

AMERIGROUP[®] *Community Care*

CHIP Perinatal Program Member Handbook



TEXAS
Health and Human
Services Commission

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

Denton, Hood, Johnson,
Parker, Tarrant and
Wise Counties

www.myamerigroup.com

LIVE WELL • VIVA BIEN



WHEN YOU NEED HELP, CALL MEMBER SERVICES OR THE 24-HOUR NURSE HELPLINE • 1-800-600-4441

Dear Member:

Welcome to AMERIGROUP Community Care. We are pleased you chose us to arrange for health care services for your unborn child.

The Member Handbook tells you how AMERIGROUP Community Care works and how to help you have a healthy baby. It tells you how to get prenatal and postpartum care when it is needed, too.

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 numbers for our Member Services Department and Nurse HelpLine are on there, too.

You can call 1-800-600-4441 and talk to a Member Services Representative about your benefits or visit our web site at www.myamerigroup.com. You can also talk to a Nurse on our 24-hour Nurse HelpLine if you have questions about your health. We want to hear from you.

Thank you for picking us as your health plan.

Sincerely,

A handwritten signature in black ink, appearing to read "LeAnn Behrens".

LeAnn Behrens
CEO, Fort Worth Health Plan
AMERIGROUP Community Care

AMERIGROUP COMMUNITY CARE MEMBER HANDBOOK
 AMERIGROUP Community Care CHIP Perinatal Program
 1200 E. Copeland Road • Suite 200 • Arlington, Texas 76011

1-800-600-4441

www.myamerigroup.com

WELCOME TO AMERIGROUP COMMUNITY CARE

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PERINATAL PROGRAM!

You will get your prenatal and postpartum care through AMERIGROUP Community Care. This Member Handbook will tell you how to use AMERIGROUP Community Care to get the health care your unborn child needs.

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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 committed to getting you the right care close to home. As a member of the Children's Health Insurance Program (CHIP) Perinatal Program, you and your perinatal providers will work together to help you have a healthy baby. AMERIGROUP Community Care helps your unborn child 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. or on a holiday, you can leave a voicemail message, or you can talk to a Nurse on our Nurse HelpLine if you need medical advice. 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 perinatal providers
- Doctor appointments
- Transportation
- Health care benefits
- Healthy living
- Complaints and medical appeals

Please also call Member Services if you:

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

For members who do not speak English, we are able to help in many different languages and dialects, including Spanish. This service is also available for visits with your perinatal provider 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 us if you have any problems. We want to help you correct any problems you may have with your care.

Other Important Phone Numbers

- **If you have an emergency, you should call 911 or go to the nearest hospital emergency room right away.**
- The CHIP number is 1-800-647-6558.
- If you need help finding a pharmacy, or if you have problems getting prescriptions filled, call the CHIP Prescription Hotline at 1-866-274-9154.

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 our Member Services Department. AMERIGROUP Community Care also has the Member Handbook in a large print version, an audio taped version and a Braille version. The other side of this handbook is in Spanish.



Your AMERIGROUP Community Care ID Card

If you do not have an 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 you are a member of AMERIGROUP Community Care. It also says that AMERIGROUP Community Care will pay for the medically needed benefits listed in the section “Your AMERIGROUP Community Care Health Care Benefits.”

Your AMERIGROUP Community Care ID card shows the date you became an AMERIGROUP Community Care member. It also lists many of the important phone numbers you need to know, like our Member Services Department and Nurse HelpLine.

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

GOING TO THE DOCTOR

YOUR PERINATAL PROVIDER

It is easy to pick a perinatal provider. Just look in the Provider Directory you received with your enrollment package. There are a number of clinics, Obstetricians/Gynecologists (OB/GYNs) and other perinatal providers to choose from.

You may have been seeing a perinatal provider who is not in our network for prenatal care 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 us 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 perinatal provider.

SPECIALISTS

Your perinatal provider can take care of most of your unborn child’s health care needs, but you may also need care from other kinds of doctors. These doctors are called specialists because they have training in a special area of medicine.

A referral is a request from your perinatal provider for you to get care or treatment from a specialist. If your perinatal provider cannot give you the needed care, he or she will give you a referral to see a specialist. The referral form tells you and the specialist what kind of health care your unborn child needs. Be sure to take the referral form with you when you go to the specialist.

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

Routine Care

In most cases when you need medical care, you call your perinatal provider to make an appointment. These visits will cover most minor illnesses and injuries that directly relate to your pregnancy, as well as regular prenatal checkups. This type of care is known as **routine care**. You should be able to see your perinatal provider within 2 weeks for routine care.

Urgent Care

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

- Throwing up
- Headaches
- Fever over 101 degrees

For urgent care, you should call your perinatal provider. Your perinatal provider will tell you what to do. He or she may tell you to go to his or her office right away, or you may be told to go to some other office to get immediate care. You should follow your perinatal provider’s instructions. In some cases, they 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 a provider 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 need help deciding whether to go to the emergency room, call our 24-hour Nurse HelpLine at 1-800-600-4441. The most important thing is to get medical care as soon as possible.

What is an Emergency and/or Emergency Medical Condition?

Emergency care is a covered service.

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

- Placing the unborn child’s health in serious jeopardy;
- Serious impairment to bodily functions as related to the unborn child;
- Serious dysfunction of any bodily organ or part that would affect the unborn child; or
- Serious disfigurement to the unborn child.

What is Emergency Services and/or Emergency Medical Care?

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

HOW TO GET AFTER-HOURS HEALTH CARE

Except in the case of an emergency (see previous section) you should always call your perinatal provider **first** before you get medical care. If you have a medical concern you need to discuss with the

doctor after the office is closed, 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 our 24-hour Nurse HelpLine for help. They will help you decide where to go. If you need routine care, like a prenatal checkup or a prescription refill when you are out of town, call your perinatal provider or our 24-hour Nurse HelpLine. Be sure to always carry your AMERIGROUP Community Care member ID card with you when you leave town.

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

HOW TO MAKE AN APPOINTMENT

It is easy to make an appointment with your perinatal provider. Just call the provider’s office during regular business hours. 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 the doctor.

Once you talk to your perinatal provider and set up an appointment, you will be able to see the provider within two weeks. When you go to the perinatal provider’s office for your appointment, bring your ID card and any medicines you are taking.

HOW TO CANCEL AN APPOINTMENT

If you make an appointment with your doctor and then cannot go, it is important to call the doctor’s office. Tell the office to cancel the appointment. You can make a new appointment when you call. Try to call at least 24 hours before the appointment. This will let someone else see the doctor during that time. If you want us to cancel your appointment, call Member Services.

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

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

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

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

DISABILITY ACCESS TO AMERIGROUP COMMUNITY CARE NETWORK DOCTORS AND HOSPITALS

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

HOW TO GET CARE WHEN YOU CANNOT LEAVE YOUR HOME

AMERIGROUP Community Care will find a way to help take care of you. Call us 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 that you need.

WHAT DOES MEDICALLY NECESSARY MEAN?

Covered services for CHIP Perinate members must meet the CHIP Perinatal Program definition of "medically necessary."

Medically necessary services are health care services that are:

- a) Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, and/or treatments for conditions that cause suffering or pain, cause physical malformation or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of an unborn child;

- b) Provided at appropriate facilities and at the appropriate levels of care for the treatment of an unborn child's medical conditions;
- c) Consistent with health care practice guidelines and standards that are issued by professionally recognized health care organizations or governmental agencies;
- d) Consistent with diagnosis of the conditions; and
- e) No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency.

Medically necessary services must be furnished in the most appropriate and least restrictive setting in which services can be safely provided; must be provided at the most appropriate level of supply or service which can safely be provided; and could not be omitted without adversely affecting the unborn child's physical health and/or the quality of care provided.

YOUR AMERIGROUP COMMUNITY CARE HEALTH CARE BENEFITS

The following benefits are covered for members of AMERIGROUP Community Care. **You do not have to pay copayments or cost-sharing for covered benefits.**

BENEFIT: INPATIENT GENERAL ACUTE AND INPATIENT REHABILITATION HOSPITAL SERVICES

Covered Services include:

- Operating, recovery and other treatment rooms
- Anesthesia and administration (facility technical component)

Limitations And/Or Exclusions

- Surgical services are limited to services that directly relate to the delivery of the unborn child.
- Hospital-provided services are limited to labor with delivery until birth.
- **For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level**, the facility charges are not covered. However, professional services charges related to labor with delivery are covered. Members should apply for Medicaid. In many cases, Emergency Medicaid will cover these facility charges.
- **For CHIP Perinates in families with incomes between 186% and 200% of the Federal Poverty Level**, benefits are limited to professional services and facility charges related to labor with delivery.

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

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

- X-ray, imaging and radiological tests (technical component)
- Laboratory and pathology services (technical component)
- Machine diagnostic tests
- Drugs, medications and biologicals that are medically necessary prescription and injection drugs
- Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, and FIUT with an appropriate diagnosis

Limitations And/Or Exclusions

- Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinate until birth.
- Laboratory tests have certain other limitations based on your medical needs, special conditions and how far along you are in your pregnancy.
- Ultrasound of the pregnant uterus is covered when medically indicated (suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age confirmation).

BENEFIT: PHYSICIAN/PHYSICIAN EXTENDER PROFESSIONAL SERVICES

Covered Services include:

- Physician office visits, inpatient and outpatient services
- Laboratory, X rays, imaging and pathology services including technical component and/or professional interpretation
- Medications, biologicals and materials administered in physician's office
- Allergy testing and injectables
- Professional component (in/outpatient) of surgical services, including:
 - Surgeons and assistant surgeons for surgical procedures directly related to the labor with delivery of the covered unborn child until birth

- Administration of anesthesia by physician (other than surgeon) or CRNA
- Invasive diagnostic procedures directly related to the labor with delivery of the unborn child
- Hospital-based physician services (including physician-performed technical and interpretive components)
- Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age confirmation
- Professional component of Amniocentesis, Cordocentesis, FIUT and Ultrasonic Guidance for Amniocentesis, Cordocentesis, and FIUT

Limitations And/Or Exclusions

- Physician services are limited to prenatal and postpartum care and delivery of the covered unborn child.

BENEFIT: PRENATAL CARE AND PRE-PREGNANCY FAMILY SERVICES AND SUPPLIES

Covered services include an initial visit and later prenatal (ante partum) care visits that include:

- One visit every four weeks for the first 28 weeks of pregnancy
- One visit every two to three weeks from 28 to 36 weeks of pregnancy
- One visit per week from 36 weeks to delivery
- More frequent visits if medically necessary
- Visits after the initial visit include:
 - Interim history
 - Physical examination
 - Laboratory tests based on how far along you are in your pregnancy

Limitations And/Or Exclusions

- Without documentation of a complication of pregnancy, there is a limit of 20 prenatal visits and two postpartum visits. More frequent visits may be needed for high-risk pregnancies.

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

Covered Services include:

- Emergency services based on prudent lay person definition of emergency health condition

- Medical screening examination when directly related to the delivery of the covered unborn child
- Stabilization services related to the labor with delivery of the covered unborn child
- Emergency ground, air and water transportation for labor and threatened labor

Limitations And/Or Exclusions

- Covered services are limited to emergency services that are directly related to the delivery of the unborn child until birth.
- Post-delivery services or complications resulting in the need for emergency services for the CHIP Perinate are not covered.

BENEFIT: CASE MANAGEMENT AND CARE COORDINATION SERVICES

AMERIGROUP Community Care covers case management and care coordination services for CHIP Perinatal Program members.

BENEFIT: MEDICINES

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

Take your AMERIGROUP Community Care ID card with you when you go to the pharmacy. The pharmacy can make sure you are a CHIP Perinatal Program member. The pharmacy may ask for your ID card.

In most cases, you cannot get more than a 34-day supply of a drug. Coverage of brand-name drugs is limited to no more than four prescriptions per month. The CHIP PDB does not offer drugs by mail order.

Also not covered:

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

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

EXTRA AMERIGROUP COMMUNITY CARE BENEFITS

AMERIGROUP Community Care covers extra benefits for members enrolled in the CHIP Perinatal Program. These extra benefits are also called value-added services.

- **Nurse HelpLine** – You can call our 24-hour Nurse HelpLine at 1-800-600-4441 if you need medical advice. For more information, please see the section “AMERIGROUP Community Care 24-Hour Nurse HelpLine.”
- **Transportation Assistance To Medical Appointments** – Call your AMERIGROUP Community Care Case Manager or Member Services if you need help getting to a doctor's appointment. See the section “How To Get To A Doctor's Appointment Or To The Hospital” for more information.

BENEFITS AND SERVICES NOT OFFERED BY AMERIGROUP COMMUNITY CARE OR THE CHIP PERINATAL PROGRAM

These are benefits and services that AMERIGROUP Community Care and the CHIP Perinatal Program do not cover for CHIP Perinates.

- Inpatient facility charges for members in families with incomes at or below 185% of the Federal Poverty Level.
- Inpatient and outpatient treatments other than prenatal care, labor with delivery, and postpartum care related to the covered unborn child until birth.
- Inpatient mental health services.
- Outpatient mental health services.
- Durable medical equipment.
- Disposable medical supplies.
- Home- and community-based health care services.
- Nursing care services.
- Dental services.
- Inpatient substance abuse treatment services and residential substance abuse treatment services.
- Outpatient substance abuse treatment services.
- Physical therapy, occupational therapy, and services for those with speech, hearing and language disorders.
- Hospice care.
- Skilled nursing facility and rehabilitation hospital services.
- Emergency services not directly related to the labor with delivery of the covered unborn child.

- Transplant services.
- Tobacco cessation programs.
- Chiropractic services.
- Personal comfort items not needed for treatment related to labor with delivery or postpartum care.
- Anything experimental, such as a new treatment that is being tested or has not been shown to work.
- Treatment or evaluations needed by third parties (schools, employment, court, etc.).
- Private duty nursing services on an inpatient basis or in a skilled nursing facility.
- Mechanical organ replacement devices.
- Hospital services and supplies when hospitalization is only for diagnostic testing and not a part of labor with delivery.
- Prostate and mammography screening.
- Vision-correction surgery.
- Gastric procedures for weight loss.
- Cosmetic surgery that is not medically necessary.
- Out-of-network services not authorized by AMERIGROUP Community Care (except for emergency care related to the labor with delivery of the covered unborn child).
- Services, supplies, meal replacements or supplements for weight control or the treatment of obesity.
- Acupuncture services, naturopathy and hypnotherapy.
- Immunizations only for foreign travel.
- Routine foot care such as hygienic care.
- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails. This does not apply to the removal of nail roots or surgery for conditions underlying corns, calluses or ingrown toenails.
- Corrective orthopedic shoes.
- Convenience items.
- Orthotics used for recreation.
- Custodial care (help with bathing, dressing, feeding, etc.).
- Housekeeping.
- Public facility services or care provided while in the custody of legal authorities.
- Services or supplies received from a nurse that do not require the skill and training of a nurse.
- Vision training, vision therapy or vision services.
- School-based physical therapy, occupational therapy or speech therapy services.
- Donor non-medical expenses and charges that involve being an organ donor.
- Sterilization procedures.

If you receive a service that is not covered by AMERIGROUP Community Care or the CHIP Perinatal Program, you will have to pay for that service. For more information about services not covered by AMERIGROUP Community Care, please call Member Services.

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 perinatal provider 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.

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. He or she 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 Are Pregnant

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
- A Nurse HelpLine AMERITIPS fact sheet

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 perinatal provider 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 perinatal provider 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 providers see that you and your baby are doing well. If you and your baby leave the hospital early, you may be asked to have an office or in-home nurse visit within 48 hours.

Remember to call AMERIGROUP Community Care Member Services as soon as you can to let us know that you had your baby. We will need to get information about your baby, too. You may have already picked a Primary Care Provider (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® postpartum 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
- 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.

SPECIAL AMERIGROUP COMMUNITY CARE SERVICES FOR HEALTHY LIVING

HEALTH INFORMATION

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

One way to get health information is to ask your perinatal provider. 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
- Protecting yourself from violence
- Other classes about health topics

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

COMMUNITY EVENTS

AMERIGROUP Community Care sponsors and participates in special community events and family fun days where you can get health information and have a good time. 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 or visit our web site at www.myamerigroup.com to find out when and where these events will be.

COMPLAINTS AND MEDICAL 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 the member advocate at our local office toll free at 1-800-839-6275.

First Level Complaint

AMERIGROUP Community Care will try to solve your complaint on the phone. If we cannot take care of the problem during your call, we will send you a letter within 5 days. This means that we have your

complaint and have started to look at it. We will include a complaint form with our letter. Please fill out this form and mail it back to us as soon as possible. We need this form to look into your complaint. If you need help filling out the complaint form, please call Member Services. Mail this form to:

AMERIGROUP Community Care
Attn: Member Advocate
1200 E. Copeland Rd., Suite 200
Arlington, TX 76011

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

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

Second Level Complaint

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

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

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

Please call us if you have any questions. You can also call your local member advocate toll free at 1-800-839-6275.

Decisions On Your Complaint

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

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

MEDICAL APPEALS

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

First Level Appeal

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

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

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

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

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

Second Level Appeal/Specialty Review

If you are not happy with the answer to your first level appeal, you can ask us to look at the appeal again. This is called a second level appeal/specialty review. You or your doctor must send us a letter to

ask for a specialty review. This letter must be sent within 10 days from the date that you get our letter with the answer to your first level appeal. You or your doctor should send this letter to:

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

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

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

INDEPENDENT REVIEW

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

AMERIGROUP Community Care
Attn: Member Advocate
1200 E. Copeland Rd., Suite 200
Arlington, TX 76011

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

EXPEDITED APPEALS

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

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

AMERIGROUP Community Care
Attn: Member Advocate
1200 E. Copeland Rd., Suite 200
Arlington, TX 76011

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

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

OTHER INFORMATION

IF YOU MOVE

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

YOUR BABY'S HEALTH CARE BENEFITS

After you have your baby, he or she will be an AMERIGROUP Community Care CHIP Perinatal Program member until the end of his or her continuous eligibility period. Your child will be able

to get the covered services listed in the CHIP Member Handbook you received after your baby was born, with the following differences.

If your child is enrolled in the CHIP Perinatal Program:

- You do not have to pay any copayments or cost-sharing for covered services.
- Facility charges at birth are not covered if your family income is at or below 185% of the Federal Poverty Level.

IF YOU WANT TO CHANGE HEALTH PLANS

Once you select a health plan for your unborn child, the child must remain in this health plan until the end of the CHIP Perinatal Program continuous eligibility period. The continuous eligibility period is a 12-month period that begins when your unborn child is enrolled in the CHIP Perinatal Program and continues after your child is born.

If you do *not* select a plan within 15 calendar days of receiving the enrollment packet, your unborn child is defaulted into a health plan and you will be notified of the plan choice. When this occurs, you will have 30 days to select another health plan.

If your family includes members enrolled in the CHIP Program and CHIP Perinatal Program, the CHIP Program members will remain in the CHIP Program, but will be placed in the health plan providing CHIP Perinatal Program coverage. All family members enrolled in the CHIP Program must remain in this health plan until the end of the CHIP Perinatal Program continuous eligibility period. At the first CHIP Program renewal after the CHIP Perinatal Program eligibility ends, your family may choose a new health plan.

Note: The change of the CHIP Program members from their health plan to the health plan providing the CHIP Perinatal program coverage does not count as their one health plan change per year.

You may request to change health plans for exceptional reasons or good cause. For more information, call CHIP toll free at 1-800-647-6558.

RENEWING YOUR BABY'S HEALTH CARE BENEFITS

Do not lose your baby's health care benefits! Your child could lose benefits even if he or she still qualifies.

Your baby will be enrolled in the CHIP Perinatal Program for 12 months. Near the end of that time, CHIP will send you a packet telling you it is time to renew your child's benefits as a CHIP Program member. The packet will have a form for you to complete and mail back for your child's renewal. You may also call Member Services.

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

IF YOU ARE NO LONGER ELIGIBLE FOR THE CHIP PERINATAL PROGRAM

When your baby is born, you will be disenrolled from AMERIGROUP Community Care and the CHIP Perinatal Program. After you have your baby, you can fill out a Medicaid application in the hospital to see if you and your baby can get Medicaid benefits. Check with the hospital social worker before you go home to make sure the application is complete.

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 the CHIP Perinatal Program;
- 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; or
- 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 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 to make sure you are not sent a bill for services covered by AMERIGROUP Community Care. **You do not have to show your AMERIGROUP Community Care ID card before you get emergency care.** If you do get a bill, send it to us with a letter saying that you have been sent a bill. Send the letter to the address below:

AMERIGROUP Community Care
Claims
P.O. Box 61117
Virginia Beach, VA 23462-1117

You can also call Member Services for help.

IF YOU HAVE OTHER INSURANCE (COORDINATION OF BENEFITS)

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

CHANGES IN YOUR 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. You can call Member Services if you have any questions. Member Services can also send you a current list of our network doctors.

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

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

AMERIGROUP Community Care
Attn: Member Advocate
1200 E. Copeland Rd., Suite 200
Arlington, TX 76011

AMERIGROUP Community Care has a group of members who meet quarterly to give us their ideas; these meetings are called Member Advisory Meetings. This is a chance for you to find out more about us, ask questions and give us suggestions for improvement. If you would like to be part of this group, call your local member advocate at 1-800-839-6275.

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

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

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

AMERIGROUP Community Care
Attn: Member Advocate
1200 E. Copeland Rd., Suite 200
Arlington, TX 76011

YOUR RIGHTS AND RESPONSIBILITIES AS AN AMERIGROUP COMMUNITY CARE MEMBER

MEMBER RIGHTS

- You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child’s health plan, doctors, hospitals and other providers.

- You have a right to know how the perinatal providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
- You have a right to know how the health plan decides whether a perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
- You have a right to know the names of the hospitals and other perinatal providers in your health plan and their addresses.
- You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
- You have a right to emergency perinatal services when your unborn child needs them if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.
- You have a right and responsibility to take part in all the choices about your unborn child's health care.
- You have a right to speak for your unborn child in all treatment choices.
- You have a right to be treated fairly by your health plan, doctors, hospitals and other providers.
- You have a right to talk to your perinatal provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
- You have a right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide perinatal services to your unborn child. If the health plan says it will not pay for a covered perinatal service or benefit that your unborn child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.

MEMBER RESPONSIBILITIES

You and your health plan both have an interest in having your baby born healthy. You can help by assuming these responsibilities.

- Try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
- Become involved in the decisions about your unborn child's care.
- If you have a disagreement with your health plan, try first to resolve it using the health plan's complaint process.
- Learn about what your health plan does and does not cover. Read your CHIP Perinatal Program Handbook to understand how the rules work.
- Try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
- Report misuse of the CHIP Perinatal Program by health care providers, other members, or health plans.

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

HOW TO REPORT SOMEONE WHO IS MISUSING THE CHIP PROGRAM

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

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

AMERIGROUP Community Care
 Attn: Corporate Investigations Department
 4425 Corporation Lane
 Virginia Beach, VA 23462
1-800-600-4441

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, TX 78708-5200

To report clients, use this address:

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

To report waste, abuse or fraud, gather as much information as possible.

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

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

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

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

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

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NOTICE OF PRIVACY PRACTICES

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

THIS NOTICE IS IN EFFECT APRIL 14, 2003.

WHAT IS THIS NOTICE?

This Notice tells you:

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

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

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

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

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

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

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

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

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

AMERIGROUP Community Care must:

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

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

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

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

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

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

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

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

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

OTHER USES OF PROTECTED HEALTH INFORMATION (PHI)

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

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

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

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

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

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

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

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

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

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

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

WHAT ARE YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)?

We want you to know your rights about your PHI and your AMERIGROUP Community Care family members' PHI.

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

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

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

RIGHT TO REQUEST A PERSONAL REPRESENTATIVE

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

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

RIGHT TO ACCESS

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

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

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

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

RIGHT TO AMEND

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

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

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

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

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

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

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

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

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

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

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

RIGHT TO REQUEST RESTRICTIONS

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

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

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

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

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

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

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

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

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

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

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

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

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

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

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

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

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

WHERE SHOULD YOU CALL OR SEND REQUESTS OR QUESTIONS ABOUT YOUR PROTECTED HEALTH INFORMATION (PHI)?

You may call us toll free at: 1-800-600-4441.

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

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

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

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

