REVENUE CYCLE MANAGEMENT QUICK REFERENCE GUIDE

Revenue Cycle Management for Practice Transformation

REV UP
DC

Eligibility

Can be determined by checking the EVS

Can be confirmed utilizing the MCO website(s):

AmeriHealth Caritas DC ACDC

www.amerihealthcaritasdc.com

Care First Community Health Plan

www.carefirstchpdc.com

MedStar Family Choice DC MSFCDC

www.medstarfamilychoice.com

Health Services for Children with Special Needs

https://hscsnhealthplan.org

DHCF Link to Eligibility login:

Department of Health Care Finance - Home Page (dc-medicaid.com)

Medicaid - 202-639-4030 /1-800-408-7511

Alliance - 202-842-2810/1-866-842-2810

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Authorizations/Services

Access electronic forms via links below:

AmeriHealth Behavioral Health Forms:
IntegratedBHUMOPT@amerihealthcaritas.com.

Phone#: 1-877-464-2911   Fax#: 877-759-6216

Prior Authorization Form: Perform PA Web Submission Form (performrx.com)

Anxiety Disorders: Behavioral Health Training Opens a new window

Behavioral health services provider guide Opens a new window (PDF)

Depression: Behavioral Health Training

MedStar Family Choice Forms: Prior Authorization (Non-Pharmacy) Request Form

Phone#: 410-933-2200 800-905-1722 Fax# 410-933-2274

Mental Health and Substance Use Resources for Providers   (services w/codes)

Billing Guidelines for Developmental/Mental Health Screening and Assessment

All appropriate ICD-10/CPT/HCPCS, along with supporting clinical information, must be included in requests for pre-authorization. Requests for authorization can be included on the Maryland.

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CareFirst Community Health: Requests for Pre-Authorization should be submitted to:

- Utilization Management Authorization: (202) 821-1132
- Utilization Management Fax Number: (202) 905-0157

Pre-Service Authorization requests for Behavioral Health Services are handled by Beacon Health Options. (855) 481-7041.

Post service Authorization decisions, as expeditiously as the member's health condition requires and no later than 14 calendar days of receipt of the request for services with a possible extension of up to 14 calendar days. Oral notification will be made within 24 hours of the decision.

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Credentialing Checklist
For Behavioral Health Providers

This checklist can be used as a guide when applying for participation with DHCF's Medicaid Managed Care Organizations (MCOs).

❑ **Medicaid ID # -** (you must obtain prior to servicing Medicaid members. Please apply at Log In (dcpdms.com)

❑ **NPI # -** Must be registered with a NPI# - **NPPES (hhs.gov)**

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

❑ **CAQH Application** - https://proview.caqh.org/Login/
  - ○ All sections must be **complete**
    - ▪ Failure to complete will cause delay in credentialing process

  - ○ Authorize MedStar, AmeriHealth and CareFirst to have access to view application
    - ▪ By authorizing access, each MCO can obtain a copy of your electronic application. You will only need to complete one application

  - ○ Must attach **all** supporting documentation

Current Unrestricted License(s) to Practice	**Any Malpractice/Liability Settled Claim Information**
Current Board Certifications or Specialty Certifications	**History of Sanctions/Debarment from Medicaid, Medicare or State Licensing Board**
Internship, Residency or Fellowship Certificates (if applicable)	**W-9**
Current Liability/Malpractice Insurance Dec Page	

❑ Complete Provider Request/Intake Form (must return by email or fax)

MedStar Family Choice (email to MSFC.Credentialing@MedStar.net or fax to (410) 350-7895.
[medstar-family-choice-caqh-data-form-2020-fv.pdf (medstarfamilychoicedc.com)](http://medstarfamilychoicedc.com)

[Form W-9 (Rev. October 2018) (medstarfamilychoicedc.com)](http://medstarfamilychoicedc.com)

AmeriHealth (fax to Credentialing Department at (215)863-6369)
[Provider Data Intake Form (amerihealthcaritasdc.com)](http://amerihealthcaritasdc.com)
[Form W-9 (Rev. November 2017) (amerihealthcaritasdc.com)](http://amerihealthcaritasdc.com)

CareFirst (BH services currently offered through Beacon)

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Credentialing Checklist

Provider Name: _____

Specialty: _____

Required Document	Is Document Current & Valid (If Applicable)	Document Submitted to CAQH?	Date Credentialing Submitted to *MedStar*	Date Credentialing Submitted to *AmeriHealth*	Date Credentialing Submitted to *CareFirst/Beacon*
CAQH Electronic Application, Attestation & Signature					
Current, Valid & Unrestricted License to Practice					
Current Malpractice/Liability Insurance Declarations Page					
Board Certification/Specialty Certification					
Current CV/Resume					
Medicaid ID Number (DHCF)					
NPI Number/Taxonomy Code (NPPES)					
Explanation of Settled/Pending Malpractice Claims					
Provider Intake Form					
CAQH Form					
Provider Contract					
W-9 Tax Form					

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Common Terms & Definitions

Credentialing	Formal review of a provider/practitioner's qualifications when applying to a health plan or health system
Contracting	The act of entering into a formal and legal binding agreement with a managed care organization
Medicaid Id #	Often referred to the Provider ID# - this number is given to the provider/practitioner once approved to render services to Medicaid recipients
NPI #	A Unique 10-digit identification number issued to health care providers by CMS. This unique id number is shared with other providers, payers, employers, and health plans for billing purposes
Taxonomy Code	CMS Healthcare Provider Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers
Paneling	Is the act of recruiting, contracting, and credentialing providers to participate in a Managed Care Organization's provider network
Enrollment	The action of enrolling a provider/practitioner in a Managed Care or Commercial payer once credentialing has been approved
Recredentialing	A periodic review (usually every 2/3 years) of a practitioner's qualifications since last credentialed with an organization
CAQH Application	Electronic Application Repository used by most Medicaid, Medicare and commercial payers. This electronic application eliminates the provider/practitioner from completing multiple applications
Attestation	Signed declaration of the accuracy and completeness of a provider or practitioner's application
Pre-Authorization	The process in which an approval by the health plan is required prior to services being rendered for a member
Single Case Agreement	A contract between an insurance company and an out-of-network provider where emergency services are needed for a member