


**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 18-27

**TO:** District of Columbia Medicaid Managed Care Organizations (MCOs)

**FROM:** Angelique Martin   
Interim Medicaid Director

**DATE:** September 5, 2018

**SUBJECT: Medicaid Managed Care Network Provider Enrollment in DC Medicaid**

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In 2016, the Department of Health Care Finance (DHCF) informed the Medicaid Managed Care Organizations of the 21<sup>st</sup> Century Cures Act, Section 5005 (b) which mandates that **effective January 1, 2018**, all providers must be enrolled with the District of Columbia (DC) Medicaid Program in order to participate in a MCO provider network. This requirement is applicable to all managed care network provider types including those who only order, refer, or prescribe (ORP) services to DC Medicaid beneficiaries.

All DC Medicaid MCOs must **STOP** payments and terminate all providers not enrolled into DC Medicaid. Subsequently, unenrolled providers are not eligible to participate in a MCO network. Payment of services rendered by unenrolled providers, rendered after the applicable enrollment deadline, are considered overpayments and subject to all overpayment enforcement procedures by the U.S. Department of Health and Human Services, Office of the Inspector General (HHS-OIG).

While DHCF sympathizes with the operational challenges involved in implementing this requirement, we do not have jurisdiction to prevent HHS-OIG, or any other federal oversight entity from enforcing the law retroactive to the effective date of the federal requirement. The requirement to enroll as a provider in the DC Medicaid Program is applicable to both in-state and out-of-state providers. However, there are limited exceptions that permit payment of claims for services to unenrolled out-of-state network providers. This information can be found in the Centers for Medicare and Medicaid Services (CMS) Medicaid Provider Enrollment Compendium (MPEC). Those exceptions are as follows:

1. The service must be covered under the D.C. Medicaid State plan;
2. The service is provided by an institutional provider, individual practitioner or pharmacy at an out-of-state practice location, (i.e., located outside the geographical boundaries of the District of Columbia);
3. The NPI of the providing provider is represented on the claim;

4. The furnishing provider is enrolled and is in an "*approved*" status in Medicare, or in another State's Medicaid program;
5. The claim represents services provided; and
6. The claim represents either:
  - a. A single instance of care provided over a 180-day period, or
  - b. Multiple instances of care provided to a single participant, over a 180-day period.

For your convenience, please continue to use the dedicated email address for all inquiries pertaining to MCO network provider enrollment: [dhcf.providerenrollment@dc.gov](mailto:dhcf.providerenrollment@dc.gov). The DHCF Department of Public and Private Provider Relations staff are available to answer any enrollment questions you may have. The staff can be reached at (202) 698-2000.

cc: Medical Society of the District of Columbia  
DC Hospital Association  
DC Primary Care Association  
DC Health Care Association  
DC Home Care Association  
DC Behavioral Health Association  
DC Coalition of Disability Service Providers