



DC Healthy Families Program and Immigrant Children's Program (ICP)

# Enrollee Handbook

Enrollee Services

202-408-4720 (1-800-408-7511)

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



This program is funded in part  
by the Government of the  
District of Columbia Department  
of Health Care Finance.



GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
MURIEL BOWSER, MAYOR



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia



**AmeriHealth Caritas**<sup>™</sup>

---

**District of Columbia**

[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. to 5:00 p.m.  
For directions on how to visit us, call **1-800-408-7511**.

**AmeriHealth Caritas District of Columbia**

1250 Maryland Avenue S.W., Suite 500  
Washington, DC 20024

8:00 a.m. – 5:00 p.m., Monday – Friday  
**202-408-4720 (1-800-408-7511)**

# 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 ကျေးဇူးပြုပြီး တစ်ပတ် ခုနှစ်ရက်၊ 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 ਪ੍ਰਤੀਨਿਧੀ 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. Tutulongan 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	<b>202-408-4720 OR 1-800-408-7511</b> (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	<b>1-800-570-1190</b> (toll-free)	
If you need care after your doctor's office is closed:	Nurse Helpline	<b>1-877-759-6279</b> (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Nurse Helpline	<b>1-800-570-1190</b> (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	<b>1-877-759-6279</b> (toll-free)	24 hours a day, 7 days a week
If you need a ride to an Appointment:	Transportation Services	<b>1-800-315-3485</b>	24 hours a day, 7 days a week
If you need Mental Health care or have a Mental Health question:	Your PCP's Office	(Fill in your PCP's information here.)	
	Nurse Helpline	<b>1-877-759-6279</b> (toll-free)	24 hours a day, 7 days a week
	DC Department of Behavioral Health Access Hotline	<b>1-888-793-4357</b>	
If you need someone who speaks your language or if you are Hearing Impaired:	Enrollee Services	<b>202-408-4720 OR 1-800-408-7511</b> (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	<b>1-800-570-1190</b> (toll-free)	
Dental Questions:	Enrollee Services	<b>202-408-4720 OR 1-800-408-7511</b> (toll-free)	24 hours a day, 7 days a week
Vision Questions:	TTY/TDD Enrollee Services	<b>202-216-9885 OR 1-800-570-1190</b> (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 Medicaid ID Number:**

---

**Child's Medicaid ID number:**

---

**My Primary Care Provider (PCP):**

---

**Child/Children Primary Care Provider (PCP):**

---

**My Primary Care Provider (PCP) Address:**

---

---

---

**Child/Children Primary Care Provider (PCP) Address:**

---

---

---

**My Primary Care Provider (PCP) Phone:**

---

**Child/Children Primary Care Provider (PCP) Phone:**

---

**My Primary Dental Provider (PDP):**

---

**Child/Children Primary Dental Provider (PDP):**

---

**My Primary Dental Provider (PDP) Address:**

---

---

---

**Child/Children Primary Dental Provider (PDP) Address:**

---

---

---

**My Primary Dental Provider (PDP) Phone:**

---

**Child/Children Primary Dental Provider (PDP) Phone:**

---

# Table of Contents

<b>Important Phone Numbers</b> .....	5	<b>Support Services</b> .....	20
<b>Welcome to AmeriHealth Caritas District of Columbia</b> .....	9	Transportation Services .....	20
About this MCO .....	9	Services if you don't speak English very well .....	20
How this Enrollee Handbook can help you .....	9	Services if you have trouble Hearing or Seeing.....	20
<b>Your Rights</b> .....	10	<b>Specialty Care and Referrals</b> .....	21
<b>Your Responsibilities</b> .....	11	How To Get Specialty Care (What is a Referral?) .....	21
<b>Your Enrollee ID Card</b> .....	12	Self-Referral Services.....	21
<b>Your Primary Care Provider (PCP)</b> .....	13	Mental Health Services .....	21
How to choose your PCP? .....	13	Services for Alcohol or Other Drug Problems .....	21
How to change your PCP? .....	13	Family Planning Services .....	22
<b>Your Primary Dental Provider (PDP)</b> .....	14	How to get Medicines .....	22
How to choose your PDP?.....	14	Disease Management .....	23
How to Change Your PDP? .....	14	Care Coordination and Case Management Programs .....	23
<b>Routine Care, Urgent Care, and Emergency Care</b> .....	15	<b>Services to Keep Adults from Getting Sick</b> ....	24
Routine Care .....	15	Check-Ups (Screenings).....	24
Urgent Care .....	15	Preventive Counseling .....	24
Emergency Care (What to do if you have an emergency) .....	15	Immunizations (Shots) for Adults.....	24
<b>Care When You Are Out of Town</b> .....	16	<b>Pregnancy — Having a Baby</b> .....	25
<b>In-Network and Out-of-Network Providers</b> .....	17	Before and after you have a baby.....	25
<b>Making an Appointment</b> .....	18	<b>Your Child's Health</b> .....	26
Making an Appointment with your PCP or PDP .....	18	HealthCheck Program for Children (EPSDT).....	26
Changing or Canceling an Appointment .....	18	Immigrant Children .....	26
Getting care when your PCP's or PDP's Office is Closed .....	18	Care for their teeth.....	26
Waiting Times to get Appointments.....	18	Children with Special Health Care Needs .....	29
		Individuals with Disabilities and Education Act (IDEA) Program .....	29
		Immunizations (Shots) for Children and Teens .....	34



## Table of Contents

What Is HealthCheck? .....	35	<b>Grievances, Appeals, and Fair Hearings .....</b>	<b>46</b>
HealthCheck and your baby .....	35	Grievances.....	46
HealthCheck and the school-aged child.....	36	Appeals .....	46
HealthCheck and adolescents .....	36	Fair Hearings .....	46
Transportation provided for HealthCheck .....	36	Expedited (Emergency) Grievances and Appeals Process .....	47
<b>Your Health Benefits .....</b>	<b>37</b>	Your Rights during the Grievances, Appeals, and Fair Hearings Process .....	47
Services covered by AmeriHealth Caritas District of Columbia .....	37	<b>Notice of Privacy Practices .....</b>	<b>48</b>
Services NOT covered by AmeriHealth Caritas District of Columbia .....	42	<b>Medicare Part D Notice .....</b>	<b>54</b>
<b>Transition of Care .....</b>	<b>43</b>	<b>The Office of Health Care Ombudsman and Bill of Rights .....</b>	<b>55</b>
<b>Other Important Things To Know .....</b>	<b>44</b>	<b>Definitions .....</b>	<b>56</b>
What if I move? .....	44		
What if I have a baby? .....	44		
What to do if I adopt a child?.....	44		
What if someone in my family dies? .....	44		
How to change my MCO? .....	44		
What if I get a bill for a covered service?.....	45		
Paying for Non-Covered Services? .....	45		
Advance Directive.....	45		
What if I have other insurance? .....	45		
What if I have both Medicaid and Medicare?.....	45		
Fraud.....	45		
Special information about how we pay your doctors .....	45		

## Welcome to AmeriHealth Caritas District of Columbia

---

Thank you for choosing AmeriHealth Caritas District of Columbia, Inc. (AmeriHealth Caritas District of Columbia) as your Medicaid managed care organization (MCO). We are committed to providing you with access to quality health care and exceptional enrollee services.

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.

AmeriHealth Caritas District of Columbia will host an enrollee orientation session two times each month. The enrollee orientation is another way you can learn 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.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) or call the Enrollee Services department to get the date and time of each session.

### How this Handbook Works

**AmeriHealth Caritas District of Columbia** is a managed care plan paid for by the District of Columbia to help you get health care. In this Handbook, we tell you how AmeriHealth Caritas District of Columbia works, how to find doctors, how to call us, and what we pay for. Words used in Health Care and by your doctor can sometimes be hard to understand. In the Definitions section, we have explained these words in 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 **202-408-4720** or visit [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com), and we will do our best to help you.

### How this Enrollee Handbook can help you

This Enrollee Handbook tells you:

- How to access healthcare
- Your Covered Services
- Services NOT covered
- 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, to 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 Enrollee Handbook and/or 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 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 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, pharmacies, 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 if you have lost your card, call Enrollee Services **202-408-4720** or **1-800-408-7511**. Each AmeriHealth Caritas District of Columbia enrollee has their own card. Your Children will also have their own cards. You must keep your children's cards so they don't get lost. It is against the law to let anyone else use your Enrollee ID card.

**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.**



Each AmeriHealth Caritas District of Columbia Enrollee has his or her 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

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

### Back of card

Keep this card with you at all times.	
<b>Enrollee Services: 24 hours a day, seven days a week (by phone)</b> <b>Office: 9 a.m. – 5 p.m., Monday – Friday</b>	<b>202-408-4720 or 1-800-408-7511</b> <b>(TTY 1-800-570-1190)</b>
<b>24/7 Nurse Call Line: 24 hours a day, seven days a week</b>	<b>1-877-759-6279</b>
<b>Prior authorizations: 8 a.m. – 5:30 p.m., Monday – Friday</b>	<b>202-408-2237</b>
<b>Pharmacy Enrollee Services</b> <b>24 hours a day, seven days a week (by phone)</b>	<b>1-888-452-3647</b> <b>(TTY 1-888-989-0073)</b>
<b>Pharmacy Provider Services</b> <b>24 hours a day, seven days a week (by phone)</b>	<b>1-888-602-3741</b>
<b>Transportation services: 24 hours a day, seven days a week</b> <b>Reservations</b> <b>Ride status ("Where's My Ride?")</b>	<b>1-800-315-3485</b>
<b>Economic Security Administration (ESA)</b>	<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  <a href="http://www.changehealthcare.com">www.changehealthcare.com</a> </small>	<small>www.amerithealthcaritasdc.com</small>  <small>This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.</small>  <small>MURIEL BOWSER, MAYOR</small>

## 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 to AmeriHealth Caritas District of Columbia, please call Enrollee Services at **202-408-4720** or **1-800-408-7511**. We can help you stay with that PCP if you want to.

### Choosing Your PCP

- 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 **202-408-4720** or **1-800-408-7511** if you need help choosing a doctor.
  - If you do not choose a PCP within the first 10 days of being in our plan, 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 **202-408-4720** or **1-800-408-7511** 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.
- 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
  - Pediatrician — sees children from newborn up to adult
  - Obstetrician/Gynecologist (OB/GYN) — specializes in women's health and maternity care
  - If you or your child has special health care needs, you may choose a specialist as your PCP.
- When you choose your PCP, please:
  - Try to choose a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our Provider Directory lists which hospitals a PCP can send you to. You can also call Enrollee Services for help.
  - Sometimes, the PCP you choose won't be able to take new patients. We will let you know if you need to choose a different doctor.
  - Choose a doctor who is close to your home or work.

### How to change your PCP?

You can change your PCP anytime. Just choose a new PCP from the Provider Directory. Call Enrollee Services at **202-408-4720** or **1-800-408-7511** once you have chosen a new PCP. If you need help choosing a new PCP, Enrollee Services can help you.



## 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 **202-408-4720** or **1-800-408-7511**. 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.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.com).
- Call Enrollee Services at **202-408-4720** or **1-800-408-7511** if you need help choosing a dentist.
- If you do not choose a PDP within the first 10 days of being in our plan, 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 **202-408-4720** or **1-800-408-7511** 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.
- Choose a PDP for each family enrolled in our plan, including your children. Your PDP may be one of the following:
  - Family and General Practice Dentist — usually can see the whole family

2. 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 **202-408-4720** or **1-800-408-7511** once you have chosen a new PDP.

## Routine Care, Urgent Care, and Emergency Care

---

### There are three (3) kinds of health care you may need: Routine Care, Urgent Care, or Emergency Care.

#### 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 Helpline 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
- Fainting or unconsciousness
- Bleeding that won't stop
- Gun or knife wounds
- A broken bone
- Suddenly not being able to see, move, or speak
- A bad burn
- Being in a labor
- A drug overdose
- Seizures
- Poisoning
- Shock (you may sweat, feel thirsty or dizzy, or have pale skin)

---

#### What do you do if you have an emergency:

- Call **911** or go to your nearest Emergency Room (ER).
  - Show your AmeriHealth Caritas District of Columbia Enrollee ID Card.
  - As soon as you can, call your PCP.
-

## Care 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 our Pharmacy Enrollee Services department at **1-888-452-3647**.

#### Urgent Care

Call your PCP. If your PCP's office is closed, call the Nurse Helpline **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, alcohol, or another drug emergency, go to the nearest emergency room (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.”

AmeriHealth Caritas District of Columbia will provide adequate and timely covered services from an approved out-of-network provider if AmeriHealth Caritas District of Columbia does not have an in-network provider who can perform a covered service.

**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 **202-408-4720** or **1-800-408-7511** 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 23 for more information on Birth Control and Family Planning Services.

## 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.amerihhealthcaritasdc.com](http://www.amerihhealthcaritasdc.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 or a family Enrollee 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, call Enrollees Services at **202-408-4720** or **1-800-408-7511**.

### Changing or Canceling 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 canceling.
- 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. If you have an emergency, call 911 or go to the ER. You can also call the Nurse Helpline 24 hours a day at **1-877-759-6279**.

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

Your doctor's office must give you an appointment within days after you call. Please call **202-408-4720** or **1-800-408-7511** if you cannot get an appointment during these time periods. The table on the next page shows how long it will take to get an appointment.

## Making 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 when you need urgent care include a sprain or strain, diarrhea, throwing up, a cut or scrape, an earache, a sore throat, a cough or cold, diaper rasher, 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 have 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 test, 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 2 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-covered services are services not covered by the AmeriHealth Caritas District of Columbia but covered by the Department of Health Care Finance (DHCF) or other District agencies. AmeriHealth Caritas District of Columbia will provide transportation to your doctor's appointments if you need it. AmeriHealth Caritas District of Columbia will also provide transportation to/from most non-covered services.

- Call AmeriHealth Caritas District of Columbia Transportation Services at **1-800-315-3485** to tell them the time and what day you need to be picked up.
- You must call at least two 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 buses, metro, vouchers to pay for an Uber, Lyft, 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.

### Interpretation and Translation Services

#### Interpretation Services

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

Please call Enrollee Services at **202-408-4720** or **1-800-408-7511** for Interpretation Services. Please call 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 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 **202-408-4720** or **1-800-408-7511**.

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

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

If you have trouble seeing, call Enrollee Services at **202-408-4720** or **1-800-408-7511**. We can give you information on an audio tape in Braille or in large print.

## Specialty Care and Referrals

### How to get specialty care (What is a referral?)

Specialty care is given by a specialist provider who has extra training in a specific condition or part of the body. For example, a cardiologist cares for the heart and a podiatrist cares for the feet.

It is important that you and each member of your family have a PCP. Your PCP will help you know when you need to see a specialist, but a referral from him or her is not required. A referral is a written note given to you by your PCP to see a different provider.

For all AmeriHealth Caritas District of Columbia enrollees, referrals are not required to see any specialist who is part of our provider network.

If you want to see a specialist, but AmeriHealth Caritas District of Columbia said it wouldn't 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 43 on Appeals)
- Ask for a Fair Hearing (see page 43 on Fair Hearings)

### Self-Referral Services

There are certain services you can get without getting 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
- Take your child to a dental provider in the network
- Receive mental health or services for problems with alcohol or other drugs

### Mental Health Services

Mental health care is for both adults and children. This care helps when you feel depressed or anxious.

**If you need help, or someone from your family needs help, call**

- The Rapid Response and Outreach Team at **202-409-4720** or **1-877-759-6224**, 8:00 a.m. – 6:30 p.m., Monday – Friday
- The DC Department of Behavioral Health Hotline at **1-888-793-4357**, 24 hours a day, 7 days a week

### 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 **202-408-4720** or **1-800-408-7511**, 24 hours a day, 7 days a week.
- Call the Department of Behavioral Health (DBH) Assessment and Referral Center (ARC) directly at **202-727-8473**.
- All Mental Health, Alcohol, and Drug Abuse Services are confidential.



## Specialty Care and Referrals

### 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 any provider you choose. 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 **202-408-4720** or **1-800-408-7511** for more information on birth control or other Family Planning Services.

#### Family Planning Services include:

- Pregnancy testing
- 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

#### Family Planning Services do not include:

- Routine infertility studies or procedures
- Hysterectomy for sterilization
- Reversal of voluntary sterilization
- HIV/AIDS treatment
- Abortion

### 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 **202-408-4720** or **1-800-408-7511**. If you need HIV treatment, your PCP will help you get care. Or you can call **202-408-4720** or **1-800-408-7511**. 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 go to 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 provider directory or online at [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com).

If you are out of town, have an emergency, or need Urgent Care, please contact our Pharmacy Enrollee Services department at **1-888-452-3647**.

#### 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 **1-888-452-3647**.

## Specialty Care and Referrals

### 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 to get prior authorization (PA) from AmeriHealth Caritas District of Columbia for a drug. While your doctor is waiting for the PA, you have a right to get the medication:
  - For up to 72 hours, or
  - For one full round of the medicine if you take it less than once a day.

### 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 or your child has a chronic illness or special health care need such as diabetes, high blood pressure, mental illness, or asthma, AmeriHealth Caritas District of Columbia may offer you special services and programs to help you with your health care needs. You or your child 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 or your child with the following:

- Getting 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/or help your caregivers manage day-to-day stress;
- Connecting with community and social services; and
- With transitioning to other care if your benefits end, you choose another MCO, or you move to another DC Medicaid program, if necessary

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 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 every 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

### **Immunizations**

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

## Pregnancy

---

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 **202-408-4720** or **1-800-408-7511**
- 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.**

---



**BRIGHT**START®

### Prenatal and Postpartum Care

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

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

---

**Once you have your baby, call Enrollee Services 202-408-4720 or 1-800-408-7511 and ESA at 202-727-5355.**

---

### HealthCheck Program for Children (EPSDT)

AmeriHealth Caritas District of Columbia wants to help your children grow up healthy. If your child is in the DC Healthy Families (Medicaid) program, your child will be in the HealthCheck Program, also called the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). This is the pediatric part of the Medicaid program and starts right after your child is born and lasts until your child turns 21. The HealthCheck Program gives your child several important checkups.

There is a HealthCheck (EPSDT) information sheet in this handbook (see page 29, "What Is HealthCheck?"). You can also ask your doctor, call Enrollee Services, or visit our website [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com) for a copy of the HealthCheck (EPSDT) Periodicity Schedule. The schedule tells you when your child needs to go to the doctor (see chart on following page).

As part of the HealthCheck/EPSDT services benefits, your child can get the other Medicaid benefits described in the "Enrollee Health Benefits" section below.

### Immigrant Children's Program

If your child is in the Immigrant Children's Program, your child will get well-childcare services. This program lasts until your child turns 21.

In addition to well-child care, your child can get the benefits described in the "Enrollee Health Benefits" section below. Immigrant children are only eligible for medical services while enrolled in AmeriHealth Caritas District of Columbia.

---

**You do not have to pay anything for these Services for your child — they are free. If you have any questions or need help with transportation or scheduling an appointment, please call Enrollee Services at 202-408-4720 or 1-800-408-7511.**

---

### Care for your Child's Teeth

All dental health checkups and treatments are free for AmeriHealth Caritas District of Columbia enrollees under age 21.

Dentists can prevent cavities and teach you and your child how to care for their teeth.

- From birth to age 3, your child's PCP may provide dental care during regular check-ups. The PCP may decide to send the child to a dentist.
- Beginning at age 3, all children should see a dentist in the AmeriHealth Caritas District of Columbia network for a checkup every year. Please call the dentist's office for an appointment. Choose a dentist near you in the AmeriHealth Caritas District of Columbia Provider Directory or online at [www.amerhealthcaritasdc.com](http://www.amerhealthcaritasdc.com).





## NOTES

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2009).
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2012).
5. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2010).
6. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (2011).
7. Screen per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (2007).
8. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
9. Oral Health Services by the primary care provider include oral health assessments, fluoride varnish applications, and referral to a Dental Home. An oral health assessment (Risk Assessment Tool) is a required component of a preventive health visit to a primary care provider for children prior to the establishment of a Dental Home. Fluoride varnish should be applied to teeth in a primary care setting by trained primary care providers from the eruption of the first tooth up to age 3 years. Fluoride varnish should be applied 2 times per year and up to 4 times per year, depending on patient risk for caries. To bill for fluoride varnish application for children under 3 years old use CPT code 99188. Children should be referred to a Dental Home beginning within 6 months of the eruption of the first tooth and should have an established dental home by no later than age 3 years. A Dental Home is where all aspects of a child's oral health care is delivered in a comprehensive, continuously accessible, and coordinated way by a single dental practice.
10. Perform a risk assessment. See "Maintaining and Improving the Oral Health of Young Children" (2014).
11. See USPSTF recommendations (2014). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (2014).
12. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months. In addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (2016) and "Procedures for the Evaluation of the Visual System by Pediatricians" (2016).
13. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2007).
14. Verify results as soon as possible, and follow up, as appropriate. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (2016).
15. Screening should occur per "Promoting Optimal Development: Identifying Infant and Young Children with Developmental Disorders Through Developmental Surveillance and Screening" (2020). Developmental surveillance is the process of recognizing children who may be at risk of developmental delays and should be performed at every well-child visit. Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder, and is required at 9, 18, and 30 months. To bill for a developmental screening using a structured validated tool as a part of the preventive care visit, use CPT code 96110.
16. Screening should occur per "Identification, Evaluation, and Management of Children with Autism Spectrum Disorder" (2020).
17. Psychosocial/behavioral screening and depression screening are a key part of monitoring mental health in children and youth, and allow for early identification of and intervention of mental health problems. If a child is identified as requiring further mental health services or treatment, please refer to "The DC Collaborative for Mental Health in Pediatric Primary Care's Child and Adolescent Mental Health Resource Guide" (2017). The psychosocial/behavioral assessment should be family-centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (2015) and "Poverty and Child Health in the United States" (2016). For depression screening, recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit.
18. A recommended screening tool is the CRAFT Screening Tool.
19. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit.
20. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice" (2010).
21. These may be modified, depending on entry point into schedule and individual need.
22. Immunization Schedules, per the AAP Committee on Infectious Diseases, are available at. Every visit should be an opportunity to update and complete a child's immunizations.
23. District of Columbia law requires all newborns to have a blood test for all conditions defined in the District of Columbia Newborn Screening Act. For a full list of conditions that should be tested for go to [Chapter 4: Newborn Screening: Understanding Genetics: A District of Columbia Guide for Patients and Health Professionals](#): Results should be reviewed at visits and appropriate retesting or referral done as needed. In addition to District-required Newborn blood lead tests, the newborn bilirubin and critical congenital heart defect tests should be completed.
24. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (2020) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (2012). District law (2012) requires that all children receive two blood lead screening tests between ages 6-14 months and 22-26 months, and providers must report lead-poisoned children to DCEE's Childhood Lead Poisoning Prevention Program within 72 hours by faxing (202) 535-2607.
25. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
26. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
27. See the AAP-endorsed guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (2012).
28. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases* (2012). Testing should be done on recognition of high-risk factors.
29. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first). See USPSTF [Cervical Cancer Screening](#) recommendations (2012). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (2010).
30. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP [Red Book: Report of the Committee on Infectious Diseases](#) (2012).
31. Adolescents should be screened for HIV according to the USPSTF [HIV Infection Screening](#) recommendations (2013), once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF [Recommendations and Centers for Disease Control and Prevention \(CDC\) recommendations](#) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.

Updated October 2021

### Children with Special Health Care Needs

When children have physical, developmental, behavioral, or emotional conditions that are permanent or that last a long time, they can have Special Health Care Needs. These children may need additional health care and other services.

AmeriHealth Caritas District of Columbia will contact you to complete a health screener to see if your child has Special Health Care Needs. If you have not been contacted by AmeriHealth Caritas District of Columbia, please call Enrollee Services at **202-408-4720** or **1-800-408-7511**.

If your child has Special Health Care Needs:

- Your child has the right to have a PCP who is a specialist.
- Your child may be assigned to a case manager to help with your child's special needs.
- Your child's case manager will work with you and your child's doctor to create a treatment plan.

Make sure you and your child's doctor sign your child's treatment plan. If you do not have a treatment plan, call AmeriHealth Caritas District of Columbia Enrollee Services to ask for a treatment plan for your child.

### The IDEA Program

IDEA is a federal law. IDEA stands for the Individuals with Disabilities Education Act. The IDEA program provides special services for your child with developmental delays, disabilities, or special needs. Children up to age 3 get early intervention services from AmeriHealth Caritas District of Columbia. Children ages 4 and older get special education services from the D.C. Public School and Public Charter School systems.

D.C.'s Growth Charts (see following pages) can help you figure out if your child is having delays in growth and development.

If you think your child is not growing the way they should have your child tested ("IDEA evaluation"). To get an IDEA evaluation, call your PCP. If your child needs IDEA Services, your PCP will refer your child to the D.C. Strong Start Early Intervention Program.

AmeriHealth Caritas District of Columbia has case managers who can tell you more about IDEA and the other services your child can get.

AmeriHealth Caritas District of Columbia covers the services listed below if your child is eligible for Early Intervention services:

- For children up to age 3, AmeriHealth Caritas District of Columbia covers all health care services even if the service is in your child's treatment plan (individualized family service plan, or IFSP).
- For children aged 3 and older, AmeriHealth Caritas District of Columbia:
  - Pays for all health care services and services in your child's treatment plan that your child needs when not in school—even on evenings, weekends, and holidays.
  - Coordinates services that are not provided through the school's treatment plan.

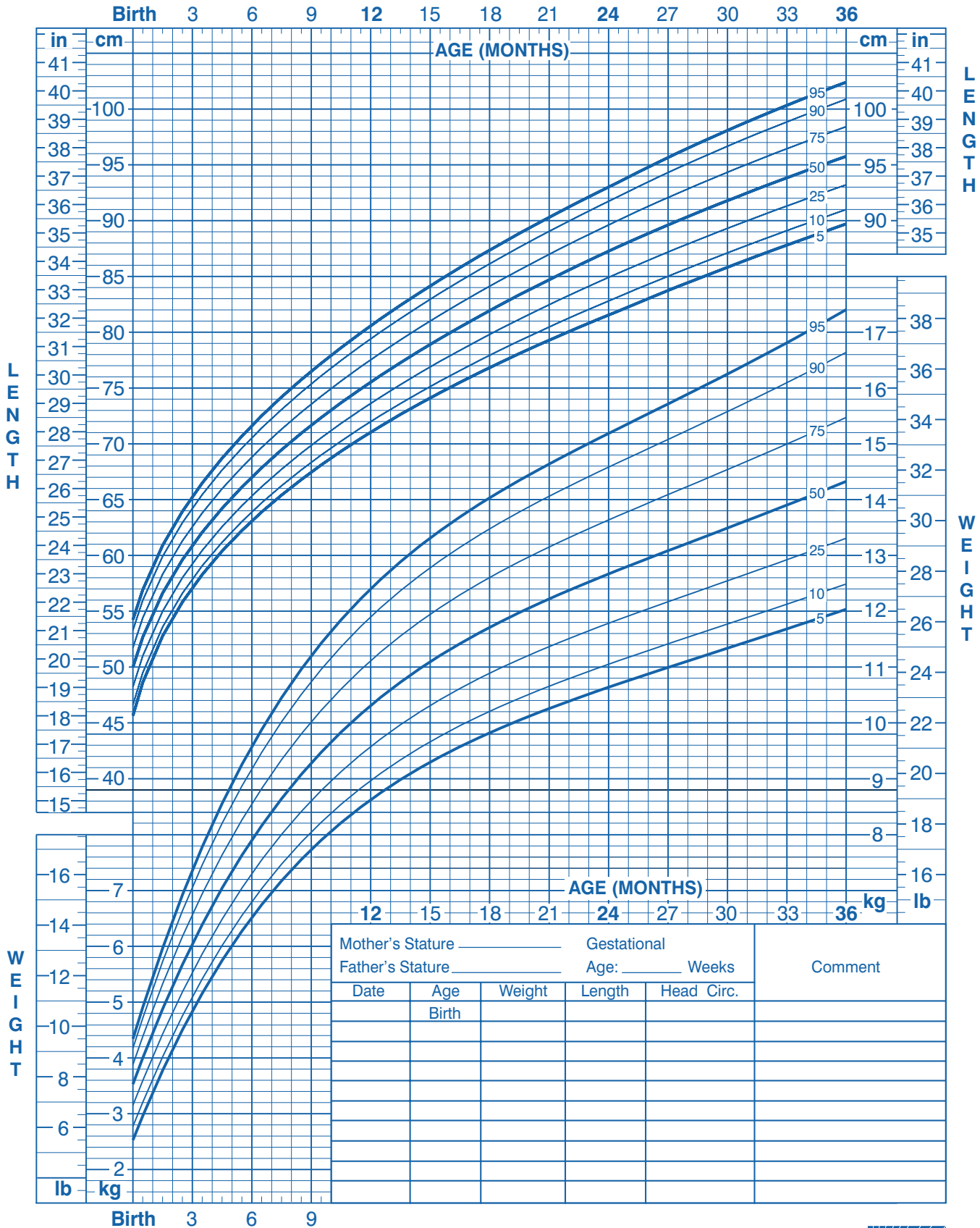
For more information on the services your child can get through the IDEA program, contact Enrollee Services **202-408-4720** or **1-800-408-7511** or your child's school.

# Birth to 36 months: Boys

## Length-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 4/20/01).  
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



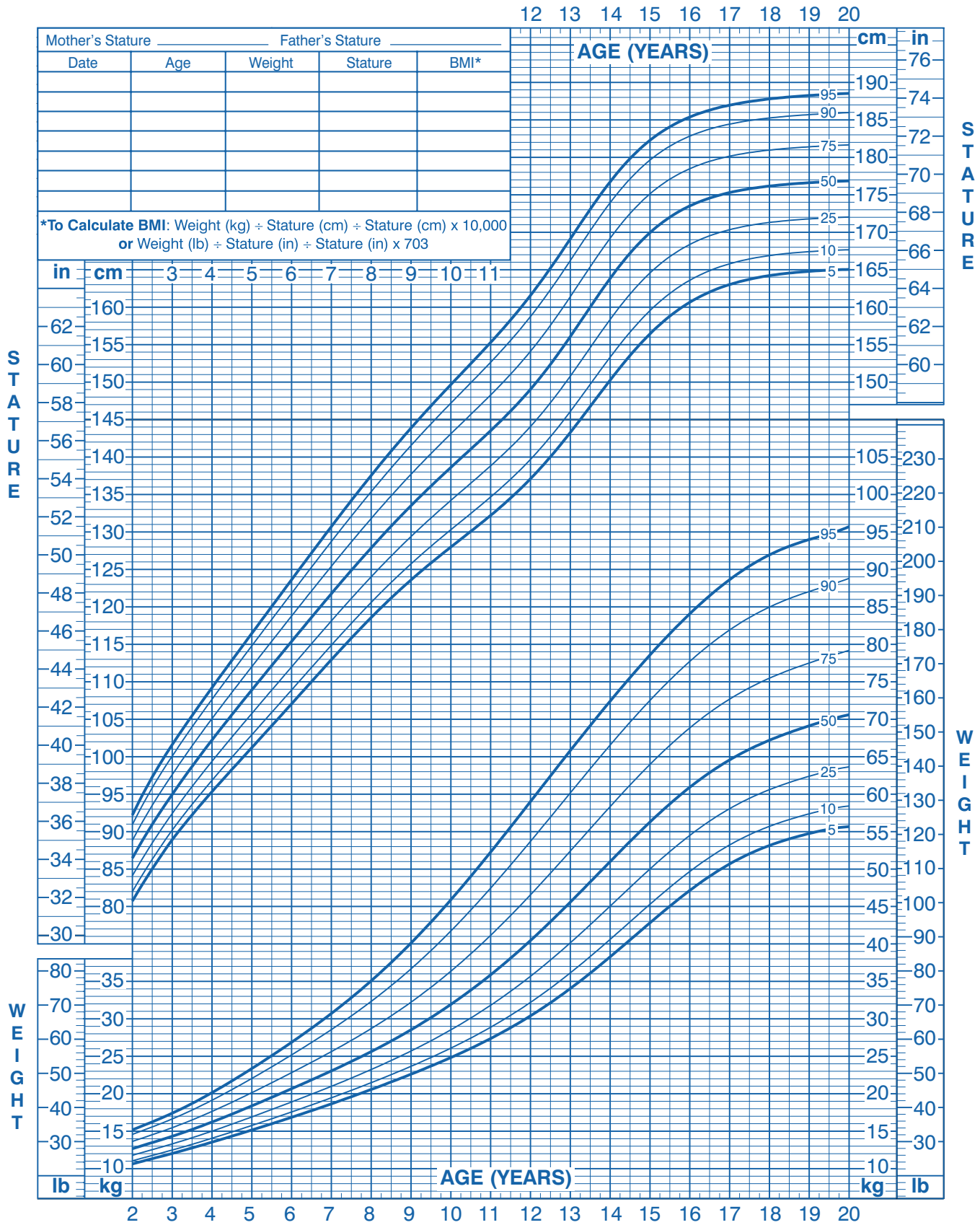




# 2 to 20 years: Boys Stature-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



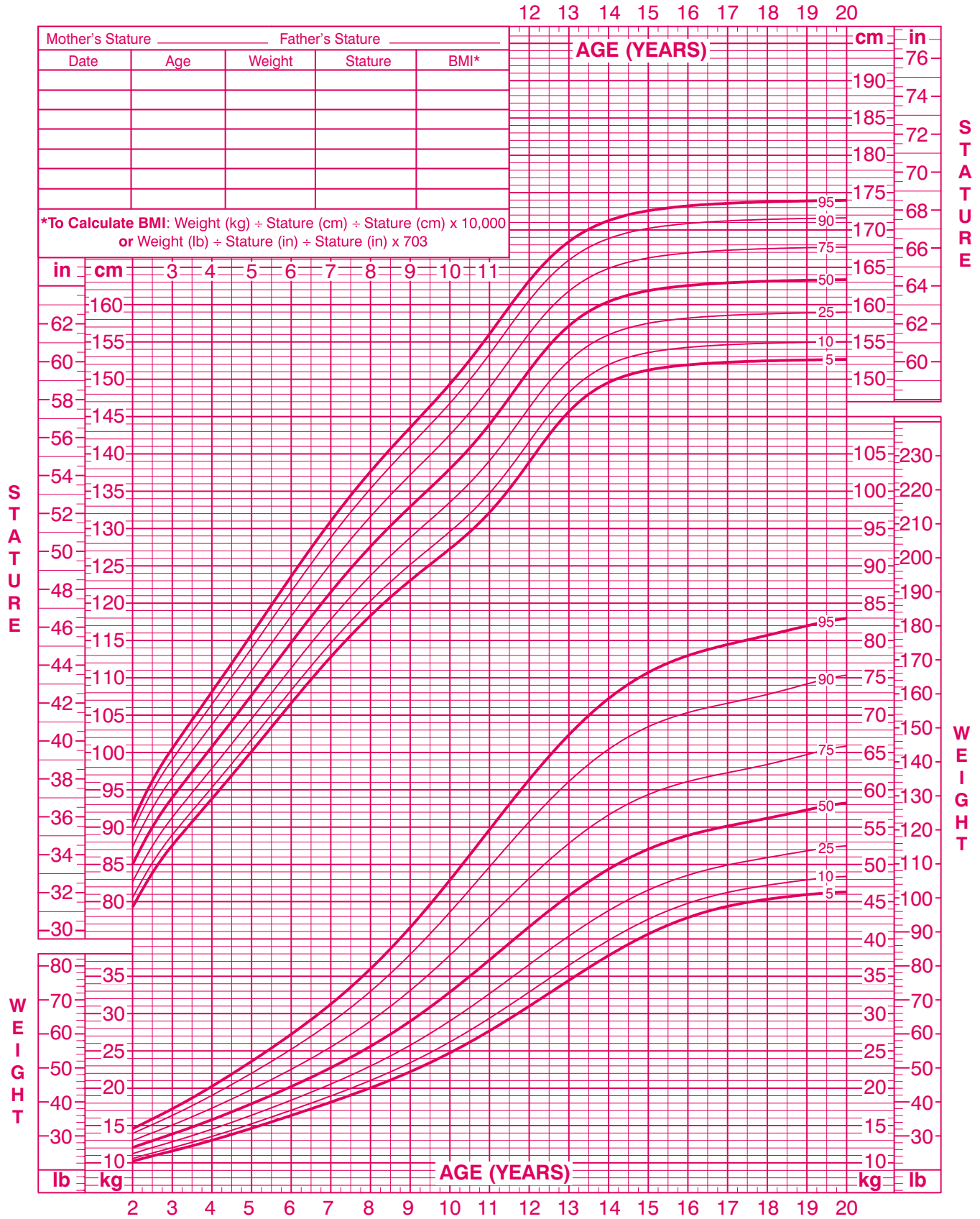
Published May 30, 2000 (modified 11/21/00).  
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



# 2 to 20 years: Girls Stature-for-age and Weight-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>



SAFER • HEALTHIER • PEOPLE™

## Your Child's Health

---

### **Immunizations (Shots) for Children and Teens**

Immunizations (shots) are important to keep your child healthy. When your child is very young, your child will need shots every few months. The shots start at birth. These shots protect them from diseases.

Your PCP and AmeriHealth Caritas District of Columbia will schedule appointments for your child's shots.

The Periodicity Chart (see page 30) gives the schedule recommended for your child's shots.

## Your Child's Health

### What Is HealthCheck?

HealthCheck is a program of regular checkups for AmeriHealth Caritas District of Columbia enrollees that start at birth and continue until a person turns 21 years old.

HealthCheck is free and helps to ensure proper growth and good health.

#### HealthCheck checkups include:

- A complete unclothed physical exam
- Immunizations
- Dental screening
- Vision (eye) screening
- Hearing screening
- Lead screening (for all enrollees under 6 years old)
- Health education
- Behavioral health screening

### HealthCheck and your baby

#### Your child should have 12 HealthCheck checkups between birth and age 3.

This may seem like a lot, but making sure that your child is healthy and properly immunized is a way to protect your child from preventable and possibly life-threatening diseases. This chart shows the ages and types of immunizations and tests your baby will need.

Age	Immunization or test
<b>Birth</b>	<ul style="list-style-type: none"> <li>• HepB #1</li> <li>• Newborn metabolic/hemoglobin screening</li> </ul>
<b>2 months</b>	<ul style="list-style-type: none"> <li>• HepB #2</li> <li>• DTaP #1</li> <li>• RV #1</li> <li>• Hib #1</li> <li>• PCV #1</li> <li>• IPV #1</li> </ul>
<b>4 months</b>	<ul style="list-style-type: none"> <li>• DTaP #2</li> <li>• RV #2</li> <li>• Hib #2</li> <li>• PCV#2</li> <li>• IPV #2</li> </ul>
<b>6 months</b>	<ul style="list-style-type: none"> <li>• HepB #3</li> <li>• Hib #3</li> <li>• DTaP #3</li> <li>• RV #3</li> <li>• PCV #3</li> <li>• IPV#3</li> </ul>
<b>12 months</b>	<ul style="list-style-type: none"> <li>• HiB #4</li> <li>• MMR #1</li> <li>• Varicella #1</li> <li>• PCV #4</li> <li>• HepA #1</li> <li>• Lead screen</li> <li>• Hemoglobin/hematocrit</li> <li>• Tuberculosis test if at risk</li> <li>• Dental screen</li> </ul>
<b>15 months</b>	Varicella #2 (second dose may be given at age 4)
<b>18 months</b>	Hep A #2
<b>24 months</b>	Lead screen
<b>Every year</b>	Beginning at 6 months, seasonal influenza (flu) vaccine as recommended each year

#### Key:

**Hep** = Hepatitis vaccine

**DTaP** = Diphtheria, tetanus toxoid, and acellular pertussis vaccine

**RV** = Rotavirus vaccine

**Hib** = Haemophilus influenzae vaccine

**IPV** = Intramuscular polio vaccine

**PCV** = Pneumococcal vaccine

**Varicella** = Chickenpox vaccine

**MMR** = Measles, mumps and Rubella

**HPV** = Human papillomavirus

**MCV** = Meningococcal conjugate vaccine

## Your Child's Health

### HealthCheck and the school-aged child

Many childhood illnesses do not show up right away. HealthCheck exams can help keep your child healthy by spotting potential illness before it happens. That's why children 3 years old and older should have a HealthCheck exam every year.

Your child's annual HealthCheck exam not only promotes proper growth and good health, but can also be used as the back-to-school health exam your child needs to enter school each year. Also, children who did not have lead tests at ages 12 months and 24 months should have two lead screenings between ages 3 and 6. This chart shows the ages and types of immunizations and tests your child will need.

Age	Immunization or test
<b>3 years – 6 years</b>	<ul style="list-style-type: none"> <li>Blood lead test</li> </ul>
<b>4 years – 6 years</b>	<ul style="list-style-type: none"> <li>DTaP</li> <li>MMR</li> <li>IPV</li> </ul>
<b>11 years – 12 years</b>	<ul style="list-style-type: none"> <li>HPV (girls only)</li> <li>MCV4</li> </ul>
<b>13 years or older</b>	<ul style="list-style-type: none"> <li>Varicella</li> </ul>
<b>Every 6 months</b>	<ul style="list-style-type: none"> <li>Dental visits</li> </ul>
<b>Every year</b>	<ul style="list-style-type: none"> <li>Flu</li> </ul>

### HealthCheck and adolescents

HealthChecks are just as important for teens and young adults as they are for small children. In addition to the services given to younger children, HealthCheck also offers specialized services and counseling for teens and young adults, including:

- Pap tests for teenage girls
- STI tests
- Substance use prevention
- Drug use tests
- Nutrition counseling
- Mental health screenings and counseling
- Family planning information
- Prenatal services
- Violence prevention

This chart shows the ages and types of immunizations and tests your teen will need.

Age	Immunization or test
<b>13 years – 16 years</b>	<ul style="list-style-type: none"> <li>Tdap</li> <li>HPV</li> </ul>
<b>18 years or younger</b>	<ul style="list-style-type: none"> <li>MCV4</li> </ul>
<b>Every 6 months</b>	<ul style="list-style-type: none"> <li>Dental visits</li> </ul>
<b>Every year</b>	<ul style="list-style-type: none"> <li>Flu</li> </ul>

### Transportation provided for HealthCheck

Free door-to-door transportation is provided for all HealthCheck appointments. Call **1-800-315-3485** to schedule transportation for your HealthCheck appointments.

Your child should receive a HealthCheck checkup at ages:		
Birth	2 years	13 years
2 – 4 days	30 months	14 years
1 month	3 years	15 years
2 months	4 years	16 years
4 months	5 years	17 years
6 months	6 years	18 years
9 months	8 years	19 years
12 months	10 years	20 years
15 months	11 years	
18 months	12 years	



## 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 certain need for the service. AmeriHealth Caritas District of Columbia will not charge you for any health care 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 certain health care and how to access services, call AmeriHealth Caritas District of Columbia Enrollee Services at **202-408-4720** or **1-800-408-7511**.

Benefit	What You Get	Who Can Get This Benefit
<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>• Obesity screening</li> <li>• Diabetes screening</li> <li>• High blood pressure and cholesterol (lipid disorders) screening</li> <li>• Depression screening</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>	Enrollees over age 21 as appropriate
<b>Alcohol and Drug Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Inpatient detoxification</li> <li>• Other alcohol/drug abuse services are provided by the Addiction, Prevention, and Recovery Administration (DBH)</li> <li>• Help with getting care from DBH</li> </ul>	All Enrollees
	<ul style="list-style-type: none"> <li>• Inpatient and outpatient substance abuse treatment</li> <li>• Other alcohol/drug abuse Services are provided by the Addiction, Prevention, and Recovery Administration (DBH)</li> <li>• Help with getting care from DBH</li> </ul>	Enrollees under the age of 21

## Your Health Benefits

Benefit	What You Get	Who Can Get This Benefit
<b>Child Wellness Services</b>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:</p> <ul style="list-style-type: none"> <li>• Health and development history and screenings</li> <li>• Physical and mental health development and screenings</li> <li>• Comprehensive health exam</li> <li>• Immunizations</li> <li>• Lab tests, including blood lead levels</li> <li>• Health Education</li> <li>• Dental screening services</li> <li>• Vision screening services</li> <li>• Hearing screening services</li> <li>• Alcohol and drug screening and counseling</li> <li>• Mental health services</li> </ul> <p>*Does not include any health services furnished to a child in a school setting</p>	<p>Enrollees under the age of 21</p>
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>• General dentistry (including regular and emergency treatment) and orthodontic care for special problems</li> <li>• Check-ups twice a year with a dentist are covered for children ages 3 through 20.</li> <li>• A child's PCP can perform dental screenings for a child up to age 3</li> <li>• Does not include routine orthodontic care</li> <li>• Fluoride varnish treatment up to four (4) times a year</li> <li>• Sealant application</li> </ul> <ul style="list-style-type: none"> <li>• General dental exams and routine cleanings every six (6) months</li> <li>• Surgical services and extractions</li> <li>• Emergency dental care</li> <li>• Fillings</li> <li>• X-rays (complete series limited to one (1) time every three (3) years)</li> <li>• Full mouth debridement</li> <li>• Prophylaxis limited to two (2) times per year</li> <li>• Bitewing series</li> <li>• Palliative treatment</li> <li>• Removable partial and complete dentures</li> <li>• Removable partial and full dentures</li> <li>• Root canal treatment</li> <li>• Periodontal scaling and root planing</li> <li>• Dental crowns</li> <li>• Removal of impacted teeth</li> </ul>	<p>Enrollees under the age of 21</p> <p>Enrollees 21 years and older can get dental services from Medicaid. Call AmeriHealth Caritas District of Columbia Dental Help Line at <b>1-866-758-6807</b></p> <p>Enrollees age 21 and older</p>

## Your Health Benefits

Benefit	What You Get	Who Can Get This Benefit
<b>Dental Benefits (continued)</b>	<ul style="list-style-type: none"> <li>Initial placement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted) once every five (5) years. Some limitations may apply.</li> <li>Removable partial denture prosthesis</li> <li>Any dental service that requires inpatient hospitalization must have prior authorization (pre-approval)</li> <li>Elective surgical procedures requiring general anesthesia</li> </ul>	Enrollees age 21 and older
<b>Dialysis Services</b>	Treatment up to 3 times a week (limited to once per day)	All Enrollees
<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>	All Enrollees
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition, regardless of whether the provider is in or out of the AmeriHealth Caritas District of Columbia network.</li> <li>Treatment for emergency condition</li> </ul>	All Enrollees
<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 for Enrollees over 21 years of age (requires the signature of approved sterilization) form by the Enrollee 30 days before the procedure)</li> <li>Screening, counseling, and immunizations (including for Human Papilloma Virus- HPV)</li> <li>Screening and preventive treatment for all sexually transmitted infections</li> <li>Nurse Midwife and Doula services</li> </ul> <p>*Does not include sterilization procedures for Enrollees under the age of 21</p>	All Enrollees, as appropriate
<b>Hearing Benefits</b>	Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries	All Enrollees
<b>Home Health Services</b>	In-home health care services, including: <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>	All Enrollees
<b>Hospice Care</b>	Support services for people who are nearing the end of life	All Enrollees

## Your Health Benefits

Benefit	What You Get	Who Can Get This Benefit
<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>	Any Enrollees with a Referral from their PCP or who have an emergency
<b>Laboratory and X-ray services</b>	Lab tests and X-rays	All Enrollees
<b>Nursing Home Care</b>	Full-time skilled nursing care in a nursing home for up to 90 consecutive days	All Enrollees
<b>Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Services provided by mental health providers, including but not limited to:               <ul style="list-style-type: none"> <li>– Diagnostic and assessment services</li> <li>– Physician and mid-level visits, including:                   <ul style="list-style-type: none"> <li>– Individual counseling</li> <li>– Group counseling</li> <li>– Family counseling</li> <li>– FQHC Services</li> </ul> </li> </ul> </li> <li>• Medication/Somatic treatment</li> <li>• Crisis services</li> <li>• Inpatient hospitalization and emergency department services</li> <li>• Intensive day treatment</li> <li>• Case management services</li> <li>• Treatment for any mental condition that could complicate pregnancy</li> <li>• Patient psychiatric residential treatment facility services (PTRF) for Enrollees under 22 years of age for thirty (30) consecutive days</li> <li>• Mental health services for children that are included in an IEP or IFSP during holidays, school vacations, or sick days when the child is not in school</li> <li>• Care coordination for Enrollees receiving the following Services from DBH:               <ul style="list-style-type: none"> <li>– Community-based interventions</li> <li>– Multi-systemic therapy (MST)</li> <li>– Assertive community treatment (ACT)</li> <li>– Community support</li> </ul> </li> <li>• Mental health and substance abuse services in an Institution for Mental Disease</li> </ul>	All Enrollees, as appropriate

## Your Health Benefits

Benefit	What You Get	Who Can Get This Benefit
<b>Personal Care Services</b>	<ul style="list-style-type: none"> <li>Services provided to an Enrollee by an individual qualified to provide such Services who is not a member of the Enrollee's family, usually in the home, and authorized by a physician as a part of the Enrollee's treatment plan.</li> <li>You must get prior authorization for this service.</li> </ul>	<p>All Enrollees</p> <p>Not available to Enrollees in a hospital or Nursing Home</p>
<b>Pharmacy Services (prescription drugs)</b>	<ul style="list-style-type: none"> <li>Prescription drugs included on 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> <li>Only includes medications from network pharmacies</li> <li>Includes the following non-prescription (over-the-counter) medicines:               <ul style="list-style-type: none"> <li>Fever and pain relievers like Tylenol or Advil</li> <li>Sinus and allergy medicines like Benadryl</li> <li>Cough and cold medicines</li> <li>Hydrocortisone one (1) percent for rashes</li> </ul> </li> <li>You must get a prescription from your doctor to get the over-the-counter medication.</li> </ul>	<p>All Enrollees other than those dually eligible (Medicaid/Medicare)</p> <p>Enrollees whose prescriptions are covered under Medicare Part D</p>
<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>	<p>All Enrollees</p>
<b>Primary Care Services</b>	<p>Preventive, acute, and chronic health care services generally provided by your PCP</p>	<p>All Enrollees</p>
<b>Prosthetic devices</b>	<p>Replacement, corrective, or supportive devices prescribed by a licensed provider</p>	<p>All Enrollees</p>
<b>Rehabilitation Services</b>	<p>Including physical, speech, and occupational therapy</p>	<p>All Enrollees</p>
<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> <li>Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body</li> </ul>	<p>All Enrollees</p>
<b>Transportation Services</b>	<p>Transportation to and from medical appointments to include services covered by DHCF</p>	<p>All Enrollees</p>

## Your Health Benefits

Benefit	What You Get	Who Can Get This Benefit
Vision Care	Eye exams at least once every year and as needed; and eyeglasses (corrective lenses) as needed	Enrollees under the age of 21
	One (1) pair of eyeglasses every two (2) years except when the Enrollee has lost their eyeglasses or when the prescription has changed by more than 0.5 diopter	Enrollees age 21 and older

### 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
- Infertility treatment
- Sterilizations for persons under the age of 21
- Services that are not medically necessary
- Some counseling or referral services may not be covered by AmeriHealth Caritas District of Columbia due to religious or moral beliefs. Contact DHCF at **202-442-5988** for more information.

**Contact DHCF at 202-442-5988 for more information.**

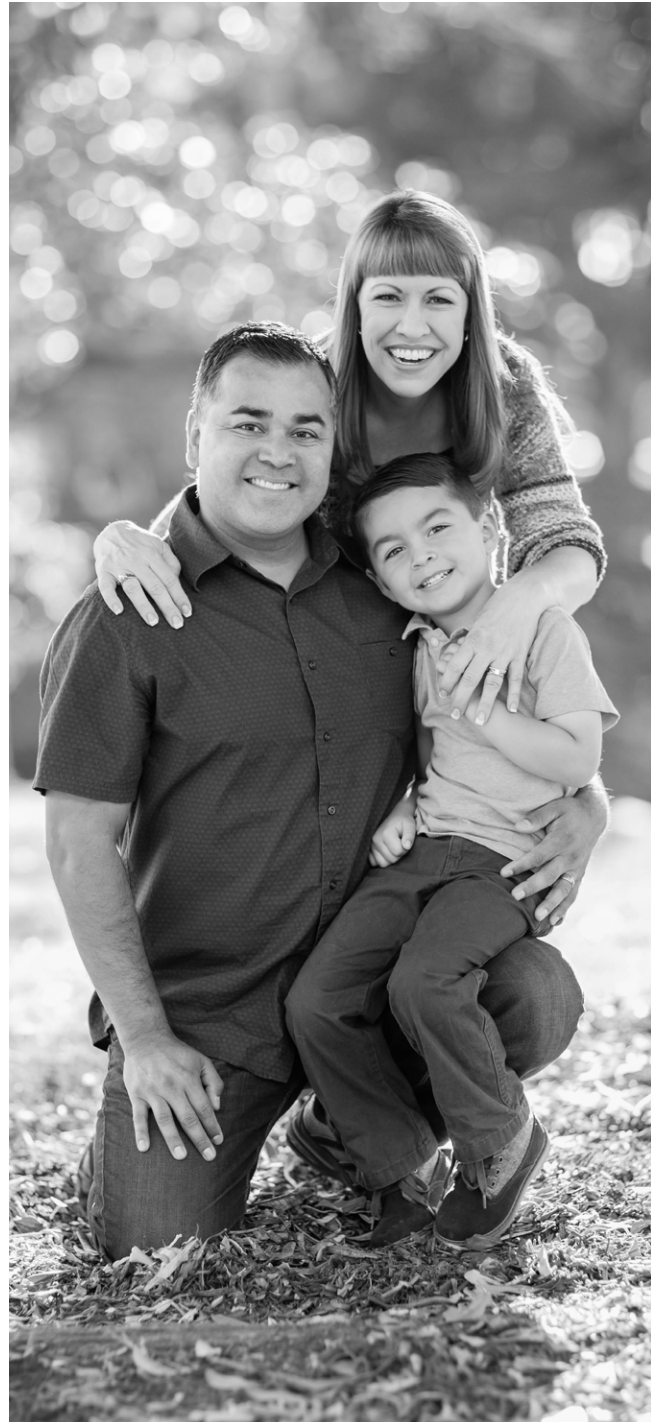




## Transition of Care

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's 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 Things To Know

### 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 **202-408-4720** or **1-800-408-7511**.

### What to do if I have a baby

- Call DC Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call AmeriHealth Caritas District of Columbia Enrollee Services at **202-408-4720** or **1-800-408-7511**.

### What to do if I adopt a child

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

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

- Call DC Economic Security Administration (ESA) Change Center at **202-727-5355**.
- Call AmeriHealth Caritas District of Columbia Enrollee Services at **202-408-4720** or **1-800-408-7511**.

### How to change my MCO

You can change your MCO:

- 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 the open enrollment.
- If the District imposes sanctions on the MCO 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 MCO 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 MCOs.
  - When you change your MCO, your health care information will transition to the new MCO 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:**

- Lose your Medicaid eligibility
- Establish Social Security Income (SSI) eligibility

**A child will be removed from AmeriHealth Caritas District of Columbia if the child:**

- Becomes a ward of the District

**The DC Government may remove you from AmeriHealth Caritas District of Columbia if you:**

- Let someone else use your Enrollee ID Card;
- Commit Medicaid fraud; or
- Do not follow your Enrollee responsibilities.

## Other Important Things To Know

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

If you get a bill for a covered service that is in the list above, call Enrollee Services at **202-408-4720** or **1-800-408-7511**.

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

### Advance Directive

An Advance Directive is a legal document you sign that lets others know your health care choices. It is used when you are not able to speak for yourself. Sometimes this is called a “living will” or a “durable power of attorney.”

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 **202-408-4720** or **1-800-408-7511**, and they will help you.

### What to do if I have other insurance

If you are an Enrollee of AmeriHealth Caritas District of Columbia, you must tell us right away if you have any other health insurance. Please call Enrollee Services at **202-408-4720** or **1-800-408-7511**.

### What to do if I am eligible for both Medicaid and Medicare

If you have Medicare and Medicaid, please tell AmeriHealth Caritas District of Columbia so you can choose Medicare providers. You must sign up for Medicare Part D for your prescription drugs if you have Medicare. Medicaid will pay your co-pays. See page X of this handbook for more 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. To report fraud, call AmeriHealth Caritas District of Columbia Compliance Hotline, **1-800-575-0417**, or the DC Department of Health Care Finance’s Fraud Hotline at **1-877-632-2873**. If you want more information about fraud, visit AmeriHealth Caritas District of Columbia website at [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com).

### Special information about how we pay your doctors — 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 **202-408-4720** or **1-800-408-7511** for this information.

## 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 **202-408-4720** or **1-800-408-7511**.
- Your doctor can also file a Grievance for you.

You can file a Grievance at any time after the thing 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 not more than 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 Grievances 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.

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.

You will receive written notice of AmeriHealth Caritas District of Columbia decision about your Appeal in the mail.

If you are not happy with AmeriHealth Caritas District of Columbia decision about your Appeal, you may request a Fair Hearing.

To file an Appeal with AmeriHealth Caritas District of Columbia, call Enrollee Services at **202-408-4720** or **1-800-408-7511**.

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**

## Grievances, Appeals, and Fair Hearings

### Deadlines:

- You must file an Appeal within 60 calendar days from the Adverse Benefit Determination notice date.
- You may request a Fair Hearing no more than 120 calendar days from the date of the AmeriHealth Caritas District of Columbia Resolution of 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 date of the Resolution of Appeal Notice.
- If AmeriHealth Caritas District of Columbia does not give you notice regarding your appeal or does not give you notice on time, then the appeal process will be considered complete, and you 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/TTD 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 **202-408-4720** or **1-800-408-7511**.




# Notice of Privacy Practices

## Your Information. Your Rights. Our Responsibilities.

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

 <b>Your rights</b>		
<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>
<b>See page 49 for more information on these rights and how to exercise them.</b>		

 <b>Your choices</b>		
<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> </ul>	<ul style="list-style-type: none"> <li>• Communicate through mobile and digital technologies</li> <li>• Market our services and sell your information</li> </ul>
<b>See page 50 for more information on these rights and how to exercise them.</b>		

 <b>Our uses and disclosures</b>		
<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> </ul>	<ul style="list-style-type: none"> <li>• Do research</li> <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>
<b>See pages 45 and 46 for more information on these uses and disclosures.</b>		



## Notice of Privacy Practices



### 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.

<p><b>Get a copy of your health and claims records</b></p>	<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>
<p><b>Ask us to correct health and claims records</b></p>	<ul style="list-style-type: none"> <li>You can ask us to correct your health and claims records if you think they are incorrect or incomplete</li> <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>
<p><b>Request confidential communications</b></p>	<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>
<p><b>Ask us to limit what we use or share</b></p>	<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.             <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul> </li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<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>
<p><b>Get a copy of this privacy notice</b></p>	<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>1-800-408-7511</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>

# Notice of Privacy Practices

## 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.

<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<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>
<p><b>In these cases, we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li><li>• Psychotherapy notes</li></ul>

# Notice of Privacy Practices



## Our uses and disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<p><b>Help manage the healthcare treatment you receive</b></p>	<p>We can use your health information and share it with professionals who are treating you.</p>	<p><b>Example:</b> A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</p>
<p><b>Run our organization</b></p>	<p>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.</p>	<p><b>Example:</b> We use health information about you to develop better services for you.</p>
<p><b>Pay for your health services</b></p>	<p>We can use and disclose your health information as we pay for your health services.</p>	<p><b>Example:</b> We share information about you to coordinate payment for your health services.</p>
<p><b>Administer your plan</b></p>	<p>We may disclose your health plan information for plan administration.</p>	<p><b>Example:</b> We share health information with others who we contract with for administrative services.</p>
<p><b>Coordinate your care among various health care providers</b></p>	<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 health care 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>	<p><b>Example:</b> We share health information through an HIN or HIE to provide timely information to providers rendering services to you.</p>

## Notice of Privacy Practices

### 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: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<p><b>Help with public health and safety issues</b></p>	<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>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research</li> </ul>
<p><b>Comply with the law</b></p>	<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>
<p><b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b></p>	<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>
<p><b>Address workers’ compensation, law enforcement, and other government requests</b></p>	<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>
<p><b>Respond to lawsuits and legal actions</b></p>	<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>
<p><b>Additional restrictions on use and disclosure</b></p>	<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>

## Notice of Privacy Practices

---

### 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 [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html).

### 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**

## Medicare Part D Notice

---

### For enrollees with both Medicare and Medicaid

If you get Medicare and Medicaid at the same time, beginning on Month, Day, and Year, you will get your medicines from the Medicare Part D Program.

AmeriHealth Caritas District of Columbia will only cover your medicines for:

- Certain over-the-counter drugs
- Barbiturates
- Benzodiazepines

If you have any questions about your medicines, please call AmeriHealth Caritas District of Columbia Enrollee Services at **202-408-4720** or **1-800-408-7511**. If you have questions about Medicare Part D, call Medicare at **1-800-MEDICARE** (**1-800-633-4227**) or visit the **www.Medicare.gov** website.





## 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 MCO. 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 MCO;
- Provide assistance 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;
- Provide assistance in resolving complaints and problems with your MCO;
- Assist with appeal processes; and
- Provide assistance in filing a Fair Hearing request for you.

The Health Care Ombudsman does not make decisions on grievances, appeals, or Fair Hearings. To reach the Health Care Ombudsman, please call **202-724-7491** or **1-877-685-6391** (Toll-Free). 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

<b>Advance Directive</b>	A written, legal paper that you sign that lets 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 kind of 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>	A certain time and day you and your doctor set aside to meet about your health care needs.
<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>	See Screening
<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>Development</b>	How your child grows.
<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>EPSDT Early, Periodic Screening, Diagnosis, and Treatment Program</b>	Services that provide a way for children ages birth up to 21 to get medical exams, check-ups, follow-up treatment, and special care they need. Also known as <i>Health Check Program</i> .

## Definitions

<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 that 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>Health Check Program</b>	See EPSDT
<b>Hearing Impaired</b>	If you cannot hear well or if you are deaf.
<b>IDEA</b>	Individuals with Disabilities Education Act; is a federal law that services children with developmental delays and special health care needs.
<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 Organization (MCO)</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 and are not a part of AmeriHealth Caritas District of Columbia.

## Definitions

<b>Pediatrician</b>	A children's doctor.
<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>	Your doctor orders medicine for you; you must take it to the pharmacy to choose the medication.
<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 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>	The 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. This could be a hearing, vision, or test to see if your child is developing normally.
<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>	Children and adults who need health care and other special services that are more than or different from what other children and adults need.
<b>Specialist</b>	A doctor trained to give special care, like an ear, nose, throat, or foot doctor.

## Definitions

---

<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>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.

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.

**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 전화해주시요. 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 ကျေးဇူးပြုပြီး တစ်ပတ် ဝန်ဆောင်မှု 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 ਪ੍ਰਤੀਨਿਧੀ 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. Tutulongan 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。



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

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

**Enrollee Services**

1250 Maryland Avenue S.W., Suite 500

Washington, DC 20024

**202-408-4720 (toll-free 1-800-408-7511)**

Revision date: August 2023

© 2023 AmeriHealth Caritas District of Columbia

All images are used under license for illustrative purposes only.  
Any individual depicted is a model.

ACDC\_232795000-1



This program is funded in part  
by the Government of the  
District of Columbia Department  
of Health Care Finance.



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