



THE HSC HEALTH CARE SYSTEM

Health Services for Children
with Special Needs, Inc.

Blossoming Connections: Compliance, Care and Community



President's Corner

A Message from the President

As we approach the summer of 2025, our team at Health Services for Children with Special Needs (HSCSN) is diligently working to enhance the quality of life for our enrollees and their families. We recognize that our provider and community partners are instrumental in shaping the lives of the children enrolled in the Child and Adolescent Supplemental Security Income (CASSIP) Program.



Our objective is to offer education and support to you and your staff, ensuring that you can continue to deliver optimal care and outcomes for your patients, who are our enrollees. We are pleased to announce that we are a few months away from launching our new provider portal, which will facilitate essential functions related to billing and payment reconciliation, thus reducing manual workarounds.

Your continued commitment to being part of our provider network is invaluable, and we remain dedicated to our partnership with you. We trust that you will find our newsletters both informative and newsworthy, and we welcome your suggestions for topics in future editions.

Please do not hesitate to contact your dedicated Provider Relations Representative should you have any feedback or questions.

Thank you for your partnership with HSCSN.

A handwritten signature in black ink that reads "Anna Dunn".

Anna (Pilskaya) Dunn
President

Health Services for Children with Special Needs/Children's National

What's Inside:

- ◆ Provider Spotlight
- ◆ Provider CBE Promotion
- ◆ Stay Updated with HealthCheck Certification
- ◆ Compliance with HSCSN Billing Standards
- ◆ Behavior Health News and Reminders

PROVIDER SPOTLIGHT

Howard University Center for Sickle Cell Disease

How it Started: Dr. Roland B. Scott, a pediatrician and dedicated researcher of Sickle Cell Disease (SCD) made notable contributions to this field over the years. This Howard University graduate's advocacy played a crucial role in the federal government's passing of the Sickle Cell Anemia Control Act of 1971, which ensured nationwide funding for the research and treatment of sickle cell disease. In 1972, Dr. Scott founded the Howard University Center for Sickle Cell Disease. The Howard University Hospital Center for Sickle Cell Disease is the only comprehensive Sickle Cell Disease research and treatment center in Washington, DC.

Howard University plans to open a Comprehensive Care Center, which will double the size of the sickle cell clinic to better serve the patient population. There are future plans to open a day hospital at the Comprehensive Care Center, which will provide an alternative to emergency room visits for sickle cell patients.

HSCSN interviewed two Howard University doctors leading this effort, Dr. Sohail Rana and Dr. James Taylor.

Sohail R. Rana, M.D., Director, Pediatric Hematology and HIV Services at Howard University Hospital. Dr. Rana specializes in pediatric hematology, pediatric HIV, and general pediatrics. Dr. Rana also serves as Professor of Pediatrics and Child Health at the College of Medicine at Howard University. He created Rana Pediatric Fund (RPF) in 2017. RPF offers a unique family advocacy support program to our patients, extending comprehensive, whole family support and assistance to families with sickle cell disease and other chronic conditions through patient and community education, psychosocial and educational support, and family assistance. The fund operates under the nonprofit status of Howard University.

Rana shared his 45-year long commitment at Howard University Hospital to providing care for children with sickle cell disease, HIV infection, and hematological disorders, including his efforts to educate medical students and advocate for better treatment and support for patients with sickle cell disease.

Sohail Rana recounted his first encounter with a patient with sickle cell disease during his internship in Brooklyn, New York. An 18-month-old child with sickle cell disease and suspected meningitis passed away despite receiving the best care available at the time.

He emphasized the importance of understanding the increased risk of overwhelming sepsis in children with sickle cell disease.

Hydroxyurea's Impact: Dr. Rana highlighted the significant positive impact of hydroxyurea in managing sickle cell disease, noting that children who consistently take the medication experience fewer pain crises and better overall health outcomes.

Provider Shortage: Dr. Rana discussed the shortage of providers for sickle cell patients, particularly for adults, and the difficulties patients face in finding consistent care as they transition from pediatric to adult services.

Transition Challenges: Dr. Rana explained the challenges sickle cell patients face when transitioning from pediatric to adult care, including the lack of available adult providers and the difficulties in maintaining consistent care.

Extended Care: Dr. Rana shared his efforts to continue providing care for sickle cell patients into their mid-20s, despite insurance limitations, to ensure they receive the necessary support and treatment.

Believing Patients: Dr. Rana emphasized the stigma and judgment faced by sickle cell patients, particularly when they report pain, and the importance of believing patients, acknowledging the challenges of substance abuse but the need to provide appropriate care and support.



**Sohail R. Rana, M.D., Director
Pediatric Hematology and HIV Services
at Howard University Hospital**



James G. Taylor VI, M.D., Director, Center for Sickle Cell Disease.

Dr. Taylor has served as Director of the Center for Sickle Cell Disease since 2017. As Director, he is responsible for implementing the Center's clinical, research, and outreach missions. Dr. Taylor also holds appointments as a Professor in the Departments of Medicine (Hematology/Oncology) and Microbiology/Immunology at Howard University. Since 2004, his clinical focus has been adult non-malignant hematology. His research interests include the genomics of transfusion-related complications in sickle cell disease, the history of sickle cell disease, and an international collaboration with the National Center for Sickle Cell Disease Center in Brazzaville, Republic of Congo.

Dr. Taylor discussed the logistical challenges of blood transfusions for sickle cell patients, including the need for African American blood donors and the importance of matching minor blood group antigens.

Blood Donation: Dr. Taylor stressed the importance of having African American blood donors, because matching blood for sickle cell patients involves not only the A-B-O blood types but also 33 minor blood group antigens.

Gene Therapy: Dr. Taylor mentioned that gene therapy for sickle cell disease requires multiple blood transfusions, which poses a logistical challenge due to the high demand for blood units.

Monthly Transfusions: Dr. Taylor explained that some sickle cell patients require monthly exchange transfusions to prevent severe complications, highlighting the ongoing need for compatible blood donations.

Transition to Adult Care: Dr. Taylor stressed the importance of ensuring young sickle cell patients receive good adult care to prevent complications. He also emphasized the need for a smooth transition from pediatric to adult care for sickle cell patients, since the highest mortality and admission rates are seen in young adults.

Specialized Care: Dr. Taylor highlighted the importance of specialized care for sickle cell patients, recommending that providers ensure their patients receive care from experts at institutions like Howard University Hospital.

Genetic Counseling: Dr. Taylor emphasized the importance of genetic counseling for couples at risk of having children with sickle cell disease, highlighting the role of community outreach in educating the public.

Community Outreach: Dr. Taylor stressed the need for aggressive community outreach and screening to prevent babies being born with sickle cell disease, noting that many health care providers lack basic genetic knowledge about the disease.



**James G. Taylor VI, M.D., Director,
Center for Sickle Cell Disease**

If you or your patients want more information about genetic testing, genetic counseling, or treatment for sickle cell disease at Howard University Hospital, please visit the website or reach out to the contacts listed below.

**Howard University Hospital
Center for Sickle Cell Disease**

2041 Georgia Ave NW
Suite B
Washington, D.C., 20060
[Sickle Cell Disease Center |](#)
[Howard University Hospital](#)

Contact Information

Joanne Adelberg, MS
Family Advocate/Genetic
Counselor, Center for Sickle Cell
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Outreach and Education,
Center for Sickle Cell Disease
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Availity Provider Portal

Our Investment in the Availity Solution — Empowering Our Provider Network with Enhanced Services

HSCSN is thrilled to announce our strategic investment in the Availity solution, which will significantly enhance the services provided for our esteemed provider network. This state-of-the-art platform includes a comprehensive and user-friendly portal interface where providers can log in to access a variety of essential services.

Portal Services

The portal's User Interface (UI) offers an intuitive experience for providers, enabling them to:

- ◆ Submit claims (837s)
- ◆ Download remittances (835s)
- ◆ Check member eligibility and benefits (270/1)
- ◆ Verify claim status (276/7)



Additionally, the portal features an HSCSN-branded payer space, ensuring seamless integration and brand consistency in all interactions.

Connectivity and Electronic Data Interchange (EDI) Transactions

Our investment also ensures robust connectivity for vendors and providers to submit EDI transactions to HSCSN through Availity's extensive network. This connectivity facilitates:

- ◆ Submission of claims (837s)
- ◆ Download of remittances (835s)
- ◆ Checking of member eligibility and benefits (270/1)
- ◆ Verification of claim status (276/7)

Availity's Network and Provider Engagement

Availity boasts a substantial overlap of signed-up providers, making it a highly effective channel actively used by our provider community. By leveraging Availity's network, we ensure that our providers and vendors have access to reliable and efficient tools, promoting better service delivery and operational excellence.

Conclusion

HSCSN's collaboration with Availity underscores our commitment to innovating and enhancing the services we offer to our provider network. We believe this investment will drive significant improvements in efficiency, connectivity, and overall satisfaction among providers, ultimately benefiting the enrollees you serve. Stay tuned for more updates as we continue to roll out these exciting enhancements!



HEDIS Care Gaps 2025

HSCSN's Quality Department has developed a HEDIS Care Gaps Dashboard to collaborate with our network providers to identify enrollees with a care gap to better target outreach efforts.

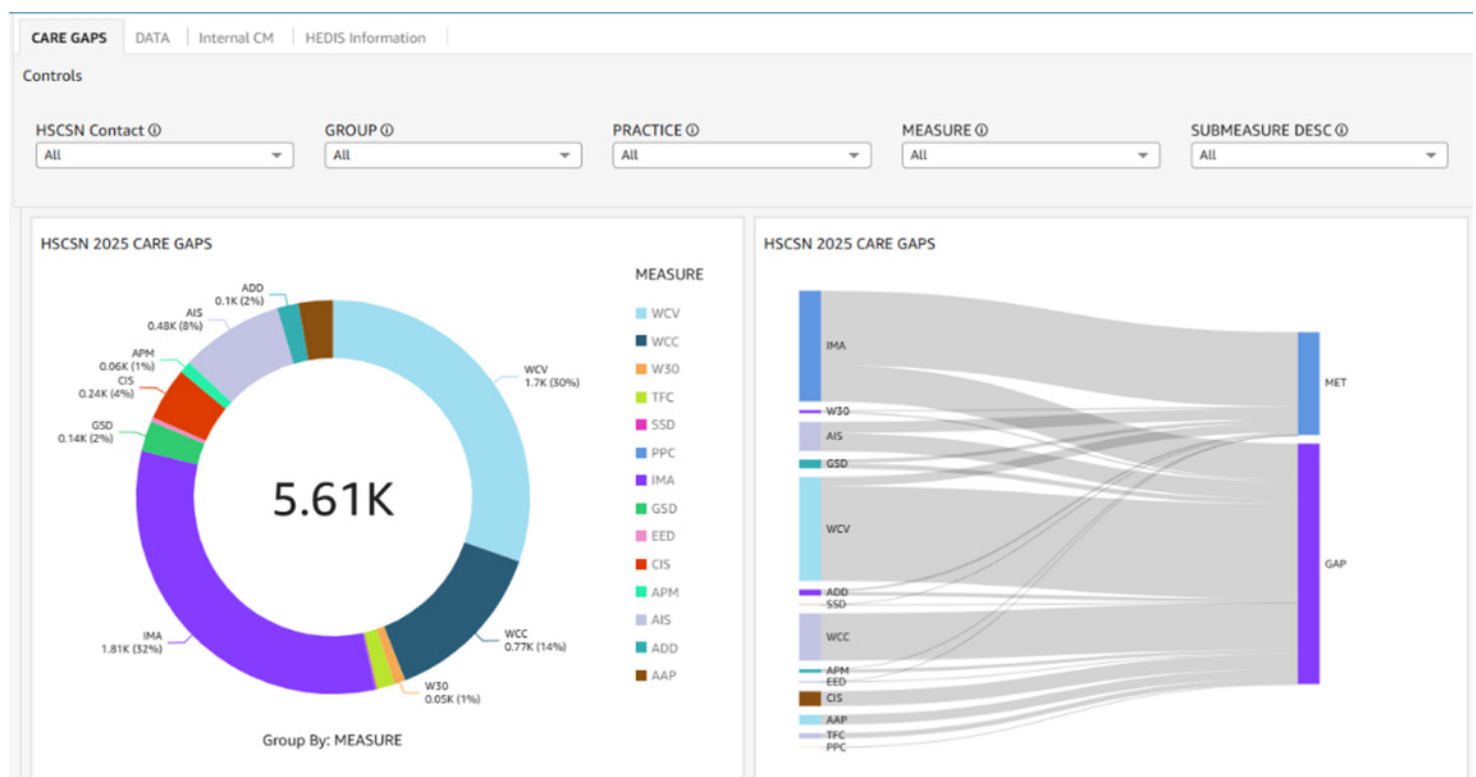
The Quality and Provider Relations teams can use this dashboard to filter by Group, Practice, HEDIS Measure, or HEDIS Sub Measure Description. Using our dashboard, we can deliver reports to providers in our network.

We believe this dashboard will provide improved data accessibility, enhanced decision-making, streamlined operations, and better patient care

by providing a centralized, visual overview of key performance indicators and patient data.

If your practice is interested in learning more about care gap reports, please contact:

Davina Y. Green
HEDIS Manager, Quality
Health Services for Children with Special Needs
1101 Vermont Avenue NW, Suite 1200
Washington, D.C. 20005
C: 202-308-4617
DDGreen@Hshealth.org





Utilization Management (UM)

Department Updates and Reminders

1. Reminders About Prior Authorization Requirements

- ◆ Please review HSCSN's website at <https://hscsnhealthplan.org/health-providers/current-providers/prior-authorizations> for a list of services or procedures that require prior authorization, or changes to existing requirements.

2. Turnaround Times and Processing Updates

- ◆ Current turnaround times for UM decisions
 - Standard turnaround time is up to five business days from the date of receipt of complete clinical documentation.
 - Expedited turnaround time is 24 hours from the date of receipt of complete clinical documentation.
- ◆ Tips to avoid delays in processing
 - **Reminder:**
To ensure timely reviews, please submit complete clinical documentation with your request. The standard turnaround time remains five business days.

3. Medical Necessity Criteria and Guideline Updates

- ◆ Updates to medical necessity guidelines
- ◆ **Update:**
We have adopted the updated InterQual 2025 guidelines.

4. Contact Information and Support Resources

All requests and documents should be submitted to the HSCSN UM Department via email at UM@hschealth.org or via fax to (202) 721-7190. Emails should be sent in the most secure format, which can include password protection and encryption.

HSCSN Nurse Advice Line and Virtual Urgent Care

Powered by

**imagine**
pediatrics™



HSCSN has partnered with **Imagine Pediatrics** to manage our HSCSN Nurse Advice Line and Virtual Urgent Care. Imagine Pediatrics was founded with a vision of creating a world where every child with special health care needs, and their caregivers, get the care and support they deserve. Imagine Pediatrics is a multidisciplinary pediatrician-led medical group. They offer 24/7 virtual immediate or urgent care for children with complex medical conditions and/or special health care needs. They work in partnership with pediatricians, specialists, home care agencies, Durable Medical Equipment (DME) providers, and community resources to access appropriate care. Imagine Pediatrics does not replace the Primary Care Provider (PCP) or Specialist but rather expands access to health care services outside of normal business hours or models of care.

Imagine Pediatrics is an innovative tech-enabled group with 300 employees dedicated to delivering enhanced access to care that reduces cost, improves quality, and results in positive outcomes and patient experience. They currently work with health plans in three states, serving more than 35,000 children.

The **HSCSN Nurse Advice Line and Virtual Urgent Care, powered by Imagine Pediatrics**, were launched in November 2024. All HSCSN enrollees have unlimited access to the 24/7 Nurse Advice Line. Enrollees/caregivers call directly or are warm transferred to a dedicated Imagine Pediatrics Inbound Contact Center. They are assisted by Washington, D.C. licensed Acute Care Registered Nurses (RN) as well as pediatric-trained advanced practice providers. The Acute Care RNs direct enrollees

to the most appropriate care resource, including the HSCSN 24/7 virtual Urgent Care.

Virtual Urgent Care is limited to enrollees who are under 21 years of age (pediatric population). The Virtual Urgent Care team will deliver care via phone or video visit (through the Imagine Pediatrics app). They will coordinate care with the PCP and/or Specialist(s) when needed. An After-Visit Summary is faxed to the PCP after each visit (assuming Imagine Pediatrics has the correct PCP and fax number).

An enrollee/caregiver can call Imagine Pediatrics at (833) 208-7770. A provider can warm transfer a patient to Imagine Pediatrics using the same number. In addition, providers can reach the Imagine Pediatrics team at servicecoordination@imaginepediatrics.org.



Provider CBE Promotion

As a provider within HSCSN's Provider Network, you have a unique opportunity to help HSCSN in meeting contractual obligations by becoming a Certified Business Enterprise (CBE) within Washington, D.C.

What is a CBE?

A CBE is a business headquartered in D.C. and certified by the Department of Small and Local Business Development (DSLBD). Businesses with CBE certification receive preferred procurement and contracting opportunities.

- ◆ The principal office of the business must be physically located in D.C.
- ◆ The Chief Executive Officer and highest-level managerial employees of the business enterprise must perform their managerial functions in their principal office located in D.C.
- ◆ The CBE must meet one of the four following standards:
 - More than 50 percent of the employees of the business are residents of D.C.; or
 - Owners of more than 50 percent of the business enterprise are residents of D.C.; or
 - More than 50 percent of the assets of the business, excluding bank accounts, are in D.C.; or
 - More than 50 percent of the business gross receipts are D.C. gross receipts.

Why should my business apply for CBE certification?

Businesses with CBE certification receive preferred procurement and contracting opportunities. D.C. directs spending to these D.C.-based businesses that support and contribute to job creation and the city tax base, resulting in a much stronger local economy. Each agency must exercise its contracting and procurement authority, including an agency that contracts or procures through the Office of Contracting and Procurement. In addition, it must meet, on an annual basis, the goal of procuring and contracting 50 percent of the dollar volume of its goods and services, including construction goods and services, to Small Business Enterprises (SBEs).

For more FAQs and information on becoming certified, please visit <https://dslbd.dc.gov/page/cbe-certification-frequently-asked-questions-faqs>.

If you are interested in seeing if you meet the minimum requirements, or want to skip right to applying, please visit <https://dslbd.dc.gov/getcertified>.



Value-based Contracting (VBC) Enhancing Quality Care and Provider Engagement

Health Services for Children with Special Needs, Inc. (HSCSN) is dedicated to improving health care delivery and outcomes through innovative value-based contracting (VBC) proposals.

These initiatives focus on:

- ◆ Clinical performance
- ◆ Care coordination
- ◆ Innovation in data sharing
- ◆ Improved access to services

Provider incentives include:

- ◆ Shared savings
- ◆ Fee-for-service plus pay-for-performance bonuses
- ◆ Alternative payment methods tailored to specific contracts and program types

Program Participation in 2024

More than 150 HSCSN Network Providers are involved in value-based arrangements aimed at enhancing:

- ◆ Primary care delivery
- ◆ Behavioral health services (ABA)
- ◆ Home health

Future Enhancements

- ◆ Commitment to improving VBC programs
- ◆ Exploration of better payment arrangements, such as capitated risk
- ◆ Goal to enhance enrollee care and outcomes
- ◆ Collaboration with more network providers
- ◆ Goal to make fundamental changes for a healthier future

- ◆ Effective monitoring for assessing program performance and identifying opportunities for improvement

These value-based programs exemplify HSCSN's dedication to driving positive change in health care delivery and outcomes.

If you are interested in obtaining information about the VBC program, please contact the Contracting Department at contractingdepartment@hschealth.org.

VALUE BASED CARE





Stay Up to Date with Your HealthCheck Certification!

Just a friendly reminder to primary care providers to make sure you're up to date with your HealthCheck certification. It's super important for providing the best care for our enrollees!

Why it's important:

- ♦ **Regular Check-Ups:** Keep track of those well-child visits and screenings to catch any health issues early.
- ♦ **Comprehensive Care:** Ensure you're offering all the necessary treatments and interventions to support children's health and development.
- ♦ **Fluoride Varnish and Lead Screenings:** Stay current on your training for fluoride varnish applications and lead screenings. These are crucial for preventing dental issues and detecting lead exposure early.

Reminder for Providers: HSCSN encourages every enrollee to be seen for a Well-Child Visit (WCV) at least annually. However, the timeframe between visits does not need to be exactly 365 days. Providers are welcome to submit claims for an annual visit to HSCSN at any time.

How to Stay Up to Date:

- ♦ **Online Resources:** Use the HealthCheck website to access training materials, guidelines, and updates. It's a great way to refresh your knowledge and stay compliant with Washington, D.C., and Medicaid regulations.
- ♦ **Periodic Training:** Make sure you're following the recommended periodicity schedule for well-child visits and screenings.

Remember, staying current with your certification helps you provide top-notch care and keeps our kids healthy and happy!



Compliance with HSCSN Billing Standards

HSCSN relies on our valued provider network to deliver high-quality care, and we are equally reliant on our providers' commitment to submitting claims that are timely, truthful, and fully aligned with the services rendered. Submitting claims that do not accurately reflect the care provided—whether due to incorrect units, unverified services, or billing for services not rendered—can lead to payment inaccuracies, potential overpayments, and, ultimately, compliance concerns that can affect both the provider's practice and the families we serve.

To help ensure ongoing program integrity and compliance with Medicaid billing standards, we ask that all providers:

- ◆ Bill only for services rendered to the enrollee on the date of service
- ◆ Ensure Plans of Care (POC) are signed timely for services that require a POC
- ◆ Ensure all claims reflect the correct rendering provider

- ◆ Ensure that all claims reflect the correct number of units and appropriate service codes as authorized
- ◆ Verify that the services were provided within the scope and timeframe of the approved authorization
- ◆ Maintain clear documentation that supports all billed services and is readily available upon request

HSCSN monitors claim submissions and conducts audits and reviews to identify billing anomalies. We encourage all providers to perform internal audits and review claims submissions regularly to avoid unintentional errors.

Compliance is a shared responsibility. By working together, we can ensure that resources are used appropriately, services are reimbursed accurately, and our enrollees continue to receive the care they need and deserve.

Thank you for your partnership and ongoing commitment to ethical and accurate billing.

Behavior Health

News and Reminders

Proper Coding of Place of Service for Applied Behavior Analysis (ABA) Providers

HSCSN have received a number of questions about Place of Service (POS) Codes from our ABA Provider community. Please be reminded that providers are expected to code the POS based on where services are rendered, including services rendered in the office (POS 11), the home of the enrollee (POS 12), as well as telehealth services with the enrollee while in their home (POS 10) or outside of their home (POS 02). HSCSN expects the POS to be specified on the claim, so the use of POS 99 “unspecified” will result in rejected claims. Please keep in mind that HSCSN covers health related services. If services are needed for an enrollee to access their education, it should be provided by the school system as directed by Federal Law. Therefore, the use of school (POS 03) for an HSCSN enrollee is not appropriate. If an enrollee has community-based goals as part of their treatment plan, coding the POS based on where treatment begins, such as the office (POS 11) or the enrollee’s home (POS 12), would be appropriate since there is not a POS code specific to the community. If you have any questions regarding the proper codes, please contact your Provider Relations Representative, Leon Johnson at ljohnson@hschealth.org.

In-Home Behavioral Intervention (IBI) Program News

After a thoughtful review of the use and outcomes associated with the IBI Program for HSCSN enrollees, a decision was made to remove this program as a covered service effective August 15, 2024. The service needs of each enrollee that received IBI were reviewed by the HSCSN clinical team. The ongoing treatment needs of each enrollee were identified, and a plan was established for their care needs. Thank you to the providers who served HSCSN’s enrollees through this program!

Applied Behavior Analysis (ABA)

HSCSN is grateful for the dedication our ABA providers show to our enrollees!

Please be reminded that Board Certified Assistant Behavior Analysts (BCaBA) can deliver direct services to HSCSN enrollees! ABA provider groups that employ

BCaBAs should work with the HSCSN Credentialing Department to update their list of practitioners. ABA providers should email their staffing modifications to the Credentialing staff at C6@hschealth.org.

Please also remember that HSCSN enrollees have access to twelve units of ABA Evaluations with a rolling 12-month period as a covered benefit! Primary Care Providers (PCP) can refer directly to HSCSN in-network ABA providers for an ABA Evaluation. HSCSN in-network providers can be found in the online Provider Directory at <https://hscsnhealthplan.org/enrollees/search-health-providers>. Information about utilization of this benefit can be obtained by contacting Customer Care at 202-467-2737. If a provider finds that the benefit has been met, but a clinical need for an ABA Evaluation remains, they should follow the standard HSCSN prior authorization request process using the “HSCSN Provider Request for ABA Evaluation” form. The form is available on the HSCSN website at <https://hscsnhealthplan.org/health-providers/current-providers/forms>. The form should be emailed to the UM Department for medical necessity review at UM@hschealth.org.

Neuropsychological/Psychological Testing

Neuropsychological/Psychological Testing is a covered benefit within a rolling 36-month period for HSCSN enrollees! Primary Care Providers (PCP) will submit a referral for testing directly to an HSCSN in-network neuropsychologist/psychologist. HSCSN in-network providers can be found in the online Provider Directory at <https://hscsnhealthplan.org/enrollees/search-health-providers>. Information about utilization of this benefit can be obtained by contacting Customer Care at 202-467-2737. If a provider finds that the benefit has been met but a clinical need for Neuropsychological/Psychological testing remains, they should follow the standard HSCSN prior authorization request process. The Neuropsychological Testing Request Form and Psychological Testing Request Form are available on the HSCSN website at <https://hscsnhealthplan.org/health-providers/current-providers/forms>. The forms should be emailed to the UM Department for medical necessity review at UM@hschealth.org.



HSCSN CONTACTS

Health Services for Children with Special Needs

Authorizations

(Utilization Management)

202-467-2737

202-721-7190 (Direct)

UM@hschealth.org

Care Management

202-467-2737

202-636-5382 (Direct)

hscsn-caremanagement@hschealth.org

Claims Inquiry/Claims Appeals

202-467-2737

P.O. Box 29055

Washington, DC 20017

Contracting

202-467-2737

contractingdepartment@hschealth.org

Credentialing

202-467-2737

C6@Hschealth.org

Customer Services

202-467-2737

Electronic Payment Enrollment

Optum Relay Exchange

1-800-543-4997

Member Inquiry

202-467-2737

Provider Relations

202-467-2737

hscsn-provideraffairs@hschealth.org

**24-Hours DME/DMS Delivery
Notification; 24-Hours Newborn
Delivery Notification; 24-Hours Inpatient
Admission Delivery Notification**

202-467-2737

202-721-7190 (Direct)



GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR



HSCSN Wellness Center provides a community of creating opportunities to take control of your health and well-being. Through our care coordination services, our new center offers the very best health and wellness resources. Located at 3400 Martin Luther King, Jr. Ave. SE, Washington, DC 20032.

For more information, visit our website at <https://hscsnhealthplan.org/enrollees/hscsn-wellness-center>