GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director and Medicaid Director **Transmittal #26-19 (rev.)**

TO: DC Medicaid Providers

FROM: Melisa Byrd M.B.
Senior Deputy Director and Medicaid Director

DATE: **August 6, 2026**

SUBJECT: **Revised Transmittal #26-19: Managed Care Plan Transition**

Purpose
The purpose of this transmittal is to amend the information in Transmittal #26-19 published on July 2, 2026. This communication intends to clarify and specify responsibilities between entities involved in the transition.

Background:
Effective **August 1, 2026,** enrollees in the District of Columbia Medicaid Managed Care Program who are currently enrolled with Wellpoint DC (formerly Amerigroup DC) will be automatically assigned to AmeriHealth Caritas DC (AmeriHealth). If dissatisfied with the auto assignment, enrollees have until January 31, 2027, to request a transfer to MedStar Family Choice, DC (MedStar). To ensure continuity of care for enrollees, there will be a transition period of August 1, 2026, through October 31, 2026.

Provider Responsibility
- Verify eligibility for all enrollees prior to rendering services to confirm active Medicaid eligibility and identify the current managed care assignment.
- Provide information about your patients' health status needed to maintain continuity of care.
- Honor existing appointments and not cancel appointments with current patients affected by this transition.
- Specialty providers and all providers are expected to initiate their own prior authorization requests with the enrollee's new MCP for additional services, treatments, procedures, etc. needed for their patent that may not have been previously approved by way of a prior authorization by the enrollee's previous Managed Care Plan (MCP).
- Consider all active referrals or Prior Authorizations (PAs) issued before August 1, 2026, valid and effective through October 31, 2026, whether or not the provider is contracted with AmeriHealth or MedStar.

WellPoint Responsibility:

- Payment to providers for all covered services rendered to its enrollees through 11:59 PM, July 31, 2026.
- Payment during an inpatient hospital stay that begins on or before July 31, 2026 at 11:59 PM until the date of the enrollee's discharge including professional and facility services as prescribed under the Center for Medicare and Medicaid Services (CMS) Title 42 CFR § 422.318. For the purposes of this requirement, it includes services rendered in hospitals, psychiatric hospital, rehabilitation hospital, rehabilitation unit, and long-term care hospitals.
- Payment for enrollees admitted to a Medicaid approved Residential Treatment Center , Psychiatric Residential Treatment Facilities (PRTF) for the remainder of stays of no more than thirty (30) days if admitted on or before July 31, 2026 per contract requirement.
- Payment for enrollees who have been admitted to a Medicaid approved Nursing Home, Nursing Facility, Skilled Nursing Facility or other long-term care facility for less than ninety (90) consecutive day if admitted on or before July 31, 2026 per contract requirement.
- Coordinate and work with in-network providers during the 18-month transition period related to claims processing and payments.

Receiving Managed Care Plan's Responsibility: AmeriHealth and MedStar

- Honor any ongoing treatment that was authorized by Wellpoint prior to 8/1/26 for their transitioning enrollees throughout the transition period, 8/1/26 through 10/31/26.
- Honor any ongoing treatment that was authorized by another Managed Care Plan (AmeriHealth or Medstar) during the transition period (through 10/31/26) or for at least 60 days, which may extend beyond 10/31/26, consistent with DC Law. DC Law requires insurance carriers to honor prior authorizations from enrollees' previous carrier(s) for at least 60 days.
- Honor active referrals and PAs previously issued before August 1, 2026. As applicable, each health plan will coordinate to issue new referrals and PAs for continuity of services.
- Honor active prescriptions for transitioning Wellpoint enrollees and medication prior authorizations for them issued by Wellpoint DC for prescription drugs not on the receiving MCP's formulary through October 31, 2026.
- Honor all active prescriptions during the transition period. Receiving MCP must allow enrollees to continue to receive prescriptions through their current provider through October 31, 2026, or until their prescriptions can be transferred to a provider in the health plan's network.

Any issues or concerns during and after the transition can be submitted using the established Provider Inquiry Form. The inquiry form can be accessed by clicking this link. Saving the link to the web address is strongly recommended for future use.

Provider Enrollment

If you do not have a Provider agreement with MCPs other than Wellpoint and wish to enroll in their network, please connect through the access points listed below. Representatives from each organization will answer your questions about joining the associated MCP's network.

AmeriHealth Caritas DC
Credentialing
dcprovidernetwork@amerihealthcaritasdc.com
877-759-6186

Medstar Family Choice District of Columbia
Provider Relations
MFCDC-ProviderRelations@MedStar.net
800-261-3371

Contact
If you have questions about this transmittal, please contact Lisa Truitt, Director, Health Care Delivery Management Administration (HCDMA), at lisa.truitt@dc.gov or (202) 380-6899.

Thank you in advance for your cooperation and support during this transition period.

Karen Dale, CEO AmeriHealth Caritas DC	Dr. Tich Changamire, CEO Wellpoint DC	Fonya Brown, CEO MedStar Family Choice

Cc: DC Behavioral Health Association
DC Coalition of Disability Service Providers DC
Dental Society
DC Health Care Association DC
Home Health Association DC
Hospital Association
DC Primary Care Association
Medical Society of the District of Columbia