

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



Office of the Senior Deputy Director and Medicaid Director

**Transmittal # 24-07**

**TO:** District of Columbia Medicaid Providers

**FROM:** Melisa Byrd *M.B.*  
Senior Deputy Director and Medicaid Director

**DATE:** January 30, 2024

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

---

**Purpose**

In keeping with requirements of the *Salazar* Settlement Order (*Salazar v. District of Columbia*, Civil Action No. 93-452 (TSC) (D.D.C.)), 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.

**Details**

To help fee-for-service beneficiaries who may have had such expenditures, you are required to make this information available to your patients. The Notice and Medicaid Reimbursement Form are attached for use by fee-for-service beneficiaries who seek reimbursement. The Notice and Form are available from DHCF in Spanish, French, Chinese, Korean, Amharic, and Vietnamese for beneficiaries with limited English proficiency.

In order to be considered for reimbursement, fee-for-service beneficiaries must submit their Reimbursement Requests to DHCF no later than six months after the expense was incurred, or no later than six months from the date of their Medicaid eligibility. 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, and "... 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 his or her request for reimbursement, he or she may request a fair hearing. The request should be submitted to the D.C. Office of Administrative Hearings, 441 4<sup>th</sup> Street, NW, Suite 450N Washington, DC 20001; 202-442-9094.

### **Contact**

If you have questions or need additional information, please call Kenneth Gause or Pamela Stevenson, Health Care Operations Administration, Department of Health Care Finance, at (202) 698-2000 or Colleen Sonosky, Division of Children's Health Services, Department of Health Care Finance, at (202) 557-1625.

### *Attachments:*

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

**Cc:** DC Behavioral Health Association  
DC Coalition of Disability Service Providers  
DC Health Care Association  
DC Home Health Association  
DC Hospital Association  
DC Primary Care Association  
Medical Society of the District of Columbia