

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 23-43

TO: District of Columbia Managed Care Plan Providers

FROM: Eugene Simms
Interim Senior Deputy Director and Medicaid Director

DATE: September 27, 2023

SUBJECT: Provider Network Communication Tool: Provider Inquiry Form

Purpose:

The purpose of this Transmittal is to introduce a **NEW** electronic resource for DC Medicaid providers to communicate with Medicaid Managed Care Plans (MCPs), formerly referred to as MCOs. Effective October 1, 2023, the **Provider Network Communication Tool: [Provider Inquiry Form](#)** will be used to escalate outstanding concerns related to provider relations activities and payments of the MCPs, directly to the Department of Health Care Finance (DHCF), Health Care Delivery Management Administration (HCDMA).

HCDMA is committed to providing continued support to healthcare providers who deliver medically necessary care and services to DC residents enrolled in the managed care program. The Provider Inquiry Form aims to streamline the communication process between Medicaid providers, MCPs, and DHCF - while capturing issues, concerns, and questions specific to covered services administered through contracted MCPs.

Completion of this form ensures the established process is followed and appropriately channeled to the appropriate MCP for review and resolution while minimizing unnecessary delays. In addition, this form will include an automated trigger to escalate the issue to the Health Care Delivery Management Administration after five (5) business days if the MCP fails to respond.

You can access the form by clicking [Provider Inquiry Form](#), or online using the [DHCF website](#). The details and step-by-step guide on how to complete the Provider Inquiry Form are attached for reference.

Contact

Should you have any questions regarding this Transmittal, please contact Araceli Simbulan, Program Analyst, DHCF/Health Care Delivery Management Administration at araceli.simbulan@dc.gov or (202) 727-2058.

Should you need technical assistance or questions on how to complete or access the Provider Inquiry Form, please email mcp.providers@dc.gov.

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



PROVIDER NETWORK MANAGEMENT COMMUNICATION TOOL

PROVIDER INQUIRY FORM DESK GUIDE

Provider Inquiry Form

Purpose:

The purpose of this form is to capture issues, concerns, and questions from DC Medical providers specific to covered health services provided through Managed Care Plan (MCP) service delivery. The District contracts with four (4) managed care plans: Amerigroup DC, Amerihealth Caritas DC, MedStar Family Choice, and HSCSN.

Instructions:

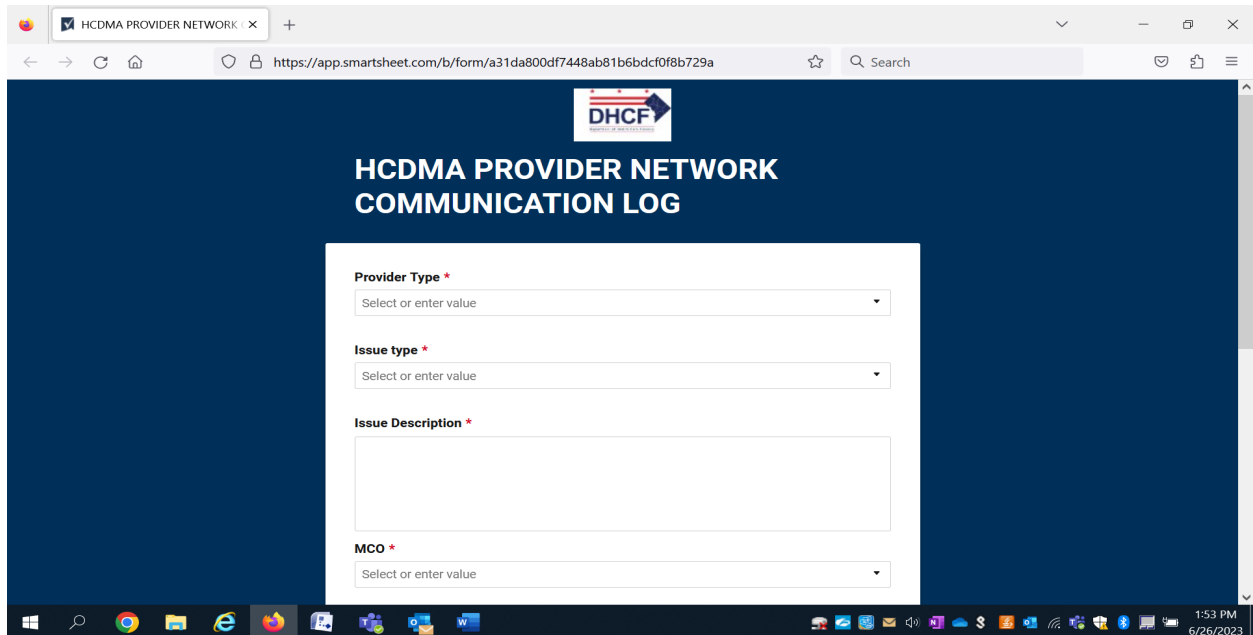
Providers will use this inquiry form to raise issues with the appropriate MCP. The form also provides the pathway to escalate issues and concerns to the Health Care Delivery Management Administration (HCDMA) within the Department of Health Care Finance when needed. If the MCP does not respond within five (5) business days from the date the inquiry form was submitted, the issue will automatically escalate to HCDMA for review.

How to Complete the Inquiry Form:

Step 1: Click the link below.

<https://app.smartsheet.com/b/form/a31da800df7448ab81b6bdcf0f8b729a>

Step 2: Complete the form in its entirety.



The screenshot shows a web browser window with the URL <https://app.smartsheet.com/b/form/a31da800df7448ab81b6bdcf0f8b729a>. The page features the DHCF logo and the title "HCDMA PROVIDER NETWORK COMMUNICATION LOG". The form contains the following fields:

- Provider Type ***: A dropdown menu with the text "Select or enter value".
- Issue type ***: A dropdown menu with the text "Select or enter value".
- Issue Description ***: A large text area for entering details.
- MCO ***: A dropdown menu with the text "Select or enter value".

The browser's taskbar at the bottom shows the time as 1:53 PM on 6/26/2023.

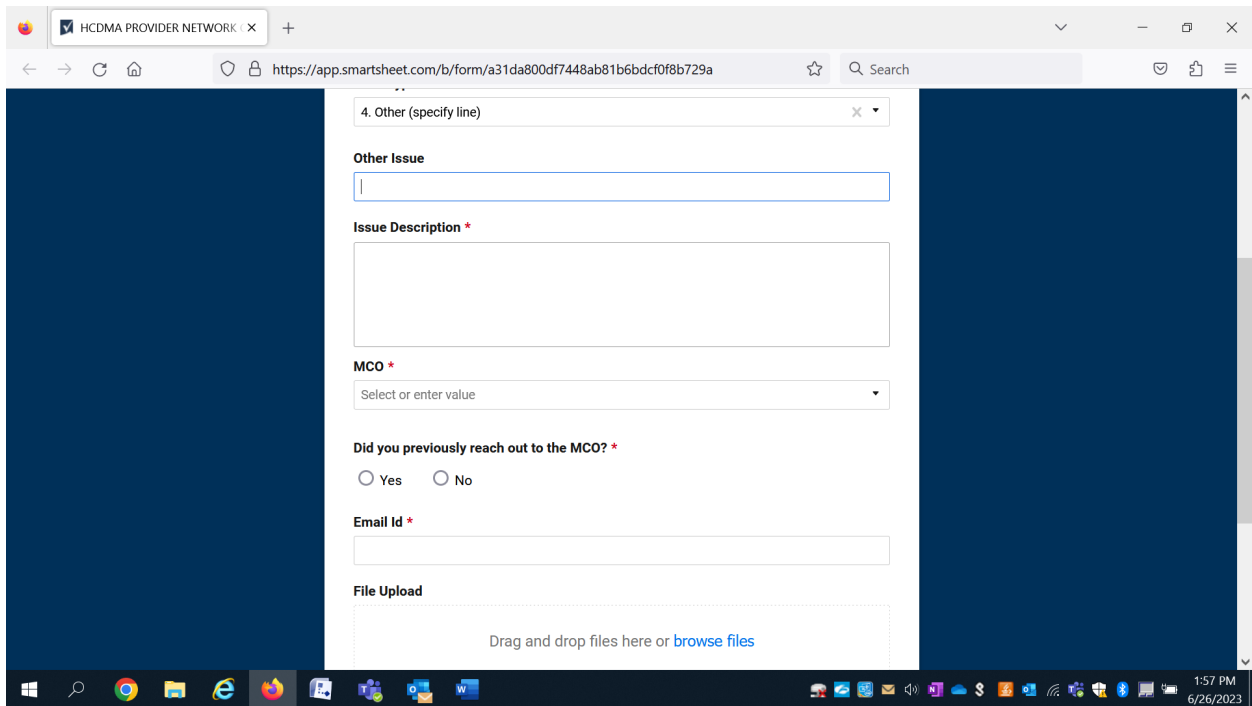
Step 3: Select your provider type from the drop down. If FQHC, complete the additional drop down “Issue/Inquiry Related to” box.

The screenshot shows a web browser window with the URL <https://app.smartsheet.com/b/form/a31da800df7448ab81b6bdcf0f8b729a>. The page title is "HCDMA PROVIDER NETWORK COMMUNICATION LOG" and features the DHCF logo. The form contains a "Provider Type *" dropdown menu that is open, displaying a list of options: 1. Hospital, 2. FQHC (highlighted), 3. Primary Care, 4. Specialty Care, 5. Dental, 6. Vision, 7. Pharmacy, 8. Transportation, and 9. Other (specify line). Below this menu is an "MCO *" dropdown menu with the text "Select or enter value". The Windows taskbar at the bottom shows the date and time as 1:54 PM on 6/26/2023.

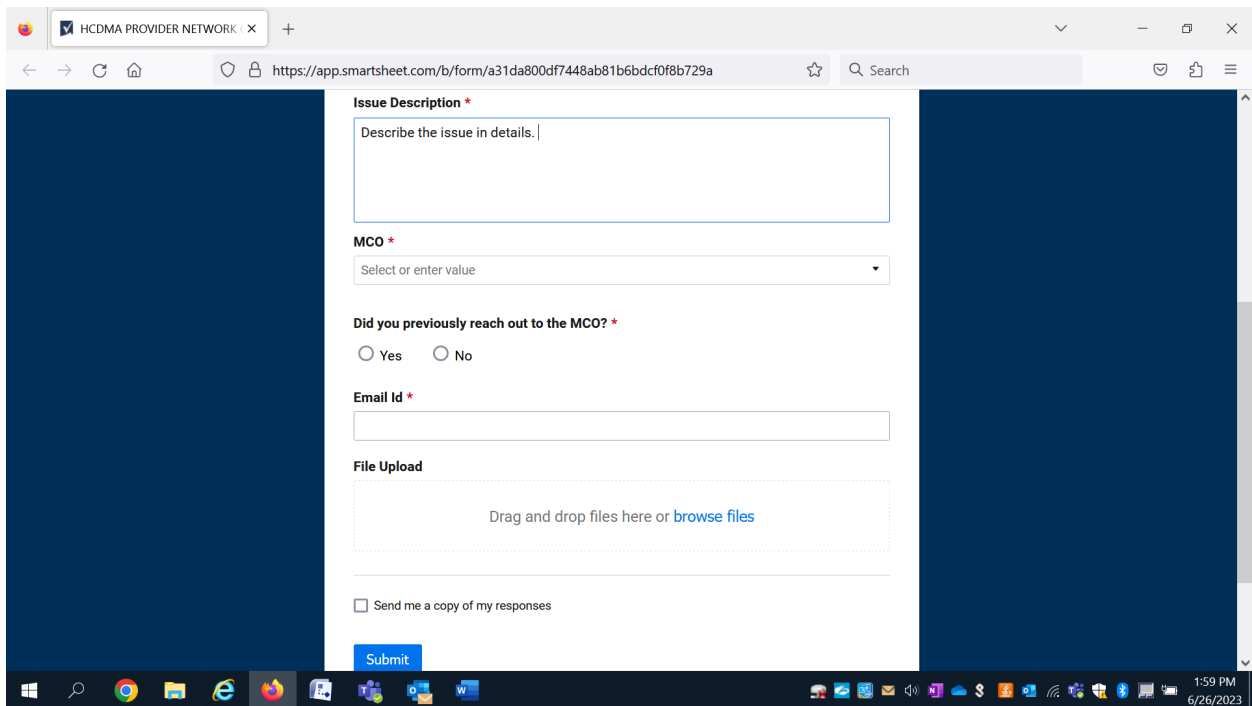
Step 4: Select your issue type.

The screenshot shows the same web browser window as in Step 3. The "Provider Type" dropdown is now closed. The "Issue type *" dropdown menu is open, displaying a list of options: 1. Claims and Billing, 2. Credentialing/Re-credentialing, 3. Grievance and Appeals, and 4. Other (specify line) (highlighted). Below this menu is an "MCO *" dropdown menu with the text "Select or enter value". The Windows taskbar at the bottom shows the date and time as 1:55 PM on 6/26/2023.

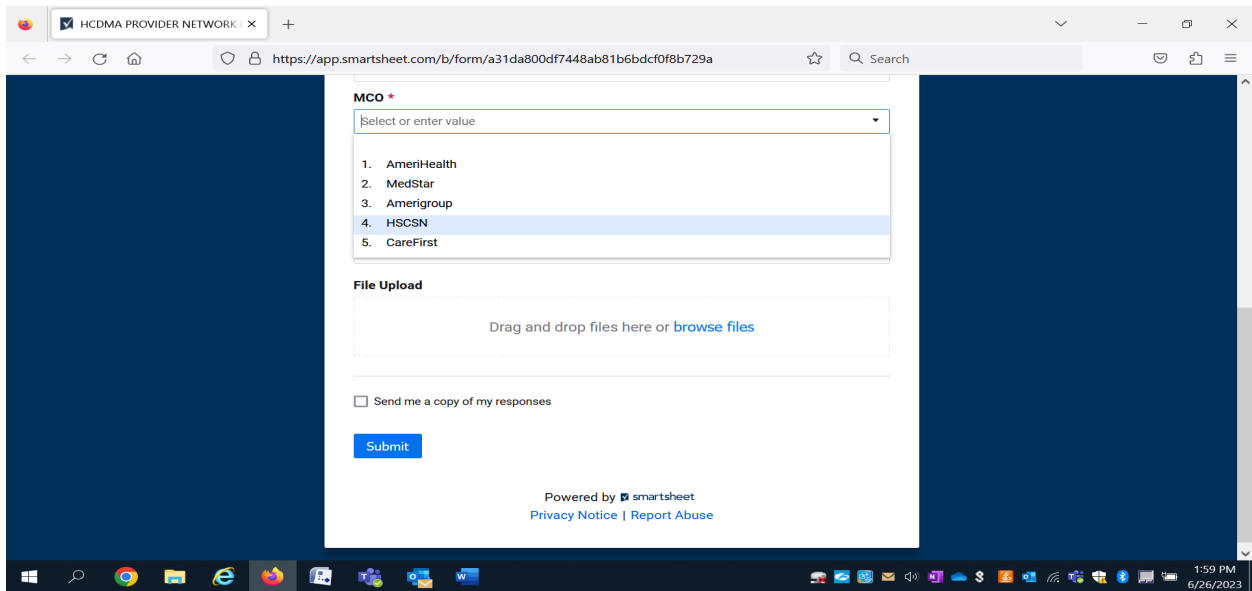
Step 5: If issue type “Other” is selected, you must specify the issue using the text box.



Step 6: Describe the issue on the “Issue Description” in details.

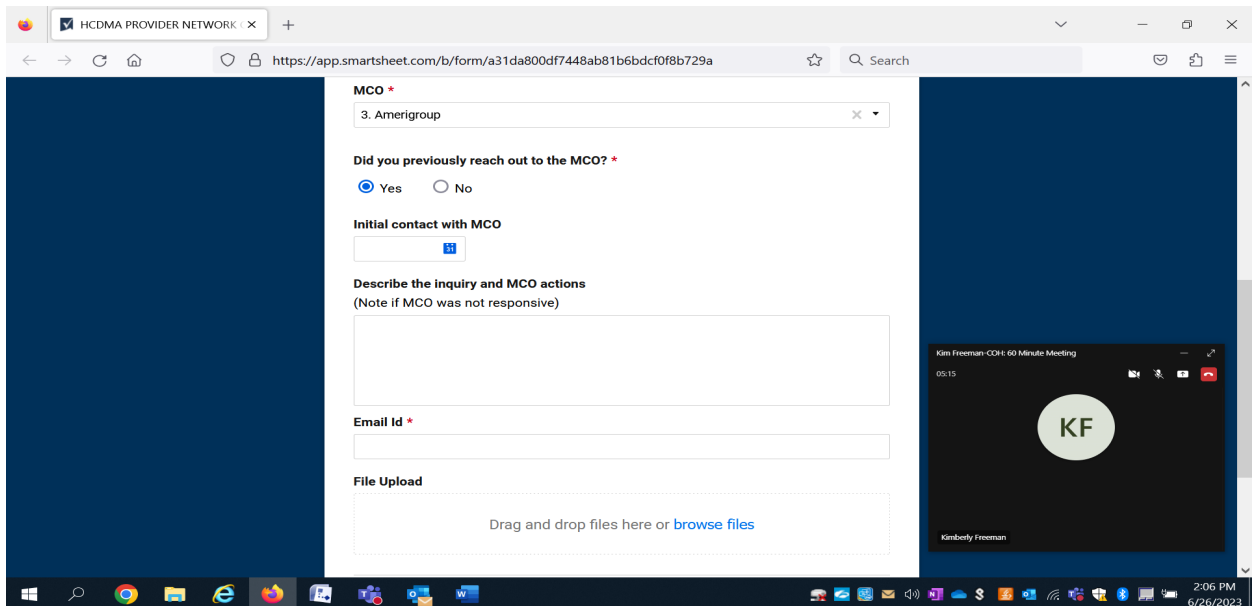


Step 7: Select the involved Managed Care Plan (MCP). If there’s more than one Managed Care Plan, you will have to complete a separate form for each MCP.



Step 8: Click Yes or No to “Did you previously reach out to the MCP?”

If yes, please provide the date of the initial contact with the MCP and details of the encounter with the health plan.

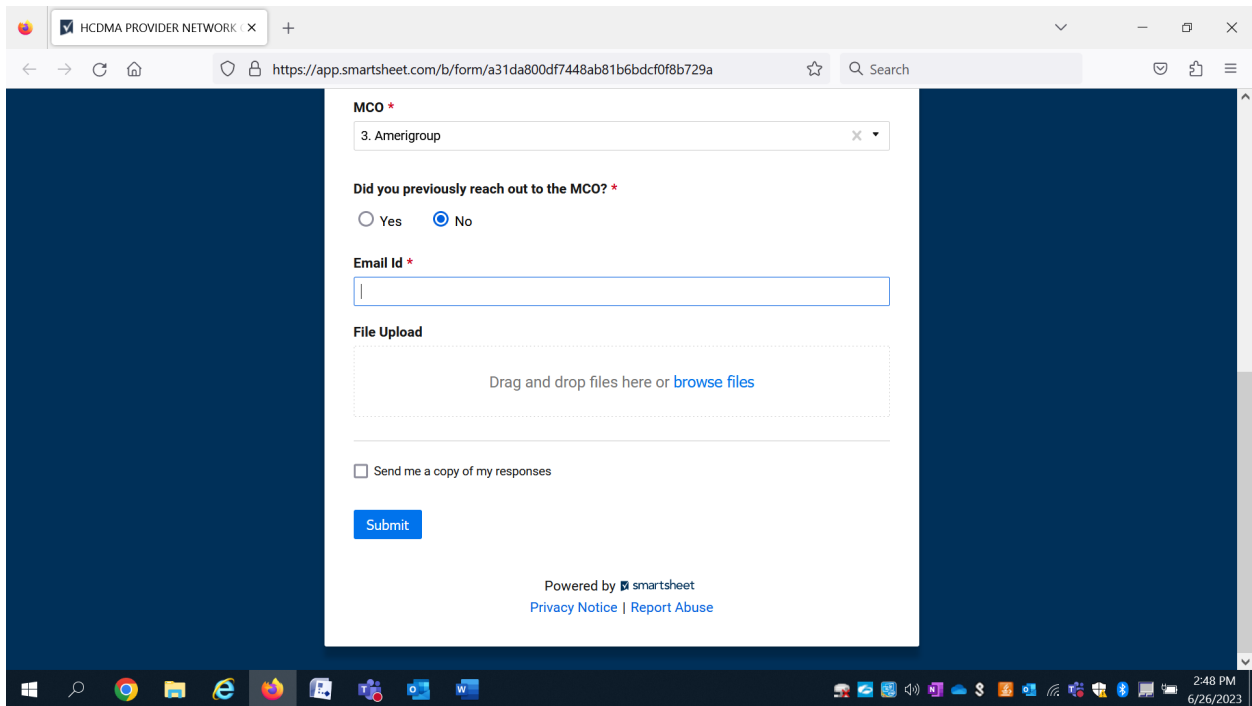


If no, continue with the form. The “no” response will alert HCDMA.

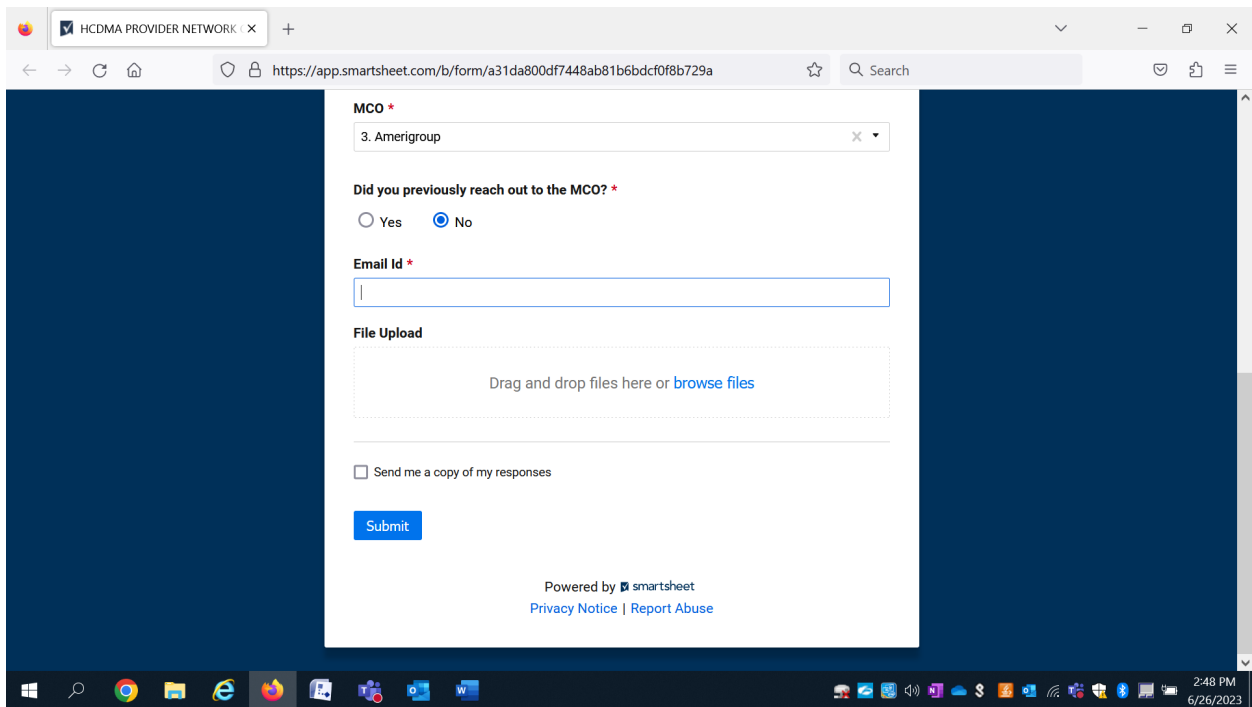
*** Important Note:

To minimize delay, providers should contact the MCP first prior to escalating the issue to HCDMA.

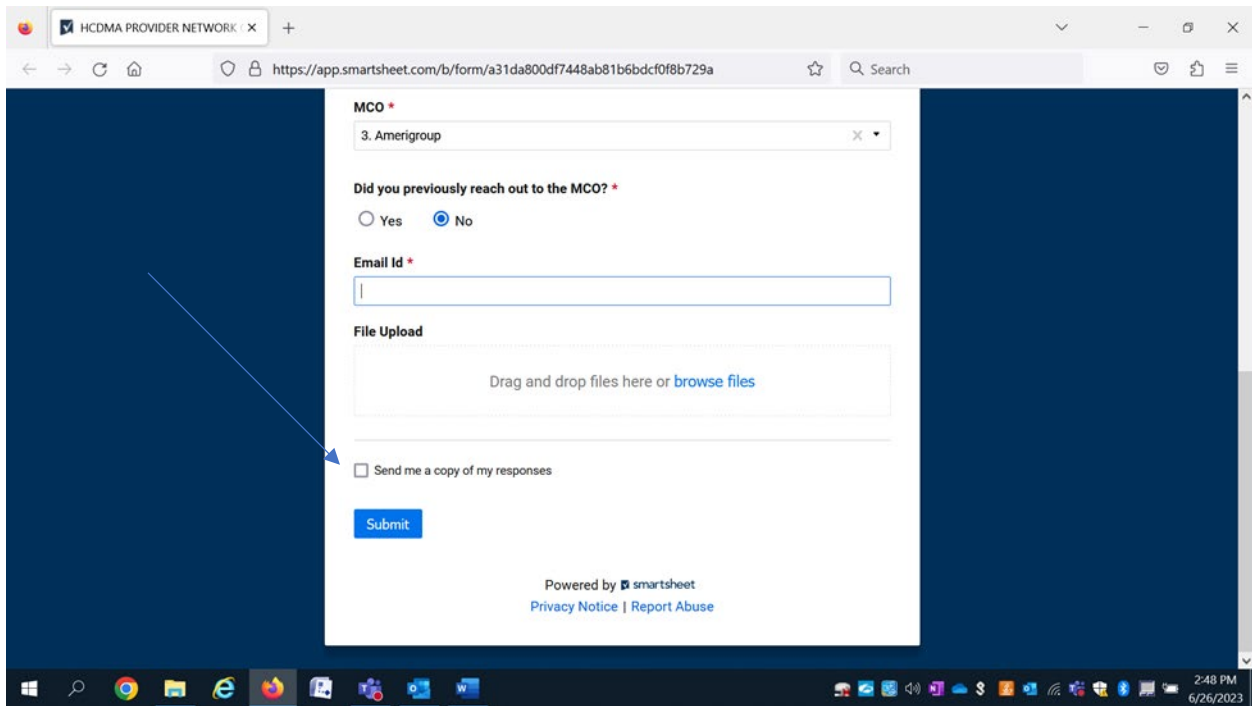
Step 9: Enter your email address (email ID)



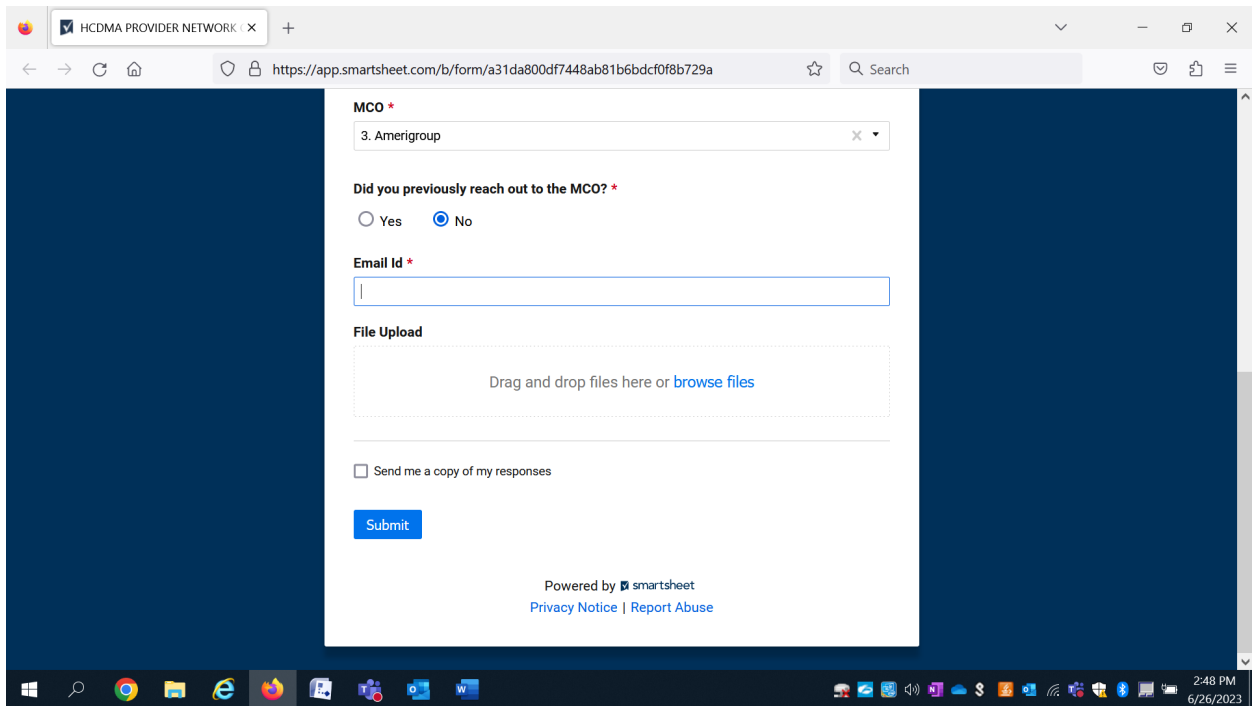
Step 10: Upload the documentation. Click “browse file” to find and attach the documentation form your device. To expedite the process, you must provide documentation.



Step 11: If you would like a copy of your submitted form, then Click “Send me a copy of my responses”.



Step 12: Click Submit



**** Important Notes: ****

- If you requested a copy, you would receive an email notification.
- Email notifications will be sent to you related to inquiry status, updates, and progress until the issue is resolved.

- Email notification sample below:

HCDMA PROVIDER NETWORK COMMUNICATION LOG: Escalated

Sainath Neti via Smartsheet <automation@app.smartsheet.com>
To: simbulan, Araceli (DHCF)

You replied to this message on 5/31/2023 10:28 AM.
If there are problems with how this message is displayed, click here to view it in a web browser.

DHCF

[HCDMA PROVIDER NETWORK COMMUNICATION LOG](#)

Message: This case has been escalated

Row ID	Provider Type	Issue type	Describe the inquiry and MCO actions	Due Date	Resolved On
9	2. FQHC	4. Other (specify line)		05/29/23	
8	2. FQHC	2. Credentialing/Re-credentialing		05/29/23	

You are receiving this email because you are subscribed to a workflow on sheet **HCDMA PROVIDER NETWORK COMMUNICATION LOG** (Workflow ID: 6435711295712905)
Don't want to receive this notification? [Unsubscribe](#)
Powered by Smartsheet Inc. | [Privacy Policy](#) | [Report Abuse](#) / [Spam](#)

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