Quarterly Pharmacy Provider Forum

Department of Health Care Finance

September 10-11, 2024

AGENDA

* Welcome
* Introductions
* Board of Pharmacy Updates
* DHCF Updates
* MCO Updates
* Contact Information
* Open Discussion

DHCF Updates

DHCF Formulary Changes

Effective 10/1/024

Diabetic Supply Preferred Products List change notification

* Changing from Accu-Chek to One touch meters
* To avoid disruption in delivery of care, stock up on supplies is encouraged.

Beneficiary Triplicate Notice Form

* Replenishment request form is available on FFS providers portal at https://www.dc-pbm.com/.
  - Click on Provider tab, click resources tab and choose forms, the document is under "**Other Forms**"
* Beneficiaries Notice – Triplicate Form Request (dc-pbm.com)

Beneficiary Triplicate Notice Form

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

★ ★ ★

NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION

Si usted no puede obtener sus medicinas hoy. Por favor Llame al 1-(800)-273-4962.
Un representante le ayudará las 24 horas del día y los 7 días de la semana. SPANISH

如果你今天拿不到你的药. 请致电 1-(800)-273-4962。
有代表将为您提供服務，每天 24 小时/一周 7 天。 CHINESE

오늘 약을 구할 수 없으면, 1-(800)-273-4962 로 전화 하시기 바랍니다.
고객 서비스 직원이 하루 24 시간, 주 7 일간 도와주리라 것입니다. KOREAN

መድኋኒትዎን ዛሬውኑ ማግኘት ካልቻሉ እባክዎን በሞዓስ ቁጥር 1-(800) 273 - 4962 ይደውሉ.
ተወካዎን በቀን 24 ሠዓታት በሣምንት 7 ቀናት አርዳታ ያደርጎልዎታል. AMHARIC

Nếu qúi vị không nhận được thuốc trong ngày hôm nay, xin vui lòng gọi số: 1-(800)-273-4962.
Sẽ có nhân viên giúp qúi vị 7 ngày trong tuần, 24 giờ mỗi ngày. VIETNAMESE

Si vous ne pouvez pas obtenir vos médicaments aujourd'hui, veuillez appeler le 1-(800) -273-4962.
Un opérateur vous assistera 24 heures sur 24, 7 jours par semaine. FRENCH

____/____/____ **Date** | _____ **Member Name** | _____ **Medicaid ID (last four #s)**

Today your pharmacist was not able to give you the following medication(s):

_____

WHY? See the reason(s) checked below:

- ◯ You are not eligible for Medicaid today
- ◯ Your prescribing doctor is not a Medicaid doctor
- ◯ Your prescribed drug is not covered by Medicaid
- ◯ Your prescription is being refilled too soon
- ◯ Prior authorization is needed from Medicaid for one of these reasons:
  - ◯ Drug is not preferred – a different preferred drug may be available to treat your condition
  - ◯ Possible drug interaction – this could harm you. Your doctor must be notified.
  - ◯ Quantity is more than is usually prescribed for the days' supply given – this could harm you. Your doctor must be notified.
    - **If this drug requires a prior authorization, but you are not in a managed care health plan, your doctor must contact the Medicaid Pharmacy Call Center at 1-800-273-4962 to ask for authorization.**
- ◯ OTHER REASON _____

WHAT CAN I DO TO FIX THE PROBLEM?

If you are enrolled in AmeriHealth Caritas DC, Amerigroup DC, MedStar Family Choice DC or Health Services for Children with Special Needs (HSCSN) and you did not receive your medication, please **contact your managed care health plan** at the following number:

- AmeriHealth Caritas DC 1-800-408-7511
- Amerigroup DC 1-833-235-2029
- MedStar Family Choice 1-888-404-3549
- HSCSN 202-467-2737 or 1-866-WE-R-4-KIZ (937-4549)

If you are enrolled in the District Medicaid Program and did not receive your medication, call the Medicaid Pharmacy Call Center at 1-800-273-4962. You may be able to get a three (3) day supply of medicine until the issue that prevented you from receiving your medicine today is resolved. Please ask your pharmacist if you can get a three (3) day supply of your medicine.

Remember, most problems with your medication can be worked out! Talk to your pharmacist, talk to your doctor, and try these steps, in order, to get a good result!

ARE THERE ANY OTHER ACTIONS THAT I CAN TAKE?

If your problem still hasn't been solved, you can **call, write, or visit** either the Office of Administrative Hearings or the Office of Health Care Ombudsman to ask for a fair hearing within 90 days of the date of this letter.

Office of Administrative Hearings
441 4th Street, NW, Suite 450 North
Washington, DC 20001
Phone: (202) 442-9094
Fax: (202) 442-4789

Office of Health Care Ombudsman
441 4th Street, NW, 250N
Washington, DC 20001
Phone: (202) 724-7491
Fax: (202) 478-1397

WHAT IF I NEED HELP ASKING FOR A FAIR HEARING?

For help asking for a fair hearing, you may be able to get free legal services. Here are some possible providers.

Bread for the City Legal Clinic
1525 Seventh Street, NW
Phone: (202) 265-2400
1700 Good Hope Road, SE
Phone: (202) 561-8587

Legal Aid Society of the District of Columbia
1331 H Street, NW, Suite 350
Phone: (202) 628-1161
2041 Martin Luther King Jr. Avenue, SE, Suite 201
Phone: (202) 628-1161

Neighborhood Legal Services
64 New York Avenue, NE, Suite 180
Phone: (202) 332-6577

WHAT HAPPENS AT THE FAIR HEARING?

The Office of Administrative Hearings will send you a letter with your hearing date which also describes the hearing process. You may bring a friend, relative, advocate or lawyer who is not an employee of the District of Columbia to assist you at your fair hearing. You may also bring witnesses and any other documents you would like to present.

If you have any questions about this letter, please call 1-800-273-4962.

Beneficiaries Appeals Notice

Contact Number for Members:

- AmeriHealth Caritas 1-800-408-7511
- Amerigroup 800-922-1557
- HSCSN - 202-467-2737 or
- 1-866-WE-R-4-KIZ (937-4549)
- MedstarFamily Choice DC 1-800-404-3549
- Fee For Service Medicaid 1-800-273-4962

Beneficiaries notices are available at http://www.dc-pbm.com/provider/documents

Pharmacy Benefit Administrator

* Effective 10/1/2024
* Magellan Medicaid Administration LLC, the pharmacy benefit administrator (PBA) for fee for service program, is now Prime Therapeutics State Government Solutions LLC (Prime).
* No changes to Claim processing, or contact information.
* Document rebranding from MMA to Prime.
* Call center communication and messaging will be rolled out from 10/1/2024.

Providers Contact Information

* Provider Enrollment – Maximus
  * Nikki Kittrell, Project Director
    * MarthaDKittrell@maximus.com
    * 202-499-3396
* Magellan Providers Relations
  * Allison Williams
    * allison.williams@primetherapeutics.com
  * James Woods
    * james.woods@primetherapeutics.com

DHCF Contact Information

* Charlene Fairfax, RPh, CDE
  * Senior Pharmacist
  * Charlene.fairfax@dc.gov or 202-442-9076
* Gidey Amare, RPh, MS
  * Pharmacist
  * Gidey.amare@dc.gov or 202-442-5956
* Tayiana Reed, Pharm D, MS, AAHIVP, RPH
  * Pharmacist
  * Tayiana.reed1@dc.gov or 202-442-478-1415

DC | HEALTH
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District of Columbia Board of Pharmacy Pharmacist Scope of Practice Updates

Justin Ortique PharmD, RPh, CPM

Executive Director - District of Columbia Board of Pharmacy

Program Manager - Pharmaceutical Control Division

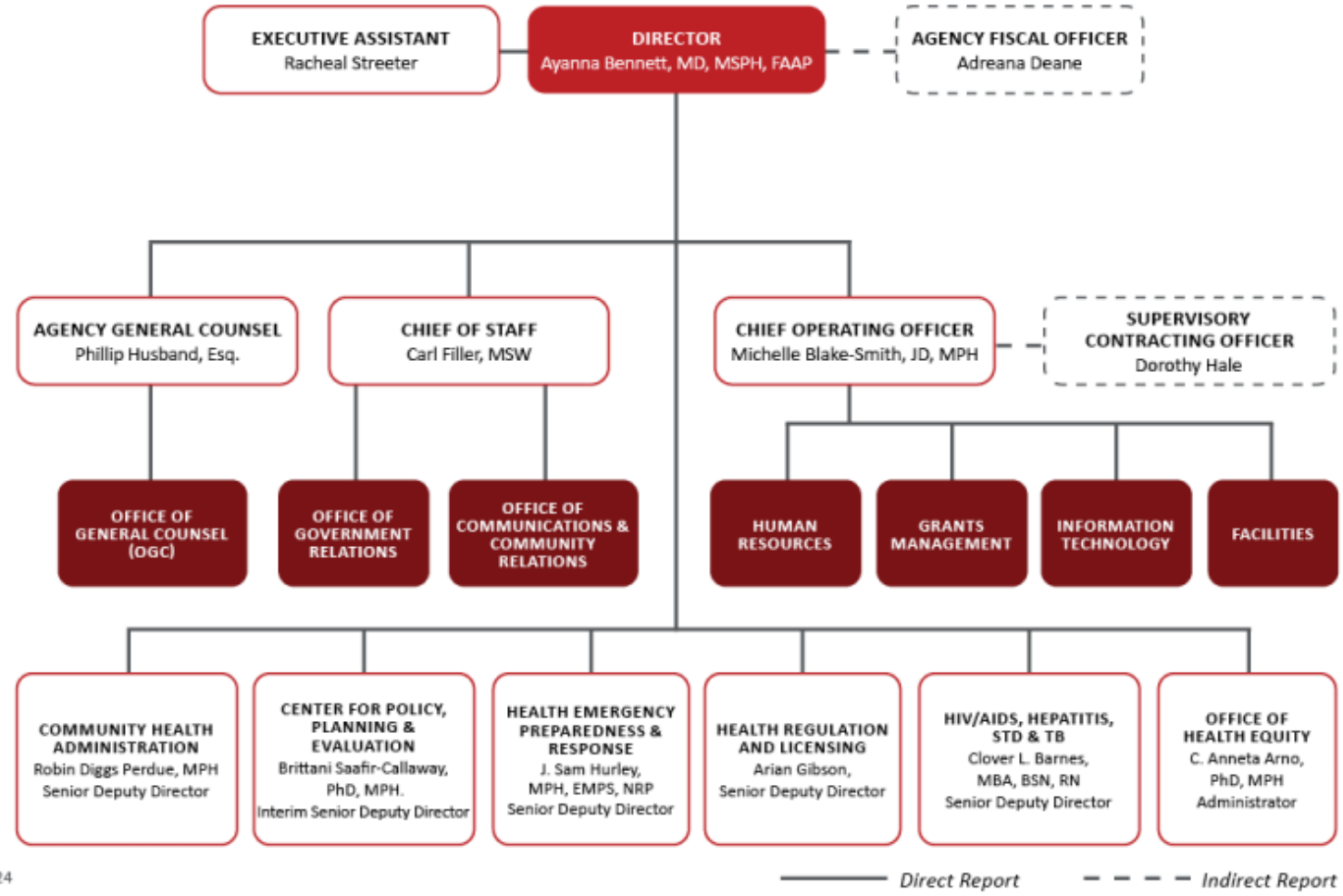
VISION

To be the healthiest city in America

MISSION

The District of Columbia Department of Health promotes health, wellness and equity across the District, and protects the safety of residents, visitors and those doing business in our nation's capital.

DC HEALTH ORGANIZATION STRUCTURE



07/23/2024

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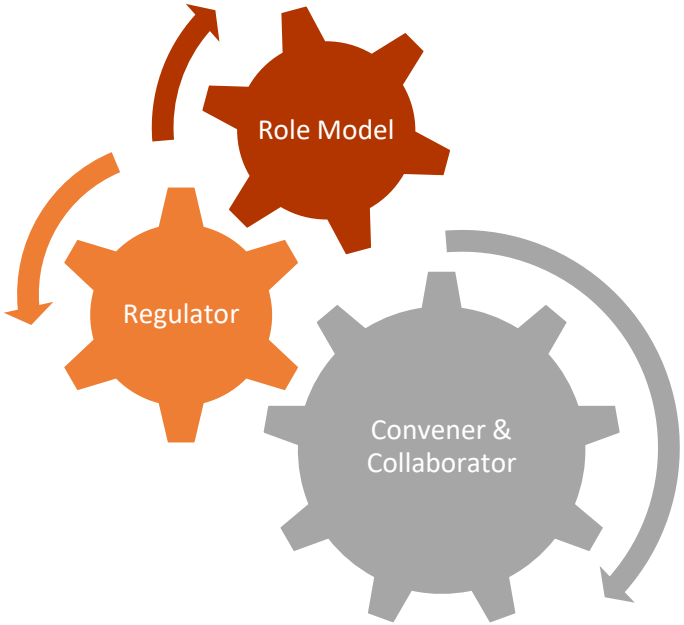
21st Century Public Health Leadership: Transforming DC Health

Role of DC Health



DC Health Strategic Priorities

- Promote a Culture of Health and Wellness
- Address the Social Determinants of Health
- Strengthen Public-Private Partnerships
- Close the Chasm between Clinical Medicine and Public Health
- Implement a data-driven outcome-oriented approach to program and policy development

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Board of Pharmacy Mission Statement

"To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians."

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Health Occupations Revision General Amendment Act of 2023

DC | HEALTH
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Health Occupations Revision General Amendment Act of 2023 (B25-0545)

- DC Health worked on a significant revision of the HORA. This would be the first significant revision in seventeen years.

- The revised HORA received Mayoral approval and has been introduced in the Council as the *Health Occupations Revision General Amendment Act of 2023* (B25-0545).

- This legislation received a hearing on December 7th. Over 80 witnesses, many of whom were healthcare professionals, signed up to provide testimony. DC Health's Associate Director of Health Professional Licensing Boards provided testimony in support and answered questions from the Council. A mark-up was held on March 21st, 2024.

- This legislation was unanimously approved on first and second readings, was then signed by the Mayor on May 29th, and became law on July 19, 2024.

What Changes Effected the Board of Pharmacy?

- The Board composition changed to 5 Pharmacist, 1 Pharmacy Technician and 1 consumer member
- The law now expands the ability of Pharmacy technicians to provide vaccinations under the direct supervision of a pharmacist
- The Pharmacist Scope of Practice was expanded

Pharmacist Scope of Practice

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“Practice of Pharmacy”

“(11)(A) “Practice of pharmacy” means the interpretation and evaluation of prescription orders; the dispensing and labeling of drugs, devices, and biologicals; the compounding of drugs as authorized by federal and District law; the prescribing and dispensing of self-administered hormonal contraceptives when certified by the Board of Pharmacy to do so and in accordance with regulations issued by the Mayor; drug and device selection; responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs, devices, and biologicals, and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease; responsibility for conducting drug-regimen reviews; responsibility for the proper and safe storage and distribution of drugs, devices, and biologicals; the administration of a prescribed drug, device, and biological in accordance with regulations issued by the Mayor; the order and administration of immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention’s published guidelines and recommended immunization schedules for adults aged 18 and older with valid identification, adolescents and children aged 3 through 17 with written informed parental consent or without consent if authorized by District law, and the administration of immunizations and vaccinations to any individual pursuant to a valid prescription when certified by the Board of Pharmacy to do so; conducting health screenings, including ordering, performing, and interpreting Clinical Laboratory Improvement Amendments-waived tests; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; the initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement; the maintenance of proper records; and a range of professional healthcare and clinical services as determined by the Mayor through rulemaking, but including:

“(i) Medication Therapy Management;

“(ii) Management of chronic conditions, including Type 2 diabetes mellitus and hypertension;

“(iii) Performing foot checks for patients with diabetes;

“(iv) Performing point-of-care testing for blood glucose;

“(v) Providing diabetes education;

“(vi) Performing point-of-care testing and cholesterol monitoring;

“(vii) Offering tobacco-cessation services;

“(viii) Providing transition-of-care services;

“(ix) Administering anticoagulation therapy;

“(x) Screening for depression and other mental health conditions;

“(xi) Conducting asthma Control checks;

“(xii) Screening for sexually transmitted diseases; and

“(xiii) Extending prescriptions as medically necessary, excluding controlled substances or specialized medications; and

“(xiv) Initiation of Pre Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) for the prevention of HIV/AIDS pursuant to a protocol.

“(B) For the purposes of this paragraph, the term:

“(i) “Administration” means the direct application of a prescription drug, device, or biological to the body of the patient by injection, inhalation, ingestion, or other means.

What functions are Pharmacist currently allowed to perform?

- Interpretation and evaluation of prescription orders.
- Dispensing and labeling of drugs, devices, and biologicals.
- Compounding of drugs as authorized by federal and District law.
- Drug and device selection.
- Responsibility for advising and providing information, where regulated or otherwise necessary, concerning drugs, devices, and biologicals, and their therapeutic values, content, hazards, and uses in the treatment and prevention of disease.
- Responsibility for conducting drug-regimen reviews.
- Responsibility for the proper and safe storage and distribution of drugs, devices, and biologicals.

What functions are Pharmacist currently allowed to perform?

- *The order and administration of immunizations and vaccinations in accordance with the Centers for Disease Control and Prevention's published guidelines and recommended immunization schedules for adults aged 18 and older with valid identification, adolescents and children aged 3 through 17 with written informed parental consent or without consent if authorized by District law.
  - (*Note: The Board will promulgate regulations to repeal the current regulations that require a protocol and standing order, to address technician vaccinations, and to clarify order and administration of multi-dose vaccinations.)
  - While a pharmacist can order and administer, a pharmacist is not the prescriber, e.g. a pharmacist cannot administer a vaccination pursuant to another pharmacist's order.

What functions are Pharmacist currently allowed to perform?

- The administration of immunizations and vaccinations to any individual pursuant to a valid prescription when certified by the Board of Pharmacy to do so.
- Ordering, performing, and interpreting Clinical Laboratory Improvement Amendments (CLIA)-waived tests.
- The offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy.
- *Initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement (with Physicians only).
- The maintenance of proper records.

What functions are Pharmacist currently allowed to perform?

- *Medication Therapy Management.
  - (*Note: The Board may promulgate regulations to address recordkeeping requirements.)
- Performing foot checks for patients with diabetes.
- Performing point-of-care testing for blood glucose.
- Providing diabetes education.
- Performing point-of-care testing and cholesterol monitoring.
- *Offering tobacco-cessation services.
  - Counseling services for tobacco-cession is permitted.
  - Pharmacists are not able to prescribe medications for tobacco-cessation at this time.
  - (*Note: The Board will promulgate regulations to address prescribing medications for tobacco-cessation.)
- Providing transition-of-care services.
- Conducting asthma control checks.

What functions cannot be performed until after the Board issues regulations?

- Management of chronic conditions, including Type 2 diabetes mellitus and hypertension.
- Prescribing and dispensing of self-administered hormonal contraceptives when certified by the Board of Pharmacy to do so and in accordance with regulations issued by the Mayor.
- Administration of a prescribed drug, device, and biological in accordance with regulations issued by the Mayor.
- Initiating, modifying, or discontinuing a drug therapy in accordance with a duly executed collaborative practice agreement (with a profession other than physicians).

What functions cannot be performed until after the Board issues regulations?

- Administering anticoagulation therapy.
- Screening for depression and other mental health conditions.
- Screening for sexually transmitted diseases.
- Extending prescriptions as medically necessary, excluding controlled substances or specialized medications.
- Initiation of Pre-Exposure Prophylaxis (PrEP) and Post exposure Prophylaxis (PEP) for the prevention of HIV/AIDS pursuant to a protocol.

How to stay informed ?

Board of Pharmacy Open Session Meetings

- Meets 1st Thursday on even numbered months

Legislative and Regulatory Subcommittee Meetings

- Open to the public
- Meets every 4th Wednesday of the month

Questions?

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DACS

District Addiction Consultation Service

1-866-337-DACS (3227)

www.DistrictACS.org

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Provides support to primary care and specialty prescribers across the District of Columbia in the identification and treatment of Substance Use Disorders and chronic pain management.

DC | HEALTH

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All Services are FREE and include:

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Outreach

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Consultation Process

Prescriber calls 1-866-337-DACS

Call is answered by a behavioral health consultant.

Addiction Specialists are available to answer prescriber's questions.

Within 24 hours prescriber receives a summary of their consultation along with relevant resources, referrals, and tools.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DACS

District Addiction Consultation Service

1-866-337-DACS (3227)

www.DistrictACS.org

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Who can participate?

All primary care and specialty prescribers across the D.C.

- Pharmacists
- Physicians
- Advance Practice Nurses
- Physician Assistants

UnitedHealthcare DC Dual Choice

Nicole L Zvosecz, PharmD

Plan Overview

INTEGRATED DSNP BENEFIT COMBINING MEDICARE PART D AND DISTRICT DEFINED MEDICAID COVERAGE

ALL MEMBERS HAVE PART D COVERAGE FOR PRESCRIPTION DRUGS

WRAP BENEFIT/OTC'S AND PART B COST SHARE IS DETERMINED BY MEDICAID

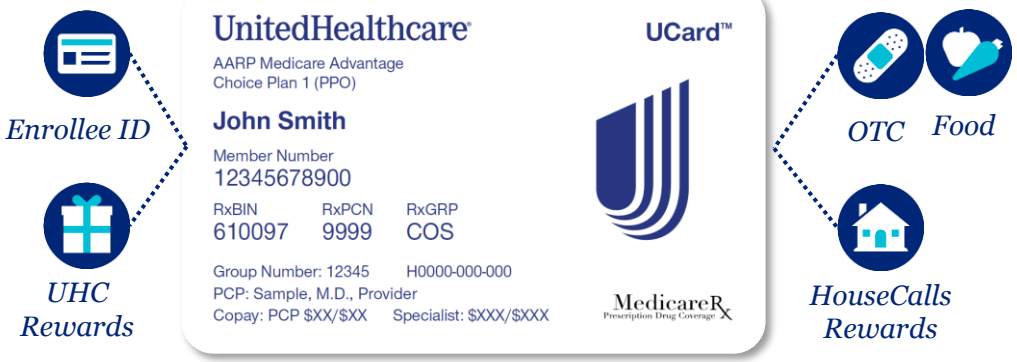
Plan Overview

- Mail Order Benefit
- Members have 1 ID card for both Medicare and Medicaid
- Members have a zero copay on pharmacy benefit medications
- Standard Part D exclusions apply such as weightloss and cosmetic medications
- Medicaid wrap benefit is the District defined OTC list
- 90 and 100 day supplies available.

The UCard –An OTC Option

It's the enrollee ID and so much more…

UCard Front



UCard Back

New in 2023

Utilities

- The UCard will be the member ID and replace prior payment cards
- Benefit credit (OTC/Food/Utilities) and rewards (UHC and HouseCalls) purses will be consolidated onto UCard
- The barcode on the back can be scanned at any of the **55K+ retail locations** in the S3 network to buy approved items with available benefit or reward funds
- S3 network retailers have integrated point-of-sale technology to do a real-time eligibility item check and pull funds from respective purses for payment

Pharmacy Claims Processing Information

Contract	Plan	Plan ID	BIN	PCN	Group	Part D Claims Coverage	OTC Claims Coverage	U CARD use for OTC
H2406-53	LPPO HIDE Full	MPDCSP	610097	9999	MPDCSP	Yes	Yes	Yes
H2406-53	LPPO HIDE Partial	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes
H2406-99	LPPO QMB Partial	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes
H2406-99	LPPO QMB	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes
H7464-10	HMO HIDE Full	MPDCSP	610097	9999	MPDCSP	Yes	Yes	Yes
H7464-10	HMO HIDE Partial	MPDCSP	610097	9999	MPDCSP	Yes	No	Yes

Wegovy Update

- 03/25/24 Wegovy was added to the Part D CMS coverage file for the new FDA indication:
  - For the reduction of risk of major adverse cardiovascular events, including reduction of cardiovascular mortality, non-fatal myocardial infarction, or non-fatal stroke, in adults with established cardiovascular disease and type 2 diabetes mellitus or who are obese or overweight

- Wegovy is a non-formulary (NF) drug for the above indication only.
- Coverage for NF drugs is provided with confirmation of a CMS medically accepted indication (FDA approved indication or as supported in the Medicare approved compendia).
- Typically, NF exception approvals require trial/failure of formulary alternatives; however, there are no acceptable alternatives for Wegovy.
- Approval requires diagnosis and submission of records supporting the diagnosis

Contact Information

- Enrollee Services 1-866-242-7726
- Provider Services 1-888-350-5608
- Pharmacy Help Desk 1-877-889-6510
- Pharmacy PA department 1-800-711-4555
- Pharmacy PA website OptumRx Prior Authorization- Lines of Business
- Plan Look Up: District of Columbia D-SNP Plans | UnitedHealthcare Community Plan (uhc.com)

Questions?

Appendix

Plan Breakout

- All members have Part D coverage. Differences occur in the bonus drug list/wrap benefit and part B cost share

Plan Description	Bonus Drug List Does the integrated plan provide members access to Medicaid payable pharmacy products (OTCs, vitamins, and non-Part D covered drugs)?	Bonus Drug List Products on bonus drug list	Part B Cost-Share Should Part B cost-share be reduced by Medicaid as part of this integration?	Part B Cost-Share If so, what should the member out of pocket cost be for Part B drugs?
DC UnitedHealthcare Dual Choice LPPO HIDE Full H2406-053-000 A	Yes	district list of OTCS only	Yes	$0
DC UnitedHealthcare Dual Choice LPPO HIDE Partial H2406-053-000 A	No	NA	No	Medicare Benefit as filed with CMS
DC UnitedHealthcare Dual Choice LPPO CO Partial H2406-099-000 A	No	NA	No	Medicare Benefit as filed with CMS
DC UnitedHealthcare Dual Choice LPPO CO QMB H2406-099-000 A	No	NA	Yes	$0
DC UnitedHealthcare Dual Complete HMO HIDE Full H7464-010-000	Yes	district list of OTCS only	Yes	$0
DC UnitedHealthcare Dual Complete HMO HIDE Partial H7464-010-000	No	NA	No	Medicare Benefit as filed with CMS

Categories of Medicaid Eligibility

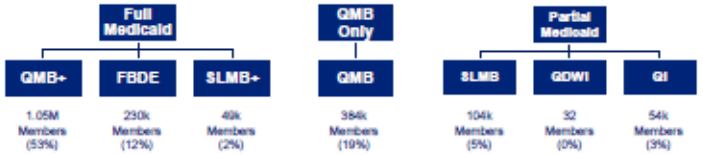
An **individual's Medicaid eligibility category will determine if they are eligible** for a D-SNP, what is covered, and if there is a **member cost share**. This is in addition to Medicare eligibility.

7 Medicaid Eligibility categories or codes describe various populations of people based on their state-defined Medicaid status. They include:

- **FBDE:** Full Benefit Dual Eligible
- **QMB:** Qualified Medicare Beneficiary
- **QMB Plus:** Qualified Medicare Beneficiary Plus
- **SLMB:** Specified Low-Income Medicare Beneficiary
- **SLMB Plus:** Specified Low-Income Medicare Beneficiary Plus
- **QI:** Qualifying Individual
- **QDWI:** Qualified Disabled and Working Individual

UnitedHealthcare classifies these categories in three ways.

- **Full:** FBDE, QMB+, SLMB+
- **QMB:** QMB (Partial)
- **Partial:** SLMB, QDWI, QI



The numbers above show UHC's current DSNP membership across Dual Eligible types

Over the Counter/Food/ Utilities Overview

	Dual Choice	Dual Choice One	Dual Choice Unity
Benefit	$119 per month Over the Counter (OTC), food allowance, and utilities combined credit (expires monthly) UHC Medicaid approved OTC are covered under Pharmacy benefit	$209 per month OTC, food allowance, and utilities combined credit (expires monthly) UHC Medicaid approved OTC are covered under Pharmacy benefit	$84 per month OTC, food allowance, and utilities, combined credit (expires monthly)
Over the Counter/Food	Store Finder (healthybenefitsplus.com)	Store Finder (healthybenefitsplus.com)	Store Finder (healthybenefitsplus.com)

MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

September 10th & 11th, 2024

Pharmacy Provider Forum

District of Columbia Healthy Families

District of Columbia Healthcare Alliance

Eileen Langstraat, PharmD

Health Plan Pharmacist

Agenda

1. Safety Moment
2. Prior Authorization
3. MFC-DC Formulary Changes Effective October 1, 2024
4. POS Beneficiary Notice Forms Reminder
5. Provider Issues
6. Questions

MedStar Family Choice

DISTRICT OF COLUMBIA

Safety Moment

MedStar Family Choice

DISTRICT OF COLUMBIA

Case

Situation:	• Enrollees have been identified that are being dispensed the same insulin in different dosage forms concurrently (e.g. Lantus pens + vials)
Background:	• Patients prescribed insulin typically utilize either a pen or vial formulation, not both. • The insulin formulation depends on patient preference, use of an insulin pump, dexterity or visual limitations, etc.
Assessment:	• MedStar Family Choice covers a variety of insulins in various formulations. • Insulin is considered a High Alert medication by ISMP, due to the potential for severe adverse patient effects if used erroneously.
Recommendations:	• Dispensing pharmacies provide the last clinical checkpoint to make ensure patient safety regarding insulin use. Please be sure to closely review insulin regimens for your patients to prevent duplicative use of insulin.

MedStar Family Choice

DISTRICT OF COLUMBIA

Prior Authorizations

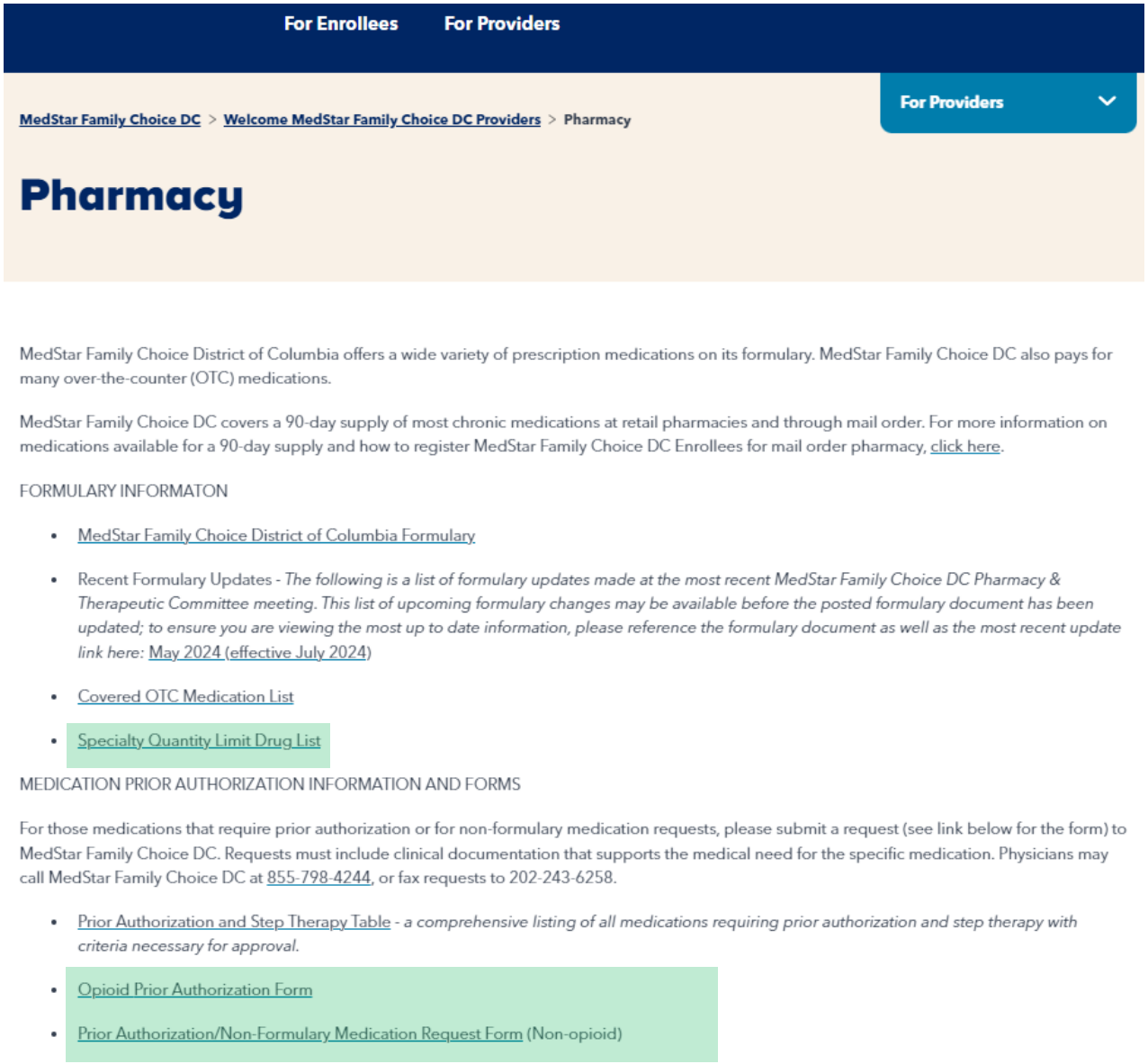
MedStar Family Choice

DISTRICT OF COLUMBIA

MFC-DC Pharmacy Website

Website address: https://www.medstarfamilychoicedc.com/providers/pharmacy

Our website is the most up-to-date, comprehensive source of MFC-DC Pharmacy information.



For Enrollees For Providers

For Providers

MedStar Family Choice DC > Welcome MedStar Family Choice DC Providers > Pharmacy

Pharmacy

MedStar Family Choice District of Columbia offers a wide variety of prescription medications on its formulary. MedStar Family Choice DC also pays for many over-the-counter (OTC) medications.

MedStar Family Choice DC covers a 90-day supply of most chronic medications at retail pharmacies and through mail order. For more information on medications available for a 90-day supply and how to register MedStar Family Choice DC Enrollees for mail order pharmacy, click here.

FORMULARY INFORMATON

- MedStar Family Choice District of Columbia Formulary
- Recent Formulary Updates - *The following is a list of formulary updates made at the most recent MedStar Family Choice DC Pharmacy & Therapeutic Committee meeting. This list of upcoming formulary changes may be available before the posted formulary document has been updated; to ensure you are viewing the most up to date information, please reference the formulary document as well as the most recent update link here:* May 2024 (effective July 2024)
- Covered OTC Medication List
- Specialty Quantity Limit Drug List

MEDICATION PRIOR AUTHORIZATION INFORMATION AND FORMS

For those medications that require prior authorization or for non-formulary medication requests, please submit a request (see link below for the form) to MedStar Family Choice DC. Requests must include clinical documentation that supports the medical need for the specific medication. Physicians may call MedStar Family Choice DC at 855-798-4244, or fax requests to 202-243-6258.

- Prior Authorization and Step Therapy Table - *a comprehensive listing of all medications requiring prior authorization and step therapy with criteria necessary for approval.*
- Opioid Prior Authorization Form
- Prior Authorization/Non-Formulary Medication Request Form (Non-opioid)

MedStar Family Choice

DISTRICT OF COLUMBIA

Prior Authorization Process

- Complete the corresponding MFC-DC Prior Authorization Request form. Separate forms for:
  - General PA/NF medications
  - Opioids
- Include most recent relevant clinical documentation to support request
- Fax complete request (form + clinicals) to the health plan at **202-243-6258**

MedStar Family Choice
DISTRICT OF COLUMBIA

Drug Formulary Changes

MedStar Family Choice

DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective October 1, 2024

Additions:	Removals:
clobetasol propionate ophthalmic suspension **Libervant** *(diazepam) buccal film – with QL and AL* **Nucala** *(mepolizumab) auto-injector/pens* *tramadol extended-release products* *tazarotene cream 0.1% (30-gram pack size)* *tazarotene gel 0.05% (30-gram pack size)* **Zoryve** *(roflumilast) topical cream, foam*	**Abilify Maintenna** *(aripiprazole) 300 mg long-acting injection* **Betaseron** (interferon beta-1b) *0.3 mg injection* **Micromatrix; Regranex** *(collagen topical; prescription and OTC products)* *promethazine with codeine syrup* **Noritate** *(metronidazole) cream* **Xyrem** *(sodium oxybate) oral solution* **Xywav** *(mixed salt oxybate) oral solution*
Additions with Prior Authorization:*	
Sunosi *(solriamfetol) tablets*	

*See Prior Authorization and Step Therapy Table for clinical criteria. The **table is updated regularly.** Most current version available here: MedStarFamilyChoiceDC.com/providers/pharmacy

MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Formulary Changes

- Effective October 1, 2024

Managed Drug Limits:	Utilization Management Changes:
butalbital-containing analgesics – QL updated to #18 every 30 days *colchicine 0.6 mg tablets – QL added; 60 tablets every 30 days* **Eucrisa** *(crisabole) – QL added; 60 grams every 30 days* **Libervant** *(diazepam) – QL added; 10 doses every 30 days* *nitroglycerin rectal ointment – QL updated to 30 grams for up to 60 days supply* **Paxlovid** *(nirmatrelvir/ritonavir) – QL updated to align with pack size*	**Libervant** *(diazepam) buccal film – added AL of 2-5 years* **Quelbree** *(viloxazine) capsules – change from PA to ST requiring previous trial of atomoxetine*

MedStar Family Choice
DISTRICT OF COLUMBIA

POS Beneficiary Notice Forms

MedStar Family Choice

DISTRICT OF COLUMBIA

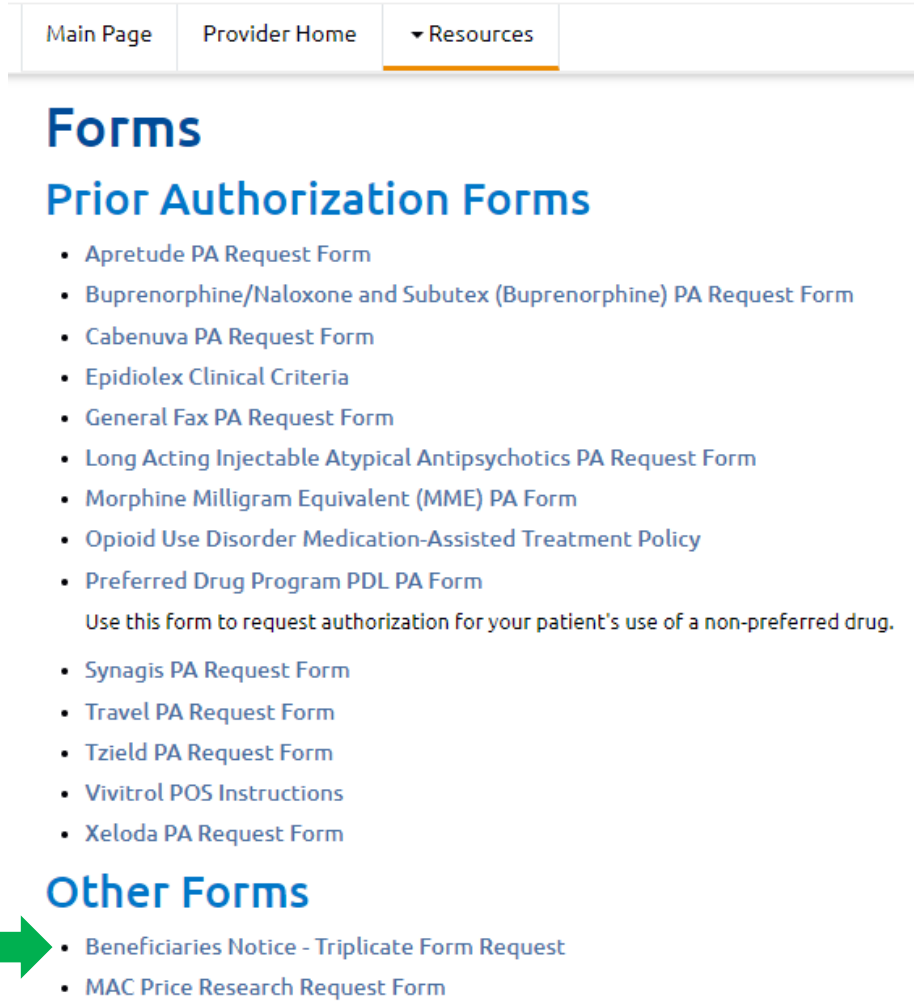
POS Beneficiary Notice Forms Reminder

- Pharmacy providers are responsible for distributing a POS Beneficiary Notice form to DC Medicaid Enrollees upon RX claim rejection.
    - Triplicate Form replenishment is available from: www.dc-pbm.com

- MFC-DC Pharmacy Staff is conducting random outreach to validate whether this form was provided to Enrollees. *You may be contacted by phone.*

MedStar Family Choice
DISTRICT OF COLUMBIA

DC.gov
The Department of Health Care Finance



Provider Resources

MedStar Family Choice

DISTRICT OF COLUMBIA

Pharmacy Contact Information

Contact	Phone Number
MFC-DC Precertification (Prior Auth) Team • *For prior authorization during normal business hours* • *For calls received after 5:30pm*	(855) 798-4244 (855) 798-4244, prompt 2
CVS Caremark Pharmacy Help Desk • *For claims processing issues*	(800)364-6331
For issues not resolved using the above resources, contact Eileen Langstraat	(240) 935-6218

MedStar Family Choice
DISTRICT OF COLUMBIA

CVSHealth

PBM: CVS CareMark
RX PCN: MCAIDADV
RX Bin: 004336
Rx Group: RX0610

MFC-District of Columbia Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW POD 3N

Washington, DC 20008

(855) 798-4244

www.medstarfamilychoicedc.com

Hours of Operation: 8:00AM – 5:30PM (Monday – Friday)

MedStar Family Choice

DISTRICT OF COLUMBIA

MedStar Family Choice

DISTRICT OF COLUMBIA

Pharmacy Provider Forum

Tracey Davis, PharmD

Sept 2024

AmeriHealth Caritas
District of Columbia

Delivering the Next
Generation
of Health Care

July 2024 P&T changes

AmeriHealth Caritas District of Columbia

The following products were **added** to the formulary on 9/9/24:

- adalimumab-aaty 20 mg/0.2 ml syringe, 40 mg/0.4 ml syringe, 40 mg/0.4 ml auto-injector, 80 mg/0.8 ml auto-injector
- Simlandi (adalimumab-ryvk) 40 mg/0.4 ml subcutaneous auto-injector
- Tyenne (tocilizumab-aazg)
- Tofidence (tocilizumab-bavi)
- mResvia 50 mcg/0.5 mL
- Capvaxive 0.5 mL
- Rextovy (naloxone) nasal spray
- sitagliptin-metformin 50 mg-500 mg
- sitagliptin-metformin 50 mg-1000 mg
- Fulphila

Formulary Removals

AmeriHealth Caritas District of Columbia

The following products will be **removed** from the formulary:

Effective 9/9/2024:

- Actemra (tocilizumab)
- timolol (Timoptic-XE®) 0.25%, 0.5% ophthalmic gel solution
- brimonidine (Alphagan P®) 0.15% ophthalmic drops
- acetazolamide (Diamox Sequels®) 500 mg ER cap
- acetazolamide (Diamox®) 125 mg tab, 250mg tab
- Heplisav-B
- Prehevbrio
- Engerix-B
- Recombivax HB
- Fylnetra

Benefit Details

AmeriHealth Caritas
District of Columbia

90 Days supply

Hold over supply (5 days)

OTC (extensive benefit)

DTM (available through PBM and other pharmacies)

HIV (DTM done by HIV specialist)

Denials

Contact information

AmeriHealth Caritas DC Pharmacy Services

888-602-3741

8:00am-8:00pm Monday-Friday

9:00am-1:00pm Saturday

Pharmacy Director – Tracey Davis, PharmD

202-780-5816

tdavis4@amerihealthcaritasdc.com

AmeriHealth Caritas™

District of Columbia

Quarterly Pharmacy Provider Forum

Amerigroup District of Columbia

Oluwadamilola (Lola) Omopariola, PharmD, BCACP

September 10-11, 2024

Agenda

1. Upcoming Formulary Changes
2. Formulary Resources
3. Beneficiary Notice Forms
4. Pharmacy Provider Resources

Amerigroup
District of Columbia

Upcoming Formulary Changes

EFFECTIVE ON OCTOBER 1, 2024			
Therapeutic Class	**Drug**	**Revised Status**	**Potential Alternatives**
ANALGESICS - ANTI-INFLAMMATORY	CELECOXIB 50MG CAPSULE CELECOXIB 100MG CAPSULE CELECOXIB 200MG CAPSULE CELECOXIB 400MG CAPSULE	PREFERRED	N/A
ANTIHYPERLIPIDEMICS	EZETIMIBE 10MG TABLET	PREFERRED	N/A
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	IMATINIB 100MG TABLET IMATINIB 400MG TABLET	PREFFERED WITH PA	N/A
ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ARIPIPRAZOLE 1MG/ML SOLUTION	PREFFERED	N/A

Amerigroup
District of Columbia

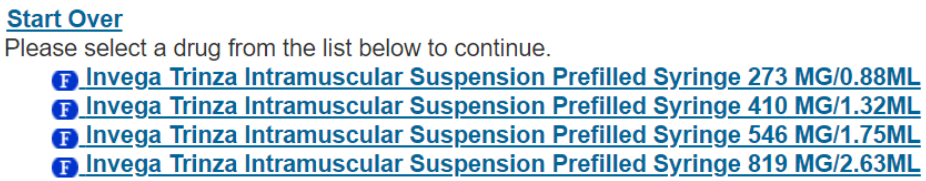
Upcoming Formulary Changes

EFFECTIVE ON OCTOBER 1, 2024			
Therapeutic Class	**Drug**	**Revised Status**	**Potential Alternatives**
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	LIRAGLUTIDE 18MG/3ML INJECTION	PREFERRED	N/A
PROTON PUMP INHIBITORS	(RX) ESOMEPRAZOLE 10MG GRANULES DR ESOMEPRAZOLE 20MG GRANULES DR ESOMEPRAZOLE 40MG GRANULES DR ESOMEPRAZOLE 20MG CAPSULES DR ESOMEPRAZOLE 40MG CAPSULES DR	PREFFERED	N/A
PROTON PUMP INHIBITORS	LANSOPRAZOLE 15MG CAPSULE DR LANSOPRAZOLE 30MG CAPSULE DR	PREFFERED	N/A

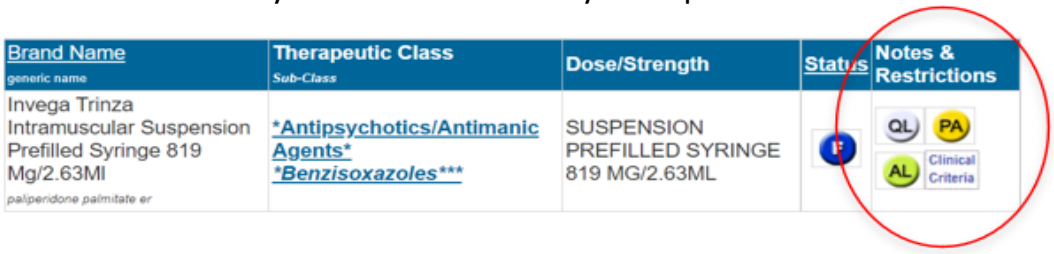
Amerigroup
District of Columbia

Searchable Formulary Tool

- Search for a drug by name to view the drug's formulary status. Select the hyperlink of the specific drug and strength for more details



- The Searchable Formulary allows you to verify if a product is preferred/non-preferred, view Clinical Criteria, Age Limits (AL), Quantity Limits (QL), Specialty Pharmacy Requirements, etc.
- Includes an interactive tool where you can also search by therapeutic class

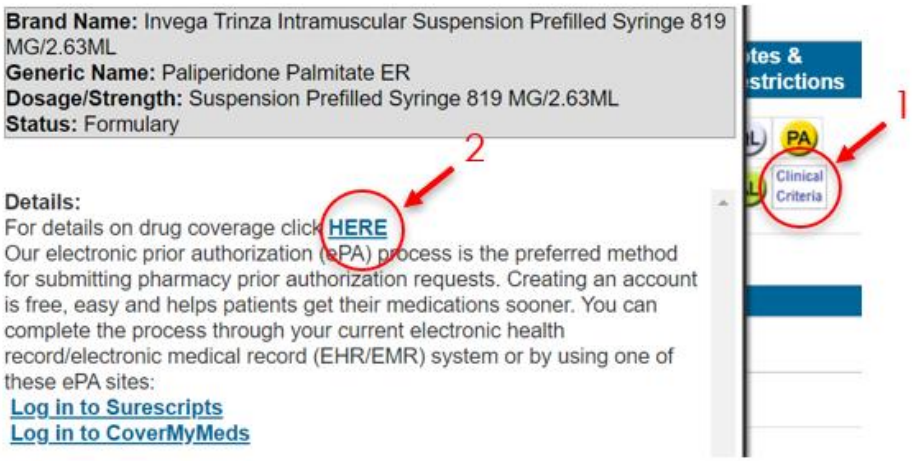


Link to Searchable Formulary
Link to Preferred Drug List

Amerigroup
District of Columbia

Searchable Formulary Tool

- Click on the Clinical Criteria button to access PDF file with prior authorization criteria

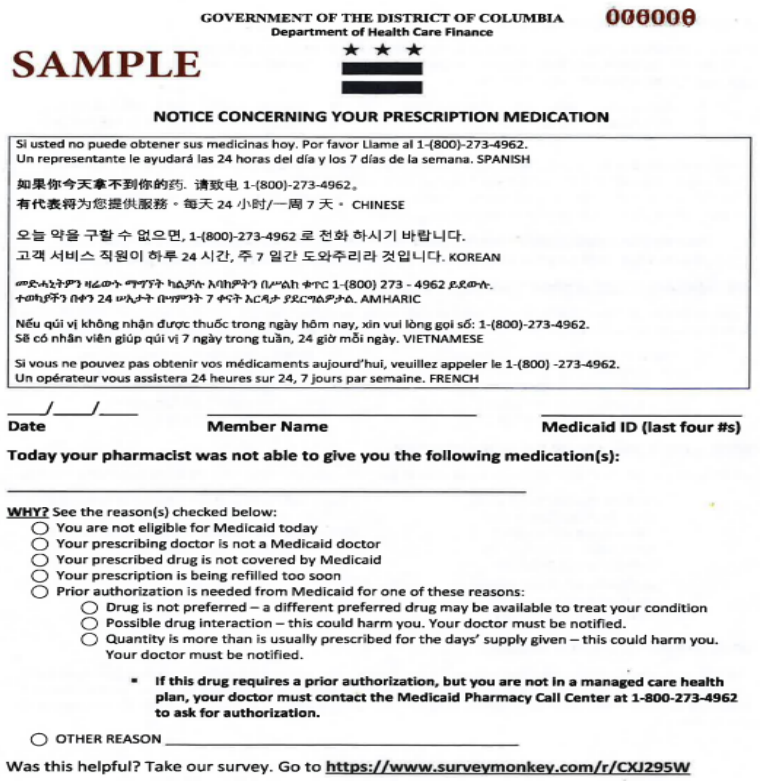


Link to Searchable Formulary
Link to Preferred Drug List

Amerigroup
District of Columbia

Reminder: Beneficiary Notice Forms

- **Reminder:** DC Medicaid participating pharmacies are required to distribute individualized written notice (Triplicate Forms) to Medicaid beneficiaries when a prescription claim is denied at POS.
- To request Triplicate Form replenishment, visit:
  - https://www.dc-pbm.com/provider/forms
- Note: PBM staff will conduct random outreach calls to Amerigroup DC network pharmacies to confirm distribution of the Triplicate Forms.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

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SAMPLE

NOTICE CONCERNING YOUR PRESCRIPTION MEDICATION

Si usted no puede obtener sus medicinas hoy. Por favor Llame al 1-(800)-273-4962.
Un representante le ayudará las 24 horas del día y los 7 días de la semana. SPANISH

如果你今天拿不到你的药. 请致电 1-(800)-273-4962。
有代表将为您提供服务。每天 24 小时/一周 7 天。 CHINESE

오늘 약을 구할 수 없으면, 1-(800)-273-4962 로 전화 하시기 바랍니다.
고객 서비스 직원이 하루 24 시간, 주 7 일간 도와주리라 것입니다. KOREAN

መድኃኒትዎን ዛሬውኑ ማግኘት ካልቻሉ እባክዎትን በሥልክ ቁጥር 1-(800) 273 - 4962 ይደውሉ.
ተወካያችን በቀን 24 ሠኢታት በሣምንት 7 ቀናት እርዳታ ያደርግሎዎታል. AMHARIC

Nếu qúi vị không nhận được thuốc trong ngày hôm nay, xin vui lòng gọi số: 1-(800)-273-4962.
Sẽ có nhân viên giúp qúi vị 7 ngày trong tuần, 24 giờ mỗi ngày. VIETNAMESE

Si vous ne pouvez pas obtenir vos médicaments aujourd'hui, veuillez appeler le 1-(800) -273-4962.
Un opérateur vous assistera 24 heures sur 24, 7 jours par semaine. FRENCH

____/____/____ Date | Member Name | Medicaid ID (last four #s)

Today your pharmacist was not able to give you the following medication(s):

_____

WHY? See the reason(s) checked below:

- ◯ You are not eligible for Medicaid today
- ◯ Your prescribing doctor is not a Medicaid doctor
- ◯ Your prescribed drug is not covered by Medicaid
- ◯ Your prescription is being refilled too soon
- ◯ Prior authorization is needed from Medicaid for one of these reasons:
  - ◯ Drug is not preferred – a different preferred drug may be available to treat your condition
  - ◯ Possible drug interaction – this could harm you. Your doctor must be notified.
  - ◯ Quantity is more than is usually prescribed for the days' supply given – this could harm you. Your doctor must be notified.
    - **If this drug requires a prior authorization, but you are not in a managed care health plan, your doctor must contact the Medicaid Pharmacy Call Center at 1-800-273-4962 to ask for authorization.**
- ◯ OTHER REASON _____

Was this helpful? Take our survey. Go to **https://www.surveymonkey.com/r/CXJ295W**

Amerigroup
District of Columbia

Pharmacy Claims Processing Information

- DC Healthy Families Medicaid
  - RxBIN: 020107
  - RxPCN: FC
  - RxGroup: RX8479

- DC Alliance and Immigrant Children's Program
  - RxBIN: 020107
  - RxPCN: FC
  - RxGroup: RX8489

Amerigroup
District of Columbia

Pharmacy Contact Information

- Pharmacy Benefit Manager: CarelonRx

- Pharmacy Enrollee Services
  - Phone Number: **1-833-214-3604**
  - Available 24/7/365
    - Enrollee medication inquiries
    - Other health insurance (OHI) reviews
    - Out of area override requests (traveling)
    - Mail order inquires
    - Specialty pharmacy delivery inquires

- Pharmacy Help Desk:
    - Phone Number: **1-833-214-3604**
    - Available 24/7/365
      - Pharmacy claims adjudication issues

- Amerigroup DC
  - Enrollee Services: **800-600-4441**
  - Provider Services: **800-454-3730**

- Pharmacy Program Manager
  - Oluwadamilola (Lola) Omopariola Oluwadamilola.Omopariola@amerigroup.com
  - Mobile: **571-814-8296**
    - Pharmacy issues escalation

Amerigroup
District of Columbia

Thank you!

Questions?

Quarterly Pharmacy Forum
September 11, 2024

Leslie Addison, Manager of Pharmacy Services

Eric Levey, Chief Medical Officer

THE HSC HEALTH CARE SYSTEM

Health Services for Children with Special Needs, Inc.

- HSCSN administers the Child and Adolescent Supplemental Income Program (CASSIP) for the DC Department of Healthcare Finance
- HSCSN serves enrollees from birth through 25 years of age who have SSI or who are considered SSI-like
- HSCSN serves ~5,000 enrollees with special needs in the District of Columbia.
- HCSCN uses CVS/Caremark as its Pharmacy Benefit Manager (PBM) and delegates utilization management for the pharmacy benefit to CVS/Caremark.

Retail Pharmacy Services

- CVS/Caremark managed the network
- Limited to a 30-day supply of medication (max 34 days)
- A 90-day supply is available through Mail Order Only
- Refill Too Soon – <25 days since last fill
- No co-payments required

Specialty Pharmacy (CVS Specialty Pharmacy)

- High-cost medications for complex and chronic conditions
- Medication refill notifications are sent via email, text, or phone
- No co-payments required

Emergency Overrides / Fills for lack of prior authorization

- HSCSN allows 7 days rather than the required 72 hrs
- Available for medications requiring prior authorization when PA was not obtained

HSCSN Drug Formulary

- HSCSN uses the Managed Medicaid Template from CVS/Caremark which is developed by their Pharmacy & Therapeutics Committee
- The formulary is modified based on DHCF requirements and some modifications are made based on the HSCSN populations
- Generic drugs are preferred over brand-name and should be used when available
- Preferred medications should be used first before prescribing non-preferred or non-formulary medications
- Over-the-counter (OTC) medications are included on the formulary and just require a physician's prescription
- The formulary includes some DME and medical supplies: nebulizers, Aerochamber, glucometers, etc.
- Some formulary medications do require Prior Authorization
- All non-formulary medications require a Formulary Exception
- The HSCSN Drug Formulary is available on our website:
  - https://hscsnhealthplan.org/health-providers/current-providers/pharmacy-services

Formulary Additions

- **ADALIMU-FKJP KIT INJ 20/0.4ML** — Brand/Preferred
  New NDC — PA/SP/QL
  For the treatment of types of arthritis and Crohn's disease

- **ATROPINE SULFATE OPTHALMATIC SOL 0.025%, 0.05%, 0.01%, 1%** — Generic/Preferred

- **AUSTEDO XR (deutetrabenazine)TAB 30mg, 36mg, 42mg, 48mg** — Brand/Preferred
  New GPI — PA/SP/QL
  Inhibitor for chorea associated with Huntington's disease

- **FASENRA (pancrelipase) INJ 10mg/0.5ml** — Brand/Preferred
  New drug strength — PA/SP/QL
  Pancreatic enzymes

- **HEMLIBRA SOL (emicizumab-kxwh) 12/0.04ml** — Brand /Preferred
  New GPI — PA/SP
  Antibody for routine prophylaxis to prevent or reduce bleeding episodes

Formulary Additions

- **OJEMDA SUS 25mg/ml** (tovorafenib) 300mg/2ml — Brand/Preferred
  OJEMDA (tovorafenib) **TAB** 100mg — PA/SP/QL
  New GPI
  Relapsed or refractory pediatric low-grade glioma

- **ONE TOUCH DELICA PLUS LANCETS FINE** 30GMis Plus 30G — Preferred
  New NDC

Data Source: CVS/Caremark-National P &T Committee

Formulary Deletion by GPIs (Generic Product Identifier)

• ZERBAXA	INJ 1.5GM	BRAND	02990002352120
• THALOMID	CAP 150MG	BRAND	99392070000135
• THALOMID	CAP 200MG	BRAND	99392070000140
• CALQUENCE	CAP 100MG	BRAND	21532103000120
• ZEJULA	CAP 100MG	BRAND	21535550200120
• OZEMPIC	INJ 2/1.5ML	BRAND	2717007000D210
• OZEMPIC	INJ 2/1.5ML	BRAND	2717007000D220
• LANCETS		BRAND	97202025006300
• GVOKE PFS	INJ	BRAND	2730001000E520
• SKYRIZI	INJ 150DOSE	BRAND	9025057070F820

Formulary Deletion by NDCs

VI\

DIPHENHYDRAMINE HCL TAB 25 MG
DIPHENHYDRAMINE HCL TAB 25 MG

Formulary Utilization Management (UM) Changes

**Quantity Limits

ONDANSETRON ORALLY DISINTEGRATING TAB

- Generic/Preferred:
  - 4mg & 8mg tablets
  - QL: Updated QL to 18 tablets per 28 days

Data Source: CVS/Caremark-National P &T Committee

Prior Authorization (PA) or Formulary Exception

- PA is required for all brand-name medications when a generic drug is available.
- Formulary exception is required for all Non-Formulary medications.
- Prescribers submit PA requests directly to CVS/Caremark Utilization Management.
- • The PA request must include an indication for the medication, which is the diagnosis code for the condition being treated with the medication. This is a common error and reason for a PA request denial. The PA request must provide the clinical rationale for the requested medication, and if formulary medications were used previously.

Medication Therapy Management (MTM)

HSCSN has contracted with Clinical Pharmacy Associates, Inc. (CPA) to provide medication therapy management services to HSCSN enrollees.

The goals of MTM service are medication reconciliation and identification of any concerns, improved medication adherence, and improved outcomes (e.g. decreased adverse events, hospitalizations, ED visits).

MTM services target enrollees who are on high-risk medications, are on many medications, or are identified to have problems with adherence. Enrollee participation is voluntary.

As part of MTM, a pharmacist reviews medications with the enrollee to identify problems such as drug-drug interactions, therapeutic duplication, side effects, and issues with adherence.

The MTM team provides individualized medication education and helps the enrollee develop habits that promote medication adherence. They work with the enrollee and prescribers as needed to address concerns identified.

Rejected Claims Preventing Medication Fills

- Medications that require prior authorization, but PA not requested
- **Missing information** from prescriber (Prescriber Name not legible, DEA#)
- Pharmacy submitting for **non-covered NDCs**
- Pharmacy submitting **Refill Too Soon** (<25 days since last fill)
- **Plan Limitations Exceeded** (dose, quantity, etc)

Website Utilization and Communications

- Information about the HSCSN formulary and prior authorization requirements is available on the HSCSN website.
- HSCSN has low use of our website for pharmacy benefit information.
- It is a challenge to communicate effectively to prescribers regarding the pharmacy benefits and updates to the formulary.

CVS Caremark Customer Care: 1-866-885-4944

HSCSN website Pharmacy Benefits https://hscsnhealthplan.org/enrollees/pharmacy-benefits

CVS Caremark Pharmacy Help Desk: 1-800-364-6331

CVS Caremark Prior Authorization: 1-877-433-7643, Fax: 1-888-836-0730
ePA Instructions: Caremark.com/epa – uses either CoverMyMeds or SureScripts
Form: https://www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf

CVS Specialty Pharmacy Customer Care: 1-800-237-2767, Fax: 1-800-323-2445 www.CVSspecialty.com

CVS Mail Order Pharmacy: 1-800-875-0867, Fax: 1-800-378-0323
https://hscsnhealthplan.org/sites/default/files/cvs_caremark_mail_service_fax%20form.pdf

HSCSN Pharmacy Network (CVS Caremark Pharmacy Network)
https://hscsnhealthplan.org/sites/default/files/hscsn-network-pharmacies.pdf

7 Days Emergency Overrides: Override code is #11112222333

Eric Levey, M.D., Chief Medical Officer
elevey@hschealth.org

Ranota Hall, M.D., Chief Medical Psychiatric Officer
rhall@hschealth.org

Leslie Addison, Manager of Pharmacy Services
laddison@hschealth.org

Questions/Comments

Thank You

Achievement Badges

*The Case Management Accreditation badge is active from 2021-2024.

Subscribe and Follow Us

WEBSITE | www.hscsnhealthplan.org

FACEBOOK | @HSCSN

TWITTER | @HSCSN_inc

LINKEDIN | www.linkedin.com/company/health-services-for-children-with-special-needs/

For more information visit www.hscsnhealthplan.org.
For reasonable accommodations please call (202) 467-2737.

If you do not speak and/or read English, please call 202-467-2737 between 7:00 a.m. and 5:30 p.m. A representative will assist you. **English.**

Si no habla o lee inglés, llame al 202-467-2737 entre las 7:00 a.m. y las 5:30 p.m. Un representante se complacerá en asistirle. **Spanish.**

የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጧቱ 7:00 ሰዓት እስከ ቀኑ 5:30 ባለው ጊዜ በስልክ ቁጥር 202-467-2737 በመደወል እርዳታ ማግኘት ይችላሉ። **Amharic.**

Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi 202-467-2737 từ 7 giờ 00 sáng đến 5 giờ 30 chiều. Sẽ có người đại diện giúp bạn. **Vietnamese.**

如果您不能講和/或不能閱讀英語，請在上午 7:00 到下午 5:30 之間給 (202) 467-2737 打電話，我們會有代表幫助您。**Traditional Chinese.**

영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 7시 00분에서 오후 5시 30분 사이에 (202) 467-2737번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다. **Korean.**

Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller 202-467-2737 entre 7:00 du matin et 5:30 du soir. Un représentant vous aidera. **French.**

DHCF Department of Health Care Finance

WE ARE WASHINGTON DC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.

HSCSN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.