


When first determined eligible, each Medicaid recipient receives a plastic Medical Assistance Card from the Income Maintenance Administration containing his/her name, social security number, date of birth, sex, and an eight-digit identification number, which may include two leading zeroes.

<b>M</b>	<b>Washington, DC</b>	
	<b>Medical Insurance</b>	
Sex:	Ins. C	Case
		DOB
Name		
<i>The "M" Card: Covering 1 in 4 DC Residents</i>		

If the recipient has provided this information to the eligibility-determining agency, a provider should ask the recipient if he/she has other health insurance coverage not shown on the card. The provider is obligated to determine that the person to whom care is being rendered is the same individual listed on the eligibility card.

<i>Signature of Adult/Firma del adulto</i>	
(202) 698-2000	to find a doctor para encontrar un médico
(202) 639-4030	for help with your managed care plan para la ayuda con su plan de salud
(202) 727-5355	to change your address (or report other changes) para cambiar su dirección (o informarnos de otros cambios)
	

The back of the Medical Assistance Card provides information to the recipient that gives specific information relevant to its use.

ACS Provider Services  
Monday - Friday, 8 am - 5 pm  
**Phone**  
202-906-8319 (inside DC Metro area)  
866-752-9233 (outside DC Metro area)  
**Fax**  
202-906-8399  
**Mailing Address**  
PO Box 34734  
Washington, DC 20043-4734

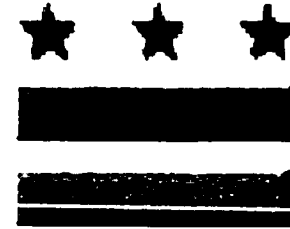
Provider Enrollment  
Monday - Friday, 8 am - 5 pm  
**Phone**  
202-906-8318 (inside DC metro area)  
866-752-9231 (outside DC metro area)  
**Fax**  
202-906-8399  
**Mailing Address**  
PO Box 34761  
Washington, DC 20043-4761

EDI Technical Support  
Monday - Friday, 8 am - 5 pm  
**Phone**  
866-407-2005

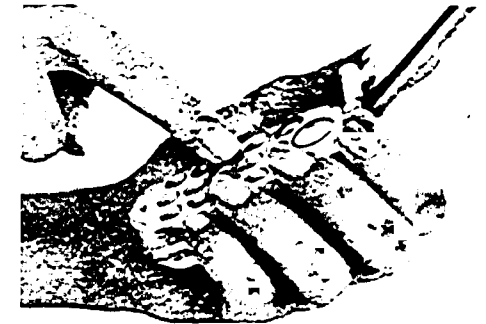
Questions regarding eligibility determinations should be directed to the Income Maintenance Administration.

Income Maintenance Administration  
**Phone**  
202-724-5506

District of Columbia  
Department of Health Care Finance  
**Phone**  
202-698-2000  
**Fax**  
202-610-3209  
<http://www.dc-medicaid.com>



## DC Medicaid Interactive Voice Response (IVR)



District of Columbia  
Department of Health Care Finance

# It is the responsibility of the provider to always verify that the patient is eligible for Medicaid.

The Bureau of Eligibility Determination, Income Maintenance Administration (IMA) determines eligibility for the DC Medicaid Program.

Providers should verify the recipient's name and identification number, effective dates of eligibility, services restricted to specified providers, and whether other insurance is on file (commonly referred to as third party liability) before rendering services.

Recipient eligibility may be verified by calling the Interactive Voice Response System (IVR) using a touch-tone telephone and entering the recipient identification number found on the recipient's Medical Assistance ID card. Providers should also have their DC Medicaid provider number or NPI ready.

## Benefits of the IVR

- ✓ The IVR is available 24 hours a day, seven days a week.
- ✓ Unlimited number of inquiries may be performed per call.
- ✓ The IVR may be used up to 30 minutes per call.

## Using the IVR

To access the District of Columbia Government Medicaid Interactive Voice (IVR) Response System, dial 202-906-8319 (inside DC Metro area) or 866-752-9233 (outside DC Metro area) from your touch-tone phone. Select one of the following options and follow the prompts:

**Press 1** - To verify recipient eligibility and claims status. The system will prompt you to enter your nine (9)-digit Medicaid provider number or 10-digit National Provider Identifier (NPI) followed by the pound (#) key.

### *Press 1 - For recipient eligibility*

The system will prompt you to enter the recipient's eight (8)-digit ID followed by the pound (#) key and the recipient's eight (8)-digit date of birth in MMDDYYYY format;

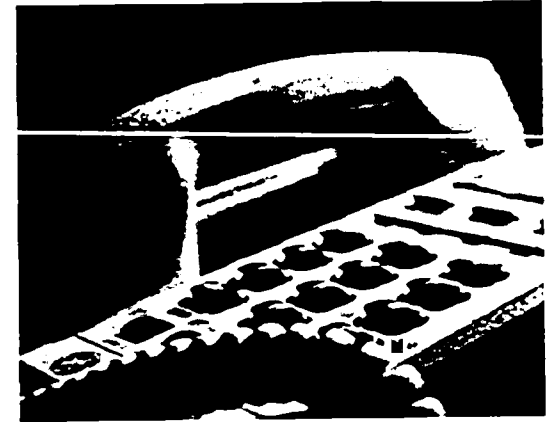
*Or*

Enter the recipient's nine (9)-digit social security number and the recipient's eight (8)-digit date of birth in MMDDYYYY format.

If the recipient number exists in the database, the system will respond with a message about the patient's eligibility.

### *Press 2 - For claim status*

The system will prompt you to enter the 17-digit transaction control number (TCN) followed by the pound (#) key and the recipient's eight (8)-digit ID followed by the pound (#) key;



*Or*

Enter the recipient's eight (8)-digit ID number followed by the pound (#) key, the recipient's eight (8)-digit date of birth in MMDDYYYY format, the eight (8)-digit date of service begin date in MMDDYYYY format and the eight (8)-digit date of service end date in MMDDYYYY format if different from the date of service begin date.

**Press 2** - If you are a new provider and would like to enroll or if you are changing your provider number.

**Press 3** - For EDI Technical Support Services

**Press 4** - For all other questions