

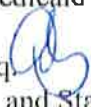
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy/State Medicaid Director

Transmittal # 17-28

To: District of Columbia Medicaid Managed Care Organizations (MCO)

From: Claudia Schlosberg, Esq. 
Senior Deputy Director and State Medicaid Director

Date: November 27, 2017

Subject: Mandatory Medicaid Managed Care Network Provider Enrollment in D.C. Medicaid

This transmittal amends and supersedes DHCF Transmittal # 17-28, issued on November 7, 2017, regarding the mandatory enrollment of specified managed care network provider types in in D.C. Medicaid by January 1, 2018.

Background

Federal law requires State Medicaid agencies to screen and enroll MCO network provider types recognized by the State Plan by January 1, 2018.¹ Enrollment in D.C. Medicaid does **not** require the provider to serve fee-for-service beneficiaries.

Applicable Provider Types and Deadlines

Appendix A contains an updated list of all the MCO network provider types required to enroll in D.C. Medicaid. Although federal law requires enrollment by January 1, 2018, the DHCF Provider Data Management System (PDMS) can only accommodate that deadline for individual provider types, but not for organizational providers. Individual provider types are able to immediately enroll in D.C. Medicaid through the “Streamlined Application” option in PDMS. For your convenience, the nine (9) individual provider types that can enroll immediately are:

- | | |
|-------------------------|--------------------------------|
| 1. Audiologist | 6. Optician/Optical Dispensary |
| 2. Dentist | 7. Optometrist |
| 3. Doctor of Osteopathy | 8. Physician, MD |
| 4. Nurse Midwives | 9. Podiatrist |
| 5. Nurse Practitioner | |

¹ 42 U.S.C. § 1396U-2(d)(6)

All other applicable provider types (listed in Appendix A), are considered “organizational providers” (e.g., group practice, institution), for whom the Streamlined Application option is unavailable. DHCF is in the process of updating PDMS to enable enrollment of organizational providers on a non-billing Managed Care only basis. DHCF anticipates that this functionality will be available in PDMS by early January 2018, and will provide a definite date and further guidance to the MCOs in the near future. Please note that even though the organizational provider types listed in Appendix A cannot enroll in PDMS by January 1, 2018, that individual provider types furnishing services in such organizations must still enroll in D.C. Medicaid by January 1, 2018.

Reporting

DHCF requests that each MCO utilize the template attached as Appendix D, to submit a weekly list of all the applicable network providers who are not enrolled in D.C. Medicaid. To facilitate the creation of this list, please reference Appendix B, which lists all currently enrolled D.C. Medicaid providers. DHCF will send an updated list of currently enrolled providers to each MCO by email every Monday, on a weekly basis.

Frequently Asked Questions

DHCF has also updated its Frequently Asked Questions supplement to include information about the applicability of the D.C. Medicaid application fee. Please do not hesitate to contact DHCF with any questions or concerns. Please submit all inquiries related to MCO network provider enrollment to dhcf.providerenrollment@dc.gov. Immediate questions, comments, or concerns may be directed to Ms. Natasha Lewis by email at, Natasha.lewis@dc.gov, or by telephone at (202) 698-2006.

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Appendix A to DHCF Transmittal # 17-28

Individual Provider Types

The following individual provider types should utilize the “Streamlined Application” in PDMS to enroll in D.C. Medicaid immediately:

1. Audiologist
2. Dentist
3. Doctor of Osteopathy
4. Nurse Midwives
5. Nurse Practitioner
6. Optician/Optical Dispensary
7. Optometrist
8. Physician, MD
9. Podiatrist

Organizational Provider Types

The following organizational providers types must enroll in D.C. Medicaid. Enrollment will be available through PDMS on a non-billing Managed Care only basis after January 1, 2018

- | | |
|-------------------------------|-------------------------------------|
| Adult Day Health 1915(i) | Hospice |
| Ambulance, Air Transport | Hospital, Emergency Access |
| Ambulance, Private | Hospital, General |
| Ambulance, Public | Hospital, LTAC |
| Ambulatory Surgical Centers | Hospital, Psychiatric Private |
| Birthing Centers | Hospital, Psychiatric Public |
| Clinic, Adlt Alc/Subst Abuse | ICF/IDD |
| Clinic, Family Planning | Ind Xray And Lab |
| Clinic, Fed Qualified Health | Independent La |
| Clinic, Mental Health | Independent X-Ray |
| Clinic, Private | Medical Transportation Broker |
| Clinic, Youth Alc/Subst Abuse | Nursing Facility |
| Dentist, Group Practice | Pharmacy, Institutional |
| Durable Medical Equipment | Pharmacy, Retail |
| Hearing Aid Dealer | Physician Assistant |
| Hemodialysis, Freestanding | Physician, Group Practice |
| Hemodialysis, Hospital Based | Podiatrist |
| Home Health Agency | Residential Treatment Center / PRTF |

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MCO NETWORK PROVIDER ENROLLMENT IN D.C. MEDICAID
FREQUENTLY ASKED QUESTIONS

I. Applicable Provider Types

Question: To what extent is the State Medicaid enrollment mandate applicable to providers by whom Medicaid reimbursable services are delivered under the administration of the Department of Behavioral Health (DBH), or the Office of the State Superintendent of Education (OSSE)?

Answer: Per Appendix A, attached to the DHCF Transmittal # 17-28 the only providers delivering behavioral health services administered by DBH or OSSE that need to enroll in D.C. Medicaid are Mental Health Rehabilitation Service (MHRS) providers and Free Standing Mental Health Clinics (FSMHC).

Question: Are there any provider types that are excluded from the enrollment mandate?

Answer: Yes. Please refer to the list set forth in Appendix A DHCF Transmittal # 17-28 for a list of all network provider types that must enroll in D.C. Medicaid.

Question: To what extent does the State Medicaid enrollment mandate apply to Vision and Dental providers?

Answer: Per Appendix A, attached to the DHCF Transmittal # 17-28 the only providers Dental and Vision providers subject to the D.C. Medicaid enrollment mandate are: Dental FQHC Clinic, Dentist-Group Practice, Dentist, Optician/Optical Dispensary, and Optometrist.

Question: Are applicable network provider types who deliver services out-of-state also subject to the State Medicaid enrollment mandate?

Answer: Yes. There is no legal exemption for out-of-state providers. All applicable network provider types that deliver items or services to eligible D.C. Medicaid beneficiaries are required to enroll in D.C. Medicaid by January 1, 2018.

II. Scope and applicability of the limited 120-day period to enroll network provider pending the outcome of enrollment in D.C. Medicaid

Question: The Medicaid Managed Care regulations at 42 C.F.R. § 438.602(b)(2) state that MCOs may execute network level provider agreements pending the outcome of the D.C. Medicaid enrollment process up to 120 days. How does this 120 day “grace period” affect eligibility for Medicaid claims payment?

Answer: According to the plain language of the rule (taken in conjunction with the federal statutory mandate), the 120-day period provision applies prospectively, not retrospectively. This means that the 120-day period is inapplicable to MCO network provider agreements executed prior to January 1, 2018, the effective date of the State Medicaid enrollment requirement. After January 1, 2018, the MCOs may execute network level provider agreements with applicable provider types for up to 120 days pending the outcome of the D.C. Medicaid enrollment process. However, the MCOs must terminate such network providers immediately upon notification from DHCF that the provider cannot be enrolled, or the expiration date of the 120 day period without enrollment, and notify any affected enrollees accordingly. Encounters by applicable network provider types outside of these parameters are ineligible for Medicaid reimbursement, and are thus not considered an “encounter” for consideration in the MCOs capitation payment.

III. CMS considerations

Questions: (a) Will CMS consider a “grand-father” period for providers already in MCO network to allow claims while providers proceed through enrollment process?

(b) With an effective of January 1, 2018 and less than two months to implement, will CMS consider a grace period?

Answer: There are no exceptions to the State Medicaid enrollment deadline of January 1, 2018 for applicable MCO network providers. For considerations made by CMS during the comment period preceding publication of the Medicaid Managed Care regulations, please see 81 FR 27602.

IV. Communication between DHCF and the contracted Managed Care Organizations

Question: Will DHCF established regular meetings (weekly) with MCOs manage/track process until effective date?

Answer: Yes. DHCF will conduct weekly meetings with the MCOs through April 1, 2018. Please reference the DHCF transmittal to the MCOs dated November 7, 2017 for key deadlines in the implementation time frame.

Question: Will MCOs receive list of required enrollment provider types from DHCF? If yes, when will report be distributed?

Answer: Yes. Please refer to Appendix A of DHCF Transmittal # 17-28.

V. Application Fee

Question: Which providers must pay an application fee to enroll in D.C. Medicaid?

Answer: Only institutional providers are subject to the application fee. Individual practitioners and group practices are exempt from the application fee. The application fee is waived for institutional providers enrolled in Medicare and/or another State's Medicaid or CHIP program.