

AMERIGROUP[®] *Community Care*

Member Handbook



TEXAS
Health and Human
Services Commission

AMERIGROUP Texas, Inc.
1-800-600-4441

Aransas, Bee, Calhoun, Jim Wells,
Kleberg, Nueces, Refugio,
San Patricio and
Victoria Counties

www.myamerigroup.com

LIVE WELL
VIVA BIEN



Dear Parent/Guardian:

Welcome to AMERIGROUP Community Care, a Children's Health Insurance Program (CHIP) Health Maintenance Organization (HMO). We are pleased that you chose us to arrange for AMERIGROUP Community Care benefits for your child.

The Member Handbook tells you how AMERIGROUP Community Care works and how to help keep your child healthy. It tells you how to get health care when it is needed, too.

There is also information included about a free membership for your child to the Boys & Girls Club. This is a special AMERIGROUP Community Care service for members, ages 6 to 18. The clubs provide many fun and educational activities for children. They are a great place to go after school. There is something for everyone!

You will get your child's AMERIGROUP Community Care ID card and more information from us in a few days. Your ID card will tell you when your child's AMERIGROUP Community Care membership starts. The name of your child's doctor is on the card too. Please check the doctor's name shown on your child's ID card. If this is not right, please call us.

We want to hear from you. Call **1-800-600-4441**. You can talk to a Member Services Representative about your child's benefits. You can also talk to a Nurse on our Nurse HelpLine if your child is sick or if you need nurse advice about a medical condition.

Thank you for picking us as your child's health plan.

Sincerely,

A handwritten signature in black ink that reads "Aileen McCormick". The signature is fluid and cursive.

Aileen McCormick
CEO, Nueces Health Plan
AMERIGROUP Community Care

1-800-600-4441

www.myamerigroup.com

WELCOME TO AMERIGROUP COMMUNITY CARE, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)!

You will get most of your health care services through AMERIGROUP Community Care. This Member Handbook will tell you how to use AMERIGROUP Community Care to get the health care you need.

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WELCOME TO AMERIGROUP COMMUNITY CARE,
CHILDREN'S HEALTH INSURANCE PROGRAM !

INFORMATION ABOUT YOUR CHILD'S NEW HEALTH PLAN

Welcome to AMERIGROUP Texas, Inc., doing business as AMERIGROUP Community Care. AMERIGROUP Community Care is a health maintenance organization (HMO) committed to getting you the right care close to home. As a member of a Children's Health Insurance Program (CHIP), you and your child's Primary Care Provider (PCP) will work together to help keep your child healthy and care for his or her health problems. AMERIGROUP Community Care helps your child get quality health care. This Member Handbook will help you understand your child's AMERIGROUP Community Care health plan.

HOW TO GET HELP

AMERIGROUP Community Care Member Services Department

If you have any questions about your child's AMERIGROUP Community Care health plan, you can call our Member Services Department toll free at **1-800-600-4441**. You can call us Monday through Friday 8 a.m. to 6 p.m. central time, except for holidays. If you call after 6 p.m., you can leave a voicemail message. A Member Services representative will call you back the next business day. Member Services can help you with:

- This Member Handbook
- Member ID cards
- Your child's doctors
- Doctor appointments
- Transportation
- Health care benefits
- Cost-sharing information
- Well-care checkups
- Healthy living
- Complaints and medical appeals

Please also call Member Services if you:

- Wish to request a copy of the AMERIGROUP Community Care Notice of Privacy Practices. This notice describes how medical information about your child may be used and disclosed and how you can get access to this information.
- Move. We will need to know your new address and phone number. You should also call CHIP to let them know your new address.

For members who do not speak English, we are able to help in many different languages and dialects. This service is also available for visits with your doctor at no cost to you. Please let us know if you need an interpreter at least 24 hours before your appointment. Call Member Services for more information.

For members who are hearing impaired, call the toll-free AT&T Relay Service at 1-800-855-2880. AMERIGROUP Community Care will set up and pay for you to have a person who knows sign language help you during your doctor visits. Please let us know if you need an interpreter at least 24 hours before your appointment.

AMERIGROUP Community Care 24-Hour Nurse Helpline

You can call our 24-hour Nurse Helpline at **1-800-600-4441** if you need advice on:

- How soon your child needs care for an illness.
- What kind of health care is needed.
- What to do to take care of your child before you see the doctor.
- How you can get the care that is needed.

We want you to be happy with all the services you get from AMERIGROUP Community Care's network of doctors and hospitals. Please call us if you have any problems. We want to help you correct any problems you may have with your care.

Other Important Phone Numbers

- **If you have an emergency, you should call 911 or go to the nearest hospital emergency room right away.**
- The CHIP number is 1-800-647-6558.
- The Texas Early Childhood Intervention Program number is 1-800-250-2246.
- The Texas Department of Assistive and Rehabilitative Services number is 1-800-252-5204.
- To set up transportation to your medical visits, call 1-800-600-4441.
- If you need help finding a pharmacy, or if you have problems getting prescriptions filled, call the CHIP Prescription Hotline at 1-866-274-9154.
- If you need dental care, call Delta Dental at 1-866-561-5892.
- If you need help finding a network eye doctor (optometrist) in your area, call Block Vision at 1-800-428-8789.
- If you need behavioral health and substance abuse care, call Member Services at 1-800-600-4441.

- If you would like information about our Disease Management programs, please call 1-800-600-4441 and ask to speak with a Disease Management Care Manager.

Your Child's AMERIGROUP Community Care Member Handbook

This handbook will help you understand your child's AMERIGROUP Community Care health plan. If you have questions, or need help understanding or reading your child's Member Handbook, call our Member Services Department. AMERIGROUP Community Care also has the Member Handbook in a large print version, an audio taped version and a Braille version. The other side of this handbook is in Spanish.



Your Child's AMERIGROUP Community Care ID Card

If you do not have your child's AMERIGROUP Community Care ID card yet, you will get it soon. Please carry it with you at all times. Show it to any doctor or hospital you visit. **You do not need to show your child's ID card before he or she gets emergency care.** The card tells doctors and hospitals that your child is a member of AMERIGROUP Community Care and who his or her PCP is. It also says that AMERIGROUP Community Care will pay for the medically needed benefits listed in the section "AMERIGROUP Community Care Health Care Benefits."

Your child's AMERIGROUP Community Care ID card has the name and phone number of his or her PCP on it. The date your child became an AMERIGROUP Community Care member is also shown. Your child's ID card lists many of the important phone numbers you need to know, like our Member Services Department and Nurse HelpLine.

If your child's ID card is lost or stolen, call us right away. We will send you a new one.

YOUR CHILD'S DOCTORS

PICKING A PRIMARY CARE PROVIDER (PCP)

All AMERIGROUP Community Care members must have a family doctor, also called a Primary Care Provider (PCP). Your child's PCP must be in the AMERIGROUP Community Care network. Your child's PCP will give him or her a medical home. That means that the PCP will get to know your child and your child's health history, and be able to help your child get quality care. Your child's PCP will give him or her the basic health services needed. Your child's PCP will also send your child to other doctors or hospitals when he or she needs special care. When you enrolled your child in AMERIGROUP Community Care, you picked a PCP for him or her. If you did not, we assigned one for you. We picked one who should be close by you. This doctor's name and phone number are on your child's AMERIGROUP Community Care ID card.

If we assigned your child a PCP, and you wish to change the PCP, you can pick another one. Just look in the Provider Directory you got with your child's CHIP enrollment package. We can also help you pick a doctor. Call Member Services for help. If your child is already seeing a doctor, you can look in the Provider Directory to see if that doctor is in our network. If so, you can tell us you want to keep that doctor.

PCPs can be any of the following as long as they are in the AMERIGROUP Community Care network:

- General Practitioners
- Family Practitioners
- Internists
- Pediatricians
- Obstetrician/Gynecologists (OB/GYNs) (for girls while they are pregnant)
- Pediatric and Family Advanced Practice Nurses (APNs) practicing under the supervision of a physician
- Certified Nurse Midwives (CNMs) practicing under the supervision of a physician
- Physician Assistants (PAs) practicing under the supervision of a physician specializing in Family Practice, Internal Medicine, Pediatrics or Obstetrics/Gynecology who qualify as PCPs
- Federally Qualified Healthcare Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Specialists who are willing to give members with special needs a medical home

Family members do not have to have the same PCP.

WHAT IS A PLAN OF CARE?

Your child's PCP will explain your child's health care to you and talk to you about the different ways his or her health care problems can be treated. Your PCP will develop a plan of care to meet your child's specific health care needs.

You will work with your child's PCP in deciding what health care is best for him or her. Your child's PCP will update your child's plan of care once a year or as your child's health needs change.

IF YOUR CHILD HAD A DIFFERENT DOCTOR BEFORE JOINING AMERIGROUP COMMUNITY CARE

Your child may have been seeing a doctor who is not in our network for an illness or injury when he or she joined AMERIGROUP Community Care. In some cases, your child may be able to keep seeing this doctor for care while you pick a new doctor. Please call us to find out more about this. AMERIGROUP Community Care will make a plan with you and your child's doctors so we all know when he or she needs to start seeing his or her new AMERIGROUP Community Care network doctor.

IF YOUR CHILD'S PCP OFFICE MOVES, CLOSES OR LEAVES AMERIGROUP COMMUNITY CARE'S NETWORK

Your child's PCP office may move, close or leave the AMERIGROUP Community Care network. If this happens, AMERIGROUP Community Care will call or send you a letter to tell you about this. In some cases, your child may be able to keep seeing this PCP for care while you pick a new PCP. Please call us for more information about this. AMERIGROUP Community Care will make a plan with you and your child's PCP so we all know when your child needs to start seeing his or her new AMERIGROUP Community Care network PCP. We can also help you pick a new PCP for your child. Call Member Services for help. Once you have picked a new PCP for your child, AMERIGROUP Community Care will send you a new ID card within 10 business days.

HOW TO CHANGE YOUR CHILD'S PCP

You can change your child's PCP up to 4 times a year. Just look in the AMERIGROUP Community Care Provider Directory you got with your child's CHIP enrollment package. AMERIGROUP Community Care can also help you pick a doctor. Call Member Services. We will help you pick a new PCP.

We can change your child's PCP on the same day you ask for the change. The change will be effective immediately. Call the doctor's office if you want to make an appointment. The phone number is on your child's AMERIGROUP Community Care ID card. If you need help, call Member Services. We will help you make the appointment.

You will not be able to change your child's PCP if:

- You have already made 4 changes in a year.
- The PCP you have picked cannot take new patients.
- The new PCP is not a part of the AMERIGROUP Community Care network.

IF YOUR CHILD'S PCP ASKS FOR YOUR CHILD TO BE CHANGED TO ANOTHER PCP

Your child's PCP may ask for your child to be changed to another PCP. His or her doctor may do this if:

- You do not follow his or her medical advice over and over again,
- Your child's doctor agrees that a change is best for your child,
- Your child's doctor does not have the right experience to treat your child, or
- The assignment to your child's doctor was made in error.

IF YOU WANT YOUR CHILD TO GO TO A DIFFERENT DOCTOR

If you want your child to go to a doctor who is not his or her PCP, please talk to your child's PCP first. In most cases, your child's PCP needs to give you a referral so your child can see another doctor. This is done when your child's PCP cannot give him or her the care needed. Please read the section "Specialists" to learn more about referrals. If you go to a doctor that your child's PCP has not referred you to, the care your child receives may not be covered by AMERIGROUP Community Care. Also read the section "Services That Do Not Need A Referral" for more information.

PICKING AN OB/GYN

Female members can see any AMERIGROUP Community Care network obstetrician and/or gynecologist (OB/GYN) for OB/GYN health needs.

ATTENTION FEMALE MEMBERS:

AMERIGROUP Community Care does not limit your selection of an OB/GYN to your daughter's PCP's network. Your child's PCP's network is different from

AMERIGROUP Community Care's network. While an OB/GYN may not participate in your child's PCP network, he or she must still be part of AMERIGROUP Community Care's network of providers.

You have the right to select an OB/GYN without a referral from your daughter's PCP. The access to health care services of an OB/GYN includes coverage of:

- One well-woman checkup per year
- Care related to pregnancy
- Care for any female medical condition
- Referral to special doctor within the network

If you do not want your daughter to go to an OB/GYN, her PCP may be able to treat her OB/GYN health needs. Ask your daughter's PCP if he or she gives OB/GYN care. If not, your daughter will need to see an OB/GYN. You will find a list of network OB/GYNs in the AMERIGROUP Community Care Provider Directory you got with your CHIP enrollment package.

Your daughter may have been seeing a doctor who is not in our network for OB/GYN care. In some cases, she may be able to keep seeing this OB/GYN. Please call Member Services to find out more about this.

Your daughter can only see one OB/GYN in a month, but she can have more than one visit during that month with the same OB/GYN, if needed.

While your daughter is pregnant, her OB/GYN can be her PCP. The nurses on our 24-hour Nurse HelpLine can help you decide if your daughter should see her PCP or an OB/GYN. If you need help picking an OB/GYN, call Member Services.

SPECIALISTS

Your PCP can take care of most of your child's health care needs, but he or she may also need care from other kinds of doctors. AMERIGROUP Community Care offers services from many different kinds of doctors that provide other medically needed care. These doctors are called specialists because they have training in a special area of medicine. Examples of specialists are:

- Allergists (allergy doctors)
- Dermatologists (skin doctors)
- Cardiologists (heart doctors)
- Podiatrists (foot doctors)

If your child's PCP cannot give him or her the needed care, your child's PCP will give you a referral to see a specialist. In most cases, you need to have a referral from your child's PCP to see another doctor. Your child's PCP will give you a referral form so you can see the specialist. The referral form tells you and the specialist what kind of health care your child needs. Be sure to take the referral form with you when you take your child to the specialist.

In a few cases, a referral is not needed. Please read the section "Services That Do Not Need A Referral" for more information.

GOING TO THE DOCTOR

ROUTINE, URGENT AND EMERGENCY CARE: WHAT IS THE DIFFERENCE?

Routine Care

In most cases when you need medical care, you call your doctor to make an appointment. These visits will cover most minor illnesses and injuries, as well as regular checkups. This type of care is known as **routine care**. A PCP is someone you see when you are not feeling well, but that is only part of a PCP's job. A PCP also takes care of you before you get sick. This is called well care. Read the section in this handbook "Well Care For Children." Your child should be able to see his or her PCP within 2 weeks for routine care.

Urgent Care

The second type of care is **urgent care**. There are some injuries and illnesses that are not emergencies but can turn into an emergency if they are not treated within 24 hours. Some examples are:

- Throwing up
- Minor burns or cuts
- Earaches
- Headaches
- Sore throat
- Fever over 101 degrees
- Muscle sprains/strains

For urgent care, you should call your child's PCP. Your child's PCP will tell you what to do. The PCP may tell you to bring your child to his or her office right away, or you may be told to go to some other office to get immediate care. You should follow your child's PCP's instructions. In some cases, the PCP

may tell you to go to the emergency room at a hospital for care. See the next section about emergency care for more information. You can also call our 24-hour Nurse HelpLine at **1-800-600-4441** for advice about urgent care. Your child should be able to see his or her PCP within 24 hours for an urgent care appointment.

Emergency Care

After routine and urgent care, the third type of care is **emergency care**. If your child has an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you need help deciding on whether or not to go to the emergency room, call your child's PCP or our 24-hour Nurse HelpLine at **1-800-600-4441**. The most important thing is to get medical care as soon as possible. Your child should be able to see his or her PCP immediately for emergency care.

Emergency care is a covered CHIP service.

"Emergency" and "emergency condition" means a medical condition of recent onset and sufficient severity, including, but not limited to, severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the child's condition, sickness, or injury is of such a nature that failure to get immediate care could result in:

- Placing the child's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant woman, serious jeopardy to the health of the fetus.

"Emergency services" and "emergency care" means health care services provided in an in-network or out-of-network hospital emergency department or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize medical conditions. Emergency services also include, but are not limited to, any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an emergency condition exists.

Here are some examples of problems that are most likely emergencies:

- Trouble breathing
- Chest pains
- Loss of consciousness

- Very bad bleeding that does not stop
- Very bad burns
- Shakes called convulsions or seizures

You should call your child's PCP within 24 hours after your child visits the emergency room. If you cannot call, have someone else call for you. Your child's PCP will give or arrange any follow-up care you need.

HOW TO GET HEALTH CARE WHEN YOUR CHILD'S DOCTOR'S OFFICE IS CLOSED

Except in the case of an emergency (see previous section), or when your child needs care that does not need a referral (see the section "Services That Do Not Need A Referral"), you should always call your child's PCP **first** before you get medical care. Help from your child's PCP is available 24 hours a day. If your child has a medical concern that you need to discuss with the doctor after the office is closed, call the number on your child's ID card. If it is not an emergency, someone should call you back within 30 minutes to tell you what to do. You may also call our Nurse HelpLine 24 hours a day, 7 days a week for help.

If you think your child needs emergency care (see previous section), call 911 or go to the nearest emergency room right away.

HOW TO GET HEALTH CARE FOR YOUR CHILD WHEN HE OR SHE IS OUT OF TOWN

If your child needs emergency care when he or she is out of town or outside of Texas*, go to the nearest hospital emergency room or call 911. If your child needs urgent care, call your PCP.* (Read the section "Urgent Care" for more information.) If your child's PCP office is closed, leave a phone number where you can be reached. Your child's PCP or someone else should call you back within 30 minutes. Follow the doctor's instructions. You may be told to get care where you are if you need it very quickly. You can also call our 24-hour Nurse HelpLine for help. If you need routine care, like a checkup or prescription refill when you are out of town, call your PCP or our 24-hour Nurse HelpLine. Be sure to always carry your AMERIGROUP Community Care member ID card with you when you leave town.

***If you are outside of the U.S. and get health care services, they will not be covered by AMERIGROUP Community Care or CHIP.**

YOUR CHILD'S FIRST DOCTOR APPOINTMENT

You can call your child's doctor to set up his or her first appointment. Your child should see his or her PCP for a well-care visit (a general checkup) within 90 days of enrolling in AMERIGROUP Community Care. By finding out more about your child's health now, your child's PCP can take better care of your child if he or she gets sick. If you do not have a home telephone or have just changed your telephone number, please call our Member Services Department. We can also help you set up your child's first appointment.

If your child has already been seeing the doctor who is now his or her AMERIGROUP Community Care network doctor, call the doctor to see if it is time for your child to get a checkup. If it is, make an appointment for your child to see the doctor as soon as possible.

HOW TO MAKE AN APPOINTMENT

It is easy to make an appointment with your child's PCP. Just call the doctor's office during regular business hours. The phone number is on your child's AMERIGROUP Community Care ID card. If you need help, call Member Services. We will help you make the appointment. When you call, let the person you talk to know what you need (for example, a checkup or a follow-up visit). Also, tell the doctor's office if your child is not feeling well. This will let the doctor's office know how soon your child needs to be seen. It may also shorten the wait before your child sees the doctor.

WAIT TIMES FOR APPOINTMENTS

When your child's PCP office is closed, an answering service will take your call. In an emergency, your child's doctor should call you back within 30 minutes. Once you talk to the doctor and set up an appointment, you will be able to see the doctor as follows:

Routine primary care visits	Within 2 weeks
Routine specialty care visits	Within 30 days
Routine physical exams for children	Within 8 weeks
Emergency care	Immediately
Urgent care	Within 24 hours
Prenatal care	Within 2 weeks
Regular laboratory and radiology	Within 3 weeks
Urgent laboratory and radiology	Within 48 hours

When you get to the office for your child's appointment, you should not have to wait more than 45 minutes to be seen.

WHAT TO BRING WHEN YOU GO FOR YOUR CHILD'S APPOINTMENT

When you go to the doctor's office for your child's appointment, bring your child's ID card, shot records and any medicines he or she is taking.

HOW TO CANCEL AN APPOINTMENT

If you make an appointment with your child's doctor and then cannot go, it is important to call the doctor's office. Tell the office to cancel the appointment. You can make a new appointment when you call. Try to call at least 24 hours before the appointment. This will let someone else see the doctor during that time. If you want us to cancel your child's appointment, call Member Services. If you do not call to cancel your child's doctor appointments over and over again, your child's doctor may ask for your child to be changed to another doctor.

HOW TO GET TO A DOCTOR'S APPOINTMENT OR TO THE HOSPITAL

If it is medically necessary for you to take your child to the doctor and you do not have transportation, call AMERIGROUP Community Care Member Services. We can help you get to your child's doctor appointments. Please call Member Services at least 5 days before your appointment.

If you ask someone you know to help you get to your appointment, this person cannot get money for mileage.

If you have a complaint about your transportation or want to find out if there are any limits on services, call us. We can help you with any questions that you may have.

If you have an emergency and need transportation, call 911 for an ambulance.

DISABILITY ACCESS TO AMERIGROUP COMMUNITY CARE NETWORK DOCTORS AND HOSPITALS

AMERIGROUP Community Care network doctors and hospitals should help members with disabilities get the care they need. Members who use wheelchairs, walkers or other aids may need help getting into an

office. If your child needs a ramp or other help, make sure your child's doctor's office knows this before you go there. By doing this, they will be ready for your child's visit. If you want help talking to your child's doctor about your special needs, call Member Services.

WHAT DOES MEDICALLY NECESSARY MEAN?

Covered CHIP services must meet the CHIP definition of "medically necessary." Your child's PCP will help your child get the services he or she needs that are medically necessary as defined below:

Medically necessary health services means health care services that are:

- a) reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or endanger life;
- b) provided at proper facilities and at the appropriate levels of care for the treatment of a member's health conditions;
- c) consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
- d) consistent with the diagnosis of the conditions;
- e) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- f) not experimental or investigative; and
- g) not primarily for the convenience of the member or provider.

Medically necessary behavioral health services means behavioral health services that:

- a) are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain or prevent deterioration of functioning resulting from such a disorder;
- b) are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- c) are furnished in the most appropriate and least restrictive setting in which services can be safely provided;

- d) are the most appropriate level or supply of service that can safely be provided;
- e) could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- f) are not experimental or investigative; and
- g) are not primarily for the convenience of the member or provider.

AMERIGROUP COMMUNITY CARE HEALTH CARE BENEFITS

BENEFIT: INPATIENT GENERAL ACUTE AND INPATIENT REHABILITATION HOSPITAL SERVICES

Covered Services include:

- Hospital-provided physician or provider services;
- Semi-private room and board (or private if medically necessary as certified by attending physician);
- General nursing care;
- Special duty nursing when medically necessary;
- ICU and services;
- Patient meals and special diets;
- Operating, recovery and other treatment rooms;
- Anesthesia and administration (facility technical component);
- Surgical dressings, trays, casts, splints;
- Drugs, medications and biologicals;
- Blood or blood products that are not provided free-of-charge to the patient and their administration;
- X rays, imaging and other radiological tests (facility technical component);
- Laboratory and pathology services (facility technical component);
- Machine diagnostic tests (EEGs, EKGs, etc.);
- Oxygen services and inhalation therapy;
- Radiation and chemotherapy;
- Access to DSHS-designated Level III perinatal centers or hospitals meeting equivalent levels of care;
- In-network or out-of-network facility and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section;
- Hospital, physician and related medical services, such as anesthesia, for dental care;
- Surgical implants;
- Other artificial aids; and
- Implantable devices are covered under Inpatient and Outpatient services and do not count towards the Durable Medical Equipment 12-month period limit.

Limitations And/Or Exclusions

- May require prior authorization for non-emergency care and care following stabilization of an emergency condition.
- May require prior authorization for in-network or out-of-network facility and physician services for a mother and her newborn(s) after 48 hours following an uncomplicated vaginal delivery and after 96 hours following an uncomplicated delivery by caesarian section.

Does Not Cover:

- Infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system;
- Personal comfort items including, but not limited to, personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles which are not required for the specific treatment of sickness or injury;
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community;
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court;
- Custodial care;
- Mechanical organ replacement devices including, but not limited to an artificial heart;
- Private-duty nursing services when performed on an inpatient basis; and
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise preauthorized by AMERIGROUP Community Care.

BENEFIT: SKILLED NURSING FACILITIES (INCLUDING REHABILITATION HOSPITALS)

Covered Services include:

- Semi-private room and board;
- Regular nursing services;
- Rehabilitation services;
- Medical supplies and use of appliances and equipment furnished by the facility.

Limitations And/Or Exclusions

- Requires prior authorization and physician prescription.
- Maximum 60 days per 12-month period.

BENEFIT: OUTPATIENT HOSPITAL, COMPREHENSIVE OUTPATIENT REHABILITATION HOSPITAL, CLINIC (INCLUDING HEALTH CENTER) AND AMBULATORY HEALTH CARE SERVICES

Covered Services include the following services provided in a hospital clinic or emergency room, a clinic or health center, or an ambulatory health care setting:

- X ray, imaging and radiological tests (technical component);
- Laboratory and pathology services (technical component);
- Machine diagnostic tests;
- Ambulatory surgical facility services;
- Drugs, medications and biologicals;
- Casts, splints, dressings;
- Preventive health services;
- Physical occupational and speech therapy;
- Renal dialysis;
- Respiratory services;
- Radiation and chemotherapy;
- Surgical implants;
- Other artificial aids;
- Implantable devices are covered under Inpatient and Outpatient services and do not count towards the Durable Medical Equipment 12-month period limit;
- Blood or blood products that are not provided free-of-charge to the patient and the administration of these products; and
- Facility and related medical services, such as anesthesia, for dental care.

Limitations And/Or Exclusions

- May require prior authorization.
- May require physician prescription.

BENEFIT: PHYSICIAN/PHYSICIAN EXTENDER PROFESSIONAL SERVICES

Covered Services include:

- American Academy of Pediatrics recommended well-child exams and preventive health services (including, but not limited to, hearing screenings and immunizations);
- Physician office visits in-patient and out-patient services;
- Laboratory, X rays, imaging and pathology services and professional interpretation;

- Medications, biologicals and materials administered in physician's office;
- Allergy testing and injectables;
- Professional component (in/outpatient) of surgical services, including:
 - Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care
 - Administration of anesthesia by physician (other than surgeon) or CRNA
 - Second surgical opinions
 - Same-day surgery performed in a hospital without an overnight stay
 - Invasive diagnostic procedures such as endoscopic examinations
- Hospital-based physician services (including physician-performed technical and interpretive components);
- In-network and out-of-network physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section;
- Physician services medically necessary to support a dentist providing dental care, such as general anesthesia or intravenous (IV) sedation.

Limitations And/Or Exclusions

- May require prior authorization for specialty services.

Does Not Cover:

- Infertility treatments, prostate and mammography screening;
- Reproductive services other than prenatal care, labor and delivery, and care related to diseases, illnesses, or abnormalities related to the reproductive system;
- Elective surgery to correct vision;
- Gastric procedures for weight loss;
- Cosmetic surgery/services solely for cosmetic purposes;
- Out-of-network services not authorized by AMERIGROUP Community Care except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by caesarian section;
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by AMERIGROUP Community Care;
- Acupuncture services, naturopathy and hypnotherapy;

- Immunizations solely for foreign travel;
- Routine foot care such as hygienic care;
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails (this does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails).

BENEFIT: DURABLE MEDICAL EQUIPMENT (DME), PROSTHETIC DEVICES AND DISPOSABLE MEDICAL SUPPLIES

Covered Services include DME that:

- Can withstand repeated use and is mainly and commonly used to serve a medical purpose;
- Generally is not useful to a person who is not ill, injured or disabled;
- Is proper for use in the home, including devices and supplies that are medically necessary and needed for one or more activities of daily living; and
- Is proper to help in the treatment of a medical condition.

Covered DME and medical supplies include but are not limited to:

- Orthotic braces and orthotics;
- Prosthetic devices such as artificial eyes, limbs and braces;
- Prosthetic eyeglasses and contact lenses to manage a severe ophthalmological disease;
- Hearing aids;
- Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements.

Limitations And/Or Exclusions

- May require prior authorization.
- May require physician prescription.
- \$20,000 limit per 12-month period for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this limit).
- Routine refractory services and glasses/contacts.

Does Not Cover:

- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor;
- Corrective orthopedic shoes;
- Convenience items;
- Diagnosis and treatment of flat feet;
- Orthotics primarily used for athletic or recreational purpose.

BENEFIT: MEDICINES

AMERIGROUP Community Care does not cover your child's prescription drugs. These medicines are covered by the CHIP Prescription Drug Benefit (PDB). You can take your child's medicines to any pharmacy taking part in the CHIP PDB. Try to always use the same pharmacy to get more personal service.

Take your child's AMERIGROUP Community Care ID card with you when you go to the pharmacy. The pharmacy can make sure your child is a CHIP member. The pharmacy may ask for the ID card.

You may have to pay a copayment for the medicine. A medicine for a generic drug may cost you nothing or cost very little. The copayment for a brand name drug will be higher. If your doctor prescribes a drug for a whole month, you will make one copayment for a 34-day supply. In most cases, you cannot get more than a 34-day supply. Coverage of brand name drugs is also limited to no more than four prescriptions per month. The CHIP PDB does not offer drugs by mail order.

Does Not Cover:

- Over-the-counter drugs;
- Birth control medications prescribed only for birth control purposes;
- Nutritional products;
- Medical supplies or equipment, except for insulin syringes;
- Drugs that must be given in a physician's office or health care facility.

If you need help finding a pharmacy, or if you have problems getting prescriptions filled, call the CHIP Prescription Hotline at 1-866-274-9154.

BENEFIT: HOME AND COMMUNITY HEALTH SERVICES

Covered Services are provided in the home and community, including, but not limited to:

- Home infusion;
- Respiratory therapy;
- Visits for private-duty nursing (R.N., L.V.N., block of time);
- Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.). Skilled nursing visits are provided on an intermittent level and are not intended to provide 24-hour skilled nursing services.
- Home health aide (under the supervision of an R.N.) when included as part of a plan of care during a period that skilled visits have been approved.
- Speech, physical and occupational therapy.

Limitations And/Or Exclusions

- May require prior authorization.
- May require physician prescription.
- Does not include custodial care (care that assists a child with activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent). This care does not require the ongoing attention of trained medical or paramedical personnel.
- Services are not intended to replace the child's caretaker or to provide relief for the caretaker.
- Skilled nursing visits are provided on an intermittent level and are not intended to provide 24-hour skilled nursing services.
- Services are for blocks of time and are not intended to replace 24-hour inpatient or skilled nursing facility services.

Does Not Cover:

- Housekeeping;
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities;
- Services or supplies received from a nurse, which do not require the skill and training of a nurse.

BENEFIT: INPATIENT MENTAL HEALTH SERVICES

Covered Services include, but are not limited to:

- Mental health services furnished in a free-standing psychiatric hospital.
- Psychiatric units of general acute care hospitals.
- State-operated facilities.
- Neuropsychological and psychological testing.

Limitations And/Or Exclusions

- May require prior authorization for non-emergency services, but does not require PCP referral.
- Covered inpatient mental health services are limited to:
 - 45 days annual inpatient limit per 12-month period.
 - 25 days of the inpatient benefit can be converted to residential treatment, therapeutic foster care or other 24-hour therapeutically planned and structured services or subacute outpatient (partial hospitalization or rehabilitative day treatment) mental health services on the basis of financial equivalence against the inpatient per diem cost.

- 20 of the inpatient days must be held in reserve for inpatient use only.
- Court ordered services will be covered up to the annual limit.

BENEFIT: OUTPATIENT MENTAL HEALTH SERVICES

Covered Services include but are not limited to:

- Mental health services provided on an outpatient basis. Medication management visits do not count against the outpatient visit limit.
- Neuropsychological and psychological testing.
- Visits can be furnished in a community-based setting (including school and home-based) or in a state-operated facility.

Limitations And/Or Exclusions

- May require prior authorization but does not require PCP referral.
- 60 outpatient and 60 rehabilitative day treatment visits per 12-month period.
- Court ordered services will be covered up to the annual limit.
- Benefits can be used as a lower level of care.
- Inpatient days used as subacute outpatient services are in addition to the outpatient limits and do not count towards those limits.

BENEFIT: INPATIENT SUBSTANCE ABUSE TREATMENT SERVICES

Covered Services include but are not limited to:

- Inpatient and residential substance abuse treatment services including detoxification and crisis stabilization and 24-hour residential rehabilitation programs.

Limitations And/Or Exclusions

- May require prior authorization but does not require PCP referral.
- Inpatient detoxification/stabilization services, limited to 14 days per 12-month period.
- 24-hour residential rehabilitation programs, up to 60 days per 12-month period.
- 30 days may be converted to partial hospitalization or intensive outpatient rehabilitation.
- 30 days must be held in reserve for inpatient use only.

BENEFIT: OUTPATIENT SUBSTANCE ABUSE TREATMENT SERVICES

Covered Services include but are not limited to:

- Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency/substance abuse disorders.

Limitations And/Or Exclusions

- May require prior authorization but does not require a referral.
- Maximum of 12 weeks intensive outpatient services per 12-month period.
- Maximum 6 months for outpatient services per 12-month period.

BENEFIT: REHABILITATION SERVICES

Covered Services include habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services including, but not limited to:

- Physical, occupational and speech therapy.
- Developmental assessment.

Limitations And/Or Exclusions

- May require prior authorization.
- May require physician prescription.

Does Not Cover:

- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services except when ordered by a PCP.

BENEFIT: HOSPICE

Covered Services include:

- Palliative care, including medical and support services, for those children who have six months or less to live, to keep patients comfortable during the last weeks and months before death;
- Treatment for unrelated conditions is unaffected.

Limitations And/Or Exclusions

- Requires prior authorization and physician prescription.
- Maximum 120 days with 6-month life expectancy.
- Services apply to the hospice diagnosis.
- Patients electing hospice services waive their rights to treatment related to their terminal illnesses; however, they may cancel this election at anytime.

BENEFIT: EMERGENCY SERVICES, INCLUDING EMERGENCY HOSPITALS, PHYSICIANS AND AMBULANCE SERVICES (NO AUTHORIZATION REQUIRED FOR EMERGENCY CONDITIONS OR LABOR AND DELIVERY)

Covered Services include:

- Emergency services based on prudent lay person definition of emergency health condition;
- Hospital emergency room and ancillary services and physician services 24 hours a day, 7 days a week, both by in-network and out-of-network physicians and providers;
- Medical screening examination;
- Stabilization services;
- Access to DSHS designated Level I and Level II trauma centers or hospitals meeting equivalent levels of care;
- Emergency ground, air and water transportation;
- Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth and removal of cysts.

Limitations And/Or Exclusions

- May require prior authorization for post-stabilization services.

BENEFIT: TRANSPLANTS

Covered Services include:

- Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal transplants, bone marrow transplants and peripheral stem cell transplants, including donor medical expenses.

Limitations And/Or Exclusions

- May require prior authorization.

Does Not Cover:

- Donor's non-medical expenses; or
- Charges incurred as a donor of an organ when the donee (person getting the organ) is not covered under this plan.

BENEFIT: VISION SERVICES

Covered Services include:

- One eye exam per 12-month period to determine the need for corrective lenses;
- One pair of non-prosthetic eyewear per 12-month period.

Limitations And/Or Exclusions

- Exam does not require prior authorization.
- May require authorization for protective and polycarbonate lenses.

Does Not Cover:

- Vision training and vision therapy.

Please call Block Vision at 1-800-428-8789 for help finding a network eye doctor (optometrist) in your area.

BENEFIT: CHIROPRACTIC SERVICES

Covered Services include:

- Medically necessary services do not require physician prescription and are limited to spinal subluxation.

Limitations And/Or Exclusions

- Maximum 12 visits per 12-month period.
- Requires prior authorization.

BENEFIT: TOBACCO CESSATION PROGRAMS

Covered Services include:

- Maximum \$100 for a 12-month period limit for a program approved for coverage by AMERIGROUP Community Care.

Limitations And/Or Exclusions

- Does not require authorization.
- May be subject to formulary requirements.

EXTRA AMERIGROUP COMMUNITY CARE BENEFIT

AMERIGROUP Community Care covers for members enrolled in the CHIP program an extra benefit. This extra benefit is also called a value-added service.

AMERIGROUP Community Care offers one sports/ school physical every 12 months by an AMERIGROUP Community Care network primary care provider for children ages 18 and under.

COST-SHARING INFORMATION

CHILD'S HEALTH CARE

The following table lists the CHIP copayment schedule according to family income. Copayments for medical services or prescription drugs are paid to the health care provider at the time of service. No copayments are paid for preventive care, such as well-child or well-baby visits or immunizations (shots).

FEDERAL POVERTY LEVELS	OFFICE VISITS	EMERGENCY ROOM VISITS	INPATIENT HOSPITALIZATIONS	PRESCRIPTION GENERIC DRUGS	PRESCRIPTION BRAND DRUGS	ANNUAL REPORTING CAPS
NATIVE AMERICANS	\$0	\$0	\$0	\$0	\$0	\$0
AT OR BELOW 100%	\$3	\$3	\$10	\$0	\$3	1.25% cap of family annual gross income
101%-150%	\$5	\$5	\$25	\$0	\$5	1.25% cap of family annual gross income
151%-185%	\$7	\$50	\$50	\$5	\$20	2.5% cap of family annual gross income
186%-200%	\$10	\$50	\$100	\$5	\$20	2.5% cap of family annual gross income

Your child's health plan ID card lists the copayments that apply to your family situation. Present your child's ID card when you get office visit services or have a prescription filled. You do not have to show your child's ID card before he or she gets emergency care.

CHIP COST-SHARING CAPS

The Member Guide you received from CHIP when you enrolled includes a tear-out form that you should use to track your CHIP expenses. To make sure that you do not exceed your cost-sharing limit, please keep track of your CHIP-related expenses on this form. The enrollment packet welcome letter tells you exactly how much you must spend before you are eligible to mail the form back to CHIP. If you have misplaced your welcome letter, please call CHIP at 1-800-647-6558, and they will tell you what your annual cost-sharing limit is.

When you reach your annual cap, please send the form to CHIP and they will notify AMERIGROUP Community Care. We will send you a new member ID card. This new card will show that no copayments are due when your child receives services.

EXPLANATION OF BENEFITS (EOB)

There may be times when you will need to pay a provider all or part of the fee for a service your child gets. You may also have to pay part of the cost for a prescription. This will happen if you owe a copayment or if you must meet a deductible. You must also pay a provider for services your child gets that are not covered under CHIP.

We will send you an Explanation of Benefits (EOB) only if you must pay the provider a payment to meet your deductible or if the service is not covered. You will not get an EOB from us if you only have to pay a copayment. The reason for this is that you should pay the copayment when you see the provider or get the prescription.

The EOB will tell you how much you owe the provider. It will explain why you owe the provider a payment. We will also let the provider know how much you owe. You will need to make a payment directly to the provider.

SERVICES THAT DO NOT NEED A REFERRAL

It is usually best to ask your child's PCP for a referral for any AMERIGROUP Community Care service. But

you can get the following services without a referral from your child's PCP:

- Emergency care
- Care provided by an AMERIGROUP Community Care network doctor's nurse or doctor assistant
- CHIP services AMERIGROUP Community Care does not cover
- Yearly exams from an AMERIGROUP Community Care network OB/GYN
- Prenatal care from an AMERIGROUP Community Care network obstetrician or certified nurse midwife
- Screening or testing for sexually transmitted diseases including HIV from an AMERIGROUP Community Care network doctor
- Well-child preventive health visits, including immunizations (shots) and screenings
- Behavioral health and substance abuse care
- Vision exam and glasses

BENEFITS AND SERVICES NOT OFFERED BY AMERIGROUP COMMUNITY CARE OR CHIP

These are benefits and services that AMERIGROUP Community Care does not offer. These services are not covered by CHIP at all.

- Anything that is not medically necessary
- Anything experimental, such as a new treatment that is being tested or has not been shown to work
- Cosmetic surgery that is not medically necessary
- Sterilization for members
- Routine foot care except for members with diabetes or poor circulation
- Fertility treatment services
- Treatment for disabilities connected to military service
- Weight loss program services
- Reversal of voluntary sterilization
- Private room and personal comfort items when hospitalized
- Sex transformation or transsexual surgery
- Birth control

For more information about services not covered by AMERIGROUP Community Care, please call Member Services.

WELL CARE FOR YOUR CHILD

All AMERIGROUP Community Care members need to have regular well-care visits with their PCP. During a well-care visit, your PCP can see if you

have a problem before it is a bad problem. When your child becomes an AMERIGROUP Community Care member, call your child's PCP and make his or her first appointment within 90 days.

WHY WELL-CARE VISITS ARE IMPORTANT FOR CHILDREN

Children need more well-care visits than adults. Babies need to see their PCP at least 7 times by the time they are 12 months old and more times if they get sick. If your child has special needs or an illness like asthma or diabetes, one of our care coordinators can help your child get his or her checkups, tests and shots.

Your child must see a PCP for these well-care visits.

At these well-care visits, your child's PCP will:

- Make sure your baby is growing well;
- Help you care for your baby, talk to you about what to feed your baby and how to help your baby go to sleep;
- Answer questions you have about your baby;
- See if your baby has any problems that may need more health care; and
- Give your baby shots that will help protect him or her from illnesses.

When Your Child Should Get Well-Care Visits

The first well-care visit will happen in the hospital right after the baby is born. For the next 6 visits, you must take your baby to his or her PCP's office. You must set up a well-care visit with the doctor when the baby is:

- Between 1-2 weeks old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old

In your baby's second year of life, your baby should see his or her PCP at least 3 more times, at 15 months, 18 months and 24 months. Be sure to make these appointments. Take your baby to his or her PCP when scheduled. From age 3 through age 20, your child should see his or her PCP at least 1 time each year for a well-care checkup.

Blood Lead Screening

During each well-care visit between 6 months and 6 years, your child's PCP will screen your child for lead poisoning.

Your child's PCP will also give your child a blood test at 12 months and 24 months. This test will tell if your child has lead in his or her blood. Your child's PCP will take a blood sample by pricking your child's finger or taking blood from his or her vein.

Hearing Exams

Your child's PCP will check your child's hearing at every well-care visit.

Dental Care

Your child will have his or her teeth and gums checked by his or her PCP as a part of the regular well-care visits. At age 1, your child should begin seeing a dentist every 6 months.

WHEN YOUR CHILD MISSES A WELL-CARE VISIT

If your child does not get a well-care visit on time, make an appointment with his or her PCP as soon as you can. If you need help setting up the appointment, call Member Services at **1-800-600-4441**. If your child has not visited his or her PCP on time, AMERIGROUP Community Care will send you a postcard reminding you to make your child's well-care appointment.

SPECIAL KINDS OF HEALTH CARE

SPECIAL CARE FOR PREGNANT MEMBERS

Taking Care of Baby and Me® is AMERIGROUP Community Care's program for all pregnant members. It is very important for your daughter to see her PCP or OB/GYN for care when she is pregnant. This kind of care is called prenatal care. It can help her have a healthy baby. Prenatal care is always important, even if someone has already had a baby. With our program, members receive health information and baby gifts for getting prenatal care and going to prenatal classes.

When your daughter uses our Taking Care of Baby and Me® program, she will also get a Care Manager. The Care Manager can work with her to help her get the prenatal care and services she needs during her pregnancy and until her 6-week postpartum checkup. Her Care Manager may call her to see how she is doing with her pregnancy. The Care Manager can help you if you have any questions. Your daughter's Care Manager can also help your daughter find prenatal resources in your community to help her when she is pregnant. To find out more about the Taking Care of Baby and Me® program, call Member Services.

When Your Daughter Becomes Pregnant

If you think your daughter is pregnant, call her PCP or OB/GYN doctor right away. You do not need a referral from her PCP to see an OB/GYN doctor. The OB/GYN should see her within 2 weeks. We can help your daughter find an AMERIGROUP Community Care OB/GYN, if needed.

Call AMERIGROUP Community Care Member Services as soon as you know your daughter is pregnant. She needs to apply right away for Medicaid services. Your daughter's baby will be enrolled in Medicaid from birth to 1 year of age if she enrolls in Medicaid while she is pregnant. If your daughter does not enroll in Medicaid while she is pregnant, she will have to apply for coverage for her newborn after the baby is born. Please note that there could be a gap in coverage for her baby.

When your daughter is pregnant, we will send her the Taking Care of Baby and Me® pregnancy education package. It will include:

- A letter welcoming her to the Taking Care of Baby and Me® program
- A self-care book called **Planning A Healthy Pregnancy**
- Taking Care of Baby and Me® reward program brochures
- A brochure about postpartum depression
- A Nurse HelpLine AMERITIPS fact sheet

The self-care book gives her information about her pregnancy. She can also use the book to write down things that happen during her pregnancy. The Taking Care of Baby and Me® brochures tell your daughter about gifts for getting prenatal care and going to a prenatal class, a parenting class, a childbirth class or a breastfeeding class. Call Member Services to help her get these services.

While your daughter is pregnant, she needs to take good care of her health. She may be able to get healthy food from the **Women, Infants and Children Program (WIC)**. Member Services can give you the phone number for the WIC program close to you. Just call Member Services.

Enrollment For Newborns

Newborns will be enrolled in the CHIP program and the mother's health plan automatically. Eligibility and re-enrollment of the baby will follow the same timeframe as the mother.

When your daughter is pregnant, she must go to her PCP or OB/GYN at least:

- Every 4 weeks for the first 6 months
- Every 2 weeks for the 7th and 8th months
- Every week during the last month

Your daughter's PCP or OB/GYN may want her to visit more than this based on her health needs.

When Your Daughter Has A New Baby

When your daughter delivers her baby, she and her baby may stay in the hospital at least:

- 48 hours after a vaginal delivery
- 96 hours after a cesarean section (C-section)

She may stay in the hospital less time if her PCP or OB/GYN and the baby's doctor see that she and her baby are doing well. If she and her baby leave the hospital early, her PCP or OB/GYN may ask her to schedule an office visit or in-home nurse visit within 48 hours.

If she has not enrolled with Medicaid, after she has her baby, your daughter can fill out a CHIP application in the hospital to see if her baby can get CHIP benefits. Your daughter should check with the hospital social worker before she goes home to make sure the application is complete. Remember to call AMERIGROUP Community Care Member Services as soon as you can to let your daughter's Care Manager know that she had her baby. We will need to get information about her baby too. We can help your daughter pick a PCP for her baby if you have not already done this.

After your daughter has had her baby, AMERIGROUP Community Care will send her the Taking Care of Baby and Me® education package. It will include:

- A letter welcoming her to the post partum part of the Taking Care of Baby and Me® program
- A baby-care book called **Caring For Your Newborn**.
- Taking Care of Baby and Me® reward program brochure about going to her postpartum visit
- A Nurse HelpLine AMERITIPS fact sheet

Your daughter can use the baby-care book to write down things that happen during her baby's first year. This book will give her information about her baby's growth.

DISEASE MANAGEMENT

AMERIGROUP Community Care has Disease Management Programs to help you better understand and manage your child's chronic health problem. Your child's primary care physician (PCP) and our team will assist your child with his or her health care needs. They will arrange for home health visits and medical support items needed to help manage your child's health condition.

Licensed Nurses or Social Workers called Disease Management Care Managers support you over the phone. They help to arrange other services like smoking cessation, nutrition classes or other community support activities. Care Managers also help you better understand your child's condition and will work with you to develop a plan to address his or her special needs. We can help arrange your child's health care by working with the PCP to help make sure your child gets the follow-up care that he or she needs. An example of this is setting up rides to your child's doctor visits and arranging referrals to specialists as needed.

AMERIGROUP Community Care has received NCQA (National Committee for Quality Assurance) Patient and Practitioner Oriented Accreditation for the following programs. Earning NCQA accreditation for Disease Management represents our continued commitment to help your child receive quality health care coverage.

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Major Depressive Disorder
- Diabetes
- HIV/AIDS
- Schizophrenia

As an AMERIGROUP Community Care member enrolled in Disease Management, you have certain rights and responsibilities.

You have the right to:

- Have information about AMERIGROUP Community Care. This includes programs and services, our staff's education and work experience. It also includes contracts we have with other businesses or agencies.

- Refuse to take part in or disenroll your child from programs and services we offer.
- Know which staff members arrange your child's health care services and who to ask for a change.
- Have AMERIGROUP Community Care help you to make choices with your child's doctors about his or her health care.
- Know about all Disease Management related treatments. These include anything stated in the clinical guidelines, whether covered by AMERIGROUP Community Care or not. You have the right to discuss all options with your child's doctors.
- Have personal and medical information kept confidential under HIPAA; know who has access to your child's information; know what AMERIGROUP Community Care does to ensure privacy.
- Be treated with courtesy and respect by AMERIGROUP Community Care staff.
- File a complaint with AMERIGROUP Community Care and be told how to make a complaint. This includes knowing about AMERIGROUP Community Care's standards of timely response to complaints and resolving issues of quality.
- Get information that you can understand.

You have the responsibility to:

- Listen to and know the effects of accepting or rejecting health care advice.
- Provide AMERIGROUP Community Care with information needed to carry out our services.
- Tell AMERIGROUP Community Care and your child's doctors if you decide to disenroll your child from the Disease Management program.

If your child has one of the these conditions or would like to know more about our Disease Management programs, please call 1-800-600-4441 Monday through Friday 8:30 a.m. to 5:30 p.m. Eastern Time. Ask to speak with a Disease Management Care Manager. You can also visit our web site at www.myamerigroup.com.

EARLY CHILDHOOD INTERVENTION (ECI) SERVICES

ECI is a group of services for very young children — under age 3 — who are developing slowly or who have hearing or vision problems. AMERIGROUP Community Care gives services to help the child develop and learn at the earliest possible age. We also give special support to families. We can help you find and use the services in your

community that give special care for your child's needs. If you think your child may need ECI services, tell your child's PCP or call us at 1-800-600-4441.

CHILDREN WITH COMPLEX, SPECIAL NEEDS

Sometimes your child may have special needs. CHIP may have told us about this when your child enrolled with AMERIGROUP Community Care. We will try to contact you to find out more about your child. You can also call and tell us about your child's needs. Also, your child's PCP, or a specialist the PCP refers your child to, may think that your child has special needs. The doctor will give your child special tests to determine if your child has complex, special needs. If your child does have special needs, a care team will be assigned to your child, if you want one. If you approve, special services will be provided, such as the ones listed below:

- Outreach and information about care for your child
- A plan of care for your child
- Referrals to community services for your child

HOW TO GET CARE WHEN YOUR CHILD CANNOT LEAVE HOME

AMERIGROUP Community Care will find a way to help take care of your child. Call us right away if you cannot leave your home. We will put you in touch with a case manager who will help your child get the medical care that he or she needs.

SPECIAL AMERIGROUP COMMUNITY CARE SERVICES FOR HEALTHY LIVING

HEALTH INFORMATION

Learning more about your child's health and healthy living can help your child stay healthy.

One way to get health information is to ask your child's PCP. Another way is to call us. Our Nurse HelpLine is available 24 hours a day, 7 days a week to answer your health questions. They can tell you if your child needs to see the doctor. They can also tell you how you can help take care of some health problems your child may have.

HEALTH EDUCATION CLASSES

AMERIGROUP Community Care works to keep your child healthy with our health education programs. We can help you find classes near your home. You can call Member Services to find out where and when these classes are held.

Some of the classes include:

- AMERIGROUP Community Care services and how to get them
- Childbirth
- Infant care
- Parenting
- Pregnancy
- Quitting cigarette smoking
- Protecting yourself from violence
- Other classes about health topics

Some of our larger medical offices (like clinics) show health videos that talk about immunizations (shots), prenatal care and other important health topics. We hope you will learn more about staying healthy by watching these videos.

COMMUNITY EVENTS

AMERIGROUP Community Care sponsors and participates in special community events and family fun days where you can get health information and have a good time. Your child can learn about topics like healthy eating, asthma and stress. You and your family can play games, win prizes or get your face painted. AMERIGROUP Community Care representatives will be there to answer your questions about your child's benefits too. Call Member Services to find out when and where these events will be.

BOYS & GIRLS CLUBS

AMERIGROUP Community Care offers this special service to members ages 6 to 18 years old. Children can join the Boys & Girls Club for free. The clubs are a great place for children to go after school. They have computers, homework help, sports, business training and much more. There is something for everyone! An application to join the Boys & Girls Club is in this handbook. Please call Member Services to learn how to join.

MINORS

For most AMERIGROUP Community Care members under age 18, AMERIGROUP Community Care's

network doctors and hospitals cannot give care without their parent's or legal guardian's consent. This does not apply if emergency care is needed. Parents or legal guardians also have the right to know what is in their child's medical records. Members under age 18 can ask their doctor not to tell their parents about their medical records unless the parents ask the doctor to see the medical records.

These rules do not apply to "emancipated" minors. Members under age 18 may be emancipated minors if they:

- Are married,
- Are pregnant, or
- Have a child.

Emancipated minors may make their own decisions about their medical care and the medical care of their children. Parents no longer have the right to see the medical records of emancipated minors. Your child can sign a paper called a durable power of attorney too. This paper will let him or her name a person to make decisions when he or she cannot make them. Ask your child's doctor about these forms.

COMPLAINTS AND MEDICAL APPEALS

If you have any questions or problems with your child's AMERIGROUP Community Care benefits, please call Member Services.

COMPLAINTS

If you have a problem with AMERIGROUP Community Care's services or network providers and would like to tell us about it, please call Member Services at 1-800-600-4441. You can also call the member advocate at our local office at 361-906-1656.

First Level Complaint

AMERIGROUP Community Care will try to solve your complaint on the phone. If we cannot take care of the problem during your call, we will send you a letter within 5 days. This means that we have your complaint and have started to look at it. We will include a complaint form with our letter. Please fill out this form and mail it back to us as soon as possible. We need this form to look into your complaint. If you need help filling out the complaint form, please call Member Services. Mail this form to:

AMERIGROUP Community Care
Attn: Member Advocate
5656 South Staples Street; Suite 312
Corpus Christi, Texas 78411-4655

We will send you a letter within 30 days of when we get your complaint form. This letter will tell you what we have done to address your complaint.

If your complaint is an emergency, we will look into it within 72 hours of getting your call or complaint form.

Second Level Complaint

If you are not happy with the answer to your first level complaint, you can ask us to look at it again. This is a second level complaint. You must do this within 30 days of when you get our response letter to your first level complaint.

We will have a meeting with AMERIGROUP Community Care staff, network providers and other AMERIGROUP Community Care members to look at your complaint. We will try to find a day and time for the meeting so you can be there. You can bring someone to the meeting if you want to. You do not have to come to the meeting. We will send you the papers we will look at during this meeting at least 5 days before the meeting.

We will send you a letter within 5 days of having this meeting to tell you what the group decides about your complaint.

Please call us if you have any questions. You can also call your local member advocate at 361-906-1656.

Decisions On Your Complaint

If you do not agree with our decision, you may complain to the Texas Department of Insurance. If you file or make a complaint, AMERIGROUP Community Care will not and cannot hold it against you. We will still be here to help you get quality health care.

Texas Department of Insurance
333 Guadalupe Street
Austin, Texas 78714-9104

MEDICAL APPEALS

There may be times when AMERIGROUP Community Care says it will not pay for care that has been recommended by your doctor. If we do this, you or your child's doctor (with your written permission)

can appeal the decision. An appeal is when you ask AMERIGROUP Community Care to look again at the care your child's doctor asked for and we said we will not pay for. You must file for an appeal within 30 days from the date you get our first letter that says we will not pay for a service.

First Level Appeal

You, a person helping you, your PCP or the doctor taking care of your child at the time can file a first level appeal. You must do this within 30 days from when you get the first letter from AMERIGROUP Community Care that says we will not pay for the service. You can appeal our decision in 2 ways:

1. You can call Member Services. If you call us, we will send you an appeal form. Fill out this form and send it to us at the address below. If you need help filling out the appeal form, please call Member Services. Have your child's doctor send us your child's medical information about this service.
2. You can send us a letter to the address below. Include information such as the care you are looking for and the people involved. Have your child's doctor send us your child's medical information about this service.

AMERIGROUP Community Care
Attn: Central Appeals Processing
P.O. Box 61599
Virginia Beach, Virginia 23466-1599

When we get your letter or call, we will send you a letter within 5 days. This letter will let you know we got your appeal. A doctor who has not seen your case before will look at your appeal. He or she will decide how we should handle your appeal.

We will send you a letter with the answer to your appeal. We will do this within 30 calendar days from when we get your appeal. We have a process to answer your appeal quickly if the care your child's doctor says he or she needs is urgent.

Second Level Appeal/Specialty Review

If you are not happy with the answer to your first level appeal, you can ask us to look at the appeal again. This is called a second level appeal/specialty review. You or your child's doctor must send us a letter to ask for a specialty review. This letter must be sent within 10 days from the date that you get our

letter with the answer to your first level appeal. You or your child's doctor should send this letter to:

AMERIGROUP Community Care
Attn: Central Appeals Processing
P.O. Box 61599
Virginia Beach, Virginia 23466-1599

When we get your letter, we will send you a letter within 5 business days. This letter will let you know we got your letter asking for a specialty review. A doctor who specializes in the type of care your child's doctor says he or she needs will look at the case. We will send you a letter with this doctor's decision within 15 business days. This letter is our final decision. If you do not agree with our decision, you may ask for an Independent Review from the State.

If you file a medical appeal, AMERIGROUP Community Care will not hold it against you. We will still be here to help you get quality health care.

INDEPENDENT REVIEW

If we have said that we will still not pay for the care for your child after the First Level Appeal or Specialty Review, you or the doctor can ask for an Independent Review. With this review, your appeal will be reviewed by an Independent Review Organization (IRO). A Request for a Review by an Independent Review Organization form is sent with the first appeal letter that tells you we will not pay for your child's care. If you need another one of these forms, just call us. You need to sign and complete this form to ask for an Independent Review. Mail the form back to us at the address below as soon as possible.

AMERIGROUP Community Care
Attn: Central Appeals Processing
P.O. Box 61599
Virginia Beach, Virginia 23466-1599

We will notify the Texas Department of Insurance (TDI) that you have asked for an Independent Review once we get your form. The TDI will send you a letter that tells you about the IRO who will look at your case. The IRO will send you a letter to tell you its final decision. They will send this letter to you within 20 days of the request for an Independent Review. In the case of a life-threatening condition, the IRO will send you its decision within 8 days of the request.

EXPEDITED APPEALS

You or the person you ask to file an appeal for you (a designated representative) can request an expedited appeal. An expedited appeal is when AMERIGROUP Community Care is required to make a decision quickly based on your child's health status and taking the time for a standard appeal could jeopardize your child's life or health. You can request an expedited appeal if you or your child's provider thinks your child needs the services for an emergency or life-threatening illness. You can request an expedited appeal in 2 ways:

- You can call Member Services.
- You can send us a letter to the address below. Call Member Services if you need help filing an appeal.

AMERIGROUP Community Care
Attn: Medical Management
5656 South Staples Street; Suite 312
Corpus Christi, Texas 78411-4655

If we agree that your request for an appeal should be expedited, we will tell you the answer to your appeal within 1 business day of when we get all the information we need to make a decision on your appeal.

If we do not agree that your request for an appeal should be expedited, we will call you right away. We will also send you a letter within 3 days to let you know how the decision was made and that your appeal will be reviewed through the standard review process.

OTHER INFORMATION

IF YOU MOVE

You should call CHIP at 1-800-647-6558 as soon as you move to report your new address. You should then call AMERIGROUP Community Care's Member Services. Your child will continue to get health care services through us, in your current area, until the address is changed. You must call AMERIGROUP Community Care before your child can get any services in your new area unless it is an emergency.

RENEW YOUR CHILD'S CHIP BENEFITS ON TIME

Do not lose your health care benefits! Your child could lose benefits even if he or she still qualifies. Every 12 months you will need to renew your child's benefits. CHIP will send you a packet telling you

it is time to renew your child's CHIP benefits. The packet will have a tear out form for you to complete and mail back for your child's renewal. You may also contact Member Services.

We want your child to keep getting his or her health care benefits from us if he or she still qualifies. Your child's health is very important to us.

IF YOUR CHILD IS NO LONGER ELIGIBLE FOR CHIP

Your child will be disenrolled from AMERIGROUP Community Care if he or she is no longer eligible for CHIP.

To find out more, call CHIP toll free at 1-800-647-6558.

HOW TO DISENROLL FROM AMERIGROUP COMMUNITY CARE

If you do not like something about AMERIGROUP Community Care, please call Member Services. We will work with you to try to fix the problem. Families can change plans only once per year. For more information, call CHIP toll free at 1-800-647-6558.

REASONS WHY YOUR CHILD CAN BE DISENROLLED FROM AMERIGROUP COMMUNITY CARE

There are several reasons your child could be disenrolled from AMERIGROUP Community Care without asking to be disenrolled. These are listed below. If you have done something that may lead to disenrollment, we will contact you. We will ask you to tell us what happened.

Your child could be disenrolled from AMERIGROUP Community Care if:

- Your child is no longer eligible for CHIP;
- You let someone else use your child's AMERIGROUP Community Care ID card;
- You or your child tries to hurt a provider, a staff person or AMERIGROUP Community Care associate;
- Your child steals or destroys property of a provider or AMERIGROUP Community Care;
- Your child goes to the emergency room over and over again when he or she does not have an emergency;
- Your child goes to doctors or medical facilities outside AMERIGROUP Community Care's plan over and over again; or

- Your child tries to hurt other patients or make it hard for other patients to get the care they need.

If you have any questions about your child's enrollment, call Member Services.

IF YOU GET A BILL

Always show your child's AMERIGROUP Community Care ID card when you see a doctor, go to the hospital, or go for tests. Even if your child's doctor told you to go, you must show your child's AMERIGROUP Community Care ID card to make sure you are not sent a bill for services covered by AMERIGROUP Community Care. **You do not have to show your AMERIGROUP Community Care ID card before you get emergency care.** If you do get a bill, send it to us with a letter saying that you have been sent a bill. Send the letter to the address below:

AMERIGROUP Community Care
Claims
P.O. Box 62947
Virginia Beach, Virginia 23462-2947

You can also call Member Services for help.

IF YOUR CHILD HAS OTHER INSURANCE (COORDINATION OF BENEFITS)

Please call Member Services if your child has other insurance. The other insurance plan may need to be billed for your health care services before AMERIGROUP Community Care can be billed. AMERIGROUP Community Care will work with the other insurance plan on payment for these services.

CHANGES IN YOUR CHILD'S AMERIGROUP COMMUNITY CARE COVERAGE

Sometimes AMERIGROUP Community Care may have to make changes in the way it works, its covered services or its network doctors and hospitals. We will mail you a letter when we make changes in the services that are covered. Your child's PCP office may move, close or leave our network. If this happens, we will call or send you a letter to tell you about this. We can also help you pick a new doctor for your child. You can call Member Services if you have any questions. Member Services can also send you a current list of our network doctors.

HOW TO TELL AMERIGROUP COMMUNITY CARE ABOUT CHANGES YOU THINK WE SHOULD MAKE

We want to know what you like and do not like about AMERIGROUP Community Care. Your ideas will help us make AMERIGROUP Community Care better. Please call us to tell us your ideas. You can also send a letter to:

AMERIGROUP Community Care
Attn: Member Advocate
5656 South Staples Street; Suite 312
Corpus Christi, Texas 78411-4655

AMERIGROUP Community Care has a group of members who meet quarterly to give us their ideas; these meetings are called Member Advisory Meetings. This is a chance for you to find out more about us, ask questions and give us suggestions for improvement. If you would like to be part of this group, call your local member advocate at 361-906-1656.

AMERIGROUP Community Care also sends surveys to some members. The surveys ask questions about how you like AMERIGROUP Community Care. If we send you a survey, please fill it out and send it back. Our staff may also call to ask how you like AMERIGROUP Community Care. Please tell them what you think. Your ideas can help us make AMERIGROUP Community Care better.

HOW AMERIGROUP COMMUNITY CARE PAYS PROVIDERS

Different providers in our network have agreed to be paid in different ways by us. Your child's provider may be paid each time he or she treats you ("fee-for-service"). Or, your child's provider may be paid a set fee each month for each member whether or not the member actually gets services ("capitation").

These kinds of payments may include ways to earn more money. This kind of payment is based on different things like member satisfaction, quality of care, accessibility and availability.

If you want more information about how our contracted doctors or any other providers in our network are paid, please call AMERIGROUP Community Care's Member Services Department or write us at:

AMERIGROUP Community Care
Attn: Member Advocate
5656 South Staples Street; Suite 312
Corpus Christi, Texas 78411-4655

YOUR RIGHTS AND RESPONSIBILITIES AS AN AMERIGROUP COMMUNITY CARE MEMBER

YOUR RIGHTS

AMERIGROUP Community Care members have the right to:

- Get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
- Have your health plan tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. Meaning, you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's primary care provider and any specialist doctor you might like to see are part of the same "limited network."
- Know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
- Know how the health plan decides about whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
- Know the names of the hospitals and other providers in your health plan and their addresses.
- Pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
- If your child is confirmed to have special health care needs or a disability, you may be able to use a specialist as your child's primary care provider. Ask Member Services about this.
- Children who are confirmed to have special health care needs or a disability have the right to special care.
- If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
- Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her primary care provider and without first checking with your health plan. Ask your plan

how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.

- Emergency services when you need them if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a few dollars depending on your income. This is called a "copayment."
- You have the right and responsibility to take part in all the choices about your child's health care.
- Speak for your child in all treatment choices.
- Get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
- Be treated fairly by your health plan, doctors, hospitals and other providers.
- Talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
- A fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

YOUR RESPONSIBILITIES

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

AMERIGROUP Community Care members have the responsibility to:

- Try to follow healthy habits, such as, encourage your child to exercise, to stay away from tobacco, and to eat a healthy diet.
- Become involved in the doctor's decisions about your child's treatments.
- Work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
- If you have a disagreement with your health plan, try first to resolve it using the health plan's complaint process.

- Learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
- If you make an appointment for your child, try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
- Pay your doctor and other providers copayments that you owe them.
- Report misuse of CHIP by health care providers, other CHIP members, or CHIP health plans.

Call AMERIGROUP Community Care if you have a problem and need help.

AMERIGROUP Community Care provides health coverage to our members on a nondiscriminatory basis, according to State and Federal law, regardless of gender, race, age, religion, national origin, physical or mental disability, or type of illness or condition.

HOW TO REPORT SOMEONE WHO IS MISUSING THE CHIP PROGRAM

If you suspect a client (a person who receives benefits) or a provider (e.g., doctor, dentist, counselor, etc.) has committed waste, abuse or fraud, you have a responsibility and a right to report it.

You can report providers/clients directly to AMERIGROUP Community Care at:

AMERIGROUP Community Care
Senior VP Medical Management
6700 West Loop South, Suite 200
Bellaire, Texas 77401

Or, if you have access to the Internet, go to the HHSC OIG web site at <http://www.hhs.state.tx.us> and select "Reporting Waste, Abuse and Fraud." The site provides information on the types of waste, abuse and fraud to report. If you do not have Internet access and prefer to talk to a person, call the Office of Inspector General (OIG) Fraud Hotline at 1-800-436-6184, or you may send a written statement to the following OIG addresses:

To report providers, use this address:

Office of Inspector General
Medicaid Provider Integrity/Mail Code 1361
P.O. Box 85200
Austin, Texas 78708-5200

To report clients, use this address:

Office of Inspector General
General Investigations/Mail Code 1362
P.O. Box 85200
Austin, Texas 78708-5200

When reporting a provider (e.g., doctor, dentist, counselor, etc.), provide the following:

- Name, address and phone number of provider;
- Name and address of the facility (hospital, nursing home, home health agency, etc.);
- Medicaid number of the provider and facility is helpful;
- Type of provider (physician, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can aid in the investigation;
- Dates of events; and
- Summary of what happened.

When reporting a client (a person who receives benefits), provide the following:

- The person's name;
- The person's date of birth, social security number, or case number if available;
- The city where the person resides; and
- Specific details about the waste, abuse or fraud.

WE HOPE THIS BOOK HAS ANSWERED MOST OF YOUR QUESTIONS ABOUT AMERIGROUP COMMUNITY CARE. FOR MORE INFORMATION, YOU CAN CALL AMERIGROUP COMMUNITY CARE'S MEMBER SERVICES DEPARTMENT AT 1-800-600-4441.

AMERITIPS

HEALTH TIPS THAT MAKE HEALTH HAPPEN

YOU NEED TO GO TO YOUR DOCTOR NOW!

WHEN IS IT TIME FOR A WELL-CARE VISIT?

Your child needs to have regular well-care visits. This way your child's Primary Care Provider (PCP) can see if there is a problem before it becomes a bad problem. When your child becomes an AMERIGROUP Community Care member, call his or her PCP and make the first appointment before the end of 90 days.

WELL CARE FOR CHILDREN

Children need more well-care visits than adults. Your child should get checkups at the times listed below.

- Birth
- 1-2 weeks old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old

After age 2, you and your child should visit the PCP every year. AMERIGROUP Community Care encourages and reimburses for annual checkups for kids ages 3–18.

WHAT IF YOUR DAUGHTER BECOMES PREGNANT?

If you think your daughter is pregnant, call her PCP or OB/GYN right away. This can help her have a healthy baby.

If you have any questions or need help making an appointment with your PCP or OB/GYN, please call AMERIGROUP Community Care's Member Services at **1-800-600-4441**.

ALERT! DO NOT LOSE YOUR CHILD'S HEALTH CARE BENEFITS— RENEW YOUR CHILD'S ELIGIBILITY FOR CHIP BENEFITS ON TIME. SEE PAGE 22 FOR MORE DETAILS.

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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS IN EFFECT APRIL 14, 2003.

WHAT IS THIS NOTICE?

This Notice tells you:

- How AMERIGROUP Community Care handles your protected health information.
- How AMERIGROUP Community Care uses and gives out your protected health information.
- Your rights about your protected health information.
- AMERIGROUP Community Care's responsibilities in protecting your protected health information.

This Notice follows what is known as the "HIPAA Privacy Regulations." These regulations were given out by the federal government. The federal government requires companies such as AMERIGROUP Community Care to follow the terms of the regulations and of this Notice.

NOTE: You may also get a Notice of Privacy Practices from the State and other organizations.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected health information (PHI) – The HIPAA Privacy Regulations define protected health information as:

- Information that identifies you or can be used to identify you.
- Information that either comes from you or has been created or received by a health care provider, a health plan, your employer, or a health care clearinghouse.
- Information that has to do with your physical or mental health or condition, providing health care to you, or paying for providing health care to you.

In this Notice, "protected health information" will be written as PHI.

WHAT ARE AMERIGROUP COMMUNITY CARE'S RESPONSIBILITIES TO YOU ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)?

Your/your family's PHI is personal. We have rules about keeping this information private. These rules are designed to follow state and federal requirements.

AMERIGROUP Community Care must:

- Protect the privacy of the PHI that we have or keep about you.
- Provide you with this Notice about how we get and keep PHI about you.
- Follow the terms of this Notice.
- Follow state privacy laws that do not conflict with or are stricter than the HIPAA Privacy Regulations.

We will not use or give out your PHI without your authorization, except as described in this Notice.

HOW DO WE USE YOUR PROTECTED HEALTH INFORMATION (PHI)?

The sections that follow tell some of the ways we can use and share PHI without your written authorization.

FOR PAYMENT – We may use PHI about you so that the treatment services you get may be looked at for payment. For example, a bill that your provider sends us may be paid using information that identifies you, your diagnosis, the procedures or tests, and supplies that were used.

FOR HEALTH CARE OPERATIONS – We may use PHI about you for health care operations. For example, we may use the information in your record to review the care and results in your case and other cases like it. This information will then be used to improve the quality and success of the health care you get. Another example of this is using information to help enroll you for health care coverage.

We may use PHI about you to help provide coverage for medical treatment or services. For example, information we get from a provider (nurse, doctor, or other member of a health care team) will be logged and used to help decide the coverage for the treatment you need. We may also use or share your PHI to:

- Send you information about one of our disease or case management programs.

- Send reminder cards that let you know that it is time to make an appointment or get services like EPSDT or Child Health Checkup services.
- Answer a customer service request from you.
- Make decisions about claims requests and Administrative Reviews for services you received.
- Look into any fraud or abuse cases and make sure required rules are followed.

OTHER USES OF PROTECTED HEALTH INFORMATION (PHI)

BUSINESS ASSOCIATES – We may contract with “business associates” that will provide services to AMERIGROUP Community Care using your PHI. Services our business associates may provide include dental services for members, a copy service that makes copies of your record, and computer software vendors. They will use your PHI to do the job we have asked them to do. The business associate must sign a contract to agree to protect the privacy of your PHI.

PEOPLE INVOLVED WITH YOUR CARE OR WITH PAYMENT FOR YOUR CARE – We may make your PHI known to a family member, other relative, close friend, or other personal representative that you choose. This will be based on how involved the person is in your care, or payment that relates to your care. We may share information with parents or guardians, if allowed by law.

LAW ENFORCEMENT – We may share PHI if law enforcement officials ask us to. We will share PHI about you as required by law or in response to subpoenas, discovery requests, and other court or legal orders.

OTHER COVERED ENTITIES – We may use or share your PHI to help health care providers that relate to health care treatment, payment, or operations. For example, we may share your PHI with a health care provider so that the provider can treat you.

PUBLIC HEALTH ACTIVITIES – We may use or share your PHI for public health activities allowed or required by law. For example, we may use or share information to help prevent or control disease, injury, or disability. We also may share information with a public health authority allowed to get reports of child abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES – We may share your PHI with a health oversight agency for activities approved by law, such as audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies include government agencies that look after the health care system; benefit programs including Medicaid, SCHIP, or Healthy Kids; and other government regulation programs.

RESEARCH – We may share your PHI with researchers when an institutional review board or privacy board has followed the HIPAA information requirements.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS, AND ORGAN DONATION – We may share your PHI to identify a deceased person, determine a cause of death, or to do other coroner or medical examiner duties allowed by law. We also may share information with funeral directors, as allowed by law. We may also share PHI with organizations that handle organ, eye, or tissue donation and transplants.

TO PREVENT A SERIOUS THREAT TO HEALTH OR SAFETY – We may share your PHI if we feel it is needed to prevent or reduce a serious and likely threat to the health or safety of a person or the public.

MILITARY ACTIVITY AND NATIONAL SECURITY – Under certain conditions, we may share your PHI if you are or were in the Armed Forces. This may happen for activities believed necessary by appropriate military command authorities.

DISCLOSURES TO THE SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES – We are required to share your PHI with the Secretary of the U.S. Department of Health and Human Services. This happens when the Secretary looks into or decides if we are in compliance with the HIPAA Privacy Regulations.

WHAT ARE YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)?
We want you to know your rights about your PHI and your AMERIGROUP Community Care family members' PHI.

RIGHT TO GET AMERIGROUP COMMUNITY CARE'S NOTICE OF PRIVACY PRACTICES

We are required to send each AMERIGROUP Community Care “head of case” or “head of household” a printed copy of this Notice on or before April 14, 2003. After that, each “head of case” or “head of household” will get a printed copy of the Notice in the New Member Welcome package.

We have the right to change this Notice. Once the change happens, it will apply to PHI that we have at the time we make the change and to the PHI we had before we made the change. A new Notice that includes the changes and the dates they are in effect will be mailed to you at the address we have for you. The changes to our Notice will also be included on our web site. You may ask for a paper copy of the Notice of Privacy Practices at any time. Call Member Services toll-free at 1-800-600-4441. If you are hearing impaired and want to talk to Member Services, call the toll-free AT&T Relay Service at 1-800-855-2880.

RIGHT TO REQUEST A PERSONAL REPRESENTATIVE
You have the right to request a personal representative to act on your behalf, and AMERIGROUP Community Care will treat that person as if the person were you.

Unless you apply restrictions, your personal representative will have full access to all of your AMERIGROUP Community Care records. If you would like someone to act as your personal representative, AMERIGROUP Community Care requires your request in writing. A personal representative form must be completed and mailed back to AMERIGROUP Community Care's Member Privacy Unit. To request a personal representative form, please contact Member Services. We will send you a form to complete. The address and phone number are at the end of this Notice.

RIGHT TO ACCESS
You have the right to look at and get a copy of your enrollment, claims, payment and case management information on file with AMERIGROUP Community Care. This file of information is called a designated record set.

We will provide the first copy to you in any 12-month period without charge.

If you would like a copy of your PHI, you must send a written request to AMERIGROUP Community Care's Member Privacy Unit. The address is at the end of this Notice. We will answer your written request in 30 calendar days. We may ask for an extra 30 calendar days to process your request if needed. We will let you know if we need the extra time.

- We do not keep complete copies of your medical records. If you would like a copy of your medical record, contact your doctor or other provider. Follow the doctor's or provider's instructions to get a copy. Your doctor or other provider may charge a fee for the cost of copying and/or mailing the record.
- We have the right to keep you from having or seeing all or part of your PHI for certain reasons. For example, if the release of the information could cause harm to you or other persons. Or, if the information was gathered or created for research or as part of a civil or criminal proceeding. We will tell you the reason in writing. We will also give you information about how you can file an Administrative Review if you do not agree with us.

RIGHT TO AMEND

You have the right to ask that information in your health record be changed if you think it is not correct.

To ask for a change, send your request in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to complete. You can also call Member Services to request a form. The address and phone number are at the end of this Notice.

- State the reason why you are asking for a change.
- If the change you ask for is in your medical record, get in touch with the doctor who wrote the record. The doctor will tell you what you need to do to have the medical record changed.

We will answer your request within 30 days of when we receive it. We may ask for an extra 30

days to process your request if needed. We will let you know if we need the extra time.

We may deny the request for change. We will send you a written reason for the denial if:

- The information was not created or entered by AMERIGROUP Community Care.
- The information is not kept by AMERIGROUP Community Care.
- You are not allowed, by law, to see and copy that information.
- The information is already correct and complete.

RIGHT TO AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

You have the right to get an accounting of certain disclosures of your PHI. This is a list of times we shared your information when it was not part of payment and health care operations.

Most disclosures of your PHI by our business associates or us will be for payment or health care operations.

To ask for a list of disclosures, please send a request in writing to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to complete. For a copy of the form, contact Member Services. The address and phone number are at the end of this Notice. Your request must give a time-period that you want to know about. The time-period may not be longer than 6 years and may not include dates before April 14, 2003.

RIGHT TO REQUEST RESTRICTIONS

You have the right to ask that your PHI not be used or shared. You do not have the right to ask for limits when we share your PHI if we are asked to do so by law enforcement officials, court officials, or State and Federal agencies in keeping with the law. We have the right to deny a request for restriction of your PHI.

To ask for a limit on the use of your PHI, send a written request to AMERIGROUP Community Care's Member Privacy Unit. We can send you a form to fill out. You can contact Member Services for a copy of the form. The address and phone number are at the end of this Notice. The request should include:

- The information you want to limit and why you want to restrict access.
- Whether you want to limit when the information is used, when the information is given out, or both.
- The person or persons that you want the limits to apply to.

We will look at your request and decide if we will allow or deny the request within 30 days. If we deny the request, we will send you a letter and tell you why.

RIGHT TO CANCEL A PRIVACY AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

We must have your written permission (authorization) to use or give out your PHI for any reason other than payment and health care operations or other uses and disclosures listed under “Other Uses of Protected Health Information.” If we need your authorization, we will send you an authorization form explaining the use for that information.

You can cancel your authorization at any time by following the instructions below.

Send your request in writing to AMERIGROUP Community Care’s Member Privacy Unit. We can send you a form to complete. You can contact Member Services for a copy of the form. The address and phone number are at the end of this Notice. This cancellation will only apply to requests to use and share information asked for after we get your Notice.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to ask that we communicate with you about your PHI in a certain way or in a certain location. For example, you may ask that we send mail to an address that is different from your home address.

Requests to change how we communicate with you should be submitted in writing to AMERIGROUP Community Care’s Member Privacy Unit. We can send you a form to complete. For a copy of the form, contact Member Services. The address and phone number are at the end of this Notice. Your request should state how and where you want us to contact you.

WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT ABOUT THE WAY THAT YOUR PROTECTED HEALTH INFORMATION (PHI) IS HANDLED BY AMERIGROUP COMMUNITY CARE OR OUR BUSINESS ASSOCIATES?

If you believe that your privacy rights have been violated, you may file a complaint with AMERIGROUP Community Care or with the Secretary of Health and Human Services.

To file a complaint with AMERIGROUP Community Care or to ask for an Administrative Review of a decision about your PHI, send a written request to AMERIGROUP Community Care’s Member Privacy Unit or call Member Services. The address and phone number are at the end of this Notice.

To file a complaint with the Secretary of Health and Human Services, send your written request to:

Office for Civil Rights
 U.S. Department of Health and Human Services
 1301 Young Street, Suite 1169
 Dallas, Texas 75202

You will not lose your AMERIGROUP Community Care membership or health care benefits if you file a complaint. Even if you file a complaint, you will still get health care coverage from AMERIGROUP Community Care as long as you are a member.

WHERE SHOULD YOU CALL OR SEND REQUESTS OR QUESTIONS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)?
 You may call us toll free at: 1-800-600-4441.

Or, you may send questions or requests, such as the examples listed in this Notice, to the address below:

AMERIGROUP Community Care
 ATTN: Member Privacy Unit
 4425 Corporation Lane
 Virginia Beach, Virginia 23462

Send your request to this address so that we can process it timely. Requests sent to persons, offices or addresses other than the address listed above might be delayed.

If you are hearing impaired, you may call the toll-free AT&T Relay Service at 1-800-855-2880.

MEMBERSHIP APPLICATION



BOYS & GIRLS CLUBS

In Cooperation With

AMERIGROUP
Community Care

Your children's membership with AMERIGROUP Community Care allows them to join the Boys and Girls Club if they are between the ages of 6 and 18. Please fill out the application form on the back of this letter. Send or take it to the Boys and Girls Club in your area so your children can enjoy their membership right away.

Si sus niños son miembros de AMERIGROUP Community Care uno de los beneficios incluye la membresía en los "Boys and Girls Club" si sus niños tienen entre 6 y 18 años de edad. Favor de llenar la solicitud que se encuentra detrás de esta carta. Enviéla por correo o llévela al club de "Boys and Girls Club" en su área para que sus niños disfruten de esta membresía inmediatamente.

Gonzalez Unit: 702 South Brownlee, Corpus Christi, Texas 78401

Phone: 361-881-9181

Greenwood Unit: 3902 Greenwood Drive, Corpus Christi, Texas 78416

Phone: 361-853-2505

Robstown Unit: 401 W. Ligustrum, Robstown, Texas 78380

Phone: 361-387-2983

Alice Unit: 3001 Old Kingsville Road, Alice, Texas 78333

Phone: 361-664-0061

Victoria Unit: 202 Hopkins Street, Victoria, Texas 77901

Phone: 361-573-4411

COMING SOON!

Kingsville Unit: 1238 Kenedy, Kingsville, Texas 78363

Phone: 361-592-2100

Falfurrias Unit: 130 E. Rice, Falfurrias, Texas 78355

Phone: 361-325-1778

Refugio Unit: 109 Ymbacion, Refugio, Texas 78377

Phone: 361-526-5256

Beeville Unit: 801 W. Corpus Christi, Beeville, Texas 78102

Phone: 361-358-6520



MEMBERSHIP APPLICATION

Your child's membership with AMERIGROUP Community Care allows them to join the Boys & Girls Club.



Date: _____ Membership Number: _____

New Member Renewing Member

Last Name: _____ First: _____ Middle: _____

Emergency Contact: _____ Emergency Phone: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Gender: Male Female Birthdate: _____ Age: _____

School: _____ Grade: _____

Ethnicity (check one): Hispanic African American Anglo Asian American Native American Other

Family Doctor: _____ City: _____ Phone: _____

Physical/Medical Restrictions: _____

Who does your child live with? Both Parents Mother Only Father Only Grandparent Other

How Many Sisters? _____ Ages: _____ How Many Brothers? _____ Ages: _____ Total In Household: _____

Father's Name: _____ Employed By: _____ Phone: _____

Mother's Name: _____ Employed By: _____ Phone: _____

Guardian's Name: _____ Employed By: _____ Phone: _____

Has your child ever been a member of a Boys & Girls Club? No Yes If yes, for how many years? _____

What was the name of the Boys & Girls Club your child belonged to? _____

What other organizations does your child belong to? Cub Scouts/Brownies YMCA Boy or Girl Scouts

Others: _____ Does your child know how to swim? No Yes

Please check all that apply to your family:

AFDC SSDI SSI TANF Food Stamps

Day Care Voucher General Assistance

School Lunch Program Veterans Compensation

Please check the box for your annual income:

\$9,000 or Below \$9,000-\$12,000 \$12,000-\$15,000

\$15,000-\$20,000 \$20,000-\$25,000 \$25,000-\$30,000

\$30,000-\$35,000 \$35,000-\$40,000 Over \$40,000

PARENT'S OR GUARDIAN'S PERMISSION

I wish for my child to become a member of the Boys & Girls Club and hereby agree to allow my child to participate in all sponsored activities. I also give permission to use my child's photograph and name to publicize the Boys & Girls Clubs.

I understand that the Club is not responsible for the time or manner in which he/she may arrive or leave the Club, and the Boys & Girls Club and its property are not responsible for personal injury or loss of property.

I also grant permission in case of accident or injury for emergency first aid to be given and warranted treatment by a doctor or hospital be permitted.

Signature of Parent or Guardian: _____

Member's Signature: _____

