

DC Health Link
Department of Human Services
Case Records Management Unit
441 4th Street, NW, Suite 1C-15
Washington DC 20001

<Primary First Name><Primary Last Name>
<Primary Street Address 1>
<Primary Apt/Suite>
<Primary City>,<Primary State><Primary Zip>

- If you need help understanding this notice, please call 1-855-532-5465. We will explain it to you in your preferred language. You can also Fax us at 202-671-4400.
- ይህንን ማሳሰቢያ ለመረዳት እርዳታ የሚፈልጉ ከሆነ፣ እባኩን በ 1-855-532-5465 ይደውሉ። በሚመርጡት ቅንቅ እናብራራሎቻችን ። በተጨማሪም፣ በ 202-671-4400 ፋክስ ሊያደርጉልን ይችላሉ።
- Si necesita ayuda para entender este aviso, por favor llamar al 1-855-532-5465. Le explicaremos en el idioma de su preferencia. También puede enviar un fax al 202-671-4400.
- Si vous avez des difficultés à comprendre cet avis, n'hésitez pas à appeler le 1-855-532-5465. Nous vous donnerons des explications dans votre langue préférée. Vous pouvez également nous atteindre par fax au 202-671-4400.
- 본 내용을 이해하는 데 도움이 필요하신 경우, 1-855-532-5465번으로 연락해 주십시오. 담당직원이 원하시는 언어로 해당내용을 설명해드릴 것입니다. 202-671-4400번으로 팩스를 보낼 수도 있습니다. 如果您需要帮助以理解本通知, 请致电1-855-532-5465. 我们将采用您的首选语言向您解释本通知。您还可向我们发送传真: 202-671-4400.
- 如果您需要幫助以理解本通知, 請致電 1-855-532-5465. 我們將採用您的首選語言 向您解釋本通知。您還可向我們發送傳真: 202-671-4400.
- Nếu cần được giúp đỡ để hiểu rõ thông báo này, xin gọi số 1-855-532-5465. Chúng tôi sẽ giải thích thông báo này cho quý vị bằng ngôn ngữ quý vị chọn. Quý vị cũng có thể gửi điện sao (fax) đến chúng tôi theo số 202-671-4400.



<Date of Notice>

<Account ID>

<Primary First Name><Primary Last Name>
<Primary Street Address 1>
<Primary Apt/Suite>
<Primary City>,<Primary State><Primary Zip>

Subject: Conditional Approval for Health Insurance, Request for Additional Information, Notice to Select Health Plan

Dear <Primary First Name><Primary Last Name>:

Congratulations! Based on the health insurance application you submitted on <application date>, the following individual(s) are **conditionally** eligible to enroll in a health insurance plan through DC Health Link and to receive help paying for the cost of insurance:

[Insert Name]

This help is known as premium tax credits and, to get the help, you must file federal income taxes.

Eligibility for these people is **conditional** because the information you provided does not match our records. We need more information from you or we will use the information from our records - which could mean that you get less or no financial help to pay for coverage or your health insurance may be cancelled. Eligibility for these people has been approved **conditionally** until the discrepancies between the information you provided and our records has been resolved. To resolve these discrepancies, we need documentation from you.

Eligibility for Tax Credits

The amount of your tax credit is calculated based on the number of people in your household and the income information you provided to us. According to the information you provided, your household size is [] and your income is \$[].

Therefore, you are **conditionally** eligible for a maximum monthly premium tax credit of \$[]

45 C.F.R. §155.305(f)

Your Health Plan Selection

On [date] the following individual(s) selected the [plan name] health insurance plan.

[Name]

You will start getting health insurance benefits through [plan name] on [coverage effective date], as long as you make the first premium payment by the due date. You will receive an invoice directly from your plan within 3 – 10 business days and the due date for the first premium will be listed on the invoice. If you get any health care services before [coverage effective date], you may have to pay the costs for those services on your own if you have not yet paid your premium.

You will get your new insurance ID card and other information about your benefit card shortly from your health plan(s) (if you have not received it already). For any questions about your health plan's covered services and providers, you need to contact:

[plan name] at [phone number]

What You Must Pay Each Month

- You **conditionally** qualified for a maximum monthly premium tax credit of: \$ [tax credit amount]
- You chose to take a monthly premium tax credit of: : \$ [Selected APTC]

[Plan 1]

- Amount of monthly premium tax credit applied to the cost of <plan 1 name>: \$ <Plan 1 Selected APTC>

Your monthly premium cost is as follows:

- | | |
|---|--|
| • Total Monthly Premium: | \$ [Total Premium] |
| • Minus Your Monthly Premium Tax Credit: | – \$ [Selected APTC] |
| • Your Total Monthly Premium Cost: | <hr/> \$ [Member Responsibility] |

If you do not make your monthly premium payments on time, you could lose your health insurance. 45 C.F.R. 155.430(b)(2)(ii). You will receive a separate invoice with instructions on how to make that payment. You must make all payments directly to [carrier].

As a reminder, your premium tax credits are based on your expected annual income. If at the end of the year, your income is higher than expected, you will have to pay back the extra premium tax credits you received. If your income is lower than expected, you will receive a refund for the difference. If you know your income is changing, it may be in your best interest to increase or decrease your premium tax credit amount. You can change your premium tax credit amount on your “My Account” page, available at www.DCHealthLink.com, or by calling the DC Health Link Customer Service toll-free at 1-855-532-5465.

What You Must Pay When You Receive Health Services

A detailed explanation of your costs and benefits can be found in your plan’s Summary of Benefits Notices at DCHealthLink.com/plans. This information will include your deductible, or the amount you must pay for health services before your plan will begin paying the costs of your health services. Certain services will be covered even before you have paid the deductible.

Your Secure User Account

Your “My Account” available at www.DCHealthLink.com is a place where important information about your account is stored.

You must use your User ID and Password to access your account. You established these when you applied for benefits. If you forgot your User Name or Password, you can reset it by calling the DC Health Link Customer Service toll free at 1-855-532-5465.

Additional Documentation Required

To determine continued eligibility for a DC Health Link health plan and for premium tax credits or cost-sharing reductions (if applicable), you must provide documentation to confirm or update the information that you told us on your application.

We accept scanned or photocopied versions of all these documents.

Here is the information that we need:

Documents of Citizenship or Immigration Status. We need proof of your U.S. citizenship or immigration status for the following applicant household members:

[Name]

Two types of documentation are accepted to confirm citizenship/immigration status. We call the two types “primary” and “secondary”. If you provide primary documentation, no other documents are required. If you provide secondary documentation, other identification (ID) is required for verification. Secondary documentation must be accompanied with an identification card containing a recent photo and other identifying information.

Primary documentation: (Only One (1) is needed)

- U.S. Passport
 - *Note:* Expired passports are acceptable.
- Certificate of Naturalization
- Certificate of Citizenship
- Consular report of Birth Abroad of U.S. Citizen
- A valid Driver’s License from a state that requires proof of citizenship and verification of Social Security Number prior to issuance of the license
- A tribal document issued by a federally-recognized Indian Tribe, which must:
 - Identify the Tribe issuing the document;
 - Identify the individual by name; and
 - Confirm the individual’s enrollment in or affiliation with the Tribe
 - **Examples:** tribal enrollment card, Certificate of Degree of Indian Blood, Tribal Census document

Secondary documentation: (Must Present One (1) of the following, along with ID)

- A U.S. birth certificate showing birth in one of the 50 states, DC, Guam, American Samoa, Swain’s Island, Puerto Rico, the Virgin Islands, or the Commonwealth of the Northern Mariana Islands. If born in the Puerto Rico, the Virgin Islands, or CNMI prior to the time these areas became part of the U.S., the individual will satisfy the citizenship requirement if he or she is a collectively naturalized citizen.
- A Northern Marianas ID Card, issued to a collectively naturalized citizen, who was born in the Commonwealth of the Northern Mariana Islands before November 4, 1986
- A certification of Report of Birth, issued to U.S. citizens born outside the U.S.
- A Report of Birth Abroad of a U.S. Citizen
- A Certification of Birth
- A U.S. Citizen I.D. Card
- A final adoption decree showing the child’s name and U.S. place of birth, or if an adoption is not final, a statement from a state-approved adoption agency that shows the child’s name and U.S. place of birth
- Evidence of U.S. Civil Service employment before June 1, 1976
- U.S. Military Record showing a U.S. place of birth
- A data match with the SAVE Program or any other process established by the Department of Homeland Security to verify that an individual is a citizen
- Documentation that a child meets the requirements of §101 of the Child Citizenship Act
- Medical records that indicate a U.S. place of birth
- Life, health, or other insurance record that indicates a U.S. place of birth
- Official religious record recorded in the U.S. showing that the birth occurred in the U.S.

- School records showing a U.S. place of birth
- Federal or State census record showing U.S. citizenship or a U.S. place of birth

Needed Information to Verify Other Immigration Status

The documents that you may be able to use to verify your immigration status include, but are not limited to:

- Lawful permanent resident card (DHS Form I-551)
- Arrival/Departure Record (DHS Form I-94)
- Temporary I-551 Stamp in a foreign passport or on an I-94 card
- Refugee Travel Document (DHS Form I-571)
- Employment Authorization Card (DHS Form I-766)
- Immigrant Visa (Temporary Resident Card)
- Asylum grant order
- Order from Immigration Judge showing that you were scheduled for deportation, but deportation has been withheld, suspended, or cancelled
- Documents showing that you have applied for an immigrant visa as a victim of domestic violence, and that your application has been approved or is pending
- Letter from the Office of Refugee Resettlement (for Victims of Trafficking)
- Documents showing Honorable Discharge from the military (DD Form 214)
- Documents showing current active duty military service (DD Form 2 (Active))

Documents Showing Household Income. We need proof of income for [Name]

These documents can include:

- Copies of the most recent paystubs. If you think this income is going to change over the year, we also need an explanation in writing of the change;
- A copy of your most recent tax filing, if you don't expect a change from last year's income;
- If the person is employed but does not receive pay stubs, a letter from the employer or a copy of the payment the person receives such as a check is acceptable
- Award Letters (such as Civil Service Retirement, Social Security, Railroad Retirement)
- Documentation of any other income
 - *Example:* for interest, dividends, or annuities, provide documentation from the institution where you have these accounts/resources
 - *Example:* if a family member or friend gives you money regularly to help you pay your expenses, provide a letter from that person and include their contact information
- Documentation of any adjustments to income that you intend to take on your federal tax return some examples are alimony payments, self-employed health insurance payments, health savings account deductions, and moving expenses.

Documents Showing D.C. Residency. A document that shows that the following household members live in the District of Columbia:

[Name]

This can include;

- A copy of an active lease agreement , certified deed, or mortgage statement with D.C address in their name,
- A phone or utility bill from within the past two months,
- A signed statement with contact information from another District resident stating that the applicant lives at their address in the District,
- D.C. Voter Registration Card,
- Non-expired District of Columbia Motor Vehicle Registration or DC DMV Identification Card,
- Cancelled checks or receipts for mortgage or rental payments within the past 2 months,
- Utility bills and payment receipts with D.C. address within the past 2 months,
- Non-expired Automobile insurance statement with D.C. residency address.
- Self-attestation of residency without paper documentation in exceptional circumstances, including homelessness and in cases of domestic violence.

If you think you will not be able to submit your documents by because of circumstances outside of your control, please contact us at DC Health Link Customer Service at (855) 532-5465. If you need help then the Department of Human Services will work with you if you need assistance.

How to Send the Documents Requested

You can send the necessary documents either online, through U.S. Postal mail, or in-person.

- **Online:** Log into your “My Account” and view outstanding verifications. You can upload a scanned copy of the document.
- **U.S. Postal Mail** - DC Health Link
Department of Human Services
Case Records Management Unit
441 4th Street, NW, Suite 1C-15
Washington DC 20001

Be sure to write your account number (<account number>) on your submission.

- **In-Person** – Take the document(s) to any Economic Security Administration Office (call the DC Health Link Customer Service toll free at 1-855-532-5465 for locations)

How Soon We Need Your Documents

We need the documents above **by [Date]** in order to make a final decision on your eligibility for your health plan and for tax credits. If you do not provide the documents by this deadline, we will assume that our records are correct. Your health insurance coverage and/or tax credits may be terminated.

If you think you will not be able to submit the requested documentation **by [Date]** due to circumstances outside of your control, please call DC Health Link Customer Service toll free at (855) 532-5465. If you truly have a special need, a Department of Human Services representative will work with you to complete the verification process.

Medicaid Decision

Based on your application, the following individual(s) are not eligible for Medicaid because the income is above the Medicaid income limits.

Individual(s)
[name]

This decision is supported by the following provision of the Code of Federal Regulations: 42 C.F.R. §435.911.

If you disagree with this determination, you have a right to request a Hearing. Please see the section below called, “If You Think We Made a Mistake,” and the insert referenced in that section for an explanation of your rights and how to request a Hearing.

Medicaid “Spend Down” Program

[Name] is/are not eligible for Medicaid based on income because his/her household income is over the Medicaid income limit.

Those persons might still be eligible for Medicaid through “Spend Down”. “Spend Down” Medicaid is for people who have income over the Medicaid limit but also have high medical bills which you are responsible for paying. You can choose to use medical bills to obtain Medicaid coverage for a single month or to become eligible for some or all of the six months that start when you applied.

If you have medical expenses, which you are responsible for paying outstanding for the three months before you applied, you may also be eligible through Spend Down for some of those bills to be paid.

If you become eligible through Spend Down, you will be responsible for paying some of their bills, and Medicaid will cover the rest for the months you are eligible as long as the bills are for Medicaid-covered services.

More information about how to qualify for Spend Down Medicaid can be found in the Code of Federal Regulations at: 42 C.F.R. § 435.831.

Contact the Spend-Down Unit at (202) 698-4202 with questions.

You can use current and old medical bills to meet the Spend Down based on these rules:

- You can only use medical expenses that you are responsible for paying. You cannot use expenses that are covered by other insurance or Medicare, or that the medical provider is not charging you for.
- You can use old medical bills as long as you still owed the money on the bills after <1st day of month three months before month OF APPLICATION>
- You can use any bills for any medical services that you received after <1st day of month three months before month OF APPLICATION>
- You can use current medical expenses, whether you have paid them or still owe them.

These are types of medical expenses that you can use:

- Routine, preventive, and emergency medical treatment and services including;
 - Physician services,
 - Inpatient and outpatient medical services,
 - Nursing Home services
 - Medical or personal care in your home
 - Clinic Services
 - Prescription and medically necessary Over The Counter drugs,
 - Medical equipment and devices prescribed by a physician,
 - Ambulance services,
 - Other medical expenses usually covered by Medicaid,
 - Other medical expenses not usually covered by Medicaid but medically necessary,
 - Transportation to and from medical visits,
 - Health insurance premiums, including Medicare premiums
 - Co-payments and deductibles on medical expenses
 - Eyeglasses;
 - Speech, occupational and physical therapy.
 - Dental services, and
 - Chiropractic services.

How to Submit Medical Expenses for Spend Down

You can submit medical expenses to the Spend Down Unit in the Department of Human Services to receive a determination of whether the person may qualify for Spend Down by:

- Mailing them or bringing them to.
Spend Down Unit
Department of Human Services
609 H Street NE
5th Floor
Washington, DC 20002
- Scanning them and emailing them to Medicaid@dc.gov
- Sending them by fax to 202-724-8963

Be sure to write your account number (<account number>) on your medical expenses. You will receive a notice in the mail regarding the status of your spend down.

Reporting Changes

It is very important that you update us any time your circumstances change over the next year. Even small changes may change your eligibility for premium tax credits and cost sharing reductions. You need to let us know within 30 days of a change. You need to tell us if any of the following type of changes occurs for anyone in your household:

- Income;
 - All changes in income will affect the amount of premium tax credit you are eligible for. This may affect how much you owe or get back on your taxes this year. You are not required to report changes in income that are less than \$150/month (\$1,800 annually).
- Address;
- Offers of health coverage from a job;
- Eligibility for other health insurance;
- Household members;
 - There are many things that could change your household, like getting married or divorced, becoming pregnant, having a baby, adopting a child, or having a child placed for adoption with you;
- Incarceration;
- Immigration status;
- Tax filing plans for <INSERT YEAR>.
 - For example, if you plan to claim a dependent that you did not plan to claim when you submitted this application.

45 C.F.R. § 155.330(b).

You can report changes by going online and logging in to your “My Account” or by calling DC Health Link Customer Service toll-free at 1-855-532-5465. Reporting changes is very important. Even small changes in your income will change how much premium tax credits you

are eligible for, if you do not report changes, you may end up having to repay some of your premium tax credits when you do your taxes. When you report a change, we will increase or decrease the amount premium tax credits you can get. We may also ask you to submit further information to verify the change.

Changing Plans

You will be able to change plans during the annual open enrollment period from October 15 through December 7 of each year. 45 C.F.R. §155.410(e). You may also qualify for a special enrollment period during which you can change your plan, if you have a change in circumstances during <coverage year>. Changes in circumstances include:

- Getting Married
- Changes in your Household Size
 - New Birth or Adoption
 - Death
 - New Tax Dependents
- A change in income for you or others in your household.
- Becoming eligible for Medicaid, employer-sponsored insurance, or other insurance outside of DC Health Link.

45 C.F.R. §155.420

Ending Your Health Insurance Coverage

You have the right to terminate your health insurance coverage. You can terminate your coverage online using your “My Account”, available at www.DCHealthLink.com, by calling DC Health Link Customer Service toll-free at 1-855-532-5465, or by contacting your health plan. Your health plan can tell you how much notice you must give, but the plan might require notice of up to fourteen (14) days before the requested coverage end date.

Your health insurance may also be terminated without your request if you don’t pay your premiums or if our data indicates that the information you put on your application, or on your renewal form, has changed and you are no longer eligible for coverage. If your health insurance is going to be terminated without your request because it has been determined that you are no longer eligible for coverage, you will receive a notice in advance telling you the basis for the decision and you will be provided with information about how to contest the decision.

Other Information

Annual Renewal: DC Health Link will notify you during September of each year if additional information is needed from you to renew your health insurance. If no new information is needed, DC Health Link will notify you of the re-calculated tax credit you will receive in the following year. You can respond with new information if you believe any of the information we

used is wrong. You can also pick a new plan during this time period if you want. 45 C.F.R. §155.335.

Employer Appeals (45 C.F.R. §155.555): Your employer has a right to appeal your premium tax credit eligibility determination if they disagree with it. You will be contacted if your employer appeals. You will have a right to respond to your employer's appeal. Your employer cannot discriminate against you based on your eligibility for premium tax credits. If you think discrimination is occurring please contact the Occupational Health & Safety Administration (OSHA) at 1-800-321-6742. More information on your protections can be found at <http://www.osha.gov/Publications/whistleblower/OSHAFS-3641.pdf>

If You Think We Made a Mistake

If you disagree with any determination about the amount or type of health care coverage benefits you or any of the other persons listed on your application are found eligible for, you have the right to appeal the determination(s). You must request an appeal **by <Date of Notice+95 calendar days>**. **See the insert for more information on your appeal rights.**

DC Health Link Appeal Rights and Medicaid Out of Pocket Reimbursement Information

If you do not agree with our decision about your health insurance coverage or assistance, you have a right to appeal our decision and receive a Fair Hearing. You can appeal a denial, termination, or change in your eligibility for private health insurance, Medicaid, advanced premium tax credits, or cost-sharing assistance. You can also appeal if you disagree with the amount of your premium tax credits or cost-sharing assistance. Once you appeal, you can go before an Administrative Law Judge and explain why you do not agree with our decision.

You have **90 days** following the postmark of the notice informing you of the eligibility decision, denial, termination, or change, to appeal the decision stated in the notice you received. If you do not appeal within **90 days, you may lose your appeal right.**

How to Request an Appeal

You may appeal through any of the following methods:

- Calling DC Health Link Customer Service toll free at 1-855-532-5465
- Completing a Request for Hearing form and fax it to (202) 724-2041, or e-mail to DC.OARA@DC.GOV
- Going to any Department of Human Services Service Center (locations found at www.dhs.dc.gov) and filling out a Request for Hearing.
- Going to the Office of Administrative Hearings Resource Center, located at 441 4th Street NW, Suite 450-North, Washington, DC 20001 and filling out a Request for Hearing form.

Your Eligibility During Your Appeal

Medicaid – If you get Medicaid and file the appeal before your Medicaid ends or within 15 days of the date of this notice – whichever is later - you will continue to be covered by Medicaid. Even if you file the appeal after your Medicaid coverage has ended, but still within 90 days of the postmark of this eligibility notice, your appeal can still be heard but your coverage may not be re-started.

Premium Tax Credits & Cost-Sharing Assistance – If you already get help paying for your health insurance through DC Health Link, you have a choice to remain enrolled in your selected plan. You will continue to get the same level of assistance you were eligible for before the denial, termination, or change made in the notice. However, if you lose the appeal, you may be responsible for any benefits that you received during the appeal process.

If you do not already received Premium Tax Credits, or are seeking an increase, you must enroll in the health plan (or remain enrolled) while your appeal is pending. Individuals not enrolled in a private health plan are not eligible for premium tax credits and the due dates for premiums to be paid to health plans do not change while an appeal is pending.

What Happens When You Appeal

Administrative Review – Once your appeal is received, you may be scheduled for an Administrative Review Conference at the Office of Administrative Review and Appeals (OARA). This is a voluntary meeting with a Hearing Examiner from the District of Columbia Department of Human Services (DHS) to identify and discuss your concerns. You can bring your own representative if you choose to have one. Your representative may, but does not have to be, an attorney. Your representative may not be an employee of DHS.

Please bring documents related to your case to the meeting. This will help the DHS Hearing Examiner identify and understand your concerns. After the meeting Conference, the DHS Hearing Examiner will review your case and try to resolve your issues. You will receive a written decision from the DHS Hearing Examiner regarding the issues of your case, including a summary of facts. If you agree with the written decision, you may withdraw your request for a Fair Hearing. If you do not agree with the DHS Hearing Examiner's written decision, your appeal still continues to a Fair Hearing.

If you decide not to attend the DHS Administrative Review, or if you disagree with DHS's decision regarding your case and you have not withdrawn your request for a Fair Hearing, your case will continue on to a Fair Hearing before an Administrative Law Judge who

is not an employee of DHS. The Fair Hearing will take place at the DC Office of Administrative Hearings (OAH) at 441 4th Street NW, Suite 450-North, Washington, DC 20001.

OAH will contact you and tell you when and where your Fair Hearing will take place. OAH will send you a scheduling notice. That notice will tell you when your Fair Hearing will take place.

At the Fair Hearing, you can testify, have others testify for you, and submit documents. At the hearing, DC agency representatives will also be able to ask questions of you or other people who testify. The DC agency representatives will be permitted to present testimony and documents. You will be able to ask questions of the DC agency representative if you want. Finally, the Administrative Law Judge will make a decision in writing, after the completion of the Fair Hearing, and will send it to you. That decision will also tell you what you can do if you do not agree with it.

Any decisions by OARA and Appeals or OAH about your eligibility for benefits might also change the eligibility of other people in your household.

Getting Representation

You have the right to represent yourself or have a lawyer, family member, or friend represent you at the Administrative Review and or at the Fair Hearing.

If you would like to talk to a lawyer who will represent you for free, you can call any of the following places to see if they can help you. There is no guarantee that you will be able to get legal help. Even if you do not get legal help, there will still be a Fair Hearing held and a decision made.

Bread for the City Legal Clinic
1525 Seventh Street, NW
(202) 265-2400

Bread for the City Legal Clinic
1640 Good Hope Road, SE
(202) 561-8587

Neighborhood Legal Services
1213 Good Hope Road
(202) 678-2000

Legal Aid Society of the District of Columbia
1331 H St. NW Suite 350
(202) 628-1161

Legal Aid Society of the District of Columbia
2041 Martin Luther King Jr. Ave. SE, Suite LL-1
(202) 628-1161

Legal Aid Society of the District of Columbia
Friendship Baptist Church,
900 Delaware Ave., SW
(202) 628-1161

Legal Counsel for the Elderly
(for people age 60 and older)
Building A, 4th Floor
601 E St. NW
(202) 434-2120

Washington Legal Clinic for the Homeless
1200 U Street, NW
(202) 328-5500

Ending Your Appeal Early

You may withdraw your request for a Fair Hearing at any time before the Administrative Law Judge makes a final written decision. You may withdraw through any of the methods available for requesting an appeal (described above). If you withdraw your request for a Fair Hearing because of the meeting with the Office of Administrative Review and Appeals, or because the agency has promised to change its decision, we will make a new decision will be based on the changes agreed to by the agency.

If you stop your appeal before the agency has changed its decision, the denial, termination, or change will be implemented as it is written in the notice you first received before you filed your appeal.

Out of Pocket Reimbursement Information

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 if during a period of time you or a family member were eligible for

Medicaid, and

- 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, whichever is later.

IF YOU HAVE QUESTIONS OR IF YOU NEED HELP COMPLETING THE FORM OR OBTAINING REQUESTED INFORMATION CONTACT:

- a. The Medicaid Recipient Claims Research Team of the D.C. Department of Health Care Finance (DHCF) at (202) 698-2009.
- b. Terris Pravlik & Millian, LLP, 1121 12th Street, NW, Washington, DC 20005, (202) 682-0578, who will provide you with free legal assistance.

A DECISION ON YOUR REIMBURSEMENT CLAIM MUST BE MADE WITHIN 90 DAYS:

- a. The Medicaid Recipient Claims Research Team 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.
- b. 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 the Office of Administrative Hearings at (202) 442-9094. The Office of Administrative Hearings is located at 441 4th Street, NW; Washington, DC 20001-2714.
- c. If you are not satisfied with the result of the fair hearing, you may appeal to the United States District Court of the District of Columbia within 30 days. You may obtain free legal assistance to help you present your case at the fair hearing or at the appeal by contacting Terris Pravlik & Millian, LLP at 1121 12th Street, NW; Washington, DC 20005 or (202) 682-0578.