



LATEST NEWS	1
USING THE WEB PORTAL TO CHECK RECIPIENT ELIGIBILITY	2
LATEST NEWS FROM CMS REGARDING ICD-10 IMPLEMENTATION	2
CELEBRATION NATIONAL CHILDREN'S DENTAL HEALTH MONTH	9
IMPORTANT NUMBERS & ADDRESSES	11

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Medicaid

bulletin

BI-MONTHLY PUBLICATION FOR DC MEDICAID PROVIDERS

Latest News

Submitting Requests for Prior Authorization



Effective Feb. 1, 2014, Qualis Health Services began processing prior authorization (PA) requests. 719A forms and supporting documentation may be faxed to 800.731.2314. If you have questions or need assistance with the transition, contact Qualis at 800.251.8890 or via email providerportalhelp@qualishealth.org.

Please refer to Transmittal #14-09 located at www.dc-medicaid.com >Provider Bulletins/Transmittals for additional information.

Discontinued CPT Codes: 88342 & 88343

During the 2014 CPT coding update, CPT codes 88342 and 88343 were discontinued and replaced with G0461 and G0462. Please refer to Transmittal #14-10 located at www.dc-medicaid.com > Provider Bulletins/Transmittals for the complete listing of the 2014 code changes.



Using the Web Portal to Check Recipient Eligibility

Registered Web Portal users may verify recipient eligibility online. Go to: www.dc-medicaid.com. After logging in, select "Inquiry Options> Eligibility Inquiry"



Enter your search criteria using one (1) of the following combinations and click <Submit>.

- Last Name, First Name and DOB
- SSN and DOB
- Recipient ID
- Last Name, First Name and SSN

Eligibility Inquiry

One of the following inquiry options is required for an Eligibility Inquiry Transaction.

Last Name/First Name/DOB
-OR-
SSN/DOB
-OR-
Recipient ID
-OR-
Last Name/First Name/SSN.

Please enter Service dates in mm/dd/yyyy format.

Recipient ID :	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
SSN:	<input type="text"/>
Date(s) of Service:	
Begin Date:	<input type="text"/>
End Date:	<input type="text"/>

The eligibility results for the recipient entered will be displayed.

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Using the Web Portal to Check Recipient Eligibility

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Eligibility Inquiry Result

Recipient Eligibility Information requested / verified on:

Recipient Detail

Name:

Recipient ID:

Recipient Address:

Ward/Quadrant:

Gender:

Date Of Birth:

Field Name	Description
Recipient Eligibility Information Requested/Verified on:	Indicates the date of verification of eligibility was performed on
Name	Indicates name of recipient
Recipient ID	Indicates the Medicaid ID of the recipient
Recipient Address	Indicates the address of the recipient
Ward/Quadrant	Indicates the corresponding ward and/or quadrant associated with the above address
Gender	Indicates the gender of the recipient
Date of Birth	Indicates the date of birth of the recipient

Plan Coverage Information								
Plan Coverage:								
Program Code:								
Eligibility or Benefit Information:								
Begin Date:								
End Date:								
QMB Indicator:								
Service types								
Service Type/Description	Coverage	Begin Date	End Date	Copay Amount	Coinsurance Amount	Deductible Amount	Coverage Code/Description	
AD - Occupational Therapy	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	
AE - Physical Medicine	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	
AF - Speech Therapy	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	
AG - Skilled Nursing Care	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	
AI - Substance Abuse	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	
AL - Vision (Optometry)	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	
A0 - Prot(Phys) Visit - Outpatient	Child	01/01/1964	12/31/9999	0.00	0.00	0.00	1 - Active Coverage	

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Using the Web Portal to Check Recipient Eligibility

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Field Name	Description	
Plan Coverage Information	If the recipient is inactive at the time of verification, this section will display N/A and the fields listed below will not be displayed.	
Plan Coverage	Indicates the description of the corresponding program code that the recipient has been assigned by the Economic Security Administration (ESA).	
Program Code	Indicates the recipient’s category of eligibility. A recipient’s benefits/services may be limited or restricted by this code.	
Eligibility or Benefit Information	Indicates the Medicaid eligibility status of the recipient	
Begin Date	Indicates the begin date of the recipient’s Medicaid eligibility	
End Date	Note: The date of 12/31/9999 means that the recipient’s eligibility span is open-ended and may change at any time.	
QMB Indicator	Indicates if services are limited to payment of the recipient’s Medicare Part A premium.	
Service Types <i>[Click on the plus “+” sign beside service types to expand this section.]</i>	Based upon the recipient’s program code, the services that the recipient is eligible to receive will be listed.	
	Service Type/Description	indicates the description of available services
	Coverage	indicates the coverage type (child or adult)
	Begin/End Date	effective dates of service type
	Copay Amount	indicates the specified amount of out-of-pocket expenses the recipient would pay for healthcare services
	Coinsurance Amount	indicates the coinsurance amount
	Deductible Amount	indicates the amount the recipient would pay for health care services before Medicaid begins to pay.
	Coverage Code/Description	indicates the status of the service type (active, inactive, etc..)

Service Management	
Service Management Type:	
Begin Date:	
End Date:	
Provider:	

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Using the Web Portal to Check Recipient Eligibility

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Field Name	Description
Service Management	If the recipient is inactive or is not assigned to a managed care organization at the time of verification, this section will display N/A and the fields listed below will not be displayed.
Service Management Type	Indicates the type of managed care organization the recipient is assigned to: MCO = Managed Care Organization TRB = Transportation Broker EPS = EPSDT
Begin Date	Indicates the begin date of the recipient's MCO span
End Date	Indicates the end date of the recipient's MCO span
Provider	Indicates the name of the managed care organization

Medicare Information	
Part A/B Indicator:	
HIC Number:	
Begin Date:	
End Date:	

Field Name	Description
Medicare Information	If the recipient is inactive or does not have Medicare at the time of verification, this section will display N/A and the fields listed below will not be displayed.
Part A/B Indicator	If the recipient has Medicare, Part A and/or Part B will be indicated
HIC Number	Indicates the recipient's Medicare ID
Begin Date	Indicates the begin date of the recipient's Medicare eligibility
End Date	Indicates the end date of the recipient's Medicare eligibility

Long Term Care Information	
Begin Date:	
End Date:	
Provider Name:	

Field Name	Description
Long Term Care Information	If the recipient does not reside in a long-term care or intermediate care facility (ICF), this section will display N/A and the fields listed below will not be displayed.
Begin Date	Indicates the begin date if the recipient's long-term care lock-in span
End Date	Indicates the end date of the recipient's long-term care lock-in span
Provider Name	Indicates the name of the long-term care or intermediate care facility (ICF)

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Using the Web Portal to Check Recipient Eligibility

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Third Party Liability Information

TPL Update

Insurance Company Name:

TPL Address:

Policy Holder:

Policy Number:

Begin Date:

End Date:

Resource Type:

Coverage Information

Dental

Remaining Service Limits

Please contact Xerox Provider Inquiry at (866)752-9233 or (202)906-8319 for inquiries on Procedure Specific Limitations.

Field Name	Description	
Third Party Liability Information	If the recipient is inactive or is not enrolled in an insurance plan at the time of verification, this section will display N/A and the fields listed below will not be displayed.	
Insurance Company Name	Indicates the name of the primary payer (insurance company)	
TPL Address	Indicates the address of the insurance company	
Policy Holder	Indicates the name of the primary insurance holder	
Policy Number	Indicates the policy number associated with this policy	
Begin Date	Indicates the begin date of the insurance policy	
End Date	Indicates the end date of the insurance policy	
Resource Type	Indicates the type of insurance plan	
Coverage Information <i>[Click on the plus “+” sign beside service types to expand this section.]</i>	Indicates the services that are available under the policy	
	Service Type/Description	indicates the description of available services
	Coverage	indicates the coverage type (child or adult)
	Begin/End Date	effective dates of service type
	Copay Amount	indicates the specified amount of out-of-pocket expenses the recipient would pay for healthcare services
	Coinsurance Amount	indicates the coinsurance amount
	Deductible Amount	indicates the amount the recipient would pay for health care services before the insurance carrier begins to pay.
	Coverage Code/Description	indicates the status of the service type (active, inactive, etc..)

If you have questions or need assistance, contact Provider Inquiry at (202) 906-8319 (inside DC metro area) or (866) 752-9231 (outside DC metro area).

Latest News from CMS Regarding ICD-10 Implementation

ICD-10 Coding Basics MLN Connects™ YouTube video available at:

www.youtube.com/watch?v=kCV6aFIA-Sc&feature=youtu.be

In this MLN Connects™ video on ICD-10 Coding Basics, Sue Bowman from the American Health Information Management Association (AHIMA) provides a basic introduction to ICD-10 coding, including:

- Similarities and differences from ICD-9
- ICD-10 code structure
- Coding process and examples
 - * 7th Character
 - * Placeholder "x"
 - * Excludes notes
 - * Unspecified codes
 - * External cause codes

CMS covered ICD-10 as part of the biweekly eHealth Provider Webinar series on November 10. The PowerPoint presentation entitled "Less Than One Year Until ICD-10: Steps Your Practice Can Take to Prepare" is now available. is available for download at the web address listed below.

www.cms.gov/Medicare/Coding/ICD10/Downloads/Webinar_eHealth_November26_508LessThanOneYear.pdf

The recorded webinar is available at:

<https://www150.livemeeting.com/cc/8000055450/view?id=GT6Z24&pw=eHealth>.

Furthermore, CMS has developed resources to help the health care industry transition to ICD-10 by the October 1, 2014, deadline. These resources are available at:

www.cms.gov/Medicare/Coding/ICD10/Latest_News.html

- An Online ICD-10 Guide, which is a web-based tool that provides step-by-step guidance on how to transition to ICD-10 for small practices, large practices, small hospitals, and payers.
- ICD-10 implementation guides, which provide detailed information for planning and executing the ICD-10 transition. The downloadable PDF versions are available below:
- Small and Medium Practices
- Large Provider Practices

Providers are also encouraged to sign up for CMS ICD-10 email updates. CMS email notifications cover a wide range of important ICD-10 information, including coding training resources.



The screenshot shows the CMS logo and the text "Centers for Medicare & Medicaid Services" with the website addresses "www.cms.gov", "www.medicare.gov", and "www.medicare.gov". Below this is the "Email Updates" section, which states: "To sign up for updates or to access your subscriber preferences, please enter your contact information below." There is a text input field labeled "Email Address" with a red asterisk. Below the input field are two buttons: "Submit" and "Cancel". At the bottom, there is a line of text: "Your contact information is used to deliver requested updates or to access your subscriber preferences." and a link for "Privacy Policy" with a small "help" link next to it.

Celebrating National Children's Dental Health Month!



February is National Children's Dental Health Month, and this year we have a lot to focus on in the District. In 2012, only about 50% of the District of Columbia's children who are enrolled in Medicaid received any dental care. Although we can celebrate the great improvement from 2009 when only 39% of children received dental care, there is still much work to be done. Children with a history of dental caries are less likely to thrive, grow, and develop as expected. However, when these children start receiving comprehensive dental treatment, they can catch up¹ - you can help!

Dental Home

Just as children need a primary care provider (PCP) to be their medical home, children should also have a dental home where a primary dentist can monitor their oral health and development. Families enrolled in Managed Care should be given the opportunity to select a Primary Dental Provider (PDP) or, if they don't select, they will be assigned to a provider. Children should start visiting a dentist within 6 months of the eruption of the first tooth. **This dental care is a covered Medicaid service and part of the EPSDT benefit.**

Pediatricians are the first resource for parents and guardians. This provides the ideal platform to educate families about the importance of oral health care and the need to see a dentist, as well as a doctor, on a regular basis. As soon as a child starts to get his or her first tooth, please start referring the family to a nearby Medicaid-enrolled dentist to establish a dental home. If your patients are not happy with their PDP or are still having trouble accessing dental care, they can get help finding a dentist and scheduling an appointment by calling the Dental HelpLine at 1-866-758-6807.

Fluoride Varnish Applications

Although we want children to start seeing a dentist as soon as their teeth erupt, that does not always happen for a variety of reasons. With this understanding, pediatricians are the first line of defense to make sure little teeth are protected. Primary care providers who complete fluoride varnish training are now eligible to receive reimbursement for fluoride varnish applications for patients under three (3) years of age.

¹A study conducted at the Children's National Medical Center found that District children with a history of dental caries, most of which were from low-income families, were significantly more likely to exhibit failure to thrive, or an inability to gain weight or grow as expected. When these children received comprehensive dental treatment, they were able to catch up and achieve normal growth and development. (2007 Oral Health Issue Brief produced by Altarum Institute with funding from the Maternal and Child Health Bureau of the US Department of Health and Human Services). For the full brief, visit: http://www.doh.dc.gov/doh/lib/doh/services/administration_offices/mch/pdf/final_saw_dc_issue_brief_07.pdf

National Maternal and Child Oral Health Resource Center. "Fluoride Varnish: An Effective Tool for Preventing Fluoride varnish is a paste-like preparation of fluoride that bonds with the teeth. It has been shown to be highly effective in reducing the risk of caries, and in some cases, even reverse the effects of active caries. In order to be eligible for reimbursement for fluoride varnish, primary care providers must complete training available at **www.dchealthcheck.net**. Please visit today to complete the training!

Dentists may receive reimbursement for providing fluoride varnish for patients of all ages.

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Celebrating National Children's Dental Health Month!

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Primary Care/EPSDT Providers

In addition to fluoride varnish, pediatricians and primary care providers help monitor oral health with the Oral Health Assessment, that should be a part of every HealthCheck/ well-child visit. An Oral Health Assessment should include an assessment of:

- Lips
- Tongue
- Teeth
- Gums
- Interior surface of cheeks
- Roof of mouth

Also, at every HealthCheck visit, pediatricians should educate caregivers on the following:

- Children receive free dental services through their Medicaid managed care organization (MCO)
- Every child should visit the dentist every six months after the eruption of their first tooth, starting by age 1 year, for a free dental cleaning, evaluation, and if needed, dental treatment
- The EPSDT dental screening by the PCP is not a substitute for a full dental exam
- Provide anticipatory guidance about oral health. See www.dchealthcheck.net for resources and topics to cover.

Oral Health for Children with Special Health Care Needs

Although all children should go to the dentist every six months, oral health care is even more important for children who have already been identified as having special health care needs. Explain to caregivers why a child with a special health care need is at greater risk for dental disease or dental infection:

- Oral diseases can intensify certain health conditions
- Certain diseases and health conditions can create or worsen oral health problems



Important Numbers & Addresses

Provider Inquiry PO Box 34734 Washington, DC 20043-4734	(202) 906-8319 (inside DC metro area) (866) 752-9233 (outside DC metro area) (202) 906-8399 (Fax)	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
Provider Enrollment PO Box 34761 Washington, DC 20043-4761	(202) 906-8318 (inside DC metro area) (866) 752-9231 (outside DC metro area) (888) 335-8465 (Fax) www.dc-medicaid.com	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
Pharmacy Benefits Management	Xerox Technical Call Center: (800) 272-9679 Xerox Clinical Call Center (Prior Authorizations): (800) 273-4962 Xerox PBM Fax Number: (866) 535-7622 http://www.dcpbm.com	Hours of Operation 24/7/365
ACS EDI Gateway Services	(866) 407-2005 http://www.acs-gcro.com	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
Transportation Broker Medical Transportation Management, Inc. (MTM)	(888) 561-8747 (866) 796-0601 (to schedule appointment) http://www.mtm-inc.net/index.asp	
Dental Help Line	(866) 758-6807	
Fraud Hotline	(877) 632-2873	
Health Care Ombudsman	(877) 685-6391	
Provider Outreach	dc.providerreps@xerox.com	

Claims Department	
UB04 Claim Forms	PO Box 34693 Washington, DC 20043-4693
CMS1500 Claim Forms	PO Box 34768 Washington, DC 20043-4768
ADA and Pharmacy Claim Forms	PO Box 34714 Washington, DC 20043-4714
Adjustment/Void Forms	PO Box 34706 Washington, DC 20043-4706
Medicare Crossover Claim Forms	PO Box 34770 Washington, DC 20043-4770
278 Prior Authorization Transaction Attachments	PO Box 34756 Washington, DC 20043-4756
837 Claim Transaction Attachments	PO Box 34631 Washington, DC 20043-4631
Claim Appeals	PO Box 34734 Washington, DC 20043-4761



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