

FAQs

for Healthy DC Plan Providers

BACKGROUND

On January 1, 2026, a population of District residents — specifically childless adults and adult caregivers with **incomes between 138% and 200% of the federal poverty level** — lost health coverage under Medicaid.

To help protect our community members, AmeriHealth Caritas District of Columbia (DC) chose to be a carrier for a new option of insurance coverage known as the Healthy DC Plan. **The Healthy DC Plan is a federally funded, no-cost health insurance program for low-income residents who are no longer eligible for Medicaid but qualify for coverage under the Affordable Care Act Marketplace.**

Many AmeriHealth Caritas DC enrollees who lost their Medicaid coverage on January 1, 2026, were automatically enrolled in the Healthy DC Plan.

As enrollees transition from Medicaid to the Healthy DC Plan, providers play an important role in helping ensure accurate eligibility verification and clear communication about covered benefits. This document outlines key information on eligibility, ID numbers, authorizations, and benefit differences from Medicaid. Consistent eligibility verification and clear communication at the point of care can help promote a smooth experience for enrollees and reduce delays in access to services.

HEALTHY
DC PLAN

AmeriHealth Caritas DC is pleased to offer the Healthy DC Plan, designed to give District residents affordable, high-quality health coverage.

FAQs



1. What should providers do before rendering services?

Providers must verify eligibility for every visit. Before each appointment:

- Confirm the enrollee is enrolled in the Healthy DC Plan.
- Confirm the effective date of coverage.
- Confirm the enrollee's current ID number (the Healthy DC Plan ID will be different from the prior Medicaid ID).
- Confirm benefit coverage for the planned service.

Failure to verify eligibility may result in denied claims or unexpected coverage limitations at the time of service.

2. How do providers verify eligibility?

- Call Healthy DC Plan Provider Services at **1-888-369-0247**, available 8 a.m. to 6 p.m., Monday to Friday.
- Check NaviNet at: **<https://www.amerihhealthcaritasdc.com/hdcp/providers/resources/navinet>**.
- Call the DC Health Benefits Exchange Healthy DC Plan call center at **833-432-7526**.

IMPORTANT:

- The DHCF eligibility portal and IVR cannot be used for Healthy DC Plan enrollees.
- There is no DC Health Benefit Exchange or DC government portal to check a consumer's Healthy DC Plan eligibility and enrollment.
- Healthy DC Plan enrollees have new AmeriHealth Caritas DC ID numbers.
- NaviNet allows eligibility checks using name and date of birth.



The plan covers essential health benefits such as primary and specialty care, hospital stays, and prescription drugs.

3. How should providers communicate coverage changes to enrollees?

If an enrollee is unaware of their Healthy DC Plan enrollment, providers should inform the enrollee that their Medicaid coverage has transitioned to the Healthy DC Plan. Encourage enrollees to contact Healthy DC Plan Enrollee Services at **1-844-214-2470 (TTY 711)** for questions about benefits.

Remind enrollees to bring their current Healthy DC Plan ID card to all visits.

4. Does the Healthy DC Plan cover maternity care services?

No. The Healthy DC Plan does not cover maternity care services. If a Healthy DC Plan enrollee becomes pregnant, they will be transitioned to AmeriHealth Caritas DC Medicaid coverage. Providers should instruct pregnant enrollees to contact Healthy DC Plan Enrollee Services at **1-844-214-2470 (TTY 711)** for help. Providers should verify coverage prior to rendering any pregnancy-related services.

5. Does the Healthy DC Plan cover vision services?

Routine vision services for adults, such as eye exams for glasses or contact lenses, are not covered. However, certain medically necessary eye care services are covered, including diagnosis and treatment of eye conditions such as infections, glaucoma, diabetic eye disease, and other medical eye concerns.

In the District, any children that would be considered eligible for the Healthy DC Plan would also be eligible for Medicaid. Because federal law precludes those with active Medicaid eligibility from Healthy DC Plan eligibility, there are no children enrolled in or eligible for the Healthy DC Plan. For this reason, although pediatric vision services are generally covered by those health benefit plans (Basic Health Plans) that are subject to federal Essential Health Benefits (EHB) requirements, they do not apply to the Healthy DC Plan because children cannot be enrolled in the Healthy DC Plan. Children in the District that are eligible for Healthy DC Plan coverage would be automatically enrolled in DC Medicaid during the application process.

Our care management team works with providers to support Healthy DC Plan enrollees with complex medical, behavioral health, or social needs.



6. What other benefits are covered by Healthy DC Plan?

The plan covers essential health benefits such as primary and specialty care, hospital stays, and prescription drugs. Healthy DC Plan enrollees do not have the adult vision, dental, and non-emergency transportation benefits like their Medicaid counterparts.

7. Are care management services available for Healthy DC Plan enrollees?

Yes, our care management team works with providers to support Healthy DC Plan enrollees with complex medical, behavioral health, or social needs.

If you identify a Healthy DC Plan enrollee who may benefit from care management services, we encourage you to submit a referral. To simplify the process, referrals may be submitted via email to HealthyDCCM@amerihealthcaritas.com or phone at **202-408-2233**, and should include:

- Name and ID number
- Reason for referral
- Any urgent clinical concerns

Our team will review each referral promptly and follow up as appropriate.

8. What ID number should providers use for billing?

Submit claims and authorization requests using the enrollee ID on the Healthy DC Plan ID card. Do not use a prior Medicaid ID number.

9. How are prior authorizations handled?

- For medical prior authorizations, call Healthy DC Plan Provider Services at **1-888-369-0247**.
- For pharmacy prior authorizations: Submit by phone or fax through Pharmacy Provider Services using standard AmeriHealth Caritas DC processes.
 - Telephone: **1-855-332-0992**
 - Standard fax: **1-844-480-2486**
 - Urgent fax: **1-855-350-0284**

Prior authorization requirements apply to certain services and medications. Check the Prior Authorization Lookup tool [here](#).



10. How should claims be submitted?

Providers should submit Healthy DC Plan claims using the following address:

AmeriHealth Caritas District of Columbia
Attn: Healthy DC Plan Claims Department
P.O. Box 7341, London, KY 40752

11. What are best practices to prevent coverage surprises?

To reduce disruptions at the point of care:

- Verify eligibility for every visit.
- Confirm benefit coverage for the specific service.
- Ensure office staff are trained on differences between Medicaid and the Healthy DC Plan.
- Remind enrollees to notify the plan immediately if they become pregnant.
- Encourage enrollees to contact Enrollee Services with benefit questions prior to scheduled procedures.

12. Who should providers contact with questions?

For eligibility, benefits, or enrollee support, contact Healthy DC Plan Provider Services at **1-888-369-0247** or visit <https://www.amerhealthcaritasdc.com/hdcp/providers> for provider resources and information. The Healthy DC Plan provider manual is available [online](#).

Thank you for your participation in the AmeriHealth Caritas DC provider network, and your commitment to ensuring healthy outcomes for our enrollees.


AmeriHealth Caritas
District of Columbia

**HEALTHY
DC PLAN**

www.amerhealthcaritasdc.com/hdcp