Enrolled Medicaid Members

If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you in the same plan.

Change Exceptions

You can change your plan at **any time** if

- You move
 - If you move to a county where your current health plan does not offer care.
- You become homeless
 - If another plan offers care closer to where you stay, making it easier to get to appointments.
- Family in different plans
 - A family with one or more household members in one plan and one or more members in a different plan can move everyone to the same plan. You will use the “family unification” change reason to do this. There is one exception. A newborn must stay with their parent’s plan for the first 90 days after birth.
- Foster child placement
 - If a foster child joins your family, you can switch the child to your plan if you or other family members are in a different plan.
- Your primary care provider’s contract ends
 - If your plan ends its contract with your primary care provider. You will get a notice to let you know if this happens. You will need to pick a new primary care provider. See [Pick Your Primary Care Provider \(PCP\)](#) for more information.

You may be able to change your plan if **Medicaid approves** when

- You experience poor quality of care.
- You cannot access the services you need with MedStar Family Choice.
- You want to see a provider with experience with your health care needs who is not in MedStar Family Choice’s provider network.

You cannot change your plan when

- You are in a hospital.
- You are in a nursing facility.

How to Change Your Plan

You must contact the Maryland Health Connection at **855-642-8572** to make a change. **Please note that MedStar Family Choice cannot change your plan.**

Disenrollment

Disenrollment means your coverage ends.

Medicaid Disenrollment

Your Medicaid coverage can end, that is, terminate, for several reasons. Reasons include:

- You are no longer eligible for Medicaid.
- You turn 65 years old.
- You do not [renew your Medicaid coverage](#).

Medicaid will also disenroll a member at the time of their death.

If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you with MedStar Family Choice. It will take 10 days for your MedStar Family Choice coverage to be active again.

MDH shall provide timely notification to the affected MCO of an enrollee's intention to disenroll under §A of this regulation. MDH shall allow disenrollments, subject to MDH's approval, for other reasons, including but not limited to:

- Poor quality of care.
- Lack of access to services covered under the contract,
- Access to providers experienced in dealing with the enrollee's health care needs.

MedStar Family Choice Disenrollment Only

There are also reasons that Medicaid can disenroll you from MedStar Family Choice without disenrolling you from Medicaid.

- You have been in a nursing facility for more than 90 days in a row.
- You are now in an intermediate care facility for people with intellectual disabilities.
- You join the [Rare and Expensive Case Management Program](#).
- You enroll in Medicare before age 65 because of a disability.
- You are in jail or prison.

Explanation of Benefits or Denial of Payment Notice

An Explanation of Benefits (EOB) or Denial of Payment notice shows a summary of the services your doctor billed. It lists the type of service, the date, the amount billed, and the amount paid by MedStar Family Choice. **This is not a bill.** It just tells you what MedStar Family Choice has paid for. If you see a mistake, like a service you didn't get, call member services at **888-404-3549** right away.

Medicaid Billing Rights and Protections

A Medicaid provider may not bill you for a [medically necessary](#) Medicaid covered benefit. You should not pay out of your pocket for these except for [prescriptions](#).

Make sure you see a participating Medicaid provider for your health care. Otherwise, you may have to pay for the service.

Use our [MedStar Family Choice Provider Directory](#) to search by provider name to find a participating Medicaid provider in our [network](#).

Remember you may have to pay for the care that you get from a provider who is not part of Medicaid.

If you get a bill for a covered service, **do not pay it.** Contact the provider who sent the bill for help. If the provider says you did not have coverage on date of the service date or that MedStar Family Choice did not pay, call member services at **888-404-3549** for help.

If you still need help, call the HealthChoice Helpline at **800-284-4510**.

You may also be able to file a complaint with the Maryland Attorney General. To learn more, visit their [Health Education and Advocacy Unit](#) webpage.

Preventive Care for Adults

What is preventive care? It is things that you can do to help keep you well, such as getting a flu shot each year or eating healthy foods. It includes preventive screenings. These are health care services to check your health and well-being. Getting routine preventive care can help you stay well and catch problems early - when they may be easier to treat.

Preventive screening and procedures are based on your age, gender, health condition, family history and other factors. Talk to your primary care provider about the screening and procedures you may need and how often you may need them.

Staying up to date on your vaccines is one of the best things you can do to protect your health. If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your primary care provider about which vaccines are right for you.

Always let your primary care provider know if anything has changed since your last office visit. Always give the most honest and up-to-date information about your physical, social, and mental health so that you can get the care that best meets your needs.

Adult Preventive Care Recommendations

General Health Care

Routine Checkup	Every year
Anxiety and Depression screening	Every year
Dental Checkup and cleanings	See Dental
Intimate Partner Violence screening	Women of reproductive age
Substance Use/Misuse: Alcohol, Tobacco, Other	18+. Every year, more based on risk

Screenings and Procedures*

Blood Pressure Monitoring - hypertension	Every year
BRCA-Related Cancer	Women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer
Breast Cancer Screening	Every other year starting at 40, and continuing through age 75
Cervical Cancer Screening	Every 3 years for members with internal reproductive organs ages 21-29, every 5 years for women ages 30- 65
Cholesterol	Every 5 years starting at age 35 for men and 45 for women, starting at age 20 if at increased risk
Colon Cancer Screening	Age 50-75, frequency depends on test used: stool based - yearly to every 3 years, flexible sigmoidoscopy every 5 years, CT colonography every 5 years, or colonoscopy every 10 years
Prediabetes and Type 2 Diabetes	Adults aged 35 to 70 years who are overweight or obese
Latent Tuberculosis Infection	18+ at increased risk
Lung Cancer Screening	Yearly for adults aged 50-80 with a 20 pack-year smoking history who are actively smoking or quit smoking less than 15 years ago, screening done using Low Dose CT (LDCT) scan
HIV Human Immunodeficiency	Based on risk category
Hepatitis B	Adults at increased risk
Hepatitis C	18+ once, more often for those at increased risk
Chlamydia and Gonorrhea	Sexually active women 24 years or younger, and in women 25 years or older who are at increased risk of infection
Syphilis Infection	Adults at increased risk

Recommended vaccinations for adults aged 19 years and Older

Immunizations*

COVID-19	At least one dose of the current COVID-19 vaccine or based on your doctor's advice.
Influenza/Flu	Every year
RSV	One dose ages 60+ or pregnant
Tdap/Td	One booster every 10 years and every pregnancy.
MMR	If aged 66 years or younger, one or two doses
Chickenpox	If U.S. born and aged 43 years or younger, two doses
Shingles	Age 50+, two doses, younger based on your doctor's advice.
HPV	26 years old and younger two or three doses, if 27- 45 years based on your doctor's advice.
Pneumonia	Based on risk
Hepatitis A	Based on risk or your doctor's advice.
Hepatitis B	19 to 59 years old, after based on risk or your doctor's advice.
Meningitis	Based on risk or your doctor's advice.
Hib	For adults with certain medical conditions based on your doctor's advice.
Mpox	Based on risk or your doctor's advice.

*Recommendations for screening and procedure are based on the United States Preventive Services Task Force (USPSTF) guidance. For the latest recommendations, visit [USPSTF](#).

**Recommendations for immunizations are based on the U.S. Centers for Disease Control and Prevention (CDC) guidelines. For the latest information, visit the [CDC Recommended Vaccinations for Adults](#).

Know Your Family History

Talk to your family, then your doctor. You can use the CDC's My Family Health Portrait to keep track of your information. Be sure to update this information regularly and share what you've learned with your family and your doctor. Learn more about [My Family Health Portrait](#).

Access Your Official Immunization Records

You can see and print your official immunization record online. It is free, simple and secure. To register or to sign in go to myirmobile.com.

Well Child Care

What is a well-child visit? A well-child visit (also called a checkup) is when you take your child to the doctor to make sure they're healthy and developing normally. This is different from visits for sickness or injury.

Taking your child to their regularly scheduled well-child visit can help them stay well and help catch problems early - when they may be easier to treat.

At a well-child visit, you can talk to your provider and ask questions about how your child is growing and developing. Your child will also get their shots, also called vaccines or immunizations, during their well child visit. Staying up to date on your child's vaccines is one of the best things you can do to protect their health.

If you're worried about your child's health, call your provider right away. Do not wait until your next scheduled visit.

Blood Lead Poisoning Test

A blood lead test is the best way to find out if a child has lead poisoning. Your provider will take a small amount of blood from your child's finger, heel, or arm to test.

Medicaid requires lead testing for all children at ages 12 and 24 months. Medicaid also requires testing for children ages 24-72 months if there is no record of testing.

Well-Child Visit Schedule

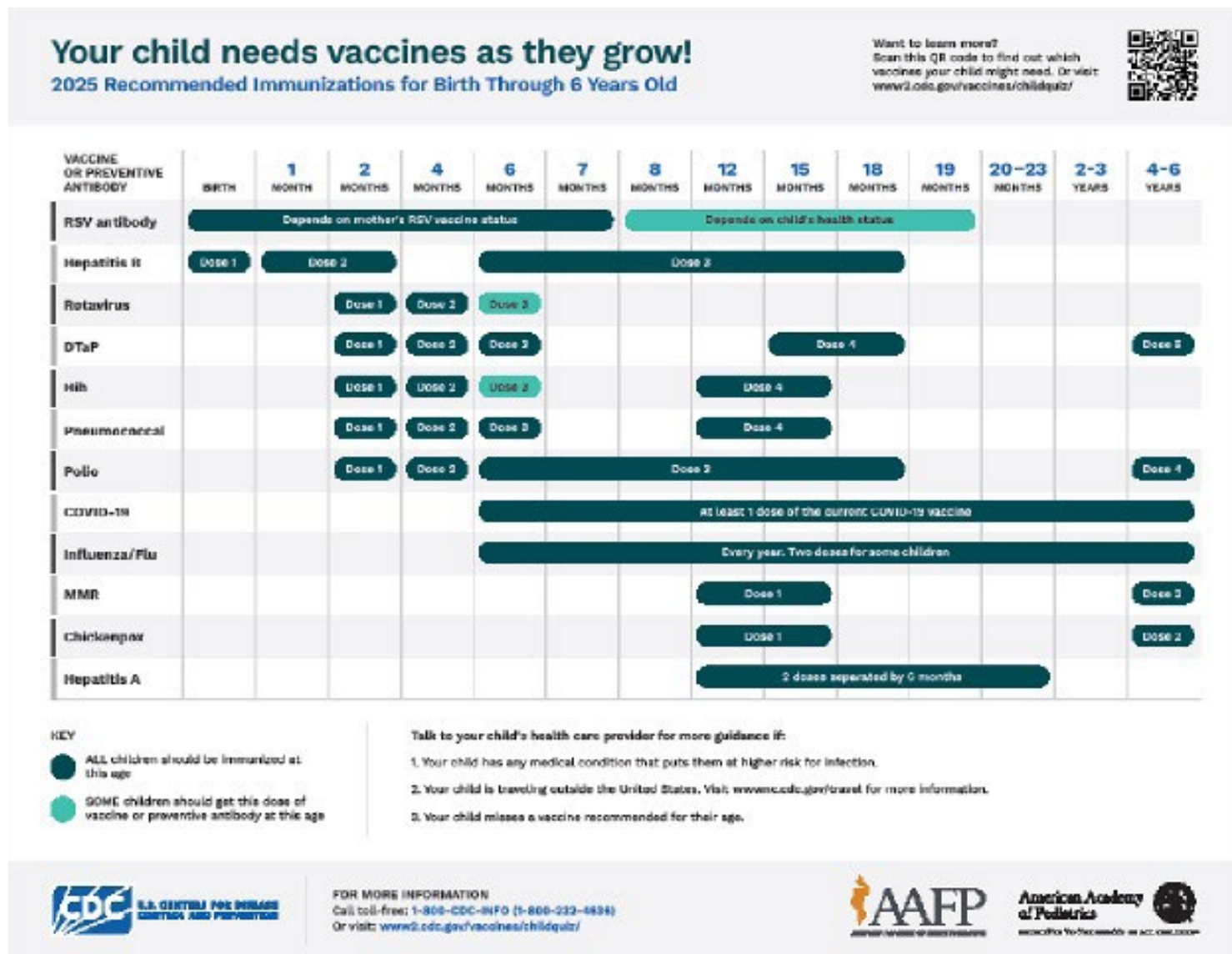
How often you will see the doctor, get services, screenings and immunizations depends on what your provider thinks is right for your child.

Recommend visits:

- | | | |
|-------------------|---------------------------|-----------------------------|
| • 3 to 5 days old | • 9 months old | • 2 ½ years old (30 months) |
| • 1 month old | • 12 months old | • 3 years old |
| • 2 months old | • 15 months old | • 4 years old |
| • 4 months old | • 18 months old | • 5 years old |
| • 6 months old | • 2 years old (24 months) | • 6 years old |

After the age of six, your child will continue to have a well-child visit once a year. They will get any shots they need for their age group during their visit.

CDC Recommend Vaccines for Birth to Age Six



Source: CDC; Materials developed by CDC.

The Maryland Department of Health and MedStar Family Choice's use of this material does not imply endorsement by CDC, ATSDR, HHS or the United States Government. The material is otherwise available on the CDC website for no charge.

Rights and Responsibilities

HealthChoice Managed Care Member Rights

- Respectful treatment and have your dignity and privacy considered.
- Information about other treatment options given in an easy-to-understand way.
- Take part in decisions about your healthcare, including the right to refuse treatment.
- Be free from any form of physical or mental control or left alone to make you agree to something, punish you, or because it is easier for someone else.
- Ask for and get a copy of your medical records. You can also ask for corrections to your record.
- Exercise your rights and to know that the exercise of those rights will not adversely affect the way that the Maryland Department of Health, MedStar Family Choice or our providers treat you.
- File a complaint, grievance or [appeal](#) with MedStar Family Choice.
- Request to keep Medicaid coverage while your [appeal](#) is pending. NOTE: You may have to pay for any care you receive during this time if the original decision stands.
- Get a second opinion from another provider in MedStar Family Choice's network if you disagree with your provider's opinion about a service that you need. Call member services at **888-404-3549** for help with finding another provider.
- Make, or refuse to make, an advance directive for healthcare decisions. For more information, see the [Maryland Attorney General's advanced directives web page](#).
- Ask for and get information about how MedStar Family Choice manages the organization. For more information, call member services at **888-404-3549**.
- Ask for and get information about the health plan's services, practitioners, providers and member rights and responsibilities.
- Make recommendations about the member rights and responsibilities policy.

HealthChoice Managed Care Member Responsibilities

- Treat all those who work with you with respect and dignity.
- Be on time for your appointment.
- Cancel your appointment right away if you cannot keep it.
- Always carry your Medicaid and MedStar Family Choice member card with you.
- Never allow anyone else to use your Medicaid or MedStar Family Choice member card.
- Report a lost or stolen member ID card to MedStar Family Choice and get a new card.
- Report other [health insurance](#) coverage to your provider and to MedStar Family Choice.
- Work with your primary care provider to create a care plan together.
- Work with your providers and follow plans and instructions for care that you have agreed to with them.
- Ask questions about your care and let your provider know if you do not understand something.
- Give honest, current health information to your providers.
- Use the emergency room only for a [medical emergency](#). Let your primary care provider know as soon as possible after you receive emergency care.
- Tell your caregivers about any change to your advance directive.
- Call member services at **888-404-3549** if you have a problem or a complaint.
- Report required changes to your status within 10 days to the Maryland Health Connection.

Privacy and Confidentially

Notice of Privacy Practices for MedStar Health Inc.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Who will Follow This Notice: This Notice applies to the MedStar Health affiliated covered entity. For a current list of the members of the affiliated covered entity, please visit this link: [MedStarHealth.org/Patient-Privacy-Policy/HIPAA-Affiliated-Covered-Entity-Designation](https://www.medstarhealth.org/Patient-Privacy-Policy/HIPAA-Affiliated-Covered-Entity-Designation). This Notice also applies to all healthcare professionals, employees, medical staff, trainees, students, and volunteers within the MedStar Health affiliated covered entity.

Our Obligation to You: MedStar Health is committed to the protection of your medical information. In our mission to serve our patients, it is our vision to be the Trusted Leader in Caring for People and Advancing Health. We create and obtain information about you and use it to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of your health information and to give you this Notice of our legal duties, our privacy practices, and your rights. We are required to follow the terms of our most current Notice. When we disclose information to other persons and companies to perform services for us, we will require them to protect your privacy. There are other laws we are required to follow that may provide additional protections, such as laws related to mental health, behavioral health, alcohol and other substance abuse, genetic information, and communicable disease or other health conditions.

How We May Use and Disclose Health Information: We may use and disclose your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. For example, we may use and disclose your health information among doctors, nurses, technicians, clinical observers, medical students, and other personnel who are involved in taking care of you, professionals in-training to observe or participate in your care under proper supervision at our facilities, or with such persons outside our facilities. We may use or share information about you to coordinate the different services you need, such as prescriptions, lab work, and X-rays. We may disclose information about you to people outside our facility who may be involved in your care after you leave, such as family members, home health agencies, therapists, nursing homes, clergy, and others. We may give information to your health plan or another provider to arrange a referral or consultation.

Treatment: We may use and disclose your health information to provide treatment or services, to coordinate or manage your health care, or for medical consultations or referrals. We may use and disclose your health information among doctors, nurses, technicians, medical students and other personnel who are involved in taking care of you at our facilities or with such persons outside our facilities. We may use or share information about you to coordinate the different services you need, such as prescriptions, lab work, and X-rays.

Payment: We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. For example, we may share information with your insurance company, or a third party used to process billing information. We may contact your insurance company to verify what benefits you are eligible for, to obtain prior authorization for services, and to tell them about your treatment to make sure that they will pay for your care. We may disclose information to third parties to bill you or to bill those who may be responsible for payment, such as family members involved with your payment. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

We may use and disclose your health information so that we can receive payment for the treatment and services that were provided. For example, we may share information with your insurance company, or a third party used to process billing information. We may contact your insurance company to verify what benefits you are eligible for, to obtain prior authorization for services, and to tell them about your treatment to make sure that they will pay for your care. We may disclose information to third parties to bill you or to bill those who may be responsible for payment, such as family members involved with your payment. We may disclose information to third parties that help us process payments, such as billing companies, claims processing companies, and collection companies.

Health care Operations: We may use and disclose your health information for MedStar Health's operations as permitted by law. For example, we may use and disclose your health information as necessary to operate our facility and make sure that all of our patients receive quality care. We may use health information to improve our performance or to find better ways to provide care. We may use health information to grant medical staff privileges or to evaluate the competence of our healthcare professionals. We may use your health information to decide what additional services we should offer and whether new treatments are effective. We may disclose information to students, professionals, and clinical observers for review and learning purposes. We may combine our health information with data from other healthcare facilities to compare how we are doing and see where we can make improvements. We may use health information for business planning, or disclose it to attorneys, accountants, consultants, and others in order to make sure we are complying with the law. We may remove health information that identifies you so others may use the de-identified information to study health care and healthcare delivery without learning who you are. If operating as a health plan, we will not use or disclose genetic information for underwriting purposes (this does not apply to long-term care plans).

Accountable care organizations (ACO) and insurance carriers (Maryland only): We may use your health information or disclose your health information to an ACO or insurance company for payment, health care operations, and any other purpose permitted by law. For example, we will disclose information from your medical records with insurance carriers to enhance or coordinate patient care, obtain payment, conduct quality assessment and improvement activities, and manage our business. You may opt out of the sharing of certain medical records which otherwise would be disclosed to an insurance carrier or ACO for care coordination purposes by submitting a request to us here: acodatasharing@medstar.net

State laws, when applicable, impose restrictions on the use of health information we may disclose to an insurance company or ACO. For example, if you received care in the state of Maryland, a disclosure to an insurance company for care coordination purposes may not be used for underwriting or utilization review purposes.

Appointment reminders and service information: We may use or disclose your health information to contact you to provide appointment reminders, or to let you know about treatment alternatives or other health-related services or benefits that may be of interest to you.

Business Associates: There are some services provided by MedStar Health through contracts with other vendors or providers, referred to as business associates. For example, we may use a copy service when making copies of your health record, engage with consultants, accountants, lawyers, medical transcriptionists, and third-party billing companies.

When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Certain Marketing Activities: We may use your medical information to forward promotional gifts of nominal value to you, to communicate with you about products, services, and educational programs offered by MedStar Health, to communicate with you about case management and care coordination, and to communicate with you about treatment alternatives. We do not sell your health information to any third party for their marketing activities unless you sign an authorization allowing us to do this.

Correctional Facilities: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

Fundraising Activities: We depend extensively on philanthropy to support our healthcare missions. We may use your name and other limited information to contact you, including the dates of your care, the name of the department where you were treated, and the name of your treating physician so that we may provide you with an opportunity to donate to our programs. We may collaborate with a third-party including Georgetown University to manage our fundraising activities. If we or any of our agents contact you for fundraising or philanthropy purposes, you will be told how you may opt out of future contact.

Health Information Exchanges: We may participate in health information exchanges (HIEs) to facilitate the secure exchange of your electronic health information between and among several healthcare providers or other healthcare entities for your treatment, payment, or other healthcare operations purposes. We may share information about you through HIEs for treatment, payment, healthcare operations, or research purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors' offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so that each of us can provide better treatment and care coordination. In addition, if you visit any MedStar Health facility, your health information may be available to other clinicians and staff who may use it to care for you, to coordinate your health services, or for other permitted purposes.

The Chesapeake Regional Information System for our Patients (CRISP) is a regional HIE serving Maryland and D.C. in which we participate. You may “opt out” and disable access to your health information available through CRISP by calling **1-877-952-7477** or completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at CRISPHealth.org. Even if you opt out of CRISP, public health reporting, and Controlled Dangerous Substances information, as part of the State Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

We also participate in the CommonWell Health Alliance® Services (CommonWell), a national network of organizations aligned to streamline the secure sharing of health data with a goal of improving care coordination and health outcomes. You may opt out and disable access to your health information available through CommonWell by completing and submitting an Opt-Out form to us by mail, fax, e-mail, or through the opt-out form can be found here: MedStarHealth.org/Patient-Privacy-Policy/CommonWell

Individuals Involved in Your Care or Payment for Your Care: We may give your health information to people involved in your care, such as family members or friends, unless you ask us not to. We may give your information to someone who helps pay for your care. We may share your information with other healthcare professionals, government representatives, or disaster relief organizations, such as the Red Cross, in emergency or disaster-relief situations so they can contact you, your family, or friends to coordinate disaster-relief efforts.

Organ and Tissue Donation: We may use or disclose your health information in connection with organ donations, eye or tissue transplants or organ donation banks, as necessary to facilitate these activities.

Patient Directories: We may keep your name, location in the facility, and your general condition in a directory to give to anyone who asks for you by name. We may give this information and your religious affiliation to clergy, even if they do not know your name. You may ask us to keep your information out of the directory, but you should know that if you do, visitors and florists will not be able to find your location in our facility. Even if you ask us to keep your information out of the directory, we may share your information for disaster relief efforts or in declared emergency situations.

Public Health Activities: We may disclose your health information to public health or legal authorities whose official activities include preventing or controlling disease, injury, or disability. For example, we must report certain information about births, deaths, and various diseases to government agencies. We may disclose health information to coroners, medical examiners, and funeral directors as allowed by the law to carry out their duties. We may use or disclose health information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using. We may use or disclose health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Required by law, legal proceedings, health oversight activities, and law enforcement: We will disclose your health information when we are required to do so by federal, state, and other law. For example, we may be required to report victims of abuse, neglect, or domestic violence, as well as patients with gunshot and other wounds. We will disclose your health information when ordered in a legal or administrative proceeding, such as a subpoena, discovery request, warrant, summons, or other lawful process. We may disclose health information to a law enforcement official to identify or locate suspects, fugitives, witnesses, victims of crime, or missing persons. We may disclose health information to a law enforcement official about a death we believe may be the result of criminal conduct, or about criminal conduct that may have occurred at our facility. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and a licensure.

Research: We may use or disclose your health information for research that has been approved by one of our official research review boards, which has evaluated the research proposal and established standards to protect the privacy of your health information. We may use or disclose your health information to a MedStar Health researcher preparing to conduct a research project. **Serious threat to health and safety:** We may use or disclose your health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. We will only disclose health information to someone reasonably able to help prevent or lessen the threat, such as law enforcement or government officials.

Specialized Government Functions: If you are in the military or a veteran, we will disclose your health information as required by command authorities. We may disclose health information to authorized federal officials for national security purposes, such as protecting the President of the United States or the conduct of authorized intelligence operations. We may disclose health information to make medical suitability determinations for Foreign Service.

Workers Compensation: We may use or disclose your health information as required by applicable workers compensation laws and similar requirements.

Your Written Authorization: Other uses and disclosures of your health information not covered by this Notice, or the laws that govern us, will be made only with your written authorization. These include the sale of your health information, use of your health information for marketing purposes, and certain disclosures of psychotherapy notes. You may revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.

Your Privacy Rights Regarding Your Health Information

The records of your medical information are the property of MedStar Health. You have the following rights, however, regarding medical information that we maintain about you:

Right to Access, Review, and Receive a Copy of Your Health Information

You have the right to access, review, and receive a copy of your medical and billing records and other health information that we have about you, with certain exceptions. To do so, please contact the MedStar Health facility where you received treatment, or the MedStar Health Privacy Office listed below. You will be required to submit your request in writing. You may request to see or receive an electronic or paper copy of your health information. You may also request that we send a copy of your records directly to a person you identify in your request. Ask us how to do this. As permitted by law, we may charge you a reasonable, cost-based fee for the cost of copying or mailing your record (and the electronic media if the request is to provide the information on portable electronic media).

We will provide a copy of your medical record usually within 30 days. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain how to have the denial reviewed.

Right to Update Your Medical Record

If you believe that important information is missing from your medical record, you have the right to request that we add an amendment to your record. Your request must be in writing, and it must contain the reason for your request. To submit your request, please contact the facility where you received treatment, or the MedStar Health Privacy Office listed below. We will make every effort to fulfill your request usually within 60 days. We may deny your request to amend your record if the information being amended was not created by us, if we believe that the information is already accurate and complete, or if the information would not be contained in records that you would be permitted by law to review and copy. If we deny your request, you will be notified in writing usually within 60 days.

Right to Get a List of the Disclosures We Have Made

You have the right to request a list (i.e., accounting) of the disclosures that we have made of your health information for the six years prior to the date of your request. This list is not required to include disclosures made for treatment, payment, and healthcare operations, and certain other disclosure exceptions. Your request must be in writing and indicate in what form you want the list (for example, on paper, electronically). To request a list of disclosures, please contact the facility where you received treatment, or the MedStar Health Privacy Office listed below. The first list you request in a 12-month period is free. For additional lists, we may charge a fee, as permitted by law.

Right to Request a Restriction on Certain Uses or Disclosures

You have a right to request a restriction on how we use and disclose your medical information for treatment, payment, and healthcare operations, and to certain family members or friends identified by you, who are involved in your care or the payment of your care. Your request must be in writing, and it must (1) describe the specific information you want to limit, (2) whether you want to limit our use, disclosure, or both, and (3) to whom you want the limits to apply. Generally, we are not required to agree to your request, and we will notify you if we are unable to agree. However, we must agree to your request if your request concerns disclosure of your information to you and a health plan, or to someone on your behalf, or for out-of-pocket paid in full treatment or services.

Right to Breach Notification

You have the right to be notified if there is a breach of your health information. A breach means health information is acquired, accessed, used, or disclosed in a manner not permitted by law which causes it to be compromised.

Right to Choose a Patient Representative

You have the right to choose a representative to act on your behalf. If you have given someone medical power of attorney, that person can exercise your rights and make choices about your health information. We will make efforts to verify the person you designate has this authority and can act for you before we take any action.

Rights of Minors, Parents, and Guardians

This Notice also applies to minors. Minors have a right to the same privacy protections for their medical information. If a minor is emancipated or can make independent healthcare decisions without parental or guardian knowledge or permission under applicable law, the minor has the authority to hold all privacy rights in this Notice with respect to those independent healthcare decisions. If under applicable law, a parent, guardian, or other person acting in place of a parent has authority to act on behalf of an unemancipated minor in making decisions related to the health care of the minor, MedStar Health must treat that person as the minor's personal representative, including with respect to this Notice.

Right to Choose How You Receive Your Health Information

You have the right to request that we communicate with you in a certain way, such as by mail or fax, or at a certain location, such as a home address or post office box. We will try to honor your request if we reasonably can. Your request must be in writing, and it must specify how or where you wish to be contacted. To submit a request, please contact the facility where you received treatment, or the MedStar Health Privacy Office listed below.

Right to Confidential Communication with Us

If we contact you by mail or a phone number you provide, you have the right to request that we communicate with you in an alternate means or alternative location. Your request must be reasonable, submitted to us in writing, and must provide a method to contact you. If you direct your request to one or more of our health plans, you must also explain how the disclosure of all or part of your information would endanger you. If your request pertains to payment, you must provide information as to how payments will be handled and an alternate method for us to communicate effectively with you.

Right to Obtain a Copy of this Notice of Privacy Practices

We will post a copy of our current Notice in our facilities and on our website at MedStarHealth.org. A copy of our current Notice will be available at our registration areas or upon request. To request a copy of our current Notice, please contact the MedStar Health Privacy Office or call **410-772-6606**.

Questions or Complaints

If you believe your privacy rights have been violated, you may call or file a complaint in writing with the MedStar Health Privacy Office or the Department of Health and Human Services (please reference the contact information below). We will take no retaliatory action against you if you file a complaint about our privacy practices.

Privacy Officer
MedStar Health, Inc.
10980 Grantchester Way
Columbia, MD 21044
410-772-6606
PrivacyOfficer@MedStar.net

or

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C., 20201
1-877-696-6775 (toll free)
www.hhs.gov/ocr/privacy/hipaa/complaints/

If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the facility where you received treatment, or the MedStar Health Privacy Office.

Changes to this Notice of Privacy Practices

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each MedStar Health facility and on our website at MedStarHealth.org. In addition, you may request a copy of the Notice currently in effect and we will promptly provide you with a copy of the Notice.

File a Complaint, Grievance or Appeal

If you are unhappy with a decision about your care, or if you have an issue with a service or provider, you have the right to take action.

MedStar Family Choice has a process for filing a complaint, grievance, or an [a appeal](#) to address your concern.

Complaint: File a complaint if you have a concern about the quality of your care, the behavior of a provider, or a service-related issue.

Grievance: File a grievance if you are unhappy with how MedStar Family Choice handled your complaint.

Appeal: File an appeal if MedStar Family Choice has denied, reduced, or ended a service you think you need. This is known as an adverse benefits determination. You or your [authorized representative](#) can file an appeal on your behalf. You must file an appeal within **60 days** from the date on your denial notice.

Keeping Your Medicaid Coverage During the Appeal Process

You may keep your Medicaid coverage until the appeal or fair hearing decision is issued. You must appeal within **10 calendar days** of the date on your notice, the postmark or the effective date of action whichever is later. For example, your notice has a date of June 20, a postmark of June 24 and your services have an effective end date of June 30, you must appeal within 10 days of June 30 to stay covered. However, you may have to pay back the cost for any service you got while your appeal or fair hearing is pending if MedStar Family Choice or the administrative law judge upholds the denial.

How to File a Complaint, Grievance or Appeal

Be sure to act quickly, as there are specific timelines for filing. If you need help with filing, call member services at **888-404-3549**.

MCO Enrollee Services and Hotline Information

MedStar Family Choice wants you to get the healthcare services you need in the best way possible. We want to know what you think about the services we provide. So please call Member Services toll-free at **888-404-3549** if you think we are not meeting your needs or if you have any questions about the care you are getting. We may also be calling you from time to time to ask you if you are happy with your care. We have a Consumer Advisory Board (CAB) made up of members and MedStar Family Choice employees. They meet six times a year to talk about the care our members are getting and to make suggestions on how MedStar Family Choice can improve the services we provide. You may be asked to serve on this board. If you are, we hope that you would accept the offer and join the CAB. We hope that your participation will help us take care of your health and the health of all the members of MedStar Family Choice.

MedStar Family Choice Internal Grievance Procedures

Internal Grievance Procedure

If you have a grievance (also called a complaint) about your healthcare services, such as not being able to get an appointment, the way in which you were treated or having to travel too far to get healthcare services, call Member Services toll-free at **888-404-3549** Monday through Friday from 8:30 a.m. to 5 p.m. and tell us your concern. **See page 5** for information about interpreter services and TTY/TDD services) The member service representative will:

- Take your grievance;
- Answer any questions; and
- Forward your grievance to the appropriate person, who will:
 - Investigate your grievance;
 - Decide what steps will be taken; and
 - Respond to your grievance (within 24 hours for emergency medically related issues, five days for non-emergency medically related issues and 30 days for administrative issues)

Grievances

If you are not happy with the answer you get from MedStar Family Choice and the grievance is regarding issues such as quality of care, access, attitude/service, the quality of a provider's office location, or payment of services, you may call Member Services toll-free at **888-404-3549**. A staff member who is different from the staff member that initially resolved your grievance will:

- Investigate your grievance;
- Answer any questions;
- Decide what steps will be taken; and
- Respond to your grievance (72 hours for urgent and 30 days for routine issues)

If you are still not satisfied with the outcome, you may at anytime during the grievance process contact the HealthChoice Enrollee Help Line at **800-284-4510** Monday through Friday between 7:30 a.m. and 5:30 p.m.

Medical Coverage Appeals

MedStar Family Choice approves or denies services based upon whether or not the service is medically needed and a covered benefit. We do not financially reward our providers, staff, or anyone contracted with MedStar Family Choice for denying services. In addition, we do not financially reward anyone involved in the decision process in such a way that would encourage them to deny services.

When you do not agree with our decision to deny or stop or reduce a service that has been requested by your provider, you or your provider can ask us to review our decision again. This is called an appeal.

You may appeal MedStar Family Choice's decision to not cover a service once you receive a denial (adverse determination) letter from us. You have 60 days from the date on the denial letter to appeal our decision. The letter provides the details of why the medical services were denied. It also gives instructions on the appeals process. If your provider is appealing on your behalf, you must give him/her permission in writing, as required by the regulations.

Medical appeals are either urgent or non-urgent. Appeals are considered to be urgent if your life, physical health, or mental health are in jeopardy or if there could be a loss in the ability to attain, maintain, or regain maximum functioning.

The appeal, verbal or written, must include the specific reason for reconsidering the denial. You may file the appeal on your own. We have an appeal form you can use to file your appeal. Please call **410-933-2200** or **800-905-1722** to ask for the form. We will mail, fax, or email the appeal form to you and provide assistance if you need help completing it. Other people can also help you file an appeal, like a family member or a lawyer. With permission in writing from you, you may have your provider or an authorized representative file the appeal on your behalf. All requests for appeals can be submitted verbally or in writing to the MedStar Family Choice Denial and Appeal Division. Written appeals must be sent to the following address:

MedStar Family Choice

P.O. Box 43790

Baltimore, MD 21236

Attn: Denial and Appeal Division

We will send you a letter to notify you know that we have received your appeal within five business days of receiving your appeal request. If you prefer to verbally request an appeal, please call **410-933-2200** or **800-905-1722** Monday through Friday between 8:30 a.m. and 5:00 p.m.

When you file an appeal, be sure to let us know any new information that you have that will help us make our decision. While your appeal is being reviewed, you can still send or deliver any additional information that you think will help us make our decision.

When reviewing your appeal, we will:

- Use doctors who know about the type of illness you have
- Not use the same medical professionals who denied your request for a service
- Not use medical professionals who are subordinates of those who made the previous decision
- Make a decision about your appeal within 72 hours for urgent appeals, and within 30 calendar days for non-urgent appeals.

Urgent Appeals

Urgent appeals must be requested within 60 days from the date on the denial (adverse determination) letter from MedStar Family Choice. Urgent appeals may not be requested for services that have already been received. In addition to the specific reason for the appeal, you, your authorized representative, or your provider are given the chance to provide any additional information that you want considered during the appeal process.

MedStar Family Choice will resolve an urgent appeal within 72 hours of receiving the urgent request. Once a decision has been reached, we will mail you our decision within two calendar days. We will also attempt to reach you or your representative over the phone so that you have our decision within 24 hours of making the decision. If we believe that your appeal is not urgent, MedStar Family Choice will change this to a non-urgent appeal and follow the time requirements for a non-urgent appeal.

If you are not satisfied with the outcome of your appeal, you may contact the HealthChoice Enrollee Help Line at **800-284-4510** Monday through Friday between 7:30 a.m. and 5:30 p.m. In addition, you may contact the Enrollee Help Line at any point during the appeal process.

Non-Urgent Appeals

Non-urgent appeals must be requested within 60 days from the date on the denial (adverse determination) letter from MedStar Family Choice. In addition to the specific reason for the appeal, you, your authorized representative or your provider are given the chance to provide any additional documentation that you want considered during the appeal process. Non-urgent appeals can be for services that have not yet occurred or for services that have already occurred. MedStar Family Choice will notify you, your authorized representative, and your provider of our decision within 30 calendar days from receipt of your appeal request.

The response time may be extended by no more than 14 days if you ask for more time to submit information, or we need to get additional information from other sources. We will contact you in writing and attempt to contact you over the phone if more time is needed.

If your appeal is about a service that was already authorized and you were already receiving, you may be able to keep getting the service while we review your appeal. Contact us within 10 days from the date on the denial letter or within 10 days of the date your services are scheduled to end at **410-933-2200** or **800-905-1722** Monday through Friday between 8:30 a.m. and 5 p.m. if you would like to keep getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

If you are not satisfied with the outcome of your appeal, you may contact the HealthChoice Enrollee Help Line at **800-284-4510** Monday through Friday between 7:30 a.m. and 5:30 p.m. In addition, you may contact the Enrollee Help Line at any time through the appeal process.

More Help with a Complaint, Grievance or Appeal

Get Help from the HealthChoice Helpline

If you have a question or complaint about your healthcare that MedStar Family Choice has not solved to your satisfaction, you can ask Maryland Medicaid for help. They can help by:

- Working with MedStar Family Choice to resolve your problem.
- Sending your complaint to a Complaint Resolution Unit nurse to help solve the issue.
- Answering questions about the appeal process and when you can ask for a state fair hearing.

Call the HealthChoice Helpline at **800-284-4510**.

Ask Maryland Medicaid to Review MedStar Family Choice's Appeal Decision

If you filed an appeal and MedStar Family Choice upheld our decision, that is not find in your favor, you may ask Maryland Medicaid to review our decision.

Call the HealthChoice Helpline at **800-284-4510** to ask for a review. If they uphold MedStar Family Choice's decision, you can ask for a state fair hearing.

Ask for a State Fair Hearing

A fair hearing is also known as an appeal. You must first go through MedStar Family Choice's appeal process before asking for a state fair hearing.

You have **90 days** from the date on your MedStar Family Choice appeal decision notice. However, if you have Medicaid coverage and want to keep it while your appeal is pending, you must appeal within **10 calendar days** of the date on your notice, the postmark or the effective date of action whichever is later. For example, your notice has a date of June 20, a postmark of June 24 and your services have an effective end date of June 30, you must appeal within 10 days of June 30 to stay covered.

An administrative law judge will hear your case. The judge will either find in your favor, that is overturn MedStar Family Choice's decision or uphold our decision, which is not find in your favor.

Call the HealthChoice Helpline at **800-284-4510** for more information.

You can also visit the [Office of Administrative Hearings](#) website for more information about a state fair hearing.

Non-Discrimination

MedStar Family Choice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). **MedStar Family Choice** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

MedStar Family Choice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact **Section 1557 Coordinator**

If you believe that **MedStar Family Choice** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

**Section 1557 Coordinator,
5233 King Ave, Suite 400
Baltimore, MD 21237
800-905-1722,
MFC1557Coordinator@medstar.net.**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **Section 1557 Coordinator** is available to help you.

You can also file a complaint with the Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU) by:

- Mail: Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU) 201 West Preston Street, Room 422, Baltimore, Maryland 21201.
- Phone: **410-767-6600**, TTY users call **711**
- Fax: **410-333-5337**
- Email: mdh.oeop@maryland.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Complaint Portal](https://bit.ly/3OEZVAY), available at <https://bit.ly/3OEZVAY>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Limited English Proficiency (LEP)

Language Accessibility Statement

We have translated this statement into each language below: If you speak, language assistance services, free of charge, are available to you. Call: **877-463-3464** (TTY: **7-1-1**).

Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 1-888-404-3549 (TTY: 7-1-1).

877-463-3464 (TTY: 7-1-1).

አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 877-463-3464 (መስማትለተሳናቸው፡ TTY: 7-1-1)፡

Arabic/العربية

877-463-3464 برقم اتصل. بالمجان لك تتوافر اللغة المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة (7-1-1). (TTY): والبكم الصم هاتف رقم)

Bàsɔ́ -wùdù-po-nyò(Bassa)

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké n̄ [Bàsɔ́ -wùdù-po-nyò] jũ ní, n̄í, à wuɖu kà kò dò po-poòbɛiñ n̄ gbo kpáa. Đá 877-463-3464 (TTY: 7-1-1)

中文/Chinese

如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 877-463-3464 (TTY: 7-1-1)

Farsi/فارسی

تلفظ هر به زبان فارسی گفتگو کن ی ده، سلا لات زبان ی بصورت رای گان برای شما
گ
دا وب تماس 877-463-3464 (7-1-1 TTY): با. باشد ی م فراهم

Français/French

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le: 877-463-3464 (ATS: 7-1-1).

kreyòl ayisyen/Haitian Creole

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.
Rele 877-463-3464 (TTY: 7-1-1).

Igbo

O buru na asu Ibo asusu, enyemaka diri gi site na call 877-463-3464 (TTY: 7-1-1)

한국어/Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

877-463-3464 (TTY: 7-1-1) 번으로 전화해 주십시오.

Português/Portuguese

Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para 877-463- 3464 (TTY: 7-1-1)

Русский/Russian

Помощь доступна на вашем языке: 877-463-3464 (TTY: 7-1-1).

Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 877-463-3464 (TTY: 7-1-1).

Ang mga serbisyong ito ay libre.

Urdu/اردو

- ٻولي ۽ ڪال - ن ي ه اب ي دست ن مفت خدمات مدد زبان ڪو آپ تو، ن ي ه بول اردو آپ ڀر: ڇپ ٿو

877-463-3464. (7-1-1: TTY)

Tiếng Việt/Vietnamese

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

Gọi số 877-463-3464 (TTY: 7-1-1).

Yorùbá/Yoruba

Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o.

E pe ero ibanisoro yi 877-463-3464 (TTY: 7-1-1)

Fraud, Waste and Abuse

We are committed to finding and stopping fraud, waste, and abuse. You can help by reporting a potential issue right away. Know what to look for so you can spot a problem.

Fraud happens when someone lies or cheats Medicaid on purpose to get a benefit or service they should not have.

Waste is when people use Medicaid resources in the wrong way or too much.

Abuse is when someone causes extra costs for Medicaid.

Member Examples

- Lying about your income or property to qualify for Medicaid
- Living in another state but still using Maryland Medicaid
- Letting someone else use your member ID or using someone else's ID to get health services
- Selling or changing a prescription medicine

Provider Examples

- Giving services that the patient did not need
- Charging for services that they did not provide
- Charging for the same service more than once
- Changing medical records to hide fraud

Knowing if something is fraud, waste or abuse depends on the situation, intent, and knowledge. It can be hard to tell the difference between fraud and a mistake. If you are not sure, make a report so the proper agency can investigate it. Not all complaints result in an investigation. Keep in mind that the more information you provide the better.

Reporting will not change how we treat you. You can decide whether you want to give your name or not. Making a report is easy.

Contact MedStar Family Choice

- Call MFC Member Services at **888-404-3549** or write a letter to MedStar Family Choice. Attention: Director of Medicaid Contract Oversight, 5233 King Ave., Ste 400, Baltimore, MD 21237

Contact the Maryland Department of Health, Office of the Inspector General

- Submit a [MDH OIG Report Fraud online form](#).
- Call **866-770-7175**

Contact the U.S. Department of Health and Human Services, Office of the Inspector General

- Submit a [OIG hotline complaint online form](#)
- Call **800-447-8477**

Glossary of Terms

Health insurance can be complicated. Our glossary can help simplify it. Find the definitions you need to help better understand your health care.

Appeal: To ask your health plan to review and change a decision to deny a benefit. This process allows you to challenge a decision and have it reviewed to ensure it is fair and correct.

Authorized Representative: Someone who you choose to speak and act on your behalf to make health care-related decisions. An authorized representative can be a family member, a friend, a provider, or a lawyer.

Complaint: To tell your health plan when you are unhappy or have a concern. A complaint may lead to a grievance or an appeal.

Co-pay or Co-payment: A small set amount you pay out of your pocket for a covered benefit. Usually paid at the time of the visit.

Disposable Medical Supplies (DMS): Medically needed items that are for one time use then thrown away.

Durable Medical Equipment (DME): Medically needed items ordered by a provider. Items that can withstand daily or long-term use.

Emergency Medical Condition: Also known as medical emergency. A sudden illness, injury, symptom, or condition is so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation: Ambulance service for an emergency medical condition.

Emergency Room Care: Emergency services you get in an emergency room.

Emergency Services: Any health care service to evaluate or treat an emergency medical condition to keep the condition from getting worse.

Excluded Services: Health care services that your health insurance or plan does not pay for or cover.

Formulary: Also known as preferred drug list or prescription drug list. A list of the prescription drugs that your health plan covers.

Grievance: A formal complaint to your health plan when you are unhappy with how they handled an initial complaint.

Habilitation Services and Devices: health care services that help you keep, learn or improve daily living skills and functions.

Health Insurance: A contract or policy between the insurer and you to cover some or all the cost of your health care. Some people buy health insurance directly from a health insurance company. Others buy or get it through an employer as part of a benefits package. Public health insurance is insurance through the government. It is free or at a low cost for eligible people.

Home Health Care: Health care services and supplies you get in your home under your doctor's orders.

Hospice Services: Services that provide comfort and support for people in the last stages of terminal illness and their families.

Hospital Outpatient Care: medical care or treatment in a hospital but with no overnight stay.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

In-network: Also known as a participating provider. Doctors, hospitals, and other health care providers who work with your health care plan to give you the care you need. See your health plan's provider directory to find their in-network providers.

Inpatient: Medical care or treatment in a hospital for one or more nights.

Medically Necessary: The most cost-efficient health care services or supplies needed to diagnose or treat an illness, injury, condition, disease. Must meet accepted standards of medical practice.

Network: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Participating Provider: Also known as out-of-area, or out-of-plan.

Out-of-network: Also known as out-of-area, out-of-plan, or non-participating provider. Doctors, hospitals, and other health care providers who are not part of your health care plan.

Participating Provider: Also known as in-network. A health care provider who has a contract with an insurance company to provide your care.

Physician Services: Health care services a licensed medical physician provides or coordinates.

Plan: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization: Also known as prior approval or prior authorization. Approval that Medicaid or your health plan requires before you receive certain services or medications to ensure they are medically necessary. Emergency care does not require preauthorization.

Preferred Drug List: Also known as prescription drug list or formulary. A list of the prescription drugs that your health plan covers.

Premium: The amount you pay for your health insurance every month to keep your coverage. HealthChoice does not charge any premiums.

Prescription Drug Coverage: A health plan benefit that helps pay for covered prescription drugs and medications.

Prescription Drugs: A type of medication that by law you can only get with a doctor's order.

Primary Care Physician: A Medical Doctor (M.D.) or a Doctor of Osteopathic Medicine (D.O.) who is your main health care provider who you see for routine care. They help you stay healthy and get better when you are sick. A PCP helps you find and get other health care services.

Primary Care Provider: A Primary Care Provider (PCP) is your main health care provider who you see for routine care. They help you stay healthy and get better when you are sick. A PCP helps you find and get other health care services. A PCP can be a doctor, a nurse practitioner, clinical nurse specialist, or a physician assistant.

Provider: A doctor, other health care professional, hospital, or other health care facility licensed, certified, or accredited as required by Maryland law who takes care of your health.

Rehabilitation Services and Devices: Health care services that help you keep, get back, or improve skills and functioning for daily living that you lost or were impaired because you were sick, hurt, or disabled.

Skilled Nursing Care: Services from a licensed nurse in your own home or in a nursing home.

Specialist: A health care provider who treats a specific type of illness or a specific area of the body. A specialist has training in a specific area of medicine. Some specialists only treat a certain group of patients.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care

Notes

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MedStarFamilyChoice.com



**MedStar Family
Choice**

5233 King Ave.
Suite 400
Baltimore, MD 21237
888-404-3549 **PHONE**

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care plan.**

