

# DC Medicaid Bulletin

Bi-monthly Publication for DC Medicaid Providers

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## Latest News

### Enrollment of New Behavioral Health Provider Types

Beginning December 21, 2019, the Department of Health Care Finance (DHCF) is accepting enrollment applications for the following provider types:

#### Group 1

- Psychologists
- Licensed Independent Social Workers
- Licensed Professional Counselors
- Licensed Marriage and Family Therapists

#### Group 2

- Psychosocial Rehabilitation Service Providers (Clubhouse)

#### Group 3

- Recovery Support Services Providers

#### Group 1 Providers—Enrollment Requirements/Process

In order to provide new behavioral health demonstration services, prospective providers are required to enroll in the DC Medicaid program before rendering services. Providers must create an account at [www.dcpdms.com](http://www.dcpdms.com) and submit an online enrollment application. When creating an account, providers should select the Standard Application and then select the appropriate provider type. Providers have the option to enroll as an individual/solo or group. All providers must provide a National Provider Identifier (NPI), taxonomy code, proof of liability insurance of at least \$1 million each/\$3 million annually, W-9 and electronically sign the provider agreement. Individual/solo providers must provide their professional license and group providers must provide disclosure of ownership.

#### Group 2 Providers—Enrollment Requirements/Process

In order to provide the new Psychosocial Rehabilitation Service (Clubhouse), providers are required to enroll in the DC Medicaid program. Providers must create an account at [www.dcpdms.com](http://www.dcpdms.com) and submit an online enrollment application. When creating an account, providers should select the Standard Application and then select the “Mental Health Rehabilitation Services” provider type. All providers must provide a National Provider Identifier (NPI) number and taxonomy code, proof of

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## Enrollment of New Behavioral Health Provider Types (continued from previous page)

liability insurance of at least \$1 million each/\$3 million annual, disclosure of ownership, business or professional license, a W-9 and electronically sign the provider agreement. Existing MHRS providers who are certified to provide Clubhouse services will add Clubhouse as a specialty and upload their Clubhouse certification under additional documents.

### Group 3 Provider—Enrollment Requirements/Process

Entities who intend to provide Recovery Supports are required to enroll in the DC Medicaid program. Providers must create an account at [www.dcpdms.com](http://www.dcpdms.com) and submit an online enrollment application. When creating an account, providers should select the Standard Application > Access to Recovery Program provider type. Providers must provide the following documentation:

- National Provider Identifier (NPI) and taxonomy code
- Proof of liability insurance of at least \$1 million each/ \$3 million annually
- Disclosure of ownership
- Department of Behavioral Health certification
- W-9
- Basic organizational chart
- Certificate of Occupancy or lease
- List of board members (for facilities and corporations)
- List of key personnel (Staff and job titles)
- Organizational documents
- Program policies/procedures
- Staff criminal background checks
  - For unlicensed staff providing direct services to Medicaid recipients
  - Any staff making home deliveries
- Certification personnel and program
- Detailed organizational chart
- Electronically signed provider agreement

Refer to **Transmittal #19-25** for additional information and complete list of required documents.

**Note:** Questions regarding the enrollment process may be directed to Natasha Lewis, Manager - DHCF Division of Public and Private Provider Services at [natasha.lewis@dc.gov](mailto:natasha.lewis@dc.gov) or 202.698.2006.

## Billing Guidance for Medicaid Section 1115 Behavioral Health Transformation Demonstration Services

Effective January 1, 2020, Medicaid enrolled providers may bill for services under the District's Medicaid Section 1115 Behavioral Health Transformation Demonstration waiver based upon the beneficiary's Eligibility - Managed Care Organization or the Department of Health Care Finance.

### Psychiatric Hospitalization, Withdrawal Management and Residential SUD Services MCO "In Lieu of Coverage for IMD Services"

Under 42 CFR 438.6 (e) and as noted in the MCO Contract, DHCF may continue to make capitation payments on behalf of an individual, ages 21-64, that has a short-term stay in an Institute for Mental Disease (IMD). As a result, the MCOs are responsible for payment for any stay by an MCO member that does not exceed fifteen (15) days in a calendar month. This payment arrangement will  
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# Billing Guidance for Medicaid Section 1115 Behavioral Health Transformation Demonstration Services

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maintain for Psychiatric Hospitalizations and Withdrawal Management and Residential Substance Use Disorder (SUD) services after January 1, 2020.

## Prior Authorizations and Billing for IMD Waiver Services

For Psychiatric Hospitalization, Withdrawal Management and Residential SUD services only, if an individual, ages 21-64, enrolled in an MCO requires more than 15 cumulative "in lieu of" days per month (or, if a continuous length of stay crosses two calendar months, for up to thirty (30) cumulative days total), the provider and the MCO shall each send a request to the District of Columbia's Quality Improvement Organization (QIO) to authorize additional days. Based on medical necessity, the QIO may thereafter authorize up to sixty (60) days for Psychiatric Hospitalization or no limit for Withdrawal Management and Residential SUD Services.

DHCF advises both MCOs and providers to monitor the length of stay for Psychiatric Hospitalization, Withdrawal Management, and Residential SUD Services in order to determine the appropriate entity to bill. If the wrong entity is billed and the associated claims are paid, those payments may be subject to recoupment.

### *Psychiatric Hospitalization, Withdrawal Management and Residential SUD Services*

| Service   | Beneficiary's Medicaid Enrollment | If the Length of Stay is         | Provider Should Bill |
|---|-----------------------------------|----------------------------------|----------------------|
| <b>Psychiatric Hospitalization</b>  | MCO                               | Within the 'in lieu of' limit    | MCO                  |
|   |                                   | More than the 'in lieu of' limit | DHCF                 |
|   | FFS                               | Up to 60 consecutive days        | DHCF                 |
| <b>Withdrawal Management &amp; Residential SUD Services (excludes room &amp; board)</b> | MCO                               | Within the 'in lieu of' limit    | MCO                  |
|   |                                   | More than the 'in lieu of' limit | DHCF                 |
|   | FFS                               | No limit                         | DHCF                 |

## Other Waiver Services:

### Prior Authorizations and Billing for Other Waiver Services

For Licensed Behavioral Health Practitioners, Clubhouse Services, Recovery Support Services (RSS), and MAT services, no prior authorization is required. For Medicaid beneficiaries enrolled in an MCO, Licensed Behavioral Health Practitioners should bill the MCO for those services. For all other waiver services listed below, the provider should bill DHCF under FFS Medicaid.

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# Billing Guidance for Medicaid Section 1115 Behavioral Health Transformation Demonstration Services

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| Service   | Beneficiary's Medicaid Enrollment | Provider Should Bill |
|---|-----------------------------------|----------------------|
| <b>Licensed Behavioral Health Practitioners</b><br>(Psychologists and other licensed providers) | MCO                               | MCO                  |
|   | FFS                               | DHCF                 |
| <b>Clubhouse</b>  | MCO                               | DHCF                 |
|   | FFS                               | DHCF                 |
| <b>Recovery Support Services (RSS)</b>  | MCO                               | DHCF                 |
|   | FFS                               | DHCF                 |
| <b>\$0 Co-Pay for MAT</b>   | MCO                               | N/A                  |
|   | FFS                               | N/A                  |

Refer to **Transmittal #19-26** for additional information.

## Program Year 2019 of the DC Medicaid EHR Incentive Program will Open on January 6, 2020 and will Close March 31, 2020

DHCF announces the opening of Program Year 2019 for the DC Medicaid EHR Incentive/Promoting Interoperability Program on January 6, 2020. The Department of Health Care Finance (DHCF) will accept attestations from all eligible providers from now until the close of the program year on March 31, 2020.

To qualify for 2019 Medicaid EHR incentive payments of \$8,500 per program year, a provider must:

- Be either a licensed physician, nurse practitioner, certified nurse midwife or dentist;
- Maintain a Medicaid patient volume threshold of 30% (20% for pediatricians); and
- Have already received a Medicaid EHR incentive payment from DC or another state

DHCF is partnering with eHealthDC to offer free technical assistance to all eligible providers this year and through the end of the program in 2021. eHealthDC offers support to providers who require assistance to meet the requirements of the incentive program and navigate the new state level registry (SLR) system to apply for the incentive payment.

eHealthDC is also available to help providers attest for Program Year 2019. If you would like assistance with program year 2019, please contact eHealthDC immediately to receive assistance prior to the March 31, 2020 deadline.

If you would like more information on whether you qualify for incentive payments or free technical assistance, please contact eHealthDC at [contact@e-healthdc.org](mailto:contact@e-healthdc.org). You may also call 202-552-2331 or submit a request for assistance at [www.e-healthdc.org](http://www.e-healthdc.org).

Refer to **Transmittal #20-02** for additional information.



## 2020 HCPCS/CPT Code Updates

The Department of Health Care Finance will adopt CPT/HCPCS codes for dates of service beginning January 1, 2020. Discontinued codes will not be accepted after December 31, 2019. Final coverage decisions for some codes may be pending release of Medicare pricing information.


The new codes will be priced according to the District of Columbia's Medicaid State Plan, which stipulates that most physician services (including anesthesia services ) are reimbursed at 80% of the Medicare rate as established by the CMS. For anesthesia services, the conversion factor will be updated to \$19.35 effective for dates of service January 1, 2020 through December 31, 2020. Refer to **Transmittal #19-29** for list of discontinued and revised CPT/HCPCS codes.

## 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](http://www.dchealthcheck.net) and provides 5 free CME credits. Visit [www.dchealthcheck.net](http://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](http://www.dchealthcheck.net). If you have any questions on EPSDT provider training requirements, please contact [HealthCheck@dc.gov](mailto:HealthCheck@dc.gov).

**HealthCHECK**  
Training and Resource Center

Home   About   Trainings   Resources   Calendar   Search   Login/Logout

### Provider Trainings

This site offers both the **HealthCheck training** and the **Fluoride Varnish training** (based on DC Medicaid regulations, Bright Futures guidelines, and National Maternal and Child Oral Health Resource Center's curricula):

**Log-in to take the main HEALTHCHECK and/or the FLUORIDE VARNISH post-tests**  
(Note: You need to log in to take the post-tests)

This system is to train and track providers who see children covered under Medicaid in DC as part of the HealthCheck/EPSDT benefit. If you do not see this population group, you may review the training for educational purposes (below), but please DO NOT register. By registering, you compromise our data reporting.

-- OR --

**Review the main HEALTHCHECK and/or the FLUORIDE VARNISH trainings materials**  
(Note: You can use this option to look at materials for your own learning)



## Important Numbers & Addresses

|   |  |  |
|---|--|--|
| <b>Conduent Provider Inquiry</b><br><b>PO Box 34734</b><br><b>Washington, DC 20043-4734</b>                       | (202) 906-8319 (inside DC metro area)<br>(866) 752-9233 (outside DC metro area)<br>(202) 906-8399 (Fax)                                | Hours of Operation<br>Monday - Friday<br>8:00 am - 5:00 pm |
| <b>MAXIMUS Provider Enrollment</b><br><b>1111 14<sup>th</sup> St. NW, Ste. 720</b><br><b>Washington, DC 20005</b> | (844) 218-9700 (toll-free)<br><a href="http://www.dcpdms.com">www.dcpdms.com</a>   | Hours of Operation<br>Monday - Friday<br>8:00 am - 5:00 pm |
| <b>Magellan Pharmacy Benefits Management</b>  | Technical Assistance: (800) 272-9679<br>Clinical Assistance: (800) 273-4962<br><a href="http://www.dc-pbm.com">www.dc-pbm.com</a>      | Hours of Operation<br>24/7/365                             |
| <b>Conduent EDI Gateway Services</b>  | (866) 407-2005<br><a href="http://www.acs-gcro.com">www.acs-gcro.com</a>   | Hours of Operation<br>Monday - Friday<br>8:00 am - 5:00 pm |
| <b>Transportation Broker Medical</b><br><b>Transportation Management (MTM)</b>                                    | (888) 561-8747<br>(866) 796-0601 (to schedule appointment)<br><a href="http://www.mtm-inc.net/index.asp">www.mtm-inc.net/index.asp</a> |  |
| <b>Dental Help Line</b>   | (866) 758-6807   |  |
| <b>Medicaid Fraud Hotline</b>   | (877) 632-2873   |  |
| <b>Health Care Ombudsman</b>  | (877) 685-6391   |  |
| <b>Conduent Provider Field Services</b>   | <a href="mailto:dc.providerreps@conduent.com">dc.providerreps@conduent.com</a>   |  |

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



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