TIMELY CLAIMS PAYMENT – DEFINITION OF CLAIMS

The following definitions of a "claim" shall apply to District of Columbia Medicaid:

A claim is a submission requesting payment for specific services rendered to a recipient by the Billing provider.   A claim may be submitted electronically or on paper.

The following definition of a "timely claim" shall apply to District of Columbia Medicaid:

1. Timely Submission of Claims

   a. For claims submitted on or after October 1, 2012, the agency shall not pay any claim with a date of service that is greater than three hundred and sixty-five (365) days prior to the date of submission. All claims for services delivered after (365) days from the date of service will not be eligible for payment.

   b. When a claim is filed for a service that has been provided to a beneficiary whose eligibility has been determined retroactively, the timely filing period begins on the date of the eligibility determination.

   c. Where an initial claim is submitted within the timely filing period but is denied and resubmitted subsequent to the end of the timely filing period, the resubmitted claim shall be considered timely filed provided it is received within three hundred and sixty-five (365) days of the denial of the initial claim.

   d. If a claim for payment under Medicare has been filed in a timely manner, the agency may pay a Medicaid claim relating to the same services within one hundred and eighty (180) days after the agency or the provider receives notice of the disposition of the Medicare claim.

2. Billing Providers

   The provisions in Section 1 apply to all public, private and out-of-state providers who submit claims to the agency.