

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director-Medicaid Director

Transmittal # 20-14

TO: All DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: April 21, 2020

SUBJECT: **Temporary Provider Screening and Enrollment Flexibilities in Response to the COVID-19 Public Health Emergency**

The purpose of this transmittal is to notify all Medicaid providers of the screening and enrollment requirements of which DHCF will temporarily stay enforcement during the pendency of the federal Public Health Emergency (PHE) period¹. DHCF requested an 1135 Waiver from the Centers for Medicare and Medicaid Services (CMS) on April 1, 2020. Under section 1135 of the Social Security Act, the HHS Secretary may temporarily waive or modify certain Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled when the President declares a disaster or emergency and the Secretary declares a public health emergency. On April 3, 2020, CMS approved most of the flexibilities requested in the 1135 waiver. This transmittal describes the actions taken by DHCF to implement some of the flexibilities provided in the 1135 Waiver.

To ensure that Medicaid FFS beneficiaries have access to providers during the PHE, DHCF will implement the following changes:

Provisional Temporary Enrollment

- A. Providers enrolled with another State Medicaid Agency (SMA) and/or Medicare.
 - a. Providers enrolled with another State Medicaid Agency (SMA) and/or Medicare are eligible for provisional enrollment in the D.C. Medicaid program during the PHE period. Such providers must still enroll using the [provider enrollment webpage](#) and may use the streamlined application and will not be subject to any further screening requirements by DHCF during the PHE period.

- B. Providers not enrolled with another SMA or Medicare.
 - a. Providers not enrolled with another SMA or Medicare, are subject to all applicable screening requirements as a condition of enrollment in the D.C. Medicaid program,

¹ The Public Health Emergency period, for purposes of the information contained in this Transmittal, is from March 1, 2020, through the termination of the PHE, as determined by the Secretary of the U.S. Department of Health and Human Services, including any extensions.

with the following limited exceptions, which are temporarily waived during the PHE period:

1. Application fee;
2. Fingerprint-based criminal background checks;
3. In-person site visits. Site visits, if applicable, are still required, but will be conducted telephonically by DHCF during the PHE period;
4. D.C. Licensure requirements. During the PHE period, DHCF will not enforce the requirement to be licensed in the District of Columbia. However, the provider must, at the time of service, possess equivalent licensing in another state.

All other screening requirements remain in full effect for prospective providers not enrolled with another SMA and/or Medicare.

Reimbursement for Out-of-State Providers (OOS)

A. During the PHE period, OOS providers not enrolled in the D.C. Medicaid program are eligible for reimbursement of multiple instances of care to multiple D.C. Medicaid beneficiaries if all the following criteria are met:

1. The item or service is furnished by an institutional provider, individual practitioner, or pharmacy at an out-of-state location; and
2. The NPI of the furnishing provider is represented on the claim; and
3. The furnishing provider is enrolled and in an “approved” status with another SMA and/or Medicare; and
4. The claim represents services furnished.

Such providers must still enroll using the [provider enrollment webpage](#) and may use the streamlined application and will not be subject to any further screening requirements by DHCF during the PHE period.

Revalidation

During the PHE period, DHCF will stay enforcement of revalidation requirements for enrolled providers that are directly impacted by the PHE.

Post Public Health Emergency (PHE)

Temporarily enrolled providers who wish to continue receiving payments from DHCF after the PHE must submit an application that meets all requirements for Medicaid participation and is reviewed and approved by DHCF within six months after the termination of the PHE. These enrollments may be retroactive back to March 1, 2020.

For currently enrolled providers, DHCF will reissue revalidation/license renewal notices to providers once the PHE terminates. Providers will have 90 days from the date of the notice to complete the revalidation process.

Contact

If you have questions, please contact Natasha Lewis, Program Manager, Division of Public and Private Provider Services, at natasha.lewis@dc.gov or 202-698-2006.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Medical Society