

March 6, 2023

Dear CareFirst BlueCross BlueShield Community Health Plan District of Columbia Enrollee,

You recently received a notice from the Department of Health Care Finance (DHCF) letting you know that as of April 1, 2023, CareFirst BlueCross BlueShield Community Health Plan District of Columbia (CareFirst CHPDC) will no longer be a participating health plan in the District of Columbia Medicaid managed care program.

As noted in the materials shared by DHCF:

- **You will receive a Welcome Packet, Enrollee Handbook, and a new ID Card from Amerigroup.** The Welcome Packet will have information about your new health plan and how to access a list of Amerigroup doctors, hospitals, and clinics.
  - An Amerigroup representative will be available to answer any questions about your Medicaid services.
- **You can continue to see your current doctors through June 30, 2023.** If your doctors are outside Amerigroup's network after June 30, 2023, an Amerigroup representative will contact you to help you find a new doctor to continue your care.
  - If you need a new prescription, contact your doctor and Amerigroup to continue to receive your medication(s).
- **If you do not want to be enrolled in Amerigroup, you have until June 30, 2023, to request a change.**
  - There are two additional health plans that you can choose from:
    - AmeriHealth Caritas, DC, <https://www.amerihealthcaritasdc.com/>
    - MedStar Family Choice, DC, <https://www.medstarfamilychoicedc.com/>
- **If you want to change your health plan, you can contact D.C. Healthy Families Program:**
  - At <https://www.dchealthyfamilies.com>
  - By phone at (202) 639-4030 or 1 (800) 620-7802
  - By the TDD/TTY line at (202) 639-4041 for the hearing impaired
- **All DC residents with Medicaid must renew their coverage this year.**
  - Please update your contact information at [districtdirect.dc.gov](https://districtdirect.dc.gov).
  - Once you have updated your contact information at the website above, check your mail for information on renewing your coverage.



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

We will continue to take all needed steps to ensure access to quality care for District residents and provide you with updates on our website or through communications similar to this one.

The goals of the D.C. Medicaid program are clear and straightforward—provide the highest quality healthcare services to the most vulnerable populations within the District. CareFirst CHPDC sincerely appreciates the opportunity to be your trusted partner for your health care needs. We thank you so much for allowing us to be an important part of the D.C. community for the past 10 years.

Sincerely,

*Cleveland E Slade*

Cleveland “Mickey” Slade  
Interim President & CEO  
CareFirst BlueCross BlueShield Community Health Plan District of Columbia

### **Discrimination is Against the Law**

CareFirst BlueCross BlueShield Community Health Plan District of Columbia (CareFirst CHPDC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareFirst CHPDC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareFirst CHPDC:

- 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 DeShawn Morant

If you believe that CareFirst CHPDC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

DeShawn Morant Clinical Support Manager/Civil Rights Coordinator, 1100 New Jersey Avenue SE, Suite 840, Washington, DC 20003, (202) 680-5119, (855) 326-4831 (TTY: 711),

Fax: (202) 680-6018,

[cfdhumanrights@carefirstchpdc.com](mailto:cfdhumanrights@carefirstchpdc.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, DeShawn Morant Clinical Support Manager /Civil Rights Coordinator is available to help you.

CareFirst BlueCross BlueShield  
Community Health Plan  
District of Columbia  
1100 New Jersey Ave. SE  
Suite 840  
Washington, D.C. 20003  
[www.carefirstchpd.com](http://www.carefirstchpd.com)



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, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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  
1-800-368-1019, 800-537-7697 (TDD)



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

**Interpreter Services Are Available at No Cost.**

**This notice has important information from CareFirst BlueCross BlueShield Community Health Plan District of Columbia (CareFirst CHPDC).**

**If you need help understanding, this information is available in your language at no cost.**

**English**

“If you do not speak and/or read English, please call 202-821-1100 or 855-326-4831 (TTY: 711) between 8:00am – 5:30pm, Monday- Friday. A representative will assist you.”

**Español (Spanish)**

“Si no habla y / o no lee inglés, llame al 202-821-1100 o al 855-326-4831 (TTY: 711) entre las 8:00 a.m. y las 5:30 p.m., de lunes a viernes. Un representante lo ayudará.

**Tiếng Việt (Vietnamese)**

Nếu bạn không nói và / hoặc đọc tiếng Anh, vui lòng gọi 202-821-1100 hoặc 855-326-4831 (TTY: 711) trong khoảng thời gian từ 8:00 sáng - 5:30 chiều, Thứ Hai - Thứ Sáu. Một đại diện sẽ hỗ trợ bạn.

**한국어 (Korean)**

“영어로 말하거나 읽지 못하는 경우 월요일-금요일 오전 8시에서 오후 5시 30 분 사이에 202-821-1100 또는 855-326-4831 (TTY: 711) 로 전화하십시오. 담당자가 도와 드릴 것입니다.”

**Français (French)**

«Si vous ne parlez pas et / ou ne lisez pas l'anglais, veuillez appeler le 202-821-1100 ou le 855-326-4831 (ATS: 711) entre 8h00 et 17h30, du lundi au vendredi. Un représentant vous assistera. »

**(Arabic) عربي**

(TTY: إذا كنت لا تتحدث و / أو تقرأ الإنجليزية ، فيرجى الاتصال برقم 1100-821-202 أو 855-326-4831 " بين الساعة 8:00 صبا - 5:30 مساءً ، من الاثنين إلى الجمعة . سوف يساعدك مندوب 711)

**普通話 (Mandarin)**

“如果您不會說和/或不會讀英語，請在周一至週五的8:00 am – 5:30 pm之間致電202-821-1100或855-326-4831 (TTY: 711。代表將為您提供幫助。”

**Русский (Russian)**

«Если вы не говорите и / или не читаете по-английски, звоните по номеру 202-821-1100 или 855-326-4831 (TTY: 711) с 8:00 до 17:30 с понедельника по пятницу. Представитель поможет вам.

**ဗမာ (Burmese)**

အကယ်၍ သင်သည် အင်္ဂလိပ်စကားမပြောတတ်လျှင် / သမီး ၊ နံနက် ၈ ၊ ၀၀  
ယုတ်စာဖတ်လို့မရပါ။  
နာရီမညနေ ၅ ၊ ၃၀ နာရီ၊ တနင်္လာနေ့မှ တိ 202-821-1100 သမီး ၊ ၊ ဟုတ် 855-326-  
၂၀၀၁ ကတော့အံ့ 4831 (TTY: 711) ပို့ကူညီလိမ့်မယ်။  
သမီး ၊ ၊ ခါဆိုပါ။ ကိယုတ်စာလှယ်ကသင်က

**Guǎngdōng huà (Cantonese)**

“Rúguo nín bù huì shuō he/huò bù huì dú yīngyǔ, qǐng zài zhōuyī zhì zhōu wǔ de 8:00 Am – 5:30 Pm zhī jiān zhìdiàn 202-821-1100 huò 855-326-4831(TTY:711). Dàibiǎo jiāng wèi nín tígōng bāngzhù.”

**(Farsi)فارسی**

اگر زبان انگلیسی صحبت نمی کنید و یا انگلیسی خوانده اید ، لطفاً از ساعت 8 صبح - 5:30 بعد از ظهر ، دوشنبه تا 4831-326-855 یا 1100-821-202 شماره (TTY: 711) جمعه با شماره

**Polskie (Polish)**

„Jeśli nie mówisz i / lub nie czytasz po angielsku, zadzwoń pod numer 202-821-1100 lub 855-326-4831 (TTY: 711) w godzinach od 8:00 do 17:30, od poniedziałku do piątku. Przedstawiciel będzie Ci pomagał ”.

**Português (Portuguese)**

“Se você não fala e / ou lê inglês, ligue para 202-821-1100 ou 855-326-4831 (TTY: 711) entre as 8:00 e as 17:30, de segunda a sexta-feira. Um representante o ajudará.



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### ਪੰਜਾਬੀ (Punjabi)

“ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਜਾਂ / ਜਾਂ ਨਹੀਂ ਪੜ੍ਹਦੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੋਮਵਾਰ-ਸ਼ੁਕਰਵਾਰ ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 5:30 ਵਜੇ ਦੇ ਵਿਚਕਾਰ 202-821-1100 ਜਾਂ 855-326-4831 (ਟੀਟੀਵਾਈ: 711) ਨ ਕਾਲ ਕਰੋ। ਇੱਕ ਨੁਮਾਇੰਦਾ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।”

### Kreyòl Ayisyen (Haitian Creole)

“Si ou pa pale ak / oswa li angle, tanpri rele 202-821-1100 oswa 855-326-4831 (TTY: 711) ant 8:00 am - 5:30 pm, lendi-vandredi. Yon reprezantan pral ede ou. ”

### हिंदी (Hindi)

“यदि आप अंग्रेजी नहीं बोलते हैं और / या पढ़ते हैं, तो कृपया सुबह 8:00 - 5:30 बजे, सोमवार-शुक्रवार के बीच 202-821-1100 या 855-326-4831 (TTY: 711) पर कॉल करें। एक प्रतिनिधि आपकी सहायता करेगा।

### Soomaali (Somali)

“Haddii aadan ku hadlin ama / ama aqrin Ingiriisiga, fadlan soo wac 202-821-1100 ama 855-326-4831 (TTY: 711) inta u dhexeysa 8:00 aroor - 5:30 pm, Isniinta-Jimcaha. Wakiil ayaa ku caawin doona. ”

### Hmoob (Hmong)

“Yog koj tsis hais lus thiab/los yog nyeem lus Askiv, thov hu rau 202-821-1100 los sis 855-326-4831 (TTY: 711) ntawm 8:00 am – 5:30 pm, Hnub Monday--Friday. Tus neeg sawv cev yuav pab koj.”HmongItalian

### Tagalog

“Kung hindi ka nagsasalita at / o magbasa ng Ingles, mangyaring tumawag sa 202-821-1100 o 855-326-4831 (TTY: 711) sa pagitan ng 8:00 am - 5:30 pm, Lunes-Biyernes. Tutulungan ka ng isang kinatawan. ”

### 日本人(Japanese)

英語を話せない、または読まない場合は、月曜日から金曜日の午前8時から午後5時30分までに202-821-1100または855-326-4831 (TTY: 711) に電話してください。担当者がお手伝いします。



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