

Dear Member:

Thank you for choosing Amerigroup Community Care as your health plan. We want to let you know of some updates to your member handbook. This insert tells you about these updates. Please keep this insert with your handbook so you have the most current information.

How Managed Care Works

Under **Amerigroup, Our Providers and You** — highlighted information added

You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted:

- Getting care from several doctors for the same problem
- Getting medical care more often than needed
- Using prescription medication in a way that may be dangerous to your health
- Allowing someone else other than yourself to use your plan ID card

Under **Your Amerigroup ID Card** – highlighted information added

You should keep your Medicaid benefit card. You will need the card to get services that Amerigroup does not cover. These services include outpatient chemical dependency benefits.

Amerigroup FQHCs – highlighted information added

In almost all cases, your doctors will be Amerigroup providers. In some cases, you can continue to see another doctor that you had before you joined Amerigroup, even if he or she does not work with our plan. You can continue to see your doctor if:

- You are more than three months pregnant when you join and you are getting prenatal care. In that case, you can keep your doctor until after your delivery through postpartum care.
- At the time you join, you have a life-threatening disease or condition that gets worse with time. In that case, you can ask to keep your doctor for up to 60 days from your date of enrollment with Amerigroup.

Under **How to Get Specialty Care and a Referral or a Script** – highlighted information added

If you are having trouble getting a referral you think you need, contact Member Services at 1-800-600-4441 (TTY: 1-800-855-2880).

Under **Mental Health/Chemical Dependence (Including Alcohol and Substance Abuse)** – highlighted information added

You may go for one mental health assessment without a referral in any 12-month period. You must use a plan provider, but you do not need a referral from your PCP.

Part 2 - Your Benefits and Plan Procedures

Under **Benefits** – highlighted information added

Medicaid managed care provides a number of services you get in addition to those you get with regular Medicaid. Amerigroup will provide or arrange for most services that you will need. You can get a few services without going through your PCP. These include emergency care; family planning/HIV testing and counseling; Tuberculosis (TB) testing and treatment, and specific self-referral services, including those you can get from within Amerigroup and some that you can choose to go to any Medicaid provider of the service. Please call our Member Services department at 1-800-600-4441 (TTY: 1-800-855-2880) if you have any questions or need help with any of the services below.

Under **Services Covered by Amerigroup** – highlighted information added

- Smoking cessation counseling; enrollees eligible for six sessions in a calendar year

Maternity Care

- Smoking cessation counseling for pregnant women (six sessions during pregnancy and six sessions during postpartum care in a calendar year)
- Doctors/midwife and hospital services
- Newborn nursery care

Personal Care/Home Attendant

- Must be medically needed and arranged by Amerigroup
- Provide some or total assistance with personal hygiene, dressing and feeding, and assist in preparing meals and housekeeping

How to Access Dental Services – highlighted information added

- Show your member ID card to access dental benefits. You will not receive a separate dental ID card. When you visit your dentist, you should show your plan ID card.
- You can also go to a dental clinic that is run by an academic dental center without a referral. For more information on how to find an academic dental center, please call Member Services at 1-800-600-4441.

Preventive Care — information added

- Smoking cessation counseling; enrollees eligible for six sessions in a calendar year

Pharmacy — New section

- Prescription drugs
- Over-the-counter medicines
- Insulin and diabetic supplies
- Smoking cessation agents, including OTC products
- Hearing aid batteries
- Enteral formula
- Emergency contraception (six per calendar year)
- Medical and surgical supplies

A pharmacy copayment may be required for some people, for some medications and pharmacy items. There are no copays for the following consumers and/or services:

- Consumers younger than 21 years old
- Consumers who are pregnant; pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends
- Consumers in a Comprehensive Medicaid Case Management (CMCM) or Service Coordination Program
- Consumers in an OMH or OPWDD Home and Community Based Services (HCBS) Waiver Program
- Consumers in a DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI)
- Family Planning drugs and supplies like birth control pills and condoms.
- Drugs to treat mental illness (psychotropic) and tuberculosis

Prescription Item	Copayment Amount	Copayment Details
Brand-name Prescription drugs	\$3.00/\$1.00	1 copay charge for each new prescription and each refill No copayment for drugs to treat mental illness (psychotropic) and tuberculosis.
Generic prescription drugs	\$1.00	
Over-the counter medications (e.g., for smoking cessation and diabetes)	\$0.50 per medication	

There is a copayment for each new prescription and each refill. If you are required to pay a copay, you are responsible for a maximum of \$200 per calendar year. If you transferred plans during the calendar year, keep your receipts as proof of your copayments. Or you may request proof of paid copayments from your pharmacy. You will need to give a copy to your new plan.

Certain medications may require that your doctor get prior authorization from us before writing your prescription. Your doctor can work with Amerigroup to make sure you get the medications that you need. Learn more about prior authorization later in this handbook.

You have a choice in where you fill your prescriptions. You can go to any pharmacy that participates with our plan or you can fill your prescriptions by using a mail order pharmacy. For more information on your options, please contact Member Services at 1-800-600-4441 (TTY: 1-800-855-2880).

The **Eye Care** section has been updated to include the following:
Members have the option to pay as private customers for nonstandard lenses not covered by us, and we can pay for the standard frames. Members can also pay as private customers for nonstandard frames not covered by us, and we can pay for the standard lenses. Members can also go to free clinics affiliated with the College of Optometry of the State University of New York without a referral or prior authorization from us.

The **Vision** section has been updated to include the following:

Members have the option to pay as private customers for nonstandard lenses not covered by us, and we can pay for the standard frames. Members can also pay as private customers for nonstandard frames not covered by us, and we can pay for the standard lenses. Members can also go to free clinics affiliated with the College of Optometry of the State University of New York without a referral or prior authorization from us.

The **Services Not Covered** section has been updated to include the following:

Permanent residency in a residential health care facility

Under **Specialty Care** — highlighted information added

Includes the services of other practitioners, including:

- Occupational, physical and speech therapists – limited to 20 visits per therapy per calendar year, except for children under age 21, or if you have been determined to be developmentally disabled by the Office for People with Developmental Disabilities or if you have a traumatic brain injury
- Audiologists
- Midwives
- Cardiac rehabilitation

Transportation (for Medicaid Managed Care except Putnam County) — New section

If you need emergency care, call 911.

LogistiCare manages nonemergency or routine trips to medically necessary medical appointments.

However, if you have a medical emergency and need emergency transportation, call 911.

- To schedule a routine ride to a medical appointment, call LogistiCare at least 48 hours ahead of time at:
 - Reservation line: 866-481-9488
 - Ride Assist: 866-481-9489

LogistiCare is available Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern time. They can also help you schedule a return ride after your appointment. Just call the reservation line number. To arrange a replacement ride if your scheduled ride is more than 15 minutes late, call the Ride Assist number. If you have a care manager, he or she can help you. If you require an attendant to go with you to your doctor's appointment or if your child is the member of the plan, transportation is also covered for the attendant, parent or guardian. If you have questions about transportation, please call Member Services at 1-800-600-4441 (TTY: 1-800-855-2880).

Under **Outpatient Chemical Dependency** –highlighted information added

You can go to any Medicaid provider or clinic that provides outpatient chemical dependency.

Under **Disenrollment and Transfers**

Members with HIV/AIDS can request a transfer from Amerigroup to an HIV Special Needs plan or another health plan at any time.

Remember, you have the first 90 days to change plans for any reason. In New York City or Putnam County, call New York Medicaid CHOICE at 1-800-505-5678 to change health plans. The New York Medicaid CHOICE counselors can help you change health plans or disenroll. You may be able to disenroll or transfer to another plan over the phone. If you have to be in managed care, you will have to choose another health plan.

It may take between two and six weeks to process the change, depending on when your request is received. You will get a notice that the change will take place by a certain date. Amerigroup will provide that care you need until then.

If You Become Ineligible for Medicaid Managed Care

Fair Hearings – Highlighted information changed

You can use one of the following ways to request a fair hearing:

- By phone, call toll free 1-800-342-3334
- By fax, 518-473-6735
- By Internet, www.otda.state.ny.us/oah/forms.asp
- By mail:
 - New York State Office of Temporary and Disability Assistance
 - Office of Administrative Hearings
 - Managed Care Hearing Unit
 - P.O. Box 22023
 - Albany, NY 12201-2023