

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director



Transmittal # 15-05

TO: District of Columbia Medicaid Providers

FROM: Claudia Schlosberg, JD 
Acting Senior Deputy Director/State Medicaid Director

DATE: **JAN 29 2015**

SUBJECT: Reimbursement of Out-of-Pocket Expenditures for Non-Managed Care
Medicaid Beneficiaries

In keeping with requirements of the Salazar Court Order, this is the annual transmittal of the Notice of Reimbursement Procedures for Non-Managed Care Class Members' Out-of-Pocket Medical Expenses, for D.C. Medicaid fee-for-service beneficiaries who paid for drug prescriptions, doctor visits, hospitalizations or other covered services that should have been paid by Medicaid. The Notice includes a Medicaid Reimbursement Form to be used by fee-for-service beneficiaries who seek reimbursement.

To help fee-for-service beneficiaries who may have had such expenditures, you are required to make this information available to your patients.

In order to be considered for reimbursement, fee-for-service beneficiaries must submit their Reimbursement Requests no later than six months after the expense was incurred, or no later than six months from the date they learned of their eligibility for Medicaid. In addition, beneficiaries must:

1. Complete the attached Medicaid Reimbursement Form on which they provide name, address, telephone number, Social Security number, date of birth, date(s) of services provided, providers of the services, the medical services for which they paid, and the amounts paid.
2. Attach receipt(s) from the provider(s) showing payment for the medical service(s), if available. (If not available, provider(s) can give the patient a copy).

3. If no receipt is available, the beneficiary may provide a sworn statement that the information provided is true and accurate with an explanation of why the receipt is not included. All claims are reviewed, researched, and documented. Reimbursements can only be made for services that should have been paid by Medicaid. (Note: Accuracy is important in the payment of any and all Medicaid claims, "...any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.")

When the District of Columbia sends an eligibility notice to a beneficiary, the dates of eligibility are specified. A beneficiary's eligibility may include the three months prior to filing the Medicaid application, or the time after submitting the application while waiting for a decision, and any time during which the beneficiary was improperly denied eligibility for services.

If the beneficiary disagrees with the decision made regarding their request for reimbursement, they may request a Fair Hearing. Their request should be submitted to the D.C. Office of Administrative Hearings, 441 4th Street, NW; Washington, DC 20001; 202-442-9094.

If you have questions or need additional information, please call the Medicaid Recipient Claims Research Team, Health Care Operations Administration, Department of Health Care Finance, at (202) 698-2009 or Colleen Sonosky, Associate Director of the Division of Children's Health Services, Department of Health Care Finance, at (202) 442-5913.

Attachments:

- Summary Notice of Right to Reimbursement
- Medicaid Out-of-Pocket Reimbursement Form

**TO ALL DISTRICT OF COLUMBIA MEDICAID RESIDENTS WHO PAID FOR
MEDICAL EXPENSES THAT SHOULD HAVE BEEN PAID BY MEDICAID**

If you do not speak and/or read English, please call toll-free 1-877-685-6391 between 8:15 a.m. and 4:45 p.m. and a representative will assist you.

Si usted no habla ni/o no lee Inglés, por favor llame gratis al 1-877-685-6391 entre las 8:15 a.m. y 4:45 p.m. y un representante lo ayudará.

አባዛዎን በጥንቃቄ ያንቡት፤
ይህ ደብዳቤ ስክ ጤና እንክብካቤዎ አገልግሎት ከውጦች ይመክክታል።
እንገኪ ዝኛ የሚያናገሩ እና/ወይም የሚያነቡ ነሆኑ፤ አባዛዎን በነፃው የሰጠው መሰመር በ 1-877-685-6391
ከጥዋቱ 8:15 እስከ ከሰዓት በሁጥካ 4:45 መካከል ባከው ጊዜ ውስጥ ይደውሉና ተወካዮችን ይርዳዎ።

如果您不會說和/或無法閱讀英文，請於早上 8:15 至下午 4:45 之間撥打免費電話 1-877-685-6391，將會有代表為您提供幫助。

Si vous ne parlez et/ou ne lisez pas l'anglais, veuillez appeler le numéro gratuit 1-877-685-6391 entre 8h15 du matin et 16h45 et un représentant vous assistera.

영어가 불편하시면 수화자 무료 전화번호인 1-877-685-6391 로 아침 8 시 15 분부터 오후 4 시 45 분 사이에 전화해 주세요. 고객 서비스 담당직원이 도와드리겠습니다.

Nếu quý vị không nói và/hoặc đọc được Tiếng Anh, xin hãy gọi đến số điện thoại miễn phí 1-877-685-6391 từ 8:15 sáng đến 4:45 chiều, và một nhân viên đại diện sẽ trợ giúp quý vị.

If you paid for drug prescriptions, doctor visits, or hospitalizations during a time that you were eligible for Medicaid, you may be able to be reimbursed for the expenses.

REQUIREMENTS: You may be eligible for reimbursement if during a period of time you or a family member were eligible for Medicaid, if:

- a. You paid for drug prescriptions, doctor visits, or hospitalizations; or
- b. You are still paying a bill or are being asked to pay a bill by a pharmacy, clinic, doctor, or hospital for drug prescriptions, doctor visits, or hospitalizations.

If you believe that you are entitled to reimbursement, you must request reimbursement within six (6) months of the date you went to the pharmacy, clinic, doctor, or hospital, or within six (6) months of the date you learned you were eligible for Medicaid.

DEFINITION OF “ELIGIBLE FOR MEDICAID”: The period of time for which you are “eligible for Medicaid” and may be eligible for reimbursement means:

1. The dates that the District of Columbia stated you (and/or your family members) were eligible for Medicaid.
2. The three (3) months before you submitted your application for Medicaid (and you were later found eligible).
3. The time after you filed your application for Medicaid and were waiting for a decision (and you were later found eligible).
4. Any time you were improperly denied eligibility of services:
 - a. If the District of Columbia improperly stopped your eligibility at the time of recertification.
 - b. If the pharmacy, clinic, hospital, or doctor’s office required you to pay because they said you were not on Medicaid when you actually were.

IN ORDER TO BE REIMBURSED, YOU MUST:

1. Complete the enclosed Medicaid Reimbursement Form.
2. Attach the receipt from the doctor, clinic, hospital or pharmacy that shows the expenses you paid.
3. If you do not have a receipt from the doctor, clinic, hospital or pharmacy, you may provide a signed and dated letter explaining why you do not have the receipt.
4. Submit the Medicaid Reimbursement Form with the receipt(s) (or the letter explaining why you do not have a receipt) to the address on the Medicaid Reimbursement Form.
5. **Remember** that you have six (6) months from the date you went to the pharmacy, clinic, doctor, or hospital or from the date you learned you were eligible for Medicaid to pay the expense, to submit the Medicaid Reimbursement Form. If you do not have all of the information, you should submit as much information as you have available.
6. Reimbursement will only be made for expenses that should have been paid by Medicaid. You should carefully review the documents you submit to be sure that they are fully accurate.

IF YOU HAVE QUESTIONS OR IF YOU NEED HELP COMPLETING THE FORM OR OBTAINING REQUESTED INFORMATION CONTACT:

- a. The Medicaid Recipient Claims Research Team of the D.C. Department of Health Care Finance (DHCF) at (202) 698-2009.
- b. Terris Pravlik & Millian, LLP, 1121 12th Street, NW, Washington, DC 20005, (202) 682-0578, who will provide you with free legal assistance.

A DECISION ON YOUR REIMBURSEMENT CLAIM MUST BE MADE WITHIN 90 DAYS:

- a. The Medicaid Recipient Claims Research Team must make a decision on your reimbursement claim within 90 days from the time you file your claim. If no decision is made within those 90 days, your claim will be treated as valid, and you will be paid within 15 days after the end of the 90 day period.
- b. If you are not satisfied with the decision of the Medicaid Recipient Claims Research team, you have a right to a fair hearing. You may request a fair hearing by calling the Office of Administrative Hearings at (202) 442-9094. The Office of Administrative Hearings is located at 441 4th Street, NW, Washington, DC 20001-2714.
- c. If you are not satisfied with the result of the fair hearing, you may appeal to the United States District Court of the District of Columbia within 30 days. You may obtain free legal assistance to help you present your case at the fair hearing or at the appeal by contacting Terris Pravlik & Millian, LLP at 1121 12th Street, NW, Washington, DC 20005 or (202) 682-0578.

