

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 25-09

TO: DC Medicaid Providers

FROM: Melisa Byrd *M.B.*
Senior Deputy Director and Medicaid Director

DATE: **March 18, 2025**

SUBJECT: **Managed Care Plan Assignment Request Form**

Purpose

The purpose of this communication is to introduce a modified process to request Managed Care Plan (MCP) enrollment, disenrollment, and transfer (MCP change). This modified process encompasses the use of a formal and consolidated electronic request form that internal and external stakeholders must complete and submit for requests associated with MCP assignments. This modified process and form supersede the current spreadsheets and forms (both electronic and manual) utilized when submitting requests to the Division of Managed Care (DMC) within the Health Care Delivery Management Administration (HCDMA) at the Department of Health Care Finance (DHCF).

Effective **April 14, 2025** any requests for MCP enrollment, disenrollment, and transfer must be submitted via this [link](#). The designated DMC staff will manage and oversee the time-sensitive process.

Details

DHCF, through HCDMA, is committed to efforts to streamline and restructure critical internal processes that impact Medicaid beneficiaries' access to care via contracted MCPs. The modified process is intended to standardize and centralize requests for MCP enrollment, disenrollment, and MCP transfer that are outside of the scope of the Enrollment Broker, as well as to improve HCDMA's capacity to oversee, monitor, and track MCP assignments for Medicaid beneficiaries who are deemed mandatory in managed care. This modified process clarifies and reinforces DHCF's Policy and Rule under the District of Columbia Municipal Regulations (DCMR) [Title 29, Section 55](#).

Use of the Request Form:

If you or your staff members complete and submit the forms listed below, then you are expected to utilize the electronic form and adhere to the process aforementioned beginning March 28, 2025.

Form Names:

- Death Certification Notice
- Disenrollment Request for Premature/Low Birth Weight Newborns
- Request for Disenrollment of DC Medicaid Managed Care Beneficiary Requiring Long Term Care
- Request for Disenrollment of DC Medicaid Managed Care Enrollee Requiring Psychiatric Residential Treatment Facility (PRTF) Placement

Any additional forms or changes in the process will be communicated by the DHCF. The Step-by-Step User Guide on how to access, complete, and submit request(s) is attached for reference.

Contact

Should you have any questions regarding this transmittal, the link, the User Guide, training requests, and/or technical assistance, please contact Araceli Simbulan, Interim Program Manager, HCDMA, DHCF, at araceli.simbulan@dc.gov or (202) 727-2058.

For any questions related to the status of your submission and/or request, please reach out by email at enrollmentanddisenrollments@dc.gov.

Cc: DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Health Care Association
DC Home Health Association
DC Hospital Association
DC Primary Care Association
Medical Society of the District of Columbia



Managed Care Plan Enrollment, Disenrollment, and Transfer

Request Form User Guide

Managed Care Plan Enrollment, Disenrollment and Transfer Request Form

Purpose:

The purpose of this request form is to standardize and centralize Managed Care Plan assignment request: enrollment, disenrollment, and transfer processes that are outside of the scope of the enrollment broker but managed and overseen by the Division of Managed Care (DMC), within the Health Care Delivery Management Administration (HCDMA). This tool also intends to streamline communication and improve the Administrations capacity to monitor and track the MCP assignment processes.

Target Audience/Users:

This request form should be completed by key staff at hospitals, MCP, DC agencies (sister agencies) and others involved in MCP assignment process led by DMC. Once deployed, this electronic process will replace the reports being submitted in Excel format as well as email requests. DMCs' processing timeline will not change.

How to Complete the Request Form:

Step 1: Click the [hyperlink](#) to open the page.

****** Common information (data) required are in *italics* and underlined**

Step 2: Complete the *submitter's (requester) information.*

The screenshot shows a web browser window displaying a form titled "MCP ENROLLMENT & DISENROLLMENT COMMUNICATION" with the DHCF logo. The form is set against a dark blue background. The fields are as follows:

- Submission Date ***: A date input field with a calendar icon.
- Source (User Type) ***: A dropdown menu with the text "Select or enter value".
- Submitter's Info**: A section containing:
 - Name ***: A text input field.
 - Title/Designation**: A text input field.
 - Email ***: A text input field.
 - Phone**: A text input field.

An orange arrow points from the left side of the page to the "Submitter's Info" section. The browser's address bar shows the URL: <https://app.smartsheet.com/b/form/85d54e6d0e3345eaa2640135dd87233e>. The Windows taskbar at the bottom shows the time as 8:39 AM on 1/28/2025.

Step 3: Select your request type: MCP enrollment, disenrollment or transfer.

*** Note: Depending on your selected request type, the page will display and ask for the specific information/data needed for review and processing.

The screenshot shows a web browser window with the URL <https://app.smartsheet.com/b/form/85d54e6d0e3345eaa2640135dd87233e>. The form is titled "MCP ENROLLMENT & DISENROLLMENT". The "Request Type" dropdown menu is open, showing three options: "MCP Enrollment", "MCP Disenrollment" (which is highlighted in blue), and "MCP Transfer". An orange arrow points to the "Request Type" dropdown. Other visible fields include "Email", "Phone", "Enrollee/Newborn First Name", "Enrollee /Newborn Date of Birth", "Medicaid ID number", and "File Upload".

Steps by Request Type:

Process 1: MCP Enrollment: Complete the form in its entirety.

Step 1a: Select the Line of Business (DCHFP (Medicaid) or Alliance/ICP).

The screenshot shows the same web browser window. The "Request Type" dropdown is now closed and set to "MCP Enrollment". The "Line of Business" dropdown menu is open, showing two options: "DCHFP" and "Alliance/ICP". An orange arrow points to the "Line of Business" dropdown. Other visible fields include "Outreach Type", "Outreach Date", "MCP Enrollment Effective Date Request", "Enrollee/Newborn Last Name", and "Enrollee/Newborn First Name".

Step 1b: Select the Enrollment Reason from the dropdown.

The screenshot shows a web browser window with the URL <https://app.smartsheet.com/b/form/85d54e6d0e3345eaa2640135dd87233e>. The form is titled "MCP ENROLLMENT & DISENROLL". The "Enrollment Reason" dropdown menu is open, showing three options: "Voluntary enrollees", "CASSIP/HSCSN Enrollees", and "Re-enrollment (eligibility ended over 60 days)". An orange arrow points to the dropdown menu. Below the dropdown are fields for "Outreach Date", "MCP Enrollment Effective Date Request", "Enrollee/Newborn Last Name", "Enrollee/Newborn First Name", "Enrollee /Newborn Date of Birth", "Medicaid ID number", and "File Upload".

Step 1c: If applicable, Outreach type and Outreach date.

The screenshot shows the same web browser window as above. The "Outreach Type" dropdown menu is open, showing two options: "Enrollment Letter" and "Phone Call". An orange arrow points to the dropdown menu. Below the dropdown are fields for "MCP Enrollment Effective Date Request", "Enrollee/Newborn Last Name", "Enrollee/Newborn First Name", "Enrollee /Newborn Date of Birth", "Medicaid ID number", and "File Upload".

Enrollment Reason
Select or enter value

Outreach Type
Select or enter value

Enrollment Letter
Phone Call

MCP Enrollment Effective Date Request

Enrollee/Newborn Last Name

Enrollee/Newborn First Name

Enrollee /Newborn Date of Birth

Medicaid ID number

File Upload

Drag and drop files here or [browse files](#)

Step 1d: Enter enrollment effective date request.

**** Note:** The date you requested may or may not be the same when the process is completed. The actual effective date will depend on established Rules and Policies.

Enrollment Reason
Select or enter value

Outreach Type
Select or enter value

Enrollment Letter
Phone Call

MCP Enrollment Effective Date Request

Enrollee/Newborn Last Name

Enrollee/Newborn First Name

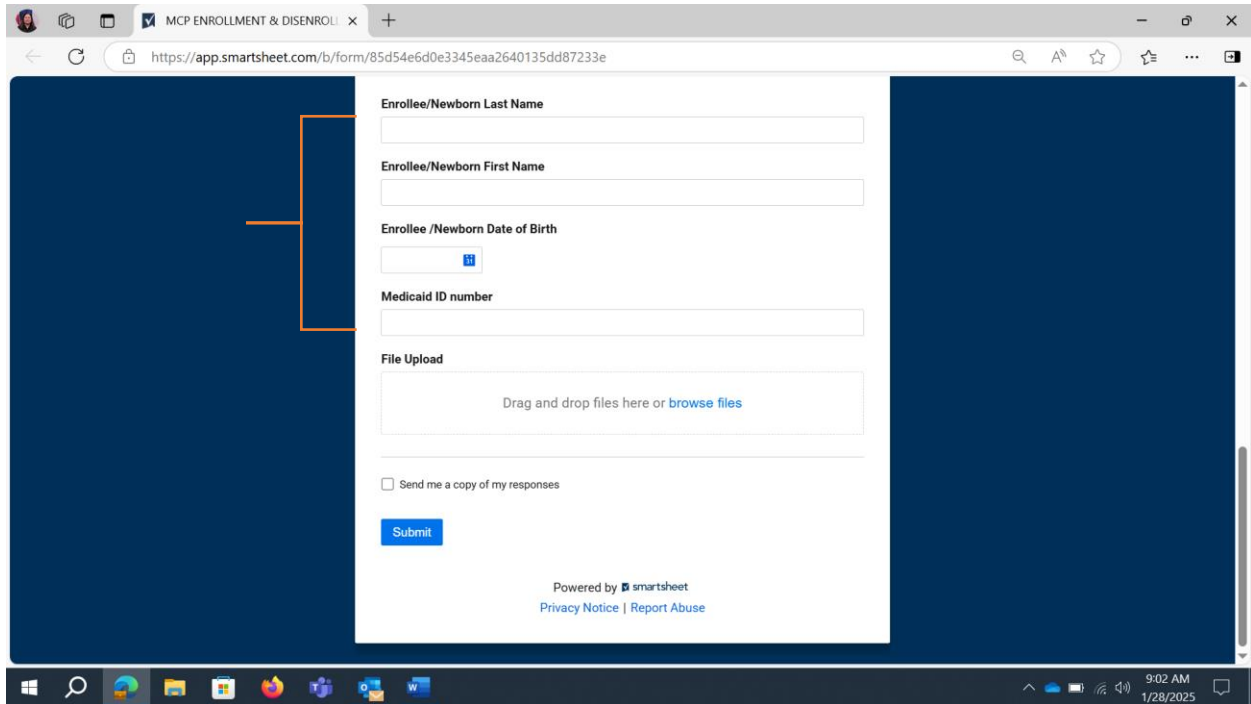
Enrollee /Newborn Date of Birth

Medicaid ID number

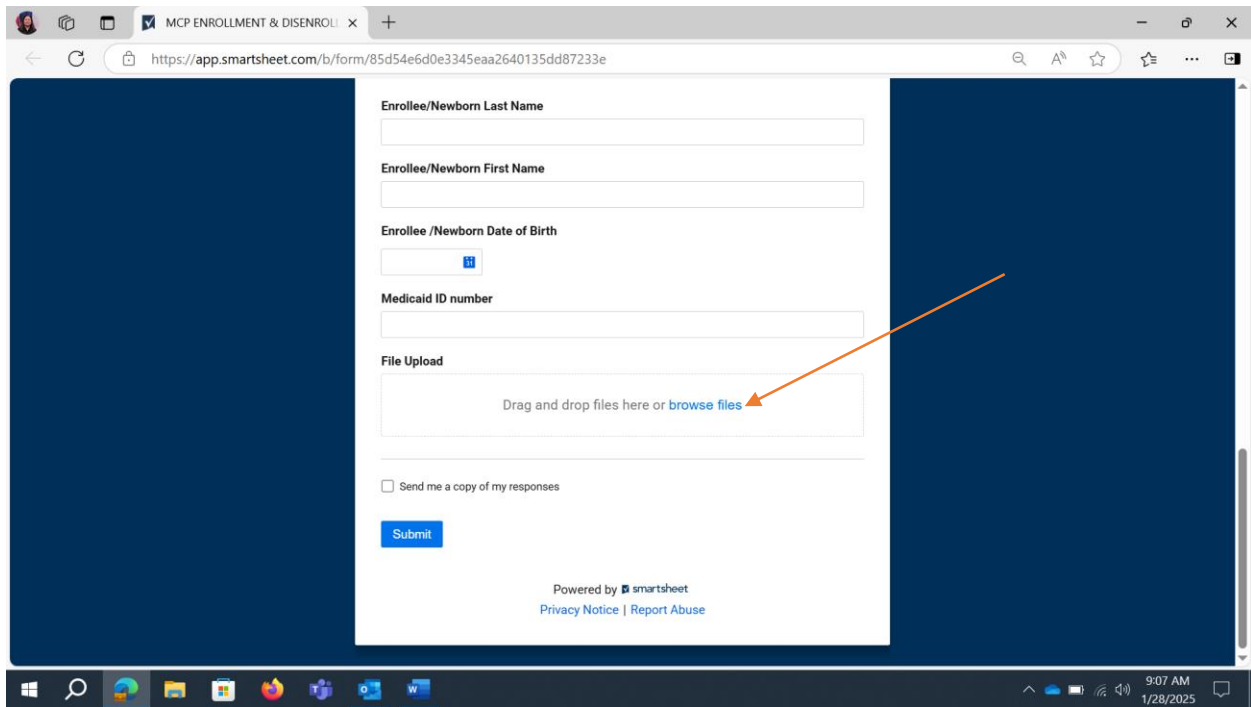
File Upload

Drag and drop files here or [browse files](#)

Step 1e: Enter the enrollee or newborn's Full Name, Date of birth, and/or Medicaid ID number (if known).



Step 1f: Click *"browse file"* to upload verification/documentation associated with your request.



Step 1g: Click box to receive a copy of your request for record keeping.

The screenshot shows a web browser window with the URL <https://app.smartsheet.com/b/form/85d54e6d0e3345eaa2640135dd87233e>. The form is titled "New Selected Plan Effective Date Request" and contains the following fields:

- New Selected Plan Effective Date Request (calendar icon)
- Enrollee/Newborn Last Name
- Enrollee/Newborn First Name
- Enrollee /Newborn Date of Birth (calendar icon)
- Medicaid/Alliance ID Number
- File Upload (Drag and drop files here or [browse files](#))

Below the fields, there is a red warning box: **CAUTION: This secured email notification contains PHI and intended for the addressee only. DO NOT FORWARD or SHARE.**

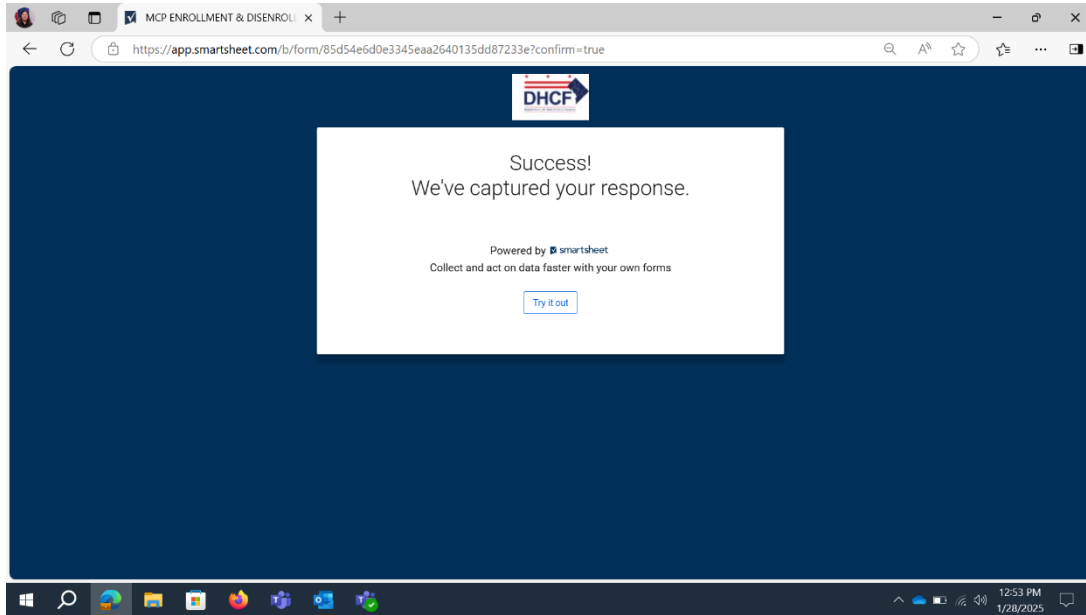
At the bottom of the form, there is a checkbox labeled "Send me a copy of my responses" and a blue "Submit" button. An orange arrow points to the "Submit" button.

Step 1h: Click Submit

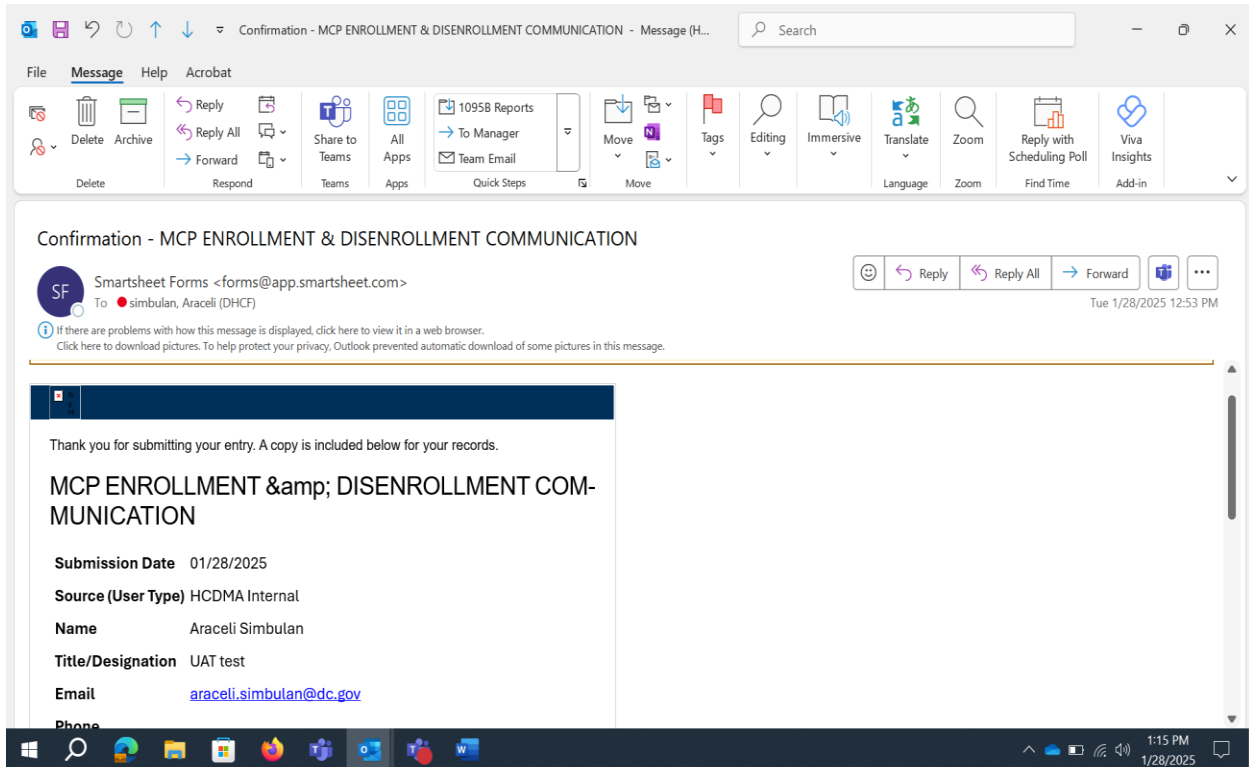
Once the request is submitted and copy box on Step 1g is checked, a notification will be sent to the submitter email address. The email notification also confirms successful submission.

This screenshot is identical to the one above, showing the "New Selected Plan Effective Date Request" form. The orange arrow now points directly to the "Submit" button.

After clicking Submit button, the page below will display to confirm submission.

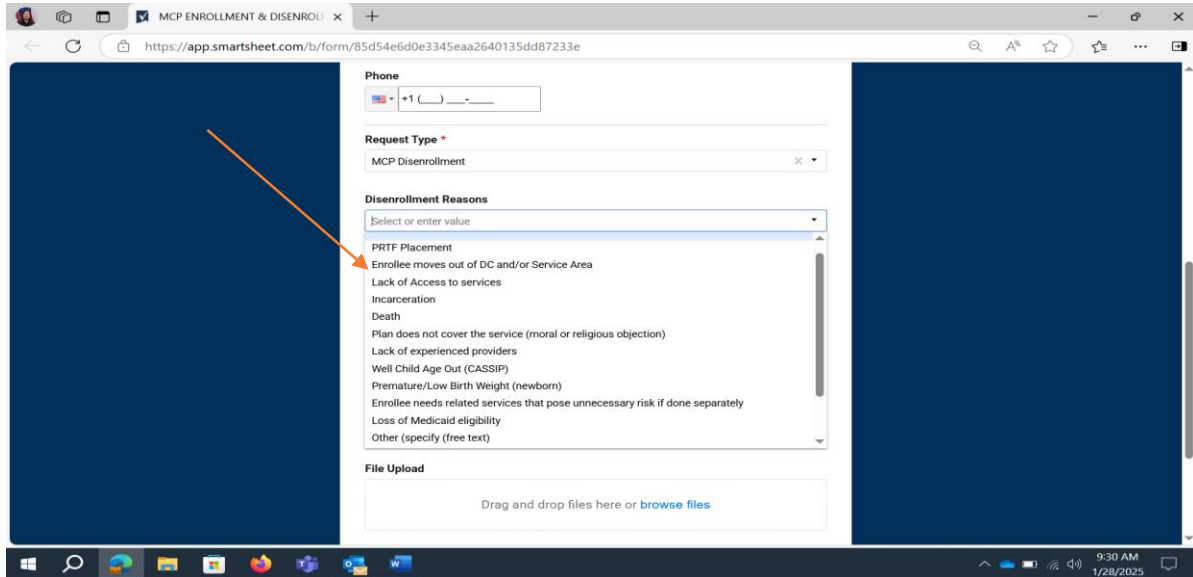


If you opted to receive a copy, an email notification will be sent (real time). Sample below.



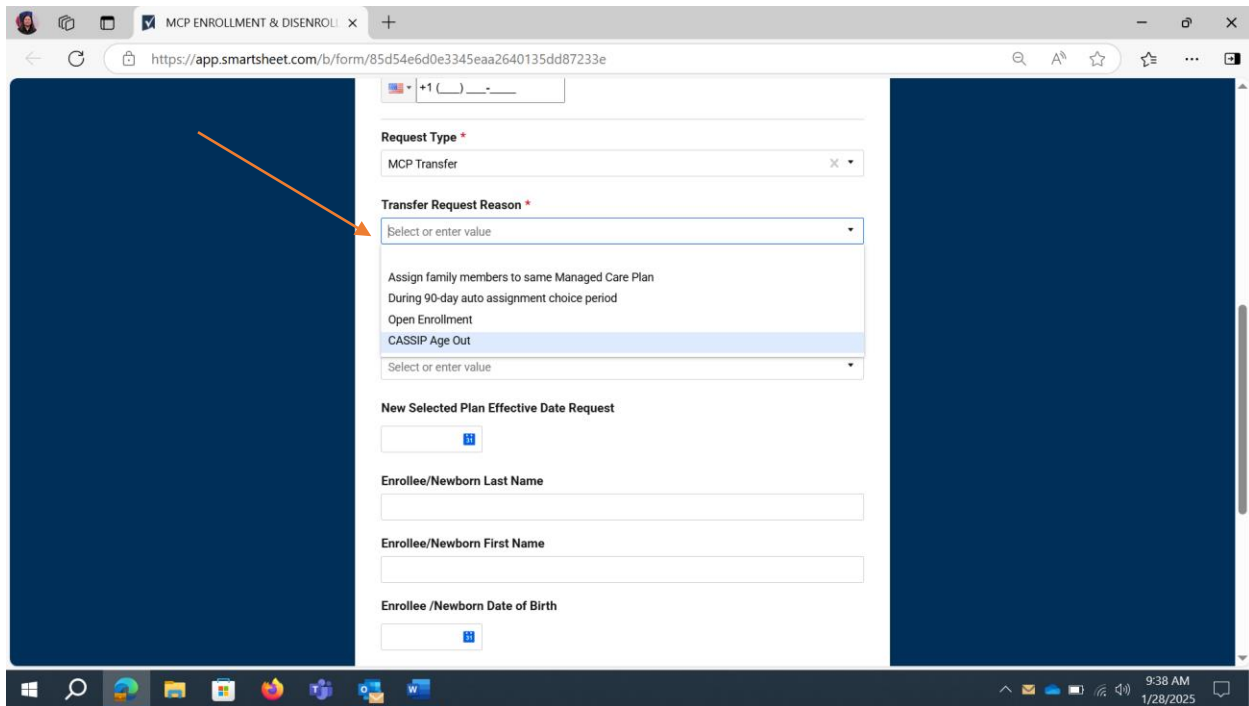
Request Type: Process 2: MCP Disenrollment *Below steps are unique to the request type.

Step 2a: Select disenrollment reason from the dropdown.



Request Type: Process 3: **Transfer**

Step3a: Select Transfer reason from the dropdown.



Step3b: Select Current MCP.

Request Type *

MCP Transfer

Transfer Request Reason *

Select or enter value

Current Managed Care Plan *

Select or enter value

Amerigroup

AmeriHealth

MedStar

HSCSN

Enrollee/Newborn Last Name

Enrollee/Newborn First Name

Enrollee /Newborn Date of Birth

Step 3c: Select Requested MCP (new).

Request Type *

MCP Transfer

Transfer Request Reason *

Select or enter value

Current Managed Care Plan *

Select or enter value

Requested MCP (New)

Select or enter value

Amerigroup

AmeriHealth

MedStar

HSCSN

Enrollee/Newborn First Name

Enrollee /Newborn Date of Birth

Step3d: Enter effective date requested.

**** The actual effective date will be provided after review and processing. The actual effective date depends on established Rules and Policies.

Current Managed Care Plan *

Select or enter value

Requested MCP (New)

Select or enter value

New Selected Plan Effective Date Request

Enrollee/Newborn Last Name

Enrollee/Newborn First Name

Enrollee /Newborn Date of Birth

Medicaid ID number

File Upload

Drag and drop files here or [browse files](#)

Step 3e: Enter the demographics and click **Submit**.

New Selected Plan Effective Date Request

Enrollee/Newborn Last Name

Enrollee/Newborn First Name

Enrollee /Newborn Date of Birth

Medicaid/Alliance ID Number

File Upload

Drag and drop files here or [browse files](#)

CAUTION: This secured email notification contains PHI and intended for the addressee only. **DO NOT FORWARD or SHARE.**

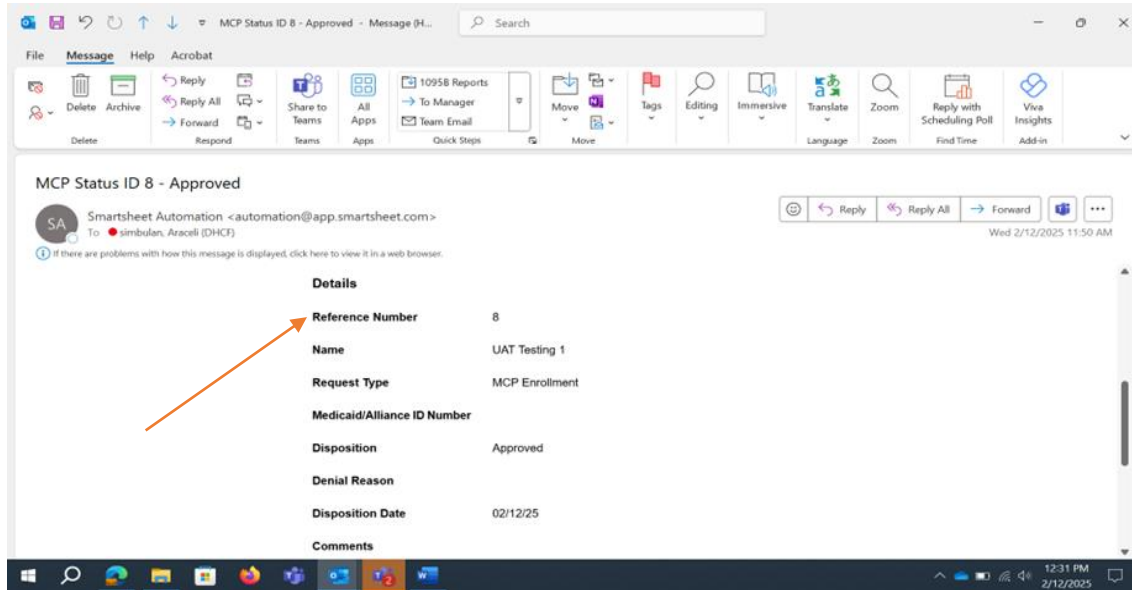
Send me a copy of my responses

Submit

What Happens After You Click Submit?

Once your request is submitted (applies to all three business flows), the information you entered automatically populates a dashboard managed and maintained by DHCF staff. An email notification is also sent to the DCHF to alert the point of contacts of your request. DHCF POC will then review and process your request in accordance with established policies and procedures.

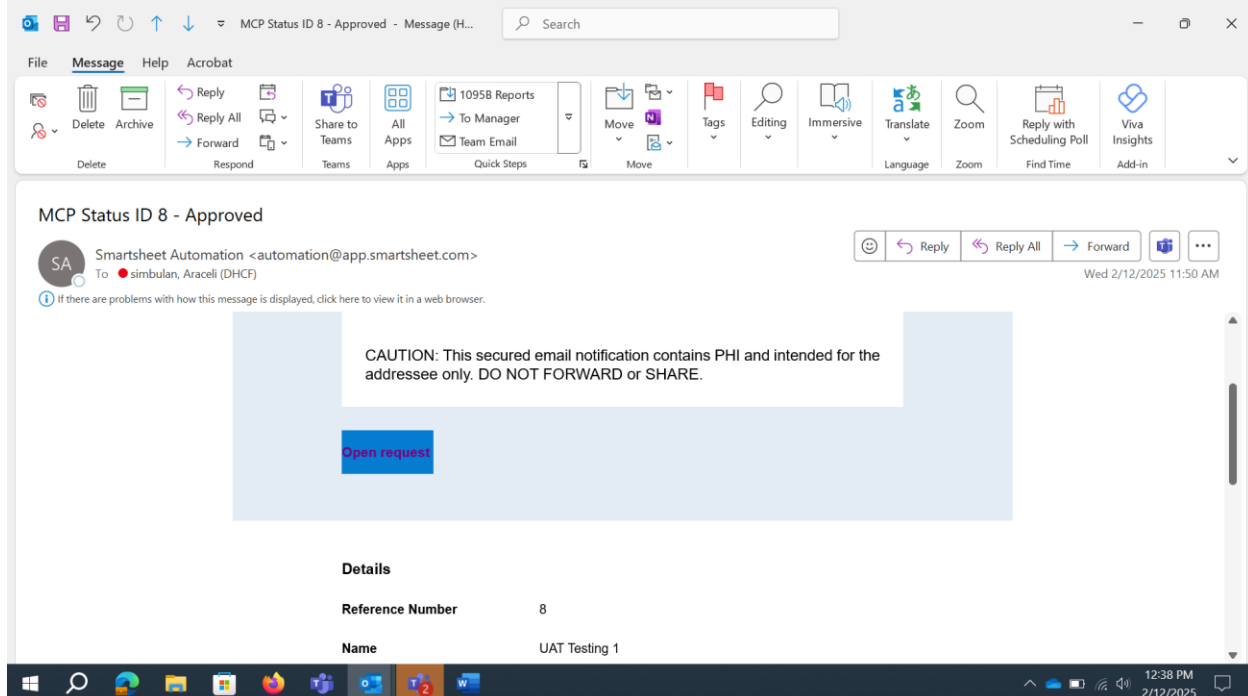
Once a decision has been made (POC enters a disposition on the dashboard), an email notification will be sent to the Submitter via secured email to let you know of the disposition/status of your request. Screenshot (below) will not display demographic information for security purposes, however, you can use the Reference Number to cross check with your records.



*** This reference number should match the number given when you completed the form.

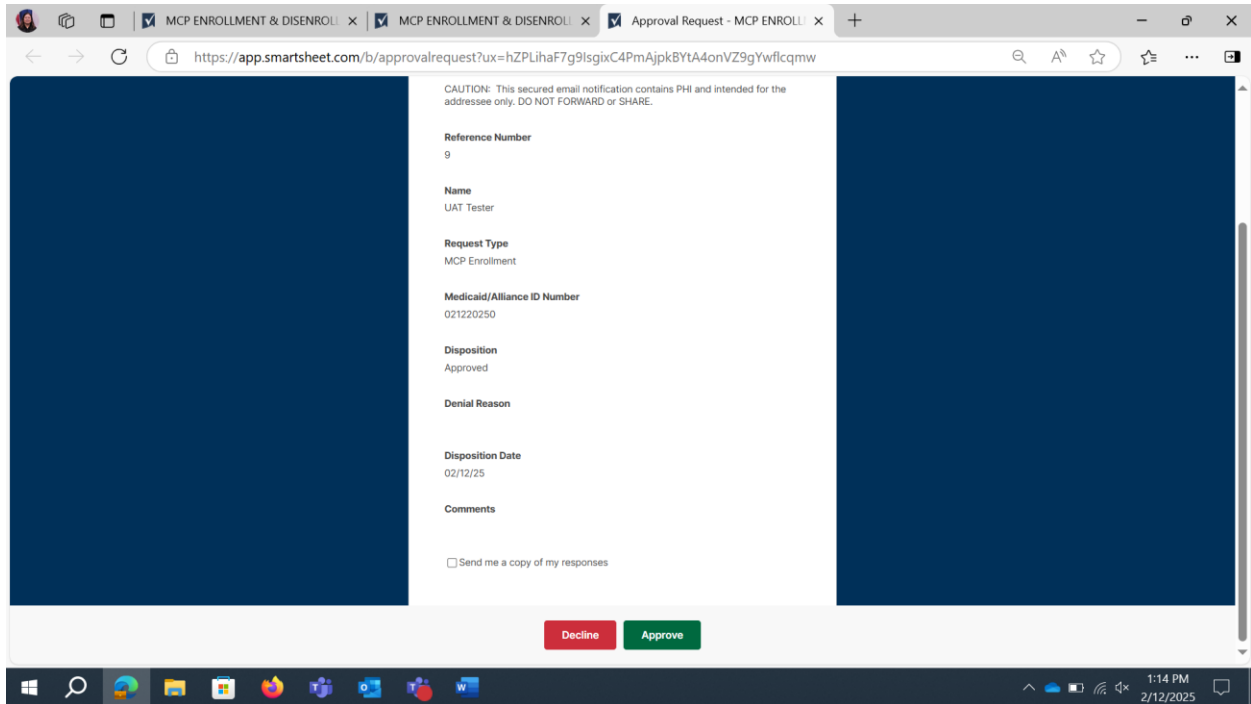
If you need to see the PHI information associated with the reference number (name, date of birth, and/or Medicaid/Alliance ID).

- Click the **“Open Request”** at the top of the email notification. This action will request an update that will display the PHI information.

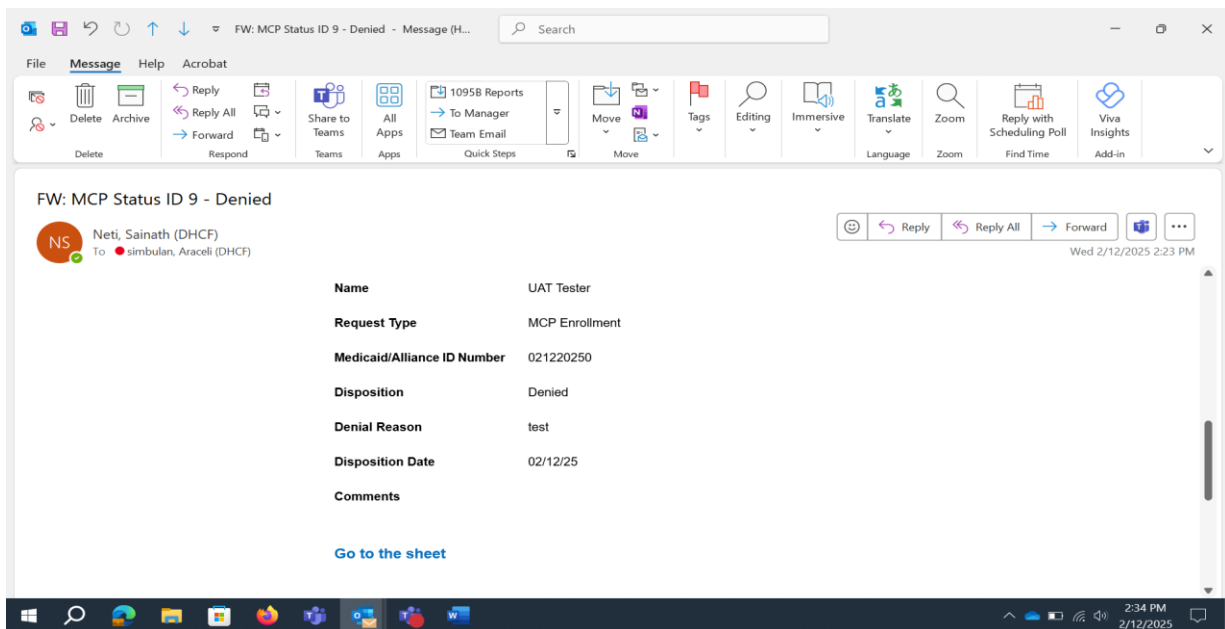


Once you click Open Request – the page below display. Close your browser.

*** IMPORTANT: **DO NOT CLICK** Decline or Approve. This is an *automated* request. Clicking Open Request is the trigger for the tool to send an update via secured email



After you close your browser, you will receive an email notification that includes the enrollee/newborn's name and Medicaid/Alliance ID Number.



This Page Intentionally Left Blank