

UNITED STATES DISTRICT COURT
DISTRICT OF COLUMBIA

OSCAR SALAZAR, JR. et al., :
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 Plaintiffs, :
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 v. : Civil Action No. 93-452 (GK)
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 DISTRICT OF COLUMBIA et al., :
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 Defendants. :
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REIMBURSEMENT PROCEDURES ORDER

On January 17, 1997 and May 5, 1997, the Court issued a Remedial and Amended Remedial Order, respectively, which provided for the development of reimbursement procedures for class members who incurred out-of-pocket expenses because of untimely or inaccurate eligibility determinations made by Defendants. In accordance with those Orders, the Monitor has submitted Recommended Procedures and parties have submitted comments. Based upon those submissions and the entire record in this case, it is this ^{15th} day of September, 1997, hereby

ORDERED, that Attachment A hereto, entitled "Summary Notice of Reimbursement Procedures for Class Members' Out-of-Pocket Expenses", is incorporated and adopted as part of this Order; and it is further

ORDERED, that such Summary Notice, printed in both English and Spanish, is to be disseminated and made available to the public in the following manner:

1. Commencing October 1, 1997, Attachment A is to be made available, distributed, and maintained at all Department of Human Services service centers.

2. Attachment A is to be distributed by the constituent members of the EPSDT Taskforce, and distributed, in packets of 100, to grantees of the District of Columbia Office on Aging, Whitman-Walker Clinic, Legal Counsel for the Elderly, Neighborhood Legal Services, Council of Latino Agencies, and Indo-Chinese Community Center;

3. Commencing no later than sixty (60) days from the date of this Order, Attachment A is to be printed every week for three months in at least one Spanish language newspaper, every week for three months in at least three "community" newspapers, and once every two weeks for two months in the Washington Post;

4. Attachment A is to be distributed, in packets of 100, to at least three different community organizations, including Ayuda, located in three different quadrants of the City with high Medicaid populations.

Sept 15, 1997
Date

Gladys Kessler
GLADYS KESSLER
United States District Judge

Copies to:

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William J. Earl
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Lynn E. Cunningham
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1121 12th Street, N.W.
Washington, D.C. 20005

Thomas W. Chapman, M.P.H., FACHE
The George Washington University Medical Center
2021 K Street, NW, Suite 8090
Washington, DC 20006

MEDICAID REIMBURSEMENT FORM

Complete and return this form no later than June 30, 1998 or six months after the expense was incurred, whichever is later, with supporting information and receipts (if available) for the drug prescriptions, doctor visits or hospitalizations to:

Recipient Claims Research Team
D.C. Commission on Health Care Finance
2100 Martin Luther King Jr. Ave., S.E.
Washington, D.C. 20020

Your Name: _____

Daytime Phone: _____ Evening Phone: _____

Mailing Address: _____

Social Security Number: _____

Date of Birth: _____

(1) Name of Person (you or family member) for whom Medicaid did not pay for drug prescriptions, doctor visits or hospitalizations.

(2) Date (or approximate date) of drug prescriptions, doctor visits or hospitalizations for you or family member that Medicaid did not pay.

(3) What type of medical service (drug prescriptions, doctor visits or hospitalizations) did you or family member receive?

(4) What was the name and address (if available) of the pharmacy, doctor or hospital?

(5) How much money did you spend? Attach a copy of your receipt, if you have it. If you do not have your receipt, explain why not.

(6) If you are still paying money on a bill or being asked to pay on a bill that you think should have been paid by Medicaid, explain here and attach a copy of any letters or bills you have that a pharmacy, doctor or hospital sent to you or you sent to it.

You may use additional paper if you need to.

I swear, and declare under penalty of perjury that the statements I have made above are true and correct.

Date: _____

Signature

I. SUMMARY DESCRIPTION OF THE ORDER

All class members have the right to be repaid any money they spent from March 2, 1990, to the present, on drug prescriptions, doctor visits, or hospitalizations at a time that they were eligible for Medicaid and the three (3) months prior to their Medicaid application. This means that you are entitled to repayment (1) if you spent money on drug prescriptions, doctor visits, or hospitalizations while you were waiting for a decision on your Medicaid application (and you were later found eligible), (2) in the three months prior to your application for Medicaid (if you were later found eligible), (3) if you were improperly cut-off from Medicaid at recertification and had to spend your own money on drug prescriptions, doctor visits, or hospitalizations or (4) if the pharmacy, clinic, doctor's office or hospital said that you were not on Medicaid when you actually were and you had to spend money for drug prescriptions, doctor visits, or hospitalizations. If you spent money for drugs, doctor visits, or hospitalizations for a family member (such as a child) who was eligible for Medicaid, you are also entitled to be repaid that money. You must submit your request to be repaid by June 30, 1998 or six months after the expense was incurred, whichever is later.

II. SUMMARY OF PROCEDURES

1. Class members are to submit the "Medicaid Reimbursement Form" with supporting documentation to the "Claims Research Team," Commission on Health Care Finance, 2100 Martin Luther King Jr., Ave. S.E., Washington, D.C. 20020. The form should include the following supporting documentation, if it is available:

- A completed Medicaid Reimbursement Form which gives your name, address, telephone number (if you have one), Social Security number, date of birth, states the date the service was provided, the provider of the service, the type of medical service you paid for and the amount you paid.
- A receipt from the provider showing payment for the medical service(s), if available.
- If you do not have a receipt from the provider, you must submit a sworn statement that the information you are giving is true and accurate, and explaining why you do not have the receipt.

However, do not delay submitting your claim if you do not have all requested information. If you delay, you may lose your right to be repaid the money you spent. Provide as much information as you have available.

2. 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. Commission on Health Care Finance at (202) 727-0725; or

2. Terris, Pravlik & Wagner, 1121 12th Street, N.W., Washington, D.C. 20005, (202) 682-0578. All legal advice will be provided to you free of charge.

3. Medicaid reimbursement will be subject to the following: (a) you (or your family member) were eligible for Medicaid at the time medical service was given, (b) the drug prescription, doctor visit or hospitalization was covered under Medicaid, and (c) the reimbursement request is submitted by June 30, 1998 or six months after the medical expense was incurred, whichever is later.

4. The Medicaid "Recipient Claims Research Team" is required to decide your claim within 90 days from the time you file. If no decision is made within that 90-day time period, your claim will be treated as valid, and will be paid within 15 days after the end of the 90-day time period.

5. 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 (202) 724-5477 or (202) 724-5475. If you are not satisfied with the result of the fair hearing, you will have 30 days to appeal to the United States District Court for the District of Columbia. You may obtain free legal assistance to help you present your claim at the fair hearing or during the appeal by contacting Terris, Pravlik & Wagner, 1121 12th Street, N.W., Washington, D.C. 20005, (202) 682-0578.

By Order of the United States District Court for the District of Columbia.

DATED: September ____, 1997

/s/ Gladys Kessler
THE HONORABLE GLADYS KESSLER
UNITED STATES DISTRICT JUDGE

NOTICE DATE: September ____, 1997