GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Care Finance



Medicaid Reform & You

Frequently Asked Questions

- 1. Are children enrolled in HSCSN going to be affected by these changes?
 - a. No, children currently enrolled in HSCSN are not affected by these changes.
- 2. Will children under 21 who are currently enrolled in Amerigroup DC have to choose one of the new MCOs?
 - a. Children currently enrolled in Amerigroup DC have been automatically assigned to one of the MCOs that the District will contract with beginning October 1st. Children under 21 who are currently in FFS Medicaid are not being transitioned to managed care.
- 3. Will Medicaid and Medicare recipients be required to enroll in an MCO
 - a. Dually eligible beneficiaries enrolled with both Medicaid and Medicare are not required to enroll in an MCO.
- 4. I will be 65 in April 2021. May I enroll in Medicare before the age of 65?
 - a. No. If you're eligible for Medicare (on the basis of age) when you turn 65, Medicare clarifies that you can sign up/apply to Medicare 3 months before the month you turn 65, however, actual enrollment into the program, for the purpose of health coverage, will not occur before your eligibility date. There is additional information on Medicare sign up at medicare.gov.
- 5. If I will enroll in Medicare before December 31, 2020, will I still be assigned an MCO?
 - a. Yes, you will be assigned an MCO, however, all adults who will become Medicare eligible within the first 90 days of assignment to a mandatory managed care eligibility group may disenroll from managed care or remain in fee-for-service (FFS) at their request. See DHCF <u>transmittal 20-34</u> for more information. If you think you qualify to disenroll from managed care, please contact DC Healthy Families at (800) 620-7802.
- 6. Why do I have to change from DC straight fee-for-service (FFS) Medicaid if my disability has not changed?
 - a. DHCF announced Medicaid Reform efforts in <u>September 2019</u>. Part of the reform effort includes expanding the managed care program to include individuals previously enrolled in FFS. DHCF is making this change to provide care coordination and other services that

are not available in FFS. As a new MCO enrollee you now have access to care coordinators who will:

- Work with you to develop a care plan to make sure you receive the care they need;
- Help you schedule appointments with providers
- Review doctor instructions with you
- Help you with managing medications
- Follow up with you after a hospitalization or an emergency room visit
- Help you with other issues that impact your well-being, like housing, employment, legal help, food security, transportation, and childcare.

7. Do we still need to go to social services for face to face interviews?

a. If you are already in the Medicaid or Alliance programs, your eligibility is automatically extended during the public health emergency. Also, a face to face interview is not required during this time. You can find more information at: https://dhcf.dc.gov/node/147756

8. How can I find out which health service I am assigned to?

a. You can contact the enrollment broker at (800) 620-7802 or <u>dchealthyfamilies.com</u> to find out your assignment.

9. How can we find out the phone numbers for the Enrollment broker?

a. The phone number for the enrollment broker is (800) 620-7802.

10. Where is the pin number to change my health plan?

a. You can find your Member ID and PIN in your letter from DC Healthy Families or DC HealthCare Alliance. If you don't have your Member ID and PIN, go to "My Account" on <a href="declaration-declaration-education-declaration-education-e

11. How is my health plan being assigned and how can I change if I am not in agreement?

a. All beneficiaries have been equally distributed among the three MCOs using an auto assignment process. Auto assignment is common process used in Medicaid programs. You can contact the enrollment broker at (800) 620-7802 or dechealthyfamilies.com to change your assignment if you are not in agreement.

12. I never received an enrollment letter. How do I get one sent to me?

a. If you did not receive a letter you can contact the enrollment broker at (800) 620-7802.

13. If I want to stay with the health plan I already had, do I have to enroll again?

a. You need to contact the enrollment broker at (800) 620-7802 and they will help you stay in your current health plan.

14. If I had MedStar Health before, can I continue with them?

a. You may contact the Enrollment broker at (800) 620-7802 and request the MCO of your choice.

15. Will current enrollees in AmeriHealth Caritas remain enrolled or will they be enrolled in another MCO

a. You may have been reassigned to another MCO. You should have received a letter telling you which plan you have been assigned. You may contact the enrollment broker at (800) 620-7802 to confirm your enrollment or to change your health plan.

16. If I've been automatically added to a plan for October 1 but want to change, when would the change take effect?

a. The effective date depends on when you contact the Enrollment Broker to request your change. The Enrollment Broker will inform you of the effective date.

17. What happens if I don't receive my enrollment package before October 1. Can I change my health plan after October 1, 2020?

a. You can contact the Enrollment Broker at (800) 620-7802 and they will provide you with the information about your current enrollment. You can change your health plan for any reason until December 31, 2020.

18. Can I keep my doctor if I switch from AmeriHealth to MedStar?

a. If your current doctor is not in MedStar's network, you will be able to keep your doctor until December 31, 2020. MedStar will work with your doctor to include them in the MedStar network.

19. What happens after December 31 if my doctor is not in network with my health plan? Will I have to change my doctor?

a. After December 31st if you doctor is not in your MCO's network, your MCO can work with your doctor to enroll them in their network. If your doctor does not enroll in the MCO's network, the MCO will work with you to continue your health care needs. Your health plan will make every effort to enroll your doctor in their network. If your doctor is not part of your health plan's network after December 31, 2020, you may change to health plan that has your doctor in-network.

20. What happens if a member is in active treatment on 9/30 and then transitions to another MCO on 10/1?

a. Care should not be interrupted if in active treatment. DHCF is sharing prior authorization data with all MCOs and the new MCO will have the enrollee's prior authorization data. MCOs will honor an enrollee's prior authorization until the authorization ends, or up to 12/31/2020, whichever comes first. MCOs have signed a <u>letter</u> to all Medicaid providers agreeing to honor active referrals and prior authorizations issued before October 1, 2020 and will reimburse at the prior reimbursement rate.

- 21. I have an established relationship with GW MFA for primary and specialty care, an established relationship with WWH for dental care and I use Rite-Aid pharmacy which program will allow me to stay with my current established providers?
 - a. All MCOs are required to ensure that you can continue to see your doctors and pharmacists until December 31, 2020. You may also contact the Enrollment Broker at (800) 620-7802 and they will help you figure out which health plan to choose.

22. Where can we access the MCO Comparison chart?

a. You can view the comparison chart on the DC Healthy Families website: https://www.dchealthyfamilies.com/Home/ComparePlans.aspx

23. Are all the MCOs going to operate the same way? That is the reason people change MCOs. For example, a particular plan required pre-authorization for every visit and not the other.

a. All MCOs are required to provide Medicaid covered services to each enrollee. Each MCO must have its own policies and procedures that ensure the review criteria for authorization determinations are applied consistently within the health plan. Each MCO has value added benefits that are unique to that health plan such as gym memberships and incentives/gift cards for routine check-ups and immunizations. For information and/or counseling on the value added benefits each MCO offers, you may call the Enrollment Broker at (800) 620-7802.

24. How can I check whether programs cover my medication?

a. Medications are covered; you will continue to receive medications that you are currently receiving. You can also contact your assigned MCO or check their website for more information.

25. Will all Hospitals in DC will accept ALL the MCOs?

a. DHCF requires that the following hospitals and federally qualified health centers (FQHC) and FQHC look-a-likes have contracts with all of the MCOs.
 HOSPITALS: Children's National Hospital, George Washington Hospital, Howard

University Hospital, Medstar Georgetown Hospital, Medstar Washington Hospital Center, Sibley Hospital, and United Medical Center

FQHCs & FQHC look-a-likes: Community of Hope, Elaine Ellis Center of Health, Family and Medical Counseling Services, La Clinica del Pueblo, Mary's Center, Unity Health Care, Whitman Walker, Bread for the City, So Others Might Eat (SOME)

26. Is George Washington Hospital under MedStar too?

a. See question #24

27. What locations does CareFirst provide services?

a. Please see the CareFirst website at https://www.carefirstchpdc.com/ or contact CareFirst at (202) 821 – 1100.

28. With Medstar can you visit any Medstar urgent care location in VA or MD as well as DC?

a. Yes, you may visit any MedStar urgent care in the area. If you have further questions, contact MedStar at 888-4040-3549.

29. When will the MedStar website be updated for enrollees?

a. The MedStar website for enrollees is available.

30. Where can I view the town hall and the presentation?

a. A recording of the two town halls and the presentations are available on the DHCF website at https://dhcf.dc.gov/node/1491391