GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 25-22

TO: DC Medicaid and Alliance Providers

FROM: Melisa Byrd, Senior Deputy Director and Medicaid Director

DATE: September 12, 2025

SUBJECT: DC Healthcare Alliance Medical and Pharmacy Services Transition

Purpose

The purpose of this transmittal is to notify DC Providers that, effective October 1, 2025, changes affecting eligibility, service delivery, and benefits for the DC Health Care Alliance and Immigrant Children's programs will be implemented in accordance with the Fiscal Year 2026 Budget Support Act of 2025 (Bill 26-260). This includes changes in medical and pharmacy services for DC Health Care Alliance Beneficiaries.

Details

Effective 10/1/2025, the DC Health Care Alliance and Immigrant Children's programs will merge into one program called the Health Care Alliance Program. The Health Care Alliance Program will *no longer* be administered under a Managed Care model. The program will instead be administered by the Department of Health Care Finance in a fee-for-service (FFS) capacity.

Covered Services for Health Care Alliance Members:

- Inpatient hospital care
- Outpatient medical care (including preventive care)
- Laboratory services
- Radiology services
- Emergency services
- Prescription drugs
- Durable medical equipment
- Dental (children only)
- Emergency Transportation

Services NOT Covered for Health Care Alliance Members:

- Home Health
- Skilled Nursing Facility care

- Cell and Gene Therapy
- Hospice
- Cosmetic procedures/medications
- Non emergent transportation
- Podiatry (adults only)
- Organ transplantation
- Vision and hearing (adults only)
- Dental (adults only)

Behavioral health services are administered by the Department of Behavioral Health (DBH).

The changes outlined in this transmittal do not apply to children enrolled in Children and Adolescent Supplemental Security Income Program (CASSIP).

The scope of medical and pharmacy services will change under the Health Care Alliance program, including:

- **Dental:** Effective 10/1/2025, dental services will not be a covered benefit for Alliance adults. For the Alliance patients who possess a current authorization for dental services extending beyond 9/30/2025 must have their prior authorization reissued by Comagine.
- **Durable Medical Equipment (DME):** Effective 10/1/2025, all requests for DME for Alliance patients will be processed by Comagine Health Inc. (Comagine). Alliance patients with current Prior Authorization (PA) from their respective Managed Care Plan (MCP), who are scheduled to receive the service after 9/30/25 or have ongoing rental months remaining, will require a new PA reissued by Comagine. Providers shall submit a new request with the original approval letter to Comagine via their web portal. Please follow the DHCF fee schedule (www.dc-medicaid.com) to determine which DME items require a prior authorization.
- **Home Health/Hospice:** Effective 10/1/2025, Home Health and Hospice Services are not covered. Alliance patients who are currently receiving home health and/or hospice services extending beyond 9/30/2025 must have their additional visits reviewed and approved by Comagine. Transition visits shall not be issued beyond 10/30/2025.
- Inpatient Hospital Services: Effective 10/1/2025, all non-emergent inpatient reviews will be processed by Comagine. If a hospital (general or specialty) has a current Alliance patient admitted prior to October 1, 2025, the MCP who approved the inpatient stay will continue to cover the inpatient stay through discharge. If the patient was admitted under Emergency Medicaid, DHCF will remain the payor through discharge. The following inpatient admission types will require an authorization from Comagine:
 - o Elective admissions
 - Hospital-to-hospital transfers
 - Direct admissions
 - o Newborn Intensive Care Unit (NICU) admissions

o Specialty hospital admissions (acute rehabilitation-pediatric or adult)

Non-covered inpatient services:

- 1. Open heart surgery
- 2. Organ transplantation surgery
- 3. Cell and Gene Therapy
- Medical/Surgical Services: Effective 10/1/2025, all requests for medical/surgical services for Alliance patients, except physician-administered drugs, will be processed by Comagine. Alliance patients with a current Prior Authorization (PA) from their respective MCP who are scheduled to receive a service that requires a PA after 9/30/25, will require a new PA issued by Comagine. Please submit a request with the original approval letter to Comagine via their web portal.
- **Skilled Nursing Facility (SNF):** Effective 10/1/2025, SNF Services are not a covered benefit. Alliance patients who are currently receiving SNF services extending beyond 9/30/2025 must have their additional visits reviewed and approved by DHCF. Requests may be faxed to (202)722-5685. Transition days shall not be issued beyond 10/30/2025.
- **Prior Authorizations:** Prior authorizations for medical/surgical inquiries contact Comagine at 1 (800) 251-8890.

Pharmacy Services:

• Physician Administered Drugs (PADs): Injectable medications administered in an outpatient setting including physician offices, outpatient hospitals, clinics, and infusion centers. Providers that plan to provide service using PADs have two options:

1. Buy and Bill

- a. Providers purchase the drug, administer it to the patient, and submit a claim to Medicaid for reimbursement as a medical benefit.
- b. Submit a PA request by fax to DHCF's Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS) at (202) 722-5685.
- c. PA request must be submitted using a 719A form, accompanied by the prescribing provider's clinical notes. Clinical documentation should support the request, including the medical necessity for prescribed drug.
- d. To determine whether a PAD requires prior authorization, refer to DHCF's fee schedule at the following link: <u>Department of Health Care Finance Interactive Fee Schedule.</u>
- e. Exception: PA requests for non-cosmetic uses of Botox (botulinum toxin) are reviewed by Comagine Health. Please contact Comagine at 1 (800) 251-8890.

2. White-Bagging

a. Providers send the order/prescription to a pharmacy provider that participates in the District's Specialty Pharmacy Network. The list can be found at

- https://www.dc-pbm.com/provider/external/medicaid/dc/doc/enus/District Mental Health Provider Network.pdf.
- b. The pharmacy processes the claim as a pharmacy benefit and ships/delivers the medication directly to the provider's office for administration.
- c. For drugs requiring PA: Submit requests to the FFS Medicaid Pharmacy Benefit Manager (PBM) via fax at 866-535-7622 and for questions or additional information, call 1 (800) 273-4962.

Outpatient Drug Benefit Coverage

- 1. Prior authorizations for medical claims inquiry, contact Comagine Health at 1-800-251-8890.
- 2. The Alliance program drug benefit is primarily limited to generic medications.
- 3. Coverage for brand-name drugs will only be provided in cases where:
 - a. No generic equivalent exists, or
- b. The generic version is medically inappropriate or unavailable, leaving the brand-name drug as the only effective treatment option. In such cases, the prescribing physician must provide clinical justification to support the use of brand-name drug for the patient's condition.

• Pharmacy Alliance (Fee-for-Service) claim submission:

- 1. Effective 10/1/2025 the FFS DC Medicaid PBM, Prime Therapeutics, will be responsible for DC Alliance beneficiaries' pharmacy services.
- 2. Claims for dates of service **before** 10/1/2025 should be submitted to the current MCO PBM for processing and payment.
- 3. Pharmacy Alliance (FFS) Claims Submission Instruction:
 - a. Group name/BIN/PCN for Pharmacy Alliance (FFS) Claims Submission:

Plan Name/Group	BIN: 018407	PCN: DCMC018407
Name: Alliance ICP		

4. Billing website for reference:

https://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District Payer Sheet Medicaid.pdf

HIV/AIDS Treatment and Prevention Coverage

- Alliance members will continue to receive antiretroviral (ARV) medications for HIV treatment through the AIDS Drug Assistance Program (ADAP). For information, contact ADAP Hotline at (202) 671-4815.
- For HIV prevention, Alliance members will get PrEP and PEP coverage under the FFS Medicaid program.
- Alliance members will have access only to generic ARV medications indicated for Pre-Exposure Prophylaxis (PrEP).

• Drug Coverage Exclusions:

Effective 10/1/2025, all brand name medications with a generic equivalent will be excluded from the Alliance Formulary unless medically necessary. Providers are encouraged to prescribe FDA approved generics wherever clinically appropriate. The following categories of medications are not covered:

- 1. Brand-name drugs
- 2. Over the counter (OTC) medications
- 3. Cosmetic medications or products used for aesthetic enhancement
- 4. Erectile dysfunction medications
- 5. Investigational or experimental drugs
- 6. Medications prescribed for weight loss or obesity
- 7. HIV/AIDS medications covered by DC Health's Pharmacy Benefits Program (ADAP)
 - a. Contact DC Health's ADAP hotline at (202) 671-4815 for coverage support.
 - b. PrEP injectables are excluded from the DC Healthcare Alliance PDL
- 8. Non-rebateable drugs (not eligible under federal or state rebate programs)
- 9. Smoking cessation

• Cost-Sharing and Reimbursement

- 1. A \$0 co-payment is required per prescription.
- 2. A maximum dispensing fee of \$11.15 is reimbursable to eligible DC Medicaid pharmacies.
- **Prior Authorizations:** Any active PAs issued prior to 10/1/2025 will remain valid through 12/31/2025. New and future requests should be submitted to the DC Medicaid FFS PBM Prime Therapeutics at 1 (800) 273-4962. The DC Alliance PA form can be located at https://www.dc-pbm.com/provider/landing.
- **Pharmacy Provider Support**: Provider inquiries related to pharmacy services on or after 10/1/2025 should be directed to Prime Therapeutics Pharmacy Help Desk at 1 (800) 273-4962.

Next Steps

DHCF is committed to ensuring a seamless transition for both providers and members. Our shared goal is to minimize disruption to member access and maintain quality care.

Contact

If you have questions, please contact:

• Member/Beneficiary Customer Service Number (Fee-for-Service) Health Care Ombudsman's Office at (202) 724-7491.

• For Medical Prior Authorizations: Cavella Bishop, Program Manager, Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS), Office of the Chief Medical Officer (OCMO), Department of Health Care Finance (DHCF), at cavella.bishop@dc.gov or (202) 724-8936.

For Pharmacy Services

- Charlene Fairfax, RPh, Senior Pharmacist, Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS), Office of the Chief Medical Officer (OCMO), Department of Health Care Finance (DHCF), at Charlene.fairfax@dc.gov or (202) 442-9076;
- Tayiana Reed, PharmD, Pharmacist, Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS), Office of the Chief Medical Officer (OCMO), Department of Health Care Finance (DHCF), at Tayiana.reed1@dc.gov or (202) 478-1415;
- Gidey Amare, PharmD, RPh, Pharmacist, Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS), Office of the Chief Medical Officer (OCMO), Department of Health Care Finance (DHCF), at gidey.amare@dc.gov or (202) 442-5952.

Cc: DC Behavioral Health Association

DC Coalition of Disability Service Providers

DC Dental Society

DC Health Care Association

DC Home Health Association

DC Hospital Association

DC Primary Care Association

Medical Society of the District of Columbia

Washington DC Pharmacists Association