

To All MedStar Family Choice-DC Contracted Providers: **Notices of DHCF Transmittals**

On February 23, 2021, the DHCF sent out four (4) very important Transmittals as attached herein. MedStar Family Choice-DC suggests that Providers read through these transmittals, and adhere to the requirements.

Transmittal 21-06: National Children's Dental Health Month, Dental Procedures and Billing Requirements.

Purpose: All District of Columbia children eligible for the Medicaid program are entitled to receive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. EPSDT, also known as HealthCheck in D.C., is a mandatory Medicaid benefit that includes preventive and specialty care, including dental services. Preventive care rendered by EPSDT primary care providers during a well-child visit includes oral health assessments for all ages and fluoride varnish application for children under the age of 3. Comprehensive oral exams, dental sealants, and dental cleanings are covered by Medicaid, as well as any needed diagnostic or treatment services identified by dental providers.

Transmittal 21-07 - Provider to Beneficiary Education and Counseling for the COVID-19 Vaccine

Purpose: The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to vaccinations for COVID-19 and are well informed about its benefits. This transmittal provides notice of coverage and reimbursement for COVID-19 vaccine education and outreach in the professional fee schedule and other Medicaid provider reimbursement methodologies. For more information on the District's phases and tiers visit <https://coronavirus.dc.gov/vaccine>.

Transmittal 21-08 - Program Year 2020 of the DC Medicaid Promoting Interoperability/EHR Incentive Program will close on March 15, 2021

Purpose: The purpose of this transmittal is to announce the closing of Program Year 2020 for the DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program) on March 15, 2021. The Department of Health Care Finance (DHCF) will accept attestations from all eligible providers until the close of the program year. DHCF will not be offering an extension to Program Year 2020.



MedStar Family
Choice

DISTRICT OF COLUMBIA

Transmittal # 21-09-Termination of the District of Columbia's Human Care Agreement with Quality Plan Administrators, Inc.

Purpose: The purpose of this transmittal is to notify all Medicaid dental providers of the termination of the District of Columbia's Human Care Agreement with the Quality Plan Administrators, Inc. (QPA) on March 10, 2021 and the process for QPA network dental providers to submit claims and prior authorization for DC Medicaid Fee for Services (FFS) beneficiaries after March 3, 2021.

Should there be any questions on the transmittals, please feel free to contact,

MFC-DC Provider Relations Department

Monday- Friday, 8:00 a.m. to 5:30 p.m.

Provider Telephone Line at 855-798-4244

Email us at: mfcdc-providerrelations@medstar.net

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 21-06

TO: DC Medicaid Dental Providers and EPSDT/HealthCheck Providers

FROM: Melisa Byrd
Senior Deputy Director/State Medicaid Director

DATE: February 23, 2021

SUBJECT: National Children's Dental Health Month, Dental Procedures and Billing Requirements

All District of Columbia children eligible for the Medicaid program are entitled to receive the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. EPSDT, also known as HealthCheck in D.C., is a mandatory Medicaid benefit that includes preventive and specialty care, including dental services. Preventive care rendered by EPSDT primary care providers during a well-child visit includes oral health assessments for all ages and fluoride varnish application for children under the age of 3. Comprehensive oral exams, dental sealants, and dental cleanings are covered by Medicaid, as well as any needed diagnostic or treatment services identified by dental providers.

Recently, local and national data have shown a decline in services used by children covered by Medicaid, indicating that children and families have likely been delaying necessary medical and dental health care during the COVID-19 pandemic.¹ These delays in care can result in missed opportunities to manage chronic conditions or diagnose and treat other health issues.² In this challenging time, it remains critical for pediatric Medicaid beneficiaries to receive all necessary services included in the EPSDT benefit, including well-child visits (through telemedicine and in-person appointments) and preventive dental screenings.

In celebration of National Children's Dental Health Month in February, the purpose of this transmittal is to inform dental and EPSDT providers of the state of children's oral health in the District of Columbia, and of Medicaid-covered oral health procedures administered in primary care and dental settings.

¹ Fact Sheet: Service Use among Medicaid & CHIP Beneficiaries age 18 and Under during COVID-19. CMS Newsroom. 09/23/2020. Retrieved from: <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-service-use-among-medicaid-chip-beneficiaries-age-18-and-under-during-covid-19>

² Czeisler ME, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1250–1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4>

Dental Care for District Children – Current Statistics and Guidelines

The American Academy of Pediatric Dentistry recommends that children visit a dentist at the time of the eruption of the first tooth, no later than 12 months of age, and every 6 months thereafter. In 2019, 56% of the District of Columbia’s children under age 21 enrolled in DC Medicaid received a preventive service from a dentist.³

Childhood cavities and decay are preventable with early preventive measures, early detection and treatment.⁴ According to the American Academy of Pediatrics and the Centers for Disease Control and Prevention, tooth decay is the single most common chronic childhood disease (5 times more common than asthma).⁵ Applying dental sealants to the chewing surfaces of the back teeth is one common way to prevent tooth decay. However, only 15% of DC children between the ages of 6-14 received dental sealants on a permanent molar tooth.⁶ Studies show that dental sealants reduce decay in the permanent molars by 81% for 2 years after they are placed on the tooth and continue to be effective for 4 years after placement.⁷

Children’s Oral Health Initiative

The DC Department of Health Care Finance (DHCF), through the Children’s Oral Health Initiative, is in active collaboration with the health care provider community, Managed Care Organizations (MCOs), and the DC Department of Health (DC Health) in an effort to improve the oral health of the District’s children. DHCF convenes the Children’s Oral Health Initiative regularly to implement strategies aimed at increasing children’s access to and the utilization of dental services.

A new initiative to improved dental health coordination will be discussed with MCOs, dental providers and key stakeholders in the Children Oral Health Initiative meetings this year. Children’s National Hospital is launching a new initiative to address barriers to oral health care for Medicaid-enrolled children in Wards 7 and 8 with the support from the United States District Court for the District of Columbia. The program will improve coordination of care between a child’s primary care pediatric health center and dental home through the integration of a Community Dental Health Coordinator into the existing system. The Community Dental Health Coordinator is a new and important role within the health care team based on the American Dental Association model. In addition to oral health promotion and disease prevention, the coordinator will interact directly with children and families who are at risk for dental disease but are unsure of how to access dental services.

The Community Dental Health Coordinator’s efforts will complement efforts by the MCOs and other stakeholders. Project activities and updates will be reported at Children’s Oral Health Initiative meetings.

³ District of Columbia CMS-416 Form, Line 12b, FY2019.

⁴ U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

⁵ Ibid.

⁶ District of Columbia CMS-416 Form, Line 12d, FY2019.

⁷ Ahovuo-Saloranta A, Forss H, Walsh T, Hiiri A, Nordblad A, Mäkelä M, Worthington HV. Sealants for preventing dental decay in the permanent teeth. *Cochrane Database of Systematic Reviews*. 2013; Issue 3. Art. No.: CD001830. DOI: 10.1002/14651858.CD001830.pub4.

Oral Health Assessments during Well-Child Visits

Oral health assessments are a required part of every primary care well-child visit for young children so that primary care providers can assist in identifying children who need dental care. Every infant should receive an oral health risk assessment by 6 months of age that includes: (1) assessing the patient's risk of developing oral disease using the American Academy of Pediatrics' [Oral Health Risk Assessment Tool](#); (2) providing education on infant oral health; and (3) evaluating and optimizing fluoride exposure.

Children at risk for dental caries should be referred to a dentist as early as 6 months after the first tooth erupts, or 12 months of age for establishment of a dental home. Children at risk are defined as:

- Children with Special Health Care Needs⁸;
- Children of mothers with high caries rate;
- Children with demonstrable caries, plaque, demineralization, and/or staining;
- Children who sleep with a bottle or breastfeed throughout the night, later-order offspring, or
- Children in families of low socio-economic status.

Primary care providers should advise parents to establish a dental home for their child by 12 months of age. Every child has a primary dental provider available through their MCO. The child's primary dental provider will provide dental examinations, render any indicated treatment services, as well as anticipatory guidance in managing long-term oral health conditions. At a minimum, all children should have an established primary dental provider by 3 years of age.

Reimbursable Oral Health Procedures in Primary Care Setting

In addition to regular oral health assessments, the application of fluoride varnish every three to six months has been proven to decrease the incidence of early childhood caries (ECC). A child is considered to have ECC when there is one or more decayed, missing (due to caries), or filled tooth surface in any primary tooth before the child turns 6 years of age. Primary care providers may bill DC Medicaid for oral health assessments using Current Dental Terminology (CDT) code D0191. CDT code D0191 is reimbursable at a rate of \$30.00 per application.

Children at high risk for ECC benefit from quarterly applications of fluoride varnish, while those with low to moderate risk should receive fluoride varnish applications every 6 months. The application of fluoride varnish for children under the age of 3 by a trained primary care provider is a reimbursable oral health procedure. In order to receive Medicaid reimbursement, primary care providers must complete the fluoride varnish training offered through [DC HealthCheck](#). Once trained, primary care providers may bill DC Medicaid for the fluoride varnish application on a child less than 3 years of age using the Current Procedural Terminology (CPT) code 99188. CPT code 99188 is reimbursable once every 3 months per beneficiary at a rate of \$11.38 per unit.

⁸ "Environmental factors (e.g., cost of care, difficulty finding a provider to treat [CSHCN], dental offices inaccessible to children with physical limitations) and non-environmental factors (e.g., oral defensiveness, parents' or children's fear of dentist) contribute to un-met oral health needs of [CSHCN]. Children with developmental disorders, Down Syndrome, autism spectrum disorders, and cerebral palsy face the most barriers to care." For more information, see: <https://www.mchoralhealth.org/PDFs/SHCNfactsheet.pdf>.

Reimbursable Dental Procedures in Dental Office

According to the American Academy of Pediatric Dentistry, early detection and management of oral conditions can improve a child's oral health, general health and well-being, and school readiness. A child's first dental examination should occur at the time of the eruption of the first tooth and no later than 12 months of age. Comprehensive oral exams, dental sealants, and dental cleanings, as well as any needed diagnostic or treatment services identified by dental providers, are covered by DC Medicaid.⁹

Caries risk assessment is a key element of preventive oral health care for infants, children and adolescents. Children at high risk for caries benefit from quarterly applications of fluoride varnish, while those with low to moderate risk should receive fluoride varnish applications every six months. The application of fluoride varnish is a reimbursable dental procedure. Dental providers may bill DC Medicaid for fluoride varnish application using CDT code D1206. CDT code D1206 is reimbursable once every 3 months per beneficiary at a rate of \$29.00 per application.

The application of dental sealants to the chewing surfaces of the back teeth is another method to prevent tooth decay. The American Academy of Pediatric Dentistry recommends the application of dental sealants on caries-susceptible primary molars, permanent molars, premolars and anterior teeth with deep pits and/or fissures on children ages 24 months and older. Dental providers may bill DC Medicaid for dental sealants on children ages 24 months and older using CDT code D1351. CDT code D1351 is reimbursable at a rate of \$38.00 per tooth.

Provider Resources

The DC HealthCheck Periodicity schedules reflect the Bright Futures/American Academy of Pediatrics and the American Academy of Pediatric Dentistry guidelines. Both the dental and primary care DC HealthCheck periodicity schedules are available on www.dchealthcheck.net. DHCF requires all pediatric primary care providers to complete EPSDT training and strongly encourages fluoride varnish training, both of which are available through the DC HealthCheck website. DHCF also strongly encourages all EPSDT and dental providers to display the attached DC Medicaid Dental Benefits brochure in their waiting rooms.

DHCF Contact Information

If you have any questions about the information contained in this transmittal, or need additional information, please contact Colleen Sonosky, Associate Director, Division of Children's Health Services (colleen.sonosky@dc.gov) or Dr. Antonio Lacey, Program Analyst, Division of Clinician, Pharmacy and Acute Provider Services (antonio.lacey@dc.gov).

Thank you for providing oral health services to pediatric beneficiaries of the DC Medicaid program during the COVID-19 public health emergency.

cc: Medical Society of the District of Columbia
DC Hospital Association

⁹ There are no limitations on the scope or frequency of EPSDT services (including dental services) so long as they meet medical necessity criteria under federal law. 42 USC 1396d(r)(5); 42 CFR 440.230(b) ("Each service must be sufficient in amount, duration and scope to reasonably achieve its purpose").

DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Chapter of American Academy of Pediatrics
DC Chapter of American Academy of Pediatric Dentistry

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director-Medicaid Director

Transmittal # 21-07

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: February 23, 2021

SUBJECT: Provider to Beneficiary Education and Counseling for the COVID-19 Vaccine

Purpose

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to vaccinations for COVID-19 and are well informed about its benefits. This transmittal provides notice of coverage and reimbursement for COVID-19 vaccine education and outreach in the professional fee schedule and other Medicaid provider reimbursement methodologies.

Background

The District is implementing its Vaccination Program based on a three phased approach. For more information on the District's phases and tiers visit <https://coronavirus.dc.gov/vaccine>. As more groups become eligible for vaccination, DHCF wants to ensure providers are proactively providing education and counseling on the benefits of the COVID-19 vaccine for District of Columbia Medicaid beneficiaries. DHCF also wants to ensure providers are aware of reimbursement opportunities for such education and outreach.

DC Health has developed provider toolkits to assist in counseling and educating patients about the benefits and risk of COVID-19 vaccination. The toolkit and other related COVID-19 vaccination materials are available at <https://coronavirus.dc.gov/vaccine>. Additionally, there are a number of COVID-19 vaccination training program materials for healthcare professionals that can be accessed online. These training modules also include modules for specific vaccines and can be accessed at https://train.org/main/training_plan/4870.

Reimbursement for Education and Counseling

DHCF supports good disease management practice and encourages providers to schedule appointments with patients at high risk of illness or death from COVID-19 to conduct COVID-19 vaccine counseling.

As part of a routine primary care or evaluation and management visit (e.g. CPT codes 99201-99205, 99211-99215 as applicable) physicians and other qualified providers can bill for counseling and educating their patients to support medical treatment.

These services can be delivered via telemedicine, under both Medicaid Fee-For-Service (FFS) and Medicaid Managed Care delivery systems with GT modifier for telemedicine visits and place of service code "02" if the beneficiary is receiving services in their home. Medicaid providers

can access more information on Medicaid reimbursement for COVID-19 vaccine administration at <https://dhcf.dc.gov/node/1477761>.

Beneficiary Outreach: Federally Qualified Health Centers

District of Columbia Federally Qualified Health Centers (FQHCs) are reimbursed in accordance with a cost-based [approved Alternative Payment Methodology](#) (APM) that has been [modified](#) in response to the COVID-19 public health emergency. COVID-19 education and counseling are within the scope of services for primary care services and reimbursable under the APM rate for primary care visits.

The costs for certain outreach activities, to the extent they are reasonable, necessary and related to patient care are allowable under the FQHC APM. As clarified in District Rulemaking at 29 DCMR 4510, “Enabling services that support an individual's management of his or her health and social service needs or improve the FQHC's ability to treat the individual, including: Outreach services to identify potential patients and clients and/or facilitate access or referral of potential health center patients to available health center services.”

FQHCs incurring additional costs to outreach to beneficiaries around the COVID-19 vaccine should report those additional costs under the applicable line item their submitted cost report.

Beneficiary Outreach: Health Homes

District *My Health GPS* Health Homes providers are reimbursed via an approved State Plan methodology that has been [modified](#) in response to the COVID-19 public health emergency. Additionally, DHCF reminds enrolled *My Health GPS* Health Homes providers that outreach to beneficiaries to facilitate treatment or discussion of treatment options is a vital part of care coordination, for which providers are reimbursed a per member per quarter (PMPQ) payment. As clarified in District Rulemaking at 29 DCMR 10206.4, “Care Coordination services include, but are not limited to, the following: Providing community-based outreach and follow-up; Providing outreach and follow-up through remote means to beneficiaries who do not require in-person contact.”

My DC Health Home Health Homes providers have similar flexibility. As clarified in District rulemaking at 22-A DCMR 2507.1, Care Coordination is the facilitation or implementation of the comprehensive care plan through appropriate linkages, referrals, coordination, and follow-up to needed services and support. Care Coordination is a function shared by the entire Health Home Team and may involve but is not limited to, providing telephonic consults and outreach.

As a part of their care coordination responsibilities, DHCF encourages Health Homes providers to outreach to patients, especially those at high risk of illness or death from COVID-19, to conduct COVID-19 vaccine counseling.

Long Term Care Providers

Long term care providers should continue to engage with District Medicaid beneficiaries in their care with regard to the benefits of the COVID-19 vaccine. DHCF's Long Term Care Administration shares COVID-19 guidance with providers in weekly/monthly meetings and via

Informational Bulletins published to the DHCF website at <https://dhcf.dc.gov/publication/informational-bulletins-ltc-providers>.

Home health providers, long-term care facilities, Adult Day Health Programs (ADHP), and 1915(c) waiver case managers or Service Coordinators interact with Medicaid beneficiaries on a daily basis and are encouraged to continue counseling beneficiaries based on the toolkits and COVID-19 information available on <https://coronavirus.dc.gov/>.

Specifically, DHCF expects case managers providing services for the District's 1915(c) Home and Community-Based Waiver for the Elderly and Persons with Physical Disabilities (EPD) Waiver to include COVID-19 vaccine counseling as part of their ongoing or monthly care coordination activities, for which, case managers are reimbursed a per member per month payment. As set forth in District Rulemaking 29 DCMR 4224.8, "[A] Case Manager shall perform the following ongoing or monthly care coordination activities: Provide information, assistance, and referrals to the beneficiary, where appropriate, related to public benefits and community resources, including other Medicaid services, Medicare, Supplemental Security Income, transit, housing, legal assistance, and energy assistance."

Additionally, ADHP reimbursement under the State Plan and EPD Waiver was modified for the duration of the public health emergency to permit reimbursement equal to seventy-five percent (75%) of the standard per diem rate for wellness checks provided via video conferencing or other electronic modality. A qualifying wellness check includes inquiries/reminders on the overall health status, including emotional well-being, need for care, and any signs or symptoms of illness. As part of ongoing health monitoring and wellness checks or through the delivery of remote or in-person ADHP services, DHCF expects ADHP providers to conduct COVID-19 vaccine counseling.

Contact

If you have questions, please contact Cavella Bishop, Program Manager, Division of Clinician, Pharmacy & Acute Provider Services at cavella.bishop@dc.gov@dc.gov or 202-724-8936.

For providers serving beneficiaries enrolled in Managed Care, please contact your provider relations representatives at the relevant District contracted Managed Care Organization if there are additional questions.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 21-08

TO: DC Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director/State Medicaid Director

DATE: February 23, 2021

SUBJECT: Program Year 2020 of the DC Medicaid Promoting Interoperability/EHR Incentive Program will close on March 15, 2021

Purpose: The purpose of this transmittal is to announce the closing of Program Year 2020 for the DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program) on **March 15, 2021**. The Department of Health Care Finance (DHCF) will accept attestations from all eligible providers until the close of the program year. DHCF will not be offering an extension to Program Year 2020.

Eligibility for Incentive: To qualify for Program Year 2020 Medicaid Electronic Health Record (EHR) incentive payments of \$8,500 (per program year), a provider must:

- Be either a licensed physician, nurse practitioner, certified nurse midwife, or dentist;
- Maintain a Medicaid patient volume threshold of 30% (20% for pediatricians); and,
- Have already received a Medicaid EHR incentive payment from DC or another state.

More information on specific eligibility criteria, the background on the DC Medicaid Promoting Interoperability Program, the process for application, attestation and resources can be found on the DHCF website at <https://dhcf.dc.gov/page/medicaid-electronic-health-record-incentive>. All attestations must be submitted to the state level repository (SLR) at <https://dcslr.thinkhts.com> by March 15, 2021, 11:59 pm eastern standard time.

Technical Assistance: DHCF is partnering with eHealthDC, a program of the DC Primary Care Association, to offer free technical assistance to all eligible providers this year and until the end of the DC Medicaid Promoting Interoperability Program (also known as the EHR Incentive Program) on September 30, 2021. The eHealthDC program supports providers who require technical assistance to meet the requirements of the incentive program and navigate the new state-level registry (SLR) system to apply for the incentive payment.

The eHealthDC program is also available to help providers attest to the required objective and measures required for payments for Program Year 2020. If you would like assistance with

program year 2020, please contact eHealthDC at contact@e-healthdc.org or call 202-552-2331 immediately to receive assistance **prior** to the March 15, 2021 deadline.

If you would like more information on whether you qualify for incentive payments or free technical assistance, please contact eHealthDC at contact@e-healthdc.org. You may also call 202-552-2331 or submit a request for assistance at www.e-healthdc.org.

DHCF is committed to ensuring your continued success in the Promoting Interoperability Program (also known as the EHR Incentive Program). For more information regarding DHCF program policies and procedures visit the DHCF website at <https://dhcf.dc.gov/page/medicaid-electronic-health-record-incentive>.

Please contact DHCF Health IT Program Analyst Adaeze Okonkwo with questions at Adaeze.okonkwo@dc.gov, or call 202-478-9227, and/or submit an inquiry at dc.slr@dc.gov.

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



**Office of the Deputy Director/
Medicaid Director**

Transmittal # 21-09

TO: Quality Plan Administrators (QPA) Network Dental Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director

DATE: February 24, 2021

SUBJECT: **Termination of the District of Columbia's Human Care Agreement with Quality Plan Administrators, Inc.**

Purpose

The purpose of this transmittal is to notify all Medicaid dental providers of the termination of the District of Columbia's Human Care Agreement with the Quality Plan Administrators, Inc. (QPA) on **March 10, 2021** and the process for QPA network dental providers to submit claims and prior authorization for DC Medicaid Fee for Services (FFS) beneficiaries after **March 3, 2021**.

Currently, QPA administers the DC Healthy Smiles Program for DC Medicaid Fee-for-Service (FFS) beneficiaries. As part of this transition, QPA will continue to analyze and adjudicate all approved dental claims received from QPA dental network providers through **March 3, 2021**. QPA network dental providers are entitled to have their claims, appeals of denials, and preexisting claims that had been returned for lack of incomplete items, etc. adjudicated for 365 days from the date of service by DHCF. After **March 3, 2021**, **QPA network** dental providers must submit all claims for payment for dental services rendered to DC Medicaid FFS beneficiaries to the DC Department of Health Care Finance's (DHCF) fiscal agent, Conduent.

Claims Submission

For completed dental procedures approved by QPA that did not require a prior authorization, QPA dental network providers must submit the claim electronically on the DC Medicaid web portal at www.dc-medicaid.com or by mail to Conduent. To determine if a procedure requires a prior authorization, please visit the interactive fee schedule on the DC Medicaid Web Portal. Prior

authorization for a procedure can be determined by entering the respective Current Dental Terminology (CDT) procedure code in the interactive fee schedule.

For dental procedures that required prior authorization and are open after **March 3, 2021**, please submit the QPA approval letter and ADA claim to Dr. Antonio Lacey at Antonio.Lacey@dc.gov.

DC Medicaid Web Portal Access

Dental providers may register for the DC Medicaid Web Portal at www.dc-medicaid.com by completing the quick “Web Registration” form which will prompt you to create a User Name and Password.

Dental providers may also request access and training to the DC Medicaid web portal by sending an email to DC.ProviderReps@conduent.com. The contact persons for Conduent are listed below for providers that need assistance or training to submit your claims.

Ms. Donna Black, MCMP-II
Provider Outreach Manager
CONDUENT
Donna.Black@conduent.com
(202) 906-8335

Mr. Eleazar Grant
Provider Outreach Specialist
CONDUENT
Eleazar.Grant@conduent.com
(202) 906-8366

Prior Authorization

After **March 3, 2021**, dental providers must submit all dental procedures that require prior authorization to the Department of Health Care Finance (DHCF) Quality Improvement Organization (QIO), Comagine. Dental providers that require assistance and training for submitting prior authorization requests, please contact Janet Blackwood at Comagine; the contact information is listed below.

Janet Blackwood, RN, BSN, MA/MPA
QIO Project Director
Comagine Health
Main: (800) 251-8890
Office: (800) 949-7536, ext. 2986
Direct: (202) 847-2986
jblackwood@comagine.org

Enrollment

Dental providers that need to enroll or recertify as a DC Medicaid provider should contact Maximus. The contact information for Maximus is listed below:

E-mail: dcprovider.registration@maximus.com

Telephone: 1-844-218-9700

Provider Account log on: <https://www.dcpdms.com/Account/Login.aspx?ReturnUrl=%2f>

If you have any questions about the information in this transmittal, please contact Antonio Lacey, DDS, Program Analyst, at antonio.lacey@dc.gov or (202) 442-5847.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Services Providers
Medical Society of DC