GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director and Medicaid Director **Transmittal 26-03 (rev.)**

TO: DC Medicaid and Alliance Providers

FROM: Melisa Byrd, Senior Deputy Director and Medicaid Director

DATE: **April 2, 2026**

SUBJECT: **Language Access Compliance Requirements for Providers**

Purpose
This transmittal is a revision to Transmittal 26-03, first published on January 7, 2026. 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. This revision updates the points of contact at each service delivery provider for questions regarding accessing language services.

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
- Carolina Williams
  - Email: dl-costeamleads@amerihealthcaritas.com
  - Telephone: 202-216-2318
- Sonia Martinex
  - Email: dl-costeamleads@amerihealthcaritas.com
  - Telephone: 202-216-2318

- HSCSN
  - Tyler Caldwell
    - Email: tcaldwell@hschealth.org
    - Telephone: 202-579-4989
  - Awa Sall
    - Email: asall@hschealth.org
    - Telephone: 202-603-3752

MedStar Family Choice:
- Cha'bria Carter
  - Email: Cha'bria.D.Carter@medstar.net
  - Telephone: 202-849-0250
- Stacie Brown
  - Email: Stacie.L.Brown@medstar.net
  - Telephone: 202-545-4667

Wellpoint
- Orrett Thompson
  - Email: Orrett.Thompson@wellpoint.com
  - Telephone: 833-346-1663 Ext. 23136
- Sheila Nunez

  - Email: Sheila.nunez@wellpoint.com
  - Telephone: 202-666-9614

United Health Care: Request language services by email or telephone to

- Enrollee Services/ Jocelyn Snowden
  - Email: DCENROLLEESERVICES@uhc.com; jocelyn_snowden@uhc.com
  - Telephone: 866-242-7726

For Fee For Service enrollees, providers must promptly request language services by email to DHCF's contracted language services vendor, Context Global, LLC, at 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.

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