GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director and Medicaid Director **Transmittal 25-09**

TO: DC Medicaid Providers

FROM: Melisa Byrd M.B.
Senior Deputy Director and Medicaid Director

DATE: **March 18, 2025**

SUBJECT: **Managed Care Plan Assignment Request Form**

Purpose
The purpose of this communication is to introduce a modified process to request Managed Care Plan (MCP) enrollment, disenrollment, and transfer (MCP change). This modified process encompasses the use of a formal and consolidated electronic request form that internal and external stakeholders must complete and submit for requests associated with MCP assignments. This modified process and form supersede the current spreadsheets and forms (both electronic and manual) utilized when submitting requests to the Division of Managed Care (DMC) within the Health Care Delivery Management Administration (HCDMA) at the Department of Health Care Finance (DHCF).

Effective **April 14, 2025** any requests for MCP enrollment, disenrollment, and transfer must be submitted via this link. The designated DMC staff will manage and oversee the time-sensitive process.

Details
DHCF, through HCDMA, is committed to efforts to streamline and restructure critical internal processes that impact Medicaid beneficiaries' access to care via contracted MCPs. The modified process is intended to standardize and centralize requests for MCP enrollment, disenrollment, and MCP transfer that are outside of the scope of the Enrollment Broker, as well as to improve HCDMA's capacity to oversee, monitor, and track MCP assignments for Medicaid beneficiaries who are deemed mandatory in managed care. This modified process clarifies and reinforces DHCF's Policy and Rule under the District of Columbia Municipal Regulations (DCMR) Title 29, Section 55.

Use of the Request Form:
If you or your staff members complete and submit the forms listed below, then you are expected to utilize the electronic form and adhere to the process aforementioned beginning March 28, 2025.

Form Names:

- Death Certification Notice
- Disenrollment Request for Premature/Low Birth Weight Newborns
- Request for Disenrollment of DC Medicaid Managed Care Beneficiary Requiring Long Term Care
- Request for Disenrollment of DC Medicaid Managed Care Enrollee Requiring Psychiatric Residential Treatment Facility (PRTF) Placement

Any additional forms or changes in the process will be communicated by the DHCF. The Step-by-Step User Guide on how to access, complete, and submit request(s) is attached for reference.

Contact

Should you have any questions regarding this transmittal, the link, the User Guide, training requests, and/or technical assistance, please contact Araceli Simbulan, Interim Program Manager, HCDMA, DHCF, at araceli.simbulan@dc.gov or (202) 727-2058.

For any questions related to the status of your submission and/or request, please reach out by email at enrollmentanddisenrollments@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