

AMERIGROUP[®] *Community Care*

Member Handbook



STAR+PLUS

— PROGRAM —

Your Health Plan ■ Your Choice

1-800-600-4441

AMERIGROUP Texas, Inc.

Bexar, Harris and
Travis Service Delivery Areas

Medicaid Members

www.myamerigroup.com

LIVE WELL
VIVA BIEN

1/07



AMERITIPS

HEALTH TIPS THAT MAKE HEALTH HAPPEN

YOU NEED TO GO TO YOUR DOCTOR NOW!

WHEN IS IT TIME FOR A WELL-CARE VISIT?

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

WELL CARE FOR CHILDREN, THE TEXAS HEALTH STEPS PROGRAM

Children need more well-care visits than adults. These well-care visits for children are called Texas Health Steps (THSteps). Your child should get THSteps visits at the times listed below.

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

After age 3, you and your children should keep going to your PCP every year for well-care visits.

WHAT IF I BECOME PREGNANT?

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

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



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 that you chose us to arrange for AMERIGROUP Community Care benefits.

This 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. We are here to help in any way we can.

Thank you for picking us as your health plan.

Sincerely,

A handwritten signature in cursive script that reads "Catheryn Rossberg".

Catheryn Rossberg
Chief Operating Officer
AMERIGROUP Community Care

Bexar Service Area
 Bonham Building
 Suite 100
 4400 Piedras Dr. South
 San Antonio, Texas 78228

Harris Service Area
 6700 West Loop South
 Suite 200
 Bellaire, Texas 77401

Travis Service Area
 823 Congress Avenue
 Suite 1010
 Austin, Texas 78701

1-800-600-4441

www.myamerigroup.com

WELCOME TO AMERIGROUP COMMUNITY CARE!

You will get most of your health care services through AMERIGROUP Community Care.

This Member Handbook will tell you how to use AMERIGROUP Community Care to get the health care you need.

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WELCOME TO AMERIGROUP COMMUNITY CARE!

INFORMATION ABOUT YOUR NEW HEALTH PLAN

Welcome to AMERIGROUP Texas, Inc., doing business as AMERIGROUP Community Care. AMERIGROUP Community Care is a health maintenance organization (HMO) committed to helping you get the right care close to home. As a member of the AMERIGROUP Community Care STAR+PLUS program, you and your Primary Care Provider (PCP) will work together to help keep you healthy and care for your health problems. AMERIGROUP Community Care helps you get quality health care. This Member Handbook, for the Bexar, Harris and Travis Service Areas, 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 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
- Your AMERIGROUP Community Care Service Plan
- Your doctors
- Going to the doctor
- Transportation
- Health care benefits
- Well care
- Special kinds of health care
- Healthy living
- Complaints and medical 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 an interpreter 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 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 through AMERIGROUP Community Care's network of doctors and hospitals. Please call Member Services if you have any problems. AMERIGROUP Community Care wants to help you correct any problems you may have with your care.

OTHER IMPORTANT PHONE NUMBERS

- The STARLink number is 1-866-566-8989. If you are hearing impaired the STARLink TDD is 1-866-222-4306.
- The STAR+PLUS Program Help Line is 1-800-964-2777.
- If you need eye care, please call Block Vision at 1-800-428-8789.
- If you are 21 years of age or older and need dental care, please call HealthVelocity at 1-800-365-3527.
- If you are 21 years of age or younger and need dental care, please call the Texas Health Steps Program toll free at 1-877-847-8377.

- To set up transportation to your medical visits, call the Medical Transportation Program toll free at 1-877-633-8747, Monday through Friday, 8 a.m. to 5 p.m.
- If you need help finding a pharmacy or if you have problems getting prescriptions filled, call Vendor Drug at 1-800-252-8263.
- If you need behavioral health and substance abuse care, please call Member Services toll free at 1-800-600-4441, 24 hours a day, 7 days a week. If it is an emergency, call 911 or go to the Emergency Room.

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.

 www.myamerigroup.com	Effective Date: XX/XX/XXXX
	Date of Birth: XX/XX/XXXX
	Subscriber #: XXXXXXXXXX
HARRIS SERVICE AREA Member Name: AMERIGROUP CARD SAMPLE Medicaid Number: XXXXXXXXXXXXXXXXXXXX Amerigroup Service Coordination: 1-800-600-4441 Primary Care Provider (PCP): XXXXXXXXXXXXXXXXXXXX PCP Telephone #: (XXX) XXX-XXXX PCP Address: Vision: 1-800-428-8789 Pharmacy: 1-800-252-8263 Dental: 1-877-847-8377 (UNDER 21) 1-800-365-3527 (21 & OLDER) Amerigroup Member Services/Nurse HelpLine and Behavioral Health (24 hours a day, 7 days a week): 1-800-600-4441	
	 <small>Your Health Plan ■ Your Choice</small>

YOUR AMERIGROUP COMMUNITY CARE ID CARD

If you do not have your AMERIGROUP Community Care ID card yet, you will get it soon. Please carry it with you at all times. Show it to any doctor or hospital you visit. You do not need to show your ID card before you get emergency care. The card tells doctors and hospitals that you are a member of AMERIGROUP Community Care and who your PCP is. It also tells them that AMERIGROUP Community Care will pay for the medically needed benefits listed in the section “Medicaid Health Care Benefits.”

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

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

YOUR MEDICAID IDENTIFICATION (ID) FORM (FORM 3087)

You will get a Medicaid form in the mail each month as long as you are eligible for Medicaid. This Medicaid form tells providers about you and the services that you can get each month. Because you are now in the STAR+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 Medicare Health Plan to arrange for a checkup.

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

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. Call Member Services at 1-800-600-4441 as soon as you are an AMERIGROUP Community Care member to 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. The Service Coordinator will 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 where you live 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 OR NURSING HOME SERVICES YOU ARE GETTING NOW

If you have been getting Medicaid's Community Care for the Aged and Disabled (CCAD), CBA (1915 (c)) Waiver or nursing home services in the past, you will still get the care you need. If you are at home, you may have attendants that come to bathe you, change your bed linens, etc. If your attendant does not show up, call our Member Services Department right away. AMERIGROUP Community Care will help get the services 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 with 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 care services are nursing home or assisted living care and adult day care. We give case management services to members who have conditions such as cancer, HIV, congestive heart failure, end stage renal disease, sickle cell, pulmonary care, diabetes, wound care and asthma.

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 a 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 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.

YOUR DOCTORS

PICKING A PRIMARY CARE PROVIDER (PCP)

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

If we assigned a PCP to you, you can pick another one. Just look in the Provider Directory you got with your STAR+PLUS enrollment package. We can also help you pick a doctor. Call Member Services for

help. If you are already seeing a doctor, you can look in the Provider Directory to see if that doctor is in our network. If so, you can tell us you want to keep that doctor.

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

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

Family members do not have to have the same PCP.

WHAT IS A SERVICE PLAN?

Your PCP will explain your health care needs to you and talk to you about the different ways your health care problems can be treated. Your PCP will develop a Service Plan to meet your specific health care needs.

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

SECOND OPINION

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

Once approved, your PCP will let you know the date and time of the appointment. Your PCP will also send copies of all related records to the doctor who will

provide the second opinion. Your PCP will let you and AMERIGROUP Community Care know the outcome of the second opinion.

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

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

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

Your PCP's office may move, close or leave the AMERIGROUP Community Care network. If this happens, AMERIGROUP Community Care will call or send you a letter to tell you about this. In some cases, you may be able to keep seeing this PCP for care while you pick a new PCP. Please call Member Services for more information about this.

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

HOW TO CHANGE YOUR PCP

You can change your PCP up to 4 times a year. Just look in the AMERIGROUP Community Care Provider Directory you got with your STAR+PLUS enrollment package. AMERIGROUP Community Care can also help you pick a doctor. Call Member Services.

If you call to change your doctor on or before the 18th day of the month, the change will be made for the 1st day of the next month. If you call after the 18th, the change will be made for the 1st of the month after the next month. Here is an example. If you ask us to change your doctor on July 18th, you can see the new doctor on August 1st. If you ask us to make the change on July 20th, you can see the

new doctor on September 1st. Once your PCP has been changed, you will get a new ID card in the mail within 10 working days.

You will not be able to change your PCP if:

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

IF YOUR PCP ASKS FOR YOU TO BE CHANGED TO ANOTHER PCP

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

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

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

If you want to go to a doctor who is not your PCP, please talk to your PCP first. In most cases, your PCP needs to give you a referral so you can see another doctor. This is done when your PCP cannot give you the care you need. Please read the section "Specialists" to learn more about referrals. If you go to a doctor that your PCP has not referred you to, the care you receive may not be covered. Also read the section "Services that Do Not Need a Referral" for more information.

PICKING AN OB/GYN

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

ATTENTION FEMALE MEMBERS:

AMERIGROUP Community Care does not limit your selection of an OB/GYN to your PCP's network. Your PCP's network is different from AMERIGROUP Community Care's network. While an OB/GYN may not participate in your PCP's network, he or she must still be part of AMERIGROUP Community Care's network of providers.

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

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

If you do not want to go to an OB/GYN, your PCP may be able to treat you for your OB/GYN health needs.

Ask your PCP if he or she can give you OB/GYN care. If not, you will need to see an OB/GYN. You will find a list of network OB/GYNs in the AMERIGROUP Community Care Provider Directory you got with your STAR+PLUS enrollment package.

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

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

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

SPECIALISTS

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

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

Your PCP will refer you to a specialist in the AMERIGROUP Community Care network if your PCP cannot give you the care you need. In most cases, you need to have a referral from your PCP to see another doctor. Your PCP will give you a referral form so you can see the specialist. The referral form tells you and the specialist what kind of health care you need. Be sure to take the referral form with you when

you go to the specialist. Once you talk to your PCP and set up an appointment, you will be able to see the specialist within 2 weeks. In a few cases a referral is not needed. Read the section in this handbook, “Services That Do Not Need a Referral” for more information

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

Sometimes a specialist can be your PCP. This may happen if you have a special health care need that is being taken care of by a specialist. If you have already talked with a Service Coordinator, he or she can help you make this change. If you have not talked with a Service Coordinator, call Member Services.

GOING TO THE DOCTOR

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

ROUTINE CARE

In most cases when you need medical care, you call your doctor to make an appointment. Then you go to see the doctor. This will cover most minor illnesses and injuries, as well as regular checkups. This type of care is known as **routine care**. Your PCP is someone you see when you are not feeling well, but that is only part of your PCP’s job. Your PCP also takes care of you before you get sick. This is called well care. See the section in this handbook “Well Care for Children and Adults.” You should be able to see your PCP within 2 weeks for routine care.

URGENT CARE

The second type of care is **urgent care**. There are some injuries and illnesses that are not emergencies but can turn into an emergency if they are not treated within 48 hours. Some examples are:

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

For urgent care, you should call your PCP. Your PCP will tell you what to do. Your PCP may tell you to go to his or her office right away. You may be told to go to some other office to get immediate care. You should follow your PCP’s instructions. In some cases, your PCP may tell you to go to the emergency room at a hospital for care. See the next section about emergency care for more information. You can also call our 24-hour Nurse HelpLine at **1-800-600-4441** for advice about urgent care. You should be able to see your PCP within 24 hours for an urgent care appointment.

EMERGENCY CARE

After routine and urgent care, the third type of care is **emergency care**. If you have an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you want advice, call your PCP or our 24-hour Nurse HelpLine at **1-800-600-4441**. The most important thing is to get medical care as soon as possible. You should be able to see your PCP immediately for emergency care.

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

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

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

- Trouble breathing
- Chest pains
- Loss of consciousness
- Very bad bleeding that does not stop
- Very bad burns
- Shakes called convulsions or seizures

What is post-stabilization?

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

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

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

Except in the case of an emergency (see previous section), or when you need care that does not need a referral (see the section "Services That Do Not Need a Referral"), you should always call your PCP **first** before you get medical care. Help from your PCP is available 24 hours a day. If you call your PCP's office when it is closed, leave a message with your name and a phone number where you can be reached. Someone should call you back within 30 minutes to tell you what to do. You may also call our Nurse HelpLine 24 hours a day, 7 days a week for help.

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

HOW TO GET HEALTH CARE WHEN YOU ARE OUT OF TOWN

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

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

YOUR FIRST DOCTOR APPOINTMENT

You can call your doctor to set up your first appointment. You should see your PCP for a well-care visit (a general checkup) within 90 days of enrolling in AMERIGROUP Community Care. By finding out more about your health now, your PCP can take

better care of you if you get sick. If you do not have a home telephone or have just changed your telephone number, please call our Member Services Department. AMERIGROUP Community Care can also help you set up your first appointment.

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

HOW TO MAKE AN APPOINTMENT

It is easy to make an appointment with your PCP. Just call the doctor's office. The phone number is on your AMERIGROUP Community Care ID card. If you need help, call Member Services. We can 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. You may also not have to wait as long before you see your doctor.

WAIT TIMES FOR APPOINTMENTS

We want you to be able to get care at any time. When your PCP's office is closed, an answering service will take your call. Your doctor should call you back within 30 minutes. When you get to the office for your appointment, you should not have to wait more than 45 minutes to be seen. Appointments can be made as follows:

Routine primary care visits	Within 2 weeks
Routine specialty care visits	Within 30 days
Physical/Wellness exams for adults	Within 10 weeks
Emergency care	Immediately
Urgent care	Within 24 hours
Prenatal care	Within 2 weeks
Regular laboratory and radiology	Within 3 weeks
Urgent laboratory and radiology	Within 48 hours

WHAT TO BRING WHEN YOU GO FOR YOUR APPOINTMENT

When you go to the doctor's office for your appointment, bring your AMERIGROUP Community Care ID card and current Medicaid ID form 3087, along with any medicines you are taking. If the appointment is for your child, bring your Medicaid ID form 3087 and your child's ID card, shot records and any medicines he or she is taking.

HOW TO CANCEL AN APPOINTMENT

If you make an appointment with your doctor and then cannot go, call the doctor's office. Tell 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 TO GET TO A DOCTOR APPOINTMENT OR TO THE HOSPITAL

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

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

If MTP is not available or can not meet special needs you have, call your Service Coordinator to help arrange transportation for you.

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

If you have 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 will help members with disabilities get the care they need. Members who use wheelchairs, walkers or other aids may need help getting into an office. If you need a ramp or other help, make sure your doctor's office knows this before you go there. By doing this, they will be ready for your visit. If you want help talking to your doctor about your special needs, call Member Services.

WHAT DOES MEDICALLY NECESSARY MEAN?

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

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

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

Medically necessary behavioral health services mean those behavioral health services which:

- a) Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
- b) Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
- c) Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
- d) Are the most appropriate level or supply of service which can safely be provided;
- e) Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;
- f) Are not experimental or investigative; and
- g) Are not primarily for the convenience of the member or provider.

MEDICAID HEALTH CARE BENEFITS

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

- Doctor care
- Podiatrist care
- Chiropractic care
- Preventive services
- Texas Health Steps (THSteps) medical services
- Emergency room services
- Outpatient services
- Federally Qualified Health Center services and other ambulatory services covered by Federally Qualified Health centers
- Laboratory testing
- X rays
- Home health care

- Physical, occupational, speech, hearing and language therapies
- Blood transfusions
- Medical equipment and supplies
- Hearing tests
- Hearing aids for members age 21 and older
- Private-duty nursing (limited to members who need more individual and continual care than they can get from a home health agency, nursing facility or hospital)
- Eye care (please see section on "Eye Care" for more information)
- Mental health and substance abuse services (limited to certain kinds of providers)
- Long-term care (see section on "STAR+PLUS Medicaid and Long-Term Services and Support" for details)
- Pregnancy care
- Nurse midwife services
- Pediatric nurse practitioner and family nurse practitioner services
- Transplants (if medically necessary, like liver, heart, lung, bone marrow and kidney)
- Ambulance services
- Birthing centers
- Genetic services
- Renal dialysis
- Health education
- Interpreter services (available through Member Services)
- Family planning services and supplies

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

STAR+PLUS MEDICAID AND LONG-TERM SERVICES AND SUPPORT

Some medically necessary long-term 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.

- Day Activity and Health Services*
- Personal Attendant Services*
- Consumer Directed Attendant Care
- Respite Care
- Nursing Home 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 (in home)
- 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 our Service Coordination first.

EXTRA AMERIGROUP COMMUNITY CARE BENEFITS

AMERIGROUP Community Care offers extra health care benefits that members cannot get through fee-for-service Medicaid. These benefits are also called value-added services. AMERIGROUP Community Care offers the following:

- Pest Control
- Toll-free Nurse HelpLine available 24 hours a day, 7 days a week
- Transportation assistance to medical services arranged by Service Coordinator when state MTP Program is not available or cannot meet the special needs of the member
- Enhanced Adult Dental (see section on “Dental Care”)
- Enhanced Vision (see section on “Eye Care”)
- Enhanced Behavioral Health – See section “Behavioral Health (Mental Health) Services” for details on the following services:
 - Partial Hospitalization Program/Extended Day Treatment

- Intensive Outpatient Treatment/Day Treatment
- Off-site services
- Residential services

Call Service Coordination or Member Services. AMERIGROUP Community Care will find out about your needs and which services you can get. To get any service, you must call Service Coordination first.

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. 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, your 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 PCP to get these services. Fee-for-service Medicaid benefits include:

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

- Pharmacy Services
- DADS hospice services
- Inpatient services
- Transportation to and from non-emergency medical services. The Medical Transportation Program (MTP) will help you get the transportation you need for doctor appointments. See the section “How To Get To a Doctor Appointment or To The Hospital” for details about this service.
- School health and related services (for children under age 21).
- Audiology services and hearing aids for children under age 21 through PACT (hearing screenings are covered by AMERIGROUP Community Care)

SERVICES THAT DO NOT NEED A REFERRAL

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

- Emergency care
- Care provided by an AMERIGROUP Community Care network doctor’s nurse or doctor assistant
- Yearly exams from an AMERIGROUP Community Care network OB/GYN
- Dental care for adults age 21 and over from an AMERIGROUP Community Care network dentist
- Behavioral health services (mental health and/or substance abuse) from an AMERIGROUP Community Care behavioral health services provider
- Family planning from any AMERIGROUP Community Care network or state-approved Medicaid family planning provider
- Prenatal care from an AMERIGROUP Community Care network obstetrician or certified nurse midwife
- Eye care from an AMERIGROUP Community Care network eye care provider (optometrist)
- Screening or testing for sexually transmitted diseases, including HIV, from an AMERIGROUP Community Care network doctor
- Texas Health Steps (formerly EPSDT) care. This covers dental and medical checkups for children.

BENEFITS AND SERVICES NOT OFFERED BY AMERIGROUP COMMUNITY CARE OR MEDICAID

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

- Anything that is not medically necessary
- Anything experimental such as a new treatment that is being tested or has not been shown to work
- Cosmetic surgery that is not medically necessary
- Sterilization for members under age 21
- Routine foot care except for members with diabetes or poor circulation
- Fertility treatment services
- Treatment for disabilities connected to military service
- Weight loss program services
- Experimental or investigative medicine, unless approved as a basic health care service by AMERIGROUP Community Care
- Reversal of voluntary sterilization
- Infertility treatments
- Private room and personal comfort items when hospitalized
- Sex transformation or transsexual surgery

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

WELL CARE FOR CHILDREN AND ADULTS

All AMERIGROUP Community Care members need to have regular well-care visits with their PCP. During a well-care visit, your PCP can see if you have a problem before it is a bad problem. When you become an AMERIGROUP Community Care member, call your PCP and make your first appointment within 90 days.

WELL CARE FOR CHILDREN, THE TEXAS HEALTH STEPS PROGRAM

WHY THSTEPS IS IMPORTANT FOR CHILDREN

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

THSteps does these things:

- Finds and treats your child's health problems early. If you know your child has a medical problem, talk to your doctor about THSteps.
- Lets you know about and get all the special child health services that AMERIGROUP Community Care offers at no cost to you. Your child can receive services such as food stamps and WIC.

If your child has special needs or an illness like asthma or diabetes, one of our Service Coordinators can help your child get his or her THSteps checkups, tests and shots.

Your child can see any THSteps provider for these well-care visits. The THSteps provider does not have to be an AMERIGROUP Community Care network provider. Your child can get THSteps care without a referral. Please see the section "Services That Do Not Need a Referral."

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

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

WHAT TO DO IF YOU CANNOT MAKE IT TO AN APPOINTMENT

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

WHAT TO DO IF YOU ARE OUT OF TOWN AND YOUR CHILD IS DUE FOR A THSTEPS VISIT

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

WHEN YOUR CHILD SHOULD GET THSTEPS VISITS

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

- Between 1-2 weeks old
- 2 months old

- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old

Be sure to make these appointments. Take your child to his or her PCP when scheduled.

From age 3 through age 20 and except for ages 7, 9 and 19, your child should see his or her PCP at least 1 time each year for a THSteps checkup. **Remember, if you do not keep your child's THSteps checkups and shots up-to-date, the amount of your TANF check could be stopped.**

BLOOD LEAD SCREENING

During every THSteps visit between 6 months and 6 years, your child's PCP will screen your child for lead poisoning.

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

EYE EXAMS

- During a THSteps screen, your child's PCP will check your child's vision.
- Your child may also have eye tests after the age of 3.
- Your child's PCP may send your child to an eye doctor if your child needs more tests or glasses.

Please see the section "Eye Care" for more information.

HEARING EXAMS

- During a THSteps screen, your child's PCP will check your child's hearing.
- Your child may also have more hearing tests after the age of 4.

DENTAL CARE

Your child will have his or her teeth and gums checked by his or her PCP as a part of his or her regular THSteps visits. At age 1, your child will get a referral to see a dentist. Then, your child should begin seeing a dentist every year. See the section "Dental Care" for more information.

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

• NEWBORN	• Hepatitis B		(Hep B)	first shot
• 1-2 WEEKS	• Well-Care Visit			
• 2 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis		(DTaP)	first shot
	• Polio		(IPV)	first shot
	• H Influenza, type B		(Hib)	first shot
	• Hepatitis B		(Hep B)	second shot
	• Prevnar #1			
• 4 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis		(DTaP)	second shot
	• Polio		(IPV)	second shot
	• H Influenza, type B		(Hib)	second shot
	• Prevnar #2			
• 6 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis		(DTaP)	third shot
	• Polio	(6-18 months of age)	(IPV)	third shot
	• H Influenza, type B		(Hib)	third shot
	• Hepatitis B		(Hep B)	third shot
	• Prevnar #3			
• 9 MONTHS	• Well-Care Visit			
	• Lead Screening	(9-12 months of age)		
• 12 MONTHS	• Well-Care Visit			
	• Chicken Pox	(12-18 months of age)	(Varicella)	first shot
	• Measles, Mumps & Rubella	(12-15 months of age)	(MMR)	first shot
	• H Influenza, type B	(12-15 months of age)	(Hib)	fourth shot
	• Prevnar #4	(12-15 months of age)		
• 15 MONTHS	• Well-Care Visit			
	• Diphtheria, Tetanus & Pertussis	(15-18 months of age)	(DTaP)	fourth shot
• 18 MONTHS	• Well-Care Visit			
• 24 MONTHS	• Well-Care Visit			
	• Lead Screening			
• 3 YEARS	• Well-Care Visit			
	• Lead Screening			
• 4 YEARS	• Well-Care Visit			
	• Measles, Mumps & Rubella	(4-6 years of age)	(MMR)	second shot
	• Polio	(4-6 years of age)	(IPV)	fourth shot
	• Diphtheria, Tetanus & Pertussis	(4-6 years of age)	(DTaP)	fifth shot
	• Lead Screening			
• 5 YEARS	• Well-Care Visit			
	• Lead Screening			
• 6 YEARS	• Well-Care Visit			
	• Lead Screening			

WELL-CARE VISITS SCHEDULE FOR ADULT MEMBERS

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

WELL CARE FOR ADULTS

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

WHEN YOU MISS ONE OF YOUR WELL-CARE VISITS

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

SPECIAL KINDS OF HEALTH CARE

EYE CARE

AMERIGROUP Community Care members get eye care benefits. You do not need a referral from your PCP for these benefits.

Children under the age of 21 get coverage for a vision exam, and medically necessary frames and lenses once every 12 months from September 1 to August 31, or when otherwise medically necessary. Adult members age 21 years and older get coverage for a vision exam and medically necessary frames and lenses every 24 months.

Enhanced eye care benefits include a wider range of frames and non-breakable lenses. Please call Block Vision at 1-800-428-8789 for help finding a network eye doctor (optometrist) in your area.

DENTAL CARE

AMERIGROUP Community Care members also get dental care. You do not need a referral from your PCP for dental care.

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

AMERIGROUP Community Care gives members 21 years of age and older extra dental benefits. To get these services, call HealthVelocity at 1-800-365-3527. You can get the following dental services every six months through HealthVelocity at no charge:

- Exams
- Basic cleanings
- X rays
- Bitewing X rays, as needed

AMERIGROUP Community Care STAR+PLUS members 21 years of age and older may get discounts off other dental services not listed above. Some of these additional services include:

Endodontics—care for diseases of the soft tissue in the center of the tooth

Periodontics—care for diseases of the supporting structures of the teeth such as the gums

Prosthodontics—placing and removing items such as crowns and bridges

Oral surgery—surgery such as removing impacted wisdom teeth

BEHAVIORAL HEALTH (MENTAL HEALTH) SERVICES

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

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

Many services are available such as:

- Behavioral Health treatment for children under age 21;
- Detoxification services
- Psychiatry services
- Counseling services for adults age 21 and older;

AMERIGROUP Community Care also covers extra behavioral health benefits. These benefits include:

- Partial Hospitalization Program (PHP)/ Extended Day Treatment. This program is used to help prevent or offer another option to an inpatient admission. PHP includes 23 hours of observation in a hospital emergency room or in a residential setting. Medically necessary services are provided to help get a person's condition stable so that an inpatient admission is no longer a risk.
- Intensive Outpatient Treatment/Day Treatment. This program is designed to help prevent unnecessary inpatient hospitalization. Medically necessary services are provided to help get a person's condition stable so that an inpatient admission is no longer a risk.
- Off-site services. This program is designed to offer services to members in a location other than the provider's normal location, such as the member's home or other location.
- Residential services. This program offers oversight 24 hours a day, 7 days a week for members who are in need of more intensive clinical treatment. Individual, group or family therapy are normally available.

FAMILY PLANNING SERVICES

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

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

CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN

The Case Management for Children and Pregnant Women (CPW) program provides services to children from birth through age 20 with a health condition or health risk and to high-risk pregnant women. Case managers help children and pregnant women to get help with:

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

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

SPECIAL CARE FOR PREGNANT MEMBERS

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

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

When You Become Pregnant

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

When you are pregnant, AMERIGROUP Community Care will send you a pregnancy education package. It will include:

- A letter welcoming you to the Taking Care of Baby and Me[®] program
- A self-care book called **Planning A Healthy Pregnancy**
- Taking Care of Baby and Me[®] reward program brochures
- A one-page education fact sheet on our 24-hour Nurse HelpLine

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

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

When you are pregnant, you must go to your PCP or OB/GYN at least:

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

Your PCP or OB/GYN may want you to visit more than this based on your health needs.

When You Have A New Baby

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

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

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

After you have your baby, you can fill out a Medicaid application in the hospital to see if your baby can get Medicaid benefits. Check with the hospital social worker before you go home to make sure the application is complete.

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

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

- A letter welcoming you to the postpartum part of the Taking Care of Baby and Me[®] program
- A baby-care book called Caring For Your Newborn
- Taking Care of Baby and Me[®] reward program brochure about going to your postpartum visit
- A brochure about postpartum depression
- A one-page education fact sheet on our 24-hour Nurse HelpLine

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

How And When To Change Your Child's PCP

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

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

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

- You have already made 4 changes in a year
- The PCP you have picked for your child cannot take new patients
- Your child's new PCP is not a part of the AMERIGROUP Community Care network

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.

MEDICINES

Adults as well as children can get as many prescriptions as your doctor thinks you need. You are not limited to three prescriptions per month under traditional fee-for-service Medicaid. You may go to any pharmacy that takes Medicaid to have your prescription filled. Since fee-for-service Medicaid covers your prescriptions, you need to take your Medicaid form 3087 with you when you get your prescriptions.

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

It is a good idea to use the same pharmacy each time you need medicine. This way your pharmacist will know about problems that may happen when you take more than one prescription. If you use another pharmacy, you should tell the pharmacist about any other medicines you are taking.

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

SPECIAL AMERIGROUP COMMUNITY CARE SERVICES FOR HEALTHY LIVING

HEALTH INFORMATION

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

One way to get health information is to ask your PCP. Another way is to call 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.my.amerigroupcorp.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.

DISEASE MANAGEMENT

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

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

AMERIGROUP has received NCQA (National Committee for Quality Assurance) Patient and

Practitioner Oriented Accreditation for the following programs. Earning NCQA accreditation for Disease Management represents our continued commitment to help you receive quality health care coverage.

AMERIGROUP Disease Management Programs include:

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

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

You have the right to:

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

You have the responsibility to:

- Listen to and know the effects of accepting or rejecting health care advice.

- Provide AMERIGROUP with information needed to carry out our services.
- Tell AMERIGROUP and your doctors if you decide to disenroll from the Disease Management program.

If you have one of the above conditions or would like more information about our Disease Management programs, please call 1-800-600-4441, Monday through Friday 8:30 a.m. to 5:30 p.m. Eastern Time, and ask to speak with a Disease Management Care Manager. You can also visit our web site for additional program information at www.myamerigroup.com.

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 "Emergency Care" for more information.
- Have a plan on how you can get to a safe place (like a women's shelter or a friend or relative's home)
- Always keep a small bag packed.
- Give your bag to a friend to keep for you until you need it.

If you have questions 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 not want if you are seriously ill or injured.

You can get a Living Will form from your PCP or by calling Member Services. You can fill it out by yourself or call 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. You can also call the local Member Advocate for your Service Area:

- Bexar – 210-737-5700, ext. 55819
- Harris – 713-218-5100
- Travis – 512-382-4970

First Level Complaint

AMERIGROUP Community Care will try to solve your complaint on the phone. If we cannot take care of the problem during your call, we will send you a letter within 5 days. We will include a complaint form with our letter. Please fill out this form and mail it back to us. **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 your Service Area:

Bexar Service Area:

AMERIGROUP Community Care
ATTN : Member Advocate
Bonham Bldg., Suite 100
4400 Piedras Dr. South
San Antonio, TX 78228

Harris Service Area:

AMERIGROUP Community Care
ATTN : Member Advocate
6700 West Loop South
Suite 200
Bellaire, TX 77401

Travis Service Area:

AMERIGROUP Community Care
ATTN : Member Advocate
823 Congress Ave.
Suite 1010
Austin, TX 78701

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

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

Second Level Complaint

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

We will have a meeting with 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 at 1-800-600-4441. You can also call the local Member Advocate for your Service Area:

- Bexar – 210-737-5700, ext. 55819
- Harris – 713-218-5100
- Travis – 512-382-4970

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

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.

APPEALS

MEDICAL APPEALS– ACUTE CARE, PRIMARY CARE OR MENTAL HEALTH AND SUBSTANCE ABUSE CARE

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 such as cosmetic surgery, 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 we said we will not pay for. You must file for an appeal within 30 days from the date you get our first letter that says we will not pay for a service.

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

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

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

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

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

You may ask for a Fair Hearing from the state 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 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. If you need help filling out the Appeal form, please call Member Services.

- You can send us a letter to the address for your Service Area below:

Bexar Service Area:

AMERIGROUP Community Care
ATTN: Member Appeals
Bonham Bldg., Suite 100
4400 Piedras Dr. South
San Antonio, TX 78228

Harris Service Area:

AMERIGROUP Community Care
ATTN: Member Appeals
6700 West Loop South
Suite 200
Bellaire, TX 77401

Travis Service Area:

AMERIGROUP Community Care
ATTN: Member Appeals
823 Congress Ave.
Suite 1010
Austin, TX 78701

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

When we get your letter or call, we will send you a letter within 5 days. This letter will let you know we got your appeal. We will also let you know if we need any other information to process your appeal. AMERIGROUP Community Care will contact your doctor if we need medical information about this service.

A doctor who has not seen your case before will look at your appeal. He or she will decide how we should handle your appeal.

We will send you a letter with the answer to your appeal. We will do this within 30 calendar days from when we get your appeal 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 that you get our letter with the answer to your first level appeal. Your doctor should send this letter to the address for your Service Area listed in the section “First Level Appeal” 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 your doctor says you need 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 hearing notice from AMERIGROUP Community Care. If you do not request a Fair Hearing within 10 days from receipt of the hearing 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.

EXPEDITED APPEAL

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 your Service Area address below:

Bexar Service Area:

AMERIGROUP Community Care
ATTN: Member Appeals
Bonham Bldg., Suite 100
4400 Piedras Dr. South
San Antonio, TX 78228

Harris Service Area:

AMERIGROUP Community Care
ATTN: Member Appeals
6700 West Loop South
Suite 200
Bellaire, TX 77401

Travis Service Area:

AMERIGROUP Community Care
ATTN: Member Appeals
823 Congress Ave.
Suite 1010
Austin, TX 78701

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

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

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

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

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

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
P.O. 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
P.O. Box 85200
Austin, Texas 78708-5200

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

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 Delivery Area.

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

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 go to doctors or medical facilities outside AMERIGROUP Community Care's plan over and over again.
- You try to hurt other patients or make it hard for other patients to get the care they need.

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

IF YOU GET A BILL

Always show your AMERIGROUP Community Care ID card and current Medicaid 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 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 in your Service Area. (See the section "Complaints and Appeals" for addresses.) In the letter, include, your name, the telephone 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, its covered services or its network doctors and hospitals. We will mail you a letter when we make changes in the services that are covered. Your PCP's office may move, close or leave our network. If this happens, we will call or send you a letter to tell you about this. We can also help you pick a new doctor. You can call Member Services if you have any questions. Member Services can also send you a current list of our network doctors.

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

We want to know what you like and do not like about AMERIGROUP Community Care. Your ideas will help us make AMERIGROUP Community Care better. Please call Member Services to tell us your ideas. 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 the Member Advocate in your Service Area. See the section "Complaints and Appeals" for addresses.

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 the Member Advocate in your Service Area. See the section “Complaints and Appeals” for addresses.

YOUR RIGHTS AND RESPONSIBILITIES AS AN AMERIGROUP COMMUNITY CARE MEMBER **YOUR RIGHTS**

AMERIGROUP Community Care members have the right to:

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

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

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

- Have your provider explain your health care needs to you and to talk to you about the different ways your health care problems can be treated; and
- Be told why 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. The information provided will be, at a minimum, on primary care physicians, specialists, and hospitals in the member's service area.
- Any restrictions on the member's freedom of choice among network providers
- Member rights and responsibilities
- Information on complaint, appeal and fair hearing procedures
- The amount, duration and scope of benefits available under the contract in sufficient detail to ensure that members understand the benefits to which they are entitled
- How to get benefits including authorization requirements
- How members may get benefits, including family planning services, from out-of-network providers and/or limits to those benefits
- How after hours and emergency coverage are provided and/or limits to those benefits, including:
 - What makes up emergency medical conditions, emergency services and post-stabilization services;
 - The fact that prior authorization is not required for emergency care services;

- How to obtain emergency services, including use of the 911 telephone system or its local equivalent;
- The locations of any emergency setting and other locations at which providers and hospitals furnish emergency services covered under the contract – The member has the right to use any hospital or other settings for emergency care; and
- Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits not furnished by the member's primary care provider
- AMERIGROUP Community Care's Practice Guidelines

YOUR RESPONSIBILITIES

AMERIGROUP Community Care members have the responsibility to:

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

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

Abide by the health plan 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 primary care provider and become fully informed about service and treatment options. That includes the responsibility to:

- Tell your primary care provider about your health;

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

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

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

Call AMERIGROUP Community Care 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 the address of your Service Area below:

Bexar Service Area:

AMERIGROUP Community Care
Senior VP Medical Management
Bonham Bldg., Suite 100
4400 Piedras Dr. South
San Antonio, TX 78228
1-800-600-4441

Harris Service Area:

AMERIGROUP Community Care
Senior VP Medical Management
6700 West Loop South
Suite 200
Bellaire, TX 77401
1-800-600-4441

Travis Service Area:

AMERIGROUP Community Care
Senior VP Medical Management
823 Congress Ave.
Suite 1010
Austin, TX 78701
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
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

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.

FAMILY PLANNING PROVIDERS

CLINICS IN BEXAR COUNTY

El Centro del Barrio, Inc.

Somerset Family Clinic

7315 S. Loop 1604 West

Somerset, TX 78069

Phone: 210-924-5148

San Antonio Metro Health District

Fredricksburg Road Clinic

3600 Fredericksburg Rd.

San Antonio, TX 78201

Phone: 210-736-4746

Barrio Comprehensive Family Health Care System

Ella Austin Health Center

1920 Burnet Street

San Antonio, TX 78202

Phone: 210-224-1244

San Antonio Metro Health District

San Antonio Metropolitan STD Clinic

332 W. Commerce

San Antonio, TX 78205

Phone: 210-207-8830

San Antonio Metro Health District

Westend Clinic

1226 N. W. 18th Street

San Antonio, TX 78207

Phone: 210-207-2437

University Health System

University Health Center-Downtown

527 N. Leona

San Antonio, TX 78207

Phone: 210-358-3700

Community Clinic, Inc.

Hope Action Care's Stewart Community Center

1711 Guadalupe Street

San Antonio, TX 78207

Phone: 210-821-5522

San Antonio Metro Health District

Zarzamora Clinic

4503 South Zarzamora

San Antonio, TX 78211

Phone: 210-921-6500

El Centro del Barrio, Inc.

South Park Medical Care Center

6315 S. Zarzamora

San Antonio, TX 78211

Phone: 210-924-5148

Planned Parenthood of San Antonio and South Central Texas

Lupe Center

120 W. Ashby

San Antonio, TX 78212

Phone: 210-736-2475

San Antonio Metro Health District

Eastside Branch Clinic

210 North Rio Grande

San Antonio, TX 78212

Phone: 210-224-7981

San Antonio Metro Health District

Kenwood Clinic

302 Dora

San Antonio, TX 78212

Phone: 210-736-1536

San Antonio Metro Health District

Southwest Branch Clinic

9011 Poteet Jourdanton Highway

San Antonio, TX 78212

Phone: 210-924-9031

Community Clinic, Inc.

Community Clinic, Inc.

210 West Olmos Drive

San Antonio, TX 78212

Phone: 210-821-5522

San Antonio Metro Health District

Pecan Valley Clinic

802 Pecan Valley Dr.

San Antonio, TX 78220

Phone: 210-337-7511

El Centro del Barrio, Inc.

Southside Clinic

910 S. W. Military Drive

San Antonio, TX 78221

Phone: 210-924-5148

Planned Parenthood of San Antonio and South Central Texas

Southeast Center

2346 E. Southcross Blvd.
San Antonio, TX 78223
Phone: 210-333-5454

San Antonio Metro Health District

Old Highway 90 Clinic

911 Old Highway 90
San Antonio, TX 78237
Phone: 210-433-3279

San Antonio Metro Health District

South Flores Clinic

7902 South Flores
San Antonio, TX 78237
Phone: 210-924-2552

Planned Parenthood of San Antonio and South Central Texas

Las Plamas Center

803 Castroville Road
San Antonio, TX 78237
Phone: 210-434-4811

San Antonio Metro Health District

Ricardo Salinas Health Center

630 S. Gen. McMullen
San Antonio, TX 78237
Phone: 210-435-9771

CLINICS IN ATASCOSA COUNTY

Atascosa RHI Health Clinic, Inc.

Pleasanton Family Planning Clinic

310 W. Oaklawn Road
Pleasanton, TX 78064
Phone: 830-569-2527

CLINICS IN GUADALUPE COUNTY

Community Council of South Central Texas, Inc.

Seguin Family Planning Clinic

808 E. Pine St.
Seguin, TX 78155
Phone: 830-379-7818

CLINICS FOR MEDINA COUNTY

South Texas Rural Health Services, Inc.

Devine Clinic

1010 W. Hondo Avenue
Devine, TX 78016
Phone: 830-879-2502

South Texas Rural Health Services, Inc.

Hondo Clinic

2912 Avenue E
Hondo, TX 78861
Phone: 830-879-2502

CLINICS FOR WILSON COUNTY

Community Council of South Central Texas, Inc.

Floresville Family Planning Clinic

1019 "B" Street, Suite C
Floresville, TX 78114
Phone: 830-393-3446

CLINICS IN HARRIS COUNTY

Planned Parenthood of Houston & Southeast Texas, Inc.

Teen Clinic

3601 Fannin
Houston, TX 77004
Phone: 713-535-2406

Planned Parenthood of Houston & Southeast Texas, Inc.

Fannin Clinic

3601 Fannin St.
Houston, TX 77004
Phone: 713-522-3976

City of Houston Department of Health & Human Services

Riverside Health Center

3611 Ennis
Houston, TX 77004
Phone: 713-527-4040

Legacy Community Health Services, Inc.

Legacy Community Health Services, Inc.

Houston, TX 77006
215 Westheimer
Phone: 713-830-3000

City of Houston Department of Health & Human Services

West End Health Center

190 Heights Blvd
Houston, TX 77007
Phone: 713-866-4100

City of Houston Department of Health & Human Services

La Nueva Casa De Amigos Health Center

1809 N. Main
Houston, TX 77009
Phone: 713-547-8000

City of Houston Department of Health & Human Services

Magnolia Health Center

7037 Capitol
Houston, TX 77011
Phone: 713-928-982

City of Houston Department of Health & Human Services

Lyons Health Center

5602 Lyons Ave.
Houston, TX 77020
Phone: 713-671-3000

Baylor College of Medicine

Teen Health Clinic Cullen

5737 Cullen, ste. 200
Houston, TX 77021
Phone: 713-873-3601

Baylor College of Medicine

Teen Health Clinic Cavalcade

3815 Cavalcade
Houston, TX 77026
Phone: 713-673-1655

Baylor College of Medicine

Lyndon B. Johnson Hospital

5656 Kelley
Houston, TX 77026
Phone: 713-566-5612

Baylor College of Medicine

Teen Health Clinic Ben Taub

1504 Taub Loop
Houston, TX 77030
Phone: 713-873-3601

Planned Parenthood of Houston & Southeast Texas, Inc.

Greenspoint Clinic

11834 Airline Dr.
Houston, TX 77037
Phone: 281-820-5305

City of Houston Department of Health & Human Services

Sunnyside Health Center

9314 Cullen
Houston, TX 77051
Phone: 713-732-5000

Baylor College of Medicine

Teen Health Clinic - Lee High School

6529 Beverly Hill Lane
Houston, TX 77057
Phone: 713-787-1756

Southeast Texas Family Planning & Cancer Screening

Southeast Texas Family Planning & Cancer Screening

6565 DeMoss Ste, 112
Houston, TX 77074
Phone: 713-774-6550

Planned Parenthood of Houston & Southeast Texas, Inc.

Southwest Clinic

6121 Hillcroft St.
Houston, TX 77081
Phone: 713-541-5372

Baylor College of Medicine

Teen Health Clinic Lawn

8111 Lawn
Houston, TX 77088
Phone: 281-847-9970

Harris County Public Health and Environmental Services

Antoine Community Health Center

5668 West Little York
Houston, TX 77091-1123
Phone: 281-447-2800

City of Houston Department of Health & Human Services

Northside Health Center

8523 Arkansas
Houston, TX 77093
Phone: 713-696-5900

Harris County Public Health and Environmental Services
Humble Health Center
1730 Humble Place Drive
Humble, TX 77338
Phone: 281-446-4222

UTMB Regional Maternal & Child Health Program
UTMB Katy
5819 10th Street, Suite A
Katy, TX 77493
Phone: 409-772-0979

Harris County Public Health and Environmental Services
Baytown Health Clinic
1000 Lee Drive
Baytown, TX 77502
Phone: 281-427-5195

Harris County Public Health and Environmental Services
Southeast Health Center
3737 Red Bluff
Pasadena, TX 77503
Phone: 713-740-5000

Harris County Public Health and Environmental Services
La Porte Health Center
1009 S. Broadway St.
La Porte, TX 77571
Phone: 281-471-4202

CLINICS IN BRAZORIA COUNTY

UTMB Regional Maternal & Child Health Program
UTMB Angleton
1108 A East Mulberry
Angleton, TX 77515
Phone: 979-849-0692

UTMB Regional Maternal & Child Health Program
UTMB Pearland
4616 W. Broadway, Suite F
Pearland, TX 77581
Phone: 281-485-3220

CLINICS IN FORT BEND COUNTY

Fort Bend Family Health Center, Inc.
Richmond Center
400 Austin St
Phone: 281-342-4530

Planned Parenthood of Houston & Southeast Texas, Inc.
Rosenberg Clinic
4203 Avenue H., #7
Rosenberg, TX 77471
Phone: 281-342-8408

Fort Bend Family Health Center, Inc.
Stafford Center
New Hope, TX
10435 Greenbough, Suite 300
Phone: 281-261-0182

UTMB Regional Maternal & Child Health Program
UTMB Stafford
2503 South Main Street, Suite B
Stafford, TX 77477
Phone: 281-499-3004

Planned Parenthood of Houston & Southeast Texas, Inc.
Stafford Clinic
3727 Greenbriar, Suite 118
Stafford, TX 77477
Phone: 281-494-5757

CLINICS IN GALVESTON COUNTY

Planned Parenthood of Houston & Southeast Texas, Inc.
Dickinson Clinic
3315 Gulf Freeway
Dickinson, TX 77539
Phone: 281-337-4618

UTMB Regional Maternal & Child Health Program
UTMB Galveston
400 Harborside Dr., Suite 116
Galveston, TX 77550-1159
Phone: 409-747-4952

UTMB Regional Maternal & Child Health Program
UTMB Texas City
1104 20th Street N.
Texas City, TX 77590
Phone: 409-643-8359

CLINICS IN MONTGOMERY COUNTY

Lone Star Community Health Center, Inc.
Lone Star Family Health Center
704 Old Montgomery Road
Conroe, TX 77301
Phone: 936-523-5242

UTMB Regional Maternal & Child Health Program
UTMB Program/Conroe
701 E Davis
Conroe, TX 77301
Phone: 936-525-2800

UTMB Regional Maternal & Child Health Program
UTMB New Caney
21134 Highway 59 East
New Caney, TX 77357
Phone: 281-577-8966

CLINICS IN WALLER COUNTY

Fort Bend Family Health Center, Inc.
Waller Center - Mobile Clinic
Phone: 936-857-2726

Fort Bend Family Health Center, Inc.
Waller Center
Prairieview, TX 77446
Owen Franklin Health Ctr (2nd Floor)
Phone: 936-857-2726

CLINICS IN TRAVIS COUNTY

Austin HHSD Community Care Services Dept.
Manor Community Health Center (East Rural)
600 W Carrie –
Manor, TX 78753
Phone: 512-272-8881

Austin HHSD Community Care Services Dept.
Pflugerville Community Health Center (North Rural)
15822 Foothill Farms Loop
Pflugerville, TX 78660
Phone: 512-251-6094

Austin HHSD Community Care Services Dept.
Salvation Army Homeless Clinic
501 East 8th St
Austin, TX 78753
Phone: 512-476-1111

People's Community Clinic
American Youthworks Downtown Center for Health
216 East 4th Street
Austin, TX 78701
Phone: 512-708-3100

Planned Parenthood of Austin Family Planning, Inc.
Downtown Clinic
1823 E. 7th St.
Austin, TX 78702
Phone: 512-275-0171

Austin HHSD Community Care Services Dept.
Rosewood Zaragosa Community Health Center
2802 Webberville Road
Austin, TX 78702
Phone: 512-972-4351

Austin HHSD Community Care Services Dept.
East Austin Community Health Center
211 Comal Street
Austin, TX 78702
Phone: 512-972-4322

Austin HHSD Community Care Services Dept.
LifeWorks
408 W 23rd St
Phone: 512-972-4006

Austin HHSD Community Care Services Dept.
South Austin Community Health Center
2529 South First Street
Phone: 512-972-4660

People's Community Clinic
Lifeworks Street Outreach Project
408 W. 23rd
Austin, TX 78705
Phone: 512-708-3100

Austin HHSD Community Care Services Dept.
Del Valle Community Health Central (South Rural)
3518 FM 973
Del Valle, TX 78617
Phone: 512-247-4746

People's Community Clinic
People's Community Clinic
2909 North IH 35
Austin, TX 78722
Phone: 512-708-3100

Austin HHSD Community Care Services Dept.
Northeast Community Health Center
7112 Ed Bluestein Blvd, Suite 155
Phone: 512-972-4535

Austin HHSD Community Care Services Dept.
Oak Hill Austin Community Health Center
8586 A Highway 71 West, Suite C
Phone: 512-892-4962

Austin HHSD Community Care Services Dept.
Montopolis Community Health Center
1200 B Montopolis Drive
Phone: 512-972-4660

Austin HHSD Community Care Services Dept.
Jonestown Community Health Center (Northwest Rural)
18649 Highway 1431 #12A
Austin, TX 78645
Phone: 512-267-3256

Austin HHSD Community Care Services Dept.
Far North Community Health Center
928 Blackson Avenue
Phone: 512-972-4039

Austin HHSD Community Care Services Dept.
David Powell Clinic
4614 North IH 35
Phone: 512-972-4900

CLINICS IN BASTROP COUNTY

Community Action, Inc.
Elgin Community Health Services
218 S. Main St.
Elgin, TX 78602
Phone: 512-303-5539

Community Action, Inc.
Bastrop Community Health Services
1106 College St.
Bastrop, TX 78602
Phone: 512-303-5539

CLINICS IN BURNET COUNTY

Community Action, Inc.
Burnet Community Health Services
1015 E. Polk Street
Burnet, TX 78611
Phone: 512-756-4535

CLINICS FOR CALDWELL COUNTY

Community Action, Inc.
Lockhart Community Health Services
1710 S. Colorado, Ste. 115
Lockhart, TX 78644
Phone: 512-398-3494

Community Health Centers of South Central Texas, Inc.
Luling Community Health Center
115 T Laurel Street
Phone: 830-672-6511

CLINICS FOR HAYS COUNTY

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

Community Action, Inc.
MLK Community Health Services
611 W. MLK Dr.
San Marcos, TX 78664
Phone: 512-392-5816

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

CLINICS FOR WILLIAMSON COUNTY

Lone Star Circle of Care
Granger Medical Clinic
950 W Davilla
Phone: 512-868-1124

Community Action, Inc.
Taylor Community Health Services
109 W. 3rd St.
Taylor, TX 76574
Phone: 512-352-7697

Community Action, Inc.
Cedar Park Community Health Services
350 Discovery Blvd., Ste. 102
Cedar Park, TX 78613
Phone: 512-248-3256

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

Community Action, Inc.
Round Rock Community Health Services
211 Commerce Cove, Ste. 105
Round Rock, TX 78664
Phone: 512-248-3256

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.

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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 "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.

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

4 ASDF 01-00004

TEXAS DEPARTMENT OF HUMAN SERVICES



MEDICAID IDENTIFICATION
IDENTIFICACION PARA MEDICAID

RETURN SERVICE REQUESTED

DO NOT SEND CLAIMS TO THE ABOVE ADDRESS

Date Run 04/24/2000	BIN 610098	BP 13	TP 13	Cat. 04	Case No. 123456789	GOOD THROUGH: VALIDA HASTA:	MAY 31, 2000
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952-X 123456789 13 13 04 000531
JANE DOE
743 GOLF IRONS
NORTHEAST PA 16428



**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						

FOR THE CLIENT: About Your Medicaid ID Form

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

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

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

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

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

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

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

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

QUESTIONS? Call 1-800-252-8263.

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

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

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

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

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

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

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

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

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

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

FOR THE PROVIDER/PARA EL PROVEEDOR

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

KEY TO TERMS THAT MAY APPEAR ON THIS FORM:

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

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

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

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

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

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

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

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

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

