AMERIGROUP®
Community Care

Member Handbook

STAR+PLUS PROGRAM
Your Health Plan ■ Your Choice

1-800-600-4441

AMERIGROUP Texas, Inc.

Harris Service Delivery Area

Members With Medicare and Medicaid Coverage

www.myamerigroup.com

LIVE WELL • VIVA BIEN

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AMERIGROUP Community Care

Dear Member:

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

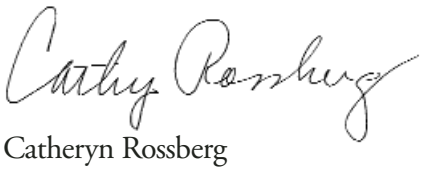
The Member Handbook tells you how AMERIGROUP Community Care works and how to help you take good care of your health. It tells you how to get health care when it is needed, too.

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.

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.

Thank you for picking us as your health plan.

Sincerely,



Catheryn Rossberg
Chief Operating Officer
AMERIGROUP Community Care

AMERIGROUP COMMUNITY CARE MEMBER HANDBOOK

STAR+PLUS PROGRAM MEMBER HANDBOOK FOR MEMBERS WITH BOTH MEDICARE AND MEDICAID COVERAGE

Harris Service Area
6700 West Loop South, Ste. 200
Bellaire, TX 77401

1-800-600-4441

www.myamerigroup.com

WELCOME TO AMERIGROUP COMMUNITY CARE!

This member handbook will tell you how to use AMERIGROUP Community Care to get the long-term 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 helping you get the right care close to home. You have enrolled in AMERIGROUP Community Care to get STAR+PLUS long-term services through the Texas Medicaid program.

This member handbook will help you understand your STAR+PLUS long-term services available through AMERIGROUP Community Care. This handbook is for members living in the Harris Service Area, which includes the counties of Brazoria, Fort Bend, Galveston, Harris, Montgomery and Waller. If you move out of or within this Service Area, call Member Services right away. See the section "If You Move" for more information.

You may be getting your Medicare health care services from your Primary Care Physician, or PCP, through Original Medicare and a Prescription Drug Plan or a Medicare Advantage Plan that includes Part D coverage. If you live in Harris County, you may also be getting your Medicare health care services through the AMERIVANTAGE Plan, a Medicare Advantage Plan offered by AMERIGROUP Community Care. If you are enrolled in the AMERIVANTAGE Plan, please also refer to the AMERIVANTAGE Evidence of Coverage and Member Handbook for complete details on your Medicare and Prescription Drug benefits and how they work together with the benefits you receive through Medicaid. If you do not have a PCP, call your Medicare insurer to choose one.

HOW TO GET HELP

AMERIGROUP Community Care Member Services Department

If you have any questions about your AMERIGROUP Community Care health plan benefits, you can call our Member Services Department 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. 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 AMERIGROUP Community Care Service Coordination team
- What to do if you think you need to get long-term services
- 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 or personal health 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, including Spanish. 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 the 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;
- How you can get the care that is needed.

We want you to be happy with all the services you get through AMERIGROUP Community Care. 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

- The Texas Client Notification Line number is 1-800-414-3406.

- The STAR+PLUS Program Help Line is 1-800-964-2777.
- The STARLink number is 1-866-566-8989; the STARLink TDD is 1-866-222-4306.
- To set up transportation for your long-term services, call the Medical Transportation Program toll free at 1-877-633-8747, Monday through Friday, 8 a.m. to 5 p.m.

Your AMERIGROUP Community Care Member Handbook

This handbook will help you understand your AMERIGROUP Community Care health plan. If you have questions, 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 your AMERIGROUP Community Care ID card yet, you will get it soon. Please carry it with you at all times.

If you are enrolled in AMERIGROUP Community Care to get long-term care services only, show your ID card to any long-term care provider you receive services from. The card tells providers that you are a member of AMERIGROUP Community Care, that you have long-term care benefits and how we will pay for your care. It also tells them that they should not ask you to pay for the benefits covered by AMERIGROUP Community Care.

If you live in Harris County and are enrolled in the AMERIVANTAGE Plan offered by AMERIGROUP Community Care, you will have one ID card to present to providers. You must use your AMERIVANTAGE ID card to get covered services. Your AMERIVANTAGE ID card will tell providers that you have Medicare, Medicaid and Medicare Part D prescription drug coverage through AMERIVANTAGE.

Your AMERIGROUP Community Care ID card has the date you became an AMERIGROUP Community Care member on it. Your ID card 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 Member Services right away. We will send you a new one.

YOUR MEDICAID 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+PLUS Program, the form will look different than your regular Medicaid form. You will see the STAR +PLUS logo on the top right-hand side of your form. This will tell providers that you are part of the STAR+PLUS 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+PLUS Program, your Medicaid form will show AMERIGROUP Community Care 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 AMERIGROUP Community Care 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. The STAR+PLUS 3087 will not reflect the unlimited prescription benefit for members covered by Medicare.

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 AMERIGROUP Community Care ID card with you when you get any health care services. You will need to show your Medicaid form and AMERIGROUP Community Care 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 AMERIGROUP COMMUNITY CARE SERVICE COORDINATION

A Service Coordinator is assigned to each AMERIGROUP Community Care STAR+PLUS member when requested. The Service Coordinator will help you get the health care you need. It is best for you to call Member Services as soon as you are an AMERIGROUP Community Care member. This will help you get a Service Coordinator quickly. Service Coordinators work on teams that may consist of:

- You and a family member or friend
- An AMERIGROUP Community Care Service Coordinator
- AMERIGROUP Community Care telephone/local member services representatives
- Your STAR+PLUS providers

When you call, a Service Coordinator will discuss with you what services you may need. The Service Coordinator will schedule an appointment to visit you in your home to plan with you what help you need. If you do not call us or if we cannot reach you by phone, we will come to your home without an appointment. At this home visit, we will ask you about your health and any problems you may have with daily living tasks. You may want a family member or friend to talk with us, too.

The State sends us information about your health and the services you have been getting from Medicaid. Your Service Coordinator will read this information to find out more about you. It will tell them which providers they need to call to be sure you keep getting the right care. We will ask you how helpful your Medicaid services have been. We will talk to your Medicaid providers about the care you have been getting. And, if you agree, we will talk to your doctors about your health care needs.

HOW TO MAKE SURE YOU KEEP GETTING THE COMMUNITY CARE FOR THE AGED AND DISABLED (CCAD), COMMUNITY BASED ALTERNATIVE (CBA) WAIVER.

If you have been getting Medicaid's Community Care or CBA Waiver services in the past, you will still get the care you need. If you are at home, you may have care attendants that come to bathe you, change your bed linens, etc. If your care attendant does not show up, call your service coordinator right away. AMERIGROUP Community Care will help get the care started again.

IF YOU THINK YOU NEED TO GET LONG-TERM SERVICES AND SUPPORT

If we have not talked to you during your first month as a new member, it is very important for you to call Member Services because we need to talk to you. Call sooner if you recently changed your address and/or phone number or think you need long-term services and support. Your AMERIGROUP Community Care Service Coordinator will talk with you or visit your home to find out more about your health and need for services.

Some people need help with everyday tasks, like eating or light housekeeping duties, fixing meals or personal care. If you have no one to help you at home, AMERIGROUP Community Care can help. Call AMERIGROUP Community Care to ask for help. We will send a Service Coordinator to your home to see what help you need. With your agreement, the Service Coordinator will talk to your doctors. Then, the Service Coordinator will tell you about the help AMERIGROUP Community Care can help get for you. If you agree, the Service Coordinator will help get the services started. And, our Service Coordinator will call you to see how well you are doing with the services.

YOUR AMERIGROUP COMMUNITY CARE SERVICE PLAN

Your Service Coordinator will work with you to help decide if you need any special services like long-term services or case management. Examples of long-term services and support are attendant care and adult day care.

If you need any of these services, your Service Coordinator will put together a service plan for you. This is a plan for how often and how many services you need. We will develop the plan with you and your caregivers. Once you agree on a plan, we will arrange for and approve coverage of the services for you as needed. They may be the same services you have had in the past or they may be a little different. Your Service Coordinator will tell you about all of the services in your service plan. You will be able to participate in the development of your service plan.

AMERIGROUP Community Care wants you to get to know your Service Coordinator and, your Service Coordinator wants to know about you. Remember, you are the most important part of your Service Coordination Team.

CHANGING YOUR AMERIGROUP COMMUNITY CARE SERVICE PLAN

Your Service Coordinator will call you or visit you periodically to check on you. If something changes in your health or ability to take care of yourself, you should call your Service Coordinator right away. You do not have to wait for him or her to call or visit you. Your Service Coordinator wants to know about any changes in your health as soon as possible. The Service Coordinator also wants to know about any problems you start having with everyday tasks like getting dressed, bathing or taking your medicines. If you are not doing well, your Service Coordinator will work with the rest of the team to help you get the care you need. Your Service Coordinator will also review your service plan annually or more often if needed. Your Service Coordinator will change your plan if needed and if you agree. Your Service Coordinator will visit your home if you have a major change in your service plan. If you have a family member or friend who cares for you, the Service Coordinator will want to talk to him or her also.

WHAT IF I NEED HEALTH CARE?

AMERIGROUP Community Care does not cover health care services for persons with Medicare. You will get your health care from your Medicare Primary Care Physician (PCP), like always. If you are having trouble getting the health care you need, call AMERIGROUP Community Care. A Service Coordinator can refer you to a Medicare doctor. If you agree, we will talk to your doctor to make sure you are getting the help you need.

WHAT DOES MEDICALLY NECESSARY MEAN?

Your Medicare Doctor 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.

STAR+PLUS MEDICAID AND LONG-TERM SERVICES AND SUPPORT

Some medically necessary long-term care services are for members who need help and have no one to help them. Other long-term services are for members whose care needs would qualify them to be in a facility but who want to stay home. Your AMERIGROUP Community Care Service Coordinator can help you or your representative learn about these services. We will find out about your needs and which services you should get. To get any long-term services, you **must** talk to your Service Coordinator first. If you are eligible, it is your choice to get these services from providers in our network or live in a nursing home in our network.

- Day Activity and Health Service*
- Personal Attendant Services*
- Consumer Directed Attendant Care
- Respite Care
- Transportation Assistance
- Adaptive Aids
- Adult Foster Care/Personal Care Home
- Assisted Living/Residential Care
- Emergency Response System
- Medical Supplies
- Minor Home Modifications
- Transition Assistance Services
- Nursing Services
- Physical Therapy
- Speech/Language Therapy
- Dietitian/Nutritional Services
- Home Delivered Meals
- Primary Home Care

*Long-term Services and Support

Call your Service Coordinator or Member Services. We will find out about your needs and which services you can get. To get any service, you **must** call your Service Coordinator first.

EXTRA AMERIGROUP BENEFITS

AMERIGROUP Community Care covers for members required to enroll in the STAR+PLUS program extra benefits they cannot get from fee-for-service Medicaid. These extra benefits are also called value-added services. They include:

- Pest Control
- Toll-free Nurse HelpLine available 24 hours a day, 7 days a week
- Transportation assistance for long term services arranged by Service Coordinator when state MTP Program is not available or cannot meet the special needs of the member

To find out more about these benefits, call your Service Coordinator or Member Services. We will find out about your needs and which services you can get.

HOW TO CANCEL AN APPOINTMENT

If you make an appointment with your doctor and then cannot go, call the doctor's office. Tell them 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 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 DO I GET STAR+PLUS SERVICES IF I HAVE NOT HAD THEM BEFORE

Some people need help with everyday tasks, like eating or going to the bathroom. If you have no one to help you at home, AMERIGROUP Community Care can help. Or, if you have someone to help you at home but they have to work or need a break, AMERIGROUP Community Care can help. Call AMERIGROUP Community Care to ask for help. We will send a Service Coordinator to your home to see what help you need. With your agreement, the Service Coordinator will talk to your doctors. Then, the Service Coordinator will tell you about the help he or she can get for you. If you agree, the Service Coordinator will help get the services started. And, our Service Coordinator will call you to see how well you are doing with the services.

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 Medicare Doctor to get these services. Fee-for-service Medicaid benefits include:

- Medicare Deductibles
- Medicare Copayments
- Pharmacy Services (unless you are covered by a Medicare Prescription Drug Plan or a Medicare Advantage Plan that covers prescription drug benefits.
- Hospice

SPECIAL KINDS OF HEALTH CARE

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 service coordinator who will help you get the medical care 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 doctor. Another way is to call Member Services. The Nurse HelpLine is available 24 hours a day, 7 days a week to answer your health questions. The Nurse HelpLine nurses 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 help keep you healthy with its health education programs. We can also help you find community health classes near your home. These classes are held at no cost to you. You can call Member Services to find out where and when these classes are held. You can also go to our web site **www.myamerigroup.com** to get information on the classes in your community.

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 the larger network 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 free 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.

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. See the section on emergencies 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 please 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. Emancipated minors are members under age 18 who:

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

Emancipated minors can 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 18 years of age or older have rights under Advance Directive laws. 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 or do not want if you are seriously ill or injured.

You can get a Living Will form from your doctor or by calling Member Services. You can fill it out by yourself or call Member Services for help; however AMERIGROUP associates cannot offer legal advice or serve as a witness. 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. A Member Services Representative can help you file a complaint. You can also call the local Member Advocate at 713-218-5100.

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. 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
6700 West Loop South, Ste. 200
Bellaire, TX 77401

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 certain 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 if you want to attend. 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 after this meeting to tell you what the group decides about your complaint.

Please call Member Services. You can also call the local Member Advocate for your Service Area, listed above.

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

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

If you file 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 for or cover care, in whole or in part, that has been recommended. For example, if you ask for a service that is not covered, AMERIGROUP Community Care is not allowed to pay for it. If we deny coverage, you or your doctor can appeal the decision. An appeal is when you ask AMERIGROUP Community Care to look again at the care your doctor asked for and AMERIGROUP Community Care said it 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 anytime during or after the appeal process unless you have asked for an expedited appeal. See the section about 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 of when you get the first letter from AMERIGROUP Community Care that says we will not pay for or cover 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. 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.
- 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: Member Appeals
6700 West Loop South, Ste. 200
Bellaire, TX 77401

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 first level appeal. We will do this within 30 calendar days from when we get your appeal unless we need more information from you or the person you asked to file the appeal for you. If we need more information, 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 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 the address listed above under "First Level Appeals" for Medical Appeals.

When we get your letter, we will send you a letter within 5 working 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 we have said we will not pay for will look at your case. We will send you a letter with this doctor's decision within 15 working 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 adverse determination notice from AMERIGROUP Community Care. If you do not request a Fair Hearing within 10 days from receipt of the notice, your service being appealed will be discontinued.

You can request a Fair Hearing by contacting the Health and Human Services Commission (HHSC) at 1-800-252-8263. If you would like to make your request in writing, please send it to the following address:

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

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.

LONG-TERM SERVICES APPEALS
You can also ask for a Fair Hearing from the state for appeals related to long-term services. If you qualify for services through the Community Based Alternative Waiver (the 1915 (c) waiver), you can call 713-767-3919. Or sign the bottom part of the form we send you and mail the form to:

STAR+PLUS Support Unit
PO Box 16017
Houston, TX 77222-6017

All others can call 1-800-252-8263, or mail the form to:

Texas Health and Human Services Commission
Health Plan Operations – H-320
PO Box 85200
Austin, Texas 78708-5200

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 at 1-800-600-4441. You can also ask Member Services for help filing the appeal
- You can send us a letter to the address below:

AMERIGROUP Community Care
Attn: Medical Management
6700 West Loop South, Ste. 200
Bellaire, TX 77401

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, in whole or in part, 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 or your doctor 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, VA 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 the Health and Human Services Commission (HHSC) at 1-800-252-8263 or sending a letter to:

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

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. You will continue to get care through AMERIGROUP Community Care until the address is changed unless you have moved out of the Service Area.

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

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.

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 STAR+PLUS Program Helpline at 1-800-964-2777. You can change plans as many times as you want, but not more than 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 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 ways 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 an 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 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, send the bill along with a letter saying that you have been sent a bill to the Member Advocate. (See the section "Complaints and Appeals" for the address.) In the letter, include, your name, the telelphone number you can be reached at, and your AMERIGROUP Community Care ID number. If you are unable to send the bill, be sure to include in the letter the name of the provider you got services from, the date of service, the provider's phone number, the amount charged, and the account number if known. 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 or its covered services. 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 Member Services to tell us your ideas. We also have a web site where you can tell us your ideas. Contact us at **www.myamerigroup.com**. You can also send a letter to your Member Advocate. See the section "Complaints and Appeals" for the address.

AMERIGROUP Community Care has a group of members who meet monthly 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 you get 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 get more money called bonuses. This kind of pay is based on different things like member satisfaction and quality of care. 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 the doctors or any other providers in the AMERIGROUP Community Care network are paid, please call AMERIGROUP Community Care's Member Services Department. You can also send a letter to your Member Advocate. See the section "Complaints and Appeals" for the address.

YOUR RIGHTS AND RESPONSIBILITIES AS AN AMERIGROUP COMMUNITY CARE MEMBER

YOUR RIGHTS

AMERIGROUP Community Care 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 in keeping with federal and state privacy laws including HIPAA.

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 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 coverage of care or services were 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 process through the managed care organization and through Medicaid; 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 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.

Request and get 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.
- Any restrictions on the member's freedom of choice among network providers
- Member rights and responsibilities
- 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.

YOUR RESPONSIBILITIES

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

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

HOW TO REPORT SOMEONE WHO IS MISUSING THE 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.

Reporting Provider/Client Waste, Abuse and Fraud
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
6700 West Loop South, Ste. 200
Bellaire, TX 77401
1-800-600-4441

Or, if you have access to the Internet, go to the HHSC Office of Inspector General (OIG) web site at **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 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
PO Box 85200
Austin, TX 78708-5200

To report clients, use this address:
Office of Inspector General
General Investigations/Mail Code 1362
PO Box 85200
Austin, TX 78708-5200

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

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

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.

Table of Contents

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 appeals 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 they 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 appeal 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 appeal 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 & Human Services
1301 Young Street – Suite 1169
Dallas, TX 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.

NOTES

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P.O. BOX 149030 952-X
AUSTIN, TEXAS 78714-9030

4 ASDF 01-00004

RETURN SERVICE REQUESTED
DO NOT SEND CLAIMS TO THE ABOVE ADDRESS

TEXAS DEPARTMENT OF HUMAN SERVICES
MEDICAID IDENTIFICATION
IDENTIFICACION PARA MEDICAID

Date Run	BIN	BP	TP	Cat.	Case No.	GOOD THROUGH: / VALIDA HASTA:
04/24/2000	610098	13	13	04	123456789	MAY 31, 2000

952-X 123456789 13 13 04 000531
JANE DOE
743 GOLF IRONS
NORTHEAST PA 16428

TEXAS STAR PROGRAM
Your Health Plan ■ Your Choice

ANYONE LISTED BELOW CAN GET MEDICAID SERVICES

You are enrolled in the STAR Program. Your health plan's name and telephone number are listed under your name. You have a Primary Care Provider (PCP). Call your health plan for your PCP's name.

If you see a reminder under your name, please call your PCP or dentist to schedule a check-up. If you do not see a reminder and are 21 or older, you can get a medical check-up from your PCP once a year. You can also use the STAR Program to get the health care that you need.

Questions about the STAR Program?
Please call 1-800-964-2777 for help.
READ BACK OF THIS FORM!

CADA PERSONA NOMBRADA ABAJO PUEDE RECIBIR SERVICIOS DE MEDICAID

Usted está inscrito en el Programa STAR. El nombre y el teléfono de su plan de salud aparecen debajo de su nombre. Usted tiene un Proveedor de Cuidado Primario (PCP). Llame al plan de salud para averiguar el nombre de su PCP.

Si bajo su nombre hay una notificación, llame a su PCP o dentista para hacer una cita para un chequeo. Si no hay una notificación y usted tiene 21 años o más, puede hacerse un chequeo médico con su PCP una vez por año. También puede usar el Programa STAR para recibir los servicios médicos que necesita.

¿Tiene preguntas sobre el **Programa STAR**?
Por favor, llame al **1-800-964-2777** para conseguir ayuda.
¡LEA EL DORSO DE LA FORMA!

ID NO.	NAME	DATE OF BIRTH	SEX	ELIGIBILITY DATE	TPR	MEDICARE NO.
765432198	JANE DOE	05-05-1969	F	07-01-1998		

BEST HEALTH PLAN / 1-888-123-4567 / CALL HEALTH PLAN FOR PCP NAME OR OTHER INFORMATION

Form 3087ST/8-99

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 l-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.