Dear Member:

Welcome to Amerigroup Community Care. We’re happy you chose us to help you or your family get health care services as part of NJ FamilyCare.

The member handbook explains how Amerigroup works and how to help keep your family healthy. It tells you how to get health care or emergency care when you need it and gives you information about going to your primary care provider (PCP). Your PCP is the provider you will go to for most of your health care needs. Your handbook also tells you how to select a dentist and explains your extra Amerigroup benefits.

You may have received your Amerigroup member ID card and other information from us already. Your identification (ID) card will tell you when your Amerigroup benefits start and the name of your PCP. Please check your ID card as soon as you get it. If you haven’t gotten an ID card from us within one week of getting this packet, or if any information on the card is not correct and needs to be changed, please call us at 1-800-600-4441 (TTY 711). We’ll send you a new ID card right away.

We’re here to listen — we want to know what’s important to you so we can guide you to helpful benefits. Our Member Services staff are ready with tools and resources when you have questions or want help. Call us at 1-800-600-4441 (TTY 711) Monday through Friday, 8 a.m. to 6 p.m. Eastern time. We can help you select a PCP, answer questions about your benefits, replace your member ID card and more. After hours, call our 24-hour Nurse HelpLine. We have nurses available to answer your questions anytime, day or night. You can also search for plan providers and learn more about your benefits online at www.myamerigroup.com/NJ.

If you don’t speak English, we can help in many different languages and dialects. Communication is a vital part of health care, so we offer language interpretation services at no cost to you. Call Member Services at 1-800-600-4441 (TTY 711) for more information.

Thank you for being a part of Amerigroup.

Sincerely,

John Koehn
President
Amerigroup Community Care
HOW CAN WE HELP YOU?
We’re here to help you and your family get the right care close to home. We’ll be sending you bulletins and newsletters during the year to keep you informed of many health topics. You’ll find information on things we do to help you get quality care and service. Every year, we’ll post a member bulletin online with the results of our member satisfaction survey and information about our quality improvement program along with some of the plans we have for making changes. View the member bulletin on our website at www.myamerigroup.com/NJ. If you want more information on our quality improvement program, please call us.

AMERITIPS: HEALTH TIPS THAT MAKE HEALTH HAPPEN
We have answers ready when you have questions. Our Ameritips health tips are easy-to-follow ideas and suggestions to help you manage your health.

YOU NEED TO GO TO YOUR PRIMARY CARE PROVIDER NOW!

WHEN IS IT TIME FOR A WELLNESS VISIT?
All Amerigroup Community Care members should have regular wellness visits. This way, your primary care provider (PCP) can determine if you have a health problem that requires medical treatment or follow-up. When you become an Amerigroup member, call your PCP and make the first appointment for you and your child before the end of 90 calendar days after you enroll. You should also schedule a dental checkup soon after you become a member. Your child should have a dental checkup before age one or soon after the eruption of his or her first tooth.

WELLNESS CARE FOR CHILDREN
Children need more wellness visits than adults. Your child should get wellness visits at the ages listed below.

- Newborn
- Under 6 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months

After age 2, your children should keep going to your PCP every year through age 20 for well-child visits.

WHAT IF I BECOME PREGNANT?
If you think you’re pregnant, call your PCP or OB/GYN provider right away. This can help you have a healthy baby and stay healthy yourself.

If you have any questions or need help making an appointment with your PCP or OB/GYN, please call Amerigroup Member Services at 1-800-600-4441 (TTY 711).

IMPORTANT!
Keep your health care benefits. Renew your eligibility for NJ FamilyCare benefits on time. See “Renew Your Eligibility for Your Medicaid, SSI or NJ FamilyCare Benefits on Time” for more details.
WHEN CAN I EXPECT TO GET AN APPOINTMENT?
You should get an appointment for these types of care in these time frames:

<table>
<thead>
<tr>
<th>TYPE OF CARE</th>
<th>AVAILABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency services</td>
<td>Right away</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Within 24 hours</td>
</tr>
<tr>
<td>Acute care</td>
<td>Within 72 hours</td>
</tr>
<tr>
<td>Routine care</td>
<td>Within 28 days</td>
</tr>
<tr>
<td>Specialist referrals</td>
<td>Within four weeks based on the condition</td>
</tr>
<tr>
<td>Urgent specialty care</td>
<td>Within 24 hours of referral</td>
</tr>
<tr>
<td>Adult physicals for new members</td>
<td>Within 180 days of enrollment</td>
</tr>
<tr>
<td>Child physicals for new members and new adult DDD clients</td>
<td>Within 90 days of enrollment</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>Pregnant members should be seen within these time frames:</td>
</tr>
<tr>
<td></td>
<td>• Three weeks of a positive pregnancy test (home or lab)</td>
</tr>
<tr>
<td></td>
<td>• Three days of being called “high-risk”</td>
</tr>
<tr>
<td></td>
<td>• Seven days of request in first and second trimester</td>
</tr>
<tr>
<td></td>
<td>• Three days of first request in third trimester</td>
</tr>
<tr>
<td>Routine physicals</td>
<td>Within four weeks for routine physicals needed for school, camp, work or any other reasons</td>
</tr>
<tr>
<td>Lab and radiology services</td>
<td>• Three weeks for routine care</td>
</tr>
<tr>
<td></td>
<td>• 48 hours for urgent care</td>
</tr>
<tr>
<td>First child appointments</td>
<td>Within three months of enrollment</td>
</tr>
<tr>
<td>Dental appointments</td>
<td>• Emergency care no later than 48 hours</td>
</tr>
<tr>
<td></td>
<td>• Urgent care within three days of referral</td>
</tr>
<tr>
<td></td>
<td>• Routine care within 30 days of referral</td>
</tr>
<tr>
<td>Behavioral health appointments</td>
<td>• Emergency care right away</td>
</tr>
<tr>
<td></td>
<td>• Urgent care within 24 hours of request</td>
</tr>
<tr>
<td></td>
<td>• Routine care within 10 days of request</td>
</tr>
</tbody>
</table>
Welcome to Amerigroup Community Care! You’ll get most of your health care services covered through Amerigroup and some covered through NJ FamilyCare. This member handbook will tell you how to use Amerigroup and NJ FamilyCare to get the health care you need.

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FREQUENTLY ASKED QUESTIONS

We want you to be able to easily find information that best helps you use your Amerigroup benefits and services. We speak to thousands of members every day, and we often hear the same questions from them. We want you to benefit from those frequently asked questions, so we put together the most often asked questions (and our answers) for you:

Q: Do I have dental benefits? Who is my dentist?
A: All Amerigroup members have comprehensive dental benefits. The phone number for information about your dental benefits will be shown on your ID card. We contract with LIBERTY Dental to manage your dental benefits. Please call LIBERTY toll free at 1-833-276-0848 (TTY 711) to ask for a list of dentists in your area. Or browse our dental provider directory at www.myamerigroup.com/NJ. Choose Find a Dentist.

The NJ Smiles program is for children through 6 years of age. For more information about NJ Smiles or to browse the pediatric dental directory, visit www.myamerigroup.com/NJ. Or call Member Services at 1-800-600-4441 (TTY 711).

Q: Do I have routine vision benefits? Who is my eye care provider?
A: Your routine vision benefits will be shown on your ID card. We contract with Superior Vision to manage your routine vision benefits. Please call Superior Vision at 1-800-879-6901 (TTY 1-800-735-2258) to ask for a list of providers in your area.

Q: What do I do if I need a ride to my provider appointment?
A: Rides to your providers are nonemergency transportation (transit). This is covered by the State if you’re eligible. Eligible members should call LogistiCare Medical Transportation at 1-866-527-9933 (TTY 1-866-288-3133). Transit appointments must be scheduled at least three days in advance. Please have this information when calling to schedule your transportation:

- Name of your medical provider
- Your address
- Your phone number
- Time of appointment
- Type of transit needed (e.g., regular car, wheelchair-accessible van)
- Whether there are any stairs at your pick-up location

Q: I’m an MLTSS member and I need a ride to the grocery store. Is that covered?
A: Nonmedical transport is a covered benefit for members who qualify for Managed Long Term Services and Supports (MLTSS). Call your Amerigroup Care Manager if you’re an MLTSS member and need to schedule a ride somewhere, like religious services, the grocery store, or for some other errand. Your Care Manager can tell you if this is covered for you and if it should be part of your plan of care.

Q: How do I change my PCP?
A: Please call us at 1-800-600-4441 (TTY 711), Monday-Friday, 8 a.m. to 6 p.m. We can help you choose a new PCP. You’ll get a new member ID card with the updated information. If you need to visit the PCP before you get the new card, let us know, and we will help you.
Q: How do I give Amerigroup my new address and phone number?
A: Tell your County Welfare Agency (CWA) (see the section “County Welfare Agencies”). If you’re a NJ FamilyCare member, call the Health Benefits Coordinator at 1-800-701-0710 (TTY 1-800-701-0720). Please give them your current address and phone number so we can contact you when necessary. This is very important.

Q: How will Amerigroup get in touch with me about care issues?
A: At Amerigroup, sometimes we must contact you with important information about your care. This often requires us to reach out to you with a phone call. If you would prefer to be contacted about your care by email or text for these important issues, please call Member Services at 1-800-600-4441 (TTY 711), Monday to Friday, 8 a.m. to 6 p.m. Eastern time. You can also call Member Services if you change your mind and want us to contact you by phone again.

Q: How will Amerigroup get in touch with me for feedback and noncare purposes?
A: At Amerigroup, we want you to be informed about all of our services and sometimes get feedback from you about those services. If you do not want us to call you about marketing and feedback, you can let us know by calling us at 1-844-203-3796. This is our Do Not Call line. We will, however, continue to send you updates by mail. You can call Member Services at 1-800-600-4441 (TTY 711), Monday to Friday, 8 a.m. to 6 p.m. Eastern time if you change your mind and want us to contact you by phone again for marketing and feedback.

Q: How do I find out if Amerigroup pays for my drugs? What do I do if they aren’t covered?
A: The pharmacy you go to will tell you if a drug will be paid for (covered) or not. If a drug won’t be covered, it might be because it needs preapproval. This means that the provider who prescribed the drug will have to call Amerigroup first to request it for you. You or your pharmacist can call your provider to ask for a preapproval or change the medicine to a similar one that is covered.

Q: What is an Amerigroup Care Manager, and what do they do for me?
A: Care Managers are nurses and social workers who help members coordinate medical services, give information about more supportive services, and educate about medical conditions and preventive measures. Care Managers can help with finding specialists, scheduling appointments, and making sure members get medical equipment and supportive services to live at home or in the community.

Q: What can I do for help after my provider’s office is closed?
A: Your provider will have an on-call service. Call your provider’s office to talk to someone from their on-call service. Or call our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711).

Q: How do I get another member handbook?
A: Please call our Member Services department at 1-800-600-4441 (TTY 711).

Q: How do I get an Amerigroup member ID card?
A: All members get a member ID card from us when they first enroll. If you need a new one, call Member Services at 1-800-600-4441 (TTY 711).
Q: How do I use the free glucometer program through Amerigroup?
A: Your provider can call Trividia at 1-866-788-9618 and ask for the True Test glucometer and starter supply kit.

Q: What are the common phone numbers I should have on hand?
- Amerigroup Member Services: 1-800-600-4441 (TTY 711)
- Amerigroup 24-hour Nurse HelpLine: 1-800-600-4441 (TTY 711)
- LIBERTY (dental): 1-833-276-0848 (TTY 711)
- Superior Vision (vision): 1-800-879-6901 (TTY 1-800-735-2258)
- NJ FamilyCare: 1-800-701-0710 (TTY 1-800-701-0720)

Q: What should I do if I get a bill from my provider’s office?
A: If you get a bill from a provider, please call Member Services at 1-800-600-4441 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. A representative can let you know what to do.

WELCOME TO AMERIGROUP COMMUNITY CARE

Information about your new health plan
Welcome to Amerigroup New Jersey, Inc., doing business as Amerigroup Community Care. Amerigroup is a New Jersey health maintenance organization (HMO) committed to helping you get the care you need when you need it. In Amerigroup, you and your primary care provider (PCP) work together to help keep you healthy and care for you. Amerigroup gives you many ways to get quality health care.

Our members include these groups:
- Aid to Families with Dependent Children (AFDC)/Temporary Assistance for Needy Families (TANF)
- Foster care children getting title IV-E foster care payments or with title IV-E adoption assistance agreements
- AFDC/TANF-Related, New Jersey Care — Special Medicaid program for pregnant women and children, along with restricted alien pregnant women
- SSI-Aged, Blind, Disabled
- 1619(b) — Disabled individuals who make too much to get SSI cash
- Breast and cervical cancer — Uninsured low-income women under the age of 65 who have been screened at a NJ cancer education and early detection site and need treatment; no Medicaid resource limit; Medicaid income limit of 250-percent Federal Poverty Level (FPL)
- New Jersey Care — Special Medicaid programs for Aged, Blind, and Disabled
- New Jersey Care — Special Medicaid programs for poverty level pregnant women; poverty level infants; poverty level children age 1-5; poverty level infants and children getting inpatient services who lose eligibility because of age must be covered through an inpatient stay
- Special Home- and Community-Based Services Group — Individuals who would be eligible in an institution but they live in the community and get services through MLTSS
- Chafee Kids
- Kids and teenagers under 18 who meet the eligibility rules except for income and resources
- Pregnant women who would be eligible except for income and resources — §1902(a)(10)(C)(ii)(II)
• Pregnant women who lose eligibility get 60 days of benefits for pregnancy-related and postpartum services — §1902(a)(10)(C) §1905(e)(5)
• Division of Developmental Disabilities Clients along with the Division of Developmental Disabilities Community Care Waiver (CCW) (acute care services only; CCW services are covered by FFS)
• Medicaid only or SSI-related Aged, Blind, and Disabled
• Uninsured parents/caretakers and childless adults with income up to and including 133 percent FPL
• Children covered under NJ FamilyCare, along with restricted alien children
• Children in DCP&P/DCF custody residing in resource families or home treatment centers who live in county 0-21, and individuals under the New Jersey Chafee Plan
• Members in the Provider Lock-in or hospice programs
• Members enrolled in the Managed Long Term Services and Supports (MLTSS) program

How to get help
Amerigroup is here to help you. We want you to be happy with the care you get. If you have any questions, need help or want to find out what services are available, call us at 1-800-600-4441 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern time. When you call, you can use our automated self-service features, speak with a Member Services representative or get in touch with a nurse on our 24-hour Nurse HelpLine. We can also help you if you need help in another language. Ask for an interpreter to speak to someone in your language. We provide 24-hour access to interpretation services at no cost to you. We want to make sure you can speak freely about your health care. We can also provide an interpreter for your provider and dentist appointments at no cost to you. Please let us know at least 24 hours before your appointment if you need an interpreter. We’ll also try to help you find a provider or dentist who speaks your language.

If you have questions about an approval or request for services, call Member Services at 1-800-600-4441 (TTY 711).

Automated self-service features
You can use these services with our automated line 24 hours a day, 7 days a week:
• Choose or find a primary care provider (PCP) in the Amerigroup plan
• Change your PCP
• Ask for an ID card
• Update your address or phone number
• Ask for a member handbook or provider directory

Member Services department
Amerigroup Member Services is only a phone call away. Call us at 1-800-600-4441 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern time. We can help answer questions about:
• Your benefits
• This member handbook
• Getting and replacing your member ID cards
• Getting services
• Provider appointments
• Transportation
• Special needs
• Choosing your PCP
• Choosing a dentist
• Changing your PCP
• Out-of-town care/out-of-state care
• Urgent care
• Finding an AmeriGroup network pharmacy
• Healthy living
• Health education classes
• Approval for providers who aren’t in our plan or are out-of-state, if needed
• NJ Smiles, a dental program for children through 6 years of age. For more information about the program, see the section “Information about NJ Smiles” on page 15.
• How medical information about you may be used and released and how you can get this information (Ask us for a copy of our Notice of Privacy Practices.)

If you move, please give your new address and phone number to the State or your county Medicaid office. Call the Medicaid Hotline at 1-800-356-1561 (TTY 1-877-294-4356). If you’re an AFDC/TANF member with Medicaid, call your County Medicaid office (see the chart “County Welfare Agencies” for a list of phone numbers). NJ FamilyCare members should call the State’s Health Benefits Coordinator at 1-800-701-0710 (TTY 1-800-701-0720). Supplemental Security Income (SSI) members should call the Social Security Administration at 1-800-772-1213.

24-hour Nurse HelpLine
Through our 24-hour Nurse HelpLine, nurses are available to answer your questions anytime, day or night. Call 1-800-600-4441 (TTY 711). Our nurses can help you know:
• How soon you need to get care when you’re sick
• What kind of care you need
• What you can do to care for yourself until you see a provider
• How you can get the care you need

Important phone numbers
• For dental care, call LIBERTY at 1-833-276-0848 (TTY 711)
• For vision care, call Superior Vision at 1-800-879-6901 (TTY 1-800-735-2258)
• For NJ FamilyCare, call 1-800-701-0710 (TTY 1-800-701-0720)
  – NJ FamilyCare members who are not clients of the Division of Developmental Disabilities (DDD) or in the Managed Long Term Services and Supports (MLTSS) program should call their local Medical Assistance Customer Center (MACC) office for referrals to mental health services and for mental health appointments. If you’re not sure where your MACC office is, call Member Services at 1-800-600-4441 (TTY 711) for help. Non-MLTSS members who need substance use disorder (SUD) treatment should call the NJ Addiction Services Hotline at 1-844-276-2777.
• For behavioral health care for any mental health care concern, call 1-800-600-4441 (TTY 711)
• For substance use disorder services for use of illegal drugs, call 1-844-276-2777 or 1-844-REACHNJ (732-2465)
¿Qué hago si no hablo inglés? (What if I do not speak English?)
Si no habla inglés, llame a Servicios para Miembros al 1-800-600-4441 (TTY 711) de lunes a viernes, de 8 a.m. a 6 p.m. Nuestro personal de Servicios para Miembros habla diferentes idiomas.

Nuestro departamento tratará de encontrarle un médico que hable su idioma o le ayudará á comunicarse con su proveedor. Es muy importante que usted hable con su médico y entienda lo que le dice.

For members who don’t speak English, we can help in many different languages and dialects. This service is also available for provider visits at no cost to you. Please let us know if you need an interpreter to help you at least 24 hours before your appointment. We’ll also try to help you find a provider who speaks your language. Call Member Services at 1-800-600-4441 for more information.

For members who are deaf or hard of hearing, call 711. Amerigroup will set up and pay for you to have a sign language interpreter help you during your medical visits. Please let us know if you need an interpreter at least 24 hours before your appointment.

Your Amerigroup member handbook
This member handbook tells you about your Amerigroup health plan and benefits. It also tells you about benefits available through the State’s NJ FamilyCare program. If you have questions about the handbook or your benefits, call Member Services at 1-800-600-4441 (TTY 711) or write to us at:

Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

We can help you in many languages. If you’re deaf or hard of hearing, call 711. You can also get this handbook in other languages, large print, on audio tape or in Braille from Member Services. Call us at 1-800-600-4441 (TTY 711).

Members in the Managed Long Term Services and Supports (MLTSS) program can find out more about their MLTSS benefits in the Managed Long Term Services and Supports Companion Guide. This guide is sent to new MLTSS members when they first join MLTSS. If you’re a MLTSS member and you didn’t get this extra guide, please let your Care Manager know. He or she can get you a new one.

Your Amerigroup identification card
If you don’t have your Amerigroup ID card yet, you’ll get it in the mail soon. Please carry it with you at all times. Show it to any primary care provider (PCP), dentist, hospital or other provider you visit. The card shows you’re an Amerigroup member. You don’t have to show your ID card before you get emergency care.
Your ID card has the name and phone number of your PCP on it. Your effective enrollment date, or the date you became an Amerigroup member, is also shown. The ID card tells your PCP that he or she shouldn’t ask you to pay for your Amerigroup covered services. Covered services are services we’ll pay for. The only members who may have a copay for certain services are some NJ FamilyCare C and D members or nursing home members who may have patient payment liability.

Members with AFDC/TANF and ABD-related groups still have a Medicaid card for the services Amerigroup doesn’t cover. Don’t throw it away. Carry it with you in case you need those services. NJ FamilyCare members get an ID card from the New Jersey Division of Medical Assistance and Health Services (DMAHS). This card is for services covered by DMAHS that aren’t covered by Amerigroup. Below is an example of what your Amerigroup member ID card looks like.

If you have Medicare benefits, you’ll also have separate Medicare ID cards. Members who have Medicare benefits get a card from the Centers for Medicare & Medicaid Services (CMS). This card is often referred to as the red, white and blue card. If you have Original Medicare, you’ll use this card for your benefits. If you have Medicare benefits through a health plan, often you’ll use the ID card from your health plan. So if you have Medicare benefits through Amerigroup, we’ll send you an ID card. Keep your CMS card in a safe place and use the ID card we send you to get your benefits.

**Enrollment in Amerigroup**

Enrolling (or joining) takes 30 to 45 days. This is from the time you apply to the date you start getting Amerigroup benefits. During this time, you’ll continue to get benefits through NJ FamilyCare fee-for-service or the health plan in which you are enrolled. If your enrollment date changes during this time, we’ll tell you. The New Jersey Division of Medical Assistance and Health Services (DMAHS) must approve your enrollment in Amerigroup. If you’re a Medicaid member or an NJ FamilyCare A or ABP member who is unhappy with a State agency decision, and think there isn’t a good cause for disenrollment (or leaving), you can ask for and get a State Fair Hearing.
When you enroll in Amerigroup, there is a 12-month enrollment period for all NJ FamilyCare members. You can disenroll and choose another health plan for any reason during the first 90 days after your enrollment date or the date we tell you you’re enrolled, whichever is later. After this 90-day period, if you stay in Amerigroup, you’ll be a member for the rest of the 12 months. This is known as the lock-in period. During the lock-in period, you can disenroll only for certain reasons. (See the section “How to disenroll from Amerigroup for AFDC/TANF or ABD and related groups” for more about disenrollment.) You may also change health plans at any time if you have a good reason.

The Annual Open Enrollment Period runs from October 1 through November 15 each year. After every 12-month period, you’ll stay enrolled with Amerigroup as long as you’re still eligible for NJ FamilyCare, unless you choose a new health plan during open enrollment.

Amerigroup won’t deny someone’s enrollment with a SSI disability or a New Jersey Care Disability category who lives outside the service area. However, members with disabilities must see a provider in our plan.

Information about NJ FamilyCare
NJ FamilyCare is a program for adults and children who meet certain State rules. There are five different plans: A, B, C, ABP and D — as well as traditional Fee-for-Service (FFS). The plan you’re eligible for is based on your total family income and household size. If you have questions about NJ FamilyCare enrollment, call NJ FamilyCare at 1-800-701-0710 (TTY 1-800-701-0720). You must be enrolled in a health plan that has a contract with the Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) to get services and benefits as a NJ FamilyCare member. DMAHS approves your enrollment in NJ FamilyCare.

GOING TO THE PROVIDER

Choosing your primary care provider
We respect your choices when making plans for care. This includes choosing your primary care provider (PCP). Our plan providers include a choice of at least two PCPs within six miles of your home if you live in Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset or Union counties. If you live in Cape May, Hunterdon, Sussex or Warren, we offer at least two PCPs within 15 miles of your home.

All Amerigroup members must have a PCP. We give you the option to choose your PCP — and each family member can have a different PCP, or you can choose one to take care of the whole family. Your relationship with your PCP is an important part of your Amerigroup plan. He/she will give all the basic health services you need. Your PCP can also send you to other specialists, hospitals and facilities for special care.

You must choose your PCP from the Amerigroup plan of providers. If you don’t choose one within your county, Amerigroup will choose a PCP for you within 10 days of enrollment. Your Amerigroup ID card has the name and phone number of your PCP. If you want a different provider or need help choosing one, please call Member Services at 1-800-600-4441 (TTY 711). Our representatives can help you pick a PCP or set up your first PCP visit.
We’ll try to call you within one month of joining Amerigroup. We’ll help you set up an appointment to get to know your PCP. It’s important you call and have a checkup with your new provider or dentist soon after you join. Your PCP and his/her office staff will help you find out more about your health. If you need help, don’t have a phone or changed your phone number recently, call Member Services. Or write to us at 101 Wood Ave. S., 8th Floor, Iselin, NJ 08830. Call your PCP yourself using his/her phone number printed on your Amerigroup ID card.

With benefits like physical exams, well-woman exams and well-child care, you don’t have to wait until you’re sick to see your PCP. You should also get a baseline medical and dental checkup with your new PCP. After you enroll, call to set up a visit within 90 days for children under age 21 and adult DDD members. Set up a visit within 180 days for all other adults age 21 and older.

Your PCP coordinates your care and helps you make decisions about your health. Your PCP’s staff may include nurse practitioners, physician assistants, registered nurses and licensed practical nurses hired by your PCP to help meet your needs.

How to get a list of Amerigroup providers
Names of providers in the Amerigroup plan are listed in our provider directory. To ask for a copy, call Member Services at 1-800-600-4441 (TTY 711). Browse our provider directory at www.myamerigroup.com/NJ. Choose Find a Doctor. Call LIBERTY toll free at 1-833-276-0848 (TTY 711) to ask for a list of dentists in your area. Or you can browse our dental provider directory at www.myamerigroup.com/NJ. For a list of NJ Smiles dentists that treat children through age 6, visit us online or call Member Services at 1-800-600-4441 (TTY 711).

Amerigroup providers need to know your health history after you enroll
When the State’s Health Benefits Coordinator (HBC) helped you choose Amerigroup, you signed a medical release form. Signing this form allows the release of your medical records. You also told the HBC if you’re currently seeing any providers for care. Your Amerigroup plan provider will have to ask your past provider(s) to send your medical records. Having those past medical records helps your PCP give you the care you need.

The HBC also asked you questions about your health on the Plan Selection Form. This form was sent to Amerigroup. Your signature or the signature of a person you chose allows the release of your medical records. When you first join, we ask you to take a short, private health needs survey so we can understand what kind of programs will help you. Then, we can connect you with support that makes sense for you. You may say that you have a sickness that might need care right away. If so, an Amerigroup Care Manager or special needs coordinator will help you.

Second opinions
You can ask your primary care provider (PCP) to send you to another Amerigroup plan provider for a second opinion. You can see a specialist for these reasons:
• If you have a serious medical problem
• If you chose to have an elective surgery
• When a provider recommends a treatment you don’t think you need
• If you believe you have a condition the provider didn’t find or treat

Your PCP will make this appointment for you. He or she will also make sure all of your records are shared with that provider with your approval. Please follow up with your PCP after you have your second opinion visit. You and your PCP can talk about what to do next.

You can also ask for a second opinion for dental care. You may refer yourself for an appointment if the dentist participates with LIBERTY. Please call LIBERTY toll free at 1-833-276-0848 (TTY 711) to ask for a list of dentists in your area. Or browse our dental provider directory at www.myamerigroup.com/NJ. Choose Find a Dentist. For a list of NJ Smiles dentists who treat children through age 6, visit us online or call Member Services at 1-800-600-4441 (TTY 711).

We may not have another provider in our plan who knows about your problem. If this happens, your PCP or PCD will work with Amerigroup to find another provider for you. We’ll still pay for this visit for services we cover. There may be times when we ask you to get a second opinion. We’ll set up your appointment and pay for the visit.

Changing primary care providers or dentists
If you want to change your primary care provider (PCP) or dentist, you may pick another one in the Amerigroup plan of providers or LIBERTY Dental network. You may want to change PCPs or dentists for these reasons:
• You just joined Amerigroup and need to pick a PCP or dentist.
• You want a male or a female PCP or dentist.
• You want a PCP or dentist who speaks your language.
• You’re unhappy with your PCP or dentist or his or her staff.
• Your PCP is not an Amerigroup plan provider anymore. Your dentist is not a LIBERTY Dental plan provider anymore.
• You want a children’s dentist (pediatric dentist).

Names of providers and dentists in the Amerigroup plan of providers are listed in our provider directory. Call Member Services at 1-800-600-4441 (TTY 711) to ask for a copy of the provider directory. Or browse it online at www.myamerigroup.com/NJ. If you need help choosing a new PCP or dentist, our Member Services team can help you. If you choose another PCP or dentist, the change will take place the next day.

If you want to change your dentist, call LIBERTY Member Services at 1-833-276-0848 (TTY 711), Monday through Friday, 8 a.m. to 8 p.m. Eastern time. Names of dentists in the LIBERTY network are listed at www.libertydentalplan.com. If you want a listing of NJ FamilyCare dentists who treat children, go to www.insurekidsnow.gov.

You may not be able to change your PCP or dentist for these reasons:
• The provider isn’t an Amerigroup plan provider.
• The provider isn’t taking new patients at the time.

**If your primary care provider or dentist asks you to change to a new primary care provider or dentist**

It’s important for you to have a good relationship with your PCP so he/she can help you get the care you need. Your PCP or dentist may ask us to switch providers if you do these things:

• You or a family member hurts a PCP or other provider.
• You or a family member uses bad language to a provider.
• You or a family member damages an office.
• You miss appointments over and over again.
• You often don’t follow your provider’s advice.

We ask our PCPs and dentists to tell us if our members are doing things that might cause them to ask to have a member changed to another provider. If your PCP or dentist talks to us about you, we’ll let you know what you’re doing that might cause you to have to change providers. If your PCP or dentist decides that you need to change providers, he or she will send Amerigroup a letter. This letter will tell Amerigroup why you need to change providers. We’ll also call you to help you pick a new provider. If you don’t choose a new provider, we’ll pick one for you. You will get a new ID card with the new PCP’s or dentist’s name and phone number on it.

**Getting to your provider — transportation services**

Amerigroup covers ground and air transportation for members in **cases of emergency only**. Members get all other transit services through fee-for-service (except MLTSS members, who get nonmedical transportation through Amerigroup).

If you’re an MLTSS member and need a ride to religious services, shopping, or elsewhere, call your Care Manager. Trouble getting to a provider should never stand between you and your health. We offer transportation assistance to help you get to your provider visits, working with your Care Manager to figure out when you need it. To find out more about getting a ride to your nonemergency medical provider visits, call LogistiCare at 1-866-527-9933 (TTY 1-866-288-3133). If you have any problems with the service you receive, you can call the LogistiCare Complaint Hotline at 1-866-333-1735.

If you need emergency care and have no way to get to the hospital, call 911 for an ambulance.

**Canceling an appointment**

If you have to cancel an appointment, call your provider’s office. Try to call at least 24 hours before your visit. If you want us to cancel it, call Member Services at 1-800-600-4441 (TTY 711).

**After-hours care**

You never know when you’ll need care. Amerigroup providers have an after-hours service to call for help. If you call your PCP when the office is closed, leave a message with your name and a phone number to reach you. Your PCP should call you back:

• The same day if you aren’t sick
• Within 30-45 minutes if you’re sick and it’s not an emergency
• Within 15 minutes for crises/emergencies
If you aren’t able to reach your PCP, call our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711) anytime, day or night.

**Specialists**

Your primary care provider (PCP) can take care of many of your needs, but you may need care from another type of provider. Your PCP can refer you to specialists for special care. You can also ask your PCP about going to a specialist. Specialists are doctors, such as surgeons, OB/GYNs or podiatrists, who focus on certain illnesses or parts of the body. A specialist will treat you and tell your PCP about your medical issue.

Amerigroup works with many types of doctors and other health care providers, along with specialists. Your PCP will refer you to the provider you need to see. Your PCP will tell you the provider’s name, address and phone number.

If your PCP refers you to another provider, it’s crucial you see that provider. Tell your PCP or Member Services if you think you might not go to the other provider because getting there is too hard. Amerigroup can help you get to the provider’s office to get the care you need. If you don’t see the provider you were referred to, you could get sicker.

Amerigroup recommends you get a referral from your PCP to see a specialist and get most other services. A referral is the approval from your PCP to see another provider who specializes in treating certain illnesses. These other services may include:

- Care from another doctor, for example, a specialist
- Chiropractic services
- Podiatry
- Hospital care, except in emergencies or emergency admissions

You may have an illness for which you may need to see a specialist for a long time. Such illnesses include cancer, HIV or sickle cell. If you have one of these illnesses, your PCP may give you or you may ask for a referral to let you keep going to the specialist for a longer time. You’ll be able to keep going to him or her without having to go back to your PCP. This is called a standing referral. The standing referral will say how long you can keep going to the specialist until your PCP has to give you another referral. Call Member Services at 1-800-600-4441 (TTY 711) to talk to a Care Manager.

Sometimes a specialist can be your PCP. This may happen when you have a special health care need that is being taken care of mostly by a specialist or specialty care center. If one of our Care Managers has already talked with you about your special needs, he or she can help you make this change if it is best for your care and the specialist agrees. You can also ask that a specialist be your PCP. If you have special needs and you have not talked with one of our Care Managers yet, call Member Services.

Referrals make sure your PCP knows about all the care you get. They also help your PCP get you the care you need. Your PCP will refer you to a specialist in the Amerigroup plan. Referrals also help to make sure you don’t get a bill for the visit unless you’re a NJ FamilyCare member with a copay. For
some services, you don’t need a referral from your PCP — you can self-refer. See the section “Services Provided Under Fee-For-Service for NJ FamilyCare Members” for a list of these services. For some services, a preapproval may be needed. Your PCP will coordinate this for you with Amerigroup. If you have questions about an approval, a request for services or a utilization management question, call Member Services.

If you want to see a provider who isn’t in the Amerigroup plan
For all covered nonemergency services, you must see your Amerigroup PCP or another plan provider. Your PCP may also refer you to a provider outside of Amerigroup if a plan provider isn’t available to meet your needs. Your PCP must get approval from Amerigroup to do this beforehand.

If you want to see a provider who isn’t in your plan, and your Amerigroup PCP hasn’t referred you, you must call us first for approval. Amerigroup will look at your health care needs to see if he or she would be the right provider for you.

Choosing a dentist
Like the relationship with your primary care provider (PCP), the one with your primary care dentist (PCD) is important, too. Your PCD takes care of all your general dental needs. This includes checkups, cleanings, and routine fillings and extractions. Having healthy teeth is a key part of staying healthy overall, so we cover a dental cleaning, fluoride treatment and exam every six months. Have a checkup with a dentist soon after you enroll, especially if it’s been more than six months since you saw a dentist. To make an appointment, call your PCD. If you have special dental needs, your PCD can refer you to a dental specialist. You may refer yourself to a dental specialist in the LIBERTY plan if needed. A referral from your PCD is not required.

Your dental benefits are provided through LIBERTY Dental. You can choose a PCD from the LIBERTY network. A list of network dentists can be found in the LIBERTY online directory at www.libertydentalplan.com, along with dentists that treat children through age 6. If you need help choosing a dentist, making an appointment or using the online directory, call LIBERTY at 1-833-276-0848 (TTY 711).

Sometimes, you may need dental care that includes medical services. In these cases, services given by a dentist will be considered dental. Services most often taken care of by a medical provider will be considered medical. There may be times when the type of dental care you need is major or life threatening, such as treatment of jaw fractures or removal of tumors. You could have a condition, like heart disease, that requires you get certain dental care in a hospital setting. If so, Amerigroup will decide which services are medical.

If a change in enrollment occurs, we’ll cover approved dental services with a preapproval. New enrollees must get a new preapproval even if your treatment plan hasn’t started. This preapproval shall be honored for at least six months or until it expires (whichever time period is longer). If the preapproval has expired, ask your PCP for a new one. See the section “Amerigroup Covered Services for Medicaid and NJ FamilyCare Members” to learn more about your dental benefits.
Information about NJ Smiles
Our network includes PCPs skilled in screening children through 6 years old. NJ Smiles services are provided by a trained PCP or PCP medical staff (MD, DO, nurse practitioner or physician assistant) who refers the child to a dental home. Dental screening by a PCP includes monitoring of tooth eruption, occlusion pattern, presence of caries, oral infection, and referral to a PCD for a full exam and treatment. NJ Smiles dentists provide dental risk assessments, fluoride varnish application, and a referral to a PCD for a full exam and treatment. For more information about NJ Smiles or for help finding a trained PCP, visit www.myamerigroup.com/NJ/Pages/find-a-doctor.aspx and choose NJ Smiles Provider Directory. You can also call Member Services at 1-800-600-4441 (TTY 711).

Disability access to Amerigroup plan providers and hospitals
All Amerigroup plan providers 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 provider’s office knows before you get there. The staff will be ready to help you when you get there. If you want help in talking to your PCP about your disability needs, call Member Services at 1-800-600-4441 (TTY 711). We’ll have a Care Manager get in touch with you to make sure you get the care you need.

Amerigroup can also help you if you have trouble hearing. We’ll set up and pay for you to have a sign language interpreter help you during your provider visits. To use a TTY relay service, call 711.

PREMIUMS FOR NJ FAMILYCARE D MEMBERS AND COPAYMENTS FOR NJ FAMILYCARE C AND D MEMBERS

Premiums for NJ FamilyCare D members
A premium is a monthly payment you pay to get health care benefits. Most NJ FamilyCare D members make these payments. The State’s Health Benefits Coordinator (HBC) tells you if you have to pay. Eskimos and Native American Indians under 19 don’t have to make monthly payments.

This payment will go toward your family cost-share that’s decided once a year. Your family cost-share is based on your total family income. **If you have a monthly payment and don’t pay it, you’ll be disenrolled by the State.**

Copayments for NJ FamilyCare C and D members
A copayment (or copay) is the amount you need to pay for a covered service. Only certain NJ FamilyCare C and D members have copays. The amount of the copay is printed on your ID card. Eskimos and Native American Indians under the age of 19 don’t have copays.

After you have passed the limit of your family cost-share, you won’t have to pay a copay when you get more services. You’ll also get a new member ID card from Amerigroup after your family cost-share is met. Your family cost-share with your copay shouldn’t be more than five percent of your total family income. Always ask for a receipt when you pay a copay. Keep track of what you spend on copays as well as your premiums. Once you pass your 5-percent cost-share amount, call the HBC at 1-800-701-0710 (TTY 1-800-701-0720) for help.
Members who are in a nursing home may have patient pay liability. The nursing home will explain how patient pay liability works, or if you are a nursing home member, you can ask Amerigroup questions about this.

Members age 55 and over

Your estate may be required to pay back Medicaid benefits you got on or after age 55 to the state of New Jersey (DMAHS). This may include premium payments made for you to Amerigroup. The amount that DMAHS may recover includes, but isn’t limited to, all capitation payments to any managed care organization (MCO) or transit broker. This applies whether or not any services were given from an individual or organization that was paid by the MCO or transit broker. DMAHS may take back these amounts in these events:

- No living spouse
- No living children under age 21
- No living children of any age who are blind
- No living children of any age who are disabled as decided by the Social Security Administration

This information was provided to you when you applied for NJ FamilyCare. To learn more, visit http://www.state.nj.us/humanservices/dmahs/clients/The_NJ_Medicaid_Program_and_Estate_Recovery_What_You_Should_Know.pdf.

AMERIGROUP COVERED SERVICES FOR NJ FAMILYCARE MEMBERS

These services are the ones Amerigroup will set up for you when you need them. For all covered nonemergency services, you must see your primary care provider (PCP) or an Amerigroup plan provider. For emergency care 24 hours a day, 7 days a week, go to the closest hospital emergency room or call 911. For most other services, go to your PCP first. There are some services you can get without seeing your PCP first. See the section “Services That Don’t Need Referrals” to learn more. Your PCP will help you get the services listed below as you need them.

The chart below shows the copay amounts for services with copays for NJ FamilyCare C and D members who have copays.

<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>NJ FAMILYCARE A AND ABP</th>
<th>NJ FAMILYCARE B</th>
<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing services</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>• Covered for members ages 15 and younger</td>
</tr>
<tr>
<td>Include:</td>
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<td></td>
<td>• Limited to $1,000 per ear every 24 months</td>
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<tr>
<td>Diagnostic services</td>
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<tr>
<td>Screening services</td>
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<tr>
<td>Preventive services</td>
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<tr>
<td>Corrective services</td>
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<tr>
<td>Needed supplies and equipment</td>
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</table>

Member Services • 1-800-600-4441 • TTY 711 • Monday-Friday 8 a.m.-6 p.m.
<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
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<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires referral from provider or other medical doctor.</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>$5 per visit</td>
</tr>
<tr>
<td><strong>Behavioral health</strong> <em>(includes mental health and substance use disorder SUD services)</em></td>
<td>No copay</td>
<td>Covered by Fee-for-Service (FFS)*</td>
<td>Covered by FFS*</td>
<td>Covered by FFS*</td>
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<tr>
<td>Includes:</td>
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<tr>
<td>• Intake evaluation</td>
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<tr>
<td>• Off-site crisis intervention</td>
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<tr>
<td>• Family therapy</td>
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</tr>
<tr>
<td>• Family meetings</td>
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<tr>
<td>• Psychological testing</td>
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<tr>
<td>• Drug management</td>
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<tr>
<td>Services for conditions that change mental states of an organic nature covered by Amerigroup</td>
<td>Covered by Amerigroup for members who are clients of Division of Developmental Disabilities (DDD &amp; DDD/CCW) and MLTSS members.</td>
<td>Covered by Fee-For-Service (FFS) for all other members.</td>
<td>Covered by FFS for all other members*</td>
<td>*See the section “Services Provided Under Fee-For-Service for NJ FamilyCare Members” for more information, limits and exclusions.</td>
</tr>
<tr>
<td>MLTSS enrollees and clients of the Division of Developmental Disabilities (DDD) receive all mental health services, with limited exceptions (see list in the MLTSS service dictionary posted on the State’s website at <a href="http://www.nj.gov/humanservices/dmahs/home/MLTSS_Service_Dictionary.pdf">http://www.nj.gov/humanservices/dmahs/home/MLTSS_Service_Dictionary.pdf</a>) as well as all substance use disorder services covered by NJ FamilyCare.</td>
<td>Covered by Amerigroup</td>
<td>Covered by FFS*</td>
<td>Covered by FFS*</td>
<td>Covered by FFS*</td>
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</tbody>
</table>
Amerigroup will cover detoxification in an acute care inpatient setting for all member types.

**Chiropractic services**
Includes manual manipulation of the spine only

<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
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<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
</tr>
</thead>
<tbody>
<tr>
<td>No copay</td>
<td>No copay</td>
<td>$5 per visit</td>
<td>Not covered</td>
<td></td>
</tr>
</tbody>
</table>

**Dental services**
Diagnostic and preventive dental services (exams, cleanings, space maintainers, sealants and fluoride)

Diagnostic and preventive services are allowed four times per year to special needs members when medically necessary:
- Every six months for all age groups.
  Fluoride is covered every six months for all age groups.

Sealants:
- Once every three years for those under age 17
- Not covered for those age 17 or older
- Allowed to older special health care needs members and with greater frequency with documentation of medical necessity

Restorative (fillings and crowns):
-
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<tr>
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<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
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<tr>
<td>Dental services, continued</td>
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<tr>
<td>• Silver and tooth colored fillings are covered</td>
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<tr>
<td>Endodontic (root canals and related services)</td>
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<tr>
<td>Periodontics treatment of the gums and bone supporting the teeth, periodontal scaling and root planing: Need preapproval. Periodontal services may be allowed more frequently for special health care needs members.</td>
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<tr>
<td>Prosthodontics — Removable complete and partial dentures and fixed bridges (in special cases when medically necessary) all require prior authorization.</td>
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<tr>
<td>Implants associated with retaining complete dentures in special cases when medically necessary: Need preapproval</td>
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<tr>
<td>Oral and maxillofacial surgery (extractions and oral surgery): For oral surgery, preapproval is needed for inpatient and outpatient facilities.</td>
<td></td>
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<td>Children and teenagers through age 18</td>
<td>Children and teenagers through age 18</td>
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<tr>
<td>Orthodontic — when medically necessary: Need preapproval</td>
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<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
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<td>---------------------------------------------------------------------------------</td>
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<tr>
<td>For children with one or more of these conditions:</td>
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<tr>
<td>• Major functional problems</td>
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<tr>
<td>• Developmental differences of facial bones and/or oral structures</td>
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<td></td>
<td></td>
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<tr>
<td>• Facial trauma causing major functional problems</td>
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<tr>
<td>• Showing that long-term psychological health needs orthodontic correction</td>
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<tr>
<td>Orthodontic-Orthognathic Surgical: Preapproval needed. The decision should be</td>
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<td></td>
<td></td>
<td>Limited benefits, must verify coverage before service</td>
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<tr>
<td>based on medical opinion. This service is allowed in conjunction with</td>
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<td>comprehensive orthodontic treatment and is rendered by an oral and maxillofacial</td>
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<tr>
<td>surgeon.</td>
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<tr>
<td>Durable medical equipment (DME) and supplies</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>Limited benefits, must verify coverage before service</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Assistive technology devices</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Artificial aids</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Surgical implants</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Wheelchairs</td>
<td></td>
<td></td>
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<tr>
<td>• Beds</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Early and periodic screening, diagnosis and treatment (EPSDT) services</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Includes:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medical exams</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Private duty nursing included only</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Benefits limited to screening and diagnosis</td>
<td></td>
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<tr>
<td>Benefits limited to screening and diagnosis</td>
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<tr>
<td>Benefits limited to well-child visits, along with shots,</td>
<td></td>
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</tr>
<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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<tr>
<td>------------------</td>
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<td>-----------------</td>
</tr>
<tr>
<td>• Dental services</td>
<td>if approved by Amerigroup</td>
<td>Treatment services limited to those:</td>
<td>Treatment services limited to those:</td>
<td>lead screening and treatments only</td>
</tr>
<tr>
<td>• Vision services</td>
<td></td>
<td>• Included in Amerigroup benefits, or</td>
<td>• Included in Amerigroup benefits, or</td>
<td>Private duty nursing included only if approved by Amerigroup</td>
</tr>
<tr>
<td>• Hearing services</td>
<td></td>
<td>• Specified through FFS</td>
<td>• Specified through FFS</td>
<td></td>
</tr>
<tr>
<td>• Lead screening</td>
<td></td>
<td>Private duty nursing included only if approved by Amerigroup</td>
<td>Private duty nursing included only if approved by Amerigroup</td>
<td></td>
</tr>
<tr>
<td>• Health care and treatment to correct or help improve any defects or issues found in screenings</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Includes the following when indicated as a result of an EPSDT screening:</td>
<td></td>
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<tr>
<td>• Over-the-counter drugs</td>
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<tr>
<td>• Ventilator services in the home</td>
<td></td>
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<tr>
<td>• Private duty nursing (provided by a registered nurse or licensed practical nurse under the doctor’s guidance in the member’s home)</td>
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<tr>
<td>Neonatal exams are provided within these time frames:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Under 6 weeks</td>
<td></td>
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<tr>
<td>• 2 months</td>
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<tr>
<td>• 4 months</td>
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<tr>
<td>• 6 months</td>
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<tr>
<td>• 9 months</td>
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<tr>
<td>• 12 months</td>
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<tr>
<td>• 15 months</td>
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<tr>
<td>• 18 months</td>
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<tr>
<td>• 24 months</td>
<td></td>
<td></td>
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<tr>
<td>• Every year through age 20</td>
<td></td>
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<tr>
<td>Dental services are covered as follows:</td>
<td></td>
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<tr>
<td>• First visit to a dentist at 1 year of age or soon after eruption</td>
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<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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<td>------------------</td>
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</tr>
</tbody>
</table>
| of the first primary tooth is required  
- After first visit, preventive dental visits twice a year  
- All necessary dental services are a covered benefit | No copay | No copay | $10 per visit | $35 (No copay is required if member is referred to ER by PCP for services normally given in PCP office or if sent to the hospital.) |
| Emergency medical care  
24 hours a day, 7 days a week | No copay | No copay | $10 per visit | $35 (No copay is required if member is referred to ER by PCP for services normally given in PCP office or if sent to the hospital.) |
| Family planning services  
Includes:  
- Services needed to delay or prevent pregnancy  
- Pregnancy testing  
- Genetic testing and counseling  
- Contraceptives (including oral)  
- Follow-up care for problems linked with birth control methods issued by the FP provider  
- Sterilizations  
Abortions (and related services) are covered under the FFS Medicaid program, along with certain related office, lab, drugs, radiological and diagnostic services and surgeries.  
Infertility and sterilization reversals aren’t covered. | No copay  
May use Amerigroup plan providers or Medicaid approved family planning providers | No copay  
May use Amerigroup plan providers or Medicaid approved family planning providers | $5 per visit  
(no copay for Pap smears or preventive care services)  
May use Amerigroup plan providers or Medicaid approved family planning providers | $5 per visit  
(no copay for preventive care services)  
NJ FamilyCare D members must use Amerigroup plan providers.  
Call Member Services to learn more. |
<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>NJ FAMILYCARE A AND ABP</th>
<th>NJ FAMILYCARE B</th>
<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing aid services</strong></td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Include:</td>
<td></td>
<td></td>
<td></td>
<td>Covered up to age 16</td>
</tr>
<tr>
<td>• Hearing aids and accessories</td>
<td></td>
<td></td>
<td></td>
<td>Limited to $1,000 per ear every 24 months</td>
</tr>
<tr>
<td>• Ear mold impressions</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Routine follow-up and adjustments</td>
<td></td>
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<tr>
<td>• Repairs</td>
<td></td>
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<tr>
<td>Requires hearing screening, resulting in prescription for hearing aid services</td>
<td></td>
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</tr>
<tr>
<td><strong>Home health agency services</strong></td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Include:</td>
<td></td>
<td></td>
<td></td>
<td>Benefits provided by Amerigroup limited to skilled nursing provided or monitored by a registered nurse, home health aides for skilled care and medical social services that are medically necessary.</td>
</tr>
<tr>
<td>• Services given at member’s home (excludes a hospital, nursing facility or between care facility)</td>
<td></td>
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<tr>
<td>• Nursing services by a registered nurse or licensed practical nurse</td>
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</tr>
<tr>
<td>• Medical social services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Home health aide services</td>
<td></td>
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<tr>
<td>• Medical supplies and equipment</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Appliances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hearing services</td>
<td></td>
<td></td>
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<tr>
<td>Services must be ordered by a provider.</td>
<td></td>
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</tr>
<tr>
<td><strong>Hospice agency services</strong></td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Room and board services covered only when services are given in institutions</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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<tr>
<td>---------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Inpatient hospital (includes rehabilitation hospitals and special hospitals)</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Includes services normally provided in a hospital under a doctor’s orders</td>
<td></td>
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</tr>
<tr>
<td>Amerigroup will cover detoxification in an acute care inpatient setting for all member types. When a member is admitted to a behavioral health unit Medicaid FFS should be billed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health day programs at Adult Partial Care Centers covered by Amerigroup for MLTSS members. Covered by Fee-For-Service (FFS) for all other members.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Requires preapproval for nonemergency care and care after stabilization of an emergency condition.</td>
<td></td>
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<tr>
<td>Not covered:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Cosmetic surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rest cures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Personal comfort and convenience items</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Services and supplies not directly related to the patient’s care</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Telephone charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Take-home supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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<tr>
<td>----------------------------------------</td>
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</tr>
<tr>
<td>Laboratory services</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>$5 per visit for each visit that isn’t part of an office visit</td>
</tr>
<tr>
<td>Must be ordered by a doctor or other licensed provider</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Members will be informed of results within 24 hours for urgent and emergent cases and within 10 business days for routine cases.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Maternity and related newborn care</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay for prenatal care visits</td>
<td>$5 copay for first prenatal visit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No copay for preventive services or newborns covered under FFS Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$10 copay for services given during nonoffice hours and for home visits</td>
</tr>
<tr>
<td>Medical day care services</td>
<td>No copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Medical supplies</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Includes medical supplies that can be thrown away after use</td>
<td></td>
<td></td>
<td></td>
<td>Limited benefits; verify coverage before services</td>
</tr>
<tr>
<td>Nursing facility services</td>
<td>Covered from the date of entry to the date of exit.</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inpatient Rehabilitation service or inpatient hospice benefit for NJ FamilyCare B members may be provided in this setting, when needed.</td>
<td>Inpatient Rehabilitation service or inpatient hospice benefit for NJ FamilyCare C members may be provided in this setting, when needed.</td>
<td>Inpatient Rehabilitation service or inpatient hospice benefit for NJ FamilyCare D members may be provided in this setting, when needed, except for rehabilitative services for SUD (not covered).</td>
</tr>
<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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</tr>
<tr>
<td>Optical appliances (artificial eyes, eyeglasses, contact lenses and other visual aids prescribed)</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td>Optical appliances must be prescribed by an ophthalmologist or optometrist in the plan.</td>
<td></td>
<td></td>
<td></td>
<td>Limited to one pair of glasses (or contact lenses) per 24 months or as medically necessary</td>
</tr>
<tr>
<td>For members age 18 and younger and age 60 or older: Members can get one pair of frames and eyeglass lenses chosen from Medicaid-approved materials once every year, or sooner in some cases, when meeting Medicaid-approved rules for changes in prescription.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>For members age 19-59: Members can get one pair of frames and eyeglass lenses chosen from Medicaid-approved materials once every two years, or sooner in some cases, when meeting Medicaid-approved rules for changes in prescription.</td>
<td></td>
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</tr>
<tr>
<td>Talk to your vision provider to see if you need a new eyeglass prescription. Members have a choice of covered frames.</td>
<td></td>
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</tr>
</tbody>
</table>
Contact lenses may be covered for members:
- With certain ocular pathological conditions
- Whose vision can’t be improved to at least 20/70 with regular lenses but can be improved to 20/70 or better with contact lenses

Contact lenses may be replaced once every two years, or more often, if there’s a major change in a member’s prescription. If members don’t meet any of the above medically necessary rules, but choose contact lenses anyway, up to a $100 credit may be given toward the cost of the contact lenses.

**Optometric services**

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>NJ FamilyCare A and ABP</th>
<th>NJ FamilyCare B</th>
<th>NJ FamilyCare C</th>
<th>NJ FamilyCare D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optical appliances, continued</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses may be covered for members:</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- With certain ocular pathological conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Whose vision can’t be improved to at least 20/70 with regular lenses but can be improved to 20/70 or better with contact lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses may be replaced once every two years, or more often, if there’s a major change in a member’s prescription. If members don’t meet any of the above medically necessary rules, but choose contact lenses anyway, up to a $100 credit may be given toward the cost of the contact lenses.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Optometric services</td>
<td>No copay</td>
<td>No copay</td>
<td>$5 per visit</td>
<td>$5 per visit</td>
</tr>
</tbody>
</table>

One routine eye exam covered every 12 months.
<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>NJ FAMILYCARE A AND ABP</th>
<th>NJ FAMILYCARE B</th>
<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organ transplants</strong>&lt;br&gt;Includes liver, lung, heart, heart-lung, pancreas, kidney, cornea, intestine and bone marrow, along with bone marrow transplants from the same person who is both the donor and receiver&lt;br&gt;Donor and recipient costs covered by Amerigroup</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
</tr>
<tr>
<td><strong>Outpatient hospital services</strong>&lt;br&gt;Include:&lt;br&gt;• Preventive services&lt;br&gt;• Diagnostic services&lt;br&gt;• Therapeutic services&lt;br&gt;• Palliative services&lt;br&gt;May need preapproval for nonemergency care and provider referral&lt;br&gt;Behavioral health visits are covered by FFS except for the DDD and MLTSS populations. (See the section “Services Provided Under Fee-For-Service for NJ FamilyCare Members” for details.)</td>
<td>No copay</td>
<td>No copay</td>
<td>$5 for each outpatient visit (no copay for preventive care)</td>
<td>$5 for each outpatient visit (no copay for preventive care)</td>
</tr>
<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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</tr>
<tr>
<td><strong>Outpatient rehabilitation</strong></td>
<td>Covered</td>
<td>Therapy limited to 60 visits per incident, per therapy, per calendar year.</td>
<td>$5 copay</td>
<td>Therapy for nonchronic conditions, serious illnesses and injuries limited to 60 visits per incident per therapy per calendar year.</td>
</tr>
<tr>
<td>Includes:</td>
<td></td>
<td></td>
<td></td>
<td>Speech pathology services for treatment of speech development delays aren’t covered unless the delays are from disease, injury or congenital defects.</td>
</tr>
<tr>
<td>• Physical therapy</td>
<td></td>
<td></td>
<td></td>
<td>Speech pathology services for treatment of speech development delays aren’t covered unless the delays are from disease, injury or congenital defects.</td>
</tr>
<tr>
<td>• Occupational therapy</td>
<td></td>
<td></td>
<td></td>
<td>Speech pathology services for treatment of speech development delays aren’t covered unless the delays are from disease, injury or congenital defects.</td>
</tr>
<tr>
<td>• Speech pathology services</td>
<td></td>
<td></td>
<td></td>
<td>Speech pathology services for treatment of speech development delays aren’t covered unless the delays are from disease, injury or congenital defects.</td>
</tr>
<tr>
<td>• Cognitive rehabilitation therapy</td>
<td></td>
<td></td>
<td></td>
<td>Speech pathology services for treatment of speech development delays aren’t covered unless the delays are from disease, injury or congenital defects.</td>
</tr>
<tr>
<td><strong>Personal care assistant services</strong></td>
<td>No copay</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>If a member chooses and is approved to direct his/her PCA services, Amerigroup will provide Personal Preference Program services.</td>
<td>Limited based on State rules</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Podiatrist services</strong></td>
<td>No copay</td>
<td>No copay</td>
<td>$5 per visit</td>
<td>$5 per visit</td>
</tr>
<tr>
<td>Excludes routine hygienic care of the feet, such as treatment of corns, calluses, nail trimming, foot soaking or other services, when there isn’t a pathological condition</td>
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<tr>
<td><strong>Prescription drugs</strong></td>
<td>No copay</td>
<td>No copay</td>
<td>$1 copay for generic, $5 copay for brand-name drugs</td>
<td>$5 copay — if greater than 34-day supply, then $10 copay</td>
</tr>
<tr>
<td>May require preapproval for some drugs</td>
<td>OTC drugs are covered for all members and limited to $15 per quarter. Children and teenagers under 21 may qualify for additional OTC</td>
<td>OTC drugs are covered for all members and limited to $15 per quarter. Children and teenagers under 21 may qualify for additional OTC drugs as</td>
<td>OTC drugs aren’t covered.</td>
<td>OTC drugs aren’t covered.</td>
</tr>
<tr>
<td>Amerigroup uses a drug list your primary care provider (PCP) can choose from to treat your illnesses; preapproval is needed to approve drugs</td>
<td>OTC drugs are covered for all members and limited to $15 per quarter. Children and teenagers under 21 may qualify for additional OTC drugs as</td>
<td>OTC drugs are covered for all members and limited to $15 per quarter. Children and teenagers under 21 may qualify for additional OTC drugs as</td>
<td>OTC drugs aren’t covered.</td>
<td>*See “Extra Amerigroup Benefits for NJ FamilyCare Members” for more</td>
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<td></td>
<td>Speech pathology services for treatment of speech development delays aren’t covered unless the delays are from disease, injury or congenital defects.</td>
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<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
<td>NJ FAMILYCARE D</td>
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<tr>
<td>outside the list when medically necessary or when the drug is on the list but needs a prior authorization (PA) or step therapy (ST), except when certain prescriptions or pharmacy services are ordered by behavioral health (BH) providers for BH-related conditions. (See the section “Preapproval Drugs for Behavioral Health-Related Conditions” for more details.)</td>
<td>drugs as part of their formulary with a prescription.*</td>
<td>part of their formulary with a prescription.*</td>
<td>21 may qualify for additional OTC drugs as part of their formulary with a prescription.*</td>
<td>info on over-the-counter drugs.</td>
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<tr>
<td>Certain OTC drugs with a prescription are covered.</td>
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<tr>
<td>Preventive health care, counseling and health promotion</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
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<tr>
<td>Includes referrals to WIC programs</td>
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<tr>
<td>For all female members: If your PCP isn’t a women’s health specialist, covered services include direct access to an Amerigroup plan woman’s specialist for covered care needed to provide women’s routine and preventive health services, such as annual gynecological exams and mammograms.</td>
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<tr>
<td>Primary care and physician services (24 hours a day, 7 days a week) Include:</td>
<td>No copay</td>
<td>No copay</td>
<td>$5 per visit</td>
<td>$5 per visit during normal office hours</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No copay for wellness visits, lead screenings and treatments,</td>
<td>$10 per visit for non-office hours and home visits</td>
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<tr>
<td>COVERED SERVICES</td>
<td>NJ FAMILYCARE A AND ABP</td>
<td>NJ FAMILYCARE B</td>
<td>NJ FAMILYCARE C</td>
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<tr>
<td>Primary and specialty care</td>
<td>shots at certain ages, prenatal care and Pap smears, when needed</td>
<td>$5 for first prenatal care visit only — then no copay</td>
<td>No copay for preventive wellness visits, lead screenings and treatments, shots at certain ages, and Pap smears, when needed</td>
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<tr>
<td>Certified nurse-midwives and nurse practitioners</td>
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<tr>
<td>Clinical nurse specialists</td>
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<tr>
<td>Physician assistant services</td>
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<tr>
<td>Independent clinic services (includes preventive, diagnostic, therapeutic, rehabilitative or palliative services)</td>
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<tr>
<td>Services provided by providers outside of the Amerigroup plan need preapproval.</td>
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<tr>
<td>Prosthetic and orthotic devices (includes certified shoe provider)</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
<td>No copay</td>
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<tr>
<td>Prosthetic devices include corrective or supportive devices that:</td>
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<tr>
<td>Replace a missing part of the body</td>
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<tr>
<td>Prevent or correct physical defect or error</td>
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<td>Support a weak or deformed body part</td>
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<td>Orthotic devices include devices or braces that give support, more function, and help to get over physical challenges or defects; prosthetic and orthotic devices must be prescribed by a doctor or other licensed provider.</td>
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</table>

Member Services • 1-800-600-4441 • TTY 711 • Monday-Friday 8 a.m.-6 p.m.
**EXTRA AMERIGROUP BENEFITS FOR NJ FAMILYCARE MEMBERS**

Amerigroup offers special benefits you’ll notice in your day-to-day life. The benefits and services we offer can make a difference in your life.

- **Our pharmacy benefits** give you what you need and more. Members 21 years or older can get up to $15 a quarter toward OTC drugs like vitamins, pain relievers, and allergy medicine as well as prescription benefits. Amerigroup will pay up to $15 for each member 21 years or older each quarter. Quarters start on the first day of January, April, July and October. This requires a prescription from your Amerigroup provider.

- **Members under age 21** can get certain drugs like cough medicine and aspirin through the OTC pharmacy benefit. This requires a prescription from your Amerigroup provider. For NJ FamilyCare D members, over-the-counter drugs aren’t covered.

- **We offer a gift** for pregnant members who get all required prenatal care visits or go to approved prenatal care classes. See the section “Special Care for Pregnant Members” for more information.

We give you these benefits to help keep you healthy and to thank you for choosing Amerigroup.
SERVICES PROVIDED UNDER FEE-FOR-SERVICE FOR NJ FAMILYCARE MEMBERS

You can get the services listed below/on the next page through fee-for-service. This means they’re covered by the State. Amerigroup doesn’t pay for these services, but NJ FamilyCare does unless you are a DDD or MLTSS member and getting behavioral health services. Tell us when you need these services. You may get them through the provider you choose based on NJ FamilyCare rules. Amerigroup or your PCP can help you find a provider. If you need these services, please call your PCP or Member Services for help.

<table>
<thead>
<tr>
<th>COVERED SERVICES</th>
<th>NJ FAMILYCARE A AND ABP</th>
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<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
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</thead>
<tbody>
<tr>
<td>Behavioral health services</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>1. Psychiatric Emergency Rehabilitation Services (PERS)/ Affiliated Emergency Services</td>
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<td>2. Substance Use Disorder (SUD) Partial Day Treatment</td>
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<td>3. SUD Outpatient</td>
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<tr>
<td>4. SUD Intensive Outpatient</td>
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<td>5. SUD Short Term Residential</td>
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<td>6. SUD Ambulatory Withdrawal Management</td>
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<td>7. Non-acute Detoxification</td>
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<td>8. Targeted Case Management (ICMS)</td>
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<td>9. Program of Assertive Community Treatment (PACT)</td>
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<td>10. Community Supports Services (CSS)</td>
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<tr>
<td>11. Behavioral Health Homes (BHH)</td>
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<tr>
<td>12. Mental Health Outpatient</td>
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<tr>
<td>13. Adult Mental Health Rehabilitation</td>
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Member Services • 1-800-600-4441 • TTY 711 • Monday-Friday 8 a.m.-6 p.m.
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<th>NJ FAMILYCARE D</th>
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</thead>
</table>
| (Supervised group homes and apartments)  
14. Opioid Treatment Services  
15. Mental Health Partial Care and Partial Hospitalization | Covered | Covered | Covered | Not covered |
| DCP&P residential treatment center care  
Treatment centers to provide medical and social services to make sure the safety and well-being of children who may be abused or neglected; includes critical diagnostic and treatment services, and timely and needed access to all covered benefits | Covered | Covered | Covered | Covered |
<p>| Abortions and related services | Covered | Covered | Covered | Covered |
| Family planning services | Can be covered through any Amerigroup provider or any state-approved fee-for-service provider | Can be covered through any Amerigroup provider or any state-approved fee-for-service provider | Can be covered through any Amerigroup provider or any state-approved fee-for-service provider | Can be covered through any Amerigroup provider. Getting family planning services outside the Amerigroup plan is not available to NJ FamilyCare D members. |
| Inpatient and outpatient mental health services | Covered | Covered | Covered | Covered limited benefit |
| Inpatient psychiatric hospital services — stand-alone psychiatric hospitals | Covered for members under 21, or 65 and over | Covered for members under 21, or 65 and over | Covered for members under 21, or 65 and over | Covered for members under 21, or 65 and over |
| Intermediate care facilities/Intellectual disability | Covered; Member is disenrolled from Amerigroup on date of entry | Not covered | Not covered | Not covered |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>Sex abuse exams and related diagnostic testing</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>at DCP&amp;P-contracted Child Abuse Regional Diagnostic</td>
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<tr>
<td>Centers or by DCP&amp;P-contracted providers</td>
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<tr>
<td>Substance use disorder services</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
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<tr>
<td>Methadone maintenance — cost, its administration,</td>
<td></td>
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<td></td>
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<tr>
<td>and associated services</td>
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<tr>
<td>Transportation services — Nonemergency ambulance,</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
</tr>
<tr>
<td>Mobile Intensive Care Units and coach services</td>
<td></td>
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<tr>
<td>Transportation services — Livery (taxi, bus, train,</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
<td>Covered FFS</td>
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<tr>
<td>car service, and payback for mileage, etc.) rides to</td>
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<tr>
<td>provider visits</td>
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**SERVICES THAT DON’T NEED REFERRALS**

You should ask your primary care provider (PCP) for a referral for any Amerigroup service. You can get these services without your PCP’s referral:

- Emergency care
- Yearly exams from an obstetrician/gynecologist
- Care provided by your primary care provider’s nurse or physician assistant
- Dental care from a LIBERTY plan general dentist or pedodontists (children’s dental specialist)
- Family planning from any Amerigroup plan provider or approved FFS family planning provider
- FFS services Amerigroup doesn’t cover
- Prenatal care from an Amerigroup plan obstetrician or certified nurse-midwife
- Screening or testing for sexually transmitted diseases, along with HIV, from your Amerigroup PCP or State-approved Medicaid provider you choose
- Vision care from a Superior Vision provider
- EPSDT services from an Amerigroup provider. See the section “Amerigroup Covered Services for Medicaid and NJ FamilyCare Members” for details.
- Mammograms (This requires a prescription from your PCP.)
SERVICES NOT COVERED BY AMERIGROUP OR FEE-FOR-SERVICE FOR NJ FAMILYCARE MEMBERS

There are other services that aren’t part of your Amerigroup benefits. These services aren’t covered by the NJ FamilyCare program, either. These services are listed below:

- All services your PCP or Amerigroup says aren’t medically necessary
- Cosmetic surgery, except when medically necessary and with preapproval
- Experimental organ transplants
- Infertility diagnosis and treatment services, along with sterilization reversals and related office (medical or clinic), drugs, lab, radiological and diagnostic services, and surgeries
- Rest cures, personal comfort and convenience items, services, and supplies not directly related to the care of the patient, along with guest meals and lodging, telephone charges, travel expenses, take-home supplies and similar costs
- Respite care (except for MLTSS and DDD members)
- Services that involve the use of equipment in facilities when the purchase, rental or construction of the equipment hasn’t been approved by New Jersey law
- All claims that come directly from services provided by or in federal institutions
- Services given in an inpatient psychiatric institution that isn’t an acute-care hospital to members under 65 and over 21 years old
- Free services provided by public programs or volunteers
- Services or items provided for any sickness or injury while the covered member is on active duty in the military
- Payments for services provided outside of the United States and territories (pursuant to N.J.S.A. 52:34-13.2 and section 6505 of the Affordable Care Act of 2010, which amends section 1902(a) of the Social Security Act)
- Services or items provided for any condition or accidental injury that comes out of and during employment where benefits are available (workers’ compensation law, temporary disability benefits law, occupational disease law or similar laws); this applies whether or not the member claims or gets benefits and whether or not a third party gets a recovery for damages
- Any benefit covered or payable under any health, accident or other insurance policy
- Any services or items provided that the provider normally provides for free
- Services provided by a close relative or member of the Medicaid member’s household (except for members in the Personal Preference Program)
- Services billed when the health care records don’t correctly mirror the provider’s procedure code
- Services or items paid back based on a cost study or other proof taken by the state of New Jersey

Additional services not covered by Amerigroup or Fee-For-Service for NJ FamilyCare D members:

- Intermediate care facilities/intellectual disability
- Private duty nursing, unless approved by Amerigroup
- Personal care assistant services
- Medical daycare services
- Chiropractic services
- Orthotic devices

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- Home treatment center psychiatric programs
- Religious nonmedical institutional care and services
- EPSDT (except for well-child care, along with shots and lead screening and treatments)
- Hearing aid services, except for children up to age 16
- Blood and blood plasma (except administration of blood, handling blood, handling fees and fees related to blood donations from the same person are covered)
- Cosmetic surgery (except when medically necessary and with preapproval)
- Custodial care
- Special corrective and educational services
- Experimental and investigational services
- Rehabilitative services for substance use disorder
- Weight reduction programs or dietary supplements (except surgeries, procedures or obesity treatment when approved by us)
- Acupuncture and acupuncture therapy (except when performed as anesthesia with covered surgery)
- Recreational therapy
- Sleep therapy
- Court-ordered services
- Thermograms and thermography
- Biofeedback
- Radial keratotomy
- Nursing facility services, except when the admission is for rehabilitative services
- Hearing services, except for children up to age 16
- Managed long-term services and supports not listed above

**DIFFERENT TYPES OF HEALTH CARE**

**Routine and wellness care**
In most cases when you need medical care, you call your primary care provider (PCP) to make an appointment. This will cover most minor illnesses and injuries, as well as regular checkups. This type of care is known as **routine care**. You should be able to see your PCP within 28 days for a routine appointment; and your primary care dentist (PCD) for dental care within 30 days; and for behavioral health care, within 10 days. Your PCP is someone you see when you are not feeling well, but that is not your PCP’s only job in caring for you. Your PCP also takes care of you before you get sick. This is called **wellness care**.

**Urgent care**
Another type of care is **urgent care**. There are some injuries and illnesses that aren’t emergencies but can turn into an emergency if they’re not treated within 24 hours. Some examples are:
- Throwing up
- Minor burns or cuts
- Earaches
- Headaches
• Sore throat
• Fever over 101 degrees Fahrenheit
• Muscle sprains/strains
• Controllable bleeding/sore gums
• Toothache/pain
• Lost filling/crown

For urgent care, call your PCP or PCD. Your PCP or PCD will tell you what to do. Your PCP or PCD may tell you to go to his or her office right away. He or she may tell you to go to another office for care right away. Always follow your PCP or PCD’s instructions. In some cases, your PCP or PCD may tell you to go to a hospital emergency room for care. See the next section about emergency care for more information.

If you’re unable to reach your PCP, call our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711) for advice about urgent care.

You should be able to see your PCP or an urgent care provider within 24 hours for an urgent care appointment; for dental care, within three days; and for behavioral health care, within 24 hours.

Members who might not have a PCD can call Member Services to help them locate a dental provider in an urgent event.

Emergency care
After routine/wellness and urgent care, the next type of care is emergency care. In case of emergency, call 911 or go to the nearest hospital emergency room right away. For advice, call your PCP or our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711). It’s crucial to get medical care as soon as you can. You should be able to see a provider right away for emergency care (for dental care, within 48 hours and for behavioral health care, right away).

What is an emergency?
An emergency is when you don’t see a provider right away for health issues that could cause death or serious bodily harm. The problem must be so bad that someone with an average knowledge of health can tell the problem may be life-threatening or cause serious harm. This is known as an emergency medical condition.

Here are some examples that are most likely emergency medical conditions:
• Very bad bleeding that doesn’t stop
• Bad pain that doesn’t stop
• Chest pains/facial paralysis
• Very bad burns
• Passing out
• Shakes called convulsions or seizures
• Severe allergic reactions

• Trouble breathing
• Miscarriage
• Broken bones
• Throwing up blood
• Suspected drug overdose or poisoning
• Rape/sexual assault
• Onset of labor
If you think you need emergency care, Amerigroup will pay for your exam under the prudent layperson standard at any hospital emergency room. The emergency department provider will check you to see if you need emergency care. Amerigroup will also provide benefits for your medically necessary post-stabilization care. These are services you get after emergency medical care. You get these services to help keep your condition stable. If you don’t need emergency care, the hospital may call your PCP to see if the hospital should treat you. Or the hospital may tell you to go to your PCP for care. Amerigroup will pay for the emergency care, along with screenings, when your condition seems to be an emergency to the average person. We’ll pay even if it’s later found not to be an emergency. An average person knows the basics about health and medicine and believes the person’s health would be in serious danger if he or she didn’t get care right away.

Not getting medical care right away could cause bodily functions not to work right or at all. The same goes for pregnant women whose health or her unborn child’s health would be in serious danger. You don’t need approval from your PCP or Amerigroup to get emergency services.

If you get emergency services:
- You don’t need to show your Amerigroup ID card before you get emergency care
- You don’t need to get a referral or preapproval
- You need to call your PCP within 24 hours, or you can have someone else call for you
- You need to call your PCP for a referral if the hospital wants you to get follow-up care

Emergency dental care
Amerigroup will pay for emergency dental care. See the section “Choosing a dentist” for more details. You can get covered emergency care 24 hours a day, 7 days a week, for dental problems, such as:
- A broken or dislocated jaw
- Heavy or uncontrolled bleeding from mouth
- A permanent tooth is knocked out
- Very bad pain in the gum around a tooth, with or without a fever
- Trauma to face or mouth
- Facial swelling
- When you have an infection

If you need emergency dental care, please call your dentist right away. If you’re unable to reach your dentist, call LIBERTY at 1-833-276-0848 (TTY 711). You can ask for help for emergency dental care Monday through Friday from 8 a.m. to 8 p.m. You can also speak with a LIBERTY representative after hours between 8 p.m. and 8 a.m. or on weekends. You can see a LIBERTY dentist. You can also see a dentist who isn’t part of the Amerigroup plan, visit a clinic or use an emergency department in a hospital for emergency dental care. You can visit the emergency room for a dental emergency for facial trauma or severe infections/swelling.

If you’re out of town and need emergency dental care, go to any dentist, clinic or emergency room for care. Or call LIBERTY at 1-833-276-0848 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m. for help in finding a dentist.
**If you need to go to the hospital**
You must use hospitals in the Amerigroup plan unless you have an emergency, or you need a service you can only get somewhere else. These hospitals are listed in the provider directory. Ask for a copy of the provider directory by calling Member Services at 1-800-600-4441 (TTY 711). Or view the directory online at www.myamerigroup.com/NJ. Since your PCP coordinates your care, he or she will get approval from us if you need to go to the hospital, unless it’s an emergency. Your PCP will request approval and will get you admitted.

**Behavioral health (mental health/substance use disorder)**
Sometimes, dealing with all of the tasks of a home and family can lead to stress. Stress can lead to depression and anxiety. It can also lead to marriage, family and/or parenting problems. Stress can also lead to alcohol and illegal drug use. If you or a family member are having these kinds of problems, you can get help. Call Member Services at 1-800-600-4441 (TTY 711). You can also get the name of a behavioral health specialist if you need one.

If you think a behavioral health specialist doesn’t meet your needs, talk to your PCP. He or she can help you find a different kind of specialist.

There are some treatments and services your PCP or behavioral health specialist must ask Amerigroup to approve before you can get them. Your PCP will be able to tell you what they are. If you have questions about referrals and when you need one, call Member Services at 1-800-600-4441 (TTY 711).

**Out-of-town care**
If you need urgent or emergency care when you’re out of town, go to the nearest hospital emergency room or call 911. See the sections above for more information about urgent and emergency care. You can also call our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711). If you need routine care like a checkup or prescription refill when you’re out of town, call your PCP or our 24-hour Nurse HelpLine.

If you’re out of town and need emergency dental care, go to any dentist for care. Call Member Services at 1-800-600-4441 (TTY 711) to let them know you got care from a dentist out of town.

If you need a prescription filled when you’re away from your local service area, bring your prescription or refill and your Amerigroup ID card with you. Go to any network pharmacy in New Jersey, New York, Pennsylvania and Delaware to have your prescription filled. Use the online Provider Search tool at www.myamerigroup.com/NJ to find a network pharmacy. Or call Member Services at 1-800-600-4441 (TTY 711) to find one. The pharmacy will fill your prescription using the member and benefit information shown on your Amerigroup ID card.

If you’re traveling outside of New Jersey, New York, Pennsylvania and Delaware, you’ll need approval from Amerigroup before getting the drug.
New types of care
Amerigroup medical directors and network providers are always looking at new medical treatments and studies. They do this to see if:
- These new treatments should be covered benefits
- The government has agreed the treatment is safe and effective
- The results are as good as or better than covered benefit treatments in use now

WELLNESS VISITS: EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES

Early intervention
The first three years of life are important, formative years in maximizing a child's future potential. If you suspect your infant or toddler may be experiencing developmental delays, contact Early Intervention Services at 1-888-653-4463. The call is toll-free for New Jersey residents.

Early intervention services are designed to address a problem or delay in development as early as possible. The services are available for infants and toddlers up to age 3. Contracted agencies serve as the Early Intervention Program (EIP) providers and arrange for early intervention practitioners to address the needs of eligible children and their families. After the evaluation and assessment, an Individualized Family Service Plan (IFSP) is created. An IFSP describes the services the child and family need and how they will be carried out. Services are provided by qualified practitioners in natural environments. These are settings in which children without special needs most often participate and are most comfortable and convenient for the family. Some examples are at home, a community agency or a child care facility.

Why wellness care is important for children
We all need to see a primary care provider (PCP) sometimes, even when we’re feeling well. Wellness visits are key to staying healthy. When you become an Amerigroup member, call your PCP and make your first appointment within 90 calendar days of when you enroll. To make sure you’re as healthy as can be, you and your family should make regular use of preventive medical and dental services.

Babies, children and pregnant women need more care so children can get a good start in life. Your children should get the following well-child visits at each age.

Birth to age 1
Babies need to see a PCP at least seven times in their first year and more times if they get sick. At the seven well-child visits, your PCP will:
- Make sure your baby is growing well
- Check your baby’s vision and hearing
- Tell you ways to take care of your baby
- Tell you what to feed your baby
- Tell you how to help your baby go to sleep
- Answer any questions you have
• Look for problems that may need more medical attention
• Give your baby shots that will protect him or her from sicknesses like whooping cough, polio, tetanus and other illnesses
• Refer your baby for a first dental visit soon after his or her first tooth comes in. Your baby should see a dentist by the time he or she turns 1. Refer to the section “Information About NJ Smiles” for more information.

The first visit of the seven well-child visits will take place in the hospital right after the baby is born. For the next six visits, you must take your baby to your PCP. Amerigroup will try to help you choose a PCP for your baby before he or she is born. If your baby doesn’t have an Amerigroup plan PCP, call Member Services to choose one. Call 1-800-600-4441 (TTY 711). You must set up well-child visits with the baby’s PCP when he or she is at these ages:
• Newborn
• Under 6 weeks
• 2 months
• 4 months
• 6 months
• 9 months
• 12 months

Age 1 to 2
In a baby’s second year, he or she must go to the dentist two times per year or more often if your dentist recommends any follow-up care. Your baby must also see a PCP three more times for well-child visits. If your baby gets sick, he or she should see the PCP more often. You must take him or her to the PCP at these ages:
• 15 months
• 18 months
• 24 months

Age 2 to 20
You and your children should keep going to your PCP for wellness visits every year through age 20. You and your children should also see your family dentist twice a year for exams and cleanings as well as completion of any treatment your dentist recommends. These visits will help you and your children stay healthy. They also help PCPs find health problems early when it’s easiest to take care of them.

Blood lead screening
Your Amerigroup PCP will check your child’s blood levels:
• Between 9 and 18 months (prefer at 12 months)
• Between 18 and 26 months (prefer at 24 months)
• Between 27 and 72 months if his or her blood levels have never been checked
Here is an example of how wellness visits can help prevent sickness. Older houses and apartments (built before 1978) were painted with lead-based paint. Over time, lead-based paint peels and flakes from walls. Lead-based paints taste sweet and can be eaten by children. Small flakes and paint dust can be inhaled. Besides paint, there are many other sources of lead your child may be exposed to. Lead can be found in some water sources and toys or foods from other countries in some cases. Too much lead in children’s blood can cause permanent brain damage and will make it hard for them to do well in school. During a well-child visit, your PCP will test your child’s blood for lead and other problems. Or your PCP may refer you to another office to have a lead blood test. By finding and fixing a lead problem early, your PCP can help keep more serious problems from happening later.

**Missing wellness visits**

It’s important to see your PCP for wellness visits, not just when you’re sick. If you aren’t sure when you should get a wellness visit, call your PCP or our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711). Getting wellness visits on time is key. If you miss a wellness visit, make sure you and your children go to the PCP as soon as you can. If you need help getting the visit set up, call Amerigroup Member Services. If you haven’t visited the PCP on time, Amerigroup will try to contact you to see if you need help.

**SPECIAL KINDS OF HEALTH CARE**

**Special care for pregnant members**

Taking Care of Baby and Me® is the Amerigroup program for pregnant members. It’s crucial to see your primary care provider (PCP) or OB/GYN for prenatal care when you’re pregnant. Prenatal care can help you have a healthy baby. It’s also vital after you’ve already had your baby. With our program, members get health information and rewards for getting prenatal care and postpartum care.

Our program also helps pregnant members with complicated health care needs. Nurse case managers work closely with these members to provide:

- Education
- Emotional support
- Help in following their provider’s care plan
- Information on local services and resources, such as transportation, home-visitor programs, breastfeeding, counseling and Women, Infants, and Children (WIC)

Our nurses and other staff also work with providers and help with other services members may need. The goal is to promote better health for members and delivery of healthy babies.

**Quality care for you and your baby**

At Amerigroup, we want to give you the very best care during your pregnancy. That’s why we enroll you into My Advocate™, which is part of our Taking Care of Baby and Me® program. My Advocate™ gives you the information and support you need to stay healthy during your pregnancy.
Get to know My Advocate™
My Advocate™ delivers maternal health education by phone, text messaging and smartphone app that is helpful and fun. You will get to know Mary Beth, the My Advocate™ automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

- Education you can use
- Communication with your case manager based on My Advocate™ messaging should questions or issues arise
- An easy communication schedule
- No cost to you

With My Advocate™, your information is kept secure and private. Each time Mary Beth calls, she’ll ask you for your year of birth. Please don’t hesitate to tell her. She needs the information to be sure she’s talking to the right person.

Helping you and your baby stay healthy
My Advocate™ calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn and answer a question or two over the phone. If you tell us you have a problem, you’ll get a call back from a case manager. My Advocate™ topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

When you become pregnant
If you think you’re pregnant, call your PCP or OB/GYN provider right away. You don’t need a referral from your PCP to see an OB/GYN. Your OB/GYN should see you within 14 days. We can help you find an OB/GYN in the Amerigroup plan, if needed.

You must also call Member Services when you find out you’re pregnant. Call 1-800-600-4441 (TTY 711). This will help you make sure you choose a PCP for your baby. If you’re a new Amerigroup member who is pregnant and have been seen by a non-Amerigroup provider for at least one complete prenatal checkup before you joined Amerigroup, then you may be able to keep seeing that provider with approval from Amerigroup throughout your pregnancy, during delivery and up to two months after your baby is born.

When you’re pregnant, Amerigroup will send you a pregnancy education package. It will include a:

- Congratulations letter
- Self-care book with information about your pregnancy; you can also use this book to write down things that happen during your pregnancy
- Healthy Rewards program brochure with information on how to redeem your rewards for prenatal care

Member Services • 1-800-600-4441 • TTY 711 • Monday-Friday 8 a.m.-6 p.m.
• My Advocate™ flier that tells you about the program and how to enroll and get health information to your phone by automated voice, text message or smartphone app
• Having a Healthy Baby brochure with helpful resources
• Long Acting Reversible Contraception (LARC) flier with information on long acting reversible contraception
• Nurse HelpLine Ameritips fact sheet

The self-care book gives you information about your pregnancy. You can also use the book to write down things that happen during your pregnancy. The Taking Care of Baby and Me® brochure tells you how to get your gift for getting prenatal care.

When you’re pregnant, you must go to your PCP or OB/GYN at least:
• Every four weeks for the first six months
• Every two weeks for the seventh and eighth months
• Every week during the last month

Your PCP or OB/GYN may want you to go more often based on your needs.

While you’re 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). See the section “WIC Local Agencies and Service Areas” to get the phone number for the WIC program closest to you.

You also need regular dental care while you’re pregnant and after you have your baby. This includes check-ups, cleanings and all needed treatment to eliminate dental infections and tooth decay. See the section “Choosing a dentist” for more details.

**When you have a new baby**
When you deliver, you and your baby may stay in the hospital at least:
• Two days (after the day of delivery) if you have a vaginal delivery
• Four days (the day of delivery) if you have a cesarean section (C-section)

You may stay in the hospital less time if your PCP or OB/GYN and the baby’s provider see that you and your baby are doing well. You and your baby should stay in the hospital until your provider says you can leave. You and your baby can leave the hospital before your provider lets you go, but it’s best not to do this. If you and your baby leave the hospital early, the provider may ask you to have an office or in-home nurse visit within 48 hours.

Please call your local County Welfare Agency after you have your baby. See the chart “Local County Welfare Agencies” for telephone numbers. This way, you can apply to have your baby covered by Medicaid. You must also call Amerigroup Member Services at 1-800-600-4441 (TTY 711) as soon as you can to let us know you had your baby. We’ll need to get information about your baby. 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 will send you the Taking Care of Baby and Me® postpartum education package. It includes a:

- Congratulations letter
- Nurture booklet with information on caring for you newborn
- Healthy Rewards program brochure with information on how to redeem your rewards for postpartum care and well-baby/well-child care
- Postpartum depression brochure
- Making a Family Life Plan brochure
- Nurse HelpLine Ameritips fact sheet

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

If you enrolled in My Advocate™ and received educational calls during your pregnancy, you will now get calls on postpartum and well-child education up to 12 weeks after your delivery.

**Special services for pregnant and nursing women**

Pregnant women and children may be eligible to get extra help through the Women, Infants, and Children (WIC) program. The WIC program provides members with coupons to buy certain healthy foods. These members may qualify for this program:

- Babies under 12 months old
- Children under 5 years old
- Pregnant women
- Women breastfeeding babies under 12 months old
- Women who aren’t breastfeeding with babies under 6 months old

**WIC local agencies and service areas**

<table>
<thead>
<tr>
<th>WIC programs – North region</th>
<th>Passaic WIC Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph’s WIC Program</td>
<td>333 Passaic St.</td>
</tr>
<tr>
<td>185 Sixth Ave.</td>
<td>Passaic, NJ 07055</td>
</tr>
<tr>
<td>Paterson, NJ 07524</td>
<td>973-365-5620</td>
</tr>
<tr>
<td>973-754-4575</td>
<td><a href="mailto:passaicwic@cityofpassaicnj.gov">passaicwic@cityofpassaicnj.gov</a></td>
</tr>
<tr>
<td><a href="mailto:wic@sjhmc.org">wic@sjhmc.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Service Areas:</strong> Bergen and Morris counties; Passaic County except for the City of Passaic (See Passaic WIC Program.)</td>
<td><strong>Service Areas:</strong> City of Passaic</td>
</tr>
<tr>
<td>North Hudson WIC Program</td>
<td>Jersey City WIC Program</td>
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<tr>
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</tr>
<tr>
<td>407 39th St.</td>
<td>199 Summit Ave. Suite A2</td>
</tr>
<tr>
<td>Union City, NJ 07087</td>
<td>Jersey City, NJ 07304</td>
</tr>
<tr>
<td>201-866-4700</td>
<td>201-547-6842</td>
</tr>
<tr>
<td><a href="mailto:KLazarowitz@nhcac.org">KLazarowitz@nhcac.org</a></td>
<td><a href="mailto:Help@JCWIC.org">Help@JCWIC.org</a></td>
</tr>
<tr>
<td><a href="mailto:RLavagnino@nhcac.org">RLavagnino@nhcac.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>Service Areas:</strong> Hudson County except for Bayonne and Jersey City (See Jersey City WIC Program.)</td>
<td><strong>Service Areas:</strong> Bayonne and Jersey City</td>
</tr>
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<table>
<thead>
<tr>
<th>Rutgers - NJMS WIC Program</th>
<th>Newark WIC Program</th>
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<tbody>
<tr>
<td>Stanley Bergen Blvd. (GA-06)</td>
<td>110 Williams St.</td>
</tr>
<tr>
<td>65 Bergen Ave.</td>
<td>Newark, NJ 07102</td>
</tr>
<tr>
<td>Newark, NJ 07107</td>
<td>973-733-7628</td>
</tr>
<tr>
<td>973-972-3416</td>
<td><a href="mailto:cummingsp@ci.newark.nj.us">cummingsp@ci.newark.nj.us</a></td>
</tr>
<tr>
<td><strong>Service Area:</strong> Essex County</td>
<td><strong>Service Areas:</strong> Essex County: Newark, Irvington, Orange, Maplewood, South Orange, East Orange, Bloomfield, Belleville</td>
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</tbody>
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<table>
<thead>
<tr>
<th>East Orange WIC Program</th>
<th>Trinitas WIC Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>185 Central Ave. Suites 505 &amp; 507</td>
<td>40 Parker Road</td>
</tr>
<tr>
<td>East Orange, NJ 07018</td>
<td>Elizabeth, NJ 07208</td>
</tr>
<tr>
<td>973-395-8960</td>
<td>908-994-5141</td>
</tr>
<tr>
<td><a href="mailto:chesney.blue@ci.east-orange.nj.us">chesney.blue@ci.east-orange.nj.us</a></td>
<td><a href="mailto:aotokiti@trinitas.org">aotokiti@trinitas.org</a></td>
</tr>
<tr>
<td><strong>Service Areas:</strong> Essex County: Fairfield, Verona, West Caldwell, Essex Falls, Cedar Grove, Glen Ridge, North Caldwell, Caldwell, Montclair, Orange, East Orange, West Orange, South Orange, Bloomfield, Belleville, Nutley, Millburn, Livingston, Roseland</td>
<td><strong>Service Areas:</strong> Union County except for Plainfield City (See Plainfield WIC Program.)</td>
</tr>
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<thead>
<tr>
<th>WIC programs – Central region</th>
<th>Plainfield WIC Program</th>
</tr>
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<tbody>
<tr>
<td>Trinitas WIC Program</td>
<td>Plainfield WIC Program</td>
</tr>
<tr>
<td>40 Parker Road</td>
<td>510 Watchung Ave.</td>
</tr>
<tr>
<td>Elizabeth, NJ 07208</td>
<td>Plainfield, NJ 07060</td>
</tr>
<tr>
<td>908-994-5141</td>
<td>908-753-3397</td>
</tr>
<tr>
<td><a href="mailto:aotokiti@trinitas.org">aotokiti@trinitas.org</a></td>
<td><a href="mailto:prema.achari@plainfieldnj.gov">prema.achari@plainfieldnj.gov</a></td>
</tr>
<tr>
<td><strong>Service Areas:</strong> Union County except for Plainfield City (See Plainfield WIC Program.)</td>
<td><strong>Service Areas:</strong> City of Plainfield</td>
</tr>
<tr>
<td>NORWESCAP WIC Program</td>
<td>VNA of Central Jersey WIC Program</td>
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<tr>
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</tr>
<tr>
<td>350 Marshall St.</td>
<td>888 Main St.</td>
</tr>
<tr>
<td>Phillipsburg, NJ 08865</td>
<td>Belford, NJ 07718</td>
</tr>
<tr>
<td>908-454-1210</td>
<td>732-471-9301</td>
</tr>
<tr>
<td>1-800-527-0125</td>
<td><a href="mailto:Robin.McRoberts@vnacj.org">Robin.McRoberts@vnacj.org</a></td>
</tr>
<tr>
<td><a href="mailto:quinnn@norwescap.org">quinnn@norwescap.org</a></td>
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</tbody>
</table>

**Service Areas:** Hunterdon, Sussex and Warren counties; Somerset County except for Franklin Township (See VNA WIC Program.)

<table>
<thead>
<tr>
<th>The Children’s Home Society of NJ’s Mercer WIC Program</th>
<th>Ocean County WIC Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>416 Bellevue Ave.</td>
<td>175 Sunset Ave.</td>
</tr>
<tr>
<td>Trenton, NJ 08618</td>
<td>P.O. Box 2191</td>
</tr>
<tr>
<td>609-498-7755</td>
<td>Toms River, NJ 08754</td>
</tr>
<tr>
<td><a href="http://www.chsofnj.org">www.chsofnj.org</a></td>
<td>732-341-9700, ext. 7520</td>
</tr>
<tr>
<td><a href="mailto:jmartin@chsofnj.org">jmartin@chsofnj.org</a></td>
<td>1-800-342-9738</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:megmccarthy@ochd.org">megmccarthy@ochd.org</a></td>
</tr>
</tbody>
</table>

**Service Areas:** Mercer County

**WIC programs – South region**

<table>
<thead>
<tr>
<th>Burlington County WIC Program</th>
<th>Gateway CAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raphael Meadow Health Center</td>
<td>10 Washington St.</td>
</tr>
<tr>
<td>15 Pioneer Blvd.</td>
<td>Bridgeton, NJ 08302</td>
</tr>
<tr>
<td>P.O. Box 6000</td>
<td>856-451-5600</td>
</tr>
<tr>
<td>Westampton, NJ 08060</td>
<td><a href="mailto:Tricounty_WIC@gatewaycap.org">Tricounty_WIC@gatewaycap.org</a></td>
</tr>
<tr>
<td>609-267-4304</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:ddas@co.burlington.nj.us">ddas@co.burlington.nj.us</a></td>
<td></td>
</tr>
</tbody>
</table>

**Service Areas:** Burlington County

| Gloucester County WIC Program | |
|------------------------------| |
| 204 East Holly Ave.          | |
| Sewell, NJ 08080             | |
| 856-218-4116                 | |
| kmahmoud@co.gloucester.nj.us | |

**Service Areas:** Gloucester County

**Pharmacy benefits**

You can fill prescriptions at pharmacies that take Amerigroup. All members except NJ FamilyCare D members can get over-the-counter drugs, too. If you aren’t sure if the pharmacy takes Amerigroup, just ask the pharmacist. If you need help finding an in-network pharmacy that accepts Amerigroup prescriptions, call Member Services at 1-800-600-4441 (TTY 711). Or you can use the Find A Doctor tool online at www.myamerigroup.com/NJ. Using an in-network pharmacy will make sure Amerigroup properly reviews your medication to verify it’s covered under your pharmacy benefit.
Preferred Drug List

The Preferred Drug List (PDL) is a list of commonly prescribed drugs covered by Amerigroup. We also cover drugs outside of the PDL. Some of those drugs may require preapproval. A group of providers and pharmacists check the PDL and other drugs we cover. They do this to make sure the drugs you’re taking are safe and effective. When you’re prescribed a drug, talk to your provider to find out if the drug is on our drug list. The drug list can be found online at www.myamerigroup.com/NJ.

We cover up to a one-month supply of a drug at a retail pharmacy and a two-month supply through mail order. Some drugs may be subject to quantity limits based on criteria we have created and to routine review and changes. The limit may restrict the amount dispensed per prescription order or refill and/or the amount dispensed per month’s supply. You can find out whether a prescription drug has been assigned a maximum quantity dispensing limit online at www.myamerigroup.com/NJ. Or call Member Services at 1-800-600-4441 (TTY 711).

You may need to use one or more types of a drug before we will cover another drug as medically necessary. This is called step therapy. We check certain prescription drugs to make sure proper prescribing guidelines are followed. These guidelines help you get high-quality and cost-effective drugs. Step therapy drugs included on the PDL may require preapproval if you have not tried one or more of the required drugs.

Therapeutic substitution is a program that tells you and your providers about alternatives to certain prescribed drugs. We may contact you and your provider to make you aware of these choices. Only you and your provider can decide if the therapeutic substitute is right for you.

When a brand-name drug becomes available as generic drug, the brand-name drug will be removed from the PDL and we will no longer cover it. If your provider decides you need to stay with the brand-name drug, they can ask for a preapproval from Amerigroup.

If we make changes to the PDL, you and your provider will receive a notice from us before the change.

Preapproval requests

You may also be able to get prescriptions for drugs not on the Amerigroup approved drug list (preferred drug list, or PDL), or for brand-name drugs instead of the available generic versions. You may be able to get these drugs if your provider says they’re medically necessary to treat your condition or keep you healthy. To get these drugs, your provider will need to get a preapproval. He or she will have to call Amerigroup first to request the drug for you. Decisions are based on whether the drug is medically necessary based on certain medical rules. We’ll make a decision within 24 hours of your provider’s request. We’ll also give you a 72-hour supply of drugs not on our PDL during that time if you need it.
Preapproval for behavioral health-related conditions

- Pharmacy services for behavioral health-related conditions are covered by Amerigroup (except methadone and its administration when prescribed for substance use disorder SUD treatment for non-MLTSS members), including drugs prescribed by behavioral health (BH) providers.
- Atypical antipsychotic and antidepressant drugs ordered by an outside plan or Amerigroup plan provider will be covered regardless of the treatment plan established by Amerigroup as long as prescribed by BH providers.
- Amerigroup PDL and preapproval (PA) requirements will apply only when the initial drug treatment plan is changed.
- Amerigroup will restrict benefits and require PA for BH-related drugs prescribed by BH providers if one of these exceptions is shown:
  - The drug prescribed isn’t related to the treatment of substance use disorder/dependency/addiction or BH-related conditions
  - The prescribed drug does not conform to standard rules of the Amerigroup’s pharmacy plan; for example, the amount prescribed by the provider is unsafe

Smoking cessation drugs
Your provider may prescribe smoking cessation drugs to help you stop smoking and stay healthy. Amerigroup gives you benefits for smoking cessation drugs. Examples of these drugs include nicotine patches, nicotine gum, nicotine lozenges and bupropion. Your provider may also prescribe some other smoking cessation drugs but may need to get preapproval from Amerigroup. Your normal copay may apply.

Over-the-counter drugs
Amerigroup gives you an extra benefit for certain over-the-counter (OTC) drugs. Each member can get up to $15 worth of these drugs every three months. Quantity limits and safety restrictions apply. These three-month periods begin on the first day of January, April, July and October. Your provider must give you a prescription for these drugs. Give it to the pharmacist at an Amerigroup network pharmacy to be filled. You will need to show your Amerigroup ID card. If you have reached the $15 limit for the three-month period, the pharmacist will let you know. For NJ FamilyCare D members, OTC drugs aren’t covered.

Provider Lock-in Program
Members who have many illnesses, see different providers, use different pharmacies and take different kinds of medicine may be put into the Provider Lock-in Program. In this program, the member can only fill their prescriptions at one pharmacy. By using one pharmacy, the staff will get to know the member’s health status. The staff will also be better prepared to help the member with his or her health care needs. The pharmacist can also look at past drug use and work with the member’s provider if drug problems happen.

A member may also be put into the Provider Lock-in Program if he or she isn’t using medicines the right way. Amerigroup will work with the member and his/her provider to inform the member about the right use of medicines.
Members in the Provider Lock-in Program will only be able to get a 72-hour supply of medicine from a different pharmacy if their chosen pharmacy doesn’t have that drug on hand or there’s an emergency.

If you’re put in the Lock-In Program, you’ll get a letter to let you know. If you don’t agree with our decision to assign you to just one pharmacy or one provider, you can appeal it over the phone or in writing. We recommend you follow up your call with a written appeal request, but it’s not required. If you ask for a quicker resolution over the phone, you don’t need to follow up in writing. Written appeals must be sent to us within 60 days of the date when you get this letter. Send written appeals to:

Appeals Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

SPECIAL AMERIGROUP SERVICES FOR HEALTHY LIVING

Health information
You can learn more about healthy living for you and your family through our health information programs. One way to get health information is to ask your primary care provider (PCP). Another way is to call the 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711). Through our 24-hour Nurse HelpLine, nurses are available to answer your questions anytime, day or night. They can tell you if you need to see your PCP. They can also tell you how you can help take care of some health problems you or your child may have.

We’re about more than just provider visits. With special services like health education and events, we offer you many ways to get and stay healthy. Amerigroup sponsors 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 and win prizes. Go to www.myamerigroup.com/NJ or call Member Services at 1-800-600-4441 (TTY 711) to find out more about where and when events take place.

Some of the larger medical sites (such as clinics) in our plan will show health videos. These videos talk about shots, prenatal care and other key health topics. If your PCP’s office shows these kinds of videos, we hope they will make your time at your PCP’s office more comfortable.

We’ll also mail a member newsletter to you once a year. This newsletter gives you health information about wellness care, managing your illness, parenting and many other topics.

Health education classes
We’re proud to do our part. Our community health educators work with other groups in your area to help keep you and your family healthy. They work with local schools, hospitals, and groups to lead workshops that address common health questions. To find health education classes near your home, call Member Services at 1-800-600-4441 (TTY 711) or visit www.myamerigroup.com/NJ. We have classes about:

- Amerigroup services and how to get them
- Shots and well-child health
Health Education Community Advisory Committee

We want to hear from you. As an Amerigroup member or caregiver, you can participate in our Health Education Community Advisory Committee (HECAC) meetings. By participating you can learn about health care services in your community and we can find out how to better serve you. Go to www.myamerigroup.com/NJ to find out more about where and when events take place. Or call the Quality Management department at 1-877-453-4080, option 1, to ask when the next meeting will be held in your area.

Care Management services/Services for members with special needs

We can help all Amerigroup members get services and make medical and dental appointments. We’ll help members with hearing problems communicate with their providers through trained interpreters that know sign language. Amerigroup will help set up and pay for this service.

Some members have special needs and need extra help. We may call you or your representative to help you get the care you need. We can also tell you about other medical, social or support services that could help you.

After enrolling with Amerigroup, you or your representative will be asked to complete an initial health screening (IHS). This will help us see if you have any special care needs. If the answers from the IHS, other medical information Amerigroup gathered from your providers, the State, or your present services show you may have special needs, you’ll be asked to complete a comprehensive needs assessment (CNA) to decide if you need special services and care management. We’ll attempt to contact members within 45 days of enrollment to complete the IHS and/or CNA and coordinate needed services, which include a visit to your PCP or specialist.

We’ll help you manage all the moving pieces. If you get long-term care, you can meet with a Care Manager who will listen to your goals and help you develop a plan for managing your health. You, your representative, your PCP, and any others you want to be involved must agree before we develop your individual care plan to fit your needs. We can have you, your representative, your PCP, your Amerigroup Care Manager and a Division of Developmental Disabilities or Division of Child Protection and Permanency case manager set up a good time to develop your care plan. If you have a major change in your medical or behavioral health that won’t get better without getting care, reassessment will be done either once or twice a year. Face-to-face Care Management may be needed for members with serious, difficult or long-term conditions.
A care plan will be developed for members with special needs no later than 30 days after being identified for Care Management. Your PCP may give you or you may ask for a referral so you can keep going to a specialist for a long time. You can keep going without having to go back to your PCP. This is called a standing referral. Sometimes a specialist can be your PCP. This may happen when you have a special need being taken care of by a specialist. This special need could be a life-threatening condition or a worsening and/or disabling condition, which requires specialized medical care over a long period of time.

A referral to a dental specialist or dentist that provides dental treatment to special needs patients is allowed when a PCD requires a meeting for services by that specialist. Special needs members, as well as children and adults, have access to added diagnostic, preventive and periodontic services. Amerigroup also covers dental services provided in an operating room or surgery center for eligible members, if needed. If one of our Care Managers has already talked to you about your special needs, he or she can help you make this change if the specialist agrees.

If you have special needs and you haven’t talked with one of our Care Managers yet, call Member Services at 1-800-600-4441 (TTY 711). Ask to be transferred to a Care Manager. You may call our Care Management department at 1-800-452-7101 (TTY 711), ext. 66050, Monday through Friday from 8 a.m. to 5 p.m. Eastern time. Our address is:

Care Management Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

For children with special needs, your Care Manager can help manage his or her care. This includes well-child visits, shots, disease management, full dental and specialty care.

If you have a crisis or emergency event, please call 911 or go to the nearest hospital emergency room as soon as you can. An emergency could be one of these things:

- Very bad bleeding that doesn’t stop
- Bad pain
- Chest pains/facial paralysis
- Very bad burns
- Passing out
- Shakes called convulsions or seizures
- Trouble breathing
- Miscarriage or a woman in labor
- Broken bones
- Throwing up blood
- Suspected drug overdose or poisoning
- Rape/sexual assault
- Thoughts of suicide or hurting yourself
For nonemergency care, you should call your PCP. He or she will tell you what to do. You can also call our 24-hour Nurse HelpLine at 1-800-600-4441 (TTY 711).

If you have been receiving care from a provider who isn’t in our plan and want to keep getting care from him/her, ask your PCP to call us first for approval. Amerigroup will look at your care needs to see if it’s medically necessary for you to keep seeing this other provider.

**Resources for caregivers**
At Amerigroup, we’re here to support you — and your support system. Your health also makes a difference to others in your life, which is why we’re here to help you and the people who care about you. You depend on your caregiver, so it may be hard for your loved one to take time to think about him or herself. It’s important for him or her to stay healthy and continue to be the best possible caregiver for you. Find more information at:
- www.nia.nih.gov
- caregiveraction.org
- www.acl.gov

If you have any questions or need help, call Member Services at 1-800-600-4441 (TTY 711).

**Disease Management Centralized Care Unit**
Amerigroup has a Disease Management Centralized Care Unit (DMCCU) program. A team of licensed nurses and social workers, called DMCCU case managers, teach you about your condition and help you learn how to manage your care. Your PCP and our team of DMCCU case managers will help you with your care needs.

DMCCU case managers provide support over the phone for members with:
- Diabetes
- HIV/AIDS
- Heart conditions
  - Coronary artery disease
  - Congestive heart failure
  - Hypertension
- Lung conditions
  - Asthma
  - Chronic obstructive pulmonary disease
- Behavioral health conditions
  - Bipolar disorder
  - Major depressive disorder
  - Schizophrenia
  - Substance use disorder

DMCCU case managers work with you to create health goals and help you develop a plan to reach them. Our case managers work with you, your caregivers, and providers to create a care plan that covers your whole health: the physical, mental and emotional. As a member in the program, you’ll benefit from having a case manager who:
- Listens to you and takes the time to know your specific needs
- Helps you create a care plan to reach your health care goals
- Gives you the tools, support and community resources that can help improve your quality of life
- Gives health information that can help you make better choices

Member Services • 1-800-600-4441 • TTY 711 • Monday-Friday 8 a.m.-6 p.m.
• Helps you coordinate care with your providers

As an Amerigroup member enrolled in the DMCCU, you have certain rights and responsibilities. You have the right to:
• Have information about Amerigroup, as well as all Amerigroup programs and services as well as our staff’s education and work experience; it also includes contracts we have with other businesses or groups
• Refuse to take part in or disenroll from programs and services we offer
• Know which staff members set up your health care services and who to ask for a change
• Have us help you make choices with your providers about your care
• Learn about all DMCCU-related treatments, along with anything stated in the clinical rules, whether covered by Amerigroup or not; you have the right to talk about all options with your providers
• Have personal and medical information kept private under HIPAA; know who has access to your information; know what Amerigroup does to keep it private
• Be treated with courtesy and respect by Amerigroup staff
• File a grievance with Amerigroup and be told how to make a grievance, along with knowing about Amerigroup standards of timely response to grievances and taking care of issues of quality
• Get information you can know
• Have Amerigroup act as your supporter, if needed

You’re encouraged to:
• Listen to and know the effects of taking or refusing health care advice
• Give us the information we need to carry out our services
• Tell us and your providers if you decide to disenroll from the DMCCU program

If you have one of these conditions or would like to know more about DMCCU, please call 1-888-830-4300 (TTY 711), Monday through Friday, 8:30 a.m. to 5:30 p.m. Eastern time. Ask to speak with a DMCCU case manager. Or visit www.myamerigroup.com/NJ.

MINORS

The Amerigroup plan of providers and hospitals can’t give you care without your parent’s or legal guardian’s approval. This is true for most Amerigroup members under age 18; this isn’t true if emergency care is needed. Your parents or legal guardians can find out what’s in your medical records. You can ask your primary care provider (PCP) not to tell your parents what’s in your medical records, but if they ask, the PCP must show them your medical records.

These rules don’t apply to emancipated minors under age 18 who:
• Are married
• Are pregnant
• Have a child
• Are being treated for sexually transmitted diseases (STDs)
• Are getting family planning services
Emancipated minors may decide about their and their children’s medical care. Parents don’t have the right to see the medical records of emancipated minors.

**MAKING A LIVING WILL**

By law, you may refuse care your provider wants to give you.

Here’s how a living will or advance directive works. Sometimes people are very sick or hurt. Their provider may tell them or their families that death or something like a permanent coma may happen. By giving you some kinds of care, they can keep you living longer, but it will probably not improve your health. This care may include using machines that replace breathing or eating. Some people don’t want to get that kind of care. But they know they may be too sick to refuse care. To make sure they get only the kind of care they want, they sign a living will. This paper says what kinds of care they want to refuse if death or something like a permanent coma happens.

You can sign a living will for yourself or your children. It will tell your provider what kinds of care you don’t want if this happens to you. If you need help getting a living will, call Member Services at 1-800-600-4441 (TTY 711). Or download your state-specific living will form from www.caringinfo.org. You and your primary care provider (PCP) must work together to complete your living will. Give your living will to your PCP. Your PCP will make sure it’s in your medical record. Then he or she will know how you want to be cared for if you’re very sick or hurt very badly and can’t say what care you want.

You can change your mind after you’ve signed a living will. Call your Amerigroup PCP. He or she will help you take the living will out of your medical record. You can also make changes in the living will by filling out, signing and dating a new one.

**GRIEVANCES AND APPEALS**

**If you have a grievance**

If something isn’t working, our team wants to hear about it. Our member grievance and appeal process allows us to get your feedback and make things right. If you have a problem with your care, dental services or Amerigroup services, call or write to us. You can also ask your provider and/or an authorized person to call or write to us for you. Contact us at the address and phone numbers below:

Quality Management Department  
Amerigroup Community Care  
101 Wood Ave. S., 8th Floor  
Iselin, NJ 08830  
Phone: 1-800-600-4441 (TTY 711)  
Fax: 1-877-271-2409

A Member Services representative will work with you to try to help fix your problem. If your problem isn’t taken care of right away, we’ll send you a letter or call you for more information. We will take care of your grievance within 30 calendar days of when we got your call or letter.
If your grievance is an emergency, we’ll give you an answer within 24 hours of when we get it. If it’s urgent, we’ll answer you within 72 hours.

If you file a grievance, Amerigroup won’t hold it against you. We’ll still be here to help you get care.

You, your provider or authorized person can file a grievance orally or in writing with the state or Amerigroup.

You have the right to file a grievance in your language. If you ask, we’ll tell you in your primary language of your rights to file grievances and will give the decision in your primary language. If you need help filing a grievance in your language, call Member Services at 1-800-600-4441 (TTY 711).

How to file a grievance

Level 1 grievance
To file a non-UM (Utilization Management) or non-medical grievance, you, your provider or authorized person can call us, write to us or send us a fax. Tell us the problem, when it happened and the people involved. Contact us at the address and phone numbers below:

Quality Management Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830
Phone: 1-800-600-4441 (TTY 711)
Fax: 1-877-271-2409

Once we get your grievance, we’ll send you (and your provider or authorized person, if he or she made the request) a letter within five business days to let you know we have your grievance. We’ll ask you for more information, if needed. We’ll try to solve the problem so you’re satisfied.

We’ll then send you (and your provider or authorized person if he or she made the request) a letter to let you know what our decision is within 30 calendar days from when you contacted us about your grievance. You can file another grievance with us about this problem if you’re still not pleased.

Level 2 grievance
If you’re still unsatisfied with the answer you got about your non-UM Level 1 grievance, you have, or your provider or authorized person has 60 days from the date of our response to file a Level 2 grievance. To file a Level 2 grievance, you, your provider or authorized person can call us, write to us or send us a fax. Tell us the problem, when it happened and the people involved. Contact us at the address and phone numbers listed in the last section, Level 1 grievance.

We’ll send you a letter within 30 calendar days of when we got your Level 2 grievance. This letter will tell you the final decision.
If you want to appeal a medical decision Amerigroup made

There may be times when we say we won’t pay for or approve a service you requested. For example, if you, your provider or authorized person asks for a service that isn’t medically necessary, we may not pay for it. Or if your provider tells you a service isn’t covered and you agree to pay for it before you get care, we may not pay for it.

If we don’t pay for or approve the services you asked for, you can file an appeal. An appeal is when you ask Amerigroup to look again at the care your provider asked for and we said we won’t pay for it. We will provide you with a copy of your records about the appeal at no cost to you.

You, your provider, or authorized person can ask for an internal appeal. If your provider, or other authorized person appeals for you, you must provide your written approval.

You’ll still be covered for the service while an appeal is being reviewed if:

- The appeal is filed on time
- The appeal involves a course of treatment that was approved
- The services were ordered by an Amerigroup authorized provider
- The appeal request is made on or before the final day of the previously approved authorization, or within 10 calendar days of the date of Amerigroup sending the notification of adverse benefit determination, whichever is later

A doctor who wasn’t involved in the first decision we made will review your appeal and decide what we should do.

If the Medical Director who looks at your case decides the service isn’t medically necessary, you or your provider (with your written approval) can ask for an external appeal.

If the care your provider says you need is an emergency, we’ll answer your appeal within 72 hours of when we get it. If the care your provider says you need is urgent, we’ll answer your appeal within three calendar days. All other internal appeals will be decided in 30 calendar days.

This time period may be extended up to an extra 14 days if you request or if Amerigroup needs more information and the delay is in your interest. In order for you to get an extension, we must submit your request to the state. The state will make the decision to approve or deny your extension request.

If you aren’t satisfied with any denial decision, you or your provider (with your approval) can talk to the same Medical Director who made the denial decision.

If you file an appeal, Amerigroup won’t hold it against you. We’ll still be here to help you get care.

You have the right to file an appeal in your language. If you ask, we’ll tell you in your primary language of your rights to file an appeal and will give the decision in your primary language. If you need help filing an appeal in your language, call Member Services at 1-800-600-4441 (TTY 711).
How to file an appeal

*Internal appeal*
To ask for an internal appeal, you, your provider or your authorized person (with your written approval) can write us a letter or call us. You must ask for this appeal within 60 calendar days from the date of the letter that told you we still won’t pay for the service. Call Member Services at 1-800-600-4441 (TTY 711) or mail your letter and all of your medical information about the service to:

Appeals Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

If we need more medical information to look at your case, we’ll ask you or your provider for the information we need. We’ll let you know what we decide within 30 calendar days of when we get this information and give you the reason for our decision.

If the care your provider says you need is urgent, we’ll answer your appeal within 72 hours.

This time period may be extended up to an extra 14 days if you request or if Amerigroup needs more information and the delay is in your interest. In order for you to get an extension, we must submit your request to the state. The state will make the decision to approve or deny your extension request.

If Amerigroup still won’t pay for or approve the service, an external appeal can be requested.

*External appeal*
You also have the right to an external appeal.* You, your provider or your authorized person (with your written approval) can file an external appeal for any of these reasons:

- If the internal appeal decision is that we shouldn’t pay for or approve the services
- If we don’t complete your appeal on time
- If we give up our right to review your appeal

The appeal is sent to the Independent Health Care Appeals Program (IHCAP), which is run by the New Jersey Department of Banking and Insurance (DOBI). Through IHCAP, your appeal will be reviewed by an Independent Utilization Review Organization (IURO).

If we send you an internal appeal denial letter, we’ll also send you a form to apply for an appeal to IHCAP. This appeal must be made within 60 calendar days of the date of the internal appeal letter. Send the signed application, a copy of the internal appeal letter and copies of any related medical records to:

Department of Banking and Insurance
Office of Managed Care
P.O. Box 329
Trenton, NJ 08625-0329
The IURO assigned by IHCAP will let you know right away if they will review your case. If they do, a
decision will be made within 45 calendar days. In emergency/urgent care cases, the IURO will complete
its review within 48 hours of when it got the appeal.

Amerigroup will do what the IURO decides. If the IURO decides you were denied medically necessary
services, it will let you know the covered services you should get. The IURO will also tell Amerigroup
what services you should get. Amerigroup will provide benefits for the services the IURO says are
medically necessary.

To get IHCAP application forms and consent forms online, go to www.state.nj.us/dobi. If you have any
questions about IHCAP, call Member Services at 1-800-600-4441 (TTY 711). Or call DOBI at
609-292-5316, ext. 50998, or toll free at 1-888-393-1062.

*Note: If your appeal involves the denial of any of the following services, you can’t file an external
appeal with the IURO:
1. Adult Family Care
2. Assisted Living Program
3. Assisted Living Services (when the denial is not based on medical necessity)
4. Caregiver/Participant training
5. Chore services
6. Community Transition Services
7. Home-Based Supportive Care
8. Home-delivered Meals
9. PCA
10. Respite (Daily and Hourly)
11. Social Day Care
12. Structured Day Program (when the denial is not based on medical necessity)
13. Supported Day Services (when the denial is not based on the diagnosis of TBI)

If you choose to continue to appeal any of these services after the internal appeal, you must file a Fair
Hearing. See the section called “Fair Hearing.”

If your provider files a claim appeal
Your provider, a hospital that treated you, or other providers have the right to appeal a claim denial
and go to court. To do this, they’ll need your approval to release your personal health information. If
you haven’t already signed the consent form, they might ask you to sign the form for this appeal. The
outcome doesn’t affect your Amerigroup benefits. If you have any questions, call Member Services.

Fair Hearing
Medicaid, NJ FamilyCare A and NJ FamilyCare ABP members also have the right to ask for a
Fair Hearing.
You can write to ask for a Fair Hearing after you complete the internal appeal process and you receive a notice from Amerigroup upholding the denial. But you must ask for a Fair Hearing no later than 120 calendar days from the date of our internal appeal letter. You have the right to a Fair Hearing. You can have an authorized representative or someone else speak for you at the hearing. Amerigroup will follow the Fair Hearing decision.

Your provider may request a Fair Hearing for you only with your written approval. To ask for a Fair Hearing, send a letter and a copy of the denial letter to:

Division of Medical Assistance and Health Services
Fair Hearing Section
P.O. Box 712
Trenton, NJ 08625-0712

If you ask for a Fair Hearing at this time and want to continue getting benefits, you must do so in writing within 10 calendar days of the date of the internal appeal letter. If you ask to continue getting benefits under the Fair Hearing process and your appeal is denied, you may be required to pay for these services.

During the appeal process or the Fair Hearing process, you’ll still be covered for the service by Amerigroup while an appeal is being reviewed if:

- The appeal is filed on time
- The appeal involves a course of treatment that was approved
- The services were ordered by an Amerigroup authorized provider
- The appeal request is made on or before the final day of the previously approved authorization, or within 10 calendar days of the date of Amerigroup sending the notification of adverse benefit determination, whichever is later

If you file for a Fair Hearing, Amerigroup won’t hold it against you. We’ll still be here to help you get care. If you have any questions about our appeal process, the IURO or the Fair Hearing, please call Member Services.

**Member Explanation of Benefits**

If you get a service from a provider, and Amerigroup doesn’t pay for it, you may get a notice. This notice is called an Explanation of Benefits (EOB). This is not a bill. The EOB will tell you the date you got the service, the type of service and the reason we can’t pay for it. The provider, health care facility or person who gave you this service will get a notice called an Explanation of Payment.
If you get an EOB, you don’t have to do anything at that time, unless you or your provider wants to appeal the decision. An appeal is when you ask Amerigroup to review the service we said we wouldn’t pay for. You must ask for an appeal within 60 calendar days of getting the EOB. To appeal, you or your provider can call Member Services or mail your request and medical information for the service to:

Medical Appeals  
Amerigroup Community Care  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

We can take your appeal by phone.

OTHER INFORMATION

If you move  
You should call the Health Benefits Coordinator at 1-800-701-0710 (TTY 1-800-701-0720) if you’re moving or planning to move. You can visit your County Welfare Agency if you’re planning to move, too. If you’re a NJ FamilyCare member, please call NJ FamilyCare at 1-800-701-0710 (TTY 1-800-701-0720) to give your new address. You may also call Member Services at 1-800-600-4441 (TTY 711).

If you’re unable to leave your home  
Amerigroup can help take care of you even if you can’t leave your home. Call Member Services at 1-800-600-4441 (TTY 711) right away if you’re homebound. We’ll have a Care Manager get in touch with you to make sure you get the care you need.

Renew your eligibility for your FFS, SSI or NJ FamilyCare benefits on time  
We want you to keep your health care benefits. You could lose your benefits even if you still qualify.

Every year, the County Welfare Agency (CWA) will send you a form. This form tells you it’s time to renew your FFS, SSI or NJ FamilyCare benefits. Be sure to look at the due date on your form. You need to renew your eligibility on time. If your eligibility has ended, you’ll no longer be enrolled in Amerigroup. Be sure to follow the CWA rules about filling out the form. Turn it in before the date on your form. Your state case manager can help you fill out the form. If you have any questions, call or go to the CWA office in your area. These offices are listed on the next page.

NJ FamilyCare members should call NJ FamilyCare at 1-800-701-0710 (TTY 1-800-701-0720) with any questions about renewing eligibility. We want to help you keep getting your benefits if you still qualify. Helping you stay healthy is one of our main concerns.
# County Welfare Agencies

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Fax Numbers</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Atlantic County Dept. of Family and Community Development</strong></td>
<td>1333 Atlantic Ave, Atlantic City, NJ 08401</td>
<td>609-348-3001 / 609-343-2374</td>
<td>609-343-2374</td>
<td>Monday through Friday, 8:30 a.m.-4:30 p.m.</td>
</tr>
<tr>
<td><strong>Bergen County Board of Social Services</strong></td>
<td>218 Route 17 North, Rochelle Park, NJ 07662</td>
<td>201-368-4200 / 201-368-8710</td>
<td>201-368-8710</td>
<td>Tuesday: 7:45 a.m.-8 p.m.</td>
</tr>
<tr>
<td><strong>Burlington County Board of Social Services</strong></td>
<td>795 Woodlane Road, Mount Holly, NJ 08060</td>
<td>609-261-1000 / 609-261-0463</td>
<td>609-261-0463</td>
<td>8 a.m.-5 p.m.</td>
</tr>
<tr>
<td><strong>Camden County Board of Social Services</strong></td>
<td>600 Market St, Camden, NJ 08102-1255</td>
<td>856-225-8800 / 856-225-7797</td>
<td>856-225-7797</td>
<td>8:30 a.m.-4:30 p.m.</td>
</tr>
<tr>
<td><strong>Cape May County Board of Social Services</strong></td>
<td>4005 Route 9 South, Rio Grande, NJ 08242</td>
<td>609-886-6200 / 609-889-9332</td>
<td>609-889-9332</td>
<td>8:30 a.m.-4:30 p.m.</td>
</tr>
<tr>
<td><strong>Cumberland County Board of Social Services</strong></td>
<td>275 North Delsea Dr, Vineland, NJ 08360-3607</td>
<td>856-691-4600 / 856-692-7635</td>
<td>856-692-7635</td>
<td>8:30 a.m.-4:30 p.m.</td>
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<tr>
<td><strong>Essex County Dept of Citizen Services</strong></td>
<td>18 Rector St., 9th Floor, Newark, NJ 07102</td>
<td>973-733-3000 / 973-643-3985</td>
<td>973-643-3985</td>
<td>8:30 a.m.-4:15 p.m.</td>
</tr>
<tr>
<td><strong>Essex County Board of Social Services</strong></td>
<td>400 Hollydell Drive, Sewell, NJ 08080</td>
<td>856-582-9200 / 856-582-6587</td>
<td>856-582-6587</td>
<td>8:30 a.m.-4:30 p.m.</td>
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<tr>
<td><strong>Gloucester County Division of Social Services</strong></td>
<td>257 Cornelison Ave, Jersey City, NJ 07302</td>
<td>201-420-3000 / 201-420-0343</td>
<td>201-420-0343</td>
<td>8 a.m.-4:15 p.m.</td>
</tr>
<tr>
<td><strong>Hunterdon County Dept. of Human Services</strong></td>
<td>6 Gauntt Place, Flemington, NJ 08822-2900</td>
<td>908-788-1300 / 908-806-4588</td>
<td>908-806-4588</td>
<td>8:30 a.m.-4:30 p.m.</td>
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<td>County Welfare Agencies</td>
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<td><strong>Mercer County Board of Social Services</strong>&lt;br&gt;200 Woolverton St.&lt;br&gt;Trenton, NJ 08650-2099&lt;br&gt;609-989-4320&lt;br&gt;Fax: 609-989-0405&lt;br&gt;Hours: 8:30 a.m.-4:30 p.m.&lt;br&gt;Tuesday: 8:30 a.m.-8:30 p.m.</td>
<td><strong>Middlesex County Board of Social Services</strong>&lt;br&gt;181 How Lane&lt;br&gt;P.O. Box 509&lt;br&gt;New Brunswick, NJ 08903&lt;br&gt;732-745-3500&lt;br&gt;Fax: 732-745-4558&lt;br&gt;Hours: 8:30 a.m.-4:15 p.m.</td>
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<td><strong>Monmouth County Division of Social Services</strong>&lt;br&gt;3000 Kozloski Road&lt;br&gt;P.O. Box 3000&lt;br&gt;Freehold, NJ 07728&lt;br&gt;732-431-6000&lt;br&gt;Fax: 732-431-6017&lt;br&gt;Freehold hours: 8:30 a.m.-4:40 p.m.&lt;br&gt;Thursday: 8:30 a.m.-8 p.m.&lt;br&gt;Ocean field office: 8:30 a.m.-4:30 p.m.&lt;br&gt;Tuesdays and Wednesdays: 8:30 a.m.-8 p.m.</td>
<td><strong>Morris County Office of Temporary Assistance</strong>&lt;br&gt;340 W. Hanover Ave.&lt;br&gt;P.O. Box 900&lt;br&gt;Morristown, NJ 07963-0900&lt;br&gt;973-326-7800&lt;br&gt;Fax: 973-326-7875&lt;br&gt;Hours: 8:30 a.m. - 4:30 p.m.&lt;br&gt;Every other Tuesday: 8:30 a.m. - 7:30 p.m.</td>
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<td><strong>Ocean County Board of Social Services</strong>&lt;br&gt;1027 Hooper Ave.&lt;br&gt;P.O. Box 547&lt;br&gt;MS River, NJ 08753-0547&lt;br&gt;732-349-1500&lt;br&gt;Fax: 732-244-8075&lt;br&gt;Hours: 8:30 a.m.-4:30 p.m.&lt;br&gt;Tuesday: 8:30 a.m.-6 p.m.</td>
<td><strong>Passaic County Board of Social Services</strong>&lt;br&gt;80 Hamilton St.&lt;br&gt;Paterson, NJ 07505-2060&lt;br&gt;973-881-0100&lt;br&gt;Fax: 973-881-3232&lt;br&gt;Hours: 7:30 a.m.-4:30 p.m.</td>
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<td><strong>Salem County Board of Social Services</strong>&lt;br&gt;147 South Virginia Ave.&lt;br&gt;Penns Grove, NJ 08069-1797&lt;br&gt;856-299-7200&lt;br&gt;Fax: 856-299-3245&lt;br&gt;Hours: 8 a.m.-4 p.m.</td>
<td><strong>Somerset County Board of Social Services</strong>&lt;br&gt;P.O. Box 936&lt;br&gt;73 East High St.&lt;br&gt;Somerville, NJ 08876-0936&lt;br&gt;908-526-8800&lt;br&gt;Fax: 908-231-9010&lt;br&gt;Hours: 8:15 a.m.-6 p.m.&lt;br&gt;Field Office Hours: 8:30 a.m.-4:30 p.m.</td>
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<td><strong>Sussex County Division of Social Services</strong>&lt;br&gt;83 Spring St., Suite 203&lt;br&gt;P.O. Box 218&lt;br&gt;Newton, NJ 07860-0218&lt;br&gt;973-383-3600&lt;br&gt;Fax: 973-579-9894&lt;br&gt;Hours: 8:30 a.m.-4:30 p.m.</td>
<td><strong>Union County Division of Social Services</strong>&lt;br&gt;342 Westminster Ave.&lt;br&gt;Elizabeth, NJ 07208-3290&lt;br&gt;908-965-2700&lt;br&gt;Fax: 908-965-2752&lt;br&gt;Hours: 8:30 a.m.-4:30 p.m.</td>
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How to disenroll from Amerigroup

We want you to be happy with the services and care Amerigroup helps you get as a member. If you don’t like something about Amerigroup, please call Member Services at 1-800-600-4441 (TTY 711). Or call the state’s Health Benefits Coordinator at 1-800-701-0710 (TTY 1-800-701-0720). We want to keep you as a member. We’ll try to work with you to fix the problem.

If you’ve decided to leave Amerigroup (disenroll), you can. You can disenroll without reason during the first 90 calendar days you were enrolled or when you received notice you were enrolled, whichever is later.

You may also disenroll or transfer to another health plan at any time with good cause. Disenrolling will take 30 to 45 calendar days. During this time, Amerigroup will keep providing for your care until you’re disenrolled.

If you don’t have good cause, you must wait until after the 12-month enrollment period to disenroll or transfer to another health plan. After this time, you can choose to disenroll during the annual Open Enrollment Period. The Open Enrollment Period is October 1 through November 15 of each year. Otherwise, you’ll be enrolled every 12 months with Amerigroup as long as you’re still eligible for benefits unless you choose a different health plan.

If you’re eligible through the Division of Child Protection and Permanency, you can disenroll and transfer to another health plan at any time.

To disenroll from Amerigroup, call the Health Benefits Coordinator at 1-800-701-0710 (TTY 1-800-701-0720). If you choose to disenroll from Amerigroup, you must enroll with another plan to keep getting your FFS benefits. As soon as you disenroll, you must return your Amerigroup member ID card to us. If you have any questions, please call Member Services at 1-800-600-4441 (TTY 711).

You can change your mind. To switch back to Amerigroup, you must ask the Health Benefits Coordinator to re-enroll you. Call 1-800-701-0710 (TTY 1-800-701-0720). Enrolling again takes 30 to 45 calendar days. During this time, you would not be covered by Amerigroup. You would continue to be covered by your current fee-for-service Medicaid or health plan, if applicable.
Reasons you can be disenrolled from Amerigroup

There are several ways you could be disenrolled without asking to be disenrolled. The State will disenroll you from Amerigroup if you’re no longer eligible for Fee-for-Service (FFS). If you’re eligible for FFS again within the next two months, the state will re-enroll you in Amerigroup. The state will disenroll you from Amerigroup if you’re changed to certain eligibility groups or programs or types of care.

You may not be eligible for Amerigroup if you’re in:
- An intermediate care facility for persons with developmental disabilities, or some other residential treatment setting (in some events your care may be approved by Amerigroup)
- The medically needy Medicaid eligibility group
- The presumptive eligibility group
- A Program of All-Inclusive Care for the Elderly (PACE) program

Others who may not be eligible for Amerigroup include:
- Infants of inmates of a public institution living in a prison nursery
- Individuals in out-of-state placements unless approved by AmeriGroup
- Full-time students attending school who reside out of the country

You can be disenrolled for these reasons:
- Amerigroup stops providing services for the NJ FamilyCare program
- You’re no longer eligible
- You move outside of the enrollment area covered by the contract, along with full-time students who live outside the state for more than 30 days
- DMAHNS and you decide that disenrollment would be best for you
- You’re an MLTSS member who owes a member payment liability and has not made a payment
  - Disenrolling from MLTSS does not necessarily mean that you will be disenrolled from Amerigroup for NJ FamilyCare benefits. After contacting us, your MLTSS eligibility will be reviewed and checked. For contact under 30 days, you may re-enroll with MLTSS right away. For over 30 days, MLTSS or OCCO will need to have a new NJ Choice Assessment.
- You’re in in a facility other than a nursing facility/special care nursing facility
- You become incarcerated in a county jail, state or federal prison
  - Your benefits will be stopped the day after you go to jail until the day you’re released.
    o If a jailed member is expected to be in the hospital for 24 hours more, he or she isn’t considered an inmate anymore and can be covered by fee-for-service.
- You act in a way that hurts the purpose of our plan, such as:
  - You don’t follow the rules in this handbook
  - You let another person use your Amerigroup ID card, or you’re involved in any other type of fraud
  - You refuse to cooperate with your primary care provider (PCP) on scheduling and attending appointments
Before we ask DMAHS to disenroll you for any of these reasons, we’ll try to contact you at least three times. We’ll explain to you why you could be disenrolled. We’ll try to help you stay in our plan. Being sick or needing a lot of care isn’t a reason for us to ask the state to disenroll you.

For members not enrolled in AFDC/TANF or ABD and related groups
There are some reasons you could be disenrolled without asking to be disenrolled:

- Amerigroup stops providing services for NJ FamilyCare
- Your family is no longer eligible
- You don’t pay your premium (NJ FamilyCare D members only)
- You move outside the enrollment area covered by the contract (this doesn’t apply to covered full-time students)
- You act in a way that hurts the purpose of our plan such as:
  - You don’t follow the rules in this handbook
  - You let another person use your Amerigroup ID card, or you’re involved in any other type of fraud
  - You won’t work with your PCP on getting and keeping appointments

Before we ask NJ FamilyCare to disenroll you, we’ll try to contact you at least three times. We’ll explain why you could be disenrolled. We’ll try to help you stay in our plan. Being sick or needing a lot of care isn’t a reason for us to ask the state to disenroll you.

You asked to be enrolled in Amerigroup and didn’t get enrolled
The state makes sure you can enroll in Amerigroup if you want. The Health Benefits Coordinator, as an agent of the state, processes your enrollment form. They may decide you can’t be in Amerigroup. This is often for the reasons listed in the section “Reasons you can be disenrolled from Amerigroup.” We hope you’ll choose us again if you get the chance.

It takes 30 to 45 calendar days for the State to enroll you. If you aren’t enrolled yet, you may get enrolled next month. You’ll get benefits from fee-for-service or your current health plan until your enrollment starts with us. Your Amerigroup ID card tells you the date your enrollment starts.

If you didn’t choose a health plan, the State will pick one for you. This is known as an auto-assignment.

If you have other health insurance
Each type of health insurance you have is called a payer. When you have more than one insurance plan, there are certain rules to decide how payments are made by each insurance plan. Other insurance plans may be Medicare, another health insurance company or fee-for-service Medicaid. Certain insurance plans must pay for some services before other insurance plans will pay. Your NJ FamilyCare health plan pays for covered services last. Always show all your insurance cards when getting services.

The providers for your Medicare or other health plan don’t have to be in Amerigroup. Also, if your provider through Medicare or other health plan refers you to a specialist for services covered by Medicare or the other health plan, you don’t need a referral from us.
You can find more about the rules on having other health insurance by going online to www.state.nj.us/humanservices/dmahs/home/Medicaid_TPL_Coverage_Guide.pdf. The guide, *When You Have Medicaid and Other Insurance*, is provided by the state of New Jersey. It can help you know how service payments work.

The guide has helpful reference. The charts are called *When You Have Both Medicare and Medicaid* and *When You Have Both Other Health Insurance and Medicaid*. They can help you decide which providers to choose and which company is the payer.

Please call Member Services at 1-800-600-4441 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. Eastern time if you or your children have other insurance or you have any questions. Your other insurance plan may need to be billed for services before Amerigroup can be billed. We’ll work with other insurance plans on payment for these services.

**If you get a bill**

If you get a bill from a provider by mistake, please call Amerigroup Member Services at 1-800-600-4441 (TTY 711). We’ll work with the provider to try to fix this. You may have to pay for a service if you don’t follow Amerigroup rules.

You’ll have to pay for your care if:

- You go to a provider who isn’t an Amerigroup plan provider and to whom your Amerigroup PCP hasn’t referred you *unless* it’s an emergency or a self-referral service (See the sections “Emergency care” and “Services That Don’t Need Referrals” for more information.)
- You decide to get care that isn’t covered by Amerigroup or fee-for-service Medicaid

Most NJ FamilyCare C and D members need to pay a copay for some services. The copays are listed in the section “Amerigroup Covered Services for Medicaid and NJ FamilyCare Members.”

Members who are in a nursing home may have patient pay liability. The nursing home will explain how patient pay liability works or if you are a nursing home member you can ask Amerigroup questions about this. Your primary care provider (PCP) must tell you if any services aren’t covered and that you’ll be billed if you get any of these services. Also, if you want a service we won’t pay for, you must agree in writing to pay for the service before you get care.

**Changes in your Amerigroup benefits**

We may have to make changes in the way we work, the services we’ll pay for, or our plan of providers and hospitals. The Amerigroup member newsletter will tell you about any changes. Please read it when you get it. The member handbook we send you each year will also talk about any changes. Please read your member handbook when you get it.

Sometimes providers will leave Amerigroup or move. If we have to change one of your Amerigroup plan providers, we’ll call or write you a letter. You have the right to get up to 120 calendar days of benefits or more (if medically necessary) from your PCP if he or she leaves the Amerigroup network. (Note: If your PCP can’t take part in Medicaid or Medicare or is fired for losing his/her license, your PCP can’t provide this care.) Member Services will help you find a new PCP or his or her new office.
How to tell Amerigroup about changes you think should be made

We want to know what you like and don’t like about us. Our Member Services team is here to listen — we want to know what’s important to you so we can guide you to helpful benefits.

Amerigroup has a group of members who meet every three months to give us their ideas. If you would like to be a part of this group, call Member Services.

We also send some members surveys. The surveys ask questions about how you like Amerigroup. If we send you a survey, please fill it out and send it back. Member Services staff may also call to ask how you like Amerigroup. Please tell them what you think. Your feedback helps us do better.

How Amerigroup pays providers

Different providers in your plan are paid in different ways. We may pay your provider each time he or she treats you, also known as fee-for-service, or we may pay your provider a set fee each month per member, whether or not the member actually gets services, also known as capitation. Request more information about:

- How we pay our PCPs or any other providers in our plan
- If your PCP can get an incentive plan for EPSDT lead screening
- Whether we offer stop-loss protection
- The results of the member satisfaction surveys and quality testing done by the Department of Human Services

To ask for this information, please call Member Services or write to us at:

Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

Some providers may have a financial interest in another health care provider or facility. If so and your provider sends you to one of these providers or facilities for care, he or she must tell you about this financial interest. You can ask your provider more about this. If you can’t get this information from your provider, call:

The Division of Consumer Affairs
New Jersey Department of Law and Public Safety
973-504-6200 or 1-800-242-5846

Amerigroup models its programs on the quality standards set by the National Committee for Quality Assurance. All Utilization Management (UM) decisions are based only on a member’s medical needs and benefits. Providers and UM decision-makers don’t get any type of reward if members don’t use all the available services, or for denial of care or benefits.

Utilization management

Sometimes, we need to make decisions about how we cover care and services. This is called utilization management (UM). The utilization management process or authorization for care may include looking
at requests for health care to see if they are covered. Amerigroup follows the standards set forth by
the National Committee for Quality Assurance (NCQA). All UM decisions are based solely on your
medical needs and available benefits. We do this for the best possible health outcomes for our
members. Our policies don’t encourage the underuse of services through the UM decision process.
Providers and UM decision-makers don’t get any type of reward if members don’t use all the available
services, or for denial of care or benefits.

Members can call for information about a specific UM service request. Language assistance for
members to discuss UM issues is provided, as well as TDD/TTY services for members who need them.
Call us at 1-800-600-4441 (TTY 711). Member Services is available Monday through Friday, 8 a.m. to
6 p.m. Eastern time. Our representative will tell you his or her name, title and that he/she works
for Amerigroup.

YOUR RIGHTS AND RESPONSIBILITIES

Your rights
As an Amerigroup member, you have the right to:
• Get a current provider directory that includes addresses, phone numbers and a list of providers
  that accept members who speak other languages
• Choose any of our Amerigroup plan specialists. You’ll need a referral from your primary care
  provider (PCP) first. The referral is based on whether the specialist can take new patients. Some
  services don’t need a referral. (See the section “Services That Don’t Need Referrals.”)
• Be referred by your PCP to get care from a specialist who treats long-term disabilities
• Be able to get in touch with your PCP or a backup PCP 24 hours a day, 365 days a year for urgent
care. This information is on your member ID card.
• Call 911 without getting an OK from us if you have an emergency medical condition. This
  information is on your member ID card.
• Talk with your providers about medical treatments you can have, even if they’re not covered. You
  can also get information on other care options, as well as anything listed in the clinical rules. Ask for
  a copy from Member Services.
• File a grievance or appeal with us or the state and not get in trouble. Please refer to the
  “Grievances and Medical Appeals” section in this member handbook for more information.
• Be treated with respect and dignity
• Have information about our services, policies and procedures, plan providers, member rights and
  responsibilities, and any changes made
• Deny treatment by law and be aware of the results. This includes the right to refuse to be a part
  of research.
• Have a living will in place
• Expect your records and communications to be kept private. They won’t be given to anyone unless
  you allow it.
• Choose your own PCP in the Amerigroup plan, choose a new plan PCP and have privacy when
  seeing your providers
• Have a choice of specialists and get information on how to get a referral to a specialist or other
  provider, like an eye doctor
• Give your medical information to someone you choose or give it to a legally approved person when concern for your health makes it unwise to give the information to you.
• Get help from someone who speaks your language or through a TTY line.
• Be free from being billed by providers for medically necessary covered services approved by Amerigroup, unless there is a copay.
• Offer ideas for changes in the way we do business.
• Be fully informed by your PCP, Care Manager or other Amerigroup plan provider and help make decisions about your care.
• Take part in developing and executing a plan of care that supports the best results for you and encourages independence.
• Have services that support quality of life and independence. Amerigroup wants to help keep and encourage your natural support systems.
• Have your PCP decide if your benefits are medically necessary and should be covered.
• File grievances about us or the care we give and recommend changes to policies and services to plan staff, providers and representatives of your choice, free of limits, interference, force, discrimination or attack by Amerigroup or our providers.
• Right to refuse care from specific providers.
• Have access to your medical records to follow federal and state laws.
• Be free from harm, along with uncalled for physical restraints or isolation, too many drugs, physical or mental abuse, or neglect.
• Make recommendations about the member rights and responsibilities policy.
• Get a second opinion.

You have the right to get information each year on:
• Member rights and responsibilities, also available online at www.myamerigroup.com/NJ
• Amerigroup benefits and services and how to get these benefits and services
• Delivery of after-hours and emergency benefits
• Charges to members, if they apply, as well as:
  - How to pay them
  - Copays and fees
  - What to do if you get a bill for services
• Cancellation of or changes in benefits, services, health care facilities or providers
• How to appeal decisions that affect your benefits or relationship with Amerigroup
• How to change PCPs
• How to disenroll from Amerigroup for good cause
• How to file a grievance and how to recommend changes you think Amerigroup should make
• The number of Amerigroup plan providers who are board-certified
• A description of:
  - How to get services, along with approval rules
  - Any special benefit rules that may apply to services you get outside of the Amerigroup plan
  - How to get services covered by fee-for-service Medicaid
  - How to get out-of-area benefits
  - Rules on referrals for specialty and secondary care
Your responsibilities
As an Amerigroup member, you have the responsibility to:

- Let your PCP know as soon as you can after you get emergency treatment
- Treat your providers, their staffs and Amerigroup employees with respect and dignity
- Get information and think about treatments before they’re done
- Talk about any problems about following your PCP’s directions
- Know what refusing treatment recommended by a provider can mean
- Help your PCP get your medical records from the PCP you had before; you should help your PCP fill out your new record
- Get approval from your PCP or the PCP’s associates before seeing another provider or specialist; you should also get approval from your PCP before going to the emergency room unless you have an emergency
- Call Amerigroup and change your PCP before seeing a new provider.
- Keep following Amerigroup policies and procedures until you’re disenrolled.
- Make and keep appointments and be on time; always call if you need to cancel an appointment or if you’ll be late
- State your grievances, concerns and opinions in an appropriate and polite way
- Learn and follow the policies and procedures listed in this handbook
- Tell your PCP who you want to be told about your health
- Become involved in your care. You should work with your PCP about recommended treatment. Then follow the plans and instructions for care that you and your provider talked about.
- Carry your Medicaid and Amerigroup ID card at all times. Report any lost or stolen cards to us as soon as you can. Also, call Amerigroup if information on your card is wrong or if you have a name or address change.
- Give us information we need, as well as information your PCP and staff needs to care for you and the names of any PCPs you’re currently seeing
- Know your health problems and take part in developing treatment goals that work for both of you

And remember, it’s your responsibility to keep your address and phone number current so we may send you updated information or contact you.
FRAUD, WASTE AND ABUSE

We’re committed to protecting the integrity of our health care program and the effectiveness of our operations by preventing, detecting and investigating fraud, waste and abuse. Combating fraud, waste and abuse begins with knowledge and awareness.

- **Fraud**: Any type of intentional deception or misrepresentation made with the knowledge the deception could result in some unauthorized benefit to the person committing it or any other person. The attempt itself is fraud, regardless of whether or not it is successful.
- **Waste**: Generally defined as activities involving careless, poor or inefficient billing, or treatment methods causing unnecessary expenses and/or mismanagement of resources.
- **Abuse**: Any practice inconsistent with sound fiscal, business or medical practices that results in an unnecessary cost to the Medicaid program, as well as administrative costs from acts that adversely affect providers or members.

HOW TO REPORT SOMEONE WHO IS MISUSING THE NJ FAMILYCARE PROGRAM

If you suspect or know someone who is misusing the NJ FamilyCare program through fraud, waste, abuse and/or overpayment you can report him or her. No individual who reports violations or suspected fraud and abuse will be retaliated against for doing so. The name of the person reporting the incident and his or her contact information will be kept in private by investigators.

To report providers, clinics, hospitals, nursing homes or NJ FamilyCare enrollees, write or call Amerigroup at:

Medicaid Special Investigations Unit
Amerigroup Community Care
4425 Corporation Lane
Virginia Beach, VA 23462
1-800-600-4441 (TTY 711)

You can also report possible fraud, waste and abuse issues by:

- Visiting our website, www.myamerigroup.com and clicking the link for Report Waste, Fraud and Abuse.
- Calling Member Services.
- Calling our Special Investigations Unit (SIU) fraud hotline at 1-866-847-8247.
- Sending an email directly to the Amerigroup Medicaid Special Investigation Unit at medicaidfraudinvestigations@anthem.com. This email address is checked every business day.

When reporting concerns involving a provider (a doctor, dentist, counselor, medical supply company, etc.), please include:

- Name, address and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- Medicaid number of the provider and facility, if you have it
• Type of provider (doctor, dentist, therapist, pharmacist, etc.)
• Names and phone numbers of other witnesses who can help in the investigation
• Dates of events
• Summary of what happened

You can also make a report directly to the state of New Jersey. If you suspect fraud, waste or abuse, call the NJ Medicaid Fraud Division’s toll-free hotline at 1-888-937-2835.

WE HOPE THIS BOOK HAS ANSWERED YOUR QUESTIONS ABOUT AMERIGROUP. FOR ANY OTHER QUESTIONS, CALL AMERIGROUP MEMBER SERVICES AT 1-800-600-4441 (TTY 711).
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It also tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you’re a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children’s Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals.

Federal law says we must tell you what the law says we have to do to protect PHI that’s told to us in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files
  - Destroy paper with health information so others can’t get it
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can get in
  - Use special programs to watch our systems
- Used or shared by people who work for us, doctors or the state, we:
  - Make rules for keeping information safe (called policies and procedures)
  - Teach people who work for us to follow the rules

When is it OK for us to use and share your PHI?
We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it’s OK. Sometimes, we can use and share it without your OK:

- **For your medical care**
  - To help doctors, hospitals and others get you the care you need
- **For payment, health care operations and treatment**
  - To share information with the doctors, clinics and others who bill us for your care
  - When we say we’ll pay for health care or services before you get them
To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don’t want this, please visit www.myamerigroup.com/pages/privacy.aspx for more information.

- **For health care business reasons**
  - To help with audits, fraud and abuse prevention programs, planning, and everyday work
  - To find ways to make our programs better

- **For public health reasons**
  - To help public health officials keep people from getting sick or hurt

- **With others who help with or pay for your care**
  - With your family or a person you choose who helps with or pays for your health care, if you tell us it’s OK
  - With someone who helps with or pays for your health care, if you can’t speak for yourself and it’s best for you

We must get your OK in writing before we use or share your PHI for everything, except your care, payment, everyday business, research or other things listed below. We do have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can’t take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

**Other ways we can — or the law says we have to — use your PHI:**
- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To help the court when we’re asked
- To answer legal documents
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners or funeral directors find out your name and cause of death
- To help when you’ve asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs
- To give information to workers’ compensation if you get sick or hurt at work

**What are your rights?**
- You can ask to look at your PHI and get a copy of it. We don’t have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don’t have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other
way. We can do this if sending it to the address we have for you may put you in danger.

- You can ask us to tell you all the times over the past six years we’ve shared your PHI with someone else. This won’t list the times we’ve shared it because of health care, payment, everyday health care business or some other reasons we didn’t list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

**What do we have to do?**

- The law says we must keep your PHI private except as we’ve said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we’ll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you’re in danger.
- We must tell you if we have to share your PHI after you’ve asked us not to.
- If state laws say we have to do more than what we’ve said here, we’ll follow those laws.
- We have to let you know if we think your PHI has been breached.

**Contacting you**

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won’t contact you in this way anymore. Please let us know how we can contact you about treatment and care.

**What if you have questions?**

If you have questions about our privacy rules or want to use your rights, please call Member Services at 1-800-600-4441. If you’re deaf or hard of hearing, call TTY 711.

**What if you have a complaint?**

We’re here to help. If you feel your PHI hasn’t been kept safe, you may call Member Services, or contact the U.S. Department of Health and Human Services at 1-800-368-1019. Nothing bad will happen to you if you complain.

**Write to or call the U.S. Department of Health and Human Services:**

Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278  
Phone: 1-800-368-1019  
TDD: 1-800-537-7697  
Fax: 212-264-3039
We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we’ll tell you about the changes in a newsletter. We’ll also post them on the Web at www.myamerigroup.com/pages/privacy.aspx.

Race, ethnicity and language
We receive race, ethnicity and language information about you from the state Medicaid agency and the Children’s Health Insurance Program. We protect this information as described in this notice.

We use this information to:
• Make sure you get the care you need
• Create programs to improve health outcomes
• Develop and send health education information
• Let doctors know about your language needs
• Provide translator services

We do not use this information to:
• Issue health insurance
• Decide how much to charge for services
• Determine benefits
• Disclose to unapproved users

Your personal information
We may ask for, use and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It’s often taken for insurance reasons.

• We may use your PI to make decisions about your:
  – Health
  – Habits
  – Hobbies

• We may get PI about you from other people or groups like:
  – Doctors
  – Hospitals
  – Other insurance companies

• We may share PI with people or groups outside of our company without your OK in some cases.
• We’ll let you know before we do anything where we have to give you a chance to say no.
• We’ll tell you how to let us know if you don’t want us to use or share your PI.
• You have the right to see and change your PI.
• We make sure your PI is kept safe.

Revised March 9, 2018
NJ-MEM-0849-18
OMHC #078-18-06
Amerigroup Community Care complies with applicable Federal civil rights laws. We don’t discriminate against people because of their:

- Race
- National origin
- Disability
- Color
- Age
- Sex or gender identity

That means we won’t exclude you, or anyone; or treat you, or anyone, differently because of these things.

**Communicating with you is important**

For people with disabilities or who speak a language other than English, we provide aids and services at no cost to you like:

- Qualified sign language interpreters;
- Written materials in large print, audio, accessible electronic formats, and other formats;
- Help from qualified interpreters in the language you speak; and,
- Written materials in the language you speak.

To get these services, call Member Services at 1-800-600-4441 (TTY 711).

**Your rights**

Do you feel you didn’t get the above services, or that we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance/Appeals Representative
101 Wood Avenue South, Suite 800
Iselin, NJ 08830

Phone: 1-800-452-7101 (TTY 711)
Fax: 1-877-271-2409
Email: nj1-membercomplaints@anthem.com

**Need help filing?** If you need help filing a discrimination grievance, one of our Amerigroup Grievance/Appeals Representatives is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:** U.S. Department of Health and Human Services
  Office for Civil Rights
  200 Independence Avenue S.W.
  Room 509F, HHH Building
  Washington, D.C. 20201
- **By phone:** 1-800-368-1019 (TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.
Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-800-600-4441 (TTY 711).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-800-600-4441 (TTY 711).

您需要醫療保健的幫助嗎？請向我們諮詢，或是閱讀我們寄給您的資料。我們以其他語言和格式提供我們的資料，您無需支付任何費用。請撥打免費電話 1-800-600-4441 (TTY 711).

Precisas de ayuda com a tua assistência à saúde, para falar connosco ou acerca do que enviamos para ti? Fornecemos os nossos materiais em outros idiomas e formatos sem custo algum. Ligu-nos gratuitamente pelo número 1-800-600-4441 (TTY 711).

秦您需要醫療保健的幫助嗎？請向我們諮詢，或是閱讀我們寄給您的資料。我們以其他語言和格式提供我們的資料，您無需支付任何費用。請撥打免費電話 1-800-600-4441 (TTY 711).

In caso si necessiti di assistenza con il servizio sanitario, per parlare con noi o comprendere le informazioni ricevute, sono disponibili materiali gratuiti in altre lingue e formati. Contattare il numero gratuito 1-800-600-4441 (TTY 711).

의료 서비스, 당사와의 소통 또는 당사에서 보내는 자료 읽기와 관련해 도움이 필요하신가? 무료로 자료를 다른 언어나 형식으로 제공해 드립니다. 무료 전화 1-800-600-4441 (TTY 711).

Potrzebujesz pomocy z opieką zdrowotną, kontaktem z nami lub przesłanymi przez nas dokumentami? Oferujemy materiały w innych językach i formatach, bez żadnych opłat. Zadzwoń na darmowy numer 1-800-600-4441 (TTY 711).
क्या अपनी स्वास्थ्य देखभाल के बारे में, हमसे बात करने के लिए या हमारे द्वारा भेजी गई सामग्री पढ़ने के लिए आपकी सहायता चाहिए? हम आपकी अपनी सामग्री अनुयाय भाषाओं और प्रॉमैंट में बनाई करीबी शुलक के उपलब्ध कराते हैं। हमें टोल फ्री नंबर 1-800-600-4441 (TTY 711).

هل تحتاج إلى مساعدة في رعايتك الصحية أو في التحدث معنا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصلينا على الرقم المجاني 1444-600-800 (TTY 711).

Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах. Позвоните в нас по бесплатному телефону 1-800-600-4441 (TTY 711).

Надобуется помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах. Позвоните в нас по бесплатному телефону 1-800-600-4441 (TTY 711).

Vous avez besoin d'aide pour vos soins médicaux, pour communiquer avec nous ou pour lire les documents que nous vous envoyons ? Nous fournissons nos publications dans d'autres langues et sous d'autres formats, et c'est gratuit. Appelez-nous sans frais au 1-800-600-4441 (TTY 711).

您需要医疗帮助，需要与我们交流或是阅读我们提供的文件吗？我们可以免费为您提供我们出版的其他语言和格式的材料。请拨打免费电话1-800-600-4441 (TTY 711)联系我们。