



REVENUE CYCLE MANAGEMENT QUICK REFERENCE GUIDE



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 \(dc-medicaid.com\)](http://dc-medicaid.com)

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

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



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 \(performrx.com\)](http://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](tel:410-933-2200) [800-905-1722](tel:800-905-1722) Fax# [410-933-2274](tel: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.



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

- Utilization Management Authorization: [\(202\) 821-1132](tel:(202)821-1132)
- Utilization Management Fax Number: [\(202\) 905-0157](tel:(202)905-0157)

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



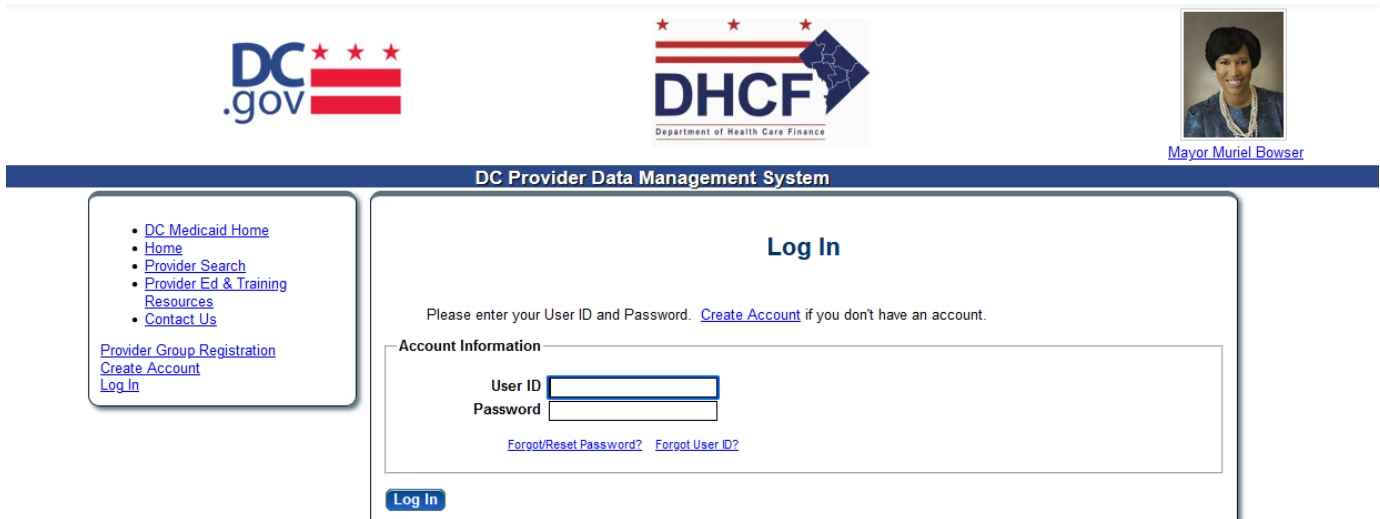
Rev Up DC

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 \(dcpdms.com\)](#))



The screenshot shows the login interface for the DC Provider Data Management System. At the top, there are logos for DC.gov, DHCF (Department of Health Care Finance), and a portrait of Mayor Muriel Bowser. The main heading is "DC Provider Data Management System". On the left, a sidebar contains links: "DC Medicaid Home", "Home", "Provider Search", "Provider Ed & Training Resources", "Contact Us", "Provider Group Registration", "Create Account", and "Log In". The central "Log In" section prompts the user to enter their User ID and Password, with a link to "Create Account" if they don't have one. Below the input fields are links for "Forgot/Reset Password?" and "Forgot User ID?". A "Log In" button is at the bottom left of the login area.

- ☐ **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-caghd-data-form-2020-fv.pdf \(medstarfamilychoicedc.com\)](#)

[Form W-9 \(Rev. October 2018\) \(medstarfamilychoicedc.com\)](#)

AmeriHealth (fax to Credentialing Department at (215)863-6369)

[Provider Data Intake Form \(amerihealthcaritasdc.com\)](#)

[Form W-9 \(Rev. November 2017\) \(amerihealthcaritasdc.com\)](#)

CareFirst (BH services currently offered through Beacon)



REV Up DC Credentialing Checklist

Provider Name: _____

Specialty: _____

<i>Required Document</i>	<i>Is Document Current & Valid (If Applicable)</i>	<i>Document Submitted to CAQH?</i>	<i>Date Credentialing Submitted to MedStar</i>	<i>Date Credentialin g Submitted to AmeriHealth</i>	<i>Date Credentialing Submitted to CareFirst/Beacon</i>
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					

