



Provider Frequently Asked Questions for Managed Care

Who do I contact to establish a contract and enroll in an MCOs network?

If you do not have an agreement with these MCOs and wish to enroll in their provider network, please contact the Provider Relations staff or website listed below. Representatives from each organization will answer your questions about joining the MCO's network.

AmeriHealth Caritas District of Columbia

Carl Chapman

Director, Provider Network Management
(215) 840-2943 (Cell)

cchapman@amerihealthcaritasdc.com

<https://www.amerihealthcaritasdc.com/provider/index.aspx>

CareFirst Community Health Plan District of Columbia

Kenny R. Greene

Vice President External Operations
(202) 441-5223

kenny.greene@carefirstchpdc.com

<https://www.carefirstchpdc.com/providers.html>

MedStar Family Choice District of Columbia

Jennifer Tse

Director, Provider Networks
(800) 805-1722, Option 5

jennifer.tse@medstar.net

<https://www.medstarfamilychoice.com/dc-healthy-families/for-dc-healthy-families-physicians/>

How can I get fee schedules for all 3 Managed Care Organizations (MCO) before contracting?

You must contact each MCO to discuss contracting and reimbursement. Providers will need to negotiate reimbursement arrangements with each MCO.

Will each MCO have their own prior authorization process?

Yes, MCOs establish and maintain a prior authorization process. Providers will request prior authorization as required by the MCO. It is the providers' responsibility to verify whether the services and care rendered in their professional disciplines require prior approval. Requests for prior approval must be submitted before a service is rendered, except in cases of emergency.

The MCO must honor existing and active prior authorizations on file with the Department of Health Care Finance or the beneficiary's previous MCO until December 31, 2020 to ensure continuity of care.

Do I need to be credentialed with each MCO?

Yes, in order to provide services to the DC Medicaid managed care population, which will include beneficiaries transitioning from the Fee-for-Service program to Managed Care, providers will need to be enrolled and credentialed with each MCO. If you are currently providing services to beneficiaries who receive their Medicaid services through the FFS program, contact each MCO to explore contracting options.

Will there be a set number of providers per MCO?

No, there are no limitations on the number of providers an MCO may contract with for services.

Do I have to contract with all MCOs?

Federally Qualified Health Centers (FQHCs), acute care hospitals in the District and their affiliated physician groups must have contracts with all MCOs effective October 1, 2020 in order to continue to be a Medicaid provider per the updated provider agreement. All other providers are not required to contract with every MCO; however, providers are encouraged to explore contracting options with each MCO.

Can credentialing be done through CAQH?

Contact each MCO to find out more about credentialing and enrollment.

Will pharmacists be credentialed?

Yes, all pharmacist must go through the MCO credentialing process.

Where can I locate the credentialing information?

Contact each MCO to find out more about credentialing and enrollment.

When will providers need to start contracting with MCOs?

Providers can begin contracting with MCOs at any time. MCOs have started contracting with providers to expand their networks.

What is an example of an excluded population that will continue under Medicaid fee-for-service?

An example of a population excluded from Medicaid Managed Care enrollment is beneficiaries enrolled in one of the Districts Home and Community Based Waivers (Elderly and Persons with Physical Disabilities (EPD) & Intellectual and Developmental Disabilities (IDD) waivers) For a complete understanding of beneficiaries who are mandatory, excluded, exempt from participating in Medicaid managed care, see <https://dhcf.dc.gov/node/1491391>

Will there be a way to cap the number of Medicaid Managed Care patients per provider?

Providers may address preferred restrictions with the MCO(s) during contracting discussions.

When will the list of the approved MCO's be available to practitioners?

DHCF announced its intent to award contracts to three MCOs on July 16 and are listed at:

<https://dhcf.dc.gov/release/dhcf-announces-intent-award-medicare-managed-care-contracts-meet->

[major-milestone-path](#). Once the MCO contracts are awarded by the Office of Contracting and Procurement, the information will be available at: <https://dhcf.dc.gov/>.

Will a beneficiary have to select a primary care provider (PCP) when selecting a MCO? If so, can the beneficiary see any credentialed provider within the practice?

Beneficiaries are encouraged to select a PCP when selecting an MCO. The District's Enrollment Broker (DC Healthy Families) will provide beneficiaries with information and assistance in selecting a PCP at the time of enrollment. Beneficiaries that do not select a PCP when selecting a health plan will automatically be assigned a PCP by their MCO.

Will each MCO have their own portal for checking eligibility, claims, and guidelines or will we still go through the dc-medicaid.com website for this information?

Contact each MCO for more information regarding their provider portal capabilities. Providers are encouraged to use the <https://www.dc-medicaid.com/dcwebportal/home> eligibility verification function to verify eligibility and managed care enrollment information.