

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Director

DHCF Transmittal #09-09

TO: District of Columbia Medicaid Providers

FROM: Julie Hudman, Ph.D.
Director

DATE: April 24, 2009

SUBJECT: Cancellation of Provider Reenrollment in Calendar Year 2009

This provider transmittal is in reference to the March 25, 2009 Transmittal #09-05 regarding mandatory provider reenrollment.

After further assessment, the Department of Health Care Finance (DHCF) has determined that the burden of reenrolling all current Medicaid providers would be greater than the benefits to the Department.

One of the goals of reenrollment was to update all providers' information (this is a requirement under the current Medicaid Provider Agreement). Therefore, in place of the reenrollment, DHCF is requesting that the attached form be completed and returned via mail or fax to the following:

Affiliated Computer Services (ACS)
P.O. Box 34761
Washington, DC 20043-4761
Fax Number: (202) 906-8399

This form can also be downloaded from the DHCF website at www.dhcf.dc.gov

If you have already reenrolled, thank you for your time and we apologize for any inconvenience.

It must be noted that for any provider type that requires reenrollment such as Durable Medical Equipment (DME) providers, reenrollment is still required.

Thank you for your participation with the District's Medicaid program. If you have any questions, please contact ACS Provider Inquiry at 202-906-8319 (inside the DC Metro area) or 1-866-752-9233 (outside the DC Metro area).

Attachment