



PUBLIC NOTICE

Process for Requesting Reimbursement of Excess Cost Sharing Payments

The federal regulation, 42 CFR §447.56 (f), provides that Medicaid cost sharing incurred by all individuals in a Medicaid household may not exceed an aggregate limit of five percent (5%) of the family's income applied on a quarterly basis. The 5% cap is determined on the basis of Creditable Income of the Family Unit, and to reach the cap, copayments incurred by each of the members of the Family Unit who are Medicaid are summed together. For example: if an individual's creditable income is \$300 per month, his/her quarterly cost sharing limit will be \$45 ($\$300 \times 3 \text{ months} \times 5\%$). The rule does not apply to anyone who is State eligible and does not change the established copayments.

In compliance with the federal regulation, Puerto Rico notifies current and former Medicaid beneficiaries its "Process for Requesting Reimbursement of Excess Cost Sharing Payments" that will start on December 1, 2015.

1. Reimbursement requests will be accepted by ASES for quarters beginning January 1, 2014 forward.
 - a. If the quarter for which a reimbursement request is being made begins on or after January 1, 2014 and ends on or before November 30, 2015, the request must be submitted on or before January 31, 2016. Only one request will be required for any and all quarters during this initial retroactive period.
 - b. For subsequent quarters (with ending date on or after December 1, 2015) reimbursement requests must be submitted no later than 2 calendar months after the end of the quarter.
2. Reimbursement requests must include all minimum mandatory information, as instructed on the reimbursement request form, and can be submitted:
 - a. In person: at ASES (physical address: 1571 Calle ALDA, Urb. Caribe, Río Piedras, Puerto Rico) or in any of the Medicaid Local Offices throughout the Island.
 - b. By mail, to following postal address: ASES – Client Services, PO Box 195661, San Juan, PR 00919-5661.
 - c. By Facsimile (Fax), to ASES Fax number: 787-474-3347.
3. ASES will conduct an investigation to evaluate reimbursement requests which will be completed no later than 4 months from the end of the quarter for which the reimbursement request is made. The results of the investigation of any reimbursement request will be notified to the beneficiary no later than 15 calendar days from the limit date for the investigation.
 - a. If the amount to be reimbursed is \$5.00 or more, ASES will issue a reimbursement and will send a written communication to the beneficiary explaining the results of the reimbursement process investigation.
 - b. If the amount to be reimbursed is less than \$5.00, the amount will be kept as a credit for a 2-year period and can be added to the result of reimbursement request for another quarter. ASES will send a written communication to the beneficiary explaining the results of the reimbursement process investigation.

Medicaid beneficiaries can obtain copy of the reimbursement request form (in English or Spanish) and additional information regarding the Process at any Medicaid Local office. A copy of the reimbursement request form can be downloaded and printed from the Puerto Rico Medicaid Program website (<https://www.medicaid.pr.gov/>) or the ASES website (<http://www.ases.pr.gov/>).

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