

DC Medicaid Bulletin

Bi-monthly Publication for DC Medicaid Providers

Newsletter Date
Volume 14, Issue 5
September/October 2020

Latest News

DHCF Announces Implementation of New Medicaid Managed Care Health Plans

The Department of Health Care Finance (DHCF) announces the implementation of new managed care contracts, which will set the foundation to expand access to care and improve health outcomes for District residents. DHCF and the new managed care plans – AmeriHealth Caritas DC, MedStar Family Choice DC, and CareFirst Community Health Plan DC (formerly known as Trusted Health Plan) – have worked together in preparation for this milestone in the District’s Medicaid reform efforts. During this readiness phase, we conducted systems testing, virtual managed care organization (MCO) site visits, continuity of care activities, provider and beneficiary outreach, and town hall events to ensure that MCOs were prepared for this transition and beneficiaries were informed about their plan and the services available to them.

As we conclude the readiness phase and officially start the 90-day transition period, which began on October 1, 2020 and extends through December 31, 2020, continuity of care for enrollees is the priority. We are undertaking several steps to ensure that beneficiaries continue to have access to their medical care, prescriptions, and case management.

To minimize interruptions to care or access to prescriptions, all active referrals and authorizations for services and supplies issued prior to October 1, 2020 will remain valid through December 31, 2020. In addition, each MCO will reach out to its new members to conduct a Health Risk Assessment, and those with special health care needs will be contacted by a nurse to receive a comprehensive assessment and individualized care plan. All enrollees who are dissatisfied with their auto-assigned plan may switch plans at any time during the transition phase.

“DHCF is excited to be on the path of reform to realize our vision that all residents in the District have the supports and services they need to be actively engaged in their health and to thrive,” said Medicaid Director Melisa Byrd. “Our top priority during this transition period is ensuring that enrollees understand the benefits available to them and continue to have access to the care and services they need.”

The Department of Health Care Finance is the District of Columbia’s State Medicaid Agency. For more information, please visit www.dhcf.dc.gov.



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Managed Care Enrollment and Beneficiary Disenrollment

Effective October 1, 2020, the rulemaking, State Plan amendment (SPA), and programmatic changes will transition an approximately 17,000 individuals from FFS to mandatory managed care.

Individuals transitioning on October 1, 2020 that are dissatisfied with their assigned health plan or would like to change their MCO for any reason they have until December 31, 2020 to choose from the following:

- AmeriHealth Caritas District of Columbia
- CareFirst BlueCross BlueShield Community Health Plan of District of Columbia
- MedStar Family Choice District of Columbia

Beneficiaries may contact DC Healthy Families to get help in choosing a different MCO plan by phone at (202) 639-4030 or 1 (800) 620-7802. For the hearing impaired, call the TDD/TTY line at (202) 639-4041.

In reviewing the District's proposed transition plan, DHCF identified three populations where additional clarification was needed to avoid unintended and unnecessary disruption of coverage. Pursuant to this transmittal, there are limited circumstances for three populations where DHCF will permit individuals who will be or are enrolled in DC Healthy Families on a mandatory basis to voluntarily disenroll or remain in the FFS Program: (1) Children with Special Health Care Needs; (2) Individuals Transitioning to Medicare Eligibility within 90 Days of Assignment to a Mandatory Managed Care Eligibility Group; and (3) Individuals with a Pending Application to Receive Long Term Care or Home and Community-Based Waiver Services.

Children with Special Health Care Needs

The District intends to continue to allow certain children with special health care needs under the age of 21 to opt out of mandatory managed care enrollment. Children with special health care needs who are under the age of 21 and who have either 1) opted out of enrollment in DC Healthy Families prior to October 1, 2020; or 2) wish to opt out of managed care after October 1, 2020 due to special health care needs may elect to receive Medicaid services via the FFS program.

For questions regarding the process for children with Special Health Care Needs to opt out of managed care, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management Administration, DHCF at colleen.sonosky@dc.gov or (202) -557-1625.

Adults Who Will Become Eligible for Medicare Within 90 Days of Assignment to a Mandatory Managed Care Eligibility Group

Adults who are dually eligible for Medicaid and Medicare are excluded from enrollment in managed care. Individuals scheduled to become eligible for Medicare within 90 days of assignment to an eligibility group that must enroll in managed care¹ could face multiple transitions of coverage during a short time frame, which could disrupt their access to care. To address this challenge and limit the number of program transitions for individuals approaching Medicare eligibility, DHCF will allow adults who will become Medicare eligible within the first 90 days of assignment to a mandatory managed care eligibility group to disenroll from managed care or remain in FFS at their request, effective October 1, 2020.

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Managed Care Enrollment and Beneficiary Disenrollment

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Individuals with a Pending Application to Receive Long Term Care or Home and Community-Based Waiver Services

Individuals receiving Home and Community Based services through one of the District's 1915(c) waivers are excluded from managed care. Individuals who are near a final determination of LTSS or HCBS coverage are at risk of needing to undergo multiple program transitions in a short timeframe. To limit the number of program transitions for these individuals, DHCF will allow individuals with a pending LTSS application to request to remain in or transition to the FFS program.

Refer to **Transmittal #20-34** for additional information.

FY2021 Medicaid Hospice Rates

Effective October 1, 2020, through September 30, 2021, the Medicaid payment rates for hospice care has been 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 hospice 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.

The Medicaid hospice payment rates for care and services provided from October 1, 2020, through September 30, 2021, are listed below:

Revenue Code	Description	Rate
651	Routine Home Care (Day 1-60)	\$201.59 Daily
651	Routine Home Care (Day 61+)	\$159.34 Daily
652	Continuous Home Care	\$1,447.94 Daily
653	Service Intensity Add-On	\$60.33 Hourly
655	Inpatient Respite Care	\$489.35 Daily
656	General Inpatient Care	\$1,055.83 Daily

Further, in line with the: Medicare Program; FY 2021 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements, the Medicaid hospice cap for the year ending October 31, 2021 is \$30,683.93.

Refer to **Transmittal #20-33** for additional information.



Conduent Office Continues to Telework

Please note that in an effort to protect our staff and our community, Conduent continues its remote operations **until further notice**. We will continually assess whether our office will continue working remotely or resume our regular on-site operations.

The IVR is available and you will still be able to receive telephonic support during this time. You may also use the Web Portal to check claim status, verify beneficiary eligibility, download remittance advices, and obtain payment information.

You can send an email to the following to request assistance:

- Provider Inquiry: providerinquiry@conduent.com
- EDI Support: edisupportdc@conduent.com
- Provider Field Services: dc.providerreps@conduent.com

We know this is a difficult and demanding time for everyone, and we assure you Conduent will continue to support you. We are all in this together as we work to empower people to transform healthcare. Thank you for your continued support and understanding. Be safe and be well.

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 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) providerinquiry@conduent.com	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
MAXIMUS Provider Enrollment 1111 14 th 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 www.dc-pbm.com	Hours of Operation 24/7/365
Conduent EDI Gateway Services	(866) 407-2005 www.acs-gcرو.com edisupportdc@conduent.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) 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



Department of Health Care Finance
441 4th Street, NW Suite 1000S
Washington, DC 20001
Phone: 202-442-5988
Fax: 202-442-4790
www.dhcf.dc.gov