



CareFirst BlueCross BlueShield Community Health Plan Maryland

2026 Maryland HealthChoice
Program Member Handbook

Dear Member,

Thank you for choosing CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) as your HealthChoice Managed Care Organization (MCO) health plan.

As a part of CareFirst CHPMD, you will continue to receive quality care through the plan's network and CareFirst CHPMD's member benefits. We continue to support you in getting the care you deserve.

This Member Handbook contains important information about your health care benefits such as phone numbers, provider services, how to access care, your rights and responsibilities and more. A member services representative can explain this handbook, answer any questions you may have, or direct you to an interpreter for non-English translation.

To learn more, visit our website at carefirst.com/medicaid.

If you have any questions about your benefits or how to get care, please call member services at 410-779-9369 or toll-free at 800-730-8530 (TTY:711) Monday–Friday, 8 a.m.–5 p.m.

We look forward to serving you.

Sincerely,

**CareFirst BlueCross BlueShield
Community Health Plan Maryland**

Get in Touch

Language Services

Need information in an accessible format or another language? Go to pages 88–90

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.	
CAREFIRST CHPMD MEMBER SERVICES	
P.O. Box 915 Owings Mills, MD 21117	410-779-9369 or 800-730-8530 (TTY: 711)
Website	carefirst.com/medicaid
Special Needs Coordinator	410-779-9369 or 800-730-8530 (TTY: 711)—select option 4 and ask for Special Needs Coordinator
Online Member Portal (My Account)	carefirst.com/myaccount
Civil Rights Coordinator	Office of the Civil Rights Coordinator CareFirst BlueCross BlueShield Community Health Plan Maryland P.O. Box 8894 Baltimore, MD 21224 Fax: 410-505-2011 Email: civilrightscoordinator@carefirst.com
Customer Service	410-779-9369 or 800-730-8530; TTY: 711
Billing	CareFirst BlueCross BlueShield Community Health Plan Maryland Attn: Claims Department P.O. Box 915 Owings Mills, MD 21117
Coordination of Benefits	CareFirst BlueCross BlueShield Community Health Plan Maryland Attn: Enrollment Department P.O. Box 915 Owings Mills, MD 21117
Reporting Fraud and Abuse Address	CareFirst CHPMD Compliance/Special Investigations Unit (SIU) E-mail: SIU@carefirst.com Write us: CareFirst BlueCross BlueShield Community Health Plan Maryland Compliance/SIU PO Box 915 Owings Mills, MD 21117 Call us: 410-998-5480 or toll-free hotline 800-336-4522
Care Management	Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) and select option 4

Utilization Management	Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) and select option 1
Enrollment Department	Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) and select option 1
Pharmacy Services and Mail-Order Pharmacy in Maryland	CVS Caremark: 855-566-8397
SPECIALTY BEHAVIORAL HEALTH / SUBSTANCE ABUSE SERVICES	
Behavioral Health	maryland.carelonbh.com
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 a [Designation of Personal Representative](#) form. This form lets CareFirst CHPMD talk to someone other than you. Your [designation of personal 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	410-649-0500
Baltimore County	410-887-2243	410-887-2828	410-887-8741
Calvert	410-535-5400	410-414-2489	410-535-5400, ext. 360
Caroline	410-479-8000	410-479-8014	410-479-8189

County	Main Phone Number	Transportation Phone Number	Administrative Care Coordination Unit (ACCU) Phone Number
<u>Carroll</u>	410-876-2152	410-876-4813	410-876-4941
<u>Cecil</u>	410-996-5550	410-996-5171	410-996-5130
<u>Charles</u>	301-609-6900	301-609-6923	301-609-6760
<u>Dorchester</u>	410-228-3223	410-901-2426	410-901-8167
<u>Frederick</u>	301-600-1029	301-600-3124	301-600-3124
<u>Garrett</u>	301-334-7777	301-334-7727	301-334-7771
<u>Harford</u>	410-838-1500	410-638-1671	410-942-7999
<u>Howard</u>	410-313-6300	877-312-6571	410-313-7323
<u>Kent</u>	410-778-1350	410-778-7025	410-778-7035
<u>Montgomery</u>	240-777-0311	240-777-5899	240-777-1635
<u>Prince George's</u>	301-883-7879	301-856-9555	301-856-9550
<u>Queen Anne's</u>	410-758-0720	443-262-4462	443-262-4456
<u>St. Mary's</u>	301-475-4330	301-475-4296	301-475-4330
<u>Somerset</u>	443-523-1700	443-523-1722	443-523-1758
<u>Talbot</u>	410-819-5600	410-819-5609	410-819-5600
<u>Washington</u>	240-313-3200	240-313-3264	240-313-3229
<u>Wicomico</u>	410-749-1244	410-548-5142	410-543-6942
<u>Worcester</u>	410-632-1100	410-632-0092	410-629-0614

Getting Started with CareFirst BlueCross BlueShield Community Health Plan Maryland

You have enrolled in a Maryland Medicaid HealthChoice managed care plan. Although CareFirst CHPMD 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.

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 CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor.

We are always here to help. Call CareFirst CHPMD member services at 410-779-9369 or 800-730-8530 (TTY: 711) if you have a question or concern about your coverage or your care.

CareFirst CHPMD Member ID Card

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

You will need your CareFirst CHPMD 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 CareFirst CHPMD member card.

Lost or Stolen Card

Report a lost or stolen card right away and request a new one. Call member services at 410-779-9369 or 800-730-8530 (TTY: 711).


To report a lost or stolen red and white Medicaid ID card, call Beneficiary Services at 800-492-5231.


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.

CareFirst CHPMD Sample Member ID Card

	
Member Name	PCP
Member ID	PCP
MDD plus Enrollee #	PCP
Medicaid ID	
Group Number	RxBin 610084
Effective Date 01/01/26	RxPCN ADV
DOB	RxGroup Rx4209
Sex	
BC/BS Plan Code 695	

	<p>carefirst.com/medicaid</p> <p>Member Services: 800-730-8530 Provider Services: 800-730-8543 HealthChoice EVS: 866-710-1447 HealthChoice Enrollee Help Line: 800-294-4510 Pharmacy Services CVS Caremark: 855-566-4397 Carilion Behavioral Health Services: 800-888-1965 Maryland Healthy Smiles Dental Program: 855-934-9812</p> <p>Members: For medical emergencies, call 911 or go to the nearest hospital. Call your PCP within 48 hours. Outside of Maryland, only medical emergencies are covered. For more information, call Member Services at 410-779-9369 or 800-730-8530.</p> <p>CareFirst providers submit paper claims for scanning to: CareFirst BlueCross BlueShield Community Health Plan Maryland Mail Administrator, P.O. Box 14362, Lexington, KY 40512 All other providers file claims with your local BlueCross and/or BlueShield Plan.</p>
<p>This benefit plan provides covered services for the named member. The member may receive emergency and urgent benefits when services are received outside of the network but may have different reimbursement policies. Other out-of-network services require preauthorization.</p> <p>This member has limited benefits outside of Maryland. Providers should request eligibility/benefit information.</p> <p>CareFirst BlueCross BlueShield Community Health Plan Maryland is a Maryland HealthChoice MCO. HealthChoice is a program of the Maryland Department of Health (MDH).</p> <p>CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association.</p> <p>2019ac</p>	

Medicaid Sample Member ID Card

	<p>STATE OF MARYLAND MEDICAID PROGRAM</p>
IDENTIFICATION NO.	PROVIDER
	BIRTH YEAR
MEDICARE NO.	INS VCN

Glossary of Terms for Member Identification Card

- **Member Name:** The name of the Member insured with the plan
- **Member ID:** MDD plus enrollee #
 - MDD is the member identification code used by CareFirst CHPMD to pay out of state claims. Providers use this to verify membership and coverage
 - Enrollee # is the member identification number used by CareFirst CHPMD to identify each member and pay claims.
- **Medicaid ID:** This is the member identification provided by the Maryland Department of Health and may be referenced by Providers.
- **Group Number:** The internal CareFirst method to identify the plan the member is enrolled in.
- **Effective Date:** The date the Member's coverage began with the plan
- **DOB:** The Member's date of birth
- **Sex:** Male or Female
- **BC/BS Plan Code:** Unique identifier for the plan
- **PCP:** The member's primary care provider name and phone number
- **RxBin:** The Insurance Provider who pays for the member's prescription costs
- **RXPCN:** The Process Control Number is used by providers to route claims
- **RXGroup:** Identifies the member's plan for providers

Register for the Member Portal

Go to carefirst.com/myaccount. You can either sign up to create an account or log in to update your existing account.

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

Pick Your Primary Care Provider (PCP)

When you join CareFirst CHPMD, 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 CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor 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 410-779-9369 or 800-730-8530 (TTY: 711).

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 410-779-9369 or 800-730-8530 (TTY: 711).

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

- 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

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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. **CareFirst CHPMD 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 CareFirst CHPMD card when you get these services. Some services may require a referral or [preauthorization](#). See [Self-Referral](#) to learn more.

Use the CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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

CareFirst CHPMD may assign you a case manager when you enroll with us or soon after. If you think you need case management services or need help contacting your case manager, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 410-779-9369 or 800-730-8530 (TTY: 711) 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](#).
- CareFirst CHPMD 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 CareFirst CHPMD 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 CareFirst CHPMD 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 CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor 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 CareFirst CHPMD card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use the CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 carefirst.com/medicaid-doctor or call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

CareFirst CHPMD EPSDT Covered Services

- Diagnostic Services
- Hearing Services
- Immunizations
- Lead Screening
- Screening services
- Treatment
- Vision Care Services

EPSDT Services Covered by Maryland Medicaid

- Behavioral Health
- 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 services](#), 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 410-779-9369 or 800-730-8530, then select Option #4 and ask to speak with a special needs coordinator.

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 CareFirst CHPMD 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 CareFirst CHPMD. **We only approve requests when we do not have a local, comparable, and available [in-network](#) specialty provider.**

- **New CareFirst CHPMD 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 CareFirst CHPMD.
 - We only approve these requests when the child is receiving these services before joining CareFirst CHPMD

For help, call our [special needs coordinator](#) at 410-779-9369 or 800-730-8530, then select Option #4 and ask to speak with a special needs coordinator.

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 CareFirst CHPMD 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 [CareFirst CHPMD Value-Added Benefits](#).
- Use the CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).
- For questions or help, call our special needs coordinator at 410-779-9369 or 800-730-8530, then select Option #4 and ask to speak with a special needs coordinator. 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 410-779-9369 or 800-730-8530 (TTY: 711).

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.

Birth 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](#).

CenteringPregnancy

- 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 2026. 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 410-779-9369 or 800-730-8530 (TTY: 711).

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, CareFirst CHPMD will help you schedule an appointment for prenatal care within 10 days of your request.
 - **New CareFirst CHPMD 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
- CareFirst CHPMD will help you to schedule an appointment for postpartum care within 10 days of your request.
 - New CareFirst CHPMD 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 410-779-9369 or 800-730-8530 (TTY: 711).

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 Week 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

When to go	What to expect
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 CenteringPregnancy □ 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
36–40 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

When to go	What to expect
40–42 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 checkup 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.

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 CareFirst CHPMD 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, 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.**

Special needs members can get certain services, supplies and equipment, and see in-network specialists without a referral.

Maryland Medicaid has identified groups of people who may need special health care 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 410-779-9369 or 800-730-8530, then select Option #4 and ask to speak with a special needs coordinator.

People Experiencing Homelessness

Call our [special needs coordinator](#) at 410-779-9369 or 800-730-8530, then select Option #4 and ask to speak with a special needs coordinator 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 CareFirst CHPMD 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
 - CareFirst CHPMD 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

CareFirst CHPMD 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 CareFirst CHPMD [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.

CareFirst CHPMD may cover some non-emergency medical transportation for special reasons. For more information, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

Other Covered Benefits: Members 21 Years Old and Younger

CareFirst CHPMD 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.

CareFirst CHPMD may pay for these services if they are part of home health service 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 CareFirst CHPMD card when you get these services. There are no grievance or appeal rights for these benefits. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

For more information on benefits, see Essential Benefits and Other Covered Benefits.

Value-Added Benefits Offered by CareFirst CHPMD

Pregnancy			
Benefit	What it is	Who can get this	Limitations
Pregnancy Services	<p>Your plan covers the following:</p> <ul style="list-style-type: none"> ■ Free Meal Service for members who are 20–28 weeks pregnant ■ Prenatal visits ■ Breast pump ■ Prenatal vitamins ■ Nutrition counseling session ■ Support to quit smoking ■ Over-the-counter medicines and supplies ■ Hospital stays 	Pregnant members	Pregnancy Services
Mommy Meals Program	<p>A healthy and tailored home-delivered food, nutrition coaching and health education program for members.</p> <p>Visit nourishedrx.com/enrollment/mommymeals, call/text 833-428-1488 (TTY: 711) 8 a.m.–8 pm ET or email mommymeals@nourishedrx.com.</p>	Pregnant members who are 20 to 28 weeks pregnant	
Baby Steps Program	<p>A case management program that helps you schedule OB visits, connect you to community services such as WIC, SNAP, etc., and arrange special consultations or tests necessary for a healthy pregnancy.</p> <p>You will automatically be enrolled into this program once you become pregnant.</p> <p>Call 410-779-9369 or toll-free at 800-730-8530 (TTY: 711) for more information or if you haven't heard from one of our case managers.</p>	Pregnant members	
Prenatal Benefit (Bright Beginnings Benefit)	<p>Receive a \$125 gift card if you attend at least one childbirth class, breastfeeding class, or infant care class.</p> <p>Once you attend one of the classes listed, call member services at 410-779-9369 or toll-free at 800-730-8530 (TTY: 711) to let them know the name of the class you attended, date and location.</p> <p>The OB team will verify your attendance and send you your gift card.</p>	Pregnant members	

Pregnancy			
Benefit	What it is	Who can get this	Limitations
After Pregnancy Benefits (Baby Steps Benefit)	<p>As a new parent, you will receive a \$125 gift card (effective 1/1/2026) to purchase baby health and safety items such as car seat, strollers, baby sleep clothes, and more.</p> <p>Once you have delivered your baby, the gift card will be mailed to you.</p> <p>Restrictions may apply.</p>	Post Pregnancy members	The gift card is for the member who delivered the baby only.
PREVENTATIVE CARE AND OTHER PROGRAMS			
Home Delivered Meals Post-Discharge from a Hospital Stay	CareFirst CHPMD will provide members with up to 18 nutritious meals to eligible members recovering from an inpatient stay in a hospital who have no support at home upon discharge.	All members	Members will need their physicians or facility discharge planners to obtain prior authorization for meals from CareFirst CHPMD case managers.
Adult Vision	<p>The mandatory HealthChoice benefit allows for adults to receive a vision exam every two years.</p> <p>CareFirst CHPMD will provide one pair of glasses or contact lenses every two years to all adult members in the event the exam outlines the need for glasses.</p>	Adults 21 and older	\$150 limit for glasses or contact lenses. Contact Superior Vision at 888-486-1230 for more information.
Pediatric Vision	The mandatory HealthChoice benefit allows for those under 21 to receive a vision exam every year. CareFirst CHPMD will provide glasses. Contact lenses may be provided if there is a medical reason why glasses will not work.	Members 21 and under	Contact lenses only if medically necessary
Over-the-Counter Medications and Supplies (OTC)	<p>With a prescription, members can receive OTC items through the CareFirst CHPMD Formulary.</p> <p>To view our formulary, visit carefirst.com/medicaid/members/drug-listformulary-updates.html.</p>	All members with a prescription	
Transportation Benefit	<p>As a member, you get 6 free one-way rides for all non-emergency medical needs.</p> <p>To access the benefit, visit: carefirst.member.saferidehealth.com or call 833-509-0250</p>	Members	6 one-way rides during 2026 benefit year

Prenatal/Postpartum Programs

When you are pregnant, CareFirst CHPMD will send you a pregnancy education package. It will include:

- A letter welcoming you to our Baby Steps Program
- How to contact your dedicated OB Case Manager
- Information on our text program delivering prenatal health and nutrition information
- Pregnancy resources on prenatal health, WIC program, car seat safety, MD Healthy Smiles Dental Program, Babies Born Healthy, and local health department contact information

To ensure the healthiest pregnancy possible, your first prenatal visit should be in your first trimester of pregnancy or within 42 days of enrolling with CareFirst CHPMD.

Services that may be done at your 1st visit:

- Early sonogram to confirm your pregnancy and due date
- Hear your baby's heartbeat
- Blood work to determine pregnancy risk factors

If you haven't already, please schedule your first OB visit today

During your pregnancy, your OB Case Manager will:

- Contact you periodically to make sure you are getting the care you need
- Send you additional information on Breastfeeding, Family Planning, and the Maternal, Infant, and Early Childhood home visiting program.
- Discuss birth control options for after delivery
- Connect you to a pediatrician in your area that treats children from birth to age 21
- Address any concerns or questions you might have, as well as connect you to community resources available in your area

After you have your baby, CareFirst CHPMD will send you a postpartum education package. It will include:

- A letter congratulating you on the birth of your baby and the importance of postpartum follow-up care
- Baby-care information including Safe Sleep and Never Shake a Baby
- Recommended child and adolescent vaccination schedule
- Links to resources about Postpartum Depression and Domestic Violence
- How to contact HealthChoice to find out if you need to reapply for your health insurance

MyHealth Rewards

Your health is very important to us. That's why CareFirst CHPMD offers a free program called MyHealth Rewards. If you are eligible, you can earn a gift card reward by doing healthy activities. You will not only get a reward, but you'll also get healthier. This program is free, so make sure to participate.

How to get your gift card:

- **Complete activities:** Do the healthy activities between January 1, 2026-December 31, 2026.
- **See a doctor:** To get the Adult and Pediatric Wellness gift card(s), you or your child must see a doctor. Find a doctor at carefirst.com/medicaid-doctor or call the Quality Team at 410-921-2130 (TTY:711), Monday–Friday 8 a.m.–5 p.m. for help.
- **Contact us:** After you complete the activity, call the Quality Team at 410-921-2130 (TTY:711), Monday–Friday 8 a.m.–5 p.m. and give them:
 - Your Member ID Number
 - Date of your visit or class
 - Provider's Name

Things to keep in mind:

- You can get **one gift card** for each Adult and Pediatric Activity.
- **Maternity Activities:** You can get one gift card for each pregnancy.
- **Claim your gift card:** Make sure to claim your gift card by January 31, 2027.

Activity	Description	Gift Card Amount	Eligible Members
ADULT WELLNESS ACTIVITIES			
Preventive/ambulatory health services	Visit with doctor to check on your overall health	\$75 January–July; \$50 August–December	CareFirst CHPMD members ages 20–64
A1C Test	Diabetes test to check your A1C hemoglobin level	\$50	CareFirst CHPMD members ages 18–64
A1C Control	Diabetes test to check your A1C hemoglobin level	\$80	CareFirst CHPMD members ages 18–64
Kidney Health Evaluation	Diabetes test to check for protein in the urine called albumin	\$50	CareFirst CHPMD members 18-64 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation
Diabetes Eye Exam	Exam to check your eye health and vision	\$50	CareFirst CHPMD members ages 18–64
Breast Cancer Screening	Exam to check breast for cancer	\$50	CareFirst CHPMD Members ages 50–64 who have had at least one breast screening mammogram in the last two years

Activity	Description	Gift Card Amount	Eligible Members
Cervical Cancer Screening (PAP Smear)	Exam to check for cervical cancer	\$50	CareFirst CHPMD Members ages 24–64 who have had at least one cervical cancer screening in the last three years
Colorectal Screening	Exam to check for colon cancer	\$50	CareFirst CHPMD Members ages 50–75**

** To get the gift card for colorectal screening, you also need to have completed one of these tests: fecal occult blood test (in the last year), flexible sigmoidoscopy (within five years), colonoscopy (within ten years), CT colonography (within five years), or stool DNA test (within three years).

Activity	Description	Gift Card Amount	Eligible Members
PEDIATRIC WELLNESS ACTIVITIES			
Well-Child Visit (First 30 Months)	Visit with child's doctor to check on their overall health	\$15 per visit; no more than eight visits before the age of 3	CareFirst CHPMD members ages 0–3
1-Year-Old Lead Test	Blood draw to check for lead in your child's blood	\$50	CareFirst CHPMD members who turn 1 in 2026
2-Year-Old Lead Test	Blood draw to check for lead in your child's blood	\$50	CareFirst CHPMD members who turn 2 in 2026
Well-Child Visit (School-Aged Children 9–13)	Visit with child's doctor to check on their overall health	\$30	CareFirst CHPMD members aged 9–13 years old
Well-Child Visit (Older Children 17–21)	Visit with child's doctor to check on their overall health	\$75	CareFirst CHPMD members aged 17–21 years old
Immunizations (0–2 years)	Visit with child's doctor to get necessary vaccines	\$30	CareFirst CHPMD members up to 2 years old who have received all vaccinations, including the flu vaccine
13-Year-Old Birthday Immunization Review	Visit with child's doctor to make sure they got all important vaccines	\$30	CareFirst CHPMD Members who are 13 years old**
Human Papillomavirus (HPV)	Visit with child's doctor to get necessary vaccines	\$50	CareFirst CHPMD members aged 9–13 to receive their full HPV vaccine series on or before their 13 th birthday

**To get this gift card, 13-year-olds need to have: one dose of the meningococcal vaccine, one Tdap vaccine and the complete HPV vaccine series.

Activity	Description	Gift Card Amount	Eligible Members
MATERNITY WELLNESS ACTIVITIES			
Prenatal Education Classes	Attend breastfeeding, childbirth or infant care classes at participating facilities	\$125	CareFirst CHPMD members who are pregnant
Baby Steps Program	Gift card for newborn safety and health needs	\$125	CareFirst CHPMD members who have a newborn

What's Not Covered

There are benefits that Maryland Medicaid does not require any HealthChoice managed care organization to cover. Maryland Medicaid may cover some of these benefits directly if they are medically necessary. A HealthChoice managed care organization may choose to cover some of these benefits, but they do not have to.

Your provider must tell you if Medicaid does not cover a service and if you will be responsible for paying for that service. For more information, see [Medicaid Billing Rights and Protections](#).

These are benefits that Maryland Medicaid does not require any HealthChoice managed care organization to cover:

- Experimental treatment unless you are in an approved [clinical trial](#).
- A service that is not [medically necessary](#).
- A service ordered or given by someone who is not a licensed health care [provider](#).
- A service not allowed under the provider's license.
- [Non-Emergency Medical Transportation](#), but they can help you connect to a ride.
- Health services or case management for children when:
 - They are part of the child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP).
 - They happen in [school](#) or through community-based children's medical program.
- An autopsy
- Medical care you get **outside the U.S.**
- An [abortion](#)
- A weight loss program or exercise plan
- Medicine or shots used only to lose weight
- Help to get pregnant—like in vitro fertilization
- Surgery to undo sterilization that you chose to have
- Help to quit smoking, eat healthy, or get fit—[unless they choose to cover it](#)
- Non-medical service for job training, help finding a job, or learning programs
- A private duty, in-home nurse for an adult 21 or older
- Care you got **before you joined** their plan
- [Dental](#) or braces
- [Oxygen](#) used only as a backup or once in a while
- [Cosmetic surgery](#) just to change how you look
- Nutritional drinks, vitamins, or minerals that you take by mouth
- A service that the [Maryland Medicaid pays for directly](#)

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

If you have [other insurance](#) besides Medicaid, they may cover some of these services. Always tell your provider about your other insurance. Give them all your health insurance information when you check in.

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

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 CareFirst CHPMD card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use the CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 410-779-9369 or 800-730-8530 (TTY: 711).

For more information about the HealthChoice Diabetes Prevention Program, visit <https://health.maryland.gov/mmcp/Pages/HealthChoice-DPP.aspx>.

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 CareFirst CHPMD card when you get these services. **You must have preauthorization for these services.**

Use the CareFirst CHPMD Provider Directory at [carefirst.com/medicaid-doctor](https://www.carefirst.com/medicaid-doctor) to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 CareFirst CHPMD card when you get these services. Some services may require a referral or preauthorization.

Use the CareFirst CHPMD Provider Directory at [carefirst.com/medicaid-doctor](https://www.carefirst.com/medicaid-doctor) to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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.

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 CareFirst CHPMD 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 CareFirst CHPMD Provider Directory carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711). 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 CareFirst CHPMD. See [Self-Referral](#).
- Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD. 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 CareFirst CHPMD. 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 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD card when you get these services. Some services may require a referral or Preauthorization. See Self-Referral.

Use the CareFirst CHPMD Provider Directory carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 [Durable Medical Supplies and Disposable Medical Supplies](#).

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

CareFirst CHPMD 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 CareFirst CHPMD 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 and over-the-counter (OTC) 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 [carefirst.com/medicaid/members/drug-listformulary-updates](https://www.carefirst.com/medicaid/members/drug-listformulary-updates). If you would like us to mail you a copy of the formulary, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) if you have any questions about a prescription or co-pay.

Telehealth and New Technology

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 CareFirst CHPMD card when you get these services. Some services may require a referral or Preauthorization. See Self-Referral.

A telehealth service is subject to the same coverage rules and preauthorizations as an in-person service. See Self-Referral.

Synchronous telehealth is a two-way, real-time visit where you and your provider interact with each other. You can meet your provider face-to-face during an online video meeting. You can meet from almost anywhere using your computer, phone or tablet. Your provider must meet with you from a private space like they would for an in-person visit. Some telehealth visits may be a phone conversation between you and your provider depending on the service.

A health care service provided by telehealth must:

- Be a service that the provider can offer.
- Be the right service for your medical needs.
- Meet the same standard of care as a service provided in person.

There are some health care services that are not eligible for telehealth.

A telehealth service does not include an email, a fax, or some telephone conversations between a health care provider and a patient.

Other covered telehealth services include remote patient monitoring and store-and-forward technology used in dermatology, ophthalmology, or radiology services. This is known as asynchronous telehealth and does not involve real-time interaction between you and your provider.

For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711) or the HealthChoice Helpline at 800-284-4510.

New Technology and Other Advances

CareFirst CHPMD has a review process in place to decide how and when to cover advances in medicine. We regularly review new:

- Medical technology.
- Medications.
- Procedures.
- Treatments.

For more information or questions, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 CareFirst CHPMD card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use the CareFirst CHPMD Provider Directory at carefirst.com/medicaid-doctor to search for a CareFirst CHPMD Medicaid provider to get the care you need near you. For more information or questions, contact Superior Vision at 888-486-1230 or CareFirst CHPMD member services at 410-779-9369 or 800-730-8530 (TTY: 711).

Adults Aged 21+

- One eye exam every two years.
- For more vision benefit information, see CareFirst CHPMD 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 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD 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 410-779-9369 or 800-730-8530 (TTY: 711) or our special needs coordinator at 410-779-9369 or 800-730-8530, then select Option #4 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 CareFirst CHPMD. 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 CareFirst CHPMD network. You will not need a referral from your primary care provider. CareFirst CHPMD 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 CareFirst CHPMD. Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD'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 410-779-9369 or 800-730-8530 (TTY: 711) 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

CareFirst CHPMD's provider network offers many care options throughout our service area, which includes the following counties and city: Allegany, Anne Arundel, Baltimore, Baltimore City, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Montgomery, Prince George's, Queen Anne's, St. Mary's, Somerset, Talbot, Washington, Wicomico and Worcester.

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 410-779-9369 or 800-730-8530 (TTY: 711) for help.

If you move outside our service area, you can change to another managed care plan. 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 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD 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 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD.
- You want to see a provider with experience with your health care needs who is not in CareFirst CHPMD’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 CareFirst CHPMD cannot change your plan.**

Disenrollment

Disenrollment means your coverage ends. If your Medicaid coverage ends, your CareFirst CHPMD coverage will also end. Sometimes, your CareFirst CHPMD coverage may end, but your Medicaid coverage will continue.

When Your CareFirst CHPMD Coverage May End

Medicaid or CareFirst CHPMD can disenroll you, that is end your plan coverage—not your Medicaid coverage, for certain reasons.

We may disenroll you if:

- You have been in a nursing facility for more than 90 days in a row.
 - You may be eligible for long-term care Medicaid coverage.
- You are now in an intermediate care facility for people with intellectual disabilities.
- You join the Rare and Expensive Case Management (REM) Program.
- Your Medicaid coverage type, known as an assistance category, changes to one not eligible for managed care. An example is you are in long-term care.
- You are 65 years old or older.
- You are in jail or prison.
- You enroll in Medicare before age 65 because of a disability.
 - People in both Medicare and Medicaid do not receive care through a managed care plan.
- You have moved outside of the CareFirst CHPMD service area.

Medicaid will disenroll you if enrollment in the managed care plan is in error, and the plan enrollment is not valid. Medicaid will also disenroll a member at the time of their death.

When Your Medicaid Coverage May End

Your Medicaid coverage can end, that is, terminate, for several reasons. You can lose Medicaid coverage if:

- You are no longer eligible for Medicaid.
- You do not renew your Medicaid coverage.

If your Medicaid coverage ends, your CareFirst CHPMD coverage will also end. If you lose your Medicaid coverage and re-apply within 120 days, and are eligible, Medicaid will automatically re-enroll you with CareFirst CHPMD. Your CareFirst CHPMD coverage will start again within 10 days.

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 CareFirst CHPMD. **This is not a bill.** It just tells you what CareFirst CHPMD has paid for. If you see a mistake, like a service you didn't get, call member services at 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD Provider Directory at [carefirst.com/medicaid-doctor](https://www.carefirst.com/medicaid-doctor) 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 CareFirst CHPMD did not pay, call member services at 410-779-9369 or 800-730-8530 (TTY: 711) 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.

Women can see an OB-GYN or a certified nurse midwife without a referral. This includes routine and preventive care such as a check-up, breast exam, mammogram, and Pap test. 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 Healthcare	
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 & 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

Screenings & Procedures*	
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 Virus (HIV)	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
- 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 2 years old (24 months)
- 2 ½ years old (30 months)
- 3 years old
- 4 years old
- 5 years old
- 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

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which vaccines your child might need. Or visit www2.cdc.gov/vaccines/childquiz/




VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20-23 MONTHS	2-3 YEARS	4-6 YEARS
RSV antibody	Depends on mother's RSV vaccine status						Depends on child's health status							
Hepatitis B	Dose 1	Dose 2			Dose 3									
Rotavirus			Dose 1	Dose 2	Dose 3									
DTaP		Dose 1	Dose 2	Dose 3					Dose 4					Dose 5
Hib			Dose 1	Dose 2	Dose 3			Dose 4						
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4						
Polio		Dose 1	Dose 2	Dose 3										Dose 4
COVID-19	At least 1 dose of the current COVID-19 vaccine													
Influenza/Flu	Every year. Two doses for some children													
MMR								Dose 1						Dose 2
Chickenpox								Dose 1						Dose 2
Hepatitis A								2 doses separated by 6 months						

KEY

- ALL children should be immunized at this age
- SOME children should get this dose of vaccine or preventive antibody at this age


Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses a vaccine recommended for their age.



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/



American Academy of Pediatrics

Source: CDC; Materials developed by CDC.

The Maryland Department of Health and CareFirst CHPMD'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.

CareFirst CHPMD Practice Guidelines

CareFirst CHPMD uses practice guidelines to help make sure you get safe, high-quality care. These guidelines are based on medical research and expert advice. They help doctors and other providers know the best ways to treat certain health conditions. The guidelines also consider your needs. CareFirst CHPMD uses them when deciding what services to cover, how to manage your care, and how to help you understand your treatment options. We update our practice guidelines as needed. You can ask for a copy of the guidelines at any time. Call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

Rights and Responsibilities

HealthChoice Managed Care Member Rights

- Receive respectful treatment and have your dignity and privacy considered.
- Get candid and easy-to-understand information about your treatment options—even if they cost more or your plan does not cover them.
- 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, CareFirst CHPMD or our providers treat you.
- File a complaint, grievance or appeal with CareFirst CHPMD.
- Request to continue Medicaid benefits while your appeal or State fair hearing 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 CareFirst CHPMD's network if you disagree with your provider's opinion about a service that you need. Call member services at 410-779-9369 or 800-730-8530 (TTY: 711) 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 CareFirst CHPMD manages the organization. For more information, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).
- 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 CareFirst CHPMD member card with you.
- Never allow anyone else to use your Medicaid or CareFirst CHPMD member card.
- Report a lost or stolen member ID card to CareFirst CHPMD and get a new card.
- Report other health insurance coverage to your provider and to CareFirst CHPMD.
- 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 410-779-9369 or 800-730-8530 (TTY: 711) if you have a problem or a complaint.
- Report required changes to your status within 10 days to the Maryland Health Connection.

Privacy and Confidentiality

Notice of privacy practices

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

The privacy of your medical and financial information is important to us. This notice applies to members of fully-insured groups and individual policyholders only. If you are a member of a self-insured group, while we continue to safeguard your personal information with the same safety mechanisms, you will get a Notice of Privacy Practices from your group health plan. If you are unsure if you are a fully insured or self-insured member, please contact your group administrator.

This notice applies to the privacy practices of CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., FirstCare, Inc. (CareFirst), CareFirst Advantage, Inc., and CareFirst Advantage DSNP, Inc. We may share your financial and protected health information (oral, written or electronic) as well as the protected health information of others on your insurance policy as needed for payment or health care operations purposes.

Uses & disclosures of medical information

Our legal duty

This notice describes our privacy practices, which include how we may use, disclose (share or give out), collect, handle and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect October 1, 2016, and is intended to amend the notice of CareFirst privacy practices with an effective date of April 14, 2003.

We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes.

If we make a significant change in our privacy practices, we will change this notice and post the new notice on our website, carefirst.com, and provide the revised notice or information about the changes and how to get the revised notice in our next annual mailing to our health plan subscribers.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

We maintain physical, electronic and procedural safeguards in accordance with federal and state standards to protect your health information. All of our associates receive training on these standards at the time they are hired and thereafter receive annual refresher training. Access to your protected health information is restricted to appropriate business purposes and requires pass codes to access our computer systems and badges to access our facilities. Associates who violate our standards are subject to disciplinary actions.

Primary uses and disclosures of protected health information

We use and disclose protected health information about you for payment and health care operations. The federal health care privacy regulations (“HIPAA Privacy Rule”) generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, applicable state or federal privacy laws might impose a privacy standard under which we will be required to operate.

For example, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/ chemical dependency, genetic testing and reproductive rights. In addition to these state law requirements, we also may use or disclose your protected health information for health benefits administration purposes (such as claims and enrollment processing, care management and wellness offerings, claims payment, and fraud detection and prevention efforts), for our business operations (including for quality measurement and enhancement and benefit improvement and development) and in the following situations:

- **Payment:** We may use and disclose your protected health information for all activities that are included within the definition of “payment” as written in the HIPAA Privacy Rule. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others that are covered by your health plan. We also may use your information to determine your eligibility for benefits, coordinate benefits, examine medical necessity, obtain premiums and issue explanations of benefits to the person who subscribes to the health plan in which you participate.
- **Health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the HIPAA Privacy Rule. For example, we may use and disclose your protected health information to determine our premiums for your health plan, conduct quality assessment and improvement activities, engage in care coordination or case management, and manage our business.
- **Business associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation or pharmacy benefit management). We may share your contact information and phone number including your mobile number with our business associates. To perform these functions or to provide the services, our business associates will receive, create, maintain, use or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.
- **Other covered entities:** We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Other possible uses and disclosures of protected health information

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your protected health information:

- **To you or with your authorization:** We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. To the extent (if any) that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. Also, to the extent (if any) that we use or disclose your information for our fundraising practices; we will provide you with the ability to opt out of future fundraising communications. In addition, most (but not all) uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice. **Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services (DHHS) when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.
- **To plan sponsors:** Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We also may disclose summary health information (this type of information is defined in the HIPAA Privacy Rule) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.
- **To family and friends:** If you agree (or if you are unavailable to agree), such as in a medical emergency situation or at the time of death, we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment of your health care.
- **Underwriting:** We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or disclose protected health information that is genetic information of an individual for such purposes. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us.
- **Health oversight activities:** We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits, investigations, inspections, licensure or disciplinary actions, or civil, administrative or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system, (ii) government benefit programs, (iii) other government regulatory programs and (iv) compliance with civil rights laws.

- **Abuse or neglect:** We may disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.
- **To prevent a serious threat to health or safety:** Consistent with certain federal and state laws, we may disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Coroners, medical examiners, funeral directors and organ donation:** We may disclose protected health information to a coroner or medical examiner for purposes of identifying you after you die, determining your cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye or tissue donation and transplantation.
- **Research:** We may disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information and (2) approved the research.
- **Inmates:** If you are an inmate of a correctional institution, we may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you, (2) your health and safety and the health and safety of others or (3) the safety and security of the correctional institution.
- **Workers' compensation:** We may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Public health and safety:** We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.
- **Required by law:** We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to DHHS upon their request for purposes of determining whether we are in compliance with federal privacy laws.
- **Legal process and proceedings:** We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.
- **Law enforcement:** We may disclose to a law enforcement official limited protected health information of a suspect, fugitive, material witness, crime victim or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.
- **Military and national security:** We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful counterintelligence, intelligence and other national security activities.

- **Other uses and disclosures of your protected health information:** Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

Individual rights

Access

You have the right to look at or get copies of the protected health information contained in a designated record set, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so.

You must make a request in writing to obtain access to your protected health information. You may request the information be as an electronic copy in certain circumstance, if you make the request in writing.

You also may request access by sending a letter to the address at the end of this notice.

If you request copies, we might charge you a reasonable fee for each page and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so.

We may deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request.

Disclosure accounting

You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities.

We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure and certain other information. Your request may be for disclosures made up to six years before the date of your request.

You may request an accounting by submitting your request in writing using the information listed at the end of this notice. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction requests

You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we

do, we will abide by our agreement (except in an emergency) until or unless we receive a written request from you to terminate the restriction.

Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction by notifying you in writing.

You may request a restriction by writing to us using the information listed at the end of this notice.

In your request tell us:

1. The information of which you want to limit our use and disclosure and
2. How you want to limit our use and/or disclosure of the information. You may also use the information listed at the end of this notice to send a written request to terminate an agreed upon restriction.

Confidential communication

If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. We may accommodate your request if it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled.

You may request a confidential communication by writing to us using the information listed at the end of this notice.

Amendment

You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation.

You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic notice

Even if you agree to receive this notice on our website or by electronic mail (email), you are entitled to receive a paper copy as well. Please contact us using the information listed at the end of this notice to obtain this notice in written form. If the email transmission has failed, and CareFirst is aware of the failure, then we will provide a paper copy of the notice to you.

Breach notification

In the event of breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

Collection of Personal Financial Information & Uses and Disclosures of Financial Information

We may collect personal financial information about you from many sources, including:

- Information you provide on enrollment applications or other forms, such as your name, address, social security number, salary, age and gender.
- Information about your relationship with CareFirst our affiliates and others, such as your policy coverage, premiums and claims payment history.
- Information as described above that we obtain from any of our affiliates.
- Information we receive about you from other sources such as your employer, your provider, your broker and other third parties.
- Information we receive about you when you log on to our website. We have the capability through the use of "cookies" to track certain information, such as finding out if members have previously visited the CareFirst Website or to track the amount of time visitors spend on the Website. These cookies do not collect personally identifiable information and we do not combine information collected through cookies with other personal financial information to determine the identity of visitors to its Website. We will not disclose cookies to third parties.

How your information is used

We use the information we collect about you in connection with underwriting or administration of an insurance policy or claim or for other purposes allowed by law. At no time do we disclose your financial information to anyone outside of CareFirst unless we have proper authorization from you, or we are permitted or required to do so by law. We maintain physical, electronic and procedural safeguards in accordance with federal and state standards that protect your information.

In addition, we limit access to your financial information to those CareFirst employees, business partners, providers, benefit plan administrators, brokers, consultants and agents who need to know this information to conduct CareFirst business or to provide products or services to you.

Disclosure of your financial information

In order to protect your privacy, third parties that are either affiliated or non affiliated with CareFirst are also subject to strict privacy laws.

Affiliated entities are companies that are part of the CareFirst corporate family and include health maintenance organizations (HMOs), third party administrators, health insurers, long term care insurers and insurance agencies.

In some situations, related to our insurance transactions involving you, we will disclose your personal financial information to a non-affiliated third party that helps us to provide services to or for you. When we disclose information to these third parties, we require them to agree to protect your financial information and to use it only for its intended purpose, and to comply with all relevant laws.

Changes in our privacy policy

CareFirst periodically reviews its policies and reserves the right to change them. If we change the substance of our privacy policy, we will continue our commitment to keep your financial information secure—it is our highest priority. Even if you are no longer a CareFirst customer, our privacy policy will continue to apply to your records.

Questions and complaints

Information on CareFirst privacy practices

You may request a copy of our notices at any time. If you want more information about our privacy practices, if you would like additional copies of this notice, or have questions or concerns, please call the member services number on your ID card or contact the CareFirst Privacy Office using the information below.

Filing a complaint

If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us. You also may submit a written complaint to DHHS. We will provide you with the contact information for DHHS upon request.

We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with DHHS.

Contact information

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc.

Privacy Office

PO Box 14858,

Lexington, KY 40512

Phone: 800-853-9236

Fax: 410-505-6692

Email: privacy.office@carefirst.com

HIPAA Privacy Consent & Authorization Form

Consent and Notice of Privacy Practices

This consent form allows CareFirst BlueCross BlueShield Community Health Plan Maryland to use and disclose information about me protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information may be used or disclosed to carry out treatment, payment, or health care operations.

CareFirst BlueCross BlueShield Community Health Plan Maryland has provided me with a Notice of Privacy Practices, which completely describes uses and disclosures of my protected health information. It provided this notice prior to my signing this form in accordance with my right to review its practices before signing consent.

I understand that the terms of the Notice of Privacy Practices may change and that I may obtain revised notices by either writing to CareFirst BlueCross BlueShield Community Health Plan Maryland at the address provided below:

CareFirst BlueCross BlueShield Community Health Plan Maryland Attention: Compliance Department
P.O. Box 915
Owings Mills, MD 21117

Or by calling CareFirst BlueCross BlueShield Community Health Plan Maryland Member Services Department at the telephone numbers provided below:

Local: 410-779-9369; Toll Free: 800-730-8530; TTY: 711

Hours of Operation: 8 a.m.–5 p.m., Monday–Friday

Right to Request Plan's Use and Disclosure of Protected Health Information

I understand that I have the right to request—now and in the future—how protected health information is used or disclosed to carry out treatment, payment, and health care operations. I understand that while CareFirst BlueCross BlueShield Community Health Plan Maryland is not required to agree to my requested restrictions, if it does agree, it is bound by that agreement. I understand that CareFirst BlueCross BlueShield Community Health Plan Maryland may refuse me services if I refuse to sign this consent.

Authorization to Use and Disclose My Protected Health Information to individuals I have specifically designated below:

This also serves as an authorization under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 [45 CFR § 164.508]. It authorizes CareFirst BlueCross BlueShield Community Health Plan Maryland staff to use and/or disclose my protected health information (PHI) with the individual(s) I have listed below for the purpose(s) designated by me. This authorization is valid until such time as I elect to revoke it.

Name	Telephone Number	Relationship to Member

Purpose(s): Check those applicable for the individual listed above

- Authorized to act as my representative in requesting services and/or payment of claims from the health plan only.
- Authorized to make any changes to the demographics in my membership record, including but not limited to address changes, telephone number changes, email address changes, and request for a replacement ID card only.
- Authorized to act as my representative in connection with my claim or asserted right under the Code of Maryland Regulations (COMAR), 10.01.04-12, 10.09.71.05, and 10.09.75.05. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals and grievance information; and to receive any notice in connection with my appeal or grievance, wholly in my stead. I understand that personal medical information related to my appeal or grievance may be disclosed to the representative indicated above.
- Authorized for all of the above actions.

Name	Telephone Number	Relationship to Member

Purpose(s): Check those applicable for the individual listed above

- Authorized to act as my representative in requesting services and/or payment of claims from the health plan only.
- Authorized to make any changes to the demographics in my membership record, including but not limited to address changes, telephone number changes, email address changes, and request for a replacement ID card only.
- Authorized to act as my representative in connection with my claim or asserted right under the Code of Maryland Regulations (COMAR), 10.01.04-12, 10.09.71.05, and 10.09.75.05. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals and grievance information; and to receive any notice in connection with my appeal or grievance, wholly in my stead. I understand that personal medical information related to my appeal or grievance may be disclosed to the representative indicated above.
- Authorized for all of the above actions.

Right to revoke this consent and authorization

I understand that I have the right to revoke this consent and authorization at any time provided that I do so in writing, but that CareFirst BlueCross BlueShield Community Health Plan Maryland and any other entity working directly with CareFirst BlueCross BlueShield Community Health Plan Maryland for the purposes of carrying out treatment, payment, or health care operations on my behalf may still use information to complete any actions that it began prior to my revoking consent and which rely on my protected health information. I understand that CareFirst BlueCross BlueShield Community Health Plan Maryland may refuse me further service if I revoke consent.

Signature of Member	Date
Member ID Number (from membership ID card):	

Utilization Management Affirmative Statement

- Utilization Management (UM) decision making is based only on appropriateness of care and service and existence of coverage.
- CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) does not specifically reward practitioners or other individuals for issuing denials of coverage or service care.
- Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.
- CareFirst CHPMD does not use incentives to encourage barriers to care and service.

This affirmation statement is provided to all Utilization Management, Appeals and Grievances, and Medical Directors upon hire, and annually thereafter, in accordance with SPR Standard 7.1 and NCQA standard MED 9.

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.

CareFirst CHPMD has a process for filing a complaint, grievance, or an 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 CareFirst CHPMD handled your complaint.

Appeal: File an appeal if CareFirst CHPMD has denied, reduced, or ended a service you think you need. This is known as an adverse benefits determination. You or your designation of personal representative can file an appeal on your behalf. You must file an appeal within **60 days** from the date on your denial notice.

How to Keep Getting Services While Your Appeal or State Fair Hearing is Pending

If CareFirst CHPMD notifies you that we plan to reduce or end a service, you may still be able to get that service if:

- You filed an appeal or asked for a state fair hearing by the filing deadline.
- It is a service we previously approved for you.
- The original coverage period for services has not expired.

However, you may have to pay back the cost for any service you got while your appeal or fair hearing is pending if CareFirst CHPMD or the administrative law judge upholds the denial. For more information, see *When Your Appeal Decision Is in Your Favor*.

Request Deadline

The deadline to ask to keep getting services is on or before the latest of these dates:

- Within 10 calendar days of when we sent the denial notice, or
- Before the date when CareFirst CHPMD will reduce or end your service.

You can ask to keep services when you file an appeal or ask for a State fair hearing. You can also call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

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 410-779-9369 or 800-730-8530 (TTY: 711).

CareFirst CHPMD Internal Complaint/Appeals Procedure

Grievances and Appeals

You can call our member services department at 410-779-9369 or 800-730-8530 (TTY: 711), Monday–Friday from 8 a.m.–5 p.m.

CareFirst CHPMD’s internal grievance procedures

If you have a complaint, you can contact us at 410-779-9369 or 800-730-8530 (TTY: 711) or you can send us a complaint in writing at the address provided below.

Appeals

If your complaint is about a service you or a provider feel you need but we will not cover, you can ask us to review your request again. This is called an appeal. If you want to file an appeal, you must file it within 60 days from the date on the letter saying the MCO would not cover the service you wanted.

You may file your appeal in writing. We have a simple form you can use to file your appeal. Please call member services at 410-779-9369 or 800-730-8530 (TTY: 711) to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it. This form can also be found on our website at carefirst.com/medicaid.

Once you complete the form, you should mail it to:

CareFirst BlueCross BlueShield Community Health Plan Maryland
Attention: Appeals & Grievance Department
P.O. Box 915
Owings Mills, MD 21117

Your doctor can also file an appeal for you if you sign a form giving him or her permission. Other people can also help you file an appeal, like a family member or a lawyer, when they file a form (i.e., an Designation of Representative Form) allowing them to file on your behalf.

When you file an appeal, be sure to let us know any new information that you have that will help us make our decision. We will send you a letter letting you know that we received your appeal within 5 business days of receipt in the company. 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 people who denied your request for a service.
- Make a decision about your appeal within 30 days.

The appeal process may take up to 44 days if you ask for more time to submit information or the MCO needs to get additional information from other sources. The MCO will call and send you a letter within two days if they need additional information.

If your doctor or CareFirst CHPMD feels that your appeal should be reviewed quickly due to the seriousness of your condition, this is called an expedited appeal. A CareFirst CHPMD Medical Director will review the request and determine if your issue is life threatening. You will receive a

decision about your appeal within 72 hours. When you ask for an expedited appeal, you may do so by calling us or asking us in writing.

If we do not feel that your appeal needs to be reviewed quickly, we will try to call you and send you a letter letting you know that your appeal will be reviewed within 30 days.

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 at 410-779-9369 or 800-730-8530 (TTY: 711) 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.

Once we complete our review, we will send you a letter letting you know our decision.

If you appealed the MCO's initial decision and you received a written denial, you have the opportunity for the State to review your decision.

To appeal the MCO's decision, you must request that the State file a notice of appeal with the Office of Administrative Hearings on your behalf. The request for a State Fair Hearing must be submitted no later than 120 days from the date of the MCO's notice of appeal resolution.

Grievances

If your complaint is about something other than not receiving a service, this is called a grievance. Examples of grievances would be, not being able to find a doctor, trouble getting an appointment, or not being treated fairly by someone who works at CareFirst CHPMD or at your doctor's office.

If your grievance is:

- About an urgent medical problem you are having, it will be solved within 24 hours.
- About a medical problem but it is not urgent, it will be solved within 5 days.
- Not about a medical problem, it will be solved within 30 days.

If you would like a copy of our official complaint procedure, or if you need help filing a complaint, please call member services at 410-779- 9369 or 800-730-8530 (TTY: 711). You may also submit your grievance in writing. We have a simple form you can use to submit your grievance. Please call member services at 410-779- 9369 or 800-730-8530 (TTY: 711) to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it. This form can also be found on our website at carefirst.com/medicaid.

Once you complete the form, you should mail it to:

CareFirst BlueCross BlueShield Community Health Plan Maryland
Attn: Appeals & Grievance Department
P.O. Box 915
Owings Mills, MD 21117

Appeals and Grievances Form

- Filing a Pre-Service Appeal (a prior authorization denial)
- Filing a Post-Service Appeal (a claim denial)
- Filing a Grievance

MEMBER INSTRUCTIONS			
Form must be filled out in its entirety. Use this form when you don't agree with a decision we made about your health care (an appeal) or if you want to tell us you have a complaint (grievance). For help with this form, please call us at 410-779-9369 or 800-730-8530. TTY users please call 711. Our member services staff can talk to you Monday–Friday from 8 a.m.–5 p.m. Reminder: It may take us up to 30 calendar days for a standard (non-expedited) preservice appeal to get back to you.			
Do you or your doctor think that waiting 30 calendar days could be bad for your health? If yes, please tell us why (you can attach a separate piece of paper if you need more room). <input type="radio"/> Yes <input type="radio"/> No			
Last Name	Member's First Name	M.I.	Today's Date
Member ID Number		Date of Birth (D.O.B)	
Member Address			
Phone	Cell	Forms	

NON-PROVIDER SUBMITTING ON BEHALF OF A MEMBER INSTRUCTIONS		
If you are NOT the CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) member but are filing this on behalf of the CareFirst CHPMD member, complete this section. Unless you are the parent of the member, federal and state laws require us to get official authorization for you to represent the member. If the CareFirst CHPMD member has not signed this document, you need to attach a completed Designation of Personal Representative form; proof of guardianship; or Durable Power of Attorney for Health Care. If you have any questions, contact us at 410-779-9369 or 800-730-8530. We are open Monday–Friday from 8 a.m. to 5 p.m.		
Representative/Requestor/Submitter Address		
Relationship to the member		
Representative/Requestor/Submitter Address		
Phone	Fax	Other
Signature of Representative/Requestor/Submitter		

PROVIDER INFORMATION			
To be completed by the provider, if the provider is submitting on behalf of the CareFirst CHPMD member. If the denial was based on an administrative reason (like timely filing, billing issues, etc.) please use the Provider Dispute form instead.			
Provider Name		Group Name	
Provider Tax ID	Provider NPI		Zip Code
Address		City	Zip Code
Phone	Cell	Other	
Claim Amount in question \$	Claim Date of Service(s)		Claim Number(s) if applicable

Note: Please attach a separate sheet of paper for additional claim numbers for processing. If you have any questions, please contact CareFirst CHPMD Provider Services Department at 410-779-9359 or toll free at 800-730-8543. We are open Monday-Friday between the hours of 8 a.m. to 5 p.m.

NON-PROVIDER SUBMITTING ON BEHALF OF A MEMBER INSTRUCTIONS
<p>Select the type of service to be reviewed:</p> <p> <input type="radio"/> Office <input type="radio"/> Outpatient <input type="radio"/> E/R Emergency Room <input type="radio"/> Homecare/(DME) Durable Medical Equipment <input type="radio"/> Inpatient <input type="radio"/> Radiology <input type="radio"/> Lab <input type="radio"/> Other </p>
<p>Reason for Appeal</p> <p>Explain exactly what you are requesting CareFirst CHPMD to reconsider or change in our decision. Attach a copy of any supporting documentation for your appeal. Medical records are required for all clinical reviews.</p>
<p>Reason for Grievance</p> <p>Please tell us why you are filing this complaint and attach a copy of any supporting documentation for your grievance:</p> <p> <input type="radio"/> You don't agree with a decision we made not to cover a service your doctor asked for (appeal) <input type="radio"/> You have a complaint (grievance). Tell us more (you can attach a separate piece of paper if you need more room) </p>

Please fax the form to the CareFirst CHPMD fax 410-779-9367 or mail it to:
CareFirst BlueCross BlueShield Community Health Plan Maryland
Attention: Appeals & Grievances Department
P.O. Box 915
Owings Mills, MD 21117

HealthChoice is a Program of the Maryland Department of Health.

CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

CHPMD01938 (12/23)

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 CareFirst CHPMD has not solved to your satisfaction, you can ask Maryland Medicaid for help. They can help by:

- Working with CareFirst CHPMD to resolve your problem.
- Sending your complaint to a Maryland Medicaid nurse consultant 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 CareFirst CHPMD's Appeal Decision

If you filed an appeal and CareFirst CHPMD 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 CareFirst CHPMD'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 CareFirst CHPMD's appeal process before asking for a state fair hearing.

You have 120 days from the date on your CareFirst CHPMD appeal decision notice to file for a state fair hearing. If you want to keep getting services while your state fair hearing is pending, see [How to Keep Getting Services While Your Appeal or State Fair Hearing Is Pending](#). [You can request a state fair hearing online.](#)



Go to the online appeals form now. Type this link exactly as it appears into your phone or computer's address bar: <https://bit.ly/3C7ThQQ> or scan the QR code.

An administrative law judge will hear your case. The judge will either find in your favor, that is overturn CareFirst CHPMD'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.

When Your Appeal Decision Is in Your Favor

When you win your appeal, CareFirst CHPMD must provide you with the denied, limited, or delayed service you asked for. We must provide the service within 72 hours of receiving notice of the decision.

Member Feedback

Call Us

CareFirst CHPMD wants to hear from you. Do you have an idea about how to improve a process? Or want to bring something to our attention? Call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

Join CareFirst CHPMD's Consumer Advisory Board

The Consumer Advisory Board consists of members, members' families, guardians, caregivers, and member representatives. The group meets regularly throughout the year. The consumer advisory board provides us with member input. For more information about the board, call member services at 410-779-9369 or 800-730-8530 (TTY: 711).

Member Feedback Call

We may contact you about a service you received from us. If we do, share detailed information about your experience. This helps us know how we are doing and how we can improve our members' care.

Non-Discrimination

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) 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). CareFirst CHPMD 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).

CareFirst CHPMD:

- 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, call 410-779-9369 or 800-730-8530 (TTY: 711). These services are available for free.
- If you believe that CareFirst CHPMD 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:
 - Office of the Civil Rights Coordinator
CareFirst BlueCross BlueShield Community Health Plan Maryland
P.O. Box 8894, Baltimore, MD 21224
 - Fax: 410-505-2011
 - Email: civilrightscoordinator@carefirst.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, The Office of the Civil Rights 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: 711).

Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 877-463-3464 (TTY: 711).

አማርኛ/Amharic

የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 877-463-3464 (መስማትለተሳናቸው፡ TTY: 711)።

Arabic/العربية

والبكم الصم هاتف رقم 877-463-3464 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة انكر تتحدث كنت إذا: ملحوظة (711: TTY).

Bàsɔ̀ -wùdù-po-nyò (Bassa)

Dè dɛ nià kɛ dyédé gbo: ɔ jü ké m̄ [Bàsɔ̀ -wùdù-po-nyò] jü ní, níí, à wuɖu kà kò dò po-poòbèin̄ m̄ gbo kpáa. Đá 877-463-3464 (TTY: 711)

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: 711)

Farsi/فارسی

توجه: اگر به زبان فارسی گفتگو می کنی د، تسهی لات زبان ی بصورت رای گان برای شما
داری بگی تماس 877-463-3464 (TTY: 711) 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: 711).

kreyòl ayisyen/Haitian Creole

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-463-3464 (TTY: 711).

Igbo

O buru na asu lbo asusu, enyemaka diri gi site na call 877-463-3464 (TTY: 711)

한국어/Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-463-3464 (TTY: 711)
번으로 전화해 주십시오.

Português/Portuguese

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-463-3464 (TTY: 711)

Русский/Russian

Помощь доступна на вашем языке: 877-463-3464 (TTY: 711). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 877-463-3464 (TTY: 711). Ang mga serbisyong ito ay libre.

Urdu/اردو

877-463-3464 ن کری کال۔ ن ی ہ اب ی دست ن می مفت خدمات کی مدد کی زبان کو آپ تو، ن ی ہ بولتے اردو آپ اگر: خبردار (711: 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: 711).

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: 711)

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 CareFirst BlueCross BlueShield Community Health Plan Maryland Compliance/Special Investigations Unit (SIU)

- Call our dedicated Compliance/SIU line at 410-998-5480 or 800-336-4522, 24 hours a day, and 7 days a week. TTY users may call 711
 - If you want to report FWA but stay anonymous, just state that in your report. Please share as many details as you can. This will help the investigators look into the report.
- Email CareFirst CHPMD Compliance/Special Investigations Unit (SIU) at SIU@CareFirst.com or write to us at:
 - CareFirst BlueCross BlueShield Community Health Plan Maryland
Attention: Compliance/SIU
PO Box 915
Owings Mills, MD 21117

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.

Designation of Personal Representative: Someone who you choose to speak and act on your behalf to make health care-related decisions. A designation of personal representative can be a family member, a friend, a provider, or a lawyer. Representative can be a family member, friend, provider, or a lawyer.

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.

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