

# DC Medicaid Bulletin

Bi-monthly Publication for DC Medicaid Providers

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## Latest News

### Provider to Beneficiary Education & Counseling for the COVID-19 Vaccine (Revised)

**Transmittal #21-07** has been revised to supersede the original version issued on February 23, 2021.

The District is implementing its Vaccination Program based on a three phased approach. For more information on the District's phases and tiers visit <https://coronavirus.dc.gov/vaccine>. As more groups become eligible for vaccination, DHCF wants to ensure providers are proactively providing education and counseling on the benefits of the COVID-19 vaccine for District of Columbia Medicaid beneficiaries. DHCF also wants to ensure providers are aware of reimbursement opportunities for such education and outreach.

DC Health has developed provider toolkits to assist in counseling and educating patients about the benefits and risk of COVID-19 vaccination. The toolkit and other related COVID-19 vaccination materials are available at <https://coronavirus.dc.gov/vaccine>. Additionally, there are a number of COVID-19 vaccination training program materials for healthcare professionals that can be accessed online. These training modules also include modules for specific vaccines and can be accessed at [https://train.org/main/training\\_plan/4870](https://train.org/main/training_plan/4870).

Medicaid providers can access more information on Medicaid reimbursement for COVID19 vaccine administration at <https://dhcf.dc.gov/node/1477761>.

#### **Reimbursement for Education and Counseling**

DHCF supports good disease management practice and encourages providers to schedule appointments with patients at high risk of illness or death from COVID-19 to conduct COVID-19 vaccine counseling.

As part of a routine primary care or evaluation and management visit (e.g. CPT codes 99201- 99205, 99211-99215 as applicable) physicians and other qualified providers can bill for counseling and educating their patients to support medical treatment.

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# Provider to Beneficiary Education & Counseling for the COVID-19 Vaccine

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These services can be delivered via telemedicine, under both Medicaid Fee-For-Service (FFS) and Medicaid Managed Care delivery systems with GT modifier for telemedicine visits and place of service code “02” if the beneficiary is receiving services in their home.

## **Beneficiary Outreach: Federally Qualified Health Centers**

District of Columbia Federally Qualified Health Centers (FQHCs) are reimbursed in accordance with a cost-based approved [Alternative Payment Methodology](#) (APM) that has been modified in response to the COVID-19 public health emergency. COVID-19 education and counseling are within the scope of services for primary care services and reimbursable under the APM rate for primary care visits.

The costs for certain outreach activities, to the extent they are reasonable, necessary and related to patient care are allowable under the FQHC APM. As clarified in District Rulemaking at 29 DCMR 4510, “Enabling services that support an individual's management of his or her health and social service needs or improve the FQHC's ability to treat the individual, including: Outreach services to identify potential patients and clients and/or facilitate access or referral of potential health center patients to available health center services.”

FQHCs incurring additional costs to outreach to beneficiaries around the COVID-19 vaccine should report those additional costs under the applicable line item their submitted cost report.

## **Beneficiary Outreach: Health Homes**

District My Health GPS Health Homes providers are reimbursed via an approved State Plan methodology that has been [modified](#) in response to the COVID-19 public health emergency. Additionally, DHCF reminds enrolled My Health GPS Health Homes providers that outreach to beneficiaries to facilitate treatment or discussion of treatment options is a vital part of care coordination, for which providers are reimbursed a per member per quarter (PMPQ) payment. As clarified in District Rulemaking at 29 DCMR 10206.4, “Care Coordination services include, but are not limited to, the following: Providing community-based outreach and follow-up; Providing outreach and follow-up through remote means to beneficiaries who do not require in-person contact.”

My DC Health Home Health Homes providers have similar flexibility. As clarified in District rulemaking at 22-A DCMR 2507.1, Care Coordination is the facilitation or implementation of the comprehensive care plan through appropriate linkages, referrals, coordination, and follow-up to needed services and support. Care Coordination is a function shared by the entire Health Home Team and may involve but is not limited to, providing telephonic consults and outreach.

As a part of their care coordination responsibilities, DHCF encourages Health Homes providers to outreach to patients, especially those at high risk of illness or death from COVID-19, to conduct COVID-19 vaccine counseling.

## **Long Term Care Providers**

Long term care providers should continue to engage with District Medicaid beneficiaries in their care with regard to the benefits of the COVID-19 vaccine. DHCF's Long Term Care Administration shares COVID-19 guidance with providers in weekly/monthly meetings and via Informational Bulletins published to the DHCF website at <https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers>.

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# Provider to Beneficiary Education & Counseling for the COVID-19 Vaccine

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Home health providers, long-term care facilities, Adult Day Health Programs (ADHP), and 1915(c) waiver case managers or Service Coordinators interact with Medicaid beneficiaries on a daily basis and are encouraged to continue counseling beneficiaries based on the toolkits and COVID-19 information available on <https://coronavirus.dc.gov/>.

Specifically, DHCF expects case managers providing services for the District's 1915(c) Home and Community-Based Waiver for the Elderly and Persons with Physical Disabilities (EPD) Waiver to include COVID-19 vaccine counseling as part of their ongoing or monthly care coordination activities, for which, case managers are reimbursed a per member per month payment. As set forth in District Rulemaking 29 DCMR 4224.8, "[A] Case Manager shall perform the following ongoing or monthly care coordination activities: Provide information, assistance, and referrals to the beneficiary, where appropriate, related to public benefits and community resources, including other Medicaid services, Medicare, Supplemental Security Income, transit, housing, legal assistance, and energy assistance.

Additionally, ADHP reimbursement under the State Plan and EPD Waiver was modified for the duration of the public health emergency to permit reimbursement equal to seventy-five percent (75%) of the standard per diem rate for wellness checks provided via video conferencing or other electronic modality. A qualifying wellness check includes inquiries/reminders on the overall health status, including emotional well-being, need for care, and any signs or symptoms of illness. As part of ongoing health monitoring and wellness checks or through the delivery of remote or in-person ADHP services, DHCF expects ADHP providers to conduct COVID-19 vaccine counseling.

## Behavioral Health Providers

Mental Health Rehabilitation Services (MHRS), Adult Substance Abuse Rehabilitative Services (ASARS), and Behavioral Health Transformation Section 1115 Demonstration Program Services providers have a role in providing COVID-19 vaccine counseling and outreach to Medicaid beneficiaries they interact with daily. Behavioral Health Providers should counsel beneficiaries based on the toolkits and COVID-19 vaccination information available on <https://coronavirus.dc.gov/>.

MHRS, ASARS, and Demonstration program providers are able to bill the following codes (and corresponding modifiers for services provided to individuals who are deaf or hard of hearing) when providing COVID-19 vaccine counseling to Medicaid beneficiaries:

### MHRS

- Community Support (H0036)
- Medication Management (H0034)
- Assertive Community Treatment (H0039)

### ASARS

- Medication Management (H0016)
- Group Psychoeducation (H2027-HQ)

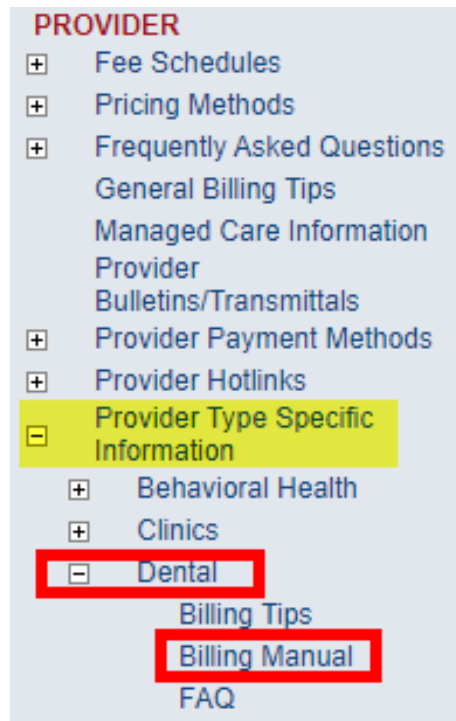
### 1115 Demonstration Program

- Recovery Support Services (RSS), individual (H2014)
- RSS, group (H2014-HQ)

Refer to **Transmittal #21-07** for additional information.

# Dental Provider Billing Manual

The Dental Billing Manual has been updated. To access this manual, click on Provider Type Specific Information > Dental > Billing Manual > Dental Billing Manual. [Note: You do not need to log in to access the billing manual.]



## Acceptable Dispense as Written (DAW) Codes for Submitted Pharmacy Claims

Pursuant to §1927(h)(1) of the Social Security Act and 42 CFR § 456.722, the purpose of this transmittal is to inform DC Medicaid Pharmacy Providers that the Department of Health Care Finance (DHCF) is issuing a new policy to update existing acceptable Dispense As Written (DAW) Codes for pharmacy claims submitted at the pharmacy point of sale (POS) system to standardize acceptable DAW codes across the Medicaid program. This update applies to all Medicaid beneficiaries, including Fee-for-Service (FFS) Medicaid and beneficiaries enrolled in a managed care organization (MCO).

### New Policy

**Effective April 1, 2021**, the District will only allow providers to claim Medicaid reimbursement using designated DAW codes deemed acceptable to the DC Medicaid Pharmacy program with abbreviated explanations that align with the National Council on Prescription Drug Programs (NCPDP) claims transaction field description. In order to receive reimbursement for claims submitted, DC Medicaid Pharmacy Providers shall utilize the correct DAW codes based upon the information provided on a prescription and/or verbally verified (documented on the prescription for audit purposes) from the prescriber or their designee.

The following codes are considered acceptable for the purposes of claiming for DC Medicaid reimbursement:

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# Acceptable Dispense as Written (DAW) Codes for Submitted Pharmacy Claims

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## Acceptable DAW Codes for Prescribed Medication Assisted Treatment (MAT) Drugs Products

DAW - 0	Substitution Allowed - No Product Selection Indicated
DAW - 1	Substitution Not Allowed by Prescriber - Brand Drug Dispensed
DAW - 4	Substitution Allowed - Generic Drug Not in Stock at Pharmacy - Brand Drug Dispensed
DAW - 8	Substitution Allowed - Generic Drug Not Available in Market-place – Brand Drug Dispensed

## Acceptable DAW Codes for All Other Prescribed Drugs

DAW - 0	Substitution Allowed - No Product Selection Indicated
DAW - 1	Substitution Not Allowed by Prescriber - Brand Drug Dispensed *Medical Necessity Must Be Established*
DAW - 8	Substitution Allowed - Generic Drug Not in Stock at Pharmacy - Brand Drug Dispensed
DAW - 9	Substitution Allowed - Insurance Plan Request Brand Drug – Brand Drug Dispensed

The following codes are considered unacceptable for billing for the DC Medicaid program:

## Unacceptable DAW Codes for Any Prescribed Drug

DAW - 2	Substitution Allowed - Patient Requested That Brand Product Be Dispensed
DAW - 3	Substitution Allowed - Pharmacist Selected Product Dispensed
DAW - 5	Substitution Allowed - Brand Drug Dispensed as Generic
DAW - 6	Override
DAW - 7	Substitution Not Allowed - Brand Drug Mandated by Law

## Contact

If you have any questions or have any problems with obtaining medication after the change goes into effect, please contact the Division of Clinician, Pharmacy, and Acute Provider Services: Charlene Fairfax, Senior Pharmacist at (202) 442-9076 or e-mail: [charlene.fairfax@dc.gov](mailto:charlene.fairfax@dc.gov); Gidey Amare, Pharmacist at (202) 442-5952 or e-mail: [gidey.amare@dc.gov](mailto:gidey.amare@dc.gov); Jonas Terry, Pharmacist at (202) 478-1415 or e-mail: [jonas.terry@dc.gov](mailto:jonas.terry@dc.gov); or Magellan (Pharmacy Benefit Manager) at 1-800-273-4962 (Provider Phone Line).

Refer to **Transmittal #21-12** for additional information.



# Notice of Annual Pricing Update to the Medicaid Fee-for-Service (FFS) Fee Schedule

**Transmittal #12-14** notifies all Medicaid providers billing Medicaid fee-for-services (FFS) for professional items and services of updates to the District's professional fee schedule as required under 29 DCMR 998 for physician services, physician-administered drugs, durable medical equipment (DME), parenteral/enteral nutrition items and laboratory services. The professional services categorization refers to all providers who submit claims to the DC Medicaid program using the CMS1500 claims form.

## Professional Fee Schedule Update

Under the District of Columbia's Medicaid State Plan, most physician services, physician-administered drugs, DME and laboratory services are reimbursed at 80% of the Medicare rates as established by the federal Centers for Medicare and Medicaid Services (CMS). The exceptions are: certain primary care physicians who have qualified for an enhanced rate and certain DME items and chemotherapy-related physician-administered drugs, which are paid at 100% of the Medicare rate. In addition, eight drug codes were updated with wholesale acquisition cost (WAC) pricing. As well, COVID-19 testing and vaccine/treatment administration codes are paid at 100% of the available Medicare rate during the Public Health Emergency as noted in previous transmittals (please see transmittals 20-09, 20-13, 20-22, 20-41, 20-44, 20-45). DHCF makes pricing updates to the fee schedule annually to ensure the reimbursement rates are up to date and are properly aligned with the State Plan provisions.

Physician service pricing updates will be effective January 1, 2021; affected claims will be reprocessed to apply these changes with retroactive adjustments made as applicable. Updates related to physician administered drugs, DME, parenteral/enteral nutrition items and laboratory services will be effective April 1, 2021. Accordingly, please note that the reimbursement rates and maximum unit values will increase for some and decrease for others. Detailed changes can be found online at: <https://www.dc-medicaid.com/dcwebportal/providerSpecificInformation/providerInformation>.

## Managed Care Organization Rates

Each managed care organization (MCO) negotiates rates with its providers. Providers will be reimbursed according to their contract with each managed care organization (MCO).

## Contact

If you have any questions or suggestions related to this pricing updates, please contact Amy Xing, Reimbursement Analyst, at (202) 481-3375 or [amy.xing2@dc.gov](mailto:amy.xing2@dc.gov).



## 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).

# 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.

DC Department of Health Care Finance

NCEMCH

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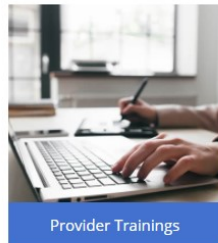
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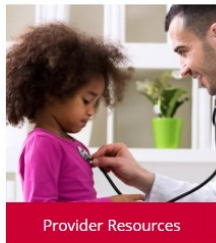
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Online trainings and materials on Medicaid's EPSDT benefit for DC providers, agencies, and families...



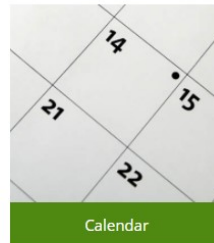
Provider Trainings



Provider Resources



Agency Resources



Calendar



This website provides access to trainings and resources for providers in DC who see children covered under Medicaid:

## 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](mailto:providerinquiry@conduent.com)
- EDI Support: [edisupportdc@conduent.com](mailto:edisupportdc@conduent.com)
- Provider Field Services: [dc.providerreps@conduent.com](mailto: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.

## Important Numbers & Addresses

<b>Conduent Provider Inquiry</b> <b>PO Box 34734</b> <b>Washington, DC 20043-4734</b>	(202) 906-8319 (inside DC metro area) (866) 752-9233 (outside DC metro area) (202) 906-8399 (Fax) <a href="mailto:providerinquiry@conduent.com">providerinquiry@conduent.com</a>	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
<b>MAXIMUS Provider Enrollment</b> <b>1111 14<sup>th</sup> St. NW, Ste. 720</b> <b>Washington, DC 20005</b>	(844) 218-9700 (toll-free) <a href="http://www.dcpdms.com">www.dcpdms.com</a>	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
<b>Magellan Pharmacy Benefits Management</b>	Technical Assistance: (800) 272-9679 Clinical Assistance: (800) 273-4962 <a href="http://www.dc-pbm.com">www.dc-pbm.com</a>	Hours of Operation 24/7/365
<b>Conduent EDI Gateway Services</b>	(866) 407-2005 <a href="http://www.acs-gcro.com">www.acs-gcro.com</a> <a href="mailto:edisupportdc@conduent.com">edisupportdc@conduent.com</a>	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
<b>Transportation Broker Medical</b> <b>Transportation Management (MTM)</b>	(888) 561-8747 (866) 796-0601 (to schedule appointment) <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 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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