ISSUE 6 | VOL 12 | NOVEMBER/DECEMBER 2018

DC Medicaid bulletin

BI-MONTHLY PUBLICATION FOR DC MEDICAID PROVIDERS

Latest News

Revised Prescription Order Form for Long Term Care Services and Supports

The Department of Health Care Finance is revising its format for the Prescription Order Form (POF) to establish standards governing the assessment process for the level of need for beneficiaries who receive Long Term Services and Supports (LTSS).

A streamlined version of the POF (version 9/12/18) was created as part of DHCF's continuous quality improvement processes to more appropriately reflect the Long Term Care Assessment Rule (Chapter 9, Section 989) of the District of Columbia Municipal Regulations. DHCF subsequently replaced version 2/21/17 posted on www.dhcf.dc.gov with the 9/12/18 form. Effective January 1, 2019 the LTSS Assessment Contractor, Liberty Healthcare, will only accept the newer version.

Refer to **Transmittal #18-29** for additional information.

FY 2019 Medicaid Hospice Rates

Effective October 1, 2018, through September 30, 2019, the Medicaid payment rates for hospice care were updated in accordance with section 1814(i)(1)(C)(ii)(VII) of the Social Security Act. While this act provides for an annual increase in payment rates for hospice care, the hospital physician services are not increased under this provision. The rates are calculated based on the annual hospice rates established by Medicare and are adjusted to reflect the Medicare Hospice Wage index for the Washington, D.C. Metropolitan Core Based Statistical Area.

To view the Medicaid hospice payment rates for care and services provided from October 1, 2018, through September 30, 2019, and for additional information please refer to **Transmittal #18-28.**

Medicaid Managed Care Network Provider Enrollment in DC Medicaid

In 2016 the Department of Health Care Finance informed the Medicaid Managed Care Organizations of the 21st Century Cures Act, Section 5005 (b) which mandates that **effective January 1, 2018,** all providers must be enrolled with the District of Columbia (DC) Medicaid Program in order to participate in a MCO provider network. This requirement is applicable to all managed care network provider types including those who only order, refer, or prescribe services to DC Medicaid beneficiaries.

All DC Medicaid MCO's must **STOP** payments and terminate all providers not enrolled in the DC Medicaid Program. Subsequently, unenrolled providers are not eligible to participate in a MCO network. Payment of services rendered by unenrolled providers after the enrollment deadline, are considered overpayments and subject to all overpayment enforcement procedures by the U.S. Department of Health and Human Services, Office of the Inspector General (HHS-OIG).

Refer to **Transmittal #18-27** for additional information.

Medicaid Beneficiary Notice Poster

The Department of Health Care Finance (DHCF) is requiring District of Columbia Medicaid participating pharmacies to prominently post at the point of sale the 16 x 20 Medicaid beneficiary poster entitled "THIS IS AN IMPORTANT NOTICE TO DC MEDICAID RECIPENTS…" that was recently mailed to your pharmacy. The referenced poster will provide specific directions to be followed by Medicaid beneficiaries in instances where they believe payment for a prescription is wrongfully denied. If you have not received a poster, or if you need another copy of the poster, please contact DHCF.

Refer to **Transmittal #18-26** for additional information.

Provider Billing Changes for Alliance Beneficiaries Emergency Medical Services

Please note that the Emergency Alliance MCO claims do not have to be billed on paper. If the associated criteria is met, the system can process the claims no matter the method of submission (i.e., paper, electronic or Web Portal).

The April 1, 2018 effective date on Transmittal #18-16 is the claim date of service (DOS) .

Barring any other claim issues, in order for the physician claim to pay, the DOS must be included in a Paid or To-Be-Paid inpatient/outpatient hospital claim. If there is no Paid/To-Be-Paid inpatient/ outpatient hospital claim, the physician claim will suspend for 30 days to await a Paid/To-Be-Paid inpatient/outpatient hospital claim. If the hospital claim is not received within 30 days, the physician claim will deny for the MCO edit.

Please note:

- When you bill with POS 21 (Inpatient) our system will look for an Inpatient Hospital claim.
- If you bill with POS 22 (Outpatient) or 23 (ER Hospital) our system will look for an Outpatient Hospital claim.

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Provider Billing Changes for Alliance Beneficiaries Emergency Medical Services

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- As it stands for Emergency Alliance MCO claims, the claims processing system is checking for the beneficiaries with an active MCO program code 470 and the POS, not necessarily an ER Diagnosis.

In order for the physicians claim to pay, the hospital claim has to be billed with the ER (emergency room) indicator on the Principal Diagnosis Code and the claim must contain an ER (emergency room) revenue code (450-459). Refer to **Transmittal #18-16** for additional information.

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 5 free CME credits. Visit www.dchealthcheck.net today to complete your HealthCheck training requirement and to browse the available provider resources.

Fluoride Varnish Training

For young 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.

If you have any questions on EPSDT provider training requirements, please contact HealthCheck@dc.gov.

Important Reminders!!

- The Department of Health Care Finance (DHCF) does not pay for date of death charges and all infant charges must billed for the infant under their own Medicaid ID issued by Economic Security Administration (ESA).
- All prior authorizations are processed by Qualis.
- All Enrollment issues must be directed to Maximus.

Important Numbers & Addresses

Conduent 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
MAXIMUS Provider Enrollment **1111 14th St. NW, Ste. 720** **Washington, DC 20005**	844-218-9700 (toll-free) **www.dcpdms.com**	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
Magellan Pharmacy Benefits Management	Technical Assistance: (800) 272-9679 Clinical Assistance: (800) 273-4962 **http://www.dc-pbm.com**	Hours of Operation 24/7/365
Conduent 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 (MTM)**	(888) 561-8747 (866) 796-0601 (to schedule appointment) **http://www.mtm-inc.net/index.asp**	
Dental Help Line	(866) 758-6807	
Medicaid Fraud Hotline	(877) 632-2873	
Health Care Ombudsman	(877) 685-6391	
Conduent Provider Field Services	**dc.providerreps@conduent.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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