



THE HSC HEALTH CARE SYSTEM

Health Services for Children

Health Services for Children with Special Needs, Inc. (HSCSN)

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Enrollee Handbook

www.hscsn-net.org

Customer Care Services Department
(202) 467-2737

Language Line and Out of Area
1 (866) WE-R-4-KIZ (937-4549)



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Health Services for Children with Special Needs, Inc. (HSCSN)

Health Services for Children with Special Needs, Inc.

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8:00 am to 5:30 pm. The nearest Metro is McPherson Square, about three (3) blocks from our office. For more information or directions on how to visit us, call (202) 467-2737.

**Health Services for Children with Special Needs, Inc.
1101 Vermont Avenue NW, 12th Floor
Washington, DC 20005**

From: 8:00 am to 5:30 pm (office is open]

**Customer Care Services, please call (202) 467-2737
1 (866) WE-R-4-KIZ (937-4549) – Language Line
1 (866) WE-R-4-KIZ (937-4549) – Out of Area**

Important Phone Numbers

(Tear this page out and put it near your phone)

For questions about HSCSN call:	Customer Care Department	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
	TTY/TDD Customer Care Department	(202) 467-2709	24 hours a day, 7 days a week
If you need care after your doctor's office closes or have a question you need to call:	Customer Care Department	(202) 467-2737 1 (866) 937-4549	24 hours a day, 7 days a week
	TTY/TDD Customer Care Department	(202) 467-2709	24 hours a day, 7 days a week
If you need mental health care or have a mental health question call:	Your Care Manager	(fill in your Care Manager's information here)	
If you need to see a doctor within 24 hours ("Urgent Care") call:	Your <u>PCP</u> 's Office	(fill in your <u>PCP</u> 's information here)	
	Your Care Manager	(fill in your Care Manager's information here)	24 hours a day, 7 days a week
If you need someone who speaks your language or if you are <u>Hearing Impaired</u>, call:	Language Line	(202) 467-2737	24 hours a day 7 days a week
	TTY/TDD Customer Care Department	(202) 467-2709 Or email your care manager (fill in your care manager's information here)	8:00 am to 5:30 pm
For dental questions:	Quality Plan Administrators or your Care Manager	(202) 722-2744 (fill in your care manager's information here)	8:00 am – 6:00 pm
For vision questions:	Your Care Manager	(fill in your care manager's information here)	8:00 am – 5:30 pm
To reach Outreach Services	Outreach Department	(202) 580-6485	8:00 am – 5:30 pm
Dept. of HealthCare Finance Helpline	Help Desk	(202) 442-8998	8:15 am – 4:45 pm
FOR AN EMERGENCY, DIAL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM			

Your Primary Care Physician (PCP): _____ **Phone:** _____
Child's Primary Care Physician (PCP): _____ **Phone:** _____
Your Care Manager: _____ **Phone:** _____
Your Child's Care Manager: _____ **Phone:** _____

Welcome to HSCSN

Health Services for Children With Special Needs, Inc. (also called HSCSN) is the health plan chosen by the District of Columbia to manage medical, dental, mental health services and drugs/alcohol abuse services for children and young people who have special needs and receive SSI benefits or have SSI-related needs.

*It is important that enrollees, parents or caregivers read this guide carefully.
Keep it in a safe, handy place so that you can find it when you need it.*

HSCSN offers special benefits to enrollees. That means that enrollees get all the services that fee-for-service Department of Health Care Finance gives and more. Every enrollee has a Care Manager who helps make sure that the child or young person gets all the care that the primary care doctor says is needed. The Care Manager, Customer Care and Outreach Representatives can help every enrollee get the health care he or she needs.

New Enrollee Orientation

The monthly orientation program is a chance to provide education and information on the health plan and provide a face-to-face meeting between the new enrollee and the Care Manager. Orientation meetings are held at 1101 Vermont Avenue NW or our Outreach Center located at 2124 Martin Luther King Avenue, SE. Your Care Manager will contact you to schedule a date and time for you to attend.

How this Handbook Works

In this handbook we tell you about how HSCSN works, how your Care Manager will help you, how to call us, and what things we pay for.

Telling you about these things can be hard to do – and hard for everyone to read. Words used in health care and words used by your doctor can sometimes be hard to understand. Sometimes we have to tell you about laws that you need to know about. These also can be hard to understand. To help you, we have underlined some words that might have a different meaning from the one you know. We have explained these words in the back of this book.

If you ever have any questions about things you read in this book or other questions about HSCSN you can call your Care Manager or HSCSN's Customer Care Services Department at (202) 467-2737 or visit www.hscsn-net.org and we will do our best to help you.

How this Enrollee Handbook Can Help You

This Enrollee Handbook tells you:

- About HSCSN
- How to get health care
- What services we will pay for “covered” by us)
- What services we can’t pay for
- How to pick your Primary Care Provider (your PCP)
- What to do if you get sick
- Making and cancelling an appointment
- How your Care Manager can help you
- What you should do if you have a Complaint (also called a “Grievance”) or want to change (“Appeal”) a decision by HSCSN
- Who to call when you have questions or need information
- How to set up transportation for medical appointments
- Know your rights and responsibilities
- How to get translation/interpretation services
- How to report Fraud, Waste and Abuse
- Medicare Part D
- Know Privacy Practices
- What to do about ethical issues
- How to join HSCSN’s Committees or Support Groups

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Your Rights and Responsibilities

You have a right to:

- Be treated with respect, dignity and right to privacy
- Know the names and titles of all healthcare providers involved in the enrollee's care
- Make suggestions regarding HSCSN's enrollee rights and responsibilities
- Be notified in writing of any benefit changes 30 days prior to changes
- Choose an eligible PCP from within HSCSN network and to change your PCP
- Receive a full, clear and understandable explanation of treatment options and risks of each option so you can make an informed decision
- Get an explanation of prior authorization procedures
- Participate in decisions about your care and obtain medical care without unnecessary delay
- Refuse treatment or care
- If qualified provider is not available within Network, HSCSN shall arrange for a second opinion outside the Network at no charge to enrollee
- Help develop and receive current copy of enrollee's plan of treatment and continue treatment until you have a new treatment plan
- Be transported to all medically necessary appointments
- Have an illness or treatment explained to you in a language you can understand
- Make a Complaint ("Grievance") about the care provided to you and receive an answer
- Request an Appeal or a Fair Hearing if you believe HSCSN was wrong in denying, reducing or stopping a service or item
- Receive information on advance directives and choose not to have or continue any life-sustaining treatment
- Have your medical records and care kept confidential
- Be able to see your medical records and to request that they be fixed if they are wrong
- If required by law, be notified in writing within ten (10) business days, when information concerning your child's care has been released in response to an attorney request, subpoena and/or court order
- Know that when you talk with your doctors and other providers its private
- Have access to health care services 24 hours a day 7 days a week
- Not be subjected to threats, force, unfairness or punishment for any reason
- Receive interpretation and translation services free of charge if you need them and/or refuse oral interpretation services
- Have vital documents translated in other languages
- Be free of physical and chemical restraints

- Receive information about HSCSN's financial condition
- Have a prescription filled even when being disputed under a Grievance or Appeals process
- Receive summaries of any enrollee satisfaction surveys
- Receive Family Planning Services and supplies from any Department of Health Care Finance provider in the District of Columbia
- Receive a copy of this Enrollee Handbook and a Provider Directory

You are responsible for:

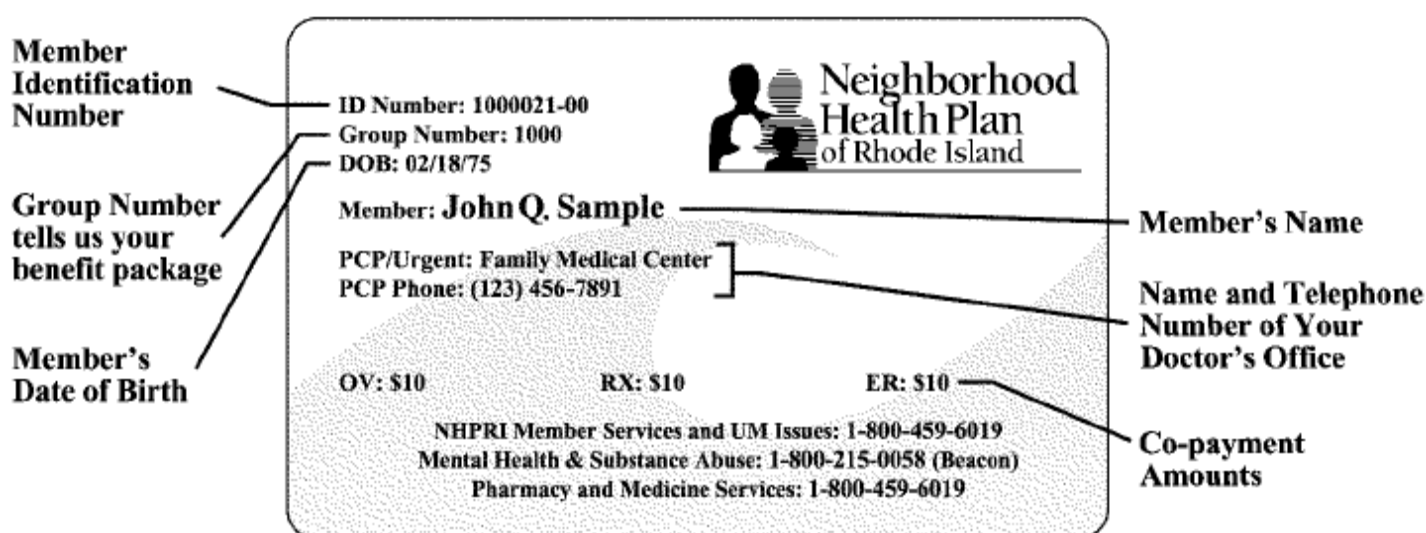
- Treating those providing your care with respect and dignity
- Following the rules of HSCSN and instructions you receive from your doctors and other providers
- Asking for more explanation if you do not understand your doctor's instructions
- Trying to understand your health problems and participate in developing treatment goals
- Show your Enrollee ID card when receiving health care services
- Going to Appointments you schedule or that HSCSN schedules for you
- Telling your doctor at least 24 hours before the Appointment if you have to cancel
- Be ready when scheduled transportation arrives to pick up enrollee for health care visit
- Have a grown-up (adult) with enrollees under 18 years old when going to medical office visits
- Be ready to receive enrollee or have responsible adult available when returning home from health care visit
- Provide HSCSN with written releases of information (ROI) when requested
- Tell HSCSN and Income Maintenance Administration (IMA) right away about changes in name, address, telephone numbers and other important information about enrollee
- Telling your PCP about medical and personal problems that may affect your health
- Tell your care manager, the network provider and/or DC Department of Health Care Finance about your complaints and grievances.
- All clinical trials and experimental mediations must be pre-authorized
- Going to the Emergency Room only if you have a medical emergency
- Helping your doctor in getting medical records from providers who have treated you in the past
- Reporting to Income Maintenance Administration (IMA) and HSCSN if you or a family member have other health insurance
- Know the benefits and services offered to enrollees under the HSCSN program
- Not engage in fraud or abuse in dealing with HSCSN, your primary care provider or other providers.

Your Enrollee ID Card

After you sign up for HSCSN, you will receive a temporary Enrollee ID card to access services the first of the month. Once you have picked a primary care provider (PCP), we will send you a permanent Enrollee ID Card in the mail. This card lets your doctors, hospitals, drug stores and others know that you are an Enrollee of HSCSN. Please make sure that the information on your Enrollee Identification Card is correct. If there are any problems, or if you have lost your card, call HSCSN's Customer Care Services Department (202) 467-2737.

Your Enrollee ID Card looks like this:

[Please insert sample of your Enrollee ID Card here and include an address for the PCP]



Each HSCSN Enrollee has his or her own card. It is important for Enrollee's to keep their cards in a safe place so they don't get lost. It is against the law to let anyone else use your Enrollee ID Card.

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

Your Primary Care Provider (PCP)

When you join HSCSN, one of our doctors will be your main doctor. This doctor is called your **Primary Care Provider** or **PCP**. Your **PCP** will help you and your family get the health care you need.

It is important to call your **PCP** first when you need care. If you had a doctor before you signed up with HSCSN, please call Customer Care Services Department at (202) 467-2737. We can help you stay with that doctor if you prefer.

Picking your PCP

1. **Pick a PCP at the time you enroll in HSCSN.** This person will be your **PCP** while you are a member of HSCSN.
 - If your current **PCP** is a member of HSCSN's network, you may stay with that doctor.
 - If you don't have a **PCP**, you can choose from a list of doctors in our **Provider Directory** or at www.hscsn.org.
 - Call Customer Care Department at (202) 467-2737, if you need help in picking a doctor.
 - If you do not pick a **PCP** within the first 10 days of being in our plan, we will choose a doctor for you. If you do not like the **PCP** we pick for you, you may change your **PCP**. Call Customer Care Department at (202) 467-2737 to change your PCP.
 - HSCSN will send you an **Enrollee ID Card**. Your card will have your **PCP**'s name and phone number on it.
2. **Choose a PCP for each family member in our plan, including your children.** Your **PCP** may be one of these kinds of doctors:
 - **Family and General Practice Doctor** - usually can see the whole family
 - **Internal Medicine Doctor** - usually sees only adults and children 14 years and older
 - **Pediatrician** - sees children from newborn up to age 21
 - **Obstetrician/Gynecologist (OB/GYN)** - specializes in women's health and **Maternity** care
 - If you or your child has **Special Health Care Needs**, a specialist may be your **PCP** but you need to call us as and let us know that you would like this. We will try to help you get a specialist to be your **PCP**, but the specialist would have to agree to it.
3. **When you pick your PCP, please:**
 - Pick a doctor who is close to your home.
 - Try to pick a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a **PCP** can send you to. You can also call Customer Care Department for help.
 - Sometimes the **PCP** you choose won't be able to take new patients. We will let you know if you need to pick a different doctor.

How to change your PCP

You can change your **PCP** anytime. Just pick a new **PCP** from the **Provider Directory**. Call your Care Manager or the Customer Care Services Line at (202) 467-2737 once you have picked a new **PCP**. If you need help picking a new **PCP**, the Customer Care Services Department can help you.

Your Care Manager

Each Enrollee of HSCSN will receive a person to help them called a Care Manager. Your Care Manager will be your partner in helping your child or you to get the health care and other help either of you needs. Care Managers work for HSCSN and are assigned to Enrollees by HSCSN.

Your Care Manager will:

- Work with you and your providers to prepare a Care Coordination Plan
- Schedule appointments with your PCP, specialists, and other providers
- Schedule transportation to health care services
- Make sure all your child's doctors (or your doctors) and other providers have the information they need about your child's condition (or yours)
- Make sure your child's providers or yours are providing the care in the Care Coordination Plan
- Make sure your child's school, District agencies and out-of-network providers are providing the services in the Treatment Plan
- Help you to understand your child's conditions (or your condition) and how to manage it.
- Connect you to people in community service organizations that can help your child or you.

The Care Manager is assigned to be your partner in coordinating all the health care services that an enrollee needs. Care Managers are assigned according to the enrollee's needs. Care Managers have education and/or experience working with children/young adults with special needs. Your Care Manager will contact you by phone within the first forty-five (45) days of enrollment into the health plan. He/she will offer you the opportunity to meet in person to collect information on you and your child's condition, medications, school information, services received, and other information needed to develop your Care Coordination Plan. Your Care Manager will meet with you in-person four (4) times a year. If you have any problems with your Care Manager, you should call the Customer Care Department Line (202) 467-2737 and let them know.

The best time to reach your Care Manager is during regular business hours, which are Monday through Friday from 8:00am to 5:30pm. Our office is closed on most holidays. For non-urgent requests after business hours, weekends and holidays, please leave a detailed message for the Care Manager. He/she will return your call the next business day. If your questions cannot wait, that's okay. There is a Care Manager available all the time. Call the Customer Care Services Department at (202) 467-2737. They will connect you to someone who can help.

Care Coordination Plan

Each HSCSN Enrollee has a Care Coordination Plan. This is a plan made by a team of people, including:

- Yourself
- Your Family Members
- Your Care Manager
- Your PCP and Specialist
- Public agencies servicing you or your child

Your Care Manager is in charge of your Care Coordination Plan. Your Care Coordination Plan will include:

Name	Current Authorizations/'Services
Address	Equipment Needs
Care Manager Name	Immediate Service Needs
Primary Diagnosis	Medical Issues
Secondary Diagnosis	Hospitalizations
Primary Language	Psycho-Social Issues

Communication Needs	Transition Status
Functional Status	Public Agencies
PCP	Home Environment
Date of Birth	Family Status
Transportation Needs	Barriers to Care
Other Insurance	Health Risks
Caregiver Information	Community Resources
Alternate Caregiver Information	PCP or Specialist Recommendations
EPSDT Status	

Your Care Coordination Plan will be updated 2 times a year, and sometimes more. If you have any questions about the Care Coordination Plan call your Care Manager.

Advance Directives

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

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

- You must be 18 years or older, or be an emancipated minor, before you can sign an Advance Directive. If you are under the age of 18, you will be included in your care coordination plan, but your parent or legal guardian will make the decision for you.
- Your Care Manager will help you understand what an Advance Directive is. It is important to talk about an advance directive with your family, your PCP, or others who might help you with these things.
- If you want to fill out and sign an advance directive, ask your PCP for help during your next appointment, or call the Customer Care Department at (202) 467-2737 and they will help you.

Routine Care, Urgent Care and Emergency Care

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

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

Urgent Care is medical care you need within 24 hours, but not right away. Some Urgent Care issues are:

- Cough/cold
- Earache
- Sore Throat
- Vomiting

- Pink Eye
- Rash

If you need **Urgent Care**, call your **PCP's office**. If your **PCP's** office is closed, leave a message with the person who answers the phone when the office is closed. Then call your Care Manager. Your Care Manager can help you in finding a place to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness.

• Choking	• Seizure
• Unable to Breathe	• Burns
• Broken Bones	• Dizzy Spell, Fainting or Blackout
• Severe Pain	• Severe Bleeding

WHAT TO DO IF YOU HAVE AN EMERGENCY:

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

You **DO NOT** need approval from HSCSN to receive care in an emergency. Contact your PCP as soon as possible after receiving care.

Care When You Are Out of Town

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

For Routine Care: You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town because doctors who are not in the District of Columbia are not a part of HSCSN. If HSCSN does not say it is okay before you get the care, you will have to pay for the care yourself. If you need medicine from a doctor while you are out-of-town, call the Customer Care Department at (202) 467-2737 to help verify eligibility.

For Urgent Care: Call your PCP. If your PCP's office is closed, call HSCSN's Customer Care Department. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

For Emergency Care: If you have an emergency, including a mental health or alcohol or other drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the emergency room, you should ask the ER staff to call your PCP. If you go to the emergency room, you should call HSCSN's Customer Care Department as soon as you can.

If your child does not live at home and needs to see a doctor, please call the Customer Care Department at (202) 467-2737.

Providers who are part of HSCSN and Providers who are not

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

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

Prior authorization (or prior approval) means approval for a health service that is not routinely covered by HSCSN. You must get this approval before you receive the service. Call Customer Care Services at (202) 467-2737 to ask about getting a prior authorization.

You may go to a **Family Planning** provider who is **out-of-network** even if you do not have prior authorization. See page 17 for more information on **Family Planning Services**.

There are some special situations when you do not have to use an “In-Network” provider.

- In an emergency, when you are out of the area, you should go to the nearest emergency room
- If another insurance company is paying for your care, providers for that insurance company should be used.
- Family Planning Services

Remember: You need to go to a provider in HSCSN’s network unless you get special permission to go to someone else.

Making an Appointment

Making an Appointment with your PCP

1. Call your Care Manager. Your Care Manager will schedule all your medical appointments for you. If you would rather make appointments for yourself or your child, let HSCSN or your Care Manager know. When you call your Care Manager tell your Care Manager why you need an appointment. For example:
 - a. You or a family member is feeling sick
 - b. You hurt yourself or had an accident
 - c. You need a check up or follow-up care
2. Write down the time and date of your appointment.
3. Come to your appointment on time and bring your Enrollee ID Card with you.

If you are a new Enrollee of HSCSN you should make an Appointment for your first health Check-Up as soon as possible.

Changing or canceling an Appointment

It is very important to come to your appointment and to be on time.

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

Getting care when your PCP's office is closed

If you need to speak to your PCP when the office is closed, call your PCP's office and leave a message with the person who answers the phone when the office is closed. Be sure to give the person who answers your phone number. Someone will call you back as soon as possible. You can also call the Customer Care Department Line 24 hours a day at: (202) 467-2737. If you think you have an emergency, call 911 or go to the Emergency Room.

How long it takes to see your doctor

Your doctor's office must give you an appointment within a certain number of days after you call. The table below shows how long it will take to get an appointment. Please call Customer Care Department at (202) 467-2737 if you cannot get an appointment during these time periods.

Type of visit	Your condition	How long it takes to see your doctor
Urgent Visit	<p>You are hurt or sick and need care within 24 hours to avoid getting worse, but you don't need to see a doctor right away</p> <ul style="list-style-type: none"> ▪ Cough/Cold ▪ Earache ▪ Sore Throat ▪ Vomiting ▪ Pink Eye ▪ Rash 	Within 24 hours
Routine Visit	You have a minor illness or injury or you need a regular checkup, but you don't need an urgent <u>appointment</u> .	Within 30 days
Follow-up Visit	You need to see your doctor after a treatment you just had to make sure you are healing well.	Within 1-2 weeks depending on the kind of treatment
Wellness Visits for Enrollees age 21 and older	<ul style="list-style-type: none"> • You are having your first <u>appointment</u> with a new doctor • You are due for a regular adult checkup • You are due for a prostate exam, a pelvic exam, a pap smear or a breast exam 	Within 30 days or sooner if necessary
Non-urgent <u>appointments</u> with specialists (by <u>Referral</u>)	Your <u>PCP</u> referred you to see a specialist for a non-urgent condition	Within 30 days
EPSDT <u>checkups</u> for Enrollees under age 21 – not urgent	Your child is due for an EPSDT <u>checkup</u>	<p>Initial checkup: within 60 days</p> <p>Additional checkups: within –20 days of due dates for children under age two; within 30 days of due dates for children age two and older</p>

Support Services

Interpretation & Translation Services/Services for the hearing and visually impaired

Interpretation Services

HSCSN will provide oral interpretation services if you need them, including at the hospital.

Please call the Customer Care Department Line at 1(866) 937-4549 to get interpretation services. Please call us before your doctor's appointment if you need interpretation services.

Interpreter Services are usually provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must let us know 3 days or 72 hours before the appointment.

You should not use a friend or family member for interpretation services. If you do not use our interpretation services, HSCSN will note this in your file.

Translation Services

If you get information from HSCSN and need it translated into another language, please call the Customer Care Department at 1(866) 937-4549.

Services for the Hearing and Visually Impaired

If you have trouble hearing, call the Customer Care Department Line at (202) 467-2709 (TTY/TDD).

If you have trouble seeing, call the Customer Care Department Line at 1(866) 937-4549. We can give you information on an audio tape, in Braille or in large print.

Interpretation and translation Services and Services for the hearing and visually impaired are FREE.

Specialty Care and Referral

How to get specialty care

Specialty care services (excluding Mental Health) listed on the enrollee's Care Coordination Plan are fully covered by HSCSN. Before an enrollee can receive a medically necessary specialty care service, you must get a **referral** from your PCP and for many services, prior authorization from HSCSN. The Care Manager works with you and the PCP's office to make an appointment with a HSCSN specialty care provider. When a specialty care provider is a doctor, he or she is a **specialist**.

Your PCP follows HSCSN's referral and authorization process for you to obtain specialty services that are not included on your Care Coordination Plan.

To make an appointment with a specialist or for other specialty services, call your Care Manager. The Care Manager calls and completes paperwork so that there will be no delay at the appointment time. The Care Manager also sets up transportation to and from the specialist.

If you want to see a specialist, but someone from HSCSN or your Care Manager said they wouldn't pay for the visit, you can:

- Make an appointment with another doctor in HSCSN's network and get a second opinion
- Appeal our decision (see page 40 on Appeals)
- Ask for a Fair Hearing (see page 40 on Fair Hearings)

Self-Referral Services

There are certain services you can get without getting prior permission from your PCP. These are called self-referral services and are listed below.

You DO NOT need a Referral to:

- See your PCP
- Get care when you have an emergency
- Receive services from your OB/GYN doctor in your network for routine or preventive services (females only)
- Receive Family Planning Services
- Receive services for sexually transmitted diseases (STDs)
- Receive Immunizations (shots)
- Visit a vision provider in the network if under age 21 yrs. old
- Take your child to a dental provider in the network
- Receive emergency mental health services in an emergency room

Birth control and other Family Planning Services

You do NOT need a Referral to receive birth control or other Family Planning Services.

You can get birth control and other Family Planning Services from any provider you pick. You do not need a referral to get these services. If you choose a Family Planning Services doctor other than your PCP, tell your PCP. It will help your PCP take better care of you. Talk to your PCP, your Care Manager or call HSCSN's Customer Care Department at (202) 467-2737 for more information on birth control or other Family Planning Services.

All birth control and other Family Planning Services are confidential.

Family Planning Services include:

- Pregnancy testing
- Counseling for the woman and the couple
- Routine and emergency contraception
- Counseling and immunizations
- Screening for all sexually transmitted diseases
- Treatment for all sexually transmitted diseases
- Sterilization procedures (requires you to sign a form 30 days before the procedure)
- HIV/AIDs testing and counseling

Family Planning Services do not include:

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

HIV/AIDS testing, counseling

You can get HIV/AIDS testing and counseling:

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

For information on where you can get HIV testing and counseling, call the Customer Care Department (202) 467-2737. If you need HIV treatment, your PCP will help you get care. Or you can visit a site at the below locations.

District of Columbia Department of Health HIV Testing Sites

Northeast DC

Testing Site	Address	Phone
Unity Health Care	1201 Brentwood Road	(202) 832-8818
Deaf Reach (Appt. only)	3521 12th Street	(202) 832-6681

DC Department of Health, HIV/AIDS Administration	64 New York Avenue, 5th Floor	(202) 671-4900
Planned Parenthood (Northeast)	3987 A Minnesota Avenue, NE	(202) 388-4770
Sasha Bruce	701 Maryland Avenue, NE	(202) 675-9370
Northwest DC Testing Site	Address	Phone
Andromeda	1400 Decatur Street	(202) 291-4707
Carl Vogel Center	1012 14th Street Suite 700	(202) 638-0750
La Clinica del Pueblo	2831 15th Street	(202) 462-4788
Planned Parenthood	1108 16th Street	(202) 347-8512
Us Helping Us	3636 Georgia Avenue	(202) 446-1100
Whitman-Walker Clinic	1701 14th Street	(202) 939-7690
Women's Collective	1436 U Street, Suite 200	(202) 483-7003
Southeast DC Testing Site	Address	Phone
Anacostia Neighborhood Health	1328 W Street	(202) 610-7160
Department of Health Southeast STD Clinic	1900 Massachusetts Avenue, Building 8	(202) 698-4050
Family and Medical Counseling Center	2041 MLK Jr Avenue, Suite 8	(202) 889-7900
Max Robinson Center	2301 MLK Jr Avenue	(202) 678-8877 TTY: (202) 562-1178
Metro Teen AIDS	651 Pennsylvania Avenue	(202) 543-9355
Southwest DC Testing Site	Address	Phone
Unity Health Care Southwest Clinic	850 Delaware Avenue	(202) 548-4520

Pharmacy Services and prescription drugs

Pharmacies are where you pick up your medicine (drugs). If your doctor gives you a prescription, you must go to a pharmacy in HSCSN's network.

You can find a list of all the pharmacies in HSCSN's network in your provider directory or online at www.hscsn-net.org.

If you are out of town and you have an emergency or need Urgent Care,

For Urgent Care: Call your PCP. If your PCP's office is closed, call HSCSN's Customer Care Department at (202) 467-2737. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

For Emergency Care: If you have an emergency, including a mental health or alcohol or other drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the emergency room, you should ask the ER staff to call your PCP. If you go to the emergency room, you should call HSCSN's Customer Care Department as soon as you can at (202) 467-2737.

To get a prescription filled:

- Pick a pharmacy that is part of the HSCSN's network and is close to your work or home.
- When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your HSCSN Enrollee ID Card.
- If you need help, please call Customer Care Department at (202) 467-2737.

Things to remember:

- You should not be asked to pay for your medicines. Call HSCSN 's Customer Care Department or your Care Manager if the pharmacy or drug store asks you to pay.
- HSCSN requires that generic drugs be used, when available. If your doctor dispenses as written, state laws or regulations prohibit product interchange and a brand product is dispensed.
- If the enrollee insists on a brand product when a generic equivalent is an option, the enrollee must pay the difference in cost between the brand product and the generic.
- Sometimes, your doctor may need to get permission from HSCSN for a drug. While your doctor is waiting for the permission, you have a right to get the medication:
 - ◆ For up to 72 hours or
 - ◆ For one full round of the medicine if you take it less than once a day

Your Child's Health

Health Check Program

Enrollees under the age of 21 will receive Health Check services from HSCSN. (Health Check is also called Early and Periodic Screening and Treatment or EPSDT.) Health Check services include regular check-ups and exams to help children grow up healthy. Your Care Manager will make sure that your child receives these check-ups at the right times.

You do not have to pay anything for these Services for your child – they are free. If you have any questions or need help with transportation or scheduling an appointment, please call the Customer Care Department at (202) 467-2737.

Immunizations (shots) for children and teens

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

Your Care Manager will schedule appointments for your child's shots and the shots are free. The shot schedule for children is:

Immunizations for Young Adults

If you are an adult, you may need some immunizations (shots). Please talk to your PCP about which ones you may need.

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis	Hib Haemophilus influenzae type b	Polio	PCV Pneumococcal conjugate	Rota Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningococcal conjugate	Influenza
Birth	✓											
2 months	✓ (1-2 mos)	✓	✓	✓	✓	✓						
4 months	✓ ¹	✓	✓	✓	✓	✓						
6 months	✓ (6-18 mos)	✓	✓ ²	✓ (6-18 mos)	✓	✓						
12-18 months		✓ (15-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (12-23 mos)			✓ ³
19-23 months												(6-59 mos) (given 2x each influenza season)
24-47 months		Catch-up ⁴	Catch-up ⁴ (to 5 years)	Catch-up ⁴	Catch-up ⁴ (to 5 years)		Catch-up ⁴	Catch-up ⁴				
4-6 years		✓		✓			✓	✓				
7-10 years	Catch-up ⁴								Catch-up ⁴			Any child or teen who wants to avoid influenza may be vaccinated; all children with risk factors should be vaccinated ⁷
11-12 years		✓ Tdap		Catch-up ⁴			Catch-up ⁴	Catch-up ⁴		✓✓✓ ⁵ (females only)	✓	
13-18 years		Catch-up ⁴ (Tdap/Td)								Catch-up ^{4,5}	Catch-up ^{4,6}	

1. Your infant may not need a dose of HepB at 4 months of age depending on the type of vaccine that your healthcare provider uses.
2. Your infant may not need a dose of Hib vaccine at 6 months of age depending on the type of vaccine that your healthcare provider uses.
3. If your child is younger than 9 years and is getting vaccinated against influenza for the first time, he or she should get 2 doses spaced at least 4 weeks apart.
4. If your child's vaccinations are delayed or missed entirely, they should be given as soon as possible.

5. All girls and women ages 9 through 26 years should be vaccinated with 3 doses of HPV vaccine.
6. If you have a teenager who is enrolling in college and planning to live in a dormitory and hasn't previously been vaccinated against meningococcal disease, they should be vaccinated now.
7. Children and teens with certain medical conditions should be vaccinated against influenza. Vaccination is also important for close contacts of children younger than age 6 years and others who are at risk. Talk to your healthcare provider.

Please note: Some children may need additional vaccines. Talk to your healthcare provider.

Care for your children's teeth

All dental health checkups and treatments are free for HSCSN Enrollees.

Dentists can prevent cavities and teach you and your child how to care for their teeth.

- From birth up to age 3, your child's PCP may provide dental care during regular check-ups. The PCP may decide to send the child to a dentist.
- Beginning at age 3, all children should see a dentist in HSCSN's network for a checkup every year. Look in HSCSN's Provider Directory or online at www.hscsn-net.org to pick a dentist near you. Your Care Manager can help you select a dentist and make an appointment.

IDEA Program

IDEA stands for the Individuals with Disabilities Education Act. IDEA is a federal law. The IDEA program provides special services for children with developmental delays, disabilities or special needs. Children up to age 3 get early intervention services from HSCSN. Children age 3 and older get special educational services from the D.C. public school system.

The Early Intervention Program provides service and support to families with children who have developmental delays or who are at risk for developmental delays. The Early Intervention Program helps parents, service providers and others work together to help your child.

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

Your Care Manager can tell you more about IDEA and the other services your child can get.

HSCSN covers the services listed below if your child is in the IDEA program:

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

For more information on the services your child can get through the IDEA program, contact your Care Manager or your child's school.

Services to Keep Young Adults from Getting Sick

HSCSN wants you to take care of your health. We also want you to sign up for health and wellness services we offer to you. Health and wellness services include screenings, counseling and immunizations.

Recommendations for Checkups (“Screenings”)

Please make an appointment and go see your PCP at least one time every year for a checkup. The list below tells you the type of things to talk with your PCP about during your checkup.

Please make an appointment to see your PCP at least once a year for a checkup.

Below doesn't really apply to us. Only our young adult population.

Adult Screening Recommendations
Blood pressure and cholesterol (lipid disorder) Screening
Sexually transmitted diseases
HIV/AIDS screening & testing
Diabetes screening
Tobacco Use
Alcohol and Other Drug Use
Depression
Obesity
Hepatitis C

Screenings for Women Only
Breast cancer screening (mammogram)
Cervical Cancer screening (pap smear)
HPV screening
Chlamydia

Screenings for Men Only
Prostate cancer screening
Abdominal Aortic Aneurysm

Preventive counseling

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

- Diet and behavioral counseling
- Alcohol and drug use screening and behavioral counseling
- Smoking cessation
- HIV/AIDS screening, testing and counseling
- Diabetes screening and referral
- Screening for renal kidney disease
- Screening for obesity
- Women's wellness, consisting of an annual routine pelvic exam that includes pap smears, screening and immunization for the Human Papilloma Virus (HPV)
- Routine screening and counseling for gonorrhea and other sexually transmitted Infections/diseases
- Screening and referral for depression

Pregnancy

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

If you are pregnant, please call:

- Income Maintenance Administration (IMA) at 202-727-5355
- The Customer Care Department Line at (202) 467-2737
- Your PCP or your Care Manager

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

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

Prenatal and Post Partum Care

A home visit by a nurse is a benefit for you after you deliver your baby, even if your baby does not come home with you. A home health nurse will visit you within two days after your delivery. During this very important visit, the nurse will:

- Check your heart rate, temperature, blood pressure and breathing
- Check for signs of infection
- Answer any questions about recovery

If your baby is home with you, the nurse will also:

- Check your baby's heart rate, temperature and breathing
- Check your baby for signs of infection
- Answer any questions you may have and help you to learn about taking care of your new baby
- Give your baby a nursing check-up

During this post partum time, you want to make sure you:

- Call your OB/GYN doctor to schedule an appointment for your post partum check-up.
- Try to get an appointment for four to six weeks after you have your baby, unless your doctor wants to see you sooner.
- Call HSCSN's Customer Care Department to let us know the baby's name and the name of your baby's Pediatrician (doctor for children). A Customer Care Representative can help you choose a Pediatrician for your baby if you do not already have one.
- After choosing a Pediatrician for your baby, call the Pediatrician's office to schedule an appointment for your baby. Try to get an appointment for the baby when he/she is 2-4 weeks old, unless the Pediatrician wants to see your baby sooner.

Once you have had your baby, call:

- **Customer Care Department and**
- **Your IMA Caseworker at 202-727-5355**

Health Benefits for Members

Health Services covered by HSCSN

The list below shows the health care services and benefits for all HSCSN Members. For some benefits, you have to be a certain age or have a certain need for the service. HSCSN will not charge you for any of the health care services in this list if you go to an In-Network provider or hospital.

If you have a question about whether HSCSN covers certain health care, call Customer Care Services at 202-467-2737.

BENEFIT	WHAT YOU GET
Primary Care Services	➤ Preventive, acute, and chronic health care Services generally provided by your <u>PCP</u>
Specialist Services	<ul style="list-style-type: none">➤ Health care Services provided by specially trained doctors or advanced practice nurses.➤ Does not include cosmetic Services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body
Laboratory & X-ray Services	➤ Lab tests and X-rays
Hospital Services	<ul style="list-style-type: none">➤ Outpatient Services (preventive, diagnostic, therapeutic, rehabilitative, or palliative Services)➤ Inpatient Services (hospital stay)

BENEFIT	WHAT YOU GET
Pharmacy Services (prescription drugs)	<ul style="list-style-type: none"> ➤ Prescription drugs included on the HSCSN drug formulary. You can find the drug formulary at www.hscsn/net.org or by calling Customer Care Services. ➤ Only includes medications from network pharmacies ➤ Includes the following non-prescription (over-the-counter) medicines (must be prescribed by a physician): <ul style="list-style-type: none"> - Acetaminophen & Combinations - Antacids - Broncho Saline 0.9% Aerosol Spray - Cotton Balls - Condoms - Contraceptive Creams/ Jellies, Foams, Diaphragms, Kits & Cervical Caps - Enteral Nutritional Supplements - Ferrous Sulfate - Mineral & Nutrient Supplements - Non-Narcotic Analgesics - OTC Analgesics - Prenatal Multivitamins - Pediatric Multivitamins - Salicylates - Aspirin & Combinations - Senna, Sennosides - Sodium Chloride ➤ Excludes the following prescription medications: <ul style="list-style-type: none"> - Anti-obesity agents. - Blood or blood plasma products. - Drugs intended primarily for cosmetic purposes including anti-wrinkle agents, hair removers, hair growth stimulants - Immunization agents - Selected fluoxetine products including fluoxetine 20mg tablets, Rapiflux, fluoxetine/Diet. Supp No Sentroxatine) and fluoxetine - Diet. Supp No. 17 (Gaboxetine) - Therapeutic devices or appliances unless listed as a covered product - Over-the-counter (OTC) products except where specifically listed as covered.
Pharmacy Services (prescription drugs)	<ul style="list-style-type: none"> ➤ Prior authorization required for: <ul style="list-style-type: none"> - Infertility agents - Oral erectile dysfunction drugs: Viagra, Cialis, Levitra - Revatio (used for pulmonary arterial hypertension). - Selected antidepressant products require PA for individuals through age 17, including duloxetine (Cymbalta), venlafaxine (Efexor, Effexor XR), mirtazapine (Remeron), and nefazodone (Serzone) - Injectables: Synagis, Growth Hormone and hemophilia medications - Smoking cessation drugs

BENEFIT	WHAT YOU GET
Emergency Services	<ul style="list-style-type: none"> ➤ A Screening exam of your health condition and stabilization if you have an Emergency Medical Condition, regardless if the Provider is in or out of the HSCSN network. ➤ Treatment for emergency conditions
Family Planning	<ul style="list-style-type: none"> ➤ Routine examinations to determine overall reproductive health ➤ Pregnancy testing and counseling ➤ Routine and emergency contraception ➤ Voluntary sterilization for Members over 21 years of age (requires signature of an approved sterilization form by the Member 30 days prior to the procedure) ➤ Screening, counseling and immunizations (including for HPV and Hepatitis B) ➤ Screening and preventive treatment for all sexually transmitted diseases ➤ Does not include sterilization procedures for Members under age 21
Pregnancy-Related Services	<ul style="list-style-type: none"> ➤ Routine and high risk obstetrical services ➤ Post partum care
Preventive Health Services	<ul style="list-style-type: none"> ➤ Immunizations recommended by the ACIP ➤ Screening for obesity ➤ Diet and behavioral counseling ➤ Diabetes screening and referral ➤ Screening for renal kidney disease ➤ Tobacco cessation counseling ➤ Substance abuse screening and behavioral counseling ➤ Screening and referral for depression ➤ HIV/AIDS screening, testing, and counseling ➤ Women's wellness, consisting of an annual routine pelvic exam that includes pap smears ➤ Screening and immunization for the Human Papilloma Virus (HPV) ➤ Routine screening and counseling for gonorrhea and other sexually transmitted infections/diseases ➤ Immunizations

BENEFIT	WHAT YOU GET
Podiatry	<ul style="list-style-type: none"> ➤ Special care for foot problems ➤ Regular foot care when medically needed only
Rehabilitation Services	<ul style="list-style-type: none"> ➤ Rehabilitation Services, including physical, speech, vision and occupational therapy
Prosthetic devices	<ul style="list-style-type: none"> ➤ Replacement, corrective, or supportive devices prescribed by a licensed provider (includes orthotics and prosthetics)
Vision Care	<ul style="list-style-type: none"> ➤ Eye exams at least once every year and as needed; and eye glasses (corrective lenses) limited to one (1) complete pair in a twelve (12) month period except when Member has lost his or her eyeglasses, broken/damaged or when the Member's prescription has changed more than one-half (0.5) diopter. ➤ Contact lenses (when medically necessary and unable to wear eye glasses)
Care Coordination	<ul style="list-style-type: none"> ➤ Assistance to Enrollees who need or are receiving: <ul style="list-style-type: none"> - Community-based intervention - Multi-systemic therapy (MST) - Assertive Community Treatment (ACT) - Rehabilitation Option Services
Home Health Services	<ul style="list-style-type: none"> ➤ In-home health care Services, including: <ul style="list-style-type: none"> - Nursing and home health aide care - Home health aide services provided by a home health agency - Physical therapy, occupational therapy, speech pathology and audiology services
Personal care Services	<ul style="list-style-type: none"> ➤ Services provided to a Member by an individual qualified to provide such Services who is not a member of the individual's family, usually in the home, and authorized by a physician as a part of the Member's treatment plan; not available to Members in a hospital or nursing home.
Home Modifications	<ul style="list-style-type: none"> ➤ Home modifications for Members whose home will not accommodate equipment or personnel, or be capable of maintaining the needed temperature, atmosphere, or other environmental requirement without modification
Respite Services	<ul style="list-style-type: none"> ➤ Respite services for families with responsibility for maintaining a demanding treatment and monitoring regime for a child with a catastrophic medical or behavioral condition; 168 hours every six (6) months
Long-term Care and Psychiatric Residential Treatment Facility Services	<ul style="list-style-type: none"> ➤ Long-term care services for Members residing in a skilled nursing facility, rehabilitation hospital, ICF/MR or psychiatric residential treatment facility

BENEFIT	WHAT YOU GET
Hospice Care	➤ Support Services for people needing end of life care
Transportation Services	➤ Transportation to and from medical appointments ➤ Health care-related transportation services unless transportation is provided by the school system ➤ Any transportation to medically necessary services listed in the Member's Individual Education Plan (IEP)
Adult Wellness Services	➤ Routine screening for Sexually Transmitted Diseases ➤ HIV/AIDS screening, testing and counseling ➤ Breast cancer screening (women only) ➤ Cervical cancer screening (women only) ➤ HPV screening (women only) ➤ Prostate cancer screening (men only) ➤ Abdominal aortic aneurysm screening (men only) ➤ Screening for obesity ➤ Diabetes screening ➤ Screening for high blood pressure and cholesterol (lipid disorders) ➤ Screening for depression ➤ Smoking cessation counseling ➤ Diet and exercise counseling ➤ Alcohol and drug screening

BENEFIT	WHAT YOU GET
EPSDT Services (Members through age 21)	<ul style="list-style-type: none"> ➤ Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as: <ul style="list-style-type: none"> - Health and development history and screenings - Mental health and development history and Screenings - Comprehensive health exam - Immunizations - Lab tests including of blood lead levels - Health education - Dental Screening, diagnostic and treatment Services - Vision Screening, diagnostic and treatment Services ➤ Hearing Screening, diagnostic and treatment Services ➤ Alcohol and drug screening, diagnostic and treatment services
Dental Benefits	<ul style="list-style-type: none"> ➤ General dentistry (including regular and emergency treatment) ➤ Check-Ups twice a year with a dentist are covered for children ages 2 through 21 ➤ Check-Ups for adults over 21 provided by HSCSN or by FFS Department of Health Care Finance ➤ A child's PCP can perform dental screenings for a child up to age 3 ➤ Orthodontic care for members through and over the age of 21
Hearing Benefits	<ul style="list-style-type: none"> ➤ Diagnosis and Treatment of conditions related to hearing, including exams, testing, hearing aids and hearing aid batteries
Mental Health Services	<ul style="list-style-type: none"> ➤ Services furnished by mental health care Providers, including: <ul style="list-style-type: none"> - Diagnostic and Assessment services - Individual, group and family psychotherapy - Crisis services - Partial hospitalization - Inpatient hospitalization and emergency department crisis services - Intensive outpatient hospital services - Case management services - Inpatient psychiatric facility services for Members through age 21
Substance Abuse Services	<ul style="list-style-type: none"> ➤ Inpatient drug and alcohol detoxification ➤ Inpatient and residential day treatment ➤ Outpatient drug and alcohol rehabilitation day treatment
Communicable Disease and Public Health Services	<ul style="list-style-type: none"> ➤ Diagnosis and treatment services
HIV and AIDS	<ul style="list-style-type: none"> ➤ Diagnosis and treatment services
Tuberculosis-related services	<ul style="list-style-type: none"> ➤ Diagnosis and treatment services
Respiratory Therapy	<ul style="list-style-type: none"> ➤ The assessment and treatment of lung diseases when part of a treatment plan

BENEFIT	WHAT YOU GET
Respiratory Care for Ventilator-dependent Members	➤ Services provided on a part-time basis in the member's home by a respiratory therapist or other health care professional trained in respiratory therapy
Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS) and Assistive Technologies	➤ Medically necessary equipment (DME), supplies (DMS) and augmentative communication devices
Education	➤ On use and maintenance of DME and proper administration of medications

Services We Do Not Pay For

1. The Service is not medically necessary.
2. The service is not described in the list of covered benefits
3. The service is of an amount, duration, and scope in excess of a limit expressly set by DC Department of Health Care Finance.
4. The service is a prescription drug being provided to an Enrollee who is dually eligible for Medicare and Department of Health Care Finance; exceptions include benzpdiazepines, barbiturates and covered over-the-counter medications.
5. The service is cosmetic, except when:
 - a. surgery is required to correct a condition resulting from surgery or disease
 - b. surgery is required to correct a condition created by an accidental injury
 - c. surgery is required to correct a congenital deformity
 - d. surgery is required to correct a condition that impairs the normal function of a part of the body
6. The service is sterilization for an Enrollee under the age of twenty-one (21).
7. The service is an abortion, except where the life of the mother would be endangered if the fetus were carried to term or where the pregnancy is the result of an act of rape or incest.
8. The service is fertility treatment.
9. The service is investigational or experimental or part of a clinical trial.
10. Transportation services to or from covered services furnished in other than educational settings, when the transportation is furnished by DCPS or DCPS contractor.
11. Services furnished in a school setting by DCPS employees or school contractors or, if Enrollee resides in a private school.

Other Important Information

What to do if you move

- Call the District of Columbia (DC) Income Maintenance Administration (IMA) Change Center at 202-727-5355.
- Call HSCSN's Customer Care Department at (202) 467-2737.

What to do if you have a baby

- Call DC Income Maintenance Administration (IMA) Change Center at 202-727-5355.
- Call HSCSN's Customer Care Department at (202) 467-2737.

What to do if you adopt a child

- Call DC Income Maintenance Administration (IMA) Change Center at 202-727-5355.

What to do if someone in your family dies

- Call DC Income Maintenance Administration (IMA) Change Center at 202-727-5355.
- Call HSCSN's Customer Care Department at (202) 467-2737.

Call IMA at 202-727-5355 AND the Customer Care Department Line at (202) 467-2737 if:

- You move
- You have a baby
- Someone in your family dies

Call IMA only at 202-727-5355 if:

- You adopt a child

Ending your Membership in HSCSN

If you no longer want to be an Enrollee of HSCSN, you can disenroll from HSCSN at any time and for any reason. All you have to do is call the Customer Care Services Department at (202) 467-2737 and let them know. You can also mail in your disenrollment request to:

Health Services for Children with Special Needs, Inc.
Attention: Customer Care Services Department
1101 Vermont Avenue NW, 12th Floor
Washington, DC 20005

You will not be allowed to get health care from HSCSN anymore if you:

- Lose your Department of Health Care Finance eligibility
- Lose your Social Security Income (SSI) eligibility
- Show a pattern of disruptive or abusive behavior or obtaining services in a fraudulent or deceptive manner.

The D.C. government may remove you from HSCSN if you:

- Let someone else use your Enrollee ID Card;
- The District finds you committed fraud; or
- You do not follow your Enrollee responsibilities.
- Reside outside of the District of Columbia

DC Department of Health Care Finance cannot disenroll an enrollee on the grounds of decreased mental capacity or uncooperative or disruptive behavior resulting from the enrollee's special needs.

An enrollee may appeal the disenrollment by DC Department of Health Care Finance through the:

Office of Administrative Hearing
441 4th Street NW, Suite 540 South
Washington, DC 20001
(202) 727-8280

If the Department of Health Care Finance fails to make a determination for disenrollment within the required timeframe(s), then disenrollment will be considered approved.

An enrollee will be given 30 days' notice (in writing) before disenrollment is effective. An enrollee's disenrollment will be effective the first day of the second month of DC Department of Health Care Finance's involuntary disenrollment.

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

If you get a bill for a covered service that is in the list above, call the Customer Care Department at (202) 467-2737.

Paying for non-Covered Services

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

What to do if you have other insurance

If you are an Enrollee of HSCSN you must tell us right away if you have any other health insurance. Please call Customer Care Department at (202) 467-2737 and tell us right away.

Complaints/Grievances, Appeals and Fair Hearings

HSCSN and the D.C. government both have ways that you can complain about the care you get or the services HSCSN provides to you. You may choose how you would like to complain as described below.

Complaints/Grievances

- If you are unhappy with something that happened to you, you can file a Complaint/Grievance. Examples of why you might file a Complaint/Grievance include:
 - ◆ You feel you were not treated with respect
 - ◆ You are not satisfied with the health care you got
 - ◆ It took too long to get an appointment
- To file a Complaint/Grievance, you should call HSCSN's Customer Care Department at (202) 467-2737 or call the (DC Department of Health Care Finance) HELPLINE at (202) 442-8998.
- You can give an oral complaint/grievance or write a letter explaining your complaint/grievance.
- All written complaints/grievances should be sent to:

Health Services for Children with Special Needs, Inc.
Attention: Risk Manager
1101 Vermont Avenue, NW
Suite 1201
Washington, DC 20005

- Your doctor can also file a Complaint/Grievance for you.

You should file a Complaint/Grievance as soon as possible and no later than 90 days after the thing you are unhappy about. HSCSN will usually give you a decision within 30 days but may ask for extra time (but not more than 44 days total) to give a decision.

Appeals and Fair Hearings

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you have a right to file an Appeal with HSCSN and request a “Fair Hearing” with the D.C.’s Office of Administrative Hearings.

- To file an Appeal with HSCSN, call Customer Care Department at (202) 467-2737, your request to (202) 974-4688 or write to the Utilization Management Department at:

Health Services for Children with Special Needs, Inc.
Attention: Utilization Management Department-Appeals
1101 Vermont Avenue NW
12th Floor
Washington, DC 20005

- To file a request for a Fair Hearing, call or write the District government at:

District of Columbia Office of Administrative Hearings
Clerk of the Court
825 North Capitol Street, NE
Suite 4150
Washington, DC 20002
Telephone Number: 202-442-9094

- Deadlines
 - ♦ You must file an Appeal or request a Fair Hearing within 90 days of getting HSCSN’s notice of action.
 - ♦ If you want to continue receiving the benefit during your Fair Hearing or Appeal, you must request the Fair Hearing or Appeal within the later of the following:
 - Within 15 days from HSCSN postmark of the Notice of Action or
 - The intended effective date of HSCSN’s proposed action (or, in other words, when the benefit is to stop).
- Your provider may file an Appeal or request for a Fair Hearing on your behalf.

Appeals

- If you call and give your Appeal over the phone, HSCSN will summarize your Appeal in a letter and send you the letter for you to sign. Be sure to read the letter carefully. You must sign the letter and return it to HSCSN in order to have an Appeal.
- Your Appeal will be decided by HSCSN within 14 calendar days from the date your Appeal was received.
- If HSCSN needs more time to get information and the District decides this would be best for you, or if you or your Advocate requests more time, HSCSN may increase this time period for the decision by 14 calendar days. HSCSN must give you written notice of the extension.
- You will receive written notice of HSCSN’s decision about your Appeal in the mail.
- If you are not happy with HSCSN’s decision about your Appeal you may request a Fair Hearing.

Expedited (Emergency) Appeals process

If your Appeal is determined to be an emergency, HSCSN will give you a decision within 3 days. An Appeal is considered an emergency if it would be harmful or painful to you if you had to wait for the standard time frame of the Appeal procedure.

Your rights during the Complaints/Grievances, Appeals and Fair Hearings process

- **You have the right to a Fair Hearing.** You may request a Fair Hearing from the Office of Administrative Hearings at any time before, during or after you have filed an Appeal with HSCSN, but no more than ninety (90) days from the date Notice of Action is mailed.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days - This could be as short as 10 days.
- You have the right to have someone from HSCSN help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or other representative.
- You have a right to have accommodations made for any special health care need you have.
- You have a right to adequate TTY/TTD capabilities, and Services for the visually impaired.
- You have a right to adequate translation Services and an interpreter.
- You have a right to see all documents related to the Complaint/Grievance, Appeal or Fair Hearing.

If you have any questions about the Complaints/Grievances and Appeals/Fair Hearings process, please call the Customer Care Department at (202) 467-2737.

Reporting Fraud Waste and Abuse

What is fraud, waste and abuse?

Enrollees need to use health services properly. It is considered fraud if an enrollee or provider is dishonest in order to:

- Get a service not approved for the enrollee or
- Get benefits that they are not eligible for

Abuse happens if an enrollee causes unnecessary costs to the system on purpose.

Examples of enrollee fraud and abuse are:

- Enrollees selling or lending their identification cards to other people
- Enrollees abusing their benefits by seeking drugs or services that are not medically necessary

You can help identify and prevent fraud. Know what to look for when you receive health services:

- Your provider should not ask to be paid for services before they are given
- Your provider should send HSCSN a claim for services that you have already received
- If you received a statement for health care services, make sure:
 - The name of the doctor is the same as the doctors who provided the service.

- The type of service listed and the date of the service that was provided match exactly with the type of service you received and the date you received it.
- The diagnosis on the bill matches what your doctor told you.

If you get a bill for health services covered by HSCSN or notice any problems or want to report fraud or abuse, please call your Care Manager or Customer Care Department at (202) 467-2737 to file a complaint. You may also contact HSC System Compliance Hotline at (202) 454-1223 and leave an anonymous message.

You may also report health care fraud by calling:

DC Department of Health Care Finance
Office of the Investigation & Compliance
Fraud, Abuse and Waste Hotline at:
1-877-632-2873

District of Columbia Department of Health Care Finance Fraud
Control Unit for Investigation
Office of Inspector General at:
Email: hotline.oig@dc.gov
Hotline: (800) 521-1639, (202) 727-0267

Information may be left anonymously.

Privacy Practices

HSCSN makes every effort to protect the privacy of your medical and personal information. Everyone who handles your information-our employees, your HSCSN providers and others- is dedicated to keeping your information confidential.

In order to pay your claims, manage your care and measure and improve the quality of our service to you, we may ask your health care provider for medical information about your child. On the other hand, we may provide information about you to your health care provider, government agencies such as DC Department of Health Care Finance or in response to a court order or subpoena.

By law, we must protect your health records and send you a Notice of Privacy Practice, which we send to all enrollees in a new-member packet. The Notice of Privacy Practice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to use those rights and who can see your health records. The notice does not apply to information that does not identify you. When we talk about your health records in the notice, it includes any information about your past, present or future physical or mental health while you are an enrollee of HSCSN. If you would like a separate copy of this Notice of Privacy Practices and/or for any questions or comments regarding PHI, please call Customer Care Services or visit the web at <http://www.hscsn-net.org>.

Notice of Privacy Practices

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

THIS NOTICE DESCRIBES HOW PERSONAL OR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Services for Children Health Care System (The HSC Health Care System) and The Health Services for Children with Special Needs (HSCSN) knows how important it is to keep your health information private. We want you to know that we will make sure that your personal information is used exactly how we say it will be used, according to the law and as we say in this notice. We have the right to change this notice at any time. The present notice can be found at www.hscsn-net.org. You may ask for a copy any time.

Different laws say different things about health information. “Health information” means information about you or your child’s health care. The term “personal information” means health information and any other information that we have received while providing benefits to you or your child, such as your address and Social Security number. The law says we must give you this notice. It will tell you about the ways we may use health information about enrollees. It tells about your rights. It also tells about our responsibilities in the use and disclosure of that information.

MEMBERS HEALTH INFORMATION

In providing health services, we may get health information from you, or others. We also get information from the enrollee’s health care claims and encounters, medical history, service requests and complaint and appeal information.

HOW WE PROTECT THE CONFIDENTIALITY OF PERSONAL INFORMATION

We protect enrollee health information by giving personal information about the enrollee only to employees who need to know that information to provide products or services. We keep all personal information safe and secure. We do need to send information to some people (like doctors or hospitals or other billing departments) without asking permission each time. We do that only when the law allows. By law, the others cannot tell anyone else about the information we give them about you or your child.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The law says that that we can use health information for “treatment,” “payment,” and “health care operations.” Here are some examples, (but the list doesn’t include every reason that information can be given):

For Treatment. We may give information to doctors, nurses, technicians, office staff or other personnel who provide services.

For Payment. We may use and give others health information about the enrollee when we need to decide on eligibility for coverage, coordinate care, review medical necessity, pay claims or review and respond to complaints. For example, while we work on claims, we get personal information about the enrollee to find out what services he/she actually received.

For Health Care Operations. We may use and give others the enrollee’s personal information for our health care operations. That may include quality improvement activities; accreditation; responses to inquiries; appeals and review programs. It may also be used for health promotion; case management and care coordination; and general administrative activities. Sometimes it may be used for auditing; administering pharmaceutical programs and payments; or in the facilitation of a sale, transfer or merger of

all or a part of The HSC System with another organization. Our authorization form, which you or the enrollee is asked to sign usually, includes these activities.

Other permitted or required uses or disclosures

We may use or disclose health information about the enrollee without permission for the following reasons, allowed by law:

- To comply with responsibilities to federal or state oversight agencies who oversee health care.
- To fulfill our obligations with our sister companies as your health care insurer.
- To permit health plan sponsors to perform plan administration.
- To researchers where all procedures required by law have been taken to protect confidentiality.
- To comply with a court order or other lawful process.
- To persons providing services to us. They have to make sure that they will keep all information safe and secure.
- To let the enrollee and patient/caregiver know about treatment alternatives or health-related benefits or services.
- Sometimes, we are allowed by federal and state law to give an agency health information about the enrollee without authorization. An example would be information to protect victims of abuse or neglect, to avoid a serious threat to health or safety, or to track diseases or medical devices. We may also inform military or veteran authorities if the enrollee is an armed forces enrollee. We may give information to coroners, or for worker's compensation, national security and anyone the law says we must give it to.
- We will give health information to organizations that handle organ, eye or tissue transplantation or to an organ donation bank. We will do that to make it easier for organ transplants and organ donation.
- We are allowed to use health information about the enrollee in a way that does not personally identify the enrollee.
- We may give health information about you to your family members or friends if you agree to it in writing.

If you make a request, we will tell you what information was disclosed. We will also tell you who got it and why.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or tell anyone about the enrollee health information for any reason except the ones we have told you about in the sections above unless we have your written Authorization. We must obtain Authorization separate from any Consent we have received from you in the past. If we are given Authorization to use or disclose health information, the authorization may be revoked or stopped in writing, at any time. If the Authorization is stopped, we will no longer use or give anyone else information about the enrollee for the reasons covered by the written Authorization. We cannot take back any uses or disclosures already made with the enrollee or patient/caregiver permission.

If we have HIV or substance abuse information about the enrollee, we cannot release that information without a special signed, written authorization (different than the Authorization and Consent we talked about above). We will have to have both a signed Consent and a special written Authorization, according to law. There are special laws for HIV or substance abuse records. All consents/authorizations must be received from the enrollee or patient/caregiver.

RIGHTS REGARDING HEALTH INFORMATION

Enrollees or patient/caregivers have the following rights regarding their health information:

Right to look at and copy health information

- Enrollees or patient/caregivers have the right to look at and copy health information, except for psychotherapy notes or other limited reasons. We need a written request from you before you may look at and/or copy the enrollee's health information. A fee may be charged for the costs of copying, mailing or other supplies.

Right to change the Record

- If enrollee and/or patient/caregiver believe that the health information we have is not right, the enrollee or patient/caregiver may ask us to change the information. If we do not let you change the information, we will tell you why in writing.

Right to an Accounting of Disclosures

- Enrollees and/or patient/caregivers have the right to request an "accounting of disclosures." This is a list of who we have given medical information about the enrollee for purposes other than treatment, payment and health care operations. To get this list, the enrollee and/or patient/caregiver must ask for it in writing and tell us the dates, which may not be longer than six years ago. This may not include dates before April 14, 2003. We will provide the enrollee and/or patient/caregiver with the list free of charge unless we have already provided the enrollee or patient/caregiver with a list within the same 12 month period. We may temporarily suspend an enrollee's or patient/caregiver's right to receive an accounting of disclosures in certain circumstances, as defined by law.

Right to Request Restrictions (Limits)

- The enrollee or patient/caregiver has the right to request a restriction or limit on the health information we use or give someone else about the enrollee for treatment, payment or health care operations. The enrollee and/or patient/caregiver also have the right to ask for a limit on the health information we give about the enrollee to someone who is involved in the enrollee's care or payment for it. We do not have to agree to a requested restriction.

Right to Confidential Communications

- Sometimes, the enrollee or patient/caregiver has the right to request that health information be talked about in a particular place or in a certain way. We will agree to all reasonable requests.

Right to a Paper Copy of This Notice

- The enrollee or patient/caregiver has the right to a paper copy of this notice and may ask for it at any time.

CHANGES TO THIS NOTICE

We can change this notice, and make the revised or changed notice effective for medical information we already have about the enrollee. Or, we can change it for any information we receive in the future. We will post a summary of the current notice with its effective date in the top right hand corner. The enrollee or patient/caregiver can always get a copy of the notice currently in effect.

FOR MORE INFORMATION OR TO REPORT A COMPLAINT

If you believe that privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to: 200 Independence Avenue, S.E., Washington, D.C. 20201, or call 1-877-696-6775. To file a complaint with our office: contact the HSC Privacy Officer at 202-454-1223 or at HSC Foundation 1808 Eye Street, NW,

Suite 600, Washington, D.C., 20006. You will not have problems with us or be penalized for filing a complaint. |

HSCSN's Medicare Part D Notice to Enrollees

Beginning January 1, 2006, DC Department of Health Care Finance members also receiving Medicare benefits (dual eligible) will be provided most of their drug coverage under the new Medicare Part D Prescription Plan (PDP). HSCSN will continue to cover:

- Barbituates
- Benzodiazepines
- Some over-the-counter drugs

Important Information about Medicare Part D

- To learn more about the new drug plans, call 1-800-MEDICARE (1-800-633-4227).
- As a dual eligible member, most of your prescription drugs will be covered under a Prescription Drug Plan. Medicare Part D covered medications are not free. You will have to pay \$1.00-\$3.00 for each prescription.

You can change your Prescription Drug Plan at any time. Members can call the HSCSN Customer Care Department at (202) 467-2737 to speak with their Care Manager with any questions.

Ethics

Health Services for Children with Special Needs, Inc. (HSCSN) has an Ethics Committee. The Committee is an advisory group about specific ethical issues. This group, and its advice, are available to enrollees and their parents or legal guardians. The HSC Pediatric Center is a partner in a joint Ethics Committee with Health Services for Children with Special Needs, Inc. If your child/young person experiences a situation that is not resolved in talks with her health care team, we encourage you to contact Customer Care Services or his/her Care Manager.

Advisory Committee and Support Groups

Community Services Advisory Committee (CSAC)

Our Community Services Advisory Committee is made up of members, parent/caregivers, network providers, advocacy groups and related district agencies to advise, improve and increase HSCSN's capability to actively and proactively improve health care services to children and young people with special needs, their families, communities and related interests.

Support Groups

The Male Caregivers Advocacy Support Group (MCAS) - This group is made up of fathers, grandfathers, stepfathers, uncles, cousins, and other men who have concerns about children with special needs. The group meets each Wednesday and the last Saturday of each month to encourage and strengthen each other and to increase knowledge and understanding of how to care for children with special needs. This is accomplished through parents, advocacy and peer training programs provided by various presenters.

Parent Advocate Leaders Group (PALS) is a community-based, family-centered, peer outreach program that provides emotional support and empowerment by sharing the knowledge and skills

needed to parent children with special needs. The PALS Group meets every third Saturday of each month.

*Transportation (for members), childcare and meals are provided at both support group meetings.

HSCSN welcomes any members, parents/caregivers, network providers, advocacy and community groups and relevant district agencies to join our committees or support groups. Please call Outreach Services at 202-580-6485.

What Some Words Mean

Advance Directive	A written, legal paper that you sign that lets others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself
Advocate	A person who helps you get the health care and other Services you need
Appeal	If you believe your benefits were unfairly denied, reduced, delayed or stopped, you can file an Appeal with HSCSN and ask HSCSN to have other people look at their decision
Appointment	A certain time and day you and your doctor set aside to meet about your health care needs
Care Coordination Plan	A plan that lists health care services you will get and also lists community resources for you.
Care Manager	Someone who works for HSCSN who will help you or your child get the care and information you need to stay healthy, including making medical appointments for you.
Check-Up	See <u>Screening</u>
Complaint	See <u>Grievance</u>
Contraception	Birth control
Covered Services	Health care Services that HSCSN will pay for
Detoxification	Getting rid of harmful substances from the body such as drugs and alcohol
Development	The way in which your child grows
Durable Medical Equipment	Special medical equipment that your doctor may ask or tell you to use in your home
Emergency Care	Care you need right away for a serious, sudden, sometimes life-threatening condition
Enrollee	The person who gets health care from HSCSN
Enrollee Identification Card	The card that lets your doctors, hospitals, drug stores, and others know that you are a Enrollee of HSCSN
EPSDT	Early, Periodic <u>Screening</u> , Diagnosis and Treatment Program (also called Health Check Program) that gives health care to Enrollees under 21 years old
Fair Hearing	If you file a <u>Complaint/Grievance</u> you can ask for a hearing with D.C.'s Office of Administrative Hearings
Family Planning	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted diseases, and HIV/AIDs testing and counseling
Family and General Practice Doctor	A doctor that can treat the whole family
Grievance	If you are unhappy with the care you get or the health care services HSCSN gives you, you can call HSCSN's Customer Care Department to file a <u>Complaint/Grievance</u>
Handbook	This book that gives you information about HSCSN and our services
Health Check Program	See <u>EPSDT</u>

Hearing Impaired	If you cannot hear well, or if you are deaf
IDEA	Individuals with Disabilities Education Act; a federal law that gives services to children with developmental delays and special health care needs
Immunization	Shot, vaccine
Internal Medicine Doctor	Doctor for adults and children over 14 years old
Interpretation/Translation Services	Help from HSCSN when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital
Managed Care Plan	A plan that gives you a list of <u>Providers</u> that you can see
Maternity	The time when a woman is pregnant
Mental Health	How a person thinks, feels and acts in different situations
Network Providers	Doctors, nurses, dentists, and other people who take care of your health who are a part of HSCSN
Non-Covered Services	Health care that HSCSN does not pay for
OB/GYN	Obstetrician/Gynecologist; a doctor who is trained to take care of a woman's health, including when she is pregnant
Out-of-network Providers	Doctors, nurses, dentists, and other people who take care of your health who are not a part of HSCSN
Pediatrician	A children's doctor
Pharmacy	The store where you pick up your medicine
Physician Incentive Plan	Tells you if your doctor has any special arrangements with HSCSN
Post Partum Care	Health care for a woman after she has her baby
Prenatal Care	Care that is given to a pregnant woman the whole time she is pregnant
Prescription	Medicine that your doctor orders for you; you must take the it to the <u>pharmacy</u> /drugstore to pick up the medicine
Preventive Counseling	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt
Primary Care Provider (PCP)	The doctor that takes care of you most of the time
Prior Authorization	Written permission from HSCSN to get health care or treatment that is not usually paid for by HSCSN
Provider Directory	A list of all providers who are part of HSCSN
Providers	Doctors, nurses, dentists, and other people who take care of your health
Referral	When your main doctor gives you a written note that sends you to see a different doctor
Routine Care	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. <u>Routine Care</u> can be a <u>Check-Up</u> , physical, health screen, and regular care for health problems like diabetes, asthma and hypertension
Screening	A test that your doctor or other health care <u>provider</u> may do to see if you are healthy. This could be a hearing test, vision test, or a test to see if your child is developing normally
Self-Referral Services	Certain services you can get without getting a written note or <u>Referral</u> from your main doctor
Services	The care you get from your doctor or other health care <u>Provider</u>
Special Health Care Needs	Children and adults who need health care and other services that are more than or different from what other children and adults need
Specialist	A doctor who is trained to give a special kind of care like an ear, nose and throat doctor or a foot doctor
Specialty Care	Health care provided by doctors or nurses trained to give a specific kind of health care
Sterilization Procedures	A surgery you can have if you do not want children in the future
Treatment	The care you get from your doctor
Urgent Care	Care you need within 24 hours, but not right away
Visually Impaired	If you cannot see well or you are blind



THE HSC HEALTH CARE SYSTEM

Health Services for Children

Health Services for Children with Special Needs, Inc. (HSCSN)

Health Services for Children with Special Needs, Inc.

**Customer Care Department:
1101 Vermont Avenue NW
Suite 1201
Washington, DC 20005**

**Customer Care Department
(202) 467-2737**

**Language Line and Out of Area
1 (866) 937-4549**

(HSCSN)

Website:

<http://www.hscsn-net.org>

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