Bulletin Title: Changes to Local Payments Effective October 1, 2025
Bulletin ID: 157
Issued Date: September 15, 2025
Effective Date: October 1, 2025

Please note the changes to local payments effective October 1, 2025: (1) Room and Board Substance Use Disorder (SUD) Residential Treatment Services Prior Authorization requirement; (2) Coordination of care for Qualified Medicare Beneficiaries (QMB); (3) Changes to eligibility requirements for Alliance members; and (4) Beneficiaries in a "Spend Down" status.

I. Room and Board SUD Residential Treatment Services PA Requirement

The Department of Healthcare Finance (DHCF) provides an authorization file to the Department of Behavioral Health (DBH) for approved SUD residential services. If a provider has failed to receive an approved authorization for SUD Residential services from Comagine Health, the QIO contracted by DHCF, DBH will deny room and board claims for unauthorized care. Providers can confirm a prior authorization is established for services by accessing the DHCF web portal: Department of Health Care Finance - Home Page and selecting "PA inquiry" after logging in.

II. Coordination of Care Payments for Medicare Covered Services

The QMB Program, administered by DHCF, provides secondary insurance for Medicare beneficiaries. They are commonly identifiable when verifying eligibility with program codes ending in "Q." Validation of coverage can be made by accessing the DHCF web portal and selecting "recipient inquiry". For those beneficiaries who are QMB eligible, covered services must be billed to Medicare first. DBH is aligning its billing and eligibility guidelines with the DHCF. Please note, if Medicare covered services are billed to DBH for QMB eligible clients, those claims will be denied.

III. Changes to Eligibility Requirements for Alliance Members

Eligibility requirements for the DC Healthcare Alliance beneficiaries will change effective October 1, 2025. Validation of coverage can be made by accessing the DHCF web portal and selecting "recipient inquiry". They are commonly identifiable with a Plan Coverage Type of *MA Healthcare Alliance – ADULT/ MA UNDOC IMMIGRANT CHILD.* If you find that the beneficiary has had their eligibility end dated (System will note. "Recipient is not currently eligible"), they will no longer be eligible for DBH locally covered behavioral health services.

EXAMPLE

ALLIANCE PROGRAM CODES COVERED BY DC LOCAL DOLLARS:

Plan Coverage Information		Plan Coverage Information	
Plan Coverage:	MA HEALTHCARE ALLIANCE - ADULT	Plan Coverage:	MA UNDOC IMMIGRANT - CHILD
Program Code:	470	Program Code:	420
Eligibility or Benefit Information:	ACTIVE	Eligibility or Benefit Information:	ACTIVE
Begin Date:	11/01/2021	Begin Date:	11/01/2021
End Date:	10/31/2025	End Date:	09/30/2025
QMB Indicator:	NO	QMB Indicator:	NO

Changes to benefit plans for Alliance members are also occurring, further guidance is forthcoming.

IV. Beneficiaries in Spend-Down Status

"Spend-down" Medicaid is for individuals who have income over the Medicaid limits. They are commonly assigned to program codes in the "600" range. Validation of coverage can be made by accessing the DHCF web portal and selecting "recipient inquiry". If you find that the beneficiary has had their eligibility assigned to a program code in the 600 range, they are ***NOT*** eligible for DBH locally covered services. Claims for services will be denied as "over income for eligibility for services".

EXAMPLE

Program Code range 600 – 699 HAVE NO MEDICAID OR LOCAL COVERAGE:

Plan Coverage Information	
	Recipient Not Currently Eligible
Plan Coverage:	INSUFF INFO TO DETERMINE ELIG
Program Code:	607
Eligibility or Benefit Information:	ACTIVE
Begin Date:	03/01/2024
End Date:	03/31/2024
QMB Indicator:	NO

Please contact Michael Neff, Chief Operating Officer, at Michael.neff@dc.gov with questions regarding this bulletin.