



AMERITIPS

HEALTH TIPS THAT MAKE HEALTH HAPPEN

YOU NEED TO GO TO YOUR DOCTOR NOW!

WHEN IS IT TIME FOR A WELL-CARE VISIT?

All AMERIGROUP Community Care members need to have regular Texas Health Steps (THSteps) and adult well-care visits. This way your Primary Care Provider (PCP) can see if you have a problem before it is a bad problem. When you become an AMERIGROUP Community Care member, call your PCP and make the first appointment for you and your child before the end of 90 days.

WELL CARE FOR CHILDREN, THE TEXAS HEALTH STEPS PROGRAM

Children need more well-care visits than adults. These well-care visits for children are called Texas Health Steps (THSteps). Your child should get THSteps visits 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 3–20.

WHAT IF I BECOME PREGNANT?

If you think you are pregnant, call your PCP or OB/GYN right away. This can help you 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 HEALTH CARE BENEFITS— RENEW YOUR ELIGIBILITY FOR MEDICAID BENEFITS ON TIME. SEE PAGE 23 FOR MORE DETAILS.



Dear Member:

Welcome to AMERIGROUP Community Care. We are pleased that you chose us to arrange for AMERIGROUP Community Care benefits for your family.

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

If you have a child, he or she can join a 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 AMERIGROUP Community Care ID card and more information from us in a few days. Your ID card will tell you when your AMERIGROUP Community Care membership starts. The name of your family doctor is on the card too. Please check the doctor's name shown on your 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 benefits. You can also talk to a Nurse on our Nurse HelpLine if you are sick or need nurse advice about a medical condition.

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

Sincerely,

A handwritten signature in black ink that reads "Catheryn Rossberg". The signature is fluid and cursive.

Catheryn Rossberg
Chief Operating Officer, Austin Health Plan
AMERIGROUP Community Care

AMERIGROUP COMMUNITY CARE MEMBER HANDBOOK
 AMERIGROUP COMMUNITY CARE STAR PROGRAM
 823 Congress Avenue • Suite 1010 • Austin, Texas 78701

1-800-600-4441

www.myamerigroup.com

WELCOME TO AMERIGROUP COMMUNITY CARE!

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!

INFORMATION ABOUT YOUR 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 the AMERIGROUP Community Care STAR program, you and your Primary Care Provider (PCP) will work together to help keep you healthy and care for your health problems. AMERIGROUP Community Care helps you get quality health care. This Member Handbook will help you understand your AMERIGROUP Community Care health plan.

HOW TO GET HELP

AMERIGROUP Community Care Member Services Department

If you have any questions about your 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 doctors
- Going to the doctor
- Transportation
- Health care benefits
- Well care
- Special kinds of health care
- Healthy living
- Complaints and appeals
- Rights and responsibilities

Please also call Member Services if you:

- Want to request a copy of the AMERIGROUP Community Care 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.
- Move. We will need to know your new address and phone number. You should also call your local HHSC Eligibility Office 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 you need care for an illness.
- What kind of health care is needed.
- What to do to take care of yourself 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 Member Services 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 STAR Help Line number is 1-800-964-2777 (toll free) for information about enrollment and general information about Medicaid.
- The STARLink number is 1-866-566-8989, and the STARLink TDD number is 1-866-222-4306.
- If you are 21 years of age or older and need dental care, please call HealthVelocity toll free at 1-800-365-3527.
- If you are under 21 years of age and need dental care, please call the Texas Health Steps Program toll free at 1-877-847-8377.
- If you need eye care, please call Block Vision toll free at 1-800-428-8789.
- To set up transportation to your medical visits, call the Medical Transportation Program at 1-877-633-8747 (toll free) to find out more.
- If you need help finding a pharmacy, or if you have problems getting prescriptions filled, call the Medicaid Hotline at 1-800-252-8263.

- If you need behavioral health and substance abuse care, please 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 AMERIGROUP Community Care Member Handbook

This handbook will help you understand your AMERIGROUP Community Care health plan. If you have questions, or need help understanding or reading your Member Handbook, call Member Services. 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 AMERIGROUP COMMUNITY CARE ID CARD

If you do not have your 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 ID card before you get emergency care. The card tells doctors and hospitals that you are a member of AMERIGROUP Community Care and who your PCP is. It also tells them that AMERIGROUP Community Care will pay for the medically needed benefits listed in the section “Medicaid Health Care Benefits.”

Your AMERIGROUP Community Care ID card has the name and phone number of your PCP on it. The date you became an AMERIGROUP Community Care member is also shown. Your ID card lists many of the important phone numbers you need to know like our Member Services Department and Nurse HelpLine. It also has the phone numbers for you to call to get eye and dental care.

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



YOUR MEDICAID IDENTIFICATION (ID) FORM (FORM 3087)

You will get a Medicaid form in the mail each month as long as you are eligible for Medicaid. This Medicaid form tells providers about you and the services that you can get each month. Because you are now in the STAR Program, the form looks different than your regular Medicaid form. You will see the STAR Program logo (Texas STAR) on the top right-hand side of your form. This will tell providers that you are part of the STAR Program.

The form has a “Good Through” date in the top right-hand box. This means the Medicaid form is good through the last day of the month printed in this box. It will also list your name and the names of any other family members who are part of your Medicaid case.

As a member of the STAR Program, your Medicaid form will show your Health Plan below each name listed on the form. If you are under 21, you will also see a reminder under your name if you have a Texas Health Steps (EPSDT) checkup due. You will need to call your PCP or Health Plan to arrange for a checkup.

The Medicaid form also shows that adults can get more than three prescriptions each month. Be sure to take your Medicaid form to the pharmacy when you need to get a prescription filled.

In addition, the form has the following information:

- Date run** - This is the date the form was printed.
- BIN** - This information is used for pharmacy services.
- BP** - This is a code that tells where you live.
- TP** - This is the type of program for your case.
- Cat** - This is your case category.
- Case No.** - This is your case number.
- ID No.** - This is your Medicaid number.
- Name** - This is your full name as listed with Medicaid.
- Date of Birth** - This is your birth date listed with Medicaid by month, day and year.
- Sex** - This shows if you are female (F) or male (M).
- Eligibility Date** - This is the beginning date of your eligibility.
- TPR** - This shows if you have other insurance. A “P” means you have private insurance and an “M” means you are eligible for Medicare.
- Medicare No.** - This is your Medicare Number, if you have one.

Be sure to read the back of the Medicaid ID form. It also gives you more information about the form. There is also a box that has specific information for providers.

You **must** take your Medicaid form and your Health Plan ID card with you when you get any health care services. You will need to show your Medicaid form and Health Plan ID card each time you need services.

If you lose your Medicaid ID form, contact your local HHSC Eligibility Office for another one. A sample Medicaid form is in this handbook. Providers will also accept the state Temporary ID Card (Form 1027-A) as proof of your eligibility for Medicaid if your Medicaid Identification Form is lost. You can get this form at your local HHSC Eligibility Office, too.

YOUR 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 PCP must be in the AMERIGROUP Community Care network. Your PCP will give you a medical home. That means that he or she will get to know you and your health history, and be able to help you get the best possible care. Your PCP will give you all of the basic health services you need. He or she will also send you to other doctors or hospitals when you need special care. When you enrolled in AMERIGROUP Community Care, you should have picked a PCP. If you did not, we assigned one to you. We picked one who should be close by you. This doctor's name and phone number are on your AMERIGROUP Community Care ID card.

If we assigned a PCP to you, you can pick another one. Just look in the Provider Directory you got with your STAR enrollment package. We can also help you pick a doctor. Call Member Services for help. If you are 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 women 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 PCP will explain your health care to you and talk to you about the different ways your health care problems can be treated. Your PCP will develop a plan of care to meet your specific health care needs.

You will work with your PCP in deciding what health care is best for you. Your PCP will update your Plan of Care once a year or as your health needs change.

SECOND OPINION

AMERIGROUP Community Care members have the right to ask for a second opinion about the use of any health care services. You can get a second opinion from a network provider or a non-network provider (if a network provider is not available). Ask your PCP to submit a request for you to have a second opinion. This is at no cost to you.

Once approved, your PCP will let you know the date and time of the appointment. Your PCP will also send copies of all related records to the doctor who will provide the second opinion. Your PCP will let you and AMERIGROUP Community Care know the outcome of the second opinion.

IF YOU HAD A DIFFERENT DOCTOR BEFORE YOU JOINED AMERIGROUP COMMUNITY CARE

You may have been seeing a doctor who is not in our network for an illness or injury when you joined AMERIGROUP Community Care. In some cases, you may be able to keep seeing this doctor for care while you pick a new doctor. Please call Member Services to find out more about this. AMERIGROUP Community Care will make a plan with you and your doctors so we all know when you need to start seeing your new AMERIGROUP Community Care network doctor.

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

Your PCP's 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, you may be able to keep seeing this PCP for care while you pick a new PCP. Please call Member Services for more information about this.

AMERIGROUP Community Care will make a plan with you and your PCP so we all know when you need to start seeing your new AMERIGROUP Community Care network PCP. We can also help you pick a new PCP. Call Member Services for help. Once you have picked a new PCP, AMERIGROUP Community Care will send you a new ID card within 10 business days.

HOW TO CHANGE YOUR PCP

You can change your PCP up to 4 times a year. Just look in the AMERIGROUP Community Care Provider Directory you got with your STAR 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 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 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 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 PCP ASKS FOR YOU TO BE CHANGED TO ANOTHER PCP

Your PCP may ask for you to be changed to another PCP. Your doctor may do this if:

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

IF YOU WANT TO GO TO A DOCTOR WHO IS NOT YOUR PCP

If you want to go to a doctor who is not your PCP, please talk to your PCP first. In most cases, your PCP needs to give you a referral so you can see another doctor. This is done when your PCP cannot give you the care you need. Please read the section "Specialists" to learn more about referrals. If you go to a doctor that your PCP has not referred you to, the care you receive 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 PCP's network. Your PCP's network is different from AMERIGROUP Community Care's network. While an OB/GYN may not participate in your PCP's 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 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 to go to an OB/GYN, your PCP may be able to treat you for your OB/GYN health needs.

Ask your PCP if he or she can give you OB/GYN care.

If not, you 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 STAR enrollment package.

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

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

While you are pregnant, your OB/GYN can be your PCP. The nurses on our 24-hour Nurse HelpLine can help you decide if you should see your 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 health care needs, but you 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)

Your PCP will refer you to a specialist in our network if your PCP cannot give you the care you need. In most cases, you need to have a referral from your PCP to see another doctor. Your 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 you need. Be sure to take the referral form with you when you go to the specialist. Once you talk to your doctor and set up an appointment, you will be able to see the doctor within 30 days. In a few cases a referral is not needed. Read the section in this handbook “Services That Do Not Need A Referral” for more information.

Members with disabilities, special health care needs or chronic complex conditions have a right to direct access to a specialist. This specialist may serve as your PCP. Please call Member Services so this can be arranged.

GOING TO THE DOCTOR

YOUR FIRST DOCTOR’S APPOINTMENT

You can call your doctor to set up your first appointment. You should see your PCP for a well-care visit (a general checkup) within 90 days of enrolling in AMERIGROUP Community Care. By finding out more about your health now, your PCP can take better care of you if you get sick. We can also help you set up your first appointment. Just call Member Services if you want our help.

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

HOW TO MAKE AN APPOINTMENT

It is easy to make an appointment with your PCP. Just call the doctor’s office. The phone number is on your 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 you are not feeling well. This will let the doctor’s office know how soon you need to be seen. It may also shorten the wait before you see your doctor.

WAIT TIMES FOR APPOINTMENTS

We want you to be able to get care at any time. When your PCP’s office is closed, an answering service will take your call. Your doctor should call you back within 30 minutes. Once you talk to your 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 adults	Within 10 weeks
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 appointment, you should not have to wait more than 45 minutes to be seen.

WHAT TO BRING WHEN YOU GO FOR YOUR APPOINTMENT

When you go to the doctor’s office for your appointment, bring your AMERIGROUP Community Care ID card, current Medicaid ID form 3087, any medicines you are taking, along with any questions that you may want to talk to your doctor about.

If the appointment is for your child, bring your Medicaid ID form 3087 and 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 doctor and then cannot go, 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 the appointment for you, call us. If you do not call to cancel your doctor appointments over and over again, your doctor may ask for you to be changed to another doctor.

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

If you need transportation for medical appointments, call the Texas Department of Transportation Medical Transportation Program (MTP). MTP will help you get to your doctor appointments and to the hospital for scheduled tests or surgery. Call MTP at least 48 hours before your appointment. The sooner you call, the easier it should be for you to get transportation. You can call MTP at 1-877-633-8747 (toll free), 8 a.m. to 5 p.m. Monday through Friday, to find out more.

You can also have someone you know help you get to your appointment. This person can get money for mileage. If you are under 21 and call MTP at least 5 business days before your appointment, then the person who gives you a ride can get money for mileage before the appointment. If you are over 21, you must sign an individual contract with MTP. The person who gives you a ride will receive money for mileage after your appointment.

If you have a complaint about MTP, call and ask for a supervisor. They can help you with any problems that you may have. To find out if there are any limitations on services, call MTP.

If you have a chronic illness, AMERIGROUP Community Care offers transportation assistance for your medical appointment when MTP is not available. To access these services, please call your AMERIGROUP Community Care Case Manager. SSI members who enroll voluntarily are not eligible for this benefit.

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

WHAT DOES MEDICALLY NECESSARY MEAN?

Your PCP will help you get the services you need that are medically necessary as defined below:

Medically necessary health services means health services other than behavioral health services which are:

- a) Reasonable and necessary to prevent illness 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 appropriate 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 those behavioral health services which:

- 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 which 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.

MEDICAID HEALTH CARE BENEFITS

The following list shows the health care services and benefits that Medicaid covers for all STAR program members. Your PCP will give you the care you need or refer you to a doctor that can give you the care you need. For a few special AMERIGROUP Community Care benefits, members have to be a certain age or have a certain kind of health problem. If you have a question or are not sure whether we offer a certain benefit, you can call Member Services for help.

- Doctor care
- Podiatrist care
- Chiropractic care
- Nurse midwife services
- Preventive services
- Texas Health Steps (THSteps) medical services for members under 21 years of age
- Emergency room services
- Inpatient hospital services
- Outpatient hospital services
- Federally qualified health center services and other ambulatory services covered by federally qualified health centers
- Laboratory testing
- X rays
- Home health care
- Physical, occupational, speech, hearing and language therapies
- Blood transfusions
- Medical equipment and supplies
- Hearing tests
- Hearing aids
- Private-duty nursing (limited to members who need more individual and continual care than they can get from a home health agency, nursing facility or hospital)
- Eye care (please see section on "Eye Care" for more information)
- Mental Health and Substance Abuse Services (limited to certain kinds of providers)

- Pregnancy Care
- Pediatric nurse practitioner and family nurse practitioner services
- Transplants (if medically necessary, like liver, heart, lung, bone marrow and kidney)
- Ambulance services
- Birthing centers
- Genetic services
- Renal dialysis
- Health education
- Interpreter services (available through Member Services)
- Family planning services and supplies

The sections of this handbook "Services Covered By Fee-For-Service Medicaid" and "Services That Do Not Need A Referral" tell you about the services you can get without a referral from your PCP.

EXTRA AMERIGROUP COMMUNITY CARE BENEFITS

AMERIGROUP Community Care covers extra health care benefits for members required to enroll in the STAR program they cannot get from fee-for-service Medicaid. These extra benefits are also called value-added services. SSI members who enroll voluntarily are not eligible for these benefits. AMERIGROUP Community Care offers the following:

- Enhanced Adult dental benefits services (see the section "Dental Care" for details).
- Enhanced vision benefits for children ages 18 and under (more choices for lenses and frames).
- One sport/school physical every 12 months by an AMERIGROUP Community Care network primary care provider for children ages 18 and under.
- For members with a chronic illness, transportation assistance to medical appointments when MTP is not available (see the section "How To Get To A Doctor's Appointment Or To The Hospital" for more information).
- Partial Hospitalization Program (PHP)/Extended Day Treatment for members under age 21 only (see section "Behavioral Health (Mental Health) Services" for details).
- Intensive Outpatient Treatment (IOP)/Day Treatment for members under age 21 only (see section on "Behavioral Health (Mental Health) Services" for details).

- Off-site services such as home based, school based, mobile crisis and intensive case management. Off-site services are used to help reduce inpatient admissions. These services support members under the age of 21 who do not have the ability to get services due to a history of not following the rules and/or certain other limitations.
- Residential services which may include crisis stabilization, short-term residential, respite residential and group homes. These services are provided in a facility and take more than 24 hours but are not considered part of inpatient admission. This benefit is for members under age 21 only.
- Crisis clinics 24 hours a day, 7 days a week for members under age 21 only (see section on “Behavioral Health (Mental Health) Services” for details).

We give you these benefits to help keep you healthy and to thank you for choosing AMERIGROUP Community Care as your health care plan.

SERVICES COVERED BY FEE-FOR-SERVICE MEDICAID

Some services are covered by fee-for-service Medicaid instead of AMERIGROUP Community Care. You do not need a referral from your PCP to get these services. Fee-for-service Medicaid benefits include:

- Texas Health Steps-Dental (including orthodontia). Medicaid members under 21 years of age can get dental benefits through any Medicaid dentist. To find the dentist closest to you, call 1-877-847-8377 toll free.
- Early Childhood Intervention Case Management/Service Coordination
- DSHS Targeted Case Management
- DSHS Mental Health Rehabilitation
- DSHS Case Management for Children and Pregnant Women (CPW)
- Texas School Health and Related Services (for children under age 21)
- Department of Assistive and Rehabilitative Services Blind Children’s Vocational Discovery and Development Program
- Tuberculosis Services Provided by DSHS-Approved Providers
- Pharmacy Services
- Transportation to and from non-emergency medical services. The Medical Transportation Program (MTP) will help you get the transportation you need for doctor’s appointments. Call MTP at 1-877-633-8747

(toll free). See the section “How To Get To A Doctor’s Appointment Or To The Hospital” for details about this service.

- Hospice
- Audiology services and hearing aids for children under age 21 through PACT (hearing screenings are covered by AMERIGROUP Community Care)

SERVICES THAT DO NOT NEED A REFERRAL

It is always best to ask your PCP for a referral for any AMERIGROUP Community Care service. But you can get the following services without a referral from your PCP:

- Emergency care
- Care provided by an AMERIGROUP Community Care network doctor’s nurse or doctor assistant
- Medicaid services AMERIGROUP Community Care does not cover (see section “Services Covered By Fee-For-Service Medicaid”)
- Yearly exams from an AMERIGROUP Community Care network OB/GYN
- Dental care for adults age 21 and over from an AMERIGROUP Community Care network dentist
- Behavioral health services (mental health and/or substance abuse) from an AMERIGROUP Community Care behavioral health services provider
- Family planning from any AMERIGROUP Community Care network or state-approved Medicaid family planning provider
- Prenatal care from an AMERIGROUP Community Care network obstetrician or certified nurse midwife
- Eye exams from an AMERIGROUP Community Care network eye care provider (optometrist)
- Screening or testing for sexually transmitted diseases including HIV from an AMERIGROUP Community Care network doctor
- Texas Health Steps (formerly EPSDT) care from an AMERIGROUP Community Care network provider. This covers dental and medical checkups for children under age 21.

BENEFITS AND SERVICES NOT OFFERED BY AMERIGROUP COMMUNITY CARE OR MEDICAID

These are benefits and services that AMERIGROUP Community Care does not offer. These services are not covered by fee-for-service Medicaid either.

- 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 under age 21

- 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

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

DIFFERENT TYPES OF HEALTH CARE

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. Then you go to see the doctor. This will cover most minor illnesses and injuries, as well as regular checkups. This type of care is known as **routine care**. Your PCP is someone you see when you are not feeling well, but that is only part of your PCP's job. Your PCP also takes care of you before you get sick. This is called well care. See the section in this handbook "Well Care For Children And Adults." You should be able to see your 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 PCP. Your PCP will tell you what to do. Your PCP may tell you to go to his or her office right away. You may be told to go to some other office to get immediate care. You should follow your PCP's instructions. In some cases, your 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. You should be able to see your 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 you have an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you want advice, call your PCP or our 24-hour Nurse HelpLine. The most important thing is to get medical care as soon as possible. You should be able to see your PCP immediately for emergency care.

Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain), such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:

- Placing the patient'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 a woman or her unborn child.

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

What is post-stabilization?

Post-stabilization care services are Medicaid covered services that you receive following emergency medical care in order to keep your condition stable.

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

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

Except in the case of an emergency (see previous section), or when you need care that does not need a referral (see the section "Services That Do Not Need

A Referral”), you should always call your PCP **first** before you get medical care. Help from your PCP is available 24 hours a day. If you call your PCP’s office when it is closed, leave a message with your name and a phone number where you can be reached. 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 you need emergency care (see previous section), call 911 or go to the nearest emergency room right away.

HOW TO GET HEALTH CARE WHEN YOU ARE OUT OF TOWN

If you need emergency care when you are out of town or outside of Texas*, go to the nearest hospital emergency room or call 911. If you need urgent care, call your PCP.* (See the section “Urgent Care” for more information.) If your PCP’s office is closed, leave a phone number where you can be reached. Your 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.

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

WELL CARE FOR CHILDREN AND ADULTS

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 you become an AMERIGROUP Community Care member, call your PCP and make your first appointment within 90 days.

WELL CARE FOR CHILDREN, THE TEXAS HEALTH STEPS (THSTEPS) PROGRAM

Why THSteps Visits Are Important For Children

Children need more well-care visits than adults. These well-care visits for children are called Texas Health Steps (THSteps). THSteps is a program for anyone on Medicaid that is under 21 years old. THSteps gives your child health checkups. These checkups are important. Your child may look and feel

well, but he or she could still have a health problem. THSteps does these things:

- Finds and treats your child’s health problems early. If you know your child has a medical problem, talk to your doctor about THSteps.
- Lets you know about and get all the special child health services that AMERIGROUP Community Care offers at no cost to you.

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 THSteps checkups, tests and shots.

Your child can see any AMERIGROUP Community Care network THSteps provider for these well-care visits. The THSteps provider must be an AMERIGROUP Community Care network provider. Your child can get THSteps care without a referral. Please see the section “Services That Do Not Need A Referral.”

At these THSteps visits, your child’s PCP will:

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

What To Do If You Cannot Make It To An Appointment

If you are unable to keep your appointment, you must call your PCP and cancel. You can make a new appointment when you call.

What To Do If You Are Out Of Town And Your Child Is Due For A THSteps Visit

If you are out of town and your child is due for a THSteps visit, call your PCP’s office or Member Services for help.

When Your Child Should Get THSteps Visits

The first well-child visit will happen in the hospital right after your 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 THSteps 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
- 15 months old
- 18 months old
- 24 months old

Be sure to make these appointments. Take your child 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 THSteps checkup. **Remember, if you do not keep your child's THSteps checkups and shots up-to-date, the amount of your TANF check could be stopped.**

Blood Lead Screening

During every THSteps 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.

Eye Exams

Your child's PCP will check your child's vision at every THSteps visit.

Please see the section "Eye Care," under the heading "Special Kinds Of Health Care," for more information.

Hearing Exams

Your child's PCP will check your child's hearing at every THSteps 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 THSteps visits. At age 1, your child should begin seeing a dentist every 6 months. Please see the section "Dental Care," under the heading "Special Kinds Of Health Care," for more information.

TEXAS HEALTH STEPS EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

• NEWBORN	• Hepatitis B		(Hep B)	first shot
• 1-2 WEEKS	• Well-Care Visit			
• 2 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis		(DTaP)	first shot
	• Polio		(IPV)	first shot
	• H Influenza, type B		(Hib)	first shot
	• Hepatitis B		(Hep B)	second shot
• 4 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis		(DTaP)	second shot
	• Polio		(IPV)	second shot
	• H Influenza, type B		(Hib)	second shot
	• Prevnar #2			
• 6 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis		(DTaP)	third shot
	• Polio	(6-18 months of age)	(IPV)	third shot
	• H Influenza, type B		(Hib)	third shot
	• Hepatitis B		(Hep B)	third shot
• 9 MONTHS	• Well-Care Visit			
	• Lead Screening	(9-12 months of age)		
• 12 MONTHS	• Well-Care Visit			
	• Chicken Pox	(12-18 months of age)	(Varicella)	first shot
	• Measles, Mumps & Rubella	(12-15 months of age)	(MMR)	first shot
	• H Influenza, type B	(12-15 months of age)	(Hib)	fourth shot
	• Prevnar #4	(12-15 months of age)		

TEXAS HEALTH STEPS EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

• 15 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis	(15-18 months of age)	(DTaP)	fourth shot
• 18 MONTHS	• Well-Care Visit			
• 24 MONTHS	• Well-Care Visit			
	• Lead Screening			
• 3 YEARS	• Well-Care Visit			
	• Lead Screening			
• 4 YEARS	• Well-Care Visit			
	• Measles, Mumps & Rubella	(4-6 years of age)	(MMR)	second shot
	• Polio	(4-6 years of age)	(IPV)	fourth shot
	• Diphtheria, Tetanus & Pertussis	(4-6 years of age)	(DTaP)	fifth shot
	• Lead Screening			
• 5 YEARS	• Well-Care Visit			
	• Lead Screening			
• 6 YEARS	• Well-Care Visit			
	• Lead Screening			

WELL CARE FOR ADULTS

Staying healthy means going to see your PCP for regular checkups. Use the chart below to make sure you are up-to-date with your yearly well-care exams.

WELL-CARE VISITS SCHEDULE FOR ADULT MEMBERS

EXAM TYPE	WHO NEEDS IT?	HOW OFTEN?
WELL-CARE VISIT	Age 21 - 39	Every 3 years
	Age 40 and over	Every year
PAP SMEAR AND PELVIC EXAM	Women: Under age 18 who are sexually active	Every year
	Age 18 and over	Every year
CLINICAL BREAST EXAM	Women: Age 20 - 39	Every 3 years
	Age 40 and over	Every year
BREAST SELF-EXAM	Women: Age 20 and over	Once a month
MAMMOGRAMS (BREAST X-RAY)	Women: Age 40 and over	Every year
FECAL BLOOD OCCULT TEST	Age 50 and over	Every year
SIGMOIDOSCOPY & DRE/PSA OR COLONOSCOPY & DRE/PSA	Age 50 and over	Every 5 years

WHEN YOU MISS ONE OF YOUR WELL-CARE VISITS

If you or your child does not get a well-care visit on time, make an appointment with your PCP as soon as you can. If you need help setting up the appointment, call Member Services. 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 THSteps appointment.

SPECIAL KINDS OF HEALTH CARE

EYE CARE

AMERIGROUP Community Care members do not need a referral from their PCPs for eye care benefits.

Children under the age of 21 get a vision exam and medically necessary frames and lenses once every 12 months from September 1 - August 31. Adult members who are 21 years of age and older get a vision exam and medically necessary frames and lenses once every 24 months.

Contact lenses are covered if they are medically necessary for vision correction that cannot be accomplished by eyeglasses.

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

DENTAL CARE

Children under 21 years of age can get dental benefits through any Medicaid dentist. To find a dentist for your child that is close to you, call the Texas Health Steps Program toll free at 1-877-847-8377.

AMERIGROUP Community Care gives adult members 21 years of age and older that are required to enroll in the STAR program extra dental benefits. You can get dental care from a participating provider without a referral. To get these services, call HealthVelocity at 1-800-365-3527. You can get the following dental services through HealthVelocity at no charge:

- Exams every 6 months
- X rays every 6 months
- Cleanings every 6 months

BEHAVIORAL HEALTH (MENTAL HEALTH) SERVICES

Sometimes the stress of handling the many responsibilities of a home and family can lead to depression, anxiety, marriage and family problems, parenting problems, and alcohol and drug abuse. If you or a family member is having these kinds of problems, AMERIGROUP Community Care contracts with doctors who can help.

You can call AMERIGROUP Community Care Member Services for help. You can also get the name of a doctor who will see you if you need one. All services and treatment are strictly confidential. You do not need a referral from your PCP to get these services.

Many medically necessary services are covered such as:

- Inpatient mental health treatment

- Outpatient mental health treatment, including individual and family therapy
- Alternative care, such as care in your home for members under 21 years of age
- Emergency and crisis services
- Mental health and substance abuse treatment

AMERIGROUP Community Care also covers for members under the age of 21 extra behavioral health benefits. These benefits include:

- Partial Hospitalization Program (PHP)/ Extended Day Treatment. This program is used to help prevent or offer another option to an inpatient admission. PHP includes 23 hours of observation in a hospital emergency room or in a residential setting. Medically necessary services are provided to help get a person's condition stable so that an inpatient admission is no longer a risk. This benefit is for members under age 21 only.
- Intensive Outpatient Treatment (IOP)/Day Treatment. This program is used to help prevent unnecessary inpatient hospitalization. Medically necessary services are provided to help get a person's condition stable so that an inpatient admission is no longer a risk. This benefit is for members under age 21 only.
- Crisis clinics. These clinics offer onsite psychiatric review and services to stabilize a crisis. These clinics are provided for patients in need of emergent or urgent psychiatric care but are not in need of full inpatient psychiatric care and monitoring. These clinics also offer medication reviews and outpatient services. This benefit is for members under age 21 only.

FAMILY PLANNING SERVICES

AMERIGROUP Community Care will arrange for counseling and education about planning a pregnancy or preventing pregnancy. You can call your PCP and make an appointment for a visit.

You can also go to any Medicaid family planning provider. You do not need a referral from your PCP. You can look at the end of this handbook for a list of family planning providers near you.

CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

The Case Management for Children and Pregnant Women (CPW) program provides services to children from birth through age 20 with a health condition or

health risk and to high-risk pregnant women. Case managers help children and pregnant women to get help with:

- Access to needed medical services
- Family problems
- Education/school issues
- Financial concerns
- Finding help near where they live
- Equipment and supplies

More information about CPW can be found at <http://www.dshs.state.tx.us/caseman/default.shtm>.

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 to see your PCP or OB/GYN for care when you are pregnant. This kind of care is called prenatal care. It can help you have a healthy baby. Prenatal care is always important even if you have already had a baby. With our program, members receive health information and baby gifts for getting prenatal care and going to prenatal classes.

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

When You Become Pregnant

If you think you are pregnant, call your PCP or OB/GYN doctor right away. You do not need a referral from your PCP to see an OB/GYN doctor. Your OB/GYN should see you within 2 weeks. We can help you find an AMERIGROUP Community Care OB/GYN, if needed. When you are pregnant, AMERIGROUP Community Care will send you a pregnancy education package. It will include:

- A letter welcoming you 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 Nurse HelpLine AMERITIPS fact sheet

The self-care book gives you information about your pregnancy. You can also use the book to write down things that happen during your pregnancy. The Taking Care of Baby and Me® brochures tell you 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 get these services.

While you are pregnant, you need to take good care of your health. You 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 us.

When you are pregnant, you must go to your 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 PCP or OB/GYN may want you to visit more than this based on your health needs.

When You Have A New Baby

When you deliver your baby, you and your baby may stay in the hospital at least:

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

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

After you have your baby, you can fill out a Medicaid application in the hospital to see if your baby can get Medicaid benefits. Check with the hospital social worker before you go home to make sure the application is complete. Your baby will be assigned to the same health plan that you are enrolled with for at least 90 days from date of birth. You can request a plan change prior to the 90 days if both health plans agree with the transfer. If your baby is in the hospital, plan changes are not permitted until the baby is discharged.

Remember to call AMERIGROUP Community Care Member Services as soon as you can to let your Care Manager know that you had your baby. We will need to get information about your baby, too. You may have already picked a PCP for your baby before he or she was born. If not, we can help you pick a PCP for him or her.

After you have your baby, AMERIGROUP Community Care will send you the Taking Care of Baby and Me® education package. It will include:

- A letter welcoming you to the postpartum 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 your postpartum visit
- A brochure about postpartum depression
- A Nurse HelpLine AMERITIPS fact sheet

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

How And When 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 STAR enrollment package. AMERIGROUP Community Care can also help you pick a doctor for your child. Call Member Services if you need help.

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 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 for your child cannot take new patients
- Your child's new PCP is not a part of the AMERIGROUP Community Care network

DISEASE MANAGEMENT

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

work with you to develop a plan to address your special needs. We can help arrange your health care by working with your PCP to help make sure you get the follow-up care that you need. An example of this is setting up rides to your 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 you 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 from programs and services we offer.
- Know which staff members arrange your health care services and who to ask for a change.
- Have AMERIGROUP Community Care help you to make choices with your doctors about your 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 doctors.
- Have personal and medical information kept confidential under HIPAA; know who has access to your 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 doctors if you decide to disenroll from the Disease Management program.

If you have 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.

HOW TO GET CARE WHEN YOU CANNOT LEAVE YOUR HOME

AMERIGROUP Community Care will find a way to help take care of you. Call Member Services right away if you cannot leave your home. We will put you in touch with a Case Manager who will help you get the medical care you need.

MEDICINES

Adults as well as children can get as many prescriptions as the doctor thinks are needed. You may go to any pharmacy that takes Medicaid to have your prescription filled. Since fee-for-service Medicaid covers your prescriptions, you need to take your Medicaid ID form 3087 with you when you get your prescriptions.

If you do not know if a drugstore takes Medicaid, ask the pharmacist. You can also call Member Services for help.

If you need help finding a pharmacy or you have problems getting prescriptions filled, call the Medicaid Hotline at 1-800-252-8263.

If your doctor said you need a medicine without delay, your pharmacy must give you a 72-hour supply of a prescription if they cannot get authorization. If you have problems getting a 72-hour emergency supply of medicine and the Medicaid Hotline is

not available, please call AMERIGROUP Community Care Member Services at 1-800-600-4441. We can work with you and your pharmacy to make sure you get the medicine you need.

SPECIAL AMERIGROUP COMMUNITY CARE SERVICES FOR HEALTHY LIVING

HEALTH INFORMATION

Learning more about health and healthy living can help you stay healthy.

One way to get health information is to ask your 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 you need to see the doctor. They can also tell you how you can help take care of some health problems you may have.

HEALTH EDUCATION CLASSES

AMERIGROUP Community Care works to keep you 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.

We will also mail a member newsletter to you 4 times each year. This newsletter gives you health information about well care, taking care of illnesses, how to be a better parent and many other topics.

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. You 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 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 their neighborhood Boys & Girls Clubs 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.

DOMESTIC VIOLENCE

Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It is never OK for someone to hit you. It is never OK for someone to make you afraid. Domestic violence causes harm and hurt on purpose. Domestic violence in the home can affect your children and it can affect you. If you feel you may be a victim of abuse, call or talk to your doctor. Your doctor can talk to you about domestic violence. He or she can help you understand you have done nothing wrong and do not deserve abuse.

Safety tips for your protection:

- If you are hurt, call your doctor. Call 911 or go to the nearest hospital if you need emergency care. Please see the section “Emergency Care” for more information.
- Have a plan on how you can get to a safe place (like a women’s shelter or a friend or relative’s home).
- Always keep a small bag packed.
- Give your bag to a friend to keep for you until you need it.

If you have questions or need help, please call our Nurse HelpLine at **1-800-600-4441** or call the National Domestic Violence hotline number at 1-800-799-7233.

MINORS

For most AMERIGROUP Community Care members under age 18, AMERIGROUP Community Care’s network doctors and hospitals cannot give them 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.

MAKING A “LIVING WILL” (ADVANCE DIRECTIVES)

Emancipated minors and members over 18 years old have rights under Advance Directive law. An advance directive talks about making a Living Will. A Living Will says you may not want medical care if you have a serious illness or injury and may not get better. To make sure you get the kind of care you want if you are too sick to decide for yourself, you can sign a Living Will. This is a type of advance directive. It is a paper that tells your doctor and your family what kinds of care you do not want if you are seriously ill or injured.

You can get a Living Will form from your PCP or by calling Member Services. You can fill it out by yourself, or call us for help. After you fill out the form, take it or mail it to your doctor. Your doctor will then know what kind of care you want to get.

You can change your mind anytime after you have signed a Living Will. Call your doctor to remove the Living Will from your medical record. You can also make changes in the Living Will by filling out and signing a new one.

You can sign a paper called a durable power of attorney, too. This paper will let you name a person to make decisions for you when you cannot make them yourself. Ask your doctor about these forms.

COMPLAINTS AND APPEALS

If you have any questions or problems with your 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 your local Member Advocate at 512-382-4970.

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. 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
823 Congress Avenue
Suite 1010
Austin, Texas 78701

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 Member Services for help, or you can also call your local Member Advocate at 512-382-4970.

Once you have exhausted the AMERIGROUP Community Care complaint process, you can file a complaint with the state by calling the Health and Human Services Commission (HHSC) at 1-800-252-8263 or sending a letter to:

Texas Health and Human Services Commission
Health Plan Operations – H-320
P.O. Box 85200
Austin, Texas 78708-5200
ATTN: Resolution Services

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

MEDICAL APPEALS

There may be times when AMERIGROUP Community Care says it will not pay, in whole or in part, for care that has been recommended by your doctor. If we do this, you or your 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 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.

To continue receiving services that have already been approved by AMERIGROUP Community Care but may be part of the reason for your appeal, you must file the appeal on or before the later of:

- 10 days after we mail the notice to you to let you know we will not pay for the care that has already been approved;
- The date the notice says your service will end.

If you request that services continue while your appeal is pending, you need to know that you may have to pay for these services.

If the decision on your appeal upholds our first decision, you will be asked to pay for the services you received during the appeals process.

If the decision on your appeal reverses our first decision, AMERIGROUP Community Care will pay for the services you received while your appeal was pending.

You may ask for a Fair Hearing from the State any time during or after the appeal process unless you have asked for an expedited appeal. See the section "Expedited Appeals" for more information.

First Level Appeal

You or a designated representative 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.

If you ask someone (a designated representative) to file an appeal for you, you must also send a letter to AMERIGROUP Community Care to let us know you have chosen a person to represent you. AMERIGROUP Community Care must have this written letter to be able to consider this person as your representative. We do this for your privacy and security.

You can appeal our decision in 2 ways:

- You can call Member Services. If you call us, you must still send us your appeal in writing unless you are calling to request an expedited appeal. You can use the Appeal form we sent in our letter. Fill out the Appeal form and send it to us at the address below within 10 days of when you call us. If you do not return the Appeal form within 10 days, AMERIGROUP Community Care will close your appeal. If you need help filling out the Appeal form, please call Member Services.
- You can send us a letter or the Appeal form to the address below.

AMERIGROUP Community Care
ATTN: Member Appeals
823 Congress Avenue
Suite 1010
Austin, Texas 78701

If you need help to understand or use the appeal process, you can call Member Services.

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. We will also let you know if we need any other information to process your appeal. AMERIGROUP Community Care will contact your doctor if we need medical information about this service.

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. If we need more information, we may extend the appeals process by 14 days. If we extend the appeals process, we will

write to you and let you know the reason for the delay. You may also ask us to extend the process if you know more information that we should consider.

Second Level Appeal/Specialty Review

If you are not happy with the answer to your first level appeal, you or a designated representative can ask us to look at your appeal again. This is called a second level appeal/specialty review. You or the person you ask to file an appeal for you must send us a letter to ask for a specialty review. This letter must be sent within 10 days from the date you get our letter with the answer to your first level appeal. Send this letter to:

AMERIGROUP Community Care
ATTN: Member Appeals
823 Congress Avenue
Suite 1010
Austin, Texas 78701

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 doctor says you need will look at your 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 a Fair Hearing from the State.

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

FAIR HEARING

You have the right to ask for a Fair Hearing from the State at any time during or after AMERIGROUP Community Care's appeal process. If you do not agree with AMERIGROUP Community Care's decision, you may ask for a Fair Hearing from the State.

You have 90 days from the date on the letter to request a Fair Hearing. You have the right to continue any service you are now receiving pending the final Fair Hearing decision provided you request the hearing within 10 days from receipt of the hearing notice from AMERIGROUP Community Care. If you do not request a Fair Hearing within 10 days from receipt of the denial notice from AMERIGROUP Community Care. If you do not request a Fair Hearing within 10 days from receipt of the denial notice, your service being appealed will be discontinued.

You can request a Fair Hearing by calling Member Services at 1-800-600-4441. Ask for the PRS Team. We can help you with this request. If you would like to make your request in writing, please send it to the following address:

AMERIGROUP Community Care
ATTN: Fair Hearing Coordinator
6700 West Loop South
Suite 200
Bellaire, Texas 77401

We will send your request for a Fair Hearing to the State within 5 business days of receiving your request. We will also send information about your appeal to the hearing officer and send you a copy of this information. You do not have a right to a Fair Hearing if Medicaid does not cover the service you requested.

If you ask for a Fair Hearing, you will get a letter from the hearing officer. The letter will tell you the date and time of the hearing. The letter will tell you what you need to know to get ready for the hearing. The hearing can be held by telephone and you can explain why you asked for this service. You can also ask the hearing officer to review the information you send in and make a decision.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.

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 health status and taking the time for a standard appeal could jeopardize your life or health. 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
823 Congress Avenue
Suite 1010
Austin, Texas 78701

When we get your letter or call, we will send you a letter with the answer to your appeal. We will do this within 3 business days.

If your appeal relates to an ongoing emergency or hospital stay we said we would not pay for, we will call you with an answer within 1 business day. We will also send you a letter with the answer to your appeal within 3 business days.

If we need more information from you or the person you asked to file the appeal for you, we may extend the appeals process for 14 days. If we extend the appeals process, we will let you know the reason for the delay. You may also ask us to extend the process if you know of more information that we should consider.

If we do not agree that your request for an appeal should be expedited, we will call you right away. We will send you a letter within 2 calendar days to let you know how the decision was made and that your appeal will be reviewed through the standard review process.

If the decision on your expedited appeal upholds our first decision and AMERIGROUP Community Care will not pay for the care your doctor asked for, we will call you and send you a letter to let you know how the decision was made and your rights to request an expedited State Fair Hearing.

PAYMENT APPEALS

If you receive a service from a provider and AMERIGROUP Community Care does not pay for that service, you may receive a notice from AMERIGROUP Community Care called an Explanation of Benefits (EOB). **This is not a bill.** The EOB will tell you the date you received the service, the type of service and the reason we cannot pay for the service. The provider, health care place or person who gave you this service will get a notice called an Explanation of Payment.

If you receive an EOB, you do not need to call or do anything at that time, unless you or your provider wants to appeal the decision. An appeal is when you ask AMERIGROUP Community Care to look again at the service we said we would not pay for. You must ask for an appeal within 30 days of receiving the EOB. To appeal, you can call Member Services or mail your request and medical information for the service to:

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

AMERIGROUP Community Care can accept your appeal by phone, but you must follow up in writing within 15 days of calling us.

You have the right to ask for a State Fair Hearing from the State at any time during or after your appeal to AMERIGROUP Community Care. You can request a Fair Hearing by calling Member Services at 1-800-600-4441. Ask for the PRS Team. We can help you with this request. If you would like to make your request in writing, please send it to the following address:

AMERIGROUP Community Care
ATTN: Fair Hearing Coordinator
6700 West Loop South
Suite 200
Bellaire, Texas 77401

We will send your request for a Fair Hearing to the State within 5 business days of receiving your request.

You must ask for a Fair Hearing within 90 days from the date you receive the EOB. If you have any questions about your rights to appeal or request a Fair Hearing, call Member Services.

OTHER INFORMATION

IF YOU MOVE

Report your new address as soon as possible to the local HHSC Eligibility Office and to AMERIGROUP Community Care's Member Services Department at 1-800-600-4441. You must call AMERIGROUP Community Care before you can get any services in your new area unless it is an emergency.

If you move to another location that is located in the same Service Delivery Area, you will continue to have your health care coverage through AMERIGROUP Community Care. If you move out of the Service Delivery Area, you will have to work with the HHSC Eligibility Office to find out about your new health care coverage.

RENEW YOUR MEDICAID BENEFITS ON TIME

Do not lose your health care benefits! You could lose your benefits even if you still qualify. Every six months you will need to renew your benefits. The Health and Human Services Commission (HHSC) will send you a letter telling you it is time to renew your Medicaid benefits. The letter will have a local HHSC office phone number for you to call. You will need to call and set up a meeting with your HHSC caseworker to renew your health care benefits. The letter will also list any

paperwork you need to bring to your caseworker. If you do not renew your eligibility by the date in the letter, you will lose your health care benefits.

Your caseworker can answer your questions about renewing your benefits. If you have any questions, you can call or visit the HHSC office near you. To find the office nearest your home, you can call 1-888-834-7406.

We want you to keep getting your health care benefits from us if you still qualify. Your health is very important to us.

CHILDREN'S MEDICAID SIMPLIFICATION

Starting January 1, 2002, the state has simplified the Children's Medicaid process (Senate Bill 43). This was done to make it easier for your child to qualify and keep his or her Medicaid benefits. One of the new requirements of the Medicaid Simplification process is that if your child is newly enrolled in the Medicaid program, or if your child has been without Medicaid for two or more years, the child's parents or guardian must attend a Health Care Orientation. This is a new requirement in order to keep your Medicaid benefits. A child's visit to his or her PCP for a medical checkup will also count as a health care orientation. To find out more about the Children's Medicaid Simplification process, please contact Member Services.

IF YOU ARE NO LONGER ELIGIBLE FOR MEDICAID

You will be disenrolled from AMERIGROUP Community Care if you are no longer eligible for Medicaid. If you lose Medicaid eligibility but become eligible again within six (6) months or less, you will automatically be re-enrolled in the same health plan you were enrolled in before you lost your Medicaid eligibility. You will also be re-enrolled with the same PCP you had before.

If you are no longer eligible for Medicaid based on income, your children may be eligible for the Children's Health Insurance Program (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. If you are still not happy, you may change to another health plan.

If you are not in the hospital, you can change your health plan by calling the Texas Medicaid Program Helpline at 1-800-964-2777. You can change plans once a month. If you are in the hospital, you will not be able to change health plans until you have been discharged.

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

REASONS WHY YOU CAN BE DISENROLLED FROM AMERIGROUP COMMUNITY CARE

There are several reasons you 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.

You could be disenrolled from AMERIGROUP Community Care if:

- You are no longer eligible for Medicaid.
- You let someone else use your AMERIGROUP Community Care ID card.
- You try to hurt a provider, a staff person or AMERIGROUP Community Care associate.
- You steal or destroy property of a provider or AMERIGROUP Community Care.
- You go to the emergency room over and over again when you do not have an emergency.
- You go to doctors or medical facilities outside AMERIGROUP Community Care's plan over and over again.
- You try to hurt other patients or make it hard for other patients to get the care they need.

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

IF YOU GET A BILL

Always show your AMERIGROUP Community Care ID card and current Medicaid ID form 3087 when you see a doctor, go to the hospital, or go for tests. Even if your doctor told you to go, you must show your AMERIGROUP Community Care ID card and current

Medicaid ID form 3087 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, call Member Services and send the bill 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

You can also call Member Services for help.

IF YOU HAVE OTHER HEALTH INSURANCE (COORDINATION OF BENEFITS)

As a condition of your Medicaid eligibility, you are required to report all insurance information to the program. If your private health insurance is canceled, if you obtained new insurance coverage, or if you have general questions regarding third-party insurance, you should call the Medicaid Third Party Resources (TPR) hotline so that you can update your records and get answers to your questions. You can call the TPR hotline toll free at 1-800-846-7307.

Having other insurance does not affect whether or not you qualify for Medicaid. Reporting other insurance is necessary to ensure that Medicaid remains the payer of last resort.

IMPORTANT: Medicaid providers cannot refuse to see you because you have private health insurance as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

CHANGES IN YOUR 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 PCP's 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. 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 Member Services to tell us your ideas. You can also send a letter to:

AMERIGROUP Community Care
ATTN: Member Advocate
823 Congress Avenue
Suite 1010
Austin, Texas 78701

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 Member Services.

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 provider may be paid each time he or she treats you (“fee-for-service”). Or, your provider may be paid a set fee each month for each member whether or not the member actually gets services (“capitation”).

These kinds of pay may include ways to earn more money. This kind of pay is based on different things like member satisfaction, quality of care, accessibility and availability. At the present time, AMERIGROUP Community Care does not offer a Physician Incentive Plan to any of our providers.

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
823 Congress Avenue
Suite 1010
Austin, Texas 78701

YOUR RIGHTS AND RESPONSIBILITIES AS AN AMERIGROUP COMMUNITY CARE MEMBER

YOUR RIGHTS

AMERIGROUP Community Care members have the right to:

Respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:

- Be treated fairly and with respect; and
- Know that your medical records and discussions with your providers will be kept private and confidential.

A reasonable opportunity to choose a health care plan and primary care provider (the doctor or health care provider you will see most of the time and who will coordinate your care) and to change to another plan or provider in a reasonably easy manner. That includes the right to:

- Be informed of how to choose and change your health plan and your primary care provider;
- Choose any health plan you want that is available in your area and choose your primary care provider from that plan;
- Change your primary care provider;
- Change your health plan without penalty; and
- Be educated about how to change your health plan or your primary care provider.

Ask questions and get answers about anything you do not understand. That includes the right to:

- Have your provider explain your health care needs to you and to talk to you about the different ways your health care problems can be treated; and
- Be told why payment for care or services was denied and not given.

Consent to or refuse treatment and actively participate in treatment decisions. That includes the right to:

- Work as part of a team with your provider in deciding what health care is best for you; and
- Say yes or no to the care recommended by your provider.

Utilize each available complaint and appeal process through the managed care organization and through Medicaid, and receive a timely response to complaints, appeals and Fair Hearings. That includes the right to:

- Make a complaint to your health plan or to the state Medicaid program about your health care, your provider or your health plan;
- Get a timely answer to your complaint;
- Access the plan's appeal process and the procedures for doing so; and
- Request a Fair Hearing from the State Medicaid program and request information about the process for doing so.

Timely access to care that does not have any communication or physical access barriers. That includes the right to:

- Have telephone access to a medical professional 24 hours a day, 7 days a week in order to obtain any needed emergency or urgent care;
- Get medical care in a timely manner;
- Be able to get in and out of a health care provider's office, including barrier-free access for persons with disabilities or other conditions limiting mobility, in accordance with the Americans with Disabilities Act;
- Have interpreters, if needed, during appointments with your providers and when talking to your health plan. Interpreters include people who can speak in your native language, assist with a disability, or help you understand the information; and
- Be given an explanation you can understand about your health plan rules, including the health care services you can get and how to get them.

Not be restrained or secluded when doing so is for someone else's convenience, or is meant to force you to do something you don't want to do, or to punish you.

Ask for and receive the following information each year:

- Information about AMERIGROUP Community Care, the network practitioners and providers
- Names, addresses, telephone numbers and languages spoken (other than English) by network providers and the names and addresses of providers that are not accepting new patients. The information provided will be, at a minimum, on primary care physicians, specialists, and hospitals in the member's service area.

- Any restrictions on the member's freedom of choice among network providers
- Member rights and responsibilities (this includes the right to make recommendations regarding these policies)
- Information on complaint, appeal and fair hearing procedures
- The amount, duration and scope of benefits available under the contract in sufficient detail to ensure that members understand the benefits to which they are entitled
- How to get benefits including authorization requirements
- How members may get benefits, including family planning services, from out-of-network providers and/or limits to those benefits
- How after hours and emergency coverage are provided and/or limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services;
 - The fact that prior authorization is not required for emergency care services;
 - How to obtain emergency services, including use of the 911 telephone system or its local equivalent;
 - The locations of any emergency setting and other locations at which providers and hospitals furnish emergency services covered under the contract – The member has the right to use any hospital or other settings for emergency care; and
 - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits not furnished by the member's primary care provider
- AMERIGROUP Community Care's practice guidelines

YOUR RESPONSIBILITIES

AMERIGROUP Community Care members have the responsibility to:

Learn and understand each right you have under the Medicaid program. That includes the responsibility to:

- Learn and understand your rights under the Medicaid program;
- Ask questions if you do not understand your rights; and
- Learn what choices of health plans are available in your area.

Abide by the health plan and Medicaid policies and procedures. That includes the responsibility to:

- Learn and follow your health plan and Medicaid rules;

- Choose your health plan and a primary care provider quickly;
- Make any changes in your health plan and primary care in the ways established by Medicaid and by the health plan;
- Keep your scheduled appointments;
- Cancel appointments in advance when you cannot keep them;
- Always contact your primary care provider first for your non-emergency medical needs;
- Be sure you have approval from your primary care provider before going to a specialist; and
- Understand when you should and should not go to the emergency room.

Share information relating to your health status with your primary care provider and become fully informed about service and treatment options.

That includes the responsibility to:

- Tell your primary care provider about your health;
- Talk to your providers about your health care needs and ask questions about the different ways health care problems can be treated; and
- Help your providers get your medical records.

Actively participate in decisions relating to service and treatment options, make personal choices, and take action to maintain your health. That includes the responsibility to:

- Work as a team with your provider in deciding what health care is best for you;
- Understand how the things you do can affect your health;
- Do the best you can to stay healthy; and
- Treat providers and staff with respect.

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

AMERIGROUP Community Care provides health coverage to our members on a nondiscriminatory basis, according to accreditation standards, 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 MEDICAID 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. To report waste, abuse or fraud, gather as much information as possible.

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

AMERIGROUP Community Care
Senior VP Medical Management
1200 E. Copeland Rd., Suite 200
Arlington, Texas 76011

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 if possible;
- Type of provider (physician, physical therapist, pharmacist, etc.);
- Names and the number of other witnesses who can aide 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.

FAMILY PLANNING PROVIDERS

CLINICS IN TRAVIS COUNTY

Del Valle Community Health Center (South Rural)
3518 South FM 973
Del Valle, Texas 78716
Phone: (512) 247-4746

Pflugerville Community Health Center
(North Rural)
15822 Foothill Farms Loop
Pflugerville, Texas 78660
Phone: (512) 251-6094

Rosewood Zaragosa Community Health Center
2802 Webberville Road
Austin, Texas 78702
Phone: (512) 972-4351

Planned Parenthood of Austin Family Planning, Inc.
Downtown Clinic
1823 E. 7th St.
Austin, Texas 78702
Phone: (512) 477-7134

Lifeworks
408 W 23rd St
Austin, Texas 78703
Phone: (512) 972-4006

Northeast Community Health Center
7112 Ed Bluestein Blvd, Suite 155
Austin, Texas 78723
Phone: (512) 972-4535

Salvation Army Homeless Clinic
501 East 8th St
Austin, Texas 78701
Phone: (512) 476-1111

Austin Resource Center for the Homeless (ARCH)
501 East 7th St
Austin, Texas 78701
Phone: (512) 972-4850

SafePlace
1401 Groves Blvd
Austin, Texas 78741
Phone: (512) 972-4006

David Powell Clinic
4614 North IH 35
Austin, Texas 78753
Phone: (512) 972-4900

Oak Hill Austin Community Health Center
8586 A Highway 71 West, Suite C
Austin, Texas 78735
Phone: (512) 892-4962

Montopolis Community Health Center
1200 B Montopolis Drive
Austin, Texas 78741
Phone: (512) 972-4660

Jonestown Community Health Center
(Northwest Rural)
18649 Highway 1431 #12A
Jonestown, Texas 78745
Phone: (512) 267-3256

American Youthworks Downtown Health Center
216 East 4th Street
Austin, Texas 78701
Phone: (512) 708-3100

East Austin Community Health Center
211 Comal Street
Austin, Texas 78702
Phone: (512) 972-4322

South Austin Community Health Center
2529 South First Street
Austin, Texas 78704
Phone: (512) 972-4660

People's Community Clinic
2902 North IH 35
Austin, Texas 78722
Phone: (512) 708-3150

Far North Community Health Center
928 Blackson Avenue
Austin, Texas 78752
Phone: (512) 972-4039

Manor Community Health Center (East Rural)
600 W Carrie - Manor
Manor, Texas 78653
Phone: (512) 272-8881

CLINICS IN BURNET COUNTY

Burnet Community Health Services
1015 E. Polk Street
Burnet, Texas 78611
Phone: (512) 756-4535

CLINICS IN HAYS COUNTY

Hays County/Personal Health Dept.
150 Lockhart St.
Kyle, Texas 78640
Phone: (512) 393-5520

Hays County/Personal Health Dept.
401-A Broadway Dr.
San Marcos, Texas 78666
Phone: (512) 393-5520

MLK Community Health Services
611 W. MLK Dr.
San Marcos, Texas 78664
Phone: (512) 392-5816

CLINICS IN CALDWELL COUNTY

Lockhart Community Health Services
1710 S. Colorado, Ste. 115
Lockhart, Texas 78644
Phone: (512) 398-9434

Luling Community Health Center
115 T Laurel Street
Luling, Texas 78648
Phone: (830) 672-6511

CLINICS IN BASTROP COUNTY

Elgin Community Health Services
218 S. Main St.
Elgin, Texas 78602
Phone: (512) 303-5539

Bastrop Community Health Services
1106 College St.
Bastrop, Texas 78602
Phone: (512) 303-5539

CLINICS IN WILLIAMSON COUNTY

Taylor Community Health Services
109 W. 3rd St.
Taylor, Texas 76574
Phone: (512) 352-7697

Lone Star Circle of Care -
Round Rock Community Clinic
1099 E. Main Street, Suite 200
Round Rock, Texas 78664
Phone: (512) 868-1124

Lone Star Circle of Care - Granger Medical Clinic
115 West Davilla
Granger, Texas 76530
Phone: (512) 868-1124

Cedar Park Community Health Services
350 Discovery Blvd., Ste. 102
Cedar Park, Texas 78613
Phone: (512) 248-3256

Round Rock Community Health Services
211 Commerce Cove, Ste. 105
Round Rock, Texas 78664
Phone: (512) 248-3256

Lone Star Circle of Care -
Georgetown Community Clinic
701 E. University Ave
Georgetown, Texas 78626
Phone: (512) 868-1124

CLINICS IN FAYETTE COUNTY

Lee County Public Health Clinic
189 S. Manse
Giddings, Texas 78945
Phone: (979) 968-2705

Fayette County Public Health
275 Ellinger Road
La Grange, Texas 78945
Phone: (979) 968-2705

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.

FOR THE CLIENT: About Your Medicaid ID Form

This is your **MEDICAID IDENTIFICATION** form. When you get any health care services, you must have this form with you as *your ID*.

WHEN IS THE FORM GOOD? It is good through the date in the box marked "GOOD THROUGH." This box is on the other side of this page, in the top right corner. The other side of this page also tells some of the services you can get. If you are under age 21, it will also tell you if it is time for your medical and dental check-ups.

WHEN DO I GET A NEW FORM? You will get this form in the mail each month when you have Medicaid. When you get the form, you can be sure you are covered by Medicaid.

WILL I HAVE TO PAY FOR SERVICES? Medicaid clients do not have to pay bills that Medicaid should pay. It is very important that you tell your doctor, hospital, drugstore, and other health care providers right away that you have Medicaid. If you do not tell them you have Medicaid, you may have to pay these bills. **NOTE:** Family planning clinics and other providers give free physical exams, lab tests, birth control methods (including sterilization), and contraceptive counseling.

WHAT IF I GET A BILL? If you get a bill from a doctor, hospital, or other health care provider, ask the provider why they are billing you. If you still get a bill, call the Medicaid hotline at 1-800-252-8263 for help. If Medicaid will not pay the bill, you have the right to ask for a fair hearing. You may ask for a fair hearing in writing or by calling 1-800-252-8263.

WHAT IF THE SERVICES REQUESTED FOR ME ARE DENIED? You have the right to ask for a fair hearing. You may ask in writing or by calling. The address and telephone number will be listed on the letter that you get.

WHAT IF I NEED MEDICINE? Medicaid will pay for no more than three prescription drugs for you each month. You must pay for any prescriptions that you need beyond three. **IMPORTANT:** Family planning drugs and supplies do NOT count as one of the three allowed prescriptions. Medicaid will pay for more than three prescriptions each month for any Medicaid client who is under age 21, or lives in a nursing facility, or has the STAR Program, or gets services through the CLASS, CBA, HCS, HCS-O, DBMD, MRLA and other non-SSI community-based waiver programs. STAR+PLUS clients age 21 and over who do not join the same HMO for Medicare and Medicaid are limited to three (3) prescriptions per month.

CAUTION: If you accept Medicaid benefits (services or supplies), you give and assign to the state of Texas your right, as well as the right of anyone for whom you have the right to accept benefits, to receive payments for those services or supplies from other insurance companies and other liable sources, up to the amount needed to cover what Medicaid spent.

QUESTIONS? Call 1-800-252-8263.

PARA EL CLIENTE: Información Sobre la Forma de Identificación para-Medicaid.

Esta es su **IDENTIFICACIÓN DE MEDICAID**. Cuando vaya a pedir cualquier servicio médico, tiene que tener esta forma a mano, porque sirve como su *identificación*.

¿CUÁNDO ES VÁLIDA LA FORMA? Es válida hasta la fecha que aparece en la caja que dice "VÁLIDA HASTA". La caja aparece al otro lado de esta hoja, arriba, en la esquina de la derecha. Al otro lado de esta hoja también hay información sobre otros servicios que puede obtener. También le dice cuando le toca ir a sus chequeos médicos y dentales, si tiene menos de 21 años.

¿CUÁNDO ME DAN UNA FORMA NUEVA? Usted recibirá esta forma por correo cada mes que tenga Medicaid. Cuando reciba la forma, puede estar seguro que tiene cobertura de Medicaid.

¿TENGO QUE PAGAR LOS SERVICIOS? El cliente de Medicaid no tiene que pagar las cuentas que Medicaid debe pagar. Es muy importante que usted diga inmediatamente a su médico, hospital, farmacia y otro proveedor de servicios médicos que usted recibe Medicaid. Si no les avisa, puede que usted tenga que pagar estas cuentas. **NOTA:** Las clínicas de planificación familiar y otros proveedores dan gratis exámenes médicos, análisis, anticonceptivos (incluso la esterilización) y consejería sobre los métodos anticonceptivos.

¿QUÉ HAGO SI RECIBO UNA CUENTA? Si usted recibe una cuenta de un doctor, un hospital u otro proveedor de servicios médicos, pregúntele al proveedor por qué le mandó la cuenta. Si todavía le manda una cuenta, llame a la línea directa de Medicaid al 1-800-252-8263 para pedir ayuda. Si Medicaid no va a pagar, usted tiene derecho a pedir una audiencia imparcial. Puede pedir una audiencia imparcial por escrito o por teléfono, llamando 1-800-252-8263.

¿QUÉ PASA SI ME NIEGAN LOS SERVICIOS PEDIDOS EN MI NOMBRE? Tiene derecho a pedir una audiencia imparcial por escrito o por teléfono. La dirección y el número de teléfono se darán en la carta que recibe.

¿QUÉ HAGO SI NECESITO MEDICINAS? Medicaid pagará un máximo de tres medicinas de receta al mes. *Usted* tiene que pagar las medicinas de receta adicionales si necesita más de tres. **IMPORTANTE:** Si necesita medicinas y artículos para la planificación familiar, estos **NO** cuentan como una de las tres medicinas de receta permitidas. Medicaid pagará más de tres recetas al mes por el cliente de Medicaid que tiene menos de 21 años, o vive en una casa para convalecientes, o tiene el Programa STAR, o recibe servicios por medio de CLASS, CBA, HCS, HCS-O, DBMD, MRLA y otros programas opcionales en la comunidad no relacionados con SSI. Los clientes de STAR+PLUS de 21 años o mayores que no se inscriben en el mismo HMO para Medicare y Medicaid tienen un límite de tres (3) recetas por mes.

ADVERTENCIA: Si usted acepta beneficios de Medicaid (servicios o artículos), da y otorga al Estado de Texas el derecho de cualquiera por quien usted pueda aceptar beneficios y su derecho de recibir pagos por aquellos servicios o artículos de otras compañías de seguros y otras fuentes responsables, hasta cobrar la cantidad que se necesite para cubrir lo que Medicaid haya gastado.

¿TIENE PREGUNTAS? Llame al 1-800-252-8263.

FOR THE PROVIDER/PARA EL PROVEEDOR

PLEASE NOTE: Payment for Family Planning Services is available without the consent of the client's parent or spouse. Confidentiality is required. Family Planning drugs, supplies, and services are exempt from the prescription drug and "LIMITED" restrictions.

KEY TO TERMS THAT MAY APPEAR ON THIS FORM:

TPR—Before filing with Medicaid, claims must be filed with a Third Party Resource: either P (Private Insurance) or M (Medicare). When P is indicated, dental, pharmacy and nursing home providers should bill Medicaid first.

LIMITED—Except for family planning services and for Texas Health Steps (EPSDT) medical screening, dental, and hearing aid services, this form indicates whether the client is limited to seeing a specific doctor. This form also indicates whether the client is limited to using a specific pharmacy for drugs obtained through the Vendor Drug Program. The doctor and/or pharmacy are named on the form. **EXCEPTION:** In the event of an emergency medical condition as defined below, appropriate medical attention should be provided.

EMERGENCY—The client is limited to coverage for an emergency medical condition. This means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson (who possesses an average knowledge of health and medicine) would think that the absence of immediate medical attention could reasonably be expected to result in (1) placing the

patient's health in serious jeopardy, (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.

HOSPICE—The client is in hospice and waives the right to receive services related to the terminal condition through other Medicaid programs. If a client claims to have canceled hospice, call local hospice agency or DHS to verify.

QMB—The Medicaid agency is providing coverage of Medicare premiums, deductible, and coinsurance liabilities, but the client is not eligible for regular Medicaid benefits.

MQMB—The Medicaid agency is providing regular Medicaid coverage as well as coverage of Medicare premiums, deductible, and coinsurance liabilities.

PE—Medicaid covers only family planning and medically necessary outpatient services.

STAR Program and STAR+PLUS Program—The client is enrolled in the Medicaid Managed Care Program and is assigned to the provider, FQHC, or HMO named on the form.

2007 MEMBERSHIP APPLICATION



BOYS & GIRLS CLUBS

In Cooperation With



Boys & Girls Clubs Of The Capital Area

East Austin Unit

900 Neal Street
(512) 494-9216

South Austin Unit

211 West Johanna Street
(512) 444-6369

Northeast Austin Unit

5811 Berkman Drive
(512) 928-8208

FOR STAFF USE ONLY

CLASSIFICATION:

- 6-8 CADET
 9-11 JUNIOR
 12-15 INTERMEDIATE
 16-18 SENIOR

AGE: _____

- NORTHEAST UNIT
 SOUTH UNIT
 EAST UNIT
 NEW MEMBER
 RENEWAL

CARD NUMBER: _____

DATE RECEIVED: _____

STAFF: _____

DATE PAID: _____

RECEIPT #: _____

STAFF: _____

Child's Name: (Last) _____

(First): _____

(Middle): _____

Gender: Male Female

Age: _____

Date of Birth: _____

School: _____

Grade: _____

Street Address: _____

Apt. #: _____

City/State: _____

Zip: _____

Phone#: () _____

Prior Club Member: No Yes, Where: _____

Number of Years: _____

Ethnic Origin: African American Caucasian Asian Hispanic Multi-Racial Other: _____

FAMILY INFORMATION

Annual Household Income (Please check one):

- Under \$15,000 \$15,001 - \$20,000 \$20,000 - \$25,000 \$25,001 - \$30,000 Over \$30,000

Do you receive any form of public assistance? No Yes, what type(s)? _____

Does your child participate in a free or reduced lunch program? No Yes

With Whom Does The Child Live (Check all that apply):

- Both Parents Mother Father Grandparent(s) Other: _____

Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____

Please list number of siblings in household: Brother(s) Sister(s)

Please describe any medical problems, conditions, or special concerns regarding your child:

List all medications your child is taking:

Other organizations/clubs of which your child is a member:

EMERGENCY NUMBERS WHERE PARENTS/GUARDIANS/RELATIVES CAN BE REACHED DURING CLUB HOURS (REQUIRED FOR MEMBERSHIP):

1. Emergency Name And Phone #: _____

2. Emergency Name And Phone #: _____

3. Emergency Name And Phone #: _____



2007 MEMBERSHIP APPLICATION

Boys & Girls Clubs Of The Capital Area
Expectations of Conduct



Respect others.
Respect yourself.
Respect your Boys & Girls Club and what it represents.

Please read the following and sign indicating agreement:

I hereby give permission for my child (or ward) to become a member of the Boys & Girls Clubs of the Capital Area (the "Club") and to participate in all programs and activities. I understand that the Club is NOT regulated as a licensed daycare by the State of Texas and that an open campus policy is in effect at all times. I further understand that the Club is NOT responsible for the time or manner in which my child (or ward) may arrive at or leave the facility.

I understand and agree that my child (or ward) must be picked up by closing time or a fee will be charged that must be paid before my child (or ward) can return to the Club. The charge for late pick-up is \$10 per hour or partial hour.

I understand and agree that the Club cannot and will not administer prescription or over the counter medications of any kind to my child (or ward).

In the event of an emergency I authorize Club staff to secure medical treatment for my child (or ward) and that I, as the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

I understand and agree that the Club does not refund memberships and that my child (or ward) must obey all standards of conduct. I further understand that behavioral problems that cannot be resolved may result in my child (or ward) being suspended from the Club without monetary refund.

I understand and agree that the Club is not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant on any Club property or in connection with any activities at any of its facilities, or while engaged in any Club activities away from the Club.

I understand and agree that the Club does not provide medical insurance for my child (or ward).

I give consent for my child's (or ward's) picture or any reproduction thereof (while he/she is engaged in Club activities) to be used for publicity/fundraising purposes. I give permission for the Club to use my child's (or ward's) name or any fictitious one for publicity/fundraising purposes.

I give permission for the Club to administer occasional anonymous surveys to my child (or ward) for purposes of better understanding the needs of my child (or ward) and the impact of the Club on my child (or ward).

I give permission for the Club to obtain age verification of my child (or ward) from their current school.

I give permission for the Club to make and retain copies of my child's (or ward's) report cards and/or progress reports in order to better understand the academic needs of my child (or ward) and to better assist him/her in his/her educational pursuits. I understand that copies made of report cards and/or progress reports will remain confidential and will only be viewed by Boys & Girls Club staff.

I affirm that I have received and will read the Club's Parent/Member Orientation Handbook.

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Texas.

Signature Of Parent Or Guardian: _____

Date: _____

Signature Of Child: _____

Date: _____



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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

Each “head of case” or “head of household” will receive a printed copy of this 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.