



DC Medicaid Reform: MCO Provider Forums



NOVEMBER 19, 2020



Announcements



- All attendees will be muted during the presentation.
- Please use the Q&A box shown at right to ask a question during the presentation. Please ask all panelists. Questions by held for verbal response during Q&A.
- Individuals on the phone will be able to ask questions at the end of the presentation.
- A copy of the presentation will be available on the DHFC website.

The screenshot displays a Q&A interface. At the top, there is a dropdown menu labeled 'Q&A' with a close button 'X'. Below it, a section titled 'All (1)' is shown. The first entry is a question from 'Bill Hanna - 11:30 AM': 'Q: How many MCOs will there be?'. The second entry is an answer from 'DHCF Public Affairs - 11:31 AM': 'A: There will be three MCOs'. Below the Q&A list, there is an 'Ask:' dropdown menu currently set to 'All Panelists'. A text input field contains the text 'Select a panelist in the Ask menu first and then type your'. To the right of the input field is a 'Send' button. A tooltip with a question mark icon and the text 'Q&A' is positioned over the input field. At the bottom of the interface, there are three buttons: 'Participants' (with a person icon), 'Chat' (with a speech bubble icon), and a three-dot menu icon.



Agenda

1. Welcome & Introduction

- **DHCF Strategic Priorities**
- **Transition Background & Key Takeaways**
- **Continuity of Care Expectations**

2. DC's Managed Care Organizations (MCO)

- AmeriHealth Caritas District of Columbia, Inc
- CareFirst BlueCross BlueShield Community Health Plan District of Columbia (formerly known as Trusted Health Plan)
- MedStar Family Choice

3. Questions & Answers

4. Additional Resources



Led by Strategic Priorities, DHCF is Reforming Medicaid



➤ **VISION**

All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.

➤ **MISSION**

The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

➤ **VALUES**

Accountability – Compassion – Empathy – Professionalism – Teamwork

➤ **STRATEGIC PRIORITIES**

1. Building a health system that provides whole person care
2. Ensuring value and accountability
3. Strengthening internal operational infrastructure



New Contracts with AmeriHealth, CareFirst Community Health Plan and MedStar Family Choice began October 1, 2020



MCOs Received a Nearly Equal Number of Enrollees Through the Reassignment Process

- Auto-assignment to the new MCOs was completed on 8/29
- 16,684 Medicaid adult beneficiaries transitioned from FFS
- 218,100 current managed care enrollees reassigned

Assignment by Health Plan as of 8/29

MCO	Transition from FFS	Current MC Enrollees*	Total*
AmeriHealth	5,531	72,941	78,472
CareFirst	5,598	72,668	78,266
MedStar	5,555	72,491	78,046
Total	16,684	218,100	234,784



Key Takeaways



1. Covered benefits and eligibility requirements have not changed.
2. New managed care enrollees transitioning from FFS will receive care coordination and an Individualized Care Plan from a designated case manager
3. All managed care enrollees have been assigned to an MCO effective October 1. Enrollees may change to any MCO for any reason between October 1 – December 31, 2020
4. All DC hospitals, FQHCs and hospital affiliated physician groups must be in network for all MCOs
5. Enrollees are ensured that coverage and care will not be interrupted



Universal Contracting Requirement



All MCOs must include in their network

- All current and future District acute care hospitals and affiliated physician groups
 - Howard University, Medstar Washington Hospital Center, Medstar Georgetown, Children’s National, United Medical Center, Sibley, and George Washington Hospital

- Federally Qualified Health Centers (FQHC) and FQHC look-alikes for primary care, dental, preventive care and/or specialty services
 - Community of Hope, Elaine Ellis Center of Health, Family and Medical Counseling Services, La Clinica del Pueblo, Mary’s Center, Unity Health Care, Whitman Walker, Bread for the City, So Others Might Eat (SOME)



Continuity of Care transition period between October 1, 2020 and December 31, 2020



DHCF Expectations

- On October 5, DHCF issued a [continuity of care letter](#)
 - The letter asked that health care providers **not cancel appointments** with current patients and that providers would be **paid promptly**
 - During the transition period, MCOs will reimburse for services rendered to covered beneficiaries regardless of the providers contracted status with the MCO
 - In addition, the following services may extend beyond the 90-day COC transition period:
 - Personal Care Aide (PCA) Services shall continue until the enrollee receives their annual comprehensive assessment or a change in condition results in a new plan of care being developed, and services are authorized and arranged as required to address the long term care needs of the enrollee.
 - Prenatal and postpartum care for the entire course of pregnancy including postpartum care (six weeks after birth).
 - Transplant Services for one-year post-transplant.
 - Oncology services including radiation and/or chemotherapy services for the duration of the current round of treatment.
 - Full course of treatment of therapy for Hepatitis C treatment drugs.



Continuity of Care transition period between October 1, 2020 and December 31, 2020



DHCF Pharmacy Expectations

- MCOs must allow recipients to continue to receive their prescriptions through their current provider
- On October 6, DHCF issued a [pharmacy continuity of care letter](#)
 - DHCF guarantees that each MCO will retrospectively reimburse, regardless of whether the DC Medicaid enrolled pharmacy is contracted with the MCO. Valid authorizations and prescriptions are honored if issued prior to October 1, 2020.
- On October 23, DHCF issued [Transmittal 20-38](#) 72-hour (3-day) Emergency Supply of Medication
 - Authorizes in-network pharmacy providers to dispense a 72-hour (3-day) emergency supply of medication(s) (determined by the pharmacist) while a prior authorization (PA) decision is being finalized.



Other Common Issues During the Transition Period



Beneficiaries seeking to update their information

- Request to change address, name and/or DOB, or seeking status of application for Medicaid coverage should be directed to ESA Service Center.
 - DHS CALL CENTER - 202-727-5355

Beneficiaries requesting a new Medicaid ID Cards

- Request for Medicaid ID Cards should be directed to the members MCO.
 - AmeriHealth - <https://www.amerihealthcaritasdc.com/member/eng/medicaid/getting-started/id-card.aspx>
 - CareFirst - <https://www.carefirstchpdc.com/medicaid-your-id-card.html>
 - MedStar - contact MedStar Family Choice-DC Enrollee Services at **888-404-3549**.



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Pharmacy Town Hall

Tracey Davis, PharmD

Director of Pharmacy

AmeriHealth Caritas District of Columbia

November 2020



Delivering the Next
Generation
of Health Care

Transition and honoring outstanding services

- AmeriHealth Caritas District of Columbia has transition logic in place to assist with Continuity of Care
- All members are able to obtain a transition supply for at least 90 day worth of medications
- Members (and Provider) receive a transition letter if they access a transition supply alerting them that after the transition supply is exhausted, members will need to contact their doctor to obtain a prescription for a formulary alternative medication or to request a prior authorization

Pharmacy Credentialing and Participation

- Pharmacies that would like to join the AmeriHealth Caritas District of Columbia network are able to do so by contacting PerformRx.
- PerformRx Network Administration team can be reached at 800-555-5690
- PerformRx allows all eligible pharmacies to join the network.
- Participation requirements include:
 - Appropriate state licensure- active license with no sanctions
 - Active DEA registration
 - Proof of minimum liability insurance

Specialty Network

List of Pharmacies

- Excel Pharmacy
- Flexcare Pharmacy
- Kalorama Pharmacy
- Grubbs SE Pharmacy
- Grubbs NW Specialty
- Preform Specialty
- Terrapin Pharmacy

Pharmacy Prior Authorizations

- Prescribers may contact PerformRx to request prior authorization by fax, phone or online:
 - Prior authorization requests can be faxed to 1-855-811-9332. To obtain the prior authorization request form, providers can go to the AmeriHealth Caritas DC website at <http://www.amerihealthcaritasdc.com/provider/resources/forms.aspx>
 - Prior authorization requests can also be requested verbally by calling Pharmacy Services at 1-888-602-3741.
 - Providers can save time and reduce paperwork with PerformRx's online prior authorization form by visiting <http://www.amerihealthcaritasdc.com/provider/resources/pharmacy-prior-authorization.aspx>
 - Enrollees may receive a five-day supply of the medication for medications that are non-formulary or require prior authorization
 - Prior authorization requests are reviewed within 24 hours.

Prescription Process

- Prescribers may phone in a prescription electronically send a prescription to the member's pharmacy.
- We have a large network of over 150 pharmacies in DC including the major chains and many independent pharmacies.
- Members may contact Pharmacy Member Services 24 hours a day/ 7 days a week to obtain help finding a pharmacy or they can utilize the pharmacy locator tool on the health plan website.
- The pharmacy electronically processes the prescription. If the prescription rejects at the point-of-sale, the pharmacy can outreach to PerformRx for assistance at 888-602-3741 (Medicaid Members) or 888-987-5821 (Alliance Members) 8am-8pm M-F and 9am-1pm on Saturday. Urgent issues after hours can be referred to Pharmacy Member Services.

Pharmacy Contact Information

Pharmacy Contact information is as follows:

Department	Phone Numbers	Hours of Operation
Pharmacy Provider Services	888-602-3741 (Medicaid) 888-987-5821 (Alliance)	8:00 AM - 8:00 PM (M-F) 9:00 AM - 1:00 PM (Sat)
Pharmacy Member Services	888-452-3647 (Medicaid) 888-987-5606 (Alliance)	24/7/365
AmeriHealth Caritas District of Columbia Member Services (non-pharmacy issues)	202-408-4720 (Medicaid) 202-842-2810 (Alliance)	24/7/365
AmeriHealth Caritas District of Columbia Provider Services	202-408-2237 888-656-2383	8:00 AM - 6:00 PM (M-F)



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Community Health Plan
District of Columbia

PHARMACY & MAT PROGRAMS

Jose Diaz-Luna, Pharm.D., RPh

Kenny R. Greene, Vice President External Operations



10/16/20

Pharmacy Team Members - Corporate

- Vice President of Pharmacy – **Jose Diaz-Luna, Pharm.D., RPh**
 - Jose.DiazLuna@carefirstchpdc.com
 - 202-821-1127
- Informatics/Clinical Pharmacist Manager – **Kin Sang (Jason) Lam, Pharm.D., RPh**
 - Jason.Lam@carefirstchpdc.com
 - 202-350-9644

Pharmacy Team Members – Ward 4

- Clinical Pharmacist Manager – **Andrew Wherley, Pharm.D., RPh**
 - Andrew.Wherley@carefirstchpdc.com
 - 202-886-1228
- PGY-1 Resident – **Paa Kwasi Adjei-Frimpong, Pharm.D.**
 - PaaKwasi.Adjei-Frimpong@carefirstchpdc.com
 - 206-347-0561

Pharmacy Team Members - Ward 8

- Behavioral Health Clinical Pharmacist Manager – **Jessica Pinchinat, Pharm.D., RPh**
 - Jessica.Pinchinat@carefirstchpdc.com
 - 202-750-5539
- PGY-1 Resident – **Alisha Bailey, Pharm.D.**
 - Alisha.Bailey@carefirstchpdc.com
 - 206-347-3197

Arkray

90 DS maintenance drugs (PO)

PAC code at pharmacy POS

- **99999** - Early fill
- **00003** - Emergency 3 days supply

HIV drugs should continue to be billed to Magellan after 10/1 transition

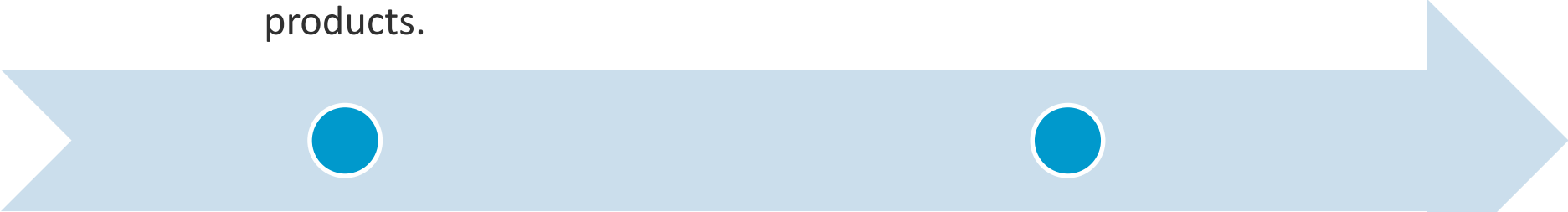
- Medicaid – FFS
- Alliance – ADAP

PrEP Treatments will be covered by the Health Plan

Useful links

- PA forms - <https://www.carefirstchpdc.com/forms.html>
- CHPDC Drug formulary - https://www.carefirstchpdc.com/pdf/CFDC/CFDC_Drug-Formulary.pdf

As per DHCF guidelines, CareFirst CHPDC currently does not have any PA requirements when it comes to Medication Assisted Therapy drug products.



The directive came from DHCF on May 15th, 2019 and has been incorporated in CareFirst CHPDC policy ever since.

MAT Drug Product	FDA Approved Maximum Daily Dose (No PA Needed)	MAT Drug Product Indication(s)	Benefit Type
methadone (Methadose® and Dolophine®)	120 mg	OUD	Access thru a DBH Certified Provider
Probuphine®	296.8 mg (one-time every 6 months dose)	OUD	Medical Benefit
Suboxone®	24 mg/6 mg	OUD	Pharmacy Benefit
Zubsolv®	17.2 mg/4.2 mg	OUD	Pharmacy Benefit
Bunavail®	12.6 mg/2.1 mg	OUD	Pharmacy Benefit
buprenorphine/naloxone	24 mg/6 mg	OUD	Pharmacy Benefit
buprenorphine	24 mg	OUD	Pharmacy Benefit
naltrexone	50 mg	OUD and AUD	Pharmacy Benefit
Sublocade®	300 mg (one-time monthly dose)	OUD	Medical and Pharmacy Benefit
Vivitrol®	380 mg (one-time monthly dose)	OUD and AUD	Medical and Pharmacy Benefit
Lucemyra®	2.88 mg	Opioid Withdrawal Symptoms	Pharmacy Benefit

The table above demonstrates the directives that CareFirst CHPDC follows in disseminating MAT products.

* Buprenorphine doses above 24mg/day will require Prior Authorization

PBM Contact Information

Abarca Health

- Toll free number: 866-287-6156
- Call Center Fax: 1-888-224-4566
- PA Fax number: 1-866-839-2372

Billing Information:

- RxBIN: 610674
- RxPCN: ABARCA
- RXGroup: THPDC

To become a network Pharmacy Contact:

- Kyle Yoder
- 330-231-4712
- Kyle.yoder@abarcahealth.com



Community Health Plan
District of Columbia

THANK YOU

JOSE DIAZ-LUNA, PHARM.D., RPH



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MedStar Family
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DISTRICT OF COLUMBIA

It's how we **treat people.**

November 19, 2020

Provider Forum- Pharmacy

District of Columbia Healthy Families

District of Columbia Healthcare Alliance



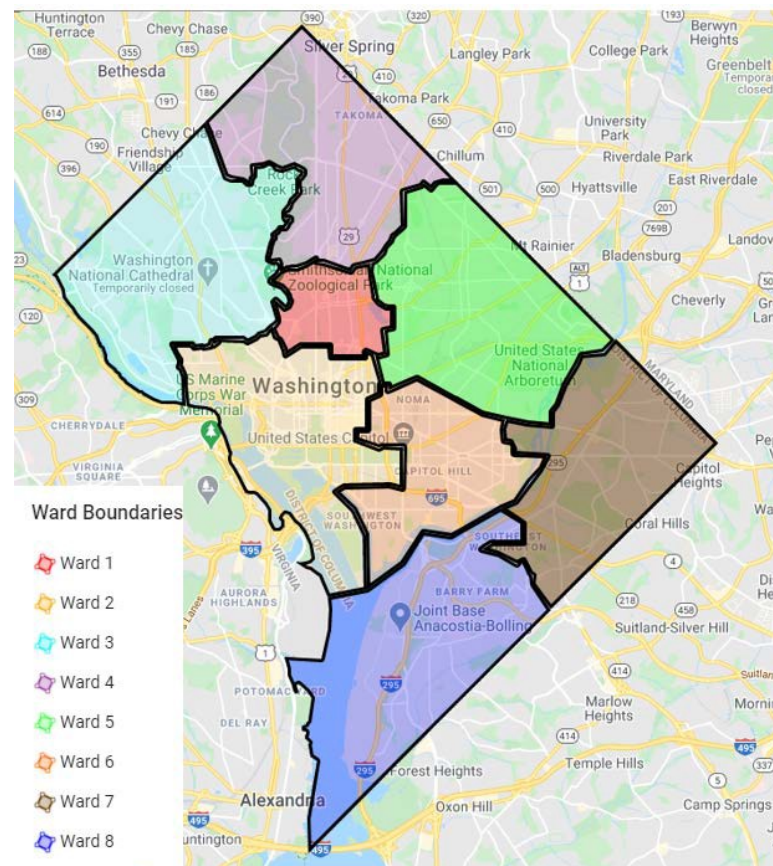
MedStar Health

A not-for-profit integrated healthcare delivery system serving communities in Maryland, Virginia, and Washington, D.C. MedStar Health strives to provide the highest quality care with compassion and respect. We know that our ability to treat others well begins with how we treat each other. Our 30,000 associates and 5,400 affiliated physicians are committed to living our core SPIRIT values—Service, Patient first, Integrity, Respect, Innovation, and Teamwork—no matter where they work across our diverse health system.



Who is MedStar Family Choice-District of Columbia (MFC-DC)?

- A Managed Care Organization (MCO)
- MedStar Family Choice-DC:
 - DC Healthy Families
 - DC Healthcare Alliance
- Part of the MedStar Health System
- Service Area
 - District of Columbia (DC)



Map overlay created via Google Maps:

https://www.google.com/maps/d/viewer?mid=1DpJu2DbYssvxH0XsK6f6iXV6BN4&hl=en_US&ll=38.89392092000488%2C-77.01469049999999&z=12

Our Integrated Healthcare Delivery System

MedStar Hospitals

MedStar Managed Care (MedStar Family Choice)

MedStar Clinical Research & Innovation

MedStar Health Home Care

MedStar Health Urgent Care

MedStar RadAmerica

MedStar Medical Group (Primary, Specialty, & Surgical Care)

MedStar Multispecialty Care Centers

MedStar NRH Rehabilitation Network

Independent Senior Living

MedStar Pharmacy

E-visits



MedStar Family
Choice

DISTRICT OF COLUMBIA

MedStar Hospitals

MedStar Washington Hospital Center
MedStar Georgetown University Hospital
MedStar National Rehabilitation Hospital
MedStar Southern Maryland Hospital Center
MedStar St. Mary's Hospital
MedStar Union Memorial Hospital
MedStar Franklin Square
MedStar Good Samaritan Hospital
MedStar Harbor Hospital
MedStar Montgomery Medical Center




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DISTRICT OF COLUMBIA

Sample MFC-DC Enrollee ID Cards

DC Healthy Families

 MedStar Family Choice <small>DISTRICT OF COLUMBIA</small>		D.C. Healthy Families Program	
Last Name, First Name DOB: <u>XX/XX/XXXX</u> Medicaid ID#: <u>XXXXXXXXXXXX</u> PCP: <u>XXXXName</u> PCP Phone: <u>XXX-XXX-XXXX</u> CVS CareMark® RxPCN: MCAIDADV Copayments – OV: \$0, RX: \$0, ER: \$0		Eff Date: <u>XX/XX/XXXX</u> MFC ID #: <u>6XXXXXXXXX*01</u> Dentist: <u>XXXXName</u> Dentist Phone: <u>XXX-XXX-XXXX</u> RxBin: 004336 RxGroup: RX0610	
Enrollee Services 888-404-3549 PHONE		MedStarFamilyChoice.com	

DC Healthcare Alliance

 MedStar Family Choice <small>DISTRICT OF COLUMBIA</small>		D.C. Healthcare Alliance	
Last Name, First Name DOB: <u>XX/XX/XXXX</u> Medicaid ID#: <u>XXXXXXXXXXXX</u> PCP: <u>XXXXName</u> PCP Phone: <u>XXX-XXX-XXXX</u> CVS Caremark® RxCPN: MCAIDADV Copayments – OV: \$0, RX: \$0, ER: \$0		Eff Date: <u>XX/XX/XXXX</u> MFC ID #: <u>6XXXXXXXXX*01</u> Dentist: <u>XXXXName</u> Dentist Phone: <u>XXX-XXX-XXXX</u> RxBin: 004336 RxGroup: RX0610	
Enrollee Services 888-404-3549 PHONE		MedStarFamilyChoice.com	



Transition Period and After

- MedStar Family Choice-DC will honor prior authorizations issued by previous MCOs during the transition period through December 31, 2020.
- Beginning January 1, 2021, MFC-DC will require Prior Authorization for:
 - Specific formulary medications. A list of these medications can be found on the MFC-DC website in the Pharmacy section under a link entitled Prior Authorization Table, as well as in the formulary document itself.
 - Non-formulary medications.
 - Branded medications (when a generic is available). Exception: Substance Use Disorder treatment medications are available in branded form without PA.
 - Opioid prescriptions greater than 90 MME for opioid experienced enrollees
 - Opioid prescriptions for greater than 90 MME and 7-day supply for opioid naïve enrollees.
 - All formulary long-acting opioids, including morphine ER, Fentanyl patches, oxycodone ER, and methadone for pain.
 - Prescriptions exceeding quantity limits (as noted in the formulary document).

Mail Order and Retail 90 Day Supplies

- MedStar Family Choice-DC covers a 90-day supply of many chronic medications through CVS Caremark Mail Order Service AND through Retail Pharmacies.
- A list of medications available for 90-day fills (through Mail Order and Retail) is available on our website in the Pharmacy section. See link below.
- To start Mail Order service for an enrollee, prescribers should complete the CVS Mail Service Pharmacy New Prescription Fax form and fax directly to CVS. A link to the form is available on our website in the Pharmacy Section. See link below.
- To obtain a 90-day supply of medication from a Retail Pharmacy, prescribers should simply write for a 90-day quantity.

<https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/90-day-pharmacy/>

Credentialing- Becoming a CVS Caremark Pharmacy Provider

- To become a part of the MFC-DC network of pharmacies, please visit this CVS Caremark site:
 - https://cvs.az1.qualtrics.com/jfe/form/SV_8B0YUouguzbheAJ?Q_JFE=qdg
- This website will guide you through the process of becoming a CVS Caremark pharmacy provider. The site also provides a wealth of information on other topics in the FAQ section, including, but not limited to:
 - How to notify CVS Caremark of pharmacy changes or updates, ownership changes, corporate restructuring, updating DEA license and state license numbers, changes in TIN/FEIN, etc.

Claims

- Claims are submitted as pharmacies go thru the process of filling a prescription.
- The cost of pharmacy services provided accrues in the pharmacy's account. Every 2 weeks, the dollars accrued are electronically paid to the pharmacy's account at the bank.

Prior Authorization

➤ Prescribers should:

- Complete a MFC-DC PA/Non-Formulary Medication Request form.
- Attach most recent clinical documentation to support request.
- Fax the form and clinical documents to the health plan at **202-243-6258**

or email: DCMFCUMAuth@medstar.net

Provider Issues

- For claim processing issues, contact the CVS Caremark Help Desk at (800) 364-6331.
- For Prior Authorizations between 8:00am and 5:30pm, contact the MFC-DC Precertification Team at (855) 798-4244.
- For Prior Authorizations after hours, contact the MFC-DC Precertification Team at (855) 798-4244, Prompt 2.
- For issues that are not resolved using the above resources, please contact Dr. Danielle Gerry, Interim Pharmacy Director at 410-933-2295.



MedStar Family
Choice

DISTRICT OF COLUMBIA

Pharmacy Contact Information

Contact	Phone Number
MFC-DC Prior Auth Team	(855) 798-4244
Dr. Danielle Gerry / Interim Pharmacy Director	(855) 798-4244
After Hours Pharmacy Line- For calls received after 5:30pm	(855) 798-4244, prompt 2
Pharmacy Help Desk 	(800)364-6331

PBM: CVS CareMark
RX PCN: MCAIDADV
RX Bin: 004336
Rx Group: RX0610

MFC-DC Pharmacy Website

<https://www.medstarfamilychoice.com/for-district-of-columbia-providers/pharmacy/>

Our website contains the most up-to-date, comprehensive source of MFC-DC Pharmacy information.

MedStar Family Choice-DC offers a wide variety of prescription medications on its formulary. MedStar Family Choice-DC also pays for many over-the-counter (OTC) medications.

- [MedStar Family Choice-DC Formulary](#)
- [Recent Formulary Updates](#) - a comprehensive list of formulary changes made at each quarterly Pharmacy and Therapeutics Committee meeting.
- [Covered OTC Medication List](#)
- [Prior Authorization Table](#) - a comprehensive listing of all medications requiring prior authorization with criteria necessary for approval.
- [Step Therapy Table](#) - a comprehensive listing of all medications requiring step therapy.
- [Hepatitis C Medication](#) Prior Authorization Information
- [HIV Medications and Pre-Exposure Prophylaxis \(PrEP\)](#)
- [Makena \(17-alpha hydroxyprogesterone caproate, also known as 17P\)](#)
- [Synagis](#) Prior Authorization Information
- [Opioid](#) Prior Authorization Requirements

For those medications that require prior authorization or for non-formulary medication requests, please submit a request (see link below for the form) to MedStar Family Choice-DC. Requests must include clinical documentation that supports the medical need for the specific medication. Physicians may call MedStar Family Choice at **855-798-4244**, or fax requests to **202-243-6258**.

- [Prior Authorization/Non-Formulary Medication Request Form](#)
- [90-DAY Prescriptions - Retail AND Mail Order](#)

For the most up-to-date pharmaceutical recall information, please visit the U.S. Food and Drug Administration website at <https://www.fda.gov/Drugs/DrugSafety/DrugRecalls/default.htm>.

For additional information, please see the [Provider Frequently Asked Questions](#).



MFC-DC Office Information

MedStar Family Choice – DC Office:

3007 Tilden Street NW Pod 3N

Washington, DC 20008

(855) 798-4244

www.medstarfamilychoice.com

Hours of Operation: 8:00AM – 5:30PM (Monday – Friday)



Thank you

It's how we **treat people.**



MedStar Family
Choice



QUESTIONS?



- Please use the Q&A box shown at right throughout the presentations to ask a questions.
- Please ask All Panelists
- Questions may be responded to in writing during the presentations or held to be read verbally.

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Additional Resources



Updates are added to the Medicaid Reform Webpage:
<https://dhcf.dc.gov/page/medicaid-reform>

Provider Information

- [Provider Hotline Letter](#) [PDF]
- [Pharmacy Benefit Continuity of Care](#) [PDF]
- [Provider Continuity of Care Letter](#) [PDF]
- [Managed Care Provider FAQ](#) [PDF]
- [Behavioral Health Provider FAQ](#) [PDF]
- [FY21 MCO Provider Reimbursement Letter](#) [PDF]

During the transition period – or from now until December 31, 2020, MCOs will reimburse for services rendered to covered beneficiaries regardless of your contracted status with the MCO.

Providers are encouraged to call 1-877-685-6391 with questions.

[Subscribe](#) to receive the DHCF Transmittal listserv to receive updates via email.

Register as a provider and visit www.dc-medicaid.com to view MCO assignments for your patients



Provider Resource Guide



District of Columbia Medicaid Provider Resource Guide

This Resource Guide shall be used to address issues which may occur during the 90-day open enrollment and continuity of care period between October 1, 2020 - December 31, 2020, as a result of newly awarded Medicaid managed care contracts in the District of Columbia.

During this period, MCOs will reimburse for Medicaid covered services rendered to Enrollees, regardless of your network status with the MCO. The Department of Health Care Finance (DHCF) has implemented a Provider Hotline to assist with answering your questions.

Provider Hotline: 1 (877) 685-6391

Frequently Asked Questions	Suggested Answers
Who do I contact regarding reimbursement and/or provider agreement status?	<p>AmeriHealth Caritas DC: Carl Chapman, Director of Provider Network Management Phone: (215) 840-2943</p> <p>CareFirst Community Health Plan DC: Kenny R. Greene, Vice President External Operations Phone: (202) 441-5223</p> <p>MedStar Family Choice DC: Jennifer Tse, Director of Provider Networks Phone: (800) 805-1722, Option 5</p>
What if an Enrollee has not received an MCO ID Card?	<p>The Enrollee shall contact Enrollee Services at their assigned MCO:</p> <p>AmeriHealth Caritas DC: 1 (888) 452-3647</p> <p>CareFirst Community Health Plan DC: 1 (855) 326-4831</p> <p>MedStar Family Choice DC: 1 (888) 404-3549</p>

Frequently Asked Questions	Suggested Answers
What if an Enrollee asks will they be billed for a service?	Medicaid Enrollees should not be charged for any medical services covered under Medicaid.
If an Enrollee calls for an appointment and is unaware of their MCO assignment, what should they do?	The Enrollee is to contact DC Healthy Families at (202) 639-4030
Who should an Enrollee call if they wish to change MCOs during the open enrollment period or want more information about the MCOs?	
An Enrollee says they received a letter stating they have been auto assigned to a new MCO. The Enrollee is not familiar with Managed Care, what should they do?	
What if the Enrollee's provider is not in the MCOs network, what should you do?	Ask the Enrollee to contact their MCO Enrollee Services number for further assistance. Tell the Enrollee that he/she will continue to see their current provider until December 31, 2020.
If an Enrollee has a scheduled appointment or a procedure with a provider during the open enrollment period, can they continue to be seen if the provider is out of network?	Tell them Yes! The MCOs will continue to honor all prior appointments and scheduled procedures up to the end of the 90-day open enrollment period on December 31, 2020.

ONLINE REFERENCE DOCUMENTS: dhcf.dc.gov/page/medicaid-reform

- [Provider Hotline Letter](#) [PDF]
- [Pharmacy Benefit Continuity of Care](#) [PDF]
- [Provider Continuity of Care Letter](#) [PDF]
- [Managed Care Provider FAQ](#) [PDF]
- [FY21 MCO Provider Reimbursement Letter](#) [PDF]
- [Behavioral Health Provider FAQ](#)