



# Alliance Enrollee Handbook

Enrollee Services

202-842-2810 (1-866-842-2810)

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)



This program is brought to you  
by the Government of the  
District of Columbia Department  
of Health Care Finance



GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR



**AmeriHealth Caritas**

District of Columbia  
Alliance



**AmeriHealth** *Caritas*<sup>™</sup>

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# District of Columbia Alliance

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8:00 a.m. – 5:30 p.m. For directions on how to visit us, call **202-842-2810**.

Washington, D.C. Office  
1201 Maine Ave. SW  
Suite 1000, 10th Floor  
Washington, DC 20024

8:00 a.m. – 5:30 p.m., Monday – Friday  
**202-842-2810 (1-866-842-2810)**

## Multi-language Interpreter Services

**English:** If you do not speak and/or read English, please call **1-800-408-7511 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

**Español:** Si no habla y/o lee inglés, llame al **1-800-408-7511 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

**Tiếng Việt:** Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-800-408-7511 (TTY 1-800-570-1190)**, hoạt động 24 giờ một ngày, 7 ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

**한국어:** 영어를 말하거나 읽지 못하는 경우 **1-800-408-7511 (TTY 1-800-570-1190)**로 전화해주십시오. 연중무휴 24시간 이용 가능합니다. 담당자가 도와드릴 것입니다.

**Français :** Si vous n'avez pas une bonne maîtrise de l'anglais parlé et/ou écrit, veuillez appeler le **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, sept jours sur sept. Un représentant vous assistera.

العربية: إذا كنت لا تتحدث و/أو تقرأ اللغة الإنجليزية، يرجى الاتصال على **1-800-408-7511 (الهاتف النصي 1-800-570-1190)**، وهو متاح على مدار ساعة وطوال أيام الأسبوع. سوف يساعدك ممثل.

**中文普通话:** 如果您不会用英语讲话和/或阅读，请致电 **1-800-408-7511 (TTY 1-800-570-1190)**，每周 7 天，每天 24 小时开通。将会有一名代表协助您。

**Русский:** Если вы не говорите и/или не читаете по-английски, позвоните по телефону **1-800-408-7511 (TTY 1-800-570-1190)**, который доступен 24 часа в сутки, семь дней в неделю. Представитель вам поможет.

မြန်မာ - အကယ်၍ သင် အင်္ဂလိပ်စကား ပြောဆိုခြင်း နှင့်/သို့မဟုတ် အတုရှောင်ခြင်း မရှိလျှင် ကျေးဇူးပြု၍ တစ်ပတ် ခန့်စစ်ရက်၊ တစ်ရက်လျှင် 24 နာရီ အချိန်ပြည့် ဆက်သွယ်နိုင်သည့် **1-800-408-7511 (TTY 1-800-570-1190)** သို့ ခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးမှ သင့်အား ကူညီထောက်ပံ့ပေးသွားမည် ဖြစ်သည်။

**中文廣東話:** 如果您唔識講，並且或者唔識睇英文，請致電 **1-800-408-7511 (TTY 1-800-570-1190)**，每星期 7 日，每日 24 小時開通。客服專員將會協助您。

فارسی: اگر قادر به صحبت و یا خواندن به زبان انگلیسی نیستید، لطفاً با شماره **1-800-408-7511 (TTY 1-800-570-1190)** که 24 ساعت شبانه روز و هفت روز هفته در دسترس می باشد تماس بگیرید. یک نماینده به شما کمک خواهد کرد

**Polski:** Jeśli nie mówisz i / lub nie czytasz po angielsku, zadzwoń pod numer **1-800-408-7511 (TTY 1-800-570-1190)**, dostępny 24 godziny na dobę, siedem dni w tygodniu. Przedstawiciel Państwu pomoże.

**Português:** Se você não fala e/ou lê Inglês, por favor ligue para **1-800-408-7511 (TTY 1-800-570-1190)**, disponível 24 horas por dia, sete dias por semana. Um intérprete irá ajudá-lo.

**ਪੰਜਾਬੀ:** ਜੇ ਤੁਸੀਂ ਹਿੰਦੀ ਬੋਲਦੇ ਅਤੇ / ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਿਰਪਾ ਕਰਕੇ **1-800-408-7511 (TTY 1-800-570-1190)** 'ਤੇ ਕਾਲ ਕਰੋ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਉਪਲਬਧ। ਇਕ ਪ੍ਰਤਿਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

**Kreyòl Ayisyen:** Si ou pa pale ak/oswa li anglè, tanpri rele **1-800-408-7511 (TTY 1-800-570-1190)**, disponib 24 èdtan pa jou, sèt jou pa semèn. Yon reprezantan pral ede ou.

**हिन्दी:** अगर आप हिन्दी बोलते और / या पढ़ते नहीं, कृपया **1-800-408-7511 (TTY 1-800-570-1190)** पर कॉल करें, दिन के 24 घंटे, सप्ताह के सात दिन उपलब्ध। एक प्रतिनिधि आपकी सहायता करेगा।

**Soomaali:** Haddii aanad ku hadlin iyo/ama akhriyin Ingiriisiga, fadlan soo wac **1-800-408-7511 (TTY 1-800-570-1190)**, oo la heli karo 24 saacadood maalintii, todoba maalmood todobaadkii. Wakiilku wuu ku caawin karaa adiga.

**Hmoob:** Yog tias koj hais tsis tau thiab/los sis nyeem tsis tau ntawv As Kiv, thov hu rau tus xov tooj **1-800-408-7511 (TTY 1-800-570-1190)**, qhib 24 teev rau ib hnuv, xya hnuv rau ib vij. Tus sawv cev yuav pab koj.

**Italiano:** Se non parla e/o non sa leggere l'inglese, la preghiamo di chiamare l'**1-800-408-7511 (TTY 1-800-570-1190)**, disponibile 24 ore su 24, sette giorni su sette. Le verrà prestata assistenza da un rappresentante.

**Tagalog:** Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang **1-800-408-7511 (TTY 1-800-570-1190)**, na matatawagan nang 24 na oras sa isang araw, pitong araw sa isang linggo. Tutulungan ka ng isang representative.

**日本語:** 英語での会話や読解が不安な場合は、24時間年中無休対応の**1-800-408-7511 (TTY 1-800-570-1190)** までお電話ください。担当者がサポートいたします。





## Important Phone Numbers

(Tear this page out and put it near your phone.)

For questions about AmeriHealth Caritas District of Columbia:	Enrollee Services	202-842-2810 OR 1-866-842-2810 (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	1-800-570-1190 (toll-free)	
If you need care after your doctor’s office is closed:	Nurse Helpline	1-877-759-6279 (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Nurse Helpline	1-800-570-1190 (toll-free)	
If you need to see a doctor within 24 hours (“Urgent Care”):	Your PCP’s Office	(Fill in your PCP’s information here.)	
	Nurse Helpline	1-877-759-6279 (toll-free)	24 hours a day, 7 days a week
If you need a ride to an Appointment:	Transportation Services	1-800-315-3485	24 hours a day, 7 days a week
If you need Behavioral Health care or have a Behavioral Health question:	Your BH’s Office	(Fill in your BH Office’s information here.)	
	Nurse Helpline	1-877-759-6279 (toll-free)	24 hours a day, 7 days a week
If you need someone who speaks your language or if you are Hearing Impaired:	Enrollee Services	202-842-2810 OR 1-866-842-2810 (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	1-800-570-1190 (toll-free)	
Dental Questions:	Enrollee Services	202-842-2810 OR 1-866-842-2810 (toll-free)	24 hours a day, 7 days a week
Vision Questions:	TTY/TDD Enrollee Services	202-842-2810 OR 1-866-842-2810 (toll-free)	24 hours a day, 7 days a week

**FOR AN EMERGENCY, DIAL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM.**

Personal Information



My Alliance ID Number: \_\_\_\_\_

My Primary Care  
Provider (PCP): \_\_\_\_\_

My PCP Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My PCP Phone: \_\_\_\_\_



My Primary Dental  
Provider (PDP): \_\_\_\_\_

My PDP Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My PDP Phone: \_\_\_\_\_

My Behavioral Health  
Provider (BHP): \_\_\_\_\_

My BHP Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My BHP Phone: \_\_\_\_\_

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# Welcome to AmeriHealth Caritas District of Columbia

Thank you for choosing AmeriHealth Caritas District of Columbia Inc. (AmeriHealth Caritas District of Columbia) as your DC Healthcare Alliance (Alliance) managed care plan (MCP). We are committed to providing you with access to quality health care and exceptional enrollee services. As an Alliance enrollee, you do not have any coverage from AmeriHealth Caritas District of Columbia for services provided by out-of-network providers.

This Enrollee Handbook contains important information about AmeriHealth Caritas District of Columbia and how it works. Please review it carefully. As an enrollee of AmeriHealth Caritas District of Columbia, you will enjoy great benefits and services. If AmeriHealth Caritas District of Columbia changes how it works or learns information about its providers that you need to know (like which providers are taking new patients and the providers' office hours), we will tell you about the change 30 days before it is made.

Each month AmeriHealth Caritas District of Columbia will host an enrollee orientation session. The enrollee orientation is another way you can learn all about AmeriHealth Caritas District of Columbia benefits. During the enrollee orientation session, you can also speak one on one with an AmeriHealth Caritas District of Columbia representative to get your questions answered. Please visit **[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)** or call the Enrollee Services department to get the date and time of each session.

## How this Handbook Works

Words used in Health Care and by your doctor can sometimes be hard to understand. AmeriHealth Caritas District of Columbia is a managed care plan that the District of

Columbia pays to help you get health care. This Handbook tells you how AmeriHealth Caritas District of Columbia works, how to find doctors, call us, and what we pay for. In the Definitions section, we have explained these words at the back of this book.

If you have questions about things you read in this book or other questions about AmeriHealth Caritas District of Columbia, you can call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810** or visit **[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)** and we will do our best to help you.

## How this Handbook Can Help You

This Enrollee Handbook tells you:

- How to access healthcare
- Your Covered Services by AmeriHealth Caritas District of Columbia
- Services NOT covered by AmeriHealth Caritas District of Columbia
- How to choose your Primary Care Provider and Primary Dental Provider (your PCP or PDP)
- What to do if you get sick
- What you should do if you have a Grievance or want to change (Appeal) a decision by AmeriHealth Caritas District of Columbia

This Enrollee Handbook gives you basic information about how AmeriHealth Caritas District of Columbia works. Please call AmeriHealth Caritas District of Columbia Enrollee Services anytime, 24 hours a day and 7 days a week, if you have any questions.

## Your Rights

- Know that when you talk with your doctors and other providers, it's private
- Have an illness or treatment explained to you in a language you can understand
- Participate in decisions about your care, including the right to refuse treatment
- Receive a full, clear, and understandable explanation of treatment options and the risks of each option so you can make an informed decision
- Refuse treatment or care
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Can see and receive a copy of your medical records and request an amendment or change, if incorrect
- Receive access to health care services that are available and accessible to you in a timely manner
- Choose an eligible PCP/PDP from within AmeriHealth Caritas District of Columbia's network and change your PCP/PDP
- Make a Grievance about the care provided to you and receive an answer
- Request an Appeal or a Fair Hearing if you believe AmeriHealth Caritas District of Columbia was wrong in denying, reducing, or stopping a service or item
- Receive Family Planning Services and supplies from the provider of your choice
- Obtain medical care without unnecessary delay
- Receive a second opinion from a qualified healthcare professional within the network or, if necessary, obtain one outside the network, at no cost to you
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment
- Receive a copy of AmeriHealth Caritas District of Columbia's Enrollee Handbook and Provider Directory
- Continue the treatment you are currently receiving until you have a new treatment plan
- Receive interpretation and translation services free of charge
- Refuse oral interpretation services
- Receive transportation services free of charge
- Get an explanation of prior authorization procedures
- Receive information about AmeriHealth Caritas District of Columbia's financial condition and any special ways we pay our doctors
- Obtain summaries of customer satisfaction surveys
- Receive AmeriHealth Caritas District of Columbia's "Dispense as Written" policy for prescription drugs
- Receive a list of all covered drugs
- Be treated with respect and due consideration for your dignity and right to privacy

## Your Responsibilities

You are responsible for:


- Treating those providing your care with respect and dignity
- Following the rules of the DC Medicaid Managed Care Program and AmeriHealth Caritas District of Columbia
- Following instructions you receive from your doctors and other providers
- Going to scheduled appointments
- Telling your doctor at least 24 hours before the appointment if you must cancel
- Asking for more explanation if you do not understand your doctor's instructions
- Going to the Emergency Room only if you have a medical emergency
- Telling your PCP/PDP about medical and personal problems that may affect your health
- Reporting to the Economic Security Administration (ESA) and AmeriHealth Caritas District of Columbia if you or a family Enrollee have other health insurance or if you have a change in your address or phone number
- Reporting to the ESA and AmeriHealth Caritas District of Columbia if there is a change in your family (i.e., deaths, births, etc.)
- Trying to understand your health problems and participate in developing treatment goals
- Helping your doctor in getting medical records from providers who have treated you in the past
- Telling AmeriHealth Caritas District of Columbia if you were injured as the result of an accident or at work

## Your Enrollee ID Card


Once you are assigned a primary care provider (PCP), we will mail you an Enrollee ID Card. This card lets your doctors, hospitals, drug stores, and others know you are an Enrollee of AmeriHealth Caritas District of Columbia. Please make sure that the information on your Enrollee ID Card is correct. If there are any problems, or you have lost your card, call Enrollee Services at **202-842-2810**—each AmeriHealth Caritas District of Columbia enrollee has their own card. It is against the law to let anyone else use your Enrollee ID card.

## Your Enrollee ID Card looks like this:

### Front of Card

	
Enrollee <b>First Name, MI, Last Name</b> AmeriHealth Caritas DC ID XXXXXXXXXX Alliance ID 7XXXXXXXXX Sex: M/F DOB: MM/DD/YYYY Rx BIN: 019595 Rx PCN: 06280000	Primary care provider (PCP) <b>PCP First Name, PCP Last Name</b> Group Name X-XXX-XXX-XXXX Primary dental provider (PDP) <b>PDP First Name, PDP Last Name</b> Group Name X-XXX-XXX-XXXX Copayments: <b>OV: \$0   RX: \$0   ER: \$0</b>

### Back of Card

Keep this card with you at all times.	
Enrollee Services: 24 hours a day, seven days a week (by phone) Office: 9 a.m. – 5 p.m., Monday – Friday	<b>202-842-2810 or 1-866-842-2810</b> (TTY 1-800-570-1190)
24/7 Nurse Call Line: 24 hours a day, seven days a week	<b>1-877-759-6279</b>
Prior authorizations: 8 a.m. – 5:30 p.m., Monday – Friday	<b>202-408-2237</b>
Pharmacy Enrollee Services 24 hours a day, seven days a week (by phone)	<b>1-888-987-5806</b> (TTY 1-888-989-0073)
Pharmacy Provider Services 24 hours a day, seven days a week (by phone)	<b>1-888-987-5821</b>
Transportation services: 24 hours a day, seven days a week Reservations Ride status ("Where's My Ride?")	<b>1-800-315-3485</b>
Economic Security Administration (ESA)	<b>202-727-5355</b>
<small>AmeriHealth Caritas District of Columbia Claims Processing P.O. Box 7342, London, KY 40742 Payer ID# 77002 1-877-363-3666 www.changehealthcare.com</small>	
<small>www.amerhealthcaritasdc.com</small>	
<small>This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.</small>	
 <small>GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR</small>	

**Please remember to always carry your Enrollee ID Card and Picture ID. Always show your card before receiving any medical care or getting medicine at a pharmacy.**



## Your Primary Care Provider (PCP)

Now that you are an Enrollee of AmeriHealth Caritas District of Columbia, your PCP (Primary Care Provider) will help you and your family to get the health care you need.

It is important to call your PCP first when you need care. If you had a PCP before you were assigned with AmeriHealth Caritas District of Columbia, please call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**. We can help you stay with that PCP if you want to.

### Choosing your PCP

1. Choose a PCP when you enroll in AmeriHealth Caritas District of Columbia. This person will be your PCP while you are an Enrollee of AmeriHealth Caritas District of Columbia.
  - If your current PCP is a Provider of AmeriHealth Caritas District of Columbia's network, you may stay with that doctor.
  - If you don't have a PCP, you can choose from a list of doctors in our Provider Directory or at **[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)**.
  - Call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** if you need help Choosing a doctor.
  - If you do not choose a PCP within the first 10 days of being with AmeriHealth Caritas District of Columbia, we will choose a doctor for you. If you do not like the PCP we choose, you may change your PCP. Call Enrollee Services at **202-842-2810** to change your PCP.
  - AmeriHealth Caritas District of Columbia will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.
2. Choose a PCP for each family Enrollee in AmeriHealth Caritas District of Columbia. Your PCP may be one of the following:
  - Family and General Practice Doctor - usually can see the whole family
  - Internal Medicine Doctor - usually sees only adults and children 14 years and older
  - Obstetrician/Gynecologist (OB/GYN) - specializes in women's health and maternity care
  - If you have special health care needs, you may choose a specialist as your PCP.

### 3. When you Choose your PCP, please:

- Choose a doctor who is close to your home or work.
- Not all doctors can send patients to all hospitals. Choose a doctor who can send you to the hospital you want.
- Sometimes the PCP you choose won't be able to take new patients. Our provider directory lists which hospitals a PCP can send you to. You can also call Enrollee Services for help.
- We will let you know if you need to choose a different doctor.

### How to Change Your PCP

You can change your PCP anytime. If you need help choosing a new PCP, Enrollee Services can help you. Just choose a new PCP from the Provider Directory. Call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** once you have selected a new PCP.

## Your Primary Dental Provider (PDP)

Now that you are an Enrollee of AmeriHealth Caritas District of Columbia, your PDP (Primary Dental Provider) will help you and your family to get the health care you need.

It is important to call your PDP first when you need care. If you had a dentist before you were assigned to AmeriHealth Caritas District of Columbia, please call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**. We can help you stay with that dentist if you want to.

### Choosing your PDP

1. Choose a PDP when you enroll in AmeriHealth Caritas District of Columbia. This person will be your PDP while you are an Enrollee of AmeriHealth Caritas District of Columbia.

- If your current PDP is a Provider of AmeriHealth Caritas District of Columbia's network, you may stay with that dentist.
- If you don't have a PDP, you can choose from a list of dentists in our Provider Directory or at **[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)**.
- Call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** if you need help choosing a dentist.
- If you do not choose a PDP within the first 10 days of being in AmeriHealth Caritas District of Columbia, we will choose a dentist for you. If you do not like the PDP we choose for you, you may change your PDP. Call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** to change your PDP.

- AmeriHealth Caritas District of Columbia will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it

2. Choose a PDP for each family Enrollee in our plan. Your PDP may be one of the following:

- Family and General Practice Dentist - usually can see the whole family

3. When you choose your PDP, please note the following:

- Our provider directory lists which hospitals a PDP can send you to. You can also call Enrollee Services for help.
- Sometimes the PDP you choose won't be able to take new patients. We will let you know if you need to choose a different dentist.

### How to change your PDP

You can change your PDP anytime. Just choose a new PDP from the Provider Directory. If you need help choosing a new PDP, Enrollee Services can help you. Call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** once you have selected a new PDP.

## Routine Care, Urgent Care, and Emergency Care

You may need three (3) kinds of health care: routine, urgent, or emergency.

### Routine Care

Routine Care is the regular care you get from your PCP. Routine Care is also care you get from other doctors that your PCP sends you to. Routine Care can be check-ups, physicals, health screenings, and care for health problems like diabetes, hypertension, and asthma. If you need Routine Care, call your PCP's office, and ask to make an appointment.

### Urgent Care

Urgent Care is medical care you need within 24 hours but not right away. Some Urgent Care issues are:

- A sprain or strain
- An earache
- Diarrhea
- Diaper rash
- Throwing up
- A cough or cold
- A cut or scrape
- Mild headache
- Lice, scabies, or ringworm
- Refills for medicine
- A sore throat

**If you need Urgent Care, call your PCP's office.** If your PCP's office is closed, leave a message with the person who answers the phone when the office is closed. Then call the Nurse Help Line at **1-877-759-6279**. A nurse will help you decide if you need to go to the doctor right away. The nurse will tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

### Emergency Care

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness. You have the right to use any hospital for emergency care. Prior authorization is not required for emergency care services.

Some emergency care issues are:

- Miscarriage or a pregnancy with vaginal bleeding
- Bleeding that won't stop
- A broken bone
- A bad burn
- Being in a labor
- A drug overdose
- Seizures

### WHAT TO DO IF YOU HAVE AN EMERGENCY

1. **Call 9-1-1 or go to your nearest Emergency Room (ER).**
2. **Show your AmeriHealth Caritas District of Columbia Enrollee I.D. Card.**
3. **As soon as you can, call your PCP.**



## Care When You Are Out-of-Town

### When You are Out of Town

When you need to see a doctor or get medicine when you are out of town:

#### Routine Care

You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town because doctors who are not in the District of Columbia are not a part of AmeriHealth Caritas District of Columbia. If AmeriHealth Caritas District of Columbia does not say it is okay before you get the care, you must pay for it yourself. If you need medicine from a doctor while you are out of town, call Enrollee Services at **202-842-2810** or **1-866-842-2810**.

#### Urgent Care

You must call your PCP. If your PCP's office is closed, call the Nurse Help Line at **1-877-759-6279**. A nurse will help you decide if you need to go to the doctor right away. The nurse can tell you how to get care. You do not have to go to the ER or use an ambulance for routine or Urgent Care.

#### Emergency Care

If you have an emergency, including mental health or alcohol or another drug emergency, go to the nearest ER to get care right away. If you go to the ER, you should ask the ER staff to call your PCP. If you go to the ER, you should call Enrollee Services as soon as possible. **Prior authorization is not required for emergency care services.**

## In-Network and Out-of-Network Providers

AmeriHealth Caritas District of Columbia will pay for your care when you go to one of our doctors or other health care providers. We call these doctors and other healthcare providers our “Network” Providers. A doctor or provider who is not one of ours is called an “Out-of-Network” Provider. All these “In-Network” doctors can be found in your Provider Directory.

If you go to an “Out-of-Network” doctor, hospital, or lab, you may have to pay for your care. You will not have to pay if you have asked us first and we have told you, usually in writing, that it is okay. We call this “prior authorization.”

Prior Authorization (PA) means approval for a health service not routinely covered by AmeriHealth Caritas District of Columbia. You must get this approval before you receive the service. You do not need a PA to receive emergency care. Call Enrollee Services at **202-842-2810** or **1-866-842-2810** to ask about getting a PA.

You may go to a Family Planning provider of your choice, even if they are Out-of-Network. No prior authorization is required. See page 22 for more information on Family Planning Services.

AmeriHealth Caritas District of Columbia will provide adequate and timely covered services from an approved Out-of-Network Provider if no In-Network Provider can perform a covered service.

# Making an Appointment

## Making an Appointment with your PCP

- Have your Enrollee ID Card and a pencil and paper close by.
- Call your PCP's office. Look for your PCP's phone number on the front of your Enrollee ID Card. You can also find it in your Provider Directory or online at **www.amerihealthcaritasdc.com**.
- Tell the person who answers that you are an AmeriHealth Caritas District of Columbia Enrollee. Tell them you want to make an appointment with your PCP.
- Tell the person why you need an appointment. For example:
  - You are feeling sick
  - You hurt yourself or had an accident
  - You need a check-up or follow-up care
- Write down the time and date of your appointment.
- Go to your appointment on time and bring your Enrollee ID Card and picture ID with you.
- If you need help making an appointment, please call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**.

## Changing or Cancelling an Appointment

- It is very important to come to your appointment and to be on time.
- If you need to change or cancel your appointment, please call the doctor at least 24 hours before your appointment.
- For some appointments, you may have to call more than 24 hours before to cancel.
- If you do not show up for your appointment, or if you are late, your doctor may decide you cannot be their patient.

## Getting care when your PCP's or PDP's Office is Closed

If you need to speak to your PCP or PDP when the office is closed, call your PCP's or PDP's office, and leave a message including your phone number with the person who answers the phone. Someone will call you back as soon as possible. Call 911 or go to the Emergency Room if you have an emergency. You can also call the Nurse Help Line 24 hours a day at **1-877-759-6279** (TTY: **1-202-216-9885** or **1-800-570-1190**).

## How long does it take to see your doctor?

Your doctor's office must give you an Appointment within a certain number of days after you call. Please call **202-842-2810** or toll-free at **1-866-842-2810** if you cannot get an Appointment during these time periods. The table below shows how long it will take to get an Appointment.

Type Of Visit	Your Condition	How Long It Takes to See Your Doctor
<b>Urgent Visit</b>	<p>You are hurt or sick and need care within 24 hours to avoid getting worse, but you don't need to see a doctor right away.</p> <p>Some examples of conditions for which you need urgent care are a sprain or strain, diarrhea, throwing up, a cut or scrape, an earache, a sore throat, a cough or cold, diaper rash, refills for medicine, mild headache, lice, scabies, and ringworm.</p>	Within 24 hours
<b>Routine Visit</b>	You have a minor illness or injury or need a regular checkup, but you don't need an urgent appointment.	Within 30 days
<b>Follow-up Visit</b>	You need to see your doctor after treatment. You just had to make sure you are healing well.	Within 1-2 weeks, depending on the kind of treatment
<b>Adult Wellness Visits</b>	<ul style="list-style-type: none"> <li>You are having your first appointment with a new doctor.</li> <li>You are due for a regular adult checkup.</li> <li>You are due for a prostate exam, a pelvic exam, a PAP smear, or a breast exam.</li> </ul>	Within 30 days or sooner if necessary
<b>Non-urgent Appointments with specialists (by Referral)</b>	Your PCP referred you to see a specialist for a non-urgent condition.	Within 30 days
<b>Child EPSDT checkups -not urgent</b>	Your child is due for an EPSDT checkup.	<p>Initial checkup: Within 60 days</p> <p>Additional checkups: within 30 days of due dates for children under age two; within 60 days of due dates for children aged two and older</p>
<b>IDEA (Early Intervention) assessments</b>	Tests ("assessments") for children up to age 3 at risk of developmental delay or disability.	Within 30 days



## Support Services

### Transportation Services

Non-emergency transportation services are provided for doctor's appointments and pharmacy visits.

- Call Transportation Services at **1-800-315-3485** to tell them what time and what day you need to be picked up.
- You must call at least 2 business days (not including Saturday and Sunday) before your appointment to get transportation. If you need transportation to EPSDT visits or urgent visits; you can call the day before the appointment to ask for transportation. The types of transportation are Uber, Lyft, buses, metro, vouchers to pay for a taxi, wheelchair vans, and ambulances. The type of transportation you get depends on your medical needs.
- Give Transportation Services your Enrollee ID, phone number, and address where you can be picked up. Also, tell them the name, address, and phone number of the medical/dental facility or doctor's office you are going to.

AmeriHealth Caritas District of Columbia will provide transportation to/from doctor's appointments that are not covered by AmeriHealth Caritas District of Columbia, but are covered by DHCF or other District agencies. AmeriHealth Caritas District of Columbia will also provide transportation to/from most non-covered services.

### Interpretation and Translation Services/Services for the Hearing and Visually Impaired

#### Interpretation Services

AmeriHealth Caritas District of Columbia will provide oral interpretation services for FREE, including at the hospital.

Please call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** for interpretation services. Please contact us before your doctor's appointment if you need interpretation services.

Interpreter Services are usually provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must let us know within 2 business days in advance or 48 hours before the Appointment.

#### Translation Services

If you get information from AmeriHealth Caritas District of Columbia and need it translated into another language, please call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**.

### Auxiliary Aid Services for the Hearing and Visually Impaired

If you have trouble hearing, call Enrollee Services at **1-800-570-1190**.

Call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** if you have trouble seeing. We can give you information on an audio tape, in Braille, or in large print.

## Specialty Care and Referrals

### How to get specialty care

Your PCP will help you know when you need to see a specialist and give you a referral. A referral is a written note given to you by your PCP to see a different provider. You must get a referral to see a provider other than your PCP except for well-woman visits, family planning services, and some mental health services. If you want to see a specialist, but AmeriHealth Caritas District of Columbia declined to pay for the visit, you can:

- Make an appointment with another doctor in the AmeriHealth Caritas District of Columbia network and get a second opinion
- Appeal our decision (see page 36 on Appeals)
- Ask for a Fair Hearing (see page 37 on Fair Hearings)

### Self-Referral Services

You can get certain services without prior permission from your PCP. These are called self-referral services and are listed below.

#### **You DO NOT need a Referral to:**

- See your PCP
- Get care when you have an emergency
- Receive services from your OB/GYN doctor in your network for routine or preventive services (females only)
- Receive Family Planning Services
- Receive services for sexually transmitted infections (STIs)
- Receive Immunizations (shots)
- Visit a vision provider in the network

## Behavioral Health (Mental Health or Substance Use Disorder Services)

You **do not** need to see your PCP before getting behavioral health services. But, you will need to get your care from someone who is in our network. If you're getting care now, ask your provider if they take AmeriHealth Caritas District of Columbia.

### Before your first visit:

1. **Ask** your past doctor to send your records to your new provider. This will not cost you anything. They will help your provider learn about your needs.
2. **Have your AmeriHealth Caritas District of Columbia card ready** when you call to schedule your appointment with your new provider.
3. Say you are an **AmeriHealth Caritas District of Columbia enrollee** and give your **Medicaid ID number**.
4. **Write down** your appointment date and time. If you are a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
5. **Make a list** of questions you want to ask your provider. List any problems that you have.

### On the day of the appointment:

1. **Take** all your medicines and a list of questions with you so your provider will know how to help you.
2. **Be on time** for your visit. If you cannot keep your appointment, please call your provider to get a new time.
3. **Take your AmeriHealth Caritas District of Columbia ID card** with you. Your provider may make a copy of it.

You can get behavioral health and/or substance use disorder help right away by calling **202-842-2810** or toll-free at **1-866-842-2810**. We will help you find the best provider for you/your child. You can call 24 hours a day, 7 days a week.

You should call **9-1-1** if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help.

You can also call **9-8-8**. The **988** Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress and experiencing substance use concerns.

- Mobile Crisis Services (Children/Youth) CHAMPS at **202-481-1440**  
– Provides mobile onsite emergency help for children facing a behavioral or mental health crisis during the week, whether in the home, school, or community. Services are geared towards children and youth between the ages of 6 – 21. On the weekends, please call the Community Response Team.
- Early Childhood Mental Health Services (Healthy Futures) at **202-698-1871** – Provides crisis intervention for children up to 5 years old and support center staff on individual child behavior and classroom management.

If you speak another language, you may call **202-842-2810** or **1-866-842-2810**.

If you are deaf or hard of hearing call our TTY Line at **1-800-570-1190**.

## Services for Alcohol or Other Drug Problems

Problems with alcohol or other drugs are dangerous to your health and can be dangerous to the health of people around you. It is important to go to the doctor if you need help with these problems. AmeriHealth Caritas District of Columbia will help you arrange detoxification services and provide care coordination to help you get other services. To get services for these problems, you can:

- Call Enrollee Services at **202-842-2810** or **1-866-842-2810**, 24 hours a day, 7 days a week.
- Access Assessment and Referral Center (ARC) directly at or visit 75 Florida Ave. NE, Washington, DC 20002 — Provides same-day assessment and referral for individuals seeking treatment for substance use disorder, including detoxification, medication-assisted treatment, and individual and group counseling.
- DC Stabilization Center at 35 K St. NE, Washington, DC 20002, **(202) 839-3500** — Provides a safe place for people under the influence of substance use disorder crisis to get the help they need, and offers approved medication on the spot, counseling, and referrals and placement into long-term treatment options. Open 24 hours a day, 7 days a week.

All Mental Health, Alcohol, and Drug Abuse Services are confidential.

## Birth Control and Other Family Planning Services

You do NOT need a Referral to receive birth control or other Family Planning Services. All birth control and other Family Planning Services are confidential.

You can get birth control and other Family Planning Services from a doctor in the AmeriHealth Caritas District of Columbia provider network. You do not need a referral to get these services. If you choose a Family Planning Services doctor other than your PCP, tell your PCP. It will help your PCP take better care of you. Talk to your PCP or call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810** for more information on birth control or other Family Planning Services.

### Family Planning Services include:

- Pregnancy testing
- Fertility Diagnosis and Treatment\*
- Counseling for the woman and the couple
- Routine and emergency contraception
- Counseling and Immunizations
- Screening for all sexually transmitted infections
- Treatment for all sexually transmitted infections
- Sterilization procedures (must be 21 or older and requires you to sign a form 30 days before the procedure)
- HIV/AIDs testing and counseling

*\*DC Healthcare Alliance covers infertility diagnosis and treatment for enrollees.*

### Family Planning Services do not include:

- Hysterectomy for sterilization
- Reversal of voluntary sterilization
- HIV/AIDs treatment
- Abortions

## HIV/AIDs testing, counseling, and treatment

You can get HIV/AIDs testing and counseling:

- When you have Family Planning Services
- From your PCP
- From an HIV testing and counseling center

For information on where you can go for HIV testing and counseling, call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**. If you need HIV treatment, your PCP will help you get care. Or you can call Enrollee Services at **202-842-2810**. You can also get Pre-exposure prophylaxis (PrEP) if your doctor believes you are at high risk for HIV/AIDs.

## Pharmacy Services and Prescription Drugs

Pharmacies are where you get your medicine (drugs). If your doctor gives you a prescription, you must visit a pharmacy in AmeriHealth Caritas District of Columbia's network.

You can find a list of all the pharmacies in the AmeriHealth Caritas District of Columbia's network in your DC Healthcare Alliance pharmacy network or online at **[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)**.

If you are out of town, have an emergency, or need Urgent Care, contact AmeriHealth Caritas District of Columbia Pharmacy Enrollee Services at **1-888-987-5806** (TTY **1-888-989-0073**).

### To get a prescription filled:

- Choose a pharmacy that is part of the AmeriHealth Caritas District of Columbia network and is close to your work or home.
- When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your AmeriHealth Caritas District of Columbia Enrollee ID Card.
- If you need help, please call AmeriHealth Caritas District of Columbia Pharmacy Enrollee Services at **1-888-987-5806** (TTY **1-888-989-0073**).

### Things to remember:

- You should not be asked to pay for your medicines. Call AmeriHealth Caritas District of Columbia Enrollee Services if the pharmacy or drug store asks you to pay.
- Sometimes, your doctor may need a prior authorization (PA) from AmeriHealth

Caritas District of Columbia for a drug. While your doctor is waiting for the prior authorization (PA), you have a right to get the medication:

- ✧ For up to 72 hours or
- ✧ For one complete round of the medicine, if you take it less than once a day

### If you did not receive your medication:

- You can ask your pharmacist for a three-day supply of medicine until the issue that prevented you from getting your medication today is resolved.
- Your pharmacy will provide written notification if you cannot receive your prescription medication and the reasons why.
- You must complete all the denial processes your managed care plan provides before requesting an administrative fair hearing.
- You can request an administrative fair hearing if you think your request for medication has been wrongfully denied or reduced. To request a hearing:
  - ✧ Call the DHCF Ombudsman at **202-724-7491** or email **[healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov)**
  - ✧ Call the Office of Administrative Hearings at **202-442-9094**
  - ✧ Or visit 441 4th Street, NW, Suite 450 North, Washington, DC 20001.

## Disease Management

If you have a chronic illness or special health care need such as asthma, high blood pressure, or mental illness, we may put you in our Disease Management Program. This means you will have a Disease Manager. A Disease Manager works for AmeriHealth



Caritas District of Columbia and will help you get the services and information you need to manage your illness and be healthier.

## Care Coordination and Case Management Programs

If you have a chronic illness or special health care needs such as diabetes, high blood pressure, mental health, or asthma, AmeriHealth Caritas District of Columbia may offer you special services and programs to help you with your health care needs. You will have a Care Manager to help you get the services and information you need to manage your illness and improve your health.

AmeriHealth Caritas District of Columbia Care Manager can help you with the following:

- Getting and understanding your covered services;
- Setting up medical appointments and tests;
- Setting up transportation;
- Finding ways to make sure you get the right service;
- Finding resources to help with special health care needs and help your caregivers deal with day-to-day stress; and
- Connecting with community and social services.

Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program. For more information, contact the AmeriHealth Caritas District of Columbia Rapid Response Outreach Team at **1-877-759-6224**.

## Services to Keep Adults from Getting Sick

AmeriHealth Caritas District of Columbia wants you to take care of your health. We also want you to sign up for our health and wellness services. Health and wellness services include screenings, counseling, and immunizations.

## Recommendations for Check-Ups (“Screenings”)

Please make an appointment and see your PCP at least once a year for a check-up. See the “Adult Wellness Services” list in the “Your Health Benefits” section for things to talk with your PCP about during your check-up.

## Preventive Counseling

Preventive counseling is available to help you stay healthy. You can get preventive counseling on the following:

- Diet and exercise
- Alcohol and Drug Use
- Smoking Cessation
- HIV/AIDS Prevention
- Obesity

## Adult Immunizations

You may need some immunizations (shots) if you are an adult. Please talk to your PCP about which ones you may need.

## Pregnancy – Having A Baby

If you are pregnant or think you are pregnant, it is very important that you go to your OB/GYN doctor right away. You do not need to see your PCP before making this appointment.

### **If you are pregnant, please call:**

- Economic Security Administration (ESA) at **202-727-5355** to report your pregnancy
- Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**
- Your PCP

There are certain things that you need to get checked if you are pregnant. This will help make sure that you have a healthy pregnancy, delivery, and baby. This is called Prenatal Care. You get prenatal care before your baby is born.

**Remember, if you are pregnant or think you are pregnant, do not drink alcohol, use drugs, or smoke.**

## Prenatal and Post-Partum Care

When you participate with AmeriHealth Caritas District of Columbia's Bright Start program, you get these services:

- Pregnancy Care Manager
- Assistance obtaining services from Women, Infants, and Children (WIC)
- Prenatal health information and classes
- An invitation to a group baby shower for you and your baby
- Home nursing visits after delivery, as medically necessary
- Rewards for healthy behavior if you qualify

Call Bright Start at **1-877-759-6883** for more information.

**Once you have your baby, call Enrollee Services at 202-842-2810 and ESA at 202-727-5355.**

## Your Health Benefits

### Health Services covered by AmeriHealth Caritas District of Columbia

The list below shows the health care services and benefits for all AmeriHealth Caritas District of Columbia Enrollees. For some benefits, you must be a certain age or have a specific need for the service. AmeriHealth Caritas District of Columbia will not charge you for any healthcare services on this list if you go to a network provider or hospital.

If you have a question about whether AmeriHealth Caritas District of Columbia covers specific health care, call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810**.

Benefit	What You Get
<b>Adult Wellness Services</b>	<ul style="list-style-type: none"><li>• Immunizations</li><li>• Routine screening for sexually transmitted infections</li><li>• HIV/AIDS screening, testing, and counseling</li><li>• Breast cancer screening</li><li>• Cervical cancer screening (women only)</li><li>• Osteoporosis screening (post-menopausal women)</li><li>• HPV screening</li><li>• Prostate cancer screening (men only)</li><li>• Abdominal aortic aneurysm screening</li><li>• Screening for obesity</li><li>• Diabetes screening</li><li>• Screening for high blood pressure and cholesterol (lipid disorders)</li><li>• Screening for depression</li><li>• Colorectal cancer screening (Enrollees 50 years and older)</li><li>• Smoking cessation counseling</li><li>• Diet and exercise counseling</li><li>• Mental Health Counseling</li><li>• Alcohol and Drug Screening</li></ul>

Benefit	What You Get
<b>Behavioral Health Services</b>	<ul style="list-style-type: none"> <li>• Diagnostic Assessment</li> <li>• Crisis Services</li> <li>• Counseling</li> <li>• Psychotherapy</li> <li>• Therapeutic Groups</li> <li>• Medication-Assisted Treatment (MAT)</li> <li>• Inpatient Withdrawal Management/Detox</li> <li>• Residential Treatment</li> </ul>
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>• General dentistry (including regular and emergency treatment) Care and treatment of the teeth and gums, including general dental exams every 6 months</li> <li>• Simple and complex surgical services and extractions</li> <li>• Emergency dental care</li> <li>• Fillings</li> <li>• Cleaning and fluoride treatments every 6 months</li> <li>• Partial dentures when medically necessary</li> <li>• X-rays (complete series limited to 1 time every 3 years)</li> <li>• Dentures (one new set every 5 years) and denture repair</li> <li>• Oral surgery</li> <li>• \$1,000 limit for services per calendar year</li> </ul>
<b>Dialysis Services</b>	<ul style="list-style-type: none"> <li>• Treatment up to 3 times per week (limited to once per day)</li> </ul>
<b>Durable Medical Equipment (DME) &amp; Disposable Medical Supplies (DMS)</b>	<ul style="list-style-type: none"> <li>• Durable medical equipment (DME)</li> <li>• Disposable medical supplies (DMS)</li> </ul>
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>• Pregnancy testing; counseling for the woman</li> <li>• Routine and emergency Contraception</li> <li>• Voluntary sterilizations (requires a signature of an approved sterilization form by the Enrollee 30 days before the procedure)</li> <li>• Screening, counseling, and Immunizations (including for Human Papillomavirus - HPV)</li> <li>• Screening and preventive treatment for all sexually transmitted diseases</li> <li>• Nurse Midwife and Doula services</li> </ul>

Benefit	What You Get
<b>Hearing Benefits</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries</li> </ul>
<b>Home Health Services</b>	<p>In-home health care services, including:</p> <ul style="list-style-type: none"> <li>• Nursing and home health aide care</li> <li>• Home health aide services provided by a home health agency</li> <li>• Physical therapy, occupational therapy, speech pathology, and audiology services</li> </ul>
<b>Hospital Services</b>	<ul style="list-style-type: none"> <li>• Outpatient Services (preventive, diagnostic, therapeutic, rehabilitative, or palliative Services)</li> <li>• Inpatient Services (hospital stay)</li> </ul>
<b>Laboratory &amp; X-ray Services</b>	<ul style="list-style-type: none"> <li>• Lab tests and X-rays</li> </ul>
<b>Nursing Home Care</b>	<ul style="list-style-type: none"> <li>• Full-time skilled nursing care in a nursing home for up to 30 consecutive days</li> </ul>
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li>• Prescription drugs are included in the AmeriHealth Caritas District of Columbia drug formulary. You can find the drug formulary at <a href="http://www.amerihealthcaritasdc.com">www.amerihealthcaritasdc.com</a> or by calling Enrollee Services.</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• Special care for foot problems</li> <li>• Regular foot care when medically needed</li> </ul>
<b>Primary Care Services</b>	<ul style="list-style-type: none"> <li>• Preventive, acute, and chronic health care Services generally provided by your PCP</li> </ul>
<b>Rehabilitation Services</b>	<ul style="list-style-type: none"> <li>• When pre-authorized as medically necessary to help improve functioning following an acute injury or other medical events. This includes physical, speech, and occupational therapy.</li> </ul>
<b>Specialist Services</b>	<ul style="list-style-type: none"> <li>• Health care Services provided by specially trained doctors or advanced practice nurses</li> <li>• Referrals are usually required</li> </ul>
<b>Transportation Services</b>	<ul style="list-style-type: none"> <li>• Transportation to and from medical appointments to include services covered by DHCF</li> </ul>

## Services We Do Not Pay For

- Cosmetic surgery
- Experimental or investigational services, surgeries, treatments, and medications
- Services that are part of a clinical trial protocol
- Abortion, or the voluntary termination of a pregnancy, is not required under Federal law
- Services that are not medically necessary
- Open heart surgery
- Vision care
- Organ transplant
- Some counseling or referral services may not be covered by AmeriHealth Caritas District of Columbia due to religious or moral beliefs. Contact AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810** for more information.

## Transition of Care

If AmeriHealth Caritas District of Columbia is new for you, you can keep your scheduled doctor's appointments and prescriptions for the first 90 days. If your provider is not currently in the AmeriHealth Caritas District of Columbia network, you may be asked to select a new provider within AmeriHealth Caritas District of Columbia provider network. If your doctor leaves AmeriHealth Caritas District of Columbia's network, we will notify you within 15 calendar days so that you have time to select another provider. If AmeriHealth Caritas District of Columbia terminates your provider, we will notify you within 30 calendar days before the effective termination date.



## Other Important Information

### What to do if I move

- Update your contact information online at **[www.districtdirect.dc.gov](http://www.districtdirect.dc.gov)**.
- Call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810**.

### What to do if I have a baby

- Call the Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**.

### What to do if I adopt a child

- Call the Economic Security Administration (ESA) Change Center at **202-727-5355**.

### What to do if someone in my family dies

- Call the Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810**.

### How to change my MCP

- You can change your MCP:
  - During the 90 calendar days following the date of your initial enrollment or 90 calendar days after the date you received your enrollment notice from the District, whichever is later.
  - Once a year during open enrollment.
  - If temporary loss of eligibility causes you to miss open enrollment.
  - If the District imposes sanctions on the MCP or suspends enrollment.
- At any time, if you have a good reason/cause, such as you move out of the service area;
- AmeriHealth Caritas District of Columbia does not, because of moral or religious objections, cover the service(s) you need;

- You need related services to be performed at the same time, and not all the related services are available, and if your provider determines that receiving the services separately is risky.
- You believe the MCP has discriminated against you based on your race, gender, ethnicity, national origin, religion, disability, pregnancy, age, genetic information, marital status, sexual orientation, gender identification, personal appearance, familial responsibilities, political affiliation, and source of income or place of residence or;
- You feel you have received poor quality of care, lack of access to covered services, or lack of access to Providers experienced in dealing with your health care needs.
- D.C. Healthy Families will send you a letter two months before open enrollment. The letter tells you how to change MCPs.
- When you change your MCP, your health care information will transition to the new MCP you choose so that you can continue to get the care you need.

**You will not be allowed to get health care from AmeriHealth Caritas District of Columbia anymore if you:**

- Become eligible for any other medical assistance program or health insurance

**The D.C. government may remove you from AmeriHealth Caritas District of Columbia if you:**

- Let someone else use your Enrollee ID Card;
- committed healthcare fraud; or
- do not follow your Enrollee responsibilities.

## **What to do if I get a bill for a covered service**

If you get a bill for a covered service in the list above, call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**.

## **Paying for Non-Covered Services**

- If you decide you want a service that we do not pay for and you do not have written permission from AmeriHealth Caritas District of Columbia, you must pay for the service yourself.
- If you decide to get a service we do not pay for, you must sign a statement that you agree to pay for the service yourself.

- Remember always to show your Enrollee ID Card and tell doctors you are an Enrollee of AmeriHealth Caritas District of Columbia before you get services.

## Advance Directive

An Advance Directive can let you choose a person to make choices about your medical care. An advance directive also lets you say what kind of medical treatment you want to receive if you become too ill to tell others your wishes.

It is important to talk about an Advance Directive with your family, your PCP, or others who might help you.

If you want to complete and sign an Advance Directive, ask your PCP for help during your next appointment, or call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**, and they will help you.

## Physician (doctor) incentive plan disclosure

You have the right to find out if AmeriHealth Caritas District of Columbia has special financial arrangements with AmeriHealth Caritas District of Columbia's doctors.

Please call AmeriHealth Caritas District of Columbia Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810** for this information.

## What is Fraud?

Fraud is a serious matter. Fraud is making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. An example of fraud for providers is billing for services that were not furnished and supplies not provided. An example of fraud for Enrollees is falsely claiming that you live in the district when you live outside the boundaries of the District of Columbia.

If you suspect fraud, please let us know. It is not required that you identify yourself or give your name. If you would like more information about what constitutes fraud, visit AmeriHealth Caritas District of Columbia website at **[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)**. To report fraud, call AmeriHealth Caritas District of Columbia Compliance Hotline, **1-800-575-0417**, or call the DC Department of Health Care Finance's Fraud Hotline at **1-877-632-2873**.

# Grievances, Appeals, and Fair Hearings

AmeriHealth Caritas District of Columbia and the District government both have ways that you can complain about the care you get or the services AmeriHealth Caritas District of Columbia provides to you. You may complain as described below.

## Grievances

- If you are unhappy with something that happened to you, you can file a Grievance. Examples of why you might file a Grievance include the following:
  - You feel you were not treated with respect
  - You are not satisfied with the health care you got
  - It took too long to get an appointment
- To file a Grievance, you should call Enrollee Services at **202-842-2810** or toll-free at **1-866-842-2810**.
- Your doctor can also file a Grievance for you.

You can file a Grievance at any time after the event you are unhappy about. AmeriHealth Caritas District of Columbia will usually give you a decision within 90 calendar days but may ask for extra time (but at most 104 calendar days total) to give a decision.

To File a grievance in writing with AmeriHealth Caritas District of Columbia, mail to:

AmeriHealth Caritas District of Columbia  
Enrollee Services Grievance Department  
200 Stevens Drive  
Philadelphia, PA 19113

## Appeals

- If you believe your benefits were unfairly denied, reduced, delayed, or stopped, you have a right to file an Appeal with AmeriHealth Caritas District of Columbia. If you call and give your Appeal over the phone, AmeriHealth Caritas District of Columbia will summarize your Appeal in a letter and send you a copy. Be sure to read the letter carefully and keep it for your records.
- Your Appeal will be decided by AmeriHealth Caritas District of Columbia within 30 calendar days from the date your Appeal was received.
- If AmeriHealth Caritas District of Columbia needs more time to get information and the District decides this would be best for you, or if you or your Advocate requests more time, AmeriHealth Caritas District of Columbia may increase this time for the decision by 14 calendar days. AmeriHealth Caritas District of Columbia must give you written notice of the extension.
- In the mail, you will receive written notice of AmeriHealth Caritas District of Columbia's decision about your Appeal.
- If you are not happy with AmeriHealth Caritas District of Columbia's decision about your Appeal, you may request a Fair Hearing.
- To file an Appeal with AmeriHealth Caritas District of Columbia, call Enrollee Services at **202-842-2810** or toll-free **1-866-842-2810**.

- To file an Appeal in writing with AmeriHealth Caritas District of Columbia, mail to:

AmeriHealth Caritas District of Columbia  
Appeals Department  
200 Stevens Drive  
Philadelphia, PA 19113

## Fair Hearings

If you are not satisfied with the outcome of the appeal you filed with AmeriHealth Caritas District of Columbia, you can request a “Fair Hearing” with the DC’s Office of Administrative Hearings.

To file a request for a Fair Hearing, call or write the District government at:

District of Columbia Office of Administrative Hearings  
Clerk of the Court  
441 4th Street, NW  
Room N450  
Washington, DC 20001

Telephone Number: **202-442-9094**

## Deadlines:

- You must file an Appeal within 60 calendar days from the date of the Adverse Benefit Determination Notice.
- You may request a Fair Hearing no more than 120 calendar days from the date of the AmeriHealth Caritas District of Columbia Resolution of the Appeal Notice.
- If you want to continue receiving the benefit during your Fair Hearing or Appeal, you must request the Fair Hearing or Appeal within the later of the following:
  - Within 10 calendar days from AmeriHealth Caritas District of Columbia postmark of the Adverse Benefit Determination Notice or the Resolution of Appeal Notice; or
  - The intended effective date of the AmeriHealth Caritas District of Columbia proposed action (or, in other words, when the benefit is to stop).

Your provider may file an Appeal or request a Fair Hearing on your behalf.

## Expedited (Emergency) Grievances and Appeals Process

If your Appeal is determined to be an emergency, AmeriHealth Caritas District of Columbia will give you a decision within 72 hours. An Appeal is considered an emergency if it would be harmful or painful to you if you had to wait for the standard time frame of the Appeal procedure.

All Appeals filed by Enrollees with HIV/AIDS, mental illness, or any other condition that requires attention right away will be resolved and communicated back to the Enrollee within 24 hours of filing the Appeal.

## Your Rights during the Grievances, Appeals, and Fair Hearings Process

- You have the right to a Fair Hearing. You may request a Fair Hearing from the Office of Administrative Hearing after going through the one-level Appeal process with AmeriHealth Caritas District of Columbia. You must request a fair hearing no more than 120 calendar days from the Resolution of the Appeal Notice.
- If AmeriHealth Caritas District of Columbia does not give you notice regarding your appeal or does not give you notice in a timely manner, then the appeal process will be considered complete, and you may request a fair hearing.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days - this could be as short as 10 calendar days.
- You have the right to have someone from AmeriHealth Caritas District of Columbia help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or another representative.
- You have a right to have accommodations made for any special health care need.
- You have a right to adequate TTY/TDD capabilities and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the Grievance, Appeal, or Fair Hearing.

If you have any questions about the Grievances and Appeals/Fair Hearings process, please call Enrollee Services at **202-842-2810** or **1-866-842-2810**.



## Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed and how you can get this information. Please read it carefully.

Your rights		
<b>You have the right to:</b>	<ul style="list-style-type: none"><li>• Get a copy of your health and claims records</li><li>• Ask us to correct your medical record</li><li>• Request confidential communication</li><li>• Ask us to limit the information we share</li></ul>	<ul style="list-style-type: none"><li>• Get a list of those with whom we've shared your information</li><li>• Get a copy of this privacy notice</li><li>• Choose someone to act for you</li><li>• File a complaint if you believe your privacy rights have been violated</li></ul>
See page 40 for more information on these rights and how to exercise them.		

Your choices	
<b>You have some choices in the way that we use and share information as we:</b>	<ul style="list-style-type: none"><li>• Answer coverage questions from your family and friends</li><li>• Share information in a disaster relief situation</li><li>• Disclose mental health information to another healthcare provider who also provides services to you, as long as that provider notifies you of such disclosure during your registration with him or her. You may also request that we do not disclose your mental health information.</li><li>• Communicate through mobile and digital technologies</li><li>• Market our services and sell your information</li></ul>
See page 42 for more information on these rights and how to exercise them.	

Our uses and disclosures		
<b>We may use and share your information as we:</b>	<ul style="list-style-type: none"><li>• Help manage the healthcare treatment you receive</li><li>• Run our organization</li><li>• Pay for your health services</li><li>• Administer your health plan</li><li>• Coordinate your care among various healthcare providers</li><li>• Help with public health and safety issues</li><li>• Do research</li></ul>	<ul style="list-style-type: none"><li>• Comply with the law</li><li>• Respond to organ and tissue donation requests and work with a medical examiner or funeral director</li><li>• Address worker's compensation, law enforcement, and other government requests</li><li>• Respond to lawsuits and legal actions</li></ul>
See page 43 for more information on these uses and disclosures.		

## Your Rights

### When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

<b>Get a copy of your health and claims records</b>	<ul style="list-style-type: none"><li>• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li><li>• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
<b>Ask us to correct health and claims records</b>	<p>You can ask us to correct your health and claims records if you think they are incorrect or incomplete</p> <ul style="list-style-type: none"><li>• Ask us how to do this</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address</li><li>• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not</li></ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"><li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li><li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it, with and why</li><li>• We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>

<p><b>Choose someone to act for you</b></p>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information</li> <li>• We will make sure the person has this authority and can act for you before we take any action</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us at <b>1-866-842-2810</b></li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling <b>1-877-696-6775</b>, or visiting <b><a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></b></li> <li>• We will not retaliate against you for filing a complaint</li> </ul>

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>• Share information with your family, close friends, or others involved in payment for your care</li><li>• Share information in a disaster relief situation</li><li>• Share information with you through mobile and digital technologies (such as sending information to your email address or to your cell phone by text message or through a mobile app)</li><li>• Not share your mental health information with your healthcare provider.</li></ul> <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information with others (such as to your family or to a disaster relief organization) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. However, we will not use mobile and digital technologies to send you health information unless you agree to let us do so.</p> <p>The use of mobile and digital technologies (such as text message, email, or mobile app) has a number of risks that you should consider. Text messages and emails may be read by a third party if your mobile or digital device is stolen, hacked, or unsecured. Message and data rates may apply.</p>
<b>In these cases, we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li><li>• Psychotherapy notes</li></ul>

## Our Uses Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<b>Help manage the healthcare treatment you receive</b>	We can use your health information and share it with professionals who are treating you.	<b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
<b>Run our organization</b>	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage or the price of that coverage. This does not apply to long-term care plans	<b>Example:</b> We use health information about you to develop better services for you.
<b>Pay for your health services</b>	We can use and disclose your health information as we pay for your health services.	<b>Example:</b> We share information about you to coordinate payment for your health services.
<b>Administer your plan</b>	We may disclose your health plan information for plan administration.	<b>Example:</b> We share health information with others who we contract with for administrative services.
<b>Coordinate your care among various health care providers</b>	<p>Our contracts with various programs require that we participate in certain electronic health information networks (HINs) and/or health information exchanges (HIEs) so that we are able to more efficiently coordinate the care you are receiving from various healthcare providers.</p> <p>If you are enrolled/enrolling in a government-sponsored program, such as Medicaid or Medicare, please review the information provided to you by that program to determine your rights with respect to participating in an HIN or HIE.</p>	<b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers rendering services to you.

## How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: <https://www.hhs.gov/hipaa>.

<b>Help with public health and safety issues</b>	<p>We can share health information about you for certain situations such as:</p> <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone's health or safety</li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law</li></ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations</li><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p>We can use or share health information about you:</p> <ul style="list-style-type: none"><li>• For workers' compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena</li></ul>



<b>Additional restrictions on use and disclosure</b>	<ul style="list-style-type: none"> <li>• Certain federal and state laws may require greater privacy protections. Where applicable, we will follow more stringent federal and state privacy laws that relate to uses and disclosures of health information concerning HIV/AIDS, cancer, mental health, alcohol and/or substance use, genetic testing, sexually transmitted infections, and reproductive health.</li> </ul>
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## Our responsibilities

AmeriHealth Caritas District of Columbia takes our enrollees' right to privacy seriously. To provide you with your benefits, AmeriHealth Caritas District of Columbia creates and/or receives personal information about your health. This information comes from you, your physicians, hospitals, and other healthcare service providers. This information, called protected health information, can be oral, written, or electronic.

- We are required by law to maintain the privacy and security of your protected health information
- We are required by law to ensure that third parties who assist with your treatment, our payment of claims, or healthcare operations maintain the privacy and security of your protected health information in the same way that we protect your information
- We are also required by law to ensure that third parties who assist us with treatment, payment, and operations abide by the instructions outlined in our Business Associate Agreement • We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see <https://www.hhs.gov/hipaa>.

## Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our website, and we will mail a copy to you.

**Effective date of this notice: August 2, 2019**

## The Office of Health Care Ombudsman and Bill of Rights

The Health Care Ombudsman Program is a District of Columbia Government program that assists you in receiving health care from your MCP. The Health Care Ombudsman can provide the following services:

- Explain the health care you have a right to receive;
- Respond to your questions and concerns about your health care;
- Help you understand your rights and responsibilities as an Enrollee in an MCP;
- Assist in obtaining the medically necessary services that you need;
- Answer questions and concerns you may have about the quality of your health care;
- Help you resolve problems with your doctor or other health care provider;
- Assist in resolving complaints and problems with your MCP;
- Assist with appeal processes; and
- Assist in filing a Fair Hearing Request for you.

To reach the Health Care Ombudsman, please call **202-724-7491** or **1-877-685-6391** (Toll-Free). The Health Care Ombudsman does not make grievances, appeals, or Fair Hearings decisions. The Office of Health Care Ombudsman & Bill of Rights is located at:

One Judiciary Square  
441 4th Street, NW  
Suite 250 North  
Washington, DC 20001

Phone: **202-724-7491**

Fax: **202-442-6724**

Toll-Free Number: **1-877-685-6391**

Email: **healthcareombudsman@dc.gov**

## Definitions

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<b>Advance Directive</b>	A written, legal paper that is signed to let others know what health care you want or do not want if you are sick or hurt and cannot speak for yourself.
<b>Advocate</b>	A person who helps you get the health care and other Services you need.
<b>Appeal</b>	An Appeal is a special complaint you make if you disagree with a decision AmeriHealth Caritas District of Columbia makes to deny a request for health care services or payment for services you already received. You may also make this kind of complaint if you disagree with a decision to stop the services that you are receiving.
<b>Appointment</b>	You and your doctor set aside a time and day to meet your healthcare needs.
<b>Behavioral Health</b>	The umbrella term for mental health conditions (including psychiatric illnesses and emotional disorders) and substance use disorders (involving addictive and chemical dependency disorders). The term also refers to preventing and treating co-occurring mental health conditions and substance use disorders (SUDs).
<b>Care Manager</b>	Someone who works for AmeriHealth Caritas District of Columbia who will help you get the care, support, and information you need to stay healthy.
<b>Check-Up</b>	<i>See Screening</i>
<b>Contraception</b>	Supplies related to birth control.
<b>Covered Services</b>	Health care services that AmeriHealth Caritas District of Columbia will pay for when completed by a provider.
<b>Detoxification</b>	Getting rid of harmful substances from the body, such as drugs and alcohol.
<b>Disease Management Program</b>	A program to help people with chronic illnesses or Special Health Care Needs, such as asthma, high blood pressure, or mental illness, get the necessary care and services.

<b>Durable Medical Equipment (DME)</b>	Special medical equipment that your doctor may ask or tell you to use in your home.
<b>Emergency Care</b>	Care you need right away for a serious, sudden, sometimes life-threatening condition.
<b>Enrollee</b>	The person who gets health care through an AmeriHealth Caritas District of Columbia provider network.
<b>Enrollee Identification (ID) Card</b>	The card that lets your doctors, hospitals, pharmacies, and others know that you are an Enrollee of AmeriHealth Caritas District of Columbia.
<b>Fair Hearing</b>	You can request a fair hearing with DC's Office of Administrative Hearings if you are not satisfied with the decision regarding your appeal.
<b>Family Planning</b>	Services include pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDs testing and counseling.
<b>Family and General Practice Doctor</b>	A doctor who can treat the whole family.
<b>Grievance</b>	If you are unhappy with the care you get or the health care services AmeriHealth Caritas District of Columbia gives you, you can call Enrollee Services to file a grievance.
<b>Handbook</b>	This book gives you information about AmeriHealth Caritas District of Columbia and our services.
<b>Hearing Impaired</b>	If you cannot hear well or if you are deaf.
<b>Immunization</b>	Shot or vaccination.
<b>Internal Medicine Doctor</b>	Doctor for adults and children over 14 years old.
<b>Interpretation/ Translation Services</b>	Help from AmeriHealth Caritas District of Columbia when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.

<b>Managed Care Plan (MCP)</b>	A company that the District of Columbia pays to give you health care and health services.
<b>Maternity</b>	The time when a woman is pregnant and shortly after childbirth.
<b>Mental Health</b>	How a person thinks, feels, and acts in different situations.
<b>Network Providers</b>	Doctors, nurses, dentists, and other people who take care of your health and are a part of AmeriHealth Caritas District of Columbia.
<b>Non-Covered Services</b>	Health care that AmeriHealth Caritas District of Columbia does not pay for when completed by a provider.
<b>OB/GYN</b>	Obstetrician/Gynecologist; a doctor trained to care for a woman's health, including when she is pregnant.
<b>Out-of-Network Providers</b>	Doctors, nurses, dentists, and others who take care of your health are not part of AmeriHealth Caritas District of Columbia.
<b>Pharmacy</b>	Where you choose your medicine.
<b>Physician Incentive Plan</b>	Tells you if your doctor has any special arrangements with AmeriHealth Caritas District of Columbia.
<b>Post-Partum Care</b>	Health care for a woman after she has her baby.
<b>Prenatal Care</b>	Care is given to a pregnant woman the entire time she is pregnant.
<b>Prescription</b>	Medicine that your doctor orders for you, you must take it to the pharmacy to pick up the prescription.
<b>Preventive Counseling</b>	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
<b>Primary Care Provider (PCP)</b>	The doctor that takes care of you most of the time.
<b>Prior Authorization</b>	Written permission from AmeriHealth Caritas District of Columbia to get health care or treatment.

<b>Provider Directory</b>	A list of all providers who are part of the AmeriHealth Caritas District of Columbia.
<b>Providers</b>	Doctors, nurses, dentists, and other people who take care of your health.
<b>Referral</b>	When your primary doctor gives you a written note that sends you to see a different doctor.
<b>Routine Care</b>	Regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine Care can be a check-up, physical, health screen, and regular care for health problems like diabetes, asthma, and hypertension.
<b>Screening</b>	A test that your doctor or other health care provider may do to see if you are healthy.
<b>Self-Referral Services</b>	Certain services you can get without getting a written note or referral from your primary doctor.
<b>Services</b>	The care you get from your doctor or other health care provider.
<b>Special Health Care Needs</b>	Adults who need health care and other special services that are more than or different from what other adults need.
<b>Specialist</b>	A doctor trained to give special care, like an ear, nose, throat, or foot doctor.
<b>Specialty Care</b>	Health care is provided by doctors or nurses trained to give a specific kind of health care.
<b>Sterilization Procedures</b>	A surgery you can have if you do not want children in the future.
<b>Substance Use Disorder (SUD)</b>	The management and care of a patient suffering from alcohol or drug use, a condition which is identified as having been caused by that use.



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<b>Transportation Services</b>	Help from AmeriHealth Caritas District of Columbia to get to your appointment. The type of transportation you get depends on your medical needs.
<b>Treatment</b>	The care you get from your doctor.
<b>Urgent Care</b>	Care you need within 24 hours, but not right away.
<b>Visually Impaired</b>	If you cannot see well or you are blind.

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AmeriHealth Caritas District of Columbia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas District of Columbia does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

**AmeriHealth Caritas District of Columbia:**

- Provides free aids and services for people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free (no-cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact AmeriHealth Caritas District of Columbia at **1-800-408-7511 (TTY/TDD 202-216-9885 or 1-800-570-1190)**. We are available 24 hours a day.

If you believe that AmeriHealth Caritas District of Columbia has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Enrollee Services in the following ways:

- By phone at **202-408-4720** or toll-free at **1-800-408-7511**
- In writing by fax at **202-408-8682**
- By mail at AmeriHealth Caritas District of Columbia, Enrollee Services Grievance Department, 200 Stevens Drive, Philadelphia, PA 19113

If you need help filing a grievance, AmeriHealth Caritas District of Columbia Enrollee Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201

**1-800-368-1019 (TTY/TDD 1-800-537-7697)**

Complaint forms are available at **[www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html)**.

## Multi-language interpreter services



**English:** If you do not speak and/or read English, please call **1-800-408-7511 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

**Español:** Si no habla y/o lee inglés, llame al **1-800-408-7511 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

**Tiếng Việt:** Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-800-408-7511 (TTY 1-800-570-1190)**, hoạt động 24 giờ một ngày, 7 ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

**한국어:** 영어를 말하거나 읽지 못하는 경우 **1-800-408-7511 (TTY 1-800-570-1190)**로 전화해 주십시오. 연중무휴 24시간 이용 가능합니다. 담당자가 도와드릴 것입니다.

**Français :** Si vous n'avez pas une bonne maîtrise de l'anglais parlé et/ou écrit, veuillez appeler le **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, sept jours sur sept. Un représentant vous assistera.

**العربية:** إذا كنت لا تتحدث و/أو تقرأ اللغة الإنجليزية، يرجى الاتصال على **1-800-408-7511 (الهاتف النصي 1-800-570-1190)**، وهو متاح على مدار ساعة وطوال أيام الأسبوع. سوف يساعدك ممثل.

**中文普通话:** 如果您不会用英语讲话和/或阅读，请致电 **1-800-408-7511 (TTY 1-800-570-1190)**，每周 7 天，每天 24 小时开通。将会有一名代表协助您。

**Русский:** Если вы не говорите и/или не читаете по-английски, позвоните по телефону **1-800-408-7511 (TTY-1-800-570-1190)**, который доступен 24 часа в сутки, семь дней в неделю. Представитель вам поможет.

**မြန်မာ - အကယ်၍ သင် အင်္ဂလိပ်စကား ပြောဆိုခြင်း နှင့်/သို့မဟုတ် ဖတ်ရှုနိုင်ခြင်း မရှိလျှင် ကျေးဇူးပြု၍ တစ်ပတ် နှစ်ရက်၊ တစ်ရက်လျှင် 24 နာရီ အချိန်ပြည့် ဆက်သွယ်နိုင်သည့် 1-800-408-7511 (TTY 1-800-570-1190) သို့ ခေါ်ဆိုပါ။ ကိုယ်စားလှယ်တစ်ဦးမှ သင့်အား ကူညီထောက်ပံ့ပေးသွားမည် ဖြစ်သည်။**

**中文廣東話:** 如果您唔識講，並且或者唔識睇英文，請致電 **1-800-408-7511 (TTY 1-800-570-1190)**，每星期 7 日，每日 24 小時開通。客服專員將會協助您。

**فارسی:** اگر قادر به صحبت و یا خواندن به زبان انگلیسی نیستید، لطفاً با شماره **1-800-408-7511 (TTY 1-800-570-1190)** که 24 ساعت شبانه روز و هفت روز هفته در دسترس می باشد تماس بگیرید. یک نماینده به شما کمک خواهد کرد.

**Polski:** Jeśli nie mówisz i / lub nie czytasz po angielsku, zadzwoń pod numer **1-800-408-7511 (TTY 1-800-570-1190)**, dostępny 24 godziny na dobę, siedem dni w tygodniu. Przedstawiciel Państwu pomoże.

**Português:** Se você não fala e/ou lê Inglês, por favor ligue para **1-800-408-7511 (TTY 1-800-570-1190)**, disponível 24 horas por dia, sete dias por semana. Um intérprete irá ajudá-lo.

**ਪੰਜਾਬੀ:** ਜੇ ਤੁਸੀਂ ਹਿੰਦੀ ਬੋਲਦੇ ਅਤੇ / ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਿਰਪਾ ਕਰਕੇ **1-800-408-7511 (TTY 1-800-570-1190)** 'ਤੇ ਕਾਲ ਕਰੋ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਉਪਲਬਧ। ਇਕ ਪ੍ਰਤਿਨਿਧੀ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

**Kreyòl Ayisyen:** Si ou pa pale ak/oswa li anglè, tanpri rele **1-800-408-7511 (TTY 1-800-570-1190)**, disponib 24 èdtan pa jou, sèt jou pa semèn. Yon reprezantan pral ede ou.

**हिन्दी:** अगर आप हिन्दी बोलते और / या पढ़ते नहीं, कृपया **1-800-408-7511 (TTY 1-800-570-1190)** पर कॉल करें, दिन के 24 घंटे, सप्ताह के सात दिन उपलब्ध। एक प्रतिनिधि आपकी सहायता करेगा।

**Soomaali:** Haddii aanad ku hadlin iyo/ama akhriyin Ingiriisiga, fadlan soo wac **1-800-408-7511 (TTY 1-800-570-1190)**, oo la heli karo 24 saacadood maalintii, todoba maalmood todobaadkii. Wakiilku wuu ku caawin karaa adiga.

**Hmoob:** Yog tias koj hais tsis tau thiab/los sis nyeem tsis tau ntawv As Kiv, thov hu rau tus xov tooj **1-800-408-7511 (TTY 1-800-570-1190)**, qhib 24 teev rau ib hnub, xya hnub rau ib vij. Tus sawv cev yuav pab koj.

**Italiano:** Se non parla e/o non sa leggere l'inglese, la preghiamo di chiamare l'**1-800-408-7511 (TTY 1-800-570-1190)**, disponibile 24 ore su 24, sette giorni su sette. Le verrà prestata assistenza da un rappresentante.

**Tagalog:** Kung hindi ka nagsasalita at/o nagbabasa ng Ingles, pakitawagan ang **1-800-408-7511 (TTY 1-800-570-1190)**, na matatawagan nang 24 na oras sa isang araw, pitong araw sa isang linggo. Tutulungan ka ng isang representative.

**日本語:** 英語での会話や読解が不安な場合は、24時間年中無休対応の**1-800-408-7511 (TTY 1-800-570-1190)**までお電話ください。担当者がサポートいたします。

[illegible]



[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)

**Enrollee Services:**

1201 Maine Ave. SW  
Suite 1000, 10th Floor  
Washington, DC 20024

**202-842-2810** (toll-free **1-866-842-2810**)

[www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)

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GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**MURIEL BOWSER, MAYOR**