GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director/Medicaid Director

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director, DHCF

DATE: February 17, 2022

SUBJECT: COVID-19 Test Kits Reimbursement Process

Purpose
Effective January 15, 2022, the Department of Health Care Finance (DHCF) will cover the cost or reimburse Medicaid beneficiaries for Food and Drug Administration (FDA) approved COVID-19 test kits purchased by the Medicaid beneficiary. District of Columbia (DC) Medicaid beneficiaries and those enrolled in the Alliance program are limited to four (4) test kits or eight (8) individual tests per month.

Pharmacy Coverage
COVID test kits or tests may be purchased at a retail pharmacy for all DC Medicaid and Alliance enrollees at no cost to the beneficiary. For Managed Care Organization (MCO) Medicaid enrollees and Fee-for-Service (FFS) beneficiaries, the claims shall be processed through the FFS Pharmacy Benefit Manager (PBM) Magellan:

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<th>Plan Name/Group Name</th>
<th>BIN:</th>
<th>PCN:</th>
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<td>DCMedicaid</td>
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For COVID-19 test kits or tests purchased at a retail pharmacy for an Alliance enrollee, the claims shall be processed through the PBM of the assigned MCO.

Reimbursement Process
Medicaid beneficiaries and Alliance enrollees shall be reimbursed up to $12 per test or $24 per test kit when purchased from a store or online retailer. COVID-19 test(s) purchased at a network
provider will be reimbursed the actual costs of the test or test kit. Beneficiaries are limited to four (4) test kits or eight (8) individual tests per month.

1. Complete the attached Medicaid Reimbursement Form
2. Submit the completed Reimbursement Form and COVID-19 test kit receipt to:

   Recipients Claims Research Team
   DC Department of Health Care Finance
   441 4th Street NW, 900 South
   Washington, DC 20001
   ATTN: Reimbursement Team

*Request for reimbursement must be submitted within 180 days from the date of purchase.

If you have any questions regarding the pharmacy claims process, please contact Magellan PBM:

For Providers: 1-800-273-4962
For beneficiaries: 1-800-272-9679

If you have any questions about the out-of-pocket reimbursement, please contact Kenneth Gause or Pamela Stevenson, Health Care Operations Administration via telephone at (202) 698-2000.