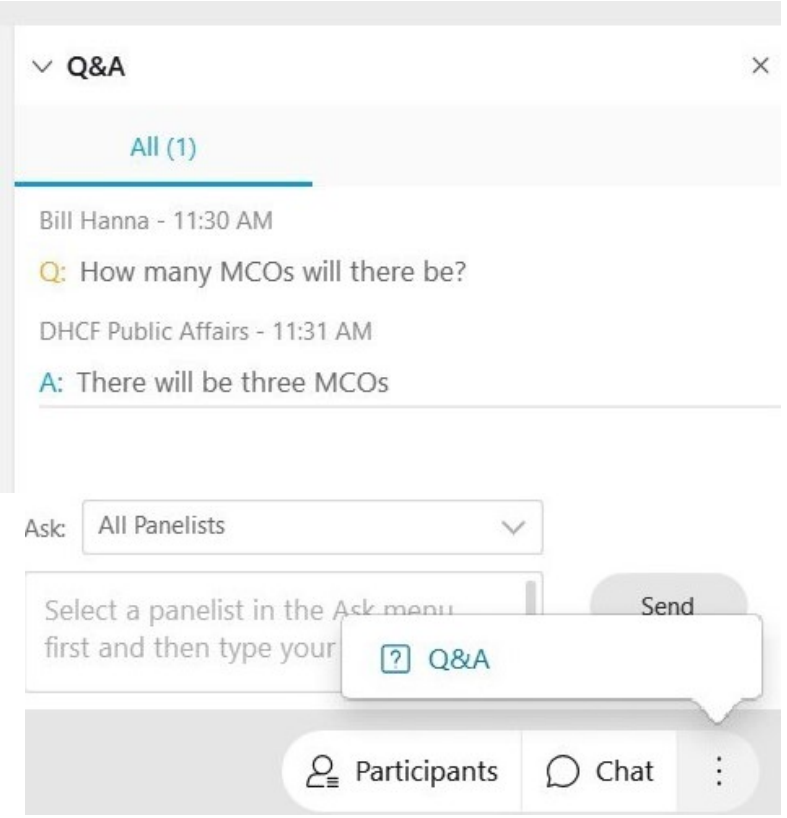
DC Medicaid Reform: MCO Provider Forums

OCTOBER 30, 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)

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.

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

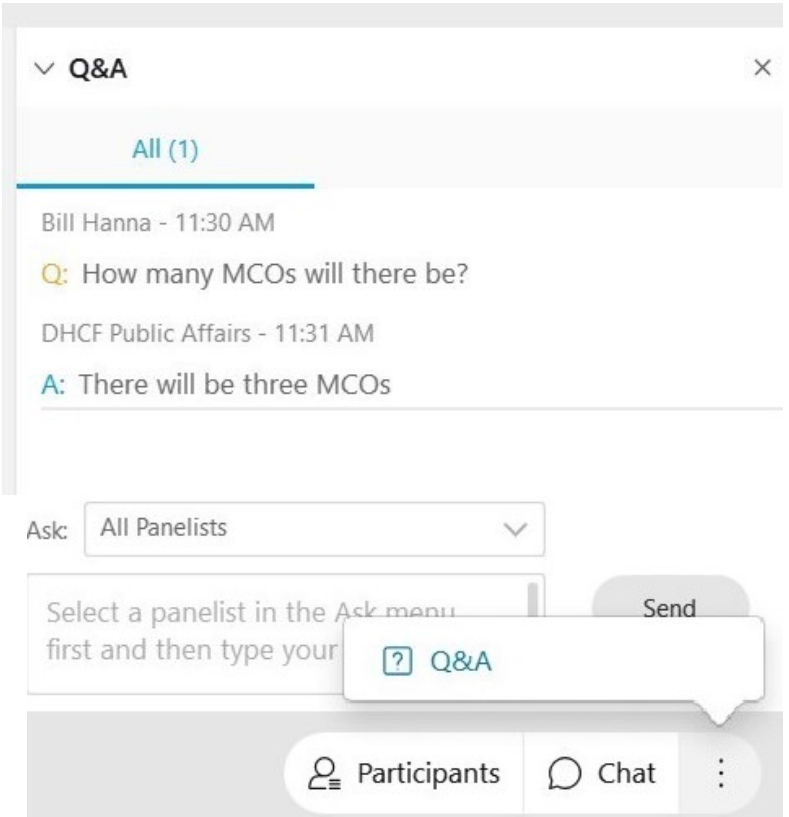
- Request to change address, name and/or DOB, or seeking status of application for Medicaid coverage should be directed to ESA Service Center.
  - DHS CALL CENTER - 202-727-5355

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**.

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.



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AMERIHEALTH CARITAS DISTRICT OF COLUMBIA

PROVIDER NETWORK MANAGEMENT

DHCF PROVIDER TOWN HALL

Carl Chapman
Director, Provider Network Management
October 30,2020

AmeriHealth Caritas
District of Columbia

Delivering the Next
Generation
of Health Care

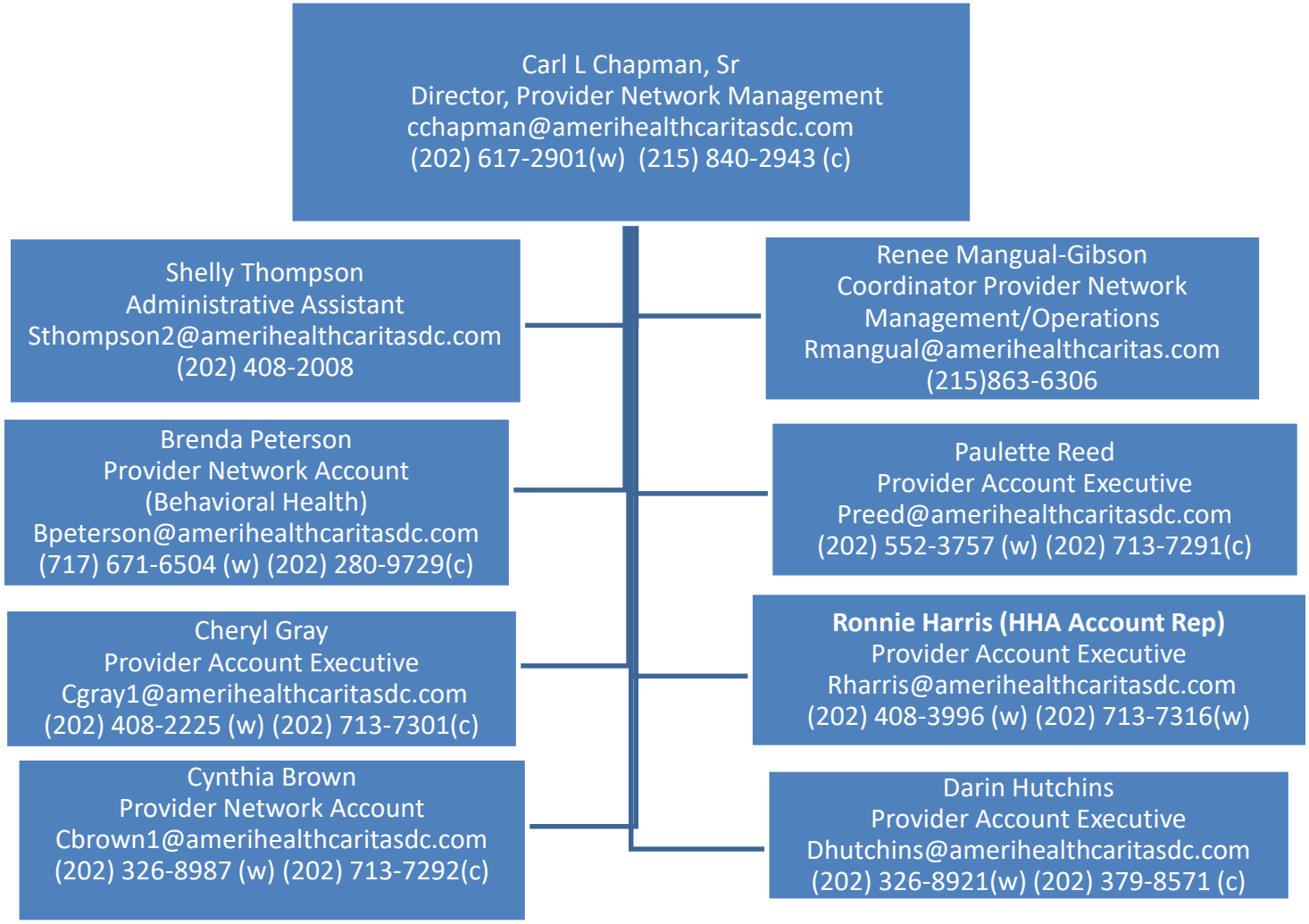
PROVIDER NETWORK MANAGEMENT RESPONSIBILITIES

AmeriHealth Caritas District of Columbia

- PROVIDER 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

PROVIDER NETWORK MANAGEMENT ORGANIZATIONAL CHART

AmeriHealth Caritas District of Columbia



HIGH LEVEL PROGRAM OVERVIEW

AmeriHealth Caritas District of Columbia

- 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
  - Letter of Agreement will be sent to continue course of treatment for at least 90 days
  - Providers are encouraged to notify UM that enrollee is currently receiving care
- CREDENTIALING PROCESS
  - Practitioners must be enrolled in CAQH
  - Facilities and organizational type providers must complete paper applications
  - Must complete Ownership Disclosure Form
  - Must have Medicaid ID and applicable DC licensure
  - Credentialing process takes approximately 45 to 60 days.
- PROVIDER RECRUITMENT
  - http://www.amerihealthcaritasdc.com/provider/new-to-the-plan/index.aspx
- CLAIM PAYMENT PROCESS
  - We accept paper and electronically submitted claims
  - We encourage providers to enroll in EFT
- PROVIDER GRIEVANCE & COMPLAINTS
  - Start with contacting your provider account executive
  - Call Provider Services
  - Submit complaint in writing
  - http://www.amerihealthcaritasdc.com/pdf/provider/manual.pdf
    - Pages 38 and 78

UTILIZATION MANAGEMENT AUTHORIZATION REQUESTS

AmeriHealth Caritas District of Columbia

- AUTH REQUESTS CAN BE SUBMITTED VIA FAX OR PHONE
- UM CALL CENTER PHONE NUMBER 202-408-4823
- UM FAX NUMBER [PRIOR AUTH] 202-408-1031
  - PRIOR AUTHORIZATION OF HOME HEALTH SERVICES SHOULD BE SUBMITTED ON THE REQUEST FORM LOCATED ON OUR WEBSITE http://www.amerihealthcaritasdc.com
- CONTINUITY OF CARE REQUESTS
  - COC REQUESTS ARE DEFINED AS REQUESTS IN WHICH THE ENROLLEE WAS RECEIVING SERVICES PRIOR TO ENROLLMENT WITH AMERIHEALTH
  - YOU **DO NOT** NEED TO SUBMIT AN AUTHORIZATION REQUEST FORM
  - SUBMIT FAX COVER SHEET LABELED “CONTINUITY OF CARE REQUEST”
    - ENROLLEE NAME & ID
    - PROVIDER NAME/CONTACT INFORMATION
    - AUTHORIZATION NUMBER (IF KNOWN)
    - SPECIFY DATES OF SERVICE, HCPCS CODES, CURRENT REIMBURSEMENT RATE
    - AUTHORIZATION END DATE

AMERIHEALTH CARITAS DC RESOURCES

AmeriHealth Caritas District of Columbia

- **PROVIDER ACCOUNT EXECUTIVE TERRITORY ASSSIGNMENTS**
  - **http://www.amerihealthcaritasdc.com/pdf/provider/contact-provider-account-executive.pdf**

- **PROVIDER MANUAL**
  - http://www.amerihealthcaritasdc.com/pdf/provider/manual.pdf

- **NETWORK NEWS EMAIL SERVICE**
  - http://www.amerihealthcaritasdc.com/provider/icontact-networknews/email-signup.aspx

- **EXPLANATION OF BENEFITS (EOB) CODES**
  - http://www.amerihealthcaritasdc.com/pdf/provider/eob-codes.pdf

- **PROVIDER CLAIMS AND BILLING MANUAL**
  - http://www.amerihealthcaritasdc.com/pdf/provider/billing-manual.pdf

- **PHARMACY BENEFITS**
  - **http://www.amerihealthcaritasdc.com/provider/resources/pharmacy.aspx**

AMERIHEALTH CARITAS DC CONTACT INFO

AmeriHealth Caritas District of Columbia

- **AmeriHealth Caritas DC**
  - 1250 Maryland Avenue, S.W., Suite 500, Washington, DC 20025
- **Website Address**
  - www.amerihealthcaritasdc.com
- **Hours of Operation**
  - 9am to 5pm
- **Member Services Department**
  - 202-408-4720 (Medicaid)
  - 202-842-2810 (Alliance)
- **Provider Services/Claims**
  - 202-408-2237
  - 888-656-2383
- **Prior Authorizations**
  - 888-605-4807 (Medical)
  - 877-464-2911 (Behavioral Health)

AMERIHEALTH CARITAS DC CONTACT INFO

AmeriHealth Caritas District of Columbia

- **Pharmacy Provider Services**
  - 888-602-3741 (Medicaid)
  - 888-987-5821 (Alliance)
- **Suspected Fraud or Abuse**
  - 866-575-0417
- **Radiology Prior Authorization (National Imaging Associates, Inc.)**
  - 877-517-9177
- **Provider Appeals**
  - 877-759-6254
- **Medical Determination (Peer to Peer)**
  - 877-759-6274
- **Credentialing**
  - 877-759-6186

More than

35 YEARS

of making

care the **heart**

of our **work.**

AmeriHealth Caritas™

District of Columbia

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CareFirst Community Health Plan District of Columbia

PROVIDER TOWN HALL MEETING

CareFirst Community Health Plan District of Columbia

Proprietary and Confidential

CareFirst Community Health Plan District of Columbia

Welcome!

Welcome to CareFirst Community Health Plan District of Columbia (CareFirst CHPDC), formerly known as Trusted Health Plan, District of Columbia.

CareFirst CHPDC has been serving D.C. residents in the past as Trusted Health Plan, until our acquisition in 2020 by CareFirst Blue Cross Blue Shield, and we now serve our enrollees as CareFirst CHPDC.

Our mission is to help our D.C. neighbors receive the care and services needed to lead a long and healthy life.

As a valued participating provider, you are one of the most essential elements of our fully integrated Medicaid Health Network. We are committed to ensuring that all our enrollees receive optimum quality health care. We value our partnership and the relationship you have with your patients and enrollees.

About Us

CareFirst Community Health Plan
District of Columbia

CareFirst Community Health Plan (CareFirst CHPDC) has a Provider Network including over 6,000 providers.

CareFirst CHPDC has agreements with all District Hospitals and all the Federally Qualified Health Centers (FQHC) in the District, ensuring our enrollees have open access to care.

CareFirst CHPDC also includes an extensive network of Dental, Routine Vision, Provider, and Pharmacy network with accessibility, comprised of large and small independent pharmacies throughout the District.

The network includes a wide range of OB-GYNs, Home Health Agencies, Nurses, Rehabilitation Providers Personal Care Aides, and an exclusive network of routine & specialty Durable Medical Equipment (DME) providers.

Supporting our in-office services, CareFirst CHPDC offers virtual provider visits through telehealth partners.

What do we do?

CareFirst Community Health Plan District of Columbia

Orientation

- Provider training/orientations occur within 30 days of network enrollment
- Provider Manual and access to HealthX as well as other systems as they are introduced to the network

Trainings

- Monthly webinars to provide training on topics requested via Provider interaction and trends (e.g. administrative process, reimbursement policies)
- Website resources and “on-demand” training distributed electronically or downloaded from website link
- Provider newsletter

Site Visits

- Bi-monthly interactive group Provider forums[1]
- Monthly face-to-face Provider visits and routine contact
- Quarterly Provider in-service/new Provider orientation meetings or “Town Hall” forums

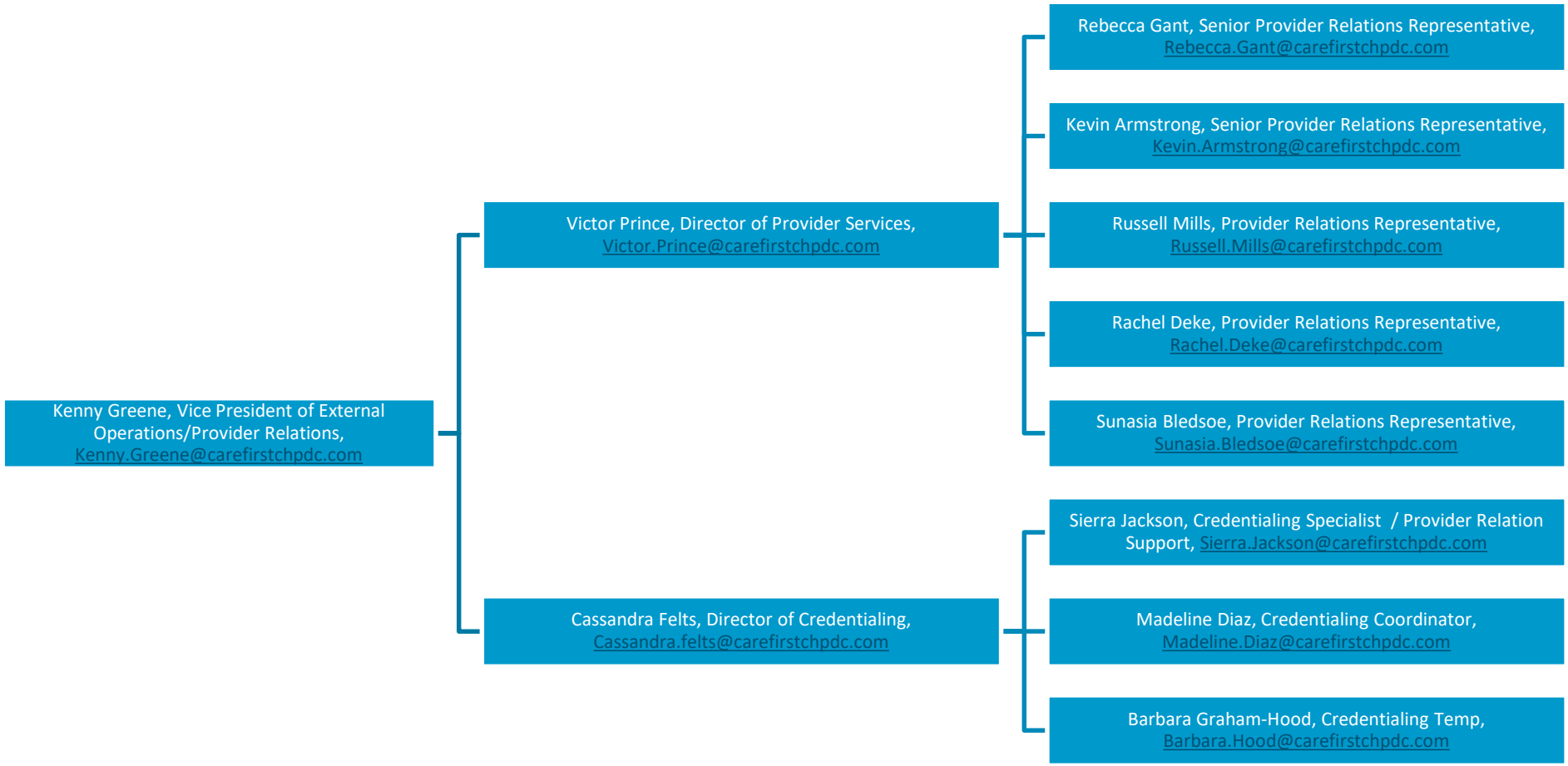
Tools

- Provider satisfaction surveys
- Monthly provider audits and subsequent Corrective Action Plans
- Routine recipient verification surveys to identify potential Provider fraud
- Reporting of fraud, waste and abuse

1. Most forums will transition to a virtual channel over the near term due to social distancing measures. In-person interactions will be resumed when appropriate

Provider Relations Department

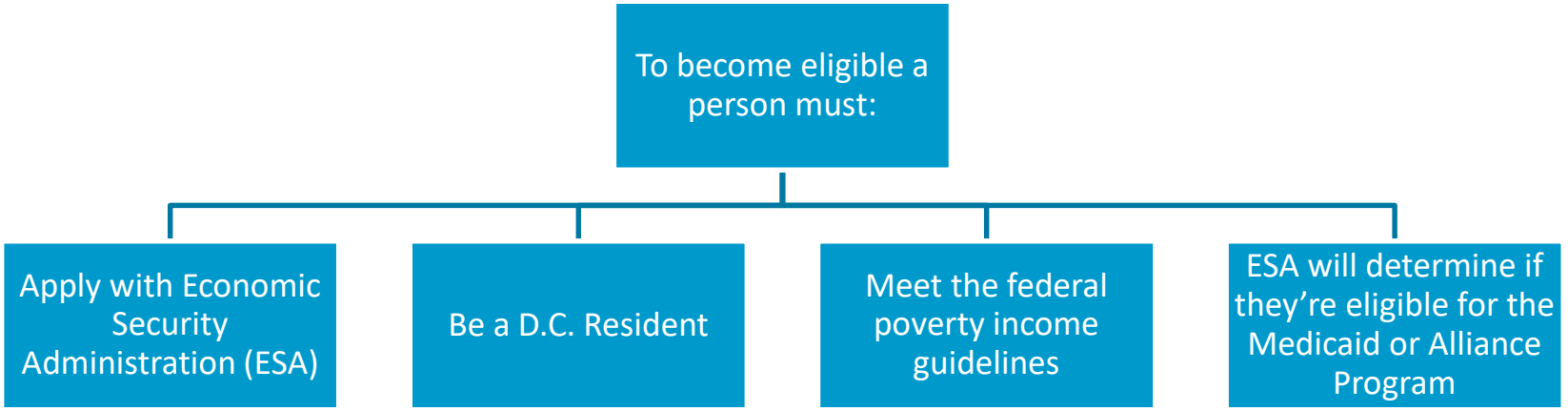
CareFirst Community Health Plan District of Columbia



Eligibility and Enrollment

CareFirst Community Health Plan District of Columbia

A person must qualify for benefits before they can enroll with CareFirst CHPDC. The District of Columbia accepts applications and makes eligibility determinations. Applications are accepted online, in person and by mail.



To Verify Eligibility

CareFirst Community Health Plan D.C. Provider Portal:
https://secure.healthx.com/carefirstprovider

CareFirst Community Health Plan D.C., Customer Service (202) 821-1100

D.C. Department of Health IVR Member Eligibility Line :(202) 906-8319
or www.D.C.-Medicaid.com

Continuity of Care/Requirements

CareFirst Community Health Plan District of Columbia

During the transition period, we will reimburse for services rendered to our enrollees regardless of your contracted status with CareFirst CHPDC.

Prior authorizations and prescriptions are also honored if issued prior to October 1, 2020.

Providers are expected to maintain scheduled appointments between now and December 31, 2020.

Health care providers should not cancel appointments with current patients.

CareFirst CHPDC will honor any ongoing treatment that was authorized prior to the enrollment, for up to 90 days after the transition.

All Providers should continue providing any services that were previously authorized, regardless of network participation with CareFirst CHPDC.

Access Standards

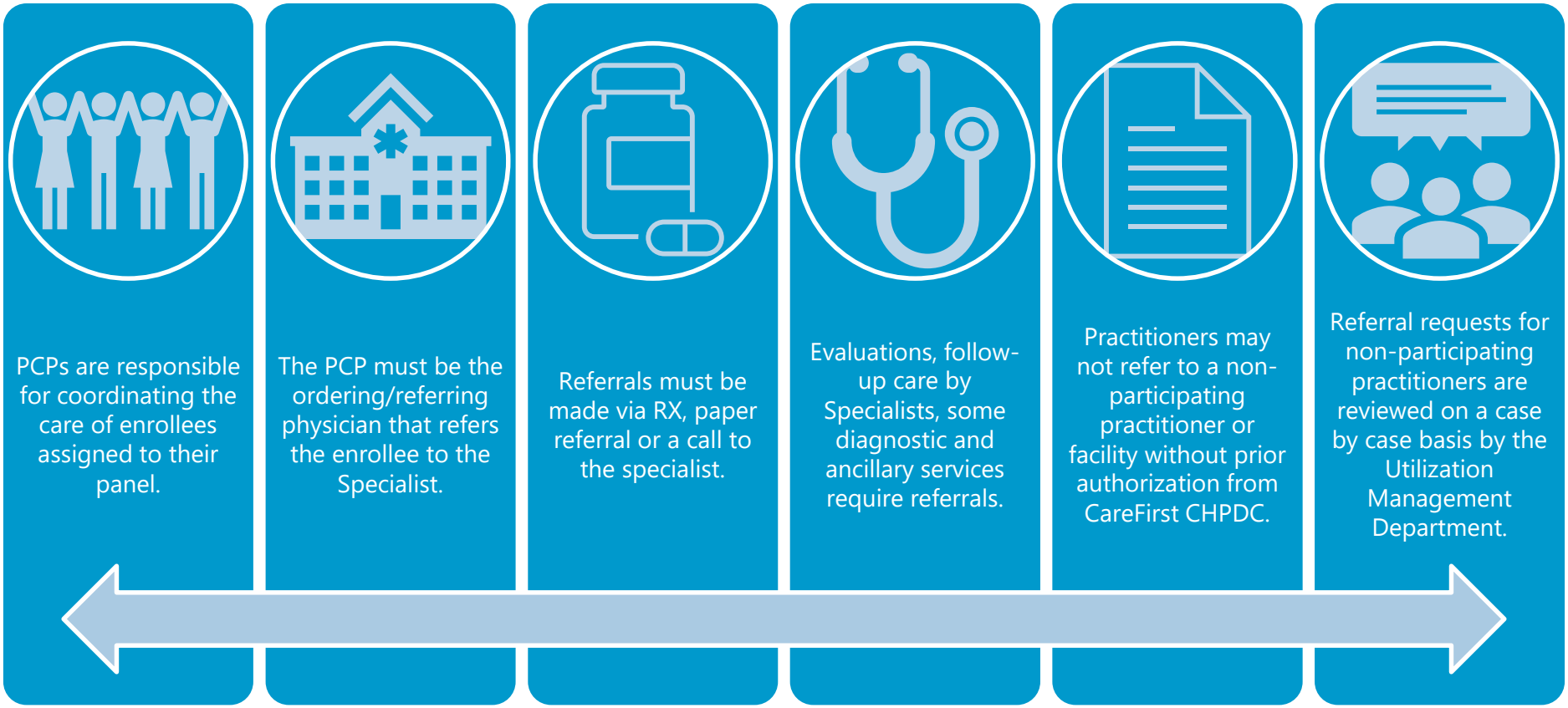
CareFirst Community Health Plan District of Columbia

- Appointment scheduling and wait times should comply with access standards.
- If a provider becomes unable to meet the standards, contact your Provider Relations Representative immediately.

Type of Care	Access Standard
Routine Primary Care	30 days within request
Acute Care	Enrollees with persistent symptoms must be treated no later than the end of the following working day after their initial contact with the PCP site
Emergency Care	Enrollee with emergency care needs must be triaged and treated immediately upon presentation
After-Hours Care	Available by phone 24/7
Office Hours Wait	Should not exceed 45 minutes of arrival of appointment time

Referrals

CareFirst Community Health Plan
District of Columbia



Prior Authorizations

CareFirst Community Health Plan District of Columbia

- Pre-Service Authorization requests can be faxed to 202-905-0157.
- Urgent Concurrent Authorization Decisions will be made within 72 hours of receipt of request for services. Oral notification will be made within 24 hours of the decision.
- Urgent Expedited Pre-Service Authorization Decisions will be made within 72 hours of receipt of the request for services with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision.
- Standard Non-Urgent Preservice Authorization Decisions will be made no later than 14 calendar days of receipt of request for services, with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision.
- Post- Service Authorization Decisions, as expeditiously as the member's health condition requires, will be no later than 14 calendar days of receipt of the request for services, with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision
- Pre-Service Authorization Requests for Behavioral Health Services are handled by Beacon Health Options. (855) 481-7041.
- Pre-Service Authorization Requests for certain non-emergent imaging services are handled by National Imaging Associates (NIA). www.RadMd.com or 1-888-899-7804.

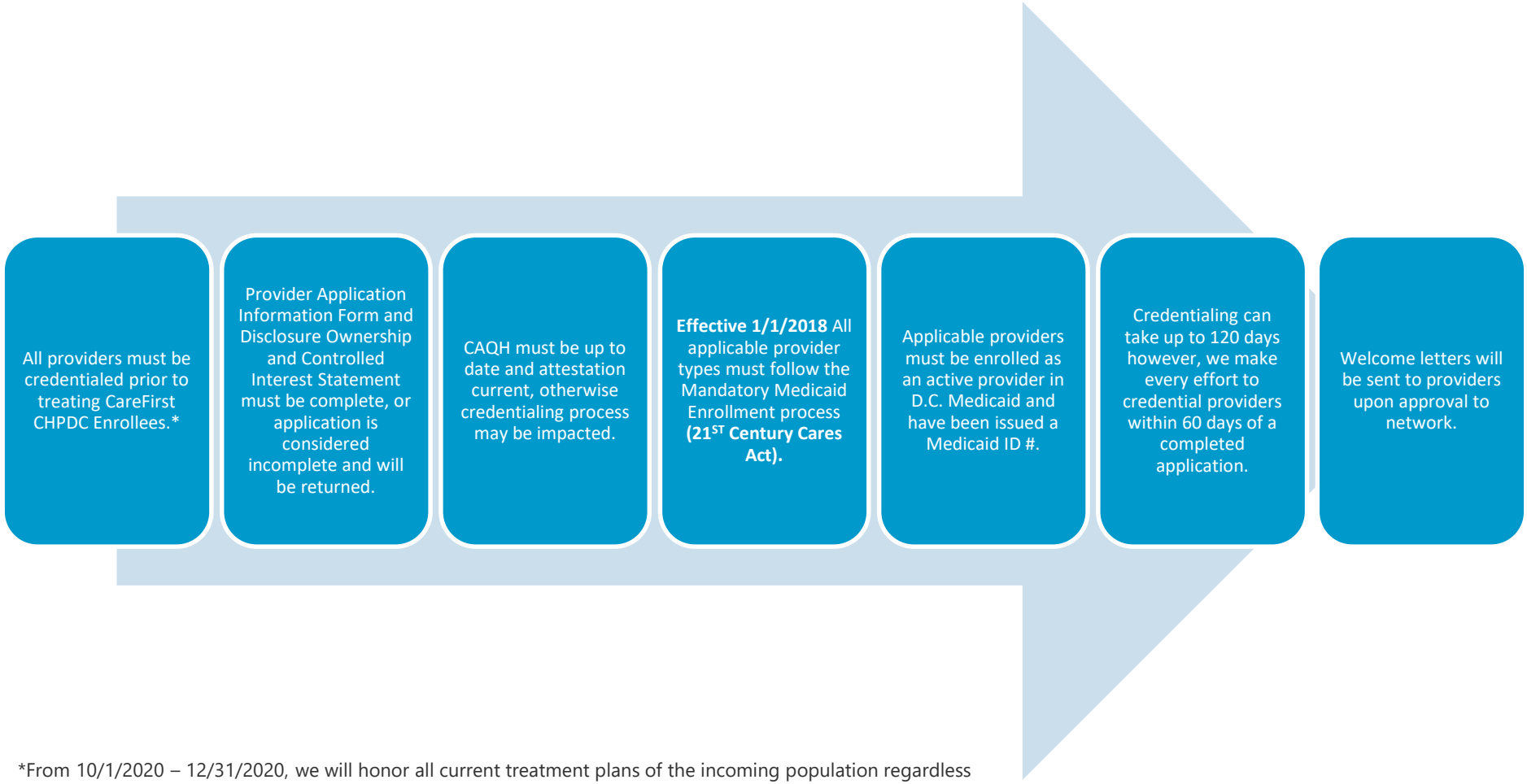
Prior Authorizations

CareFirst Community Health Plan District of Columbia

- Inpatient Admissions (non-emergent)
- Services at A Nonparticipating Facility
- Breast Reconstruction
- BRCA Testing
- Cochlear Implant
- Eyelid Surgery
- Gender Reassignment
- PCA
- Hyperbaric Oxygen Therapy
- Immunogammaglobulin
- Lupron
- Nasal Surgery
- Neuropsychological Testing
- Obesity Surgery
- Potential Cosmetic Services
- Private Duty Nursing
- Proton Beam Radiotherapy
- Removal Of Excess Skin: Thighs, Buttocks, Arms, Back, Chin, Abdomen
- Outpatient facility sleep study
- Spine Surgery
- Transplants
- Radiology Services (MRI,CT Scans, PET Scans, etc.) Varicose
- Viscosupplementation
- PT/OT/ST after the 12th Visit (Outpatient and Home)
- Home Skilled Nursing Visit after the **12th** Visit
- Any Service Considered Experimental and Investigational
- DME Greater than $500

Credentialing

CareFirst Community Health Plan District of Columbia



*From 10/1/2020 – 12/31/2020, we will honor all current treatment plans of the incoming population regardless of provider status.

Prescription Drug Services

CareFirst Community Health Plan District of Columbia

Enrollees can fill all prescriptions written by participating practitioners at any of our network Pharmacies.

Specific over-the-counter drugs are covered for Medicaid enrollees with a written prescription by participating practitioners at any of our network Pharmacies.

If your patient requires a medication not on the formulary, practitioners may request a medication exception located on the provider website.

Completed form, supporting clinical notes and laboratory reports should be faxed to the Pharmacy Department at: 202-821-1098.

Note: A script for a 3-day supply of the medicine may be filled while the review is completed.

Things To Remember

CareFirst Community Health Plan District of Columbia

- Enrollee eligibility must be verified on date of service
- All claims must be submitted within 365 days of dates of service
- Enrollee Appeals must be submitted within 60 calendar days of denial (using CareFirst CHPDC appeal forms).
- Provider Appeals must be submitted within 90 calendar days of denial (using CareFirst CHPDC appeal forms).
- Provider Termination notification cannot be retrospective (unless unavoidable i.e. resignation abruptly, illness etc.)

CareFirst Community Health Plan District of Columbia

Contact Information

Vice President of External Operations/Provider Relations	Kenny Greene, (kenny.greene@carefirstchpdc.com)
Mailing Address	1100 New Jersey Ave SE, Ste 840, Washington D.C. 20003
Website	www.carefirstchpdc.com
Hours of Operation	8:30am – 5:00pm
Enrollee Services	202-821-1100
Utilization Management	202-821-1132
Case Management	202-821-1100
Claims Department	202-821-1100
Pharmacy Department	202-886-1228
Provider Services/Credentialing	202-821-1145

Partners

CareFirst Community Health Plan District of Columbia

Behavioral Health

Beacon Health Options

www.beaconhealthoptions.com

(888) 204-5581

Member Transportation Services

MTM

www.mtm-inc.net

(855) 824-5693

24 Hour Nurse Line

Envolve

www.EnvolvePeopleCare.com

(855) 872-1852

Non Emergent Imaging Services
National Imaging Associates (NIA)
www.RadMd.com
(888) 899-7804

Dental and Vision

Avesis

http://www.avesis.com/

(833) 554-1013

Lab Services

Lab Corp

www.labcorp.com

Prescription Drugs

Abarca

https://abarcahealth.com/

(866) 287-6156

Translation Services

AT&T Language Line

www.languageline.com

(866) 874-3972

CareFirst

Community Health Plan

District of Columbia

THANK YOU

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MedStar Family Choice

DISTRICT OF COLUMBIA

It's how we treat people.

October 30, 2020 & November 5, 2020

MCO Provider Forum

District of Columbia Healthy Families District of Columbia Healthcare Alliance

MedStar Health

A not-for-profit integrated healthcare delivery system serving communities in Maryland, Virginia, and Washington, D.C. MedStar Health strives to provide the highest quality care with compassion and respect. We know that our ability to treat others well begins with how we treat each other. Our 30,000 associates and 5,400 affiliated physicians are committed to living our core SPIRIT values—Service, Patient first, Integrity, Respect, Innovation, and Teamwork—no matter where they work across our diverse health system.

MedStar Family Choice

DISTRICT OF COLUMBIA

Our Integrated Healthcare Delivery System

MedStar Hospitals
MedStar Managed Care (MedStar Family Choice)
MedStar Clinical Research & Innovation
MedStar Health Home Care
MedStar Health Urgent Care
MedStar RadAmerica
MedStar Medical Group (Primary, Specialty, & Surgical Care)
MedStar Multispecialty Care Centers
MedStar NRH Rehabilitation Network
Independent Senior Living
MedStar Pharmacy
E-visits

MedStar Family Choice
DISTRICT OF COLUMBIA

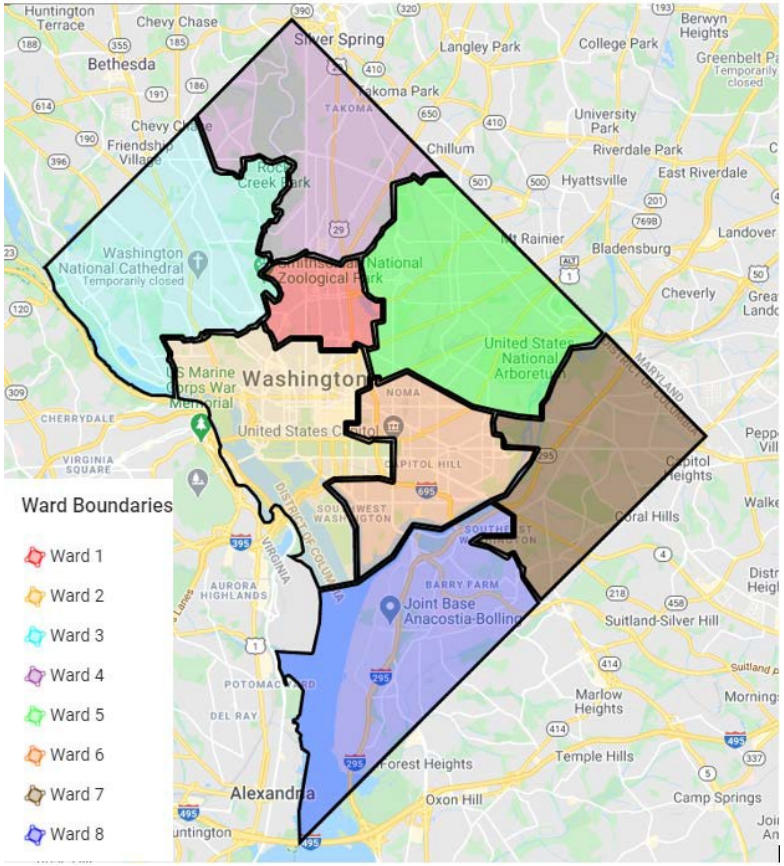
MedStar Hospitals

MedStar Washington Hospital Center
MedStar Georgetown University Hospital
MedStar National Rehabilitation Hospital
MedStar Southern Maryland Hospital Center
MedStar St. Mary's Hospital
MedStar Union Memorial Hospital
MedStar Franklin Square
MedStar Good Samaritan Hospital
MedStar Harbor Hospital
MedStar Montgomery Medical Center

MedStar Family Choice
DISTRICT OF COLUMBIA

Who is MedStar Family Choice-District of Columbia (MFC-DC)?

- A Managed Care Organization (MCO)
- MedStar Family Choice-DC:
  - DC Healthy Families
  - DC Healthcare Alliance
- Part of the MedStar Health System
- Service Area
  - District of Columbia (DC)



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MedStar Family Choice
DISTRICT OF COLUMBIA

MFC-DC Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW Pod 3N

Washington, DC 20008

(855) 798-4244

www.medstarfamilychoice.com

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

MedStar Family Choice

DISTRICT OF COLUMBIA

Key Contacts/Phone Numbers/Emails

Description	MFC-DC (Healthy Families and Alliance)
Provider Relations (problem solving, orientations/training, recruitment, and credentialing)	Phone: 855-798-4244 Fax: 202-243-6254 (Local) 855-616-8763 (toll-free) MFCDC-ProviderRelations@medstar.net
Outreach (assists in outreach attempts for preventive care and enrollee compliance)	Phone: 855-798-4244 Fax: 202-243-6252
Utilization Management (Authorization for required services, DMEs, Medications requiring authorization, Injectables, etc.)	Phone: 855-798-4244 Fax: 202-243-6258 DCMFCUMAuth@medstar.net
Case Management Services (care coordination, High-Risk Pregnancy and Early Intervention, Social Work)	Phone: 855-798-4244 Fax: 202-243-6253
Claims Processing Center (Processes claims and encounter data and resolves claims issues)	Phone: 800-261-3371
Credentialing	MSFC.Credentialing@medstar.net
Enrollee Services	Phone: 888-404-3549

MedStar Family Choice

DISTRICT OF COLUMBIA

Contacts and Phone Numbers
MFC-DC Vendor Partners

Name	Phone Number
Magellan HEALTHCARE — Behavioral Health MH / SUD Treatment	800-777-5327 Interested BH Providers: 800-788-4005
avēsis a GUARDIAN company — Dental and Vision	844-391-6678 Interested Dental Providers: tarnason@avesis.com Interested Vision Providers: AHatch@avesis.com
CVSHealth — Pharmacy	800-364-6331 (pharmacy claims issues)
Access2Care — Transportation	866-201-9974
Carenet Health Engaging. For the better. — Nurse Advice Line	855-798-3540

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Pharmacy / Other Prior Authorization Contact Information

Contact	Phone Number
MFC-DC Prior Auth Team	(855) 798-4244
Dr. Danielle Gerry / Interim Pharmacy Director	
After Hours Pharmacy Line- For calls received after 5:30pm	(855) 798-4244, prompt 2
Pharmacy Help Desk	(800)364-6331

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

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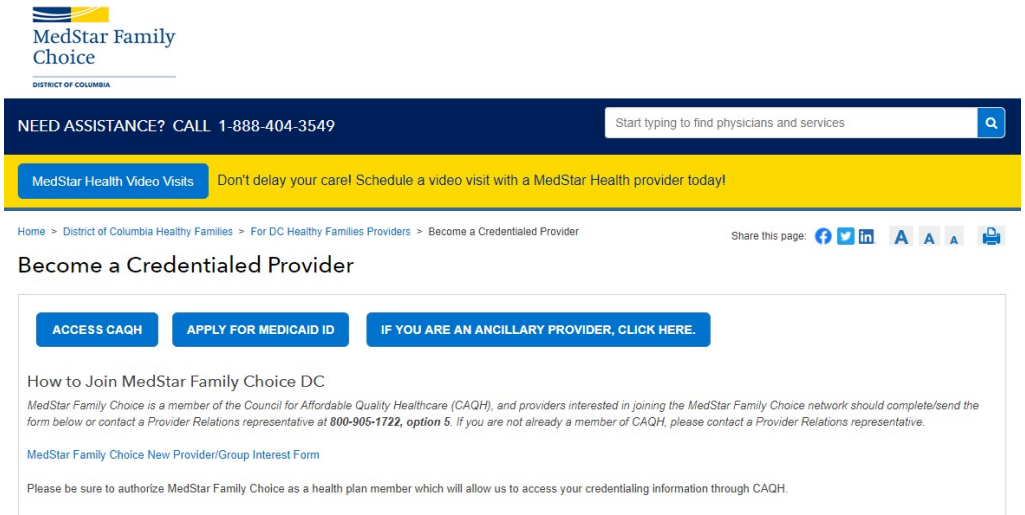
Transition Period

- MedStar Family Choice-DC will honor prior authorizations or referrals issued by previous MCOs for 90 days, ending December 31, 2020
- New services and prescriptions requiring prior authorizations will need MFC-DC prior authorization
- All non-participating providers will need to request prior authorization beginning January 1, 2021
- If you are currently seeing a DC Medicaid enrollee and are not yet a MFC-DC participating provider, please contact MFC-DC Provider Relations at **855-798-4244** or by accessing our Provider Website for how to Become a Credentialed Provider: https://www.medstarfamilychoice.com/dc-healthy-families/for-dc-healthy-families-physicians/become-a-credentialed-provider/
- Enrollees' cards initially may not have a PCP or PDP listed



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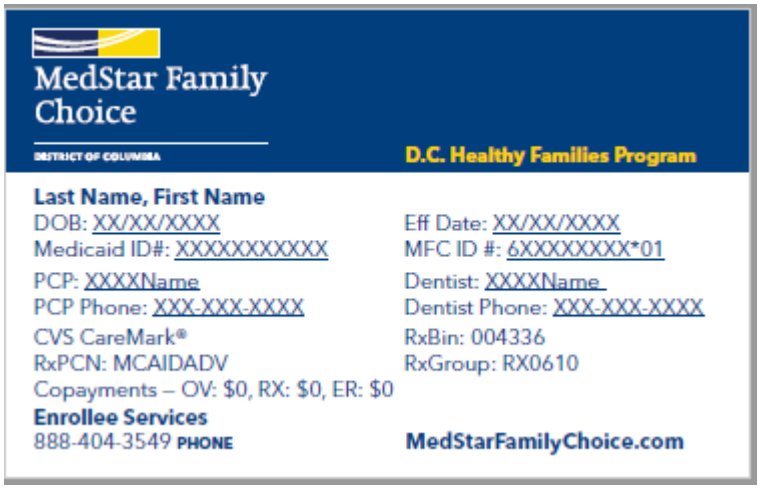
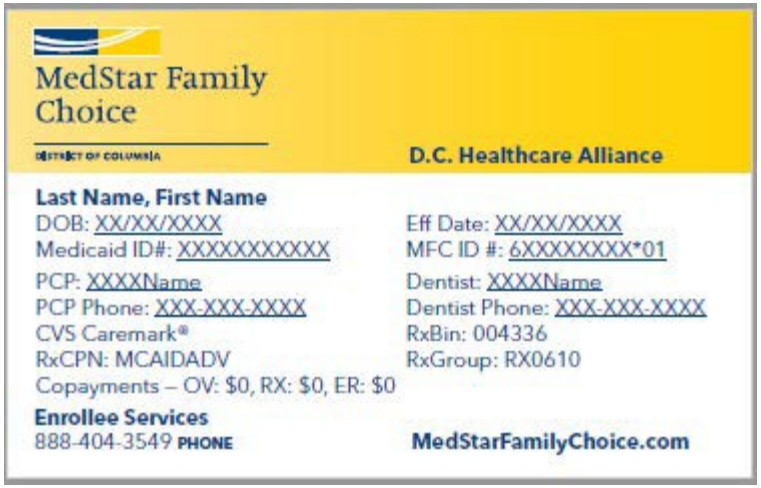
Sample MFC-DC Enrollee ID Cards

– DC Healthy Families



– DC Healthcare Alliance



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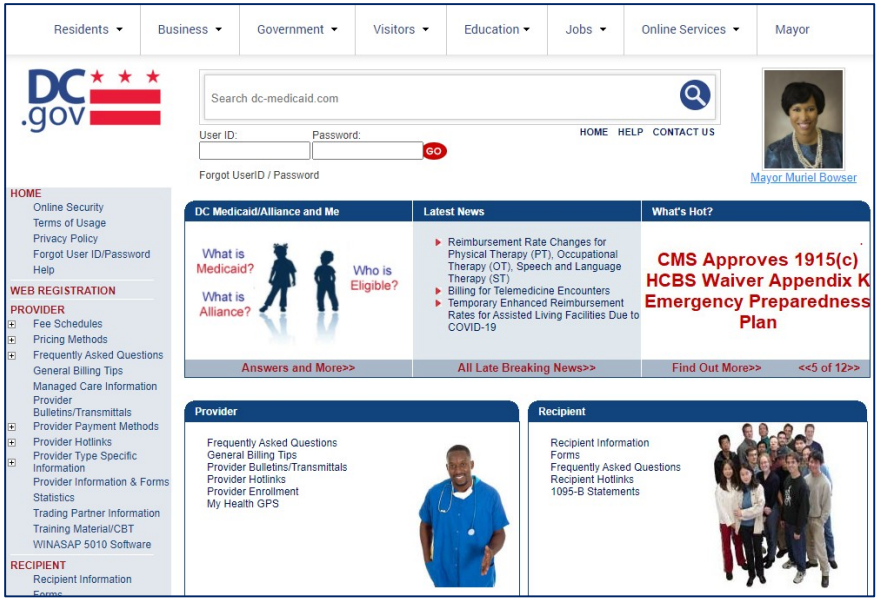
DHCF Portal Information

https://www.dc-medicaid.com/dcwebportal/home

Provider Inquiry and Automated System Information



- You can access the DC Provider Inquiry and Automated System by:
  - Calling (inside DC):
    202-906-8319
  - Calling (outside DC):
    866-752-9233
  - Emailing:
    providerinquiry@conduent.com

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Prior Authorization

- **Rendering/ordering provider must:**
  - Complete Uniform Referral Form or the MFC-DC Prior Auth Form
  - Attach most recent clinical documentation to support request
    - For pharmacy requests, check the PA Table prior to sending
  - Fax the form to the health plan – **202-243-6258**

    or email: DCMFCUMAuth@medstar.net
- More information regarding Prior Authorization can be found online at: https://www.medstarfamilychoice.com/for-district-of-columbia-providers/

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Credentialing and Recredentialing

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Credentialing

- **Contact Provider Relations**
- Providers interested in joining the MFC-DC network
  - May request credentialing / contract information
  - Must have an active DC Medicaid number
  - Providers participating with Counsel for Affordable Quality HealthCare (CAQH) must:
    - Have an updated profile on the CAQH website
    - Complete the MFC CAQH Medical Data Sheet
    - Complete and return Disclosure of Ownership and Control Interest Form
  - Providers not participating in CAQH can complete the full application
    - Can be obtained by contacting Provider Relations or by accessing it here: http://www.credentialingapplicationdc.org/
  - PCP Providers seeing children under the age of 21 years must be EPSDT certified
    - DC HealthCheck practitioners must recertify every two (2) years

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Recredentialing

- Occurs at least every 36 months (3 years)
- MFC-DC follows NCQA, CMS and DHCF credentialing standards and guidelines
- Process begins six months prior to the recredentialing expiration date
- Providers who participate with CAQH must have current and up to date information on the CAQH Website or MFC-DC will request updated information
- Providers who do not have a CAQH account will be contacted to provide an updated Uniform Credentialing/Recredentialing Provider Application

Please Note: Disclosure of Ownership and Control Interest Form must be completed for all practitioners applying for participation

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Site Evaluations

- Performed in accordance to NCQA and MedStar Family Choice-DC Credentialing Guidelines
- Site Evaluations must be completed:
  - New Office Locations
  - Complaints
- Helps to ensure that:
  - Site Exists
  - Cleanliness
  - HIPAA compliant
  - Fire Safety and Handicap Accessibility
  - Lab and radiology certificates are present (if applicable)
  - Refrigerated medications/injections are stored at the proper temperature (if applicable)

Please Note: Practitioners will not be credentialed without a current site evaluation on file for all locations.

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Counsel for Affordable Quality HealthCare (CAQH) Reminder

- CAQH is Free to providers
- Providers no longer need to be invited to join
- Providers must designate MedStar Family Choice-DC as an authorized health plan to receive your information
- Providers must re-attest, **every 120 days**, that all the information in your profile is still correct. You will also receive a notification from CAQH to re-attest
  - Go to https://proview.caqh.org/pr
  - Select “Attest” from the home page
  - Review and update and upload any applicable supporting documents (Curriculum Vitae, MD License, Board Certification Certificate, DEA, CDS, Malpractice Ins, etc)
  - Click “Attest”

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Claims

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Claims Submission/Timely Filing

- **Submit claims within 365 days of DOS**
- **Submit paper claims using the revised 1500 Claim Form**
  - Refer to the NUCC website for instructions: NUCC.org
- **Claims Address**

MFC-DC Claims Processing Center

PO Box 1624

Milwaukee, WI 53201

Phone: 800-261-3371

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Electronic Claims Submission

- Submit claims electronically
- Submit professional or institutional claims via 837
  - **EDI Payer ID#: DCMED**
- On-line claims submission via Portal

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MedStar Family Choice-District of Columbia – Clearinghouse Information

Listed here are the clearinghouses we can accept your claims submissions from:

- Xactimed
- Payer Path(Allscripts)
- Change Health
- Smart Data Solutions

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Check Claims Status

- **Check claims status by phone**
  - **800-261-3371**
- **Online Look up**
  - Register at **MedStarFamilyChoice.com**
  - Need information from a current EOB to register
    - CS#, Name, Complete Address (exact match)

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Appeals

- Submit within 90 business days of denial letter date or EOB
- Written request, specific reason for the appeal and necessary documentation
  - Appeal form is available on MFC-DC website
- Medicaid Appeal form must be used and submitted to the address on the form
- Decision and notification will be provided within 30 days

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Payment Disputes

- MFC-DC will accept correspondence through Payment Dispute Form
  - Payment Dispute Form must be used for any claims dispute and must be completed in its entirety
- Submit within 90 business days from date of denial
- A claims payment dispute may be submitted for multiple reason(s), including:
  - Contractual payment issues
  - Disagreements over reduced or zero paid claims
  - Other health insurance denial issues
  - Submit another carrier's EOB
  - Retro-eligibility issues
  - Paid to wrong provider
  - In/Out Network issue
  - Claim denied for lack of authorization but you have proof of prior authorization

Payment Dispute Forms can be found on the MFC-DC Provider Website

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Key MFC Leadership

Leslie Lyles Smith, Executive Director	Leslie.S.LylesSmith@medstar.net	(202) 330-3872
Sharon Henry, Director Clinical Operations	Sharon.Henry@medstar.net	(202) 292-3801
Cleveland Woodson Director, Operations	Cleveland.C.Woodson@medstar.net	(202) 292-5007
Ricardo Berman Director, Quality & Outreach	Ricardo.Berman@medstar.net	(202) 292-5179
Jennifer Tse, Interim Director Provider Networks	Jennifer.Tse@medstar.net	1 (800) 905-1722, prompt 5

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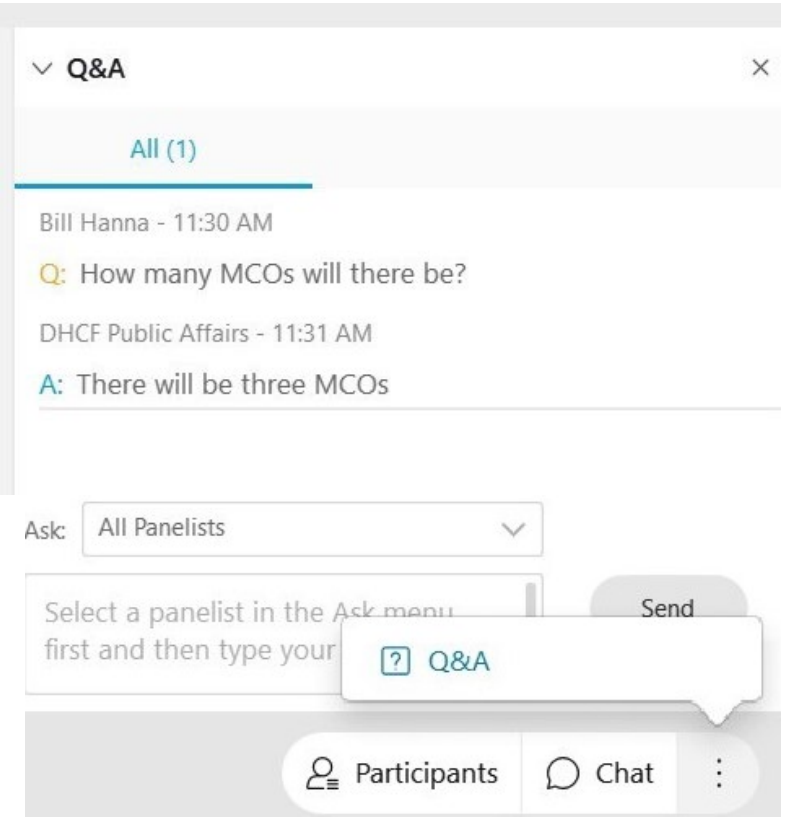
Thank you

It's how we treat people.

MedStar Family Choice

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.



Additional Provider Forums

Upcoming Provider Forums To register for a forum, please visit: https://tinyurl.com/ProviderForums

- Thursday, November 5 from 6:00 p.m. – 7:30 p.m.
- Tuesday, November 10 from 12:30 p.m. – 1:30 p.m. & Thursday, November 12 from 6:30 p.m. – 8:00 p.m.
  - **Focus is Dental providers**

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?	**AmeriHealth Caritas DC:** Carl Chapman, Director of Provider Network Management Phone: (215) 840-2943 **CareFirst Community Health Plan DC:** Kenny R. Greene, Vice President External Operations Phone: (202) 441-5223 **MedStar Family Choice DC:** Jennifer Tse, Director of Provider Networks Phone: (800) 805-1722, Option 5
What if an Enrollee has not received an MCO ID Card?	The Enrollee shall contact Enrollee Services at their assigned MCO: **AmeriHealth Caritas DC:** 1 (888) 452-3647 **CareFirst Community Health Plan DC:** 1 (855) 326-4831 **MedStar Family Choice DC:** 1 (888) 404-3549

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 and 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]
- Provider Continuity of Care Letter [PDF]
- Managed Care Provider FAQ [PDF]
- FY21 MCO Provider Reimbursement Letter [PDF]
- Behavioral Health Provider FAQ