AmeriHealth Caritas
District of Columbia

To: **AmeriHealth Caritas DC Providers**

Date: **October 30, 2026**

Subject: **Healthy DC Plan Eligibility and Coverage Updates for Providers**

Summary: AmeriHealth Caritas District of Columbia (DC) launched the Healthy DC Plan on January 1, 2026. This federally funded, no-cost health insurance program provides coverage to low-income District 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 Medicaid coverage on January 1, 2026, due to changes in the FY 2026 DC budget, were automatically enrolled in the Healthy DC Plan.

We are reminding providers of the importance of verifying Healthy DC Plan eligibility using the appropriate systems and enrollee identification numbers. The DC Department of Health Care Finance (DHCF) Medicaid eligibility portal cannot be used to verify Healthy DC Plan coverage.

The following frequently asked questions (FAQs) provide important information about eligibility verification, identification numbers, covered benefits, prior authorizations, and upcoming benefit changes effective January 1, 2027.

Frequently Asked Questions

1. What should providers do before rendering services?

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

- Confirm whether the enrollee is covered under Medicaid or the Healthy DC Plan.
- Confirm the effective date of coverage.
- Confirm the enrollee's current identification (ID) number. Healthy DC Plan enrollees have different ID numbers from their previous Medicaid coverage.
- Confirm benefit coverage for the planned service.

Some enrollees may not realize their coverage has transitioned from Medicaid to the Healthy DC Plan and may present their previous AmeriHealth Caritas DC Medicaid ID card. Failure to verify eligibility using the correct information may result in denied claims or delays in accessing care.

2. How do I verify Healthy DC Plan eligibility?

Providers can verify Healthy DC Plan eligibility through the following methods:

- **NaviNet:** Visit https://www.amerihealthcaritasdc.com/hdcp/providers/resources/navinet. NaviNet allows eligibility checks using the enrollee's name and date of birth.
- **Healthy DC Plan Provider Services:** Call 1-888-369-0247, Monday through Friday, 8 a.m. to 6 p.m.

Important reminders:

- The DHCF Medicaid eligibility portal and interactive voice response (IVR) system cannot be used to verify Healthy DC Plan eligibility.
- There is no DC Health Benefits Exchange or DC government portal for providers to verify Healthy DC Plan eligibility and enrollment.
- Healthy DC Plan enrollees have different AmeriHealth Caritas DC ID numbers from their previous Medicaid coverage.
- Providers should verify eligibility through NaviNet or Healthy DC Plan Provider Services before rendering services.

For enrollment-related questions, contact the DC Health Benefits Exchange Healthy DC Plan call center at 1-833-432-7526.

3. How should providers communicate coverage changes to enrollees?

Some enrollees may be unaware that their coverage has transitioned from Medicaid to the Healthy DC Plan because they are still enrolled with AmeriHealth Caritas DC.

If an enrollee presents an AmeriHealth Caritas DC Medicaid ID card or indicates that their insurance has not changed, providers should verify whether the enrollee is now covered under the Healthy DC Plan. If the enrollee has transitioned to the Healthy DC Plan:

- Explain that their coverage has changed from Medicaid to the Healthy DC Plan.
- Remind them that their Healthy DC Plan ID number is different from their previous Medicaid ID number.
- Encourage them to bring their current Healthy DC Plan ID card to all appointments.
- Direct them to Healthy DC Plan Enrollee Services at 1-844-214-2470 (TTY 711) for questions about their coverage or benefits.

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

Yes. Maternity care services, including prenatal care, are covered under the Healthy DC Plan.
If a Healthy DC Plan enrollee becomes pregnant, providers should encourage the enrollee to continue seeking prenatal care services while simultaneously contacting the DC Health Benefits Exchange Healthy DC Plan call center at 1-833-432-7526 to facilitate their transition to Medicaid coverage. Providers should not delay medically necessary prenatal care while the enrollee's transition to Medicaid is being arranged. Providers should continue to verify the enrollee's current coverage and benefits.

5. Does the Healthy DC Plan cover vision services?

Effective January 1, 2027, the Healthy DC Plan will cover adult vision benefits consistent with Medicaid coverage. Prior to January 1, 2027, routine adult vision services, such as eye exams for glasses or contact lenses, are not covered. However, certain medically necessary eye care services are covered, including the diagnosis and treatment of eye infections, glaucoma, diabetic eye disease, and other medical eye conditions. Pediatric vision services are included as essential health benefits under the Healthy DC Plan. However, children are not enrolled in the Healthy DC Plan because the DC Health Benefits Exchange directs them to Medicaid for coverage.

6. Does the Healthy DC Plan cover dental services?

Effective January 1, 2027, Healthy DC Plan enrollees have access to adult dental services. Covered dental benefits include diagnostic services, preventative care, restorative procedures, endodontic and periodontal care, oral surgery, and prosthodontics. Some services may be subject to specific guidelines

or prior authorization requirements. Pediatric dental services are included as essential health benefits under the Healthy DC Plan. However, children are not enrolled in the Healthy DC Plan because the DC Health Benefits Exchange directs them to Medicaid for coverage.

7. What other benefits are covered by the Healthy DC Plan?
The Healthy DC Plan covers essential health benefits, including:

- Primary and specialty care.
- Hospital stays.
- Prescription drugs.
- Emergency services.
- Maternity care.
- Behavioral health services.
- Other medically necessary covered services.

8. What are the other coverage differences between Medicaid and the Healthy DC Plan?
Unlike Medicaid, the Healthy DC Plan does not cover non-emergency medical transportation.

9. What ID number should providers use for billing?
Providers must submit claims and authorization requests using the enrollee ID number on the Healthy DC Plan ID card. Do not use the enrollee's previous Medicaid ID number when submitting claims or authorization requests for Healthy DC Plan services.

10. How are prior authorizations handled?

- **Medical prior authorizations:** Call Healthy DC Plan Provider Services at 1-888-369-0247.
- **Pharmacy prior authorizations:** Submit requests 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.

11. What are best practices to prevent coverage disruptions?
To help ensure enrollees receive timely and uninterrupted care, providers should:

- Verify eligibility before every visit using NaviNet or Healthy DC Plan Provider Services.
- Confirm whether the enrollee is covered under Medicaid or the Healthy DC Plan.
- Use the enrollee's current Healthy DC Plan ID number for claims and authorization requests.
- Confirm benefit coverage for the specific service.
- Ensure office staff understand the differences between Medicaid and the Healthy DC Plan.
- Remind pregnant enrollees to continue receiving prenatal care while contacting the DC Health Benefits Exchange to facilitate their transition to Medicaid.
- Encourage enrollees to contact Healthy DC Plan Enrollee Services with benefit questions before scheduled procedures.

12. What Care Management services are available for Healthy DC Plan enrollees?
Healthy DC Plan enrollees have access to Care Management services designed to support individuals with complex medical, behavioral health, or social needs. Services include:

- Care coordination and treatment planning.

- Transition of care support following hospitalization.
- Medication adherence support.
- Support navigating community and social resources.
- Assistance addressing barriers to care.

13. How do I refer a Healthy DC Plan enrollee to Care Management?
Providers may submit a referral by email to HealthyDCCM@amerihealthcaritas.com or by phone at 202-408-2233. Please include the following information:

- Enrollee name and Healthy DC Plan enrollee ID number.
- Reason for referral.
- Any urgent clinical concerns.

14. Who should providers contact with questions?
For questions about eligibility, covered benefits, prior authorizations, or enrollee support, contact Healthy DC Plan Provider Services at **1-888-369-0247**.
For additional information, visit https://www.amerihealthcaritasdc.com/hdcp/providers.

Sincerely,
AmeriHealth Caritas DC