

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance
Health Care Delivery Management Administration



October 6, 2020 (**Revised Memo**)

To: All District Medicaid Pharmacy Providers

Re: Continuity of Care for Beneficiaries in Managed Care and Provider Reimbursement

This transmittal is to inform you that as of October 1, 2020, **Amerigroup District of Columbia (Amerigroup)** no longer participates in the District's Medicaid Managed Care Program that includes the DC Healthy Families Program (DCHF), Immigrant Children's Program (ICP) and DC Healthcare Alliance (Alliance). On October 1, 2020, the DC Department of Health Care Finance (DHCF) entered into new contracts with the following three MCOs:

- AmeriHealth Caritas DC
- MedStar Family Choice DC
- CareFirst Community Health Plan DC (formerly known as Trusted Health Plan)

The DHCF has expanded the managed care program to include former and qualifying fee-for-service (FFS) Medicaid beneficiaries. Beginning October 1, 2020 through December 31, 2020, continuity of care (COC) is priority and is particularly relevant as beneficiaries transition from one MCO to another or from FFS Medicaid to managed care.

Effective immediately, DO NOT deny access to medications for any actively enrolled Medicaid managed care enrollee who has either valid refills or new prescriptions for drugs or supplies, as medically necessary. The DHCF guarantees that each MCO will retrospectively reimburse, regardless of whether the DC Medicaid enrolled pharmacy is contracted with the MCO. Valid authorizations and prescriptions are honored if issued prior to October 1, 2020.

How to Verify Beneficiary Eligibility for Medicaid Benefits and Services

It is important that you verify the new MCO assignment and eligibility status of each managed care enrollee by requesting their new ID card which will contain the information (BIN, PCN and Group) required to properly submit pharmacy (Rx) point of sale (POS) claims to the appropriate MCO Pharmacy Benefit Manager (PBM) for reimbursement.

If the new ID card is unavailable at the time of service, eligibility status may be obtained through the Interactive Voice Response (IVR) system by calling (202) 906-8319 (in District) or (866) 752-9231 (outside DC metro area).

- The IVR will prompt you to enter your provider number. This is the nine-digit number assigned to you through the Medicaid program. The system will then prompt you to enter the recipient number. This eight-digit code is listed on the patient's Medical Assistance Card.

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You may also contact each MCO and the respective Pharmacy Director for additional assistance. The MCO/PBM Help Desk, MCO Enrollee Services, along with the pharmacy POS claims processing information is provided on the resource document attached for your reference.

If you have any further questions, please contact the following at the DC Department of Health Care Finance:

Charlene Fairfax, Senior Pharmacist

(202) 442-9076 or e-mail: charlene.fairfax@dc.gov

Gidey Amare, Pharmacist

(202) 442-5952 or e-mail: gidey.amare@dc.gov

Jonas Terry, Pharmacist

(202) 478-1415 or e-mail: jonas.terry@dc.gov ; or

Magellan (Medicaid Fee for Service Pharmacy Benefit Manager)

1-800-273-4962.

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DC Medicaid Managed Care
Pharmacy Benefit Manager
Contact and Claims Processing Information Effective 10/01/2020

MCO	Pharmacy Benefit Manager	Claims Processing Information	Contact Information
AmeriHealth Caritas Community Care	PerformRx	Rx BIN: 019595 Rx PCN: 06280000 Rx Grp: (Not Required)	Medicaid Provider Services (PBM) 1 (888) 602-3741 Medicaid Enrollee Services 1 (888) 452-3647 Alliance Provider Services 1 (888) 987-5821 Alliance Enrollee Services 1 (888) 987-5806
CareFirst Blue Cross Blue Shield Community Health Plan	Abarca	RX BIN: 610674 Rx PCN: ABARCA Rx Grp: THPDC	Help Desk 1 (866) 287-6156 Enrollee Service (855) 326-4831 or (202) 821-1100
MedStar Family Choice	CVS/Caremark	Rx BIN: 004336 Rx PCN: MCAIDADV Rx Grp: RX0610	PBM Help Desk: 1 (855) 798-4244 (Preferred) 1 (800) 966- 5772 Enrollee Services: 1 (888) 404-3549