

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Subject: Single Case Agreement

Policy Number: HCOA-005

Policy Scope: Single Case Agreement Process	Number of Pages: 4
Responsible Office or Division: Health Care Operation Administration/Division of Public and Private Provider Services	Number of Attachments: 4
Supercedes Policy Dated: N/A	Effective Date: January 1, 2015
Cross References and Related Policies: N/A	Expiration Date, if Any: N/A

I. PURPOSE

To establish guidelines and procedures for the approval of a Single Case Agreement (SCA). These guidelines and procedures are intended to delineate the appropriate use of single case agreements while encouraging non-enrolled providers who treat District Medicaid beneficiaries to enroll in Medicaid. They are intended to clarify the process for requesting and obtaining authorization for Single Case Agreements. A Single Case Agreement is an agreement between a rendering non-enrolled Medicaid provider and the Department of Health Care Finance for Medicaid reimbursement of covered services for an eligible D.C. Medicaid beneficiary.

II. APPLICABILITY

This policy applies to non-Medicaid providers seeking approval of a Single Case Agreement for a beneficiary who is enrolled in fee-for-service Medicaid and to the Department of Health Care Finance, including but not limited to Health Care Delivery Management Administration (HCDMA), Health Care Policy and Research Administration (HCPRA), Health Care Operations Administration (HCOA), Office of Ombudsman and Bill of Rights, Office of Rates, Reimbursement and Financial Analysis (ORRFA) and Office of the Director.

III. AUTHORITY

Title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02 (2012 Repl. & 2013 Supp.)) and Section 6 (6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6)) (2012/Repl.)

IV. DEFINITIONS

- A. **Beneficiary:** An individual who is eligible for D.C. Medicaid services.
- B. **Federal Funds:** The Federal share of medical assistance expenditures required under Section 1903(a) of the Social Security Act.
- C. **Local Funds:** The State's share of medical assistance expenditures required under Section 1902(a) (2) of the Social Security Act.
- D. **Medical Necessity:** Medical, surgical or other services required for the prevention, diagnosis, cure, or treatment of an illness, condition or disability that are consistent with generally accepted professional standards (i.e. not experimental or investigational), and must be:
- Appropriate to the individual's physical, mental, developmental, psychological and functional health
 - Clinically appropriate in terms of the type, frequency, extent, setting and duration;
 - A reasonable and necessary part of the recipient's treatment plan;
 - Not furnished for the convenience of the recipient's family, attending practitioner or other practitioner or supplier;
 - Be established as safe and effective for the recipient's treatment protocol.
- E. **Medicaid-enrolled Provider:** A person, business, or facility currently licensed under the law of any state and enrolled in Medicaid to provide Medicaid approved services and has entered into an agreement with the District of Columbia's Medicaid program to provide such services.
- F. **Non-Medicaid Enrolled Provider:** A provider that does not have an agreement with the D.C. Medicaid Program.
- G. **Ordering Physician:** A physician who orders medical items and/or services for a beneficiary.
- H. **Prescribing Physician:** A physician who writes or gives medical prescriptions to a beneficiary.
- I. **Referring Physician:** A physician who refers a beneficiary to another doctor for specialty care or services.
- J. **Single Case Agreement (SCA):** An agreement between a rendering non-enrolled Medicaid provider and the Department of Health Care Finance for Medicaid reimbursement of covered services for an eligible D.C. Medicaid beneficiary.

V. POLICY

It is the policy of the Department of Health Care Finance, Health Care Operations Administration to require prior authorization of all SCAs. This policy is intended to encourage provider enrollment in the D.C. Medicaid program and to limit the use of Single Case Agreement to situations where a beneficiary requires a medically necessary covered service that cannot be provided by existing enrolled Medicaid providers.

VI. PROCEDURES

A. Single Case Agreement Prior Authorization Request

1. HCOA will receive Single Case Agreements (SCA) requests for medical services submitted to DHCF via email, voicemail, correspondence or walk-ins. All requests must be submitted on the Single Case Agreement Questionnaire Treatment Referral Form (SGAQTR) (see Attachment II). A SCA request may only be submitted by a provider who plans to enroll in the D.C. Medicaid Program. DPPPS will adhere to the following step for processing the SGAQTR:
 - The Division of Public and Private Provider Services (DPPPS) will log the SGAQTR upon receipt of request. The request for a SCA should include all appropriate documentation from both the referring and rendering provider to include, but not limited to, estimated date of service, description of procedure, CPT/HCPCS coding and any other related clinical information.
 - DPPPS will verify Medicaid eligibility for the beneficiary and determine if the beneficiary is enrolled in managed care or in fee-for-services. If the beneficiary is enrolled in a Medicaid Managed Care plan, the request should be forwarded to the beneficiary's Managed Care Plan.
 - All ordering, prescribing and referring providers are required to also enroll with the D.C. Medicaid program. A non-enrolled, ordering, prescribing or referring provider who is submitting a SGAQTR shall enroll in the D.C. Medicaid program utilizing the Streamline Application, (see Attachment III). The Streamline Application package is subject to approval based on the current enrollment criteria as established by DHCF. The application will be expedited once received by DPPPS and will become a part of the completed SCA package.
 - After the beneficiary's Medicaid eligibility has been determined, DPPPS will confirm if the servicing provider is in the D.C. Medicaid network. If the servicing provider is not enrolled in the D.C. Medicaid network, the servicing provider will be instructed to complete a Short Application (see Attachment I) along with the Single Case Agreement Questionnaire Treatment Referral Form (see Attachment II) for reimbursement.
 - Once the provider application has been received the enrollment process should be completed within five business days.

2. **Clinical Review-** All SCA's shall be routed to HCDMA to verify that the requested service is in the Medicaid State Plan. If the service is covered in the State Plan, then the SCA package will be routed for clinical review.
3. **Medical Necessity-** Once clinical review has been completed; DPPPS will forward the SGAQTR and all supporting documentation to the Office of the Medical Director. The Office of the Medical Director shall determine if the requested procedure meets medical necessity criteria.
4. **Covered Services/Reimbursement-** SCA will be approved and executed based on the covered services of the Medicaid State Plan and its fee schedule. SCA covered services (medical, vision, dental, pharmacy and transportation) are reimbursed utilizing the D.C. Medicaid Fee Schedule rate for the procedure. If there is no D.C. Medicaid Fee Schedule rate established for a procedure then HCOA will route the SCA package to ORRFA to establish a rate. Once the proposed rate has been determined the SCA package will be forwarded to the State Medicaid Director for review and approval.
5. **Routing-** All attached documents will be routed to the State Medicaid Director for approval. Once approved by the State Medicaid Director then the SCA package (see Attachment IV) is routed to the Agency Director for official signature(s) to execute the reimbursement of the services rendered. The SCA should accompany the claim to be processed and reimbursed according to the established payment criteria for Medicaid in the District of Columbia.
6. **Claims Submission-** The SCA should accompany the provider's claim when it is submitted to DHCF for payment. The claim shall be processed and reimbursed according to the established payment criteria for Medicaid in the District of Columbia.

VII. RESPONSIBILITY

The Health Care Operations Administration, Division of Public and Private Provider Services is responsible for the implementation of this policy.



Claudia Schlosberg, JD
Medicaid Director

4-23-15
Date



**DC DEPARTMENT OF HEALTH CARE FINANCE
DIVISION OF PUBLIC AND PRIVATE PROVIDER SERVICES**

Single Case Agreement Process Check List

Tracking Number: _____

Reviewed By: _____ Review Date: _____

	REQUIRED INFORMATION	VERIFIED	DATE	SIGNATURE
1	Beneficiary Name/ID Confirm Eligibility : (approved by DHCF staff)	Yes/No		
2	Treatment Referral Form	Yes/No		
3	Medical Necessity Review/Prior Authorization (QIO/Medical Director)	Yes/No		
4	Reimbursement Pricing: (Fee Schedule, Negotiated/Agreed Rate or Manually priced by Office of Rates, Reimbursement and Financial Analysis (ORRFA)			
5	Approved Provider Payment Local/Federal			
6	Provider Application Process Streamline Enrollment (ordering/prescribing) provider Short Application (treating provider)	Yes/No		
7	Single Case Agreement Package Letter of agreement between DHCF and Provider			
8	Payment			



D.C. Department of Health Care Finance
Single Case Agreement Questionnaire
Treatment Referral Information Form

This form must be completed by a physician or nurse practitioner based on health conditions observed during the visit.

Patient Name:	
Patient Medicaid ID:	
*Date of Birth:	
*Medicare Number:	
Attending Physician NPI:	
Attending Physician telephone/fax:	
Requested date(s) of service:	

*If patient is under the age of 21, then services fall under EPSDT.

*If patient is Medicare eligible, then treatment must be approved and paid by Medicare first.

Fax completed form to HCOA Division of Public and Provider Services at 202-727-5645.
 For questions contact HCOA Division of Public and Provider Services at (202) 698-2000.

Service(s) Requested:	CPT/HCPCS/Rev Code(s):

Describe Medical Necessity/Selection Criteria specific to the affected health condition:

Describe recent treatment related to this health condition:

Recommended Treatment Services, Amount Frequency and Discharge Criteria:

Ordering/Prescribing:

Physician NPI: _____

Physician Name: _____

Signature: _____

Date: ____ / ____ / ____

Treating Physician:

Physician NPI: _____

Physician Name: _____

Signature: _____

Date: ____ / ____ / ____

For use by DHCF Staff:

Approved by: _____

Date: _____

Signature: _____

Denied by: _____

Date: _____

Signature: _____

Denial Reason:
