

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 25-30

TO: DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: December 15, 2025

SUBJECT: Nursing Facility Roles and Responsibilities When Admitting DC Healthy Families Medicaid Managed Care Plan (MCP) Enrollees

Purpose

The purpose of this transmittal is to provide an update to the Medicaid Nursing Facility providers and outline the roles and responsibilities of Medicaid nursing facility providers when admitting Medicaid beneficiaries enrolled in the DC Healthy Families Program (DCHFP). The DC Healthy Families program is comprised of AmeriHealth Caritas DC, MedStar Family Choice DC and Wellpoint DC managed care plans. For individuals enrolled in the District's Dual Special Needs Plan (DSNP), nursing facilities should follow the process established for the DSNP program. DSNP inquiries may be sent via email to DCPROVIDERS@uhc.com. Fee-For-Service (FFS) inquiries may be submitted via the [DHCF link](#). This transmittal updates and replaces [Transmittal #21-24](#) dated June 22, 2021. All changes outlined in this transmittal become effective on **December 15, 2025**.

Details

The DC Healthy Families Program covers nursing facility services for individuals age twenty-one (21) or older (other than services in an institution for mental diseases) described in 42 C.F.R. 440.40 and 440.155, up to ninety (90) consecutive days, who need skilled nursing and skilled rehabilitation services. Beginning October 1, 2020, MCPs are responsible for payment for their enrollees for up to ninety (90) consecutive days in a nursing facility. For admission occurring prior to October 1, 2020, MCPs were only responsible for only the first thirty (30) consecutive days.

MCP Enrollment Verification

Staff at nursing facilities must check and verify DC Medicaid eligibility of each individual through the DHCF's Medicaid Web Portal (www.dc-medicaid.com) and/or the District of Columbia Government Medicaid Interactive Voice Response (IVR) system at (202) 906-8319

(inside the DC Metro area) or 1 (866) 752-9233 (outside the DC Metro area), in order to determine Medicaid eligibility status and to identify if the individual is enrolled in an MCP.

The nursing facility must verify Medicaid eligibility and MCP enrollment at the beginning of every month to ensure the individual has continued coverage. If the individual is enrolled in an MCP, even if Medicaid coverage is secondary insurance, the facility must contact the MCP. The MCP is responsible, in collaboration with the nursing facility staff, to determine the purpose of the admission and the expected duration. The nursing facility must inform the MCP of the requested admission and obtain the MCP's approval prior to the admission. The MCP's contact information is provided at the end of this transmittal.

Responsibility for Payment

- If an individual is enrolled in an MCP at the time of admission to a nursing facility, the MCP is responsible for preauthorizing the stay and the MCP is responsible for payment of skilled services during the stay, up to and including the ninetieth (90th) consecutive day, as long as the individual continues to be enrolled in the MCP and meets the skilled nursing and skilled rehabilitation medical necessity and level of care standard.
- If a MCP-eligible individual loses Medicaid eligibility while in a nursing facility and subsequently regains Medicaid eligibility, the individual will not be re-enrolled in the MCP.
- If a MCP-eligible individual changes MCPs mid-stay of an admission in a nursing facility, or episode of care, the admitting MCP is responsible for payment of services through discharge of that admission.
- For nursing facilities for whom the MCPs nursing facility authorization ends anytime during a month in which the beneficiary remained enrolled in Medicaid managed care, and/or for whom the MCP denied payment after the 90th day, including mid-month, the nursing facility can submit paper claims to DHCF. Specifically, claims can be submitted to the Health Care Operations Administration (HCOA) and Long Term Care Administration (LTCA) to approve the submission of paper claims to pay these days on a Fee-For-Service (FFS) basis. If nursing facilities have questions about submitting FFS paper claims, they can contact the HCOA at (202) 698-2000. Facilities may also reach DHCF through the [Electronic Provider Programmatic Report](#).
- If an individual enrolled in a MCP becomes ineligible for DCHFP managed care (qualifies for Medicare or becomes age 65) while in a nursing facility, the individual will be disenrolled from the MCP, and the remaining stay will be covered under Medicaid Fee- For-Service (FFS) or the District's Dual Special Needs Program if eligible.

Please note that an individual may be in the process of being assigned to an MCP at the time of admission. If DHCF is not informed that the individual is in a nursing facility, the MCP enrollment transaction will occur. The nursing facility must notify the DHCF Long Term Care

Administration (LTCA) to reverse the MCP enrollment and place the individual back into the FFS of DSNP program, if eligible.

Stays Expected to Exceed Ninety (90) Days of Skilled Nursing Facility Care

If the MCP enrollee requires less than ninety (90) consecutive days in a skilled nursing facility, the MCP will notify the nursing facility of the enrollees authorized length of stay and will work collaboratively with the nursing facility to ensure discharge from the facility to appropriate services

Stays that meet the Long-Term Care Nursing Facility Level of Care but does not meet Skilled Nursing Facility Care

If the individual meets the Long-Term Care nursing facility level of care but does not require skilled services, the nursing facility will initiate the Long-Term Care Application process and the MCP will disenroll the individual.

MCP Contact

MCP	TELEPHONE	FAX
AmeriHealth Caritas District of Columbia	(202) 408-4823 (800) 408-7510	(202) 408-1031 (877) 759-6216
MedStar Family Choice District of Columbia	(202) 363-4348 (855) 798-4244	(202) 243-6258
Wellpoint District of Columbia	(833) 346-1663 (833) 346-1663	(844) 495-4419 (844) 495-4421

Contact

If you have questions, please contact Lucy Ohiosikha, Program Analyst, Health Care Delivery Management Administration, Department of Health Care Finance (DHCF), at Lucy.Ohiosikha@dc.gov or (202) 724-4282.

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
DC Managed Care Plans
Medical Society of the District of Columbia