GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director

Transmittal 13-14

TO: All District of Columbia Medicaid Providers

FROM: Linda Elam, Ph.D., M.P.H.
Senior Deputy Director and State Medicaid Director

DATE: AUG 1 5 2013

SUBJECT: DC Medicaid Recovery Process when Medicare is the Primary Payer

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The Department of Health Care Finance (DHCF) is requesting your assistance with the recoupment of Medicaid monies for services provided to DC Medicaid beneficiaries who have been identified as having Medicare coverage on the date the service was provided. When a Medicare-covered service is provided for a beneficiary with both Medicaid and Medicare, Medicaid is always the payer of last resort.

Federal regulations found at 42 CFR 433.139 require that DHCF recover payments when a liable third party such as Medicare is identified. Beginning October 1, 2013 DHCF will begin recovery activities for claims paid by Medicaid that were eligible for Medicare coverage on the dates of service. Xerox, on behalf of DHCF, intends to initiate the recovery of funds for claims paid by DC Medicaid that should have been billed to Medicare as the primary payer.

A notice of Proposed Recovery of Medicaid Overpayment letter will be mailed to the provider's correspondence address. Within thirty (30) days of the date of that letter, the provider, in accordance with § 1306.4 of Title 29 District of Columbia Municipal Regulations (DCMR), may submit documentation as evidence and a written argument to refute the proposed recoupment. Failure to respond within the thirty (30) day period will result in the automatic recoupment of the entire amount of the recovery.

Acceptable forms of documentary evidence are an Explanation of Medicare Benefits Denial or proof of no Medicare Coverage for the date of service that shows that Medicaid was primary. All correspondence, documentation and inquiries regarding this recoupment notice must be directed to:

Xerox State Healthcare
Attn: Retro Medicare Appeals
PO Box 34734
Washington, DC 20043-4761
202-906-8314 Fax: 202-906-8399

After Xerox reviews the submitted documentation, a notice of final determination will be sent to the provider in question at least 15 days prior to the action that will be taken. In accordance with § 1307.8 of Title 29 DCMR, should the provider disagree with the final determination, the provider has the right to appeal within fifteen (15) days of the date the notice is sent. A description of the appeal rights, including instructions on how to file an appeal, will be included in the final determination.

Do not send a refund check, void or adjustment request as this could result in duplicate recoveries. Recoverable funds will be recouped on a future Remittance Advice.

Claims identified in the notice must be billed to the Medicare intermediary or carrier. Please contact your Medicare intermediary or carrier directly for any questions you may have regarding Medicare's timely filing deadlines or other policies and procedures.

We sincerely appreciate your cooperation in this effort to ensure appropriate expenditure of DC Medicaid funds.