

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



Office of the Senior Deputy Director/Medicaid Director

**Transmittal # 15-30**

**TO:** District of Columbia Medicaid Providers  
District of Columbia Managed Care Organizations

**FROM:** Claudia Schlosberg, J.D.  
Senior Deputy Director

**DATE:** August 19, 2015

**SUBJECT:** Reimbursement for Out-of-Pocket (OOP) Health Care Expenditures by Medicaid Beneficiaries

Related Transmittals: *Transmittals # 15-03 and 15-05*

The purpose of this Transmittal is to update the appeals procedure that governs the out-of-pocket (OOP) reimbursement process consistent with the requirements of the *Salazar* Court's May 18, 2015 Order. Medicaid beneficiaries may be reimbursed for OOP expenses used for covered prescriptions, doctor visits, hospital stays, and other services that are available under Medicaid and should have been paid by the program.

Annually, DHCF issues two transmittals outlining the procedures for reimbursement requests; one for fee-for-service beneficiaries (Transmittal #15-05) and one governing the process for beneficiaries enrolled in managed care organizations (MCOs) (Transmittal #15-03). Transmittal #15-03 requires MCOs to include certain language in its reimbursement decision letters for beneficiaries who are not satisfied with the MCO and D.C. Office of Administrative Hearings decisions and want to request an appeal. Additionally, both transmittals provide information concerning where the beneficiary may obtain free legal assistance and include a Medicaid reimbursement form.

For purposes of all reimbursement decisions rendered after the date of this Transmittal, the following paragraphs of Transmittal #15-03 are amended:

(1) The appeal rights stated in paragraph #6(e) are amended to read as follows:

“If you are not happy with the result of your fair hearing before the D.C. Office of Administrative Hearings, you have the right to appeal that decision to the District

of Columbia Court of Appeals. You must file your appeal within thirty (30) days after the Office of Administrative Hearings mails the final order of its decision.”

(2) Information on where to obtain legal assistance stated in paragraph #6(h) is amended to read as follows:

“*Salazar* class members may obtain free legal assistance by contacting Terris, Pravlik and Millian, LLP at 1121 12th Street, NW, Washington, DC 20005 or (202)-682-0578. Free legal assistance for beneficiaries who are not members of the *Salazar* class may be available from the following organizations:

- (a) Bread for the City Legal Clinic, (202) 265-2400
- (b) Legal Aid Society, (202) 628-1161
- (c) Legal Counsel for the Elderly, (202) 434-2120
- (d) Neighborhood Legal Services, (202) 269-5100
- (e) University Legal Services, (202) 547-4747

A revised Medicaid reimbursement form consistent with the terms set forth in this Transmittal is attached.

If you have questions or need additional information, please call Colleen Sonosky, Associate Director, Division of Children’s Services, DHCF, at (202) 442-5913.



**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 (202) 724-7491 between 9:00 a.m. and 4:45 p.m. A representative will assist you.

Si usted no habla o lee inglés, por favor llame al (202) 724-7491 de 9:00 a.m. a 4:45 p.m. Un representante le ayudará. SPANISH

Si vous ne parlez pas et / ou lisez l'anglais, s'il vous plaît appelez (202) 724-7491 9:00-16:45. Un représentant vous aidera. FRENCH

如果您不会说或阅读英语，请于早上9点至下午4点45分之间致电(202)724-7491。我们将为您提供帮助。CHINESE

한국어로 상담하시려면 오전 9:00 - 오후 4:45 시간대에 전화 (202) 724-7491 번으로 연락주십시오. 고객 지원 담당자의 서비스를 받으실 수 있습니다. KOREAN

እንግሊዝኛ የማይናገሩ እና/ወይም የማያነቡ ከሆኑ፣ እባክዎ ወደ ስልክ ቁጥር (202) 724-7491 ከጠዋቱ 9:00 a.m. እስከ ቀኑ 4:45 p.m. ድረስ ይደውሉ። ተወካይ ያግዘታል። AMHARIC

Nếu quý vị không nói và/hoặc đọc được tiếng Anh, vui lòng gọi (202) 724-7491 giữa 9 giờ sáng và 4:45 chiều. Một nhân viên sẽ giúp đỡ quý vị. VIETNAMESE

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 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 Medicaid renewal or 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.
4. If, for a child under age 21 who is eligible for Medicaid, you were required to pay for any EPSDT service, including medical services, dental services, medication, medical equipment, supplies, or transportation services to Medicaid appointments.
5. If you have both Medicaid and Medicare and your pharmacy, clinic, hospital, or doctor required you to pay for any portion of the bill that Medicare does not pay.

**IN ORDER TO BE**

**YOU MUST:**

1. Complete the enclosed Medicaid Reimbursement Form. Attach the receipt from the doctor, clinic, hospital or pharmacy that shows the expenses you paid.
2. 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.
3. 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.
4. 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.
5. 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:**

1. The Medicaid Recipient Claims Research Team of the D.C. Department of Health Care Finance (DHCF) at (202) 698-2009.
2. Terris Pravlik & Millian, LLP, 1121 12th Street, NW, Washington, DC 20005, (202) 682-0578, may assist you in completing the Medicaid Reimbursement form if you are a *Salazar* class member or want assistance to determine if you are a *Salazar* class member.
3. The Medicaid Recipient Claims Research Team (RCRT) 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.
4. If you are not satisfied with the decision of the RCRT, you have a right to a fair hearing. You must file your request for a fair hearing within 90 days of the date of the decision by the RCRT. You may request a fair hearing by calling the Office of Administrative Hearings at (202) 442-9094. The Office of Administrative Hearings (OAH) is located at 441 4th Street, NW, Washington, DC 20001 -2714.
5. If you are not satisfied with the results of the fair hearing, you may appeal to the District of Columbia Court of Appeals. You must file your appeal within thirty (30) days after the OAH mails the final order of its decision.
6. You may be able to obtain free legal assistance to help you present your case at the hearing or on appeal. If you are a member of the class certified by the court in *Salazar v. District of Columbia*, Civil Action No. 93-452 (GK) (D.D.C.), you may contact Terris, Pravlik & Millian, LLP at 1121 12th Street, NW, Washington, DC 20005 or (202) 682-0578. Free legal assistance for beneficiaries who are not members of the *Salazar* class may be available from the following organizations:

Bread for the City Legal Clinic, (202) 265-2400  
 Legal Aid Society, (202) 628-1161

Legal Counsel for the Elderly, (202) 434-2120  
Neighborhood Legal Services, (202) 269-5100  
University Legal Services, (202) 547-4747

MEDICAID REIMBURSEMENT REQUEST FORM

date

DIRECTIONS: Complete and return this form if you have not been reimbursed for Medicaid services you received. If you have not been reimbursed for Medicaid services you received, you must complete this form. If you have been reimbursed for Medicaid services you received, you do not need to complete this form.

pharmacy – or 6 months of the date you

Please give as much information as you can. If you don't have it, please indicate where you got the information. If you're asking for information, please indicate what you need.

signed and dated letter that explains why you need the services. Please use separate lines for each.

Name

Your phone numbers

Security

Day

Night

SUMMARY OF INFORMATION ON ATTACHMENTS

of

doctor or

much you paid

much you owe

much

other

much you want to be reimbursed for

\*Attach a copy of the bill to this form. I swear and sign this form under penalty of perjury that the information provided is true and correct.

Signature

or letters from the provider on paper and on any attached papers are true and correct.