GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health Care Finance

New! Upcoming Eligibility Changes to the Health Care Alliance ("Alliance") Program.

Health Care Alliance Provider Frequently Asked Questions (FAQ)

Effective October 1, 2025, The Health Care Alliance program and the Immigrant Children's Program (ICP) will merge into one program called the **Health Care Alliance Program for Adults and Children.**

Purpose: The purpose of this document is to announce the changes in the Health Care Alliance and Immigrant Children's Program (ICP) and provide answers to frequently asked questions for **Providers.**

Program Overview

1. **What is the Health Care Alliance Program for Adults and Children?**
   The Health Care Alliance program serves residents with no other insurance and those who are not eligible for Medicaid or Medicare and meet eligibility requirements. The program provides healthcare coverage for adults age 21 or older and children age 20 or younger who do not qualify for Medicaid.

2. **How does Health Care Alliance Program relate to DC Medicaid and what is changing?**
   The District of Columbia operates both Medicaid and the Health Care Alliance Program/Immigrant Children Program (ICP) as separate programs. The District of Columbia will now offer Health Care Alliance as a Fee for Service Program effective **October 1, 2025**. Health Care Alliance and ICP members will no longer be enrolled in the Managed Care Plans (MCPs) through AmeriHealth Caritas District of Columbia, Wellpoint and MedStar Family Choice District of Columbia.

   CASSIP Members enrolled in Health Services for Children with Special Needs (HSCSN), will remain in that managed care program.

3. **What is Fee-For-Service?**
   A healthcare payment model that pays health care providers—doctors, clinics, hospitals, labs—directly for each specific, covered service they provide to an Alliance beneficiary.

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Services

1. **What services are covered for Health Care Alliance members?**
   The Health Care Alliance offers health care services including inpatient hospital care, outpatient medical care (including preventive care), laboratory services, X-ray, emergency services, prescription drugs, dialysis, durable medical equipment. Podiatry, Vision, Hearing and dental are only covered for children.

2. **Are Behavioral Health Services covered in the new Alliance program? Who should I contact with questions?**
   Services are administered by Department of Behavioral Health.
   All Questions on access to services should be directed to:
   Dr. Jean Moise,
   Department Director of Adult Services
   (202) 281-9220
   jean.moise@dc.gov.

3. **Are oncology services covered?**
   Yes, chemotherapy, radiation treatment and surgery will remain a covered benefit when administered/provided in a hospital. Requests for chemotherapy and radiation treatment should be faxed to *(202) 722-5685*.

4. **Is hemodialysis covered? Are Peritoneal dialysis supplies covered?**
   Yes. Dialysis is a covered benefit, as are Peritoneal dialysis supplies. No PA is required.

5. **What should a provider do if they have a patient who is currently pregnant and still eligible for Alliance Services? How do we submit claims for pregnant patients?**
   Assist the patient and report the pregnancy through all available methods, such as District Direct, phone, fax, mail or in-person.
   Eligible patients will be enrolled in CHIP From-Conception-to-End-of-Pregnancy (FCEP). The Managed Care Plan the patient is assigned to, will handle all claims.

6. **How can providers tell if a pregnant patient is covered by FCEP - will their cards look different?**
   No, the cards will not look different the program codes are different. Those patients in FCEP will have program codes are 471 & 471U

7. **What Pharmacy services are covered?**

A limited number of generic prescription medications are covered. Please refer the Prime *Limited Alliance Formulary*.
In addition to the above formulary, please use this *link for diabetic supplies*.

8. **How will Alliance patients access HIV medications?**
   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).

9. **Are Physician Administered drugs covered?**
   Yes, **Physician Administered Drugs (PADs),** Injectable medications administered in an outpatient setting including physician offices, outpatient hospitals, clinics, and infusion centers are a covered benefit.

   Providers that plan to provide service using PADs have two options:

   Buy and Bill
   Providers purchase the drug, administer it to the patient, and submit a claim to Medicaid for reimbursement as a medical benefit.
   Submit a PA request by fax to DHCF's Division of Clinicians, Pharmacy, and Acute Provider Services (CPAPS) at *(202) 722-5685*.

   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.

   To determine whether a PAD requires prior authorization, refer to DHCF's fee schedule at the following link: *Department of Health Care Finance - Interactive Fee Schedule*.

   Exception: PA requests for non-cosmetic uses of Botox (botulinum toxin) are reviewed by Comagine Health. Please contact Comagine at *1 (800) 251-8890*.

   White-Bagging

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/en-us/District_Mental_Health_Provider_Network.pdf*

The pharmacy processes the claim as a pharmacy benefit and ships/delivers the medication directly to the provider's office for administration.

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.

10. What services are NOT covered For Adults?

× **Home health**	× **Dental**
× **Skilled Nursing Facility Care**	× **Cell and Gene Therapy**
× **Hospice**	× **Cosmetic Procedures/Medications**
× **Nonemergent Transportation**	× **Podiatry**
× **Organ Transplantation**	× **Vision and Hearing**

11. What services are NOT covered For Children?

× **Home health**	× **Organ Transplantation**
× **Skilled Nursing Facility Care**	× **Cell and Gene Therapy**
× **Hospice**	× **Cosmetic Procedures/Medications**
× **Nonemergent Transportation**	× **Investigational procedures**

12. What Pharmacy Services are NOT COVERED?

Branded or generic, and even if deemed medically necessary, for:

- Anti-obesity medications
- Smoking cessation therapies
- Cosmetic medications
- OTC medications
- Erectile dysfunction drugs
- Cell and gene therapy
- Investigational drugs or off-label use

13. Are there different services for children vs. adults?

Children with Special Needs, up to age 26, will continue to receive that benefit from Health Services for Children with Special Needs (HSCSN). HSCSN is one of the

managed care plans specifically designed for pediatric populations with special healthcare needs (CASSIP).

14. Are there any costs for members for services?
There are no premiums and no copayments or other charges for medical services covered by Health Care Alliance. There is a zero ($0) dollar copay for prescriptions.

15. If a member is in the hospital *during the transition* who is the billing provider?
If the member was admitted through the emergency room, please continue to submit claims under Emergency Medicaid to DHCF.

If the member was admitted for an elective procedure, hospital to hospital transfer, or direct admission; please submit the claim to the authorizing Managed Care Plan.

If a hospital (general or specialty) has a current Alliance patient admitted prior to October 1, 2025, the Managed Care Plan who approved the inpatient stay will continue to cover the inpatient stay through discharge.

16. Is there a list of Outpatient services that require a Prior Authorization (PA)?
On the provider portal, you can either download the Fee schedule or utilize the *interactive fee schedule* to determine which codes require a PA.

17. Are there inpatient services that require a Prior Authorization (PA)?
Yes. The following inpatient admission types will require an authorization from Comagine Health Inc. (Comagine) 1 (800) 251-8890:

- Elective admissions
- Hospital-to-hospital transfers
- Direct admissions
- Newborn Intensive Care Unit (NICU) admissions
- Specialty hospital admissions (acute rehabilitation-pediatric or adult)

Non-covered inpatient services:

- × Open heart surgery
- × Organ transplantation surgery
- × Cell and Gene Therapy

18. If an Alliance patient is scheduled for an approved surgical procedure after October 1, 2025 what is the process to ensure the patients procedure occurs?
The provider is required to submit the original approval letter to Comagine in order to receive reimbursement for the procedure.

19. **If an Alliance patient is currently in a Skilled Nursing Facility, will they continue to receive services after 9/30/25?**
    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**.

20. **If an Alliance patient has a PA for a medical or surgical service that has not been completed by 9/30/25 is a new PA required?**
    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 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.

21. **What happens when an Alliance patient requires Durable Medical Equipment (DME)? What is the process for rentals?**
    Effective 10/1/2025, all requests for DME for Alliance patients will be processed by 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.

22. **What is the procedure for home health and/or hospice services that are ending on 9/30/25.**
    Effective 10/1/2025, Home Health and Hospice Services are not covered. Home Health Services include: Skilled Nursing, Private Duty Nursing, Home Health Aide, Physical Therapy, Occupational Therapy, Speech and Language Pathology, and Personal Care Aides. If an Alliance patient (adult or child) is currently receiving home health and/or hospice services extending beyond 9/30/2025 they must have their additional visits reviewed and approved by Comagine. **Transition visits shall not be issued beyond 10/30/2025.**

23. **What options do Alliance adult patients have who are currently in ongoing dental treatment like braces or crowns?**
    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

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Comagine. **Dental Services will be covered up to $1000/yr for adults completing treatment started prior to 10/1/25.**

Provider Network and Locations

1. **Where can Health Care Alliance members receive services?**
   Health Care Alliance members receive services through a primary care clinicians, pharmacists and specialists who are enrolled as a FFS provider with DHCF.

   Services can be provided at:
   - **Federally Qualified Health Centers (FQHC):** Primary care services.
   - **Primary Care Physician Offices:** Enrolled as an FFS Provider.
   - **Hospitals:** In-network hospitals that are contracted providers with DHCF.
   - **Emergency Departments:** Emergency services are covered regardless of network status.
   - **Pharmacies:** DC Medicaid enrolled pharmacies for prescription drug coverage.
   - **Dental Offices:** Participating dental providers **CHILDREN ONLY.**

2. **What happens if a member needs out-of-network care?**
   Any service provided by a healthcare professional outside of the fee for service network may require prior authorization or may not be covered.

Provider Enrollment and Requirements

1. **How do providers become enrolled with DC Medicaid/Alliance?**
   Providers are doctors, hospitals, and pharmacies who are enrolled with DC Medicaid. Providers must complete the enrollment process with the Department of Health Care Finance. Link*: https://www.dcpdms.com/Account/Login.aspx?ReturnUrl=%2f.*

2. **What do providers have to do if they are a Managed Care Only Provider?**
   If you are enrolled as a Managed Care only provider and plan to bill for services rendered to Alliance beneficiaries, you must convert your provider account at *www.dcpdms.com* to a standard Medicaid application. As a part of that process, you will be required to complete an EFT application.

3. **What types of healthcare professionals can serve as PCPs?**
   Primary care providers (PCP) can be family or general practitioners, nurse practitioners, internists, pediatricians, or obstetrician/gynecologist.

Eligibility, Service Authorization and Coverage

1. **How do we confirm if a patient is eligible for Alliance program and services?**

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Providers can log in and utilize the DC Medicaid web portal at *Department of Health Care Finance - Home Page* to confirm a beneficiary's Healthcare Alliance eligibility.

2. **Are there age or condition requirements for certain services?**
   Select services could require a certain age or condition. Members will be notified of any changes before they take effect.

2. **Is retroactive coverage available?**
   Health Care Alliance program enrollees are not eligible for retroactive coverage.

3. **Who do I contact for prior authorization for medical services? Pharmacy benefits?**
   - Medical/Surgical Services: Comagine Health - **1 (800) 251-8890**
   - Durable Medical Equipment: Comagine Health - **1 (800) 251-8890**
   - Pharmacy Service: Prime Therapeutics - **1 (800) 273-4962**
   - Physician Administered Drugs: DHCF Pharmacy Team – **1 (202) 722-5685**

Additional Resources

Who should providers contact for specific questions?
Providers should contact:

- The Department of Health Care Finance (DHCF) for program and policy questions**:**
  Phone: 1 (202) 724-7491
  Fax: 1 (202) 478-1397
  TTY: 711
  Alternate Number: 1 (877) 685-6391
  Email: *healthcareombudsman@dc.gov*
- The DC Medicaid provider services line for enrollment and billing questions **1 (202) 906-8319**

- **Pharmacy: Health Care Alliance (Fee for Service) Claims Submission**
  - Instructions or website for reference:
    District of Columbia Medicaid NCPDP D.0 Payer Specifications
  - BIN/PCN for Health Care Alliance Drugs

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

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- BIN/PCN for HIV Drugs, if different than FFS): DC Health's ADAP program will continue to service Health Care Alliance patients 18 and older who are HIV positive
- Phone number for pharmacies to use for HIV Drug questions, if different from FFS: The contact number for DC Health's ADAP hotline is **1 (202) 671-4815**
- Pharmacy: Health Care Alliance Authorization Requests (Fee for Service) PA Line for FFS program - Prime Therapeutics Management **1** (**800) 273-4962**
- Health Care Alliance general Prior authorization form is pending District approval, will be located at *Home | DC Pharmacy Programs*
- Pharmacy: Health Care Alliance Pharmacy Customer Service Number for Beneficiaries/Enrollees (Fee for Service) Prime Therapeutics Management, **1** (**800) 272-9679.**