

AmeriHealth Caritas District of Columbia Dental Program

Quick Reference Information	
Provider website	www.amerihealthcaritasdc.com
Dental 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	
Claims information	<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.amerihealthcaritasdc.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>
Provider complaints	<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>
Provider claims and continuation of care	<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>
Provider authorization: appeals and grievances	<p>To submit appeals for enrollee grievances, please send information to:</p> <p>AmeriHealth Caritas 200 Stevens Drive Philadelphia, PA 19113</p>
Fraud and abuse reporting	<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

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.

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Tiếng Việt

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

繁體中文

如果您不會講或讀英文，請致電 **1-800-408-7511 (TTY 1-800-570-1190)**，此電話每天 24 小時，每週 7 天開通。您將得到一位服務代表的協助。

한국어

영어를 말하거나 읽지 못하는 경우, 365일 24시간 이용 가능한 **1-800-408-7511 (TTY 1-800-570-1190)**번으로 전화하십시오. 직원이 도와드릴 것입니다.

Français:

Si vous ne parlez, ni ne lisez anglais, veuillez appeler au numéro **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, 7 jours sur 7. Un représentant pourra vous aider.



www.amerihealthcaritasdc.com

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR