



# MedStar Family Choice

DISTRICT OF COLUMBIA



# Provider Newsletter

3rd Quarter 2023

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This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.



# A message from Dr. Tu



Raymond Tu, MD



Shanique Cartwright, MD



Dianna Coles Lee-Sam, MHA

Dear Providers,

Please join me in welcoming Dr. Shanique Cartwright, MD as our Behavioral Health Medical Director and Dianna Coles Lee-Sam as our Director of Quality and Outreach! Both bring immense experience in their fields and are great additions to the MedStar Family Choice District of Columbia team.

As providers of our Medicaid and Alliance health plan Enrollees, please take every opportunity to remind your patients to renew their healthcare coverage—all DC residents with Medicaid and Alliance must renew their coverage to continue receiving benefits. The first step is for Enrollees to ensure that their contact information is up to date with the Department of Health Care Finance by visiting [DistrictDirect.DC.gov](https://www.districtdirect.dc.gov).

If you have questions or if we can assist you in any way, please call the Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).

Sincerely,

Raymond Tu, M.D., M.S., F.A.C.R.  
Chief Medical Officer, MedStar Family Choice District of Columbia

# Welcome to MedStar Family Choice District of Columbia!



We are proud to welcome the following new physical and behavioral health provider groups to our network.

Alma Integrated Health  
Arising Behavioral Health and Services LLC  
Axis Healthcare Group PC  
Brighter Strides ABA MD LLC  
C & A Behavioral Healthcare Services  
Capital Healthcare LLC  
Diamond Healthcare Services LLC  
Dr Guillermo Brito  
Foot and Ankle Specialists of the Mid-Atlantic LLC  
Guardian Mental and Behavioral Health Services LLC  
Healthbeam Diabetes and Wellness Center  
Hibiscus Medical PLLC

Limitless Possibilities  
 Lotus The Center for Behavioral Health & Wellness LLC  
 MindRight Health Inc  
 Peace of Mind Therapy Inc  
 Positive Behavior Supports Corporation  
 Privia Medical Group 3 Point Elite Gynecology & Wellness Specialists  
 Privia Medical Group Healthy Steps  
 Privia Medical Group Next Journey Orthopaedics  
 Privia Medical Group The Diabetes and Endocrine Wellness Center  
 SMILE Therapy Services  
 Taghi Kimyai Asadi MD  
 Talk to Me DMV  
 The Bridges Wellness Group LLC  
 Tic Toc Healthcare Inc  
 TNJ Direct Primary Care LLC

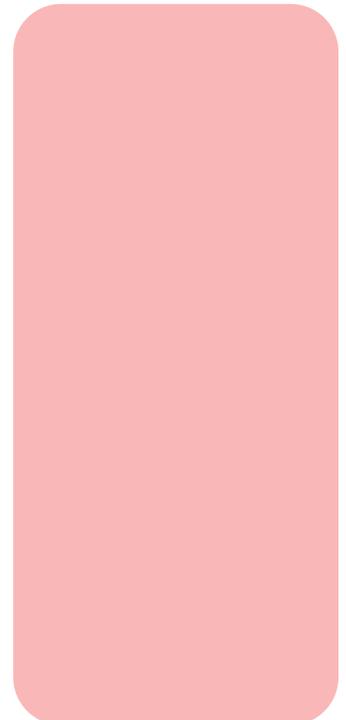
In addition, we are happy to welcome the following ancillary providers into our network:

**GroupName**

Capital Care Anesthesia LLC  
 Community Connections  
 Genomind Inc  
 Nations Home Medical Equipment LLC  
 Neighbors Consejo  
 PRC-Saltillo  
 Stellar Pharmacy Services Inc

**Specialty**

Anesthesiology  
 Mental Health Clinic  
 Laboratory  
 Durable Medical Equipment  
 Mental Health Clinic  
 Durable Medical Equipment  
 Durable Medical Equipment





## Let's Talk Behavioral Health

Welcome to **Let's Talk Behavioral Health**. Here we will update you on MedStar Family Choice District of Columbia's integration of behavioral health into the plan's services and supports, offer resources, and highlight behavioral health best practices across our provider network. Integrated care is a model of care that coordinates mental health, substance abuse, primary care, and specialty services to ensure care is patient-centered and effective for individuals with multiple needs. MedStar Family Choice DC is committed to addressing a person's whole needs – recognizing the intersection of a person's mental, behavioral, and physical health, and the requirement to address all in order to achieve the best outcomes.

Data shows that primary care providers shoulder an outsized responsibility for treating many common mental health disorders. **Let's Talk Behavioral Health** recognizes the presence of behavioral health in medical care and the need to adopt and share best practices to help providers deliver outstanding care to Washington, DC residents.

## Spotlight: Free Trauma-Informed Care Technical Assistance

In support of the innovative work you are already doing to provide patient-centered health care to DC residents, MedStar Family Choice DC is excited to offer **free** virtual and on-site trauma-informed care training, technical assistance, and coaching to MedStar Family Choice DC providers. This opportunity for up to 35 hours of technical assistance is being provided by Rooting Resilience, a consulting collective that brings over a decade of experience delivering training on trauma-informed care to health providers in Washington, DC.

We invite you to take advantage of this free MedStar Family Choice DC offering to develop a shared language about trauma and resiliency and identify and implement specific trauma-informed practices that reduce employee turnover and improve the quality of care provided to patients. MedStar Family Choice DC has heard from our provider network about the importance of building a trauma-informed culture to support patient-centered whole person integrated care and its collaborative, multidisciplinary care teams.

If your practice is interested in engaging with Rooting Resilience to help build or support your clinic's trauma-informed care goals, please contact [info@rootingresilience.com](mailto:info@rootingresilience.com). Rooting Resilience will work with your practice to design an individualized technical assistance, training and/or coaching plan that meets your specific needs.

## Preventing and reducing lead exposure



We want to remind you of the importance of preventing or reducing lead exposure. The best way for you to help prevent or reduce lead exposure is by adequately educating pregnant women and parents/guardians.

Since lead exposure is an environmental health topic, which many caregivers may not be well informed, providers like you typically become their primary resource. This means that they'll likely rely on you for critical initial information.

You can best benefit your patients by providing regular guidance concerning childhood lead poisoning and lead exposure. To learn more and for information to share with pregnant woman, parents/caregivers of children and their families visit [DOEE.DC.gov/node/613342](https://doee.dc.gov/node/613342).

## Albuterol MDI inhalers now have updated limits

On October 1, 2023, the MedStar Family Choice District of Columbia Plan Drug Benefit will change. Recent data shows unfavorable outcomes for SABAs (Short-Acting Beta Agonist) used alone for as-needed treatment of symptoms of mild asthma. Albuterol MDI inhalers are currently limited to two inhalers over a 60-day period. In order to encourage patients to adhere to preferred symptom-controlling therapies, there will now be an additional limit of six inhalers over 365 days.

A letter was sent to Enrollees who received prescriptions for more than four inhalers in the previous 12-months. Please plan to adjust your patient therapies if necessary. Current Clinical Practice Guidelines can be easily accessed under the provider section of the MedStar Family Choice DC webpage.

If there are specific Enrollees for whom this is not appropriate, please call **855-798-4244**, select option 2 and request a Medical Exception. If you have any questions, please contact Eileen R. Langstraat, PharmD, BCPS, CPPS, Health Plan Pharmacist, at [eileen.r.langstraat@medstar.net](mailto:eileen.r.langstraat@medstar.net).





# Compliance Corner

## Timely completion and signing of medical records

Timely completion of medical records is a concern of billing staff. This is because the issue has both billing and compliance ramifications. For billing purposes, Centers for Medicare and Medicaid Services (CMS) generally requires the following:

1. The medical record should be complete and legible.
2. The documentation of each patient encounter should include:
  - Reason for the encounter and relevant patient history, physical examination findings, and prior diagnostic test results;
  - Assessment, clinical impression, or diagnosis;
  - A plan for care; and
  - A date and legible identity of the observer.

While the issue of legibility has been largely addressed by increased utilization of electronic health records (EHRs), completion of the record through the inclusion of proper documentation and a dated signature continues to be of concern.

What does it mean for a medical record to be complete? Is the record complete when it contains the documentation of the patient encounter but is not signed and dated? As you know, you should not bill for an office visit or other service until documentation is on file supporting the level of service or code indicated for billing.

The file is not complete until the proper documentation is accompanied by a dated signature. The question becomes, "How long do you have to sign and date the record in order for it to be accepted by CMS?" The question is most important because EHR systems do not allow for back-dating of a signature. As such, an auditor knows exactly when the signature of the provider was placed in the record. How long is too long after the care is provided?

Physician practices should consider that the longer it takes to record the details of an encounter, the less accurate the documentation of the encounter is considered to be. The CMS/Medicare policy manual provides guidance in Chapter 12 of the Manual in the following statement, "The service should be documented during, or as soon as practicable after it is provided in order to maintain an accurate medical record."

"Providers should not add a late signature to the medical record, (beyond the short delay that occurs during the transcription process)." It is understood that there are circumstances, like waiting for transcription to be complete that might preclude signing the record at the time of service. In general, it is best to sign the record at the time of service, if not within a day or two at the latest.

Signatures beyond a couple of days increase the likelihood that a claim will be denied. This is because necessary documentation will not be accepted as being present due to a signature and date too removed from the time the care was provided. This could be disastrous and costly to the provider as a result of a billing audit. For example, if every note that had a signature older than three days after the service was provided and not accepted during audit, then the provider's documentation of work that was done at the time of the visit with the patient would also not be allowed. The audit result of this

example, is that there would be no accepted documentation for the visit and payment would not be allowed even if an attestation statement were added at a later date.

To safeguard against these potential pitfalls, your practice should have policies that filing for services occur only after documentation is complete, including a dated signature. This will give your billing staff guidance and keep their work compliant while holding the provider's office staff accountable for getting documentation done in a timely fashion. Most importantly, have a policy in place that holds office and providers in your office to a standard time period, perhaps 36 hours, to have a dated signature recorded in the chart. These two policies will help ensure there are no compliance or billing issues caused by the lack of a timely signature.





# Our Provider Community at Work

## Spotlight on Chase Counseling and Consulting Services LLC: Empowering mental health and wellness

Founded in 2020, Chase Counseling and Consulting Services (CCCS) is a community-based and woman and minority-owned organization headquartered at the Uline Arena office building in the heart of Washington, DC. CCCS is dedicated to providing essential clinical counseling services to families, individuals, groups, and faith-based organizations in the metropolitan area, and is a Certified Business Enterprise (CBE) in Washington, DC.

With a wide range of offerings including diagnostic assessments, marriage and family therapy, substance-use-disorder counseling, Christian counseling, and career and transitional counseling, CCCS strives to meet the diverse needs of its clients. In addition to direct counseling services, CCCS also provides clinical supervision, training, and continuing education units (CEUs), ensuring that their staff remains at the forefront of the field. Central to CCCS's work is the belief in empowering clients to evoke positive change as they navigate life's complex challenges. To achieve this, CCCS operates from an integrative approach, utilizing modalities such as motivational interviewing, spirituality, and cognitive-behavioral therapy techniques to assist clients in becoming the best versions of themselves.

At the helm of CCCS is Dr. Bridgette Chase, the passionate CEO and founder. Dr. Chase brings with her over 30 years of experience practicing in Washington, DC and the surrounding areas. Her commitment to addressing the mental health needs of her community has been the driving force behind the establishment and success of CCCS. Throughout her career, Dr. Chase has worked extensively with clients facing severe co-occurring disorders, homelessness, and incarceration due to mental illness and substance use disorders. Her expertise extends to various areas, including case management and diagnostic treatment procedures.

The dedicated staff at CCCS plays a vital role in delivering high-quality counseling services. The team consists of six experienced Licensed Professional Counselors, four Licensed Clinical Social Workers, and one Licensed Clinical Psychologist.

Their collective expertise and diverse backgrounds allow CCCS to provide comprehensive services to both the served and underserved communities. By employing an integrative approach, CCCS ensures that clients receive personalized care tailored to their specific needs. In response to the unprecedented challenges posed by the COVID-19 pandemic, CCCS has adapted to the new normal. Embracing the power of technology, CCCS now operates a simple integrated virtual office that offers optimal flexibility to clients. Multiple clinicians operate in various locations and provide services through secure platforms and portals, prioritizing confidentiality and HIPAA compliance.

To expand on the practice, Dr. Chase has also recently launched a new nonprofit called TREE House Community Services. The mission of the new organization is to support and empower individuals, youth, and families through treatment, rehabilitation, education, and employment programs. This year, the organization will be opening The TREE House, located in the heart of Southeast Washington, DC. The TREE House will be a comfortable and welcoming environment where individuals can receive various support services. All programs will be designed to help individuals build the skills and confidence they need to achieve long-term recovery and success. Learn more at [TreeHouseCommunityServices.org](https://TreeHouseCommunityServices.org).

Driven by a passion for service and a commitment to empowering clients, CCCS continues to make a positive impact in the community. Through their comprehensive counseling services, CCCS strives to foster mental wellness, strengthen relationships, and guide individuals towards fulfilling and meaningful lives. To learn more about CCCS and the range of services they offer, visit their website at [ChaseCounselingServices.com](https://ChaseCounselingServices.com) or contact their dedicated team of professionals today.

## Improving Appeal outcomes

MedStar Family Choice District of Columbia values all our provider partners and the services you provide to our Enrollees. Our UM, Claims, and Appeals departments work together to serve you and our Enrollees. MedStar Family Choice DC encourages all providers to utilize the resources below to reduce denials, reduce appeal submissions, and improve appeal outcomes (if an appeal is submitted).

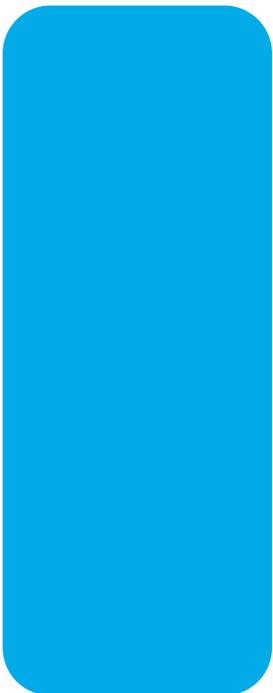
### How to reduce denials and the need for appeals:

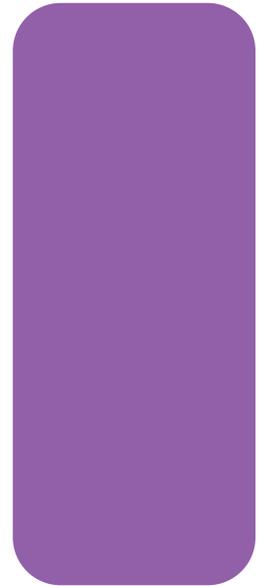
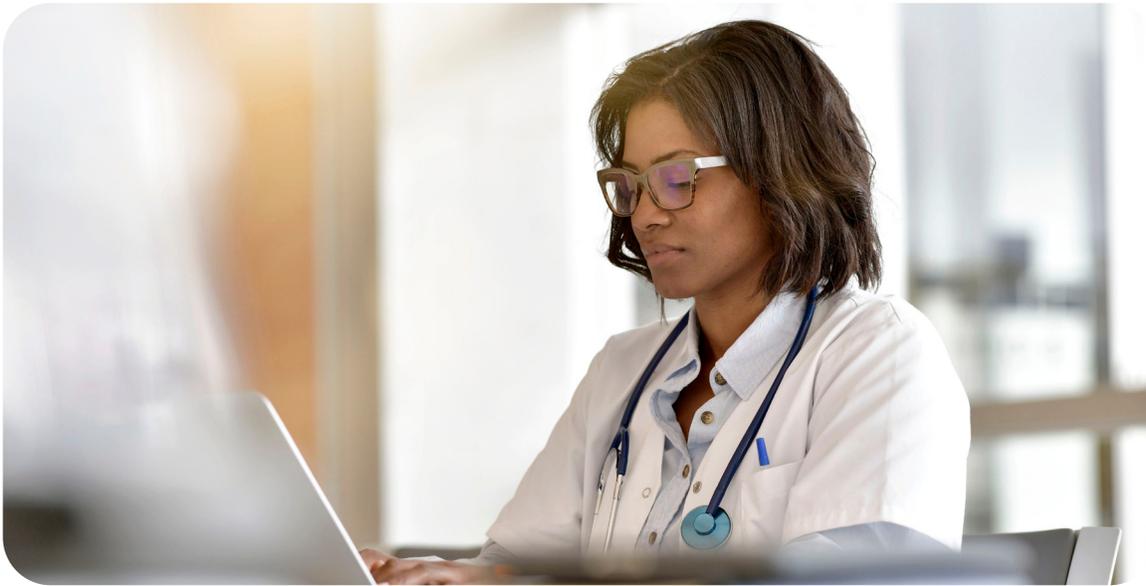
- **Confirm Enrollee Benefit Eligibility** – make sure your patient has benefit coverage for the service(s) you wish to provide. If your patient does not have benefits coverage for services, there is a greater chance of receiving a denial and filing an appeal. You can access the District's Medicaid Fee Schedule at: [DC-Medicaid.com/DCWebPortal/Nonsecure/FeeScheduleInquiry](https://DC-Medicaid.com/DCWebPortal/Nonsecure/FeeScheduleInquiry)
- **Request prior authorization (PA) before submitting a claim (when applicable)** – If you submit a claim for a service that requires prior authorization, there is a greater chance of receiving a denial and filing an appeal. You can access the MedStar Family Choice DC Prior Authorization Grid at: [MedStarFamilyChoiceDC.com/Providers/UtilizationManagement](https://MedStarFamilyChoiceDC.com/Providers/UtilizationManagement)

- **Know the rules** - There are specific rules for some DME, genetic testing, insulin pumps, PSA services, etc. If you submit claims or prior authorization without reviewing the rules for services you provide, there is a greater chance of receiving a denial and filing an appeal. You can access the MedStar Family Choice DC Medical Policies and Procedures library at: [MedStarFamilyChoiceDC.com/Providers/Medical-Policies-and-Procedures](https://www.medstarfamilychoicedc.com/Providers/Medical-Policies-and-Procedures)
- **Check the formulary when writing a new prescription** - Detailed clinical information must be submitted to support the need for any drugs requiring prior authorization and in cases where a non-formulary medication is being requested. If you do not review the formulary BEFORE submitting a medication request, there is a greater chance of receiving a denial and filing an appeal. You can access the MedStar Family Choice DC Medication Formulary at: [MedStarFamilyChoiceDC.com/Providers/Pharmacy](https://www.medstarfamilychoicedc.com/Providers/Pharmacy)
- **Submit relevant and complete clinical documents** - When submitting prior authorization request and/or appeal request, you must include all relevant and complete clinical documentation. If you do not submit appropriate clinical documents when requesting PA and when submitting an appeal, there is a greater chance of receiving a PA denial and filing an appeal that is upheld. Providers have ninety (90) business days from the date on the denial letter or the EOB to submit a first-level appeal. A second-level appeal must be submitted within thirty (30) calendar days of the first-level appeal notification letter. MedStar Family Choice DC will acknowledge receipt of all appeals (first and/or second level) within five (5) business days of receipt.

MedStar Family Choice DC resolves appeals within ninety (90) business days of receipt of the initial appeal. There are no exceptions for untimely filing.

If you have questions or if we can assist you in any way, please call the Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at [mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net).





# Formulary updates for providers

MedStar Family Choice District of Columbia Pharmacy and Therapeutics Committee meets quarterly. During the August 2023 meeting, formulary changes were made for DC Healthy Families and DC Healthcare Alliance. **Bolded** names indicate a brand medication; other listed medications are generic.

## CHANGES BELOW BECOME EFFECTIVE ON OR AROUND OCTOBER 1, 2023

### Additions:

**Breztri** (Budesonide/glycopyrrolate/formoterol)

Nebivolol tablets

**Nexletol** (bempedoic acid)

**Nexlizet** (bempedoic acid with ezetimibe)

Olmesartan/Amlodipine +/- HCTZ

**Paxlovid** (nirmatrelvir and ritonavir)

### Additions with Prior Authorization: \*

**Furoscix** (subcutaneous furosemide)

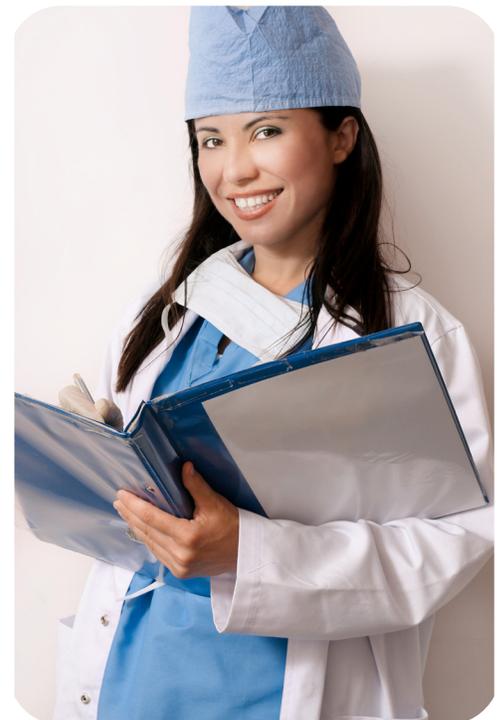
Icosapent ethyl capsules

**Opzelura** (ruxolitinib)

**Veozah** (fezolinetant) tablets

**Vowst** (oral fecal microbiota)

**Zeposia** (ozanimod)



## Addition of Quantity Limits:

### Opzelura cream (ruxolitinib)

- **Enrollees will be limited to 180 grams/28 days.**
- Rationale: Quantity limits align with FDA-recommended dosing guidance.

### Albuterol, Levalbuterol MDI inhalers

- **A maximum of 6 inhalers may be dispensed per 365 days.**
- Rationale: Recent data shows unfavorable outcomes for SABAs used alone for as-needed treatment of mild asthma symptoms. New quantity limits align with current treatment guidelines.
- If needed, additional inhalers may be covered by submitting a PA with supporting documentation.

### GLP-1 medications

- Enrollees will be limited to **two, 30-day fills** for starter GLP-1 medication strengths:
  - **Rybelsus** (semaglutide) **3 mg capsules (60 capsules/year)**
  - **Trulicity** (dulaglutide) **0.75 mg pens (8 pens/year) \***
  - **Mounjaro** (tirzepatide) **2.5 mg pens (8 pens/year)**
- Rationale: Starter doses are intended for initiating therapy for medication tolerability.
- Exceptions for Trulicity may be granted for patients whose A1c is at or below ADA standards for glucose control.

The full formulary and list of formulary updates are available on the MedStar Family Choice DC Website at [MedStarFamilyChoiceDC.com/Providers/Pharmacy](https://www.MedStarFamilyChoiceDC.com/Providers/Pharmacy).

**NEW!** The MedStar Family Choice DC P&T Committee welcomes your feedback. Providers can email feedback or requests for formulary additions or changes to: [mfc-formularyfeedback@medstar.net](mailto:mfc-formularyfeedback@medstar.net)

\*Detailed Prior Authorization and Step Therapy submission information, including clinical criteria and submission requirements for approval, are available on the MedStar Family Choice DC website in the Prior Authorization and Step Therapy Table.



# Know our access and availability standards

As a MedStar Family Choice District of Columbia participating provider, your office is expected to meet the following appointment guidelines:

- Waiting time in the office may not exceed 45 minutes.
- Initial appointments for new Enrollees age 21 and older must be within 45 days of their enrollment date or within 30 days of the request, whichever is sooner.
- Initial appointments for new Enrollees under the age of 21 must be within 60 days of enrollment or earlier if needed to comply with the EPSDT periodicity schedule.
- Initial assessment of pregnant or postpartum women and those requesting family planning services must be within 10 days of the request.
- Routine primary or specialty care (including EPSDT appointments that are due, IDEA services and physical exams) must be within 30 days of the request.
- Urgent care appointments must be within 24 hours of the request.
- Primary care providers must maintain twenty-four (24) hours per day, seven (7) days per week access for Enrollees. During after-hours, this can be accomplished via an answering machine or answering service. Both methods must provide the Enrollee with instructions on how to access their PCP or an on-call PCP. In the case of an emergency, the Enrollee is to be instructed to call 911 or go to the nearest emergency room.

MedStar Family Choice DC conducts secret shopper surveys throughout the year to ensure that providers are in compliance with the above requirements. If your office is found non-compliant with any of the above requirements, your provider relations associate will contact you with the specific details. Your office will then be re-surveyed within the next 60 days. If the office remains non-compliant; you will be asked to submit a thirty (30) day corrective action plan to resolve the deficiency.

For questions concerning these standards, please contact the MedStar Family Choice DC Provider Relations department, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations). You can also email us at [\*\*mfcdc-providerrelations@medstar.net\*\*](mailto:mfcdc-providerrelations@medstar.net).



# MedStar Family Choice

DISTRICT OF COLUMBIA



3 YEARS

If you have questions regarding information in this newsletter, please call us, Monday through Friday, 8 a.m. to 5:30 p.m., at **855-798-4244** (select option 2 for Provider and then option 2 for Provider Relations).

You can also email us at

**[mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net)**.

This Provider Newsletter is a publication of MedStar Family Choice District of Columbia. Submit new topics for subsequent publication consideration to **[mfcdc-providerrelations@medstar.net](mailto:mfcdc-providerrelations@medstar.net)**.

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