

AmeriHealth Caritas District of Columbia Dental Program

Quick Reference Information	
Provider website	www.amerihealthcaritasdc.com
Provider Services department	1-855-609-5170 Monday – Friday, 8 a.m. – 6 p.m.
Enrollee Services department	1-800-408-7511 (Medicaid) 1-866-842-2810 (Alliance) 1-800-570-1190 (TTY enrollees)
Enrollee eligibility	Participating providers may access eligibility information through: <ul style="list-style-type: none"> • Log in to Provider Portal via www.amerihealthcaritasdc.com • Utilize the interactive voice response system eligibility hotline at 1-877-759-6186 • Contact Enrollee Services department at: <ul style="list-style-type: none"> – 1-800-408-7511 (Medicaid) – 1-866-842-2810 (Alliance)
Enrollee copayment	Some enrollees may have copayment responsibilities. Copayment amounts will be noted on the enrollee’s ID card.
If the enrollee needs a ride to an appointment	Reservations and “Where is my Ride” status: 1-800-315-3485 Get a ride: Monday – Friday, 8 a.m. – 5 p.m. Ride status: 24 hours a day, 7 days a week
Authorization information	Prior authorizations decisions are made within two business days from the date the request is received, provided all information is complete. Prior authorizations will be honored for 180 calendar days from the date they are determined. Authorizations requests can be submitted via: <ul style="list-style-type: none"> • Provider website at www.dentists.amerihealthcaritas.com • Electronic submission via clearinghouse • Health Insurance Portability and Accountability Act (HIPAA) compliant 837D file • Paper (2012 or newer ADA form) Mail to: AmeriHealth Caritas District of Columbia P.O. Box 654 Milwaukee, WI 53201

Quick Reference Information	
<p>Claims information</p>	<p>The timely filing requirement is 180 calendar days. Non-network and emergency transportation providers have 180 days from the last date of service.</p> <p>Claims submissions can be received in the following formats:</p> <ul style="list-style-type: none"> • Electronic claims via the provider website at www.amerihhealthcaritasdc.com • Electronic submission via clearinghouse • HIPAA compliant 837D file • Paper claims via ADA 2012 or newer form <p>Mailed claims should be sent to the following address:</p> <p>AmeriHealth Caritas District of Columbia Claims: P.O. Box 651 Corrected claims: P.O. Box 541 Milwaukee, WI 53201</p>
<p>Provider complaints</p>	<p>To make an inquiry or file a complaint, contact the Provider Services department at 1-855-609-5170.</p> <p>To file a written complaint, send the complaint to the following address:</p> <p>AmeriHealth Caritas District of Columbia P.O. Box 1243 Milwaukee, WI 53201</p>
<p>Provider claims and continuation of care</p>	<p>To request reconsideration of authorizations or claims, the provider may call 1-855-609-5170.</p> <p>Please send your letter to:</p> <p>AmeriHealth Caritas District of Columbia Provider claim appeals: P.O. Box 1243 Continuation of care: P.O. Box 654 Milwaukee, WI 53201</p>
<p>Provider authorization: appeals and grievances</p>	<p>To submit appeals for enrollee grievances, please send information to:</p> <p>AmeriHealth Caritas 200 Stevens Drive Philadelphia, PA 19113</p>
<p>Fraud and abuse reporting</p>	<p>To report potential enrollee fraud and abuse, please contact the Fraud and Abuse Hotline at 1-866-833-9718.</p>

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.

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-408-7511** (TTY/TDD: **202-216-9885** or **1-800-570-1190**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-408-7511** (TTY/TDD: **202-216-9885** o **1-800-570-1190**).

Amharic: ማሳሰቢያ: አማርኛ መናገር የሚችሉ ከሆነ፣ ከከፍተኛ ነጻ የሆነ የቋንቋ ድጋፍ አገልግሎት ይቀርብልዎታል። በስልክ ቁጥር **1-800-408-7511** (TTY/TDD: **202-216-9885** ወይም **1-800-570-1190**) ይደውሉ.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-408-7511** (رقم هاتف الصم والبكم **TTY/TDD: 202-216-9885** أو **1-800-570-1190**).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique sont à votre disposition sans frais. Appelez le **1-800-408-7511** (TTY/TDD: **202-216-9885** ou **1-800-570-1190**).

Mandarin: ATTENTION: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-408-7511** (TTY/TDD: **202-216-9885** 或 **1-800-570-1190**)。

Portuguese: ATENÇÃO: Se você fala português, estão disponíveis para você serviços de assistência linguística, sem nenhum custo. Ligue para **1-800-408-7511** (TTY/TDD: **202-216-9885** ou **1-800-570-1190**).

Russia: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-408-7511** (TTY/TDD: **202-216-9885** или **1-800-570-1190**).


AmeriHealth Caritas
District of Columbia

www.amerihealthcaritasdc.com

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR