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Medicaid

bulletin

BI-MONTHLY PUBLICATION FOR DC MEDICAID PROVIDERS

Latest News

New Edit for Personal Care Services

Effective immediately, all referring physicians must be enrolled as a DC Medicaid provider for all claims submitted for personal care services. If the referring physician is not enrolled, the claim will be denied with exception code 2093 - Claim Type Requires a DC Medicaid Enrolled Referring Provider Number.

Universal Health Certificates - Getting Children Ready for School!

The DC Universal Health Certificate (UHC) is the primary mode of communicating a child's health status to their school and is the main document used by schools to document that a child has received all the services they need. All public school children in the District must submit a completed UHC each year as a part of school enrollment.

For the thousands of DC children age three (3) and four (4) years old that participate in Head Start programs, the Universal Health Certificate is especially important. A key component of the Head Start program is to ensure that all children have access to health services, are up-to-date on the District's EPSDT Periodicity Schedule, and to ensure any sensory or health concerns are identified by a medical professional so the child can receive the best support throughout the school day.

How can medical professionals help?

The most important way medical professionals can assist is by ensuring they are following the DC Periodicity schedule and completing all fields on the UHC including the health concerns section that notes any specific health or developmental concerns.

For hearing and vision screens, indicating that a screen was attempted or risk assessment completed on the UHC helps the Head Start programs determine next steps and follow-up with families. Also, for children less than 6, it's important to include the last test date and screening result for hemoglobin/hematocrit, lead and TB.

When the forms are not complete, it can cause a parent to make multiple trips between the school and clinic to secure the required information. In addition, duplicate services may be provided to children to ensure federal requirements are being met. A complete UHC form that meets the DC Periodicity Schedule goes a long way to decreasing duplicative services and to provide families comprehensive services. Thank you for your assistance!

Pediatricians and EPSDT Providers - Have You Completed Your HealthCheck Training?

All Primary Care Providers serving Medicaid beneficiaries under the age of 21 are required to complete HealthCheck training every two years. The web-based training can be accessed at www.dchealthcheck.net and provides five (5) free CME credits. Visit www.dchealthcheck.net today to complete your HealthCheck training requirement and to browse the available provider resources. Check back often for updates, additional trainings, including Fluoride Varnish Training, and DC specific resources to help you better serve your patients!



Register and Get Trained to Access the Qualis Health Provider Portal

On February 1, 2014, Qualis Health began providing utilization reviews and quality improvement activities for the District of Columbia's fee-for-service Medicaid program participants. This work is being performed as a part of the new utilization management contract with the District of Columbia, Department of Health Care Finance. Effective February 1, 2014, you may use the Qualis Health Provider Portal to submit your reviews. Please go to the DC Medicaid page on the Qualis Health website (www.qualishealth.org/healthcare-professionals/dc-medicaid) to access the Provider Portal registration packet located at www.qualishealth.org/sites/default/files/QH-Provider-Portal-Registration.pdf and training webinar schedule located at www.qualishealth.org/healthcare-professionals/dc-medicaid/provider-education. Sign up to use the secure Qualis Health Provider Portal today. Submit your review request, enjoy easy access to track the progress of your request 24/7 and receive efficient request responses. **Provider registration and training is required to submit utilization review requests to Qualis Health.**

If you have not yet completed your training and registration for the Qualis Health Provider Portal, you may fax your review request. Please note that the preferred method of submission of UM reviews is via the Qualis Health Provider Portal, so completing the training and registration packet is essential. To contact Qualis Health via phone, please call our District of Columbia Office at 800.251.8890.

If you have not yet completed your training and registration for the Qualis Health Provider Portal, you may fax your review request.

Review Type	Toll-Free Fax Number
Hospital Emergency and Continued Stay	(800) 731-2314
Level of Care	(877) 294-1033
Pre-Admission	(800) 947-2034
Vision and Hearing	(866) 934-6575
Dental	(800) 214-7100
Personal Care Assistant (PCA)	(800) 878-7170
Durable Medical Equipment (DME)	(800) 266-8304
Retrospective Review	(877) 850-7270

Fluoride Varnish Training

For children who have not yet established a dental home, primary care providers are the first line of defense for providing oral health care. Trained primary care providers may provide fluoride varnish applications for children under three up to four times per year. Fluoride varnish training and more information can be accessed at www.dchealthcheck.net. Any questions on UHC/OHA submissions or EPSDT provider training requirements, please contact HealthCheck@dc.gov.



Training on Upcoming Changes to Hospital Payment Methodology

Effective **October 1, 2014**, the payment methodology for hospital claims will be changing. Xerox State Healthcare is hosting training on the new payment methodology and billing changes. These training sessions are required for all DC Medicaid participating hospitals. The training schedule is listed below.

All training sessions will be held in rooms specified below at :

Xerox State Healthcare
750 First St. NE, Suite 1020
Washington, DC 20002

Topic	Date	Time	Room Location
Inpatient Hospital Payment Methodology	Aug. 27, 2014	2:00 - 4:00	9th Floor Conference Room
Outpatient Hospital Payment Methodology	Aug. 27, 2014	10:00 - 1:00	9th Floor Conference Room
Outpatient Hospital Payment Methodology	Sept. 16, 2014	1:00 - 4:00	9th Floor Conference Room
Specialty Hospital Payment Methodology <ul style="list-style-type: none"> Psychiatric Institute of Washington Hospital for Sick Children Nation Rehabilitation Hospital 	Aug. 20, 2014	10:00 - 11:30	Training Room Suite 1020
Specialty Hospital Payment Methodology <ul style="list-style-type: none"> Hadley/Capitol Hill 	Aug. 20, 2014	2:00 - 3:30	Training Room Suite 1020

To register to attend a training session, please send an email to dc.providerreps@xerox.com specifying the date and total number of attendees from your organization, as well as your NPI.

Mandatory Re-Enrollment for All Providers

On February 2, 2011, the Centers for Medicare & Medicaid Services (CMS) released the final regulations implementing sections of the Affordable Care Act (ACA) related to provider and supplier screening, an application fee for institutional provider and suppliers, and guidance regarding termination of providers from the Medicaid program. As a result of the ACA and associated regulation, Department of Health Care Finance (DHCF) issued a final rule, entitled “Medicaid Provider and Supplier Screening, Enrollment, and Termination” which was published on July 12, 2013. The final rulemaking governs the District’s Medicaid Program’s procedures for provider and supplier screening, enrollment and termination. Below is an overview of the new requirements which DHCF will begin implementing on October 1, 2014.

Enrollment and Screening

All DC Medicaid-participating providers must be screened upon initial enrollment, including applications for a new practice location, and any applications received in response to a request for re-enrollment. Screening is also performed for a provider who is revalidated for enrollment. The required screening measures will vary according to the provider’s categorical risk level of “limited,” “moderate” or “high.” All DC Medicaid providers other than durable medical equipment (DME) must re-enroll every five years. DME providers will continue to be subject to mandatory re-enrollment every three years. Additionally, all institutional providers will be required to pay an application fee at the time of initial and re-enrollment. This requirement does NOT apply to individual physicians or non-physician practitioners or providers that have remitted an application fee to Medicare or another state’s Medicaid program.

Categorical Risk Assignments

DHCF has designated which provider types will be considered limited, moderate or high risk. **Moderate risk** provider types (hospice, home and community based service waiver providers, freestanding community mental health centers, intermediate care facilities for individuals with intellectual disabilities, pharmacy, independent clinical lab, independent diagnostic testing facility, outpatient rehab facility and portable x-ray) will be subject to general screening requirements as well as mandatory unannounced site visits. **High risk** provider types (home health and durable medical equipment) will be subject to mandatory unannounced site visits, criminal background checks and submission of fingerprints in addition to general screening requirements. All other provider types will be classified as limited risk.

Disclosure of Ownership

All providers must submit a disclosure of ownership form at time of enrollment, re-enrollment and within 35 days of a change in ownership.

Criminal Background Checks/Fingerprinting

High risk providers must complete a criminal background check and submit fingerprints within 30 days of the time they receive the request from DHCF. These providers or any persons with a five percent or more direct or indirect ownership interest in the providers are the ones who must adhere to the request. The ACA also gives DHCF the right to request criminal background checks/fingerprinting from any provider who may be suspected of fraud, waste or abuse.

Site Visits

Moderate and high risk providers will be required to permit DHCF staff to conduct unannounced site visits before enrollment and after enrollment.

National Provider Identification (NPI)

All claims for payment for items and services that were ordered or referred must contain the NPI number of the physician or other professional who ordered or referred such items or services.

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Mandatory Re-Enrollment for All Providers

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Enrollment of Ordering/Referring Providers

Effective February 2014, ALL ordering and referring providers, except those who are enrolled in risk-based managed care organizations, are now required to be enrolled with the Medicaid program if they continue to order and/or refer services for Medicaid beneficiaries. Enrollment has been ongoing since February.

To view or download a copy of the “Medicaid Provider and Supplier Screening, Enrollment, and Termination” final rule, please visit DHCF’s website at www.dhcf.dc.gov, click *Policies* then *DHCF Medicaid Regulations*.

You may contact Laurie Rowe, Manager, Division of Public and Private Provider Services at either (202) 698-2044 or laurie.rowe@dc.gov if you have questions or would like additional information.



Provider Field Rep Assistance

Xerox has four (4) Field Representatives for the DC Medicaid project. These representatives assist participating providers in DC, Maryland and Northern Virginia. The representatives may perform onsite training on navigating and using the Web Portal and WINASAP, as well as assist with escalated claims processing issues. Remote assistance is available for providers located outside of the DC metropolitan area.

Field visits may be scheduled at your convenience. To request a field visit, send an email to dc.providerreps@xerox.com or contacting Provider Inquiry at (202) 906-8319 (inside DC metro area) or (866) 752-9233 (outside DC metro area). The field assignments are as follows:

General Provider Community	
Locales	Assigned Field Representative
New Carrollton – Gaithersburg, MD Northern Virginia	Eleazar Grant
La Plata – New Carrollton, MD (Southern MD)	Donna Black
Southeast DC Southwest DC Northwest DC (Zip Code Ranges 20001 – 20010)	Leon Johnson
Northwest DC (Zip Codes Ranges 20011 – 20040) Northeast DC	George Campbell

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Provider Field Rep Assistance

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Hospitals	
Facility Name	Assigned Field Representative
Doctors Community Hospital George Washington University Georgetown University Fort Washington Hospital Holy Cross INOVA (Fairfax, Alexandria, Fair Oaks) Kennedy Krieger Institute Prince George's County Hospital Shady Grove Sibley (Hadley & Capitol Hill) Southern Maryland Washington Adventist Hospital	Eleazar Grant Donna Black
Children's Hospital Greater Southeast Howard University Hospital HSCSN National Rehab Hospital Providence Psychiatric Institute of Washington Specialty Hospital St. Elizabeth Washington Hospital Center	George Campbell Leon Johnson

Intermediate Care Facilities	
Facility Name	Assigned Field Representative
Behavior Research Associates	Donna Black
Chrysallis Inc.	Leon Johnson
Community Multiservices Inc.	Leon Johnson
Comprehensive Care Inc.	George Campbell
DC Health Care Inc.	Leon Johnson
Innovative Life Solutions Inc.	Eleazar Grant
Marjul Homes Inc.	Donna Black
Metro Homes Inc.	Eleazar Grant
Multi Therapeutic Services Inc.	George Campbell
My Own Place	George Campbell
RCM of Washington Inc.	George Campbell
Symbral Foundation	Eleazar Grant
Wholistic Services Inc.	Donna Black
Volunteers of America	Donna Black

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Provider Field Rep Assistance

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Long Term Care Facilities	
Facility Name	Assigned Field Representative
Bel Pre Health Rehab Center	Donna Black
Cameron Glen Care Center	Eleazar Grant
Capital Medical Nursing Center	Leon Johnson
Carolyn Boone Lewis Healthcare	Leon Johnson
Carroll Manor at Providence	George Campbell
Clinton Nursing Rehab Center	Donna Black
CPL ILIFF, LLC	Eleazar Grant
Crystal City Nursing Center	Eleazar Grant
Forest Glen Nurse and Rehab	Eleazar Grant
Fox Chase Rehab Nurse	Eleazar Grant
Global Hlthcare Rehab	Donna Black
Grant Park Care Center	George Campbell
Heartland Health Care Center	Eleazar Grant
Ingelside Presbyterian Retire Center	George Campbell
JB Johnson Nursing Home	Leon Johnson
Jeanne Jugan Residence Little Sisters	Donna Black
Kensington Nursing LLC	Donna Black
Knollwood (ADFI)	George Campbell
Lisner Louise Dickson Hurt Home	George Campbell
Livingston Leasing Co, LLC	Donna Black
Marlboro Leasing Company LLC	Donna Black
Medlink Nursing Center	Donna Black
Medstar Manor at Lamond Riggs	George Campbell
NMS Healthcare of Hyattsville	Donna Black
Rock Creek Manor Nurs Center	George Campbell
SHA Hadley SNF LLC	Leon Johnson
Sleepy Hollow Manor Nursing	Eleazar Grant
Stoddard Baptist Global Care	George Campbell
Stoddard Baptist Nursing Home	Leon Johnson
The Methodist Home of DC	Leon Johnson
The Washington Home	George Campbell
Thomas House Nursing Home	Leon Johnson
United Medical Nursing Center	Leon Johnson
Washington Nursing Facility	Leon Johnson
Woodbine Rehab Healthcare	Eleazar Grant
Woodside Center-Genesis Eldercare	Eleazar Grant

Important Reminder!!!!



Valid Consent Form for Sterilization

A Consent for Sterilization form is required of all providers involved in the sterilization procedure. The Consent for Sterilization form has four parts (listed below) that should be completed and submitted with the claim when billing for reimbursement.

- Consent to sterilization
- Interpreter's statement (if applicable)
- Statement of person obtaining consent
- Physician's statement

Some general guidelines when filing sterilization claims:

- The recipient must be 21 years old when the consent form is signed.
- The consent form is valid for 180 days from the date it was signed by the patient.
- There must be at least a 30-day waiting period between the date

the recipient signs the form and the date of surgery. If an emergency arises, the sterilization may be performed after 72 hours have elapsed from the time the recipient signed the form.

If information is missing or incorrect on the sterilization form the claim will deny. As a reminder, please go to the CMS' website (<http://www.hhs.gov/forms/HHS-687.pdf>) to validate that the correct current form is being used. (Note: The current form is also available on the Web Portal at www.dc-medicaid.com under Provider Information and Forms.)

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
Xerox 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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