



DC Medicaid Bulletin

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Medicaid Providers*



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District Dual Choice (D-SNPs)

The District Dual Choice program is exclusively for dually eligible beneficiaries and aims to better coordinate their Medicare and Medicaid benefits. The District intends to expand its existing Dual Choice program into a more comprehensive program in 2022 that integrates Medicare and Medicaid benefits into a single program. That means that there will be ONE set of comprehensive benefits and ONE accountable entity to coordinate the delivery of services to help coordinate the unique needs of individuals. This will further simplify health care for participants and promote greater care coordination.

Who are Dual Eligible Beneficiaries?

Dual eligible individuals are 21 years of age or older, receive both Medicare (Parts A, B, and D), and Medicaid coverage. There are approximately 37,000 dual beneficiaries in the District.

When do you expect the program to launch?

DHCF expects to transition from the current Dual Choice program to a comprehensive model on February 1, 2022.

Will the Dual Choice organizations cover Medicaid services?

Yes. The purpose of a more-integrated approach is to better coordinate the delivery and management of a person's entire array of services. Currently, Medicaid beneficiaries enrolled in Dual Choice or other Medicare coverage have their services covered and paid by two different programs, and sometimes that can make accessing and using care confusing for beneficiaries and families, and it can also lead to needless duplication of care. This change in our program will help address that. Medicaid services – like long-term services and supports, behavioral health care, dental care, and so forth – will be a part of the services covered by and paid for by the Medicare Advantage plan. As a result, care managers will be able to better ensure care is coordinated and delivered by the right provider at the right time and place for each participant.

For additional information, go to: <https://dhcf.dc.gov/page/district-dual-choice-d-snps>.



Transmittal #21-48 Revised

Please be advised that Transmittal #21-48: Medicaid and Alliance MCO Emergency Medical Transportation has been revised to remove the reference of procedure codes (A0430 and A0999) that were included in error.

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.

DC Department of Health Care Finance

NCEMCH

Georgetown University



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



Provider Trainings



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

1. **HealthCheck Training** This training will fulfill your obligations for all MCOs with which you are paneled.* You will receive 5 CME's upon completion of the curriculum.**
2. **Fluoride Varnish Training** This training will fulfill your obligations to provide and bill for fluoride varnish application in the District.



Payment for Services Subject to Electronic Visit Verification

Transmittal #21 - 45 informs DC Medicaid providers of Electronic Visit Verification (EVV) requirements, as a condition of reimbursement, for all Personal Care Services (PCS). For purposes of the EVV requirements, the following services are considered PCS under the DC Medicaid program:

- Personal Care Aide (PCA);
- Supported Living (periodic only, without or without transportation);
- In-Home Supports; and
- Respite services.

DHCF selected Sandata Technologies® (Sandata) to implement the EVV system for the DC Medicaid program. The Sandata EVV system is available to all DC Medicaid providers, free of charge. Providers also have the option to utilize an alternative EVV (Alt-EVV), but doing so will be at the provider's expense. Providers utilizing an Alt-EVV must ensure that it meets the requirements for, and duly integrates with the Sandata EVV System Aggregator. DHCF's Medicaid Management Information System (MMIS) has been integrated with the Sandata Aggregator to enable all PCS claims to be "matched" with the EVV information for each discrete claim.

Contact

For technical assistance questions, providers may contact Sandata® directly by phone or e-mail at (855) 962-1322, or WDCCustomerCare@Sandata.com. For all other matters related to this requirement, please contact Donald Shearer, Director of the DHCF Healthcare Operations Administration, at donald.shearer@dc.gov.

Additionally, DHCF maintains an EVV Frequently Asked Questions (FAQ) document at https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/EVV%20FAQs.pdf. The FAQ is updated on a monthly basis.

Servicing/Rendering Providers

To prevent claim denials, please be reminded that all servicing/rendering providers must be enrolled with the DC Medicaid program, as well as linked to the provider group.

IMPORTANT REMINDER

Completing Hardcopy CMS-1500 Claim Forms

Please be mindful of the following when completing hardcopy CMS1500 claim forms:

1. Make sure that your claim information is legible
2. Use valid diagnosis codes (refer to the 2022 ICD-10 coding guide for diagnosis codes)
3. In addition to other required claim fields, the following fields must be completed:
 - **Field #23:** prior authorization number, if required
 - **Field #24B:** place of service codes (refer to the billing manual for code list)
 - **Field #24E:** diagnosis pointer (Enter the diagnosis code reference letter (pointer) as shown in field #21 to relate the date of service and the procedures performed to the primary diagnosis.)
 - **Field #24F:** total billed charges
 - **Field #24G:** total number of units/days billed
 - **Field 28:** total billed charges of all lines in field #24F
 - **Field 31:** original signature, preferably signed in blue ink

Refer to your provider type specific billing manual for additional claim form instructions.

Web Portal Quick Reference Guide

The Web Portal Quick Reference Guide is available to provide basic navigation and claim form submission instructions. The Web Portal Quick Reference Guide can be found under Provider > Training Material/CBT.

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Training Materials/Computer Based Training

Training Materials

Listed below are training materials that are used to educate a provider about Medicaid.

[Long Term Care Provider Follow-Up Training](#)
[DC APR-DRG Provider Training](#)
[WINASAP Instructions for Home Health](#)
[DC Specialty Hospital Per Stay Training](#)
[DC Specialty Hospital Per Diem Training](#)
[DC Hospital EAPG Provider Training](#)
[Obtaining Your Remittance Advice Online](#)
[Web Portal Account Maintenance FAQs](#)
[Hospice Provider Billing Update Training](#)
[Web Portal Quick Reference Guide](#)

Computer Based Training

Listed below are Computer Based Training (CBT) programs that you may download and take at your leisure.

To request specific training materials be available on the Web Portal, please call (202) 906-8319 (inside DC metro area) or (866) 752-9233 (outside DC metro area).

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-gcro.com edisupportdc@conduent.com	Hours of Operation Monday - Friday 8:00 am - 5:00 pm
United Healthcare of the Mid- Atlantic	(866) 242-7726	Hours of Operation Monday- Friday 8:00 am - 5:30 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	

Claim Addresses	
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

Conduent State Healthcare
750 First St NE, Ste 1020
Washington, DC 20002

If you have any questions related
to the topics in this bulletin,
please contact Conduent at
202.906.8319

Medicaid Provider Bulletins are
located on the Web Portal
www.dc-medicaid.com