



MEMBER HANDBOOK

HELPFUL INFORMATION

Maryland Physicians Care Office Hours
Monday - Friday, 8 a.m. to 5 p.m.

Member Services Center
1-800-953-8854

Maryland TDD Relay Service
1-800-735-2258

Superior Vision
1-800-428-8789

Maryland Healthy Smiles Dental Program
1-855-934-9812

Drug and/or Alcohol Treatment Center Help
1-800-953-8854

If You Are Pregnant
1-800-953-8854

**State of Maryland HealthChoice
Enrollee Action Line**
1-800-284-4510

**State of Maryland Public
Mental Health System**
1-800-888-1965

State of Maryland Hotline
1-800-492-5231

**State of Maryland Rare and Expensive
Case Management Program (REM)**
1-800-565-8190

State of Maryland Enrollment Broker
1-800-977-7388



1201 Winterson Rd, Suite 400
Linthicum, MD 21090
Toll-Free 1-800-953-8854
MarylandPhysiciansCare.com

HealthChoice Member Manual

Maryland Physicians Care

Maryland HealthChoice Program

October 2025 Member Handbook

Welcome Member:

Thank you for choosing Maryland Physicians Care (MPC) as your health plan. Please look over everything in this packet. This information and the handbook will help you get care when you need it. Updates to the handbook can be found online or by calling MPC's Member Services Department.

If you **did not** select a primary care provider (PCP) at the time you enrolled or the provider you picked was not available, then MPC has assigned you to a primary care provider.

If you want to change your PCP, please choose a provider from MPC's Provider Directory accessible via our website at **www.MarylandPhysiciansCare.com** or call MPC Member Services Department at **1-800-953-8854**, option 1, so that we can update our system and send you a new MPC Health Insurance Card.

Getting the care you need:

- You must have your first appointment within 3 months of joining MPC. This is called a **health assessment**.
- If you are **pregnant**, you need to see an OB/GYN provider for your prenatal care within 10 days. If you are already seeing an OB/GYN, you may continue going to that provider until you deliver.
- If you need **family planning services**, you should receive an appointment within 10 days of your request.
- If you have other **special health needs**, you need to see a primary care provider within 15 days.

The sooner you meet with your PCP, the sooner you can use all the services MPC has to offer.

As a member of Maryland Physicians Care, you are eligible for a free cell phone, free calls to the health plan, and 350 free minutes with unlimited free text messaging. To sign up, visit our website at **www.MarylandPhysiciansCare.com** and download the application.

Our members also have access to an online web portal, My MPC Source, which allows you to view your claims and prior authorizations, eligibility information, and more, all in real time. Please visit our website at **www.MarylandPhysiciansCare.com** to register.

If you have any questions or concerns about your MPC benefits, please call the Member Services Department at **1-800-953-8854**, option 1.

Again, welcome and thank you for choosing Maryland Physicians Care. We look forward to hearing from you.

Best wishes,

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Get in Touch

Language Services

Need information in an accessible format or another language? Go to pages 69 to 71.

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.	
Maryland Physicians Care Member Services	
1201 Winterson Rd., Suite 400 Linthicum, MD 21090	800-953-8854
Website	MPCmedicaid.com
Special Needs Coordinator	800-953-8854
After-Hours Services – 24/7 Virtual Doctor Visits	MyVirtualMPC.com
Customer Service (Eligibility/Benefits questions)	800-953-8854
Specialty Behavioral Health / Substance Abuse Services	
Suicide and Crisis Lifeline	Call or text 988
Maryland Public Behavioral Health System	800-888-1965
Dental Services	
Healthy Smiles Dental Program	855-934-9812
Maryland Medicaid	
HealthChoice Helpline	800-284-4510
Pregnant Members and Family Planning Helpline	800-456-8900
Medicaid Beneficiary Services and Pharmacy Access Hotline	410-767-5800 or 800-492-5231
Maryland Health Connection	
To apply for or renew Medicaid, report a change, and for important notices.	
Consumer Support	855-642-8572
Website and find sign in for your account	marylandhealthconnection.gov

If you need someone to be able to call and speak on your behalf

You must make a request in writing. You can complete an Authorized Representative form. This form lets Maryland Physicians Care talk to someone other than you. Your [authorized representative](#) can be a family member, a friend, a provider, or a lawyer. Call customer service for more information.

Local Health Department Contact Information

County	Main Phone Number	Transportation Phone Number	Administrative Care Coordination Unit (ACCU) Phone Number
Allegany	301-759-5000	301-759-5123	301-759-5094
Anne Arundel	410-222-7095	410-222-7152	410-222-7541
Baltimore City	410-396-4398	410-396-7633	410-649-0500
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
Carroll	410-876-2152	410-876-4813	410-876-4941
Cecil	410-996-5550	410-996-5171	410-996-5130
Charles	301-609-6900	301-609-6923	301-609-6760
Dorchester	410-228-3223	410-901-2426	410-901-8167
Frederick	301-600-1029	301-600-3124	301-600-3124
Garrett	301-334-7777	301-334-7727	301-334-7771
Harford	410-838-1500	410-638-1671	410-942-7999
Howard	410-313-6300	877-312-6571	410-313-7323
Kent	410-778-1350	410-778-7025	410-778-7035
Montgomery	240-777-0311	240-777-5899	240-777-1635
Prince George's	301-883-7879	301-856-9555	301-856-9550
Queen Anne's	410-758-0720	443-262-4462	443-262-4456

St. Mary's	301-475-4330	301-475-4296	301-475-4330
Somerset	443-523-1700	443-523-1722	443-523-1758
Talbot	410-819-5600	410-819-5609	410-819-5600
Washington	240-313-3200	240-313-3264	240-313-3229
Wicomico	410-749-1244	410-548-5142	410-543-6942
Worcester	410-632-1100	410-632-0092	410-629-0614

Getting Started with Maryland Physicians Care

You have enrolled in a Maryland Medicaid HealthChoice managed care plan. Although Maryland Physicians Care 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.



Other Names for Your Medicaid Health Plan

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

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

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

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

We are always here to help. Call Maryland Physicians Care member services at 800-953-8854 if you have a question or concern about your coverage or your care.

Maryland Physicians Care Member ID Card

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

You will need your Maryland Physicians Care 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 Maryland Physicians Care member card.

Lost or Stolen Card

Report a lost or stolen card right away and request a new one. Call member services at 800-953-8854.

To report a lost or stolen red and white Medicaid ID card, call Beneficiary Services at 1-800-492-5231.

Maryland Physicians Care Sample Member ID Card

See sample below.

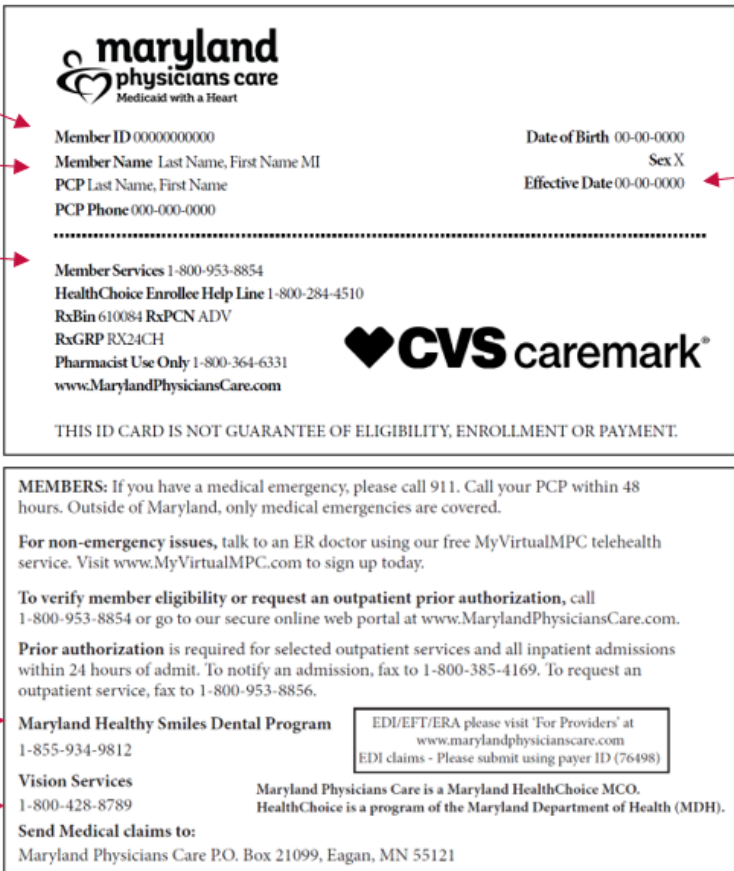
Your unique membership identification number

Your Primary Care Doctor

Member Services Phone Number

Maryland Healthy Smiles Phone

Vision Phone Number



The image shows a sample Member ID Card for Maryland Physicians Care. The card is white with a black border. At the top left is the logo for Maryland Physicians Care, which includes a heart icon and the text "maryland physicians care" and "Medicaid with a Heart". Below the logo, the card lists the following information: Member ID 0000000000, Member Name Last Name, First Name MI, PCP Last Name, First Name, PCP Phone 000-000-0000, Date of Birth 00-00-0000, Sex X, and Effective Date 00-00-0000. A horizontal dashed line separates this information from the Member Services section, which includes: Member Services 1-800-953-8854, HealthChoice Enrollee Help Line 1-800-284-4510, RxBin 610084 RxPCN ADV, RxGRP RX24CH, Pharmacist Use Only 1-800-364-6331, and www.MarylandPhysiciansCare.com. To the right of this section is the CVS Caremark logo. Below the dashed line, a disclaimer states: "THIS ID CARD IS NOT GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT." At the bottom of the card, there is a section for members with information on medical emergencies, non-emergency issues, and how to verify eligibility or request prior authorization. It also includes contact information for the Maryland Healthy Smiles Dental Program and Vision Services, and a note about sending medical claims to Maryland Physicians Care P.O. Box 21099, Eagan, MN 55121. A small box at the bottom right of the card contains information about EDI/EFT/ERA services.

Member ID 0000000000

Member Name Last Name, First Name MI

PCP Last Name, First Name

PCP Phone 000-000-0000

Member Services 1-800-953-8854

HealthChoice Enrollee Help Line 1-800-284-4510

RxBin 610084 RxPCN ADV

RxGRP RX24CH

Pharmacist Use Only 1-800-364-6331

www.MarylandPhysiciansCare.com

CVS caremark®

THIS ID CARD IS NOT GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

MEMBERS: If you have a medical emergency, please call 911. Call your PCP within 48 hours. Outside of Maryland, only medical emergencies are covered.

For non-emergency issues, talk to an ER doctor using our free MyVirtualMPC telehealth service. Visit www.MyVirtualMPC.com to sign up today.

To verify member eligibility or request an outpatient prior authorization, call 1-800-953-8854 or go to our secure online web portal at www.MarylandPhysiciansCare.com.

Prior authorization is required for selected outpatient services and all inpatient admissions within 24 hours of admit. To notify an admission, fax to 1-800-385-4169. To request an outpatient service, fax to 1-800-953-8856.

Maryland Healthy Smiles Dental Program
1-855-934-9812

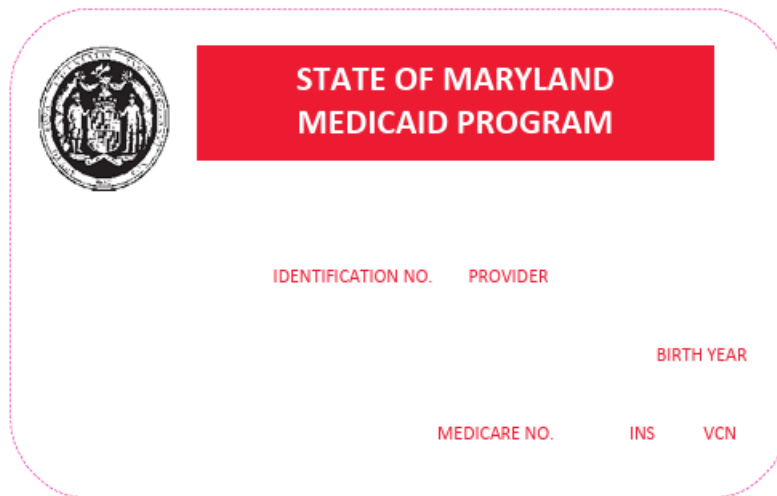
Vision Services
1-800-428-8789

Send Medical claims to:
Maryland Physicians Care P.O. Box 21099, Eagan, MN 55121

EDI/EFT/ERA please visit 'For Providers' at www.marylandphysicianscare.com
EDI claims - Please submit using payer ID (76498)

Maryland Physicians Care is a Maryland HealthChoice MCO.
HealthChoice is a program of the Maryland Department of Health (MDH).

Medicaid Sample Member ID Card



Register for the Member Portal

Go to [Login - Maryland Physicians Care](#). You can either sign up to create an account or log in to update your existing account. The portal is secure and convenient for everyone. To create an account, make sure to have your Member ID and current email. You can also register by calling Member Services at 1-800-953-8854.

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 Maryland Physicians Care, you need to pick a [PCP](#) from our provider network. If you do not choose a PCP, we will pick one for you.

Visit our [Find a Provider - Maryland Physicians Care](#) 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 800-953-8854.




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 800-953-8854.

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	URGENT CARE CENTER	EMERGENCY ROOM
<ul style="list-style-type: none">• Cough or cold• Fever• Health screenings• Lingering pain• Routine checkups• If something causes you concern• Unexplained weight loss	<ul style="list-style-type: none">• Flu or fever• Minor illness or injury• Possible broken bones• Sore throat, earaches or eye infections• Sports injuries• Sprains or strains• Vomiting or diarrhea	<ul style="list-style-type: none">• Chest pain or pressure• Convulsions or seizures• Difficulty breathing• Poisons• Serious head, neck or back injury• Severe bleeding• Severe burns• Severe broken bones• Sexual assault• Unconsciousness

Overview

What is Medicaid?

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

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

Understanding Medicaid and HealthChoice

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

Renewing Your Medicaid Coverage

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

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

Report Changes

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



Family and Household Changes

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



Health and Disability Changes

- Getting pregnant
- Having a change in disability status



Income and Financial Changes

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



Residency and Citizenship Changes

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



Legal Changes

- Incarceration or release from incarceration

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

Always Keep Your Contact Information Up to Date

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

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

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

What's Covered

There are three types of covered benefits:

1. **Essential Benefits:** All managed care health plans must cover these benefits. You get these no matter which managed care health plan you belong to.
2. **Other Covered Benefits:** Maryland Medicaid covers some benefits directly. No managed health care plan covers these benefits. For more information, see [Other Covered Benefits](#).
3. **Maryland Physicians Care 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 Maryland Physicians Care card when you get these services. Some services may require a referral or preauthorization. See Self-Referral to learn more.

Use the Find a Provider - Maryland Physicians Care to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

For more information on benefits, see Other Covered Benefits and Maryland Physicians Care 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.

Maryland Physicians Care 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 800-953-8854.

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 800-953-8854 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](#).
 - Maryland Physicians Care 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 [MPC Approved 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 Maryland Physicians Care 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 Find a Provider - Maryland Physicians Care 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 Maryland Physicians Care card when you get these services. Some services may require a referral or [preauthorization](#). See [Self-Referral](#).

Use the Find a Provider - Maryland Physicians Care to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

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 [Find a Provider - Maryland Physicians Care](#) or call member services at 800-953-8854.

Maryland Physicians Care 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 800-953-8854.

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 Maryland Physicians Care 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 Maryland Physicians Care. **We only approve requests when we do not have a local, comparable, and available [in-network](#) specialty provider.**
- **New Maryland Physicians Care 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 Maryland Physicians Care.
- We only approve these requests when the child is receiving these services before joining Maryland Physicians Care.

For help, call our [special needs coordinator](#) at 800-953-8854.

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 Maryland Physicians Care 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 Maryland Physicians Care [Value-Added Benefits](#).

Use the [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

For questions or help, call our [special needs coordinator](#) at 800-953-8854. 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 800-953-8854.

Dental Care and Pregnancy



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

Birthing Centers

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

Case Management, Case Manager

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

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 2025. See [Self-Referral](#).

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

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

Emergency Transfer

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

HIV Counseling and Testing

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

Home Visiting Services

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

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

Group-based support is also available.

Hospital Care, Inpatient Care - Maternity

- 48 hours for an uncomplicated vaginal delivery.
- 96 hours for an uncomplicated cesarean delivery.
- If you choose to leave the hospital sooner than the above times, we will provide a home visit. See [Baby's First Check-up](#).
- If you must stay in the hospital after childbirth for medical reasons, ask us to ensure that your newborn can stay too. We will cover up to four days for your newborn to stay with you. For help, call member services at 800-953-8854.

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, Maryland Physicians Care will help you schedule an appointment for prenatal care within 10 days of your request.
 - **New Maryland Physicians Care 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.
- Maryland Physicians Care will help you to schedule an appointment for postpartum care within 10 days of your request.
 - **New Maryland Physicians Care 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 800-953-8854.

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
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

	<ul style="list-style-type: none"> ● 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
	Certain high-risk patients will begin more testing, screening and ultrasounds.
34 Week Visit	<ul style="list-style-type: none"> ● Get a check up ● Talk about: <ul style="list-style-type: none"> ○ Labor and pain management ○ Preparing for your baby, including car seats ○ After delivery care for you and baby ○ Choosing your baby's doctor
36 through 40 Week Visits	<ul style="list-style-type: none"> ● Get a checkup and pelvic exam ● Check to see if you are dilating ● Get a Strep B test to check baby's ability to eat and breathe ● Talk about your delivery plan
40 through 42 Week Visits	<ul style="list-style-type: none"> ● Get a checkup and pelvic exam ● Check baby's heart rate ● Get an ultrasound ● Check to see if you are dilating ● Talk about inducing labor, if needed

**Postpartum Visit –
after delivery**

- Get a check up to see how you are healing
- Check your blood pressure
- Get depression screening
- Talk about birth control

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

Getting Ready for Baby's Arrival

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 Maryland Physicians Care 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 800-953-8854.

People Experiencing Homelessness

Call our [special needs coordinator](#) at 800-953-8854 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 Maryland Physicians Care 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

Maryland Physicians Care 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

Maryland Physicians Care 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 Maryland Physicians Care [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.

Maryland Physicians Care may cover some non-emergency medical transportation for special reasons. For more information, call member services at 800-953-8854.

Other Covered Benefits: Members 21 Years Old and Younger

Maryland Physicians Care 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.

Maryland Physicians Care 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 Maryland Physicians Care 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 800-953-8854.

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

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	LIMITATIONS
Pharmacy Co-pays	<ul style="list-style-type: none"> • \$1 Preferred/Generic • \$3 Non-Preferred/Brand • Over-the-counter medications 	All members	
Vision services	<ul style="list-style-type: none"> • One eye exam every year • One set of glasses OR contact lenses every two years • One pair of lenses every year (when needed) 	Adults aged 21 and older	\$50 maximum benefit for frames \$100 maximum benefit for contact lenses
Health Education Resources	<ul style="list-style-type: none"> • Health & Wellness education resources • Self-management tools • Access this information at Health and Wellness - Maryland Physicians Care 	All members	
MyVirtualMPC Free App	<ul style="list-style-type: none"> • 24/7 access to licensed doctors • Text or video chat anytime day or night • Avoid extended wait times • Go to https://myvirtualmpc.com/ for more information 	All members after downloading app	
Belong Program	<ul style="list-style-type: none"> • Members only rewards program • Enter monthly prize drawings • Request information on certain health topics 	All members Register at www.mpcmedicaid.com/belong	
My MPC Source	<ul style="list-style-type: none"> • Access health plan details anytime/anywhere • Get personalize health information • Learn more about your pharmacy benefits • Get instant access to claims details 	All members Register here - https://mpmdportal.valence.care/	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	LIMITATIONS
Planet Fitness Membership	<ul style="list-style-type: none"> • Free Classic Membership providing unlimited access to a specific Planet Fitness location • Includes free in-club fitness training, Planet Fitness app workouts, free wi-fi, partner rewards, and discounts 	All members ages 13 and older living in select Maryland counties as we evaluate participation	<p>Members residing in Allegany, Frederick, Montgomery, Prince George's, or Washington Counties</p> <p>Membership will be cancelled if not utilized in two consecutive months</p>
Free SafeLink Cell Phones	<ul style="list-style-type: none"> • Provided by the Federal Government • Free cell phone and service plan 	All Members Visit SafeLinkWireless.com to apply online or call 1-877-631-2550	
Free Pacify App	<ul style="list-style-type: none"> • 24/7 video access to Lactation Consultants for breastfeeding support • 24/7 nurse line • Access to Pacify's education resource library with helpful tips to support infant feeding needs and questions • Doula Services – Virtual and In-home 	Pregnant members	
Pregnancy Care	<ul style="list-style-type: none"> • MPC care management program giving you access to a care team including: <ul style="list-style-type: none"> ○ OB provider ○ Nurse care advisor ○ Health educator ○ Community health worker ○ Social worker ○ Pharmacist ○ Doula services 	<p>Pregnant members</p> <p>Learn more by calling member services at 800-953-8854</p>	
Transportation Assistance	<ul style="list-style-type: none"> • Free rides to medical appointments when coordinated by MPC 	<p>All members</p> <p>Call Member Services at 800-953-8854 for</p>	

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	LIMITATIONS
		assistance	
Social Needs Support and Community-based Resources	<ul style="list-style-type: none"> • Social Determinates of Health team can help you access resources like: <ul style="list-style-type: none"> ○ Food ○ Transportation ○ Housing assistance ○ Utility Assistance ○ And many more 	<p>All members</p> <p>To find out what resources are available and receive a personalized screening, email us at sdoh@mpcmedicaid.com</p>	
Tailored Health Education	<ul style="list-style-type: none"> • Delivered Virtually, Face-to-face, Electronically, or via Email 	<p>Place requests here: https://www.mpcmedicaid.com/health-education-request-form/</p>	
Over-the-Counter (OTC) Medication	<ul style="list-style-type: none"> • OTC medications are covered with a \$1 or \$3 copay when prescribed by a physician 	<p>Access a list of covered medications here: https://www.marylandphysicianscare.com/members/benefits/approved-medications/</p>	
Meal Delivery	<ul style="list-style-type: none"> • Delivers 18 meals per week for 12 weeks 	Diabetic members referred to the program that meet eligibility requirements	Eligible members residing in Montgomery, Prince George's, or Washington Counties
Care Management Services	<ul style="list-style-type: none"> • A variety of Care Management programs to fit your specific needs, giving you access to a care team for support, coordination of care, and education regarding complex medical conditions, chronic conditions, or new medical diagnoses • Care team members include: <ul style="list-style-type: none"> ○ Nurse care advisor 	All members	Identification of qualifying need

BENEFIT	WHAT IT IS	WHO CAN GET THIS BENEFIT	LIMITATIONS
	<ul style="list-style-type: none"> ○ Health educator ○ Community health worker ○ Social worker ○ Pharmacist 		
Transition of Care Services	<ul style="list-style-type: none"> ● MPC provided program giving you access to a care team for support, coordination of care, and education after discharge from a hospital, ensuring you have everything you need to return home safely and recover quickly ● Care team members include: <ul style="list-style-type: none"> ○ Nurse care advisor ○ Health educator ○ Community health worker ○ Social worker ○ Pharmacist 	Available to all members recently discharged (within a week) from the hospital	Identification of a qualifying need

Maryland Physicians Care - Prenatal/Postpartum Programs

Prenatal Care

Care during pregnancy (prenatal care) is important. You need to start prenatal care as soon as you know you are pregnant. Maryland Physicians Care has specially trained providers who can care for you and your baby to help avoid any complications. Starting prenatal care early and having regular check-ups throughout your pregnancy is very important for your health and the health of your baby.

Your provider will inform you about the schedule of your prenatal visits. It is important that you make and keep these appointments. If you need help with transportation arrangements, call Maryland Physicians Care's Member Services Department at 1-800- 953-8854.

Free Pacify App

Maryland Physicians Care now offers access to Pacify memberships at no cost!

Pacify connects pregnant and new moms with:

- Pacify Lactation Consultants: Available 24/7 via video, to offer breastfeeding support and answer other feeding-related questions.
- Maryland Physicians Care Case Managers: Available 8 am to 5 pm, Monday through Friday via phone to help with benefits, finding a doctor, or scheduling an appointment.

All Pacify services are available at the touch of a button! There are no appointments required, and members can call as much as needed. Start your membership today by going to: <https://www.marylandphysicianscare.com/members/benefits/free-programs/#pacify> to claim your unique sign-up code and then download the app from the App Store or Google Play.

Special Services for Pregnant Women

Maryland Physicians Care has a special program for you if you are expecting a baby. This program helps you have a healthy baby. Maryland Physicians Care Prenatal Staff will call you to talk with you about your pregnancy and make sure you have all the primary care and OBGYN appointments that you need. If you are having a high-risk pregnancy, Maryland Physicians Care may request that your city or county Ombudsman visits your home. Maryland Physicians Care also offers a program to help you quit smoking as well as drug treatment programs if you need it. We can also get you free childbirth education classes. We care about you and your baby!

Doula Support

Doulas provide three kinds of services: prenatal visits, attendance at labor and delivery, and postpartum visits. The perinatal visits are often in the birthing parent's home. In these visits, the doula and birthing parent discuss such topics as:

- Anatomy of labor and birth,
- Common medical birth procedures,
- Common comfort measures during labor and birth,
- Mental wellness and self-care,
- Communication skills and self-advocacy during labor and delivery,
- Breastfeeding benefits and techniques,
- Community resources, and
- Postpartum support for the birthing parent and baby.

Doulas also attend labor and delivery to provide emotional and physical support.

To request Doula Services, please call MPC Member Services at [800-953-8854](tel:800-953-8854) and ask for a referral to be sent to the MPC's special needs coordinator.

Case Management Services for Pregnant Women

When you become pregnant, Maryland Physicians Care staff will work with you to help you get the services you need to keep you and your baby healthy. The prenatal staff will begin by doing a risk assessment. This is a list of questions that will help to identify areas where you may need help. Maryland Physicians Care prenatal staff will work with you and your provider to help you get the care you need and to prepare you for taking care of your new baby. If there is anything

that makes it difficult for you to get the care you need, you can ask the Maryland Physicians Care Prenatal Staff for help. We can help you quit smoking and get childbirth education classes too!

After the Birth of Your Baby

After your baby is born, it is important that you see your OBGYN within 6-8 weeks. Your OBGYN will provide you with a well-woman check-up and advise you of family planning options that are available at no cost.

- Your baby needs a PCP just like you. If you did not pick a PCP for your baby before you went into the hospital, call Maryland Physicians Care's Member Services Department at 1-800-953-8854 and request to speak to the Newborn Coordinator to pick one as soon as possible. Regular check-ups for babies, young children, and adults are important!

Maryland Physicians Care - Health Education Programs

Maryland Physicians Care wants you to know more about your health. If you know about your health, you can do more to stay healthy.

We offer many classes to help you learn more about your health, including childbirth education classes. To find out more about the Health Education Programs available to you, please use one of the following resources:

- Member newsletter
- Special mailings
- Your PCP
- Your Case Manager
- Maryland Physicians Care Prevention and Wellness staff
- Maryland Physicians Care displays at community events

We have an active Prevention and Wellness Program. We have health information that tells you how to keep healthy and prevent certain illnesses. This program lets you know about wellness services. These include routine wellness exams, vaccines (shots), lead tests, dental exams, and other screenings (pap smears, mammograms, etc.). If you have questions about these programs, you can also call Maryland Physicians Care's Member Services Department at 1-800-953-8854.

How Do Adults Stay Healthy?

Maryland Physicians Care wants our adults to stay healthy too. Talk to your Primary Care Provider about tips on how to stay healthy. These include eating right, exercising regularly, and getting routine check-ups. Take charge of your health.

- The Adult Preventive Care Recommendations chart lists services that you may or may not need that can help you prevent certain illnesses. Your provider can help you decide what services you may need. These services can also help find health problems (like cancer or high blood pressure) early, so that your provider can treat them as soon as

possible. (see Getting into Care – F. Wellness Care for Adults)

- Maryland Physicians Care also supports members with free, online self-management tools for topics such as stress management, weight management, tobacco use cessation, physical activity, and identifying depressive symptoms. Additionally, there are 5-minute anytime, anywhere exercise videos members can watch and follow along with a certified instructor.

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 Maryland Physicians Care card when you get these services. Some services may require a referral or [preauthorization](#). See [Self-Referral](#).

Use the [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

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 800-953-8854.

For more information about the HealthChoice Diabetes Prevention Program, visit [Prediabetes - Maryland Physicians Care](#).

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 Maryland Physicians Care card when you get these services. **You must have [preauthorization](#) for these services.**

Use the [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

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 Maryland Physicians Care card when you get these services. Some services may require a referral or [preauthorization](#).

Use the [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

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 Maryland Physicians Care 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 [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854. 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 Maryland Physicians Care. See [Self-Referral](#).
- Call member services at 800-953-8854 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 Maryland Physicians Care. 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 Maryland Physicians Care. 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 800-953-8854 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 Maryland Physicians Care card when you get these services. Some services may require a referral or [preauthorization](#). See [Self-Referral](#).

Use the [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

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
 - o Physical therapy
 - o Occupational therapy
 - o 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

Maryland Physicians Care 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 Maryland Physicians Care card when you get these services.

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

Prescription drug coverage includes:

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

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

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

Preferred Drug List

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

To view our formulary, visit [MPC Approved Drug List Effective 09/01/2025](#). If you would like us to mail you a copy of the formulary, call member services at 800-953-8854.

Call member services at 800-953-8854 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 Maryland Physicians Care 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 800-953-8854 or the HealthChoice Helpline at 800-284-4510.

New Technology and Other Advances

Maryland Physicians Care 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 800-953-8854.

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 Maryland Physicians Care card when you get these services. Some services may require a referral or preauthorization. See Self-Referral.

Use the [Find a Provider - Maryland Physicians Care](#) to search for a Maryland Physicians Care Medicaid provider to get the care you need near you. For more information or questions, call member services at 800-953-8854.

Adults Aged 21 +

- One eye exam every two years.
- For more vision benefit information, see Maryland Physicians Care Value Added Benefits.

Children and Young Adults Under Age 21

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

Members with Diabetes

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

Call member services at 800-953-8854 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 Maryland Physicians Care 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 800-953-8854 or our [special needs coordinator](#) at 800-953-8854 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 Maryland Physicians Care. 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 Maryland Physicians Care [network](#). You will not need a referral from your primary care provider. Maryland Physicians Care 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 Maryland Physicians Care. Call member services at 800-953-8854 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 Maryland Physicians Care'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 800-953-8854 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

Maryland Physicians Care's provider [network](#) offers many care options throughout our service area, which includes all counties in Maryland.

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 800-953-8854 for help.

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 800-953-8854 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 Maryland Physicians Care 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 800-953-8854 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 Maryland Physicians Care.
- You want to see a provider with experience with your health care needs who is not in Maryland Physicians Care’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 Maryland Physicians Care cannot change your plan.**

Disenrollment

Disenrollment means your coverage ends. If your Medicaid coverage ends, your Maryland Physicians Care coverage will also end. Sometimes, your Maryland Physicians Care coverage may end, but your Medicaid coverage will continue.

When Your Maryland Physicians Care Coverage May End

Medicaid or Maryland Physicians Care 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 move out of the Maryland Physicians Care 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 Maryland Physicians Care 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 Maryland Physicians Care. Your Maryland Physicians Care 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 Maryland Physicians Care. **This is not a bill.** It just tells you what Maryland Physicians Care has paid for. If you see a mistake, like a service you didn't get, call member services at 800-953-8854 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 Maryland Physicians Care provider directory> to search by provider name to find a participating Medicaid provider in our [network](#).

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

If you get a bill for a covered service, **do not pay it**. Contact the provider who sent the bill for help. If the provider says you did not have coverage on date of the service date or that Maryland Physicians Care did not pay, call member services at 800-953-8854 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 Health Care

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

Screenings and Procedures*

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

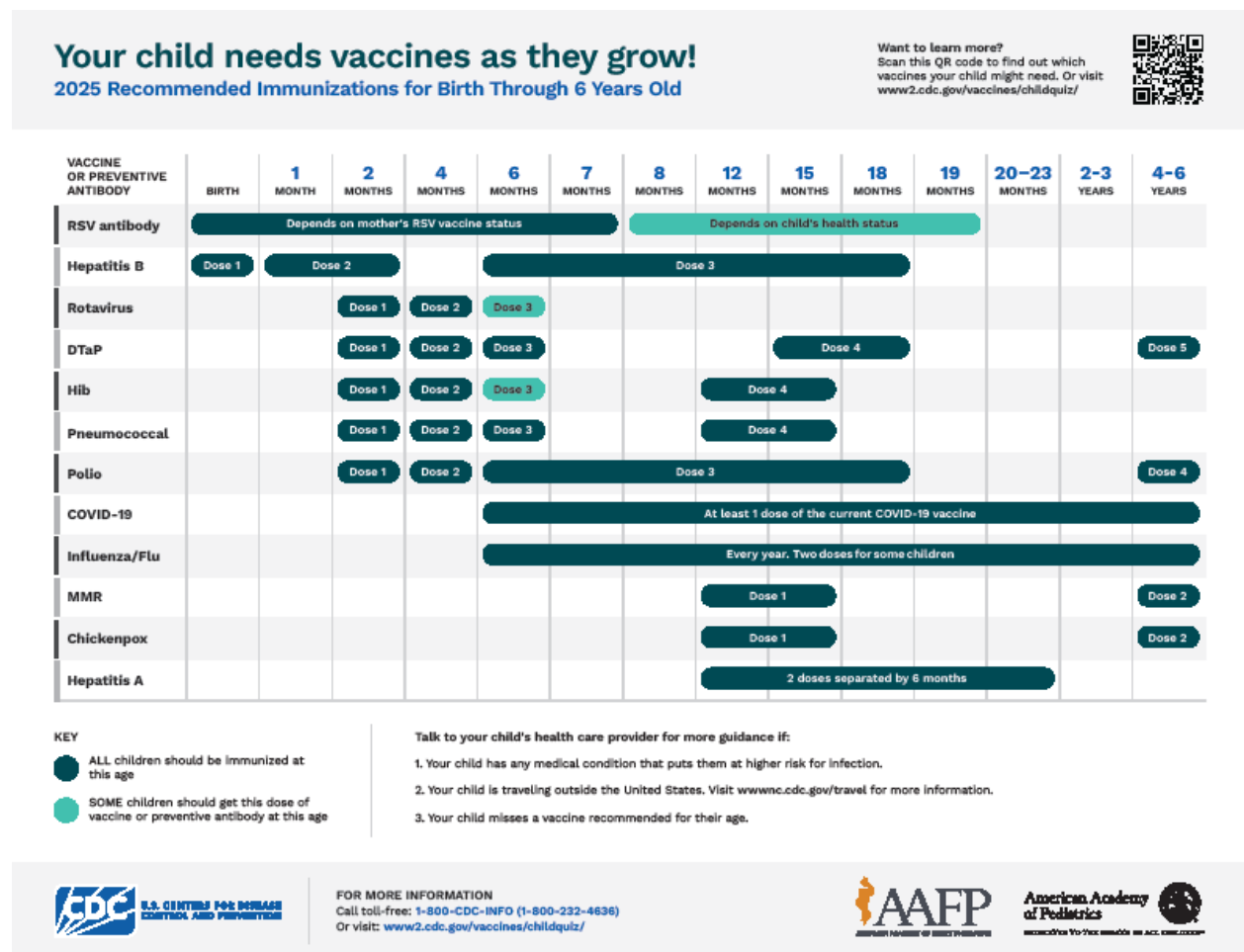
Recommend visits:

- 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



Source: CDC; Materials developed by CDC.

The Maryland Department of Health and Maryland Physicians Care'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.

Maryland Physicians Care Practice Guidelines

Maryland Physicians Care 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. Maryland Physicians Care 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 800-953-8854.

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, Maryland Physicians Care or our providers treat you.
- File a complaint, grievance or [appeal](#) with Maryland Physicians Care.
- 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 Maryland Physicians Care's [network](#) if you disagree with your provider's opinion about a service that you need. Call member services at 800-953-8854 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 Maryland Physicians Care manages the organization. For more information, call member services at 800-953-8854.

- 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 Maryland Physicians Care member card with you.
- Never allow anyone else to use your Medicaid or Maryland Physicians Care member card.
- Report a lost or stolen member ID card to Maryland Physicians Care and get a new card.
- Report other [health insurance](#) coverage to your provider and to Maryland Physicians Care .
- 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 800-953-8854 if you have a problem or a complaint.
- Report required changes to your status within 10 days to the Maryland Health Connection.

Privacy and Confidentially

Notice of Privacy Practices

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

This notice takes effect on September 23, 2013. Most recent revision July 2025.

What do we mean when we use the words “health information”

We use the words “health information” when we mean information that identifies you.

Examples include your:

- Name
- Date of birth

- Health care you received
- Amounts paid for your care

How we use and share your health information

Help take care of you: We may use your health information to help with your health care. We also use it to decide what services your benefits cover. We may tell you about services you can get. This could be checkups or medical tests. We may also remind you of appointments. We may share your health information with other people who give you care. This could be doctors or drug stores. If you are no longer with our plan, with your okay, we will give your health information to your new doctor.

Family and friends: We may share your health information with someone who is helping you. They may be helping with your care or helping pay for your care. For example, if you have an accident, we may need to talk with one of these people. If you do not want us to give out your health information, call us.

If you are under eighteen and don't want us to give your health information to your parents. Call us. We can help in some cases if allowed by state law.

For payment: We may give your health information to others who pay for your care. Your doctor must give us a claim form that includes your health information. We may also use your health information to look at the care your doctor gives you. We can also check your use of health services.

Health care operations: We may use your health information to help us do our job. For example, we may use your health information for:

- Health promotion
- Case management
- Quality improvement
- Fraud prevention
- Disease prevention
- Legal matters

A case manager may work with your doctor. They may tell you about programs or places that can help you with your health problem. When you call us with questions, we need to look at your health information to give you answers.

Race, Ethnicity, Language, Gender Identity, and Sexual Orientation Data

We may get information related to your race, ethnicity, language, gender identity and sexual orientation from the Maryland Medicaid enrollment application or directly from you. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create health education information
- Let the doctors know about your language needs
- Address health care disparities

We do not use this information to:

- Make decisions about benefits
- Pay claims
- Make decisions about the cost of your benefits
- Make decisions about your eligibility for benefits
- Discriminate against members for any reason

Sharing with other businesses

We may share your health information with other businesses. We do this for the reasons we explained above. For example, you may have transportation covered in your plan. We may share your health information with them to help you get to the doctor's office. We will tell them if you are in a motorized wheelchair, so they send a van instead of a car to pick you up.

Other reasons we might share your health information

We also may share your health information for these reasons:

- Public safety – To help with things like child abuse. Threats to public health.
- Research – To researchers. After care is taken to protect your information.
- Business partners – To people that provide services to us. They promise to keep your information safe.
- Industry regulation – To state and federal agencies. They check us to make sure we are doing a good job.
- Law enforcement – To federal, state, and local enforcement people.
- Legal actions – To courts for a lawsuit or legal matter.

MARYLAND'S HEALTH INFORMATION EXCHANGE (CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS/CRISP)

We have chosen to participate in the Chesapeake Regional Information System for our patients (CRISP), a regional health information exchange (HIE) serving Maryland. CRISP is also affiliated with and shares data with other HIEs, including those in Alaska, Connecticut, D.C., Maryland, and West Virginia. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt-out" and disable access to your health information available through CRISP by calling 877-952-7477 or completing and

submitting an opt-out form to Crisp by mail, fax, or through their website at www.crisphealth.org. Public health reporting and controlled dangerous substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Reasons that we will need your written okay

Except for what we explained above, we will ask for your okay before using or sharing your health information. For example, we will get your okay:

- For marketing reasons that have nothing to do with your health plan.
- Before sharing any psychotherapy notes.
- For the sale of your health information.
- For other reasons as required by law.

You can cancel your okay at any time. To cancel your okay, write to us. We cannot use or share your genetic information when we make the decision to provide you health care insurance.

What are your rights

You have the right to look at your health information.

- You can ask us for a copy of it.
- You can ask for your medical records. Call your doctor's office or the place where you were treated.

You have the right to ask us to change your health information.

- You can ask us to change your health information if you think it is not right.
- If we don't agree with the change, you asked for. Ask us to file a written statement of disagreement.

You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree. But we will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us toll free at 800-953-8854 to:

- Ask us to do any of the things above.
- Ask us for a paper copy of this notice.
- Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your rights were violated, write to us at:

Maryland Physicians Care

Attn: Privacy Coordinator

1201 Winterson Rd, 4th Floor

Linthicum, MD 21090

You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights. Call us to get the address.

If you are unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information

We protect your health information with specific procedures, such as:

- Administrative. We have rules that tell us how to use your health information no matter what form it is in – written, oral, or electronic.
- Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- Technical. Access to your health information is “role-based”. This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

How we communicate with you

- Telephone
- Secure email
- Secure text message
 - You may opt out of text messages at any time.

Will we change this notice

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent notice on our web site at www.MarylandPhysiciansCare.com.

Maryland Physicians Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, color, national origin, age, disability, gender, gender identity, or sexual orientation.

If you need a qualified interpreter, written information in other formats, translation, or other services, call the number on your ID card or 1-800-953-8854. Help is available in your language: 1-800-953-8854 (TTY: 1-800-735-2258). These services are available for free.

MPC AFFIRMATIVE STATEMENT

As a part of the Maryland Physicians Care (MPC) medical management staff responsible for utilization management (UM) decision making, I attest that:

- All UM decision making is based on the appropriateness of care and service, and existence of coverage.
- MPC does not compensate healthcare professionals or other individuals conducting utilization review for denials of coverage or service.
- UM activities are not structured to provide incentives for the individual reviewers to deny, limit, or discontinue medically necessary services to any enrollee.
- Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

I, _____, affirm that I have reviewed, understand, and agree to the above statements. By signing this statement, I acknowledge that I am accountable for abiding by these actions. This signed attestation will be placed into my performance file.

Name and Title of Department

Employee Signature (E-signature)

Date

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.

Maryland Physicians Care 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 Maryland Physicians Care handled your complaint.

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

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

If Maryland Physicians Care 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 Maryland Physicians Care 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 Maryland Physicians Care 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 800-953-8854.

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 800-953-8854.

Maryland Physicians Care - Internal Complaint/Appeals Procedure If you have a question or problem, please call Maryland Physicians Care's Member Services Department at 1-800-953-8854. A Member Services Department Representative can help you with information about your health benefits and finding a provider. The Member Services Department Representative can also help you if you have a complaint about your medical care. If you have a complaint, you can

contact us at 1-800-953-8854 or TTY/TDD at 1-800-735-2258. If English is not your main language, you can still call Maryland Physicians Care's Member Services Department 1-800-953-8854. A Member Services Representative will link your call to our language translation service.

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 Maryland Physicians Care or at your doctor's office. If your grievance is:

- About an urgent medical problem, 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 Maryland Physicians Care's Member Services Department at 1-800-953- 8854.

Appeals

If your complaint is about a service, you or a provider feels 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 that you receive the letter saying that we would not cover the service you wanted. You can call us to file your appeal, or you may also send your appeal in writing. We have a simple form you can use to file your appeal. Just call Maryland Physicians Care's Member Services Department at 1-800- 953-8854 to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it. Once you complete the form, you should mail it to: Maryland Physicians Care MCO Attn: Member Appeals P.O. Box 893 Portland, ME 04104 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 Maryland Physicians Care has not solved to your satisfaction, you can ask Maryland Medicaid for help. They can help by:

- Working with Maryland Physicians Care 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 Maryland Physicians Care's Appeal Decision

If you filed an appeal and Maryland Physicians Care 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 Maryland Physicians Care'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 Maryland Physicians Care's appeal process before asking for a state fair hearing.

You have **120 days** from the date on your Maryland Physicians Care 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/3C7ThQO> or scan the QR code.



An administrative law judge will hear your case. The judge will either find in your favor, that is overturn Maryland Physicians Care'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, Maryland Physicians Care 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

Maryland Physicians Care 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 800-953-8854.

Join Maryland Physicians Care'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 800-953-8854.

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

Maryland Physicians Care 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). Maryland Physicians Care 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).

Maryland Physicians Care:

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

If you believe that Maryland Physicians Care 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:

- **Attn: Civil Rights Coordinator,**

- 1201 Winterson Rd, Suite 400
- Linthicum, MD 21090
- 800-953-8854,
- TTY: 800-735-2258,
- [Fax],
- MPCComplianceO@mpcmedicaid.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, 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: 7-1-1).

Español/Spanish

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: 877-463-3464 (TTY: 7-1-1).

አማርኛ/Amharic

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

Arabic/ العربية

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

Bàsɔ́ -wùdù-po-nyò(Bassa)

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

中文/Chinese

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

Farsi/ فارسی

توجه: اگر به زبان فارس ی گفتگو می کن ی د، تسهی لات زبان ی بصورت رای گان برای شما
دا ری بگی تماس 877-463-3464 (TTY: 7-1-1) با .باشد ی م فراهم

Français/French

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

kreyòl ayisyen/Haitian Creole

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

Igbo

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

한국어/Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-463-3464 (TTY: 7-1-1) 번으로 전화해 주십시오.

Português/Portuguese

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-463-3464 (TTY: 7-1-1)

Русский/Russian

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

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 877-463-3464 (TTY: 7-1-1). Ang mga serbisyong ito ay libre.

Urdu/اردو

877-463-3464 (TTY: 7-1-1) پر کال - س ی ہ اب ی دست س می مفت خدمات کی مدد کی زبان کو آپ تو، س ی ہ بولتے اردو آپ اگر: خبردار

Tiếng Việt/Vietnamese

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-463-3464 (TTY: 7-1-1).

Yorùbá/Yoruba

Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 877-463-3464 (TTY: 7-1-1)

Fraud, Waste and Abuse

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

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

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

Abuse is when someone causes extra costs for Medicaid.

Member Examples

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

Provider Examples

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

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

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

Contact Maryland Physicians Care

- CALL MPC's Compliance Hotline at 1-866-781-6403 and leave a detailed message.
- WRITE to the Compliance Officer at MPC: 1201 Winterson Road, Suite 400, Linthicum Heights, MD 21090.

Complete the ONLINE Fraud and Abuse Form at [Fraud & Abuse - Maryland Physicians Care](#)

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

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

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

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

Glossary of Terms

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

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

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

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

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

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

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

Emergency Medical Condition: Also known as medical emergency. A sudden illness, injury, severe pain, 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.

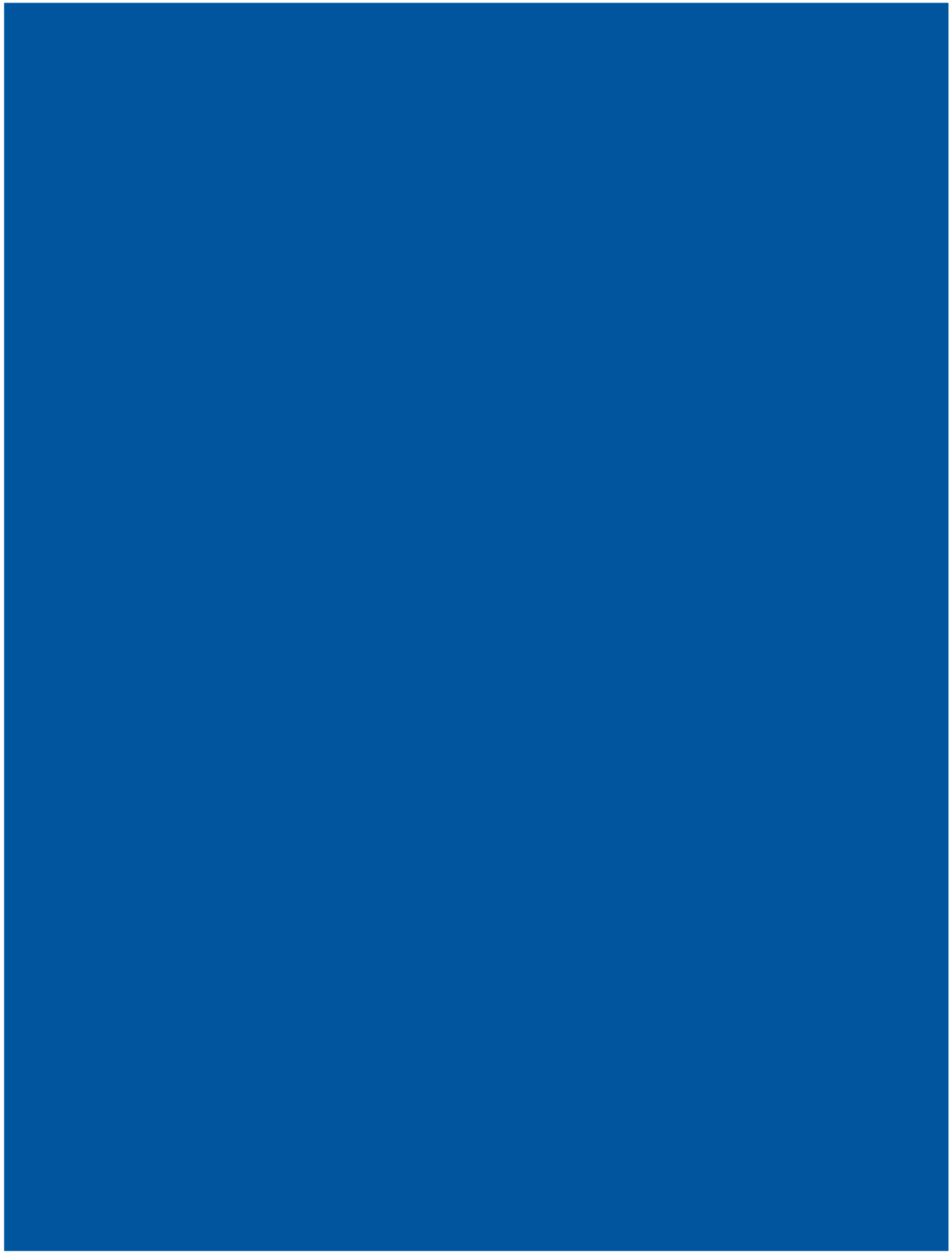
Rehabilitation Services and Devices: Health care services that help you keep, get back, or improve skills and functioning for daily living that you lost or were impaired because you were sick, hurt, or disabled.

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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