

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



MCO NETWORK PROVIDER ENROLLMENT IN D.C. MEDICAID
FREQUENTLY ASKED QUESTIONS

I. Applicable Provider Types

Question: To what extent is the State Medicaid enrollment mandate applicable to providers by whom Medicaid reimbursable services are delivered under the administration of the Department of Behavioral Health (DBH), or the Office of the State Superintendent of Education (OSSE)?

Answer: Per Appendix A, attached to the DHCF transmittal to the MCOs dated November 7, 2017, the only providers delivering behavioral health services administered by DBH or OSSE that need to enroll in D.C. Medicaid are Mental Health Rehabilitation Service (MHRS) providers and Free Standing Mental Health Clinics (FSMHC).

Question: Are there any provider types that are excluded from the enrollment mandate?

Answer: Yes. Please refer to the list set forth in Appendix A of the DHCF Transmittal to MCOs dated November 7, 2017 for a list of all network provider types that must enroll in D.C. Medicaid.

Question: To what extent does the State Medicaid enrollment mandate apply to Vision and Dental providers?

Answer: Per Appendix A, attached to the DHCF transmittal to the MCOs dated November 7, 2017, the only providers Dental and Vision providers subject to the D.C. Medicaid enrollment mandate are: Dental FQHC Clinic, Dentist-Group Practice, Dentist, Optician/Optical Dispensary, and Optometrist.

Question: Are applicable network provider types who deliver services out-of-state also subject to the State Medicaid enrollment mandate?

Answer: Yes. There is no legal exemption for out-of-state providers. All applicable network provider types that deliver items or services to eligible D.C. Medicaid beneficiaries are required to enroll in D.C. Medicaid by January 1, 2018.

II. Scope and applicability of the limited 120-day period to enroll network provider pending the outcome of enrollment in D.C. Medicaid

Question: The Medicaid Managed Care regulations at 42 C.F.R. § 438.602(b)(2) state that MCOs may execute network level provider agreements pending the outcome of the D.C. Medicaid enrollment process up to 120 days. How does this 120 day “grace period” affect eligibility for Medicaid claims payment?

Answer: According to the plain language of the rule (taken in conjunction with the federal statutory mandate), the 120-day period provision applies prospectively, not retrospectively. This means that the 120-day period is inapplicable to MCO network provider agreements executed prior to January 1, 2018, the effective date of the State Medicaid enrollment requirement. After January 1, 2018, the MCOs may execute network level provider agreements with applicable provider types for up to 120 days pending the outcome of the D.C. Medicaid enrollment process. However, the MCOs must terminate such network providers immediately upon notification from DHCF that the provider cannot be enrolled, or the expiration date of the 120 day period without enrollment, and notify any affected enrollees accordingly. Encounters by applicable network provider types outside of these parameters are ineligible for Medicaid reimbursement, and are thus not considered an “encounter” for consideration in the MCOs capitation payment.

III. CMS considerations

Questions: (a) Will CMS consider a “grand-father” period for providers already in MCO network to allow claims while providers proceed through enrollment process?

(b) With an effective of January 1, 2018 and less than two months to implement, will CMS consider a grace period?

Answer: There are no exceptions to the State Medicaid enrollment deadline of January 1, 2018 for applicable MCO network providers. For considerations made by CMS during the comment period preceding publication of the Medicaid Managed Care regulations, please see 81 FR 27602.

IV. Communication between DHCF and the contracted Managed Care Organizations

Question: Will DHCF established regular meetings (weekly) with MCOs manage/track process until effective date?

Answer: Yes. DHCF will conduct weekly meetings with the MCOs through April 1, 2018. Please reference the DHCF transmittal to the MCOs dated November 7, 2017 for key deadlines in the implementation time frame.

Question: Will MCOs receive list of required enrollment provider types from DHCF? If yes, when will report be distributed?

Answer: Yes. Please refer to Appendix A of the DHCF transmittal to the MCOs, dated November 7, 2017.