



DC Medicaid Reform: MCO Provider Forums



NOVEMBER 10, 2020



Announcements

- All attendees will be muted during the presentation.
- Please use the Q&A box shown at right to ask a question during the presentation. Please ask all panelists. Questions by held for verbal response during Q&A.
- Individuals on the phone will be able to ask questions at the end of the presentation.
- A copy of the presentation will be available on the DHFC website.



Agenda

1. Welcome & Introduction

- **DHCF Strategic Priorities**
- **Transition Background & Key Takeaways**
- **Continuity of Care Expectations**

2. DC's Managed Care Organizations (MCO)

- AmeriHealth Caritas District of Columbia, Inc
- CareFirst BlueCross BlueShield Community Health Plan District of Columbia (formerly known as Trusted Health Plan)
- MedStar Family Choice

3. Questions & Answers

4. Additional Resources



Led by Strategic Priorities, DHCF is Reforming Medicaid



➤ **VISION**

All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.

➤ **MISSION**

The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

➤ **VALUES**

Accountability – Compassion – Empathy – Professionalism – Teamwork

➤ **STRATEGIC PRIORITIES**

1. Building a health system that provides whole person care
2. Ensuring value and accountability
3. Strengthening internal operational infrastructure



New Contracts with AmeriHealth, CareFirst Community Health Plan and MedStar Family Choice began October 1, 2020

MCOs Received a Nearly Equal Number of Enrollees Through the Reassignment Process

- Auto-assignment to the new MCOs was completed on 8/29
- 16,684 Medicaid adult beneficiaries transitioned from FFS
- 218,100 current managed care enrollees reassigned

Assignment by Health Plan as of 8/29

MCO	Transition from FFS	Current MC Enrollees*	Total*
AmeriHealth	5,531	72,941	78,472
CareFirst	5,598	72,668	78,266
MedStar	5,555	72,491	78,046
Total	16,684	218,100	234,784



Key Takeaways

1. Covered benefits and eligibility requirements have not changed.
2. New managed care enrollees transitioning from FFS will receive care coordination and an Individualized Care Plan from a designated case manager
3. All managed care enrollees have been assigned to an MCO effective October 1. Enrollees may change to any MCO for any reason between October 1 – December 31, 2020
4. All DC hospitals, FQHCs and hospital affiliated physician groups must be in network for all MCOs
5. Enrollees are ensured that coverage and care will not be interrupted



Universal Contracting Requirement



All MCOs must include in their network

- All current and future District acute care hospitals and affiliated physician groups
 - Howard University, Medstar Washington Hospital Center, Medstar Georgetown, Children's National, United Medical Center, Sibley, and George Washington Hospital
- Federally Qualified Health Centers (FQHC) and FQHC look-alikes for primary care, dental, preventive care and/or specialty services
 - Community of Hope, Elaine Ellis Center of Health, Family and Medical Counseling Services, La Clinica del Pueblo, Mary's Center, Unity Health Care, Whitman Walker, Bread for the City, So Others Might Eat (SOME)



Continuity of Care transition period between October 1, 2020 and December 31, 2020



DHCF Expectations

- On October 5, DHCF issued a [continuity of care letter](#)
 - The letter asked that health care providers **not cancel appointments** with current patients and that providers would be **paid promptly**
 - During the transition period, MCOs will reimburse for services rendered to covered beneficiaries regardless of the providers contracted status with the MCO
 - In addition, the following services may extend beyond the 90-day COC transition period:
 - Personal Care Aide (PCA) Services shall continue until the enrollee receives their annual comprehensive assessment or a change in condition results in a new plan of care being developed, and services are authorized and arranged as required to address the long term care needs of the enrollee.
 - Prenatal and postpartum care for the entire course of pregnancy including postpartum care (six weeks after birth).
 - Transplant Services for one-year post-transplant.
 - Oncology services including radiation and/or chemotherapy services for the duration of the current round of treatment.
 - Full course of treatment of therapy for Hepatitis C treatment drugs.



Continuity of Care transition period between October 1, 2020 and December 31, 2020



DHCF Pharmacy Expectations

- MCOs must allow recipients to continue to receive their prescriptions through their current provider
- On October 6, DHCF issued a [pharmacy continuity of care letter](#)
 - 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.
- On October 23, DHCF issued [Transmittal 20-38](#) 72-hour (3-day) Emergency Supply of Medication
 - Authorizes in-network pharmacy providers to dispense a 72-hour (3-day) emergency supply of medication(s) (determined by the pharmacist) while a prior authorization (PA) decision is being finalized.



Other Common Issues During the Transition Period



Beneficiaries seeking to update their information

- Request to change address, name and/or DOB, or seeking status of application for Medicaid coverage should be directed to ESA Service Center.
 - DHS CALL CENTER - 202-727-5355

Beneficiaries requesting a new Medicaid ID Cards

- Request for Medicaid ID Cards should be directed to the members MCO.
 - AmeriHealth - <https://www.amerihealthcaritasdc.com/member/eng/medicaid/getting-started/id-card.aspx>
 - CareFirst - <https://www.carefirstchpdc.com/medicaid-your-id-card.html>
 - MedStar - contact MedStar Family Choice-DC Enrollee Services at **888-404-3549**.



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AMERIHEALTH CARITAS DISTRICT OF COLUMBIA

DENTAL PROVIDER NETWORK MANAGEMENT

DHCF DENTAL PROVIDER TOWN HALL

Nathan Fletcher, DDS
Dental Director
November 10, 2020

DENTAL PROVIDER NETWORK MANAGEMENT TEAM

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The Transition – How the MCO will work with the dental providers to honor outstanding services for the Enrollees?

Credentialing – how can a dental provider join the ACDC dental network? See slide 16

Claims – how can a dental provider submit claims for services provided?

- A provider may submit claims for services provided as follows:
 - Clearinghouse – Payer ID = SCION
 - Provider Web Portal – pwp.sciondental.com
 - Paper – PO Box 651 Milwaukee WI 53201

Referrals and PAs – what is the referral process and how can a provider get a PA?

- We do not require a referral to see a specialist; although, most dentist provide one to the enrollee.
- Submit for prior-authorizations:
 - Clearinghouse – Payer ID = SCION
 - Provider Web Portal – pwp.sciondental.com
 - Paper – PO Box 654 Milwaukee WI 53201

Prescriptions for Dental – Dentist will prescribe and enrollees will get them filled at a participating pharmacy

Dental Contact Information - Contact information for SKYGEN USA and ACDC

- Provider phone line – 855-609-5170
- Provider Web Portal – 855-434-9239

Provider Issues – who do they contact if they are having issues with SKYGEN USA? Dr. Fletcher / Kelli

Claims Issues – SKYGEN USA at 855-609-5170

DENTAL NETWORK MANAGEMENT RESPONSIBILITIES

- DENTAL NETWORK MANAGEMENT IS RESPONSIBLE FOR MANAGING THE RELATIONSHIP BETWEEN CONTRACTED PROVIDERS AND AMERIHEALTH CARITAS DC. DUTIES INCLUDE (BUT ARE NOT LIMITED TO):
 - PROVIDER RECRUITMENT
 - PROVIDER EDUCATION
 - WORK WITH PROVIDERS TO IMPROVE THEIR PERFORMANCE
 - ENGAGE PROVIDERS IN AMERIHEALTH CARITAS DC PROVIDER RELATED INITIATIVES
 - SEEKING RESOLUTION TO PROVIDER RELATED ISSUES (SUCH AS):
 - ✓ CLAIM PAYMENTS
 - ✓ AUTHORIZATION REQUESTS
 - ✓ COMPLAINTS CONCERNING AMERIHEALTH CARITAS DC POLICIES
 - INVESTIGATING PROVIDER RELATED ENROLLEE COMPLAINTS
 - MONITORING FRAUD, WASTE, AND ABUSE ISSUES

HIGH LEVEL PROGRAM OVERVIEW

- TRANSITION OF FFS POPULATION

- Rapid Response & Outreach Team will contact new enrollees to determine needs
- Continuity of Care applies to all new enrollees in an active course of treatment as of 10/1/2020
- Pre-Authorizations from other MCOs will be honored through December 31, 2020 without resubmission. Pre-Authorization should accompany the claims submission.

- CREDENTIALING PROCESS

- Practitioners must be enrolled in CAQH
- Must complete Ownership Disclosure Form
- Must have Medicaid ID and applicable DC licensure
- Credentialing process takes approximately 45 to 60 days.

- PROVIDER MANUAL and RECRUITMENT

- <https://www.amerhealthcaritasdc.com/provider/resources/dental.aspx>

- PROVIDER GRIEVANCE & COMPLAINTS

- Start with contacting your provider account executive
- Call Provider Services
- Submit complaint in writing
- <https://www.amerhealthcaritasdc.com/pdf/provider/dental-provider-supplement.pdf> Page 27

DENTAL POLICIES AND PROVIDER NOTIFICATIONS

Available on the AmeriHealth Caritas DC website under Provider then click Dental

More than
35 YEARS
of making
care the heart
of our **work.**



AmeriHealth Caritas
District of Columbia



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Avesis Dental Presentation For The District Of Columbia



AGENDA

- INTRODUCTIONS
- CONTINUATION OF CARE
- CREDENTIALING
- CLAIMS SUBMISSION
- READY REFERENCE CONTACTS

AVĒSIS PROVIDER RELATIONS TEAM



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Kelley Owens

CONTINUITY OF CARE REQUIREMENTS

- Avesis will honor the same guidelines set by DHCF during the transition for continuity of care.
- From the time period of October 1, 2020 to December 31, 2020 Avesis will reimburse for services rendered and will honor prior authorizations that were approved prior to the transition.
- Avesis will reimburse at the rate previously authorized until December 31, 2020. The provider must submit a copy of the prior authorization with their claim.
- Claims will be paid regardless of the provider's contracted status with Avesis up to Dec 31, 2020.

*Please note – Avesis works closely with our DC plans to ensure all requirements are met and we're following through with any issues that arise through customer service and/or provider feedback. When any issue is brought forth through enrollee or provider concern by the MCO or directly to Avesis, the outreach and resolution is expedited so enrollee appointments and care are not adversely impacted.

CREDENTIALING

To be credentialed with Avēsis you must provide the following documents:

- CAQH
- Certificate of Professional Malpractice Liability Insurance
- Professional State License
- Federal DEA or CDS Certificate, if applicable
- Board Certification, if applicable
- Work history for the past five years (include explanation for any gap in employment)
- Updated attestation (must be completed and signed within the last 120 days)
- Updated W9 form, with special attention to question #4 (must be answered/enclosed)
- Disclosure of Ownership form (an applicable copy can be downloaded at <https://www.avesis.com/Government3/Provider/Index.aspx>)
- You must also apply for a DC Medicaid Id number by contacting (DHCF) at 202-698-200 or directly through the Provider Data Management System (PDMS) at <https://www.DCPDMS.com/account/login.aspx>.

Referrals and Prior-Authorizations

- Referrals are not required for any specialty.
- Prior-Authorizations
 - Previously authorized services will be honored during the continuation of care period up to December 31, 2020.
 - Providers may submit prior authorizations for new services needed on an ADA claim form to our Phoenix AZ address or by electronic attachment through the Avesis web portal (for registered providers only).
 - Any new services requiring prior-authorization will be listed in detail on the plan benefit grids.

CLAIMS SUBMISSION

Claims may be submitted in one of following ways:

1. Through your practice management software using a clearinghouse (Avēsis payer identification number is 86098)
2. On an ADA claim form to:
Avēsis Dental Claims
P.O. Box 38300
Phoenix, AZ 85069-8300
3. Provider has 365 calendar days from date of service to file a claim.

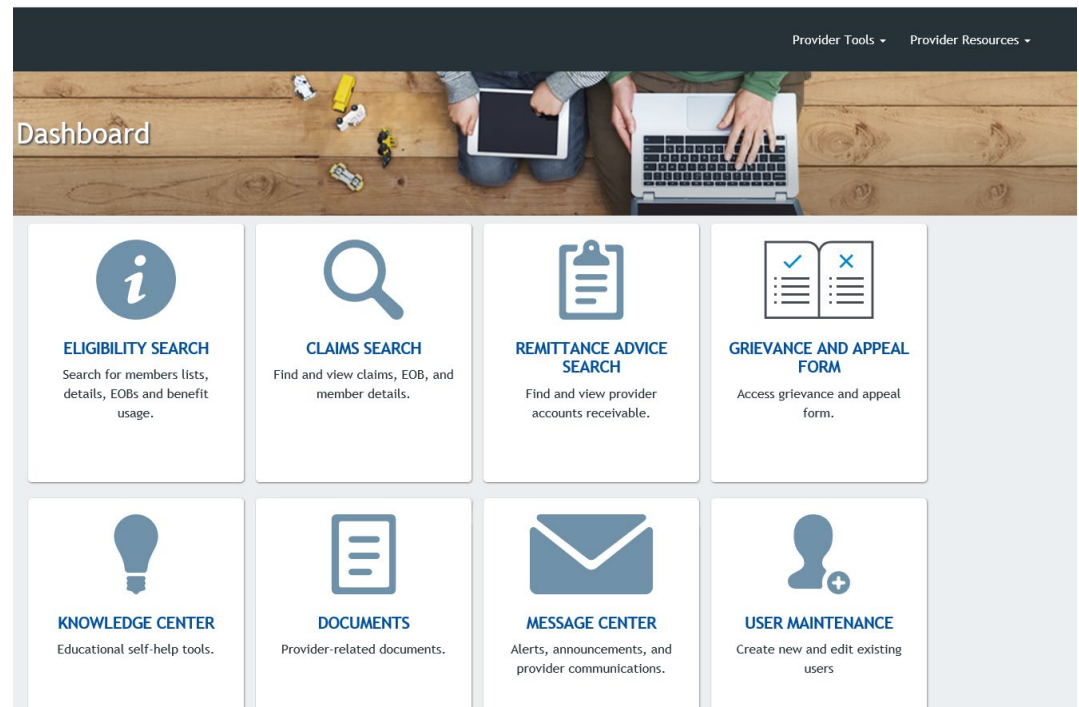
**** Please note “Signature on File” is no longer accepted****

OUR ENHANCED WEBSITE

1. The Avēsis Government Portal now includes updates and new features to improve the Providers online experience. Some of the new features include submission of Appeals and Grievances and the option to Correct or Void a Claim.
2. Visit <https://www.avesis.com/Government> and log in.
3. All registered providers will have access to our key portal processes:
 - Eligibility verification
 - Claim submission
 - Claims status
 - Remittance advice review
 - Inquiry submission

HOME VIEW

- The style of the dashboard has been updated and dropdown options have been simplified into two categories: **Provider Tools**, and **Provider Resources**. The dropdown options and Dynamic Boxes will be your primary way of accessing tools and features found on the portal.



READY REFERENCE CONTACTS:

For Provider issues and general questions please see below contact Information:

Jarhonda Brown, your Dental Internal Provider Relations Representative,

410-413-9113

Tricia Arnason, your Dental External Provider Relations Representative,

410-413-9165

Monday through Friday, 9:00 a.m. to 4:00 p.m. EST

For eligibility please contact Customer Service at 866-218-4651

Key Processes:

Eligibility Status

Benefit questions

Claim inquiries

Member name, ID number and Date of birth are required

Monday through Friday, 7:00 a.m. to 8:00 p.m. EST



QUESTIONS?

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QUESTIONS?



- Please use the Q&A box shown at right throughout the presentations to ask a questions.
- Please ask All Panelists
- Questions may be responded to in writing during the presentations or held to be read verbally.

The screenshot displays a Q&A interface. At the top, there is a dropdown menu labeled 'Q&A' with a close button (X). Below this, a tab labeled 'All (1)' is selected. The main content area shows a question from 'Bill Hanna - 11:30 AM': 'Q: How many MCOs will there be?'. Below the question, an answer from 'DHCF Public Affairs - 11:31 AM' is shown: 'A: There will be three MCOs'. At the bottom, there is an 'Ask:' dropdown menu currently set to 'All Panelists'. Below this is a text input field with placeholder text: 'Select a panelist in the Ask menu first and then type your question'. To the right of the input field is a 'Send' button. A tooltip with a question mark icon and the text 'Q&A' is visible over the input field. At the very bottom, there are three buttons: 'Participants' (with a person icon), 'Chat' (with a speech bubble icon), and a three-dot menu icon.



Additional Provider Forums



Upcoming Provider Forums

To register for a forum, please

visit: <https://tinyurl.com/ProviderForums>

- ▶ Wednesday, December 2 from 12:30 p.m. – 2:00 p.m.
– **Focus is Dental providers**
- ▶ Tuesday, November 19 from 12:30 p.m. – 1:30 p.m.
– **Focus is pharmacy**



Additional Resources



Updates are added to the Medicaid Reform Webpage:

<https://dhcf.dc.gov/page/medicaid-reform>

Provider Information

- [Provider Hotline Letter](#) [PDF]
- [Pharmacy Benefit Continuity of Care](#) [PDF]
- [Provider Continuity of Care Letter](#) [PDF]
- [Managed Care Provider FAQ](#) [PDF]
- [Behavioral Health Provider FAQ](#) [PDF]
- [FY21 MCO Provider Reimbursement Letter](#) [PDF]

During the transition period – or from now until December 31, 2020, MCOs will reimburse for services rendered to covered beneficiaries regardless of your contracted status with the MCO.

Providers are encouraged to call 1-877-685-6391 with questions.

[Subscribe](#) to receive the DHCF Transmittal listserv to receive updates via email.

Register as a provider and visit www.dc-medicaid.com to view MCO assignments for your patients



Provider Resource Guide



District of Columbia Medicaid Provider Resource Guide

This Resource Guide shall be used to address issues which may occur during the 90-day open enrollment and continuity of care period between October 1, 2020 - December 31, 2020, as a result of newly awarded Medicaid managed care contracts in the District of Columbia.

During this period, MCOs will reimburse for Medicaid covered services rendered to Enrollees, regardless of your network status with the MCO. The Department of Health Care Finance (DHCF) has implemented a Provider Hotline to assist with answering your questions.

Provider Hotline: 1 (877) 685-6391

Frequently Asked Questions	Suggested Answers
Who do I contact regarding reimbursement and/or provider agreement status?	<p>AmeriHealth Caritas DC: Carl Chapman, Director of Provider Network Management Phone: (215) 840-2943</p> <p>CareFirst Community Health Plan DC: Kenny R. Greene, Vice President External Operations Phone: (202) 441-5223</p> <p>MedStar Family Choice DC: Jennifer Tse, Director of Provider Networks Phone: (800) 805-1722, Option 5</p>
What if an Enrollee has not received an MCO ID Card?	<p>The Enrollee shall contact Enrollee Services at their assigned MCO:</p> <p>AmeriHealth Caritas DC: 1 (888) 452-3647</p> <p>CareFirst Community Health Plan DC: 1 (855) 326-4831</p> <p>MedStar Family Choice DC: 1 (888) 404-3549</p>

Frequently Asked Questions	Suggested Answers
What if an Enrollee asks will they be billed for a service?	Medicaid Enrollees should not be charged for any medical services covered under Medicaid.
If an Enrollee calls for an appointment and is unaware of their MCO assignment, what should they do?	The Enrollee is to contact DC Healthy Families at (202) 639-4030
Who should an Enrollee call if they wish to change MCOs during the open enrollment period or want more information about the MCOs?	
An Enrollee says they received a letter stating they have been auto assigned to a new MCO. The Enrollee is not familiar with Managed Care, what should they do?	
What if the Enrollee's provider is not in the MCOs network, what should you do?	Ask the Enrollee to contact their MCO Enrollee Services number for further assistance. Tell the Enrollee that he/she will continue to see their current provider until December 31, 2020.
If an Enrollee has a scheduled appointment or a procedure with a provider during the open enrollment period, can they continue to be seen if the provider is out of network?	Tell them Yes! The MCOs will continue to honor all prior appointments and scheduled procedures up to the end of the 90-day open enrollment period on December 31, 2020.

ONLINE REFERENCE DOCUMENTS: dhcf.dc.gov/page/medicaid-reform

- [Provider Hotline Letter](#) [PDF]
- [Pharmacy Benefit Continuity of Care](#) [PDF]
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