

**AmeriHealth Name Provider Network
Ward 2**

Provider Name	Provider Type
NYLUND-ALM, MONIQUE C.	Cardiovascular Medicine
OBHRAI, JAGDEEP S.	Nephrology
OBIAS, VINCENT J.	Colon and Rectal Surgery
OBIAS, VINCENT J.	Colon and Rectal Surgery
OBRIEN, ELLEN K.	Pediatrics
OCONNELL, FRANCIS J.	Emergency Medicine
ODONOVAN, ELENI S.	Family Practice
OFFEI DARKO, JANE O.	Family Practice
OH, PHILLIP J.	General Dentistry
OJONG-NTUI, MARTIN	Radiation Oncology
OLAN, WAYNE J.	Neuroradiology
OLARINDE, EMMANUEL A.	Psychology
OLDING, MICHAEL J.	Plastic Surgery
ONCALE, ANDREW D.	Radiology
ONEAL, MICHAEL J.	Emergency Medicine
ONEAL, MICHAEL J.	Emergency Medicine
ONUMAH, CHAVON M.	Internal Medicine
ONUMAH, CHAVON M.	Internal Medicine
ONYIKE, AHAMEFULA E.	Orthopaedic Surgery
OSADA, TATSUHIKO	General Dentistry
OSETH, KRISTINA L.	Professional Counselling
OSHODI, PATRICIA A.	Family Practice
OVERDECK, KIMBERLEE H.	Radiology, Diagnostic
PAGE-LOPEZ, CHRISTINE M.	Pediatrics
PAHWA, SHEBANI	General Dentistry
PANDARINATH, RAJEEV	Orthopaedic Surgery
PANJRATH, GURUSHER S.	Cardiovascular Medicine
PARENTI, DAVID M.	Infectious Disease
PARIKH, HELMA A.	Cardiovascular Medicine
PARKER III, FREDERICK W.	Orthopaedic Sports Medicine
PARR, KATHLEEN	Anesthesiology
PARVER, DAVID L.	Ophthalmology
PASHA, AMIRALA S.	Internal Medicine
PATEL, MAYUR	General Dentistry
PATEL, MIHIR	Internal Medicine
PATRICK, YETUNDE I.	General Dentistry
PATRONAS, MARENA	Ophthalmology
PAUL, COURTNEY A.	Hospitalist
PAULSON, JILL	Endocrinology
PEARSON, GAIL D.	General Surgery
PEARSON, GAIL D.	General Surgery
PECK, MICHAEL J.	Anesthesiology
PEREZ, ANTONIA	Family Nurse Practitioner

**AmeriHealth Name Provider Network
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Provider Name	Provider Type
PEREZ, CAROL B.	Psychiatry
PERTILLA, SHONDA J.	Professional Counselling
PESIS, SOLOMON K.	General Dentistry
PETINAUX, BRUNO	Emergency Medicine
PHILLIPS, MICHAEL H.	Urology
PINELES-MARK, ERIKA-KRISTINA B.	Certified Nurse Midwife
PINES, JESSE M.	Emergency Medicine
PINGER, WHITNEY A.	Certified Nurse Midwife
PLA JR, RAYMOND A.	Critical Care
PLA JR, RAYMOND A.	Critical Care
PLEASANT, SHELETA	Social Worker
POCOCK, ELIZABETH	Thoracic and Cardiac Surgery
POLATIN, PETER B.	Internal Medicine
POMICTER, GREGORY	Anesthesiology
PONRAJ, ERNEST D.	General Dentistry
POPIEL, DAVID K.	Internal Medicine
POPIEL, DAVID K.	Internal Medicine
PORTELA MARTINEZ, MARIA	Family Practice
PORTIS, FLORIAN	Certified Social Worker
POURMAND, ALI	Emergency Medicine
POWELL, NATASHA N.	Emergency Medicine
POWERS, DAVID N.	Obstetrics and Gynecology
PRATHER, CHRISTINA	Geriatrics
PRAYAGA, RAMA S.	Psychiatry
PRAYAGA, RAMA S.	Psychiatry
PRIBAZ, JONATHAN	Orthopaedic Surgery
PRIOR, JASON M.	Internal Medicine
PUCHALSKI, CHRISTINA M.	Geriatrics
PUCKETT, KOREY J.	Certified Clinical Social Work
PUENTE, ANTONIO N.	Neuropsychology
PUMPHREY, RANDY W.	Professional Counselling
QAMRUDDIN, NISAR H.	General Dentistry
QUE, GUINEVERE T.	Neurology
QUION, NATHALIE B.	Pediatrics
RAHBAR, RODEEN	General Surgery
RAHBAR, RODEEN	Vascular Surgery
RAINA, SHIBAN L.	Internal Medicine
RAJ, DOMINIC S.	Nephrology
RANNIGER, CLAUDIA U.	Emergency Medicine
RAO, RAJKUMAR	Orthopaedic Surgery
RAPELYEA, JOCELYN A.	Radiology
RAPHAEL, CLAUDE	Radiology
RASHID, KHURRAM	General Practice

**AmeriHealth Name Provider Network
Ward 2**

Provider Name	Provider Type
RATNER, JUDITH B.	Pediatrics
RAYAMAJHI, SUMUGDHA	Hospitalist
REDBORD, KELLEY P.	Dermatology
REDHA, WADDAA	Emergency Medicine
REESE, KRISTEN L.	Pediatrics
REEVES, CHRISTOPHER	Critical Care
REINER, JONATHAN S.	Cardiovascular Medicine
REYES, JUAN	Internal Medicine
REZAEI, MASOUMEH K.	Pathology, Clinical
REZVANI, FEREDOON	General Dentistry
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, PERRY K.	Neurology
RICKLES, FREDERICK R.	Hematology & Oncology (HEO)
RIDLEY, STANLEY	Psychology
RIESS, JOANNA	Radiology, Diagnostic
RILEY, JOSHUA L.	Professional Counselling
RIPPLINGER, MATTHEW C.	Radiology
ROBERTS, AFSOON D.	Infectious Disease
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBINSON, DAMON F.	Pain Management
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROCHE, COLLEEN N.	Emergency Medicine
RODRIGUEZ, CLAIRE H.	Certified Nurse Midwife
ROHRBAUGH, MICHAEL J.	Psychology
ROSENTHAL, DANIEL T.	Internal Medicine
ROSNER, JULIE	Podiatry
ROSNER, MICHAEL K.	Neurological Surgery
ROTH, KATALIN E.	Internal Medicine
ROTHROCK, JOHN F.	Neurology
ROTHSTEIN, TED L.	Neurology
ROWE, DANICA L.	Family Nurse Practitioner
SACKS, RICHARD P.	Radiology
SADDLER, ANTOINETTE R.	Gastroenterology
SALAMAN, NILDA E.	Anesthesiology

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Provider Name	Provider Type
SALAMAN, NILDA E.	Anesthesiology
SALAME, KARIM	Neurology
SALAMEH, TAREQ M.	General Dentistry
SAMENOW, CHARLES P.	Psychiatry
SAMMAN, GEORGE	Obstetrics and Gynecology
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERSON, ANDREW K.	Gastroenterology
SANKAR, JASON D.	Anesthesiology
SANKAR, JASON D.	Anesthesiology
SARANI, BABAK	General Surgery
SARIN, SHAWN N.	Radiology
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SCHER, DANIEL J.	Radiology
SCHNIEID, BROOKE	Registered Dietitian
SCHRIVER, JOHN A.	Emergency Medicine
SCHROEDER, MARY E.	Trauma Surgery
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROTH, WILLIAM S.	Internal Medicine
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCIALLI, ANTHONY R.	Obstetrics and Gynecology
SCOTT, JAMES L.	Emergency Medicine
SCOTT, THOMAS	Pain Management
SCOTT, THOMAS	Anesthesiology
SCOTT, THOMAS	Pain Management
SCOTT, THOMAS	Anesthesiology
SCOTT, THOMAS	Anesthesiology
SEED, JOHN C.	Psychiatry, Neurology
SEIDMAN, BARRIE M.	Certified Social Worker

**AmeriHealth Name Provider Network
Ward 2**

Provider Name	Provider Type
SELLEVAAG, MELISSA M.	Social Worker
SEN, HATICE N.	Ophthalmology
SEN, SABYASACHI	Endocrinology
SENEFF, MICHAEL G.	Anesthesiology
SEPE, EDWARD	Pediatrics
SHAH, NAMRATA P.	Internal Medicine
SHAIGANY, ASGHAR	Gastroenterology
SHANMUGAM, VICTORIA K.	Rheumatology
SHARMA, ANNU	Physical Medicine & Rehab
SHARMA, ANNU	Physical Medicine & Rehab
SHARMA, ANUMEHA	Neurology
SHARMA, KARUN V.	Radiology, Diagnostic
SHARMA, SANDEEP	Internal Medicine
SHARMA, SHAILENDRA	Nephrology
SHARP, DOUGLAS B.	Anesthesiology
SHARP, DOUGLAS B.	Anesthesiology
SHERMAN, JONATHAN H.	Neurological Surgery
SHERMAN, MARIAN	Pain Management
SHERMAN, MARIAN	Anesthesiology
SHERMAN, MARIAN	Anesthesiology
SHERMAN, MARIAN	Pain Management
SHERWOOD, ASHLEY	Neonatal/Perinatal
SHESSER, ROBERT F.	Emergency Medicine
SHETH, GAURANG	Pediatrics
SHETH, SHEETAL G.	Obstetrics and Gynecology
SHIELDS, DONALD C.	Neurological Surgery
SHIMELES, LAELAYE	Orthodontics
SHIN, PAUL R.	Urology
SHIN, THOMAS	General Dentistry
SHIN, THOMAS	Oral and Maxillofacial Surgery
SHNIDER, RACHEL G.	Pediatrics
SHOKOOHI, HAMID	Emergency Medicine
SIDAWY, ANTON	Vascular Surgery
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDIQUI, FARAH N.	Podiatry
SIEGEL, MARC O.	Infectious Disease
SIEGEL, ROBERT S.	Hematology & Oncology (HEO)
SIKKA, NEAL K.	Emergency Medicine
SIKKA, NEAL K.	Emergency Medicine
SILVEIRA, KAREN A.	Certified Nurse Midwife
SILVER, PAUL A.	Internal Medicine

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Provider Name	Provider Type
SIMON, DAVID B.	Internal Medicine
SIMON, GARY L.	Infectious Disease
SIMON, ROCHELLE A.	Pathology
SIMONS, RICHARD	Internal Medicine
SINGH, PRAGYA	Internal Medicine
SINGH, AMEET	Otolaryngology (ENT)
SINGH, SAURABH	Dermatology
SKELTON, BETHANY B.	Pediatrics
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SMITH, JEFFREY P.	Emergency Medicine
SMITH, PATRICIA A.	Obstetrics and Gynecology
SMITH, SHELBY L.	Nurse Practitioner Other
SMITH-KHURI, ELEANOR I.	Pediatrics
SNIDER, CATHERINE	Speech Language Pathology
SNYDER, BRADLEY	Family Nurse Practitioner
SOE, KEVIN L.	Radiology, Diagnostic
SOE, KEVIN L.	Radiology, Diagnostic
SOLOMON, ALLEN J.	Cardiovascular Medicine
SOLOMON, MESTIRE	General Dentistry
SOOKAR, NADIA M.	Professional Counselling
SOTOMAYOR, EDUARDO M.	Hematology & Oncology (HEO)
SOTOMAYOR, MARIA	Dermatology
SOUDRY, GABRIEL	Radiology
SPAGNOLO, SAMUEL V.	Pulmonary Disease
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
STALCUP, MARSHA G.	Certified Nurse Midwife
STANLEY WILLIAM, KAREN D.	Anesthesiology
STARK, ELIZABETH	Professional Counselling
STEIN, DANIEL	Urology
STEIN, SUSAN D.	Colon and Rectal Surgery
STEMPEL, MICHAEL S.	Podiatry
STILLIONS, DUANE	Anesthesiology
STONE, AMY G.	Internal Medicine
STOPAK-MATHIS, TALI	Family Nurse Practitioner
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice

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Provider Name	Provider Type
STUTZMAN, RICHARD D.	Ophthalmology
SUAREZ, MARIA I.	Pathology, Clinical
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUNGA, ROBERTO N.	Ophthalmology
SWEIDAN, SUZANNE R.	Internal Medicine
SWOYER, MARY	Family Nurse Practitioner
TABBARA, IMAD A.	Hematology & Oncology (HEO)
TABBARA, SANA O.	Pathology
TAFFEL, MYLES T.	Radiology, Diagnostic
TAHERI, MOHAMMAD R.	Radiology
TALIB, ZOHRAY M.	Internal Medicine
TANVEER, ASRA	Neonatology
TARE, MANISHA	Occupational Therapist
TASI, JOANA	Certified Clinical Social Work
TAWAKALI, LAJOYOUS	General Dentistry
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAYLOR, NORA R.	Rheumatology
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TEAL, CHRISTINE B.	General Surgery
TEKLE, LIDIA	General Dentistry
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TEUFEL, KAROLYN M.	Internal Medicine
THE GEORGE WASHINGTON UNIVERSITY HOSPITAL	Hospital
THIGPEN, DENISE M.	Radiology
THOMAS, GRACE	Radiology, Diagnostic
THOMAS, KANDACE L.	Certified Nurse Midwife
THOMAS, STEPHANIE E.	Certified Social Worker
TON, JESSICA	Obstetrics and Gynecology

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Provider Name	Provider Type
TON, JESSICA	Obstetrics and Gynecology
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOTH, MARY H.	Family Nurse Practitioner
TOUBAJI, ANTOUN	Pathology, Clinical
TRACY, CYNTHIA M.	Cardiovascular Medicine
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TROOST, THOMAS R.	Otolaryngology (ENT)
TRUEGER, NATHAN S.	Emergency Medicine
TSILOU, EKATERINI T.	Ophthalmology
TU, RAYMOND K.	Radiology
TU, RAYMOND K.	Radiology
TUAZON, CARMELITA U.	Infectious Disease
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TURAKHIA, PALAK B.	Anesthesiology
TURAKHIA, PALAK B.	Pain Management
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TWENEBOAH-KODUAH, RENEE	Family Nurse Practitioner
UMAPATHI, BINDU	Colon and Rectal Surgery
UNITY HEALTH CARE	Community Medical Health Ctr
UNITY HEALTH CARE INC	Community Medical Health Ctr
VALENTINE, MEGHAN L.	Obstetrics and Gynecology
VAN DAM, CALLI	Nurse Practitioner Other
VAN LANCKER, JANINE A.	Allergy & Immunology
VARGAS, MARIA	Obstetrics and Gynecology
VAZIRI, KHASHAYAR	General Surgery
VEKSTEIN, DEBRA R.	Professional Counselling
VEKSTEIN, DEBRA R.	Professional Counselling
VEKSTEIN, DEBRA R.	Professional Counselling
VELASQUEZ, MANUEL T.	Nephrology
VENBRUX, ANTHONY C.	Radiology
VILAR, NANCY F.	Ophthalmology
VMT HOME HEALTH AGENCY	Home Health Agency

**AmeriHealth Name Provider Network
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Provider Name	Provider Type
VOHRA, MONICA	Internal Medicine
VOLTAGGIO, LYSANDRA	Pathology, Clinical
WAGNER, MARTHA J.	Pediatrics
WALCOTT, FARZANA	Internal Medicine
WALCOTT, FARZANA	Internal Medicine
WALDORF, KEVIN M.	Certified Social Worker
WALKER, ABAYOMI M.	Obstetrics and Gynecology
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WASSERMAN, ALAN G.	Cardiovascular Medicine
WASYLOVSKI, JASON M.	Optometry
WATKINS, ROBIN L.	Certified Nurse Midwife
WEGLIICKI, WILLIAM B.	Cardiovascular Medicine
WELTER, DREW C.	Anesthesiology
WHALEN, MICHAEL	Urology
WHALEN, MICHAEL	Urology
WHITE, PATIENCE H.	Rheumatology
WHITE, VICTORIA A.	Family Practice
WHITTENBERG, BEVERLY A.	Physical Medicine & Rehab
WIKSTROM, SARA W.	Internal Medicine
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKS, MADELINE F.	Family Practice
WILLIAMS, AGATA M.	Registered Dietitian
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JEFFREY D.	Pulmonary Disease
WILLIAMS, JOHN F.	Anesthesiology
WILLIS, ALLENA	Orthodontics
WILSON, LAURIE D.	Geriatrics
WILSON, TERESA S.	Certified Clinical Social Work
WINGET, SHARON E.	Certified Social Worker
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINSTON, GINGER	Internal Medicine
WINSTON, GINGER	Internal Medicine

**AmeriHealth Name Provider Network
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Provider Name	Provider Type
WIRT, DENNIS R.	Pediatrics
WISE, MICHELLE E.	Family Nurse Practitioner
WROBLEWSKI, KEITH J.	Ophthalmology
XIAOJUN, WU	Pathology, Clinical
YAMANE, DAVID	Emergency Medicine
YANG, SEOL W.	Anesthesiology
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YU, WARREN D.	Orthopaedic Surgery
YU, WILLIAM D.	Nephrology
YUNUS, RAZA N.	Internal Medicine
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAPANTA, PHILIP E.	Otolaryngology (ENT)
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZEDDUN, STEVEN	Gastroenterology
ZEMAN, ROBERT K.	Radiology
ZENTKO, DIANA	Anesthesiology
ZIMMERMAN, LISA B.	Certified Social Worker
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
1525 14TH ST NW
2150 PENN AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1525 7TH ST NW
1101 15TH ST NW
220 L ST NE
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2800 13TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1900 MASS AVE STE 1242 SE
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENN AVE NW
2120 L ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW ACC 4TH FL
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
1776 I ST NW SUITE: 9TH FLOOR
1201 F Street NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
810 5TH ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
901 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
3020 14TH ST NW
2333 ONTARIO RD NW
2150 PENN AVE NW
2141 K ST NW STE 607
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
1050 17TH ST NW STE 800
1629 K ST NW STE 300
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1822 JEFFERSON PL NW
900 23RD ST NW
4200 CONNETICUT AVE
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1900 MASS AVE BLDG 29
2112 F ST NW STE 804
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
2440 M ST NW STE 505
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
3 WASHINGTON CIR NW STE 305
900 23RD ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1100 Connecticut Ave NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
900 23RD ST NW
2150 PENN AVE NW ACC-2ND
2150 PENNSYLVANIA AVE NW
2440 M ST NW STE 317
2112 F ST NW STE 802
2112 F St NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2021 K ST NW STE 800
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE
2150 PENN AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
2300 M ST STE 110
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
900 23RD ST NW
2300 M ST NW
900 23RD ST NW
2800 13TH ST NW
900 23RD ST NW
2131 K ST NW STE 600
2131 K ST NW STE 600
2150 PENNSYLVANIA AVE NW
2300 M ST NW 5TH FLR
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
900 23RD ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2121 K ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENN AVE NW
1525 14TH ST
11 DUPONT CIR NW STE LL100
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
900 23RD ST NW
1147 20TH ST NW STE B1
908 NEW HAMPSHIRE AVE NW STE 603
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
3020 14TH ST NW
2029 P ST NW STE 202
2150 PENNSYLVANIA AVE NW
1333 N ST NW
2250 CHAMPLAIN ST NW
901 23RD ST NW
901 23RD ST NW
1050 17TH ST NW STE 800
1629 K ST NW STE 300
2150 PENN AVE NW
900 23RD ST NW
900 23RD ST NW
2120 L ST NW
2150 PENNSYLVANIA AVE NW
2021 K ST NW STE 500
4 ATLANTIC ST SW
810 5TH ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
2041 GEORGIA AVE NW STE 2303
2150 PENNSYLVANIA AVE NW
900 23RD ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1012 14TH ST NW STE 700
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
50 F ST NW STE 3300
1618 7TH ST NW STE B
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
2150 PENN AVE NW
3020 14TH ST NW
1525 14TH ST NW
1630 EUCLID ST NW
2150 PENNSYLVANIA AVE NW
2120 L ST NW STE 600
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2021 K ST NW STE 206
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2300 M ST NW
2800 13TH ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
3 WASHINGTON CIR NW STE 305
1200 CLIFTON ST NW
2150 PENNSYLVANIA AVE NW
2800 13TH ST NW
2131 K ST NW
900 23RD ST NW
2131 K ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
900 23RD ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
901 23RD ST NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
1900 MASS AVE SE
2021 K ST NW STE 800
2150 PENN AVE NW
900 23RD ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
1900 MASSACHUSETTE AVE BLDG
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
801 PENNSYLVANIA AVE SE
2150 PENNSYLVANIA AVE NW
818 18TH ST NW STE 747
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
2440 M ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
810 5TH ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
65 MASSACHUSETTS AVE NW
2333 ONTARIO RD NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1525 14TH ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
2141 K ST NW STE 606
1900 MASS AVE BLDG 29
1012 14TH ST NW STE 700
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2800 13TH ST NW
2300 M ST NW 9TH FL
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1900 MASS AVE BLDG 29
900 23RD ST NW
900 23RD ST NW
1333 N ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
900 23RD ST NW
900 23RD ST NW
900 23RD ST NW
901 23RD ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2300 M ST 9TH FL
2300 M ST NW
2150 PENN AVE NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
900 23RD ST NW
900 23RD ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
730 24TH ST NW STE 5
810 5TH ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
1330 MASS AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSLYVANIA AVE NW
900 23RD ST NW
730 24TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1629 K ST NW STE 300
900 23RD ST
900 23RD ST
2300 M ST NW
2021 K ST NW STE 800
2150 PENNSYLVANIA AVE NW
2021 K ST NW STE 800
2120 L ST NW STE 200
2800 13TH ST NW
2150 PENNSYLVANIA AVE NW
1234 19TH ST NW STE 100
2300 M ST 8th FL
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENN AVE NW
2300 M ST NW
2150 PENN AVE NW
1525 14TH ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1525 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
1147 20TH ST NW STE 400
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
2300 M ST NW 5TH FLR
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1525 14TH NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
3020 14TH ST NW
900 23RD ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2831 15TH ST NW 1ST FL
1012 14TH ST NW 14TH FL
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
650 PENN AVE SE STE 420
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1304 G ST NW
1333 N ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2440 M ST NW STE 801
2120 L ST NW STE 600
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1525 14TH ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
3 WASHINGTON CIR NW STE 305
900 23RD ST NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2831 15TH ST NW 1ST FL
2250 CHAMPLAIN ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1712 I STREET NW
1712 I ST NW STE 910
900 23RD ST NW
1250 CONNECTICUT AVE NW STE 200
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1776 I ST NW STE 9TH FLOOR
65 MASSACHUSETTS AVE NW
1717 COLUMBIA RD NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1525 14TH ST NW
2150 PENNSYLVAINA AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
900 23RD ST NW
3 WASHINGTON CIR NW STE 305
1900 MASS AVE BLDG 29 SE
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
900 23RD ST NW
1525 14TH ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
2333 ONTARIO RD NW
900 23RD ST NW
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2440 M ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
326 E CAPITOL ST NE
1525 14TH ST NW
1145 19th Street NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
730 24TH ST NW
1875 I ST NW STE 500
900 23RD ST NW
1101 15TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
900 23RD ST NW
900 23rd Street, NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
2021 K ST NW STE 800
2131 K ST NW STE 600
1333 N ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
1629 K ST NW STE 300
65 MASSACHUSETTS AVE NW
810 5TH ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2300 M ST NW 9TH FL
2300 M ST NW
3020 14TH ST NW
900 23RD ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
900 23RD ST NW
1012 14TH ST NW STE 700
2021 K ST NW STE 800
1145 19th Street NW
2300 M ST NW
1525 14TH ST NW
2112 F ST STE 304 NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2000 P ST NW STE 200
810 5TH ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
915 RHODE ISLAND AVE NW
1408 U ST NW STE A
900 23RD ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1629 K ST NW STE 300
3020 14TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
2300 M ST STE 610
900 23RD ST NW
900 23RD ST NW
3150 PENNSYLVANIA AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
1525 14TH ST NW
1525 14TH ST NW
1525 14TH ST NW
1416 9TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2831 15TH ST NW 1ST FL
2300 K ST NW
2150 PENN AVE NW
2120 L ST NW
900 23RD ST NW
60 O ST NW
900 23RD ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
1050 17TH ST NW STE 1000
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
2139 GEORGIA AVENUE STE 3A NW
900 23RD ST NW
900 23RD ST NW
1333 N ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
1629 K ST NW STE 300
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
900 23RD ST NW
2150 PENN AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
810 5TH ST NW
65 MASSCHUSETTS AVE NW
3020 14TH ST
1333 N ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
1525 14TH ST NW
1525 14TH ST NW
2800 13TH ST NW
1900 MASS AVE BLDG 29
1822 JEFFERSON PL NW
2150 PENN AVE NW
1333 N ST NW
3020 14TH ST NW
2300 M ST NW 9TH FL
1525 14TH ST NW
810 5TH ST NW
1333 N ST NW
650 MASSACHUSETTS AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2831 15TH ST NW 1ST FL
2021 K ST NW STE 206
1712 I ST NW STE 812
900 23RD ST NW
900 23RD ST NW
2131 K ST NW
1525 14TH ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2300 M ST NW STE 200
2021 K ST NW STE 800
901 23RD ST NW
901 23RD ST NW
1525 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
3020 14TH ST NW
1333 N ST NW
810 15TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2150 PENN AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
3 WASHINGTON CIR NW STE 305
2150 PENNSYLVANIA AVE NW
2300 M ST STE 110
2300 M ST NW
900 23RD ST NW
730 24TH ST NW
900 23RD ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
1333 N ST NW
2150 PENNSYLVANIA AVE NW
1900 MASS AVE STE 1242
3020 14TH ST NW
2300 M ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
3 WASHINGTON CIR NW STE 305
801 Pennsylvania Avenue, NW
2150 PENNSYLVANIA AVE NW
3020 14TH ST NW
901 23RD ST NW
1275 PENNSYLVANIA AVE NW
2150 PENN AVE NW
65 MASSACHUSETTS AVE NW
1900 MASS AVE BLDG 29
810 5TH ST NW
1333 N ST NW
2831 15TH ST NW 1ST FL
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
2120 L ST NW
900 23RD ST
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2831 15TH ST NW
1145 19TH ST NW STE 601
2021 K ST NW STE 725
2300 M ST STE 610
1525 14TH ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
900 23RD ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
901 23RD ST NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
1900 MASS AVE BLDG 29
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
2800 13TH ST NW
3020 14TH ST NW
901 23RD ST NW
900 23RD ST NW
2150 PENN AVE NW
900 23RD ST NW
1304 G Street, NW
900 23RD ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1525 14TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1147 20TH ST NW STE 400
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2131 K ST NW STE 700
900 23RD ST NW
900 23RD ST NW
2831 15TH ST NW 1ST FL
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2800 13TH ST NW
1525 14TH ST NW
3800 RESERVOIR RD NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
2021 K ST NW STE 312
730 24TH ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
900 23RD ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2021 K ST NW STE 800
2150 PENN AVE NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
1525 14TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
1333 N ST NW
2141 K ST NW STE 606
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
1629 K ST NW STE 300
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
810 5TH ST NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
1555 CONNECTICUT AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
1313 NEW YORK AVE NW
1555 CONNECTICUT AVE NW STE 500
900 23RD ST NW
1629 K ST NW STE 300
2150 PENNSYLVANIA AVE NW
3020 14TH ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2300M ST 8th FL
900 23RD ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
2440 M ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2300 M ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
1101 15TH ST NW
2150 PENN AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
2401 PENN AVE NW
2401 Pennsylvania Ave
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2440 M ST NW
900 23RD ST NW
60 O ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1712 I ST NW
1525 14TH ST NW
2300 M ST NW
900 23RD ST NW
900 23RD ST NW
2021 K ST NW
900 23RD ST NW
2150 PENN AVE NW
1525 14TH ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
810 5TH ST NW
1333 N ST NW
1900 MASS AVE BLDG 29
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2831 15TH ST NW 1ST FL
900 23RD ST NW
1776 I ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
1333 N ST NW
1525 7TH ST NW
1525 7TH ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
2300 M ST NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
810 5TH ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW STE 6A429
900 23RD ST NW
2300 M ST NW
3020 14TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
2041 GEORGIA AVE BA 07
900 23RD ST NW
2300 M ST NW
2150 PENNSYLVANIA AVE NW
3020 14TH ST NW
900 23RD ST
2150 PENNSYLVANIA AVE
900 23RD ST NW
2120 L ST NW STE 600
2150 PENN AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
730 24TH ST NW STE 17
2150 PENNSYLVANIA AVE NW 6TH FL
2021 K ST NW STE 500
2021 K ST NW STE 800
900 23RD ST NW
3020 14TH ST NW
2175 K ST NW STE C 100
60 O ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1012 14TH ST NW STE 425
2300 M ST NW 6TH FL
900 23RD ST NW
900 23RD ST NW
1101 15TH ST NW
2150 PENNSYLVANIA AVE NW
1101 15TH ST NW
1900 MASS AVE BLDG 29 SE
1333 N ST NW
1525 14TH ST NW
1900 MASS AVE BLDG 29
900 23RD ST NW
3020 14TH ST NW
1629 K ST NW STE M
2300 M ST STE 610
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2300 M ST STE 610
900 23RD ST NW
1145 19th Street NW
2150 PENNSYLVANIA AVE NW
1712 I ST NW STE 600
2150 PENNSYLVANIA AVE NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
3020 14TH ST NW
2425 L ST NW
2021 L ST NW
3020 14TH ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
1050 CONNECTICUT AVE NW STE 500
1776 I ST NW SUITE: 9TH FLOOR
900 23RD ST NW
2440 M ST NW STE 706
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2120 L ST NW
2150 PENNSYLVANIA AVE NW
2131 K ST NW STE 700
2120 L ST NW
900 23RD ST NW
1875 I ST NW STE 500
1101 15TH ST NW
2150 PENN AVE NW
3020 14TH ST NW
2000 P ST NW STE 200
900 23RD ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1012 14TH ST NW STE 903
1325 18TH ST NW STE 210
2300 M ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW ACC 4TH FL
1629 K ST NW STE 300
2120 L ST NW
1525 14TH ST NW
1776 I ST NW SUITE: 9TH FLOOR
2150 PENNSYLVANIA AVE NW
1630 EUCLID ST NW
2150 PENNSYLVANIA AVE NW
1010 VERMONT AVE STE 300 NW
128 M ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2300 M ST NW
900 23RD ST NW
900 23RD ST NW
1700 17TH ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2021 K ST NW STE 800
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
1101 15TH ST NW
2021 K ST NW STE 800
900 23RD ST NW
2150 PENN AVE NW
900 23RD ST NW
900 23RD ST NW
1712 EYE STREET NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENN AVE NW
2150 PENN AVE NW
1325 G ST NW STE 500
900 23RD ST NW
1525 14TH ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
3 WASHINGTON CIR NW STE 305
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
900 23RD ST NW
3020 14TH ST NW
2120 L ST NW STE 600
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
2240 M ST NW
900 23RD ST NW
2150 PENN AVE NW
900 23RD ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2120 L ST NW
2150 PENNSYLVANIA AVE NW
1712 I ST NW STE 812
2150 PENN AVE NW
2021 K ST NW STE 204
810 5TH ST NW
1333 N ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
900 23RD ST NW
2120 L ST NW
2150 PENN AVE NW
900 23RD ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
2150 PENN AVE NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
900 23RD ST NW
900 23RD ST NW
2131 K ST NW STE 600
2120 L ST NW
900 23RD ST NW
2120 L ST NW
1250 U ST NW FL 2 NW
2150 PENN AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
1525 14TH ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2021 K ST NW STE 800
1525 14TH ST NW
1900 MASS AVE BLDG 29
2300 M ST NW 9TH FL
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
60 O ST NW
2150 PENNSYLVANIA AVE NW
2120 L ST NW
900 23RD ST NW
2150 PENN AVE NW
900 23RD ST NW
2120 L ST NW
900 23RD ST NW
2120 L ST NW
900 23RD ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENN AVE NW
2150 PENN AVE NW
1712 I STREET NW
1147 20TH ST NW STE 400
1331 PENNSYLVANIA AVE NW STE 502
1145 19TH ST NW
2021 K ST NW STE
900 23RD ST NW
2150 PENN AVE NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2150 PENN AVE NW
2150 PENN AVE NW
2150 PENN AVE NW
1101 15TH ST NW
900 23RD ST NW
3020 14TH ST NW
2150 PENN AVE NW ACC-3RD

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENN AVE NW
2150 PENN AVE NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2300 M ST NW 9TH FL
2150 PENN AVE NW
900 23RD ST NW
2021 K ST NW STE 800
3020 14TH ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
900 23RD ST NW
2150 PENN AVE NW
2300 M ST NW 5TH FLR
2021 K ST NW STE 800
2800 13TH ST NW
1272 PENNSYLVANIA AVE NW
900 23RD ST NW
2021 K ST NW STE 600
2150 PENN AVE NW
1333 N ST NW
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2150 PENN AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW 5TH FL S
900 23RD ST NW
2300 M ST NE 8TH FL
2150 PENNSYLVANIA AVE NW
2440 M ST NW STE 804
2150 PENN AVE NW
900 23RD ST NW
2150 PENN AVE NW
2150 PENNSYLVANIA AVE NW
1333 N ST NW
1900 MASS AVE BLDG 29
65 MASSACHUSETTS AVE NW
810 5TH ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2150 PENNSYLVANIA AVE NW
2100 PENNSYLVANIA AVE NW STE 5027
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENN AVE NW
900 23RD ST NW
1272 PENNSYLVANIA AVE NW
2150 PENN AVE NW
900 23RD ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2800 13TH ST NW
2001 L ST NW STE 500
1333 N ST NW
1333 N ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
2300 M ST NW 9TH FL
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
2300 M ST 8th FL
1629 K ST NW STE M
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
900 23RD ST NW
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2300 M ST NW
2150 PENNSYLVANIA AVE NW
3020 14TH ST NW
2150 PENNSYLVANIA AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
2300 M ST NW STE 110
1333 N ST NW
810 5TH ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
1525 14TH ST NW
900 23RD ST NW
2150 PENN AVE NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
3020 14TH ST NW
2021 K ST NW
901 23RD ST NW
2150 PENN AVE NW
2121 K ST NW
900 23RD ST NW
2150 PENN AVE NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
900 23RD ST NW
900 23RD ST NW
3020 14TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
2150 PENNSYLVANIA AVE NW
2150 PENNSYLVANIA AVE NW
1900 MASS AVE SE
1700 E CAPITOL ST NE
2150 PENNSYLVANIA AVE NW
2300 M ST NW
2300 M ST NW
2150 PENNSYLVANIA AVE NW
2150 PENN AVE NW
1660 COLUMBIA RD NW
3020 14TH ST NW
1900 MASS AVE BLDG 29
2150 PENN AVE NW
900 23RD ST NW
2150 PENN AVE NW
901 1ST ST NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
1525 7TH ST NW
900 23RD ST NW
2021 K ST NW STE 800
900 23RD ST NW
2300 M ST NW
1525 14TH ST NW
2150 PENNSYLVANIA AVE NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2150 PENN AVE NW
1100 Connecticut Ave NW
3020 14TH ST NW
2150 PENN AVE NW
900 23RD ST NW
2300 M ST STE 210
2150 PENNSYLVANIA AVE NW
2300 M ST NW 9TH FL
2831 15TH ST NW 1ST FL
3 WASHINGTON CIR NW STE 305
900 23RD ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2831 15TH ST NW 1ST FL
1525 14TH ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1333 N ST NW
2150 PENNSYLVANIA AVE NW
900 23RD ST NW
2021 K ST NW
2150 PENN AVE NW
1050 17TH ST STE 1000 NW
3020 14TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
810 5TH ST NW
1101 15TH ST NW
2150 PENNSYLVANIA AVE NW

**AmeriHealth Name Provider Network
Ward 2**

Provider Address
650 PENN AVE SE STE 300
900 23RD ST NW
2150 PENNSYLVANIA AVE NW
2120 L ST NW
900 23RD ST NW
900 23RD ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2300 M ST STE 610
1010 VERMONT AVE STE 300
900 23RD ST NW
810 5TH ST NW
1333 N ST NW
65 MASSACHUSETTS AVE NW
2150 PENN AVE NW
810 5TH ST NW
3020 14TH ST NW
65 MASSACHUSETTS AVE NW
1333 N ST NW
2150 PENN AVE NW
900 23RD ST NW
900 23RD ST NW
1525 14TH ST NW
3020 14TH ST NW
1333 N ST NW
810 5TH ST NW
65 MASSACHUSETTS AVE NW

AmeriHealth Provider Network

Ward 3

Provider Name	Provider Type
ABUGUYAN, FAHAD	Emergency Medicine
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ADDERLEY, TONI	General Dentistry
ADIELE, LAURA N.	Family Nurse Practitioner
ADUROTA, OLAYEMI A.	Family Practice
AHLRICH, JULIE A.	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLRED, LEIGH	Family Nurse Practitioner
ALSTON, KATHY D.	Family Practice
ALTMON, EPHRAIM L.	General Dentistry
ANDERSON, ANDREA A.	Family Practice
ANGLIN, JERRI L.	Certified Clinical Social Work
ARIYO, BOLANLE O.	Family Practice
ARMOUR, MARYELLEN	Certified Clinical Social Work
ARON, ALIVIA	Nurse Practitioner Other
ARORA, VIKAS	General Practice
ARUNA, JULIANA H.	Family Practice
ATABONG, ANYINKE	Family Nurse Practitioner
AZAM, MOHAMMED A.	Psychiatry
AZIZ, JULIA K.	Pediatrics
BABROWICZ, JOSEPH C.	Vascular Surgery
BAKER, ALICIA R.	Family Nurse Practitioner
BAPTISTE, CHERYLE A.	General Dentistry
BARAHMAND, AFSANEH	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BECK, KIMBALL J.	Family Practice
BELSKY, JANA	Professional Counselling
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, MARKISHA T.	Psychology
BERAHO, LORRAINE K.	Pediatrics
BERLIN, ROBIN E.	Psychiatry
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLAND, WALTER P.	Psychiatry
BODRICK, NIA I.	Internal Medicine
BOGROV, MICHAEL A.	Psychiatry
BOGROV, MOIRA U.	Psychiatry, Neurology
BUCHHOLZ, RYAN M.	Internal Medicine
BUESCHER, TERESA	Plastic Surgery
BUTLER, ANN C.	Hospice & Palliative Medicine
CAMPBELL, KERRY	Social Worker
CARDILE, ANNE C.	Internal Medicine

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
CAVETT, ANNE E.	Family Nurse Practitioner
CHA, STEPHEN	Internal Medicine
CHARLES, ADRIENNE E.	Family Practice
CHATMAN, CRYSTA	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHVOTKIN, RICHARD M.	Certified Clinical Social Work
CLEGG, RASHIDA	Professional Counselling
COASTAL HEALTHCARE SERVICES	Early Periodic Screening, Diag
COLEY, SANDRA M.	General Dentistry
COLLINS, MILLICENT D.	Pediatrics
COOK, MALCOLM	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
CORBETT, AYSHA L.	Family Practice
COVEL, LISA S.	Family Nurse Practitioner
COX, SHARON K.	Internal Medicine
CRANSTON, NICOLE	General Dentistry
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRENSHAW, MARGARET	Family Practice
CROSLAND, CATHERINE	Internal Medicine
DANIEL, NICHOLAS E.	General Dentistry
DANIELS II, JOHN T.	General Dentistry
DAVENPORT, NANCY J.	Cardiovascular Medicine
DAVIS, LAURA E.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DEMEO, WILLIAM J.	Certified Clinical Social Work
DENSON, ANITRA P.	Pediatrics
DEPASQUALE, ANNE	Family Practice
DESOUZA, MALCOLM M.	Obstetrics and Gynecology
DIGGS, FRANK H.	Family Nurse Practitioner
DIMITROVA, TZVETELINA D.	Psychiatry
DIXON, ANDREW W.	Family Practice
DOBERMAN, DANIELLE J.	Hospice & Palliative Medicine
DOHERTY, TRACIE	Professional Counselling
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
EAKIN, ANGELA	Family Practice
EGINS, OTIS R.	Family Practice
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, REGGIE C.	Family Practice
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
EMEJURU, JASON	Psychiatry
EPHRUSSI, COREY W.	Internal Medicine

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
ESCALANTE, ENRIQUE	Pediatrics
EYASU, RAHWA K.	Family Nurse Practitioner
FAGONDE, MELISSA T.	Family Practice
FAIRCLOTH, KARI	Family Nurse Practitioner
FARNABY, SARAH	Professional Counselling
FARNABY, SARAH	Professional Counselling
FECZKO, ANNE	Family Nurse Practitioner
FERNANDEZ, EDDIE A.	Emergency Medicine
FLYNN, JOHN H.	General Dentistry
FREEMAN, NATALEE	Family Nurse Practitioner
FRIEDMAN, LEONARD M.	Ophthalmology
FUENTES, JENNIFER J.	Professional Counselling
FUENTES, JENNIFER J.	Professional Counselling
GABATHULER, STEPHANIE M.	Family Practice
GANESH, NANDINI	Internal Medicine
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GETANEH, ASQUAL	Internal Medicine
GOETCHEUS, ALICE J.	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOODHUE, SHANNON	Certified Social Worker
GORON, LISA G.	Psychiatry
GORRELL, SHANNON	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GREYNOLDS, SUSAN	Certified Social Worker
GULLEY, MONICA J.	Family Practice
GUNNALA, RAJNI	Pediatrics
HAGIGI, MARK M.	General Dentistry
HAILE MARIAM, TENAGNE W.	Emergency Medicine
HAILES, TONYA T.	Family Practice
HALL, THOMAS	Internal Medicine
HAMMOCK, MONICA L.	Certified Social Worker
HANDEL, STEPHANIE	Certified Social Worker
HANSEN, ROBERT B.	Certified Clinical Social Work
HARDEMAN, BERNARD L.	Family Nurse Practitioner
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDY, CHERON R.	Family Nurse Practitioner
HARPSTER, WILLIAM H.	Internal Medicine
HASSAN, LARTONIAH	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HAYES, PAULA R.	Family Practice
HE, DINGCHAO	Thoracic and Cardiac Surgery
HERRON, LESIA	Family Nurse Practitioner
HERTHER, JENNIFER L.	Nurse Practitioner Other

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
HILL, KATHLEEN G.	Family Practice
HLADEK, MELISSA D.	Family Nurse Practitioner
HOGAN, JOHN W.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HONG, LINA C.	Emergency Medicine
HOOD, MARY E.	Physical Medicine & Rehab
HORAN, MICHAEL	Preventative Medicine
HOWELL, AMOREENA R.	Internal Medicine
HUANG, JAMES	Family Practice
HUBE, JEREMY	Professional Counselling
HUSSAIN, ZINA M.	Psychiatry
IKEGWUOHA, BENITA	Family Nurse Practitioner
JACKLIS, GHASSAN	General Dentistry
JASPER, BYRON	Family Practice
JEFFRIES, MARIA	Clinical Nurse Specialist
JILANI, SHAHLA M.	Pediatrics
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, STEPHANIE R.	Psychology
JONES, BEVERLY A.	Certified Social Worker
JOO, SANDRA H.	Radiology, Diagnostic
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JREISSATY, SALIM C.	General Dentistry
KAHLER, JENNIFER A.	Psychologist -Clinical
KAPLAN, MILCA A.	Nurse Practitioner Other
KAPLAN, STANLEY L.	Optometry
KASMAR, EMILY	Nurse Practitioner Other
KASSAYE, SEBLE G.	Pediatrics
KATTAKUZHLY, SARAH M.	Internal Medicine
KECK, LESLIE	Internal Medicine
KELLER-HINKSON, IRELENE I.	Family Practice
KELLY, ELIZABETH C.	Certified Clinical Social Work
KELTER, CHRISTINA A.	Physical Therapy
KHELGHATI, BAHIIYYIH J.	Family Practice
KHIN, NI NI N.	Psychiatry
KHOZEIN, SHOKOUFEH	General Dentistry
KOLBRENER, MERIDITH	Family Practice
KOSSOFF, AMY D.	Internal Medicine
KOTLER, JOHN	Social Worker
KRAFT, ADRIENNE G.	Social Worker
LAKHANPAL, SANJIV	Cardiovascular Surgery
LAKSHMIN, POOJA	Psychiatry

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
LAPP, DIANA	Family Practice
LARYEA, SARAH V.	Occupational Medicine
LATNEY, CHELSIA A.	Speech Language Pathology
LAWRENCE, DARLENE	Family Practice
LE, DUC T.	Emergency Medicine
LEAK, DONICE A.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LEVIN, ILSE R.	Internal Medicine
LEVIN, SUSAN	Dietician
LIEBER, PAMELA T.	Certified Social Worker
LIN, JEFFREY Y.	Gynecologic Oncology
LINDSAY JR, JOSEPH	Cardiovascular Medicine
LOOMIS, JAMES F.	Internal Medicine
LOWE, MARI	Family Nurse Practitioner
LOWY, ADAM F.	Psychiatry
LUM, TSZHODERRICK	Family Nurse Practitioner
MADDREY, LACEY	Certified Social Worker
MAHMOOD, ANDLEEB	General Dentistry
MARKS, PAMELA A.	Internal Medicine
MARSHALL WOODS, KATHERINE	Psychiatry
MARTIN, DONALD E.	Family Practice
MARTIN, MARIA A.	Family Practice
MASSONI, ANGELA T.	Family Nurse Practitioner
MATHIVANNAN, MATTY	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MCCARTAN, KATE	Family Practice
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCLAM, TAMELA	Psychiatry, Neurology
MCCLELLAND, LAUREN A.	Family Nurse Practitioner
MCCOY COLLINS, RENEE A.	Oral and Maxillofacial Surgery
MCFARREN, KRISTA L.	Radiology, Diagnostic
MCGONAGLE, KERRY	Family Nurse Practitioner
MEHTA, ANITA	Radiology, Diagnostic
MENDELSON, MARC	Emergency Medicine
METZ, GRACE C.	Certified Social Worker
MEYER, TRACY L.	Psychiatry
MJERE, JANET	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MIRANDA, IVONNE	Professional Counselling
MITCHEM, QUIANA E.	Occupational Medicine
MORAR, VARSHA	Psychiatry
MORRIS, ELISE B.	Family Practice
MORRIS, WILLIAM E.	Ophthalmology

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
MOYER, CRISTINA M.	Internal Medicine
MUFARRIJ, PATRICK W.	Urology
MURPHY, JAMES A.	Psychiatry, Neurology
MURRAY, VALERIE M.	Family Nurse Practitioner
NADER, KHALIL	Nurse Practitioner Other
NAING, YIN M.	Internal Medicine
NASSAR, AMY F.	Family Nurse Practitioner
NEABORE, STEPHEN	Internal Medicine
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEGUSSIE, GENNET	Family Nurse Practitioner
NEOLA, MARGARET J.	Dietician
NG, PHICK H.	Internal Medicine
NGUYEN, KHANH Q.	Emergency Medicine
OLIVER, MAYA	Orthodontics
ONEAL, MICHAEL J.	Emergency Medicine
ONUMAH, CHAVON M.	Internal Medicine
PALMER, MICHELLE	Certified Social Worker
PEREZ, BARBARA J.	Certified Clinical Social Work
PERRAS, NICOLE N.	Psychiatry
PERSINGER - ADAMS, RASHEDA	Family Nurse Practitioner
PITLER, SUSAN L.	Professional Counselling
POPIEL, DAVID K.	Internal Medicine
POWERS, HEATHER E.	Certified Clinical Social Work
PSYCHIATRIC INSTITUTE OF WASHINGTON	Psychiatric Facility
RAHMAN, UMAR F.	Psychiatry
RANKIN, BRONWEN W.	Psychology
RAO, PRABHAVATHI M.	Neurology
RAVIKUMAR, VIDYALAKSHMI	Dietician
REDHA, WADDAA	Emergency Medicine
RICHARDSON, MARY D.	Family Nurse Practitioner
RICOTTA, JOHN J.	Vascular Surgery
ROBIE, ANDREW	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROESCH, REBECCA L.	Certified Clinical Social Work
RUBIN, JESSICA	Pediatric Dentist
SALUNGA, AMY	Family Nurse Practitioner
SAMPLES, JESSICA C.	Psychiatry, Neurology
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHUELEIN, MARIANNE	Neurology
SCHWARTZ, RONA A.	Family Practice
SHUSTIKOFF, CONSTANTINE	Psychiatry
SIDDABATTUNI, RANA S.	Internal Medicine
SIKKA, NEAL K.	Emergency Medicine
SILE, HELEN	Internal Medicine
SILVERBERG, CHAD M.	Radiology
SLATER, AMANDA I.	Family Practice
SMITH, KAREN L.	Dietician
SQUIRES, ANNE P.	Family Nurse Practitioner
STEINBERG, JEFFREY E.	Podiatry
STOLERU, SAMUEL	Ophthalmology
STUART-MCCALL, ANNA B.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUMMER, CAROLYN B.	Nurse Practitioner Other
TAY, AFUA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TERRELL, LEKEISHA R.	Pediatrics
THE WASHINGTON HOME	Hospice
THE WASHINGTON HOME	Hospice
THEUT, SUSAN K.	Psychiatry
THOMAS, GEORGE P.	Pediatric Dentistry
TISH, DONNA	Certified Social Worker
TODD, URETTA M.	Speech/Hearing Therapy
TOSO, BLANCA L.	Internal Medicine
TOWNSEND, ROSE L.	Physical Therapy
TRACY, JAMES A.	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TURNER, CHLOE E.	Pediatrics
VANCE, LINDSEY D.	Professional Counselling
VANDEBUNTE, KATRINA	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, HEATHER E.	Family Practice
WELLS, CAMERON L.	Dietician
WENDT CENTER FOR LOSS AND HEALING	Community Mental Health Center
WHALEN, MICHAEL	Urology
WHEELER, GEORGE L.	Professional Counselling
WILKINS, ANGELA E.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner

**AmeriHealth Provider Network
Ward 3**

Provider Name	Provider Type
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINSTON, GINGER	Internal Medicine
WORALLA, SHARON P.	General Dentistry
YOON, HANNA	Family Practice
YOUNG, CHARMAINE D.	Speech/Hearing Therapy
ZAINO, AMBER M.	Family Nurse Practitioner
ZARR, ROBERT L.	Pediatrics
ZYSKIND, AVIVA D.	Family Practice

**AmeriHealth Provider Network
Ward 3**

Provider Address
2902 PORTER ST NW
4713 WISCONSIN AVE NW
7826 EASTERN AVE NW STE 202
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4555 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4301 CONNECTICUT AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 600
4713 WISCONSIN AVE NW
3000 CONNECTICUT AVE NW STE 301
2150 PENNSYLVANIA AVE NW
4530 40TH UNIT B NW
4713 WISCONSIN AVE NW
1400 DECATUR ST NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
5255 LOUGHBORO RD NW
4713 WISCONSIN AVE NW
4839 WISCONSIN AVE NW
4555 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2150 PENNSYLVANIA AVE NW
5255 LOUGHBORO RD NW
4201 CONNECTICUT AVE NW STE 300
4713 WISCONSIN AVE NW

**AmeriHealth Provider Network
Ward 3**

Provider Address
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2902 PORTER ST
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
3801 CONNECTICUT AVE NW STE 100A
1251 B SARATOGA AVE NE
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2902 PORTER ST NW
2737A DEVONSHIRE PL NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
6428 GEORGIA AVE NW
3000K CONNECTICUT AVE NW
5215 LOUGHBORO RD NW STE 460
4859 MACARTHUR BLVD NW
4713 WISCONSIN AVE NW
5225 CONNECTICUT AVE NW STE 311
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4910 MASS AVE NW STE 307
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
3720 UPTON ST NW
4201 CONNECTICUT AVE NW STE 300
4713 WISCONSIN AVE NW
5100 WISCONSIN AVE NW STE 401
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW

**AmeriHealth Provider Network
Ward 3**

Provider Address
4900 MASSACHUSETTS AVE NW STE 320
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
2737 DEVONSHIRE PL NW UNIT i
4713 WISCONSIN AVE NW
3300 NEW MEXICO AVE NW STE 336
4607 CONNECTICUT AVE NW
4713 WISCONSIN AVE NW
4201 Connecticut Ave NW
4201 CONNECTICUT AVE NW STE 300
2737 DEVONSHIRE PL NW UNIT i
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
4228 WISCONSIN AVE NW
2902 PORTER ST NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2737A DEVONSHIRE PL NW
2902 PORTER ST NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4545 42ND ST NW STE 201
4201 CONNECTICUT AVE NW STE 300
3801 CONNECTICUT AVE NW STE 100D
4555 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2902 PORTER ST NW
4530 WISCONSIN AVE
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW

**AmeriHealth Provider Network
Ward 3**

Provider Address
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
3300 NEW MEXICO AVE NW STE 336
4000 ALBEMARLE ST NW STE 501
2902 PORTER ST
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4444 CONNECTICUT AVE NW STE 106-107
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW 6TH FLR
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
1025 THOMAS JEFFERSON ST NW STE 420 E
4201 CONNECTICUT AVE NW STE 300
5255 LOUGHBORO RD NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
5100 WISCONSIN AVE NW STE 240
4228 WISCONSIN AVE NW 6TH FLR
7825 EASTERN AVE NW STE 208
5415 Connecticut Ave NW
5100 WISCONSIN AVE NW STE 401
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
4000 ALBEMARLE ST NW STE 501
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
730 24TH ST NW STE 13
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
4201 CONNECTICUT AVE NW STE 300
3301 NEW MEXICO AVE NW
4228 WISCONSIN AVE NW 6TH FLR

**AmeriHealth Provider Network
Ward 3**

Provider Address
4713 WISCONSIN AVE NW
3801 CONNECTICUT AVE NW STE 100A
3801 CONNECTICUT AVE NW STE 100A
4713 WISCONSIN AVE NW
1160 VARNUM ST STE 212
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
5100 WISCONSIN AVE NW STE 401
4201 CONNECTICUT AVE NW STE 300
5225 LOUGHBORO RD NW
5215 LOUGHBORO RD NW STE 460
5100 WISCONSON AVE NW STE 401
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
6428 GEORGIA AVE NW
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
1400 DECATUR ST NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
2226 WISCONSIN AVE NW
2737A DEVONSHIRE PL NW
3301 NEW MEXICO AVE NW STE 132
4713 WISCONSIN AVE NW
2300 M ST NW
2902 PORTER ST NW
4201 CONNECTICUT AVE NW STE 300
4228 WISCONSIN AVE NW
4228 WISCONSIN AVE NW 6TH FLR
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
3801 CONNECTICUT AVE NW STE 100A
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
3301 NEW MEXICO AVE NW

**AmeriHealth Provider Network
Ward 3**

Provider Address
4713 WISCONSIN AVE NW
5215 LOUGHBORO RD NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2902 PORTER ST
2902 PORTER ST NW
4859 MACARTHUR BLVD NW
5100 WISCONSIN AVE NW STE 401
4713 WISCONSIN AVE NW
1251 B SARATOGA AVE NE
4713 WISCONSIN AVE NW
5100 WISCONSIN AVE NW STE 401
4713 WISCONSIN AVE NW
3301 NEW MEXICO AVE NW
4434 MACARTHUR BLVD NW STE 201
2902 PORTER ST NW
2902 PORTER ST NW
4201 CONNECTICUT AVE NW STE 300
4228 WISCONSIN AVE NW
4228 WISCONSIN AVE NW 6TH FLR
3924 MINNESOTA AVENUE NE
4201 CONNECTICUT AVE NW STE 300
2902 PORTER ST NW
4201 CONNECTICUT AVE NW STE 300
4228 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
1400 DECATUR ST NW
2902 PORTER ST NW
4713 WISCONSIN AVE NW
5215 LOUGHBORO RD NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
3924 MINNESOTA AVENUE NE
4201 CONNECTICUT AVE NW STE 300
4200 WISCONSIN AVE NW STE 240
4555 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
3924 MINNESOTA AVENUE NE
4713 WISCONSIN AVE NW

**AmeriHealth Provider Network
Ward 3**

Provider Address
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
3301 NEW MEXICO AVE NW STE 208
4713 WISCONSIN AVE NW
4228 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
2902 PORTER ST NW
5255 LOUGHBORO RD NW
3301 NEW MEXICO AVE NW STE 106
4713 WISCONSIN AVE NW
5100 WISCONSIN AVE NW STE 401
4713 WISCONSIN AVE NW
4910 MASSACHUSETTS AVE NW STE 315
4119 CONN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4200 WISCONSIN AVE NW STE 400
3720 UPTON ST NW
2114 HUIDEKOPER PL NW
2737A DEVONSHIRE PL NW
4201 CONNECTICUT AVE NW STE 300
3801 CONN AVE NW STE 100A
4713 WISCONSIN AVE NW
3801 CONN AVE NW STE 100A
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4201 CONNECTICUT AVE NW STE 300
2226 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
5100 WISCONSIN AVE NW STE 401
4201 CONNECTICUT AVE NW
5215 LOUGHBORO RD NW STE 150
3000 CONNECTICUT AVE STE 321
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW

**AmeriHealth Provider Network
Ward 3**

Provider Address
4713 WISCONSIN AVE NW
2902 PORTER ST NW
2737 DEVONSHIRE PLACE NW STE A
4713 WISCONSIN AVE NW
3801 CONN AVE NW STE 100A
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW
4713 WISCONSIN AVE NW

**AmeriHealth Provider Network
Ward 4**

Provider Name	Provider Type
ABA HOME HEALTH CARE	Home Health Agency
ABOITIZ, MIREN K.	Nurse Practitioner Other
ABOITIZ, MIREN K.	Nurse Practitioner Other
ABRAMSKY, DEBORAH	Certified Nurse Midwife
ABRAMSKY, DEBORAH	Certified Nurse Midwife
ADANE, TIRSIT	Family Practice
ADANE, TIRSIT	Family Practice
AFRE, GETACHEW M.	Internal Medicine
AGARWAL, GITA J.	Family Practice
AGARWAL, GITA J.	Family Practice
ALI, BABAR	Interventional Cardiology
ALI, SARAH	Infectious Disease
ALI, SARAH	Internal Medicine
ALI, SARAH	Internal Medicine
ALI, SARAH	Infectious Disease
AMAYA, MIRNA P.	Professional Counselling
AMBATI, MADHAVI	Family Practice
AMBATI, MADHAVI	Family Practice
ANDERSSON, KRISTINA E.	Pediatrics
ANDERSSON, KRISTINA E.	Pediatrics
ANEKE, CHARLES O.	Optometry
ANGLIN, JERRI L.	Certified Clinical Social Work
API ASSOCIATES	Community Mental Health Center
ARENE, TERESA	Certified Clinical Social Work
AYLLON, CLAUDIA N.	Social Worker
AZEEZ, NADEEM	General Dentistry
BAEZ-SIERRA, DEYADIRA	Psychiatry, Neurology
BEDEAU, JOHN W.	Gastroenterology
BENDKOWSKA, IVONA E.	Psychiatry
BENDKOWSKA, IVONA E.	Psychiatry
BENJAMIN-JOHNSON, RHONDEE A.	Internal Medicine
BENJAMIN-JOHNSON, RHONDEE A.	Internal Medicine
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BRADLEY, ANNE	Social Worker
BURGULA, SWATHI	Pediatrics
BURGULA, SWATHI	Pediatrics
CALDWELL, WHITNEY R.	General Dentistry
CAMARGO, CLAUDIA	Social Worker
CARPINELLI, ANNE M.	Pediatrics
CARPINELLI, ANNE M.	Pediatrics
CARR JULES, SUCHITHA A.	Physical Therapy
CASTILLO-RIVERA, DARLEEN	Registered Dietitian

**AmeriHealth Provider Network
Ward 4**

Provider Name	Provider Type
COMMUNITY CARE NURSING SERVICE OF DC	Home Health Agency
CONTEMPORARY FAMILY SERVICES	Outpatient Mental Health Clini
COPPOLA, REBECCA	Family Nurse Practitioner
COPPOLA, REBECCA	Family Nurse Practitioner
CORNEJO YUMPE, CHRISTIAN L.	Pediatrics
CORNEJO YUMPE, CHRISTIAN L.	Pediatrics
CURTIS, MARY K.	Certified Nurse Midwife
DISTRICT HEALTHCARE AND JANITORIAL SUPPLIES INC	Durable Medical Equip Supplier
DO, KIM-NGAN	General Dentistry
DOHERTY, PAUL	Pediatrics
DOHERTY, PAUL	Pediatrics
DUNSTON, PATRICIA J.	Psychology
EIDMAN, LINDSAY	Social Worker
ELLIOTT, TOLLIE B.	Obstetrics and Gynecology
EZEMOBI, EMMANUEL O.	General Dentistry
FASUSI, PATRICK O.	Pain Management
FASUSI, PATRICK O.	Anesthesiology
FERNANDEZ, MAIYU A.	Nutritionist
FETTER, MARIE	Certified Nurse Midwife
FLEISCHMANN, SUSAN L.	Certified Social Worker
GASPAR, MARIA I.	Social Worker
GAVIRIA-MUNOZ, DAVID A.	Professional Counselling
GAY, DIONNE R.	Family Practice
GERACI, DONNA M.	Certified Clinical Social Work
GESKER, RICHARD W.	General Dentistry
GESKER, RICHARD W.	General Dentistry
GLICKMAN, HAROLD B.	Podiatry
GONZALEZ-PORTILLO, GIULLIANA M.	Nurse Practitioner Other
GONZALEZ-PORTILLO, GIULLIANA M.	Pediatric Nurse Practitioner
GRACE, KAREN T.	Certified Nurse Midwife
GREEN DOOR	Community Mental Health Center
GREENSIDE, MINDY H.	Certified Nurse Midwife
GREENSIDE, MINDY H.	Certified Nurse Midwife
GROSS, MORGAN	Social Worker
GUEVARA, RODRIGO	General Dentistry
GUZMAN, ALVARO	Psychiatry
HALBACK, KIM D.	Certified Clinical Social Work
HE, DINGCHAO	Thoracic and Cardiac Surgery
HERNANDEZ, EVETTE M.	Certified Nurse Midwife
HERNANDEZ, EVETTE M.	Certified Nurse Midwife
HEWES, MARY	Certified Clinical Social Work
HOLY HEALTH CARE SERVICES LLC	Community Mental Health Serv

**AmeriHealth Provider Network
Ward 4**

Provider Name	Provider Type
HOWELL, EVERETT L.	General Dentistry
HUME, MARGARET	Certified Social Worker
IBIKUNLE, JIMMY O.	Psychiatry
IDEAL NURSING SERVICES INC	Home Health Agency
IDREES, SUNDAS	General Dentistry
IJAZ, MOHSIN	Cardiovascular Medicine
JEFFERSON, KEVIN E.	Podiatry
KARIMI-ARDEKANI, KOUROSH	General Dentistry
KBC NURSING AGENCY HOME HEALTH INC	Home Health Agency
KHAN, RIFHAT	General Dentistry
KIM, CHAD	General Dentistry
KIM, SANDRA	General Dentistry
KIM, SANDRA	General Dentistry
KNIGHT, SIDNEY D.	Certified Clinical Social Work
KOUR, MANMEET	General Dentistry
KU, TAE SUNG	General Dentistry
LEE, JOOSANG	General Dentistry
LIFESTAR RESPONSE OF MARYLAND	Ambulance
LIN, RACHEL	General Dentistry
LINAC SERVICES INC	Home Health Agency
LOWINGER, KARA E.	Certified Clinical Social Work
LUCHAUER, SONYA M.	Family Nurse Practitioner
LUCHAUER, SONYA M.	Family Nurse Practitioner
MARK, NERI P.	General Dentistry
MARQUEZ, MARIA L.	Pediatrics
MARQUEZ, MARIA L.	Pediatrics
MAXIM HEALTHCARE SERVICES INC	Home Health Agency
MAZIE, KAREN B.	Pediatrics
MAZIE, KAREN B.	Pediatrics
MAZIQUE II, EDWARD C.	General Dentistry
MCDAY, KRISTIN	Obstetrics and Gynecology
MCDAY, KRISTIN	Obstetrics and Gynecology
MCGINTY, DANA W.	Internal Medicine
MCINTYRE, LYNNE M.	Certified Clinical Social Work
MCPHERSON CORDER, MARILYN D.	Pediatrics
MESSICK, MARYBETH E.	Certified Social Worker
MILLER, GREGORY J.	General Dentistry
MISTRY, DIVESH S.	General Dentistry
MISTRY, DIVESH S.	General Dentistry
MOHAMED, FAZIL	General Dentistry
MOREAU, YVONELLE	General Dentistry
MUELLER, DANA C.	Internal Medicine
MUELLER, DANA C.	Internal Medicine

**AmeriHealth Provider Network
Ward 4**

Provider Name	Provider Type
MURPHY, SHARON T.	Professional Counselling
NAINI, PRATHAP R.	Obstetrics and Gynecology
NAINI, PRATHAP R.	Obstetrics and Gynecology
NEW HAMPSHIRE PHARMACY AND MEDICAL EQUIPMENT	Durable Medical Equip Supplier
NGWAFON, MARVIN	Oral and Maxillofacial Surgery
NORTHEY, SARAH S.	Marriage and Family Therapy
NORTHEY, SARAH S.	Marriage and Family Therapy
NUNDY, SHANTANU	Internal Medicine
NUNDY, SHANTANU	Internal Medicine
OBI, ELIZABETH	Family Nurse Practitioner
OGUNTIMEIN, JOSEPHINE	Pediatric Dentistry
OHARA, MARTIN J.	Internal Medicine
OHARA, MARTIN J.	Internal Medicine
OSBORN, RACHEL	Social Worker
PARKER, RICHARD	Internal Medicine
PARRA-BENCOMO, LUGARDA	Professional Counselling
PARRELLA, MARISA A.	Certified Clinical Social Work
PATEL, LOKEN M.	Endodontist
PETIT, THAMAR	General Dentistry
PETIT, THAMAR	General Dentistry
PHELPS, BENJAMIN R.	Pediatrics
PHELPS, BENJAMIN R.	Pediatrics
POF INC	Ambulatory Surgical Center
POPE, STEPHANIE L.	Pediatrics
POPE, STEPHANIE L.	Pediatrics
PREMIER HEALTH SERVICES INC	Home Health Agency
PRICE, STEVEN	General Dentistry
QUARTERMAN, CHRISTINA G.	General Dentistry
RAHBAR, RODEEN	Vascular Surgery
RAI CARE CENTERS OF DC LLC	End Stage Renal Disease (ERSD)
REDDY, NAVIN	Psychiatry
RHODES, LEEANN	Pain Management
RHODES, LEEANN	Anesthesiology
RIZK, JOSEPH	General Dentistry
RIZK, JOSEPH	General Dentistry
ROBERT, REBECCA C.	Pediatric Nurse Practitioner
ROBERT, REBECCA C.	Pediatric Nurse Practitioner
RODRIGUEZ, ALBERTH	General Dentistry
ROSENBLUM, SOFIA	Social Worker
SAAD, GEORGETTE	Certified Social Worker
SAEZ, GLORIA	Social Worker
SAMEE, SAQUIB	Cardiovascular Medicine
SANCHEZ, MELISSA J.	Family Practice

**AmeriHealth Provider Network
Ward 4**

Provider Name	Provider Type
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANTAMARIA, GABRIELA C.	Nurse Practitioner Other
SANTAMARIA, GABRIELA C.	Nurse Practitioner Other
SARANJAM, HAMID R.	General Dentistry
SAVAGE JR, JAMES E.	Psychology
SCHROEDER, JESSICA	Pediatrics
SCHROEDER, JESSICA	Pediatrics
SCHWIEP, ALINA R.	Certified Clinical Social Work
SELYA, AVA	General Dentistry
SHANNON, KATHLEEN K.	Certified Nurse Midwife
SHANNON, KATHLEEN K.	Certified Nurse Midwife
SHAW, MARLENE	General Dentistry
SMITH, DANIEL J.	Family Practice
SMITH, DANIEL J.	Family Practice
SMITH, VINCENT	General Dentistry
SOBEY, WENDY S.	Certified Nurse Midwife
SOBEY, WENDY S.	Certified Nurse Midwife
SOHN, YUNGGYO	Anesthesiology
SONG, EUNICE	General Dentistry
SPENCER, BROOKE A.	Family Nurse Practitioner
SPENCER, BROOKE A.	Family Nurse Practitioner
STEELE, WILLIAM M.	General Dentistry
STEWART, COLIN E.	Psychiatry, Neurology
STEWART, COLIN E.	Psychiatry, Neurology
STINFIL, MARLORIE	Pediatrics
STINFIL, MARLORIE	Pediatrics
STRATFORD, BRANDON J.	Certified Clinical Social Work
STUPART, SHAUNA	Family Practice
STUPART, SHAUNA	Family Practice
SUPEKAR, MANASI	General Dentistry
TESSEMA, DEREJEW	
TUCKER, ALICIA	Pediatrics
TUCKER, ALICIA	Pediatrics
TURPIN, CANDICE R.	General Dentistry
VANDERWALL-LACEY, CHARITY J.	General Dentistry
VELAMAKANNI, SAALINI	General Dentistry
VELEZ, VERONICA	Mental Health Counselor
VINCENT, FELIX	General Dentistry
VOLUNTEERS OF AMERICA CHESAPEAKE INC	Community Mental Health Center
WALKER, KHALFANI	General Dentistry
WATERS, ROSE E.	Certified Nurse Midwife
WATERS, ROSE E.	Certified Nurse Midwife
WILLIAMS III, SAMUEL L.	Psychiatry

**AmeriHealth Provider Network
Ward 4**

Provider Name	Provider Type
WOLFE, ELIZABETH	Social Worker
WORKNEH, GELANE	Pediatrics
WORKNEH, GELANE	Pediatrics
YODER, RACHEL B.	Psychiatry, Neurology
ZICK, MARY	Social Worker
ZINNES, ANCA	Psychiatry
ZIVKOVIC, BRIGITTE W.	General Dentistry
ZIVKOVIC, BRIGITTE W.	General Dentistry

**AmeriHealth Provider Network
Ward 4**

Provider Address
821 KENNEDY ST NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
3912 GEORGIA AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
6323 GEORGIA AVE NW STE 104
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 202
3912 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
100 GALLATIN ST NE
7412 GEORGIA AVE NW STE 4
100 GALLATIN RD NE
3912 GEORGIA AVE NW
3912 GEORGIA AVE NW
100 GALLATIN RD NE
5221 Georgia Ave NW
4909 7TH ST NW
7826 EASTERN AVE NW STE 201
7412 GEORGIA AVE NW STE 4
7412 GEORGIA AVE NW STE 4
6428 GEORGIA AVE NW
100 GALLATIN ST NE
6323 GEORGIA AVE NW STE 207
3912 GEORGIA AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
7412 GEORGIA AVE NW STE 4
3912 GEORGIA AVE NW
100 GALLATIN RD NE
6428 GEORGIA AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
7600 GEORGIA AVE NW STE 323
100 GALLATIN ST NE

**AmeriHealth Provider Network
Ward 4**

Provider Address
6031 KANSAS AVE NW STE 201
6323 GEORGIA AVE NW STE 300
3912 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
100 GALLATIN ST NE
7702 GEORGIA AVE NW STE 103
6428 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
7852 16TH ST NW
100 GALLATIN ST NE
100 GALLATIN ST NE
3901 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 200
6323 GEORGIA AVE NW STE 200
100 GALLATIN ST NE
100 GALLATIN ST NE
100 GALLATIN ST NE
100 GALLATIN ST NE
100 GALLATIN ST NE
6323 GEORGIA AVE NW STE 207
7412 GEORGIA AVE NW STE 4
100 GALLATIN ST NE
3912 GEORGIA AVE NW
5513 CONNECTICUT AVE NW STE 210
100 GALLATIN RD NE
3912 GEORGIA AVE NW
100 GALLATIN ST NE
1221 TAYLOR ST NW
3912 GEORGIA AVE NW
100 GALLATIN ST NE
100 GALLATIN ST NE
3912 GEORGIA AVE NW
1400 DECATUR ST NW
5235 NEW HAMPSHIRE AVE NW
6323 GEORGIA AVE STE 101
100 GALLATIN RD NE
3912 GEORGIA AVE NW
100 GALLATIN ST NE
6210 N CAPITOL ST NW

**AmeriHealth Provider Network
Ward 4**

Provider Address
4911 GEORGIA AVE NW
100 GALLATIN ST NE
5247 WISCONSIN AVE NW STE 3
820 UPSHUR ST NW
6428 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 202
6323 GEORGIA AVE NW STE 202
6428 GEORGIA AVE NW
7506 GEORGIA AVE NW
6428 GEORGIA AVE NW
6428 GEORGE AVE NW
3912 GEORGIA AVE NW
100 GALLATIN ST NE
100 GALLATIN ST NE
6428 GEORGIA AVE NW
6428 GEORGIA AVE NW
6428 GEORGIA AVE NW
5732 GEORGIA AVE NW
6428 GEORGIA AVE NW
6856 EASTERN AVE NW STE 320A
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
6428 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6856 EASTERN AVE NW STE 220
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6428 GEORGIA AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
1208 CRITTENDEN ST NW
100 GALLATIN ST NE
5425 14TH ST NW
100 GALLATIN ST NE
7723 ALASKA AVE NW
3912 GEORGIA AVE NW
100 GALLATIN ST NE
6605 GEORGIA AVE NW
6428 GEORGIA AVE NW
3912 GEORGIA AVE NW
100 GALLATIN RD NE

**AmeriHealth Provider Network
Ward 4**

Provider Address
631 ONEIDA ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
5001 NEW HAMPSHIRE AVE NW
6323 GEORGIA AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 210
4820 13TH ST NW
3912 GEORGIA AVE NW
100 GALLATIN RD NE
100 GALLATIN ST NE
1400 DECATUR ST NW
100 GALLATIN ST NE
100 GALLATIN ST NE
7826 EASTERN AVE NW STE 301
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 200
100 GALLATIN RD NE
3912 GEORGIA AVE NW
7600 GEORGIA AVE STE 323
250 KENNEDY ST NW
6428 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 202
6411 CHILLUM PL NW
100 GALLATIN ST NE
6323 GEORGIA AVE NW STE 200
6323 GEORGIA AVE NW STE 220
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
3900 16TH ST NW STE 115
100 GALLATIN ST NE
100 GALLATIN ST NE
100 GALLATIN ST NE
6323 GEORGIA AVE NW STE 202
3912 GEORGIA AVE NW

**AmeriHealth Provider Network
Ward 4**

Provider Address
100 GALLATIN RD NE
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6428 GEORGIA AVE NW
7852 16TH ST NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
1400 DECATUR ST NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
100 GALLATIN ST NE
7826 EASTERN AVE NW STE 301
100 GALLATIN RD NE
3912 GEORGIA AVE NW
7603 GEORGIA AVE NW STE 403
100 GALLATIN ST NE
3912 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 200
6428 GEORGIA AVE NW
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6428 GEORGE AVE NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW
3912 GEORGIA AVE NW
100 GALLATIN RD NE
7412 GEORGIA AVE NW STE 4
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6428 GEORGIA AVE NW
100 GALLATIN ST NE
100 GALLATIN RD NE
3912 GEORGIA AVE NW
6323 GEORGIA AVE NW STE 201
6428 GEORGIA AVE NW
6428 GEORGIA AVE NW
100 GALLATIN ST NE
6428 GEORGIA AVE NW
508 KENNEDY ST
7603 GEORGIA AVE NW STE 403
3912 GEORGIA AVE NW
100 GALLATIN RD NE
100 GALLATIN ST NE

**AmeriHealth Provider Network
Ward 4**

Provider Address
100 GALLATIN ST NE
100 GALLATIN RD NE
3912 GEORGIA AVE NW
100 GALLATIN ST NE
100 GALLATIN ST NE
1400 DECATUR ST NW
100 GALLATIN ST NE
3912 GEORGIA AVE NW

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
ABBEY, EMILY	Pediatric Nurse Practitioner
ABDALLAH, CLAUDE	Anesthesiology
ABDULLAH, SAHLA N.	Pediatrics
ABDULRAHMAN, EIMAN	Pediatric Emergency Medicine
ABRAHAM, ALLISTAIR A.	Pediatric Hematology Oncology
ABRAHAM, JOHN V.	Emergency Medicine
ABRAMS, GILLIAN L.	Neonatology
ABRAMSKY, DEBORAH	Certified Nurse Midwife
ABREO, ANDREW	Pediatrics
ACKERMAN, OLIVIA	Pediatric Nurse Practitioner
ACOSTA, MARIA T.	Neurology
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ADDISON, JESSICA M.	Hospitalist
ADENIJI-ADELE, HASSAN A.	Anesthesiology
ADEWUNMI, RASHIDAT A.	Physical Therapy
ADEYIGA, ADEBUNMI O.	Pediatric Radiology
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADU-FRIMPONG, JENNIFER	Pediatric Emergency Medicine
AGARWAL, RAVI	Oral Maxillofacial Surgery
AGRAWAL, DEWESH	Pediatric Emergency Medicine
AGYEMAN, ALBERTA O.	Social Worker
AH MEW, NICHOLAS	Genetics and Infertility
AHAD, ABDUL Q.	General Surgery
AHAD-AMIRI, HOMAIRA	Internal Medicine
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHMED, ATIF	Pathology, Clinical
AHMED-WINSTON, SAMEEYA N.	Pediatrics
AHN, SUN-YOUNG	Pediatric Nephrology
AKAR-GHIBRIL, NICOLE C.	Pediatrics
AKINBAMI, LARA	Pediatrics
AKINMBONI, TEMITOPE O.	Pediatrics
ALAO, ITUNUOLUWA I.	Family Nurse Practitioner
ALAYYAN, AMBER S.	Pediatric Emergency Medicine
ALBERT, JULIE E.	Pediatrics
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDRIDGE, CHERISE	Nurse Practitioner Other
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner

**AmeriHealth Provider Network
Ward 5**

Provider Name	Provider Type
ALEXANDER, SEAN P.	Pediatric Anesthesiology
ALFANO, DEVIN M.	Pediatric Nurse Practitioner
ALGOOD, CARL L.	Certified Social Worker
AL-HAMAD, MOWAFFAK	Thoracic and Cardiac Surgery
ALI, NAYAB	Cardiovascular Medicine
ALI, ZIAD A.	Oral and Maxillofacial Surgery
ALLARD, BRIDGET C.	Pediatrics
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, DENIERE N.	Speech Language Pathology
ALLEN, NORMAN	Cardiovascular Medicine
ALLEYNE, MARIA H.	Family Nurse Practitioner
ALSTON, ANAYA A.	Neonatology
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALVAREZ, FRANCISCO	Pediatrics
ALY, HANY Z.	Neonatology
AMAZING LOVE HEALTH SERVICES LLC	Community Behavioral Hlth Svcs
AMIN, RASHEDA Z.	Pediatric Nephrology
AMOA, NANA O.	Emergency Medicine
ANCHOR MENTAL HEALTH ASSOCIATION	Community Mental Health Center
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, CYNTHIA R.	Emergency Medicine
ANDERSON, RONALD L.	Ophthalmology
ANDESCAVAGE, NICKIE	Neonatology
ANDOSEH, LYNN A.	General Dentistry
ANDREWS, NEWTON E.	Cardiovascular Medicine
ANDREWS, NEWTON E.	Cardiovascular Medicine
ANDRICH, MARY P.	Nuclear Medicine
ANGIOLILLO, ANNE L.	Pediatric Hematology Oncology
ANSARI-LAWAL, AAISYA N.	Emergency Medicine
ANSON, ELISABETH A.	Pediatrics
ANSPACHER, MELANIE D.	Pediatrics
ANTHONY, LAURA G.	Psychology
APASSA, MODUPE A.	Family Practice
ARAMBURU DE LA GUARDIA, MARIA G.	Pediatrics
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARKING, MELISSA B.	Pediatric Emergency Medicine
ARMSTRONG, EARL M.	Pulmonary Disease
ARORA, SUBODH	Vascular Surgery

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
ARORA, VIKAS	General Dentistry
ARORA, VIKAS	General Dentistry
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNAGIRI, KOUSALYA	Nephrology
ASIEDU, AKUA A.	Neonatology
ASOMANI, KWAME M.	General Dentistry
ASOMANI, NIXON O.	Obstetrics and Gynecology
ATABAKI, SHIREEN	Pediatric Emergency Medicine
ATKINS, DARLENE M.	Psychology
ATKINSON, NORRELL K.	Child Abuse Pediatrics
ATMORE, KATHLEEN	Psychology
AUSTIN, KENNETH I.	Rheumatology
AVERY, ROBERT A.	Pediatric Neurology
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZUMAH, EBERE J.	Obstetrics and Gynecology
BACON, JONATHAN	General Dentistry
BADA, OLUWAFUNMILOLA T.	Obstetrics and Gynecology
BADAKI, OLUWAKEMI B.	Pediatric Emergency Medicine
BADALYAN, VAHE	Pediatric Gastroenterology
BADER, ALI A.	Pediatric Gastroenterology
BADILLO, ANDREA T.	Pediatric Surgery
BAILEY, LESLEY A.	Occupational Therapist
BAILEY, LISA D.	Psychology
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, MEREDITH	Neurology
BAKER, SUSAN B.	Anesthesiology
BANDARKAR, ANJUM N.	Pediatric Radiology
BANDEALY, ASAD K.	Pediatrics
BANTA, LISA M.	Pediatric Anesthesiology
BARNES, ZOWIE S.	Family Practice
BARON, LINDSAY	Pediatric Nurse Practitioner
BARRETT, CARRIE	Behavior Analyst
BASU, SONALI	Pediatric Emergency Medicine
BASU, SUDEEPTA K.	Neonatology
BATIPPS, GERALD P.	Urology
BATSHAW, MARK L.	Developmental Behavioral Peds
BAUMAN, NANCY M.	Pediatric Otolaryngology
BAZEMORE, MARLET G.	Ophthalmology
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
BEAR, DEBORAH H.	Pediatrics
BEATON, ANDREA Z.	Pediatric Cardiology
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECKER, JEFFREY A.	Pediatric Cardiology
BECKER, JENNIFER	Adolescent Medicine
BECKER, MATTHEW J.	Anesthesiology
BEDER, STANLEY D.	Pediatric Cardiology
BEERS SAVIO, NATHANIEL B.	Pediatrics
BEERS, LEE S.	Pediatric Emergency Medicine
BEERS, LEE S.	Pediatrics
BEGTRUP, REBECCA A.	Psychiatry
BEKELE, ELSHADEY Y.	Pediatrics
BELMAN, A B.	Pediatric Urology
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERG, JULIE S.	Pediatrics
BERGER III, JOHN T.	Pediatric Cardiology
BERIO, HEIDI L.	Psychology
BERKOWITZ, DEENA	Pediatric Emergency Medicine
BERL, MADISON M.	Psychology
BERNARD-JONES, ARTHUR	Pediatric Dentistry
BERUL, CHARLES I.	Pediatric Cardiology
BEST, LAUREN P.	Emergency Medicine
BETTINI, ELIZABETH A.	Pediatrics
BHANSALI, PRITI D.	Pediatrics
BHARUCHA, JULIE	General Dentistry
BHARUCHA-GOEBEL, DIANA X.	Pediatric Neurology
BIDDLE, CARA L.	Pediatrics
BIGGS, KRISTINA	Pediatric Dentistry
BIRCH, SARAH A.	Pediatrics
BIVENS, ROBERT K.	Certified Clinical Social Work
BIVINS, ANTHONY	Nephrology
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLASK, ANNA N.	Pediatric Radiology
BLOOM, MIRIAM D.	Pediatrics
BLYTHE, VICTOR R.	Social Worker
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
BOENNING, DOUGLAS A.	Pediatric Emergency Medicine
BOLLARD, CATHERINE	Pediatric Hematology Oncology
BOLLICH, ANGELA M.	Psychology
BOOGAARD, CLAIRE O.	Pediatrics
BORDON, JOSE M.	Infectious Disease
BORNHORST, MIRIAM A.	Pediatric Hematology Oncology
BOSCO, RICHARD R.	Pediatric Anesthesiology
BOSE, MEENAKSHI	General Dentistry
BOSTELMAN, SHIELA R.	Pediatric Cardiology
BOUCREE JR, STANLEY A.	Emergency Medicine
BOVBEL, ALEXANDRA A.	Pathology
BOYAJIAN, MICHAEL J.	Pediatric Plastic Surgery
BOYCE, ALISON M.	Pediatric Endocrinology
BOYCE, STEVEN W.	Thoracic and Cardiac Surgery
BOYLE, ANDREA	Family Practice
BRACEY, GENA	General Dentistry
BRANCACCIO, MICHAEL	Pathology, Clinical
BRANDLY JR, ROOSEVELT	Emergency Medicine
BRANDMARK, ADELE	Family Nurse Practitioner
BRANDO, NATALIA A.	Pediatrics
BRANDON, GRETCHEN	Neonatology
BRENNAN, MARJORIE P.	Anesthesiology
BRENNAN, TARA L.	Adolescent Medicine
BRENTWOOD DIALYSIS CENTER	End Stage Renal Disease (ERSD)
BRESLIN, KRISTEN A.	Pediatrics
BRICCETTI, CHRISTINE E.	Pediatrics
BRIGGS, ASA T.	Psychiatry
BROOKS, BRIAN P.	Ophthalmology
BROWN, ALEXIS N.	General Dentistry
BROWN, ANNA T.	Pediatric Critical Care
BROWN, ASHAKI	Neonatology
BROWN, KATHLEEN M.	Pediatric Emergency Medicine
BROWN, KENNETH M.	Gastroenterology
BROWN, KENNETH M.	Gastroenterology
BROWN, SUSAN M.	Certified Nurse Midwife
BROWN, YASMIN K.	Optometry
BRUCE, DEREK A.	Pediatric Neurological Surgery
BRYANT BARNETT, PAULA	Gynecology
BRYANT, JUANITA S.	Ophthalmology
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BULAS, DOROTHY I.	Pediatric Radiology
BURD, ANGELA J.	Pediatrics

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
BURD, RANDALL S.	Pediatric Surgery
BURKE, CAROLINE	Anesthesiology
BURKE, SIOBHAN K.	Obstetrics and Gynecology
BURKE, SIOBHAN K.	Obstetrics and Gynecology
BURNS, KRISTIN M.	Pediatric Cardiology
BURNS, MARGARET L.	Family Practice
BURROUGHS, TRACEE M.	Psychiatry
BURTON, JUSTIN M.	Physical Medicine & Rehab
BUSH, JESSICA	Neonatology
BUSTOS, ELWIN G.	Nephrology
BUXTON, CLAIRE T.	Audiology
CALHOUN WELLS, CECELIA	General Dentistry
CALL, DAVID C.	Psychiatry, Neurology
CALLAGHAN, PATRICIA N.	Pediatrics
CAPITAL HOSPICE	Hospice
CAPITOL DIALYSIS CENTER	End Stage Renal Disease (ERSD)
CARDARELLI, MARCELO G.	General Surgery
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARLEO, LORRAINE I.	Nurse Practitioner Other
CARPENTER, JESSICA L.	Pediatric Neurology
CARSON, REBECCA A.	Pediatric Emergency Medicine
CARTER, CRISTINA A.	Pediatrics
CARTER, RICHARD A.	Emergency Medicine
CASELLA, DANIEL P.	Pediatric Urology
CASTO, ANNE M.	Neonatology
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CEPPA, PEDRO R.	General Surgery
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHAHINE, ASSAD A.	Pediatric Surgery
CHAMBERLAIN, JAMES M.	Pediatric Emergency Medicine
CHANEY, HOLLIS R.	Pediatric Pulmonology
CHANG, TAEUN	Pediatric Neurology
CHANG, THOMAS F.	Pediatric Rehabilitation Med
CHAO, JERRY W.	Plastic Surgery
CHAPMAN, EDWIN C.	Internal Medicine
CHAPMAN, JENNIFER	Pediatric Emergency Medicine
CHAPMAN, KIMBERLY A.	Genetics and Infertility
CHARIN, LAURA M.	Applied Behavioral Analyst
CHARLES, ADRIENNE E.	Family Practice

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATOOR KOCH, IRENE M.	Pediatric Psychiatry
CHEEK, ALBERT C.	General Dentistry
CHEN, II-LUN	Pediatrics
CHILDRENS HOSPITAL	Hospital
CHILES, KELLY A.	Urology
CHOI, JIHO	Family Practice
CHOI, SARAH S.	Pediatric Nurse Practitioner
CHOKSHI, BINNY D.	Pediatrics
CHOWDHURY, SHAHIDA	Neonatology
CHUA, FERDINAND P.	Internal Medicine
CHUA, IAN CHARLSTON S.	Pediatrics
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CIRIELLO, ANNE	Critical Care
CIUS, ELIZABETH G.	Family Practice
CIVITELLO, LUCY A.	Pediatric Neurology
CLANCY, CATHLEEN	Emergency Medicine
CLARK, HEIDI C.	Pediatrics
CLARKE, ANIKA	Occupational Therapist
CLARKE, VIRIS	Certified Nurse Midwife
CLARY, LAUREN E.	Psychology
CLAUSS, SARAH B.	Pediatric Cardiology
CLEARY, MYRA M.	Pediatrics
CLINTON REID, YVETTE	Neonatology
CLORE, ELLEN T.	Pediatric Gastroenterology
COATES, ALEXANDRIA	Occupational Therapist
COCCARO, ALFRED P.	Radiology
CODDINGTON, DALE A.	Pediatrics
CODISPOTI, KARI-ELISE	Pathology
COGEN, FRAN R.	Pediatric Endocrinology
COHEN, GEORGE J.	Pediatrics
COHEN, IRA T.	Pain Management
COHEN, JOANNA S.	Emergency Medicine
COLEMAN, AMAZIAH	Allergy & Immunology
COLEMAN, NAILAH J.	Pediatric Emergency Medicine
COLEMAN-BENNETT, MICHELE	General Dentistry
COLLAZO, LUCAS R.	Thoracic and Cardiac Surgery
COLLIER, DAWN A.	Obstetrics and Gynecology
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COLLINS, SARA D.	Cardiovascular Medicine

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
COLLINS, SARA D.	Cardiovascular Medicine
COLYER, JESSICA H.	Pediatric Cardiology
COMBS, SARAH A.	Pediatrics
CONKLIN, LAURIE S.	Pediatric Gastroenterology
CONNELL, KATHLEEN M.	Social Worker
CONROY, REBEKAH B.	Pediatrics
CONRY, JOAN A.	Pediatric Neurology
CONWAY, PATRICK	Pediatrics
COOGAN, CAITLIN	Pediatric Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOPER, MEGAN E.	Social Worker
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
CORA-BRAMBLE, DENICE E.	General Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORRALES REGALADO, GUSTAVO A.	Ophthalmology
CORRIVEAU, CHRISTIANE O.	Pediatric Critical Care
CORRIVEAU, STEPHANE	Plastic Surgery
COTTRELL, MARC	Psychology
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COX-IYAMU, ROXANNE	Infectious Disease
CRAWFORD, ADRIENNE	Certified Nurse Midwife
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CREAMER, KEVIN M.	Pediatrics
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CRONIN, ILEEN F.	Family Nurse Practitioner
CRONIN, JESSICA	Anesthesiology
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSS, RUSSELL R.	Pediatric Cardiology
CRUMPTON, HOWARD E.	Psychology
CULLINS, LISA	Psychiatry
CUMMINGS, SUSAN D.	Pediatric Cardiology
CUMMINS, KATHLEEN E.	Pediatric Cardiology
CUNEO, BRIAN M.	Critical Care
CURRY, JESSELINA L.	Family Nurse Practitioner
CURTIS, MARY K.	Certified Nurse Midwife

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
CUSMANO-OZOG, KRISTINA P.	Genetics and Infertility
CUZZI, SANDRA S.	Pediatrics
DADSON, MICHELLE J.	Psychology
DALAL, ANJANA D.	Family Practice
DALAL, NUPUR	Pediatrics
DAMLE, LAUREN F.	Obstetrics and Gynecology
DANGELO, ALEXANDRA	Nurse Practitioner Other
DANGELO, LAWRENCE J.	Adolescent Medicine
DANGERFIELD, KACEY	Speech Language Pathology
DANIEL, LAUREN	Pediatric Nurse Practitioner
DARBARI, DEEPIKA S.	Pediatric Hematology Oncology
DARIO-DAYRIT, WILMA R.	Neonatology
DASTGIR, JAHANNAZ	Neurology
DAVE, BHAVIN J.	Pediatric Psychiatry
DAVE, HEMA K.	Pediatrics
DAVENPORT, NANCY J.	Cardiovascular Medicine
DAVIDSON, PATRICIA A.	Cardiovascular Medicine
DAVIDSON, SASHA M.	Obstetrics and Gynecology
DAVILA SALDANA, BLACHY J.	Pediatrics
DAVIS, AISHA B.	Pediatrics
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, TANYA D.	Urology
DAWSON, IEON L.	Cardiovascular Medicine
DAWSON, KONRAD L.	Plastic Surgery
DAYAL, ANURADHA	Pediatrics
DEAN, NATHAN P.	Critical Care
DEBEAUFORT, HEATHER C.	Pediatric Ophthalmology
DEBIASI, ROBERTA L.	Pediatric Infectious Disease
DEBRA, KWASI A.	Obstetrics and Gynecology
DEEGAN III, WILLIAM F.	Pediatric Ophthalmology
DEGUZMAN, KATHY	Pediatric Gastroenterology
DEHESH, TAHMOURES	Gastroenterology
DEKLOTZ, CYNTHIA M.	Pediatric Dermatology
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPOSITARIO-CABACAR, DEWI FRANCES T.	Neurology
DEUTSCH, NINA	Pediatric Anesthesiology
DEW, DAWN M.	Hospitalist
DEWITTY, ROBERT L.	General Surgery

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
DEWITTY, ROBERT L.	General Surgery
DEWOLFE, CRAIG C.	Pediatrics
DEW-REEVES, SARAH E.	Psychology
DEYE, KATHERINE P.	Pediatrics
DEZURE, CHANDANI	Hospitalist
DHAM, NITI	Pediatric Cardiology
DIAB, YASER A.	Pediatric Hematology Oncology
DIALLO, MOFYA S.	Pediatric Anesthesiology
DIBA, ROXANA	Emergency Medicine
DICKSON, NANA	General Dentistry
DIDDLE, JOHN W.	Pediatrics
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DISABELLA, MARC T.	Pediatric Neurology
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DIXON, GABRINA L.	Pediatrics
DOME, JEFFREY S.	Hematology & Oncology (HEO)
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DONALD, STEPHANIE Y.	Emergency Medicine
DONNELLY, KATIE A.	Pediatrics
DONOFRIO, MARY T.	Cardiovascular Medicine
DOOLEY, DANIELLE G.	Pediatrics
DORFMAN, JULIA	Psychiatry
DORMU, JEFFERY	Vascular Surgery
DOROS, LESLIE A.	Pediatric Hematology Oncology
DOROSHOW, ROBIN W.	Pediatric Cardiology
DOYLE, DANIELLE	Pain Management
DRAKES, GEORGE H.	Pain Management
DREILING, JENNIFER L.	Pathology, Clinical
DRYER, AMY L.	Pediatric Emergency Medicine
DU PLESSIS, ADRE J.	Pediatric Neurology
DUBROCQ, GUEORGUI	Pediatrics
DUNLOP, JOAN	Pediatric Emergency Medicine
DUQUETTE-PETERSEN, LINDA C.	Family Nurse Practitioner
DURAND, GISELLA	Pediatric Emergency Medicine
EBRAHIMI, SUZAN	Gastroenterology
EDELSTEIN, SHARON B.	Pediatrics
EDOO-SOWAH, ROMA	Internal Medicine
EFRON, LISA A.	Psychology
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice

**AmeriHealth Provider Network
Ward 5**

Provider Name	Provider Type
EHRlich, Lori A.	Pediatric Hematology Oncology
EICHACKER, PETER Q.	Critical Care
EICHELBERGER, MARTIN R.	Pediatric Surgery
EL ALALI, EMRAN A.	Internal Medicine
ELION, RICHARD A.	Infectious Disease
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, TOLLIE B.	Obstetrics and Gynecology
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELMACKEN, MONA M.	Pediatrics
EMBRACK, EMIKA	Physical Therapy
EMERSON, SUSAN M.	Pediatric Emergency Medicine
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
ESCALANTE, ENRIQUE	Pediatrics
ESPINEL, ALEXANDRA G.	Pediatric Otolaryngology
ESSEL, KOFI D.	Pediatrics
ESTRADA, ANDREA	Pediatric Endocrinology
EVANS, PATRICIA	Family Practice
EVANS, SAMANTHA S.	Audiology
EVANS, SARAH H.	Pediatric Physical Medicine
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
EYRE-BROOK, ROSEMARY A.	Pediatric Anesthesiology
EZUMBA, IKENNA I.	Internal Medicine
FADEL, CICELY	Pediatrics
FAGBUYI, DANIEL B.	Pediatric Emergency Medicine
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FALUSI, OLANREWAJU O.	Pediatrics
FARBOUDMANESCH, RAMIN	Gastroenterology
FAULKNER, CAMILLA	Physical Therapy
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FEDOROVA, VICTORIA	Geriatrics

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
FEINSTEIN, LAURENCE H.	Pediatrics
FELTEN, DANIEL E.	Pediatrics
FENLASON, LINDY	Pediatrics
FERBER, RICHARD A.	Sleep Medicine
FERGUSON, KARIE	Certified Social Worker
FERNANDEZ, EDDIE A.	Emergency Medicine
FERRANDO, FIORELLA	Assistant Behavior Analyst
FERREIRA, CARLOS R.	Internal Medicine
FERRER, KATHLEEN	Pediatrics
FINKEL, JULIA C.	Anesthesiology
FITZGERALD, WENDY S.	Hematology & Oncology (HEO)
FLEMING, CHRISTINA P.	Certified Nurse Midwife
FLEMING, MELISSA	Physical Medicine & Rehab
FLEMING, RITA R.	Pediatrics
FLETCHER, ANGELA A.	Psychology
FLETCHER, JEAN M.	Pediatrics
FLOYD, SERINA E.	Obstetrics and Gynecology
FLYNN, MARY E.	Emergency Medicine
FOX, EDUARDO	Pediatrics
FOX, HENRY	Hematology & Oncology (HEO)
Fozooni, Yasmine S.	Optometry
FRANCIS, JACQUELINE N.	Neonatal/Perinatal
FRANK, LOWELL H.	Pediatric Cardiology
FRASER LANGLEY, ROSALINE O.	Family Practice
FRASER, JAMIE	Genetics
FRATANTONI, KAREN R.	Pediatrics
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, TAMESHA Y.	Speech Language Pathology
FREILICH, EMILY	Pediatric Neurology
FREISHTAT, ROBERT J.	Pediatric Emergency Medicine
FRIEDLAENDER, ERON	Pediatric Emergency Medicine
FRIEND, L K.	Orthopaedic Surgery
FRIPP, VIKISHA T.	Plastic Surgery
FU, LINDA Y.	Pediatrics
FUTTERMAN, CRAIG	Pediatric Critical Care
FYYAZ, MADIHA	Hospitalist
GABA, PARVEEN	Internal Medicine
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GABRIEL, MARY	Psychiatry
GAILLARD, WILLIAM D.	Pediatric Neurology
GAILLOUD, PHILIPPE E.	Radiology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
GALIOTE, JOHN P.	Neonatal/Perinatal
GALLIZZI, GINA L.	Pediatrics
GAMBLE, JOHN V.	Professional Counselling
GANCAYCO, THEODORE A.	Ophthalmology
GANCAYCO, THEODORE A.	Ophthalmology
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GANTSOUES, GEORGE D.	Peds Orthopedic Sports Med
GARCIA, JACK P.	Psychiatry
GARCIA, JESSE	General Surgery
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARGES, MOLLY J.	Obstetrics and Gynecology
GARRIGAN, ERIN L.	Pediatrics
GARRIS, NAKISA L.	Adolescent Medicine
GARTH, ERIN M.	Gastroenterology
GASCH, ALICE T.	Ophthalmology
GASCH, ALICE T.	Ophthalmology
GATTI, MEAGAN	Pediatric Pulmonology
GAVARIS, LAUREN Z.	Ophthalmology
GAZLAY, CARLA M.	Pediatric Cardiology
GAZNABI, A K M.	Emergency Medicine
GEBRESILASSIE, MESAY	Family Nurse Practitioner
GEBUS, VIRGINIA C.	Pediatric Gastroenterology
GENIEVA, VITALIYA	General Dentistry
GERALD, MELVIN D.	Family Practice
GERSH, ELLIOT	Developmental Behavioral Peds
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GHAFOURI, MOHAMMAD C.	Ophthalmology
GHAFOURI, MOHAMMAD C.	Ophthalmology
GHAZNAVI, KIMIA	Internal Medicine
GIBBONS, MYLES D.	Pediatric Urology
GILES, KAREN A.	Certified Social Worker
GILL, HARWANT S.	Psychiatry
GILL, HARWANT S.	Psychiatry
GIOIA, GERARD A.	Psychology
GIST JR, HERMAN C.	Cardiovascular Medicine
GIST JR, HERMAN C.	Cardiovascular Medicine
GIST JR, HERMAN C.	Cardiovascular Medicine
GIVENS, CAITLIN A.	Certified Nurse Midwife
GLASS, JOHANNA P.	Psychology
GODOY, LEANDRA	Psychology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOLDBERG, BRITTANY E.	Pediatric Infectious Disease
GOLDBERG, ELAINE S.	Psychology
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLIN, RACHEL	Pediatrics
GOMEZ, LAURA	Neonatology
GOMEZ-LOBO, VERONICA	Obstetrics and Gynecology
GOOD, DAFINA M.	Pediatric Emergency Medicine
GORANTLA, SUREKHA	Family Nurse Practitioner
GORMAN, KATHLEEN	Pediatrics
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOYAL, MONIKA K.	Pediatric Emergency Medicine
GRACE, JENNIFER	Certified Social Worker
GRANADER, YAEL	Neuropsychology
GRANT, ELENA	Pediatric Cardiology
GRANT, JONELLE	General Dentistry
GRANT, JONELLE	Pediatric Dentistry
GRAY, LAURA S.	Psychology
GREENBERG, JEFFREY D.	Pediatric Emergency Medicine
GREENBERG, LARRIE	Pediatrics
GREENIDGE, EVONNE A.	Anesthesiology
GREGORY, JILLIAN	Hospitalist
GREGORY, ROSE Y.	Optometry
GRIFFITHS, KEVIN O.	Nephrology
GRISSOM, MYRA C.	Pediatrics
GROPMAN, ANDREA L.	Pediatric Neurology
GROSHEK, FRANK J.	Vascular & Interventional Radi
GUAY-WOODFORD, LISA M.	Nephrology
GUELCHER, CHRISTINE J.	Pediatric Hematology Oncology
GUERRERA, MICHAEL	Pediatric Hematology Oncology
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
GUPTA, CHARU	Pediatrics
GUPTA, EKTA	Internal Medicine
GUPTA, KAMLESH	Nephrology
GUPTA, ROOPALI	Nephrology
GUPTA, YUDH V.	Nephrology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
GUREL, ROSEMARY S.	Neonatology
GUSE, SABRINA E.	Pediatric Emergency Medicine
GUZZETTA, PHILIP	Pediatric Surgery
HAGLER, RITA P.	Adolescent Medicine
HAHN, ANDREA L.	Pediatric Infectious Disease
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HAKKI, FARIS Z.	Vascular Surgery
HALBACK, KIM D.	Certified Clinical Social Work
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HALLEY, TINA V.	Pediatrics
HAMDY, RANA F.	Pediatric Infectious Disease
HAMM, ROBERT L.	Radiology
HAMPTON, CATHY J.	Family Nurse Practitioner
HAMPTON, CATHY J.	Advanced Reg Nurse Pract
HANCOCK, LAUREN E.	Pediatric Nurse Practitioner
HANCOCK, YOLANDRA E.	Pediatrics
HANGER PROSTHETICS & ORTHOTICS INC	Durable Medical Equip Supplier
HANISCH, BENJAMIN R.	Pediatrics
HANNALLAH, RAAFAT S.	Pain Management
HARACIC, ASIM	Psychiatry, Neurology
HARACIC, ASIM	Psychiatry, Neurology
HARACIC, ASIM	Psychiatry
HARAHSEH, ASHRAF S.	Pediatric Cardiology
HARAKEH, AYMAN B.	General Surgery
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, KRISTINA K.	Psychology
HARDY, STEVEN	Adolescent Medicine
HARIK, NADA S.	Pediatric Infectious Disease
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HARRIS, ALEXIS	Professional Counselling
HARRIS, AMY B.	Peds Orthopedic Sports Med
HARTMAN, CAROL G.	Pediatric Emergency Medicine
HARTZ, LACEY E.	Neonatology
HASHIMI, NADIA	Pediatric Emergency Medicine
HATHAWAY, MARK J.	Obstetrics and Gynecology
HATTWICK, EMILY A.	Orthopaedic Surgery
HAYASHI, ARTHUR S.	Family Practice

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
HAYASHI, ARTHUR S.	Family Practice
HAYES, PAULA R.	Family Practice
HEALING HANDS PHYSICAL THERAPY SERVICES INC	Outpatient Rehab Facility
HEATH, DENEEN M.	Cardiovascular Medicine
HEFFESS, LUIS A.	Internal Medicine
HEFLIN, KHRISTINE	Certified Social Worker
HEGDE, AROTI	Nephrology
HEICHEL, JENNA A.	Family Nurse Practitioner
HEITMILLER, EUGENIE S.	Anesthesiology
HENDERSON, LISA	Professional Counselling
HENSHAW, ROBERT M.	Pediatric Orthopedic Surgery
HERBERT, LINDA J.	Psychology
HERNANDEZ, EVETTE M.	Certified Nurse Midwife
HERRMANN, LISA	Pediatrics
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERSTEK, JESSICA A.	Pediatrics
HERTHER, JENNIFER L.	Nurse Practitioner Other
HESS, TERRY E.	Pediatric Nurse Practitioner
HILL, DANA A.	Pediatric Pathology
HILL, KATHLEEN G.	Family Practice
HILLIARD, TERESA L.	Podiatry
HINDS, TANYA S.	Pediatrics
HLADEK, MELISSA D.	Family Nurse Practitioner
HO, YVETTE Y.	Orthopaedic Surgery
HODGKINSON, STACY Y.	Psychology
HOFFNER, WENDY	Pediatrics
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOLLIS, MEGAN B.	Family Practice
HOLLO, RUTH E.	Pediatrics
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HONG, LINA C.	Emergency Medicine
HORNACK, SARAH	Psychology
HORTON, EARL L.	Obstetrics and Gynecology
HORTON, JACQUELYN M.	Certified Social Worker
HORWITZ, STUART L.	Gastroenterology
HORWITZ, STUART L.	Gastroenterology
HOSPITAL FOR SICK CHILDREN	Rehabilitation Facility
HOUGEN, THOMAS J.	Pediatric Cardiology
HOWELL, AMOREENA R.	Internal Medicine

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, EVERETT L.	General Dentistry
HOWELL, SHAWN M.	Cardiovascular Medicine
HOYOS, FRANCISCO F.	Critical Care
HSC HOME CARE LLC	Home Health Agency
HUANG, DAN	General Dentistry
HUANG, DAN	General Dentistry
HUANG, DAN	General Dentistry
HUANG, JAMES	Family Practice
HUANG, JAMES	Internal Medicine
HUANG, JAMES	Internal Medicine
HUFF, QADIRA A.	Pediatrics
HUFNAGEL, SOPHIA B.	Genetics
HUGHES, PHYLLIS E.	Emergency Medicine
HUPPMANN, ALISON R.	Pediatric Pathology
HURYN, LARYSSA	Ophthalmology
HWANG, EUGENE I.	Pediatric Hematology Oncology
HYPOLITE, NEPHTHALIE	Family Practice
IGBIDE, AJIRIOGHENE	Psychiatry, Neurology
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IMERSHEIN, SARA L.	Obstetrics and Gynecology
IMMACULATE HEALTH CARE SERVICE INC	Home Health Agency
INTERNATIONAL DIALYSIS CENTER	End Stage Renal Disease (ERSD)
IQBAL, SABAH F.	Pediatric Emergency Medicine
ISMAIL, LANA	Pediatrics
ISTOMINA, SVETLANA	Family Nurse Practitioner
ITO, SEIJI	Pediatric Cardiology
IWEALA, IKEMBA I.	Emergency Medicine
IWUGO, ONUAKU	Critical Care
JAAFAR, MOHAMAD S.	Pediatric Ophthalmology
JACKSON, ALLISON M.	Pediatrics
JACKSON, SAADIYA R.	Pediatric Emergency Medicine
JACOBS, BRIAN R.	Critical Care
JACOBS, SHANA S.	Hematology & Oncology (HEO)
JACOBSON, DAVID A.	Pediatric Hematology Oncology
JACOBSON, ANNA M.	Pediatric Nurse Practitioner
JADUN, ABDUL K.	General Dentistry
JAHANMIR, GOLNAR	General Dentistry
JAIN, SANJAY K.	Radiology, Diagnostic
JAJU, RISHITA	Pediatric Dentistry
JALLOH, KADIE B.	Family Practice
JAMIESON, COSETTE O.	Nephrology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
JAMSHIDI, TAHEREH	Rheumatology
JANTAUSCH, BARBARA A.	Pediatric Infectious Disease
JARDOSH, ROSHAN	General Dentistry
JARRAH, RAFIC	Emergency Medicine
JARVIS, LENORE R.	Pediatric Emergency Medicine
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice
JAVID, MIR S.	Internal Medicine
JEFFERS, NOELENE K.	Certified Nurse Midwife
JELIN, ANGIE	Obstetrics and Gynecology
JERKINS, WILLIAM L.	Pediatric Hematology Oncology
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOHN, ANITHA S.	Pediatric Cardiology
JOHNS, CHRISTINA	Pediatric Emergency Medicine
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, DEANNE	Professional Counselling
JOHNSON, FAYEMI S.	Obstetrics and Gynecology
JOHNSON, MARK A.	General Surgery
JOHNSON, PERPETUA	Family Nurse Practitioner
JOHNSON, SYNTHIA D.	Certified Clinical Social Work
JOHNSON, SYNTHIA D.	Certified Clinical Social Work
JOHNSON, YEWANDE J.	Pediatric Anesthesiology
JONAS, RICHARD A.	Cardiovascular Surgery
JONES, CHAD M.	General Dentistry
JONES, MELISSA B.	Nurse Practitioner Other
JORDAN, BETH	Internal Medicine
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, SAMANTHA	General Dentistry
JORDAN, TALITA M.	Pediatrics
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JOSEPH, BINDU C.	Geriatrics
JOSEPH, FRANCESCA D.	Pediatrics
JOSEPH, REGINALD	Nephrology
JOSHI, PARAMJIT	Pediatric Psychiatry
JUNG, LAWRENCE K.	Pediatric Rheumatology
KADAKIA, ASHAINI S.	Pediatrics

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
KADRI, SAMEER	Hospitalist
KAHN, ILANA L.	Pediatric Neurology
KALBURGI, SONAL A.	Pediatrics
KALINGER, KATHLEEN J.	Critical Care
KALLOO, NAIDA B.	Pediatric Urology
KALTMAN, JONATHAN R.	Pediatric Cardiology
KAMARA, NUMU E.	Family Nurse Practitioner
KAMEL, HIBA	Oral and Maxillofacial Surgery
KANDEL, SURENDRA	Psychiatry
KANDEL, SURENDRA	Psychiatry
KANDIL, ASER M.	Neonatology
KANE, TIMOTHY D.	Pediatric Surgery
KANNAN, GEOFFREY S.	Hematology
KANTER, JOSHUA	Cardiovascular Medicine
KAO, AMY	Pediatric Neurology
KAPLAN, RICHARD F.	Pain Management
KAPLOWITZ, PAUL B.	Pediatric Endocrinology
KARASH, DANA L.	Obstetrics and Gynecology
KARIMI-ARDEKANI, KOUROSH	General Dentistry
KARIMU, MOSHOOD	Pediatric Emergency Medicine
KARWOSKI, BETHANY A.	Ophthalmology
KASACI, ARDA	Psychiatry
KASPER, ALLISON C.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KATCHER, TONYA	Pediatrics
KATTAKUZHAY, SARAH M.	Internal Medicine
KATTAKUZHAY, SARAH M.	Internal Medicine
KAZMI, RUMANA H.	Pediatrics
KEATING, ROBERT	Pediatric Neurological Surgery
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KEITH, DEBRA J.	Certified Nurse Midwife
KELLER, MICHAEL D.	Pediatrics
KELLER-HINKSON, IRELENE I.	Family Practice
KELLER-HINKSON, IRELENE I.	Internal Medicine
KELLEY, NATALIE	General Dentistry
KELLY, CHRISTINE A.	Gastroenterology
KELLY, KATHLEEN P.	Pediatric Emergency Medicine
KELLY, SHANNON M.	Pediatric Orthopedic Surgery
KENEALY, LAURA E.	Psychology
KENIGSBERG, LISA E.	Pediatric Endocrinology
KENWORTHY, LAUREN E.	Psychology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
KERN, JEREMY R.	Pediatrics
KERZNER, BENNY	Pediatric Gastroenterology
KEYES, KENNETH	Pediatric Dentistry
KHABO, BEVERLY S.	Speech/Hearing Therapy
KHADEMIAN, ZARIR	Pediatric Radiology
KHALID, MUHAMMAD A.	Podiatry
KHAN, AMINA M.	Pediatrics
KHAN, MUHAMMAD A.	Pediatric Gastroenterology
KHAN, SEEMA	Pediatric Gastroenterology
KHANIFAR, AZIZ A.	Ophthalmology
KHAWAND, NABIL Y.	Urology
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHER, KANWAL K.	Pediatric Nephrology
KHURANA, SHALINEE	Pediatric Developmental
KILBURN, LINDSAY B.	Pediatric Hematology Oncology
KIM, AERANG	Pediatric Hematology Oncology
KIM, PETER C.	Pediatric Surgery
KIMBALL, SARAH E.	Pediatric Nurse Practitioner
KIMBROUGH, DARLA	Speech Language Pathology
KINGSLOW, LESLIE W.	Pulmonary Disease
KINLER, MARY O.	Pediatric Emergency Medicine
KIRK, ALLISON L.	Pediatrics
KIRKLAND-BRISCOE, GAIL A.	Orthodontics
KIRKORIAN, ANNA I.	Pediatric Dermatology
KLAMBERG, AMY E.	Adolescent Medicine
KLINE, JACLYN N.	Pediatrics
KLUGMAN, DARREN	Pediatric Emergency Medicine
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLODGIE, MARIAN	Pediatric Otolaryngology
KOSHES, RONALD J.	Psychiatry
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOTWAL, MANSI R.	Pediatrics
KOUMBOURLIS, ANASTASSIOS C.	Pulmonary Disease
KRAKOVSKY, GINA M.	Pediatric Nurse Practitioner
KRATIMENOS, PANAGIOTIS	Neonatology
KRAYNAK, DIANE E.	Pediatric Nurse Practitioner
KRILL, AARON J.	Urology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
KRISHNAN, ANITA N.	Pediatric Cardiology
KRUEGER, JULIE C.	Pediatrics
KURELLA, SREEDEVI	Pathology
LACY, AASTASSHIA L.	Nurse Practitioner Other
LADISCH, STEPHAN K.	Pediatric Hematology Oncology
LAFOND, DEBORAH A.	Pediatric Hematology Oncology
LAGE, KEVIN M.	Family Nurse Practitioner
LAHR, DANIEL D.	Orthopaedic Surgery
LAI, MICHAEL M.	Pediatric Ophthalmology
LAJOIE, JULIA A.	Pediatric Emergency Medicine
LAKHANPAL, SANJIV	Cardiovascular Surgery
LAMB, ELAINE R.	General Surgery
LAMMING-LEE, NATASHA A.	Pulmonary Disease
LAMMING-LEE, NATASHA A.	Pulmonary Disease
LANCASTER, BERNITA L.	Physical Therapy
LANGDON, RAQUEL L.	Pediatric Neurology
LANING, LYNN K.	Pediatric Pulmonology
LAPINSKI, JEFFREY A.	Neonatology
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LATEEF, TARANNUM M.	Pediatric Neurology
LATIF, FINZA	Pediatric Psychiatry
LAURENCE, GILLIAN	Physical Therapy
LAVENSTEIN, BENNETT L.	Pediatric Neurology
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAZEROV, JESSICA A.	Pediatrics
LE, KIM H.	Peds Orthopedic Sports Med
LE, KIM H.	Pediatric Ophthalmology
LEA, EBONY N.	Certified Social Worker
LEACH, MEGANNE E.	Neurology
LEACHMAN, ELIZABETH L.	Pediatric Surgery
LEAK, ANGELA N.	Occupational Therapist
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, NIA J.	Obstetrics and Gynecology
LEATH, JANET	Ophthalmology
LEATHERBURY, LINDA	Pediatric Cardiology
LEDERMAN, CARL S.	Radiology
LEE, ANGELA	Hospice & Palliative Medicine

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
LEE, ANGELA C.	Pediatric Anesthesiology
LEE, BURTON W.	Pediatric Pulmonology
LEE, I-CHIN	Nurse Practitioner Other
LEITENBERG, DAVID	Pediatric Physical Therapy
LEMLEY, BETHAN	Pediatrics
LENDENMAN, MICHIKO M.	Pediatric Neurology
LENTON, SHARON J.	Obstetrics and Gynecology
LEON JANAMPA, EYBY L.	Genetics and Infertility
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESKO, JENNIFER	Obstetrics and Gynecology
LESLIE, CHASHERYL L.	Obstetrics and Gynecology
LESTER, MARK J.	Pediatrics
LEVENS, HEATHER	Pediatrics
LEVIN, AMANDA B.	Pediatric Critical Care
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, SUZANNE	Pediatric Emergency Medicine
LEVIT, PETER D.	Pediatric Pulmonology
LEW, JENNY	Pediatric Pulmonology
LEWIN, DANIEL S.	Psychology
LEWIS, KERRY M.	Maternal Fetal Medicine
LEWIS-RAGLAND, YOLANDA A.	Pediatrics
LICHTER-KONECKI, UTA	Genetics and Infertility
LIFE STRIDE INC	Community Mental Health Serv
LIGGETT, MELISSA O.	Psychology
LIN, CHRISTINE	Pediatric Nurse Practitioner
LIN, MICHELLE I.	Pediatric Endocrinology
LINDGREN, CHRISTINA E.	Pediatrics
LINDSAY JR, JOSEPH	Cardiovascular Medicine
LISSANU, ZEWDU	Emergency Medicine
LOCKHART, CAITLIN M.	Professional Counselling
LOGAN, KATHLEEN	Pediatric Nurse Practitioner
LOLOEI MARSAL, VIDA	General Dentistry
LONG, MELISSA M.	Pediatrics
LOOMIS, JUDYTA M.	Pediatric Radiology
LOTKE, MICHAEL S.	Pediatrics
LOWE, JOHN	Pediatrics
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner

AmeriHealth Provider Network

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Provider Name	Provider Type
LOWRY, ADAM W.	Pediatric Cardiology
LUBAN, NAOMI	Pediatric Hematology Oncology
LUCA, DRAGOS C.	Pediatric Hematology Oncology
LUCAS, COLEEN	Adolescent Medicine
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LYONS, BRENDA	General Dentistry
LYONS, KELLY	Pediatric Nurse Practitioner
MACALINAO, CHRISTINE C.	Family Nurse Practitioner
MACARAEG, ARTHUR L.	Neonatology
MACKEY, ELEANOR R.	Psychology
MADATI, PONDA J.	Pediatric Emergency Medicine
MADIGAN, WILLIAM	Pediatric Ophthalmology
MADRIGAL, VANESSA N.	Pediatric Critical Care
MAGENHEIMER, SUSAN V.	Certified Nurse Midwife
MAGGE, SHEELA N.	Pediatric Endocrinology
MAGGE, SURESH N.	Pediatric Neurology
MAGILNER, DAVID I.	Pediatric Emergency Medicine
MAHESH, SANKARA P.	Pediatrics
MAHMOOD, LAILA A.	Pediatrics
MAJD, NIMA M.	General Dentistry
MAKIA, ASEK	Allergy & Immunology
MALAGA, RAFAEL	Psychology
MALCOLM, SHARYN N.	Adolescent Medicine
MALECELA, SECELELA E.	Neonatology
MALEK, BRITLAN G.	Psychology
MAMONLUK-CHUA, MARIBEL Y.	Allergy & Immunology
MANALAI, GUL G.	Pediatrics
MANDERSON, EASTON L.	Orthopaedic Surgery
MANFREDI, RITA A.	Emergency Medicine
MANGET, JAYTOYA C.	Family Nurse Practitioner
MANICONE, PAUL	Pediatrics
MANNERI, HIMABINDU	Hospitalist
MANSOOR, DARLENE K.	Allergy & Immunology
MARATHE, KALYANI S.	Dermatology
MAREK, STEVEN C.	Pediatrics
MARINCHENKO, ANDREW	General Dentistry
MARINCHENKO, ANDREW	General Dentistry
MARKLE, BRUCE	Pediatric Radiology
MARKOWSKY, ALLISON A.	Pediatrics
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARMON, LOUIS M.	Pediatric Surgery

**AmeriHealth Provider Network
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Provider Name	Provider Type
MARSCHALL, DONNA E.	Psychology
MARSH, HENRY B.	Cardiovascular Medicine
MARSH, MARVA A.	Physical Therapy
MARSHALL, ERIC C.	Family Practice
MARTELLE TU, JENNIFER L.	Psychiatry, Neurology
MARTIN, BENJAMIN D.	Orthopaedic Surgery
MARTIN, BRENDA M.	Pediatric Hematology Oncology
MARTIN, CELESTE A.	Pediatric Anesthesiology
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, GERARD R.	Pediatric Cardiology
MARTIN, JAMES F.	Pediatrics
MASSARO, AN N.	Neonatology
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHUR, RAJ	Internal Medicine
MATHURA JR, JEEVAN R.	Ophthalmology
MATISOFF, ANDREW J.	Anesthesiology
MATTA, SRAVAN K.	Pediatric Gastroenterology
MATTSSON, JUDITH W.	Certified Social Worker
MAYOR, MEJEBI T.	Obstetrics and Gynecology
MAZER, MARYANN E.	Pediatric Emergency Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MC WADE-PAEZ, LAURA	Pathology, Clinical
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCLEERY, JENNIFER	Certified Nurse Midwife
MCCLINTOCK, WILLIAM	Pediatric Neurology
MCCLYMONT, SONALY R.	Pediatrics
MCCRAY, MONIQUE L.	Emergency Medicine
MCCUNE, SUSAN K.	Neonatology
MCDAY, KRISTIN	Obstetrics and Gynecology
MCGARRY, MICHELLE A.	Pediatrics
MCGHEE, ELWOOD	General Surgery
MCGONAGLE, KERRY	Family Nurse Practitioner
MCIVER, MANDISA	Emergency Medicine
MCKNIGHT, MARJORIE L.	Pediatrics

AmeriHealth Provider Network

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Provider Name	Provider Type
MCLAUGHLIN, LAUREN P.	Pediatrics
MCMAHON, CARY E.	Pediatric Endocrinology
MCNAIR, LARRY	General Dentistry
MCSHANE, ANGELICA M.	Physical Therapy
MEAGHER, ELISABETH A.	Pediatric Nurse Practitioner
MEANY, HOLLY J.	Pediatric Hematology Oncology
MEERTINS, AISHA O.	Certified Social Worker
MEGALAA, ROSEMARY R.	Pediatrics
MEHDI, MANSOUR J.	Hospitalist
MEHRA, RINKU	Pediatric Endocrinology
MEIGHAN, SEEMA K.	Pediatric Endocrinology
MELBOURNE, LAUNICE A.	Pediatrics
MELDAU, JENNIFER L.	Pediatric Nurse Practitioner
MELI, MONICA	Obstetrics and Gynecology
MELWANI, ANJNA	Pediatrics
MENDELSON, MARC	Emergency Medicine
MENDOZA, IRENE	Professional Counselling
MERKISON, MARQUITTA	Audiology
MERRITT BAKER, STACEY	Pediatric Nurse Practitioner
MERTON, RACHEL	Orthopaedic Surgery
MEYESTEIN, SHAANAN	Pediatrics
MIETUS-SNYDER, MICHELE L.	Pediatrics
MIETUS-SNYDER, MICHELE L.	Pediatric Cardiology
MILESTONE THERAPEUTIC SERVICES	Rehabilitation Facility
MILITANO, THOMAS	Thoracic and Cardiac Surgery
MILLARD, ASHLEY	Family Nurse Practitioner
MILLER, MARIJEAN	Pediatric Ophthalmology
MILLER, WARREN L.	Certified Social Worker
MINTZ, MICHAEL E.	Psychology
MIRZA, NAZRAT M.	Pediatrics
MISHORI, RANIT	Family Practice
MISTRY, KIRTIDA	Pediatric Nephrology
MIZE, MARISA G.	Family Nurse Practitioner
MOAK, JEFFREY P.	Pediatric Cardiology
MOELLER, RAQUEL F.	Neurophysiology
MOHAN, PARVATHI T.	Pediatric Gastroenterology
MOHER, JUSTIN M.	Pediatric Emergency Medicine
MOLINA, EZEQUIEL J.	General Surgery
MOMAH, EMEKA S.	Emergency Medicine
MOMOH, MUSA M.	Internal Medicine
MONAGHAN, MAUREEN C.	Psychology
MONTANARO, RACHEL M.	Pediatric Surgery
MONTANO, RONALD	General Dentistry

AmeriHealth Provider Network

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Provider Name	Provider Type
MONTOUTE-MEDFORD, SIMONE L.	Certified Nurse Midwife
MORAN, LILI N.	Pediatric Emergency Medicine
MORCOM, KATHRYN K.	Family Practice
MORGAN, ALFRED P.	Emergency Medicine
MOROZOVA, OLGA M.	Physical Medicine & Rehab
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRISON, DIANE L.	Cardiovascular Medicine
MORRISON, SEPHORA N.	Pediatric Emergency Medicine
MORRISSEY, JOHN D.	Critical Care
MORROW, GREGORY D.	General Surgery
MOSLEY, RAEGAN	Obstetrics and Gynecology
MOSTELLO, LUCILLE A.	Pain Management
MOUDGIL, ASHA	Pediatric Nephrology
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYNIHAN, ELIZABETH M.	Pediatric Nurse Practitioner
MOYO, SENEWA	Occupational Therapist
MUDD, PAMELA A.	Pediatric Otolaryngology
MULKEY, SARAH B.	Psychiatry, Neurology
MULLAN, PAUL C.	Pediatric Emergency Medicine
MURAKAMI, PATRICE H.	Pediatrics
MURNICK, JONATHAN G.	Pediatric Radiology
MURPHY, ELIZABETH A.	Pediatrics
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURTHY, RANGAMANI S.	Emergency Medicine
MUTCHERSON JR, JAMES A.	Allergy & Immunology
MYLES, ELIZABETH R.	Gastroenterology
MYSEROS, JOHN S.	Pediatric Neurological Surgery
NADLER, EVAN P.	Pediatric Surgery
NAHAR, JAI K.	Pediatric Cardiology
NAING, YIN M.	Internal Medicine
NAJJAR, SAMER S.	Cardiovascular Medicine
NAMPOOTHIRI, PRIYA	Pediatric Emergency Medicine
NAPOLI, LOUIS D.	Radiology
NASCOTT REHAB SVC	Rehabilitation Facility
NASH, JESSICA E.	Pediatric Emergency Medicine
NATH, DILIP S.	Pediatric Cardiology
NATIVIDAD, INES	Internal Medicine
NEDD, WILTON O.	Thoracic and Cardiac Surgery
NEEB, CHRISTINE	Family Practice

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NELSON, JONATHON	Pediatric Anesthesiology
NESTERENKO, TETYANA H.	Neonatology
NEVIASER, ANDREW S.	Orthopaedic Surgery
NEWMAN, DANIEL A.	Pediatrics
NEWMAN, JULIE B.	Psychology
NEWMAN, KURT D.	Pediatric Surgery
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NGUYEN, KHANH Q.	Emergency Medicine
NGUYEN, THANH T.	Neurophysiology
NICKEL, ROBERT S.	Pediatric Hematology
NIGHTENGALE, TIFFANY N.	General Dentistry
NINO BARRERA, GUSTAVO R.	Pediatric Pulmonology
NJANG, FLORENCE	Internal Medicine
NORRIS, LAURA	Pediatric Cardiology
NORTON, SCOTT A.	Dermatology
NORWOOD, HELEN Z.	Internal Medicine
NOURI, POUNEH	Nephrology
NTI, ALICIA N.	Occupational Medicine
NUNEZ-BRITO, ROSARIO	Psychiatry, Neurology
NUNEZ-BRITO, ROSARIO	Psychiatry, Neurology
NUSRAT, NASIMA	Pediatric Psychiatry
OBEID, GEORGE	Oral Maxillofacial Surgery
OBEID, RAWAD	Hospitalist
O'BERRY, PATRICIA M.	Advanced Reg Nurse Pract
O'BYRNE, MICHAEL L.	Pediatric Cardiology
OCONELL, KAREN J.	Pediatric Emergency Medicine
OCTOBER, TESSIE W.	Pediatric Critical Care
ODEI, JARITA A.	Pediatric Emergency Medicine
OETGEN, MATTHEW E.	Peds Orthopedic Sports Med
OGUNLESI, FOLASADE O.	Pediatric Pulmonology
OGUNNAIKE, OLUDAYO O.	General Dentistry
OH, ALBERT K.	Pediatric Plastic Surgery
OH, PHILLIP J.	General Dentistry
OKETOKUN, ADEFOLAJU	General Practice
OKONOFUA, DEBORAH E.	Family Nurse Practitioner
OLIVIERI, LAURA J.	Pediatric Cardiology
OLUIGBO, CHIMA O.	Neurological Surgery
O'NEAL, LATANYA	General Dentistry
ONEAL, MICHAEL J.	Emergency Medicine
ONEILL, BARBARA L.	Pain Management

AmeriHealth Provider Network

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Provider Name	Provider Type
OPPENHEIMER, MARCY J.	Family Practice
ORIGLIERI, CATHERINE A.	Ophthalmology
OSHER, JAMES M.	Ophthalmology
OSTROVSKY, ANDREY Y.	Pediatrics
OTERO, HANSEL J.	Pediatric Radiology
OTTOLINI, MARY C.	Pediatrics
OWENS COLLINS, SHEILA	Neonatology
OWENS, THERESA M.	Certified Social Worker
OWUSU-ANSAH, SYLVIA	Pediatric Emergency Medicine
PACKER, ROGER J.	Pediatric Neurology
PADMANABHA, VANI	Pathology
PADMANABHA, VANI	Pathology
PANCH, SANDHYA R.	Internal Medicine
PANCH, SANDHYA R.	Internal Medicine
PANE-BANACH, LAURIE A.	Pediatric Emergency Medicine
PAPPAS, LISBETH L.	Pediatric Anesthesiology
PARIKH, KAVITA	Pediatrics
PARKER, ELIZABETH A.	Pediatric Endocrinology
PATEL, AMIT	General Dentistry
PATEL, AMIT	General Dentistry
PATEL, JANISH J.	Pediatric Anesthesiology
PATEL, RAMESH I.	Anesthesiology
PATEL, SHILPA	Pediatric Emergency Medicine
PATRICK, YETUNDE I.	General Dentistry
PATTERSON, ANGELA	Neonatology
PATTERSON, LARRY T.	Pediatric Nephrology
PATTERSON, LISA A.	Certified Clinical Social Work
PATTERSON, MARY D.	Pediatric Emergency Medicine
PATTON, LAUREN E.	Psychology
PAVULURI, PADMAJA	Pediatrics
PAYNE, ASHA S.	Pediatric Emergency Medicine
PEARL, MONICA S.	Pediatric Radiology
PEARSON, GAIL D.	Pediatric Cardiology
PEARSON, GAIL D.	General Surgery
PEESAY, MORARJI R.	Neonatology
PENA, MARIA T.	Pediatric Otolaryngology
PENN, ANNA	Neonatal/Perinatal
PEPPER, JUSTIN A.	Pediatric Emergency Medicine
PEREZ, GEOVANNY F.	Pediatrics
PEREZ-ALBUERNE, EVELIO D.	Pediatric Hematology Oncology
PERGAMI, PAOLA	Neurology
PERMUT, LORI K.	Certified Social Worker
PERRITT, JAMILA D.	Obstetrics and Gynecology

AmeriHealth Provider Network

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Provider Name	Provider Type
PERRY, KAREN M.	Pediatrics
PESACRETA, LINDSAY D.	Family Practice
PESTIEAU, SOPHIE R.	Anesthesiology
PETROSYAN, MIKAEL	Pediatric Surgery
PETTYJOHN, BETH A.	Certified Social Worker
PETYAK, CHRISTY E.	Pediatrics
PHILLIPS, FREDERICK B.	Psychology
PHILLIPS, LESLIE A.	Cardiovascular Medicine
PILLAI, DINESH K.	Pediatric Pulmonology
PINDER, THOMAS	Cardiovascular Medicine
PINDER, THOMAS	Cardiovascular Medicine
PINDER, THOMAS	Cardiovascular Medicine
PINDER, THOMAS	Cardiovascular Medicine
PINDER, THOMAS	Cardiovascular Medicine
POHL, HANS G.	Pediatric Urology
POKU-DANKWAH, CEDRIC	Family Practice
POLATIN, PETER B.	Psychiatry
POLK, OCTAVIUS D.	Pulmonary Disease
POLLACK, MURRAY M.	Pediatric Critical Care
POMPILI, STEVEN J.	Podiatry
POTDAR, MEENU	Pediatrics
POTVIN, DEBORAH	Neuropsychology
POWELL, CLYDETTE L.	Pediatric Neurology
POWELL, DANIELLE S.	Audiology
POWELL, JACLYNN L.	Radiology, Diagnostic
POWELL-DAVIS, MONIQUE M.	Obstetrics and Gynecology
PREMPEH, HENRY	Psychology
PRESSON, TAKEISHA	General Dentistry
PRIETO, MONICA P.	Pediatrics
PROCTOR, PHILLIP J.	Urology
PROCTOR, STEPHEN I.	Obstetrics and Gynecology
PROVIDENCE HOSPITAL	Hospital
PSI SERVICES III INC	Community Mental Health Center
PSYCHIATRIC INSTITUTE OF WASHINGTON	Psychiatric Facility
PULLUM, ASHLEY	Assistant Behavior Analyst
PUSCASIU, ELENA T.	Pediatric Pathology
QUARLES, AISHA	Pediatrics
QUASH JR, JOSEPH A.	Cardiovascular Medicine
QUASH JR, JOSEPH A.	Cardiovascular Medicine
QUEZADO, ZENAIDE M N.	Pain Management
QUINN, MICHAEL J.	Pediatric Emergency Medicine
RABIN, JEFFREY P.	Physical Medicine & Rehab
RADA, ERIN M.	Plastic Surgery

AmeriHealth Provider Network

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Provider Name	Provider Type
RAINA, SHIBAN L.	Internal Medicine
RAIS-BAHRAMI, KHODAYAR	Neonatology
RAJA, KAMRAN N.	Pediatric Dentistry
RAKHMANNINA, NATELLA Y.	Pediatrics
RALEY, TIFFANY K.	Certified Social Worker
RAMAKRISHNAN, KARTHIK V.	Thoracic and Cardiac Surgery
RANKIN, EDWARD A.	Orthopaedic Surgery
RANKIN, MARC E.	Orthopaedic Surgery
RASKAS, MORDECHAI D.	Pediatrics
RASMUSSEN, CHAD M.	General Dentistry
RAY, PATRICIO E.	Pediatric Nephrology
RAZA, HANIYA	Pediatric Psychiatry
REDDY, SRIJAYA K.	Pediatric Anesthesiology
REDHA, WADDAA	Emergency Medicine
REDUQUE, LEILA L.	Pediatric Anesthesiology
REECE-STREMTAN, SARAH J.	Pediatric Anesthesiology
REESE, KRISTEN L.	Pediatrics
REEVES, MATTHEW F.	Obstetrics and Gynecology
REGATTI, SHILPA REDDY	General Dentistry
REGIER, DEBRA S.	Pediatrics
REICH, JONATHAN D.	Pediatric Cardiology
REID, ERIN	Family Nurse Practitioner
REILLY, BRIAN K.	Pediatric Otolaryngology
REILLY, GAYATRI	Ophthalmology
REILLY, GAYATRI	Ophthalmology
REINGOLD, STEPHEN	Emergency Medicine
REVENIS, MARY ELLEN V.	Neonatology
REYES, CHRISTINE A.	Pediatric Pathology
REYES, TEODORO U.	Pediatric Anesthesiology
RHEE, JULLIE G.	Neonatology
RHODEN-SALMON, SONIA M.	Emergency Medicine
RHODES, HOPE E.	Pediatrics
RHODES, PAUL S.	Geriatrics
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICKFORD, MARC S.	General Surgery
RIDLEY, STANLEY	Psychology
RILEY, CHRISTINE M.	Pediatric Nurse Practitioner
RINDAL, KIRSTEN	Emergency Medicine
RING, LISA M.	Pediatric Emergency Medicine
RIVAS, MARIA	Occupational Therapist
RIVELLO, MICHELLE E.	Neonatology
RIVERS, JONATHAN S.	Certified Social Worker

AmeriHealth Provider Network

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Provider Name	Provider Type
ROBB, ADELAIDE S.	Pediatric Psychiatry
ROBBINS, GABRIEL	Pediatric Emergency Medicine
ROBBINS, KAREN	Pediatric Allergy & Immunology
ROBERTS, RENEE J.	Pain Management
ROBERTS, TERESA L.	Pediatric Anesthesiology
ROBERTSON, KATHRYN	Hospitalist
ROBI, NURU A.	Obstetrics and Gynecology
ROBIE, ANDREW	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KIMBERLY	Psychologist -Clinical
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROCKMAN, LAURA M.	Psychology
RODRIGUEZ, CLAIRE H.	Certified Nurse Midwife
ROGERS, GARY F.	Plastic Surgery
RONIS, TOVA	Pediatric Rheumatology
ROOD, BRIAN R.	Pediatric Hematology Oncology
ROOT, JEREMY M.	Pediatrics
ROSENBAUM, KENNETH N.	Genetics and Infertility
ROSENBERG, AVI Z.	Pathology
ROSENTHAL, ERIC	Pediatric Emergency Medicine
ROSMAN, BROOKE K.	Pediatric Emergency Medicine
ROSSI, CHRISTOPHER T.	Pediatric Pathology
ROWLAND, FAITH R.	Pediatric Psychiatry
ROY, PIYALI	General Dentistry
RUBIN, IRIS K.	Dermatology
RUBIN, JESSICA	Pediatric Dentistry
RUBIO, EVA I.	Pediatric Radiology
RUCKER, ALEXANDRIA C.	Pediatric Emergency Medicine
RUFAL, ABISOLA	Physical Therapy
RUFFINI, LINDSAY	Pediatric Nurse Practitioner
RUSHTON JR, HARRY G.	Pediatric Urology
RYAN, JAMES	Pediatric Dentistry
RYEE, MI Y.	Psychiatry
SABLE, CRAIG A.	Pediatric Cardiology
SACKVILLE, SARA F.	Social Worker
SADY, MAEGAN D.	Neurophysiology
SAFRAN, JULIAN E.	Obstetrics and Gynecology
SAGAR, ANGELA	Psychiatry
SAID, MARIAM M.	Neonatology
SAIDINEJAD, MOHSEN	Pediatric Emergency Medicine

**AmeriHealth Provider Network
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Provider Name	Provider Type
SALEH, FAREED R.	Pediatrics
SALEM, BAHEYELDIN M.	Pediatric Hematology Oncology
SAMANTA, LISA T.	Pediatric Anesthesiology
SAMI-ZAKHARI, IMAN R.	Pediatric Pulmonology
SAMUELSON, MELISSA	Pediatrics
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANDERS, REGINALD J.	Pediatric Ophthalmology
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDHU, HARMINDER S.	Nephrology
SANDLER, ANTHONY D.	Pediatric Surgery
SANTOS, DOMINICO N.	Pediatric Anesthesiology
SANZ, JACQUELINE H.	Psychology
SARPONG, SAMPSON B.	Allergy & Immunology
SARVIS, ASTRID B.	Pediatrics
SASLOWSKY, TRACEE M.	Nurse Practitioner Other
SAUER, PAMELA R.	Podiatry
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAVITZ, MOLLY E.	Emergency Medicine
SAVOY, SHEREECE D.	Professional Counselling
SAWAYA, RASHA D.	Pediatric Emergency Medicine
SAYLOR, NATHANIEL B.	Emergency Medicine
SCAFIDI, JOSEPH	Pediatrics
SCAVO, LOUIS M.	Neonatology
SCHEEL, JANET	Pediatric Cardiology
SCHEIFELE, ERIK M.	General Dentistry
SCHIDLOW, DAVID N.	Pediatric Cardiology
SCHMERBER, REBEKAH E.	Certified Nurse Midwife
SCHMITZ, KRISTINE H.	Pediatrics
SCHORE, REUVEN J.	Pediatric Hematology Oncology
SCHREIBER, CHRISTINA M.	Family Practice
SCHREIBER, JOHN M.	Pediatric Neurology
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner

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Provider Name	Provider Type
SCHUMACHER, HEIDI K.	Pediatrics
SCHWARTZ, JAMIE M.	Critical Care
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCOTT, ZAKIYA	General Dentistry
SEABRON, STEPHEN	Internal Medicine
SEBASTIAN, TEENA	Pediatric Gastroenterology
SEEVAVE, DESIREE M.	Pediatric Emergency Medicine
SEHGAL, SONA	Gastroenterology
SEIBEL, NITA L.	Pediatric Hematology Oncology
SEITER, COURTNEY L.	Pediatrics
SELANIKO, JOEL D.	Pediatrics
SEPETA, LEIGH N.	Neuropsychology
SETHI, HARMINDER	Hematology & Oncology (HEO)
SETHI, HARMINDER	Oncology
SETHI, KAMALJIT K.	Nephrology
SETHI, ROHIT	General Dentistry
SEWELL, KELLIE D.	Certified Nurse Midwife
SHAFFER, NANCY G.	Psychology
SHAH, ANKOOR Y.	Pediatrics
SHAH, MONICA	Pediatric Anesthesiology
SHAH, NEHA H.	Pediatrics
SHAH, RAHUL K.	Pediatrics
SHAH, SANJAY D.	Hospitalist
SHAHEED, SANDRA	Internal Medicine
SHAKIR, JAMILAH M.	Obstetrics and Gynecology
SHALABY-RANA, EGLAL I.	Pediatric Radiology
SHAMS, KIM J.	Pediatric Endocrinology
SHANKAR, VENKAT R.	Pediatric Critical Care
SHANNON, CATHLEEN E.	Nurse Practitioner Other
SHAPIRO, ALAN	Infectious Disease
SHARMA, HEMANT P.	Pediatrics
SHARMA, KARUN V.	Radiology, Diagnostic
SHARRON, MATTHEW P.	Pediatric Emergency Medicine
SHASHATY, ELIZABETH S.	Pediatric Emergency Medicine
SHAUKAT, HAROON	Pediatric Emergency Medicine
SHEARER, DANNY T.	Gastroenterology
SHELTON, CHRISHONNA C.	Certified Clinical Social Work
SHERMAN, EVAN S.	Pediatric Emergency Medicine
SHERMAN-WEISS, HILARY	Pediatric Dentistry
SHERWIN, ELIZABETH D.	Pediatric Cardiology
SHETH, DIPAK P.	Emergency Medicine

**AmeriHealth Provider Network
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Provider Name	Provider Type
SHETH, NIMA C.	Psychiatry, Neurology
SHIBLI, MUHAMMAD H.	Critical Care
SHIBUYA, PETER K.	Family Nurse Practitioner
SHIELDS HARRIS, RHONIQUE T.	Pediatrics
SHIRALI, JANHAVI H.	Pediatric Ophthalmology
SHIRRON, KELLEY C.	Pediatrics
SHNIDER, RACHEL G.	Pediatric Emergency Medicine
SHORT, BILLIE LOU	Neonatology
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIEVER, BETH A.	Pediatric Hematology Oncology
SIGMAN, LAURA J.	Pediatric Emergency Medicine
SIKKA, NEAL K.	Emergency Medicine
SILBER, TOMAS J.	Adolescent Medicine
SILVEIRA, KAREN A.	Certified Nurse Midwife
SIMMONS, CAMILLE F.	Physical Therapy
SIMMONS, LAYTRAYAL A.	Professional Counselling
SIMON, ALAN E.	Pediatrics
SIMON, JONAS	Physical Therapy
SIMONSEN, RANDI B.	Pediatric Occupational Therapy
SIMPSON, JOELLE	Pediatric Emergency Medicine
SIMS, ALEXANDRA	Pediatrics
SINGH, NALINI	Pediatric Infectious Disease
SINGH, SHARON	Psychology
SINGH, VINITA	Internal Medicine
SINHA, PRANAVA	Pediatric Cardiovascular Surg
SIRAM, GAUTAM	Orthopaedic Surgery
SKELSEY, MARAL K.	Dermatology
SLAATS, JULIE M.	Pediatrics
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLOVIN, ARIELLA T.	Pediatrics
SMITH, KAREN L.	Pediatrics
SMITH, NICOLE U.	Pediatric Emergency Medicine
SMITH, SOPHIA R.	Pediatric Emergency Medicine
SMITHLING, KATELYN	Obstetrics and Gynecology
SMPOKOU, PATROULA	Genetics and Infertility
SNYDER, JOHN D.	Pediatric Gastroenterology
SOBEY, WENDY S.	Certified Nurse Midwife
SOGHIER, LAMIA M.	Neonatology
SOLAGES, MARTINE M.	Psychiatry

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
SOMESHAWAR, SHIV P.	Pediatrics
SOMESHWAR, JEAN R.	Adolescent Medicine
SOUFI, SHADI	Internal Medicine
SOUTHAMMAKOSANE, CATHY	Psychiatry
SPELLER-BROWN, BARBARA J.	Pediatric Hematology Oncology
SPELLMAN, FRANK A.	Ophthalmology
SPROTT, SIOBHIAN M.	General Dentistry
SPURNEY, CHRISTOPHER F.	Pediatric Emergency Medicine
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, RICHARD S.	Pulmonary Disease
SQUIRES, RICHARD S.	Pulmonary Disease
SRABSTEIN, JORGE C.	Pediatric Psychiatry
SRINIVASALU, HEMALATHA	Pediatric Rheumatology
SRIRAM, SANJEEV K.	Pediatrics
STASHEFF, STEVEN F.	Neurology
STAUDT, LORETTA M.	Family Practice
STEELE, REUBEN	Certified Clinical Social Work
STEINHORN, DAVID M.	Pediatric Critical Care
STEINHORN, ROBIN H.	Pediatrics
STERN, LORI L.	Pediatrics
STEURY, RACHEL D.	Cardiovascular Medicine
STEVENS, JOEL	General Surgery
STEVENSON, KATELYN	Pediatric Critical Care
STOCKWELL, DAVID	Critical Care
STONE, BRIAN S.	Neonatology
STOUT, DONALD M.	Family Practice
STRANG, JOHN F.	Psychology
STREISAND, RANDI	Psychology
STRICKLAND, FRANK	General Dentistry
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
SU, LILLIAN	Pediatric Critical Care
SUFRIN, CAROLYN B.	Cardiovascular Medicine
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGIMOTO, NOBUKO	Occupational Medicine
SULLIVAN, MEGHAN K.	Psychology
SUMMAR, MARSHALL L.	Genetics and Infertility
SUMMER, CAROLYN B.	Nurse Practitioner Other

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SYED, ASMIR I.	Interventional Cardiology
SZE, RAYMOND W.	Radiology
TABRIZIAN, ATOUSA M.	Internal Medicine
TAEME, BRUK E.	General Dentistry
TAFFAL, NOUR-EDDIN	General Dentistry
TAGHIZADEHMOGHADDAM, SASSAN	Emergency Medicine
TAGLIARINO, VIRGINIA	Social Worker
TANPAIBOON, PRANOOT	Pediatric Genetics
TAPLIN, DEDERIC Y.	General Dentistry
TARE, MANISHA	Occupational Medicine
TATE, ANUPAMA R.	Pediatric Dentistry
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAYE MAKURIA, ADDISALEM	Pathology, Clinical
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLORMOORE, JONATHAN O.	Pediatric Ophthalmology
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TEACH, STEPHEN	Pediatric Emergency Medicine
TENDER, JENNIFER A.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
THAHANE, LINEO K.	Pediatrics
THANGARAJH, MATHULA	Pediatrics
THE SHIBBOLETH GROUP	Rehabilitation Facility
THOMAS, CRAIG M.	Orthopaedic Surgery
THOMAS, EMILY Y.	Pediatrics
THOMAS, SURESH	Anesthesiology
THOMAS-MOHTAT, ROSEMARY	Pediatrics
THOMPSON, AMANDA L.	Psychology
THOMPSON, CASSANDRA Y.	Family Nurse Practitioner
THOMPSON, CASSANDRA Y.	Family Nurse Practitioner
THOMPSON, ELIZA A.	Speech Language Pathology
THOMPSON, GARY W.	Gastroenterology
THOMPSON, JENNIFER N.	Pediatric Emergency Medicine
THOMPSON, MELANIE J.	Professional Counselling

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
THOMSON, ELIZABETH W.	Pediatric Hematology Oncology
THOMSON, KAREN M.	Anesthesiology
TICKETT, SHELLEY	Pediatric Emergency Medicine
TIERNAN, LINDA B.	Pediatric Cardiology
TIRY, ANDREW	Behavior Analyst
TITA, CHARLES T.	Psychiatry
TOCHEN, LAURA S.	Psychiatry, Neurology
TODD, STEPHANIE J.	Pediatrics
TOLBERT, HERMAN	Psychology
TOLSON, TEKIA	Occupational Therapist
TONER, KERI	Pediatrics
TONEY, CAROL F.	Pediatric Cardiology
TORETSKY, JEFFREY A.	Pediatric Hematology Oncology
TORRES, CLARIVET	Pediatric Gastroenterology
TOSI, LAURA L.	Pediatric Orthopedic Surgery
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOWNSEND-AKPAN, CARLENE B.	Adolescent Medicine
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRAN, KATIE K.	Pediatrics
TRIPLE ALLIANCE INC	Durable Medical Equip Supplier
TROUTNER, ANDREA C.	Registered Dietitian
TSAI, JASON	Radiology, Diagnostic
TSUCHIDA, TAMMY N.	Pediatric Neurology
TUCHMAN, LISA K.	Adolescent Medicine
TUCHMAN, MENDEL	Genetics and Infertility
TUCHMAN, SHAMIR	Pediatric Nephrology
TUCKER, ALICIA	Pediatrics
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TURLAPATI, NAMRATHA	Ophthalmology
TURNACIOGLU, SINAN O.	Pediatric Neurology
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
UKENYE, FLORENCE C.	Nurse Practitioner Other
UKOH, UKEME A.	Pediatrics
ULU, IMMACULATA	Nurse Practitioner Other
USMAN ALIU, EMIKE	Orthodontics
USMAN ALIU, EMIKE	Orthodontics
UYGUNGIL, BURCIN	Allergy & Immunology

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
VAIDYA, SUSMA S.	Pediatrics
VAIDYANATHAN, PRIYA	Endocrinology
VALAIRUCHA, SONGYOS	Anesthesiology
VALLIS, ALBERTA M.	Psychiatry
VAN DEN ANKER, JOHANNES N.	Neonatology
VANDERVER, ADELINE L.	Neurology
VARELA, CARLY R.	Pediatric Hematology Oncology
VASILADIS, ANNE Q.	Pediatric Nurse Practitioner
VAUGHAN, CHRISTOPHER G.	Psychology
VAZQUEZ-COLON, CAROLL N.	Pediatric Anesthesiology
VELLODY, RANJITH	Radiology, Diagnostic
VERA, GILBERTO A.	Nephrology
VERDUN, NICOLE C.	Pediatric Hematology Oncology
VERGHESE, SUSAN	Pain Management
VERMA, PAYAL	General Dentistry
VEZINA, GILBERT L.	Pediatric Radiology
VIALI, SARAH F.	Pediatrics
VIETH, DAVID	General Dentistry
VILLEPIQUE-HICKEY, HOLLY ANN	Family Nurse Practitioner
VITAS INNOVATIVE HOSPICE CARE GREATER WASHINGTON	Hospice
VU, THUY-ANH H.	Psychiatry, Neurology
VYAS, PRANAV K.	Pediatric Radiology
WABERSKI, ANDREW T.	Anesthesiology
WADHWA, AMIT	Emergency Medicine
WALDMAN, ZEV L.	Pediatrics
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALLS, THERESA A.	Pediatric Emergency Medicine
WALSH, CATHERINE H.	Pediatric Gastroenterology
WALSH, HEATHER A.	Emergency Medicine
WALSH, KARIN S.	Psychology
WALTER, JULIA	Pediatric Emergency Medicine
WALTERS, SUZANNE J.	Pediatric Orthopedic Surgery
WALTROUS, JUSTIN	Physical Medicine & Rehab
WANG MEMOLI, JESSICA S.	Pulmonary Disease
WARNER, DAVID S.	Certified Social Worker
WEATHERS, NATERRA D.	Pediatric Behavioral Health
WEBB, JENNIFER L.	Pediatrics
WEEKS, JOSEPHINE M.	Neonatology
WEEKS, JOSEPHINE M.	Neonatology
WEEKS, JOSEPHINE M.	Pediatrics

AmeriHealth Provider Network

Ward 5

Provider Name	Provider Type
WEEMS, PHILLIP S.	Transplant Surgery
WEIBEL, JOHN D.	Certified Social Worker
WEINSTEIN, STEVEN L.	Pediatric Neurology
WEISS, MIRIAM R.	Pediatric Nurse Practitioner
WEISSMAN, MARK I.	Pediatrics
WEISSMAN, RICHARD D.	Behavior Analyst
WELBORN, LEILA G.	Pain Management
WELLS, ELIZABETH M.	Pediatric Neurology
WESSEL, DAVID L.	Pediatric Critical Care
WEST, ARTHUR N.	Gastroenterology
WESTON, NICOLE	Physical Therapy
WHITEHEAD, MATTHEW T.	Radiology, Diagnostic
WIEDERMANN, BERNHARD L.	Pediatric Infectious Disease
WIGGINS, CATHERINE W.	Orthopaedic Surgery
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILLIAMS IV, CONRAD S.	Hospice & Palliative Medicine
WILLIAMS, DELANEY	Radiology, Diagnostic
WILLIAMS, EDWIN S.	Family Practice
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, KIRK D.	Otolaryngology (ENT)
WILLIAMS, KIRSTEN M.	Pediatric Hematology Oncology
WILLIAMS, YVETTE	General Dentistry
WILLIAMS-ELLIOTT, KEESHA	Ophthalmology
WILLIAMS-JANAS, JANET A.	Pediatric Nurse Practitioner
WILLIE-CARNEGIE, GEORGIA S.	Cardiovascular Medicine
WILLIE-CARNEGIE, GEORGIA S.	Cardiovascular Medicine
WILLNER, EMILY L.	Pediatric Emergency Medicine
WILSON JR, DAVID B.	Geriatrics
WILSON JR, ROBERT W.	Family Practice
WILSON, DAMALI M.	Hematology & Oncology (HEO)
WILSON, ROBERT H.	Orthopaedic Surgery
WILSON, ROBERT H.	Pediatric Orthopedic Surgery
WILSON, TASHYA E.	Psychology
WINES, MICHELLE A.	Pediatric Emergency Medicine
WINGFIELD, ROBERT J.	Psychology
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WISNIEWSKI, JESSICA A.	Pediatric Neurological Surgery
WOLF, MURIEL D.	Pediatrics
WOLFE, JAIME L.	Gastroenterology
WONG, EDWARD	Pathology, Clinical

**AmeriHealth Provider Network
Ward 5**

Provider Name	Provider Type
WONG, KAREN S.	Pediatrics
WOODWARD, KATHY A.	Adolescent Medicine
WORST, KATHERINE M.	Pediatric Nurse Practitioner
WRATNEY, ANGELA T.	Pediatric Critical Care
WREESMAN, STEPHEN S.	Family Practice
WRIGHT, CAROLINE C.	Pediatric Anesthesiology
WU, ANDREW	Pediatrics
WURM, CAROLYN	Psychology
YADAV, BHUPENDER	Pediatric Radiology
YANG, JAMES C.	Internal Medicine
YE, PEGGY P.	Obstetrics and Gynecology
YEAGER, AMY S.	Pediatric Emergency Medicine
YEUNG, HELEN H.	Ophthalmology
YIM, DOUGLAS B.	Radiology, Diagnostic
YODER, KYLE B.	Pediatric Emergency Medicine
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOU, JACQUELINE S.	General Dentistry
YOUNG, MEGAN L.	Pediatric Orthopedic Surgery
YOUNG, YVETTE L.	Certified Clinical Social Work
YOUSSEF, SOHEIR H.	Neonatology
YURASEK, GREGORY K.	Pediatrics
ZAIDI, SARAH	Pediatric Pulmonology
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAKI, MADONNA	General Dentistry
ZALZAL, GEORGE H.	Pediatric Otolaryngology
ZANARDI, CRISTIANE	Physical Therapy
ZAND, DINA J.	Genetics and Infertility
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZAVERI, PAVAN P.	Emergency Medicine
ZELLEKE, TESHAYE G.	Neurology
ZELTSER, DEENA Y.	Pediatrics
ZHAO, XIAN	Pediatrics
ZHENG, PAN	Pathology
ZIMMERMAN, NANCY L.	Pediatrics
ZURCA JR, ADRIAN D.	Pediatric Critical Care
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 306
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW RM G267
1039 BLADENSBURG RD NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW RM GA144
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 218
1150 VARNUM ST NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM NE ST
845 BLADENSBURG RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE S318
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
680 RHODE ISLAND AVE NE STE I
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
702 15TH ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1001 LAWRENCE ST NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1150 VARNUM ST NE
2041 Martin Luther King Jr Ave
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
106 IRVING ST NW STE 3200
1160 VARNUM ST NE STE 100
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
110 IRVING ST NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1160 VARNUM ST NE
2300 M ST NW 6TH FL

**AmeriHealth Provider Network
Ward 5**

Provider Address
1223 BRENTWOOD RD NE
777 H ST NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
106 IRVING ST NW STE 201
1150 VARNUM ST NE
1305 RHODE ISLAND AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 211
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1160 VARNUM ST NE STE 200
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
360 TAYLOR NE STE R14
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 208A
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
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111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 104
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1305 RHODE ISLAND AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE
101 Q ST NE STE G
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
777 H ST NE
111 MICHIGAN AVE NW
1152 VARNUM ST NE
1150 VARMUN ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
801 17TH ST NE
1647 BENNING RD NE STE 206
1150 VARNUM ST NE
1150 VARNUM ST NE
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1231 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
1531 MARYLAND AVE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1160 VARNUM ST NE
106 IRVING ST NW
1150 VARNUM ST NE
1160 VARNUM ST NE STE 011
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1225 4TH ST NE
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE PMB 105
800 FLORIDA AVE NE STE SLC2200
1251 SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
50 F ST NW STE 3300
140 Q ST NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1160 VARNUM ST NE STE 318
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1647 BENNING RD NE STE 200
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
360 TAYLOR ST NE STE R14
220 L ST

**AmeriHealth Provider Network
Ward 5**

Provider Address
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1160 VARNUM ST NE STE 008
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
801 17TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
1150 VARNUM ST NE
111 MICHIGAN AVE NW
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111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2007 BUNKER HILL RD NE
111 MICHIGAN AVE NW
1225 4TH ST NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1160 VARNUM ST NE STE 100

**AmeriHealth Provider Network
Ward 5**

Provider Address
106 IRVING ST NW STE 3200
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1140 VARNUM ST NE PMB STE 107
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
3553 16TH ST NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 104
1150 VARNUM NE ST
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1647 BENNING RD NE STE 303
801 17TH ST NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM ST NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 116
106 IRVING ST NW STE 118
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1647 BENNING RD NE STE 103
106 IRVING ST NW STE 2400N
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 218
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD ROAD
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM ST NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
1160 VARNUM ST NE DEPAUL STE 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
777 H ST NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 102
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2131 K ST NW STE 600
1160 VARNUM ST NE
1150 VARNUM NE ST
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
845 BLADENSBURG RD NE
111 MICHIGAN AVE NW
1140 VARNUM ST NE PMB STE 107
111 MICHIGAN AVE NW
1150 VARNUM NE ST
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM NE ST
1140 VARNUM ST NE PMB STE 107
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1150 VARNUM ST NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1039 BLADENSBURG RD NE STE 1
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE
800 FLORIDA AVE NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 110
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1140 VARNUM ST NE STE 103
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 212
680 RHODE ISLAND AVE NE STE I
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1160 VARNUM ST NE DEPAUL STE 021

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
60 O ST NW
1160 VARNUM ST NE STE 104
360 TAYLOR ST NE STE R14
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE ST CATHERINE STE 200
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 3200
1060 Brentwood Rd NE
110 IRVING ST NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM ST NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2218 RHODE ISLAND AVE NE
1160 Varnum St NE
1160 VARNUM ST NE STE 011
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 110
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
60 O Street NW
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM NE ST
111 MICHIGAN AVE NW
777 H ST NE
1160 VARNUM ST NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1160 VARNUM ST NE STE 011
1160 Varnum St NE
1150 VARNUM NE ST
111 MICHIGAN AVE NW
3636 GEORGIA AVE NW
1150 VARNUM STREET NE
1053 BUCHANAN STREET NE
111 MICHIGAN AVE NW
106 IRVING ST NW STE 1500
1140 VARNUM ST NE STE 102
1160 VARNUM ST NE
1150 VARNUM NE ST
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1150 VARNUM NE ST
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
845 BLADENSBURG RD NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1536 Benning Rd NE
106 IRVING ST NW STE 2500
2817 12TH ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
1140 VARNUM ST NE STE 103
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1150 VARNUM NE ST
106 IRVING ST NW STE 415
106 IRVING ST NW STE 201
106 IRVING ST NW STE 201

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
106 IRVING ST NW
4844 QUEENS CHAPEL TER NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM ST NE
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
5210 3RD ST NE STE B
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1053 BUCHANAN STREET NE
1150 VARNUM STREET NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM NE ST
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
1251 B SARATOGA AVE NE
220 L ST
3200 12TH ST NE
111 MICHIGAN AVE NW
1140 VARNUM ST NE PMB 202
111 MICHIGAN AVE NW
106 IRVING ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1160 VARNUM ST NE STE 317
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
801 17TH ST NE
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1160 VARNUM ST NE STE 104
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
106 IRVING ST NW
1160 VARNUM ST NE
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
2100 NEW YORK AVE NE
777 H ST NW
2311 M ST NW STE 101
1150 VARNUM ST NE
1731 BUNKER HILL RD NE
777 H ST NE
1223 BRENTWOOD RD NE
2900 14TH ST NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
801 17TH ST NE
1150 VARNUM ST NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1225 4TH ST NE
2512 24TH ST NE
1730 HAMLIN ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
845 BLADENSBURG RD
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2802 RHODE ISLAND AVE NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 2500

**AmeriHealth Provider Network
Ward 5**

Provider Address
1160 VARNUM ST NE DEPAUL 110
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1140 VARNUM ST NE STE 103
1160 VARNUM ST NE ST CATHERINE STE 200
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1731 BUNKER HILL RD NE
1150 VARNUM NE ST
1150 VARNUM ST NE
1924 BENNING RD NE 1ST FLOOR
1221 BRENTWOOD ST NE
1030 KEARNEY ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
1225 4TH ST NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
40 PATTERSON ST NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1355 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
106 IRVING ST NW STE 2500
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1647 BENNING RD NE STE 200
777 H ST NE
1053 BUCHANAN STREET NE
1150 VARNUM STREET NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
3925 MINNESOTA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
106 IRVING ST NW STE 306
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
21000 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1305 RHODE ISLAND AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1701 LAWRENCE ST NE
111 MICHIGAN AVE NW
1160 VARNUM ST STE 200 NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 3500
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1731 BUNKER HILL RD NE
1160 VARNUM ST NE STE 214
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
3012 18TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
60 O ST NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARMUN ST NE
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
845 BLADENSBURG RD NE
1160 VARNUM ST NE STE 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 104
111 MICHIGAN AVE NW
106 IRVING ST NW STE 3200
1150 VARNUM ST NE STE 215
680 RHODE ISLAND AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1039 BLADENSBURG RD NE STE 1
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
840 FIRST ST NE 3RD FL
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
900 23RD ST NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1225 4TH ST NE
1160 VARNUM ST NE STE 200
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
3005 BLADENSBURG RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 116
1150 VARNUM ST NE
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
1305 RHODE ISLAND AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1531 MARYLAND AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE
1160 VARNUM ST NE STE 112
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 008
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 108
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1223 BRENTWOOD RD NE
777H ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
106 IRVING ST NW STE 116 S
3200 12TH ST NE
1160 VARNUM ST NE STE 117
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1647 BENNING RD NE STE 303
106 IRVING ST NW STE 218
1160 VARNUM ST NE STE 208
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 200
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
106 IRVING ST NW STE 2300

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2033 HAMLIN ST NE
3200 12TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE ST CATHERINE STE 200
111 MICHIGAN AVE NW
220 L ST NE
801 17TH ST NE
2300 M ST NW 4th FL
111 MICHIGAN AVE NW
1160 VARNUM ST NE DEPAUL STE 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE STE I
1160 VARNUM ST NE STE 104
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
3636 GEORGIA AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1328 SOUTHERN AVE SE STE 309
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1305 RHODE ISLAND AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
1160 VARNUM ST NE ST CATHERINE STE 200
111 MICHIGAN AVE NW
1140 VARNUM ST NE PMB STE 103
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1160 VARNUM ST NE STE 217
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1150 VARNUM ST NE
1140 VARNUM ST NE STE 030
1140 VARNUM ST NE STE 020
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 103
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
102 IRVING ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE PMB 202
1160 VARNUM ST NE STE 217
2100 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
2300 M ST STE 610
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1160 VARNUM ST NE STE 104
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
106 IRVING ST NW STE 201
680 RHODE ISLAND AVE NE STE I
1053 BUCHANAN STREET NE
1150 VARNUM STREET NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
111 MICHIGAN AVE NW
1300 2ND ST NE STE A1
1818 NEW YORK AVE NE STE 110
2642 TWELFTH ST NE STE 2
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
220 L ST NE
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
1140 VARNUM ST NE STE 103
111 MICHIGAN AVE NW
110 IRVING ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARMUN ST NE
1150 VARNUM NE ST
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
777 H ST NE
1223 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
1933 MONTANA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE
1160 VARNUM STREET NE STE 100
1160 VARNUM ST NE STE 100
106 IRVING ST NW STE 3200
1160 VARNUM ST STE 100
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 217
1150 VARNUM ST NE
1160 VARNUM ST NE
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 209
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2300 M ST NW 4th FL
1150 VARNUM ST NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
220 I ST NE STE 100
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 318
1150 VARNUM ST NE
1150 VARNUM ST NE
770 M ST SE
1150 VARNUM ST NE
360 TAYLOR ST NE STE R14
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 3200
1160 VARNUM STREET NE STE 100
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
1140 VARNUM ST NE STE 103
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE DEPAUL STE 312
1160 VARNUM ST NE DEPAUL STE 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
777 H ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
110 IRVING ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1151 VARNUM ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1150 VARNUM ST NE
4360 VARNUM PL NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
106 IRVING ST NW STE 201
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW STE 422
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 318
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
801 17TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE STE 103
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
1531 MARYLAND AVE NE
1160 VARNUM ST NE DEPAUL STE 311
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
110 IRVING ST NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 302
1140 VARNUM ST NE STE 103
1140 VARNUM ST STE 110
1531 MARYLAND AVE NE
1150 VARNUM ST NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2150 PENNSYLVANIA AVE NW
1150 VARNUM ST NE
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
801 17TH ST NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
680 RHODE ISLAND AVE NE STE I
2001 BENNING RD NE FL 2
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM NE ST
111 MICHIGAN AVE NW
1160 VARNUM ST NE DP 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1140 VARNUM ST NE PMB 202
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW
1305 RHODE ISLAND AVE NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
106 IRVING ST NW STE 3200
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1731 BUNKER HILL RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE DEPAUL STE 318
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1225 4TH ST NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
106 IRVING ST NW STE 218
111 MICHIGAN AVE NW
1150 VARNUM ST NE
701 K ST STE 101
777 H ST NE
1150 VARNUM ST NE
60 O ST NW
111 MICHIGAN AVE NW
1223 BRENTWOOD RD NE
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW PO 37212
1201 BRENTWOOD RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1701 LAWRENCE ST NE
1160 VARNUM ST NE DEPAUL STE 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1053 BUCHANAN STREET NE
1150 VARNUM STREET NE
680 RHODE ISLAND AVE NE STE I
106 IRVING ST NW
111 MICHIGAN AVE NW
1731 BUNKER HILL RD NE

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
360 TAYLOR ST NE STE R14
1414 N CAPITOL ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
680 RODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
111 MICHIGAN AVE NW
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
111 MICHIGAN AVE NW
1217 BRENTWOOD RD
1150 VARNUM NE ST
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1647 BENNING RD NE STE 103
111 MICHIGAN AVE NW
1150 VARNUM ST NE
777 H ST NE
1223 BRENTWOOD RD NE
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1846 PARK RD NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1160 VARNUM ST NE STE 016
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1531 MARYLAND AVE NE
111 MICHIGAN AVE NW
1200 FIRST ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST NE
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1140 VARNUM ST NE STE 103
1140 VARNUM ST NE STE 103

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
60 O ST NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
360 TAYLOR ST NE STE R14
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
106 IRVING ST NW
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1160 VARNUM ST NE STE 117
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1305 RHODE ISLAND AVE NE
1160 VARNUM ST NE
111 MICHIGAN AVE NW
106 IRVING ST NW STE 3200
1160 VARNUM STREET NE STE 100
111 MICHIGAN AVE NW
1150 VARNUM ST NE
1150 VARNUM ST NE
111 MICHIGAN AVE NW
1160 VARNUM ST NE DEPAUL STE 312
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
4801 SARGENT RD NE
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW

**AmeriHealth Provider Network
Ward 5**

Provider Address
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1150 VARNUM ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
220 L ST
1225 4TH ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
60 O ST NW
111 MICHIGAN AVE NW
1731 BUNKER HILL RD NE
1150 VARNUM NE ST NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
1201 BRENTWOOD RD NE
2100 NEW YORK AVE NE
777 H ST NE
111 MICHIGAN AVE NW
680 RHODE ISLAND AVE NE STE I
111 MICHIGAN AVE NW
1251 B SARATOGA AVE NE
2100 NEW YORK AVE NE
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
111 MICHIGAN AVE NW
2100 NEW YORK AVE NE
1251 B SARATOGA AVE NE

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
AHAGHOTU, CHILEDUM A.	Urology
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALLEN, ANTOINETTE	Speech Language Pathology
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, NORMAN	Cardiovascular Medicine
ALOPA, FOLAKE	Psych-Mental Health Nursing
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANGLIN, JERRI L.	Certified Clinical Social Work
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARMOUR, MARYELLEN	Certified Clinical Social Work
ARTIS-TROWER, ATLENER	Psychiatry
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ASFAW, YIESAK W.	Family Nurse Practitioner
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
BAKER, ALICIA R.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, MOOREAN A.	Oral and Maxillofacial Surgery
BALLARD II, JAMES M.	Psychology
BANKS, BRITTANY N.	Speech Language Pathology
BARNES, KAREN D.	Podiatry
BARRETT, JENNIFER L.	Pediatrics
BAYEH, MAHETEME	Endocrinology
BAYEH, MAHETEME	Internal Medicine
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BEDNARZ, SYDNEY E.	Audiology
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
BIVENS, ROBERT K.	Certified Clinical Social Work
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLATHERS, LENORA	Oral and Maxillofacial Surgery
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BRADLEY, SHERRI	Certified Clinical Social Work
BRIGGS, ASA T.	Psychiatry
BRIGGS, ASA T.	Psychiatry
BROCKS, NIKIA J.	Occupational Medicine
BROWN, BARBARA J.	Psychology
BROWN, FELICIA	General Dentistry
BRYANT, JUANITA S.	Ophthalmology
BRYANT, LUBRINA E.	Podiatry
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUTLER, GREGORY A.	Ophthalmology
BUTLER, GREGORY A.	Ophthalmology
CALHOUN WELLS, CECELIA	General Dentistry
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine

AmeriHealth Provider Network

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Provider Name	Provider Type
CARDILE, ANNE C.	Internal Medicine
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHEVILLET, JEANNE M.	Nurse Practitioner Other
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CLARK, EMMA	Certified Nurse Midwife
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COMMUNITY OF HOPE	Birthing Center
CONSTANTINOPLE, NICHOLAS L.	Urology
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner

AmeriHealth Provider Network

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Provider Name	Provider Type
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOLIDGE, SARAH	Social Worker
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COX, SHARON K.	Internal Medicine
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CRONIN, GRETCHEN	Speech Language Pathology
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROTTY, CELESTE A.	Psychologist -Clinical
CURRY, BRYAN H.	Cardiovascular Medicine
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice

AmeriHealth Provider Network

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Provider Name	Provider Type
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOTSON, RICHARD L.	Ophthalmology
DOTSON, RICHARD L.	Ophthalmology
DOUGHERTY, MEREDITH K.	Speech Language Pathology
EAGAN, LAUREN E.	Pediatrics
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Planning
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice
EIGHTH STREET DIALYSIS	End Stage Renal Disease (ERSD)
ELLERBE, TALEISHA	Professional Counselling
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FALLON, SANDRA E.	Speech Language Pathology
FANIZZA-REED, DINA	Occupational Therapist
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry
FAWCETT, BRENDA E.	Psychiatry, Neurology
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FOURNIER, MATTHEW	General Dentistry
FRACZKIEWICZ, JENNIFER C.	Speech Language Pathology
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FRIEDMAN, LEONARD M.	Ophthalmology
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GANESH, NANDINI	Internal Medicine

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GARDNER, VIVIAN	General Dentistry
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GERSTENMAIER, AARON M.	Family Practice
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GETTY, CARMEN L.	Professional Counselling
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOFFEN, ROBIN L.	Speech/Hearing Therapy
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GORRELL, SHANNON	Family Nurse Practitioner
GOVERNMENT OF DC DEPT OF BEHAVIORAL HEALTH	Outpatient Mental Health Clini
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GRAVES, RUTH E.	Psychology
GREAVES JR, ASTON B.	General Dentistry
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice

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Ward 6

Provider Name	Provider Type
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
HABIB, SHAKEYA	Occupational Therapist
HAILE MARIAM, TENAGNE W.	Emergency Medicine
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HAMBURGER, ELLEN K.	Pediatrics
HAMILTON JR, LON	Psychology
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HANGER PROSTHETICS & ORTHOTICS INC	Durable Medical Equip Supplier
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	General Surgery
HARPSTER, WILLIAM H.	Internal Medicine

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HARRIS, ALEXIS	Mental Health Counselor
HARRIS, AUDREY B.	Family Nurse Practitioner
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HEDMAN, JAMIE A.	Pediatrics
HENKE, CARLA R.	Family Practice
HERRING, TAWANA	Certified Clinical Social Work
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HESELBERG, RAYLENE	Certified Social Worker
HESELBERG, RAYLENE	Certified Social Worker
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOLCOMBE, STEPHANIE J.	Certified Nurse Midwife
HOLMAN, ROBERT P.	Internal Medicine

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Provider Name	Provider Type
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HORTON, JACQUELYN M.	Social Worker
HOWARD, DANIEL N.	Oral and Maxillofacial Surgery
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Family Practice
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HURST, ALICIA	Professional Counselling
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JACKSON-HOOPER, MARCIA J.	Pediatrics
JAIN, GEETA G.	Pediatrics
JAJI, ABAYOMI I.	Psychiatry
JASIME, MARTINE	Internal Medicine
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice

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Provider Name	Provider Type
JASPER, BYRON	Family Practice
JENNINGS, JONATHAN	Internal Medicine
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, BRANDI C.	Obstetrics and Gynecology
JONES, CHARMAINE C.	Dietician
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, SAMANTHA	General Dentistry
JORDAN, SAMANTHA	General Dentistry
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner

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Provider Name	Provider Type
JORDAN, WILLIAM A.	Family Nurse Practitioner
KALOMBO, LOUIS	General Dentistry
KAPLAN, JENNIFER B.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KELLER-HINKSON, IRELENE I.	Internal Medicine
KELLER-HINKSON, IRELENE I.	Family Practice
KELLER-HINKSON, IRELENE I.	Internal Medicine
KELLER-HINKSON, IRELENE I.	Family Practice
KELLER-HINKSON, IRELENE I.	Family Practice
KELLER-HINKSON, IRELENE I.	Family Practice
KELLER-HINKSON, IRELENE I.	Internal Medicine
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHURANA, GAGANDEEP	Psychiatry
KIMBROUGH-DIXON, DANA V.	Professional Counselling
KLAUSS, KAREN L.	Certified Nurse Midwife
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOSHES, RONALD J.	Psychiatry
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOTB, COLLEEN	Nurse Practitioner Other
LANCASTER, ANTOINETTE	Professional Counselling
LANCASTER, LUCAS A.	Audiology
LANKFORD, SHANIQUE L.	Family Nurse Practitioner
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAQUINTE, LIONEL	Pediatrics
LAQUINTE, LIONEL	Pediatrics
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
LEAK, DONICE A.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEWIS, JENNA	Nurse Practitioner Other
LIFE ENHANCEMENT SERVICES OF DC	Community Mental Health Center
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
MAKIA, ASEK	Allergy & Immunology
MALTA, MICHELLE	Audiology
MARCINKUS, ELIZABETH H.	Audiology
MARINCHENKO, ANDREW	General Dentistry
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARTIN, DONALD E.	Family Practice

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, LAUREN R.	Pediatrics
MARTIN, PHILLIP S.	General Dentistry
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
MCCLENDON CENTER	Community Mental Health Center
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCKINNEY, DUANE A.	Podiatry
MCLEOD-PETERKIN, NADINE A.	Certified Clinical Social Work
MEKASHA, GETACHEW C.	Gastroenterology
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLER II, DONALD A.	Psychology
MILLER, ABBIEMAE B.	Internal Medicine
MINKOFF, SARAH A.	Occupational Therapist
MOORE, RICHARD D.	Professional Counselling
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, LASHUNDA D.	Professional Counselling
MORTON, KEVIN D.	Certified Clinical Social Work
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MURPHY, MEGAN A.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
N STREET VILLAGE	Community Medical Health Ctr
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Practice
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NIVUS, KRISTINA	Internal Medicine
OBRIEN, ELLEN K.	Pediatrics
OGUNYEMI, OLATUNDE S.	Certified Clinical Social Work
OHALETE, CHIOMA	Family Practice
OKOH, YVONNE K.	Family Practice
OKOJI, GODSWILL O.	Internal Medicine
ONUMAH, CHAVON M.	Internal Medicine
ONYIKE, AHAMEFULA E.	Orthopaedic Surgery
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry
OSHER, JAMES M.	Ophthalmology
OSMAN, AMINA I.	Family Nurse Practitioner
OVERTON, LINDSAY B.	Speech Language Pathology
PAGE, JONATHAN A.	Family Practice
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PEGGS, CANDICE	Social Worker
PENN, SHELTON	General Dentistry
PEPPER, MONICA M.	Occupational Therapist
PERPALL, ARTHUR E.	Internal Medicine
PIRNIA, SHAHRZAD	Applied Behavioral Analyst
PLACIDE-VASSALL, GABRIELLE	Internal Medicine
POPIEL, DAVID K.	Internal Medicine
PRESANT, NEAL L.	Family Practice
PRICE, ANGIE S.	Nurse Practitioner Other
RATNER, JUDITH B.	Pediatrics
REESE, KRISTEN L.	Pediatrics
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBINSON, EMILY	Behavior Analyst
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROEBUCK, EBONY R.	Certified Nurse Midwife
ROSSE, MAK	Psychiatry
ROUSH, KRISTIN C.	Audiology
ROY, PIYALI	General Dentistry
SALEEM, NAHEEM	Audiology
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANGSTER, GINA	Certified Social Worker
SAUER, PAMELA R.	Podiatry
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Planning
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, MEGAN L.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Planning
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SEPE, EDWARD	Pediatrics
SHAW, CHRISTOPHER	Behavior Analyst
SHEPARD, CARRIE M.	Certified Social Worker
SHIN, ROBBYN	Professional Counselling
SHNIDER, RACHEL G.	Pediatrics
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIM, SOLEAK	Pediatrics
SIMKINS-WISEMAN, OCTAVIA S.	General Dentistry
SKELTON, BETHANY B.	Pediatric Nurse Practitioner
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SMITH-KHURI, ELEANOR I.	Pediatrics
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SPELLMAN, FRANK A.	Ophthalmology
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
STANCELL, WALTRINA	Professional Counselling
STARNES, SABRA	Certified Clinical Social Work
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUPER PHARMACY	Durable Medical Equip Supplier
TAMAKI, CHIZUKO	Audiology
TANK, SHEILA H.	Family Nurse Practitioner
TAWAKALI, LAJOYOUS	General Dentistry

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
TAWAKALI, LAJOYOUS	General Dentistry
TAWAKALI, LAJOYOUS	General Dentistry
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Nurse Practitioner Other
TCHINDA, MARTINE	Family Nurse Practitioner
TEFERI, GEBEYEHU N.	Infectious Disease
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
THOMAS, ALICIA N.	Pulmonary Disease
THOMAS, KANDACE L.	Certified Nurse Midwife
THOMPSON, TESSA R.	Family Practice
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOWLER, YETUNDE O.	Certified Clinical Social Work
TRACY, JAMES A.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRAVERS, ZOE W.	Mental Health Counselor
TRYBUCH, ELIEZER	Podiatry
TRYBUCH, ELIEZER	Podiatry
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
UNION PLAZA DIALYSIS CENTER	End Stage Renal Disease (ERSD)
UNITY HEALTH CARE INC	Community Medical Health Ctr
UNITY HEALTH CARE INC	Community Medical Health Ctr
VAN ASSCHE, MEAGAN L.	Pediatrics
VARNER, SASHA	Marriage and Family Therapy
VISCUSI, ATHENA	Certified Clinical Social Work
WAGNER, MARTHA J.	Pediatrics
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
WALKER, HEATHER E.	Family Practice
WAVECARE HEALTHCARE SERVICES	Durable Medical Equip Supplier
WILKERSON, JOEL H.	Internal Medicine
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS-ELLIOTT, KEESHA	Ophthalmology
WILSON OTTLEY, SHARLENE M.	Speech Language Pathology
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINSTON, GINGER	Internal Medicine
WOLSKI, EMILY A.	Speech Language Pathology
WORBY, LAURA	Family Nurse Practitioner
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 6

Provider Name	Provider Type
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice

**AmeriHealth Provider Network
Ward 6**

Provider Address
425 2ND ST NW
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
2139 GEORGIA AVE NW
1355 NEW YORK AVE NE
635 I ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
425 2ND ST NW
1355 NEW YORK AVE NE
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
635 I ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
40 PATTERSON ST NE
1220 12TH ST SE STE 120
425 2ND ST NW
101 Q ST NE STE G
850 DELAWARE AVE SW
800 FLORIDA AVE NE
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
1700 E CAPITOL ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
850 DELAWARE AVE SW
1647 BENNING RD NE STE 201
1414 N CAPITAL ST
850 DELAWARE AVE SW
101 Q ST NE STE G
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
425 2ND ST NW
100 M ST SE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
101 Q ST NE STE G
100 M ST STE 600-667
1431 K ST SE
425 2ND ST NW
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
40 PATTERSON ST NE
128 M ST NW
425 2ND ST NW
635 I ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
850 DELAWARE AVE SW
40 PATTERSON ST NE
40 PATTERSON ST NE

AmeriHealth Provider Network
Ward 6

Provider Address
850 DELAWARE AVE SW
425 2ND ST NW
1355 NEW YORK AVE NE
635 I ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
1341 PENNSYLVANIA AVE SE
650 PENNSYLVANIA AVE SE STE 240
800 FLORIDA AVE NE
40 PATTERSON ST NE
650 PENN AVE SE STE C 100
60 O ST NW
60 O ST NW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
635 I ST NE
850 DELAWARE AVE SW
801 PENNSYLVANIA AVE SE
425 2ND ST NW
101 Q ST NE STE G
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
635 I ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
40 PATTERSON ST NE
4880 MACARTHUR BLVD NW
101 Q ST NE STE G
1700 E CAPITOL ST NE
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
635 I ST NE
425 2ND ST NW
101 Q ST NE STE G
40 PATTERSON ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
100 M ST SE STE 600-667
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
635 I ST NE
425 2ND ST NW
641 G ST SW
40 PATTERSON ST NE
425 2ND ST NW
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
101 Q ST NE STE G
635 I ST NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
65 MASSACHUSETTS AVE NW
100 M ST SE STE 667
850 DELAWARE AVE SW
1220 12TH ST SE STE 120
680 RHODE ISLAND AVE NE STE I
650 PENNSYLVANIA AVE SE STE 240
65 MASSACHUSETTS AVE NW
660 PENNSYLVANIA AVE SE STE 200
1647 BENNING RD NE STE 301
101 Q ST NE STE G
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
635 I ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
40 PATTERSON ST NE
1647 BENNING RD NE
1647 Benning Road NE
850 DELAWARE AVE SW
425 2ND ST NW
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
40 PATTERSON ST NE
1355 NEW YORK AVE NE

AmeriHealth Provider Network
Ward 6

Provider Address
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
1355 NEW YORK AVE NE
40 PATTERSON ST NE
425 2ND ST NW
1700 E CAPITOL ST NE
635 I ST NE
635 I ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
1700 E CAPITOL ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
101 Q ST NE STE G
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
101 Q ST NE STE G
40 PATTERSON ST NE
850 DELAWARE AVE SW
425 2ND ST NW
801 17TH ST NE
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
101 Q ST NE STE G
801 17TH ST NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
1700 E CAPITOL ST NE

AmeriHealth Provider Network
Ward 6

Provider Address
635 I ST NE
101 Q ST NE STE G
425 2ND ST NW
1355 NEW YORK AVE NE
60 O ST NW
635 I ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
40 PATTERSON ST NE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
101 Q ST NE STE G
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
1355 NEW YORK AVE NE
635 I ST NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
635 I ST NE
1700 E CAPITOL ST NE
101 Q ST NE STE G
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
425 2ND ST NW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
220 L ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
1700 E CAPITOL ST NE
101 Q ST NE STE G
635 I ST NE
40 PATTERSON ST NE
850 DELAWARE AVE SW
635 I ST NE
40 PATTERSON ST NE

AmeriHealth Provider Network
Ward 6

Provider Address
101 Q ST NE STE G
425 2ND ST NW
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
800 FLORIDA AVE NE
801 PENNSYLVANIA AVE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
635 I ST NE
40 PATTERSON ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
821 DELAWARE AVE SW UNIT A
40 PATTERSON ST NE
101 Q ST NE STE G
425 2ND ST NW
635 I ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
635 I ST NE
40 PATTERSON ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
635 I ST NE
40 PATTERSON ST NE
635 I ST NE
425 2ND ST NW
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
40 PATTERSON ST NE
635 I ST NE
425 2ND ST NW
850 DELAWARE AVE SW
101 Q ST NE STE G
1647 Benning Road, NE
1647 BENNING RD NE STE 102
4880 MACARTHUR BLVD
650 PENNSYLVANIA AVE SE STE C 100
40 PATTERSON ST NE
635 I ST NE
850 DELAWARE AVE SW
425 2ND ST NW
101 Q ST NE STE G
300 8TH ST NE
801 17TH ST NE
425 2ND ST NW
635 I ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
40 PATTERSON ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
635 I ST NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
425 2ND ST NW
1220 12TH ST SE STE 120
635 I ST NE
425 2ND ST NW
850 DELAWARE AVE SW
101 Q ST NE STE G
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G

AmeriHealth Provider Network
Ward 6

Provider Address
425 2ND ST NW
850 DELAWARE AVE SW
635 I ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
425 2ND ST NW
635 I ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
850 DELAWARE AVE SW
425 2ND ST NW
412 FIRST ST SE
4880 MACARTHUR BLVD NW
40 PATTERSON ST NE
425 2ND ST NW
65 MASSACHUSETTS AVE NW
850 DELAWARE AVE SW
1414 N CAPITAL ST
635 I ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
40 PATTERSON ST NE
425 2ND ST NW
65 MASSACHUSETTS AVE NW
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
3925 MINNESOTA AVE NE
412 FIRST ST SE
635 I ST NE
850 DELAWARE AVE SW
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G
801 17TH ST NE
425 2ND ST NW
101 Q ST NE STE G
850 DELAWARE AVE SW
40 PATTERSON ST NE
635 I ST NE
40 PATTERSON ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
425 2ND ST NW
101 Q ST NE STE G
850 DELAWARE AVE SW
635 I ST NE
60 O ST NW
850 DELAWARE AVE SW
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G
801 17TH ST NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
635 I ST NE
101 Q ST NE STE G
1414 NORTH CAPITOL ST NW
635 I ST NE
425 2ND ST NW
101 Q ST NE STE G
40 PATTERSON ST NE
850 DELAWARE AVE SW
800 FLORIDA AVE NE
635 I ST NE
850 DELAWARE AVE SW
425 2ND ST NW
101 Q ST NE STE G
40 PATTERSON ST NE
220 L ST NE
35 K ST NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
2139 GEORGIA AVE NW
729 8TH ST SE
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
850 DELAWARE AVE SW
425 2ND ST NW
850 DELAWARE AVE SW
635 I ST NE
101 Q ST NE STE G
425 2ND ST NW
40 PATTERSON ST NE
680 RHODE ISLAND AVE NE STE I
220 L ST NE
635 I ST NE
40 PATTERSON ST NE
425 2ND ST NW
101 Q ST NE STE G
850 DELAWARE AVE SW
101 Q ST NE STE G
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
850 DELAWARE AVE SW
650 PENN AVE SE STE C 100
1431 K ST SE
40 PATTERSON ST NE
850 DELAWARE AVE SW
65 MASSACHUSETTS AVE NW
1900 MASSACHUSETTS AVE SE BLDG 29
1818 NEW YORK AVE NE STE 110
40 PATTERSON ST NE
635 I ST NE
425 2ND ST NW
850 DELAWARE AVE SW
101 Q ST NE STE G
40 PATTERSON ST NE
850 DELAWARE AVE SW
635 I ST NE
425 2ND ST NW
101 Q ST NE STE G
101 Q ST NE STE G
850 DELAWARE AVE SW
128 M ST NW
425 2ND ST NW

AmeriHealth Provider Network

Ward 6

Provider Address
635 I ST NE
40 PATTERSON ST NE
100 M ST SE STE 600-667
201 8TH ST NE
635 I ST NE
40 PATTERSON ST NE
425 2ND ST NW
101 Q ST NE STE G
850 DELAWARE AVE SW
650 PENN AVE SE STE C 100
801 17TH ST NE
100 M ST SE STE 600-667
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
425 2ND ST NW
635 I ST NE
40 PATTERSON ST NE
1900 MASSACHUSETTS AVE SE BLDG 29
40 PATTERSON ST NE
635 I ST NE
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
425 2ND ST NW
40 PATTERSON ST NE
635 I ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
1355 NEW YORK AVE NE
40 PATTERSON ST NE
425 2ND ST NW
1700 E CAPITOL ST NE
801 17TH ST NE
635 I ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
40 PATTERSON ST NE
425 2ND ST NW
850 DELAWARE AVE SE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
128 M ST NW
641 G ST SW
1700 E CAPITOL ST NE
635 I ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
850 DELAWARE AVE SW
101 Q ST NE STE G
40 PATTERSON ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
635 I ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
100 M ST SE STE 600-667
425 2ND ST NW
40 PATTERSON ST NE
635 I ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
425 2ND ST NW
65 MASSACHUSETTS AVE NW
850 DELAWARE AVE SW
801 17TH ST NE
128 M ST NW
1414 N CAPITAL ST
220 L ST NE
40 PATTERSON ST NE
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G

**AmeriHealth Provider Network
Ward 6**

Provider Address
635 I ST NE
220 L ST NE
850 DELAWARE AVE SW
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOLST NE
1355 NEWYORK AVE NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
635 I ST NE
101 Q ST NE STE G
425 2ND ST NW
1700 E CAPITOL ST NE
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
1355 NEW YORK AVE NE
65 MASSACHUSETTS AVE NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
40 PATTERSON ST NE
100 M ST SE STE 600
425 2ND ST NW
101 Q ST NE STE G
1355 NEW YORK AVE NE
850 DELAWARE AVE SE
635 I ST NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
425 2ND ST NW
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
101 Q ST NE STE G
40 PATTERSON ST NE
635 I ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
425 2ND ST NW
1009 E ST SE
650 PENNSYLVANIA AVE SE STE C-100
635 I ST NE
101 Q ST NE STE G
1355 NEW YORK AVE NE
425 2ND ST NW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
850 DELAWARE AVE SW
850 DELAWARE AVE SW
425 2ND ST NW
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
40 PATTERSON ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
635 I ST NE
425 2ND ST NW
1700 E CAPITOL ST NE
101 Q ST NE STE G
1355 NEW YORK AVE NE
425 2ND ST NW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
635 I ST NE
101 Q ST NE STE G
40 PATTERSON ST NE
850 DELAWARE AVE SW
425 2ND ST NW
1700 E CAPITOL ST NE
1414 N CAPITAL ST
100 M ST SE STE 600-667
40 PATTERSON ST NE
101 Q ST NE STE G
40 PATTERSON ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
1355 NEW YORK AVE NE
425 2ND ST NW
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
635 I ST NE
1414 N CAPITAL ST
425 2ND ST NW
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
635 I ST NE
101 Q ST NE STE G
40 PATTERSON ST NE
650 PENNSYLVANIA AVE SE STE 240
800 FLORIDA AVE NE
801 17TH ST NE
1700 E CAPITOL ST NE
635 I ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
40 PATTERSON ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
2909 GEORGIA AVE NW
201 8TH ST NE
1900 MASSACHUSETTS AVE SE BLDG 29
850 DELAWARE AVE SW
65 MASSACHUSETTS AVE NW
40 PATTERSON ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
40 PATTERSON ST NE
850 DELAWARE AVE SW
635 I ST NE
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
635 I ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
425 2ND ST NW

**AmeriHealth Provider Network
Ward 6**

Provider Address
40 PATTERSON ST NE
1700 E CAPITOL ST NE
101 Q ST NE STE G
635 I ST NE
425 2ND ST NW
40 PATTERSON ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
425 2ND ST NW
635 I ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
2150 PENNSYLVANIA AVE
1818 NEW YORK AVE NE STE 115
635 I ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
425 2ND ST NW
101 Q ST NE STE G
635 I ST NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
1647 BENNING RD NE STE 301
800 FLORIDA AVE NE
800 FLORIDA AVE NE
777 H ST NE
1700 E CAPITOL ST NE
101 Q ST NE STE G
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
425 2ND ST NW
40 PATTERSON ST NE
635 I ST NE
1355 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
101 Q ST NE STE G
850 DELAWARE AVE SW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
635 I ST NE
650 PENNEYLVANIA AVE SE STE C-100
729 8TH ST SE
1355 NEW YORK AVE NE
425 2ND ST NW
1700 E CAPITOL ST NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
40 PATTERSON ST NE
635 I ST NE
850 DELAWARE AVE SW
425 2ND ST NW
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
425 2ND ST NW
40 PATTERSON ST NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
425 2ND ST NW
1700 E CAPITOL ST NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
635 I ST NE
425 2ND ST NW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
1355 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
1338 N CAPITOL ST NW STE 201
635 I ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
425 2ND ST NW
1355 NEW YORK AVE NE
40 PATTER SON ST NE
850 DELAWARE AVE SW
1214 I ST SE STE 11
2139 GEORGIA AVE NW STE 3A
40 PATTERSON ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
635 I ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
316 F ST STE 106
850 DELAWARE AVE SW
412 FIRST ST SE
1431 K ST SE
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SE
1414 N CAPITAL ST
650 PENNSYLVANIA AVE SE STE 240
425 2ND ST NW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
801 17TH ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
1700 E CAPITOL ST NE
850 DELAWARE AVE SW

**AmeriHealth Provider Network
Ward 6**

Provider Address
635 I ST NE
801 PENNSYLVANIA AVE SE
40 PATTERSON ST NE
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
65 MASSACHUSETTS AVE NW
40 PATTERSON ST SE
1220 12TH ST STE 120
425 2ND ST NW
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
801 PENNSYLVANIA AVE SE
635 I ST NE
850 DELAWARE AVE SW
635 I ST NE
1700 E CAPITOL ST NE
801 PENNSYLVANIA AVE SE
101 Q ST NE STE G
425 2ND ST NW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
801 PENNSYLVANIA AVE SE
635 I ST NE
40 PATTERSON ST NE
650 PENNSYLVANIA AVE SE STE C-100
1414 N CAPITAL ST
40 PATTERSON ST NE
1220 12TH ST SE STE 120
1809 BENNING RD NE
220 L ST NE
600 PENNSYLVANIA AVE SE STE 202
40 PATTERSON ST NE
65 MASSACHUSETTS AVE NW

AmeriHealth Provider Network
Ward 6

Provider Address
425 2ND ST NW
850 DELAWARE AVE SW
901 A ST NE
201 8TH ST NE
4880 MACARTHUR BLVD
40 PATTERSON ST NE
425 2ND ST NW
850 DELAWARE AVE SW
65 MASSACHUSETTS AVE NW
40 PATTERSON ST NE
801 17TH ST NE
5 BARNEY CIR SE
412 FIRST ST SE
425 2ND ST NW
412 FIRST ST SE
40 PATTERSON ST NE
220 L ST NE
425 2ND ST NW
40 PATTERSON ST NE
650 PENNSYLVANIA AVE SE STE C-100
650 PENN AVE SE STE C 100
1355 NEW YORK AVE NE
801 PENNSYLVANIA AVE SE
101 Q ST NE STE G
425 2ND ST NW
40 PATTERSON ST NE
850 DELAWARE AVE SW
635 I ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
801 PENNSYLVANIA AVE SE
101 Q ST NE STE G
635 I ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
412 1ST ST SE
1700 E CAPITOL ST NE
635 I ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
850 DELAWARE AVE SW

**AmeriHealth Provider Network
Ward 6**

Provider Address
801 PENNSYLVANIA AVE SE
40 PATTERSON ST NE
101 Q ST NE STE G
40 PATTERSON ST NE
635 I ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
801 PENNSYLVANIA AVE SE
1700 E CAPITOL ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
801 17TH ST NE
101 Q ST NE STE G
800 FLORIDA AVE NE
777 H ST NE
800 FLORIDA AVE NE
425 2ND ST NW
1355 NEW YORK AVE NE
801 PENNSYLVANIA AVE SE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
635 I ST NE
1700 E CAPITOL ST NE
801 PENNSYLVANIA AVE SE
425 2ND ST NW
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
650 PENNSYLVANIA AVE SE STE 240
801 17TH ST NE
850 DELAWARE AVE SW
801 PENNSYLVANIA AVE SE
1355 NEW YORK AVE NE
40 PATTERSON ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
635 I ST NE
101 Q ST NE STE G
635 I ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
101 Q ST NE STE G
1700 E CAPITOL ST NE
801 PENNSYLVANIA AVE SE
850 DELAWARE AVE SW
425 2ND ST NW
1355 NEW YORK AVE NE
40 PATTERSON ST NE
801 PENNSYLVANIA AVE SE
425 2ND ST NW
635 I ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
40 PATTERSON ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
801 PENNSYLVANIA AVE SE
1355 NEW YORK AVE NE
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
425 2ND ST NW
850 DELAWARE AVE SW
650 PENN AVE SE STE C 100
412 FIRST ST SE
801 17TH ST NE
100 M ST SE STE 600
650 PENNSYLVANIA AVE SE C-100
40 PATTERSON ST NE
801 PENNSYLVANIA AVE SE
101 Q ST NE STE G
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
850 DELAWARE AVE SW
425 2ND ST NW
650 PENN AVE SE STE C 100
1647 BENNING RD NE STE 206
650 PENNSYLVANIA AVE SE STE C-100
801 PENNSYLVANIA AVE SE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
101 Q ST NE STE G

**AmeriHealth Provider Network
Ward 6**

Provider Address
1700 E CAPITOL ST NE
635 I ST NE
40 PATTERSON ST NE
425 2ND ST NW
650 PENN AVE SE STE C 100
850 DELAWARE AVE SW
40 PATTERSON ST NE
65 MASSACHUSETTS AVE NW
660 PENNSYLVANIA AVE SE STE 200
40 PATTERSON ST NE
1700 E CAPITOL ST NE
101 Q ST NE STE G
1355 NEW YORK AVE NE
425 2ND ST NW
635 I ST NE
850 DELAWARE AVE SW
100 M ST SE STE 600-667
100 M ST STE 600-667
850 DELAWARE AVE SW
425 2ND ST NW
101 Q ST NE STE G
635 I ST NE
1700 E CAPITOL ST NE
40 PATTERSON ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
635 I ST NE
101 Q ST NE STE G
40 PATTERSON ST NE
425 2ND ST NW
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
101 Q ST NE STE G
635 I ST NE
1700 E CAPITOL ST NE
1019 H ST NE
800 FLORIDA AVE NE
801 17TH ST NE
425 2ND ST NW

**AmeriHealth Provider Network
Ward 6**

Provider Address
40 PATTERSON ST NE
850 DELAWARE AVE SW
425 2ND ST NW
635 I ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
425 2ND ST NW
40 PATTERSON ST NE
1355 NEW YORK AVE NE
1700 E CAPITOL ST NE
101 Q ST NE STE G
635 I ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
1900 MASSACHUSETTS AVE SE BLDG 29
1355 NEW YORK AVE NE
101 Q ST NE STE G
425 2ND ST NW
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
635 I ST NE
40 PATTERSON ST NE
801 17TH ST NE
801 17TH ST NE
635 I ST NE
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
40 PATTERSON ST NE
425 2ND ST NW
101 Q ST NE STE G
1355 NEW YORK AVE NE
1431 K ST SE
101 Q ST NE STE G

**AmeriHealth Provider Network
Ward 6**

Provider Address
1700 E CAPITOL ST NE
425 2ND ST NW
850 DELAWARE AVE SW
40 PATTERSON ST NE
635 I ST NE
1355 NEW YORK AVE NE
100 M ST SE STE 600-667
620 C ST
620 C ST SE
635 I ST NE
1700 E CAPITOL ST NE
425 2ND ST NW
850 DELAWARE AVE SW
1355 NEW YORK AVE NE
101 Q ST NE STE G
40 PATTERSON ST NE
40 PATTERSON ST NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
635 I ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
425 2ND ST NW
810 1ST ST NE STE 100
850 DELAWARE AVE SW
40 PATTERSON ST NE
650 PENN AVE SE STE C 100
101 Q ST NE STE G
1414 N CAPITAL ST
650 PENNSYLVANIA AVE SE STE C-100
635 I ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
40 PATTERSON ST NE
635 I ST NE
1355 NEW YORK AVE NE
850 DELAWARE AVE SW
101 Q ST NE STE G
1700 E CAPITOL ST NE
40 PATTERSON ST NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
425 2ND ST NW
1405 H ST NE STE 2
1130 MARYLAND AVE NE
40 PATTERSON ST NE
1355 NEW YORK AVE NE
101 Q ST NE STE G
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
635 I ST NE
425 2ND ST NW
635 I ST NE
1700 E CAPITOL ST NE
1355 NEW YORK AVE NE
40 PATTERSON ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
425 2ND ST NW
1647 BENNING RD NE STE 102
4880 MACAETHUR BLVD
40 PATTERSON ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
1700 E CAPITOL ST NE
635 I ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
220 L ST NE
412 FIRST ST SE
801 17TH ST NE
635 I ST NE
1700 E CAPITOL ST NE
40 PATTERSON ST NE
425 2ND ST NW
1355 NEW YORK AVE NE
101 Q ST NE STE G
850 DELAWARE AVE SW
425 2ND ST NW
40 PATTERSON ST NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE

**AmeriHealth Provider Network
Ward 6**

Provider Address
40 PATTERSON ST NE
1700 E CAPITOL ST NE
850 DELAWARE AVE SW
425 2ND ST NW
101 Q ST NE STE G
635 I ST NE
1355 NEW YORK AVE NE
425 2ND ST NW
40 PATTERSON ST NE
101 Q ST NE STE G
850 DELAWARE AVE SW
1700 E CAPITOL ST NE
635 I ST NE
1355 NEW YORK AVE NE

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARTIS-TROWER, ATLENER	Psychiatry
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ASOMANI, KWAME M.	General Dentistry
AZEEZ, NADEEM	General Dentistry
AZIZ, JULIA K.	Family Practice
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
AZIZ, SALIM	Thoracic and Cardiac Surgery
BACHMAN, ELEANOR	Physical Therapy
BAILEY, LESLEY A.	Occupational Therapist
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Family Practice
BHARUCHA, JULIE	General Dentistry
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BMA EAST RIVER PARK-ANACOSTIA	End Stage Renal Disease (ERSD)
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BROWN, FELICIA	General Dentistry
BRUDER, RACHEL	Psychologist -Clinical
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
CALHOUN WELLS, CECELIA	General Dentistry
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARLEO, LORRAINE I.	Nurse Practitioner Other
CAVETT, ANNE E.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHI, GLADYS	Family Nurse Practitioner
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CLUNIE, LAURENCE	General Dentistry
COLEMAN, JACINTA A.	Certified Social Worker
COLLINS, MILLICENT D.	Family Practice
COLLINS, MILLICENT D.	Pediatrics
COMBEST, PHYLICIA	General Dentistry
CONTEMPORARY FAMILY SERVICES	Outpatient Mental Health Clini
CONTEMPORARY FAMILY SERVICES	Outpatient Mental Health Clini
CONTEMPORARY FAMILY SERVICES	Outpatient Mental Health Clini
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOLIDGE, SARAH	Social Worker
COOMBS, ALBERT A.	General Dentistry
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Nurse Practitioner
CRAWFORD CONSULTING AND MENTAL HEALTH SERVICES	Community Mental Health Center
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Internal Medicine
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DUBEY, URWASHI	General Dentistry
DUNMORE, GWENDOLYN L.	Obstetrics and Gynecology
DUQUETTE-PETERSEN, LINDA C.	Family Nurse Practitioner
EGAN, JAMES H.	Pediatric Psychiatry
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice
EILAND, DERRICK K.	Oral and Maxillofacial Surgery
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, REGGIE C.	Family Practice

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
EUGENE, JUDITH	General Dentistry
EVANS, TAMARA D.	General Dentistry
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAMILY PRESERVATION SERVICES INC	Community Mental Health Center
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FERGUSON, KARIE	Certified Social Worker
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FREMONT, RUTH	General Dentistry
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GAINER, ZALWONAKA L.	Nurse Practitioner Other
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GANESH, NANDINI	Internal Medicine
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GASKINS-CRAIG, MICHELLE L.	Family Practice
GAYMON, KRISTIN	Speech Language Pathology
GENIEVA, VITALIYA	General Dentistry
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GRACE, JENNIFER	Certified Social Worker
GRANGER, KEVIN C.	General Dentistry
GRANT PARK DIALYSIS	End Stage Renal Disease (ERSD)
GREENE, ALLISON	Professional Counselling
GUANCI, ROBERT	General Dentistry
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HAMILTON JR, LON	Psychology
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HINKLE, MARCIA C.	Professional Counselling
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, EVERETT L.	General Dentistry
HOWELL, EVERETT L.	General Dentistry
HOWELL, EVERETT L.	General Dentistry
HOWELL, EVERETT L.	General Dentistry
HUANG, DAN	General Dentistry
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Practice
HUANG, JAMES	Internal Medicine
HUNTER, JENNIFER	General Dentistry
IBRAHEEM, LEORA B.	Social Worker
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JAMALI, MARYAM	General Dentistry
JANG, JAEWOONG	General Dentistry
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
JASPER, BYRON	Family Practice
JEFFRIES, DEBRA L.	Pediatric Dentistry
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, MIA R.	Physical Therapy
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, CARLOS R.	General Dentistry
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, SAMANTHA	General Dentistry
JORDAN, SAMANTHA	General Dentistry
JORDAN, SAMANTHA	General Dentistry
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
JORDAN, WILLIAM A.	Family Nurse Practitioner
KASACI, ARDA	Psychiatry
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
KECK, LESLIE	Internal Medicine
KEITH, KATHRYN	Family Nurse Practitioner
KELLER-HINKSON, IRELENE I.	Family Practice
KELLER-HINKSON, IRELENE I.	Internal Medicine
KELLER-HINKSON, IRELENE I.	Family Practice
KHALF ALLAH, DINA	General Dentistry
KHAN, RIFHAT	General Dentistry
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KILGORE, KAMERON L.	Family Nurse Practitioner
KIM, CHAD	General Dentistry
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOO, DONGHYUN	General Dentistry
KOSHES, RONALD J.	Psychiatry
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOUR, MANMEET	General Dentistry
KRICK, KEVIN B.	General Dentistry
KU, TAE SUNG	General Dentistry
LABORATORY CORPORATION OF AMERICA	Laboratory
LANE, SHARICE K.	Speech Language Pathology
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LARK, BRITTANY	Speech Language Pathology
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LEA, EBONY N.	Social Worker
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
LEAK, DONICE A.	Family Nurse Practitioner
LEAK, DONICE A.	Family Nurse Practitioner
LEE STREET DIALYSIS	End Stage Renal Disease (ERSD)
LEE, JOOSANG	General Dentistry
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LIN, RACHEL	General Dentistry
LOLOEI MARSAL, VIDA	General Dentistry
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
MAHMOOD, ANDLEEB	General Dentistry
MARINCHENKO, ANDREW	General Dentistry
MARINCHENKO, ANDREW	General Dentistry
MARK, NERI P.	General Dentistry
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATTHEWS, KEISHA	Speech Language Pathology

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
MAZIQUE II, EDWARD C.	General Dentistry
MBI HEALTH SERVICES LLC	Community Mental Health Center
MBI HEALTH SERVICES LLC	Community Mental Health Center
MBI HEALTH SERVICES LLC	Home Health Agency
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCGONAGLE, KERRY	Family Nurse Practitioner
MCNEELY, KATHLEEN M.	Nutritionist
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Planning
MOORE, RICHARD D.	Professional Counselling
MOORER, NATACHA	Family Nurse Practitioner
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORRISON, ISAAH P.	Pediatric Dentistry
MOULTON, YVONNE	Speech Language Pathology
MOUSSA, NOURA	General Dentistry
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MUHAMMAD, LAURA	General Dentistry
MURRAY, ELLEN	Occupational Therapist
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MYERS, ELLAINE	General Dentistry

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEILL, SABRINA N.	Family Nurse Practitioner
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NGUYEN, MYLY T.	General Dentistry
NIVUS, KRISTINA	Family Practice
OKOH, YVONNE K.	Family Practice
ONYIKE, AHAMEFULA E.	Orthopaedic Surgery
ORMOND, BONNA R.	Family Nurse Practitioner
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry
OWENS, THERESA M.	Certified Social Worker
PARK, JENNIFER	General Dentistry
PATEL, AMIT	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATTEN, AMY B.	Family Nurse Practitioner
PIERCE, TONI D.	Nurse Practitioner Other
PISTOLE, MICHAEL C.	Internal Medicine
PISTOLE, MICHAEL C.	Gastroenterology
PRAYAGA, RAMA S.	Psychiatry
PSYCHIATRIC CENTER CHARTERED INC	Psychiatric Facility
QUARTERMAN, CHRISTINA G.	General Dentistry
RAFFOUL, MELANIE C.	Family Practice
RALEY, TIFFANY K.	Certified Social Worker
RAMSHUR, EMILY A.	Family Nurse Practitioner
RANDALL, BEVERLY J.	Professional Counselling
REED, DOUGLAS A.	Physical Therapy

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
REZAZADEH-TEHRANI, ALI R.	Urology
RICE-GREEN, MICHELLE Y.	Family Practice
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROLLINS-MUSGRAVE, TAMIA D.	Family Nurse Practitioner
ROSENTHAL, ELANA S.	Internal Medicine
ROSS, ANN E.	Family Nurse Practitioner
ROY, PIYALI	General Dentistry
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SARANJAM, HAMID R.	General Dentistry
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SETHI, HARMINDER	Hematology & Oncology (HEO)
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice
SMART-WILEY, DANIELLE E.	General Dentistry
SMITH, BRITNEY	Behavior Analyst
SMITH, LANAYA W.	Rheumatology
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SONG, EUNICE	General Dentistry
SPRIGGS, TOWANA L.	Internal Medicine
SPROTT, SIOBHIAN M.	General Dentistry
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
STEELE, WILLIAM M.	General Dentistry
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUPEKAR, MANASI	General Dentistry
TAWAKALI, LAJOYOUS	General Dentistry
TAWAKALI, LAJOYOUS	General Dentistry
TAWAKALI, LAJOYOUS	General Dentistry
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner

**AmeriHealth Provider Network
Ward 7**

Provider Name	Provider Type
TAY, AFUA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
THE FAMILY WELLNESS CENTER INC	Community Medical Health Ctr
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOWLER, YETUNDE O.	Certified Clinical Social Work
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Nurse Practitioner Other
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
VANDEMARK, LISA M.	Advanced Reg Nurse Pract
VENABLE, CHRISTI M.	Professional Counselling
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WARNER, DAVID S.	Certified Social Worker
WASHINGTON, TENE	Certified Social Worker
WEIBEL, JOHN D.	Certified Social Worker

AmeriHealth Provider Network

Ward 7

Provider Name	Provider Type
WERTZ, JOCELYN M.	Obstetrics and Gynecology
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WRIGHT, CASSANDRA	General Dentistry
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice

**AmeriHealth Provider Network
Ward 7**

Provider Address
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
3924 MINNESOTA AVE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
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765 KENILWORTH TERRACE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
406 61ST ST NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
3946 MINNESOTA AVE NE
3925 MINNESOTA AVE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
4061 MINNESOTA AVE NE
3849 ALABAMA AVE SE
4130 HUNT PL NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3946 MINNESOTA AVE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3929 MINN AVE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
4130 HUNT PL NE
540 55TH ST SE RM W 101
765 KENILWORTH TER NE
123 45TH ST NE
123 45TH ST NE
3924 MINNESOTA AVE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
765 KENILWORTH TERR NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
4065 MINNESOTA AVE NE
540 55TH ST NE RM W 101

AmeriHealth Provider Network
Ward 7

Provider Address
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
765 KENILWORTH TERR NE
540 55TH ST NE RM W 101
1638 GOOD HOPE RD SE
3924 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
2811 PENNSYLVANIA AVE SE STE 2
1405 42ND ST SE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3925 MINNESOTA AVE NE
3300 PENNSYLVANIA AVE SE
2918 MINNESOTA AVE SE
603 50TH ST NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
4065 MINNESOTA AVE NE
2415 BENNING RD NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
2412 MINNESOTA AVE STE 103
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101

**AmeriHealth Provider Network
Ward 7**

Provider Address
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERR NE
540 55TH ST NE RM W 101
3925 MINNESOTA AVE NE
1605 KENILWORTH AVE NE
320 40TH ST NE
1605 KENILWORTH AVE NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
123 45TH ST NE
540 55TH ST NE RM W 101
419 34TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
4063 MINNESOTA AVE NE
3925 MINNESOTA AVE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
123 45TH ST NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
3341 BENNING RD NE
123 45TH ST NE
4130 HUNT PL NE
540 55TH ST SE RM W 101
765 KENILWORTH TER NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
4065 MINNESOTA AVE NE
4130 HUNT PL NE
765 KENILWORTH TER NE
123 45TH ST NE
540 55TH ST SE RM W 101

AmeriHealth Provider Network
Ward 7

Provider Address
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
4837 BENNING RD SE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
3924 MINNESOTA AVE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
4061 MINNESOTA AVE NE
3849 ALABAMA AVE SE
4063 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
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540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
4065 MINNESOTA AVE NE
2415 BENNING RD NE
5000 NANNIE HELEN BURROUGHS AVE NE
3200 S ST SE
3925 MINNESOTA AVE NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
406 61ST ST NE
123 45TH ST NE
540 55TH ST SE RM W 101
4130 HUNT PL NE
765 KENILWORTH TER NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERR NE
540 55TH ST NE RM W 101
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3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
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3924 MINNESOTA AVENUE NE
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3924 MINNESOTA AVENUE NE
123 45TH NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101

**AmeriHealth Provider Network
Ward 7**

Provider Address
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVE NE
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765 KENILWORTH TERR NE
540 55TH ST NE
123 45TH ST NE
123 45TH ST NE
765 KENILWORTH TERR NE
3924 MINNESOTA AVE NE
4435 BENNING RD NE
1223 BRENTWOOD AVE
4530 40TH ST NW UNIT B
4063 MINNESOTA AVE NE
4063 MINNESOTA AVE NE
123 45TH ST NE
765 KENILWORTH TERR NE
3924 MINNESOTA AVE NE
540 55TH ST NE
3925 MINNESOTA AVE NE
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540 55TH ST NE
3924 MINNESOTA AVE NE
765 KENILWORTH TERR NE
765 KENILWORTH TER NE
4130 HUNT PL NE
123 45TH ST NE
540 55TH ST SE RM W 101
3925 MINNESOTA AVE NE
3925 MINNESOTA AVE NE
540 55TH ST NE
123 45TH ST NE
3924 MINNESOTA AVE NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
765 KENILWORTH TERR NE
3230 PENNSYLVANIA AVE SE STE 230
540 55TH ST NE
3924 MINNESOTA AVE NE
123 45TH ST NE
765 KENILWORTH TERR NE
540 55TH DT NE
123 45TH ST NE
3924 MINNESOTA AVE NE
765 KENILWORTH TERR NE
123 45TH ST NE
540 55TH ST NE
765 KENILWORTH TERR NE
123 45TH ST NE
3924 MINNESOTA AVE NE
4130 HUNT PL NE
540 55TH ST SE RM W 101
765 KENILWORTH TER NE
4130 HUNT PL NE
123 45TH ST NE
2715 PENNSYLVANIA AVE SE
3924 MINNESOTA AVE NE
123 45TH ST NE
540 55TH ST NE
765 KENILWORTH TERR NE
540 55TH ST NE
123 45TH ST NE
765 KENILWORTH TER NE
540 55TH ST NE
123 45TH ST NE
3924 MINNESOTA AVE NE
4065 MINNESOTA AVE NE
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540 55TH ST NE
3924 MINNESOTA AVE NE
765 KENILWORTH TERR NE
123 45TH ST NE
540 55TH ST NE
3924 MINNESOTA AVE NE
765 KENILWORTH TERR NE
540 55TH DT NE
123 45TH ST NE
765 KENILWORTH TERR NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
3924 MINNESOTA AVE NE
320 40TH ST NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE
3925 MINNESOTA AVE NE
3925 MINNESOTA AVE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
1605 KENILWORTH AVE NE
3925 MINNESOTA AVE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3925 MINNESOTA AVE NE
4065 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
3925 MINNESOTA AVE NE
4837 BENNING RD SE
3925 MINNESOTA AVE NE
3924 MINNESOTA AVE NE
3849 ALABAMA AVE SE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3849 ALABAMA AVE SE
540 55TH ST SE RM W 101
765 KENILWORTH TER NE
4130 HUNT PL NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
800 KENILWORTH AVE NE STE 313
540 55TH ST NE RM W 101
3924 MINNESOTA AVE NE

AmeriHealth Provider Network
Ward 7

Provider Address
765 KENILWORTH TERRACE NE
123 45TH ST NE
5155 LEE ST NE
3925 MINNESOTA AVE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
3925 MINNESOTA AVE NE
3946 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
3925 MINNESOTA AVE NE
4435 BENNING RD NE
4063 MINNESOTA AVE NE
3925 MINNESOTA AVE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
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123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3849 ALABAMA AVE SE

**AmeriHealth Provider Network
Ward 7**

Provider Address
3925 MINNESOTA AVE NE
4017 MINNESOTA AVE NE
4130 HUNT PL NE
4130 HUNT PL NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
540 55TH ST NE
3924 MINNESOTA AVE NE
123 45TH ST NE
765 KENILWORTH TERR NE
3924 MINNESOTA AVE NE
3924 MINNESOTA AVE NE
123 45TH ST NE
540 55TH ST NE
765 KENILWORTH TERR NE
406 61ST ST NE
320 40TH ST NE
540 55TH ST NE
3924 MINNESOTA AVE NE
765 KENILWORTH TERR NE
123 45TH ST NE
3863 ALABAMA AVE SE
3849 ALABAMA AVE SE
419 34TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
4524 C ST SE
3849 ALABAMA AVE SE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
765 KENILWORTH TER NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
4130 HUNT PL NE
123 45TH ST NE
540 55TH ST SE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
123 45TH ST NE
320 40TH ST NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
3946 MINNESOTA AVE NE
765 KENILWORTH TERR NE
123 45TH ST NE
765 KENILWORTH TERR NE
320 40TH ST NE
765 KENILWORTH TER NE
4130 HUNT PL NE
123 45TH ST NE
540 55TH ST SE RM W 101
4065 MINNESOTA AVE NE
3925 MINNESOTA AVE NE
4063 MINNESOTA AVE NE
765 KENILWORTH TER NE
540 55TH ST NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
765 KENILWORTH TERR NE
765 KENILWORTH TERR NE
3230 PENNSYLVANIA AVE SE STE 213
3001 BLADENSBURG RD NE
3925 MINNESOTA AVE NE
3924 MINNESOTA AVE NE
4065 MINNESOTA AVE NE
3924 MINNESOTA AVE NE
3200 S ST SE
320 40TH ST NE

AmeriHealth Provider Network
Ward 7

Provider Address
765 KENILWORTH TERR NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
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123 45TH ST NE
3924 MINNESOTA AVENUE NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
1605 KENIWORTH AVE NE
765 KENILWORTH TERR NE
320 40TH ST NE
4063 MINNESOTA AVE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
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3925 MINNESOTA AVE NE
3924 MINNESOTA AVENUE NE
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765 KENILWORTH TERRACE NE
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3924 MINNESOTA AVENUE NE
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765 KENILWORTH TERRACE NE
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**AmeriHealth Provider Network
Ward 7**

Provider Address
123 45TH ST NE
765 KENILWORTH TERRACE NE
765 KENILWORTH TERR NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
4837 BENNING RD SE
3849 ALABAMA AVE SE
765 KENILWORTH TERR NE
765 KENILWORTH TER NE
4130 HUNT PL NE
123 45TH ST NE
540 55TH ST SE RM W 101
3925 MINNESOTA AVE NE
1605 KENILWORTH AVE NE
3946 MINNESOTA AVE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
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3925 MINNESOTA AVE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
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3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
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3924 MINNESOTA AVENUE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3925 MINNESOTA AVE NE
765 KENILWORTH TER
540 55TH ST SE RM W 101
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVE NE
123 45TH ST NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
540 55TH ST NE RM W 101
3924 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
123 45TH ST NE
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
2526 PENNSYLVANIA AVE SE STE C
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
406 61ST ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVE NE
765 KENILWORTH TERRACE NE
123 45TH ST NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
1605 KENILWORTH AVE
800 KENILWORTH AVE NE STE 313
765 KENILWORTH TERRACE NE
123 45TH ST NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
4065 MINNESOTA AVE NE
765 KENILWORTH TERR NE
4065 MINNESOTA AVE NE

**AmeriHealth Provider Network
Ward 7**

Provider Address
765 KENILWORTH TERR NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
123 45TH ST NE
765 KENILWORTH TERR NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
765 KENILWORTH TER NE DENTAL
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
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540 55TH ST NE RM W 101
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3924 MINNESOTA AVENUE NE
540 55TH ST NE RM W 101
765 KENILWORTH TERRACE NE
3924 MINNESOTA AVENUE NE
123 45TH ST NE
123 45TH ST NE
765 KENILWORTH TERRACE NE
540 55TH ST NE RM W 101
3924 MINNESOTA AVENUE NE

AmeriHealth Provider Network

Ward 8

Provider	Provider Type
ABBOTT, STEPHEN E.	Internal Medicine
ABDULLA, LEITH A.	Cardiovascular Medicine
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ACQUAVIVA, MARIA T.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Family Nurse Practitioner
ADIELE, LAURA N.	Nurse Practitioner Other
ADIELE, LAURA N.	Family Nurse Practitioner
AGUNGA, RACHEL	General Dentistry
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
AHLRICH, JULIE A.	Family Nurse Practitioner
ALBAYATI, ALI	Radiology, Diagnostic
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALDERMAN, BINNUR	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALEXANDER, MARQUICE H.	Family Nurse Practitioner
ALI, BABAR	Interventional Cardiology
ALI, SYED ASIF H.	Psychiatry
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALLEN, CHRISTINA L.	Family Nurse Practitioner
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ALSTON, KATHY D.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, ANDREA A.	Family Practice
ANDERSON, RONALD L.	Ophthalmology
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARIYO, BOLANLE O.	Family Practice
ARORA, VIKAS	General Dentistry
ARORA, VIKAS	General Dentistry
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice
ARUNA, JULIANA H.	Family Practice

AmeriHealth Provider Network

Ward 8

Provider	Provider Type
ATHEY, ERIN K.	Family Practice
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
AZIZ, JULIA K.	Pediatrics
BACON, LATOYA	Speech Language Pathology
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BAKER, ALICIA R.	Family Nurse Practitioner
BARNETT, SHAUNTESSA M.	Physical Therapy
BARRETT, SANDRA M.	Professional Counselling
BAZILE, DAPHNE P.	Obstetrics and Gynecology
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BEALL, CARRIE	Family Nurse Practitioner
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BECK, KIMBALL J.	Family Practice
BEHNKE, STEPHANIE F.	Speech Language Pathology
BELAIR, JEFFREY	Radiology, Diagnostic
BELLARD JR, ALSAN J.	Pediatrics
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BENNETT, ERIN L.	Family Nurse Practitioner
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BERAHO, LORRAINE K.	Pediatrics
BEREDED, DEREJE	General Dentistry
BEYENE, ESKENDER	Internal Medicine
BISHOP, MARYANN L.	Nephrology
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLACKLEDGE, WEHTI	Family Nurse Practitioner
BLOOM, ADAM D.	Professional Counselling
BLUM, AUDRA H.	Obstetrics and Gynecology
BMA APPLICATIONS OF SOUTHEAST WASHINGTON	End Stage Renal Disease (ERSD)
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BODRICK, NIA I.	Internal Medicine
BONAPARTE TERRY, CLEONIA	Social Worker
BOOKER JR, SYLVESTER C.	Obstetrics and Gynecology
BOSWELL, CHERRON D.	Family Nurse Practitioner
BOSWELL, CHERRON D.	Family Practice

AmeriHealth Provider Network

Ward 8

Provider	Provider Type
BOUAICHI, MAHA L.	Physical Therapy
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BOWLES, WILLIAM	General Dentistry
BOYD, DAVID T.	Radiology, Diagnostic
BOYLE, ANDREA	Family Nurse Practitioner
BRICKHOUSE, CRYSTAL	General Dentistry
BRIGGS, ASA T.	Psychiatry
BROWN, MICHAEL	General Dentistry
BRUNK, ANDREA R.	Physical Medicine & Rehab
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BUCHHOLZ, RYAN M.	Internal Medicine
BURRIS, ALFRED C.	Internal Medicine
BURTON, JALAN W.	Pediatrics
BYAM, JEROME A.	General Surgery
CALDWELL, WHITNEY R.	General Dentistry
CAMP, NADINE L.	Pediatrics
CAPITAL CITY SLEEP CENTER LLC	Sleep Laboratory
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CARDILE, ANNE C.	Internal Medicine
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CAVETT, ANNE E.	Family Nurse Practitioner
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHA, STEPHEN	Internal Medicine
CHANG, CORINNA Y.	Radiology, Diagnostic
CHARAFEDDINE, RIAD	Radiology, Diagnostic
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHATMAN, CRYSTA	Family Practice
CHAVEZ, JOSE F.	Infectious Disease
CHEEK, ALBERT C.	General Dentistry
CHEN, CANDICE P.	Pediatrics
CHEN, TIMOTHY B.	Radiology, Diagnostic
CHERNESKY, MICHELE A.	Radiology, Diagnostic
CHIN, APRIL J.	Podiatry
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CHUKWU, HELEN-VALENTINE	Family Practice
CLARK, BARRY P.	Family Practice

AmeriHealth Provider Network

Ward 8

Provider	Provider Type
COLLINS, MILLICENT D.	Pediatrics
COLLINS, MILLICENT D.	Pediatrics
COMBEST, PHYLICIA	General Dentistry
CONNECTIONS THERAPY CTR	Early Periodic Screening, Diag
COOK, MALCOLM	Family Nurse Practitioner
COOK, MALCOLM	Family Nurse Practitioner
COOMBS, ALBERT A.	General Dentistry
COOPER, SORELLE N.	Family Nurse Practitioner
COOPER, SORELLE N.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
COPELAND, CHANDA L.	Family Nurse Practitioner
CORBETT, AYSHA L.	Family Practice
CORBETT, AYSHA L.	Family Practice
CORNELL, DAVID A.	Family Nurse Practitioner
COUNCIL, CHRISTINA	Family Practice
COVEL, LISA S.	Family Nurse Practitioner
COVEL, LISA S.	Family Practice
CRAIG, JULIAN R.	Pulmonary Disease
CRAIG, JULIAN R.	Pulmonary Disease
CRAWFORD, ADRIENNE	Certified Nurse Midwife
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRAWFORD, LADAWANA S.	Family Nurse Practitioner
CRENSHAW, MARGARET	Family Practice
CRENSHAW, MARGARET	Family Practice
CROSLAND, CATHERINE	Internal Medicine
CROSLAND, CATHERINE	Internal Medicine
CULLEN, AMY C.	Occupational Medicine
DANIEL, GILBERT E.	Internal Medicine
DANIEL, NICHOLAS E.	General Dentistry
DAVACHI, KHOSROW	Internal Medicine
DAVIDSON, ALPHONZO	General Dentistry
DAVIS, CLAUDELIA W.	Mental Health Counselor
DAVIS, NICOLE V.	Family Nurse Practitioner
DAVIS, NICOLE V.	Family Nurse Practitioner
DAWES, CANDICE S.	Pediatrics
DAWOOD, YOUSUF	Pediatrics
DC DEPARTMENT OF MENTAL HEALTH	Community Mental Health Center
DENNIS, JANELLE K.	Internal Medicine
DENSON, ANITRA P.	Pediatrics
DENSON, ANITRA P.	Pediatrics
DEPASQUALE, ANNE	Family Practice
DEPASQUALE, ANNE	Family Practice
DICKERSON, ANGELINA B.	Psychology

**AmeriHealth Provider Network
Ward 8**

Provider	Provider Type
DICKSON, NANA	General Dentistry
DIGGS, FRANK H.	Family Nurse Practitioner
DIGGS, FRANK H.	Family Nurse Practitioner
DIPIETRO, KIMBERLY R.	Behavior Analyst
DIXON, ANDREW W.	Family Practice
DIXON, ANDREW W.	Family Practice
DO, KIM-NGAN	General Dentistry
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DOMINGUEZ, BARBARA A.	Family Nurse Practitioner
DUBEY, URWASHI	General Dentistry
ECONOMIDES, AGLAE	Pediatrics
EGINS, OTIS R.	Family Practice
EGINS, OTIS R.	Family Practice
ELIAS, NNEMDI S.	Internal Medicine
ELION, RICHARD A.	Internal Medicine
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, AYANA M.	Family Nurse Practitioner
ELLIOTT, REGGIE C.	Family Practice
ELLIOTT, REGGIE C.	Family Practice
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLIS, LINDSEY P.	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
ELLISON-RUDDOCK, VASHTINA	Family Nurse Practitioner
EPHRUSSI, COREY W.	Internal Medicine
EPHRUSSI, COREY W.	Internal Medicine
ESCALANTE, ENRIQUE	Pediatrics
ESCALANTE, ENRIQUE	Pediatrics
ESCALANTE, ENRIQUE	Pediatrics
ESCALANTE, ENRIQUE	Pediatrics
EUGENE, JUDITH	General Dentistry
EVANS, TAMARA D.	General Dentistry
EYASU, RAHWA K.	Family Nurse Practitioner
EYASU, RAHWA K.	Family Nurse Practitioner
FACENDA, DAVID M.	Certified Social Worker
FAGONDE, MELISSA T.	Family Practice
FAGONDE, MELISSA T.	Family Practice
FAIRCLOTH, KARI	Family Nurse Practitioner
FAIRCLOTH, KARI	Family Nurse Practitioner
FAMILY MATTERS OF GREATER WASHINGTON INC	Community Mental Health Center
FAROOQUI, SAYEED M.	Pediatrics
FATADE, FOLAYAN B.	Radiology, Diagnostic
FAUST-ASOMANI, ANDREA	General Dentistry
FAUST-ASOMANI, ANDREA	General Dentistry

**AmeriHealth Provider Network
Ward 8**

Provider	Provider Type
FAUST-ASOMANI, ANDREA	General Dentistry
FECZKO, ANNE	Family Nurse Practitioner
FECZKO, ANNE	Family Nurse Practitioner
FLOOD, ALLEN A.	Dermatology
For Eyes Optical Company	Optician
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FORTENBERRY, LYNETTE	General Dentistry
FREEMAN, NATALEE	Family Nurse Practitioner
FREEMAN, NATALEE	Family Nurse Practitioner
FRIEDMAN, LEONARD M.	Ophthalmology
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GABATHULER, STEPHANIE M.	Family Practice
GANESH, NANDINI	Internal Medicine
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARDNER-KLEMMER, YOLANDA E.	Certified Nurse Midwife
GARRISON, MARTHA H.	Radiology, Diagnostic
GERSTENMAIER, AARON M.	Family Practice
GETANEH, ASQUAL	Internal Medicine
GETANEH, ASQUAL	Internal Medicine
GILBERT, FELICIA	Social Worker
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOETCHEUS, ALICE J.	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDIE, PRISCILLA	Family Practice
GOLDSTEIN, DEBORAH A.	Internal Medicine
GORDON, PIERRE S.	Obstetrics and Gynecology
GORON, LISA G.	Psychiatry
GOWDA, SEETA V.	Family Nurse Practitioner
GOWDA, SEETA V.	Family Nurse Practitioner
GOYAL, SURESH C.	Pediatrics
GOYAL, SUSHMA A.	Family Practice
GRANT, MIRANDA	Social Worker
GRIFFITHS, KEVIN O.	Nephrology
GRIMES, PATRICIA A.	Internal Medicine
GUANCI, ROBERT	General Dentistry
GUERRERO, EDUARDO R.	Family Practice
GULLEY, MONICA J.	Family Practice
GULLEY, MONICA J.	Family Practice
GUNNALA, RAJNI	Pediatrics
GUNNALA, RAJNI	Pediatrics

AmeriHealth Provider Network

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Provider	Provider Type
GWU SOUTHEAST DIALYSIS	End Stage Renal Disease (ERSD)
HAILES, TONYA T.	Family Practice
HAILES, TONYA T.	Family Practice
HALL JR, MACY G.	Plastic Surgery
HALL, OLISA R.	Speech Language Pathology
HALL, THOMAS	Internal Medicine
HALL, THOMAS	Internal Medicine
HAMILTON, FLORA T.	Certified Social Worker
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HAMMOND, CLARENCE E.	General Dentistry
HAMPTON, REGINA M.	General Surgery
HANCOCK, YOLANDRA E.	Pediatrics
HANDRATTA, VENKATESH D.	Psychiatry, Neurology
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDUARSINGH-PERMAUL, ARUNA S.	Family Practice
HARDY, CHERON R.	Family Nurse Practitioner
HARDY, CHERON R.	Family Nurse Practitioner
HARPSTER, WILLIAM H.	Internal Medicine
HARPSTER, WILLIAM H.	Internal Medicine
HARRIS, AUDREY B.	Family Nurse Practitioner
HARTMAN, ELIZABETH M.	Radiology, Diagnostic
HAYASHI, ARTHUR S.	Family Practice
HAYASHI, ARTHUR S.	Family Practice
HELEM, REBECCA	Social Worker
HELGERSON FRIGELJ, KRISTIN E.	Behavior Analyst
HENKE, CARLA R.	Family Practice
HERRON, LESIA	Family Nurse Practitioner
HERRON, LESIA	Family Nurse Practitioner
HERTHER, JENNIFER L.	Nurse Practitioner Other
HERTHER, JENNIFER L.	Nurse Practitioner Other
HILL, KATHLEEN G.	Family Practice
HILL, KATHLEEN G.	Family Practice
HLADEK, MELISSA D.	Family Nurse Practitioner
HLADEK, MELISSA D.	Family Nurse Practitioner
HOGAN, JOHN W.	Internal Medicine
HOGAN, JOHN W.	Internal Medicine
HOLCOMBE, STEPHANIE J.	Certified Nurse Midwife
HOLLIS, MEGAN B.	Family Practice
HOLMAN, ROBERT P.	Internal Medicine
HOLMAN, ROBERT P.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine
HOWELL, AMOREENA R.	Internal Medicine

AmeriHealth Provider Network

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Provider	Provider Type
HOWELL, EVERETT L.	General Dentistry
HUANG, ABBOTT B.	Radiology, Diagnostic
HUANG, DAN	General Dentistry
HUANG, JAMES	Family Practice
HUANG, JAMES	Family Planning
HULSE, ANDREA N.	Infectious Disease
HULSE, ANDREA N.	Internal Medicine
HUNTER, JENNIFER	General Dentistry
IDREES, SUNDAS	General Dentistry
IGNIS, JOSEPHINE C.	Family Practice
IJAZ, MOHSIN	Cardiovascular Medicine
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
IKEGWUOHA, BENITA	Family Nurse Practitioner
ISBELL, BERGINA B.	Psychiatry
JACKSON, NATHANIAL	General Dentistry
JACKSON, NATHANIAL	General Dentistry
JACKSON-HOOPER, MARCIA J.	Pediatrics
JAMALI, MARYAM	General Dentistry
JAMIESON, COSETTE O.	Nephrology
JANG, JAEWOONG	General Dentistry
JASPER, BYRON	Family Practice
JASPER, BYRON	Family Practice
JEMBERE, TADELE	Ophthalmology
JENKINS, VERONICA D.	Internal Medicine
JILANI, SHAHLA M.	Pediatrics
JILANI, SHAHLA M.	Pediatrics
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOFFE, MICHELLE L.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, AMANDA J.	Family Nurse Practitioner
JOHNSON, MARY M.	Certified Social Worker
JOHNSON, MIA R.	Physical Medicine & Rehab
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, AMANDA	General Dentistry
JONES, DIANE	Certified Social Worker
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, MARY E.	Family Nurse Practitioner
JORDAN, SAMANTHA	General Dentistry
JORDAN, SAMANTHA	General Dentistry
JORDAN, SAMANTHA	General Dentistry
JORDAN, WILLIAM A.	Family Nurse Practitioner

**AmeriHealth Provider Network
Ward 8**

Provider	Provider Type
JORDAN, WILLIAM A.	Family Nurse Practitioner
JOSEPH, REGINALD	Nephrology
KAHL, EDWARD D.	General Dentistry
KARPEN, STACEY L.	Professional Counselling
KASSAYE, SEBLE G.	Pediatrics
KASSAYE, SEBLE G.	Pediatrics
KATTAKUZHY, SARAH M.	Internal Medicine
KATTAKUZHY, SARAH M.	Internal Medicine
KAZI, ANEELA	Psychiatry, Neurology
KECK, LESLIE	Internal Medicine
KECK, LESLIE	Internal Medicine
KELLER-HINKSON, IRELENE I.	Internal Medicine
KELLER-HINKSON, IRELENE I.	Family Nurse Practitioner
KELLER-HINKSON, IRELENE I.	Family Practice
KERR, ALLISON E.	Endocrinology
KHAN, RIFHAT	General Dentistry
KHELGHATI, BAHIIYIH J.	Family Practice
KHELGHATI, BAHIIYIH J.	Family Practice
KIM, SARAH	Occupational Therapist
KIND, TERRY	Pediatrics
KOLBRENER, MERIDITH	Family Practice
KOLBRENER, MERIDITH	Family Practice
KOO, DONGHYUN	General Dentistry
KOSSOFF, AMY D.	Internal Medicine
KOSSOFF, AMY D.	Internal Medicine
KOUR, MANMEET	General Dentistry
KU, TAE SUNG	General Dentistry
KUTUA, REHEMA	Pediatrics
LANE, COLLEEN K.	Internal Medicine
LANKFORD, SHANIQUE L.	Family Nurse Practitioner
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAPP, DIANA	Family Practice
LAQUINTE, LIONEL	Pediatrics
LAQUINTE, LIONEL	Pediatrics
LATNEY, CHELSIA A.	Speech Language Pathology
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWOYIN, DAVIDSON O.	Oral and Maxillofacial Surgery
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DARLENE	Family Practice
LAWRENCE, DAVID A.	Radiology
LEAK, DONICE A.	Family Nurse Practitioner

**AmeriHealth Provider Network
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Provider	Provider Type
LEAK, DONICE A.	Family Nurse Practitioner
LEE, JOOSANG	General Dentistry
LESHT, ALISON R.	Family Nurse Practitioner
LESHT, ALISON R.	Family Nurse Practitioner
LESTER, CECELIA T.	Pediatrics
LETOURNEAU, STEPHANIE	Family Practice
LEVIN, ILSE R.	Internal Medicine
LEVIN, ILSE R.	Internal Medicine
LICHTENSTEIN, CARA	Pediatrics
LIN, RACHEL	General Dentistry
LONG, SAHIRA A.	Pediatrics
LOWE, MARI	Family Nurse Practitioner
LOWE, MARI	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
LUM, TSZHODERRICK	Family Nurse Practitioner
MAHANEY, BILLY	Radiology
MAHGOUB, SIHAM M.	Internal Medicine
MAHMOOD, ANDLEEB	General Dentistry
MARINCHENKO, ANDREW	General Dentistry
MARK, NERI P.	General Dentistry
MARKS, PAMELA A.	Internal Medicine
MARKS, PAMELA A.	Internal Medicine
MARTIN, DONALD E.	Family Practice
MARTIN, DONALD E.	Family Practice
MARTINS, RAYMOND C.	Internal Medicine
MASSONI, ANGELA T.	Family Nurse Practitioner
MASSONI, ANGELA T.	Family Nurse Practitioner
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MATHIVANNAN, MATTY	Internal Medicine
MAYO-MILLS, AILENA D.	Family Nurse Practitioner
MAYS, JOELLE L.	Obstetrics and Gynecology
MAZIQUE II, EDWARD C.	General Dentistry
MBI HEALTH SERVICES LLC	Community Mental Health Center
MBI HEALTH SERVICES LLC	Community Mental Health Center
MBUALUNGU, EMMANUEL T.	Internal Medicine
MBUALUNGU, EMMANUEL T.	Internal Medicine
MCCARTAN, KATE	Family Practice
MCCARTAN, KATE	Family Practice
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCCARTHY, JOHN D.	Family Nurse Practitioner
MCFARREN, KRISTA L.	Radiology, Diagnostic
MCGONAGLE, KERRY	Family Nurse Practitioner

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Provider	Provider Type
MCGONAGLE, KERRY	Family Nurse Practitioner
MCPHERSON CORDER, MARILYN D.	Pediatrics
MILLARD, ASHLEY	Family Nurse Practitioner
MILLARD, ASHLEY	Family Nurse Practitioner
MITCHELL, MARK R.	Obstetrics and Gynecology
MJ GENERAL LLC	Home Health Agency
MOGHIMI, YAVAR	Psychiatry
MONTEFERRANTE, MARK L.	Radiology, Diagnostic
MOREAU, YVONELLE	General Dentistry
MORICI, STEFANIE J.	Physical Therapy
MORRIS, ELISE B.	Family Practice
MORRIS, ELISE B.	Family Practice
MORROW, GREGORY D.	General Surgery
MOYER, CRISTINA M.	Internal Medicine
MOYER, CRISTINA M.	Internal Medicine
MURPHY, MEGAN A.	Family Nurse Practitioner
MURPHY, NANCY	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MURRAY, VALERIE M.	Family Nurse Practitioner
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
MYERS, ELLAINE	General Dentistry
NASIR, AISHA	General Dentistry
NATIONAL CHILDREN CENTER	Pediatric Nursing Facility
NEEB, CHRISTINE	Family Practice
NEEB, CHRISTINE	Family Practice
NEGUSSIE, GENNET	Family Nurse Practitioner
NEGUSSIE, GENNET	Family Nurse Practitioner
NEWSON, SHEENA	Speech Language Pathology
NG, PHICK H.	Internal Medicine
NG, PHICK H.	Internal Medicine
NICHOLS, ARLENE P.	Pediatrics
NKUNGULA-HOWLETT, TANIA	Oral Maxillofacial Surgery
NWOSU, IKECHUKWU W.	Family Nurse Practitioner
O, DURIE	Physical Therapy
ODOM, SHIVONNE A.	Professional Counselling
ODUBAYO, FLORENCE F.	Family Practice
OKE, LUC M.	Cardiovascular Medicine
OKOH, YVONNE K.	Family Practice
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry
OSADA, TATSUHIKO	General Dentistry
PALEY, ROBERT H.	Radiology, Diagnostic

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Provider	Provider Type
PALMER, RICHARD L.	Internal Medicine
PARK, JENNIFER	General Dentistry
PARKS, JOHN T.	Family Practice
PATEL, AMIT	General Dentistry
PATEL, NATISHA	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATRICK, YETUNDE I.	General Dentistry
PATTERSON, LISA A.	Mental Health Counselor
PAVING THE WAY MSI	Outpatient Mental Health Clini
PEARSON, TARASHA	General Dentistry
PEGGS, CANDICE	Social Worker
PERRY-DODSON, ELIZABETH S.	General Dentistry
PLADSEN, COURTNEY M.	Family Nurse Practitioner
PREVENTIVE MEASURES OF WASH DC LLC	Community Mental Health Center
PRICE, ANGIE S.	Family Nurse Practitioner
PROCTOR, STEPHEN I.	Obstetrics and Gynecology
PSYCHIATRIC INSTITUTE OF WASHINGTON	Psychiatric Facility
PSYCHIATRIC REHABILITATION SERVICES	Psychiatric Facility
QUARLES, AISHA	Pediatrics
QUARLES, KRISTIE S.	Family Nurse Practitioner
QUARTERMAN, CHRISTINA G.	General Dentistry
RAHBAR, RODEEN	Vascular Surgery
RAHMAN, UMAR F.	Psychiatry
RAI POTOMAC DIALYSIS	End Stage Renal Disease (ERSD)
RAINEY, LISA C.	Pediatrics
RANDALL, BEVERLY J.	Professional Counselling
REAGIN, DAVID E.	Pathology, Clinical
REZAZADEH-TEHRANI, ALI R.	Urology
RIAZ, SHERAZ	Psychiatry
RICHARDSON, MARY D.	Family Nurse Practitioner
RICHARDSON, MARY D.	Family Nurse Practitioner
ROBERTS, RACHEL K.	Occupational Therapist
ROBIE, ANDREW	Family Practice
ROBIE, ANDREW	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, KEISHA E.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON, TORI B.	Family Practice
ROBINSON-PARKS, ASHA Z.	Family Practice
ROBINSON-PARKS, ASHA Z.	Family Practice
ROBINSON-PARKS, ASHA Z.	Family Practice
ROGERS, SASCHA G.	Occupational Therapist

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Provider	Provider Type
ROWE, MICHELLE L.	Nurse Practitioner Other
ROY, PIYALI	General Dentistry
SACHS, HOWARD	Radiology, Diagnostic
SAMEE, SAQUIB	Cardiovascular Medicine
SAMUELS, IRINA F.	Psychiatry
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANCHEZ, MELISSA J.	Family Nurse Practitioner
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SANDERS, ZADA M.	Internal Medicine
SARANJAM, HAMID R.	General Dentistry
SAUER, PAMELA R.	Podiatry
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Practice
SAUNDERS, LAURA P.	Family Planning
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SAUNDERS, MEGAN L.	Family Nurse Practitioner
SCHMERBER, REBEKAH E.	Certified Nurse Midwife
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHROETER, STEFANIE A.	Family Nurse Practitioner
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SCHWARTZ, RONA A.	Family Practice
SEAT PLEASANT DRUGS AND MEDICAL SUPPLIES	Durable Medical Equip Supplier
SELLERS, JEFFREY C.	Obstetrics and Gynecology
SELLEVAAG, MELISSA M.	Social Worker
SEWELL, KELLIE D.	Certified Nurse Midwife
SEWELL, KELLIE D.	Certified Nurse Midwife
SHAH, NAMRATA P.	Internal Medicine
SHAIGANY, ASGHAR	Internal Medicine
SHEPARD, CARRIE M.	Certified Social Worker
SHETH, NIMA C.	Psychiatry, Neurology
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIDDABATTUNI, RANA S.	Internal Medicine
SIMMOMS, ENRIQUE A.	Professional Counselling
SIMREL JR, KERMIT O.	Pediatrics
SLATER, AMANDA I.	Family Practice
SLATER, AMANDA I.	Family Practice

**AmeriHealth Provider Network
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Provider	Provider Type
SLATER, AMANDA I.	Family Practice
SMITH, BARRY L.	Family Practice
SMITH, EDWARD	Radiology, Diagnostic
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SOLOMON, MESTIRE	General Dentistry
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
SQUIRES, ANNE P.	Family Nurse Practitioner
STEELE, WILLIAM M.	General Dentistry
STEINER, BRYANNA K.	Occupational Medicine
STOLBA, JENNIFER K.	Speech Language Pathology
STRALEY, CHRISTOPHER L.	Certified Clinical Social Work
STREETER, SATIRA S.	Psychology
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
STUART-MCCALL, ANNA B.	Family Practice
SUBRAMANIAN, DEEPA	General Dentistry
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUGARMAN, KATE S.	Family Practice
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
SUMMER, CAROLYN B.	Nurse Practitioner Other
TANK, SHEILA H.	Family Nurse Practitioner
TAWAKALI, LAJOYOUS	General Dentistry
TAWAKALI, LAJOYOUS	General Dentistry
TAWAKALI, LAJOYOUS	General Dentistry
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAY, AFUA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAYLOR, YOLONDA	Family Nurse Practitioner
TAZANU, ABILA V.	Pediatrics
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TCHINDA, MARTINE	Family Nurse Practitioner
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
TERRELL, LEKEISHA R.	Pediatrics
THOMAS, JOYLENE W.	Internal Medicine

AmeriHealth Provider Network

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Provider	Provider Type
THOMPSON, OSWALD N.	Pediatric Dentistry
THOMPSON, TESSA R.	Family Practice
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOSO, BLANCA L.	Internal Medicine
TOTH, MARY H.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRACY, JAMES A.	Family Nurse Practitioner
TRANSITIONS HEALTHCARE CAPITOL CITY LLC	Skilled Nursing Facility
TU, RAYMOND K.	Radiology, Diagnostic
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TUKPAH, NATALIE	Family Nurse Practitioner
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TURNER, CHLOE E.	Pediatrics
TYLER-BEYNUM, KHANDRA Y.	Pediatrics
TYUS, AMA A.	Family Practice
UNITED MEDICAL CENTER	Multiple Specialty Group
UNITED MEDICAL CENTER	Multiple Specialty Group
UNITED MEDICAL CENTER	Hospital
UNITY HEALTH CARE INC	Community Medical Health Ctr
UNITY HEALTH CARE INC	Community Medical Health Ctr
UNITY HEALTH CARE INC	Community Medical Health Ctr
UNITY HEALTH CARE INC	Community Medical Health Ctr
UNITY HEALTH CARE INC	Community Medical Health Ctr
VALLIS, ALBERTA M.	Psychiatry
VANCE, LINDSEY D.	Professional Counselling
VANDERWALL-LACEY, CHARITY J.	General Dentistry
VANDERWALL-LACEY, CHARITY J.	General Dentistry
VANTERPOOL, KEITA L.	Physical Therapy
VELAMAKANNI, SAALINI	General Dentistry
VINCENT, FELIX	General Dentistry
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, APRIL J.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WALKER, HEATHER E.	Family Practice
WASHINGTON NURSING FACILITY	End Stage Renal Disease (ERSD)

AmeriHealth Provider Network

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Provider	Provider Type
WASHINGTON, LATONYA	Occupational Therapist
WATERS, TERRELL A.	General Dentistry
WEIBEL, JOHN D.	Certified Clinical Social Work
WENDT CENTER FOR LOSS AND HEALING	Community Mental Health Center
WENDT CENTER FOR LOSS AND HEALING	Community Mental Health Center
WHITE, MARCEE J.	Pediatrics
WILDER, DEBORAH D.	Obstetrics and Gynecology
WILDER, DEBORAH D.	Obstetrics and Gynecology
WILDER, GLORIA A.	Pediatrics
WILDER, GLORIA A.	Pediatrics
WILDER, GLORIA A.	Pediatrics
WILKENS, JILL C.	Radiology, Diagnostic
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILKINS, ANGELA E.	Family Nurse Practitioner
WILLIAMS, CLEVELAND	General Practice
WILLIAMS, JACQUELINE M.	General Dentistry
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILLIAMS, JANICE K.	Family Nurse Practitioner
WILSON, DAMALI M.	Pediatrics
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WINKFIELD, DEVORA R.	Family Nurse Practitioner
WOLDEABEZGI, ASHEBIR G.	Infectious Disease
WOOD, KAMILLAH N.	Pediatrics
WORBY, LAURA	Family Nurse Practitioner
WYATT, ANITA G.	Speech Language Pathology
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, HANNA	Family Practice
YOON, JASON H.	Family Practice
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZAINO, AMBER M.	Family Nurse Practitioner
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZARR, ROBERT L.	Pediatrics
ZONOZI, MEERSAID	Nephrology
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice
ZYSKIND, AVIVA D.	Family Practice

**AmeriHealth Provider Network
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Provider Address
2301 MLK AVE SE
1328 SOUTHERN AVE SE STE 309
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
2700 MLK JR AVE SE
810 5TH ST NW
1500 GALEN ST SE
123 45TH ST NE
3240 STANTON RD SE
2345 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3924 MINNESOTA AVE NE
2700 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
2041 MLK JR AVE SE STE 103
1310 SOUTHERN AVE
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
2700 MLK JR AVE SE
3924 MINNESOTA AVE NE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3240 STANTON RD SE
2041 MLK JR AVE SE STE 102
2700 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
4063 MINNESOTA AVE NE
2021 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
2700 MLK JR AVE SE

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Ward 8**

Provider Address
1310 SOUTHERN AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
2700 MLK JR AVE SE
3400 MLK JR AVE SE
3924 MINNESOTA AVE NE
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3400 MLK JR AVE SE
1720 MINNESOTA AVE SE STE 6
3924 MINNESOTA AVE NE
1500 GALEN ST SE
2700 MLK JR AVE SE
3240 STANTON RD SE
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3400 MLK JR AVE SE
1310 SOUTHERN AVE SE
2101 MLK JR AVE SE 5TH FL
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
2700 MLK JR AVE SE
2645 NAYLOR RD SE STE 102
1310 SOUTHERN AVE SE STE 4436
1328 SOUTHERN AVE STE 314 SE
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
2301 MLK JR AVE SE
3924 MINNESOTA AVE NE
1350 SOUTHERN AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
2700 MLK JR AVE SE
2041 MLK JR AVE SE STE 303
1310 SOUTHERN AVE SE
2516 SHERIDAN RD SE STE A
1328 SOUTHERN AVE SE STE 210

**AmeriHealth Provider Network
Ward 8**

Provider Address
3849 ALABAMA AVE SE
1500 GALEN STREET SE
3720 MARTIN LUTHER KING JR AVE SE
3401 4TH ST SE
1310 SOUTHERN AVE SE
4 ATLANTIC ST SW
1553 ALABAMA AVE SE
4130 HUNT PL NE
2345 MARTIN LUTHER KING JR AVE SE
3400 M L K JR AVE SE
2700 MLK JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1328 SOUTHERN AVE SE STE 214
2516 SHERIDAN RD SE STE A
1310 SOUTHERN AVE SE
1553 ALABAMA AVE SE
2101 MLK JR AVE SE 5TH FL
1310 SOUTHERN AVE SE STE 4436
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3240 STANTON RD SE
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
4 ATLANTICS ST SW
1310 SOUTHERN AVE SE
2700 MLK JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3130 MARTIN LUTHER KING JR AVE SE
2101 MLK JR AVE SE 5TH FL
1310 SOUTHERN AVE SE
4 ATLANTIC ST SW
1500 GALEN ST SE
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
2301 MLK AVE SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3240 STANTON RD SE
1500 GALEN ST SE
1553 ALABAMA AVE SE
3400 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
7826 EASTERN AVE NW
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST
2301 MLK AVE SE
1328 SOUTHERN AVE SE STE 302
3240 STANTON RD SE
1500 GALEN ST SE
1328 SOUTHERN AVE SE STE 312
1310 SOUTHERN AVE SE
4 ATLANTIC ST SW
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3400 M L K JR AVE SE
1328 SOUTHERN AVE SE STE 205
1553 ALABAMA AVE SE
1328 SOUTHERN AVE SE STE 310
2811 PENNSYLVANIA AVE SE STE 2
2041 MLK JR AVE SE STE 303
3240 STANTON RD SE
1500 GALEN ST SE
2101 MLK JR AVE SE 5TH FL
747 ALABAMA AVE SE
821 HOWARD RD SE 2ND FL
1310 SOUTHERN AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3240 STANTON RD SE
1500 GALEN ST SE
2311 MLK JR AVE SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
2021 MARTIN LUTHER KING JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
3849 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1553 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1553 ALABAMA AVE SE
3839 1/2 ALABAMA AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
1310 SOUTHERN AVE SE
2301 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
3029 MARTIN LUTHER KING JR AVE SE
2501 GOOD HOPE RD SE
1901 MISSISSIPPI AVE SE
4 ATLANTIC ST SW
1553 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
2301 MARTIN LUTHER KING JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1301 PENNSYLVANIA AVE SE STE 200
747 ALABAMA AVE SE
1310 SOUTHERN AVE SE
3720 MARTIN LUTHER KING JR AVE SE
1500 GALEN STREET SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3401 4TH ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3924 MINN AVE NE
2021 L ST NW
3401 4TH ST SE
1500 GALEN STREET SE
3720 MARTIN LUTHER KING JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
4 ATLANTIC ST SW
123 45TH ST NE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
4 ATLANTIC ST SW
4 ATLANTIC ST SW
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3924 MINNESOTA AVE NE
3240 STANTON RD SE
1500 GALEN ST SE
2301 MLK AVE SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1328 SOUTHERN AVE STE 316 SE
1328 SOUTHERN AVE SE STE 316
2041 MLK JR AVE SE STE 303
1918 14TH ST SE
2041 MLK JR AVE SE STE 303
1553 ALABAMA AVE SE
2301 MLK AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3857 PENNSYLVANIA AVE SE STE A
1500 GALEN ST SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
3400 MLK JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
2041 MLK JR AVE SE STE 303
3401 4TH ST SE
1500 GALEN STREET SE
3720 MARTIN LUTHER KING JR AVE SE
4 ATLANTIC ST SW
2101 MLK JR AVE SE 5TH FL
2041 MLK JR AVE SE STE 303
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
1930 MLK JR AVE SE
1310 SOUTHERN AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
2041 MLK JR AVE SE STE 303
3849 ALABAMA AVE SE
4 ATLANTIC ST SW
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANRON RD SE
4 ATLANTIC ST SW
4 ATLANTIC ST NW
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
2021 MARTIN LUTHER KING JR AVE SE
1310 SOUTHERN AVE SE
2021 MARTIN LUTHER KING JR AVE SE
3240 STANTON RD SE
1500 GALEN ST NE
2301 MLK JR AVE SE
2301 MLK AVE SE
1553 ALABAMA AVE SE
1553 ALABAMA AVE SE
4650 LIVINGSTON RD SE
2041 MLK JR AVE SE STE 103
123 45TH ST NE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3401 4TH ST SE
3720 MARTIN LUTHER KING JR AVE SE
4 ATLANTIC ST SW
1553 ALABAMA AVE SE
1918 14TH ST SE
1553 ALABAMA AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
4130 HUNT PL NE
2041 MLK JR AVE SE STE 303
1500 GALEN ST SE
3240 STANTON RD SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
2041 MLK JR AVE SE STE 311
3400 M L K JR AVE SE
1500 GALEN STREET SE
3401 4TH ST SE
3720 MARTIN LUTHER KING JR AVE SE
2041 MLK JR AVE SE STE 303
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN STREET SE
3401 4TH ST SE
3720 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3240 STANTON RD SE
1918 14TH ST SE
2301 MARTIN LUTHER KING JR AVE SE
2301 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3240 STANTON RD SE
1500 GALEN ST SE
1310 SOUTHERN AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
3924 MINNESOTA AVE NE
1328 SOUTHERN AVE SE STE 205
1553 ALABAMA AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
3400 MARTIN LUTHER KING JR AVE SE
2101 MLK JR AVE SE 5TH FL
3240 STANTON RD SE
1500 GALEN ST SE
1553 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1553 ALABAMA AVE SE
1553 ALABAMA AVE SE
2041 MLK JR AVE SE STE 303
2301 MLK AVE SE
4 ATLANTIC ST SW
1500 GALEN ST SE
3924 MINNESOTA AVE NE
3240 STANTON RD SE
1930 MLK AVE
1930 M L K JR AVE SE
3400 MARTIN LUTHER KING JR AVE SE
3720 MARTIN LUTHER KING JR AVE SE
3401 4TH ST SE
1500 GALEN STREET SE
3240 STANTON RD SE
1500 GALEN ST SE
1310 SOUTHERN AVE SE STE 2023
1500 GALEN ST SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3240 STANTON RD SE
1553 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
2041 MLK JR AVE SE STE 303
2301 MLK AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
2101 MLK JR AVE SE 5TH FL
1553 ALABAMA AVE SE
2101 MLK JR AVE SE 5TH FL
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
2301 M L K JR AVE SE
1553 ALABAMA AVE SE
2021 MARTIN LUTHER KING JR AVE SE
1553 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3240 STANTON RD SE
1500 GALEN ST SE
2301 M L K JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
2301 M L K JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
2041 MLK JR AVE SE STE 303
1500 GALEN ST SE
1553 ALABAMA AVE SE
3000 PENNSYLVANIA AVE SE
2014 MARTIN LUTHER KING JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1310 SOUTHERN AVE SE
1500 GALEN ST SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3240 STANTON RD SE
1310 SOUTHERN AVE SE STE 211
3240 STANTON RD SE
1500 GALEN ST SE
2041 MLK JR AVE SE STE 303
2759 MARTIN LUTHER KING JR AVE SE
2301 MARTIN LUTHER KING JR AVE SE
1310 SOUTHERN AVE SE STE 2023
3925 MINNESOTA AVE NE
3400 MLK JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
4 ATLANTIC ST SW
1310 SOUTHERN AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN STREET SE
3720 MARTIN LUTHER KING JR AVE SE
2345 MARTIN LUTHER KING JR AVE SE
3400 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3849 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3839 1/2 ALABAMA AVE SE
1357 GOOD HOPE RD SE
2041 MLK JR AVE SE STE 303
3400 M L K JR AVE
4 ATLANTIC ST SW
1310 SOUTHERN AVE SE
1310 SOUTHERN AVE STE 2040
3924 MINNESOTA AVE NE
3720 MARTIN LUTHER KING JR AVE SE
3401 4TH ST SE
1500 GALEN STREET SE
1310 SOUTHERN AVE SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
1328 SOUTHERN AVE SE STE 310
1553 ALABAMA AVE SE
3924 MINNESOTA AVE NE
2021 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE
1500 GALEN STREET SE
3401 4TH ST SE
3720 MARTIN LUTHER KING JR AVE SE
2041 MLK JR AVE SE STE 303
2616 MARTIN LUTHER KING JR AVE SE
2041 MARTIN LUTHER KING JR AVE SE
4 ATLANTIC ST SW
7310 ALASKA AVE NW
3924 MINNESOTA AVE NE
2759 MARTIN LUTHER KING AVE #B7 SE
2041 MLK JR AVE SE STE 303
1310 SOUTHERN AVE SE
1310 SOUTHERN AVE SE
3845 CAPITOL ST SW
3839 1/2 ALABAMA AVE SE
3240 STANTON RD SE
1553 ALABAMA AVE SE
2041 MLK JR AVE SE STE 103
1310 SOUTHERN AVE SE
1918 14TH ST SE
3839 1/2 ALABAMA AVE SE
2041 MLK AVE STE 201 SE
1310 SOUTHERN AVE SE
1310 SOUTHERN AVE SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3400 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
3240 STANTON RD SE
1328 SOUTHERN AVE STE 210
2516 SHERIDAN RD SE STE A
2516 SHERIDAN RD SE
3400 MLK JR AVE SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
1328 SOUTHERN AVE STE 302
2021 MARTIN LUTHER KING JR AVE SE
1310 SOUTHERN AVE SE
2041 MLK JR AVE SE STE 103
1310 SOUTHERN AVE SE
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
1553 ALABAMA AVE SE
4 ATLANTIC ST SW
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
2700 MLK JR AVE SE
3240 STANTON RD SE
1500 GALEN ST SE
4 ATLANTIC ST SW
3240 STANTON RD SE
2700 MLK JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
1500 GALEN ST SE
2700 MLK JR AVE SE
354 EASTERN AVE NE
3924 MINNESOTA AVE NE
2301 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE
123 45TH ST NE
2301 MARTIN LUTHER KING JR AVE SE
1310 SOUTHERN AVE SE
4 ATLANTIC ST SW
4 ATLANTIC ST SW
3924 MINNESOTA AVE NE
1500 GALEN ST SE
3240 STANTON RD SE
2700 MLK JR AVE SE
2041 MARTIN LUTHER KING JR AVE STE 303
3839 1/2 ALABAMA AVE SE
1500 GALEN ST SE
3240 STANTON RD SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
2700 MLK JR AVE SE
1328 SOUTHERN AVE SE STE 213
1310 SOUTHERN AVE SE
3720 MARTIN LUTHER KING JR AVE SE
3401 4TH ST SE
1500 GALEN STREET SE
1500 GALEN ST SE
3401 4TH ST SE
3240 STANTON RD SE
3924 MINNESOTA AVE NE
1553 ALABAMA AVE SE
3400 MARTIN LUTHER KING JR AVE SE
3400 MARTIN LUTHER KING JR AVE SE
2301 MLK JR AVE SE
1526 HOWARD RD SE
3401 4TH ST SE
1500 GALEN ST SE
3240 STANTON RD SE
2021 MARTIN LUTHER KING JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3401 4TH ST SE
4 ATLANTIC ST SW
3401 4TH ST SE
3720 MARTIN LUTHER KING JR AVE SE
1500 GALEN STREET SE
3240 STANTON RD SE
1500 GALEN ST SE
3401 4TH ST SE
1500 GALEN ST SE
3401 4TH ST SE
3240 STANTON RD SE
1901 MISS AVE SE
3401 4TH ST SE
3240 STANTON RD SE
1500 GALEN ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3401 4TH ST SE
1310 SOUTHERN AVE SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
2041 MARTIN LUTHER KING JR AVE STE M11
4 ATLANTIC ST SW
1310 SOUTHERN AVE
3401 4TH ST SE
3240 STANTON RD SE
1500 GALEN ST SE
2301 MLK AVE SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN ST SE
2425 25TH ST SE
1310 SOUTHERN AVE SE
3401 4TH ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN ST SE
1901 MISS AVE SE
3424 N ST SE BLDG 29
1328 SOUTHERN AVE SE STE 309
1310 SOUTHERN AVE SE
1310 SOUTHERN AVE SE
123 45TH ST NE
1638 GOOD HOPE RD SE
1500 GALEN ST SE
4130 HUNT PL NE
3720 MLK JR AVE SE
2041 MLK JR AVE SE STE 303
2041 MARTIN LUTHER KING JR AVE SE
1553 ALABAMA AVE SE
3925 MINNESOTA AVE NE
1231 GOOD HOPE RD SE
1553 ALABAMA AVE SE
1553 ALABAMA AVE SE
1500 GALEN ST SE
3924 MINNESOTA AVE NE
3401 4TH ST SE
3240 STANTON RD SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN ST SE
2425 25TH ST SE

**AmeriHealth Provider Network
Ward 8**

Provider Address
3849 ALABAMA AVE SE
4300 WHEELER RD SE
4 ATLANTIC ST SW
CONWAY HEALTH CENTER
COVENANT HOUSE
1901 MISS AVE SE
1328 SOUTHERN AVE SE
1328 SOUTHERN AVE SE STE 305
1328 SOUTHERN AVE STE 210
2516 SHERIDAN RD STE A
2516 SHERIDAN RD SE
1310 SOUTHERN AVE SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN ST SE
2041 MARTIN LUTHER KING JR AVE SE
4 ATLANTIC ST SW
1500 GALEN ST SE
3240 STANTON RD SE
3401 4TH ST SE
3839 1/2 ALABAMA AVE SE
1500 GALEN ST SE
3401 4TH ST SE
3240 STANTON RD SE
1310 SOUTHERN AVE SE
2101 MLK JR AVE SE 5TH FL
4 ATLANTIC ST SW
3400 MLK JR AVE SE
1500 GALEN ST SE
3240 STANTON RD SE
3401 4TH ST SE
2345 MARTIN LUTHER KING JR AVE SE
3401 4TH ST SE
1500 GALEN ST SE
3240 STANTON RD SE
3240 STANTON RD SE
3401 4TH ST SE
1500 GALEN ST SE
1328 SOUTHERN AVE SE STE 307
3401 4TH ST SE
1500 GALEN ST SE
3240 STANTON RD SE

SOLICITATION, OFFER, AND AWARD		1. Caption Managed Care Organization (MCO)			Page of Pages				
					1	269			
2. Contract Number		3. Solicitation Number DCHT-2017-R-0024		4. Type of Solicitation <input type="checkbox"/> Sealed Bid (IFB) <input checked="" type="checkbox"/> Sealed Proposals (RFP) <input type="checkbox"/> Sole Source <input type="checkbox"/> Emergency		5. Date Issued 12/22/2016		6. Type of Market <input type="checkbox"/> Open <input type="checkbox"/> Set Aside <input checked="" type="checkbox"/> Open Market with Set-Aside CBE Designated	
7. Issued By: Office of Contracting and Procurement On Behalf of the Department of Health Care Finance 441 4 th Street, N.W., Suite 900 South Washington, DC 20001				8. Address Offer to: Office of Contracting and Procurement On Behalf of the Department of Health Care Finance 441 4 th Street, N.W., Suite 900 South Washington, DC 20001					
NOTE: In sealed proposal solicitations "offer" or "offeror" means "bid or "bidder"									

SOLICITATION

9. Sealed offers in original and 5 copies for furnishing the supplies or services in the Schedule will be via electronic format via Ariba E-Sourcing.
2 p.m. EST. time January 11, 2017
(Hour) (Date)
CAUTION: Late submission, Modifications and Withdrawals: See 27 DCMR chapters 15 & 16 as applicable. All offers are subject to all terms & conditions contained in solicitation.

10. For Information Contact	A. Name		B. Telephone			C. E-mail Address	
	Helena Barbour	(Area Code) 202	(Number) (202) 442-5817	(Ext)	helena.barbour@dc.gov		

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X	B	Contract Type, Suppliers or Service and Price/Cost	2	PART III – LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS			
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12. In conjunction with the above, the undersigned agrees, if this offer is accepted within 30 calendar days from the receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified herein.

13. Discount for Prompt Payment		10 Calendar days %	20 Calendar days %	30 Calendar days %	___ Calendar days %		
14. Acknowledgement of Amendments (The offeror acknowledges receipt of amendments to the SOLICITATION):		Amendment Number	Date		Amendment Number	Date	
15A. Name and Address of Offeror			16. Name and Title of Person Authorized to Sign Offer/Contract				
15B. Telephone		15 C. Check if remittance address is different from above – Refer to section G		17. Signature		18. Award Date	
(Area Code)	(Number)						

AWARD (TO BE COMPLETED BY GOVERNMENT)

19. Accepted as to Items Numbered		20. Amount		21. Accounting and Appropriation		
2. Name of contracting Officer (Type or Print)		23. Signature of Contracting Officer (district of Columbia)			24. Award Date	



SECTION B: CONTRACT TYPE, SUPPLIES OR SERVICES AND PRICE/COST

- B.1** The Government of the District of Columbia (the District), Office of Contracting and Procurement (OCP), on behalf of the Department of Health Care Finance (DHCF) is seeking Contractors to provide healthcare and pharmacy services for its Managed Care Program, consisting of: its Medicaid eligible population enrolled in the District Healthy Families Program (DCHFP) and the District Healthcare Alliance Program (Alliance) and Immigrant Children's Program (ICP).
- B.1.1** Contractor assumes full risk for the cost of the services covered under the Contract and incurs financial loss if the cost of furnishing the services exceeds the payments under the Contract.
- B.2** The District contemplates award of **Indefinite Delivery Indefinite Quantity (IDIQ) Fixed Price Incentive Contract**.
- B.2.1** The District intends to award multiple indefinite-delivery indefinite-quantity contracts with payments based on fixed capitated rates and a performance based incentive system. Delivery or performance shall be made only as authorized by an order issued in accordance with the Ordering Clause Section G.9.5. The Contractor shall furnish to the District, when and if ordered, the supplies or services specified in the Schedule up to and including the maximum quantity of 210,000 Enrollees per year. The District will order at least the minimum quantity of one (1) Enrollee per year. The District will issue one task order at the start of the Contract, which shall be valid for the base period of performance, which shall be one year.
- B.2.1.1** Enrollee estimates are not guaranteed due to the uncertainty surrounding the number of eligible beneficiaries. OCP has included enrollment estimates for each rate cohort in Section B.3 to allow Contractors to develop pricing for the base year period utilizing the fixed capitated rates. This is not intended to be a requirements contract.
- B.2.1.2** Contractors may earn incentives through the incentive arrangements set forth in Section H.14.
- B.2.1.3** There is no limit on the number of orders that may be issued. The District may issue orders requiring delivery to multiple destinations or performance at multiple locations. Any order issued during the effective period of this contract and not completed within that period shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor's and District's rights and obligations with respect to that order to the same extent as if the order were completed during the contract's effective period; provided that the Contractor shall not be required to make any deliveries under this Contract after September 30, 2023.
- B.2.2 Risk-Adjusted Capitation Rates**
- B.2.2.1** Effective with the base year of the Contract, the District will reimburse the Contractor DCHFP rates via a Risk-Adjusted Rate (RAR) model. This is a process that estimates health care expenses based on the disease conditions attributed to the managed care population. The

capitation payments are distributed amongst the Contractors, in accordance with the health risk of the beneficiaries enrolled with each Contractor and are re-evaluated every six (6) months.

B.2.2.2 It is the District's intent to use a RAR model that incorporates both data with diagnostic information as well as pharmacy data for the managed care population when calculating the risk-adjusted rates. However, in the event that complete diagnostic data is not available to support this type of model, the District reserves the right to use a risk-adjustment model that only incorporates pharmacy data when calculating the risk-adjusted rates. The District's Contractors will receive a base rate and each will receive a computed risk-score based on an appropriate model depending on the availability of the data.

B.2.3 Rate Adjustment

B.2.3.1 In the event that the District, pursuant to the Changes Clause of the Standard Contract Provisions, adds, deletes or changes any services to be covered by the Contractor under DCHFP, Alliance, or ICP, the District will review the effect of the change and equitably adjust the capitation demographic characteristics of the Enrollee population, or the disproportionate enrollment selection of Contractor by beneficiary in certain rate cohorts.

B.2.3.2 This actuarial review of the capitation rates may result in an annual adjustment, either increase or decrease, to the capitation rates. The adjustment shall not exceed the upper payment limits as defined in 42 C.F.R. § 447.361.

B.2.3.3 An adjustment shall be effective as of the first day of the option period and six (6) months after each option period, to which the adjusted capitation rate applies (either upwards or downwards), if appropriate. In the event a prospective capitation rate adjustment is required, an actuarial analysis will be completed by the District's contracted Actuary. If required, the District will make the necessary adjustment to the capitation rates. Contractor may request a review of the program if it believes the program change is not equitable. The District will not unreasonably withhold such a review.

B.2.3.4 No later than six (6) months after the award date of the contract and bi-annually thereafter, the District will conduct an actuarial review of the capitation rates in effect to determine the actuarial soundness of the rates paid to the Contractors. The actuarial review will be based upon the rates offered by Contractor and will take into account factors such as inflation, significant changes in the demographic characteristics of the member population, or the disproportionate enrollment selection of Contractor by members in certain rate cohorts. If the District has not completed the actuarial review for the adjusted capitation rate by the first day of the affected option period, Contractor shall continue to perform under the contract at the rates in effect for the preceding contract period. All actuarial reviews and analyses shall be concluded by no later than the end of the third month of the option period.

B.3 Price Schedule

B.3.1 Contractor shall propose capitation rates based on the lower bound rates from an actuarial sound range as set forth in Attachment J.26 (Actuarial Certification) prepared December 15, 2015 and in accordance with 42 C.F.R. § 438.4. Contractor shall analyze its own projected medical expense, administrative expense and any other premium needs for comparison to the lower bound rates.

Contractor shall be responsible for providing all Covered Services for all cohort categories listed below.

B.3.2 Base Year

CLIN	Rate Cohort	DHCF Actuarially Sound Rates	Offeror's Proposed Rate per Cohort	Estimated Total Monthly Enrollees per Rate Cohort	Total Estimated Monthly Price per Rate Cohort
1 DC Healthy Families Program¹					
0001AA	Under 1 Year of Age	\$503.28		2,978	
	Delivery Payment*	\$8,681.39		205	
	Birth Payment*	\$8,118.24		201	
0001AB	Children Ages 1 through 12	\$218.42		31,069	
0001AC	Females Ages 13 through 18	\$218.42		6,088	
0001AD	Males Ages 13 through 18	\$218.42		5,395	
0001AE	Females Ages 19 through 36	\$446.18		17,920	
0001AF	Males Ages 19 through 36	\$446.18		9,864	
0001AG	Females Ages 37 through 49	\$446.18		7,548	
0001AH	Males Ages 37 through 49	\$446.18		5,925	
0001AI	Females Ages 50+ Years	\$446.18		5,627	
0001AJ	Males Ages 50+ Years	\$446.18		6,003	
CLIN 0001 Total					

CLIN	Rate Cohort	DHCF Actuarially Sound Rates	Offeror's Proposed Rate per Cohort	Estimated Total Monthly Enrollees per Rate Cohort	Total Estimated Monthly Price per Rate Cohort
2 DC Alliance Program					
0002AA	Females Ages 19 through 36	\$190.20		2,882	
0002AB	Males Ages 19 through 36	\$153.80		1,760	
0002AC	Females Ages 37 through 49	\$293.50		1,332	
0002AD	Males Ages 37 through 49	\$251.72		965	
0002AE	Females, Ages 50+ Years	\$652.63		1,039	
0002AF	Males, Ages 50+ Years	\$667.79		620	
CLIN 0002 Total					

CLIN	Rate Cohort	DHCF Actuarially Sound Rates	Offeror's Proposed Rate per Cohort	Estimated Total Monthly Enrollees per Rate Cohort	Total Estimated Monthly Price per Rate Cohort
3 271 Population					
0003AA	Females Ages 19 through 36 Years	\$509.80		436	
0003AB	Males, Ages 19 through 36 Years	\$509.80		377	
0003AC	Females Ages 37 through 49 Years	\$509.80		236,919	
0003AD	Males Ages 37 through 49 Years	\$509.80		234,330	
0003AE	Females Ages 50+	\$509.80		604,597	
0003AF	Males Ages 50+	\$509.80		401,986	
CLIN 0003 Total					

¹ ICP services are included under the rate cohort for DCHFP and are included in the estimates for DCHFP.

B.4 An offeror responding to this solicitation which is required to subcontract shall be required to submit with its proposal, any subcontracting plan required by law. Proposals responding to this RFP may be rejected if the offeror fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be subcontracted in accordance with section H.9.

A Subcontracting Plan form is available at <http://ocp.dc.gov>, under Quick Links click on “Required Solicitation Documents”.

SECTION C: SPECIFICATIONS/WORK STATEMENT

C.1 SCOPE:

- C.1.1 The District is seeking multiple Managed Care Organizations (Contractors) to provide healthcare services to its managed care eligible population enrolled in the District of Columbia Healthy Families Program (the DCHFP) and to individuals who are not eligible for Medicaid who receive healthcare services through the Alliance and the Immigrant Children's Program (ICP).
- C.1.2 The goal of the Medicaid Managed Care Program (MMCP) through this RFP is to promote healthy outcomes of the enrolled populations in the most cost-effective manner possible. The District's Medicaid population is diverse, including individuals with existing complex medical and social needs and those at high-risk or increasing risk for health care disparities. The low-income population may be impacted by a range of social factors, including homelessness that must be recognized within effective plans of care. The MMCP shall have a clear focus on achieving better health outcomes, health care innovation and cost effective quality healthcare. It is the intent of this RFP to significantly strengthen the managed care delivery system for eligible DC residents who receive services through the DCHFP and Alliance. Specifically, this RFP has the following purposes:
- C.1.3 To align the structure, operations and performance of managed care with the diverse range of preventive, acute and chronic health diseases and conditions of District residents eligible for the DCHFP, Alliance, and ICP;
- C.1.4 To ensure that all Enrollees receive timely and appropriate care in accordance with professionally accepted standards of care, within a health care system responsive to the full spectrum of preventive, acute and chronic health care needs;
- C.1.5 To improve and strengthen the performance of the District's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program to ensure that all children are able to benefit from the earliest possible health care interventions necessary to correct or ameliorate identified physical or Behavioral Health conditions before they affect healthy development;
- C.1.6 To improve and strengthen coordination of managed care with other educational, health and social service systems serving Enrollees such as the Individuals with Disabilities Education Act (IDEA), programs serving Enrollees with certain chronic conditions such as HIV/AIDS, family planning services and supplies, Behavioral Health and substance abuse services and programs that manage communicable and infectious diseases such as Hepatitis C;
- C.1.7 To encourage the establishment of culturally competent and linguistically appropriate information and support activities for Enrollees representative of their native language to promote Enrollee-involvement in their health care;
- C.1.8 To assure a process of CQI through the establishment and use of benchmarks that link improvements in the delivery of health care to improvements in the health status of Enrollees;
- C.1.9 To reward Provider-performance through innovative approaches to compensation through models such as value-based purchasing (VBP) or other alternative payment methodologies

(APM) that link specific financial incentives to demonstrable improved health outcomes;

C.1.10 To ensure that Enrollees, healthcare Providers, community organizations, policy makers and other stakeholders obtain timely, complete and transparent information about program performance;

C.1.11 To support the continued development and routine use and exchange of health information technology, including an accurate, complete and timely electronic data reporting system for the purpose of internal and external management and evaluation; and;

C.1.12 To promote a strong partnership between the Contractor, DHCF and community stakeholders.

C.2 Applicable Laws & Documents

C.2.1 The following applicable documents are incorporated by reference and are available electronically as described below.

Item No.	Document Type	Title	Date
1	Statute	Title XIX of the Social Security Act, the Medicaid Statute	Latest Version
2	Statute	Disclosure of Ownership and Related Information under Section 1124 of the Social Security Act (42 U.S.C. 1320a-3);	Latest Version
3	Statute	Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Care Programs under Section 1128 of the Social Security Act (42 U.S.C. § 1320a-7);	Latest Version
4	Statute	Civil Monetary Penalties under Section 1128A of the Social Security Act (42 U.S.C. § 1320a-7a);	Latest Version
5	Statute	Criminal Penalties for Acts Involving Federal Health Care Programs under Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b);	Latest Version
6	Statute	Standards for Information Transactions and Data Elements under Section 1173 of the Social Security Act (42 U.S.C. § 1320d-2);	Latest Version
7	Statute	The District of Columbia State Plan for Medical Assistance under Section 1902 of the Social Security Act (42 U.S.C. § 1396a);	Latest Version
8	Statute	Examination and Treatment for Emergency Medical Conditions and Women in Labor under Section 1867 of the Social Security Act (42 U.S.C. 1395dd);	Latest Version
9	Statute	Definitions under Section 1905 of the Social Security Act (42 U.S.C. § 1396d);	Latest Version
10	Statute	Payment for Covered Outpatient Drugs under Section 1927 of the Social Security Act (42 U.S.C. § 1396r-8	Latest Version

11	Statute	Terms and provisions of the waiver of federal law granted to the District by the Secretary of Health and Human Services under Section 1915(b) of the Social Security Act (42 U.S.C. § 1396n(b));	Latest Version
12	Statute	Section 504 of the Rehabilitation Act (29 U.S.C. § 794);	Latest Version
13	Statute	Americans with Disabilities Act (ADA) (42 U.S.C. § 12101 et seq.);	Latest Version
14	Statute	Confidentiality of Alcohol and Drug Abuse Patient Records under 42 C.F.R. Part 2	Latest Version
15	Statute	State Organization and General Administration under 42 C.F.R. Part 431	Latest Version
16	Statute	Federal Financial Participation under 42 C.F.R. Part 434 Subpart F and Implementing Federal Regulations under 42 C.F.R. § 434 et seq.;	Latest Version
17	Statute	Managed Care under 42 C.F.R. Part 438	Latest Version
18	Statute	Services: General Provisions under 42 C.F.R. Part 440 and Services: Requirements and Limits Applicable to Specific Services under 42 C.F.R. Part 441	Latest Version
19	Statute	Payment for Services under 42 C.F.R. Part 447	Latest Version
20	Statute	Provider Agreements and Supplier Approval under 42 C.F.R. Part 489	Latest Version
21	Statute	Program Integrity: Medicaid under 42 C.F.R. Part 455	Latest Version
22	Statute	45 C.F.R. Part 74, including Appendix A	Latest Version
23	Statute	District of Columbia Medical Assistance Program under D.C. Code § 1-307.02	Latest Version
24	Statute	Conditions of participation applicable to Providers of managed care services under District of Columbia Municipal Regulation, Title 29, Chapters 53, 54, and 55	Latest Version
25	Statute	Prompt Payment Act under D.C. Code § 31-3132	Latest Version
26	Statute	Insurance and Securities, D.C. Code § Title 31	Latest Version
27	Statute	Health Maintenance Organizations, D.C. Code § 31-34 et seq	Latest Version
28	Statute	Regulations to Prevent Spread of Communicable Disease under D.C. Code §§ 7-131 and 7-132 and Title 22 of the D.C. Code of Municipal Regulations	Latest Version

29	Statute	Childhood Lead Poisoning Screening and Reporting Legislative Review Emergency Act of 2002, D.C. Code § 7-871.03	Latest Version
30	Statute	Childhood Lead Poisoning Screening and Reporting Legislative Review Emergency Act of 2002, D.C. Code § 7-871.03	Latest Version
31	Statute	Law on Examinations, D.C. Code § 7-1400 et seq	Latest Version
32	Statute	Newborns and Mothers' Health Protection Act of 1996, Section 2704 of the Public Health Service Act, USC 300gg-4 and 29 USC 1185a, 63 Fed Reg 57545	Latest Version
33	Statute	22 DCMR § 33 (published at 48 D.C. Reg. 9140	Latest Version
34	Statute	District of Columbia Mental Health Information Act, D.C. Code §§ 7-1201.01 – 7- 1208.07	Latest Version
35	Statute	District of Columbia Health Occupations Regulatory Act, D.C. Code § 3-1200 et seq	Latest Version
36	Statute	District of Columbia Language Access Act of 2004, D.C. Code § 2-1931 et seq	Latest Version
37	Statute	Drug Abuse, Alcohol Abuse, and Mental Illness Insurance Coverage, D.C. Code § 31-31 et seq.;	Latest Version
38	Statute	Guidance to Financial Assistance Beneficiaries Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons published by the Office for Civil Rights, United States Department of Health and Human Services, available at: http://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-VI/index.html	Latest Version
39	Statute	Mental Health Parity and Addiction Equity Act of 2008	Latest Version

C.2.2 All laws listed above shall specifically include and incorporate any implementing regulations promulgated in accordance with the laws.

C.3 Definitions

C.3.1 ACIP

Advisory Committee on Immunization Practices. A federal advisory committee convened by the Center for Disease Control, Public Health Service, Health and Human Services to make recommendations on the appropriate use and scheduling of vaccines and immunizations for the general public.

C.3.2 Actuary

An individual who meets the qualification standards established by the American Academy of Actuaries for an actuary and follows the practice standards established by the Actuarial

Standards Board. In this part, Actuary refers to an individual who is acting on behalf of the State when used in reference to the development and certification of capitation rates.

C.3.3 Actuarially Sound Capitation Rates

Rates that have been developed in accordance with generally accepted actuarial principles and practices; are appropriate for the populations to be covered and the services to be furnished under the Contract; and have been certified as meeting the requirements of regulation by actuaries who meet the qualification standards established by the American Academy of Actuaries and follow the practice standards established by the Actuarial Standards Board.

C.3.4 Adverse Benefit Determination:

In the case of a Contractor, any of its Providers is defined as follows in accordance with 42 C.F.R. §438.400:

C.3.4.1 The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirement for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;

C.3.4.2 The reduction, suspension, or termination of a previously authorized service;

C.3.4.3 The denial, in whole or in part, of payment for a service;

C.3.4.4 The failure to provide services in a timely manner as defined by the District; or

C.3.4.5 The failure of Contractor to act within the timeframes for resolution and notification of Grievance and Appeals § of this contract.

C.3.5 Adjudicated Claim

A claim that has been processed to payment or denial.

C.3.6 Administrative Cost

All operating costs of Contractor, including Care Coordination, but excluding medical costs.

C.3.7 Adults with Special Health Care Needs

Adults who have an illness, condition or disability that results in limitation of function, activities or social roles in comparison with accepted adult age- related milestones in general areas of physical, cognitive, emotional and/or social growth and/or development, or people who have seen a specialist more than three (3) times in the last year. This definition includes, but is not limited to, individuals who self-identify as having a disability or who meet DHCF's standard of limited English proficiency.

C.3.8 Advance Directives:

As defined in 42 C.F.R. § 489.100, a written instruction, such as a living shall or durable power of attorney for health care, recognized under District of Columbia law (whether statutory or as recognized by the courts of the District), relating to the provision of health care when the individual is incapacitated.

C.3.9 Affiliate:

Any individual, corporation, partnership, joint venture, trust, unincorporated organization or association, or other similar organization, controlling, controlled by or under common control with Contractor or its parent(s), whether such common control be direct or indirect. Without limitation, all officers, or persons, holding five percent (5%) or more of the outstanding

ownership interests of Contractor or its parent(s), directors or subsidiaries of Contractor or parent(s) shall be presumed to be affiliates for purposes of the Contract.

C.3.10 Alliance

See “D.C. Health Care Alliance.”

C.3.11 Alliance Enrollee:

A person who has been found eligible by the Economic Security Administration to be eligible for the DC Health Care Alliance. An Alliance Enrollee is also an Enrollee (see “Enrollee”) unless otherwise specifically noted.

C.3.12 Alliance Network

All contracted or employed Providers providing Covered Services to Alliance Enrollees. The Alliance Network shall be identical as the Provider Network unless otherwise specifically noted herein. Alliance Provider Network Provider shall also be independent contractors subject to the subcontract requirements included in the Contract.

C.3.13 Appeal:

In accordance with 42 C.F.R. § 438.400, review by an MCO of an adverse benefit determination.

C.3.14 Assertive Community Treatment (ACT):

Intensive, integrated rehabilitative, crisis, treatment and mental health rehabilitative community support provided by an interdisciplinary team to children and youth with serious emotional disturbance and to adults with serious and persistent mental illness by an interdisciplinary team, as defined in 29 DCMR § 3499. ACT is provided with dedicated staff time and specific staff to consumer ratios. Service coverage by the ACT team is required twenty- four (24) hours per day, seven (7) days per week. ACT is a specialty service.

C.3.15 Authorization:

See “Prior Authorization”, “Service Authorization”

C.3.16 Automatic Enrollment:

The process for assigning Enrollees to an MCO if they have not exercised their right to choose for themselves within the timeframes described in § C.5.13.4.

C.3.17 Behavioral Health Services:

Mental health and/or substance abuse services.

C.3.18 Boarder Baby:

An Infant under the age of twelve (12) months who remain in the hospital past the date of medical discharge. Boarder babies may eventually be claimed by their parents or be placed in alternative care.

C.3.19 Bonus:

A payment the Contractor makes to a physician or physician group beyond any salary, fee-for service payments, capitation, or returned withholding amount.

C.3.20 Business Day:

Any day other than a Saturday, Sunday, or holiday recognized by the federal government or the District.

C.3.21 Capitation Payment:

A payment the State makes periodically to a contractor on behalf of each beneficiary enrolled under a contract and based on the Actuarially Sound Capitation Rate for the provision of services under the State plan. The State makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment.

C.3.22 Care Coordination:

Services that ensure all Medicaid, Alliance and ICP Enrollees gain access to necessary medical, social and other health-related services (including education-related health services) as described in section C.5.23.

C.3.23 Care Plan:

A multidisciplinary Care Plan for each Enrollee in case management. It includes specific services to be delivered, the frequency of services, expected duration, community resources, all funding options, treatment goals, and assessment of the Enrollee environment. The plan is updated at least annually and when the Enrollee condition changes significantly. The plans are developed in collaboration with the attending physician and Enrollee and/or Guardian/personal representative.

C.3.24 Case Management Services:

Case Management services are comprehensive and must include all of the following:

C.3.24.1 An assessment of an eligible individual (42 C.F.R. § 440.169(d)(1));

C.3.24.2 Development of a specific Care Plan (42 C.F.R. § 440.169(d)(2));

C.3.24.3 Referral to services (42 C.F.R. § 440.169(d)(3)) including the coordination of such services; and

C.3.24.4 Monitoring (42 C.F.R. § 440.169(d)(4)). The activities of the individual and effectiveness of services rendered.

C.3.25 Certified Nurse Midwife:

A registered professional nurse who is licensed under District of Columbia Health Occupations Regulatory Act and acting within the scope of his/her practice and complies with the requirements set forth in 42 C.F.R. §440.165.

C.3.26 Child and Adolescent Supplemental Security Income Program (CASSIP):

The Medicaid managed care demonstration program to provide comprehensive primary, specialty, in-patient, mental health, and long term care to SSI or SSI-eligible children.

C.3.27 Children with Special Health Care Needs:

A child under twenty one (21) who has a chronic, physical, developmental or behavioral condition and requires health and related services of a type or amount beyond that which is required by children generally, including a child who receives Supplemental Security Income (SSI), a child whose disabilities meets the SSI definition, a child in foster care and a child with developmental delays or disabilities who needs special education and related services under the individuals with Disabilities Education Act.

C.3.28 Children's Health Insurance Program (CHIP):

A health care benefit program established by Title XXI of the Social Security Act and administered by the Centers for Medicare and Medicaid Services, which makes funds available to states that have in place federally approved programs providing health insurance coverage to uninsured children, up to age nineteen (19) who do not meet the eligibility criteria for the Medicaid program.

C.3.29 Choice Counseling:

The provision of information and services designed to assist beneficiaries in making enrollment decisions; it includes answering questions and identifying factors to consider when choosing among managed care plans and primary care Providers. Choice Counseling does not include making recommendations for or against enrollment into a specific MCO as defined in 42 C.F.R. § 438.2.

C.3.30 Claim:

In accordance with 42 C.F.R. § 447.45, a bill for services, a line item of service, or all services for one beneficiary within a bill.

C.3.31 Clean Claim:

In accordance with 42 C.F.R. § 447.45, a claim that can be processed without obtaining additional information from the Provider of the service or from a third party. It includes a claim with errors originating in the District's claims system. It does not include a claim from a Provider who is under investigation for Fraud or abuse, or a claim under review for Medical Necessity.

C.3.32 Community-Based Intervention (CBI) Services:

Time limited, intensive mental health services delivered to children and youth ages six (6) through twenty (20) and intended to prevent the utilization of an out-of-home therapeutic resource or a detention of the consumer, as defined in 29DCMR § 3499. CBI is primarily focused on the development of consumer skills to promote behavior change in the child or youth's natural environment and empower the child or youth to cope with his or her emotional disturbance.

C.3.33 Community Support Services:

Rehabilitation and environmental support considered essential to assist a consumer in achieving rehabilitation and recovery goals. Community support services focus on building and maintaining a therapeutic relationship with the consumer, as defined in 29 DCMR § 3499. Community support is a core service.

C.3.34 Interpreter:

An individual who is proficient in both English and another language who has had orientation or training in the ethics of interpreting, the ability to interpret accurately and impartially, and has the ability to interpret for medical Encounters using medical terminology in English and his/her other non-English language.

C.3.35 Concurrent Review:

A review to determine extending a previously approved, ongoing course of treatment or number of treatments. Concurrent reviews are typically associated with inpatient care, residential Behavioral Health care, intensive outpatient Behavioral Health care and ongoing ambulatory

care.

C.3.36 Customer Satisfaction Surveys:

Valid and reliable surveys that measure Enrollees' satisfaction and experiences with Medicaid services and with specific aspects of those services, in order to identify problems and opportunities for improvement.

C.3.37 Continuous Quality Improvement:

Methods to identify opportunities for ongoing improvement of organizational performance, causes of poor performance, designing, testing, and re- testing interventions, and implementing demonstrably successful interventions system-wide.

C.3.38 Contract:

The written agreement between the District and the Contractor, and comprises the contract, any addenda, appendices, attachments, or amendments thereto.

C.3.39 Contractor: A Managed Care Organization participating in the District's Medicaid Managed Care Program, Alliance and Immigrant Children's Program and including any of the MCO's employees, Providers, agents, or contractors for the provision of comprehensive health care services to Enrollees on a prepaid, capitated basis for a specified benefits package to specified Enrollees on a comprehensive risk contract basis.

C.3.40 Counseling Services:

Individual, group or family face-to-face counseling (including community-based) or psychotherapy services for symptom and behavior management, development, restoration or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills.

C.3.41 Covered Services:

The items and services, transportation, and case management services described herein that, taken together, constitute the services that Contractor must provide to Enrollees under District and federal law. The term also encompasses any additional items and services described by Contractor as being available to Enrollees as part of the Response to its RFP.

C.3.42 Credentialing:

The process of formal recognition and attestation of a Provider's current professional competence and performance through an evaluation of a Provider's qualifications and adherence to the applicable professional standard for direct patient care or peer review. Credentialing verifies, among other things, a Provider's license, experience, certification(s), education, training, malpractice and adverse clinical occurrences, clinical judgment, technical capabilities, and character by investigation and observation.

C.3.43 Critical Incident:

A retrospective review of clinical quality of care issue(s) that has caused serious harm and/or injury that is discovered and meets the definition of a sentinel event.

C.3.44 Cultural Competence:

Skills, behaviors and attitudes integrated into policies, procedures and practices to allow Contractor to respond sensitively and respectfully to people of various cultures, primary spoken

languages, races, ethnic backgrounds and religions, and sexual orientations, and to communicate with them accurately and effectively to identify and diagnose, treat and manage physical and behavioral health conditions through appropriate plans for treatment and self-care.

C.3.45 Culturally Appropriate:

The provision of care in a manner that is consistent with Cultural Competence.

C.3.46 D.C. Health Care Alliance (Alliance):

D.C. Health Care Alliance: A public program designed to provide medical assistance to needy District residents who are not eligible for federally-financed Medicaid benefits. The Alliance provides comprehensive coverage of health care services for eligible residents of the District.

C.3.47 Deliverables:

Documents, records, analyses, and reports that shall be furnished to DHCF or another District of Columbia agency (or an agent thereof) for review or approval on either a one (1) time or ongoing basis.

C.3.48 De minimus:

Not significant, as determined by objective evidence evaluated by professionals with the appropriate training, education, and skills to render judgment.

C.3.49 Denial of Services:

An adverse decision in response to an Enrollee's or Provider's request for the initiation, continuation or modification of treatment. A denial may be either wholly or partially adverse to the Provider or Enrollee. The failure to make a decision on a request for treatment within the timeframes governed by the Agreement constitutes a denial for services. A denial includes a complete or partial disapproval of treatment requests, a decision to authorize coverage for treatment that is different from the requested treatment, or a decision to alter the requested amount, duration, or scope of treatment. A denial also constitutes an approval that is conditioned upon acceptance of services in an alternative or different amount, duration, scope, or setting from that requested by the Provider or Enrollee. An approval of a requested service that includes a requirement for a concurrent review by Contractor during the authorized period does not constitute a denial. All denials are considered adverse benefit determinations for purposes of Grievances and Appeals.

C.3.50 Denied Claim:

An adjudicated claim that either does not result in a payment obligation to a Provider or which results in payment in an amount that is different from or less than the amount sought by a Provider.

C.3.51 Department of Health Care Finance (DHCF):

The Agency within the District of Columbia Government responsible for administering all Medicaid services under Title XIX (Medicaid) and Title XXI (CHIP) of the Social Security Act, for eligible beneficiaries, including the DC Medicaid Managed Care Program and oversight of its managed care Contractors, as well as the Alliance and including all agents and Contractors of DHCF. For purposes of the contract, the CA shall be authorized to act on behalf of DHCF unless other individuals are specifically otherwise noted.

C.3.52 Department of Behavioral Health (DBH):

The Department of Behavioral Health provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. DBH serves eligible adults, children and youth and their families through a network of community based Providers and unique government delivered services. It operates Saint Elizabeth's Hospital—the District's inpatient psychiatric facility.

C.3.52.1 Core Services Agency: Provider that contracts with the Department of Behavioral Health to provide mental health rehabilitation services.

C.3.53 Department of Youth Rehabilitation Services (DYRS):

The Department of Youth Rehabilitation Services (DYRS) is responsible for the supervision, custody, and care of young people charged with a delinquent act in the District in one of the following circumstances: Detained in a DYRS facility while awaiting adjudication or committed to DYRS by a DC Family Court judge following adjudication

C.3.54 Developmental Delay:

When a child does not reach their developmental milestones at the expected times. It is an ongoing major or minor delay in the process of development. This includes delays with intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities.

C.3.55 Disease Management and Disease Management Programs:

A multidisciplinary, continuum-based approach to health care delivery that proactively identifies populations with, or at risk for, established medical conditions. Disease management supports the practitioner-patient relationship and plan of care, and emphasizes prevention of complications using cost-effective, evidence-based practice guidelines and patient empowerment strategies such as self-management. The organization's disease-specific or condition-specific package of ongoing services and assistance that includes education and interventions.

C.3.56 Disenrollment:

Adverse Benefit Determination taken by DHCF, or their agents to remove an Enrollee's name from the monthly Managed Care Enrollment Roster following DHCF's receipt of a determination that the Enrollee is no longer eligible for enrollment.

C.3.57 District:

Refers to the Government of the District of Columbia.

C.3.58 District of Columbia Healthy Families Program (DCHFP):

District of Columbia Healthy Families Program is the District's combination of the Medicaid program and the Children's Health Insurance Program (CHIP).

C.3.59 District of Columbia State Plan for Medical Assistance (State Plan):

The State plan is a comprehensive written statement submitted by the DHCF describing the nature and scope of its Medicaid program and giving assurance that it will be administered in

conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuances of the U.S. Department of Health and Human Services. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program.

C.3.60 Dual Eligibles:

An individual who is eligible to receive services through both Medicare and Medicaid.

C.3.61 Durable Medical Equipment:

Medical equipment that can withstand repeated use, is primarily and customarily used to serve a purpose consistent with the amelioration of physical, mental, or developmental conditions that affect healthy development and functioning, is generally not useful in the absence of a physical, mental, or developmental health condition, and is appropriate for use in a home or community setting.

C.3.62 Early Intervention (EI) Services:

Services that are provided through Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.), as amended, and in accordance with 42 C.F.R. § 440.130(d), which are designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development, and are provided to children from birth to age three who have (i) a 25% developmental delay in one or more areas of development, (ii) atypical development, or (iii) a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

C.3.63 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services:

The health benefit for individuals under age 21, combined with informational, scheduling and transportation services required under federal law. The EPSDT benefit is defined in 42 U.S.C. §§ 1396a (a)(43), 1396d(a)(4)(B), and 1396d(r). The EPSDT benefit encompasses regularly scheduled assessments beginning at birth and continuing through age twenty (20) interperiodic (as needed) assessments when a physical, developmental, or mental condition is suspected, comprehensive vision care (including regularly scheduled and as needed eye exams and eyeglasses), hearing care (including regularly scheduled and as-needed exams and hearing aids and batteries), dental care needed to treat emergencies, restore the teeth and maintain dental health and the items and services set forth in 42 U.S.C. § 1396d(a) that are needed to ameliorate or correct any physical or mental condition identified through a periodic or inter-periodic assessment, whether or not included in the District's State Medicaid Plan.

C.3.64 Economic Security Administration (ESA):

District agency responsible for eligibility determination for benefits under the Temporary Cash Assistance for Needy Families (TANF), Medical Assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Child Care Subsidy, Burial Assistance, Interim Disability Assistance, Parent and Adolescent Support Services (PASS) and Refugee Cash Assistance programs.

C.3.65 Emergency Medical Condition:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following as defined in 42 C.F.R. § 438.114; placing the health of the individual (or, for a

pregnant woman, the health of the woman or her unborn child) in serious jeopardy; serious impairment to bodily functions; serious dysfunction of any bodily organ or part.

C.3.66 Emergency Service

Covered inpatient and outpatient services that are as follows as defined in as defined in 42 C.F.R. § 438.114; furnished by a Provider that is qualified to furnish these services under this Title; and needed to evaluate or Stabilize an Emergency Medical Condition.

C.3.67 Encounter:

A face-to-face visit or service exchanged between a health care or health-care related service Provider and an Enrollee. Encounters include all services rendered by the managed care organization; including services delivered by Providers or subcontracted vendors under capitation, in addition to those services that the MCO paid on a fee-for-service basis.

C.3.68 Encounter Data:

A record or report of any encounter provided to an Enrollee through the auspices of the MCO. This includes records or reports on all services rendered by the MCO, including services delivered by Providers or subcontracted vendors under capitation, in addition to those services that the MCO paid for on a fee-for-service basis. Records or reports of encounters should contain all of the required data elements in the HIPAA EDI transaction sets as well as data elements required under trading partner agreements between DHCF's Fiscal Agent and the MCO.

C.3.69 Enrollee:

An individual who is currently enrolled in an MCO participating in the District's DCHFP, Alliance or ICP. Enrollee also refers to the parent, legal Guardian, or personal representative of the Enrollee in cases where the Enrollee is a minor or incapacitated as determined by a court.

C.3.70 Enrollment:

The process by which an eligible Enrollee's entitlement to receive services from a Contractor are initiated.

C.3.71 Enrollment Activities:

Activities such as distributing, collecting, and processing enrollment materials and taking enrollments by phone, in person, or through electronic methods of communication as defined in 42 C.F.R. § 438.810.

C.3.72 Enrollment Broker:

A contractor with DHCF that performs Choice Counseling or Enrollment Activities, or both as defined in 42 C.F.R. § 438.810.

C.3.73 Evidence of Coverage:

A DHCF-approved certificate, agreement, contract or notification issued to an Enrollee that sets forth the responsibilities of the Enrollee and services available to the Enrollee.

C.3.74 Experimental Treatment:

Diagnostic or treatment services that, in accordance with relevant evidence, are not considered to fall within the range of professionally accepted clinical practice with respect to illness, disability, or condition that is the focus of a coverage determination.

C.3.75 External Quality Review (EQR):

The analysis and evaluation by an EQRO, of aggregated information on quality, timeliness and access to the health care services that an MCO entity (described in §438.310(c)(2)), or their contractors furnish to Medicaid beneficiaries as described in 42 C.F.R. §438.320.

C.3.76 External Quality Review Organization (EQRO):

An organization that meets the competence and independence requirements set forth in §438.354, and performs external quality review, other EQR-related activities as set forth in §438.358, or both.

C.3.77 Fair Hearing:

An administrative process run by the District of Columbia that gives applicants and Enrollees the opportunity to contest adverse benefit determinations regarding eligibility and benefits.

C.3.78 Family:

The parents, foster parents, legal Guardians or relatives who serve as an Enrollee's primary caregiver.

C.3.79 Family-Centered Care:

Best practice principles for provision of medical, therapeutic and mental health care for children with Special Health Care or developmental needs. Family-Centered Care establishes parents as the central Beneficiaries of a team of professionals that: plan and implement services needed to address a child's needs; builds upon the strengths of the family; recognizes and addresses the impact of a child with Special Health Care Needs on caregivers, siblings and other family Beneficiaries; and arranges for services to be provided in the home or other natural settings whenever possible.

C.3.80 Federal Poverty Level (FPL):

The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size.

C.3.81 Federally Qualified Health Center (FQHC):

Federally-designated and financially supported community-based primary health clinics that provide services to medically underserved areas. FQHCs are Medicaid Providers as defined by 42 C.F.R. §§ 405.2430 – 405.2470 that receive funding under a Public Health Service (PHS) Act 330 grant.

C.3.82 Fee-for-Service (FFS):

Payment to Providers on a per-service basis for health care services provided to Medicaid beneficiaries not enrolled in a Medicaid Managed Care Program.

C.3.83 Fiscal Agent:

Any corporation or other legal entity that has contracted with the DHCF to receive, process, and adjudicate claims under the Medicaid program.

C.3.84 Formulary:

In accordance with 42 U.S.C. § 1396r-8(d)(4), the list of prescription drugs covered by Contractor without the need for an exception by DHCF.

C.3.85 Fraud:

As defined in 42 C.F.R. § 455.2, an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes **Fraud** under applicable federal, State, or District law.

C.3.86 Full-time Employee:

For a calendar month, an employee employed on average at least 30 hours of service per week, or 130 hours of service per month.

C.3.87 Grievance:

An oral or written expression of dissatisfaction about any matter other than as adverse benefit determination. Grievances may include, but not limited to, the quality of care or services provided and aspects of interpersonal relationships such as rudeness of a Provider or employee or failure to respect the Enrollee's right regardless of whether remedial action is requested. Grievance includes an Enrollee's right to dispute an extension of time proposed by the MCO to make an authorization decision.

C.3.88 Grievance and Appeal System:

In accordance with 42 C.F.R. § 438.400, the processes the MCO implements to handle appeals of an adverse benefit determination and Grievances, as well as the processes to collect and track information about them.

C.3.89 Guardian:

A person with legal responsibility for providing the care and management of a person who is incapable, either due to age (below the legal age of consent) or to some other physical, mental or emotional impairment, of administering his or her own affairs.

C.3.90 Health Care Professional:

A physician or any of the following: a podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and Certified Nurse Midwife), license certified social worker, registered respiratory therapist, certified respiratory therapy therapist, and any other professional licensed or certified in accordance with the D.C. Health Occupations Regulatory Act, D.C. Code § 3–1201.01 et seq. and regulations promulgated thereunder.

C.3.91 Health Education:

Consciously constructed opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills, which are conducive to individual and community health. Health education as not limited to the dissemination of health-related information but also “fostering the motivation, skills and confidence (self-efficacy) necessary to take action to improve health”, as well as “the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviors and use of the health care system.

C.3.92 Health Check Provider:

Health care Providers identified as routinely furnishing Health Check screening services.

C.3.93 Health Check:

See “EPSDT” The well-child screen/visit required under EPSDT is commonly referred to as a Health Check visit.

C.3.94 Health Check Provider Training Module:

A web-based EPSDT Provider training developed by Georgetown University’s National Center for Education in Maternal and Child Health in collaboration with DHCF and the Contractors. The Health Check Provider Training Module is based on the Bright Futures guidelines and materials and has been tailored to the needs of the DC Provider community. The Health Check Provider Training Module satisfies the EPSDT and IDEA Provider training requirements of Health Check Providers described throughout § C.9. Successful completion of the Health Check Provider Training Module shall provide Health Check Provider Providers a maximum of five (5) hours in category one (1) credits towards the AMA Physician’s Recognition Award, paid for by the contractors. The Health Check Provider Training Module is managed and maintained by Georgetown University.

C.3.95 DC Medicaid Health Home Programs:

A service delivery model that focuses on providing individualized, person-centered recovery oriented case management and care coordination.

C.3.96 DC Medicaid Health Home Provider:

Core Services Agency that has been certified as a DC Medicaid Health Home Provider by the DC Department of Behavioral Health (DBH).

C.3.97 DC Medicaid Health Home Services:

Addresses the full spectrum of individuals’ health needs (i.e., primary care, Behavioral Health, specialty services, long-term care services and supports). There are six types of core Health Home services that DC Medicaid Health Home Providers must deliver at a minimum. These core services include:

C.3.98 Health Insurance Portability and Accountability Act of 1996 (HIPAA):

Federal legislation establishing health insurance portability and coverage protections for qualified individuals and authorizing the promulgation of federal regulations related to health information privacy, health information security, information simplification, and the transfer of electronic health information among health care payers, plans, and Providers and certain third parties. HIPAA also refers to the federal regulations promulgated in at 45 C.F.R. § 160-164.

C.3.99 Health Maintenance Organization (HMO):

A District of Columbia licensed risk-bearing entity which combines health care delivery and financing and which furnishes and arranges for Covered Services to an Enrollee for a fixed, prepaid fee.

C.3.100 Health Promotion:

The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.

C.3.101 HEDIS® (Healthcare Effectiveness Data and Information Set):

A set of performance measures developed by the National Committee for Quality Assurance (NCQA) to measure the quality of health care furnished by health plans

C.3.102 High Risk Newborn:

Any Newborn who, based on objective evidence, including the professional opinion of treating clinicians and experts, is presumed to have experienced a complicated prenatal course of development and is either experiencing or is considered at risk for elevated morbidity or mortality during infancy and early childhood (up to age three (3)). Conditions considered to create “high risk” status per se are severe prematurity (gestational age prior to thirty-two (32) weeks at the time of birth), congenital abnormalities, genetic syndromes, malignancies, acute and chronic infections, prolonged NICU stay and departure from health norms at the time of birth regardless of etiology.

C.3.103 Immigrant Child:

As defined in 29 DCR §7399, any child who is ineligible for Medicaid by virtue of the child's immigration status

C.3.104 Immigrant Children’s Program (ICP):

In accordance with 29 DCR § 57A00, a health coverage program that is offered to children under age twenty-one (21), who are not eligible for Medicaid due to citizenship or immigration status who meet the income guidelines as determined by the Economic Security Administration. The beneficiaries enrolled in the ICP are only eligible for medical services when enrolled in a Managed Care Organization.

C.3.105 Incentive Arrangement:

A compensation arrangement that is intended to improve Contractor performance by rewarding or penalizing performance as described in § E.5, and § G.6.

C.3.106 Independent Contractor:

Any person or organization to which Contractor has contracted or delegated some of its functions, services or its responsibilities for providing medical or allied care, goods or services; or its claiming or claims preparation or processing functions or responsibilities, including but not limited to Providers

C.3.107 Indian:

An individual, defined at title 25 of the U.S.C. § 1603(c), 1603(f), 1679(b) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian health care Providers (IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization–I/T/U) or through referral under Contract Health Services.

C.3.108 Indian Health Services:

A health care program, including a Contracted Health Service, operated by the IHS or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in § 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

C.3.109 Individual and Family Support:

Services that support the individual and their support team (including family and authorized representatives) in meeting their range of psychosocial needs and accessing resources, such as medical transportation and other available benefits.

C.3.110 Individuals with Disabilities Education Act (IDEA):

Federal law governing the rights of infants and toddlers to receive Early Intervention and the educational rights of school-age children and youth with education-related disabilities.

C.3.111 Individualized Education Program (IEP):

A legally binding document that describes the educational program that has been designed to meet that child's unique needs in accordance with the IDEA that is developed, reviewed, and revised in a meeting in accordance with 34 C.F.R. §300.320 through 300.324.

C.3.112 Individualized Family Service Plan (IFSP):

A legally binding document that guides the Early Intervention process for children with disabilities and their families in accordance with the IDEA.

C.3.113 Inpatient Mental Health Service:

Residence and treatment provided in a psychiatric hospital or unit licensed or operated by the District of Columbia.

C.3.114 Intensive Day Treatment:

Facility-based, structured, intensive mental health, and coordinated acute treatment program which serves as an alternative to acute inpatient treatment or as a step-down service from inpatient care. Its duration is time-limited. Intensive Day Treatment is provided in an ambulatory setting.

C.3.115 Intensive Outpatient Program Services (IOP):

A structured, intensive, mental health outpatient treatment program which serves as a step up from outpatient services or a step down service from inpatient hospital care, intensive day services, or Partial Hospitalization. Services are rendered by an interdisciplinary team to provide stabilization of psychiatric impairments to patients that typically cannot be Stabilized with outpatient therapy.

C.3.116 Interactive Voice Response System (IVR):

The information system maintained by the District of Columbia Economic Security Administration that allows Providers to verify eligibility status of Medicaid, Alliance and ICP beneficiaries. IVR instructions can be found in Attachment J.24

C.3.117 Interpreter:

An individual who is proficient in both English and another language who has had orientation or training in the ethics of interpreting, the ability to interpret accurately and impartially, and has the ability to interpret for medical Encounters using medical terminology in English and his/her other non-English language

C.3.118 Involuntary Disenrollment:

The termination of an Enrollee's participation in an MCO under conditions permitted in C.6.

C.3.119 The Joint Commission:

National organization that sets accreditation standards for hospitals and other health care organizations and conducts periodic reviews to determine conformance with standards.

C.3.120 Limited or No English Proficiency Individual:

An individual whose primary language is other than English and as a result, does not speak, read, write, or understand the English language at a level that permits effective interaction with Contractor or its Provider network.

C.3.121 Low Birth Weight:

A Newborn weighing under 2,500 grams or 5 lbs. 8 oz.

C.3.122 Managed Care Eligible:

District of Columbia residents who have been determined eligible for Medicaid in an eligibility category that requires them to participate in the DCHFP Medicaid Managed Care Program by enrolling in an MCO. Individuals eligible for the Alliance and the ICP are also Managed Care Eligible.

C.3.123 Managed Care Enrollment File:

A monthly report submitted to the Contractor identifying eligible beneficiaries enrolled with the Contractor.

C.3.124 Managed Care Organization (MCO):

A Contractor that has (or is seeking to qualify for) a Contract and is:

C.3.124.1 A Federally qualified HMO that maintains written policies and procedures that meet the advance directive requirements of 42 C.F.R. Part 489, Subpart I; or

C.3.124.2 Any public or private entity that:

C.3.124.3 Makes the services it provides to Enrollees as accessible in terms of timeliness, amount duration, and scope as those services are to other Medicaid beneficiaries in the District;

C.3.124.4 Meets the solvency standards defined in 42 C.F.R. § 438.116; C.1.3.137.2.3

Complies with the requirements of the D.C. HMO Act, D.C. Code § 31-34; and

C.3.124.5 Complies with the advance directives requirements set for in § C.10.12.

C.3.125 Management Information System (MIS):

Computerized or other system for collection, analysis and reporting of information needed to support management activities.

C.3.126 Manager:

Contractor's staff member who has decision-making authority, and is accountable, for the performance of a major function or department as described in Section C.5.8.

C.3.127 Marketing:

Any communication, from an MCO entity to a Medicaid beneficiary who is not enrolled in that entity, that can reasonably be interpreted as intended to influence the beneficiary to enroll in that particular MCO's entity's Medicaid product, or either to not enroll in or to disenroll from another MCO's, entity's Medicaid product. Marketing does not include communication

to a Medicaid beneficiary from the issuer of a qualified health plan, as defined in 45 C.F.R. §155.20, about the qualified health plan.

C.3.128 Marketing Activities:

Activities conducted by Contractor that involve Marketing or during which Marketing may occur.

C.3.129 Marketing Materials:

Materials that are produced in any medium, by or on behalf of a Contractor that a reasonable person would interpret as intended to market to potential Enrollees.

C.3.130 Material Change:

Shall include any change in the size or composition in services, coverage, procedures, Provider network or upon DHCF that could be expected to affect Enrollees' access to care.

C.3.131 Medicaid:

A program established by Title XIX of the Social Security Act that provides payment of medical expenses for eligible persons who meet income and/or other criteria.

C.3.132 Medicaid Managed Care Program (MMCP):

A program for the provision and management of specified Medicaid services through contracted Managed Care Organizations. MMCP was established pursuant to the Medicaid Managed Care Amendment Act of 1992, effective March 17, 1992 (D.C. Law 9 247, D.C. Code § 1-307.02) as amended.

C.3.133 Medicaid Management Information System (MMIS):

A federally required mechanized claims processing and information retrieval system. The objectives of this system and its enhancements include the Title XIX program control and administrative costs; service to beneficiaries, Providers and inquiries; operations of claims control and computer capabilities; and management reporting for planning and control.

C.3.134 Medicaid-Reimbursable Emergency Medical Services:

Services that meet the definition of 42 C.F.R. § 440.225 that are rendered after the sudden onset of an Emergency Medical Condition as defined in this Section.

C.3.135 Medical Loss Ratio:

The allowed medical expenses for the Covered Services provided to Enrollees under the Contract divided by the amount of net capitation payments or revenues recorded by Contractor.

C.3.136 Medical Record:

Documents, whether created or stored in paper or electronic form, which correspond to and contain information about the medical health care, or allied care, goods, or services furnished in any place of service. The records may be on paper or electronic. Medical records must be dated, signed, or otherwise attested to (as appropriate to the media) and be legible.

C.3.137 Medically Necessary:

Services for individuals that promote normal growth and development and prevent, diagnose, detect, treat, ameliorate the effects or a physical, mental, behavioral, genetic, or congenital

condition, injury, or disability and in accordance with generally accepted standards of medical practice including clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the enrollee's illness, injury, disease, or physical or mental health condition.

C.3.138 Member Month:

A time period consisting of a single Enrollee who is enrolled in an MCO for one (1) month.

C.3.139 Memorandum of Understanding (MOU):

A written and binding document between two or more District of Columbia agencies or commissions that sets forth respective duties of the Contractor and public agencies and programs of the District of Columbia.

C.3.140 Mental Health and Substance Use Disorder Services:

Services for the treatment of mental or emotional disorders and treatment of chemical dependency disorders.

C.3.141 Mileage and Travel Time Standards:

A source of treatment within five (5) miles of an enrollee Enrollee's residence or no more than thirty (30) minutes Travel Time.

C.3.142 Multi-Systemic Therapy:

An intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions, as defined in 29 DCMR § 3499.

C.3.143 National Committee on Quality Assurance (NCQA):

An independent 501(c)(3) non-profit organization in the United States that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.

C.3.144 Net Worth:

The residual interest in the assets of an entity that remains after deducting its liabilities.

C.3.145 Network:

All contracted or employed Providers in the health plan that are providing Covered Services to Enrollees.

C.3.146 Network Provider:

Any Provider, group of Providers, or entity that has a ProviderNetwork Provider Agreement with a MCO, or a subcontractor, and receives Medicaid funding directly or indirectly to order, refer or render Covered Services as a result of the state's contract with an MCO. A ProviderNetwork Provider is not a subcontractor by virtue of the ProviderNetwork Provider Agreement.

C.3.147 Never Events:

Reportable errors in medical care that are of concern to both the public and health care professionals and Providers, clearly identifiable and measurable (and thus feasible to include

in a reporting system), and of a nature such that the risk of occurrence is significantly influenced by the policies and procedures of the managed care organization and the DHCF.

C.3.148 Newborn:

A live child born to an Enrollee during her under the DCHFP, Alliance or ICP.

C.3.149 Non-Participating Provider:

A Provider that is not a member of Contractor's Provider network.

C.3.150 Notice of Adverse Benefit Determination:

In accordance with 42 C.F.R. § 438.400 *et seq.* and 29 DCMR § 9508, a Notice of Adverse Benefit Determination is a written notice of a decision by a Contractor to:

C.3.150.1 Authorize, deny, terminate, suspend, reduce or delay requested services for a specific Enrollee;

C.3.150.2 Approve or deny a Grievance; or

C.3.150.3 Approve or deny an Appeal.

C.3.150.4 The Date of the Notice of Adverse Benefit Determination shall be the date that the Notice of Adverse Benefit Determination is mailed as evidenced by the postmark on the envelope.

C.3.151 Nursing Facility:

A facility that is licensed as a nursing home pursuant to the requirements set forth in the "Health Care and Community Residence License Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501 *et seq.*) and meets the federal conditions of participation for nursing facilities in the Medicaid program as set forth in 42 C.F.R. Part 483.

C.3.152 Ombudsman:

Entity that engages in impartial and independent investigation of individual Grievances, advocates on behalf of consumers, and issues recommendations. This function may be operated by an organization independent of the Contractor, or by a designated and appropriately delineated and empowered unit in a government agency.

C.3.153 Out-of- Network Provider:

An individual or entity that does not have a written Provider Agreement with a Contractor and therefore is not identified as a member of Contractor's network.

C.3.154 Outpatient:

A patient of an organized medical facility or distinct part of that facility who is expected by the facility to receive and who does receive professional services for less than a twenty- four (24) hour period regardless of the hour of admission, whether or not a bed is used, or whether or not the patient remains in the facility past midnight.

C.3.155 Outreach:

Activities performed by Contractor or its designee to contact its Enrollees and their families, and to communicate information, monitor the effectiveness of care, encourage use of Medicaid resources and treatment compliance, and provide education.

C.3.156 Overpayment:

Any payment made to a Network Provider by a MCO to which the Network Provider is not entitled to under Title XIX of the Social Security Act or any payment to a MCO by DHCF which the MCO is not entitled to under Title XIX of the Social Security Act.

C.3.157 Patient Protection and Affordable Care Act (PPACA):

A federal statute addressing several aspects of health care reform including: health insurance coverage, health insurance exchanges, insurance subsidies for individuals and families, payment for these new proposals, Medicare and Medicaid reform, individual mandate, employer mandate and bans illegal immigrant participation from subsidy programs.

C.3.158 Partial Hospitalization Program (PHP):

A facility-based, structured, intensive and coordinated psychiatric treatment program which serves as a step up from outpatient services or as a step down service for inpatient care, rendered by an interdisciplinary team to provide stabilization of psychiatric impairments.

C.3.159 Person with Special Health Care Needs:

An Enrollee who is at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond those required by Enrollees generally.

C.3.160 Personal Care Aide (PCA):

An individual who provides services through a Provider agency to assist the patient in activities of daily living, (i.e., bathing, dressing, toileting, ambulation, or eating).

C.3.161 Physician Incentive Plan:

In accordance with 42 C.F.R. §422.208, any compensation arrangement to pay a physician or physician group that may directly or indirectly have the effect of reducing or limiting the services provided to any plan Enrollee.

C.3.162 Premature Birth:

A birth less than 37 weeks gestation

C.3.163 Post Stabilization Services:

Covered Services, related to an Emergency Medical Condition that are provided after an Enrollee is Stabilized to maintain the Stabilized condition, or, under the circumstances described in 42 C.F.R. § 438.114 to improve or resolve the Enrollee's condition.

C.3.164 Potential Enrollee:

Medicaid beneficiary who is subject to mandatory or may voluntarily elect to enroll in a given managed care program, but is not yet an Enrollee of a specific MCO.

C.3.165 Potential Payments:

The maximum payments possible to physicians or physician groups including payments for services they furnish directly, and additional payments based on use and costs of referral services, such as withholds, bonuses, capitation, or any other compensation to the physician or physician group. Bonuses and other compensation that are not based on use of referrals, such as quality of care furnished, patient satisfaction or committee participation, are not considered payments in the determination of Substantial Financial risk.

C.3.166 Primary Care:

Medical and health care items and services that are lawful under District law and that are of the type customarily furnished through a medical professional considered to be a member of a primary care specialty, such as a general family practice, family medicine, internal medicine, obstetrics and gynecology, and pediatrics.

C.3.167 Primary Care Physician (PCP):

A board-certified or board-eligible physician who has a contract with a Managed Care Organization to furnish primary care and case management services to Contractor's. A physician with a specialty in general practice, pediatrics, obstetrics/gynecology, internal medicine, family medicine or any other specialty Contractor designates in accordance with Section C.9.2.8 may serve as a PCP. A clinic may also serve as a PCP in accordance with Section C.9.2.7.1.1

C.3.168 Primary Dental Provider:

A dental professional who provides comprehensive oral health by treating dental concerns and diseases and promotes prevention and oral health literacy.

C.3.169 Prior Authorization:

The process used to determine whether to approve a treatment request involving services covered under the Contract. (See also "Service Authorization")

C.3.170 Provider:

In accordance with 42 C.F.R. § 400.203 any individual or entity that is engaged in the delivery of health care services and is legally authorized to do so by the State in which it delivers the services.

C.3.171 Provider Agreement:

Any DHCF-approved written subcontract, between the Contractor and a Provider to provide medical or professional services to Enrollees to fulfill the requirements of the Contract. Provider Agreements shall incorporate all subcontract requirements contained in the Contract.

C.3.172 Psychiatric Residential Treatment Facility (PRTF): In accordance with 42

C.F.R. §483.352, a facility other than a hospital that provides inpatient psychiatric services to individuals under age 21.

C.3.173 Referral Services:

Any specialty, inpatient, outpatient, or laboratory services that a physician or physician group orders or arranges, but does not furnish directly.

C.3.174 Remittance Advice:

A written explanation accompanying payment to a Provider indicating how the payment is to be applied.

C.3.175 Residential Treatment Facility:

Twenty-four (24) hour treatment facility primarily for children with significant behavioral problems that need long-term treatment.

C.3.176 Risk:

The potential for financial loss which is assumed by an MCO that arises when the cost of providing care, goods, or services threatens to exceed the capitation or other payment made by DHCF to the MCO under the terms of the Contract.

C.3.177 Risk Assessment:

An assessment process based on comprehensive relevant and reliable evidence, including medical records, patient interviews in appropriate settings, consultation with treating health professionals, and other means, in order to determine whether an Enrollee needs a particular set of treatments and interventions related to the risk assessment.

C.3.178 Risk-Based Capital (RBC) :

A method of measuring the minimum amount of capital appropriate for a reporting entity (MCOs and CASSIP) to support its overall business operations in consideration of its size and risk profile.

C.3.179 Risk Contract:

A contract under which Contractor assumes risk for the cost of the services covered under the Contract and incurs financial loss if the cost of furnishing the services exceeds the payments under the contract.

C.3.180 Risk Pool:

A specific fund whose proceeds shall be shared among Contractors and/or Providers using a defined formula based on certain indicators such as enrollment, utilization, outcomes, and/or financial experience during the year.

C.3.181 Risk Threshold:

The maximum risk, if the risk is based on referral services, to which a physician incentive plan without being at Substantial Financial Risk. This is set at twenty-five percent (25%) risk.

C.3.182 Salazar Consent:

See "Attachment J.14".

C.3.183 Salazar Monitor:

Court monitor appointed to report, record, evaluate, observe, and provide recommendations to the United States District Court regarding Medicaid services for children, including processing of Medicaid applications and re-certification, eligibility verification, and arranging for, providing, and reporting on EPSDT services, whether within or outside of managed care.

C.3.184 School-Based Health Center:

A health care site located on school building premises which provides, at a minimum, on-site, age-appropriate primary and preventive health services with parental consent, to children in need of primary health care.

C.3.185 Sentinel Event:

An unexpected occurrence that caused an Enrollee death or serious physical or psychological injury that included permanent loss of function. Included in this definition are any medical equipment failures that could have caused a death and all attempted suicides.

C.3.186 Service Authorization:

A determination made by Contractor to approve a Provider's or Enrollees' request for treatment involving one or more covered items or services under the Contract. (See also "Prior Authorization")

C.3.187 Service Authorization Request:

A request by a Provider or Enrollee for treatment involving one (1) or more Covered items and Services under the Contract.

C.3.188 Severe Mental Illness (SMI):

Diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) or its international Statistical Classification of Diseases and Related Health Problems, 9th Revision (ICD-9-CM) equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance abuse disorders, intellectual disabilities and other developmental disorders, or seizure disorders, unless those exceptions co-occur with another diagnosable mental illness.

C.3.189 Shall:

Indicates a mandatory requirement or a condition to be met.

C.3.190 Social Security Act (the Act):

An act to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several States to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes.

C.3.191 Supplemental Security Insurance (SSI)-Related:

A Medicaid eligibility category consisting of individuals who would qualify for SSI, but for the failure to meet one or more SSI eligibility criteria.

C.3.192 Stabilize:

In accordance with 42 C.F.R. §489.24(b)(2), to provide such medical treatment of the condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the individual from a facility or that, with respect to an "Emergency Medical Condition" as defined in this § under paragraph (2) of that definition, the woman has delivered the child and the placenta.

C.3.193 Start Date:

The first date which Enrollees are eligible for Covered Services under the Contract, and on which the Contractors are operationally responsible and financially liable for providing Medically Necessary Services to Enrollees.

C.3.194 Subcontract:

Any written agreement between Contractor and another party that requires the other party to provide services or items that Contractor is obligated to furnish under the Contract.

Subcontracts shall incorporate the requirements found in Sections H.9 and I.7.

C.3.195 Substance Abuse Treatment Services

Management and care of a patient suffering from alcohol or drug abuse, a condition which is identified as having been caused by that abuse, or both, in order to reduce or eliminate the adverse effects upon the patient.

C.3.196 Substantial Financial Risk:

Risk for referral services that exceeds the 25 percent (25%) risk threshold.

C.3.197 Supplemental Security Income (SSI):

A cash welfare assistance program authorized under Title XVI of the Social Security Act for individuals who meet conditions of eligibility related to age, disability, financial need, and other matters. SSI beneficiaries are automatically entitled to Medicaid without a separate application under the D.C. Medicaid program.

C.3.198 Termination of Contract:

Discontinuation of the Contract for any reason prior to the expiration date.

C.3.199 Third Party Liability:

An insurance issuer, health plan, or other legally liable third party who is responsible for payment for some or all of the cost of covered items and services under the Contract. The term third party liability encompasses all forms of insurance (health, life, disability, auto, accidental death, and dismemberment), employer-sponsored health benefit plans, worker's compensation, tortfeasors, and estates. Third party liability recovery procedures are governed by 42 C.F.R. Part 433, Subpart D and described in Section H.15.7.1.

C.3.200 Total Contract Value:

Monetary worth of the goods and services provided including any modifications and changes.

C.3.201 Transitional Enrollment Period:

The first sixty (60) days in which an Enrollee is newly enrolled in Contractor's plan.

C.3.202 Transportation Services (Non-Emergency):

Mode of transportation that is appropriate to an Enrollee's medical needs. Acceptable forms of transportation include, but are not limited to bus, subway, or taxi vouchers, wheel chair vans, and ambulances.

C.3.203 Travel Time:

The time required in transit to travel to a source of treatment from the Enrollee's residence.

Travel Time does not include the time that is spent waiting for the arrival of regularly scheduled public transportation vehicles (i.e., bus or metro) but does include waiting times for specially arranged modes of transportation including wheelchair vans, ambulances, and taxis.

C.3.204 Urgent Medical Care:

The diagnosis and treatment of a medical condition, including mental health and/or substance use disorder which is severe and/or painful enough to cause a prudent layperson possessing an average knowledge of medicine to believe that his or her condition requires medical evaluation or treatment within twenty-four (24) hours in order to prevent serious deterioration of the individual's condition or health. Contractors shall provide Urgent Medical Care within twenty- four (24) hours of an Enrollee's request.

C.3.205 Urgent Medical Condition:

A condition, including a mental health and substance use disorder, which is severe and/or painful enough to cause a prudent layperson possessing an average knowledge of medicine to believe that his or her condition requires medical evaluation or treatment within twenty-four (24) hours in order to prevent serious deterioration of the individual's condition or health.

C.3.206 Utilization Management:

An objective and systematic process for planning, organizing, directing and coordinating health care resources to provide Medically Necessary, timely and quality health care services in the most cost-effective manner.

C.3.207 Utilization Review Criteria:

Detailed standards, guidelines, decision algorithms, models, or informational tools that describe the clinical factors to be considered relevant to making determinations of medical necessity including, but not limited to, level of care, place of service, scope of service, and duration of service.

C.3.208 Vital Documents:

In accordance with D.C. Code § 2-1931 et seq., notices, Grievance/Appeal forms, enrollment and outreach materials that inform individuals about their rights and eligibility requirements for benefits and participation under the District's services, programs, and activities.

C.3.209 Void:

MCO transmitted nullification of a previously submitted encounter with the intent to correct and resubmit the encounter electronically.

C.3.210 Waiver:

A process by which a state may obtain an approval from CMS for an exception to a federal Medicaid requirement(s).

C.3.211 Withhold Arrangement:

Any payment mechanism under which a portion of a capitation rate is withheld from an MCO and a portion of or all of the withheld amount will be paid to the MCO for meeting targets specified in the contract. The targets for a withhold arrangement are distinct from general operational requirements under the contract. Arrangements that withhold a portion of a capitation rate for noncompliance with general operational requirements are a penalty and not a withhold arrangement.

C.3.212 Acronyms

ACEDS: Automated Client Eligibility Determination System

ACIP:	Advisory Committee on Immunization Practices
ACOG:	American College of Obstetricians and Gynecologists
ACT:	Assertive Community Treatment
ADA:	Americans with Disabilities Act
ALOS:	Average Length of Stay
AMBHA:	American Managed Behavioral Healthcare Association
APM:	Alternative Payment Methodology
ASARS:	Adult Substance Abuse Rehabilitative Services
CA:	Contract Administrator
CAHPS:	Consumer Assessment of Health Plans Studies
CAP:	Corrective Action Plan
CARF:	Commission on Accreditation of Rehabilitation Facilities
CASSIP:	Child and Adolescent SSI or SSI-Related Plans
CBI:	Community Based Intervention
CFO:	Chief Financial Officer
C.F.R.:	Code of Federal Regulations
CFSA:	Child and Family Services Agency
CHIP:	Children's Health Insurance Program
CIO:	Chief Information Officer
CLIA:	Clinical Laboratory Improvement Amendment
CME:	Continuing Medical Education
CMO:	Chief Medical Officer
CMS:	Centers for Medicare and Medicaid Services
CO:	Contracting Officer

CQI:	Continuous Quality Improvement
CQIC:	Continuous Quality Improvement Committee
CQIP:	Continuous Quality Improvement Plan
CRNP:	Certified Registered Nurse Practitioner
DBE:	Disadvantaged Business Enterprise
DBH	Department of Behavioral Health
DC:	District of Columbia
DCHFP:	District of Columbia Healthy Families Program
DCMR:	District of Columbia Municipal Regulations
DCPS:	District of Columbia Public Schools
DHCF:	Department of Health Care Finance
DHS:	District of Columbia Department of Human Services
DISB:	Department of Insurance Securities and Banking
DMC:	Division of Managed Care
DME:	Durable Medical Equipment
DOES:	Department of Employment Services
DOH:	Department of Health
DRG:	Diagnostic Related Group
DSLBD:	Department of Small Local Business Development
DSM:	Diagnostic and Statistical Manual of Mental Disorders
DUR:	Drug Utilization Review
DYRS:	Department of Youth Rehabilitative Services
EI	Early Intervention
EOB:	Explanation of Benefits
EPSDT:	Early and Periodic Screening, Diagnosis, and Treatment

EQR:	External Quality Review
EQRO:	External Quality Review Organization
ER:	Emergency Room
ESA:	Economic Security Administration
FFS:	Fee-for-Service
FPL:	Federal Poverty Level
FQHC:	Federally Qualified Health Center
FTE:	Full Time Employees
FY:	Fiscal Year
GAAP:	General Accepted Accounting Principles
HCAC:	Health Care Acquired Condition
HEDIS:	Healthcare Effectiveness Data and Information Set
HH	Health Home
HIPAA:	Health Insurance Portability and Accountability Act
HIT:	Health Information Technology
HIV/AIDS:	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HMO:	Health Maintenance Organization
HPV:	Human Papillomavirus
ICFs/IID:	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IDEA:	Individuals with Disabilities Education Act
IDIQ:	Indefinite Delivery Indefinite Quantity
IEP:	Individualized Education Plan
IFSP:	Individualized Family Services Plan
IOM:	Institute of Medicine

IOP:	Intensive Outpatient Program
I/T/U	Indian Health, Tribal and Urban Indian Health
IVR:	Interactive Voice Response System
JCAHO:	Joint Commission on Accreditation of Healthcare Organizations
LBE:	Local Business Enterprise
LBOC:	Local Business Opportunity Commission
LEP:	Limited or No English Proficiency
MCAC:	Medical Care Advisory Committee
MCO:	Managed Care Organization
MD:	Medical Doctor
MH:	Mental Health
MHRS:	Mental Health Rehabilitation Services
MIS:	Management Information System
MLR:	Medical Loss Ratio
MMCP:	Medicaid Managed Care Program
MMIS:	Medicaid Management Information System
MOU:	Memorandum of Understanding
MST:	Multi-systemic Therapy
NAIC:	National Association of Insurance Commissioners
NCBD:	National CAHPS Benchmarking Database
NCQA:	National Committee for Quality Assurance
NDC:	National Drug Code
NF:	Nursing Facility
NICU:	Neonatal Intensive Care Unit
OB/GYN:	Obstetrics/ Gynecology

OHR:	District of Columbia Office of Human Rights
OIG:	Office of Inspector General
OMB:	Office of Management and Budget
OTMP:	Outreach and Transition Monitoring Plan
PA:	Prior Authorization
PBM:	Pharmacy Benefits Manager
PCP:	Primary Care Physician
PHI:	Protected Health Information
PHP:	Partial Hospitalization Program
PIP:	Physician Incentive Plan
PL:	Public Law
PMPM:	Per Member per Month
QFPP:	Qualified Family Planning Provider
QI:	Quality Improvement
QISMC:	Quality Improvement System for Managed Care
RBC:	Risk-Based Capital
RFP:	Request for Proposal
RN:	Registered Nurse
SSI:	Supplemental Security Income
SSA	Social Security Act
SUDS	Substance Use Disorder Services
TDL:	Technical Direction Letter
TPL:	Third Party Liability
TTD:	Telecommunications Device for the Deaf
TTY:	Teletype

USC:	United States Code
UPL:	Upper Payment Limit
VBAC:	Vaginal Birth After Cesarean
VFC:	Vaccines for Children
WIC:	Women, Infants and Children
YSATS:	Youth Substance Abuse Treatment Services

C.4 BACKGROUND

- C.4.1 The District of Columbia, Department of Health Care Finance (DHCF), is the single state agency with the responsibility for implementation and administration of the District of Columbia's Medicaid (Title XIX of the Social Security Act) and the Children's Health Insurance (CHIP - Title XXI of the Social Security Act) Programs.
- C.4.2 DCHFP provides comprehensive coverage of health care services to Medicaid-eligible, low-income residents of the District.
- C.4.3 The Alliance provides comprehensive coverage of health care services for low-income adult residents of the District who are not eligible for Medicaid. The Alliance emphasizes access to primary care and management of chronic diseases.
- C.4.4 The ICP provides comprehensive coverage for low-income children who are residents of the District who are not eligible for Medicaid. The ICP provides immigrant children with health care coverage that is comparable to Medicaid coverage for children who are not immigrants.
- C.4.5 The Alliance serves residents of the District whose income is at or below two-hundred percent (200%) of the federal poverty level (FPL) and who are ineligible for Medicaid.
- C.4.6 The ICP serves residents of the District, under age 21, whose income is at or below three hundred percent (300%) of the FPL and who are ineligible for Medicaid.
- C.4.7 Contractor shall comply with all federal and District laws, court orders, regulations, policies and subsequent amendments in the operation of its program, including, but not limited to those barring discrimination in enrollment, access to health services, provision of health care and coverage.
- C.4.8 The District of Columbia (DC) Medicaid Managed Care Program (MMCP) is the largest single expenditure in the agency's budget consisting of the Medicaid Program, the Alliance, and the ICP. As of July, 2016, more than 167,000 Medicaid beneficiaries and over 12,000 Alliance Beneficiaries were assigned to multiple Managed Care Organizations (Contractors), offering comprehensive benefits and operating under full risk-based contracts with the District.
- C.4.9 Managed Care beneficiaries are primarily children under the age of 21 and working-age adults. In fiscal year 2015 (October 1, 2014 through September 30, 2015), managed care expenditures

accounted for approximately 25% of total Medicaid expenditures. The DHCF may, at its discretion and in accordance with federal law, add other expansion groups to the eligible population.

C.4.10 A separate contract covers approximately 5,600 children and adolescents, twenty-six (26) years and younger, who receive Medicaid based on their receipt of Supplemental Security Income (SSI, Title XVI of the Social Security Act) (i.e., the “CASSIP” contract).

C.5 Requirements

C.5.1 Contractor shall comply with the State Plan including amendments, any Waivers (as described in §§ 1115 and 1915 of the Social Security Act) approved by CMS. The Contractor shall also:

C.5.1.1 Perform in accordance with all state and federal regulatory standards applicable to Medicaid MCOs, including, but not limited to, 42 C.F.R. § 438 et seq.

C.5.1.2 In accordance with C.F.R. 42 § 438.207, the Contractor shall have the capacity to serve the expected enrollment as defined in Section B.2.1 (210,000), in accordance with the District’s standards for access to care as described in section C.5.21.22.1 including the standards at C.F.R. §438.68 and §438.206(c)(1).

C.5.1.3 Contractor shall have a well-defined organizational structure with clearly assigned and documented responsibilities for managing the contract. At a minimum, Contractor shall:

C.5.1.3.1 Submit complete, timely and accurate patient Encounter Data from all participating network and non-participating Network Providers.

C.5.1.3.2 Submit complete data regarding utilization of prescription drugs and services.

C.5.1.3.3 Comply with all HMO and District insurance requirements, incorporated herein by reference.

C.5.1.3.4 Satisfy the specifications and criteria set forth in sections C and H, including the ability to comply with all requirements related to External Quality Review (EQR).

C.5.2 Authority to Operate

C.5.2.1 Contractor shall maintain a certificate of authority to operate a Health Maintenance Organization (HMO) in the District from the DISB and shall remain in compliance with all DISB requirements concerning equity, capitalization, reserves and insurance coverage throughout the term of the contract. Contractor shall notify the District within one (1) business day of Contractor’s notification of any actions or investigations by DISB regarding Contractor’s compliance with DISB laws, regulations or policies, including any actions to revoke or limit Contractor’s license or authority to operate.

C.5.3 Ineligible Organizations

C.5.3.1 In accordance with Social Security Act, 42 U.S.C. § 1396a, the District, will exclude any specified individual or entity from participation in the program under the State Plan for the

period specified by the Secretary of the US Department of Health and Human Services. When required by the Secretary to do so pursuant to Social Security Act, 42 U.S.C. § 1320a-7, terminate the participation of any individual or entity in such program if (subject to such exceptions as are permitted with respect to exclusion under Sections 1128(c)(3)(B) and 1128(d)(3)(B)) participation of such individual or entity is terminated under title XVIII or any other State Plan under this title,) and provide that no payment may be made under the plan with respect to any item or service furnished by such individual or entity during such period.

C.5.4 Organizational Structure

- C.5.4.1 Contractor shall establish a strategic staffing plan to include standards for implementing an effective system of health care delivery to the Enrollees. The staffing plan shall be presented to the District for review and approval during the Readiness Assessment and Review, as described in Section H.11.6. Contractor shall notify the District of any changes to the staffing plan within thirty (30) days of the decision and shall submit an alternative plan if the change results in a decrease in personnel.
- C.5.4.2 Contractor shall identify and maintain key personnel to carry out essential functions as defined below:
- C.5.4.2.1 All key personnel must be employed full time (minimum of 40 hours per week) and located in the Contractor's office, in the District, with primary responsibility for the requirements included under the Contract, unless DHCF issues a waiver for this requirement. Contractor must provide the name, title, qualifications and contact information of the designated personnel identified to serve in each key personnel position.
- C.5.4.2.2 Contractor shall not reassign these key personnel or appoint replacements, without written permission from the District. Key personnel positions that remain vacant for sixty (60) days or more are subject to the provisions found in section G.6.2.8.5.
- C.5.4.2.3 Prior to diverting any key personnel, Contractor shall notify the Contract Administrator (CA) and Contracting Officer (CO) within two (2) business days of the decision and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the delivery of Covered Services. The responsibilities of the following key personnel shall include, but not limited to:
- C.5.4.2.3.1 Chief Executive Officer (CEO) with authority over the Contractor's District operations.
- C.5.4.2.3.2 Chief Operating Officer (COO) assigned to the day-to-day management of all operations; and ensures that performance measures from the State and CMS requirements are met. The COO may also serve as the primary liaison with the District for all operational issues.
- C.5.4.2.3.3 Chief Financial Officer (CFO) to oversee all budgeting and accounting requirements and systems;
- C.5.4.2.3.3.1 Contractor must designate one (1) full-time personnel responsible for the Medicaid Management Information System (MMIS).

- C.5.4.2.3.3.2 Contractor shall identify one (1) full time personnel within the District office, who is skilled and qualified to function as the liaison for activities of the Chief Information Officer (CIO), between the District and Contractor's corporate office, as applicable.
- C.5.4.2.3.3.3 Chief Medical Officer (CMO) must be a licensed, board certified physician in the District, with an unrestricted license in the District to practice medicine. The CMO must have a minimum of three (3) years of training in a medical specialty and five (5) years of experience providing clinical services. The CMO must provide timely medical advice, including after-hours consultation as needed. The CMO must be board certified in his/her specialty and actively involved in all major, clinical, utilization and quality management decisions of the MCO (Contractor) and shall have experience and/or knowledge of the health needs of diverse, low-income populations. The CMO shall be responsible for the following:
- C.5.4.2.3.3.3.1 Developing, implementing and interpreting medical policies and procedures. These duties may include, but not limited to service authorizations, claims review, discharge planning, credentialing, referral management, culturally competent care and medical review of Grievances and Appeals.
- C.5.4.2.3.3.3.2 Identifying and implementing evidence-based practice guidelines throughout Contractor's Provider network;
- C.5.4.2.3.3.3.3 Overseeing the quality of clinical care for network and non-Network Providers;
- C.5.4.2.3.3.3.4 Engaging the Contractor's Provider network in Continuous Quality Improvement through the diffusion of practice standards and through an internal quality assurance program that measures the Network Provider's performance against standards of high quality, especially the performance standards embodied in the HEDIS[®] program;
- C.5.4.2.3.3.3.5 Overseeing, reviewing and resolving disputes related to the quality of care;
- C.5.4.2.3.3.3.6 Assuring a high-performing Utilization Management system that adheres to the Covered Services and other benefits specified in section C.5.20 and the requirements of section C.5.22.1.2 that utilizes evidence based standards in making coverage determinations in individual patient cases;
- C.5.4.2.3.3.3.7 Assisting with recruitment and oversight of an adequate, high quality Provider network.
- C.5.4.2.3.3.3.8 Ensuring culturally competent care and access for individuals who are limited English Proficient and/or require accommodations.
- C.5.4.2.4 Chief Psychiatric Medical Officer, who shall be a physician licensed to practice in the District, board certified or board eligible in Psychiatry and whose responsibilities parallel those of the Chief Medical Officer with respect to patients diagnosed with mental illness and substance abuse conditions.
- C.5.4.2.5 Chief Quality Officer (CQO), who shall engage and lead the Contractor, the Contractor's

Provider network, as well as delegated Providers in CQI activities as defined in sections C.3.37 and C.5.24. The CQO shall be responsible for the following:

- C.5.4.2.5.1 Accountable for the administrative success of the Quality Assessment and Performance Improvement (QAPI) program and CQI plan.
- C.5.4.2.5.2 Development, implementation and evaluation of the QAPI program and the CQI plan. Coordinate the Contractor's QAPI program and CQI plan with the activities of the District's External Quality Review Organization (EQRO) and any performance measurement and quality improvement activities or initiatives mandated by the District.
- C.5.4.2.5.3 Collaborate with the CMO on health care performance measurement and quality improvement activities.
- C.5.4.2.5.4 Provide oversight of the quality of clinical care provided by network, non-network, subcontracted and delegated Providers for services rendered to Enrollees.
- C.5.4.2.6 A Manager or a key personnel with responsibility for overseeing an Enrollee services program that operates twenty-four (24) hours per day, seven (7) days per week, that is capable of providing information, answering questions, assisting Enrollees with locating services and maintaining eligibility in a timely fashion, resolving Enrollee Grievances, assisting Enrollees to file and pursue Appeals involving the denial, termination or reduction of benefits and services and serving as the primary point of contact for the DHCF Ombudsman;
- C.5.4.2.7 A Manager or key personnel who administers a Provider services program that furnishes Network Provider support and as applicable, non-Network Provider support; serves as an entry point for both network and non-Network Providers that have disputes with the Contractor and participates in the dispute resolution process;
- C.5.4.2.8 A Manager or key personnel who oversees EPSDT services for Enrollees under age 21, along with services provided to children under the IDEA; manages all EPSDT/court - related reports; coordinates with the Division of Children's Health Services; serves on EPSDT Working Group and other child-related initiatives;
- C.5.4.2.9 A Compliance Officer who is responsible for establishing and overseeing a Compliance program to ensure that the contractor is complying with all Federal and local laws and regulations, has effective internal controls and an effective risk management program. The Compliance Officer, if qualified, may also serve as the Program Integrity Director.
- C.5.4.2.10 A Program Integrity Director who is responsible for developing an effective program to reduce and remediate Provider and beneficiary fraud, waste and abuse. The Program Integrity Director shall serve as a liaison to DHCF's Program Integrity Office.
- C.5.4.2.11 A Manager or key personnel responsible for overseeing the pharmacy program, including but not limited to managing pharmacy utilization, overseeing Enrollee education and acting as a liaison with DHCF on pharmacy issues; and
- C.5.4.2.12 Contractor shall designate one of the above personnel except for the CEO to serve as the

Liaison to DHCF on day-to-day operational issues. The State liaison shall be designated in writing and shall be authorized to represent the Contractor regarding inquiries, shall be available during normal business hours and shall hold decision-making authority with respect to urgent situations that may arise. The State liaison shall be available for follow-up inquiries initiated by DHCF.

C.5.5 Business Place and Hours of Operation

C.5.5.1 Contractor shall maintain a place of business located in the District of Columbia, which shall operate, at a minimum, from Monday through Friday, 8:00 a.m. to 5:30 p.m. Contractor shall obtain approval from DHCF regarding any changes to the place of business and hours of operation, at least one (1) month prior to the proposed change.

C.5.6 Advisory Committees

C.5.6.1 Contractor shall ensure that key personnel attend and participate in each Medical Care Advisory Committee (MCAC) convened by the District. The purpose of the MCAC is to advise the DHCF leadership on health and medical care services that may be covered by Medicaid. MCAC is comprised of beneficiaries, health care Providers, District agencies and community stakeholders related to the delivery of health care services.

C.5.7 Implementation of Contract

C.5.7.1 Contractor shall develop an Implementation Plan. The Implementation Plan should include the following:

C.5.7.2 A comprehensive plan for the provision of transitional services to Enrollees;

C.5.7.3 A clear description of staff responsibilities for implementing the Contract; and

C.5.7.4 Sufficient resources to carry out the Implementation Plan.

C.5.7.5 Contractor shall present the Implementation Plan to DHCF prior to implementation, for review and approval.

C.5.7.6 Contractor shall designate an Implementation Planning group to direct the implementation of all required functions under sections C and H and to develop and carry out the Implementation Plan (i.e., the Implementation planning group).

C.5.7.7 The list of documents that Contractor shall be required to submit to DHCF as part of Implementation is listed in section C.5.7.1.

C.5.7.8 Contractor shall be required to fully cooperate with DHCF in its Readiness Assessment and Review, which shall be conducted prior to implementation of the Contract. Additional information shall be required from Contractor as part of the Readiness Assessment and Review as described in section H.11.6.

C.5.8 Language Access and Cultural Competency

C.5.8.1 Cultural Competency

- C.5.8.1.1 Contractor shall respond with sensitivity to the needs and preferences of culturally and linguistically diverse beneficiaries. In order to ensure that all beneficiaries are treated in a culturally and linguistically appropriate manner, Contractor shall develop, maintain and ensure compliance with policies and procedures that:
- C.5.8.1.1.1 Recognize beneficiaries' beliefs;
 - C.5.8.1.1.2 Address cultural and linguistic differences in a competent manner; and
 - C.5.8.1.1.3 Foster in its staff behaviors that effectively address interpersonal communication styles that respect beneficiaries' cultural backgrounds.
- C.5.8.1.2 Contractor shall ensure that its policies and procedures incorporate any laws, regulations, and guidance about cultural competency and language access issued by the Government of the District and the U.S. Department of Health and Human Services. These requirements include but are not limited to:
- C.5.8.1.2.1 Title VI of the Civil Rights Act of 1964 and the implementing regulations; and
 - C.5.8.1.2.2 D.C. Language Access Act of 2004 (Attachment J.16) and the implementing regulations.
- C.5.8.1.3 Contractor shall distribute its policies and procedures on cultural competency to its subcontractors and ensure compliance with the policies and procedures.
- C.5.8.1.4 Contractor shall conduct cultural competency trainings annually for all Provider Relations and Enrollee services staff under this Contract. Such trainings shall address at a minimum:
- C.5.8.1.4.1 Contractor's policies and procedures on cultural competency;
 - C.5.8.1.4.2 Requirements of Title VI of the Civil Rights Act of 1964 and the implementing regulations;
 - C.5.8.1.4.3 Requirements of the D.C. Language Access Act of 2004 and the implementing regulations; and
 - C.5.8.1.4.4 Contractor's policies and procedures on language access, including how staff can access language assistive services on behalf of beneficiaries with limited English proficiency.
- C.5.8.2 Written Materials and Translation Services
- C.5.8.2.1 In accordance with the D.C. Language Access Act of 2004, the Contractor shall print and provide written materials and vital documents, including applications, notices, forms, agreements, and outreach material that Contractor publishes or distributes to inform beneficiaries about their rights or eligibility requirements for benefits, services, or participation in the District's programs, in prevalent non-English languages designated by DHCF.

- C.5.8.2.2 Contractor shall comply with any applicable guidance issued by the District Office of Human Rights, the District agency responsible for enforcing the Language Access Act of 2004.
- C.5.8.2.3 When printing and distributing written materials, Contractor shall comply with the Guidance to Federal Financial Assistances Beneficiaries Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons published by the U.S. Department of Health and Human Services, Office for Civil Rights (see attachment J.25).
- C.5.8.2.4 Contractor shall ensure that vital documents and written materials provided to beneficiaries are culturally appropriate.
- C.5.8.2.5 Contractor shall ensure that vital documents and written materials provided to beneficiaries meet alternative format standards necessary to conform with § 504 of the Rehabilitative Act of 1973 and the American with Disabilities Act.
- C.5.8.2.6 Vital documents and written materials distributed to beneficiaries shall be developed in accessible formats for persons with visual impairments and be available in printed format with no less than twelve (12) point font size.
- C.5.8.2.7 Contractor shall inform all beneficiaries that all vital documents and written material are available in alternative formats and languages and how to access those formats. All English-language documents larger than a postcard shall include language access taglines approved by the DHCF Contract Administrator.
- C.5.8.2.8 Contractor shall send written materials, including notices that inform beneficiaries about their rights or eligibility requirements for benefits, services, or participation in the District's programs, in the beneficiary's preferred language no more than 48 hours after a beneficiary initiates contact with the Contractor using the language access taglines.
- C.5.8.3 Oral Interpretation Services
- C.5.8.3.1 Contractor shall provide to beneficiaries oral interpretation services free of charge utilizing the AT&T Language Access Line (or a comparable service) or through on-site interpretation services, regardless of language spoken. The oral interpretation services shall be provided using a professional interpreter.
- C.5.8.3.2 Contractor shall inform beneficiaries that oral interpretation services are available, how the beneficiaries can access the services and that the services are available free of charge.
- C.5.8.3.3 If a beneficiary elects to use a family member or friend or refuses the Contractor's oral interpretation services, Contractor shall obtain written consent that waives the beneficiary's right to oral interpretation services.
- C.5.8.4 Reporting Requirements for Cultural Competency and Language Access

C.5.8.4.1 Contractor shall provide DHCF a quarterly report detailing the usage of language assistive services. The report shall, at a minimum, include the name, Medicaid number, date of birth, and the primary language spoken by each beneficiary accessing language assistive services.

C.5.9 Marketing, Outreach, Health Education and Promotion

- C.5.9.1 Contractor's marketing, outreach, health education and promotion activities shall conform to all applicable rules, policies and other regulations set forth by the District and federal requirements in accordance with 42 C.F.R. § 438.10 and 42 C.F.R. § 438.104. All information shall be true and fair and maintain the integrity of the DCHFP, the Alliance and DC ICP. Communication practices that deceive or mislead the public or disparage a competing Contractor are strictly prohibited.
- C.5.9.1.2 Contractor shall ensure all marketing, outreach, health education and promotion materials are available in alternative formats including in printed formats with no less than twelve (12) point font size that are accessible and appropriate for individuals who have disabilities (i.e. those with visual or hearing impairments) to conform with § 504 of the Rehabilitative Act of 1973 and the American with Disabilities Act. This includes providing documents in Braille, if necessary and/or upon request. In accordance with the Americans with Disabilities Act and the Rehabilitation Act, reasonable accommodations for communicating Marketing, outreach, health education and promotion information must be made.
- C.5.9.1.3 Contractor shall obtain approval from DHCF prior to the production and distribution of any marketing, outreach, health education and promotion materials.
- C.5.9.1.4 Contractor shall specify in writing to the District, the methods it shall use to ensure that all materials are accurate and does not mislead, confuse or defraud beneficiaries/Enrollees or the District. Statements that will be considered inaccurate, false, or misleading include, but are not limited to, any assertion or statement (whether written or oral) that the entity is endorsed by CMS, the Federal or District government, or similar entity.
- C.5.9.1.5 Contractor shall re-submit all previously approved outreach, health promotion and health education materials to DHCF annually for review and decision.
- C.5.9.1.6 In accordance with 42 C.F.R. § 438.104(b)(1)(ii), Contractor shall distribute marketing materials to the entire service area of the District. Contractor shall not distribute materials in neighboring jurisdictions.
- C.5.9.1.7 Contractor shall comply with the information requirements of 42 C.F.R. § 438.10 and have a mechanism to assist Enrollees and potential Enrollees to understand the DCHFP, Alliance and ICP, including the requirements and benefits of the Contractor. Contractor shall ensure that information is accurate and provided both orally and in writing.
- C.5.9.1.8 Materials shall not contain assertions or statements (whether written or oral) that the beneficiary must enroll with the Contractor in order to obtain benefits or in order to not lose benefits.

C.5.9.1.9 All written brochures and materials provided to the beneficiaries and Enrollees shall be written at the fifth (5th) grade reading level as determined by any one of the following indices: Flesch-Kincaid, Fry Readability, Index PROSE The Readability Analyst (software developed by Educational Activities, Inc.), Gunning Fog Index, McLaughlin SMOG Index, or any other computer generated readability indices.

C.5.9.2 Marketing Plan

C.5.9.2.1 The Contractor shall develop and implement a Marketing Plan that will detail all marketing activities and materials. The Marketing Plan must be submitted and presented to the District for review and approval at a minimum forty-five (45) business days prior to October 1, annually, as established by the District.

C.5.9.2.2 Any changes to the Marketing Plan must be submitted to DHCF for review and approval, at a minimum thirty (30) business days, prior to the intended implementation of the change.

C.5.9.3 Marketing, Outreach, Health Education and Promotion Materials

C.5.9.3.1 Contractor shall submit **all** marketing, outreach, health education and promotion, and other like materials to DHCF for review and decision, at a minimum of thirty (30) business days prior to distribution or dissemination. All written marketing materials must be developed with the goal to assist beneficiaries in making an informed choice, and shall be clear, concise, accurate and written in a culturally competent manner that the target population can easily understand. These materials include but are not limited to items in 42 C.F.R. § 438.10.

C.5.9.3.2 Contractor can submit an expedited request for review and decision of all marketing, outreach, health education and promotion, materials to be distributed at any public event within fifteen (15) business days of the event/activity. DHCF will provide a decision to the Contractor within five (5) business days of receipt.

C.5.9.3.3 Contractor shall submit a monthly report of all marketing, outreach, health education and promotion activities in a format required by DHCF. The report shall be submitted for review and decision by no later than the fifteenth (15th) of the month prior to the month of the scheduled activities.

C.5.9.4 Permissible Marketing, Outreach, Health Education and Promotion Activities

C.5.9.4.1 The following marketing activities are permissible:

C.5.9.4.1.1 General information distributed through mass media (e.g., newspapers, public service announcements, magazines and other periodicals, radio, television, the Internet and other media outlets);

C.5.9.4.2 The following Outreach activities are permissible:

C.5.9.4.2.1 Health promotion and health education activities that benefit the entire community or a subset thereof.

- C.5.9.4.2.2 Health education events and programs for Enrollees to promote improved health outcomes.
- C.5.9.4.2.3 Social networking media (e.g. Facebook, Twitter) sites are permissible to promote the events and activities of the health plans.
- C.5.9.4.2.4 Contractor is responsible for monitoring all public comments for appropriateness and sensitivity of information and/or language.
- C.5.9.4.3 The following health promotion and health education activities are permissible:
 - C.5.9.4.3.1 Telephone calls, mailings and home visits only to current Enrollees of the Contractor, for the purpose of educating about services offered by or available through the Contractor;
 - C.5.9.4.3.2. Telephone calls, mailing and home visits to current Enrollees or to Enrollees during the “90-day grace period” to encourage Enrollees or former Enrollees to complete Medicaid renewal forms and to provide assistance to Enrollees and former Enrollees in the grace period with maintaining or restoring Medicaid eligibility;
- C.5.9.4.4 Promotional gift incentives may be awarded only to Enrollees for completion of health promotion activities, (i.e., confirmed receipt of one or more preventive health services). All incentives, including gift cards must be of a nominal value not to exceed a maximum award of fifty dollars (\$50) per each eligible Enrollee in a calendar year. Gift cards may be awarded in two (2) separate increments not to exceed twenty-five (\$25) each, per eligible Enrollee in a calendar year, unless a written waiver is issued by DHCF. Contractor may not use gift cards that can be converted to cash or used to purchase alcohol or tobacco products.
- C.5.9.4.5 The Contractor shall submit a quarterly incentive report in a format designated by DHCF.
- C.5.9.4.6 Contractor shall require through written agreement that its Network Providers comply with the contract in performing any marketing activities on Contractor’s behalf. All such information shall include a statement that Enrollees can choose to enroll in any MCO (Contractor) of their choice.
- C.5.9.5 Prohibited Marketing, Outreach, Health Education and Promotion Activities**
 - C.5.9.5.1 Contractor and its Network Providers are prohibited from engaging in the following marketing, outreach, health education and promotion activities:
 - C.5.9.5.1.1 The use of written or oral information which is false or misleading in any material respect, including but not limited to the Provider’s network, availability of services, qualifications of Network Providers, hours and location of network services;
 - C.5.9.5.1.2 Marketing activities that occur within a Provider’s office or network hospital.
 - C.5.9.5.1.3 Offering gifts of more than de minimis value, cash, promotions and/or other items which are perceived or designed to induce enrollment, and;

- C.5.9.5.1.4 Compensation arrangements with marketing, health education and promotion personnel that utilize any type of payment structure in which compensation is tied to the number (or classes) of beneficiaries who enroll in the health plan.
- C.5.9.5.1.5 Direct marketing or use of health education and promotion activities as direct marketing to prospective Enrollees, either by mail, door-to-door, or telephone. If a prospective Enrollee initiates a contact with the Contractor, Contractor must adhere to the following guidelines:
 - C.5.9.5.1.5.1 Avoid making any comparisons with other Medicaid MCOs;
 - C.5.9.5.1.5.2 Avoid any discussions regarding enrollment and disenrollment but instead refer inquiries to the Enrollment Broker.
- C.5.9.5.1.6 Influence of enrollment in conjunction with the sale or offering of any private insurance.

C.5.10 Website

- C.5.10.1 Contractor shall maintain a website to facilitate the dissemination and access of information electronically to Enrollees, prospective Enrollees and Network Providers. All materials posted on the Contractor's website must meet the general requirements within Section C.5.10. Contractor's website shall, at a minimum provide or contain the following:
 - C.5.10.1.1 Contact information, hours of operation and Covered Services;
 - C.5.10.1.2 A link to the DHCF website.
 - C.5.10.1.3 Any material that includes a web address for the Contractor's website must link directly to the Contractor's homepage.
 - C.5.10.1.4 The Contractor's website must be compliant with web-based technology and information standards for people with disabilities, as specified in § 508 of the Rehabilitation Act.
 - C.5.10.1.5 Maintain compliance with the Language Access and Cultural Competency requirements in C.5.8.

C.5.11 Sponsorships

- C.5.11.1 Contractor shall submit all requests for sponsorships to DHCF for approval, at a minimum of thirty (30) business days prior to the event or activity sponsored.
- C.5.11.2 Any collateral information about the sponsored events and sponsorship level shall be submitted along with the request.
- C.5.11.3 All sponsorship requests must be submitted in a format as determined by the DHCF.
- C.5.11.4 Contractor shall notify DHCF if the Contractor's Foundation or Corporate entity funds

the sponsorship.

C.5.11.5 Contractor is limited to sponsorships located within the District.

C.5.12 Enrollment, Education and Outreach

C.5.12.1 Contractor shall provide Covered Services to the following categories of eligible Medicaid Enrollees:

C.5.12.1.1 Medicaid and CHIP;

C.5.12.1.2 Childless adults up to the age of 64, at or below 210% of the federal poverty level (FPL) as determined by DHCF's agent, the Economic Security Administration (ESA).

C.5.12.1.3 Enrollees placed in Foster Care who decides to remain in the DCHFP, at their option (or the option of their legal Guardian);

C.5.12.1.4 Adult Alliance beneficiaries, twenty-one (21) years and older, who are not a US citizen and is a resident of the District of Columbia with income at or below 200% of the FPL and enrolled in the Alliance as determined by ESA;

C.5.12.1.5 Immigrant Children under age 21 who are not US citizens; ineligible for Medicaid or CHIP with income at or below 300% of the FPL as determined by ESA;

C.5.12.1.6 Misclassification of an Enrollee:.

C.5.12.1.6.1 Contractor shall notify DHCF within two (2) business days when the Contractor becomes aware that an Enrollee's eligibility has been mis-classified and the Enrollee has been placed in the wrong program. The eligibility status shall be reviewed by DHCF. Upon confirmation of a mis-classification, DHCF will notify ESA to complete any necessary changes. DHCF will also notify the Contractor of the outcome and any enrollment changes.

C.5.13.2 Minimum Enrollment and Education Activities

C.5.13.2.1 Contractor shall have in place procedures and materials that assist new DCHFP, Alliance and ICP Enrollees in selecting a PCP; inform them of Covered Services, benefits and procedures; and inform Enrollees of their rights with the Contractor and in Medicaid. Contractor shall incorporate into its educational materials a full explanation of Grievances and Appeals, as well as information regarding how Enrollees can exercise both Grievance and Appeals rights. All written materials shall conform to the requirements of section C.5.9.3 and be submitted to DHCF for review and decision prior to distribution.

C.5.13.2.2 Contractor shall coordinate its educational activities with those of the District's Enrollment Broker in order to ensure consistency of information and Choice Counseling regarding Enrollee rights and the DCHFP, the Alliance and the ICP.

C.5.13.2.3 Contractor shall comply with the information requirements of 42 C.F.R. § 438.10 and

have a mechanism to assist Enrollees and potential Enrollees to understand the DCHFP, the Alliance and the ICP, including the requirements and benefits of the Contractor. Contractor shall ensure that information provided to Enrollees is accurate and available both orally and in writing.

C.5.13.3 Non-Discrimination and Acceptance of All Enrollees

C.5.13.3.1 Contractor shall not discriminate on the basis of health status or need for health care services in accordance with 42.C.F.R. § 438.3;

C.5.13.3.2 Contractor shall not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability. Contractor will not use any policy or practice that has the effect of discriminating on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability.

C.5.13.3.3 Contractor shall accept all Enrollees who select or are assigned to Contractor by the District or its Enrollment Broker, without regard to physical or mental condition, health status, need for health services, marital status, age, sex, sexual orientation, national origin, race, color, religion or political beliefs and shall not use any policy or practice that has the effect of such discrimination.

C.5.13.4 Enrollment Selection and Assignment

C.5.13.4.1 Medicaid Enrollment

C.5.13.4.1.1 Newly eligible Medicaid Enrollees initially shall be enrolled in Fee-for Service Medicaid and shall have sixty (60) days from the date of notice sent by the Enrollment Broker, to select a Contractor from amongst the Contractors on a voluntary basis.

C.5.13.4.1.2 If a newly eligible DCHFP Enrollee fails to select a MCO (Contractor) within thirty (30) days of enrollment, DHCF, through its Enrollment Broker, shall auto-assign such individuals and families on approximately an equal and random basis among MCOs. Due to variability in enrollment capacity, loss of eligibility, family Beneficiaries being assigned to one MCO, the need to ensure continuity of care for Enrollees who had been previously enrolled or had a pre-established relationship with a MCO Provider, DHCF cannot guarantee the outcome of an auto enrollment distribution resulting in an even net distribution among all of the Contractors. Newly eligible Enrollees that are auto-assigned or voluntarily select a Contractor shall have ninety (90) days from the date of managed care enrollment to transfer to another Contractor.

C.5.13.4.1.3 The District will notify Contractor of new Enrollees by the 26th day of that month.

C.5.13.4.2 DC Alliance and ICP Enrollment

C.5.13.4.2.1 DHCF, through its Enrollment Broker will auto-assign Alliance and ICP Enrollees on approximately an equal and random basis among MCOs. Due to variability in enrollment capacity, loss of eligibility, family Beneficiaries being assigned to one MCO, the need to ensure continuity of care for Enrollees who had been previously enrolled or had a pre-established relationship with a Provider, the outcome of an auto enrollment

distribution may not result in an even net distribution among all of the Contractors. Newly eligible Alliance and ICP Enrollees are not enrolled in Fee-for Service for 30 days. Enrollees that are auto-assigned to an MCO shall have ninety (90) days from the date of managed care enrollment to transfer to another MCO.

- C.5.13.4.2.2 Alliance and ICP Enrollees shall be notified every six (6) months of their requirement to recertify for eligibility into the Alliance. ESA shall notify the Enrollee within sixty (60) days of their bi-annual enrollment date.
- C.5.13.4.2.3 The District shall notify Contractor of new Medicaid Enrollees by the 26th day of each month.
- C.5.13.4.2.4 Contractor shall maintain the capacity to receive the entire enrollment data from the District and ESA, including but not limited to the information described in § H.9.1 (enrollment information), in an electronic format.
- C.5.13.4.2.5 New or Transitioning Contractors
- C.5.13.4.2.5.1 If an incumbent contractor of the current MCO contract is awarded a new contract through this RFP, the Contractor will retain all existing Enrollees. All Enrollees shall receive a notice alerting of all available Contractors. If the Enrollee desires to select a new Contractor on a voluntary basis, the Enrollee shall have thirty (30) days from the date of notice to make the selection. The DHCF, through its Enrollment Broker, shall reassign any Enrollee who chooses a Contractor other than the incumbent Contractor.
- C.5.13.4.2.5.2 In the case of a MCO transition, no MCO shall be auto-assigned Medicaid beneficiaries if the MCO already has 65% or more of the District's MMCP Enrollees. Subject to this restriction, a newly selected MCO will exclusively receive enrollment of the exiting MCO's Medicaid Enrollees unless the new MCO requests a lower limit on its Enrollees. If two or more new MCOs are selected, the enrollment of the exiting MCOs will be added together and equally divided amongst the newly selected MCOs unless one or more of the new MCOs request a lower level of Enrollees.

C.5.13.5 Enrollment Package

- C.5.13.5.1 Contractor shall notify each Enrollee of his/her enrollment within ten (10) business days from the date the District or its agent notifies Contractor that an individual has been enrolled. With this notification, Contractor shall provide each Enrollee with an enrollment package.
- C.5.13.5.2 The enrollment package shall include:
- C.5.13.5.2.1 the name, address and telephone number of the assigned or voluntarily selected PCP and primary dental Provider (PDP) of each Enrollee;
- C.5.13.5.2.2 An Enrollee Handbook (for the specific program, DCHFP, Alliance or ICP);
- C.5.13.5.2.3 A Provider Directory;

C.5.13.5.2.4 An Enrollment Card; and

C.5.13.5.2.5 Other materials as directed by DHCF

C.5.13.6 After Hours Care and Urgent Care

- C.5.13.6.1 Contractor shall establish and maintain a toll-free number during normal business hours to furnish prompt assistance to Enrollees. Contractor shall also operate or contract with a Nurse Advice Line service twenty-four (24) hours-per-day, seven (7) days-per-week, including holidays and weekends, with a toll-free telephone number that is staffed at all times by a qualified clinical staff person.
- C.5.13.6.1.2 Contractor shall provide timely access to services, taking into account the need to reduce inappropriate emergency department use and the need for urgent care.
- C.5.13.6.1.3 Contractor shall ensure the availability of Covered Services 24/7 when Medically Necessary.
- C.5.13.6.2 Enrollee Handbook
- C.5.13.6.2.1 DHCF will distribute to Contractor a standard Enrollee Handbook Template that Contractor shall utilize to develop the DCHFP, Alliance and ICP Enrollee handbook. Contractor shall not modify the Enrollee Handbook without DHCF's written permission but may publish additional supplemental material to the standard Enrollee Handbook that describes the unique aspects of Contractor's plan, provided DHCF approves the additions prior to distribution to Enrollees.
- C.5.13.6.2.3 The Enrollee Handbook shall be written and distributed to Enrollees in accordance with Section C.5.8.2.
- C.5.13.6.2.4 The Enrollee Handbook shall be specific to the DCHFP, the Alliance and the ICP programs and Contractor shall not use one Enrollee Handbook for all three programs. Additionally, the Enrollee Handbook shall not contain information for programs or services not included in the Contract, unless specifically noted otherwise (i.e. value-added benefits) or upon prior approval from DHCF.
- C.5.13.6.2.5 The Enrollee Handbook shall be updated any time Contractor makes a Material Change Provider. Contractor shall send the most current version of the Enrollee Handbook to all Enrollees at the time of initial enrollment and at least bi-annually if Contractor has made District-approved changes to the Handbook. DHCF reserves the right to determine at its sole discretion when each MCO must fully revise and redistribute the Enrollee Handbook. DHCF must be notified of any changes at least 30 days before the intended effective date of the change.
- C.5.13.6.3 Contractor shall provide information to Enrollees within five (5) business days of an Enrollee's request. All such information shall be prepared in advance, require DHCF's prior approval, and comply with the requirements found in Section C.5.7.
- C.5.13.6.4 In accordance with 42 C.F.R. § 438.100(a), Contractor shall have written policies

regarding general Enrollee rights discussed below as well as specific Enrollee rights regarding Fair Hearings (section C.5.26.9), selection of a PCP (section C.5.14) and obtaining family planning services (section C.5.14) Additionally, Contractor shall ensure its staff and Providers take these rights into account when furnishing services to its Enrollees.

- C.5.13.6.5 In accordance with 42 C.F.R. § 438.100(b), Contractor shall guarantee each Enrollee the following rights:
- C.5.13.6.5.1 To receive information in accordance with 42 C.F.R. § 438.10;
 - C.5.13.6.5.2 To be treated with respect and with due consideration for his or her dignity and privacy and cultural preferences;
 - C.5.13.6.5.3 To receive information on available treatment options and alternatives, presented in a manner appropriate to the Enrollee's condition and ability to understand;
 - C.5.13.6.5.4 To participate in decisions regarding his or her health care, including the right to refuse treatment;
 - C.5.13.6.5.5 To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion;
 - C.5.13.6.5.6 In accordance with 45 C.F.R. Parts 160 and 164 subparts A and E, to request and receive a copy of his/her medical records, and request that they be amended or corrected, as specified in 45 C.F.R. § 164.524 and 164.526; and
 - C.5.13.6.5.7 To be furnished health care services in accordance with 42 C.F.R. § 438.206 to 438.210.
- C.5.13.6.6 In accordance with 42 C.F.R. § 438.100(c), Contractor shall ensure each of its Enrollees is free to exercise his or her rights as described in Section C.5.13.6.5.1 above, and that exercise of those rights does not adversely affect the manner in which Contractor or its Providers treats the Enrollee.

C.5.14 Selection of Primary Care Provider and Primary Dental Provider

- C.5.14.1 Contractor shall allow each Enrollee freedom of choice in selecting a Primary Care Provider (PCP) and Primary Dental Provider (PDP) and the ability to change Providers as requested. These materials shall be provided in accordance with Section C.5.20.
- C.5.14.2 Contractor shall allow each Alliance and ICP Enrollee, who shall have been automatically assigned a PCP and PDP at the time of enrollment, the opportunity to change his or her primary Providers. Contractor shall notify Enrollees of procedures for changing Providers. These materials shall be provided in accordance with Section C.5.20.
- C.5.14.3 Contractor shall permit female Enrollees to designate as their PCP a participating physician or advanced practice registered nurse who specializes in obstetrics and

gynecology, so long as the specialist is willing to perform all responsibilities of a PCP.

- C.5.14.4 Contractor shall permit an Enrollee with a chronic, disabling or life threatening condition the opportunity to choose an appropriate participating specialist as his or her PCP, so long as the specialist is willing to perform all responsibilities of a PCP.
- C.5.14.5 If the Enrollee desires, Contractor shall allow him or her to remain with his or her existing PCP/PDP if the Provider is a member of Contractor's primary care network.
- C.5.14.6 Contractor shall ensure that all new Enrollees select or are assigned to a PCP/PDP within ten (10) days of enrollment. Contractor shall ensure all Enrollees receive information about how and where they can receive care during the time period between enrollment and PCP/PDP selection/assignment.
- C.5.14.7 If an Enrollee does not choose a PCP or PDP, Contractor shall:
- C.5.14.7.1 Assign Enrollees to a Provider in the Network who has previously provided services to the Enrollee, if the information is available, if the Provider has the capacity to accept the Enrollee and if the PCP is geographically accessible as these terms are defined in Section C.5.21;
- C.5.14.7.2 In the absence of previous service by a PCP or PDP within the Network, designate a Provider who is geographically accessible to the Enrollee;
- C.5.14.7.3 Assign all children within a single family to the same PCP and PDP;
- C.5.14.7.4 Assign a Child with a Special Health Care Need to health professionals with the training and experience to appropriately treat and manage the condition; and
- C.5.14.7.5 Ensure notification of assignments shall be postmarked within 10 days of assignment.
- C.5.14.8 Contractor shall notify DHCF within two (2) business days of any termination of a contract with a Network Provider.
- C.5.14.9 In accordance with 42 C.F.R. §438.10((f)(5), Contractor shall send written notice of termination of a Network Provider to each Enrollee who received his or her primary care or was seen on a regular basis by the terminated Provider, within fifteen (15) days after Contractor's receipt or issuance of the termination notice. Contractor shall notify DHCF of a Provider termination prior to sending notification to each Enrollee and shall comply with the requirements of Sections C.5.19.6and C.5.8.2 with respect to this notification.
- C.5.14.10 Contractor shall report the number of requests to change PCPs and PDPs the reasons for such requests to DHCF on a quarterly basis in accordance with section C.5.28.
- C.5.14.11 The Contractor shall allow any Indian and Indian who is enrolled in a non-Indian Managed Care Entity and eligible to receive services from a participating I/T/U Provider, to elect that I/T/U as his or her primary care Provider, if that I/T/U participates in the network as a primary care Provider and has capacity to provide the services.

C.5.15 Responsibility for Medicaid Coverage of Newborns and Assignment/Selection of PCP

- C.5.15.1 Contractor shall report to DHCF, ESA, and the Enrollment Broker any Enrollees who are pregnant.
- C.5.15.2 Within ten (10) business days of the birth of an infant to a woman enrolled in Contractor's Plan, Contractor shall notify DHCF's Division of Managed Care by completing all fields in the Deemed Newborn forms and log and submit to designated staff at DHCF and ESA within ten (10) business days to ensure Newborns are enrolled timely. All fields on the forms must be completed including the Newborn's full name to enroll the child into Medicaid and assign a Medicaid ID Number.
- C.5.15.2.1 The Contractor shall submit to the Enrollment Broker deemed Newborn information via the readable specified format established by the Enrollment Broker. If Contractor fails to adhere to DHCF and its designee's time processing requirements and notification and submission procedures, DHCF will not reimburse the Contractor for services rendered.
- C.5.15.3 The Newborn shall remain enrolled with Contractor from the time of birth and shall remain an Enrollee of Contractor until a separate Medicaid number is assigned and a parent subsequent to the assignment of a number makes a decision to enroll the Newborn in a different MCO. Contractor shall explain to the parent that the Newborn must remain enrolled in Contractor's plan until the date on which a parent is notified of the Newborn's DC issued Medicaid ID number.
- C.5.15.4 If the Newborn is abandoned, the Newborn shall remain in the mother's MCO. Contractor shall immediately notify DHCF if the Newborn is abandoned. Contractor shall ensure that the Newborn has a Medicaid number before the transfer for alternative medical care. If the Newborn is placed for adoption the Newborn shall remain in the birth mother's MCO until alternative medical care is determined. Contractor shall ensure the Newborn has a Medicaid number before the transfer of the Newborn for alternative medical care.
- C.5.15.4.1 If the Newborn is born a Premature Birth or Low Birth Weight for gestational age and meet Social Security Administration's (SSA) criteria for presumptive Social Security Income (SSI) benefits, the Newborn shall not be automatically enrolled in the MCO of birth. The MCO shall assist the mother in the SSI process. The Newborn shall remain eligible for FFS Medicaid for a period of ninety (90) days from date of birth, while pending SSI approval. If Newborn does not establish SSI eligibility within 90 days, the Newborn shall be enrolled in the MCO of birth, effective the first day of the following month, after the 90 days allotted time frame has expired.
- C.5.15.4.2 If the Newborn is fetal demise or stillborn at twenty (20) weeks gestational age or more, the MCO must report this information to DHCF within ten (10) business days of notification via the Add Newborn Log (see Attachment J.11) and Death Notification Form, in order to receive a kick-payment for the mother's labor and delivery.
- C.5.15.5 Contractor shall ensure that prior to discharge the mother has designated a PCP for the Newborn, the PCP is available, and the PCP has registered the Newborn as a patient and

scheduled the first appointment. If there is no selection by the mother, the PCP will be auto-assigned by the Contractor.

C.5.15.6 Contractor shall submit the following Quarterly reports in accordance with Section C.5.28:

C.5.15.6.1 Newborn Births and date of first Newborn outpatient visit report; and

C.5.15.6.2 High Risk Newborn Report, including date of discharge and date of home visit.

C.5.16 Disenrollment of Enrollees

C.5.16.1 Contractor shall not initiate disenrollment and shall only disenroll DCHFP Enrollees in accordance with this Section. Contractor shall not disenroll Alliance and ICP Enrollees.

C.5.16.3 In accordance with 42 C.F.R. § 438.56(a), the provisions of this § apply to all managed care arrangements whether enrollment is mandatory or voluntary and whether the contract is with an MCO.

C.5.16.3 Contractor shall not request disenrollment because of a change in the Enrollee's health status, or because of the Enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs Contractor's ability to furnish services to this particular Enrollee or other Enrollees).

C.5.16.4 An Enrollee or a representative for the Enrollee (other than an Alliance Enrollee) may choose to disenroll from Contractor's plan during the Enrollee's initial ninety (90) day enrollment period or during the initial ninety (90) day period beginning upon every anniversary of the Enrollee's date of enrollment.

C.5.16.5 Contractor shall have policies and procedures approved by DHCF for termination of the patient/Provider relationship. All such terminations are subject to the Grievance and Appeals process.

C.5.16.6 Disenrollment for Cause Initiated by an Enrollee

C.5.16.6.1 In accordance with 42 C.F.R. § 438.56(c)(1), an Enrollee may request disenrollment from an MCO for cause at any time. In accordance with 42 C.F.R. § 438.56(d)(2), for purposes of this provision, "cause" shall be defined as:

C.5.16.7.1 An Enrollee moves out of the Contractor's service area;

C.5.16.7.2 Contractor does not, because of moral or religious objections, cover the service(s) that Enrollee seeks;

C.5.16.7.3 Enrollee requires related services to be performed at the same time and not all of the related services are available within Contractor's network and the Enrollee's PCP or another Provider determines that to receive the services separately would subject the Enrollee to unnecessary risk; or

- C.5.16.7.4 An Enrollee believes that Contractor has discriminated against him or her based upon the Enrollee's 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.
- C.5.16.8 Other reasons, including but not limited to, poor quality of care, lack of access to Covered Services, or lack of access to Providers experienced in dealing with Enrollee's health care needs.
- C.5.16.9 Following the initial and annual 90-day disenrollment periods, Enrollees may disenroll only for cause, as determined by DHCF. Contractor shall establish a process for requesting disenrollment for cause and shall provide an explanation of the process in the Enrollee Handbook.
- C.5.16.10 If Contractor's subcontract with an Enrollee's PCP is terminated and that Enrollee is unable to select a new PCP, the Enrollee may disenroll from Contractor's network because of, but not limited to:
- C.5.16.10.1 Available PCPs no longer accept new patients;
- C.5.16.10.2 Enrollee's desire to access to location comparable to terminated PCP
or;
- C.5.16.10.3 Disruption in continuity of care.
- C.5.16.11 Contractor shall notify DHCF within five (5) business days of requests for disenrollment for cause. If the request is approved by DHCF on or before the fifteenth (15th) day of the month, then the Enrollee shall be disenrolled effective the first (1st) day of the next month. If the request is approved after the fifteenth (15th) day of the month, then the Enrollee shall be disenrolled no later than the first (1st) day of the second (2nd) month.
- C.5.16.12 Contractor shall submit to DHCF a Quarterly Disenrollment Report regarding the number of Enrollees as described in Section C.5.28.
- C.5.17 Disenrollment Without Cause Initiated by an Enrollee**
- C.5.17.1 In accordance with 42 C.F.R. § 438.56(c)(2)(i), an Enrollee may request disenrollment from a Contractor's plan without cause at the following times:
- C.5.17.1.1 During the ninety (90) days following the date of the Enrollee's initial enrollment with Contractor or the date the District sends the Enrollee notice of the enrollment, whichever is later;
- C.5.17.1.2 At least once every twelve (12) months thereafter;
- C.5.17.1.3 Upon automatic enrollment, if temporary loss of Medicaid eligibility has caused the Enrollee to miss the annual disenrollment opportunity in accordance with 42 C.F.R. § 438.56(g); and

C.5.17.1.4 When the District imposes intermediate sanctions specified in 42 C.F.R. § 438.702(a)(3).

C.5.17.2 Disenrollment Procedures

C.5.17.2.1 In accordance with 42 C.F.R. § 438.56(d)(1), Contractor shall accept an oral or written request for disenrollment from the Enrollee, or his or her representative, and transmit this information to DHCF and the Enrollment Broker.

C.5.17.2.2 Contractor shall refer all requests for disenrollment to the DHCF Division of Managed Care.

C.5.17.2.3 If a disenrollment determination is not made by DHCF Division of Managed Care within the timeframes specified in 42 C.F.R. § 438.56(e), the disenrollment is considered approved.

C.5.17.2.4 In accordance with 42 C.F.R. § 438.56(g), Contractor shall provide for automatic reenrollment of an Enrollee who is disenrolled solely because he or she loses Medicaid eligibility for a period of two (2) months or less.

C.5.17.3 Disenrollment and Subsequent Re-enrollment

C.5.17.3.1 An individual who has been enrolled in one MCO, and disenrolled within ninety (90) days to enroll in another MCO, shall have the right to disenroll from the second plan within ninety (90) days. However, if the individual re-enrolls in the first plan, he or she shall be permitted to disenroll only for Cause during the first three hundred sixty-five (365) days of re-enrollment.

C.5.17.4 Involuntary Disenrollment

C.5.17.4.1 If the Enrollee is no longer eligible for Medicaid, disenrollment shall be effective no later than the first (1st) day of the first (1st) full month following the loss of Medicaid eligibility.

C.5.17.5 Disenrollment Requests Initiated by Contractor

C.5.17.5.1 Contractor shall immediately initiate special disenrollment requests to DHCF when contractor has obtained information that the Enrollee is ineligible for services or based on suspicions of fraud or deceptive use of contractor's services being committed by the Enrollee.

C.5.17.5.2 Consistent with the Americans with Disabilities Act, Contractor may request an Enrollee's disenrollment but, prior to granting a disenrollment request, DHCF will determine if the individual is a qualified person with a disability and, if so, shall specify the reasonable accommodations that Contractor shall make.

C.5.17.5.3 Where DHCF determines that an individual is a qualified person with a disability, DHCF will grant the disenrollment request within five (5) business days from its receipt that the Enrollee is a qualified person with a disability if DHCF determines that the information presented by Contractor supports Contractor's request for disenrollment.

- C.5.17.5.4 Where DHCF determines that an individual is not a qualified person with a disability, based on information presented by the Contractor, DHCF will deny the disenrollment request within five (5) business days from receipt.
- C.5.17.5.5 The Enrollee shall be given an opportunity to appeal the ruling to the Office of Administrative Hearings.
- C.5.17.5.6 Where the disenrollment involves an allegation of fraudulent and deceptive use of Contractor services, a final decision shall be transmitted by DHCF to both Contractor and the Enrollee.
- C.5.17.5.7 Involuntary disenrollment under this Section shall be effective not later than the first (1st) day of the second (2nd) month following the approval of the involuntary disenrollment by the District.
- C.5.17.5.8 DHCF reserves the right to require additional information from Contractor to assess the appropriateness of the disenrollment.
- C.5.17.6 Disenrollment following Change in Status**
- C.5.17.6.1 Contractor may request that DHCF disenroll an individual who is a Medicaid Enrollee (excludes Alliance or ICP Enrollees) who has been admitted to a Medicaid approved Residential Treatment Center, Psychiatric Residential Treatment Facilities, Nursing Home, Nursing Facility, Skilled Nursing Facility, or other long term care facility or is incarcerated and who is expected to remain in the facility for thirty (30) consecutive days. The disenrollment shall not be effective, until the first day of the month post the thirty (30) consecutive day time frame has expired. If the Contractor places the Enrollee in a non-Medicaid approved facility, Contractor shall pay for the entire stay.
- C.5.17.6.2 Infants who remain in the hospital past the date of the mother's medical discharge shall remain in the mother's MCO, until an alternative placement can be made, if deemed Medically Necessary.
- C.5.17.6.3 Disenrollment for Enrollees in out-of-home placements shall be made on a voluntary basis.
- C.5.17.6.4 If approved by DHCF, disenrollment is effective the first day of the first full month following the date of DHCF approval.
- C.5.17.6.5 Enrollees that have a retroactive change in eligibility status, with the exception of deceased Enrollees, Incarcerated Enrollees and Alliance Enrollees that transition to Emergency Medicaid, shall not be disenrolled from the MCO retroactively. The disenrollment date shall be the last day of the current month the District's MMIS receives the Enrollees change in eligibility status. DHCF shall not retroactively recoup any capitation payments. The Contractor shall remain responsible for Enrollees Covered Services until the date of disenrollment.
- C.5.17.6.6 In the event Contractor's Contract with DHCF is terminated, Contractor shall comply with all District laws and DHCF policies and procedures regarding Enrollees'

disenrollment and with respect to transition and closeout services for the Enrollees.

- C.5.17.6.7 Contractor remains responsible for Enrollees' covered services, including but not limited to the Care Coordination services defined in Section C.5.23, until the date of each Enrollee's transfer.
- C.5.17.6.8 Contractor shall submit a Quarterly Disenrollment Report in accordance with the requirements set forth in Section C.5.28.

C.5.18 Enrollee Services

- C.5.18.1 Contractor shall maintain an Enrollee Services Department that is adequately staffed with qualified individuals, which includes at least one (1) bilingual Enrollees Service Representative (as these terms are defined in Section C.5.19) who shall assist Enrollees, Enrollees' family Beneficiaries, or caregivers (consistent with laws on confidentiality and privacy) in obtaining information and Covered Services under the DCHFP, Alliance and ICP. Contractor shall have a protocol for furnishing Enrollee information accurately and completely to Enrollees, in accordance with Section C.5.8, in a timely manner, including but not limited to Enrollees that are illiterate, require alternative formats and/or speak a different language.

C.5.19 Staffing Requirements

- C.5.19.1 To be considered adequately staffed, a Contractor's Enrollee Services Department must be of sufficient size to ensure that:
- C.5.19.1.1 Enrollee's calls are answered in accordance with the requirements throughout Section C.5.19.3
- C.5.19.1.2 Enrollees' requests for information are answered within one (1) business day;
- C.5.19.1.3 Enrollees' requests for assistance are responded to within one (1) day; and
- C.5.19.1.4 The requirements set forth in Sections C.5.19.2, C.5.19.3, C.5.19.4, and C.5.19.5 are met.
- C.5.19.1.5 To be considered qualified individuals, those individuals staffing Contractor's Enrollee Services Department shall be familiar with the requirements set forth in the Contract and be capable of providing services and assistance (or arranging for the provision of services and assistance) in accordance with Section C.5.20.

C.5.19.2 New Enrollee Orientation

- C.5.19.2.1 Contractor shall offer Culturally Appropriate new Enrollee orientation sessions for new Enrollees. These sessions shall be conducted in accordance with Section C.5.8 Language Access and Cultural Competency and shall occur within sixty (60) days of enrollment.
- C.5.19.2.2 Orientation sessions shall be conducted in either a group setting or in individual

meetings and shall, at a minimum, cover the following topics:

- C.5.19.2.2.1 Explanation of DCHFP, Alliance and ICP services, includes, specifically:
 - C.5.19.2.2.1.1 EPSDT services;
 - C.5.19.2.2.1.2 Primary and preventive health care services, including dental services; and
 - C.5.19.2.2.1.3 Specialty care services.
- C.5.19.2.2.2 The availability and scheduling of language access and transportation services;
- C.5.19.2.2.3 Promotion of Family-Centered Care and family involvement in care and treatment planning;
- C.5.19.2.2.4 Procedures for accessing care including mental health and alcohol and drug abuse services and services received outside Contractor's network;
- C.5.19.2.2.5 The types of assistance that can be provided by the DC Health Care Ombudsman and how to contact the Ombudsman's Office;
- C.5.19.2.2.6 Enrollee rights in the DCHFP, Alliance and ICP Programs and with the Office of Administrative Hearings;
- C.5.19.2.2.7 Enrollee's responsibility for reporting any third party payment source to Contractor;
- C.5.19.2.2.8 The appropriate use of and access to Emergency Services for the DCHFP, Alliance and ICP Programs;
- C.5.19.2.2.9 The roles of PCPs;
- C.5.19.2.2.10 Explanation of rights under the IDEA;
- C.5.19.2.2.11 Use of the toll-free Enrollee Services telephone line
- C.5.19.2.2.12 The process for filing Grievances and Appeals; and
- C.5.19.2.2.13 The availability of reasonable accommodations for individuals with disabilities.

C.5.19.3 Enrollee Services Telephone Line

- C.5.19.3.1 Contractor shall operate a live access toll-free Enrollee Services telephone line during normal business hours and provide a Quarterly report regarding the number of calls.
- C.5.19.3.2 Contractor shall maintain an Enrollee Services telephone line that includes, at a minimum:
 - C.5.19.3.2.1 Procedures effective in promptly identifying special language needs and routing them to

staff and/or services capable of meeting those needs;

- C.5.19.3.2.2 TTY or comparable services for people who are hearing impaired;
- C.5.19.3.2.3 A system that allows non-English speaking callers to talk to a bilingual staff person or an interpreter accessed through a language line or an equivalent service, who can translate to an English speaking staff person and report quarterly on the number of calls to the language line (or equivalent service);
- C.5.19.3.2.4 Answering calls in an average speed of 20 seconds;
- C.5.19.3.2.5 A process to connect the caller to the appropriate individual immediately. If the individual is unavailable, he/she must call back on the next business day.
- C.5.19.3.3 Contractor shall monitor its Enrollee Services telephone line to measure performance in areas such as, but not limited to, total call volume, average call length, average hold time in queue, abandonment rate and average response time to live interaction.

C.5.19.4 Enrollee Assistance

- C.5.19.4.1 Contractor shall ensure that Enrollee Services staff is also available to assist Enrollees in person when needed during regular business hours.
- C.5.19.4.2 Enrollee Services staff shall:
 - C.5.19.4.2.1 Provide information related to Covered Services, accessing care, and enrollment status;
 - C.5.19.4.2.3 Provide information on how to access mental health and alcohol and drug abuse care;
 - C.5.19.4.2.3 Assist any Enrollee to file a Grievance or Appeal if the Enrollee services staff cannot resolve the issue;
 - C.5.19.4.2.4 Schedule appointments and arrange transportation and language access accommodations for medical appointments if requested and necessary. Contractor shall not unduly restrict Enrollees' access to this service and may not establish requirements that such requests be made more than five (5) calendar days in advance for non-EPSTD appointments and two (2) days for well-child visits and other Medically Necessary Services.;
 - C.5.19.4.2.5 Assist Enrollees in selecting a PCP or PDP, or locating another Network Provider;
 - C.5.19.4.2.1 Provide information on contacting the Ombudsman for assistance with filing a Grievance or Appeal; and
 - C.5.19.4.2.6 Schedule services and arrange transportation and language access accommodations necessary for pre-approved Out-of-Network Providers.
 - C.5.19.4.3 Contractor shall ensure that Contractor's Enrollee Services staff has access to current information about all Providers in the network, including mental health Providers, and all Providers in DHCF's contracted alcohol and drug abuse network. This information

shall include but is not limited to the following information about the Provider:

- C.5.19.4.3.1 Specialty;
- C.5.19.4.3.2 Board certification status;
- C.5.19.4.3.3 Geographic location, including address and telephone number;
- C.5.19.4.3.4 Office hours;
- C.5.19.4.3.5 Open or closed panels;
- C.5.19.4.3.6 Accessibility for individuals with a disability; and
- C.5.19.4.3.7 Cultural and linguistic capabilities.

C.5.19.5 Enrollee Notification

- C.5.19.5.1 In accordance with C.F.R.42 C.F.R. § 438.10 (f) (4) the Contractor must give each Enrollee written notice of any change (that DHCF defines as a material change) at least 30 days before the intended effective date of the change.

C.5.19.6 Continuity of Care

- C.5.19.6.1 If a Provider furnishing care to Enrollees terminates their subcontract with Contractor, Contractor shall immediately notify DHCF/CA in writing and take the following steps to maintain Enrollees' Continuity of Care:
 - C.5.19.6.1.1 Provide all Enrollees written notice from both the Contractor and the Provider within fifteen (15) days after Contractor's receipt or issuance of the termination notice or thirty (30) days prior to the date of termination of the Provider's subcontract, whichever is sooner. If such Enrollees have a designated Case Manager, ensure that the Case Manager is similarly notified and instructed to provide any needed assistance to the Enrollee.
 - C.5.19.6.2 The notice shall provide Enrollees with information regarding the assistance available through Contractor in securing a new Provider, and where and how to obtain assistance. The notice shall contain:
 - C.5.19.6.2.1 The name and contact information of the Enrollees Case Manager, if one has been designated.
 - C.5.19.6.2.2 An announcement that the Provider shall no longer be a member of the Contractor's Network;
 - C.5.19.6.2.3 The date the Provider's contract is terminating;
 - C.5.19.6.2.4 Arrangements for transferring Enrollees' Private Health Information and medical records; and

- C.5.19.6.2.5 Future contact information for the Provider.
- C.5.19.6.3 Contractor shall ensure that Enrollees with Special Health Care Needs are personally contacted by Enrollee Services staff and their Case Manager by telephone and in writing and provided assistance in securing enrollment with a new Provider.
- C.5.19.6.3.1 Contractor shall submit a weekly report to DHCF/CA to ensure continuity of care for Enrollees with Special Health Care needs when securing enrollment with a new Provider.
- C.5.19.6.4 In accordance with section C.5.16.10, if an Enrollee is unwilling or unable to select a new PCP following Contractor's termination of a subcontract with a Provider, for any reason, the Enrollee may disenroll from Contractor.
- C.5.19.6.5 Contractor shall report to DHCF within five (5) business days any requests for disenrollment based upon the termination of a Provider's contract with Contractor or Enrollees inability or unwillingness to select a new PCP following a Provider's termination.
- C.5.19.6.6 In the event that a Child, Person or Adult with Special Health Care Needs is unable to secure a new Network Provider within three (3) business days, Contractor shall arrange for Covered Services from an Out-of-Network Provider at a level of service comparable to that received from a Network Provider until Contractor is able to arrange for such service from a Network Provider. Contractor shall pay for such services at a rate negotiated by Contractor and the non-Network Provider.

C.5.19.7 Provider-Enrollee Communications

- C.5.19.7.1 In accordance with 42 C.F.R. § 438.102(a), Contractor shall not prohibit or otherwise restrict a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of an Enrollee who is his or her patient, regarding the following:
 - C.5.19.7.1.1 The Enrollee's health status, medical care, or treatment options, including any alternative treatment that may be self-administered;
 - C.5.19.7.1.2 Any information the Enrollee needs in order to decide among all relevant treatment options;
 - C.5.19.7.1.3 The risks, benefits, and consequences of treatment or non-treatment; and
 - C.5.19.7.1.4 The Enrollees right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
 - C.5.19.7.1.5 Subject to the information requirements of 42 C.F.R. § 438.102(b) regarding services that Contractor would otherwise be required to provide, reimburse for, or provide coverage of a counseling or referral service, Contractor is not required to do so if Contractor objects to the service on moral or religious grounds in accordance with 42

C.F.R. § 438.102(a)(1).

- C.5.19.7.2 In accordance with 42 C.F.R. § 438.102(b), if Contractor elects not to provide, reimburse for, or provide coverage for services under section C.5.19.7.1.5, Contractor shall furnish information about the non-Covered Services as follows:
- C.5.19.7.2.1 To the District, with its application for a Medicaid contract and whenever it adopts the policy during the terms of its contract;
- C.5.19.7.2.2 To potential Enrollees, before and during enrollment; and
- C.5.19.7.2.3 To Enrollees, within ninety (90) days of adopting the policy with respect to any particular service.
- C.5.19.7.2.4 Contractor shall furnish the information at least 30 days before the effective date of the policy to DHCF.
- C.5.9.7.3 In accordance with 42 C.F.R. § 438.102(c), for each service excluded by Contractor on moral or religious grounds, DHCF shall provide information on how and where to obtain the service, as specified in 42 C.F.R. §§438.10(e)(2)(ii)(E) and (f)(6)(xii).
- C.5.19.7.4 Contractor shall inform children and adolescent Enrollees (and the parent/Guardian of the Enrollee if legally permissible) for whom residential treatment is being considered and adult Enrollees for whom residential treatment is being considered of all their options for residential or inpatient placement, and alternatives to residential or inpatient treatment and the benefits, risks and limitations of each in order that they can provide informed consent.
- C.5.19.7.5 If the Contractor violates the prohibition of C.F.R. 42 § 438.102 paragraph (a)(1), the Contractor is subject to intermediate sanctions as determined under subpart I C.F.R. 42 § 438.102(d).

C.5.20 Covered Services and Other Benefits

- C.5.20.1 For Medicaid Enrollees, the Contractor is required to cover and pay for Diagnostic, Screening, and Preventive clinical services that are assigned a grade of A or B (strongly recommended or recommended, respectively) by the United States Preventive Services Task Force; approved vaccines recommended by the Advisory Committee on Immunization Practices; preventive care and screening of infants, children and adults recommend by the Health Resources and Services Administration's Bright Futures program; and additional preventive services for women recommended by the Institute of Medicine. Preventive services shall be recommended by a physician or other licensed practitioner of the healing arts acting within the authorized scope of practice under the Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 et seq.), or comparable law in the state where the Provider is licensed.
- C.5.20.1.2 Contractor shall furnish services in an amount, duration and scope that is no less than the amount, duration and scope for the same services furnished to beneficiaries through a

FFS arrangement, in accordance with 42 C.F.R. § 438.210(a)(2), as a requirement of the DC Medicaid State Plan for Medical Assistance.

C.5.20.1.3 The Contractor shall furnish all, but not limited to the services listed in the Medicaid Enrollee Covered Services Table (Table A) below to the extent the services meet the District’s medical necessity requirements as defined in C.5.22.5.

C.5.20.2 Amount, Duration and Scope of Services

C.5.20.2.1 The amount, duration, and scope of each service that Contractor shall furnish to Medicaid Enrollees must meet the following requirements:

C.5.20.2.2 In accordance with 42 C.F.R. § 438.210(a)(3)(i), a service described in section C.5.20.8 must be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the service is furnished.

C.5.20.2.3 In accordance with 42 C.F.R. § 438.210(a)(3)(ii), Contractor shall not arbitrarily deny or reduce the amount, duration, or scope of a Medicaid service solely because of a diagnosis, type of illness, or condition of the Enrollee.

C.5.20.2.4 Contractor shall not limit the amount, duration, or scope of a service identified in section C.5.20.8 except as expressly permitted in these sections or as permitted, in writing, by DHCF.

C.5.20.2.5 Contractor shall not apply any amount, duration, or scope limit to a diagnostic or treatment service for a Medicaid Enrollee under age 21, the need for which is disclosed by an EPSDT screening service described in section C.5.20.3.11.

C.5.20.2.6 The Contractor shall provide all Medicaid Covered Services defined in the DC Medicaid State Plan for Medical Assistance which include, but not limited to services listed in Table A below.

Table A: Medicaid Covered Services	
Service	Benefit Limit
Emergency Services	As described in section 1932(b)(2)(B) of the Social Security Act, 42 U.S.C. § 1396u-2(b)(2)(B), including (on a twenty-four (24) hour-per day, seven (7) day-per-week basis) triage to determine the existence of an Emergency Medical Condition, regardless of whether the triage is furnished on an inpatient or outpatient basis and regardless of whether the Provider furnishing triage and/or stabilization services is a member of Contractor’s network.

Table A: Medicaid Covered Services	
Service	Benefit Limit
Post-Stabilization Services	As described in 42 C.F.R. § 438.114(e) and 42 C.F.R. § 422.113(c)(2)(i) et seq., Contractor is required to cover post-stabilization services whether in or outside the network when pre-approved or if not pre-approved, when provided to maintain the Enrollees Stabilized condition within 1-hour of a request for pre-approval of services, or if Contractor does not or cannot timely respond to request for pre-approval.
Physicians' services	As described in 42 C.F.R. § 440.50(a)
Laboratory and X-ray Services	As described in 42 C.F.R. § 440.30
Inpatient hospital services	As described in 42 C.F.R. § 440.10; does not include services in an institution for mental disease
Outpatient hospital services	As described in 42 C.F.R. § 440.20(a)
Adult wellness services	When furnished in accordance with the scheduling and content recommendations of the United States Preventive Services Task Force, available at: http://www.ahrq.gov/clinic/pocketgd/gcps1.htm ,
Women's Wellness Services	Consisting of an annual routine pelvic exam that includes screening and immunization for the Human Papilloma Virus (HPV) in accordance with recommendations of the Advisory Committee on Immunization Practices, as well as screening, and clinical preventive medicine for sexually transmitted diseases. ;
Screenings	Covered screening services include breast cancer, osteoporosis, prostate cancer, diabetes, obesity, high blood pressure and depression, and other screenings consistent with the US Preventive Services Task Force A and B Recommendations. https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/
Tobacco cessation counseling	No limits for tobacco cessation counseling.
Immunizations	As recommended by the Advisory Committee on Immunization Practices
Federally Qualified Health Center (FQHC) services	As defined in § 1905(l)(2) of the Social Security Act, 42 U.S.C. § 1396d(1)(2), and any other ambulatory services offered by a FQHC which are otherwise included in the state medical assistance plan for the District, as described in § 1902(a)(2)(C) of the Social Security Act, 42 U.S.C. § 1396d(a)(2)(C).
Early Periodic Screening Diagnosis and Treatment (EPSDT)	Covered for Medicaid eligible Children under age 21 as described in section C.5.20.5.

Table A: Medicaid Covered Services	
Service	Benefit Limit
Mental Health and Inpatient Substance Use Disorder Treatment	Covered as described in section C.5.20.8.2.
Dental Services	Covered as described in section C.5.20.9
Alcohol misuse screening and behavioral counseling	Covered as described in section C.5.20.8.2.
Prescription drugs	As described in 42 U.S.C. §§ 1396r-8(k)(2) and 1396d(a)(12), except as described in section C.8.
Family planning services and supplies	Covered for individuals of child-bearing age as described in § 1905(a)(4)(C) of the Social Security Act, 42 U.S.C. § 1396d(a)(4)(C).
Pregnancy-related services	As described in 42 C.F.R. §§ 440.210(a)(2) and 440.210(a)(3).
Nurse Midwife services	As described in 42 C.F.R. § 440.165.
Nurse practitioner services	As described in 42 C.F.R. § 440.166 when furnished by pediatric nurse practitioners and family nurse practitioners.
Routine screening for sexually transmitted diseases,	Covered for individuals of child-bearing age as described in § 1905(a)(4)(C) of the Social Security Act, 42 U.S.C. § 1396d(a)(4)(C).
HIV/AIDS screening, testing, and counseling	
Podiatrist services	When furnished by licensed podiatrists within the scope of practice under District of Columbia law.
Physical therapy services	As described in 42 C.F.R. § 440.110(a).
Occupational therapy services	As described in 42 C.F.R. § 440.110(b).
Hearing services	Including diagnosis and treatment of conditions related to hearing, hearing aids and hearing aid.
Speech therapy	As described in 42 C.F.R. § 440.110(c)
Durable Medical Equipment	As described in 42 C.F.R. § 440.70 (3)
Diet and behavioral counseling	As Medically Necessary
Prosthetic devices	As described in 42 C.F.R. § 440.120(c), which either are listed in DHCF's Procedures, Codes and Price List or are Medically Necessary.
Eyeglasses	As described in 42 C.F.R. § 440.120(d), limited to one (1) complete pair in a twenty-four (24) month period except when an Enrollee has lost his or her eyeglasses or when the Enrollee's prescription has changed more than one-half (0.5) diopter.

Table A: Medicaid Covered Services	
Service	Benefit Limit
Tuberculosis-related services	As described in § 1902(z)(2) of the Social Security Act, 42 U.S.C. § 1396a(z)(2) for Enrollees determined to be infected with tuberculosis and whose condition is identified either by a member of Contractor's Provider network, or any other health care Provider examining the Enrollee. Such services consist of prescription drugs, physician services and hospital outpatient services, laboratory and x ray services necessary to confirm the existence of infection, clinic services and FQHC services, case management services, and services (other than room and board) designed by the treating health professional or entity to encourage completion of treatment regimens by outpatients, including services to observe directly the intake of prescribed drugs.
Home health services	As described in 42 C.F.R. § 440.70.
Private duty nursing services	As described in 42 C.F.R. § 440.80.
Personal Care Services	As described in 42 C.F.R. § 440.167.
Nursing facility services	For individuals age twenty-one (21) or older (other than services in an institution for mental diseases) described in 42 C.F.R. § 440.40(a) and in 42 C.F.R. § 440.155, up to thirty (30) consecutive days.
Hospice care	As described in § 1905(o) of the Social Security Act, 42 U.S.C. § 1396d(o).
Transportation services	As described in 42 C.F.R. § 440.170(a), including transportation related to the provision of triage and stabilization services for Emergency Medical Conditions.
Gender Reassignment Surgery/Services	As described in the DHCF Gender Reassignment Surgery Policy

C.5.20.3 Children's Health Services

C.5.20.3.1 This section identifies classes of Covered Services (other than mental health and substance use services) that Contractor is required to both cover and furnish to Medicaid Enrollees under age 21. This section sets forth all classes of Covered Services for individuals through age twenty (20) and incorporates by reference the service definitions that are set forth in the federal regulations.

C.5.20.3.1.1 All service classes listed in this § are subject to the general coverage rules applicable to individuals under age 21 that are set forth in section C.5.20 Practice guidelines (as required in section C.5.20.23) applied to individuals under age 21 must conform to the classes of Covered Services set forth in this section and must adhere to the standard of medical necessity applicable to individuals under age 21 and set forth in section C.5.22.5.

- C.5.20.3.2 Contractor shall furnish the EPSDT benefit described in 42 USC 1905(a)(4)(B) and 1905(r) , 42 C.F.R. § 440.40(b) and Subpart B of 42 C.F.R. Part 441, unless otherwise excluded in this section C.5.20 EPSDT services include:
- C.5.20.3.2.1 Contractor shall furnish periodic and inter-periodic EPSDT screening services whenever an Enrollee is under twenty-one (21), or the Enrollee's parent or caretaker relative on his or her behalf, requests the services, unless Contractor verifies and documents that the most recent age-appropriate screening services due under the periodicity schedule specified have already been provided to the Enrollee.
- C.5.20.3.2.2 Contractor shall ensure that the periodic and inter-periodic assessments of infant, child, and adolescent health and development, shall be furnished:
- C.5.20.3.2.2.1 At intervals specified under the District of Columbia Health Check Periodicity Schedule (Attachment J.12) and upon request at times other than regularly scheduled intervals;
- C.5.20.3.2.2.2 Within sixty (60) days of enrollment into Contractor's plan unless Contractor is able to secure written documentation from the child's medical record that the child is up-to-date in accordance with the periodicity schedule and that no separate request for an assessment has been received.
- C.5.20.3.2.3 Contractor shall ensure that Network Providers serving children furnish periodic and inter-periodic assessments that shall consist of:
- C.5.20.3.2.3.1 A comprehensive health and developmental history (including an assessment of physical, oral health and mental health development); an unclothed comprehensive health exam; immunizations in accordance with recommendations of the ACIP (Attachment J.13); laboratory tests including assessment of blood lead levels in accordance with C.5.28.2.6; and health education including anticipatory guidance.
- C.5.20.3.2.3.2 Vision screening services in accordance with the District of Columbia Health Check periodicity schedule (Attachment J.12) and at such other intervals as may be needed to identify the existence of a suspected illness or condition, including the diagnosis and treatment for vision-related defects or conditions, including eyeglasses and corrective lenses.
- C.5.20.3.2.3.3 Hearing screening services in accordance with the District of Columbia Health Check Periodicity Schedule (Attachment J.12) and at such other intervals as may be needed to identify the existence of a suspected illness or condition, including diagnosis and treatment of defects in hearing, including hearing aids.
- C.5.20.3.2.3.4 Dental screening services in accordance with the District of Columbia Dental Periodicity Schedule (J.14) and at such other intervals as may be needed to identify the existence of a suspected illness or condition, including relief of pain and infection, restoration of teeth and maintenance of dental health. Contractor shall reimburse for up to four (4) applications of fluoride varnish per year, furnished either by a dentist or, for Enrollees under the age of three (3) years, by a primary care Provider (PCP) who has completed the fluoride varnished training approved by DHCF through the HealthCheck Training and Resource Center.

- C.5.20.3.2.3.5 Mental health and substance use screenings as required by the District's Periodicity Schedule. The PCP shall use a validated, brief mental health screen. DBH must approve the screening tool used by the Contractor's PCPs.
- C.5.20.3.3 Enrollees who screen positive for referral to mental health services shall receive timely access, to an appointment for further assessment and treatment by a mental health Provider.
- C.5.20.3.4 Contractor shall furnish any diagnostic or treatment service specified in § 1905(a) of the Social Security Act, 42 U.S.C. § 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, regardless of whether the service is listed in sections C.5.20.
- C.5.20.3.5 Contractor shall furnish any service described in section C.5.20.4 and included in an Enrollee's IDEA treatment plan unless Contractor demonstrates to DHCF prior to the denial of the service that the service is not Medically Necessary as described in section C.5.22.8; or the service is excluded under section C.5.20.16 or subject to the exclusion for certain health-related IDEA services described in section C.5.20.4.
- C.5.20.3.6 Following an Enrollee's transfer to Child and Family Services Administration (CFSA), Contractor shall remain responsible for covered EPSDT services described in this section. If CFSA's initial assessment of the Enrollee demonstrates that Enrollee did not receive services that should have been provided while enrolled in the Contractor's plan. This obligation shall continue for as many member months as Enrollee was enrolled in Contractor's plan.
- C.5.20.3.7 Contractor shall ensure that all applicable Network Providers are enrolled in the Vaccines for Children (VFC) Program for the provision of immunizations to Enrollee's age 0-19 years of age. The Contractor shall not reimburse Network Providers for vaccines provided through the VFC Program unless Contractor can demonstrate through written documentation to DHCF that the vaccine was unavailable through the VFC Program.
- C.5.20.3.8 Contractor shall furnish Medically Necessary Case Management services as defined in 42 U.S.C. §396d(a)(19).
- C.5.20.3.9 Contractor shall furnish skilled nursing facility services for individuals under age 21 as described in 42 C.F.R. § 440.155.
- C.5.20.3.10 Contractor shall furnish inpatient hospital care for infants who are Boarder Babies and to whom the inpatient residential exclusion shall not apply and for whom no equally medically appropriate but less restrictive care setting can be located.
- C.5.20.3.11 Enrollees shall be seen by an outpatient provider within the first seven (7) days of discharge to the community from a psychiatric inpatient facility admission or PRTF. Within those 7 days the provider must assess the individual, provide prescriptions if needed and make arrangements for pick up or delivery of the medication if assistance is needed. A subsequent appointment must occur within the first thirty (30) days of discharge from an acute care admission.

C.5.20.12 All children/youth admitted to an acute care facility must be screened for eligibility to receive DBH's Community Based Interventions (CBI) (this service is reimbursed to DBH certified providers) by contacting the DBH Child/Youth Care Manager within 48 hours of the admission. Parents/guardians of children/youth found to be eligible shall be offered this service. CBI is an intensive in-home service and the Contractor is responsible for care coordination and case management for Enrollees receiving the service from DBH.

C.5.20.4 Individuals with Disabilities Education Act (IDEA) Covered Services

C.5.20.4.1 This section sets forth expectations regarding coverage rules for children in any educational or education- related setting, regardless of the child's age.

C.5.20.4.2 Contractor shall cover all Medically Necessary Services, as defined in this section C.5.20 and C.5.22.5 for children under age 21, regardless of whether the service in question is also identified as a "Related Service" under a child's education-related treatment plan.

C.5.20.4.3 Contractor shall cover all transportation to and from Medically Necessary Services, as defined in this section C.5.20 and C.5.22.5 for children under age 21, regardless of whether the medical or health care service in question is also identified as a "Related Service" under a child's education-related treatment plan employees or contractors.

C.5.20.4.4 Contractor shall identify all enrolled children of any age who also receive Early Intervention or educational services under the IDEA and shall report to DHCF all coverage denials or exclusions involving such children within three (3) days of denial or exclusion or in compliance with any MOA between DHCF, DCPS and DCPCS, as applicable.

C.5.20.5 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coverage Rules

C.5.20.5.1 Contractor shall ensure that determinations of medical necessity in the case of individuals under age 21 are made in accordance with the medical necessity standards applicable to EPSDT services under section C.5.22.5.

C.5.20.5.2 Contractor shall not be responsible for coverage or payment of screening, diagnostic, and treatment services when such services are furnished to an Enrollee in a school setting by a school program. Contractor shall be responsible for those items and services that are not provided in a school setting in accordance with C.5.20.5.2.

C.5.20.5.3 Contractor shall inform families and caregivers about EPSDT in accordance with sections C.5.12 and C.5.18 and shall provide scheduling and transportation services necessary to ensure timely receipt of assessments and timely initiation of treatment under 42 C.F.R. § 441.56, et seq. Transportation services consist of:

C.5.20.5.3.1 Health care related transportation services required by children who also are participating in educational programs, unless transportation is furnished directly by the school system; and

C.5.20.5.3.2 Health care related transportation services for Enrollees under age 21 in foster care or out-of-home placements.

C.5.20.6 Home Visiting Outreach for High Risk Newborns

C.5.20.6.1 Contractor shall ensure that each High Risk Newborn receives a home visit from a Registered Nurse, licensed in accordance with the D.C. Health Occupations Regulatory Act and its implementing regulations, within forty-eight (48) hours of discharge from the birthing hospital or birthing center. Contractor shall coordinate with DOH's Home Visiting Program to report this information to DHCF on a quarterly basis.

C.5.20.6.2 Contractors shall have home visiting guidelines as outlined in the MMCP Manual.

C.5.20.6.3 Use of a patient assessment guide during the home visit for both the Newborn and the parents which, at a minimum, must address an assessment of the home environment;

C.5.20.6.3.1 Facilitating parent-child attachment, including Newborn attachment;

C.5.20.6.3.2 Ascertaining family resources, supports, and linkages, as well as family and parent risk factors;

C.5.20.6.3.3 Assessing the diagnostic and treatment needs of the mother as well as the Newborn, including assessment of need for post-partum care and follow-up care related to a physical condition, mental illness or substance abuse condition;

C.5.20.6.3.4 Arrangement, coordination and follow-up health care for both the Newborn and the mother(s) (including protocols for mothers who are under age 21 and/or who need post-partum care and/or are suspected of having a physical or mental health condition requiring further diagnosis and treatment);

C.5.20.6.3.5 Care Coordination related to Early Intervention through Office of the State Superintendent of Education (OSSE) , Women, Infants and Children (WIC) through Department of Health (DOH), and family support services through the Department of Human Services (DHS), and other services; and

C.5.20.6.3.6 Ongoing follow-up throughout the first (1st) year of life.

C.5.20.7 EPSDT Outreach Activities

C.3.20.7.1 Contractor shall be responsible for outreach activities and for informing Enrollees who are under the age of twenty-one (21), or their parent or legally appointed representative, of the availability of EPSDT services, and when due and overdue for services. In addition to targeted EPSDT outreach to specific Enrollees, the Contractor shall provide Enrollee education and outreach in the community settings.

C.5.20.7.2 The Contractor shall have the ability to conduct EPSDT outreach in formats appropriate to Enrollees who are blind, deaf, illiterate or have limited English proficiency (LEP). Outreach attempts identified above shall advise Enrollees how to request and/or access such assistance and information. The Contractor shall collaborate with agencies that

have established procedures for working with special populations in order to develop effective EPSDT outreach and materials.

C.5.20.7.3 Contractor shall have policies and procedures, including an electronic tracking tool, to monitor children’s compliance with EPSDT, including EPSDT periodicity schedules, and shall conduct outreach activities to assist Enrollees under age 21 to make and keep EPSDT appointments. The outreach activities shall include every reasonable effort, including a telephone call or mailed reminder prior to the due date of each EPSDT screening service; in the case of a first missed appointment, a telephone call or mailed reminder; and, if there is still no response, a personal appointment to urge the parent(s) and/or Guardian(s) to bring the child for his or her EPSDT appointment. When appropriate, such contacts shall be directed to Sui Juris teenagers.

C.5.20.7.4 Contractor shall have policies and procedures, including an electronic tracking tool in a format required by DHCF that monitors compliance with IDEA and shall provide appropriate staff to attend the Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) planning meetings. Contractor shall, on a quarterly basis, provide to DHCF, a summary of the information contained in the tracking tool with a summary of the number of staff Beneficiaries attending IEP and IFSP meetings, along with the number and percentage of meetings that staff Beneficiaries did not attend.

C.5.20.7.5 Contractor shall offer scheduling and transportation assistance prior to the due date of each Enrollee’s periodic examination and shall provide this assistance when requested and necessary.

C.5.20.8 Medicaid Behavioral Health Services

C.5.20.8.1 The Contractor shall provide Behavioral Health services, as applicable to the Contractor as defined in the DC Medicaid State Plan for Medical Assistance which includes, but is not limited to services listed in Table B below.

C.5.20.8.2 The Contractor shall ensure access to Behavioral Health services in accordance with the Mental Health Parity and Addiction Equity Act of 2008, which generally requires that health insurance plans treat mental health and substance use disorder benefits on equal footing as medical and surgical benefits.

Table B: Medicaid Behavioral Health Services	
Service	Benefit Limit
Services Provided by Department of Behavioral Health: Community-Based Interventions Multi-Systemic Therapy (MST) Assertive Community Treatment (ACT) Community Support	Contractor is responsible for Care Coordination and Case Management for Enrollees receiving services through The Department of Behavioral Health

Physician and mid-level visits including: Diagnostic and Assessment Services Individual counseling Group counseling Family counseling FQHC services Medication/Somatic Treatment	Services furnished by the Contractor's network of mental health care Providers.
Crisis Services	Mobile crisis/Emergency Services, including services provided by Department of Behavioral Health, or Core Services Agencies certified by Department of Behavioral Health
Inpatient Hospitalization and Emergency Department Services	Contractor is responsible for inpatient hospitalization and emergency department services.
Day Services and Intensive Day Treatment	Contractor is responsible for Day Services and Intensive Day Treatment as Medically Necessary without limitations
Case Management Services	Case Management services, as described in § 1915(g)(2) of the Social Security Act and 42 USC § 1396(g)(2), for individuals identified by the Department of Mental Health (DMH) as being chronically mentally ill or seriously emotionally disturbed.
Inpatient psychiatric Facility services	Inpatient psychiatric facility services for individuals under age 21 as described in 42 C.F.R. § 440.160.
Pregnancy related services	Pregnancy-related services described in 42 C.F.R. §§ 440.210(a)(2), and (3), including treatment for any mental condition that could complicate the pregnancy.
Patient Psychiatric Residential Treatment Facility	PPRTF Services for individuals less than age 22 years.
Access to Mental Health Services	Education regarding how to access mental health services provided by the Contractor as well as the DBH.
Pediatric Mental Health Services	All mental health services for children that are included in an IEP or IFSP during holidays, school vacations, or sick days from school.
Inpatient detoxification	Contractor covers inpatient detoxification.
Outpatient Alcohol and Drug Abuse Treatment	Contractor is responsible for referrals to the DBH.

Behavioral Health Service to Students in School Settings	Services are covered if the following is met: The Provider has a Sliding Fee Schedule for billing for children and youth without an IEP; The Provider is credentialed as a Network Provider by the Contractor; The Provider has an office in the school and provides services in that office; and The Provider bills the MCO for the services using the codes provided by DHCF.
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C.5.20.9 Medicaid Dental Services

C.5.20.9.1 The Contractor shall provide to Medicaid Enrollees all dental services defined in DC Medicaid State Plan for Medical Assistance which include, but not limited to services listed in Table C below.

Table C : Medicaid Covered Dental Services	
Covered Service	Amount, Duration and Scope
General dental examinations and routine maintenance cleaning with oral hygiene instruction	Limited to once (1) every six (6) months
Complete radiographic survey, full series of X-rays or. Requires	Limited to once (1) every three (3) years
Oral Prophylaxis	Limited to once (1) every six (6) months
Reline or rebase of a removable denture	Limited to two (2) in five (5) years unless there is a prior authorization;
Surgical services and extractions	When Medically Necessary
Emergency care	
Root canal treatment	
Fillings	
Panoramic X-ray of the mouth	
Full mouth debridement	
Bitewing series	
Palliative treatment	
Sealant application	
Removable partial and complete dentures	
Dental Implants	
Removal of Impacted Teeth	
Crowns	
Orthodontia	
Inpatient hospitalization for a dental service	Requires Prior authorization
Elective surgical procedures requiring general anesthesia	Requires Prior authorization
Additional complete radiographic survey, full series of X-rays or panoramic X-ray of the	Requires Prior authorization

mouth	
Removable partial prosthesis	Covered if: The crown to root ratio is better than 1:1; The surrounding abutment teeth and the remaining teeth do not have extensive tooth decay; and The abutment teeth do not have large restorations or stainless steel crowns.
Initial placement or replacement 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),	Covered if: Once every five (5) years per beneficiary, unless the prosthesis: Was misplaced, stolen or damaged due to circumstances beyond the beneficiaries control; and Cannot be modified or altered to meet the beneficiary's dental needs.
Periodontal scaling and root planning	Covered if: Evidence of bone loss is present on current radiographs to support the diagnosis of periodontitis; There is a current periodontal charting with six point measurements and mobility noted, including the presence of pathology and periodontal prognosis; The pocket depths are greater than four millimeters; and Classification of the periodontology case type is in accordance with documentation established by the American Academy of Periodontology.

C.5.20.10 Covered Pharmacy Services

C.5.20.10.1 The Contractor shall provide coverage of covered outpatient drugs as defined in § 1927 (k)(2) of the Act.

C.5.20.11 Medicaid Formulary

C.5.20.11.1 Contractor shall use its own Formulary, but if the Formulary does not include a covered outpatient drug that is otherwise covered by the State Plan pursuant to § 1927 of the Act, the Contractor must ensure access to the non-formulary covered outpatient drug with the prior authorization consistent with applicable law.

C.5.20.11.2 The Contractor has the ability to maintain its own Formulary as long as newly approved drugs are available to the Contractor's Enrollees and submitted quarterly to DHCF for review and approval.

C.5.20.11.3 Contractor's Formulary shall not be more restrictive than the DHCF Preferred Drug List (PDL) to avoid access disparities for individuals in FFS versus managed care.

C.5.20.11.4 The Contractor shall cover the orphan drug for Medicaid (not "carved out") as part of its Formulary or use a prior authorization process for the patient to access the drug when Medically Necessary if not on the Contractor plan's Formulary;

C.5.20.12 Drug Utilization Management and Data Reporting

C.5.20.12.1 Contractor shall operate a drug utilization program that complies with the requirements of § 1927(g) of the Act;

C.5.20.12.2 Contractor shall conduct DUR activities as these activities promote the delivery of quality care in a cost effective and responsible manner and assure that prescriptions are appropriate and Medically Necessary; and are not likely to result in adverse medical results;

C.5.20.12.3 Contractor shall provide a description of its drug utilization review (DUR) activities, including the prior authorization process in a format determined by DHCF, on a quarterly basis, consistent with the minimum requirements set forth at § 1927(d)(5) of the Act;

C.5.20.12.4 Contractor shall report drug utilization data to DHCF in accordance with § 1927(b)(2) of the Act. The report shall be submitted within 45 calendar days after the end of each quarterly rebate period. The utilization information must include, at a minimum, information on the total number of units of each dosage form and strength and package size by National Drug Code of each covered outpatient drug dispensed or covered by the Contractor.

C.5.20.13 Prior Authorization

C.5.20.13.1 The Contractor shall establish and submit to DHCF, its prior authorization process for covered outpatient drugs in accordance with § 1927(d)(5) of the Act within thirty (30) days of the Contractor's start date.

C.5.20.13.2 A 72 hour supply of a covered outpatient drug shall be dispensed in an emergency situation.

C.5.20.14 340B Drug Utilization Data

C.5.20.14.1 Covered outpatient drugs dispensed to Medicaid Enrollees from covered entities purchased at 340B prices, which are not subject to Medicaid rebates, should be excluded from the Contractors reports to DHCF.

C.5.20.14.2 To ensure that drug manufacturers will not be billed for rebates of drugs purchased and dispensed under the 340B Drug Pricing Program, the Contractor must have mechanisms in place to identify these drugs and exclude the reporting of this utilization data to DHCF to prevent duplicate discounts on these products.

C.5.20.14.3 Covered outpatient drugs are not subject to the rebate requirements if such drugs are both subject to discounts under § 340B and dispensed by health maintenance organizations, including Medicaid MCOs.

C.5.20.15 Denials of Prescription Drugs

C.5.20.15.1 If an Enrollee or Provider is disputing a denial of a prescription drug or pharmacy service through a Grievance or Appeals process, Contractors shall fill a prescription for:

C.5.20.15.2 Seventy-two (72) hours for prescriptions drugs that are administered or taken daily or more than once per day; or

C.5.20.15.3 One full course for prescription drugs that are administered or taken less frequently than once per day.

C.5.20.15.4 Unless Enrollee directs otherwise, Contractor shall contact the Provider who wrote the prescription to resolve any outstanding issues with respect to the prescription while the Grievance or Appeal is pending.

C.5.20.16 Excluded Medicaid Services

C.5.20.16.1 The following items and services are excluded from coverage. Contractor shall exclude a service from coverage or deny payment for a service only under the circumstances described below:

C.5.20.16.1.1 The service is not included as a Covered Service in the State Plan.

C.5.20.16.1.2 The service is of an amount, duration, and scope in excess of a limit expressly set forth in section C.5.20.2.

C.5.20.16.1.3 The service is not Medically Necessary as defined in section C.3.137.

C.5.20.16.1.4 The service is a prescription drug for which Contractor has received prior approval in writing from DHCF to exclude from the Contractor's Formulary.

C.5.20.16.2 The service is an inpatient transplantation surgery, Contractor shall cover pre and post-operative costs of the transplant surgery.

C.5.20.16.3 The service is cosmetic, except that the following services shall not be considered cosmetic:

C.5.20.16.3.1 Surgery required correcting a condition resulting from surgery or disease;

C.5.20.16.3.2 Surgery required to correct a condition created by an accidental injury;

C.5.20.16.3.3 Surgery required to correct a congenital deformity;

C.5.20.16.3.4 Surgery required correcting a condition that impairs the normal function of a part of the body; or

- C.5.20.16.3.5 Surgery to address gender dysphoria as identified in DHCF policy.
- C.5.20.16.4 The service is sterilization for an Enrollee under age twenty-one (21).
- C.5.20.16.5 The service is an abortion that does not meet the standard of the applicable Appropriations Act for the District of Columbia. The standard applicable for federal Fiscal Year ending September 30, 2016 is that:
- C.5.20.16.5.1 None of the funds appropriated under this Act, and none of the funds in any trust fund to which funds are appropriated under this Act, shall be expended for health benefits coverage that includes coverage of abortion.
- C.5.20.16.5.2 The limitations established in the preceding sections shall not apply to an abortion:
- C.5.20.16.5.2.1 If the pregnancy is the result of an act of rape or incest; or
- C.5.20.16.5.2.2 In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
- C.5.20.16.5.3 Nothing in this section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).
- C.5.20.16.5.4 Nothing in this section shall be construed as restricting the ability of Contractor from offering abortion coverage or the ability of a state or locality to contract separately with such a Provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).
- C.5.20.16.6 The service is described as a non-MCO Covered Service, which is covered by the Medicaid State Plan for Medical Assistance but not described as a Contractor Covered Service, and therefore not the responsibility of Contractor under the Contract.
- C.5.20.16.7 The service is an investigational or Experimental Treatment if it is a diagnostic or treatment service that, in accordance with relevant evidence, is not considered to fall within the range of professionally accepted clinical practice with respect to illness, disability, or condition that is the focus of a coverage determination. Contractor shall, within twenty-four (24) hours of identifying or receiving a request for Experimental Treatment, submit the request to DHCF's Medical Director for review.
- C.5.20.16.8 The services are part of a clinical trial protocol. Contractor shall cover all inpatient and outpatient services furnished over the course of a clinical trial but shall not cover the services included in the clinical trial protocol.
- C.5.20.17 Alliance and the ICP**
- C.5.20.17.1 This subsection sets forth the expectations of the District with respect to Alliance and ICP coverage. These expectations are designed to ensure several outcomes. First, that

the coverage furnished to ICP and Alliance Enrollees is similar to the coverage beneficiary’s would receive were they receiving care through Medicaid. Second, that the standards of coverage contained in the Contract promote achievement of the District’s health policy objectives with respect to low-income children and adults enrolled in managed care. Third, that the coverage provides Enrollees a safety net so that they may receive high quality care in order to promote better health outcomes.

C.5.20.17.2 Contractor shall furnish to Alliance Enrollees under the Contract each service that meets the requirements described below.

C.5.20.18 Alliance Covered Services:

C.5.20.18.1 Primary and specialty physicians’ services, and services and supplies incidental to physician services, when Medically Necessary (as this term is defined in section C.3.137) to diagnose and treat illness, injury, and conditions. Services of specialists must be prior authorized by a patient’s primary care physician.

C.5.20.18.2 The Contractor shall provide all Alliance Covered Services which include, but not limited to the services listed in Table D below.

Alliance Covered Services -Table D	
Service	Coverage Requirements and Limitations
Primary Care Services	Preventive, acute and chronic health care services generally provided by a PCP
Specialist Services	Health care services provided by a specialist or an advance nurse practitioner. Services of specialists must be prior authorized by a patient’s primary care physician.
Outpatient Hospital Services	Outpatient hospital services that are approved as Medically Necessary to: Diagnose and treat illness, injuries and conditions, Preventive Therapeutic Rehabilitative Palliative services
Inpatient Hospital Services	Inpatient services that do not meet the criteria for admission due to an Emergency Medical Condition. Services provided to an Alliance Enrollee that does not qualify as a Medicaid-reimbursable Emergency Service as defined in C.1.3.85, shall be billed to the Contractor for payment. Services include: Room and board (semi-private) General nursing care Meals and special diets Special nursing care Anesthesiology (local and general) Operating room Intensive care, cardiac care, Trauma and burns Surgical dressing including casts Laboratory services and other diagnostic tests

Alliance Covered Services -Table D	
Service	Coverage Requirements and Limitations
	Radiology services Specialty care and review and medical expert consultation Other test ordered by a Network Provider
Adult Wellness Services	Furnished accordance with the scheduling and content recommendations of the United States Preventive Services Task Force (USPSTF). Women's Wellness Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) Routine screening for sexually transmitted diseases Family planning services and supplies HIV screening, testing and counseling Breast cancer screening Prostate cancer screening Screening for obesity Diabetes screening Screening for high blood pressure and lipid disorders Screening for depression Tobacco cessation counseling Diet and behavioral counseling Osteoporosis screening in post-menopausal women Alcohol and drug screening Aortic aneurysm screening Primary care visit with a PCP (one per year)
Pregnancy Care	Complete prenatal care that meets the guidelines issued by both the USPHSTF and the American College of Obstetricians and Gynecologist Certified Nurse Midwife services Appropriate treatment and follow-up care for miscarriage Postpartum services.
Urgent Care Services	Consisting of the services and items listed in this section when needed for an Urgent Medical Condition.
Screening and stabilization of Emergency Medical Conditions	When furnished by a health care Provider or hospital within the plan network and within the District.
Outpatient prescription drugs	Outpatient drug Formulary.
Rehabilitation Services	Pre-authorized as Medically Necessary to help improve functioning following an acute injury or other medical event.
Home Health Care Services	Home health care can be furnished in any community setting including a home, a residential facility, or a shelter. Home health care services are furnished by registered nurses, licensed practical nurses, physical/occupational speech therapists, and/or licensed social workers. Pre-authorized for Beneficiaries who are determined to be

Alliance Covered Services -Table D	
Service	Coverage Requirements and Limitations
	homebound and consisting of the following services: Wound care; Physical occupational and speech therapy; Health education; Home IV-therapy; Routine visits to ascertain patient health status, check on the status of wounds, prescription drug monitoring Home visits to assess readiness prior to discharge.
Adult Dental Services	Individuals ages twenty-one (21) and older, up to \$1000 annually. Dental exams every six (6) months; Simple and complex surgical extractions; Emergency care; Fillings; Cleaning and fluoride treatments every six (6) months; Space maintainers (partial dentures) when Medically Necessary; X-rays; Dentures (one new set every five (5) years) and denture repair; and Oral surgery
Emergency Transportation Services	Emergency Transportation Service within the District
Physical therapy, Occupational Therapy, Speech Therapy	Physical therapy, occupational therapy, speech therapy services covered when Medically Necessary.
Nursing Facility Services	Nursing facility services for the first 30 days.
Hemodialysis Treatments	All hemodialysis treatments for end-stage renal disease (ESRD).

C.5.20.18.3 Contractor shall be responsible for ensuring that each Alliance Enrollee receives, at a minimum, one (1) primary care visit annually.

C.5.20.18.4 Contractor shall provide to DHCF, on a quarterly basis, a report of:

C.5.20.18.4.1 The number and percentage of Alliance Enrollees contacted by Contractor by letter and by phone call to schedule a primary care visit; and

C.5.20.18.4.2 The number and percentage of Alliance Enrollees contacted by Contractor to schedule a primary care visit that did not:

C.5.20.18.4.2.1 Respond to Contractor’s requests to schedule a primary care visit; and

C.5.20.18.4.2.2 Who scheduled a visit but did not attend that visit.

C.5.20.19 Alliance Coverage Exclusions

C.5.20.19.1 Contractor is not responsible for coverage of the services listed in **Table E** below for

Alliance Enrollees.

C.5.20.19.2 Contractor is not responsible for Medicaid-reimbursable medical services (when rendered to an Alliance Enrollee). The Contractor shall not reimburse network hospital Providers for these services. Hospitals providing Medicaid reimbursable Emergency Services to Alliance Enrollees must submit claims for these services directly to DHCF for reimbursement (see attachment J.27).

Table E: Alliance Coverage Exclusions	
Coverage	Exclusion
The following services are excluded:	Screening and stabilization services for Emergency Medical Conditions, provided outside the District
	Emergency Medical Conditions as described in DHCF Policy Number HCPRA-2013-02R (see attachment J.27).
	Services furnished in schools
	Any Covered Services when furnished by Providers that are not in the Contractor’s Provider Network
	Services and supplies related to surgery and treatment for temporal mandibular joint problems (TMJ)
	Cosmetic surgery
	Open heart surgery
	Organ transplantation
	Sclerotherapy
	Therapeutic abortions
	Vision care for adults
	Treatment for obesity
	Infertility treatment
	Experimental Treatment and investigational services and items
	Treatment for Behavioral Health and alcohol or substance abuse services, except services related to medical treatment received in a hospital for life threatening withdrawal or withdrawal symptoms from alcohol or narcotic drugs
Deliveries	
Non-emergency transportation services	

C.5.20.20 ICP

C.5.20.20.1 The ICP is a program designed to provide health coverage to individuals under the age of twenty-one (21) who are not eligible for Medicaid. Services covered under the ICP are identical to the services covered under Medicaid for children under age twenty-one (21).

C.5.20.20.2 Contractor shall provide the same benefit package to the ICP Enrollees as children enrolled in the DCHFP.

C.5.20.21 Alternative Levels of Care

C.5.20.21.1 During the term of the contract, Contractor may provide cost-effective services that are

in addition to those covered under the State Plan as alternative treatment services and program for Enrollees under 42 C.F.R. § 438.6(e). The cost of alternative services shall not be included in capitated rate calculations. DHCF shall only factor the State Plan services into the rates plus any adjustments for managed care efficiency. Contractor shall perform a cost-benefit analysis for any new services it proposes to provide as directed by DHCF, including how the proposed service would be cost effective compared to State Plan services. Contractor shall implement cost-effective services and programs only after written approval by DHCF.

C.5.20.21.2 Contractor shall submit a monthly report to DHCF on Enrollees receiving alternative care under cost-effective services in a template provided by DHCF.

C.5.20.22 Special Coverage Rules and Disputes

Contractor shall notify DHCF within two (2) business days of any questions regarding coverage, including denials of coverage. DHCF shall respond to the Contractor within two (2) business days.

C.5.20.23 Practice Guidelines

C.5.20.23.1 In accordance with 42 C.F.R. § 438.236, Contractor shall adopt and disseminate clinical practice guidelines relevant to its Enrollees for the provision of preventive, acute and chronic medical and Behavioral Healthcare services.

C.5.20.23.2 All practice guidelines shall be based on valid and reliable scientific clinical evidence or drawn from expert and professional Provider consensus which includes the results of peer-reviewed studies.

C.5.20.23.3 Contractor shall adopt practice guidelines in consultation with Network practitioners located in the District. These practice guidelines shall be reviewed, updated and approved periodically, as appropriate, at least every two (2) years by the Contractor's QI committee or a designated clinical committee.

C.5.20.23.4 Practice guidelines shall be disseminated to all contracted Providers, and shall be readily available through mail, fax, e-mail or through the Contractor's website. Practice guidelines shall be made available upon request to Enrollees and potential Enrollees.

C.5.20.23.5 Contractor shall utilize the application of practice guidelines to assist practitioners and Enrollees make decisions about appropriate health care utilization management for specific clinical circumstances and Behavioral Health care services.

C.5.20.24 Coverage of In-Patient Services at the Time of Enrollment

C.5.20.24.1 Contractor shall not be responsible for the payment of claims for Covered Services provided during a hospital stay if the date of admission precedes the date of Enrollee's enrollment with Contractor.

C.5.20.25 Coverage of In-Patient Services at the Time of Disenrollment

C.5.20.25.1 Contractor shall be responsible for the payment of claims for Covered Services during an entire inpatient or hospital stay when an Enrollee's discharge is subsequent to the Enrollee's disenrollment from Contractor.

C.5.21 Provider Network and Access Requirements

C.5.21.1 Contractor shall develop and maintain a Provider network which is sufficient to provide timely access to the full range of Covered Services to Enrollees including physical, behavioral, and other specialty services and all other services required under this Contract.

C.5.21.1.2 Contractor shall ensure Covered Services are reasonably accessible in terms of location and hours of operation. Contractor shall have available non-emergent after-hours physician or primary care services within its network when Medically Necessary. There shall be sufficient personnel for the provision of Covered Services, including emergency medical care on a 24-hour-a-day, seven-days-a-week basis.

C.5.21.1.3 The Provider Network shall be comprised of appropriately credentialed, licensed, or otherwise qualified Providers to meet the requirements of this Contract. Contractor shall execute written contracts with all Providers that include, at a minimum, all applicable provisions required by this Contract.

C.5.21.1.4 Contractor failure to comply with Provider Network and Access requirements in this section will result in Contractor being required to develop and implement a corrective action plan (CAP) to remedy the failure. In addition, DHCF may impose sanctions on Contractor in response to Provider network and access violations. The sanctions may include but are not limited to issuing monetary penalties, including the explicit penalties referenced in this section, temporarily suspending auto-assignment of new Beneficiaries into the Contractor, closing a PCP to new enrollments and imposing intermediate sanctions in accordance with section G.6.2.8 of the Contract.

C.5.21.1.5 Contractor shall comply with federal standards governing the adequacy of capacity and services found at 42 C.F.R. §§ 438.206-438.210. Contractor shall have the capacity to serve Enrollees in accordance with the standards of access to care set forth in this section C.5.21.

C.5.21.1.6 Contractor shall have the capacity to successfully perform the required services set forth in this RFP and have a sustainable Provider network that can furnish the effective care, in the appropriate setting, and in a timely fashion, to Enrollees.

C.5.21.1.7 Contractor shall submit encounter information, claims data, and other data documenting service utilization in electronic format (as specified by DHCF) to DHCF, regardless of how the information is obtained from its Providers.

C.5.21.1.8 Contractor shall offer an appropriate range and geographic distribution of preventive, primary care and specialty care, including Behavioral Health services that is adequate for the anticipated number of Enrollees as defined in section B.3.2.

- C.5.21.1.9 Contractor shall maintain and monitor a network of appropriate Providers that is sufficient to provide adequate access to all services covered under the contract for all Enrollees, including those with limited English proficiency or physical or mental disabilities.
- C.5.21.1.10 Contractor's network of Providers must be sufficient in number, mix and geographic distribution to meet the needs of the anticipated enrollment. Contractor's network of physicians, hospitals, pharmacies, and specialized treatment programs for persons with chronic physical and mental disabilities and conditions must be sufficient, as documented by data on network composition, Encounter Data, and other data documenting service utilization as DHCF may require, meeting the needs of Enrollees.
- C.5.21.1.11 DHCF shall evaluate the sufficiency of Contractor's network based upon whether Contractor is in compliance with the standards and requirements of this Contract.
- C.5.21.1.12 Contractor shall arrange and administer Covered Services in accordance with section C.5.20 to Enrollees through its network. Where Contractor's network is not able to adequately furnish Covered Services, Contractor shall arrange for Covered Services to be provided on an out-of-network basis in accordance with this section C.5.21.
- C.5.21.1.13 In accordance with 42 C.F.R. § 438.210, Contractor shall provide medical care that is accessible to Enrollees, in terms of timeliness, amount, duration, and scope, as those services are to non-Medicaid and FFS beneficiaries served by the Contractor.
- C.5.21.1.14 In establishing a network, Contractor shall include all classes of Providers necessary to furnish Covered Services, including but not limited to hospitals, physicians (specialists and primary care), nurse midwives, nurse practitioners, pediatric nurse practitioners, federally qualified health centers, medical specialists, dentists, mental health and substance abuse Providers, allied health professionals, ancillary Providers, durable medical equipment(DME) Providers, home health Providers and transportation Providers as described in C.5.21.2. Contractor's network shall include adequate numbers of Providers with the training, experience, and skills necessary to furnish quality care to Enrollees and to do so in a manner that is accessible and Culturally Competent. All Providers must be appropriately licensed or registered in accordance with the District of Columbia Health Occupation Regulatory Act (D.C. Code § 3-1200 et seq.) and any regulations thereunder or, if located in a jurisdiction outside of the District, in accordance with the health occupations regulatory requirements in the jurisdiction in which the Provider practices. Contractor must demonstrate that its Network Providers are credentialed as required by 42 C.F.R. § 438.214.
- C.5.21.1.15 In accordance with 42 C.F.R. §438.602 (b) each Network Provider shall be screened and enrolled as a Medicaid Provider by DHCF, and shall be periodically reenrolled. This provision does not require the Network Provider to render services to FFS beneficiaries.
- C.5.21.1.16 All of Contractor's Providers shall be eligible (i.e., not excluded, suspended or debarred) to participate in any District and Federal health care benefit program. Individuals or organizations suspended, excluded or debarred from participation in a Federal, state, or District health care benefit program shall not provide services under the Contract.

- C.5.21.1.17 Contractor shall, at the time it enters into this Contract, on a quarterly basis, and upon DHCF's request throughout the term of the Contract, provide written documentation (consistent with the requirements in 42 C.F.R. § 438.207 and C.5.21.) that it has sufficient capacity to handle the maximum number of Enrollees specified under section B.23.2 in accordance with DHCF's standards for access to care, and Federal standards at 42 C.F.R. § 438.68 and §438.206(c)(1).
- C.5.21.1.18 In the event that there is a Material Change in the Contractor's operations or a change in the health status of its Enrolled population that would affect the adequacy of capacity and services, including changes in Contractor benefits, geographic service areas, Provider Network, payments, or enrollment of a new population in the Contractor must report the Material Change in writing to DHCF immediately and include aCAP. Contractor shall submit new documentation Network adequacy to DHCF within thirty (30) days.
- C.5.21.1.19 Contractor shall have in place written guidelines and procedures to ensure Enrollees are provided Covered Services without regard to race, color, gender, creed, religion, age, national origin, ancestry, marital status, sexual orientation, political affiliation, personal appearance, or physical or mental disability. In addition, Contractor shall require that all Network Providers are in compliance with the requirements of the Americans with Disabilities Act (ADA), 42 U.S.C. §§ 12101 *et seq.*, § 504 of the Rehabilitation Act of 1974, 29 U.S.C. § 794 and other requirements set forth in section H.7.
- C.5.21.1.20 Contractor shall participate in DHCF's efforts to promote the delivery of services in a culturally competent manner to all Enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.
- C.5.21.1.21 Contractor shall, on a quarterly basis, analyze the composition of its network and, based upon the health status and needs of its Enrollees, identify any gaps or areas requiring expansion, including the provision of primary care, specialty care, dental, Behavioral Health services, including but not limited to services on weekends and evenings. This information shall be provided to DHCF upon request.
- C.5.21.1.22 Contractor shall establish mechanisms to ensure that Network Providers comply with the timely access requirements and monitor them regularly to determine compliance and take corrective action if there is a failure to comply by a Network Provider.
- C.5.21.1.23 The Contractor shall at least annually conduct access and availability audits to validate Provider network access of individual Providers within the Contractor's primary care, specialty, mental health, dental, pediatric and obstetrical Provider Network. The Contractor may coordinate with other MCOs to conduct these audits to avoid duplicate contacts to Providers. Reviews shall include the use of "secret shopper" calls during which the caller pretends to be an Enrollee to confirm specific information.
- C.5.21.1.24 The Contractor shall provide DHCF with results of all access and availability audits upon request. The Contractor shall take corrective action to remediate instances of identified non-compliance with access and availability or other Contract standards and report all non-compliance to DHCF within thirty (30) Calendar Days of the audit.

Should DHCF identify and notify the Contractor of non-compliance with this Contract's access and availability standards, the Contractor shall provide to DHCF a CAP within fifteen (15) Calendar Days of receipt of such notice.

C.5.21.1.25 Contractor shall have written policies and procedures that comply with the requirements of 42 C.F.R. § 438.214 and § C.5.21.25 regarding the selection, retention and exclusion of Providers and meet, at a minimum, the requirements related to credentialing. The Contractor shall submit such written policies and procedures annually to DHCF, if amended.

C.5.21.2 Network Composition

C.5.21.2.1 Network Adequacy Requirements

Contractor shall ensure that its delivery network is sufficient in number, geographic distribution and types of Providers to ensure that all Covered Services, including an appropriate range of preventive, primary care, and specialty services, are accessible to meet the needs of the anticipated number of Enrollees without unreasonable delay.

C.5.21.2.2 Contractor shall meet geographic access standards for all Beneficiaries as outlined in this section. Mileage and Travel Time is as defined by section C.3.141. Providers that have not been credentialed must not be included in the Contractor's reporting or assessment of network adequacy or accessibility requirements.

C.5.21.2.3 Primary Care

C.5.21.2.3.1 For all Enrollees, Contractor shall have at least two (2) age-appropriate Primary Care Providers (PCPs) both geographically available and contractually required to meet Mileage and Travel Time Standards and other requirements of this Contract.. Contractor shall monitor and manage its PCP network composition for Enrollees over 21 based on access to PCPs that are not pediatricians. Contractor shall monitor and manage its PCP network composition for Enrollees 21 and under based on access to pediatricians and other PCPs recognized as having primary care expertise to treat children.

C.5.21.2.4 Obstetric-Gynecological Care

C.5.21.2.4.1 Contractor shall develop and maintain a Provider network that ensures that female Enrollees have access to care from Obstetric-Gynecological Providers in accordance with the Mileage and Travel Time Standards.

C.5.21.2.5 Mental Health and Hospital Care

C.5.21.2.5.1 Contract shall ensure that the Travel Time to general acute care hospitals or mental health Providers shall not exceed thirty (30) minutes Travel Time by public transportation.

C.5.21.2.6 Pharmacies

C.5.21.2.6.1 Contractor shall ensure that at least two (2) pharmacies are located within two (2) miles of Enrollee's residence. Contractor's pharmacy network must include at least one (1)

twenty-four (24) hour seven (7) day a week pharmacy and at least one (1) pharmacy that provide home delivery service within four (4) hours. Contractor shall also include at least one (1) mail-order service.

C.5.21.2.7 Laboratory Providers

C.5.21.2.7.1 Contractor shall demonstrate that it has laboratory Providers in accordance with Mileage and Travel Time Standards Laboratory. Providers must have either a Clinical Laboratory Improvement Amendment (CLIA) certificate of registration or a CLIA certificate of waiver.

C.5.21.2.8 Geographic Access Reporting Requirements

C.5.21.2.8.1 Contractor must submit evidence of compliance with the requirements of mileage and time travel standards at least 30 days prior to the Operational start date, as well as quarterly, and as requested by DHCF.

C.5.21.2.8.2 Contractor must submit a Geographic Access analysis in the format specified by DHCF using GeoAccess or a comparable software program. Contractor must clearly indicate the percent of Enrollees who do not have Provider access as defined by Mileage and Travel Time standards.

C.5.21.2.8.3 Contractor shall use the most recent eligibility files provided by DHCF. Contractor shall use the most recent Member data to geocode each Member by street address. All ProviderNetwork Provider street addresses should be exactly geocoded. Contractor shall only include in its Geographic Access data reports those Providers that operate a Full-Time Provider location. For purposes of this requirement, a Full-Time Provider location is defined as a location operating for twenty (20) or more hours in an office location each week.

C.5.21.2.8.4 Contractor must prepare separate Geographical Access reports addressing each Provider type included in (Mileage and Time standards). The Contractor must prepare separate Geographical Access reports for PCPs showing Providers with open panels only and showing all open and closed panels. A closed panel is any Provider which the Contractor recognizes as no longer accepting new Beneficiaries. An open panel is any Provider which the Contractor does not recognize as closed. The Contractor shall review and update the PCP panel status of its network at least quarterly.

C.5.21.2.8.5 In addition to the Geographic Access data reports, the Contractor shall quarterly report to DHCF, plans or corrective actions to enhance access for which less than 98% of Enrollees have Provider access as defined by (Mileage and Time standards). If enhanced access is not possible (i.e., no Providers available for contracting or available Providers only practice part-time) the Contractor must describe the limitations to enhancing access.

C.5.21.2.8.6 For purposes of this C.5.21.2, Contractor's delivery network shall be sufficient if Contractor is in compliance with the geographic, Travel Time requirements, Appointment Time standards, and other standards established in C.5.21, C.5.21.2 and C.5.21.18 in documenting the adequacy of its network. Contractor shall demonstrate that it has taken into account:

- C.5.21.2.8.6.1 DCHFP and Alliance enrollment;
- C.5.21.2.8.6.2 The expected utilization of services, considering Enrollee characteristics and health care needs;
- C.5.21.2.8.6.3 The number and types of Providers (in terms of training, experience, capacity, and specialization) required to furnish Covered Services;
- C.5.21.2.8.6.4 The number of Network Providers not accepting new patients;
- C.5.21.2.8.6.5 The geographic location of Providers and Enrollees, distance, Travel Time, normal means of transportation, including public transportation, used by Enrollees and whether Provider locations are accessible to Enrollees with disabilities; and
- C.5.21.2.8.6.6 The routine appointment waiting times (i.e., time routinely spent waiting to see the Provider once the Enrollee has arrived) and the time it takes for an Enrollee to schedule an initial and follow-up appointment.
- C.5.21.2.9 At a minimum, the Contractor must have at least one (1) full-time equivalent PCP, regardless of specialty type, for every five hundred (500) Enrollees, and there must be one (1) full-time equivalent PCP with pediatric training and/or experience for every five hundred (500) children and adolescents through the age of twenty (20), and there must be at least one (1) full-time equivalent dentist for every seven hundred and fifty (750) children and adolescent Enrollees.
 - C.5.21.2.9.1 Contractor shall report to DHCF quarterly, all PCPs, including groups, health centers, and individual physician practices and sites, which are not accepting new patients and have been granted the ability to do so by the Contractor. Contractor shall not allow any individual PCP to have a panel that includes more than five hundred (500) Enrollees at any point in time, unless the Contractor requests and receives prior written approval from DHCF to temporarily waive the five (500) Enrollee restriction. Such approval shall be granted at the sole discretion of DHCF.
 - C.5.21.2.9.2 Failure to maintain the adequacy requirement shall, at a minimum, result in the Contractor submitting and implementing an approved CAP and DHCF assessing penalties to the Contractor of up to **\$20,000** per PCP needed to meet the adequate network requirement for each day that the Contractor is not in compliance with the minimum ratios in this Contract. Failure to maintain an adequate and sufficient network that ensures Enrollees have access to age-appropriate covered PCP services as described in section C.5.21, can result in corrective action, fines, penalties and /or sanctions imposed by the District.
 - C.5.21.2.9.3 Contractor shall use reasonable criteria and the minimum requirements established in this Contract to determine sufficiency. The criteria shall include, but are not limited to:
 - C.5.21.2.9.3.1 A ratio of specialty care Providers to Enrollees;
 - C.5.21.2.9.3.2 At a minimum the maximum ratio of primary care Providers to Enrollees as stated in this contract;

- C.5.21.2.9.3.3 At a minimum the maximum ratio of dental Providers to Enrollees
- C.5.21.2.9.3.4 Geographic accessibility in compliance with time and distance standards of this contract;
- C.5.21.2.9.3.5 Waiting times for appointments with participating Providers in compliance with the accessibility standards of this contract related to the type and urgency of the appointment;
- C.5.21.2.9.3.6 Hours of operation; and
- C.5.21.2.9.3.7 The volume of technological and specialty services available to serve the needs of Enrollees requiring technological advanced or specialty care.
- C.5.21.2.9.3.8 Whenever Contractor has an insufficient number or type of participating Providers to provide a covered service, the Contractor shall develop and implement a CAP to address network adequacy and ensure that the Enrollee obtains the covered service at no cost; as if the covered service was obtained from within the Contractor's network.
- C.5.21.2.9.4 Contractor shall provide an access plan to DHCF quarterly or upon request and must describe or contain at least the following, in addition to and consistent with the GeoAccess or comparable software reporting requirements and maps as required in section C.5.21.2.8.2:
 - C.5.21.2.9.4.1 A listing of the names and specialties of the Contractor's participating Providers;
 - C.5.21.2.9.4.2 Contractor's procedures for making referrals within and outside its network;
 - C.5.21.2.9.4.3 Contractor's process for monitoring and ensuring on an ongoing basis, the sufficiency of the network to meet the health care needs of Enrollees;
 - C.5.21.2.9.4.4 Contractor's methods for assessing the health care needs of Enrollees;
- C.5.21.2.9.5 Contractor shall recruit licensed, Board-certified or Board eligible Providers needed to provide comprehensive, accessible, and Culturally Competent care on an ongoing basis.
- C.5.21.2.9.6 Contractor shall demonstrate that there are sufficient Indian /Tribal/Urban Indian Health Providers in the network to ensure timely access to services available under the contract for Indian Enrollees who are eligible to receive services from such Providers.

C.5.21.3 Primary Care Providers

- C.5.21.3.1 A PCP may be any of the following: family practice physician, general practice physician, internal medicine physician, OB/GYN, pediatric physician (when appropriate to the Enrollee), osteopath, clinic or FQHC, nurse practitioner, or a subspecialty physician when appropriate in light of an Enrollee's Special Health Care Needs.
- C.5.21.3.2 Clinics as Providers
 - C.5.21.3.2.1 Enrollees may designate a clinic as a PCP. Clinics must comply with the capacity

standards defined in section C.5.21.2.9. In addition, each Full-time Equivalent PCP in the clinic may have no more than a total patient load of 2,000 Medicaid and Alliance Enrollees. The Appointment Standards in section C.5.21.19 shall apply to clinics.

- C.5.21.3.3 Contractor shall ensure that PCPs have adequate capacity as this term is defined by the standard of care, prevailing industry norms and community standards (as defined in section H.11.7), including any CMS or DHCF guidance on this issue. In evaluating the capacity of PCPs, Contractor shall take into consideration both a PCP's existing Contractor Enrollee load, overall Enrollee load, Medicaid patient load, as well as its total patient load and shall assess the overall patient load against community standards for any specialty involved. Contractor shall also consider whether the Provider is in compliance with the Appointment Time standards set forth in section C.5.21.19. In no event shall Contractor assign additional Enrollees to a single PCP if the Contractor believes that the PCP has reached his/her capacity to provide high quality services to Enrollees. Contractor shall provide this information upon DHCF's request.
- C.5.21.3.4 Contractor shall submit a monthly report on number of participating PCPs accepting new patients (i.e., PCPs with fully open panels), Providers known to be closed, and specialists authorized to serve as PCPs, including identifying whether or not they are open or closed to new patients.

C.5.21.4 Specialty Care Providers

- C.5.21.4.1 Contractor shall have a network that includes sufficient numbers and classes of specialty Providers to furnish covered specialty services. Contractor's network shall include medical sub-specialists and pediatric specialists and sub-specialists. Failure to maintain the adequacy requirement shall, at a minimum, result in corrective action, fines, penalties and /or sanctions imposed by the DHCF on the Contractor of up to \$20,000 per specialist needed to meet the adequate network requirement for each day that the Contractor is not in compliance with the minimum ratios in this Contract.
- C.5.21.4.2 Contractor's network shall, at a minimum, include:

Dermatologists
 Orthopedic surgeons,
 Neurologists
 Neurosurgeons,
 Neonatologists,
 Perinatologists,
 Oncologists/Hematologist,
 Allergists and Immunologists,
 Cardiologists,
 Endocrinologists,
 Gastroenterologists (Pediatric and Adult),
 Geneticists,
 Nephrologists,
 Obstetricians/Gynecologists,
 Ophthalmologists,
 Otolaryngologists
 Podiatrists,

Pulmonary Specialists,
Rheumatologists,
Surgeons,
Urologists,
Inpatient specialty facilities, and
Rehabilitation Providers.

C.5.21.4.3 In the event that Contractor's network is insufficient to furnish a specialty service, Contractor shall pay for the cost of out of network services, including transportation, for as long as Contractor is unable to provide the services through a Network Provider.

C.5.21.5 Specialist as a Primary Care Provider

Contractor shall offer each Enrollee with Special Health Care Needs as defined in section C.3.7 and C.3.27. the option of choosing as the Enrollee's PCP a specialist participating in Contractor's network who has the experience and expertise in the treatment of the Enrollee's Special Health Care Needs and is willing and has the capacity (as defined by section C.5.21.18) to accept the Enrollee. The need for a specialist to function as an Enrollee's PCP shall be determined on a case-by-case basis and in consultation with the Enrollee, the Enrollee's current PCP, and the specialty Provider that would serve as the PCP. If the Enrollee disagrees with Contractor's decision, Contractor shall inform the Enrollee of his or her right to file a Grievance with Contractor and/or to utilize the Fair Hearing process described in section C.5.26.9.

C.5.21.6 Dental Providers

Contractor shall maintain a sufficient network of Dental Providers, including Dentists, Pediatric Dentists, Orthodontists and Oral Surgeons, to meet the needs of Enrollees. Contractor shall submit a monthly report on the number and distribution of participating dental Providers categorized as Dentists, Pediatric Dentists, Orthodontists, or Oral Surgeons by fully open patient panels and those known to be closed to new patients. Failure to maintain an adequate and sufficient network that ensures Enrollees have access to covered dental services without unreasonable delays, and as described in section C.5.21, can result in corrective action, fines, penalties and/or sanctions imposed by the District. For Enrollees through the age of twenty (20), Contractor shall ensure there is at least one (1) active dentist for every 750 Enrollees. Failure to maintain the adequacy requirement shall, at a minimum, result in the Contractor submitting and implementing an approved CAP and DHCF assessing penalties to the Contractor of up to **\$20,000** per dentist needed to meet the adequate network requirement for each day that the Contractor is not in compliance with the minimum ratios in this Contract. Failure to maintain an adequate and sufficient network that ensures Enrollees have access to covered dental services, as described in section C.5.21 can result in corrective action, fines, penalties and /or sanctions imposed by the District

C.5.21.7 Hospitals

C.5.21.7.1 Contractor shall demonstrate that it maintains agreements to utilize or access hospitals, including comprehensive psychiatric emergency programs, sufficient to provide emergency services. Contractor shall demonstrate its hospital network in the District is

capable of furnishing a full range of tertiary services to Enrollees. Contractor must demonstrate that all hospital Providers are accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or that the hospital Providers comply with NCQA standard CR 11: Assessment of Organizational Providers and verifies from the state that the hospital has met all state licensing and certification requirements and conducts onsite quality assessment if not accredited. State certification may be substituted for the required site visit. Moreover, the Contractor must comply with the requirements of §1867 of the Social Security Act, 42 U.S.C. § 1395dd (Anti-Dumping Provisions).

- C.5.21.7.2 Contractor shall also include Sheppard Pratt Health System, or a hospital providing comparable services approved by DHCF's Division of Managed Care, in its network.
- C.5.21.7.3 In addition to the requirements above, Contractor shall include at least two (2) hospitals that specialize in pediatric care in its network.
- C.5.21.7.4 For Enrollees seen for Emergency Services rendered at an out-of-network hospital, the Contractor shall pay the hospital the District's FFS rates. If the Contractor has a contract with the hospital, the contracted rates are paid.

C.5.21.8 Behavioral Health Providers

- C.5.21.8.1 Contractor shall have a sufficient number of appropriately skilled Providers to provide Covered Mental Health Services to Enrollees. Contractor's mental health services network shall include the Department of Behavioral Health's Core Service Agencies (CSA) as this term is defined by DBH (unless this requirement is waived, in writing, by DHCF), as well as a sufficient number of the following to meet the needs of the Contractor's enrolled beneficiaries:
- Psychiatrists, both adult and pediatric;
 - Specialists in developmental/Behavioral Health medicine;
 - Psychologists, both adult and pediatric;
 - Social Workers, including those specializing in treatment of mental health and substance abuse;
 - Inpatient psychiatric units for adults and pediatric Enrollees;
 - Residential treatment facilities;
 - Partial Hospitalization and Intensive Outpatient Programs;
 - Coordination and Case Management service Providers; and
- C.5.21.8.2 Contractor shall have the capacity necessary to effectively diagnose, treat and manage individuals dually diagnosed with both mental health and substance abuse disorders.
- C.5.21.8.3 Contractor's Alliance Network does not need to include the Providers listed in section C.21.8.1 above.
- C.5.21.8.4 Contractor shall submit a quarterly report of a GeoAccess or comparable software showing participating mental health Providers by zip code of office locations and shall highlight all Providers with less than eighty percent (80%) panel availability.

- C.5.21.8.5 Failure to maintain an adequate and sufficient network that ensures Enrollees have access to covered Mental Health services without unreasonable delays, and as described in section C.5.21, can result in corrective action, fines, penalties and/or sanctions imposed by the District, including, but not limited to the amount listed in section C.5.21.2.9.2.
- C.5.21.8.6 Contractor shall ensure that services for the assessment and stabilization of psychiatric crises, including those experienced with treating children or adolescents, are available on a twenty-four (24) hour basis, seven (7) days a week, including weekends and holidays. Phone based assessment must be provided within fifteen (15) minutes of request and, when Medically Necessary, intervention or face- to-face assessment shall be provided within ninety (90) minutes of completion of the phone assessment. These services shall be provided by practitioners with appropriate expertise in mental health with on- call access to an adult or child and adolescent psychiatrist.
- C.5.21.8.7 Contractor shall report to DBH any changes in a mental health Provider's credentialing information, including Contractor's refusal to credential or re-credential a mental health Provider

C.5.21.9 Department of Behavioral Health Certification Requirements

Contractor shall accept and acknowledge Department of Behavioral Health as the Credentials Verification Organization (CVO) for mental health Providers already certified by DBH. The Providers shall be considered for participation in the Contractor's network and shall not be subject to additional credentialing requirements. DBH shall produce the mental health Provider certification documents for review by the Contractor

C.5.21.10 FQHCs Providers

- C.5.21.10.1 If DHCF notifies Contractor that an FQHC or FQHC Look-Alike was not selected to be a Contractor, the Contractor shall contract for the provision of primary care services, preventive care services and/or specialty/referral services with Federally Qualified Health Centers (FQHCs) or FQHC Look-Alike. Contractor shall ensure Enrollees currently using FQHC services shall be offered the opportunity to continue receiving services from the FQHC. Additionally, if an FQHC or FQHC Look- Alike is not selected to be a Contractor, then all selected Contractors shall negotiate a formal agreement that specifies the services and value of the contract with the FQHC.
- C.5.21.10.2 Contractor may make a written request for an exemption from this requirement if Contractor can demonstrate, with supporting documentation, that it has adequate capacity to and shall provide a comparable level of clinical and enabling services (e.g., outreach, referral, social support services, culturally sensitive services, and Case Management services) within the geographic area served by the FQHC and/or FQHC look-alike.
- C.5.21.10.3 Contractor shall be aware of and consider the unique status of FQHCs when developing Provider networks. Contractor shall contract with FQHCs located in the District of

Columbia. In accordance with 42 U.S.C. §1396b(m)((1)(A)(ix), Contractors shall provide payment that is not less than the level and amount of payment which the entity would make for the services if the services were furnished by a Provider which is not a Federally-qualified health center.

- C.5.21.10.4 Contractor's Alliance Network shall include the FQHC located in the District. Contractor shall have the option of paying the FQHC on a Fee- for-Service basis or capitated basis. The Contractor shall pay the FQHC clinics no less than ninety- five dollars (\$95.00) per visit if the Contractor elects to pay on a Fee-for-Service basis. Contractor shall pay the FQHC clinics on the same terms and conditions as other clinics if the Contractor elects to pay the FQHC clinics on a capitated basis. If Contractor is unable to execute a satisfactory subcontract with any of the FQHC clinics in the District, shall notify DHCF. DHCF reserves the right to require Contractor to enter into binding arbitration to resolve any outstanding issues with the FQHC. At a minimum, Contractor's Alliance Network shall include all FQHC in the District

C.5.21.11 Women's Health Specialists

- C.5.21.11.1 In addition to a PCP (or, at the Enrollee's option, in lieu of a PCP) a female Enrollee may have a women's health specialist. Contractor shall provide female Enrollees with direct access to a women's health specialist within the network for Covered women's routine and preventive health care services. This is in addition to the Enrollee's designated source of primary care if that source is not a women's health specialist.
- C.5.21.11.2 In accordance with Section 1902(a)(23)(B) of the Social Security Act, all enrollees have the right to receive family planning services from a provider of their choice, whether the provider is in or out of the Contractor's network. In addition, enrollees do not need a referral to access family planning services. Out-of-network family planning providers should be paid directly by the Contractor for services provided to enrollees and such payments should be at a rate no less than the Medicaid fee-for-service rate or in-network rates, whichever is greater.

C.5.21.12 Integrated Care Centers

Contractor shall demonstrate that its network includes facilities providing integrated care for Enrollees with complex conditions that require multi-disciplinary assessment, diagnosis, and/or treatment. Such facilities may include multi-disciplinary teams practicing at a common location such as specialty outpatient departments, specialty clinics, and developmental centers.

C.5.21.13 IDEA Service Providers

Contractor's network shall include certified Early Intervention Providers for health related IDEA services to children under age three (3). Additionally, Contractor's network shall include Providers qualified to perform evaluations for IDEA eligibility and provide health related IDEA services for children three (3) years of age and older unless and until these services are provided by DCPS. Such Providers shall include those who provide rehabilitation services for improvement, maintenance, or restoration of functioning, including respiratory (including home-based), occupational, speech, and

physical therapies.

C.5.21.14 Allied Health Professionals

Contractor's network shall include sufficient numbers of the following classes of allied health professionals.

Personal care aides/assistants;
Home Health Providers;
Registered Dietitians;
Speech, physical, occupational, and respiratory therapists;
Audiologists;
Providers of genetic screening and counseling; and
Pharmacists.

C.5.21.15 Contractor Referrals to Out-of-Network Providers for Services

C.5.21.15.1 If the Contractor's network is unable to provide Medically Necessary Services required under contract, the Contractor must adequately and timely cover these services through an Out-of-Network Provider until a Network Provider is contracted. Contractor shall coordinate with Out-of-Network Providers with respect to authorization and payment in these instances and ensure that cost of the services and transportation to the Enrollee is no greater than it would be if the services were furnished within the network. The accessibility standards defined in section C.5.21 are applicable to services provided to Enrollees by Out-of-Network Providers.

C.5.21.15.2 Contractor shall pay I/T/U Providers, whether participating in the network or not, for covered managed care services provided to Indian Enrollees who are eligible to receive services from the I/T/U either at a negotiated rate between the MCE and the I/T/U Provider, or if there is no negotiated rate, at a rate no less than the level and amount of payment that would be made if the Provider were not an I/T/U Provider.

C.5.21.16 Capacity to Serve Enrollees with Diverse Cultures and Languages

C.5.21.16.1 Contractor shall include Providers in its Network Provider that understand and are respectful of health-related beliefs, cultural values, and communication styles, attitudes and behaviors of the cultures represented in the Enrollee population and provide translation services to those that request instructions in their native language

C.5.21.16.2 In accordance with section C.4, Contractor shall ensure that its non-English speaking Enrollees have access to free interpreters, if needed, in the following situations:

C.5.21.16.2.1 During emergencies, twenty-four (24) hours a day, seven (7) days a week;

C.5.21.16.2.2 During appointments with their Providers and when talking to their health plan; and

C.5.21.16.2.3 When technical, medical, or treatment information is to be discussed.

C.5.21.16.3 Family Beneficiaries, especially minor children, shall not be used as interpreters in

assessments, therapy, or other medical situations in which impartiality and confidentiality are necessary, unless specifically requested by the Enrollee. Every attempt should be made to help the Enrollee understand the availability of non-familial interpreters and practitioner concerns with utilizing minor children as interpreters even at the Enrollee's request. A family member or friend may be used as an interpreter only if they can be relied upon to provide a complete and accurate interpretation of information between Provider and the Enrollee, provided that the Enrollee is advised that there is a free interpreter available and the Enrollee expresses a preference to rely on the family member or friend. If a family member or friend is used as an interpreter, Contractor shall document the reason for doing so in accordance with section C.5.8.

C.5.21.16.4 Contractor shall permit any Indian who is enrolled in a non-Indian MCO and eligible to receive services from a participating I/T/U Provider to choose to receive Covered Services from that I/T/U Provider.

C.5.21.17 Provider Directory

C.5.21.17.1 Contractor shall maintain a Provider Directory that complies with the requirements of section C.5.8.

C.5.21.17.2 The Contractor shall maintain a Provider Directory that is made available in prevalent languages and alternative formats, upon request.

C.5.21.17.3 The Provider Directory shall, at a minimum, include:

C.5.21.17.3.1 A list of Contractor's current Provider Network, including PCPs, specialists, hospitals and other Providers described in sections C.5.21 and C.5.21.2;

C.5.21.17.3.2 Alphabetical and geographical Provider list by type of Provider (e.g. PCP, Behavioral Health, Hospital);

C.5.21.17.3.3 Whether or not the office is accessible for people with disabilities;

C.5.21.17.3.4 Instructions for the Enrollee to contact the Contractor's toll-free Enrollee Services telephone line for assistance in finding a convenient Provider;

C.5.21.17.3.5 Providers' Address and telephone number;

C.5.21.17.3.6 The availability of evening and weekend hours;

C.5.21.17.3.7 Identification of Providers that are not accepting new patients, which Contractor shall revise quarterly to ensure that the information is accurate; and

C.5.21.17.3.8 Information regarding Board certification, hospital admitting privileges, and languages spoken by the Provider.

C.5.21.17.4 The Contractor shall update and distribute to Enrollees the written version of its Provider Directory.. Contractor must maintain a current Provider Directory in electronic format that can be accessed by Enrollees who request this information. Contractor shall provide

a copy of the Provider Directory and access to the electronic Provider Directory upon DHCF's request.

- C.5.21.17.5 The Contractor shall submit to DHCF a complete database of all Network PCPs including unique National Provider Identifiers (NPIs). Such PCP database shall be submitted electronically in the format and time frame established by DHCF.
- C.5.21.17.6 The Contractor shall submit to DHCF a complete database of all Network Behavioral Health Providers including NPIs. Such database shall be submitted electronically in the format and time frame established by DHCF.
- C.5.21.17.7 The Contractor shall provide DHCF with additional updates and materials that, at its discretion, DHCF may reasonably request for purposes of providing information to assist Enrollees in selecting a health plan, or to assist DHCF in assigning an Enrollees who does not make a selection.

C.5.21.18 Access to Covered Services

C.5.21.18.1 Hours of Operation

- C.5.21.18.1.1 Contractor's ProviderNetwork Providers shall offer hours of operation that are no less than the hours of operation offered to commercial Enrollees or comparable to Medicaid FFS, if the Provider serves only Medicaid Enrollees.
- C.5.21.18.2 Routine Care shall be available from Providers during regular and scheduled office hours. Contractor shall ensure that a sufficient number of its Providers offer evening and weekend hours of operation in addition to scheduled daytime hours. This information shall be included in the Enrollee Handbook and Provider Directory. Contractor shall provide notice to Enrollees of the hours and locations of service for their assigned PCP.
- C.5.21.18.3 PCPs may maintain more than one practice location. DHCF may require that Contractor delete a location from its PCP network if it, in its sole discretion, believes that the location's hours of operation or staffing levels are inadequate for serving as an Enrollee's PCP. PCPs must provide clear information to Enrollees about the hours of operation at each location and the information regarding each location's hours of operation and staffing must:
 - C.5.21.18.3.1 Be reported to DHCF twice each year, when the hours of operation or staffing levels change, and at DHCF's request; and
 - C.5.21.18.3.2 Be clearly printed in Contractor's Enrollee Handbook.
- C.5.21.18.4 In the event that a specialist is assigned to act as a PCP, the Enrollee must be informed of the specialist's hours of operation.
- C.5.21.18.5 In circumstances where teaching hospitals use residents as Providers in a clinic and a supervising physician is designated as the PCP by Contractor; the supervising physician must be available on site during the hours that residents are serving Enrollees.

C.5.21.19 Appointment Times for Services

- C.5.21.19.1 Contractor shall meet and require its Network Providers to meet all DHCF standards for timely access to care and services, taking into account the urgency of the need for services. Contractor shall make services included in the contract available 24 hours a day, 7 days a week, when Medically Necessary. Contractor shall establish mechanisms to ensure compliance with accessibility standards by Network Providers. Contractor shall monitor Network Providers regularly to determine compliance with accessibility standards and take corrective action if there is a failure to comply by a Network Provider.
- C.5.21.19.2 Enrollees with appointments who arrive by their scheduled appointment time shall not routinely be made to wait more than forty-five (45) minutes from their scheduled appointment time to see a PCP. Contractor shall monitor waiting times to get appointments with Providers, as well as the length of time actually spent waiting to see the Provider.
- C.5.21.19.3 Contractor shall have established criteria for monitoring appointment scheduling for Routine and Urgent Care and for monitoring waiting times in Provider offices. Contractor's established criteria and data regarding appointment waiting times and the monitoring criteria must be submitted, quarterly and, more frequently, upon DHCF's request.
- C.5.21.19.4 Contractor shall ensure that its PCPs offer new Enrollees ages twenty one (21) and over an initial appointment within forty-five (45) days of their date of enrollment with the PCP or within thirty (30) days of request, whichever is sooner.
- C.5.21.19.5 The following routine appointments shall take place within thirty (30) days of the request:
- C.5.21.19.5.1 Diagnosis and treatment of health conditions and problems that is not urgent;
 - C.5.21.19.5.2 Routine and well-health assessments of adults ages twenty-one (21) and older; and
 - C.5.21.19.5.3 Non-urgent referral appointments with specialists.
- C.5.21.19.6 Contractor shall ensure that there is a reliable system for providing twenty-four (24) hour access to Urgent Care and Emergency Care seven (7) days a week, including weekends and holidays. Urgent Care may be provided directly by the PCP or directed by Contractor through other arrangements.
- C.5.21.19.7 Direct contact with a qualified clinical staff person must be available through a toll-free telephone number at all times.
- C.5.21.19.8 Contractor shall ensure that services for the assessment and stabilization of psychiatric crises, including those experienced with treating children or adolescents, are available on a twenty-four (24) hour basis, seven (7) days a week, including weekends and holidays. Phone based assessment must be provided within fifteen (15) minutes of request and, when medically necessary, intervention or face- to-face assessment shall be provided

within ninety (90) minutes of completion of the phone assessment. These services shall be provided by practitioners with appropriate expertise in mental health with on-call access to an adult or child and adolescent psychiatrist.

- C.5.21.19.9 Initial appointments for pregnant women or Enrollees desiring family planning services shall be provided within ten (10) calendar days of the Enrollee's request.
- C.5.21.19.10 Appointments for initial EPSDT screens shall be offered to new Enrollees within sixty (60) days of the Enrollee's enrollment date with Contractor or at an earlier time if an earlier exam is needed to comply with the periodicity schedule or if the child's case indicates a more rapid assessment or a request results from an Emergency Medical Condition. The initial screen shall be completed within three (3) months of the Enrollee's enrollment date with Contractor, unless Contractor determines that the new Enrollee is up-to-date with the EPSDT periodicity schedule. To be considered timely, all EPSDT screens, laboratory tests, and immunizations shall take place within thirty (30) days of their scheduled due dates for children under the age of two (2) and within sixty (60) days of their due dates for children age two (2) and older. Periodic EPSDT screening examinations shall take place within thirty (30) days of a request.
- C.5.21.19.11 IDEA multidisciplinary assessments for infants and toddlers at risk of disability shall be completed within thirty (30) days of request, and any needed treatment shall begin within twenty-five (25) days upon receipt of the completed and signed Individualized Family Service Plan (IFSP) assessment.
- C.5.21.19.12 Contractors and/or their Network Providers shall furnish evaluations and/or reports as required by any Court or Court Monitor within timeframes specified by the Court or Court Monitor.

C.5.21.20 Second Medical Opinions

Contractor shall, upon Enrollee request, provide Enrollees the opportunity to have a second opinion from a qualified Network Provider subject to referral procedures approved by DHCF. If an appropriately qualified Provider is not available within the network, Contractor shall arrange for a second opinion outside the network at no charge to the Enrollee.

C.5.21.21 Choice of Health Care Professional

Contractor must offer each Enrollee the opportunity to choose a PCP and PDP affiliated with the Contractor, to the extent possible and appropriate. If Contractor assigns Enrollees to PCPs, then the Contractor must notify beneficiaries of the assignment. Contractor must permit Enrollees to change PCPs upon the Enrollee's request.

C.5.21.22 Network Management

C.5.21.22.1 Standards to Ensure Access to Care

- C.5.21.22.1.1 Contractor shall have written protocols to ensure that Enrollees have access to screening, diagnosis and referral, and appropriate treatment for those conditions and Covered

Services under the DCHFP, Alliance and, ICP programs. Contractor's protocols must include methods for identification, outreach to and screening/assessment, as defined in sections C.5.20 and C.5.22.5, of Enrollees with Special Health Care Needs, including use of a DHCF-mandated screening tool, if required at DHCF's sole discretion.

- C.5.21.22.1.2 Contractor shall establish procedures for PCPs to notify Contractor at least thirty (30) days in advance of reaching maximum capacity and Contractor shall notify DHCF within two (2) Business days of the notification from the Provider.
- C.5.21.22.1.3 Contractor shall have in place procedures for monitoring PCPs compliance with the capacity standards defined in sections C.5.21.2 and C.5.21.18. Contractor shall immediately notify DHCF, in writing, any time Contractor believes that a PCP does not have further capacity to accept Enrollees and any time that Contractor is unable to accept additional Enrollees because its network has reached capacity. Contractor understands and agrees that upon receipt of such notification, DHCF may suspend new enrollment into Contractor's Plan until additional PCP capacity becomes available. If DHCF determines that Contractor has exceeded its permissible capacity for PCPs or assigns a PCP more Enrollees than the PCP has capacity to manage DHCF may freeze Contractor's enrollment.
- C.5.21.22.1.4 All standards, procedures and protocols required under this provision shall be in place at least thirty (30) days from Contract Award.

C.5.21.23 Written Standards for Accessibility of Care

- C.5.21.23.1 Contractor shall develop and maintain written standards for Enrollee accessibility of care and services that comply with the requirements of section C.5.21.18. These standards shall be established within thirty (30) days of Contract Award, must be communicated to Providers, and monitored by Contractor. These standards shall include the following:
 - C.5.21.23.1.1 Waiting times for care at facilities;
 - C.5.21.23.1.2 Waiting times for appointments;
 - C.5.21.23.1.3 Number and types of Providers who are not accepting new Medicaid patients;
 - C.5.21.23.1.4 Total number of Medicaid patients assigned to or being served by a Provider;
 - C.5.21.23.1.5 Total number of patients assigned to or being served by a Provider;
 - C.5.21.23.1.6 Statement that Providers' hours of operation do not discriminate against Medicaid, DCHFP and Alliance Enrollees; and
 - C.5.21.23.1.7 Whether or not Provider(s) speak a language other than English.

C.5.21.24 Unique Physician Identifier

Contractor shall require every physician providing services to Enrollees to have a unique physician identifier, as specified in § 1173(b) of the Social Security Act.

C.5.21.25 Credentialing

- C.5.21.25.1 Contractors shall develop and maintain written policies and procedures for credentialing and re-credentialing of all Providers to ensure the Covered Services are provided by appropriately licensed and accredited Providers. These policies and procedures shall, at a minimum, comply with NCQA standards.
- C.5.21.25.2 Contractor shall re-credential Providers at least every two (2) years, or if Contractor is NCQA accredited, Contractor shall re-credential based on NCQA requirements.
- C.5.21.25.3 Contractor shall ensure that ProviderNetwork Providers residing and providing services in bordering states (i.e., Maryland and Virginia) meet all applicable licensure and certification requirements within their state.
- C.5.21.25.4 Contractor shall have written policies and procedures for monitoring its Providers and for sanctioning Providers who are out of compliance with Contractor 's medical management and quality of care standards or have been excluded, suspended or debarred from participating in any District, state, or Federal health care benefit program, in accordance with §438.606.
- C.5.21.25.5 Contractor's credentialing procedures shall not include selection criteria that discriminate against Providers that specialize in complex conditions.
- C.5.21.25.6 Contractor shall ensure that all Providers are credentialed prior to becoming Network Providers and that a site visit is conducted for all PCP and Behavioral Health Providers before they provide services to Enrollees.
- C.5.21.25.7 Contractor shall maintain a documented re-credentialing process which shall take into consideration various forms of data including, but not limited to, Grievances, results of quality reviews, utilization management information, and Enrollee satisfaction surveys.
- C.5.21.25.8 Contractor shall require that physician Providers and other licensed and certified professional Providers, including Behavioral Health Providers, maintain current knowledge, ability, and expertise in their practice area(s) by requiring them, at a minimum, to obtain Continuing Medical Education (CME) credits or Continuing Education Units (CEUs) and participate in other training opportunities, as appropriate.
- C.5.21.25.9 Upon written or verbal notice from DHCF, Contractors shall not authorize any Providers terminated or suspended from Medicaid participation to treat Enrollees and shall deny payment to such Providers for service provided after the Contractor has notified the Provider.
- C.5.21.25.10 Contractors shall not contract with, or otherwise pay for any items or services furnished, directed or prescribed by, a Provider that has been excluded from participation in federal health care programs.
- C.5.21.25.11 Contractors shall not establish Provider selection policies and procedures that discriminate against particular Providers that serve high-risk populations or specialize in conditions that require costly treatment.

- C.5.21.25.12 Contractors shall ensure that no credentialed Provider engages in any practice with respect to any Enrollee that constitutes unlawful discrimination under any other state or federal law or regulation.
- C.5.21.25.13 Contractors shall ensure that the credentialing process is completed within one hundred eighty (180) days upon receipt of all required documents. Failure to credential or re-credential Providers in a timely manner may result in corrective action, sanctions, fines and/or penalties as described in sections G.6.2.7 and G.6.2.8.
- C.5.21.25.14 Contractor shall maintain Provider credentialing files (or a copy thereof) in its District of Columbia office. Contractor's Provider credentialing files shall include but not be limited to:
- C.5.21.25.14.1 Licensure status;
 - C.5.21.25.14.2 Specialty or subspecialty;
 - C.5.21.25.14.3 Professional affiliations;
 - C.5.21.25.14.4 Hospital admitting privileges;
 - C.5.21.25.14.5 Languages spoken;
 - C.5.21.25.14.6 Education and training;
 - C.5.21.25.14.7 Board eligibility/ certification;
 - C.5.21.25.14.8 Professional credentials and/or certifications;
 - C.5.21.25.14.9 Basic demographic information;
 - C.5.21.25.14.10 Hours of operations;
 - C.5.21.25.14.11 Office locations;
 - C.5.21.25.14.12 Languages spoken by office staff;
 - C.5.21.25.14.13 Status of panel (open, closed);
 - C.5.21.25.14.14 Any Satisfaction Survey responses;
 - C.5.21.25.14.15 Malpractice coverage;
 - C.5.21.25.14.16 Reported incidents;
 - C.5.21.25.14.17 Documentation that the Provider has not been suspended, excluded or debarred from participation in any District, state, and/or Federal health care benefit programs; and
 - C.5.21.25.14.18 Documentation that Providers have completed all training modules required by DHCF or the Contractor, including, but not limited to, EPSDT training for Health Check Providers
- C.5.21.25.15 Contractor shall report to DMH any changes in a mental health Provider's credentialing information, including Contractor's refusal to credential or re-credential a mental health Provider.
- C.5.21.25.16 Contractor shall require in its contracts with Provider applicants for credentialing, the disclosure of:
- C.5.21.25.16.1 The business transaction information identified in 42 C.F.R. § 455.95, including:
 - C.5.21.25.16.1.1 The ownership of any Independent Contractor with whom the Provider has had business transactions totaling more than twenty-five thousand dollars (\$25,000) during the twelve (12) month period ending on the date of request.

- C.5.21.25.16.1.2 Any significant business transactions between the Provider and any wholly owned supplier during the five (5) year period ending on the date of the request; and
- C.5.21.25.16.1.3 Any significant business transaction between the Provider and any Independent Contractor during the five (5) year period ending on the date of the request.
- C.5.21.25.17 Contractor shall require in its contracts with Providers that Providers shall disclose the information set forth in sections C.5.21.25.16.1.1 – C.5.21.25.16.1.3 within thirty-five (35) days upon the request of DHCF or the Secretary of Department of Health and Human Services (HHS).
- C.5.21.25.18 The information on persons convicted of crimes identified in 42 C.F.R. § 455.96, including:
- C.5.21.25.18.1 The name of any person who has ownership or control interest in the Provider who has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs; and
- C.5.21.25.18.2 The name of any person who is an agent or managing employee of the Provider who has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs.
- C.5.21.25.19 Contractor shall require in its contracts with Providers that Contractor shall not reimburse Providers for procedures relating to the following Health Care Acquired Conditions (HCAC), identified in the Affordable Care Act of 2010, Public Law 111-148, when any of the following conditions are not present upon admission in any inpatient setting, but subsequently acquired in that setting:
- C.5.21.25.19.1 Foreign Object Retained after Surgery
 - C.5.21.25.19.2 Air Embolism
 - C.5.21.25.19.3 Blood Incompatibility
 - C.5.21.25.19.4 Catheter Associated Urinary Tract Infection
 - C.5.21.25.19.5 Pressure Ulcers (Decubitus Ulcers)
 - C.5.21.25.19.6 Vascular Catheter Associated Infection
 - C.5.21.25.19.7 Mediastinitis after Coronary Artery Bypass Graft (CABG)
 - C.5.21.25.19.8 Hospital Acquired Injuries (fractures, dislocations, intracranial injury, crushing injury, burn and other unspecified effects of external causes
 - C.5.21.25.19.9 Manifestations of Poor Glycemic Control
 - C.5.21.25.19.10 Surgical Site Infection following Certain Orthopedic Procedures
 - C.5.21.25.19.11 Surgical Site Infection following Bariatric Surgery for Obesity and
 - C.5.21.25.19.12 Deep Vein Thrombosis and Pulmonary Embolism following Certain Orthopedic Procedures except for Pediatric (individuals under the age of 21 years) and Obstetric Populations
- C.5.21.25.20 Contractor shall require in its contracts with Providers that Providers shall not be reimbursed for any of the following Never Events in any inpatient or outpatient setting:

- C.5.21.25.20.1 Surgery performed on the Wrong Body Part;
- C.5.21.25.20.2 Surgery performed on the Wrong Patient; and
- C.5.21.25.20.3 Wrong surgical procedure performed on a Patient.
- C.5.21.25.21 Contractor is prohibited from making payment to a Provider for Provider preventable conditions that meet the following criteria:
 - C.5.21.25.21.1 Is identified in the DC Medicaid State Plan for Medical Assistance;
 - C.5.21.25.21.2 Has been found by the State, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines;
 - C.5.21.25.21.3 Has a negative consequence for the beneficiary;
 - C.5.21.25.21.4 Is auditable; and
 - C.5.21.25.21.5 Includes, at a minimum, wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.
- C.5.21.25.22 Contractor shall provide and update disclosures relative to 42 C.F.R. §§ 1001.1001 and 1001.1051 Exclusion of Entities Owned or Controlled by a Sanctioned Person and Individuals with ownership or control interest in Sanctioned Entities to the CA quarterly and within five (5) business days of the change in status of Entities Owned or Controlled by a Sanctioned Person and Individuals with ownership of control interest in Sanctioned Entities.
- C.5.21.25.23 Contractor shall provide and update disclosures relative to 42 C.F.R. §§ 455.94(a) and 455.94 (b), Disclosure of Ownership, quarterly and within five (5) business days of the change in status of affected Contractor staff.
- C.5.21.25.24 In accordance with 42 C.F.R. § 455.94, Contractor must provide the following to DHCF prior to implementation of a Provider Agreement:
 - C.5.21.25.24.1 Document the name and address of any person (individual or corporation) with an ownership or control interest in the MCO. The address for corporate entities must include as applicable primary business address, every business location and P.O. Box address;
 - C.5.21.25.24.2 Date of birth and social security number; in the case of individual;
 - C.5.21.25.24.3 Other tax identification number (in the case of a corporation) with an ownership or control interest in the MCO or in any Independent Contractor in which the MCO has a five percent (5%) or more interest;
 - C.5.21.25.24.4 Document whether the person (individual or corporation) with an ownership or control

interest in the MCO is related to another person with ownership or control interest in the MCO as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest in any Independent Contractor in which the MCO has a five percent (5%) or more interest is related to another person with ownership or control interest in the MCO as a spouse, parent, child or sibling;

- C.5.21.25.24.5 Document the name of any other disclosing entity (Provider and/or Independent Contractor) in which an owner of the disclosing entity (Provider and/or Independent Contractor) has an ownership or control interest; and
- C.5.21.25.24.6 Document the name, address, date of birth and Social Security number of any managing employee of the MCO.
- C.5.21.25.25 Disclosures from the Contractors' Providers and/or Independent Contractors or disclosing entities must be provided at any of the following times:
- C.5.21.25.25.1 Upon the Provider or disclosing entity submitting the Provider application;
- C.5.21.25.25.2 Upon the Provider or disclosing entity executing the Provider Agreement;
- C.5.21.25.25.3 Within thirty-five (35) days after any change in ownership of the disclosing entity.
- C.5.21.25.26 Disclosures from Contractor are due at the following times:
- C.5.21.25.26.1 Upon the Contractor submitting the proposal in accordance with the District's Procurement process;
- C.5.21.25.26.2 Upon the Contractor executing the contract with the District;
- C.5.21.25.26.3 Upon renewal or extension of the contract;
- C.5.21.25.26.4 Within thirty-five (35) days after any change in ownership of the Contractor.
- C.5.21.25.27 Contractor shall keep copies of all these requests and responses listed in sections C.5.21.25.22, C.5.21.25.23, C.5.21.25.24 and C.5.21.25.25 and make them available to DHCF and/or Secretary upon request. Contractor shall advise DHCF when there is no response to request.
- C.5.21.25.28 Contractor shall attest to the accuracy and completeness of the information submitted to DHCF prior to implementation of the Provider agreement. The Contractor shall proceed with implementing the Provider agreement once all factual and truthful information is submitted to DHCF. Any information found to be false or inaccurate by DHCF Division of Program Integrity may result in termination of the Provider agreement with the Contractor or termination of the Contractor's contract with the District.

C.5.21.26 Enrollee Lock-In Provision

In accordance with 42 C.F.R. § 431.54, 29 D.C.M.R. §§ 9 et seq. and DHCF's policies and procedures, Contractor may request that DHCF restrict an Enrollee to one

designated PCP and pharmacy when there is reason to believe that the Enrollee may be over-utilizing services or pharmaceutical drugs. The purposes of this restriction is to provide continuity of medical care for the Enrollee, protect the Enrollee's safety and health, and avoid inappropriate or unnecessary utilization of service and to educate Enrollees on effective and appropriate utilization of health care services. In order to utilize this procedure, Contractor shall submit a written request in advance of such lock-in to the Division of Program Integrity and the Division of Managed Care and comply with DHCF's procedures regarding this provision. The selected PCP shall then be responsible for managing the health care services of the Enrollee.

C.5.21.27 Provider Agreements

- C.5.21.27.1 Contractor shall have written Provider Agreements with all of its Network Providers. Provider agreements shall be in effect pending the outcome of the process described in C.5.21.25 of up to one hundred twenty (120) days, but must terminate a Network Provider immediately upon notification from DHCF that the Network Provider cannot be enrolled, or the expiration of one (1) one hundred twenty day (120) period without enrollment of the Provider. ,
- C.5.21.27.1.1 Contractor shall notify affected Enrollees that the Network Provider has been terminated from the Network and they must choose a new Network Provider
- C.5.21.27.1.2 Any additions or changes must be submitted to DHCF prior to implementation. DHCF reserves the right to confirm and validate, through the collection of information and documentation from the Contractor and on-site visits to ProviderNetwork Providers, the existence of a contract between the Contractor and each individual Provider in the Provider Network.
- C.5.21.27.2 Contractor shall maintain all Provider Agreements (or a copy thereof) in its District of Columbia office.
- C.5.21.27.3 In addition to the credentialing requirements described in Section C.5.21.25, Contractor's Provider contracts shall meet the following criteria:
- C.5.21.27.3.1 Prohibit the Provider from seeking payment from the Enrollee for any Covered Services provided to the Enrollee within the terms of the Contract and require the Provider to look solely to Contractor for compensation for services rendered. No cost sharing or deductibles shall be collected from Enrollees;
- C.5.21.27.3.2 Require the Provider to cooperate with Contractor's compliance plan and fraud, waste and abuse efforts, CQI and utilization review activities;
- C.5.21.27.3.3 Include provisions for the immediate transfer of Enrollees to another PCP if their health or safety is in jeopardy;
- C.5.21.27.3.4 Include provisions stating that Providers are not prohibited from discussing treatment options with Enrollees that may not reflect the Contractor's position or may not be covered by Contractor;

- C.5.21.27.3.5 Include provisions stating that Providers are not prohibited from advocating on behalf of the Enrollee in any Grievance, Appeal, or utilization review process, or individual authorization process to obtain necessary health care services;
- C.5.21.27.3.6 Require Providers to meet the access standards as defined in sections C.5.21, C.5.21.2 and C.5.21.18;
- C.5.21.27.3.7 Specifically incorporate Contractor's Provider Manual;
- C.5.21.27.3.8 Provide for continuity of treatment in the event a Provider's participation terminates during the course of an Enrollee's treatment by that Provider;
- C.5.21.27.3.9 Prohibit the Provider from denying services to an individual who is eligible for the services;
- C.5.21.27.3.10 Require that the Provider comply with the limitations on marketing described throughout sections C.5.9, the applicable provisions of Enrollee Services, throughout sections C.5.19.2, and Enrollment, Education and Outreach, section C.5.12, the applicable provisions of C.5.8 and for Health Check and dental Providers serving as PDPs for Enrollees under age 21, require that Provider present notice to the Enrollee of scheduled, due and overdue services in accordance with their normal operating procedures;
- C.5.21.27.3.11 Require that the Provider comply with the District's Communicable Disease Reporting Requirements, as well as other applicable reporting requirements found in section C.5.28;
- C.5.21.27.3.12 Require that the Provider attend meetings as directed by DHCF and Contractor;
- C.5.21.27.3.13 Require confirmation that all Health Check Providers complete the web-based Health Check training within thirty (30) days of joining the MCO network and at least every two (2) years thereafter. Compliance with Health Check training shall also be a requirement for re-credentialing with the MCO.
- C.5.21.27.3.14 Include a provision requiring Providers' compliance with 42 C.F.R. Part 2, the HIPAA Privacy and Security Rules, and the D.C. Mental Health Information Act (D.C. Code § 6-2001 et seq.);
- C.5.21.27.3.15 Include a payment dispute resolution procedure that compels binding arbitration or another mandatory form of alternative dispute resolution;
- C.5.21.27.3.16 Describe, incorporate, and require cooperation with Contractor's Grievances, Appeals and Fair Hearings Process;
- C.5.21.27.3.17 Include a clear, concise, and understandable description of the Provider's incentive compensation and arrangements;
- C.5.21.27.3.18 Require that the Provider comply with the Subcontracting Clause of section I and the monitoring clauses found in sections C.5.24.10.6 and E.4.4; and

- C.5.21.27.3.19 Require that the Provider provide access, in accordance with section E.3, to DHCF, DOH, the United States Department of Health and Human Services, and their respective designee's access to Providers' medical records in order to conduct fraud, abuse, waste, and quality improvement activities.
- C.5.21.27.4 Contractor shall provide each Provider not chosen to participate in the Contractor's network written notice of the decision.
- C.5.21.27.5 Contractor shall not discriminate for the participation, reimbursement, or indemnification of any Provider who is acting within the scope of his or her license or certification under applicable District law, solely on the basis of that license or certification.
- C.5.21.27.6 Specific Requirements for Provider Agreements for PCPs
- C.5.21.27.6.1 The Contractor shall ensure that Provider Agreements with PCPs require such Providers to screen all Enrollees under age 21 according to the EPSDT Periodicity Schedule and applicable federal regulations, to use the Behavioral Health screening tools described in the EPSDT Periodicity Schedule when conducting Behavioral Health screenings, and provide or refer all Enrollees under age 21 for Medically Necessary treatment services in accordance with EPSDT requirements.
- C.5.21.28 Disclosure of Physician Incentive Plan**
- Ninety (90) days prior to the end of the Contract's period of performance, Contractor shall send to the Contracting Officer the information on its Physician Incentive Plans listed in 42 C.F.R. §§ 422.208 and 422.210, as required in 42 C.F.R. § 438.6(h) for DHCF approval. Contractor shall ensure that incentive plans containing compensation arrangements where payment for designated health services furnished to an individual on the basis of a physician referral would otherwise be denied under § 1903(s) of the Social Security Act comply with the requirements of § 422.208 and 422.210 to any Enrollee.
- C.5.21.29 Provider Training**
- C.5.21.29.1 Contractor shall have an organized training program for Network Provider's based upon Contract requirements and Contractor's monthly assessment of training needs. Contractor shall develop an education and training plan and materials for contract Providers and provide education and training to contract Providers and their staff regarding key requirements of this Contract.
- C.5.21.29.2 Contractor shall attend and shall require that Providers attend trainings as directed by DHCF.
- C.5.21.29.3 Contractor shall conduct initial education and training to Network Providers at least thirty (30) calendar days prior to the start date of operations and within thirty (30) calendar days of a Provider joining Contractor's network. Contractor shall, at a minimum, provide training on the following topics:
- C.5.21.29.3.1 An overview of the DCHFP, CASSIP and Alliance, along with an overview of DHCF's

priorities.

- C.5.21.29.3.2 Enrollee access standards defined in sections C.5.21.2 and C.5.21.18;
 - C.5.21.29.3.3 The use of evidence based guidelines, Contractor's treatment guidelines (as described in C.8.5) and the definition of Medical Necessity in section C.5.22.8;
 - C.5.21.29.3.4 An overview of EPSDT, the periodicity schedule, compliance requirements, the Salazar Order/Consent Decree, and subsequent court orders;
 - C.5.21.29.3.5 An overview of the IDEA and the roles and responsibilities of the schools, the Early Intervention Program, Providers, and Contractor in sections C.5.21.13, C.5.22 and C.5.23;
 - C.5.21.29.3.6 Contractor's policies and procedures on Advance Directives;
 - C.5.21.29.3.7 Contractor's Fraud, waste, and abuse policies and procedures and Compliance Plan as described in section C.5.25;
 - C.5.21.29.3.8 Contractor's CQI program and plan as described in section C.5.24.3;
 - C.5.21.29.3.9 Procedures for arranging referrals with other District agencies and services;
 - C.5.21.29.3.10 Cultural Competency, the availability and protocols for use of interpreters for Enrollees who speak limited English and other skills for effective health-related cross-cultural communication;
 - C.5.21.29.3.11 Reporting requirements, including communicable disease reporting requirements, as described in section C.5.28;
 - C.5.21.29.3.12 Privacy and Confidentiality of Protected Health Information, including 42 C.F.R. Part 2, the HIPAA Privacy and Security Rule, and the D.C. Mental Health Information Act; and
 - C.5.21.29.3.13 Manifestations of mental illness and alcohol and drug abuse, use of the DHCF screening tool to identify such problems, and how to make appropriate referrals for treatment services, including training at least annually for all PCPs so that PCPs proactively identify Behavioral Health Service needs at the earliest point in time and offer Enrollees referrals to Behavioral Health Services when clinically appropriate.
- C.5.21.29.4 Contractor shall provide training regarding ESPDT and IDEA to all new Providers within one (1) month of entering Contractor's network and quarterly thereafter. All Network Providers shall receive this training.
 - C.5.21.29.4.1 The Contractor shall participate in the District-wide on-line Provider training system for Health Check Providers including the following:
 - C.5.21.29.4.1.1 Identify and submit list of Health Check Providers to the DHCF quarterly

- C.5.21.29.4.1.2 Educate Health Check Providers regarding the requirement to complete the EPSDT on-line Provider training within thirty (30) days of joining the MCO network and every two (2) years thereafter. Training is available on the on-line training site and can be accessed by entering the Provider's NPI.
- C.5.21.29.4.1.3 Pay the Contractor's share of the fee per Health Check Provider for training as described below:
- C.5.21.29.4.1.3.1 \$50.00 if the Health Check Provider is paneled with a single MCO
- C.5.21.29.4.1.3.2 \$25.00 if the Health Check Provider is paneled with two MCOs
- C.5.21.29.4.1.3.3 \$16.67 if the Health Check Provider is paneled with three MCOs
- C.5.21.29.4.1.3.4 \$12.50 if the Health Check Provider is paneled with four MCOs
- C.5.21.29.5 Contractor shall provide additional training to Providers as requested by DHCF.

C.5.21.30 Provider Manual

- C.5.21.30.1 Contractor shall maintain and distribute to Network Providers a Provider Manual that comprehensively documents the policies and procedures pertaining to Contractor's Providers. Contractor shall submit the Provider Manual to DHCF for approval prior to the start of the Contract and all substantive subsequent changes to the Manual must be approved by DHCF prior to implementation of the changes. Contractor shall notify Providers thirty (30) days in advance of change and issue updates to the Provider Manual prior to implementing significant changes in policy or procedure. The Contractor shall submit an updated Provider Manual(s) to DHCF at least annually with substantive changes noted.
- C.5.21.30.2 The Provider Manual shall, at a minimum, address:
- C.5.21.30.2.1 Care Coordination requirements, utilization review procedures, authorization of services, including prior authorization requirements and Treatment Plan requirements described in section C.5.22 and C.5.23;
- C.5.21.30.2.2 The definition of Medical Necessity described in C.5.22.8, Contractor's Medical Necessity Criteria and how this definition is intended to guide Provider management of treatment as described in sections C.5.20 and C.5.22.5;
- C.5.21.30.2.3 Contractor's Provider selection, retention, and monitoring procedures, along with the access standards and capacity restrictions described in sections C.5.21.2 and C.5.21.18;
- C.5.21.30.2.4 Medical record requirements, including DHCF's and HHS' access to these records, along with an explanation of Advance Directive procedures described in section C.5.21.38;
- C.5.21.30.2.5 EPSDT requirements and the Salazar Consent Decree requirements as described in section C.5.20 and Attachment J.14;

- C.5.21.30.2.6 Protocols for fulfilling responsibilities to provide health related IDEA services as described in section C.5.20.4;
- C.5.21.30.2.7 Grievance, Appeals, and Fair Hearing procedures, including timelines and Provider obligations as described in section C.5.26.5 and C.26.9;
- C.5.21.30.2.8 Claims submission procedures and Contractor's prompt payment obligations as described in section C.5.27.2 and C.5.27.3;
- C.5.21.30.2.9 Information about how Providers may assist Enrollees in accessing substance abuse services, including but not limited to services available through APRA;
- C.5.21.30.2.10 Information about how Providers may assist Enrollees in accessing mental health services, including but not limited to those services available through the Department of Mental Health;
- C.5.21.30.2.11 Rights of Medicaid Enrollees (including those with limited English and those who are hearing impaired), including a description of obligations with respect to the Language Access Act of 2004, the Americans with Disabilities Act, and the other requirements described in C.5.8;
- C.5.21.30.2.12 Contractor's credentialing and re-credentialing policies described in section C.5.21.25, along with Contractor's mandatory and optional training requirements as described throughout section C;
- C.5.21.30.2.13 A comprehensive description of Contractor's fraud, waste, and abuse and compliance procedures as required in section C.5.25;
- C.5.21.30.2.14 Contractor's HIPAA Privacy and Security procedures and additional protections for maintaining Enrollee's privacy and confidentiality;
- C.5.21.30.2.15 The District and DHCF's mandatory reporting requirements, including communicable disease reporting requirements as described in section C.5.28;
- C.5.21.30.2.16 A description of Contractor's CQI Program including goals and Quality Assessment Performance Improvement plan and Program Evaluation, along with an explanation of the role of the EQRO as described in section C.5.24;
- C.5.21.30.2.17 An explanation of procedures, format, and timing for collection and reporting of claims data, Encounter Data, and other data utilization reports as described throughout sections C.5.27.2 and C.5.27.3;
- C.5.21.30.2.18 Procedures for reporting, investigating, addressing and documenting Critical Incidents and Sentinel Events as required by section C.5.24.9;
- C.5.21.30.2.19 Procedures for reporting Never Events and HCAC as described in sections C.5.21.25.19 and C.5.21.25.20;
- C.5.21.30.2.20 Protocols for managing occurrences of HCAC and Never Events

C.5.21.30.2.21 Criteria for Enrollees to receive Case Management services, processes for referring an Enrollee for Care Management and how to effectively work with Contractor's Case Managers.

C.5.21.31 Coordination with PCPs

C.5.21.31.1 Contractor shall define the relative responsibilities of the PCP and other staff in fulfilling diagnostic, planning and treatment tasks, and shall monitor treatment planning and provision of treatment to ensure that these responsibilities are carried out.

C.5.21.31.2 Contractor shall forward to the PCP any information about Enrollees' health history or health conditions received upon enrollment from DHCF, the Enrollment Broker, Enrollees, or other sources, in a manner that protects the Enrollee's confidentiality within thirty (30) days of receipt so that it can be considered in the Enrollee's initial evaluation.

C.5.21.31.3 Contractor shall ensure that, if an Enrollee has a new PCP who has not previously cared for that Enrollee, the Enrollee receives a comprehensive initial examination, screening for mental health and alcohol and drug abuse problems using a validated screening tool approved by DHCF prior to implementation, and referrals for any additional tests or examinations needed in order to complete a comprehensive assessment of the Enrollee's health condition.

C.5.21.31.4 During the initial examination and assessment of a Child, the PCP shall perform EPSDT screening and any additional assessment needed to determine whether a child meets the definition of a child with Special Health Care Needs and shall report this determination to the Contractor according to Contractor's defined procedure.

C.5.21.31.5 Contractor shall establish an effective system for PCPs to make referrals to other network services needed by Enrollees and for authorization of services that the PCP cannot authorize him or herself. Contractor shall monitor timeliness of referrals and access to specialists.

C.5.21.32 Provider Relations Department

C.5.21.32.1 Contractor shall maintain staff to perform Provider relations functions including:

C.5.21.32.1.1 Operate a toll-free telephone line for promptly answering in an average speed of 20 seconds or three rings. The toll-free telephone line shall receive Provider inquiries during normal business hours as defined in C.5.5 for a minimum of eight and a half (8.5) hours per day, Monday through Friday, and have a process in place to handle after-hours inquiries from Providers seeking to verify enrollment for an Enrollee in need of Urgent or Emergency Services. However, the Contractor and its Providers shall not require such verification prior to providing Emergency Services;

C.5.21.32.1.2 Maintain and distribute a Provider Manual(s). ;

C.5.21.32.1.3 Maintain a protocol that shall facilitate communication to and from Providers and the Contractor, and which shall include, but not be limited to, a Provider newsletter and

periodic Provider meetings;

- C.5.21.32.1.4 Except as otherwise required or authorized by DHCF or by operation of law, ensure that Providers receive 30 days advance notice in writing of policy and procedure changes, and maintain a process to provide education and training for Providers regarding any changes that may be implemented, prior to the policy and procedure changes taking effect;
- C.5.21.32.1.5 Work in collaboration with Providers to actively improve the quality of care provided to Enrollees, consistent with the QAPI and all other requirements of this Contract;
- C.5.21.32.1.6 Training Providers in accordance with section C.5.21.29, including but not limited to training regarding Contractor's procedures for authorization and claims payments;
- C.5.21.32.1.7 Assisting Providers to resolve billing and other administrative problems;
- C.5.21.32.1.8 Responding to Provider concerns about administrative processes;
- C.5.21.32.1.9 Responding to Provider concerns about Enrollees;
- C.5.21.32.1.10 Assisting Providers with obtaining payments from the District due to retroactive changes in Enrollee's eligibility status;
- C.5.21.32.2 Developing and implementing policies and procedures to notify Providers of a retroactive change within three (3) days of notification from the District; and
- C.5.21.32.3 Providing written notice to Providers to inform of the change in the reimbursement process and detailed information on how to obtain reimbursement from DHCF.

C.5.21.33 Performance Reporting Requirements

- C.5.21.33.1 Contractor shall submit all reports in accordance with the requirements included in section C.5.28.

C.5.21.34 Coordination of Health-related IDEA Services

- C.5.21.34.1 Contractor shall ensure that appropriate staff attend DHCF, DCPS, and OSSE training sessions to inform them about the requirements, services, and procedures of IDEA, and shall communicate this information to its PCPs and other staff through appropriate and effective means.
- C.5.21.34.2 Contractor shall ensure that its designated contact person for DCPS and the Early Intervention Program regularly attends any working group(s) sponsored by the District regarding the coordination and communication of physical, mental, and Behavioral Health services of Enrollees served by DCPS and the Early Intervention Program.

C.5.21.35 Coordination with Child and Family Services Agency and the Department of Youth Rehabilitation Services

- C.5.21.35.1 Contractor shall be responsible for coordinating the care of Enrollees that are wards of or

under the supervision of the Child and Family Services Agency and for the Department of Youth Rehabilitation Services.

- C.5.21.35.2 Contractor shall be required to designate a contact for the Child and Family Services Agency (CFSA) and for the Department of Youth Rehabilitation Services (DYRS) to develop any policies and procedures needed to coordinate health care for Enrollees affiliated with such agencies.

C.5.21.36 Coordination with Other Medicaid and Alliance MCOs

Contractor shall establish procedures for transfer of medical information, continuity of care and for linkage of medical information of Enrollees who transfer between the Medicaid, Alliance, and CASSIP plans.

C.5.21.37 Memoranda of Understanding

- C.5.21.37.1 DHCF shall develop Memoranda of Understanding (MOUs) to coordinate with various other agencies and offices in the District of Columbia.
- C.5.21.37.2 Contractor shall be required to comply with the terms of the MOUs with other DC agencies, as well as others developed by DHCF.

C.5.21.38 Advanced Directives

- C.5.21.38.1 Contractor shall develop written policies and procedures that ensure its staff and ProviderNetwork Providers comply with the requirements of 42 C.F.R. Ch. IV, Subpart I of part 489 regarding Advance Directives. These policies and procedures shall apply to all adult individuals receiving medical care by or through Contractor.
- C.5.21.38.2 Contractor shall educate its staff about its policies and procedures on Advance Directives, situations in which Advance Directives may be of benefit to Enrollees, and their responsibility to educate Enrollees about this tool and assist them to make use of it.
- C.5.21.38.3 Contractor shall educate Enrollees about their ability to direct their care using this mechanism and shall specifically designate which staff Beneficiaries and ProviderNetwork Providers are responsible for providing this education.
- C.5.21.38.4 Contractor shall inform individuals that appeals concerning noncompliance with the Advance Directive requirements shall be filed with the Health Regulation Administration, Department of Health.
- C.5.21.38.5 All information shall reflect changes in District laws as soon as possible, but no later than ninety (90) days after the effective change.
- C.5.21.38.6 In accordance with 42 C.F.R. § 438.6(i)(1-2), Contractor shall provide written information to Enrollees with respect to:
- C.5.21.38.6.1 Their rights under the law of the District of Columbia including the right to accept or refuse medical treatment and the right to formulate Advance Directives; and

C.5.21.38.6.2 Contractor's policies regarding the implementation of the Enrollees rights, including a statement of any limitation regarding the implementation of Advance Directives as a matter of conscience.

C.5.22 Utilization Management

C.5.22.1 Introduction

C.5.22.1.1 Contractor shall develop and maintain a well-structured Utilization Management (UM) program to facilitate Enrollees' receipt of all appropriate health care services in a fair, impartial and consistent manner.

C.5.22.1.2 Contractor shall establish policies and procedures for UM in accordance with 42 C.F.R. § 438.210 that shall both guard against inappropriate use of high cost, high risk services and procedures. The policies and procedures shall promote timely access to preventive treatment and rehabilitation services in accordance with evidence based standards of health care and include safeguards to ensure that the procedures are applied in an appropriate manner.

C.5.22.1.3 Contractor shall ensure that compensation to individuals or entities that conduct UM activities is not structured so as to provide incentives for the individual or entity to deny, limit or discontinue Medically Necessary Services to any Enrollee.

C.5.22.2 Utilization Management Program

C.5.22.2.1 Contractor shall operate a U M program consistent with District of Columbia HMO Act and current NCQA "Standards and Guidelines for the Accreditation of Health Plans," regardless of whether the Contractor is NCQA accredited. Included in the program shall be written Medical Necessity Criteria, a Utilization Review component of the UM program including authorization requirements, and a process for ensuring that authorization decisions are applied fairly, impartially and consistently.

C.5.22.2.2 Contractor shall have a written UM program description inclusive of a work plan and conduct an annual evaluation of its program. The program description and annual evaluation shall be reviewed and/or revised annually and submitted to DHCF for approval.

C.5.22.2.2.1 Contractor shall have an effective mechanism to detect both under and over utilization of services.

C.5.22.2.2.2 The UM Program shall provide a structured system of operations and monitoring of Enrollee utilization of benefits to ensure that appropriate, timely and cost-effective care is available and provided. The goal is to assess and improve the quality of medical care and resource allocation by utilizing nationally recognized guidelines/criteria, best practice protocols, community standards of care and data analysis to demonstrate patterns of care and outcomes.

C.5.22.2.2.3 Contractor shall comply with the performance reporting requirements specified in section C.16.

C.5.22.3 Utilization Management Staffing

Contractor shall establish a U M department located in the District of Columbia (DC), under the leadership of a manager with an RN or MD licensure in the District. This department shall be comprised of a multidisciplinary medical and Behavioral Health team with the appropriate skills and experience to conduct UM activities for the provision of Covered Services and benefits.

C.5.22.4 Utilization Review Process

- C.5.22.4.1 As part of its Utilization Management program, Contractor shall establish a Utilization Review process in accordance with 42 C.F.R. § 438.210(b) that shall encompass, at a minimum, the following:
- C.5.22.4.1.1 A formal utilization review committee directed by the Contractor’s Chief Medical Officer to oversee the utilization review process; review the UM program in its entirety, its results and activities; identify opportunities for improvement and recommend changes on an ongoing basis. The committee must be comprised of Contractor staff, including but not limited to the UM Manager and other key management staff.
- C.5.22.4.2 The Contractor’s written UM policies and procedures shall:
- C.5.22.4.2.1 Define the Contractor’s prior authorization process, use of review criteria and utilization review decision algorithm, that conforms to managed health care industry standards. The policies and procedures shall have the flexibility to efficiently authorize Medically Necessary services;
- C.5.22.4.2.2 Ensure that the review criteria for authorization determinations are applied consistently and require that the reviewer consult with the requesting Provider when appropriate;
- C.5.22.4.2.3 Identify services available upon an Enrollee’s direct request;
- C.5.22.4.2.4 Identify services that require pre-service authorization;
- C.5.22.4.2.5 Identify services that require concurrent review;
- C.5.22.4.2.6 Indicate circumstances that warrant post-service review;
- C.5.22.4.2.7 Include Contractor’s special procedures for management of high cost and high-risk cases; and
- C.5.22.4.2.8 Include a clear statement that Contractor is legally prohibited from denying services based upon cost.
- C.5.22.4.3 The Medical Necessity Criteria determinations as described in section C.5.22.5 must be incorporated into these policies and procedures. Contractor shall not use such policies and procedures to avoid providing Medically Necessary Covered Services.

C.5.22.5 Medical Necessity Criteria

- C.5.22.5.1 Contractor shall develop, adopt and maintain written Medical Necessity Criteria that complies with and conforms to managed health care industry standards. The Medical Necessity Criteria and Contractor's guidelines for implementing the Medical Necessity Criteria shall allow ProviderNetwork Providers and utilization reviewers to consider the nature of the Enrollee's home environment; individual circumstances and the local delivery system in determining what services to authorize.
- C.5.22.5.2 Medical Necessity Criteria applicable to children ages birth through twenty (20) years of age shall reflect EPSDT guidelines.
- C.5.22.5.3 Contractor's Medical Necessity Criteria shall be submitted to DHCF for approval within thirty (30) days of award of the Contract. Contractor shall annually review and update, when appropriate, the Medical Necessity Criteria. Any changes to Contractor's internally developed Medical Necessity Criteria shall require DHCF's prior approval.
- C.5.22.5.4 Contractor shall involve appropriate practitioners in developing, adopting/approving and reviewing Medical Necessity Criteria.
- C.5.22.5.5 Contractor shall communicate its Medical Necessity Criteria, along with any practice guidelines or other criteria used in making Medical Necessity determinations, to its Network Providers and make available upon request.
- C.5.22.5.6 To provide effective guidance and ensure consistency, utilization reviewers shall make authorization determinations consistent with the Medical Necessity Criteria and at no time shall any Covered Services be denied based upon cost. Contractor shall evaluate the consistency with which utilization reviewers apply criteria in decision making at least annually.
- C.5.22.5.7 Contractor shall provide specific Medical Necessity Criteria for authorization decisions to DHCF upon request.

C.5.22.6 Collaboration with Other Service System Reports and Referrals

- C.5.22.6.1 Contractor shall comply with the reporting requirements of the District of Columbia, including but not limited to those defined in section F.3.
- C.5.22.6.2 Contractor shall refer pregnant and post-partum women and children up to age five (5) who have been or are at risk for nutritional deficiencies or have nutrition-related medical conditions to the Special Supplemental Food Program for Women, Infants and Children (WIC) and shall furnish the WIC agency with the results of tests conducted to ascertain nutritional status. Contractor shall also direct all eligible Enrollees to the WIC program (Medicaid beneficiaries are automatically income-eligible) and coordinate with existing WIC Providers to ensure Enrollees have access to the special supplemental nutrition program for women, infants and children or Contractor shall provide these services. Contractor may use the nutrition education provided by WIC to satisfy related health education and promotion requirements.

C.5.22.7 Court Orders

- C.5.22.7.1 Contractor shall comply with all court orders applicable to Contractor, DHCF, and/or the District.
- C.5.22.7.2 Contractor shall pay for any services or evaluations included in a court order.
- C.5.22.7.3 Contractor shall respond to direct referrals from the court system for court-ordered evaluation. Such referrals shall be forwarded to appropriately qualified Providers who are able to promptly and fully respond to the needs of the court as defined in the court order. Contractor shall be responsible for oversight of the evaluation and for ensuring that the evaluation results are provided to the court.

C.5.22.8 Medically Necessary Services

- C.5.22.8.1 A service is Medically Necessary if a physician or other treating health Provider, exercising prudent clinical judgment, would provide or order the service for a Enrollee for the purpose of evaluating, diagnosing or treating illness, injury, disease, physical or mental health conditions, or their symptoms, and the provision of the service is in compliance with 1905(a) of the Social Security Act, 42 U.S.C. § 1396d(a), to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the District of Columbia State Medicaid plan;
- C.5.22.8.2 Medically Necessary services for individuals under age are services and benefits that promote normal growth and development and prevent, diagnose, detect, treat, ameliorate the effects or a physical, mental, behavioral, genetic, or congenital condition, injury, or disability;
- C.5.22.8.3 In accordance with generally accepted standards of medical practice;
- C.5.22.8.4 Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the enrollee's illness, injury, disease, or physical or mental health condition;
- C.5.22.8.5 Not primarily for the convenience of the Enrollee or treating physician, or other treating healthcare Providers, and more cost effective than an alternative service or sequence of services, and at least as likely to produce equivalent therapeutic or diagnostic results with respect to the diagnosis or treatment of that enrollees illness, injury, disease or physical or mental health condition;
- C.5.22.8.6 Contractor shall consider the individual circumstances specific to the Enrollee and shall take into account available clinical evidence as well as recommendations of the treating clinician and other clinical, educational, and social services professionals who treat or interact with the Enrollee;
- C.5.22.8.7 Except for Alliance Beneficiaries, Contractor shall cover and pay for Emergency Services regardless of whether the Provider that furnishes the services has a contract with Contractor. The Contractor shall be responsible for coverage and payment of

Emergency Services and post stabilization care services;

- C.5.22.8.8 The Contractor may not deny payment for treatment obtained when a representative of the entity instructs the Enrollee to seek Emergency Services. In accordance with 42 C.F.R. § 438.114(b) the Contractor may not limit what constitutes an Emergency Medical Condition on the basis of lists of diagnoses or symptoms;
- C.5.22.8.9 Post stabilization care services are covered and paid for in accordance with provisions set forth at 42 C.F.R. § 422.113(c). The Contractor is financially responsible for post-stabilization services obtained within or outside the entity that are pre-approved by the Network Provider or other entity representative;
- C.5.22.8.10 The Contractor is financially responsible for post-stabilization care services obtained within or outside the entity that are not pre- approved by a Network Provider or other entity representative, but administered to maintain the Enrollee’s Stabilized condition within 1 (one) hour of a request to the entity for pre-approval of further post stabilization care services;
- C.5.22.8.11 The Contractor is financially responsible for post stabilization care services obtained within or outside the entity that are not pre- approved by a Network Provider or other entity representative, but administered to maintain, improve or resolve the Enrollee’s Stabilized condition if:
- C.5.22.8.11.1 The Contractor does not respond to a request for pre-approval within 1 (one) hour;
- C.5.22.8.11.2 The Contractor cannot be contacted; or
- C.5.22.8.11.3 The Contractor’s representative and the treating physician cannot reach an agreement concerning the Enrollee’s care and a plan physician is not available for consultation. In this situation, the Contractor shall give the treating physician the opportunity to consult with a Network Physician and the treating physician may continue with care of the Enrollee until a Network Physician is reached.
- C.5.22.8.12 In accordance with 42 C.F.R. § 438.114(b) the Contractor may not refuse to cover Emergency Services based on the emergency room Provider, hospital or Fiscal Agent not notifying the Enrollee’s primary care Provider, the Contractor or DHCF of the Enrollees screening and treatment within 10 calendar days of presentation for Emergency Services.
- C.5.22.8.13 Contractor shall pay for treatment obtained when an Enrollee had an Emergency Medical Condition, including cases in which the absence of immediate medical attention would not have had the outcomes specified in 42 C.F.R. § 438.114(a) of the definition of Emergency Medical Condition. Contractor shall not retroactively deny a claim for an emergency screening examination because the condition, which appeared to be an Emergency Medical Condition under the “prudent layperson” standard, was in fact non-emergency in nature. Contractor may not require prior authorization for Emergency Services. This applies to out-of-network as well as to in-network services, which an Enrollee seeks in an emergency.

- C.5.22.8.14 Enrollee who has an Emergency Medical Condition may not be held liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the Enrollee.
- C.5.22.8.15 The attending emergency physician, or the Provider actually treating the Enrollee, is responsible for determining when the Enrollee is sufficiently Stabilized for transfer or discharge, and that determination is binding on Contractor.
- C.5.22.8.16 The Contractor's financial responsibility for post stabilization care services it has not pre-approved ends when:
- C.5.22.8.16.1 A network physician with privileges at the treating hospital assumes responsibility for the Enrollees care;
- C.5.22.8.16.2 A network physician assumes responsibility for the Enrollee's care through transfer;
- C.5.22.8.16.3 The Contractor's representative and the treating physician reach an agreement concerning the Enrollees care; or
- C.5.22.8.16.4 The Enrollee is discharged.
- C.5.22.8.17 The Contractor is responsible for services ordered to be furnished to an Enrollee by a Court of competent jurisdiction as described in this §. In the event that a Court orders a level or form of treatment that Contractor does not consider Medically Necessary, Contractor shall develop and furnish the Court with an alternative treatment plan and, if the Court approves the plan, Contractor shall assist the Enrollee to secure the treatment set forth in the plan. If the Court rejects the alternative plan, Contractor shall furnish the Court-ordered services. Contractor shall comply with the setting of care specified by the Court (e.g., work, school, childcare, home, or other setting).
- C.5.22.8.18 the Transition Enrollment Period, a service is Medically Necessary if it relates to the treatment that the Enrollee was receiving immediately prior to enrollment.
- C.5.22.8.19 In the case of an Enrollee, regardless of age, who requires a health examination as a condition of new or continuing employment, the health examination shall be considered Medically Necessary.
- C.5.22.8.20 Services related to the screening, testing, diagnosis, counseling and treatment of HIV/AIDS are Medically Necessary. Contractor shall participate in the Department of Health's initiatives regarding HIV/AIDS.
- C.5.22.8.21 A declared public health emergency, whether naturally occurring or human-made, shall constitute a finding of Medical Necessity for purposes of this §, with respect to all Covered Services.
- C.5.22.9 Authorization Decisions**
- C.5.22.9.1 Contractor's Chief Medical Officer shall be responsible for overseeing the

authorization decisions of the UM program to ensure that decisions are based on all relevant medical information available about the Enrollee and in accordance with evidence-based clinical practice standards promulgated by authoritative national or international authorities.

- C.5.22.9.2 In accordance with 42 C.F.R. § 438.210(b)(3), any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, must be made by a health care professional who has appropriate clinical experience in treating the Enrollee's condition or disease.
- C.5.22.9.3 Contractor's Chief Medical Officer shall personally review all denials of care for:
 - C.5.22.9.3.1 EPSDT services; and
 - C.5.22.9.3.2 Services for Enrollees with Special Health Care Needs.
- C.5.22.9.4 Contractor's Chief Psychiatric Medical Officer shall review all denials of care for mental/Behavioral Health treatment services.
- C.5.22.9.5 In accordance with 34 C.F.R. §§ 303.126 and 303.527 Contractors shall be required to reimburse OSSE if OSSE provides reimbursement for services in cases where IDEA related services have been delayed due to lack of timely provision of services to Enrollees. OSSE shall bill Contractor for these services and Contractor shall be required to reimburse OSSE within thirty (30) days of receipt of the bill.
- C.5.22.9.6 Contractor shall ensure that Providers shall provide immediate services for Enrollees Emergency Medical Condition in accordance with the Provider's license and scope of practice. Contractor's policies and procedures shall specifically state that a Provider is not required to verify an Enrollee's eligibility when an Enrollee requests services for an Emergency Medical Condition.
- C.5.22.10 Authorization Decision Time Frames**
 - C.5.22.10.1 Contractor shall establish decision time frames for:
 - C.5.22.10.1.1 Urgent Concurrent;
 - C.5.22.10.1.2 Urgent Expedited Pre-service;
 - C.5.22.10.1.3 Standard non-urgent pre-service; and
 - C.5.22.10.1.4 Post-service authorization decisions.
 - C.5.22.10.2 In accordance with 42 C.F.R. § 438.210(d) and National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans these time frames shall incorporate the following standards:
 - C.5.22.10.2.1 For urgent concurrent authorization decisions, as expeditiously as the Enrollee's health condition requires and no later than 24 hours of receipt of the request for service;

- C.5.22.10.2.2 For Urgent Expedited Pre-service Authorization decisions, as expeditiously as the Enrollee's health condition requires and no later than 72 hours of receipt of the request for service, with a possible extension of up to 14 calendar days, if:
- C.5.22.10.2.2.1 The Enrollee or the Provider requests an extension; or
- C.5.22.10.2.2.2 Contractor justifies to DHCF a need for additional information and how the extension is in the Enrollee's interest.
- C.5.22.10.2.3 For Standard Non-urgent Pre-service Authorization decisions, as expeditiously as the Enrollee's health condition requires and no later than 14 calendar days of receipt of the request for service, with a possible extension of up to 14 calendar days, if:
- C.5.22.10.2.3.1 The Enrollee or the Provider requests an extension; or
- C.5.22.10.2.3.2 Contractor justifies to DHCF a need for additional information and demonstrates that the extension is in the Enrollee's interest.
- C.5.22.10.2.4 For post-service Authorization decisions, as expeditiously as the Enrollee's health condition requires and no later than 14 calendar days of receipt of the request for service, with a possible extension of up to 14 calendar days, if:
- C.5.22.10.2.4.1 The Enrollee or the Provider requests an extension; or
- C.5.22.10.2.4.2 Contractor justifies to DHCF a need for additional information and demonstrates that the extension is in the Enrollee's interest.

C.5.22.11 Authorization Decision Notifications

- C.5.22.11.1 Contractor's Authorization decisions shall be communicated orally to the Provider who requested the authorization within twenty-four (24) hours of the decision.
- C.5.22.11.2 Within the time frames established by DHCF, in accordance with section C.10.8, Contractor shall give the Enrollee and requesting Provider written and oral notice of any adverse benefit determination, in accordance with 42 C.F.R. § 438.404.

C.5.22.12 Second Opinions

- C.5.22.12.1 Contractors shall, upon Enrollee request, provide Enrollee the opportunity to have a second opinion from a qualified Network Provider.
- C.5.22.12.2 In accordance with 42 C.F.R. § 438.206(b)(3), if an appropriately qualified Network Provider is not available, Contractor shall arrange for a second opinion outside the network at no charge to the Enrollee.
- C.5.22.12.3 Contractor shall respond within 24 hours or as indicated by the court to direct referrals from the court system for court-ordered services and ensure that appointments for Medically Necessary services are offered promptly. If Contractor determines that court-ordered services are not Medically Necessary, the Contractor shall recommend to the

court alternative services to address the Enrollee's needs.

C.5.23 Care Coordination and Case Management

- C.5.23.1 In accordance with 42 C.F.R. §438.208 and 42 C.F.R. §440.169, the Contractor shall:
- C.5.23.1.1 Ensure that each Enrollee has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating those services. The Contractor must provide information to the Enrollee on how the Enrollee can contact their designated person or entity responsible for coordinating care;
- C.5.23.1.2 Coordinate the services the Contractor furnishes to the Enrollee:
- C.5.23.1.2.1 Between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays;
- C.5.23.1.2.2 With the services the Enrollee receives from any other contractor;
- C.5.23.1.2.3 With the services the Enrollee receives in FFS Medicaid; and
- C.5.23.1.2.4 With the services the Enrollee receives from community and social support Providers.
- C.5.23.1.3 During the first thirty (30) days of the award of the Contract, referred to as the Transitional Period, as part of the Implementation Plan, Contractor shall have in place a plan for providing needed Care Coordination and case management services to Enrollees.
- C.5.23.1.4 Contractor shall, in consultation with Enrollee and the Enrollee's Providers, develop and implement a Care Plan to begin no later than the last day of the Transitional Period, if applicable.
- C.5.23.1.5 An Enrollee receiving on-going treatment may choose to continue this treatment until the course of therapy is concluded with his/her existing Provider, regardless of whether this Provider is in Contractor's Provider Network. Contractor shall notify the State of an Enrollee's request to continue cancer therapy treatment with a Non-Network Provider within five (5) Business days of Enrollee's request.
- C.5.23.1.6 In the case of a MCO transition, no MCO shall be auto-assigned Medicaid Beneficiaries if the MCO already has 65% or more of the District's Medicaid managed care Enrollees. In such a scenario, the other MCOs would exclusively receive re-enrollment of all the exiting MCO's Medicaid Beneficiaries.
- C.5.23.1.7 In accordance with 42 C.F.R. § 438.208, Contractor shall implement mechanisms to assess each Enrollee identified by DHCF as having Special Health Care Needs to identify any ongoing special conditions of the Enrollee that require a course of treatment or regular care monitoring.
- C.5.23.1.7.1 All Enrollees with Special Health Care Needs shall receive Care Coordination and Case Management services.

- C.5.23.1.7.2 For Enrollees with Special Health Care Needs, determined through an assessment by appropriate health care professions in accordance with 42 C.F.R. § 438.208(c)(2), to need a course of treatment or regular care monitoring, Contractor shall have mechanisms in place to allow Enrollees to directly access a specialist as appropriate for the Enrollee's condition and identified needs. Contractor shall also:
- C.5.23.1.7.2.1 Make a best effort to conduct an initial screening of each Enrollee's needs, within 90 days of the effective date of enrollment for all new Enrollees, including subsequent attempts if the initial attempt to contact the Enrollee is unsuccessful;
- C.5.23.1.7.2.2 Share with the State or other contractors serving the Enrollee the results of any identification and assessment of that Enrollee's needs to prevent duplication of efforts.
- C.5.23.1.8 Contractor shall Ensure that each Provider furnishing services to Enrollees maintains and shares, as appropriate, an Enrollee health record in accordance with professional standards; and
- C.5.23.1.8.1 Ensure that in the process of coordinating care, each Enrollee's privacy is protected in accordance with the privacy requirements in 45 C.F.R. parts 160 and 164 subparts A and E, to the extent that they are applicable.
- C.5.23.1.9 The Contractor shall develop policies and procedures for the coordination and continuity of care of the Enrollees.
- C.5.23.1.10 Care Coordination and Case Management Program
- C.5.23.1.10.1 Contractor shall have a written Care Coordination and Case Management program description inclusive of a work plan and conduct an annual evaluation of its program. The Contractor shall review and/or revise the program description and annual evaluation annually and submit them to DHCF for approval.
- C.5.23.1.10.2 The goal of the Care Coordination and Case Management program is to ensure the delivery of quality health care; to meet the individual's needs/preferences; to support the most efficient use of services through Care Coordination and Case Management activities to those who have complex medical and/or Behavioral Health needs and whose overall health care may benefit from assistance. This means that the person's needs/preferences are known; communicated at the right time to the right people; and that this information is used to guide the delivery of safe, and appropriate, value based care as evidenced by improved health outcomes.
- C.5.23.2 Program Design**
- C.5.23.2.1 The Care Coordination and Case Management program shall be a tiered model designed to address the diversity and range of Enrollees' health care needs. At least one tier must be designed for Enrollees with the most complex needs and at the highest risk for poor health outcomes ("highest tier").
- C.5.23.2.2 Contractor shall define criteria for the identification of Enrollees who are appropriate for case management services. The criteria shall be submitted to the DHCF for approval.

- C.5.23.2.3 Contractor shall develop a Comprehensive Case Management program utilizing Enrollee's physical and Behavioral Health status including cognitive functioning and condition-specific issues; utilization patterns; clinical history; activities of daily living; life planning; evaluation of cultural & linguistic needs, preferences or limitations and caregiver resources and natural community supports.
- C.5.23.2.4 Contractor shall develop a Complex Case Management program in accordance with the most recent NCQA Complex Case Management Standards and Guidelines for Health Plan Accreditation.
- C.5.23.2.5 Contractor shall develop a Resource Management (Care Coordination) Tiered program for individuals who have been screened and identified as requiring assistance, but they do not require Case Management services or required services but declined.
- C.5.23.2.6 Contractor shall identify high cost and high risk Enrollees utilizing a predicative modeling or similar software and/or develop internal criteria. Internally developed criteria shall be submitted to the State for approval.
- C.5.23.2.7 Contractor shall educate all Enrollees, in self-care strategies, illness prevention and Wellness activities.
- C.5.23.2.8 Contractor shall specifically tailor the program to improve the health outcomes of each participating Enrollee. The frequency and intensity of interventions, and staff assigned to the Enrollee shall vary based on each Enrollee's particular needs.
- C.5.23.2.9 Contractor shall develop a range of Care Coordination and Case Management activities that may vary in frequency or intensity based on each Enrollee's particular needs for each Tiered level.
- C.5.23.2.10 For at least the highest Tier of Enrollees, the Contractor shall assign to those Enrollees a Registered Nurse (RN) or a Licensed Independent Clinical Social Worker (LICSW) as the primary case/care manager, who may oversee a multidisciplinary Care Coordination team.
- C.5.23.2.11 The Contractor shall implement an electronic system for the tracking, profiling, reporting and management of Enrollees receiving Care Coordination and/or Case Management. The system shall track assessment completion, Care Planning, ongoing interventions including telephonic, face-to-face or home visits, e-mail, text, and mail contact between the case/care manager, the Enrollee and the Provider.
- C.5.23.2.12 Contractor shall implement a Provider portal or similar mechanism to enable timely and easy sharing of Care Coordination and Case Management activities between Providers serving the Enrollees. This information-sharing shall be implemented in accordance with HIPAA privacy and confidentiality safeguards.
- C.5.23.2.13 Contractor shall conduct Care Coordination and Case Management program Enrollee and Provider satisfaction surveys, at least annually. Results shall be included in the annual program evaluation. Contractors shall provide summaries of customer satisfaction surveys in accordance with the requirements found at 42 C.F.R.

§438.10(i)(3)(iv).

C.5.23.3 Care Coordination and Case Management Staff

C.5.23.3.1 Contractor shall establish a Care Management department located in the District of Columbia (DC), under the leadership of a Manager with an RN, LICSW or MD licensure in the DC.

C.5.23.3.2 Contractor shall implement the Care Coordination and Case Management Program under the leadership of a multidisciplinary medical and Behavioral Health team that includes a diverse staff with the appropriate skills to deliver clinical and non-clinical components of the program, including the Engagement of Enrollees into this program.

C.5.23.4 Identification and Engagement

C.5.23.4.1 Screening

C.5.23.4.2 Contractor shall conduct an initial screening of each Enrollee's needs, within 90 days of the effective date of enrollment for all new Enrollees.

C.5.23.4.3 DHCF reserves the right to specify or limit which screening tool or questionnaire(s) the Contractor shall be required to use.

C.5.23.4.4 Contractor shall develop a process for the successful Outreach and Engagement of Enrollees; such process must include documentation of all outreach attempts.

C.5.23.4.5 Contractor shall develop and/or implement algorithms, methods and strategies to identify Enrollees who are in need of Care Coordination or Case Management services.

C.5.23.4.6 Contractor shall accept referrals from the Contractor's staff, state agencies, Enrollees, other Providers, hospital discharge planners, ProviderNetwork Providers, or other knowledgeable sources to identify potential Enrollees who might be appropriate for Care Coordination and/or Case Management.

C.5.23.5 Care Plan Development, Implementation and Monitoring

C.5.23.5.1 Contractor shall develop a specific individualized Care Plan based on the information collected through an assessment of the Enrollee and at a minimum, shall include the following:

C.5.23.5.1.1 Specifies the long and short term goals with specific time lines and a course of action required to manage the medical, behavioral, social, educational complexities of the Enrollee's health condition;

C.5.23.5.1.2 Activities ensuring the active participation of the Enrollee and working with Providers/practitioners (or the individual's authorized health care decision maker) and others to develop these goals;

C.5.23.5.1.3 Refer and link the Enrollee with other programs and services (such as scheduling

appointments) that are capable of providing needed services to address identified needs and achieve goals specified in the Care Plan;

- C.5.23.5.2 Case/care managers shall work with the family and the PCP to plan case management activities. These activities shall be included in the Care Plan:
 - C.5.23.5.2.1 Assessment of progress toward meeting established Care Plan goals;
 - C.5.23.5.2.2 Identification of barriers to meeting goals and consideration of the Enrollee's ability to adhere to the Care Plan;
 - C.5.23.5.2.3 Development and communication of self-management and Wellness plans for Enrollees; and
 - C.5.23.5.2.4 Behavioral Health Crisis Prevention Plan, as appropriate.
- C.5.23.5.3 Contractor shall complete initial Care Plan within 30 days of enrollment into the Case Management program.
- C.5.23.5.4 Case Management may include contacts with non-Beneficiaries that are directly related to the Enrollee needs and care, for the purposes of helping the Enrollee access services, identifying needs and supports to assist the Enrollee in obtaining services, providing case/care managers with useful feedback including alerts to changes in the Enrollee's needs.
- C.5.23.5.5 Provide the Enrollee with the opportunity to sign off on the Care Plan goals and activities prior to the implementation of such plan and document such agreement;
- C.5.23.5.6 Contractor shall monitor and conduct follow up activities, and contacts that are necessary to ensure that the Care Plan is effectively implemented and adequately addresses the needs of the eligible individual and which may be with the individual, family Beneficiaries, service Providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to help determine whether the following conditions are met:
 - C.5.23.5.6.1 Services are being furnished in accordance with the individuals Care Plan;
 - C.5.23.5.6.2 Services in the Care Plan are adequate; and
 - C.5.23.5.6.3 There are changes in the needs or status of the Enrollee.
- C.5.23.5.7 Contractor shall demonstrate monitoring and follow up activities which include making necessary adjustments to the care plan and service arrangements with Providers/practitioners.
- C.5.23.5.8 Contractor shall continually reassess and monitor Enrollee goals set forth in the Care Plan; including the ongoing utilization of algorithms, methodology, predictive modeling or similar software tool to ensure appropriate case management services. The Contractor shall do the following:

- C.5.23.5.8.1 Monitor the Enrollee's compliance with the care plan and document recommendations for follow-up; and
- C.5.23.5.8.2 Perform periodic assessments, as indicated in the care plan, to determine the Enrollee's progress toward goals, to reassess his/her health status, and to update the care plan as necessary and as the Enrollee's care needs change. At a minimum, Care Plans shall be revised annually.

C.5.23.6 Ongoing Care Coordination and Case Management Activities

- C.5.23.6.1 Contractor shall at a minimum conduct the following ongoing Care Coordination and Case Management activities:
 - C.5.23.6.1.1 Assist in the development of an appropriate discharge plan prior to an Enrollee's hospital discharge or change in treatment setting, in coordination with appropriate staff, the Enrollee's PCP, and other Network Providers, as applicable. Where possible, the case/care manager should be present at discharge planning meetings;
 - C.5.23.6.1.2 Schedule home visits and face-to-face contacts, if necessary and appropriate, with the Enrollee;
 - C.5.23.6.1.3 Initiate activities, as indicated in the care plan, if one is required, to ensure Enrollees' timely and coordinated access to primary, medical specialty and Behavioral Health care, such as:
 - C.5.23.6.1.3.1 Reinforcement of PCP, specialists or ProviderNetwork Provider instructions;
 - C.5.23.6.1.3.2 Assistance in scheduling appointments;
 - C.5.23.6.1.3.3 Well-visit and preventive care reminders;
 - C.5.23.6.1.3.4 Follow-up reminders of medical and Behavioral Health appointments and confirming with the Enrollee that appointments have been kept; and
 - C.5.23.6.1.3.5 Wellness activities (e.g., smoking cessation, weight loss, etc.); and confirmation with Enrollees that they are adhering to medication recommendations.
 - C.5.23.6.1.4 Contractor shall initiate activities, as indicated in the care plan, if one are required, related to clinical management to ensure:
 - C.5.23.6.1.4.1 Medication review and reconciliation;
 - C.5.23.6.1.4.2 Communication with other treating Providers and other supports identified by the Enrollee;
 - C.5.23.6.1.4.3 Care transition planning; and
 - C.5.23.6.1.4.4 Education on self-management of chronic conditions.

- C.5.23.6.1.4.5 Facilitate communication among the Enrollee, the PCP, the Network Provider and other specialty Providers, and the Enrollee's support network, as identified by the Enrollee, who are involved in the Enrollee's health care, to promote service delivery coordination and improved outcomes;
- C.5.23.6.1.4.6 Collaborate with staff in other state agencies, community service organizations and Providers that's currently involved in meeting the Enrollee's needs or that may be helpful in meeting those needs;
- C.5.23.6.1.4.7 Monitor and track acknowledgment of receipt of the care plan by the Enrollee's PCP;
- C.5.23.6.1.4.8 Monitor medical and pharmacy utilization for Enrollees through claims data and appropriately update the care plan and/or coordinate follow-up care as indicated through data received.
- C.5.23.6.1.4.9 Document activities related to the provision of Care Coordination and Case Management to Enrollees and share progress reports with care team, with appropriate consent from the Enrollees, if required.

C.5.23.7 Transition

The Contractor shall develop policies and procedures for transition within Care Coordination and Case Management Tiers or program disenrollment, and submit them to DHCF for review and approval. Such policies must also address how to handle an Enrollee who transfers to a Health Home.

C.5.23.8 Care Coordination and Case Management Support to Health Homes

- C.5.23.8.1 The Contractor maintains ultimate responsibility for adhering to all terms and conditions of this Contract for Enrollees who are also enrolled in Health Homes.
- C.5.23.8.2 The Contractor shall designate a liaison to the Health Home.
- C.5.23.8.3 For Enrollees enrolled with a Health Home Provider to receive Health Home services, the Contractor shall:
 - C.5.23.8.3.1 Not provide Care Coordination and Case Management to the Enrollee simultaneously, but shall offer the Health Home and Health Home Provider ongoing support and consultation as necessary.
 - C.5.23.8.3.2 Report to the Health Home Provider information on Enrollees collected through predictive modeling or similar methodologies to support the Health Home in providing Health Home services to the Enrollee; and
 - C.5.23.8.3.3 If an Enrollee who has been enrolled in the Contractor's Care Coordination and Case Management program subsequently enrolls in a Health Home, Contractor shall contact that Health Home Provider to share the Enrollee's care plan, if available, and information regarding Care Coordination and Case Management interventions to date.

- C.5.23.8.4 While an Enrollee is enrolled with a Health Home, the Health Home will be assuming primary responsibility for Care Coordination and Case Management services; however, the Contractor will retain the accountability for the Enrollee. The Contractor shall ensure there is a smooth transition of care to the Health Home and shall offer the Health Home ongoing support and consultation as necessary. Contractor shall offer the following:
- C.5.23.8.4.1 Provide support, consultation and problem-solving at the request of the Health Home;
- C.5.23.8.4.2 Inform the Health Home about the Contractor's and community-based resources that may support the Health Home in offering practice-based Health Home services; and
- C.5.23.8.4.3 Propose how the Contractor can support Health Home in offering Clinical Care Management Services that appropriately address Enrollees' Medical and Behavioral Health needs.
- C.5.23.8.4.4 Attend and participate in all Health Home meetings and workgroups as directed by DHCF with a particular focus on workgroups targeting the integration of Health Home practice-based Care Coordination and Case Management with health plan-based Care Coordination and Case Management.

C.5.23.9 Health Home Reporting

Contractor shall submit all reporting requirements listed in Section C.16 to DHCF in a template and frequency specified by DHCF.

C.5.24 Quality Assessment and Performance Improvement (QAPI)

- C.5.24.1 Introduction
- C.5.24.1.1 Contractor shall, in accordance with Title XIX of the Social Security Act, 42 C.F.R. Part 438, and applicable NCQA Standards and Guidelines for the Accreditation of Health Plans, along with other CMS and DHCF guidance related to quality improvement activities, exhibit the commitment, knowledge, and technical capacity needed to achieve improvements in the quality of health care and service on an ongoing basis.
- C.5.24.1.2 In accordance with 42 C.F.R. § 438.330, the D.C. HMO Act, D.C. Code § 31-3406, Contractor shall develop, maintain and operate a Quality Assessment and Performance Improvement (QAPI) program consistent with this Contract which shall be reviewed and/or revised annually and submitted to DHCF for approval.
- C.5.24.1.3 Contractor shall maintain a well-defined QAPI structure that includes a planned, systematic approach to improving clinical and non-clinical processes and outcomes. At a minimum, Contractor must ensure that the QAPI Program structure:
- C.5.24.1.3.1 Is organization-wide, with clear lines of accountability within the organization;
- C.5.24.1.3.2 Includes a set of functions, roles, and responsibilities for the oversight of QAPI activities that are clearly defined and assigned to appropriate individuals, including physicians, other clinicians, and non-clinicians;

- C.5.24.1.3.3 Includes annual objectives and/or goals for planned projects or activities including clinical and non-clinical programs or initiatives and measurement activities; and
- C.5.24.1.3.4 Evaluates the effectiveness of clinical and non-clinical initiatives.
- C.5.24.1.4 Contractor must submit a QAPI Program Annual Summary in a format and timeframe specified by DHCF or its designee. The written summary must describe how the Contractor:
 - C.5.24.1.4.1 Analyzes the processes and outcomes of care using currently accepted standards from recognized medical authorities;
 - C.5.24.1.4.2 Analyzes data, including social determinants of health, to determine differences in quality of care and utilization, as well as the underlying reasons for variations in the provision of care to Enrollees; and
 - C.5.24.1.4.3 Develops system interventions to address the underlying factors of disparate utilization, health-related behaviors, and health outcomes, including but not limited to how they relate to high utilization of Emergency Services
 - C.5.24.1.4.4 Uses measures to analyze the delivery of services and quality of care, over and underutilization of services, disease management strategies, and outcomes of care.
- C.5.24.1.5 Contractor must keep participating physicians and other Network Providers informed about the QAPI Program and related activities.

Contractor must include in Provider contracts a requirement securing cooperation with the QAPI.
- C.5.24.1.6 Contractor must integrate Behavioral Health into its QAPI Program and include a systematic and ongoing process for monitoring, evaluating, and improving the quality and appropriateness of Behavioral Health Services provided to Beneficiaries. Contractor must collect data, and monitor and evaluate for improvements to physical health outcomes resulting from Behavioral Health integration into the Member's overall care.
- C.5.24.1.7 The QAPI program shall be consistent with the following requirements, but not limited to:
 - C.5.24.1.7.1 Contractor shall at least annually collect and submit performance measurement data in accordance with 42 C.F.R. § 438.330(c)(2);
 - C.5.24.1.7.2 Using performance measures including, but not limited to, HEDIS®, CAHPS®, Provider surveys, satisfaction surveys, CMS specified Core Measures, EPSDT, Clinical and Non-clinical Initiatives, Practice Guidelines, Focused Studies, Adverse Events and all External Quality Review Organization (EQRO) activities as part of its QAPI program;
 - C.5.24.1.7.3 Mechanisms to detect both underutilization and overutilization of services;

- C.5.24.1.7.4 Mechanisms to assess the quality and appropriateness of care furnished to Enrollees with Special Health Care needs as defined by DHCF;
 - C.5.24.1.7.4.1 Ensuring all Contractor agreements (or provision of an agreement) with Providers contain a requirement to allow DHCF, or its designee, reasonable access to records or files for CQI activities;
 - C.5.24.1.7.5 Integrate the following Program Descriptions/Strategies into the QAPI:
 - C.5.24.1.7.5.1 Case Management and Care Coordination;
 - C.5.24.1.7.5.2 UM; and
 - C.5.24.1.7.5.3 Provider Network Management
 - C.5.24.1.7.6 Using the results of these performance measures and any other performance measures specified by DHCF to assess the effectiveness of its QAPI program. The QAPI program shall include iterative processes for assessing and monitoring quality performance, including but not limited to: barrier analysis; identifying opportunities for improvement; implementing targeted and system interventions; and regularly monitoring for effectiveness utilizing CQI.
 - C.5.24.1.7.7 Maintaining an organizational structure, lines of authority and accountability for CQI functions within the QAPI including, but not limited to: responsibilities of the Chief Quality Officer; Chief Medical Officer and Quality Improvement Manager. Contractor must designate a senior executive responsible for the QAPI Program and the Chief Medical Officer must have substantial involvement in QAPI Program activities.
 - C.5.24.1.7.8 Maintaining a Quality Management Committee (QMC) for purposes of reviewing the QAPI program, its results and activities, and recommending changes on an ongoing basis. The QMC must be comprised of Contractor staff, including but not limited to the Quality Improvement Manager and other key management staff, as well as health professionals providing care to Enrollees.
 - C.5.24.1.7.9 Conducting performance improvement projects (PIP) that are designed to achieve, through ongoing measurements and interventions, improvement, sustained over time in clinical care and nonclinical areas that are expected to have a favorable effect on health outcomes and Enrollee satisfaction. If CMS specifies performance measures and PIPs in accordance with 42 C.F.R. § 430.330(a)(2), the Contractor must report such performance measures to DHCF and conduct such PIPs.
 - C.5.24.1.7.10 The Contractor must report the status and the results of each PIP to DHCF at least annually.
 - C.5.24.1.7.11 The Contractor must adhere to the following practices as part of its QAPI program, and include the following elements in performance improvement projects:
 - C.5.24.1.7.11.1 Objective quality indicators must be used to measure performance;

- C.5.24.1.7.11.2 Establishment of performance goals and identifying benchmarks;
- C.5.24.1.7.11.3 Planning and initiation of activities for increasing or sustaining improvement;
- C.5.24.1.7.11.4 Implementation of system interventions to achieve improvement in the access to; availability of and quality of care;
- C.5.24.1.7.11.5 Systems must be in place to evaluate the effectiveness of each intervention based on the performance measures; and
- C.5.24.1.7.11.6 Quarterly, Contractor must submit performance improvement data and an analysis of that data to DHCF and/or EQRO in the timeframe and format specified by DHCF or its contracted EQRO as applicable.
- C.5.24.1.8 The Contractor shall conduct an annual evaluation of its QAPI program which, at a minimum, must include:
 - C.5.24.1.8.1 Analysis of improvements in the access and quality of health care and services for Enrollees as a result of quality assessment and improvement activities and targeted interventions carried out by the Contractor;
 - C.5.24.1.8.2 Consideration of trends in service delivery and health outcomes over time and include monitoring of progress on performance goals and objectives; and
 - C.5.24.1.8.3 Information on the effectiveness of the Contractor's QAPI program must be provided annually to Network Providers, up request to Enrollees, and annually to DHCF through the compliance review or upon request.
- C.5.24.2 NCQA Accreditation**
 - C.5.24.2.1 If the Contractor is not accredited for its DHCF Medicaid product as of the start date of this Contract, the Contractor shall obtain the National Committee for Quality Assurance (NCQA), Health Plan Accreditation and Case Management Accreditation within twelve (12) months of the awarding of a Contract under this RFP and shall maintain such accreditation thereafter. Failure to obtain the specified NCQA accreditation by the date specified and failure to maintain such accreditation thereafter shall be considered a breach of this Contract and shall result in immediate freezing of enrollment in the Contractor's plan and may result in termination of this Contract.
 - C.5.24.2.2 If the Contractor has obtained NCQA Health Plan Accreditation and Case Management Accreditation for its DHCF Medicaid product as of the start date of this Contract, the Contractor shall maintain such NCQA accreditation throughout the period of this Contract. Failure to maintain such accreditation shall be considered a breach of this Contract and shall result in immediate freezing of enrollment in the Contractor's plan and may result in termination of this Contract.
 - C.5.24.2.3 In accordance with 42 C.F.R. §§ 438.332, Contractor must authorize private accreditation organizations, such as NCQA, to provide DHCF Division of Quality and Health Outcomes (DQHO) with a copy of its most recent accreditation review, including

(1) accreditation status, survey type, and level (as applicable), (2) accreditation results, included recommended actions or improvements, Corrective Action Plans, and summaries of findings and (3) expiration date of accreditation.

C.5.24.2.4 The Contractor shall also provide DHCF DQHO with a copy of all NCQA Accreditation findings within seven (7) days of Contractor receipt from NCQA.

C.5.24.2.5 Achievement of provisional NCQA accreditation status shall require the Contractor to submit a CAP to DHCF within thirty (30) calendar days of receipt of notification from NCQA and may result in freezing enrollment in the Contractor's plan or termination of this Contract.

C.5.24.3 CQI Plan

C.5.24.3.1 Contractor shall implement a CQI plan as part of its QAPI program in compliance with 42 C.F.R. §§ 438.330, the D.C. HMO Act, D.C. Code § 31-3406. The Contractor's CQI plan shall include a mechanism for, but not limited to, the following:

C.5.24.3.1.1 systematic collection and desired frequency of performance data, health care quality and Enrollee outcomes;

C.5.24.3.1.2 sharing performance data, health care quality and Enrollee outcomes to Network Providers; and

C.5.24.3.1.3 making necessary changes to Contractor's operations, policies and procedures to improve health care quality.

C.5.24.3.2 The CQI plan shall be reviewed, and/or revised at least annually and submitted to DHCF for approval. The evaluation of the CQI plan shall include, but not be limited to, the results of activities that demonstrate the Contractor's assessment of the clinical quality of physical and Behavioral Health care rendered, and related accomplishments, compliance and/or deficiencies.

C.5.24.3.3 A description of Contractor's performance matrix for:

C.5.24.3.3.1 Improving health care quality as a result of information obtained through analysis of, including but not limited to: HEDIS® performance measures; performance improvement projects; any CMS specified Core measures; survey results, including CAHPS® surveys; adverse events and chart/file reviews;

C.5.24.3.3.2 Reducing racial, socioeconomic and ethnic disparities in health care utilization and in health outcomes. Comparing health care utilization data for Enrollees by Enrollee subgroups, such as, race/ethnicity, language and by DC ward against prior year performance and where possible, against regional and national benchmarks;

C.5.24.3.3.3 Improving performance in response to information obtained through the EQRO reports;

C.5.24.3.3.4 Implementing a schedule for system and targeted quality improvement activities;

C.5.24.3.4 Provider/Practitioner performance monitoring using performance measures reflecting currently accepted standards of evidence-based care and clinical practice guidelines as described in section C.5.23.23 and provide feedback, and/or offer pay for performance programs or other alternative payment models to Providers based on performance.

C.5.24.4 Health Information System and Encounter Data

C.5.24.4.1 Contractor must maintain a health information system that collects, analyzes, integrates and reports data and can achieve the objectives of 42 C.F.R. §§438.242. The system must provide information on the areas including, but not limited to utilization, claims, Grievance and appeals as well as enrollment and disenrollment for reasons other than loss of Medicaid eligibility.

C.5.24.4.2 Contractor must provide complete Encounter Data for all Covered Services in the format specified by DHCF including the method of transmission and the submission schedule. The submission of Encounter Data transmissions must include all Encounter Data and Encounter Data adjustments processed by the Contractor. Encounter Data quality validation must incorporate assessment standards developed jointly by the Contractor and DHCF.

C.5.24.4.2.1 Contractor, in accordance with 42 C.F.R. §§ 438.242(c), must provide for:

C.5.24.4.2.2 Collection and maintenance of sufficient Enrollee Encounter Data to identify the Provider who delivers any item(s) or service(s) to Enrollees;

C.5.24.4.2.3 Submission of Enrollee Encounter Data to the District at a frequency and level of detail to be specified by the State, based on program administration, oversight and program integrity needs;

C.5.24.4.2.4 Submission of all Enrollee Encounter Data that the District is required to report to CMS under 42 C.F.R. § 438.818;

C.5.24.4.2.5 Specifications for submitting Encounter Data to the District in standardized ASC X12N 837 and National Council for Prescription Drug Programs (NCPDP) formats and the ASC X12N 835 format as appropriate.

C.5.24.4.3 State Review and Validation of Encounter Data

C.5.24.4.3.1 Contractor must validate the completeness and accuracy of the reported Encounter Data and that it precisely reflects the services provided to the Enrollees under this Contract.

C.5.24.4.3.2 Contractor must ensure timely submission of data.

C.5.24.4.3.3 Contractor shall have policies and procedures in place to monitor data completeness, consistency, and validity including an attestation process.

C.5.24.5 Quality Improvement Staff

- C.5.24.5.1 The qualifications, staffing level and available resources must be sufficient to meet the goals and objectives of the QAPI program, the CQI plan and its related activities. Such activities include, but are not limited to: obtain or maintain NCQA Accreditation; monitoring and evaluating services; assessing satisfaction; monitoring Provider performance; involvement of Enrollees in CQI initiatives, conducting performance improvement projects; and related quantitative and qualitative data and statistical analyses.
- C.5.24.5.2 The Contractor shall have written documentation listing the staffing resources that are directly under the organizational control of the Chief Quality Officer and are dedicated to the implementation of QAPI program (including total FTEs, percent of time dedicated to QAPI for this Contract, educational background, professional and clinical quality management experience, clearly defined role and responsibilities for this Contract) that is available to DHCF and the EQRO upon request. Any changes to this staffing plan must be approved by the DHCF.
- C.5.24.5.3 In accordance with § C.5.4.2.5, Contractor shall designate a Chief Quality Officer to be accountable for the administrative success of the QAPI program and CQI plan for this Contract. The Chief Quality Officer shall work in collaboration with the Chief Medical Officer and the Quality Improvement Manager.
- C.5.24.5.4 The Chief Quality Officer shall be accountable for the CQI activities of the Contractor's Network and Non-Network Providers, as well as the subcontracted or delegated Providers.
- C.5.24.5.5 Contractor shall designate a Quality Improvement Manager to be responsible for the development, implementation and evaluation of the QAPI program and the CQI plan under the guidance of the Chief Quality Officer.
- C.5.24.5.6 The Chief Quality Officer and the Quality Improvement Manager shall participate in monthly CQI meetings with DHCF and the EQRO.
- C.5.24.5.7 Contractor shall send staff with an appropriate level of decision-making authority to participate in planning meetings that may involve DHCF; other contracted managed care organizations; other District agencies; the DHCF Advisory Groups and other stakeholders.

C.5.24.6 Performance Measures

- C.5.24.6.1 Contractor shall directly contract with an NCQA certified HEDIS® auditor and CAHPS® vendor.
- C.5.24.6.2 Contractor shall submit all performance measures required by DHCF, according to the DHCF specifications and timelines. For the purposes of public reporting, all NCQA HEDIS® performance measure data must be submitted to NCQA Quality Compass. CAHPS® survey results must be submitted to NCQA Quality Compass and to the National CAHPS Benchmarking Database.

- C.5.24.6.3 Contractor shall have systems in place for analyzing its performance measures and shall report to DHCF any CQI activities.
- C.5.24.6.4 Contractor shall conduct the following three (3) CAHPS surveys per year: Adults; Children; and Children with Chronic Conditions. Contractor shall also conduct the Agency for Healthcare Research and Quality (AHRQ) Experience of Care and Health Outcomes (ECHO) survey. The ECHO accesses the experiences of adults and children who have received mental health or substance abuse services. The contractor shall include in such surveys any additional questions as requested by DHCF and the EQRO.
- C.5.24.6.5 To assess Provider/Practitioner satisfaction, the Contractor shall conduct a Provider/Practitioner satisfaction survey annually.
- C.5.24.6.6 Contractor shall conduct an Enrollee access and availability survey at least annually to assess compliance to the Contract standards for access to Covered Services and appointment times.
- C.5.24.6.7 Contractor shall: identify disparities in health services and health outcomes between subpopulations/groups (race/ethnicity and language); identify social determinants of health; and identify the causes for health disparities and develop a plan of action and timeline to remediate those social determinants of health and health disparities and through targeted interventions and submit to DHCF as part of the QAPI program and CQI plan. This plan of action shall include a performance measurement and evaluation component, in coordination with section C.5.24.6.
- C.5.24.6.8 Provider Performance Requirement
- C.5.24.6.8.1 Contractor shall measure the performance of Providers quarterly utilizing a Provider profiling and report card system. This system shall consist of, but not limited to:
- C.5.24.6.8.1.1 Provider profiling activities for PCPs, Behavioral Health Providers and, as directed by DHCF, and other high Provider utilizer types, at least annually. As part of its quality activities, the Contractor must describe the methodology it uses to identify which and how many Providers to profile and to identify measures to use for profiling such Providers. Provider profiling activities must include, but are not limited to:
- C.5.24.6.8.1.1.1 Developing Provider-specific reports that include a multi-dimensional assessment of a Provider's performance using clinical, administrative, and Enrollee satisfaction indicators of care that are accurate, measurable, and relevant to the enrolled population;
- C.5.24.6.8.1.1.2 Establishing Provider, group, or Regional benchmarks for areas profiled, where applicable, including DHCF Medicaid-specific benchmarks, if any;
- C.5.24.6.8.1.1.3 Providing feedback to Providers, at least quarterly, regarding the results of their performance and the overall performance of the Provider Network and shall submit copies of this feedback to DHCF upon request;

- C.5.24.6.8.1.1.4 Designing and implementing QIPs for Providers who receive a relatively high denial rate for pre-service, concurrent, or post-service authorization requests, including referral of these Providers to the Network management staff for education and technical assistance; and
- C.5.24.6.8.1.1.5 Using the results of its Provider profiling activities to identify areas of improvement for Providers, and/or groups of Providers, utilize benchmarking data to identify and manage outliers. The Contractor shall:
 - C.5.24.6.8.1.1.5.1 Establish Provider-specific quality improvement goals for priority areas in which a Provider or Providers do not meet established Contractor standards or improvement goals and take appropriate action when performance is determined by the Contractor to be out of compliance;
- C.5.24.6.8.1.1.6 Contractor shall recommend appropriate action to correct identified deficiencies, and monitor corrective action by Providers.
- C.5.24.6.8.1.1.7 Develop and implement incentives, which may include financial and non-financial incentives, such as alternative payment models to motivate Providers to improve performance on profiled measures;
- C.5.24.6.8.1.1.8 Conduct on-site visits to Network Providers for quality improvement purposes; and
- C.5.24.6.8.1.1.9 At least annually, identify, establish improvement goals, with periodic measurement and report to DHCF on the Provider Network's progress, or lack of progress, towards meeting such improvement goals.

C.5.24.7 Public Reporting of Performance

DHCF shall publicly highlight the performance of Contractors on the performance measures described in, but not limited to section C.5.2413 and other performance reports described in section F.3.

C.5.24.8 Clinical and Non-Clinical Initiatives

- C.5.24.8.1 As part of its QAPI Program, Contractor shall undertake clinical and non-clinical initiatives that address the following, but not limited to:
 - C.5.24.8.1.1 Low Acuity Non-Emergent ED Visit (LANE);
 - C.5.24.8.1.2 Potentially Preventable Admissions (PPA);
 - C.5.24.8.1.3 30 Day All Cause Re-Admission;
 - C.5.24.8.1.4 48 hour Follow-up Post ED and Inpatient Admissions;
 - C.5.24.8.1.5 HIV Viral Load < 200/copies/ml blood; and
 - C.5.24.8.1.6 Other clinical and non-clinical areas as determined by DHCF or EQRO.

C.5.24.8.1.7 All initiatives shall be developed using a scientifically sound research design, methodology, and analytical framework. Establish goals to measure improvement and identify benchmarks.

C.5.24.9 Adverse Events

C.5.24.9.1 Contractor shall have policies and procedures for documenting, reporting, investigating and addressing Adverse Events, such as, Critical Incidents; Sentinel (as defined by The Joint Commission) and Never Events; Health Care Acquired Conditions (HCAC); and Mortalities including responsible parties for performing each activity. These policies and procedures shall be reviewed and approved by DHCF and included in Contractor's Provider Manual.

C.5.24.9.2 Contractor shall notify DHCF's DQHO of all Adverse Events described in C.12.10 within twenty-four (24) hours of their occurrence or knowledge of their occurrence. Should the event occur on a Friday, during the weekend or a District holiday, notification shall be conveyed on the first workday after the event.

C.5.24.9.2.1 Contractor shall report an Adverse Event follow-up within 30 days of notification to include a root cause analysis, actions taken, and an evaluation of the corrective actions taken to address the situation, reduce risk and prevent additional occurrences.

C.5.24.10 Mortality Reviews

C.5.24.10.1 Contractor shall conduct a mortality review on all Enrollees 0-20 years of age, regardless of whether the death is deemed a Sentinel Event, and must notify DHCF within twenty-four (24) hours of their occurrence or knowledge of their occurrence. Should the event occur on a Friday, during the weekend or a District holiday, notification shall be conveyed on the first workday after the event.

C.5.24.10.2 Contractor shall report a mortality review follow-up within 30 days of notification to DHCF which shall include a root cause analysis, corrective actions taken as well as an evaluation of the actions taken, as applicable, and the outcome of the review.

C.5.24.10.3 Contractor shall summarize and report quarterly to DHCF's Division of Quality and Health Outcomes in accordance with section F.3 all Adverse Events described in C.5.24.9 and the Contractor's actions taken including the identification of trends and the outcomes of such action.

C.5.24.10.4 Contractor shall designate a multi-disciplinary committee under the leadership of the Chief Quality Officer to review Adverse Events as described in section C.5.24.9 as they occur, as well as to review summary reports on a quarterly basis. The committee shall order and monitor needed corrective actions, if the action is remediable. Issue protocols designed to guide Providers/practitioners in preventing or providing appropriate responses to commonly experienced events or identified trends warranting opportunities for improvement activities.

C.5.24.10.5 Cooperation with EQRO

In accordance with 42 C.F.R. §§ 438.350 and §438.358, Contractor shall fully cooperate and collaborate with all DHCF's EQRO activities, personnel, any requests for data/documentation/reports, as well as any DHCF staff or contractors who are assisting DHCF in its EQRO and CQI efforts.

C.5.24.10.6 Auditing and Monitoring

In accordance with section E, DHCF, its designee, and the EQRO may perform reviews and audits to ensure that the Contractor is in compliance with the requirements set forth in this Contract. The reviews and audits may include, but not limited to the following: Desk top; on-site visits; staff and Enrollee interviews; medical record reviews (paper or electronic); claims payment systems; care/case management software systems; customer relations system; review of CQI policies and procedures; reports; committee activities; credentialing and re-credentialing activities; denials; /Grievance and appeals activities; corrective action and follow-up plans; peer-review process; review of survey results; and staff and Provider qualifications.

C.5.24.10.7 Corrective Action

C.5.24.10.7.1 DHCF shall require the Contractor to develop a CAP for any case of non-compliance or poor performance under the Contract, including, but not limited to instances where DHCF believes the Contractor's quality improvement efforts are inadequate, or for improving performance in areas that DHCF identifies as weaknesses in Contractor's performance.

C.5.24.10.7.2 Contractor shall submit a CAP for approval within ten (10) Business days of DHCF's request.

C.5.24.10.7.3 The CAP shall include, at a minimum:

C.5.24.10.7.3.1 Stated Goal;

C.5.24.10.7.3.2 A definition of the problem;

C.5.24.10.7.3.3 Identified Barriers;

C.5.24.10.7.3.4 Contractor's proposed course of action(s) for eliminating the barriers;

C.5.24.10.7.3.5 Timeframes for beginning and completing the identified course of action(s);

C.5.24.10.7.3.6 How to Sustain compliance or improvement;

C.5.24.10.7.3.7 Assigned Responsibility Parties;

C.5.24.10.7.3.8 Deliverables; and

C.5.24.10.7.3.9 Outcomes/Results

C.5.24.11 Sanctions

- C.5.24.11.1 In accordance with 42 C.F.R. § 438.702, DHCF may employ Contract remedies and/or sanctions to address any Contractor noncompliance with the Contract and poor performance including, but not limited to:
- C.5.24.11.1.1 Failure to take corrective action or adhere to a CAP;
 - C.5.24.11.1.2 Misrepresenting or falsifying information provided to the DHCF;
 - C.5.24.11.1.3 Failure to comply with any reporting requirement and timely submission;
 - C.5.24.11.1.4 Failure to submit any DHCF requested performance measure and data analysis; and
 - C.5.24.11.1.5 Additional areas of noncompliance for which DHCF may impose remedies and sanctions include, but are not limited to:
 - C.5.24.11.1.5.1 Marketing Practices;
 - C.5.24.11.1.5.2 Member Services;
 - C.5.24.11.1.5.3 Provision of Medically Necessary Covered Services;
 - C.5.24.11.1.5.4 Enrollment Practices, including but not limited to, discrimination on the basis of health status or need for health services;
 - C.5.24.11.1.5.5 Provider Networks;
 - C.5.24.11.1.5.6 Provider Payments;
 - C.5.24.11.1.5.7 Financial Requirements including but not limited to, failure to comply with physician incentive plan requirements or imposing charges that are in excess of charges permitted under the Medicaid program;
 - C.5.24.11.1.5.8 Enrollee Satisfaction;
 - C.5.24.11.1.5.9 Performance Standards included in the Contract;
 - C.5.24.11.1.5.10 NCQA Accreditation; and
 - C.5.24.11.1.5.11 Violating any of the other applicable requirements of §§ 1903(m) or 1932 of the Act and any implementing regulations.
 - C.5.24.11.1.6 DHCF shall utilize a variety of means to assure compliance with Contract requirements. DHCF will pursue remedial actions or improvement plans for the Contractor to implement to resolve outstanding requirements. If remedial action or improvement plans are not appropriate or are not successful, Contract sanctions will be implemented. DHCF may utilize intermediate sanctions as described in 42 C.F.R. § 438.700.

C.5.25 Fraud, Waste, and Abuse Provisions and Protections

- C.5.25.1 Contractor shall comply with all District and federal laws and regulations relating to fraud, abuse, and waste in health care benefits programs including, specifically, the Medicaid program. Contractor shall cooperate and assist the District and any state or federal agency charged with the duty of identifying, investigating, or prosecuting suspected fraud, abuse or waste. Contractor shall provide originals and/or copies (at no charge) of all records and information requested. Contractor shall permit DHCF, its Office of Program Integrity and/or its authorized agent(s), the U.S. Department of Health and Human Services, Office of Inspector General, CMS, Federal Bureau of Investigation, and the District's Medicaid Fraud Control Unit reasonable access to its records, facilities and personnel, including contractors and Independent Contractors, if applicable. Such access shall take place no later than five (5) days from the request unless Contractor can demonstrate good cause for extending this timeframe.
- C.5.25.1.1 The Contractor, subcontractor and Providers, whether contract or non-contract, shall, upon request and as required by this Contract or District and/or federal law, make available to the District's MFCU, Division of Program Integrity, and Department of Human Services/ Economic Security Administration any and all administrative, financial and medical records relating to the delivery of items or services for which Medicaid or Alliance monies are expended. Such records will be made available at no cost to the requesting agency. In addition, the District's MFCU, Division of Program Integrity, and Department of Human Services/ ESA shall, as required by this Contract or state and/or federal law, be allowed access to the place of business and to all Medicaid, Alliance or ICP records of any contractor, subcontractor or Provider, whether contract or non-contract, during normal business hours, except under special circumstances when after hour admission shall be allowed. Special circumstances shall be determined by the District's MFCU, Division of Program Integrity, and Department of Human Services/ Economic Security Administration.
- C.5.25.1.2 In accordance with the PPACA and District policy and procedures, the Contractor shall report overpayments made by the District's Medicaid, Alliance or ICP programs to the Contractor as well as overpayments made by the Contractor to a Provider and/or subcontractor.
- C.5.25.1.3 Contractor shall have a mechanism for a Network Provider to report to the Contractor when it has received an overpayment, to return the overpayment to the Contractor within 60 calendar days after the date on which the overpayment was identified, and to notify the Contractor in writing of the reason for the overpayment.
- C.5.25.1.4 Contractor shall promptly report of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to the CA and Division of Program Integrity.
- C.5.25.1.5 Contractor must provide an annual report to the CA and Division of Program Integrity on their recoveries of overpayments.

C.5.25.2 Prohibiting Affiliations with Individuals Debarred by Federal Agencies

- C.5.25.2.1 In accordance with the Social Security Act § 1932(d)(1) and 42 C.F.R. § 438.610, Contractor shall not knowingly have a relationship with an individual or affiliate of an individual (as defined in the Federal Acquisition Regulation) who is debarred, suspended or otherwise excluded from participating in a health care benefit program or from participating in non-procurement activities under the guidelines implementing Executive Order No. 12549. This prohibition applies to:
- C.5.25.2.1.1 A Director, Officer, or Partner of Contractor;
 - C.5.25.2.1.2 A person with beneficial ownership of five percent (5%) or more of Contractor;
 - C.5.25.2.1.3 A person with an employment, consulting, or other arrangement with Contractor for the provision of items and services that are significant and material to Contractor's obligations under the Contract; and
 - C.5.25.2.1.4 Any Provider providing services to Enrollees.
- C.5.25.2.2 Contractor shall notify the Division of Program Integrity within three (3) days of the time it receives notice that action is being taken against Contractor or any person defined in C.11.12.2.1 above or under the provisions of § 1128(a) or (b) of the Social Security Act (42 U.S.C. § 1320a- 7) or any Independent Contractor which could result in exclusion, debarment, or suspension of Contractor or an Independent Contractor from the Medicaid program, or any program listed in Executive Order 12549.

C.5.25.3 Fraud, Abuse, and Waste Compliance Program

- C.5.25.3.1 In accordance with 42 C.F.R. §§ 456.3, 456.4, 456.23, and 42 C.F.R. § 438.608(a), Contractor shall have a Compliance Program that includes administrative and management arrangements or procedures, including a mandatory Compliance Plan, designed to guard against fraud, abuse, and waste. Contractor shall submit any updates or modifications prior to making them effective to the CA and the Division of Program Integrity for approval.
- C.5.25.3.2 Contractor's Compliance Program and fraud, abuse, and waste prevention policies must comply with 42 C.F.R. § 438.610 and all relevant District and Federal laws, regulations, policies, procedures, and guidance (including CMS' Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans) issued by DHCF, HHS, CMS, and the Office of Inspector General, including updates and amendments to these documents.
- C.5.25.3.3 In accordance with 42 C.F.R. § 438.608(b)(2), Contractor shall designate a Compliance Officer and Regulatory Compliance Committee that have the responsibility and authority for carrying out the provisions of the Compliance Program. These individuals shall be accountable to the Board of Directors and report to the Board of Directors and senior management.

- C.5.25.3.4 The Compliance Officer has the direct responsibility and authority for overseeing the Compliance Program. The Compliance Officer shall be responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with the requirements of the contract and shall report directly to the Chief Executive Officer and the Board of Directors. Contractor shall notify the CA of this person's contact information and any changes thereto.
- C.5.25.3.5 The Regulatory Compliance Committee shall be charged with overseeing the organization's compliance program and its compliance with the requirements under the contract, including the Compliance Officer.
- C.5.25.3.6 The Contractor shall have adequate staffing and resources to investigate unusual incidents and develop and implement CAPs to assist the Contractor in preventing and detecting potential fraud and abuse activities.
- C.5.25.3.7 The Contractor is prohibited from taking any actions to recoup or withhold improperly paid funds already paid or potentially due to a Provider when the issues, services or claims upon which the recoupment or withholding are based meet one or more of the following criteria:
- C.5.25.3.7.1 The improperly paid funds have already been recovered by the District, either by DHCF directly or as part of a resolution of a District or federal investigation and/or lawsuit, including but not limited to false claims act cases;
- C.5.25.3.7.2 The improperly paid funds have already been recovered by the District's Recovery Audit Contractor (RAC); or
- C.5.25.3.7.3 When the issues, services or claims that are the basis of the recoupment or withhold are currently being investigated by the District, are the subject of pending federal, District, or state litigation or investigation, or are being audited by the RAC.
- C.5.25.3.8 The Contractor shall review with the DHCF, Division of Program Integrity before initiating any recoupment or withholding any program integrity related funds to ensure that the recoupment or withhold is permissible. In the event that the Contractor obtains funds in cases where recoupment or withhold is prohibited under this section, the Contractor will return the funds to the Provider.
- C.5.25.3.9 The Contractor shall comply with all federal and state requirements regarding fraud and abuse, including but not limited to §§ 1128, 1156, and 1902(a)(68) of the Social Security Act.
- C.5.25.4 Compliance Plan**
- C.5.25.4.1 As part of its Compliance Program, Contractor shall develop a Compliance Plan. Contractor shall submit the Compliance Plan to the Office of Program Integrity within thirty (30) days of execution of the Contract with DHCF. Contractor shall submit any updates or modifications to the Manager of the Division of Program Integrity and the CA for approval prior to making them effective. DHCF may require that Contractor modify its Compliance Plan at its sole discretion.

- C.5.25.4.2 At a minimum, the Compliance Plan shall incorporate the following:
- C.5.25.4.2.1 Written policies, procedures, and standards of conduct that articulate Contractor's commitment to comply with all applicable requirements and standards under the contract, and all federal and District of Columbia standards designed to prevent and detect potential or suspected abuse, fraud, and waste in the administration and delivery of services under the Contract;
 - C.5.25.4.2.2 Establish effective lines of communication between the compliance officer and the Contractor's employees, enforced through well-publicized disciplinary guidelines;
 - C.5.25.4.2.3 Procedures for ongoing monitoring and auditing of Contractor's systems, including but not limited to claims processing, billing and financial operations, enrollment functions, Enrollee services, CQI activities, and Provider activities; and
 - C.5.25.4.2.4 Establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the contract.
- C.5.25.4.3 Contractor shall verify, by sampling or other methods, whether services that have been represented to have been delivered by Network Providers were received by Enrollees and the application of such verification processes on a regular basis.
- C.5.25.4.4 Contractor shall establish provisions for the confidential reporting of plan violations, such as a hotline to report violations and a clearly designated individual, such as the Compliance Officer, to receive them. Several independent reporting paths shall be created for the reporting of fraud so that such reports cannot be diverted by supervisors or other personnel; and
- C.5.25.4.5 Provisions for internal monitoring and auditing reported fraud, abuse, and waste in accordance with 42 C.F.R. § 438.608(b); including:
- C.5.25.4.5.1 A description of the specific controls in place for prevention and detection of potential or suspected fraud and abuse, such as:
 - C.5.25.4.5.1.1 Automated pre-payment claims edits;
 - C.5.25.4.5.1.2 Automated post-payment claims edits;
 - C.5.25.4.5.1.3 Desk audits on post-processing review of claims;
 - C.5.25.4.5.1.4 Reports of Provider profiling and credentialing used to aid program and payment integrity reviews;

- C.5.25.4.5.1.5 Surveillance and/or UM protocols used to safeguard against unnecessary or inappropriate use of Medicaid services;
- C.5.25.4.5.1.6 Provisions in the subcontractor and Provider agreements that ensure the integrity of Provider credentials; and
- C.5.25.4.5.1.7 References in Provider and member material regarding fraud and abuse referrals
- C.5.25.4.6 Contractor will provide a list of edits, audits, reports, protocols, provisions, or references employed for specific controls identified in C.13.4.5 upon request from the CA or Division of Program Integrity.
- C.5.25.4.7 Contractor shall provide protections to ensure that no individual who reports plan violations or suspected fraud, abuse, and waste is retaliated against and to protect confidentiality of individuals reporting violations of the Compliance Plan to the extent possible;
 - C.5.25.4.7.1 Provisions for prompt response to detected offenses and for development of corrective action initiatives related to the Contract in accordance with 42 C.F.R. § 438.608(b)(7);
 - C.5.25.4.7.2 Well-publicized disciplinary procedures that shall apply to employees who violate Contractor's compliance program;
 - C.5.25.4.7.3 Training for officers, directors, managers and employees (as described below) to ensure that they know and understand the provisions of Contractor's Compliance Plan; and
 - C.5.25.4.7.4 An outline of activities proposed for the next reporting year regarding Provider education of federal and state laws and regulations related to Medicaid Program Integrity against fraud/abuse/waste and on identifying and educating targeted Providers with patterns of incorrect billing practices and/or overpayments.

C.5.25.5 Compliance Training

- C.5.25.5.1 In accordance with 42 C.F.R. § 438.608(b)(3), Contractor shall establish a system of effective training and education of the compliance officer, senior management, the organization's employees, and Key Personnel. Contractor shall conduct or arrange for quarterly compliance training of all employees, contractors and staff regarding:
 - C.5.25.5.1.1 Federal and District fraud, waste and abuse laws, regulations, and policies applicable to the DCHFP and Alliance;
 - C.5.25.5.1.2 DHCF's fraud, waste, and abuse policies and procedures; and
 - C.5.25.5.1.3 Contractor's Compliance Program and Plan.

C.5.25.6 Reporting of Fraud, Waste and Abuse

- C.5.25.6.1 In accordance with 42 C.F.R. §§ 455.1(a)(1) and 455.17, Contractor shall be responsible for promptly reporting suspected fraud, waste, abuse, or violation of the terms of the

Contract, within five (5) Business days of discovery, taking prompt corrective actions and cooperating with DHCF in its investigation of the matter(s). Additionally, Contractor shall promptly report to the Office of Program Integrity if it discovers that any of its Providers has been excluded, suspended, or debarred from any District, state, or federal health care benefit program within three (3) Business days.

- C.5.25.6.2 Contractor shall provide reports using forms or formats identified by DHCF's Division of Program Integrity, or such other forms as may be deemed satisfactory by the agency to which the report is made under the terms of this Contract. Contractor shall provide periodic reports summarizing required reporting for identified time periods when directed by the Division of Program Integrity.
- C.5.25.6.3 The fraud, abuse, and waste information that shall be reported include:
 - C.5.25.6.3.1 The number of reports of fraud, abuse and waste made to the District that require preliminary investigation; and
 - C.5.25.6.3.2 For each report that warrants investigation, the name and I.D. number of the suspected offender, the source of the appeal, the type of Provider, the nature of the report, the approximate number of dollars involved, and the legal and administrative disposition of the case.
- C.5.25.6.4 Contractors shall report confirmed violations to DHCF within twenty-four (24) hours of the violation being confirmed.
- C.5.25.6.5 Contractor's failure to report potential or suspected fraud, abuse, or waste may result in sanctions and penalties as described in section G, including but not limited to cancellation of the Contract.
- C.5.25.6.6 The Contractor shall report all tips, confirmed or suspected fraud and abuse to DHCF and the appropriate agency as follows:
 - C.5.25.6.6.1 All tips shall be reported to DHCF's Division of Program Integrity, CA, and District of Columbia Office of Inspector General Medicaid Fraud Control Unit;
 - C.5.25.6.6.2 Suspected fraud and abuse in the administration of the program shall be reported to DHCF's Office of Program Integrity, CA, District of Columbia Office of Inspector General Medicaid Fraud Control Unit and/or Department of Human Services/ Economic Security Administration;
 - C.5.25.6.6.3 All confirmed or suspected Provider fraud and abuse shall immediately be reported to District of Columbia Office of Inspector General Medicaid Fraud Control Unit and DHCF's Division of Program Integrity; and
 - C.5.25.6.6.4 All confirmed or suspected Enrollee fraud and abuse shall be reported immediately to DHCF's Division of Program Integrity, CA, and Department of Human Services/ Economic Security Administration.

- C.5.25.6.7 Any case opened by Contractor's program integrity department shall be reported to DHCF's Division of Program Integrity, CA, and District Office of Inspector General Medicaid Fraud Control Unit.
- C.5.25.6.8 The Contractor shall promptly perform a preliminary investigation of all incidents of suspected and/or confirmed fraud and abuse. Unless prior written approval is obtained from the agency to whom the incident was reported, or to another agency designated by the agency that received the report, after reporting fraud or suspected fraud and/or suspected abuse and/or confirmed abuse, the Contractor shall not take any of the following actions as they specifically relate to Medicaid and Alliance claims:
- C.5.25.6.8.1 Contact the subject of the investigation about any matters related to the investigation;
- C.5.25.6.8.2 Enter into or attempt to negotiate any settlement or agreement regarding the incident; or
- C.5.25.6.8.3 Accept any monetary or other thing of valuable consideration offered by the subject of the investigation in connection with the incident.
- C.5.25.6.9 The Contractor shall promptly provide the results of its preliminary investigation to the agency to which the incident was reported, or to another agency designated by the agency that received the report.
- C.5.25.6.10 The Contractor shall notify the CA and DHCF's Division of Program Integrity when it receives information about a change in a Network Provider's circumstances that may affect the Network Provider's eligibility to participate in the managed care program, including the termination of the Provider agreement with the Contractor.
- C.5.25.7 Whistleblower Protections**
- C.5.25.7.1 Contractor shall ensure that no individual who reports Compliance Plan violations or suspected fraud and abuse is retaliated against by anyone who is employed by or contracts with Contractor. Anyone who believes that he or she has been retaliated against may report this violation to the Office of Program Integrity and/or the U.S. Office of Inspector General.
- C.5.25.7.2 In accordance with 42 C.F.R. § 455.1(a)(2), Contractor shall have a method to verify that services provided under the Contract are actually provided; and
- C.5.25.7.2.1 In accordance with § 6032 of the Deficit Reduction Act of 2005, Contractor shall:
- C.5.25.7.2.1.1 Establish written policies for all employees and contractors or agents of Contractor to provide detailed information about the False Claims Act and separate administrative remedies, any state laws pertaining to civil or criminal penalties for false claims or statements and whistleblower protection under such laws;
- C.5.25.7.2.1.2 Include as part of the written policies, detailed provisions regarding Contractor's policies and procedures for detecting and preventing fraud, waste and abuse; and

C.5.25.7.2.1.3 Include in Contractor's employee handbook, a specific discussion of the rights of the employees to be protected as whistleblowers and Contractor's policies and procedures for detecting fraud, waste and abuse.

C.5.26 Grievances and Appeals

C.5.26.1 Contractor shall have in place an internal Grievance and Appeal System that complies with relevant §§ of the Social Security Act, 42 USC § 1396a, 42 C.F.R. §§ 438.400 - 438.424, as well as D.C. Code § 44-301.06. Contractor's Grievance and Appeal system shall include a Grievance process, an appeal process and access to the District's process for administrative Fair Hearings. To the extent that the applicable federal and District laws grant Contractor discretion to make certain decisions pertaining to the design of its Grievance and Appeal process, Contractor's decisions are subject to the approval of DHCF prior to implementation.

C.5.26.1.1 Contractor shall establish and maintain internal policies and procedures for the resolution of Enrollee Grievances and Appeals.

C.5.26.1.2 Contractor shall submit to the CA or other DHCF designee for approval, within thirty (30) days after the Date of Award, a copy of policies and procedures for the Grievance and Appeal System that complies with this section sections C.5.26.5 and C.5.26.9.

C.5.26.1.3 These policies and procedures shall be administered according to the requirements of 42 C.F.R. §§ 438.400 - 438.424 and any other applicable federal or District laws and DHCF guidance.

C.5.26.2 Requirements for Notice of Adverse Benefit Determination

Contractor shall issue timely and adequate notice of an adverse benefit determination, in writing, that meets set the requirements forth in § C.5.8, 42 C.F.R. § 438.10(c) and (d), and § 438.404.

C.5.26.3 When Notice Is Required

C.5.26.3.1 Contractor shall give notice of Adverse Benefit Determination by the date of the action when any of the following occur:

C.5.26.3.1.1 The recipient has died.

C.5.26.3.1.2 The Enrollee submits a signed written statement requesting service termination.

C.5.26.3.1.3 The Enrollee submits a signed written statement including information that requires service termination or reduction and indicates that he understands that service termination or reduction result.

C.5.26.3.1.4 The Enrollee has been admitted to an institution in which he is ineligible for Medicaid services.

C.5.26.3.1.5 The Enrollee's address is determined unknown based on returned mail with no

forwarding address.

- C.5.26.3.1.6 The Enrollee is accepted for Medicaid services by another local jurisdiction, state, territory, or commonwealth.
- C.5.26.3.1.7 A change in the level of medical care is prescribed by the Enrollee's physician.
- C.5.26.3.1.8 The notice involves an adverse determination with regard to preadmission screening requirements.
- C.5.26.3.1.9 The transfer or discharge from a facility will occur in an expedited fashion as described in 42 C.F.R. § 483.12(a) (5) (ii).

C.5.26.3.2 Timeframes for Delivery of Notice

- C.5.26.3.2.1 In accordance with 42 C.F.R. § 438.404(c), Contractor shall issue the Notice of Adverse Benefit Determination within the following timeframes:
 - C.5.26.3.2.1.1 For termination, suspension, or reduction of medication services, the timeframes specified in 42 C.F.R. §§ 431.211, 431.213, and 431.214, as amended and all other regulatory or statutory regulatory requirements;
 - C.5.26.3.2.1.2 For denial of payment, at the time of the Adverse Benefit Determination affecting the Claim;
 - C.5.26.3.2.1.3 For standard Service Authorization decisions that deny or limit services, within the timeframe specified in section C.5.22.10;
 - C.5.26.3.2.1.4 If the MCO meets the criteria set forth for extending the timeframe for standard service authorization decisions consistent with 42 C.F.R. § 438.210(d)(1)(ii), it must:
 - C.5.26.3.2.1.4.1 Give the Enrollee written notice of the reason for the decision to extend the timeframe and inform the Enrollee of the right to file a Grievance if he or she disagrees with that decision; and
 - C.5.26.3.2.1.4.2 Issue and carry out its determination as expeditiously as the Enrollee's health condition requires and no later than the date the extension expires.
 - C.5.26.3.2.1.5 For Service Authorization decisions not reached within the timeframes specified in section C.5.22.9 (which constitutes a denial and is thus an Adverse Benefit Determination), on the date that the timeframes expire.
 - C.5.26.3.2.1.6 For expedited Service Authorization decisions, within the timeframe specified in section C.5.22.10.2.2.
 - C.5.26.3.2.1.7 If Contractor extends the timeframe in accordance with section C.5.22.10.2.3.1, Contractor shall:
 - C.5.26.3.2.1.7.1 Give the Enrollee written notice of the reason for the decision to extend the timeframe

and inform the Enrollee of the right to file a Grievance if he or she disagrees with that decision; and

C.5.26.3.2.1.7.2 Issue and carry out its determination as expeditiously as the Enrollee's health condition requires and no later than the date extension expires.

C.5.26.3.3 Content of Notice of Adverse Benefit Determination

C.5.26.3.3.1 The Notice of Adverse Benefit Determination shall meet the requirements of 42 C.F.R. § 438.404 and 29 DCMR § 9508 (for Medicaid Enrollees). Contractor shall submit to DHCF for approval a template that includes, at a minimum, the following information:

C.5.26.3.3.1.1 The reason(s) for the Adverse Benefit Determination;

C.5.26.3.3.1.2 The Enrollee's right to file an Appeal with Contractor;

C.5.26.3.3.1.3 The Enrollee's right to directly request a District Fair Hearing without first exhausting Contractor's Appeal process;

C.5.26.3.3.1.4 The procedures for exercising the Enrollee's or Appeal and Fair Hearing rights;

C.5.26.3.3.1.5 The circumstances under which an expedited resolution of the Adverse Benefit Determination is permitted and how to request it;

C.5.26.3.3.1.6 The Enrollee's right to have his or her benefits continued pending resolution of the Appeal or Fair Hearing if the conditions specified in section C.5.26.11.6 are met;

C.5.26.3.3.1.7 The Enrollee's right to receive assistance from the Ombudsman and how to contact the Ombudsman; and

C.5.26.3.3.1.8 The Enrollee's right to obtain free copies of certain documents, including the Enrollee's medical records used to make the decision and the Medical Necessity Criteria, referenced in the Adverse Benefit Determination.

C.5.26.3.3.2 Contractor shall provide the following Grievance, Appeal and Fair Hearing procedures and timeframes to all Providers and independent contractors at the time they enter into a contract:

C.5.26.3.3.2.1 The Enrollee's right to file Grievances and Appeals Grievances and Appeals and the requirements and timeframes for filing;

C.5.26.3.3.2.2 The Enrollee's right to a District Fair Hearing, how to obtain a hearing and representation rules at a hearing;

C.5.26.3.3.2.3 The availability of assistance to the Enrollee by Contractor at all stages of the Grievance and Appeal process;

C.5.26.3.3.2.4 The toll-free numbers to file oral Grievances and Appeals; and

C.5.26.3.3.2.5 The Enrollee's right to have his or her benefits continued during an Appeal or a District Fair Hearing if the conditions in § C.14.6 are met.

C.5.26.4 Grievance and Appeals System Requirements

C.5.26.4.1 Contractor shall have an identifiable person or persons who impartially provide assistance to Enrollees throughout the Grievance and Appeal process as well as the steps required to request a Fair Hearing.

C.5.26.4.2 Contractor shall identify a contact person employed by or contracted with Contractor to receive Grievances and Appeals and be responsible for routing processing.

C.5.26.4.3 Contractor shall record and preserve all communications, written and oral (telephonic or in-person), with Enrollees.

C.5.26.4.4 Contractor shall maintain a record keeping and tracking system to document all Adverse Benefit Determinations, Appeals, and Grievances, that shall be fully available to DHCF along with any underlying documentation. The log shall not contain any information other than that related to Adverse Benefit Determinations, Appeals and Grievances as these terms are defined herein. This log shall document:

C.5.26.4.4.1 Whether the matter was a Grievance or Appeal;

C.5.26.4.4.2 The subject of each Grievance or Appeal;

C.5.26.4.4.3 The Enrollee's PCP and the Provider involved in the Grievance or Appeal (if different from the PCP);

C.5.26.4.4.4 How the matter was resolved; and

C.5.26.4.4.5 What, if any, corrective action was taken by Contractor.

C.5.26.4.5 Contractor shall not penalize any Enrollee who files a Grievance, Appeal, or requests a Fair Hearing.

C.5.26.4.6 Contractor shall not take any retaliatory action against a Provider who acts on behalf of, or as the authorized representative of, an Enrollee in a Grievance, Appeal or Fair Hearing.

C.5.26.5 Grievance and Appeal Procedures

Contractor shall render assistance at all stages in the Grievance and Appeal process, including auxiliary aids and services upon request including, but not limited to, the provision of interpreter/translator services, toll-free numbers that have adequate TTY/TTD capabilities, interpreter capability in accordance with section C.5.8.

C.5.26.5.1 In accordance with 42 C.F.R. § 438.402, any of the following may invoke the Grievance and Appeal procedure under this section C.5.26.5:

- C.5.26.5.1.1 The Enrollee affected by the determination;
- C.5.26.5.1.2 If the Enrollee is a minor child, the Enrollee's parent, Guardian or authorized representative;
- C.5.26.5.1.3 In the case of a Grievance, an authorized representative, including but not limited to, an Attorney and a Provider or other non-legal advocate, acting on behalf of the Enrollee; and
- C.5.26.5.1.4 In the case of an Appeal, a Provider acting on behalf of the Enrollee and with the Enrollee's written consent. In accordance with 42 C.F.R. § 438.406(b), Contractor's Appeal process shall:
 - C.5.26.5.1.4.1 Provide that oral inquiries seeking to appeal an Adverse Benefit Determination are treated as Appeals (to establish the earliest possible filing date for the Appeal) and shall be confirmed in writing, unless the Enrollee or Provider requests an expedited resolution. Contractor shall treat any ambiguous communication as a Grievance.
 - C.5.26.5.1.4.2 Provide the Enrollee a reasonable opportunity to present evidence and allegations of fact or law, in person as well as in writing. Contractor shall inform the Enrollee of the limited time available for this in the case of an expedited resolution.
 - C.5.26.5.1.4.3 Provide the Enrollee and his or her representative the opportunity, before and during the Appeal process, to examine the Enrollee's case file, including Medical Records and any other documents and records considered during the Appeal process. This information must be provided free of charge and sufficiently in advance of the resolution timeframe for appeals as specified in 42 C.F.R. §§ 438.408(b) and (c).
 - C.5.26.5.1.4.4 Include as parties to the Appeal:
 - C.5.26.5.1.4.4.1 The Enrollee and his or her representative; or
 - C.5.26.5.1.4.4.2 The legal representative of a deceased Enrollee's estate.

C.5.26.6 Filing Timeframes for Grievances and Appeals

- C.5.26.6.1. An Enrollee or authorized representative may file a grievance with the Contractor, either orally or in writing, at any time.
- C.5.26.6.2 An Enrollee or authorized representative may file an appeal with the Contractor, either orally or in writing, within 60 calendar days from the date of the notice of adverse benefit determination.
- C.5.26.6.3 An Appeal filed orally shall be followed with a written, signed request, unless the Enrollee or authorized representative requests an expedited resolution.
- C.5.26.6.4 Contractor shall assist the Enrollee with the written follow up by drafting and mailing a record of the oral request to the Enrollee for the Enrollee's signature.

- C.5.26.6.5 An oral or written appeal shall trigger the start of Contractor's time limits for resolving an Appeal under both section C.5.26.7.2.1 (standard Appeal) and section C.5.26.8.
- C.5.26.6.6 Contractor shall issue a written acknowledgement of the receipt of an Appeal or a Grievance within two (2) Business days of receipt.
- C.5.26.6.7 **Grievance and Appeal Committee**
- C.5.26.6.7.1 Contractor shall appoint a Grievance and Appeal Committee to review all Grievances and Appeals.
- C.5.26.6.7.2 At a minimum, the Grievance and Appeal Committee shall include:
- C.5.26.6.7.2.1 The CMO;
- C.5.26.6.7.2.2 A Provider working within the scope of his or her practice with the skills and credentials relevant to the specific Grievance or Appeal at hand;
- C.5.26.6.7.2.3 Any other individual with experience in the area of CQI; and
- C.5.26.6.7.2.4 Other medical and clinical staff as needed to substitute for a staff member involved in the matter in dispute or to provide needed specialty expertise.
- C.5.26.6.7.3 A Provider or other individual against whom the Grievance or Appeal has been brought may not sit as part of the Grievance and Appeal Committee.
- C.5.26.6.7.4 Contractor shall ensure that all Grievances and Appeals Grievances and Appeals are reviewed by appropriate pediatric, adolescent or adult specialists and subspecialists.
- C.5.26.6.7.5 Contractor shall ensure that persons who make decisions on Grievances and Appeals are individuals who were neither involved in any previous level of review or decision-making nor subordinate to a previous reviewer or decision-maker;
- C.5.26.6.7.6 Who take into account all comments, documents, records, and other information submitted by the Enrollee or their representative without regard to whether such information was submitted or considered in the initial adverse benefit determination; and
- C.5.26.6.7.7 , Are health care professionals with the appropriate clinical expertise, as determined by DHCF, in treating the Enrollee's condition or disease, if deciding any of the following:
- C.5.26.6.7.7.1 An Appeal of a Denial that is based on lack of Medical Necessity;
- C.5.26.6.7.7.2 A Grievance regarding denial of an expedited resolution of an Appeal; or
- C.5.26.6.7.7.3 A Grievance or Appeal that involves clinical issues.
- C.5.26.7 Resolution and Notification Timeframes for Grievances and Appeals**
- C.5.26.7.1 In accordance with 42 C.F.R. § 438.408, Contractor shall dispose of each Grievance and

resolve each Appeal and provide notice, as expeditiously as the Enrollee's health condition requires within the timeframes set forth in this section.

- C.5.26.7.1.1 Contractor shall dispose of the Grievance and notify the Enrollee or the Enrollee's designee in writing of the decision no later than ninety (90) calendar days from the date the Contractor receives the Grievance.
- C.5.26.7.1.2 The Contractor must notify an Enrollee of the resolution of a Grievance and ensure that such methods meet, at a minimum, the standards described at 42 C.F.R. § 438.10.
- C.5.26.7.2 For all appeals, the Contractor shall provide written notice of resolution in a format and language that, at a minimum, meet the standards described at 42 C.F.R. § 438.10.
- C.5.26.7.2.1 Contractor shall resolve standard Appeals not later than thirty (30) calendar days after receipt of the Appeal, whether the Appeal is oral or written.
- C.5.26.7.2.2 For expedited resolution of an Appeal and notice to affected parties, Contractor shall resolve the Appeal within seventy-two (72) hours from the date that it receives the Appeal.
- C.5.26.7.2.2.1 For notice of an expedited resolution, the Contractor must also make reasonable efforts to provide oral notice.
- C.5.26.7.3 Contractor may extend timeframes in sections C.5.26.7 by up to fourteen (14) calendar days if any of the following are met:
 - C.5.26.7.3.1 The Enrollee or the Enrollee's representative requests the extension; or
 - C.5.26.7.3.2 Contractor shows to the satisfaction of DHCF that there is need for additional information and the delay is in the Enrollee's interest.
- C.5.26.7.4 If Contractor extends the timeframe for any extension not requested by the Enrollee, it shall give the Enrollee written notice of the reason for the delay.

C.5.26.8 Expedited Resolution of Appeals

- C.5.26.8.1 In accordance with 42 C.F.R. § 438.410, Contractor shall establish and maintain an expedited review process for Appeals.
 - C.5.26.8.1.1 The Enrollee or Provider may file a request for an expedited Appeal either orally or in writing. No additional Enrollee follow-up is required.
 - C.5.26.8.1.2 Contractor shall inform the Enrollee of the limited time available for the Enrollee to present evidence and allegations of fact or law, in person and in writing, in the case of expedited resolution.
- C.5.26.8.2 The expedited review process shall be available when:
 - C.5.26.8.2.1 Enrollee requests an Appeal and the Contractor determines that taking the time for a

standard resolution could seriously jeopardize the Enrollee's life or health or ability to attain, maintain or regain maximum function; or

- C.5.26.8.2.2 The Provider indicates, in making the request on behalf of an Enrollee or in supporting the Enrollee's request, that taking the time for a standard resolution could seriously jeopardize the Enrollee's life or health or ability to attain, maintain or regain maximum function.
- C.5.26.8.3 Contractor shall ensure that punitive action is not taken against a Provider who requests an expedited Appeal or supports an Enrollee's Appeal.
- C.5.26.8.4 If Contractor denies a request for an expedited resolution of an Appeal, it shall:
 - C.5.26.8.4.1 Transfer the Appeal to the timeframe for standard resolution of Appeals in accordance with 42 C.F.R. § 438.408(b)(2); and
 - C.5.26.8.4.2 Make reasonable efforts to give the Enrollee prompt oral notice of the Denial and follow up within two (2) calendar days with a written notice informing the Enrollee the right to file a grievance if he or she does not agree with the decision to deny the request for an expedited resolution of an Appeal.
- C.5.26.9 District of Columbia Fair Hearings**
 - C.5.26.9.1 In accordance with 42 USC § 1396a(a)(3), 42 C.F.R. § 431.220, D.C. Code § 4-210.01 *et seq.*, and 29 DCMR § 9508, the District shall grant an opportunity for a Fair Hearing to any Enrollee who is the subject of an Adverse Benefit Determination.
 - C.5.26.9.2 Contractor shall notify the Enrollee or the Enrollee's designee of the right to a Fair Hearing with a District Administrative Hearing Officer at the time of any Adverse Benefit Determination affecting an Enrollee's claim.
 - C.5.26.9.2.1 For Appeals not resolved wholly in favor of the Enrollee, Contractor shall inform the Enrollee of:
 - C.5.26.9.2.1.1 The Enrollee's right to request a District Fair Hearing and how to do so; and
 - C.5.26.9.2.1.2 The Enrollee's right to receive benefits while the Fair Hearing is pending and how to assure continuation of benefits.
 - C.5.26.9.3 An Enrollee may request a Fair Hearing before, during or after Contractor's Appeal process, but no more than ninety (90) days from the date the Notice of Adverse Benefit Determination. Contractor must assist the Enrollee with the filing or any request for a Fair Hearing and send a copy of the request filed to the Enrollee's home address.
 - C.5.26.9.4 In accordance with 42 C.F.R. § 438.408(f)(2), the parties to a District Fair Hearing include Contractor as well as the Enrollee and his or her representative or the representative of a deceased Enrollee's estate. The Contractor shall designate an individual responsible for the Contractor's defense of the adverse benefit determination at issue.

- C.5.26.9.5 Contractor shall provide each Enrollee with a written notice of adverse benefit determination, as described in section C.5.26.3.3, inclusive of the Enrollee's rights to request a Fair Hearing. Contractor shall ensure this written notice contains the following information:
- C.5.26.9.5.1 The Enrollee is entitled to a Fair Hearing under § 1902(a)(3) of the Social Security Act, 42 C.F.R. USC § 1396a(a)(3), 42 C.F.R. § 431.220;
- C.5.26.9.5.1.1 The Enrollee may immediately request such a hearing;
- C.5.26.9.5.1.2 The method by which an Enrollee may obtain such a hearing;
- C.5.26.9.5.1.3 The right of the Enrollee to represent himself or herself or to be represented by his or her family caregiver, legal counsel or other representative;
- C.5.26.9.5.1.4 If the Enrollee wishes to continue his or her benefits, the Enrollee must request a Fair Hearing on or before the later of the following:
- C.5.26.9.5.1.4.1 Within ten (10) days of the date on the Notice of Adverse Benefit Determination; or
- C.5.26.9.5.1.4.2 The intended effective date of Contractor's proposed Adverse Benefit Determination; and
- C.5.26.9.5.1.4.3 The availability of accommodations for individuals with Special Health Care Needs.
- C.5.26.9.5.2 Contractor shall ensure that this notice is written:
- C.5.26.9.5.2.1 In a manner and format which may be easily understood by an Enrollee in accordance with section C.5.8; and
- C.5.26.9.5.2.2 In each language which is spoken as a primary language by the Enrollees.
- C.5.26.10 Fair Hearing Procedures**
- C.5.26.10.1 Contractor shall submit all documents regarding Contractor's Adverse Benefit Determination and the Enrollee's dispute to DHCF no later than five (5) days from the date Contractor receives Notice from DHCF that a Fair Hearing request has been filed.
- C.5.26.10.2 Contractor shall comply with the District Office of Administrative Hearings decision. The District Office of Administrative Hearings decisions in these matters shall be final and not subject to appeal by Contractor.
- C.5.26.10.3 When Contractor is notified of the District Office of Administrative Hearings decision to reverse a Adverse Benefit Determination, the service shall be authorized or provided no later than two (2) Business days after reversal or notification of reversal from the District. In cases involving an expedited Appeal, services shall begin within twenty-four (24) hours of the reversal.
- C.5.26.10.3.1 In accordance with 42 C.F.R. § 438.424(a), where the Contractor or the District Office

of Administrative Hearings reverses a decision to deny, limit or delay services that were not furnished while the Appeal was pending, Contractor shall authorize or provide the disputed services as expeditiously as the Enrollee's health condition requires and no later than seventy-two (72) hours from the date the Contractor receives notice reversing the determination.

- C.5.26.10.3.2 In accordance with 42 C.F.R. § 438.424(b), where the Contractor or the District Office of Administrative Hearings reverses a decision to deny authorization of services and the Enrollee received the disputed services while the Appeal was pending, Contractor shall pay for the services provided during the pending Appeal and/or fair hearing.
- C.5.26.10.3.3 Contractor is prohibited from recovering payment for continuation of benefits during a pending Appeal or District Fair Hearing.
- C.5.26.10.4 **Contractor notification of the District's Fair Hearing Procedures.**
- C.5.26.10.4.1 In accordance with 42 C.F.R. § 431.244 and 1 DCMR § 2821, Fair Hearing decisions shall be based exclusively on evidence introduced at the Fair Hearing.
- C.5.26.10.5 The State must reach its decisions within the specified timeframes:
- C.5.26.10.5.1 Standard resolution: within 30 days of the date the Enrollee filed the Appeal with the MCO if the Enrollee filed initially with the Contractor (excluding the days the Enrollee took to subsequently file for a State Fair Hearing).
- C.5.26.10.5.2 Expedited resolution (if the Appeal was heard first through the Contractor's: within 72 hours from agency receipt of a hearing request for a denial of a service that:
- C.5.26.10.5.2.1 Meets the criteria for an expedited Appeal process but was not resolved using the MCO or PIHP's expedited appeal timeframes, or
- C.5.26.10.5.2.2 Was resolved wholly or partially adversely to the Enrollee using the Contractors expedited appeal timeframes.
- C.5.26.11 Continuation of Benefits During Pending Appeals and District Fair Hearings**
- C.5.26.11.1 In accordance with 42 C.F.R. § 438.420 (b), the Contractor shall continue the enrollee's benefits if all of the following occur:
- C.5.26.11.1.1 The enrollee files the request for an appeal timely in accordance with § 438.402(c)(1)(ii) and (c)(2)(ii);
- C.5.26.11.1.2 The appeal involves the termination, suspension, or reduction of previously authorized services;
- C.5.26.11.1.3 The services were ordered by an authorized provider;
- C.5.26.11.1.4 The period covered by the original authorization has not expired; and

- C.5.26.11.1.5 The enrollee timely files for continuation of benefits.
- C.5.26.11.2 While the Enrollee's Appeal, in accordance with circumstances set forth in § C.14.6.1, is pending, the Enrollee's benefits shall continue until one of the following occurs:
- C.5.26.11.2.1 The Enrollee withdraws the Appeal;
- C.5.26.11.2.2 Ten (10) days pass after Contractor mails the notice providing the resolution of the Appeal against the Enrollee, unless the Enrollee, within the ten (10) day timeframe, has requested a District Fair Hearing;
- C.5.26.11.2.3 The District Office of Administrative Hearings issues a Fair Hearing decision adverse to the Enrollee; or
- C.5.26.11.2.4 The time period or service limits of a previously authorized service has been met.
- C.5.26.11.3 In accordance with 42 C.F.R. § 431.230, if Contractor mails the Notice of Adverse Benefit Determination as required under section C.5.26.6, and the Enrollee requests a Fair Hearing before the effective date of the Adverse Benefit Determination, Contractor may not terminate or reduce services until a decision has been rendered after the Fair Hearing unless:
- C.5.26.11.3.1 It is determined at the Fair Hearing that the sole issue is one of federal or District law or policy; and
- C.5.26.11.3.2 Contractor promptly informs the Enrollee in writing that services are to be terminated or reduced pending the Fair Hearing decision.

C.5.26.12 Training

Contractor shall conduct monthly training for its staff regarding the Grievance, Appeal and Fair Hearing policies and procedures and Contractor's procedures for implementing the requirements in this sections C.5.26.5 and C.5.26.9.

C.5.26.13 Grievance and Appeal Reporting Requirements

- C.5.26.13.1 Contractor shall submit the following reports on Grievances, Appeals and Fair Hearings:
- C.5.26.13.1.1 A monthly Grievances and Appeals report which includes, at a minimum:
- C.5.26.13.1.2 The number of Grievances filed by type and disposition;
- C.5.26.13.1.3 The number of Appeals filed by type and their resolutions;
- C.5.26.13.1.4 The number of Expedited Appeals filed by type and their resolutions; and
- C.5.26.13.1.5 Average number of days to process an Expedited Appeal.
- C.5.26.13.2 A monthly report on the number of Fair Hearings by type and resolution.

C.5.26.13.3 A monthly summary of all Grievances, Appeals and Fair Hearings by type and resolution.

C.5.27 Financial Functions

C.5.27.1 Financial Management and Operations

C.5.27.1.2 Contractor shall maintain a system of financial management that is sufficient to support Contractor's operations, including the ability to separately account for and track DCHFP and Alliance operations, and ensure timely payment of Claims. This system must be fully operational prior to DHCF enrolling Enrollees into Contractor's health plan.

C.5.27.1.3 Contractor shall have written internal control policies and procedures that safeguard against loss or theft of Medicaid, Alliance and ICP program funds.

C.5.27.1.4 Contractor's internal controls shall include controls to ensure that revenue and expenses for the DCHFP, Alliance and ICP programs are separately identifiable from other lines of business and from each other.

C.5.27.1.5 Contractor shall comply with all DISB licensing requirements and requirements regarding financial solvency and reserves, including but not limited to the submission of complete, accurate and timely reports as required by DISB.

C.5.27.1.6 Contractor shall, in accordance with DISB requirements and section H.26, undergo an audit by an independent auditor. Contractor shall submit a copy of its audited financial reports on to DHCF upon completion.

C.5.27.1.7 Contractor shall, on a quarterly basis, submit to DHCF/CA a copy of its financial reporting statements that are submitted to DISB. Contractor shall include a cover letter that provides Contractor's Medical Loss Ratio calculated in accordance with NAIC standards in accordance with section H.15.4. This information shall be utilized to monitor Contractor's Member Investment requirements set forth in section H.15.4

C.5.27.1.8 On a monthly basis, Contractor shall submit unaudited financial statements and bank reconciliations to DHCF.

C.5.27.1.9 Contractor shall submit copies of any other DISB reports or any financial reports to DHCF upon request.

C.5.27.1.10 Contractor shall provide written notice to the CA within two (2) Business days of:

C.5.27.1.11 Actions taken by DISB that may adversely affect Contractor's license or authority to operate in the District of Columbia.

C.5.27.1.11.1 Any investigations or findings of Contractor's fraud, waste or abuse conducted by DISB, HHS, CMS, or OIG; and

C.5.27.1.11.2 Any actions taken by any state licensing authority against Contractor to limit, reduce or terminate Contractor's license or authority to operate in that state.

C.5.27.2 Claims Payment Capacity

- C.5.27.2.1 Contractor shall pay all claims for properly accessed and authorized (if necessary) Medicaid, Alliance and ICP services provided to Enrollees on dates of service when they assigned to Contractor unless the services are excluded under the applicable Program.
- C.5.27.2.2 Contractor shall have written policies and procedures for processing claims submitted for payment from any source and shall monitor its compliance with these procedures. The procedures shall, at a minimum, specify time frames for:
 - C.5.27.2.2.1 Submission of Claims;
 - C.5.27.2.2.2 Date stamping Claims when received;
 - C.5.27.2.2.3 Determining, within a specific number of days from receipt, whether a Claim is a Clean Claim or not;
 - C.5.27.2.2.4 Payment of Clean Claim in accordance with the Prompt Payment Act, D.C. Code §31-3132;
 - C.5.27.2.2.5 Follow-up of pending Claims to obtain additional information;
 - C.5.27.2.2.6 Reaching a determination following receipt of additional information; and
 - C.5.27.2.2.7 Payment of Claims following receipt of additional information.
- C.5.27.2.3 Contractor shall accept Network and Non-Network Provider's initial Claim(s) for Covered and, if required, prior authorized Services for a maximum period of one hundred eighty (180) days following the provision of such services.
- C.5.27.2.4 Contractor's claims payment system shall use standard claims forms that have been approved by DHCF. In addition, Contractor shall have the capability to electronically accept and Adjudicated Claims, while complying with current HIPAA requirements.
- C.5.27.2.5 Contractor's claims processing system shall ensure that duplicate Claim submissions are denied.
- C.5.27.2.6 Contractor shall verify that reimbursed services were actually provided to Enrollees by Providers and Independent Contractors.
- C.5.27.2.7 Contractor shall provide the CA with information thirty (30) days prior to implementation of any changes to the software system to be used to support the claims processing function as described in the Contractor's proposal and incorporated by reference in the Contract.
- C.5.27.2.8 Contractor shall require that Provider's bill Contractor using the same format and coding instructions as that required for the Medicaid FFS programs. Contractor may not require Providers to complete additional fields on the electronic forms that are not specified under the Medicaid FFS policy and Provider manuals.

- C.5.27.2.9 Contractor shall have standard Explanation of Benefits procedures, codes, definitions, and forms, unless waived in writing by DHCF. These forms shall be submitted to the CA for review and approval on a quarterly basis.
- C.5.27.3 Timely Processing of Claims**
- C.5.27.3.1 Providers shall submit Claims no later than three hundred sixty-five (365) days from date of service.
- C.5.27.3.2 Failure to pay or deny claims in accordance with sections C.5.27.3.3 and C.5.27.3.4 will result in a freeze of all enrollment (voluntary and auto-assignment) or suspension of all new enrollment, including default or auto-enrollment, after the effective date of the sanction, in accordance with § G.6.
- C.5.27.3.3 Contractor shall pay or deny ninety percent (90%) of all Clean Claims within thirty (30) days of receipt consistent with the claims payment procedures described in § 1902(a)(37)(A) of the Social Security Act and D.C. Code § 31-3132. Contractor shall adhere to these Claim payment procedures unless the Provider and Contractor agree, in writing, to an alternative payment schedule. Contractors who fail to comply with this requirement shall be required to pay interest to Providers in accordance with D.C. Code § 31-3132(c). Contractor shall report its Clean Claim payments to DHCF on a monthly basis, including the percent of Clean Claims paid within thirty (30) days of receipt.
- C.5.27.3.4 In accordance with 42 C.F.R. §§ 447.45 and 447.46, Contractor shall pay ninety-nine percent (99%) of Clean Claims within ninety (90) days of receipt. The date receipt is the date Contractor receives the claim, as indicated by its date stamp on the claim, and the date of payment is the date of the check or other form of payment. Contractor shall adhere to these Claim payment procedures unless the Providers and Contractor agree to an alternative payment schedule in writing.
- C.5.27.3.5 Contractor shall submit a monthly performance report to the CA in a format specified by the District and supplied to each Contractor.
- C.5.27.3.6 Contractor shall submit a quarterly performance report financial statement in a format specified by the District and supplied to each Contractor
- C.5.27.3.7 Contractor shall pay all other Claims within twelve (12) months of the date of receipt, except in the following circumstances:
- C.5.27.3.7.1 This time limitation does not apply to retroactive adjustments paid to Providers who are reimbursed under a retrospective payment system, as defined in 42 C.F.R. § 447.272;
- C.5.27.3.7.2 If a Claim for payment under Medicare has been filed in a timely manner, the agency may pay a Medicaid claim relating to the same services within 6 months after the agency or the Provider receives notice of the disposition of the Medicare claim;
- C.5.27.3.7.3 The time limitation does not apply to Claims from Providers under investigation for fraud or abuse;

- C.5.27.3.7.4 The DHCF may make payments at any time in accordance with a court order, to carry out hearing decisions or corrective actions taken to resolve a dispute, or to extend the benefits of a hearing decision, corrective action, or court order to others in the same situation as those directly affected by it.
- C.5.27.3.7.5 The date of receipt is the date the agency receives the Claim, as indicated by its date stamp on the claim.
- C.5.27.3.7.6 The date of payment is the date of the check or other form of payment.
- C.5.27.3.8 Contractor shall utilize a post-payment review methodology to assure Claims have been paid in accordance with the terms of this Contract and all applicable laws. Contractor shall complete post payment reviews for individuals disenrolled by DHCF within ninety (90) days of the date that DHCF notifies Contractor of the disenrollment. See section C.5.17.6.
- C.5.27.3.9 DHCF shall not retroactively recoup any capitation payments resulting from reactive eligibility changes. The Contractor shall remain responsible for Enrollees Covered Services until the date of disenrollment.

C.5.27.4 Payments for Out-of-Network Hospital Providers

Contractor shall pay out-of-network hospital Providers for all emergencies and authorized Covered Services provided outside of the established network. Out-of-network hospital Provider claims shall be paid at the established Medicaid rate in effect on the date of service for paying participating Medicaid Providers. Out-of-Network hospital provider payments must include payment for the Diagnosis Related Groups (DRGs, as defined in the Medicaid Institutional Provider Chapter IV), outliers, as applicable, and capital costs at the per- discharge rate.

C.5.27.5 Out-of-Network Hospital Provider Rates for Alliance Enrollees Only

Provided Contractor has offered a hospital a Network inpatient rate that is not less than the Alliance inpatient rate in effect as of October 1, 2013, Contractor shall not make any out-of-network payments to that hospital for care provided to Alliance Enrollees unless specifically authorized to make such a payment by DHCF. Contractor shall pre-authorize these services only for Enrollees with non-emergent services that the Enrollee cannot obtain at any Network Providers.

C.5.27.6 Payment Resolution Process

Contractor shall develop and maintain an effective process to promptly resolve Provider billing disputes. This process shall include a provision for binding arbitration or other alternative dispute resolution process between the parties.

C.5.27.7 Financial Performance Reporting Requirements

- C.5.27.7.1 Contractor shall submit Claims Payment and financial performance reports to DHCF in accordance with section C.16, which shall include at a minimum:

- C.5.27.7.1.1 A Claims Payment Performance Report for, DCHFP, Alliance and ICP services, on a monthly basis;
- C.5.27.7.1.2 A monthly report of Claims incurred but not paid, separately described for the DCHFP, Alliance and ICP programs; and
- C.5.27.7.1.3 A monthly report of denied Claims by Explanation of Benefits code.

C.5.27.8 Enrollees Held Harmless

- C.5.27.8.1 Enrollees shall not be held liable for any of the following provisions consistent with 42 C.F.R. §§ 438.106 and 438.116:
 - C.5.27.8.1.1 Contractor's debts, in case of insolvency;
 - C.5.27.8.1.2 Covered Services under the Contract provided to the Enrollee for which DHCF did not pay Contractor;
 - C.5.27.8.1.3 Covered Services provided to the Enrollee for which DHCF or Contractor does not pay the Provider due to contractual, referral or other arrangement; or
 - C.5.27.8.1.4 Payments for Covered Services furnished under a Contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the Enrollee would owe if Contractor provided the services directly.
 - C.5.27.8.1.5 Contractor or its Providers may not require any co-payments, patient-pay amounts, or other cost-sharing arrangements unless authorized by DHCF. Contractor's Providers shall not bill Enrollees for the difference between the Provider's charge and Contractor's payment for Covered Services. Contractor's Providers shall not seek nor accept additional or supplemental payment from the Enrollee, his/her family, or representative, in addition to the amount paid by Contractor even when the Enrollee has signed an agreement to do so. These provisions also apply to Out-of-Network Providers.
 - C.5.27.8.1.6 Contractor or its Providers shall exempt Indians from payment of a deductible, coinsurance, copayment, or similar charge for any item or service covered by Medicaid if the Indian is furnished the item or service directly by an Indian health care Provider, I/T/U or through CHS.

C.5.27.9 Health Information System and Encounter Data

- C.5.27.9.1 Contractor must maintain a health information system that collects, analyzes, integrates and reports data and can achieve the objectives of 42 C.F.R. § 438.242. The system must provide information on the areas including, but not limited to utilization, claims, grievance and appeals as well as enrollment and disenrollment for reasons other than loss of Medicaid eligibility.
- C.5.27.9.2 Contractor must provide complete Encounter Data for all Covered Services in the format specified by DHCF including the method of transmission and the submission schedule. The submission of Encounter Data transmissions must include all Encounter Data and

Encounter Data adjustments processed by the Contractor. Encounter Data quality validation must incorporate assessment standards developed jointly by the Contractor and DHCF.

- C.5.27.9.2.1 Contractor, in accordance with 42 C.F.R. § 438.242(c), must provide for:
- C.5.27.9.2.1.1 Collection and maintenance of sufficient Enrollee Encounter Data to identify the Provider who delivers any item(s) or service(s) to Enrollees;
- C.5.27.9.2.1.2 Submission of Enrollee Encounter Data to the District at a frequency and level of detail to be specified by the State, based on program administration, oversight and program integrity needs;
- C.5.27.9.2.1.3 Submission of all Enrollee Encounter Data that the District is required to report to CMS under 42 C.F.R. § 438.818;
- C.5.27.9.2.1.4 Specifications for submitting Encounter Data to the District in standardized ASC X12N 837 and NCPDP formats and the ASC X12N 835 format as appropriate.
- C.5.27.9.3 State Review and Validation of Encounter Data
- C.5.27.9.3.1 Contractor must validate the completeness and accuracy of the reported Encounter Data and that it precisely reflects the services provided to the Enrollees under this contract.
- C.5.27.9.3.2 Contractor must ensure timely submission of data; and
- C.5.27.9.3.3 Contractor shall have policies and procedures in place to monitor data completeness, consistency and validity including an attestation process.
- C.5.27.10 MIS Requirements**
- C.5.27.10.1 Contractor shall have internal procedures to ensure that data reported to DHCF are valid and to test validity, accuracy, and consistency on a regular basis. At a minimum, Contractor shall verify the accuracy and timeliness of reported data; shall screen the data for completeness, logic, and consistency; and shall collect service information in standardized formats to the extent feasible and appropriate. Contractor shall ensure that reportable data, when allowed to be reported on a sample, reflects a sufficient sample size to accurately reflect the Enrollee population. Contractor shall also agree to cooperate in data validation activities that may be conducted by DHCF, at its discretion, by making available medical records, claims records, and a sample of other data according to specifications developed by DHCF.
- C.5.27.10.2 As discussed in section C.5.4.2.3.3.1, Contractor shall designate an Full-time Employee responsible for the MIS. This person shall be the Chief Information Officer (CIO) or designated by Contractor's CIO (or the equivalent thereof), meet the requirements defined in C.5.4.2.3.3.2, and answer questions from DHCF and resolve problems identified by DHCF regarding the requirements set forth in this section C.5.27.10.

- C.5.27.10.3 Contractor shall ensure its MIS system is capable of allowing it to comply with the requirements of section C, including but not limited to the Performance and Reporting Requirements in section C.5.21.33 and the Financial Performance Reporting Requirements in section C.5.27 of this RFP and capable of collecting, analyzing, integrating, preserving, safeguarding, and reporting data in accordance with 42 C.F.R. § 438.242(a). Data collection, analysis, integration, and reporting shall comply with Federal reporting requirements, including the CMS reporting requirements and data specifications, and involve at least the following classes of data:
- C.5.27.10.3.1 Enrollee information, reported to DHCF monthly and as a cumulative year-to-date summary, including:
 - C.5.27.10.3.1.1 Demographic data, including but not limited to race and ethnicity;
 - C.5.27.10.3.1.2 Primary language spoken by Enrollee;
 - C.5.27.10.3.1.3 Enrollee eligibility data – current and historical as this term is defined by DHCF;
 - C.5.27.10.3.1.4 Enrollee satisfaction and;
 - C.5.27.10.3.1.5 Third party liability activity as described in section H.15.7.1;
 - C.5.27.10.3.2 Provider reports as described in section C.16.12, including:
 - C.5.27.10.3.2.1 Provider enrollment;
 - C.5.27.10.3.2.2 Providers’ receipt of National Provider Identification Numbers;
 - C.5.27.10.3.2.3 Provider profile information, including Provider characteristics and services provided to Enrollees;
 - C.5.27.10.3.2.4 The number of Providers within Contractor’s Network and non-clinical Contractor staff who have attended the minimum Cultural Competence training as required by section C.5.21.29.
 - C.5.27.10.3.2.5 The number of Providers by Provider category who speaks languages identified by Contractor or DHCF as Prevalent Non-English languages in accordance with section C.5.8.
 - C.5.27.10.3.3 Encounter Data and claims payment records, both current and historical at least once per week, unless otherwise approved by the CA and/or DHCF’s Healthcare Operations Administration.
 - C.5.27.10.3.4 Prior Authorization and Case Management data as described in section C.5.22.9 and C.5.23;
 - C.5.27.10.3.5 Utilization Management as described in section C.5.22;
 - C.5.27.10.3.6 Provider Network information as described in sections C.5.21.2 and C.5.21.18;

- C.5.27.10.3.7 EPSDT tracking as described in section C.5.20.7. Outcome reports and measurements as described in C.5.27.10;
- C.5.27.10.3.8 Financial accounting data as described in C.5.27.2 and C.5.27.3;
- C.5.27.10.3.9 Appeal and Grievance statistics as described in C.5.26.5 and C.5.26.9;
- C.5.27.10.3.10 Internal operations data as described in sections C.5.24, C.5.8, C.5.27.2, C.5.27.3 and C.5.27.10;
- C.5.27.10.3.11 Clinical information as described in C.5.24;
- C.5.27.10.3.12 Sentinel Events and Critical Incidents as described in C.5.24.9;
- C.5.27.10.3.13 Member enrollment and disenrollment (including disenrollment's for other than loss of Medicaid eligibility) as described in C.5.18 and C.5.12;
- C.5.27.10.3.14 Third party liability activity as described in section H.15.7.1;
- C.5.27.10.3.15 Tracking and recall for immunizations and well-child visits/EPSTD tracking as described in section C.5.20.7.3;
- C.5.27.10.3.16 Reporting on CQI set forth in section C.5.27.10;
- C.5.27.10.3.17 Information linked to health status reporting requirements set forth in section C.5.28.2;
- C.5.27.10.3.18 Pharmacy data as described in section C.5.20;
- C.5.27.10.3.19 The manner in which oral interpretation services are furnished, including the name of each organization or individual furnishing the services (the manner in which oral services are provided); how the services are provided (in person or telephonically, or both); and whether there is any agreement between any organization or individual to provide interpreter services as described in section C.5.8.3;
- C.5.27.10.3.20 The frequency and number of individuals who provide oral interpreter services (whether in or out of network) provided by Contractor in any form or the provision of written translated material to any Enrollee; and
- C.5.27.10.3.21 An ongoing list of written materials provided in accordance with section C.5.8.
- C.5.27.10.4 Contractor shall have a MIS capable of documenting administrative and clinical procedures while maintaining the privacy and confidentiality of protected health information in accordance with HIPAA, the District's Mental Health Information Act, and 42 C.F.R. Part 2, including special privacy and confidentiality provisions related to people with HIV/AIDS, mental illness, and alcohol and drug abuse disorders.
- C.5.27.10.5 Contractor shall develop and implement required corrective action activity, including CAPs in accordance with section C.5.24.10.7, to correct data problems.

- C.5.27.10.6 Contractor shall develop an MIS disaster recovery plan, to be updated and submitted to DHCF within thirty (30) days upon award of contract.
- C.5.27.10.7 Contractor shall obtain from the District and reassess at the first presentation of the Enrollee to the Contractor or ProviderNetwork Provider the following information:
 - C.5.27.10.7.1 Primary language spoken by each Enrollee and the parent, Guardian, or caretaker (if Enrollee is a minor) of each Enrollee;
 - C.5.27.10.7.2 Whether that Enrollee would prefer written materials be sent in Enrollee's primary language; and
 - C.5.27.10.7.3 The racial and ethnic minority group of each Enrollee by following any applicable Federal standards for race and ethnicity data collection.

C.5.27.11 Eligibility Data

- C.5.27.11.1 Contractor's enrollment system shall be capable of linking records for the same Enrollee that are associated with different Medicaid, Alliance, or ICP Program identification numbers, e.g., Enrollees who are re-enrolled and assigned new numbers.
- C.5.27.11.2 Contractor shall have the capacity to identify an Enrollee who is disenrolled from the DCHFP and enrolled in the CASSIP or Alliance District Healthcare Alliance Program or vice versa and transfer the Enrollee's health/medical information accordingly.
- C.5.27.11.3 At the time of service, Contractor or its Independent Contractors shall verify every Enrollee's eligibility through the eligibility verification system operated by DHCF.
- C.5.27.11.4 Contractor shall update its eligibility database whenever Enrollees change names, phone numbers, language spoken, and addresses, and shall notify the ESA Change Center of such changes in accordance with ESA's procedures.
- C.5.27.11.5 Contractor shall notify the CA via secured written correspondence of any Enrollees for whom accurate addresses or current locations cannot be determined and shall document the action that has been taken to locate the Enrollees. Contractor shall, within two (2) Business days, notify DHCF's Division of Managed Care of the known deaths of any Enrollees and shall update DHCF's and Contractor's pharmacy benefits manager accordingly.

C.5.27.12 Encounter and Claims Records

- C.5.27.12.1 Contractor shall comply with the requirements set forth in the Managed Care Organization (MCO) Instruction Manual for Encounter Data Submission, attached as Attachment J.15.
- C.5.27.12.2 Contractor shall use a standardized methodology capable of supporting CMS reporting categories for collecting service event data and costs associated with each category of service. The Encounter Data reporting system shall assure the ability to generate aggregated, unduplicated service counts provided across service categories, Enrollee

demographic and health characteristics, Provider types, and treatment facilities.

- C.5.27.12.3 Contractor shall collect and submit service specific Data in the appropriate HIPAA compliant ASC X12N 837 format or an alternative format if approved by DHCF. The data shall be submitted electronically to DHCF within thirty (30) days after the claim or capitation payment was paid. The data shall include all services reimbursed by the Contractor. Adjustments to previous records that are deemed to be reparable denials by DHCF's Fiscal Agent are submitted in the next week's scheduled submission day(s). More frequent submissions may be allowed with prior approval from DHCF. The data shall include all services reimbursed by the Contractor including services reimbursed at \$0.
- C.5.27.12.4 Encounter Data must include rendering Provider information; include all information that the District is required to produce under 42 C.F.R. § 438.818; and be submitted to the District in a format consistent with the industry standard ASC X12N 835, ASC X12N 837, and NCPDP formatting.

C.5.28 Reporting Requirements

- C.5.28.1 This section sets forth reporting requirements applicable to Contractor performance. This section also sets out a series of reporting requirements related to reportable and notifiable events, as well as the results of interactions between Contractor and public and private Providers serving District. Medicaid beneficiaries including Enrollees of Contractor's plan.
- C.5.28.1.2 All reporting requirements listed in this section shall be carried out in accordance with DHCF's policies and procedures, including any subsequent amendments thereto. Contractor shall comply with relevant privacy and confidentiality standards, HIPAA, and any electronic formatting specifications when fulfilling the requirements of this section.
- C.5.28.1.3 DHCF may request that Contractor attend meetings to explain or provide additional information regarding reports submitted. Contractor shall be required to send appropriate staff Beneficiaries to such meetings as required by DHCF.
- C.5.28.1.4 Encounter Data and Pharmacy Data
- C.5.28.1.4.1 Contractor shall submit weekly complete, timely and accurate Encounter Data in electronic format in a time and manner specified by DHCF, which shall be provided to Contractor prior to the initial date of award under this Contract. DHCF reserves the right to change MIS and/or reporting specification and format.
- C.5.28.1.4.2 Contractor shall report complete, accurate and timely data regarding pharmaceuticals in a format specified by DHCF.
- ## **C.5.28.2 Reportable Health Conditions**
- C.5.28.2.1 Contractor shall report specific conditions and diseases in accordance with D.C. Code §§ 7- 131, 132 (2006) and Title 22 of the D.C. Code of Municipal Regulations.

- C.5.28.2.2 Infants, Toddlers, and School-Age Children Experiencing Developmental Delay
 - C.5.28.2.2.1 Contractor shall report to the Strong Start Early Intervention Program/Office of the State Superintendent for Education (OSSE) and to the CA (if Contractor is permitted by law to share this data) Enrollees who are infants, toddlers, and school-age children, whose developmental assessment components of their EPSDT periodic or interperiodic exams reveal evidence of developmental delay.
- C.5.28.2.3 Enrollees with Vaccine – Preventable Disease
 - C.5.28.2.3.1 Contractor shall report Enrollees, either children or adults with vaccine-preventable diseases. Reports shall be submitted to the Bureau of Epidemiology and Disease Control, D.C. Department of Health (DOH).
- C.5.28.2.4 Sexually Transmitted and other Communicable Diseases
 - C.5.28.2.4.1 Contractor shall report Enrollees with sexually transmitted and other communicable diseases, including HIV. Reports of sexually transmitted diseases must be submitted to the Sexually Transmitted Disease Division, D.C. DOH. Reports of HIV shall be submitted to the AIDS Surveillance Division of the D.C. DOH.
- C.5.28.2.5 Tuberculosis
 - C.5.28.2.5.1 Within 48 hours of identification, Contractor shall report Enrollees diagnosed with or suspected as being infected with tuberculosis to the D.C. Tuberculosis Control Program.
 - C.5.28.2.5.2 Contractor shall provide periodic reports on Enrollees in treatment, and notify the D.C. Tuberculosis Control Program of Enrollees absent from treatment more than thirty (30) days.
- C.5.28.2.6 Blood Lead Levels among Children Under the Age of Six (6)
 - C.5.28.2.6.1 In accordance with the District’s Childhood Lead Poisoning Screening and Reporting Legislative Review Emergency Act of 2002, D.C. Code § 7-871.03 (2006), Contractor shall report, and require that its independent contractors, including contracted laboratories report, results of all blood lead screening tests to DHCF and the Mayor, District Department of Energy & Environment Division of Childhood Lead Prevention Program within seventy-two (72) hours after identification.
 - C.5.28.2.6.2 Contractor shall refer a child so identified for assessment of developmental delay, and shall coordinate services required to treat the exposed child with the lead inspection and abatement services.
- C.5.28.2.7 Contractor shall comply with the reporting requirements of the District of Columbia registries and programs, including but not limited to the Cancer Control Registry.
- C.5.28.2.8 Contractor shall report to the District all identified provider-preventable conditions as defined in C.F.R. § 447.26 (b) within 24 hours of identification.

C.5.28.2.9 Contractor shall require Providers to report Provider-preventable conditions associated with claims for payment or Enrollee treatments for which payment would otherwise be made.

C.5.28.3 Reporting to DISB

C.5.28.3.1 In accordance with D.C. Code § § 31-301 *et seq.*; D.C. Code §§ 31-1901 *et seq.*; D.C. Code §§ 31-1401 *et seq.*; D.C. Code §§ 31-701 *et seq.*; and D.C. Code §§ 31-2101 *et seq.*, Contractor shall submit reports in compliance with the DISB, requirements as appropriate. Contractor shall submit reports to the CA according to the timelines described in section F.3.

C.5.28.3.2 Contractor shall comply with any changes, additions, or deletions to these laws and/or timelines as directed by DISB.

C.5.28.3.3 Failure to submit timely, accurate reports may result in fines, penalties, and Sanctions described in section G.6.2.8

C.5.28.4 Protection of Confidential Information

C.5.28.4.1 Contractor shall ensure that any reports that contain information about individuals which are protected by privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160-164 (The HIPAA Privacy and Security Rules), the District of Columbia Mental Health Information Act, D.C. Code §§ 7-1201.01 – 7-1208.07 (2006), and the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 *et seq.*, shall be prominently marked as “Confidential” and submitted to DHCF in a fashion that ensures that unauthorized individuals do not have access to the information. Contractor shall not make reports available to the public.

C.5.28.4.2 Reporting Requirements Table

C.5.28.4.2.1 The Table in section F.3 lists the reporting requirements under this RFP. All reports, Deliverables, policies, procedures, documents, notifications and attestations listed in this Table shall be submitted to DHCF in accordance with this section C.28 and section F.3 unless otherwise specifically noted. The Table is organized by type of document and divided as found in section C, with a citation to the location in section C. Additional information about Deliverables is found in section F.3.

C.5.28.4.2.2 Contractor shall be required to comply with all reporting requirements imposed by court order or a court monitor, including but not limited to the Salazar Court Order.

C.5.29 Primary Care Rates

C.5.29.1 In accordance with the Affordable Care Act § 1902(a)(13) and 42 C.F.R. § 447.405, the Contractor shall reimburse qualified primary care practitioners for certain primary care and vaccine administration services at 100% of the applicable Enhanced Medicare rates.

C.5.29.2 Qualified physicians and non-physician practitioners within the Contractor’s Provider

network shall receive direct benefit of the payment increase for all eligible primary care and vaccine administration services.

- C.5.29.3 Qualified primary care and vaccine administration services include Evaluation and Management (E&M) under the Healthcare Common Procedure Coding System (HCPCS); and CPT codes related to immunization administration for vaccines and toxoids.
- C.5.29.4 To qualify for the increase in primary care and vaccine administration payments, each physician must first submit written self-attestation that he/she is Board-certified in family medicine, internal medicine, obstetrics/gynecology or pediatric medicine or in a subspecialty within those designations as determined by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialists (ABPS), the American Board of Obstetrics and Gynecology, the American Board of Psychiatry and Neurology (ABPN) and the American Osteopathic Association (AOA).
- C.5.29.4.1 A physician who is not a Board-certified in family medicine, general medicine, obstetrics and gynecology or pediatric medicine or a designated subspecialty must self-attest that he/she has furnished the approved evaluation and management services and vaccine administration services codes that equals at least 60 percent (60%) of the Medicaid codes he or she has billed during the most recently completed calendar year, or for a physician enrolled in Medicaid for less than a full calendar year, the month prior to the month the self-attestation form is completed.
- C.5.29.4.2 Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PA) who are practicing under the direct supervision of a physician are also eligible to receive an increase in reimbursement provided the physician meets the eligibility requirements of section C.17.4, has assumed professional responsibility for the services provided by the APRN or PA and has submitted a self-attestation form that identifies the APRN or PA as a practitioner under the physician's direct supervision.
- C.5.29.5 Each physician's self-attestation must be completed on a form prescribed by DHCF.
- C.5.29.5.1 A physician who participates in multiple MCO networks only needs to complete and submit one form.
- C.5.29.5.2 DHCF shall provide the Contractor with a list of physicians and non-physician practitioners who have qualified to receive the increased payment and who have indicated that they participate in the Contractor's network. The Contractor is responsible for verifying that each listed practitioner is a member of the Contractor's network.
- C.5.29.6 Payments under this rule shall commence from the date that DHCF receives the self-attestation form from an eligible Provider.
- C.5.29.7 Contractor shall be responsible for reimbursement of all eligible primary care and vaccine administration services rendered by a qualified physician, APRN or PA.
- C.5.29.8 DHCF shall publish the applicable rates for eligible primary care and vaccine administration services each calendar year on its website at www.dhcf.dc.gov/.

- C.5.29.9 Contractor shall submit a report to DHCF on a monthly basis that identifies the claims submitted by each qualified practitioner for eligible services by HCPCS and CPT codes, by date and place of service. The report shall identify each Provider by name, NPI and taxonomy and the amount paid for each billed code. The report shall be made using a form provided by DHCF.
- C.5.29.10 Contractor shall distribute 100% of the increase payments to each eligible PCP and non-physician Providers within its network, in an amount that correspond directly to the volume and payment amounts associated with the primary care and vaccine administration services provided by each eligible Provider.
- C.5.29.11 On an annual basis, DHCF will undertake a review to verify that physicians and other practitioners receiving enhanced payments pursuant to section C.5.29 meet the requirements
- C.5.29.11.1 Contractor shall provide additional information as requested by DHCF, to serve as a crosswalk to paid encounter submissions and in validating the appropriate and timely enhanced payments to qualified physicians and practitioners.
- C.5.29.12 Contractor shall recoup and repay to DHCF any payments made to a Provider in violation of the provisions of this contract and DHCF rules.
- C.5.29.13 Exclusions
- C.5.29.13.1 Qualified primary care service Providers receiving payment through another Provider such as a hospital, clinic or federally qualified health center are not eligible for the increased payment.

C.5.30 Performance Based Incentive Program

- C.5.30.1 Providing incentives to Contractors for high quality performance is an important component of DHCF's overall strategy to improve the quality of care received by Enrollees. DHCF shall utilize financial performance-based incentives to encourage CQI and, therefore, improvement in quality of care received by Enrollees. DHCF shall, from time to time, modify the type of incentives and the structure of the performance-based incentive program over the course of the contract period. All Contractors shall participate in the Performance-Based Incentive Program.
- C.5.30.1.1 DHCF will make incentive payments according to criteria and standards established by DHCF. The criteria shall include measurement of performance in clinical quality of care. Information regarding this performance based incentive program can be found in Section E.7 and the scoring algorithm for this program is in Attachment J.25.
- ### **C.5.30.2 Non-Financial Performance Incentives**
- C.5.30.2.1 DHCF may, at its discretion, utilize Contractor's performance on the performance measures described in section C.5.30.3, develop Performance Report Cards, which present a summary of Contractor performance, and distribute to Enrollees, Providers and other stakeholders. The Report Card will provide Enrollees and the public with

consistent and transparent information regarding the performance of the Contractors.

C.5.30.2.2 DHCF, at its discretion, may publicly highlight the performance of Contractors on the performance measures described in section C.5.30.3 and other performance reports described within section C, including through published summaries, reports, and documents distributed to the public.

C.5.30.3 Performance Based Incentives Measurements.

C.5.30.3.1 The following list of measures shall be used as part of the Performance Based Incentive Program:

- Low Acuity Non-Emergent Emergency Department (LANE) Utilization
- Potentially Preventable Admissions (PPA)
- Plan All-Cause Readmissions (PCR)

C.5.30.3.2 Performance Evaluation

C.5.30.3.2.1 DHCF will make performance incentive payments according to criteria and standards established by DHCF. These criteria include measurement of performance in clinical quality of care. The evaluation methods and scoring for the Performance Based Incentives are described in the scoring Algorithm in attachment J.25. DHCF may modify the type of performance measures, and performance incentives used over the course of the contract period.

C.5.30.3.2.2 Contractor shall not be eligible for a performance incentive payment when fines, sanctions, or damages are imposed due to continuous egregious behavior by the Contractor, including but not limited to behavior that is described in 42 C.F.R § 438.700, or that is contrary to any requirements of §§ 1903 (m) and 1932 of the Social Security Act.

C.5.30.3.2.3 If DHCF, at its sole discretion, eliminates any of the performance measures, Contractor shall be scored based on an adjusted assessment of the remaining performance measures as described in attachment J.25.

C.5.30.3.2.4 As described in the scoring algorithm at attachment J.25 DHCF will evaluate Contractor's performance on the selected measures as compared to benchmarks, which shall vary depending on the measure.

C.5.31 Value Based Purchasing

C.5.31.1 Contractor shall utilize payment arrangements with its contracted Provider network to reward performance excellence and performance improvement in targeted priority areas conducive to improved health outcomes and cost savings for DHCF beneficiaries. VBP arrangements with Providers include both FFS-based bonus arrangements and Alternative Payment Models (APMs) designed to align financial incentives its Network Providers to increase the value of care provided and not focus exclusively on the volume of care provided. APMS are defined as shared savings, shared risk, or capitated financial

arrangements with Network Providers that specifically include quality performance as a factor in the amount of payment a Provider receives.

C.5.31.2 Value-Based Purchasing Strategies

C.5.31.2.1 A VBP model which aligns payment more directly to the quality and efficiency of care provided, by rewarding Providers for their measured performance across the dimensions of quality. VBP strategies for this initiative may include any combination of the payment model classifications as defined by the Learning Action Network:

- Category 2 Fee for Service-Link to Quality and Value
- Category 3 APM Built on Fee-For Service Architecture
- Category 4 Population Based Payment

C.5.31.3 Value Based Purchase **Adoption Requirements**

C.5.31.3.1 The contractor shall incorporate value based purchasing initiatives with Network Providers. The Contractor shall have thirty five percent (35%) of their total dollar amount spent on the delivery of health care services linked to Alternative Payment Models by the end of Option Year One (1).

C.5.31.3.2 The Contractor has discretion in designing value-based purchasing models to meet the requirements of this section of this Contract; however, eligible APMs shall be consistent with LAN categories 3 and 4.

C.5.31.3.3 To the extent that DHCF has established clinical outcomes objectives that can be supported by value-based Provider agreements, the Contractor shall implement payment reform strategies to support the Department's initiatives

C.5.31.3.4 DHCF reserves the right to approve/disapprove all payment reform initiatives submitted by the Contractor.

C.5.31.3.5 Failure to meet the minimum target will result in a CAP and/or sanctions as determined by DHCF.

C.5.31.4 **VBP Reporting Requirements**

C.5.31.4.1 The Contractor shall submit an annual report of all implemented VBP strategies to DHCF (Categories 2-4). The report shall include a brief summary of all VBP initiatives for the Provider network serving DHCF beneficiaries, the performance and quality measures used to monitor and evaluate the initiative, the percentage of Provider payments link to quality (categories 2-4) and APMs (categories 3-4) and an estimate of the number of beneficiaries served by the initiative.

C.5.32 Implementation of Contract

C.5.32.1 Contractor shall develop an Implementation Plan to implement the award of a Contract under this RFP within thirty (30) days of the award of this Contract. This Implementation Plan shall include:

- C.5.32.1.1 A comprehensive plan for the provision of transitional services to Enrollees;
- C.5.32.1.2 A clear description of staff responsibilities for implementing the Contract; and
- C.5.32.1.3 Sufficient resources to carry out the Implementation Plan.
- C.5.32.2 Contractor shall designate an implementation planning group to direct the implementation of all required functions under sections C and H and to develop and carry out the Implementation Plan (i.e., the Implementation planning group).
- C.5.32.3 The Implementation planning group shall be comprised of individuals with experience with managed care, clinical care, patient interaction, Medicaid managed care, mental health care, EPSDT, the District of Columbia's health system, and with the functions they shall be implementing.
- C.5.32.4 The list of documents that Contractor shall be required to submit to DHCF as part of Implementation is in Section F.3.
- C.5.32.5 Contractor shall be required to fully cooperate with DHCF in its Readiness Review, which shall be conducted prior to implementation of the Contract. Additional information shall be required from Contractor as part of the Readiness Review as described in section H.11.6.3.

C.5.33 Performance Reporting

- C.5.33.1 Contractor shall provide to the District a complete listing of the delegated entities within thirty (30) days of contract award and subsequent updated listing within sixty (60) days of executing a new delegated entity or terminating a delegation agreement.
 - C.5.33.2 Contractor shall provide to the District a copy of the pre-delegation review report within forty-five (45) days of conducting the review.
 - C.5.33.3 Contractor shall provide to the District a copy of the annual delegation review reports with forty-five (45) days of conducting the review.
 - C.5.33.4 Contractor shall notify the District in writing of any corrective actions taken in accordance with section H.12.2.4.3.4.
- C.34** Contractor shall submit Third Party Liability Reports in a format to be prescribed by DHCF on a monthly basis by the tenth (10th) day of the month following the end of each month in accordance with section C.5.28.
- C.35** Contractor shall provide a copy of all third party liability reports to the Health Care Operations Administration on a monthly basis by the tenth of each month.

SECTION D: PACKAGING AND MARKING

- D.1** The packaging and marking requirements for this contract shall be governed by clause number (2), Shipping Instructions-Consignment, of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010. (Attachment J.1)

SECTION E: INSPECTION AND ACCEPTANCE

- E.1** The inspection and acceptance requirements for this Contract shall be governed by Clause Number Six (6), Inspection of Services of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010. (Attachment J.1)
- E.2** Inspection and Acceptance-Destination Inspection and acceptance of the supplies/services to be furnished hereunder shall be made at destination by the Contract Administrator (CA) or his/her duly authorized representative.
- E.3 Right to Enter Premises**
- E.3.1 The DHCF, OCP, or any authorized representative of the District of Columbia, the U.S. Department of Health and Human Services (DHHS), the City Auditor, the U.S. Government Accountability Office (GAO), or their authorized representatives shall, at all reasonable times, have the right to enter Contractor's premises or such other places where duties under the Contract are being performed to inspect, monitor, or otherwise evaluate (including periodic systems testing) the work being performed. Contractor and all Independent Contractors shall provide reasonable access to all facilities. All inspections and evaluations shall be performed in such a manner as shall not unduly delay work.
- E.3.2 Access to Contractor Financial Information, DHCF, its Contractors or their Agents, the District of Columbia, OCP, DHHS, GAO, CMS, and the City Auditor shall have direct access upon request to the Contractor's:
- E.3.2.1 Claims Information;
 - E.3.2.2 Encounter Information;
 - E.3.2.3 Financial Records;
 - E.3.2.4 CQI Information;
 - E.3.2.5 Provider Files; and
 - E.3.2.6 Enrollee records.
- E.4 Monitoring of Performance**
- E.4.1 The State shall utilize a variety of methods to determine compliance with Contract requirements and measure the quality of performance.
- E.4.2 The State may employ fines, remedies, and sanctions to address issues of non-compliance and performance with Contractor. These methods include but are not limited to:
- E. 4.2.1 Fines as described in section G.6.2.7;
 - E.4.2.2 Sanctions as described in section G.6.2.8;

- E.4.2.3 Suspension or freezing of enrollment;
- E.4.2.4 Withholding part or all of Contractor's Capitation payment as described in section G.6.2.5;
- E.4.2.5 Corrective Action;
- E.4.2.6 Termination of the Contract; and
- E.4.2.7 Disqualification from participation with the District of Columbia Healthy Families Program and other District health care benefit programs.
- E.4.3 The State may employ remedies and sanctions to address issues of non-compliance and issues of poor performance, including but not limited to the following reasons:
 - E.4.3.1 Violation of the terms and conditions or poor performance of the Contract;
 - E.4.3.2 Violation of applicable law or policy;
 - E.4.3.3 Failure to provide Medically Necessary Covered Services;
 - E.4.3.4 Failure to take corrective action or adhere to a CAP;
 - E.4.3.5 Engaging in inappropriate or impermissible marketing practices as defined in section C.5;
 - E.4.3.6 Engaging in inappropriate enrollment practices, including but not limited to policies or practices that lead to discouraging enrollment or discrimination on the basis of health status, pregnancy status, or need for health services as described in sections C.6 and C.7.
 - E.4.3.7 Failure to adhere the Enrollee services requirements described in sections C.5.8, C.6 and C.7, including but not limited to violations of the requirements of the Language Access Act;
 - E.4.3.8 Failure to adhere to the Provider Relations management, capacity and access requirements (as these terms are defined in section C.9) described in section C.9 including but not limited to the following requirements:
 - E.4.3.8.1 Provider payment requirements, including delays in payments to Providers;
 - E.4.3.8.2 Access to services and waiting times for appointments described in section C.9.3;
 - E.4.3.8.3 Provider credentialing requirements described in section C.9; and
 - E.4.3.8.4 Failing to maintain a sufficient Provider network as defined in §s C.9.
 - E.4.3.9 Failure to comply with reporting requirements, including but not limited to:
 - E.4.3.9.1 Failure to submit information or a report at DHCF's request;
 - E.4.3.9.2 Failure to submit information or a report in a timely manner;

- E.4.3.9.3 Failure to submit all requested HEDIS® performance measures, including but not limited to HEDIS® and CAHPS® measures in accordance with sections C.13 and C.16;
- C.4.3.9.4 Failure to submit its Medical Loss Ratio in accordance with § H.15.4; and
- E.4.3.9.5 Failure to submit a report as described in section C.16, including but not limited to section C.16.12, or section F.3.
- E.4.3.10 Misrepresenting or falsifying information provided to the District, DHCF, HHS, or CMS;
- E.4.3.11 Misrepresenting or falsifying information provided to Enrollees, potential Enrollees, or Providers; and
- E.4.3.12 Failure to comply with applicable Court Orders.
- E.4.4 Additional State Monitoring Procedures. In accordance with 42 C.F.R. § 438.66, DHCF shall have in effect procedures for monitoring Contractor's operations, including, at a minimum, operations related to:
 - E.4.4.1 Enrollment and Disenrollment;
 - E.4.4.2 Processing of Grievances and Appeals;
 - E.4.4.3 Violations subject to Intermediate Sanctions as set forth in section G.6.2.8;
 - E.4.4.4 Violations of the conditions for Federal Financial Participation (FFP), set forth in 42 C.F.R. Part 438, Subpart J; and
 - E.4.4.5 All other provisions of the Contract, as appropriate

E.5 Auto Enrollment Methodology

- E.5.1 Base Period and Option Year One - In the Base Period and Option Year One of the Contract, auto enrolled Enrollees shall be distributed on an approximately equal basis amongst all of the Contractors as described in section C.5.13.4. While the auto assignment in the Base Period and Option Year One, shall be on approximately an equal and random basis among MCOs, due to variability in enrollment capacity, loss of eligibility, the fact that family Beneficiaries are assigned to one MCO, the need to ensure continuity of care for Enrollees who had been previously enrolled, have a pre-established relationship with an MCO or a PCP, the outcome of an auto enrollment distribution may not result in an even net distribution among all of the Contractors.

E.6 Capitation Payment Withhold

In order to provide performance incentive payments, the District shall withhold two percent (2%) of Contractor's at-risk capitation rate payments. The State retains the right to reduce the percentage of the capitation rate placed at –risk in any given period. These funds shall be used for Contractor performance incentive payments in accordance with criteria and standards established by DHCF and shall include assessment of performance in clinical quality of care.

This withhold is separate from any withholds described in sections G.6.2.5, G.6.2.7 and G.6.2.8.

E.7 Compliance with Regulatory Restrictions

In accordance with 42 C.F.R. § 438.6 (c)(5) (iii), performance incentive awards under this section E.7 shall not exceed one hundred and five percent (105%) of the capitation payments approved by CMS that are attributable to the Enrollees and Covered Services.

SECTION E: INSPECTION AND ACCEPTANCE

- E.1** The inspection and acceptance requirements for this Contract shall be governed by Clause Number Six (6), Inspection of Services of the Government of the District of Columbia's Standard Contract Provisions for use with Supplies and Services Contracts, dated July 2010. (Attachment J.1)
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- E.3.2 Access to Contractor Financial Information, DHCF, its Contractors or their Agents, the District of Columbia, OCP, DHHS, GAO, CMS, and the City Auditor shall have direct access upon request to the Contractor's:
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 - E.3.2.2 Encounter Information;
 - E.3.2.3 Financial Records;
 - E.3.2.4 CQI Information;
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- E. 4.2.1 Fines as described in section G.6.2.7;
 - E.4.2.2 Sanctions as described in section G.6.2.8;

- E.4.2.3 Suspension or freezing of enrollment;
- E.4.2.4 Withholding part or all of Contractor's Capitation payment as described in section G.6.2.5;
- E.4.2.5 Corrective Action;
- E.4.2.6 Termination of the Contract; and
- E.4.2.7 Disqualification from participation with the District of Columbia Healthy Families Program and other District health care benefit programs.
- E.4.3 The State may employ remedies and sanctions to address issues of non-compliance and issues of poor performance, including but not limited to the following reasons:
 - E.4.3.1 Violation of the terms and conditions or poor performance of the Contract;
 - E.4.3.2 Violation of applicable law or policy;
 - E.4.3.3 Failure to provide Medically Necessary Covered Services;
 - E.4.3.4 Failure to take corrective action or adhere to a CAP;
 - E.4.3.5 Engaging in inappropriate or impermissible marketing practices as defined in section C.5;
 - E.4.3.6 Engaging in inappropriate enrollment practices, including but not limited to policies or practices that lead to discouraging enrollment or discrimination on the basis of health status, pregnancy status, or need for health services as described in section and C.5.18.
 - E.4.3.7 Failure to adhere the Enrollee services requirements described in sections C.5.8, C.5.12 and C.5.18, including but not limited to violations of the requirements of the Language Access Act;
 - E.4.3.8 Failure to adhere to the Provider Relations management, capacity and access requirements (as these terms are defined in section C.5.21) described in section C.5.21 including but not limited to the following requirements:
 - E.4.3.8.1 Provider payment requirements, including delays in payments to Providers;
 - E.4.3.8.2 Access to services and waiting times for appointments described in section C.5.21.18;
 - E.4.3.8.3 Provider credentialing requirements described in section C.5.21; and
 - E.4.3.8.4 Failing to maintain a sufficient Provider network as defined in section C.5.21.
 - E.4.3.9 Failure to comply with reporting requirements, including but not limited to:
 - E.4.3.9.1 Failure to submit information or a report at DHCF's request;
 - E.4.3.9.2 Failure to submit information or a report in a timely manner;

E.4.3.9.3 Failure to submit all requested HEDIS® performance measures, including but not limited to HEDIS® and CAHPS® measures in accordance with section C.5.24.1.7.1;

C.4.3.9.4 Failure to submit its Medical Loss Ratio in accordance with section H.13.4.1; and

E.4.3.9.5 Failure to submit a report as described in section C.5.28, including but not limited to section C.5.28.4.2, or section F.3.

E.4.3.10 Misrepresenting or falsifying information provided to the District, DHCF, HHS, or CMS;

E.4.3.11 Misrepresenting or falsifying information provided to Enrollees, potential Enrollees, or Providers; and

E.4.3.12 Failure to comply with applicable Court Orders.

E.4.4 Additional State Monitoring Procedures. In accordance with 42 C.F.R. § 438.66, DHCF shall have in effect procedures for monitoring Contractor's operations, including, at a minimum, operations related to:

E.4.4.1 Enrollment and Disenrollment;

E.4.4.2 Processing of Grievances and Appeals;

E.4.4.3 Violations subject to Intermediate Sanctions as set forth in section G.6.2.8.2;

E.4.4.4 Violations of the conditions for Federal Financial Participation (FFP), set forth in 42 C.F.R. Part 438, Subpart J; and

E.4.4.5 All other provisions of the Contract, as appropriate

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E.5.1 Base Period and Option Year One - In the Base Period and Option Year One of the Contract, auto enrolled Enrollees shall be distributed on an approximately equal basis amongst all of the Contractors. While the auto assignment in the Base Period and Option Year One, shall be on approximately an equal and random basis among MCOs, due to variability in enrollment capacity, loss of eligibility, the fact that family Beneficiaries are assigned to one MCO, the need to ensure continuity of care for Enrollees who had been previously enrolled, have a pre-established relationship with an MCO or a PCP, the outcome of an auto enrollment distribution may not result in an even net distribution among all of the Contractors.

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In order to provide performance incentive payments, the District shall withhold two percent (2%) of Contractor's at-risk capitation rate payments. The State retains the right to reduce the percentage of the capitation rate placed at -risk in any given period. These funds shall be used for Contractor performance incentive payments in accordance with criteria and standards established by DHCF and shall include assessment of performance in clinical quality of care. This withhold is separate from any withholds described in sections G.6.2.5, G.6.2.7 and G.6.2.8.

E.7 Compliance with Regulatory Restrictions

In accordance with 42 C.F.R. § 438.6 (c)(5) (iii), performance incentive awards under this section E.7 shall not exceed one hundred and five percent (105%) of the capitation payments approved by CMS that are attributable to the Enrollees and Covered Services.

SECTION F: PERIOD OF PERFORMANCE AND DELIVERABLES

F.1 TERM OF CONTRACT

The term of the contract shall be for a period of twelve months from date of award specified on the cover page of this contract.

F.2 OPTION TO EXTEND THE TERM OF THE CONTRACT

F.2.1 The District may extend the term of this contract for a period of four (4) one-year option periods, or successive fractions thereof, by written notice to the Contractor before the expiration of the contract; provided that the District shall give the Contractor preliminary written notice of its intent to extend at least thirty (30) days before the contract expires. The preliminary notice does not commit the District to an extension. **The exercise of this option is subject to the availability of funds at the time of the exercise of this option.** The Contractor may waive the thirty (30) day preliminary notice requirement by providing a written waiver to the Contracting Officer prior to expiration of the contract.

F.2.2 If the District exercises this option, the extended contract shall be considered to include this option provision.

F.2.3 The price for the option period shall be as specified in the section B.3.4 of the contract.

F.2.4 The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

F.3 DELIVERABLES

The Contractor shall perform the activities required to successfully complete the District's requirements and submit each deliverable to the Contract Administrator (CA) identified in § G.9 in accordance with the following but not limited to:

Deliverable	Description	Citation	Due Date
1	Copy of Contractor's Implementation Plan for operating and participation in the District's Managed Care program.	C.5.7	Within thirty (30) days of the award of the contract
Enrollment and Eligibility			
2	Submit report to DHCF, ESA, and the Enrollment Broker any Enrollees who are pregnant.	C.5.15.1	Within ten (10) business days of notification.
3	Submit within ten (10) business days of the birth of an infant to DHCF and ESA the Deemed Newborn form and log by completing all	C.5.15.2	Within ten (10) business days of a new birth.

	fields in the Deemed Newborn forms and log.		
4	Submit Newborn births and date of first Newborn outpatient visit quarterly due thirty (30) days following the end of each preceding Quarter. (January 30, April 30, July 30 and October 30).	C.5.15.6.1	Quarterly (January 30, April 30, July 30 and October 30).
5	Submit high risk Newborn report, including date of discharge and date of home visit.	C.5.15.6.2	Quarterly (January 30, April 30, July 30 and October 30).
6	Submit Disenrollment Report regarding the number of Enrollees as described in section C.5.7	C.5.16.12	Quarterly (January 30, April 30, July 30 and October 30).
Network Adequacy			
7	Submit written copy of Policies and Procedures ensuring that Contractor's Network Providers, have been excluded, suspended or debarred from participating in any District, state, or Federal health care benefit program	C.5.21.25.4	Within thirty (30) days of Operational Start Date and (quarterly) January 30, April 30, July 30 and October 30)thereafter.
8	Submit written and electronic copy of Provider Directory Due at Operational Start Date and Quarterly thereafter.	C.5.21.17	Within thirty (30) days of Operational Start Date and (quarterly) January 30, April 30, July 30 and October 30)thereafter.
9	Submit evidence of compliance with the requirements of mileage and time travel standards.	C.5.21.2.8.1	Within thirty (30) days of Operational Start Date and (quarterly) January 30, April 30, July 30 and October 30)thereafter.
10	Submit Geographic Access analysis in the format specified by	C.5.21.2.8.2	Quarterly (January 30, April 30, July

	DHCF using GeoAccess or a comparable software program and must clearly indicate the percent of Enrollees who do not have Provider access as defined by Mileage and Time standards.		30 and October 30).
11	Submit plans or corrective actions to enhance access for which less than 98% of Enrollees have Provider access as defined by Mileage and Time standards.	C.5.21.2.8.5	Quarterly (January 30, April 30, July 30 and October 30).
12	Submit all PCPs, specialist, dentist, Behavioral Health Providers, and hospitals including groups, health centers, and individual physician practices and sites, which are not accepting new patients to DHCF.	C.5.21.2.8.4	Quarterly (January 30, April 30, July 30 and October 30).
13	Submit written protocols for access to screening, diagnosis and referral, and appropriate treatment for those conditions and Covered Services under the DCHFP and Alliance to DHCF.	C.5.21.22.1.1	Within thirty (30) days of Operational Start Date and quarterly thereafter.,
14	Submit written standards for Enrollee accessibility of care and services to DHCF within thirty (30) days of Operational Start Date.	C.5.21.23.1	Within thirty (30) days of Operational Start Date.
15	Submit the Provider Manual to DHCF for approval within thirty (30) days of Operational Start Date and all substantive subsequent changes to the Manual must be approved by DHCF prior to implementation of the changes.	C.5.21.30.1	Within thirty (30) days of Operational Start Date and all substantive subsequent changes must be approved by DHCF prior to implementation of the changes.

Quality, Performance and Compliance Program			
16	Submit a Case Management Monthly Report to DHCF.	C.5.23.1.3	Monthly on the 30th
17	Submit Case Management services Enrollee identification criteria to DHCF.	C.5.23.2.2	Within thirty (30) days of Operational Start Date
18	Submit Care Coordination/Case Management Program Description and Program Evaluation to DHCF.	C.5.23.1.10.1	Annually on March 31st
19	Submit Utilization Management Program Description and Program Evaluation to DHCF.	C.5.22.2.2	Annually on March 31st
20	Submit Quality Improvement Program Description and Program evaluation to DHCF.	C.5.24.1.2	Annually on March 31st
21	Submit HEDIS Performance Measures to DHCF	C.5.24.6.2	Quarterly on January 15th, April 15th, July 15th & October 15th
22	Submit HEDIS Audit Report to DHCF.	C.5.24.6.2	Annually, within seven (7) days of receipt from HEDIS Auditor
23	Submit CAHPS Survey Results to DHCF.	C.5.24.6.4	Annually on June 15th
24	Submit NCQA Accreditation Report to DHCF.	C.5.24.2.4	Within 7 days of receipt from NCQA &/or within thirty (30) days of Operational Start Date
25	Submit Medical Necessity Criteria to DHCF.	C.5.22.5.3	Within thirty (30) days of Operational Start Date.
26	Submit Adverse Benefit Determination Letter Template(s) to DHCF.	C.5.26.3.3.1	Within thirty (30) days of Operational Start Due.
27	Submit Delegated Entity Listing to DHCF.	C.5.33.1	Within thirty (30) days of Operational Start Date.

28	Submit Revised Delegated Entity Listing to DHCF	C.5.33.1	Within 60 days of a change, either the addition of a new delegated entity or termination.
29	Submit Pre-Delegation Review Report to DHCF.	C.5.33.2	Within forty-five (45) days of conducting the pre-delegation review
30	Submit Delegation Oversight Review Report to DHCF.	C.5.33.3	Annually within 45 days of conducting the annual oversight review.
Fraud, Abuse and Waste Compliance			
31	Submit Compliance Plan to DHCF.	C.5.25.4.1	Within 30 days of Operational Start Date for approval and annually thereafter
32	Submit a list of edits, audits, reports, protocols, provisions, or references employed for specific controls to the CA or Division of Program Integrity.	C.5.25.4.6	Upon request from the CA or Division of Program Integrity.
33	Submit Fraud, Waste and Abuse Reports to DHCF.	C.5.25.1	Frequency specified by DHCF.
34	Submit confirmed violations to DHCF	C.5.25.6.4	Within twenty-four (24) hours of the violation being confirmed
Grievance and Appeals			
35	Submit Grievance and Appeals Policies and Procedures to DHCF.	C.5.26.1.2	Within 30 days of Operational Start Date and annually thereafter.
36	Submit Appeals and Fair Hearings Monthly Report	C.5.26.13.1.1	Each monthly by the 25 th
37	Submit reporting mechanisms, process for tracking and Trending (Separately for DCHFP and the Alliance)	C.5.26.1.2	Each monthly by the 25 th
38	Submit all tips, confirmed or suspected fraud and abuse to DHCF and the appropriate agency.	C.5.25.6.6	Within twenty-four (24) hour of violations.

Marketing, Outreach and Health Education			
39	Submit written copy of Policies and Procedures requiring establishment of accurate and truthful Marketing plans and materials prior to production/distribution.	C.5.9.2	Within thirty (30) days of Operational Start Date and annually thereafter.
40	Submit and present a Marketing Plan DHCF for review and approval.	C.5.9.2	Forty-five (45) business days prior to October 1, annually.
41	Submit all marketing, outreach, health education and promotion, materials to DHCF for review and decision..	C.5.9.3.1	At a minimum of thirty (30) business days prior to distribution.
42	Submit a report of all marketing, outreach, health education and promotion activities.	C.5.9.3.3	Monthly no later than the prior to the month of the s
43	Submit an incentive report in a format designated by DHCF.	C.5.9.4.5	Quarterly on January 15th, April 15th, July 15th & October 15 th .
44	Written and electronic copy of Enrollee Handbook.	C.5.13.6.2	Within thirty (30) days of Operational Start Date and updated annually thereafter.
Pharmacy			
45	Submit prior authorization process for covered outpatient drugs to DHCF.	C.5.20.13.1	Within thirty (30) days of Operational Start Date.
46	Submit description of DUR activities, including the prior authorization process in a format determined by DHCF.	C.5.20.12.3	Quarterly on January 15th, April 15th, July 15th & October 15 th .
47	Submit Prescription Drug Formulary Report (Medicaid and Alliance to DHCF for review and approval.	C.5.20.12.4	Quarterly on January 15th, April 15th, July 15th & October 15 th .

Finance			
48	Submit written internal control policies and procedures that safeguard against loss or theft of Medicaid, Alliance and ICP program fund to DHCF..	C.5.27.1.3	Within 30 days of Operational Start Date and annually thereafter.
49	Submit Audited Financial Reporting Statement in DISB required format to DISB and DHCF.	C.5.27.1.7	Quarterly on January 15th, April 15th, July 15th & October 15th
50	Submit unaudited financial statements and bank reconciliations to DHCF monthly.	C.5.27.1.8	Each monthly by the 25 th .
51	Submit written notice of any actions taken by DISB that may adversely affect Contractor license or ability to operate in the District.	C.5.27.1.10	Within two (2) business days.
52	Written reports in compliance with the DISB.	C.5.2.1	Within in one (1) or in accordance with DISB timeframes
53	Submit a copy of its financial reporting statements to DISB in a specified format.	C.5.27.1.7	Quarterly on January 15th, April 15th, July 15th & October 15 ^h .
54	Submit written notice of Contractor Provider rate and payment agreements available to DHCF upon request	H.13.6.1	Upon DHCF request
55	Submit capitation data required by law or as requested by DHCF for the previous calendar year to the District.	H.12.2	Prior to the Contract renewal of each as upon DHCF request.
56	Submit information on PIPs	H.12.1	Within 30 days of Operational Start Date and annually ninety (90) days prior to Contract renewal thereafter

57	Written description and information about Contractor's Physician Incentive Plans (PIPs) in accordance.	C.5.21.28	Ninety (90) days prior to the end of the Contract's period of performance
58	Submit Physician Incentives Program Report to DHCF quarterly	H.12.3.4	Quarterly on January 15th, April 15th, July 15th & October 15th.
Claims Processing/Systems and Encounters			
59	Contractor must provide complete Encounter Data for all Covered Services in the format specified by DHCF.	C.5.27.9.2	Frequency to be determined by DHCF.
60	Submit a performance report financial statement in a format specified by DHCF	C.5.21.33.1	Quarterly on January 15th, April 15th, July 15th & October 15th.
61	Submit a claims processing performance in a format specified by the DHCF	C.5.27.3.5	Each monthly by the 25 th
62	Submit an MIS disaster recovery plan, to be updated and submitted to DHCF	C.5.27.10.6	Within thirty (30) days within Operational Start Date
Case Management and Care Coordination			
63	Submit a screening tool for Behavioral Health in primary care settings, and children with Special Health Care Needs.	H.11.5.1	Within 30 days of Operational Start Date.
64	Copy of Contractor Policy and Procedures regarding Enrollee referral for second opinion to DHCF	C.5.21.20	Within thirty (30) days of the Operational Start Date and annually thereafter.
Third Party Liability			
69	Contractor shall submit Third Party Liability Reports in a format to be prescribed by DHCF accordance with section C.5.28	C.34	Monthly (by the tenth (10 th) day of the month following the end of each month in)

70	Contractor shall provide a copy of all third party liability reports to the Health Care Operations Administration	C.35	Monthly (by the tenth (10 th) day of the month following the end of each month in)
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F.3.1 The Contractor shall submit to the District, as a deliverable, the report described in section H.5 that is required by the 51% District Residents New Hires Requirements and First Source Employment Agreement. If the Contractor does not submit the report as part of the deliverables, final payment to the Contractor shall not be paid pursuant to section G.3.2.

SECTION G: CONTRACT ADMINISTRATION**G.1 INVOICE PAYMENT**

- G.1.1** The District will make payments to the Contractor, upon the submission of proper invoices, at the prices stipulated in this contract, for supplies delivered and accepted or services performed and accepted, less any discounts, allowances or adjustments provided for in this contract.
- G.1.2** The District will pay the Contractor on or before the 30th day after receiving a proper invoice from the Contractor.

G.2 INVOICE SUBMITTAL

- G.2.1** The Contractor shall submit proper invoices on a monthly basis or as otherwise specified in Section G.4. Invoices shall be prepared in duplicate and submitted to the below website with concurrent copies to the CA specified in Section G.7 below.

DHCF.Invoices@DC.GOV

- G.2.2** To constitute a proper invoice, the Contractor shall submit the following information on the invoice:
- G.2.2.1** Contractor's name, federal tax ID and invoice date (date invoices as of the date of mailing or transmittal);
- G.2.2.2** Contract number and invoice number;
- G.2.2.3** Description, price, quantity and the date(s) that the supplies or services were delivered or performed;
- G.2.2.4** Other supporting documentation or information, as required by the Contracting Officer;
- G.2.2.5** Name, title, telephone number and complete mailing address of the responsible official to whom payment is to be sent;
- G.2.2.6** Name, title, phone number of person preparing the invoice;
- G.2.2.7** Name, title, phone number and mailing address of person (if different from the person identified in G.2.2.6 above) to be notified in the event of a defective invoice; and
- G.2.2.8** Authorized signature.

G.3 FIRST SOURCE AGREEMENT REQUEST FOR FINAL PAYMENT

- G.3.1** For contracts subject to the 51% District Residents New Hires Requirements and First Source Employment Agreement requirements, final request for payment must be accompanied by the report or a waiver of compliance discussed in section H.5.5.

G.3.2 No final payment shall be made to the Contractor until the agency CFO has received the CO's final determination or approval of waiver of the Contractor's compliance with 51% District Residents New Hires Requirements and First Source Employment Agreement requirements.

G.4 PAYMENT

G.4.1 The District shall pay Contractor a prospective monthly capitation rate for each Enrollee that is enrolled with Contractor on the first (1st) day of each month.

G.4.2 In accordance with 42 C.F.R. § 438.60, DHCF shall ensure that no payment is made to a Provider other than the through the Contractor for services available under the Contract between the District and Contractor, except when these payments are provided for in Title XIX of the Social Security Act, in 42 C.F.R., or when DHCF has adjusted the capitation rates paid under the Contract, in accordance with 42C.F.R. § 438.6(c)(5)(v), to make payments for Graduate Medical Education (GME). Please note that 42 C.F.R. § 438.6(c)(5)(v) states the following: If the District makes payments to Providers for GME costs under an approved State plan, the District shall adjust the actuarially sound capitation rates to account for the GME payments to be made on behalf of Enrollees covered under the Contract, not to exceed the aggregate amount that would have been paid under the approved State plan for fee-for-service (FFS). The District shall first establish actuarially sound capitation rates prior to making adjustments for GME.

G.4.2.1 As a condition of receiving payment under the Medicaid or Alliance, Contractor shall comply with the applicable certification program integrity, and prohibited affiliation requirements of 42 C.F.R. Part 438.

G.4.2.2 The District shall make monthly capitation payments to the selected Contractor as compensation for Covered Services provided to Enrollees. For a member's enrollment, the District shall utilize the first (1st) day of the month of the Enrollee's assignment to the Contractor. The District shall make two Capitation payments to the Contractor each month identified as primary and a mid-month Capitation payment. The primary payment shall be based on the initial enrollment for each month that is finalized by the twenty fifth (25th) of the prior month. This initial list of Enrollees and the applicable per member per month (PMPM) rate to be finalized to the Contractor on or about the fifteenth (15th) of each month for the current month. The monthly primary and mid-month capitation payments shall be based on this final list of Enrollees and the applicable per member per month (PMPM) rate. Contractor shall reconcile both each month's final enrollment list of Enrollees submitted by DHCF with its own records and each month's capitation payments, and shall report any discrepancies to the DHCF within ninety (90) days of receipt to allow for adjustments to be processed by the District. Upon completing the review of the reconciliation report, the DHCF shall inform the Contractor whether to return funds by check or await the retraction transaction to be processed on a subsequent payment file.

G.4.2.3 If an Enrollee reaches a birthday that results in a change in rate cell (as defined in section B.6) or ends coverage under the Contract, or is disenrolled for any reason, the District shall terminate payments to Contractor for that Enrollee effective on the last day of the month in which the disenrollment becomes effective. New rates shall begin in the month following the birthday.

G.4.2.4 Except as discussed in section G.4.2.2, because the capitation payments shall be calculated

based on the number of Enrollees on the first (1st) day of each month, no adjustments shall be made for Beneficiaries who are enrolled after the beginning of the month's payment cycle or disenrolled after the beginning of the month's payment cycle. Adjustments will occur at until the mid-month Capitation cycle.

G.5 ASSIGNMENT OF CONTRACT PAYMENTS

- G.5.1** In accordance with 27 DCMR § 3250, the Contractor may assign to a bank, trust company, or other financing institution funds due or to become due as a result of the performance of this contract.
- G.5.2** Any assignment shall cover all unpaid amounts payable under this contract, and shall not be made to more than one party.
- G.5.3** Notwithstanding an assignment of contract payments, the Contractor, not the assignee, is required to prepare invoices. Where such an assignment has been made, the original copy of the invoice must refer to the assignment and must show that payment of the invoice is to be made directly to the assignee as follows:

“Pursuant to the instrument of assignment dated _____, make payment of this invoice to (name and address of assignee).”

G.5.4 Electronic Payments

- G.5.4.1** The District reserves the option to make payments to Contractor by wire, NACHA, or electronic transfer and shall provide Contractor at least thirty (30) day notice prior to the effective date of any such change.
- G.5.4.2** Where payments are made by electronic funds transfer, the District shall not be liable for any error or delay in transfer or indirect or consequential damages arising from the use of the electronic funds transfer process. Any changes or expenses imposed by the bank for transfers or related actions shall be borne by Contractor.

G.5.5 Actuarially Sound

In accordance with 42 C.F.R. §438.4, payments to Contractor must be actuarially sound.

G.5.6 Compliance by Contractor

- G.5.6.1** Payments made by the District to Contractor are conditioned upon receipt by the District of applicable, accurate and complete reports, documentation, claims, encounters, and any other information due from Contractor, unless written approval waiving such requirement(s) is obtained from the District.

G.6 THE QUICK PAYMENT CLAUSE

G.6.1 Interest Penalties to Contractors

- G.6.1.1** The District will pay interest penalties on amounts due to the Contractor under the Quick Payment Act, D.C. Official Code §2-221.01 *et seq.*, for the period beginning on the day after the required payment date and ending on the date on which payment of the amount is made. Interest shall be calculated at the rate of 1% per month. No interest penalty shall be paid if payment for the completed delivery of the item of property or service is made on or before:
- a) the 3rd day after the required payment date for meat or a meat product;
 - b) the 5th day after the required payment date for an agricultural commodity; or
 - c) the 15th day after the required payment date for any other item.
- G.6.1.2** Any amount of an interest penalty which remains unpaid at the end of any 30-day period shall be added to the principal amount of the debt and thereafter interest penalties shall accrue on the added amount.
- G.6.2 Payments to Subcontractors**
- G.6.2.1** The Contractor must take one of the following actions within seven (7) days of receipt of any amount paid to the Contractor by the District for work performed by any subcontractor under this contract:
- a) Pay the subcontractor for the proportionate share of the total payment received from the District that is attributable to the subcontractor for work performed under the contract; or
 - b) Notify the District and the subcontractor, in writing, of the Contractor's intention to withhold all or part of the subcontractor's payment and state the reason for the nonpayment.
- G.6.2.2** The Contractor must pay any subcontractor or supplier interest penalties on amounts due to the subcontractor or supplier beginning on the day after the payment is due and ending on the date on which the payment is made. Interest shall be calculated at the rate of 1% per month. No interest penalty shall be paid on the following if payment for the completed delivery of the item of property or service is made on or before:
- a) the 3rd day after the required payment date for meat or a meat product;
 - b) the 5th day after the required payment date for an agricultural commodity; or
 - c) the 15th day after the required payment date for any other item.
- G.6.2.3** Any amount of an interest penalty which remains unpaid by the Contractor at the end of any 30-day period shall be added to the principal amount of the debt to the subcontractor and thereafter interest penalties shall accrue on the added amount.
- G.6.2.4** A dispute between the Contractor and subcontractor relating to the amounts or entitlement of a subcontractor to a payment or a late payment interest penalty under the Quick Payment Act does not constitute a dispute to which the District of Columbia is a party. The District of Columbia may not be interpleaded in any judicial or administrative proceeding involving such a dispute.
- G.6.2.5 Right to Withhold Payment**
- G.6.2.5.1** The District reserves the right to withhold or recoup funds from Contractor in addition to

any other remedies allowed under the Contract or any policies and procedures.

G.6.2.5.2 The District may withhold portions of capitation payments from health plans or impose sanctions as provided in section G.6.2.8 when DHCF has determined that Contractor has failed to provide one (1) or more Medically Necessary Services (as defined in section C.8) the District may withhold an estimated portion of Contractor's capitation payment in subsequent months.

G.6.2.6 Co-Payment Prohibition

G.6.2.6.1 Contractor shall not impose co-payment requirements or other fees on Enrollees except as directed to do so by DHCF, in accordance with the District's approved Medicaid waiver.

G.6.2.7 Fines

G.6.2.7.1 Contractor shall be responsible for any fines levied against the District by the HHS, CMS or other administrative body as a result of Contractor's performance under the Contract.

G.6.2.7.2 Contractor shall be responsible for any fines or sanctions imposed upon the District by the courts where it is determined that Contractor has failed to adequately perform under the Contract or meet the requirements of a court order, including but not limited to *Salazar v. The District of Columbia et al.*

G.6.2.8 Sanctions

G.6.2.8.1 General Sanctions

G.6.2.8.1.1 In addition to any other remedies available to the District, the District shall impose sanctions against Contractor for poor performance or noncompliance with Contract terms by Contractor or its subcontracted Providers.

G.6.2.8.1.2 Contractor shall be responsible for any recoupment of funds or sanctions imposed by the federal government to the District that are related to Contractor's non-compliance of any part of the Contract.

G.6.2.8.2 Intermediate Sanctions

G.6.2.8.2.1 Basis for Imposition of Intermediate Sanctions

G.6.2.8.2.2 The District shall establish intermediate sanctions, as specified in 42 C.F.R. § 438.702. The District shall base its determinations on findings from onsite surveys, Enrollee or other Grievance, financial status, or any other source.

G.6.2.8.2.3 Contractor shall be found to be in non-compliance if the District determines that Contractor has failed to comply with terms of the Contract, and any applicable federal law as specified in §§ 1903(m)(5)(A) and 1932(2)(1) of the Social Security Act and 42 C.F.R. §§ 422.208-210, 438.700-702, and 42 C.F.R. § 92.36(i)(1) including:

- G.6.2.8.2.3.1 Substantially failing to provide Medically Necessary Services that Contractor is required to provide under law or under the Contract to an Enrollee covered under the Contract;
- G.6.2.8.2.3.2 Imposing on Enrollees premiums or charges that are in excess of the premiums or charges permitted under the Medicaid program;
- G.6.2.8.2.3.3 Acting to discriminate among Enrollees on the basis of their health status or need for health care services. This includes termination of enrollment or refusal to reenroll a beneficiary, except as permitted under the Medicaid program, or any practice that would reasonably be expected to discourage enrollment by beneficiaries whose medical condition or history indicates probable need for substantial future medical services;
- G.6.2.8.2.3.4 Misrepresenting, failing to provide, or falsifying information Contractor furnishes to CMS or the District;
- G.6.2.8.2.3.5 Misrepresenting or falsifying information Contractor furnishes to an Enrollee, potential Enrollee, or health care Provider;
- G.6.2.8.2.3.6 Failing to comply with requirements for Physician Incentive Plans as set forth in 42 C.F.R. §§ 422.208 and 422.210 (as in section H.14);
- G.6.2.8.2.3.7 Distributing directly or indirectly through any agent or Independent Contractor, Marketing Materials that have not been approved by the District or that contain false or materially misleading information;
- G.6.2.8.2.3.8 Violating any of the other applicable requirements of §§ 1903(m) or 1932 of the Social Security Act and any implementing regulations; and
- G.6.2.8.2.3.9 Violating any of District of Columbia law, regulations, or court orders, including failure to comply with Corrective Action (as described in section C.13.16) imposed by DHCF as a result of *Salazar v. The District of Columbia et al.*

G.6.2.8.3 Types of Intermediate Sanctions

- G.6.2.8.3.1 The types of intermediate sanctions the District may impose include the following:
 - G.6.2.8.3.1.1 Civil money penalties in the amounts specified in 42 C.F.R. § 438.704;
 - G.6.2.8.3.1.2 Appointment of temporary management for Contractor as provided in 42 C.F.R. §438.706.
 - G.6.2.8.3.1.3 Granting Enrollees the right to terminate enrollment without cause and notifying the affected Enrollees of their right to disenroll;
 - G.6.2.8.3.1.4 Suspension of all new enrollment, including default or auto-enrollment, after the effective date of the sanction; and
 - G.6.2.8.3.1.5 Suspension of payment for beneficiaries enrolled after the effective date of the sanction