

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



Office of the Senior Deputy Director and Medicaid Director

Transmittal 26-03

**TO:** DC Medicaid and Alliance Providers *m.b.*  
**FROM:** Melisa Byrd, Senior Deputy Director and Medicaid Director  
**DATE:** January 7, 2026  
**SUBJECT:** Language Access Compliance Requirements for Providers

---

**Purpose**

This transmittal notifies all D.C. Medicaid-enrolled providers that they must, at all times, comply with language access compliance responsibilities for beneficiaries enrolled in either the D.C. Medicaid or the Health Care Alliance programs.

**Noncompliance may result in corrective action, including sanctions and/or termination of Medicaid enrollment.**

**Provider Responsibilities**

**A. Legal Requirements**

Pursuant to §1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, the D.C. Language Access Act of 2004 (D.C. Code §§ 2-1931 et seq.), and the D.C. Medicaid Provider Agreement, D.C. Medicaid-enrolled providers **must not** deny, delay, limit, or otherwise restrict access to covered health services because a beneficiary has limited English proficiency (LEP), or no-English proficiency (NEP).

**B. Coordination and Cost**

Language services must be provided **at no cost to LEP/NEP beneficiaries** of the aforementioned programs. **Every provider enrolled in D.C. Medicaid –without exception and regardless of provider type, or whether the beneficiary is served through fee-for-service (FFS) or managed care (MC)- is fully responsible for ensuring timely access to language services.**

. For example, if an LEP/NEP patient requests to schedule an appointment, all provider types must promptly connect the patient to a real-time telephonic language interpretation service for scheduling purposes. Responsibility for *payment* of language services is determined by the provider type, and whether the beneficiary is enrolled in the fee-for-service (FFS) or managed care (MC) service delivery system.

### **C. FQHCs, Hospitals, and Inpatient Facilities**

FQHCs, Hospitals, and Inpatient Facilities, are operationally and financially responsible for arranging and paying for language services rendered in relation to any covered health service for which such entities are the billing provider, *regardless* of the beneficiary's service-delivery system of enrollment.

### **D. All Other Provider Types: Determine Enrollment and Coordinate**

For all other provider types, payment for language services will be made by either the applicable MCP, or DHCF for FFS enrollees as follows:

For MC enrollees, billing providers must promptly request language services through the applicable managed care plan:

#### AmeriHealth Caritas DC

- Keith Maccannon
  - Email: [kmaccannon@amerihealthcaritasdc.com](mailto:kmaccannon@amerihealthcaritasdc.com)
  - Telephone: 703-343-0611
- Darla Bishop
  - Email: [dbishop@amerihealthcaritasdc.com](mailto:dbishop@amerihealthcaritasdc.com)
  - Telephone: 313-415-5418

#### HSCSN

- Tyler Caldwell
  - Email: [tcaldwell@hschealth.org](mailto:tcaldwell@hschealth.org)
  - Telephone at 202-467-2737

#### MedStar Family Choice:

- Lisa McDonough
  - Email: [lisa.r.mcdonough@medstar.net](mailto:lisa.r.mcdonough@medstar.net)
  - Telephone: 202-451-6683

#### Wellpoint

- Orrett Thompson
  - Email: [Orrett.Thompson@wellpoint.com](mailto:Orrett.Thompson@wellpoint.com)
  - Telephone: 833-346-1663 Ext. 23136

#### United Health Care: Request language services by email or phone to

- Enrollee Services/ Jocelyn Snowden
  - Email: [DCENROLLEESERVICES@uhc.com](mailto:DCENROLLEESERVICES@uhc.com); [jocelyn\\_snowden@uhc.com](mailto:jocelyn_snowden@uhc.com)
  - Telephone: 866-242-7726

For FFS enrollees, providers must promptly request language services by email to DHCF's contracted language services vendor, Context Global, LLC, at [interpreterinfo@contextglobal.com](mailto:interpreterinfo@contextglobal.com), or by telephone at 202-800-8278.

All requests should include the following minimum information:

- Beneficiary full name
- Medicaid or Health Care Alliance ID number
- Requested language
- Date, time, and exact service address

### **Prohibited Practices**

Providers **must not**:

- Require beneficiaries to provide their own interpreter;
- Require use of minors or untrained individuals as interpreters;
- Refuse or delay services due to language needs; or
- Charge beneficiaries for language services.

### **Contact**

If you have any questions regarding the information contained in this transmittal, please contact the DHCF Language Access Coordinator, Surobhi Rooney, at [Surobhi.rooney@dc.gov](mailto:Surobhi.rooney@dc.gov).

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