Dear Member:

Welcome to Amerigroup Community Care. We are happy that you picked us to arrange for quality health care benefits for your family.

The member handbook tells you how Amerigroup works and how to help keep your family healthy. It tells you how to get health care when it is needed, too.

You will get your Amerigroup ID card and more information from us in a few days. Your ID card will tell you when your Amerigroup membership starts. The name of your PCP (primary care provider) is on the card, too. Please check the PCP’s name shown on your ID card. If this is not right, please call us.

If you need to reach us, you can call Member Services at 1-800-600-4441. When you call, you can access our automated self-service features, speak with a Member Services representative about your benefits, request interpreter or translation services, or access nurse triage through Amerigroup On Call at 1-866-864-2544.

Our automated line is available 24 hours a day, 7 days a week. You can take advantage of these services.
- Choose or find a PCP in the Amerigroup network
- Change your PCP
- Request an ID card
- Update your address or phone number
- Request a member handbook or Provider Directory

Thank you again for picking us as your family’s health plan. We are committed to helping you get the right care close to home.

Sincerely,

Vincent M. Ancona
Chief Executive Officer
Amerigroup Community Care
YOU NEED TO GO TO YOUR PRIMARY CARE PROVIDER NOW!

When is it time for a wellness visit?
All Amerigroup members need to have regular wellness visits. This way your Primary Care Provider (PCP) can see if you have a problem before it is a bad problem. When you become an Amerigroup member, call your PCP and make your first appointment before the end of 90 days.

Wellness visits for children
Children need more wellness visits than adults. Your child should get wellness visits at the times listed below:
- Newborn
- 6–8 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old

After age two, you and your child should keep going to your PCP every year for wellness visits.

What if I become pregnant?
If you think you are pregnant, call your PCP or OB/GYN right away. This can help you have a healthy baby. Call Member Services at 1-800-600-4441 as soon as you know you are pregnant. Amerigroup has an OB Case Manager who can work with you to help you get the prenatal care and services you need.

When you are pregnant, you must go to your PCP at least:
- Every 4 weeks for the first 6 months
- Every 2 weeks for the 7th and 8th months
- Every week during the last month

It’s a good idea to prepare for your doctor’s visit ahead of time. Think about the topics you’d like to discuss, questions you have and any other issues that you’d like to bring up.

The Personalized Treatment Form on the next page will help you prepare for your next visit to the doctor. Tear it out and fill in as much information as you can. Be sure to bring it with you to your appointment to help you communicate with your doctor. There is an area for notes so that you can write down any advice or information your doctor gives you. This will help you keep track of your health and benefits information in one document.

If you have any questions, need help making an appointment or need transportation to your PCP or OB/GYN, please call the Amerigroup Member Services Department toll free at 1-800-600-4441.

ALERT! Keep the right care. Do not lose your health care benefits — renew your eligibility for your medical assistance benefits on time. See the section renew your eligibility for your medical assistance benefits on time for more information.

Amerigroup is a culturally diverse company. We welcome all eligible individuals into our health care programs, regardless of health status. If you have questions or concerns, please call 1-800-600-4441 (TTY 1-800-855-2880) and ask for extension 34925. Or visit www.myamerigroup.com.
Personalized Treatment Plan

Please take this form with you to your next doctor’s appointment!

Date of visit: ______________ Patient name: ________________________________

1. VISIT SUMMARY/DIAGNOSES ____________________________________________

2. YOUR VITAL SIGNS
   Blood pressure: ______________ Temperature: ______________
   BMI: ________________________ Weight: ________________________

3. YOUR TREATMENT PLAN _______________________________________________

4. YOUR MEDICINES
   New medicines _______________________
   Current medicines _______________________
   Current medicines with new doses/instructions _______________________
   Medicines you NO LONGER take _______________________

5. YOUR REFERRAL INFORMATION ___________________________________________

6. YOUR NEXT APPOINTMENT IS ON ________________ AT ________________ AM/PM

7. BEFORE YOUR NEXT APPOINTMENT _______________________________________

I understand I am responsible to take this form to my assigned Primary Care Provider (PCP) during my next office visit.

Patient signature: ___________________________ Date: ________________
Physician signature: _________________________ Date: ________________

IMPORTANT INFORMATION

- Keep your follow-up appointment with your PCP
- If you are having an emergency, go to the Emergency Room (ER) right away
- If you have questions or are not sure if you should go to the ER, call Amerigroup On Call at 1-866-864-2544 or TTY 1-800-855-2880; registered nurses are available 24 hours a day, 7 days a week, 365 days a year

You can print more copies of this form or your Amerigroup ID card, find a doctor, and more at www.myamerigroup.com/MD!
Welcome to Amerigroup Community Care. You will get most of your Medical Assistance services through Amerigroup. This member handbook will tell you how to use Amerigroup to get the health care you need.

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ENROLLEE RIGHTS AND RESPONSIBILITIES

Rights
You have the right to:

- Get a current directory of providers within the Amerigroup network
- Choose any of our Amerigroup specialists after getting a referral from your PCP
- Be referred to specialists who are experienced in treating disabilities if you have any chronic disabilities
- Get a second opinion from another Amerigroup provider if you do not agree with your PCP’s opinion about the services that you need. Call us at 1-800-600-4441 for help with this.
- Have access to a Primary Care Provider or a backup 24 hours a day, 365 days a year for urgent care
- Call 911 without getting an approval from Amerigroup if you have an emergency situation
- Have Amerigroup pay for a medical screening exam in the emergency room to find out if you have an emergency medical condition
- Get up to 90 days of continued coverage, if medically necessary, from a provider who has been terminated from Amerigroup; this does not apply in some cases, for example when the provider is no longer in the Medicaid program
- Have no gag rules in your Managed Care Organization (MCO). Providers are free to discuss all medical treatment options with you, even if they are not covered services.
- Know how Amerigroup pays its contracted providers, so you know if there are financial incentives or disincentives tied to medical decisions
- File appeals and grievances with us about our organization or the care we provide (see the section on Grievances and Appeals)
- File appeals and grievances with the State (see the section on The State’s Complaint Process)
- State fair hearings (see the section on The State’s Appeal Process)
- Appeal a decision to deny or limit coverage through an independent organization
- Know you or your provider cannot be penalized for filing a grievance or appeal
- Be treated with respect to your dignity and privacy by health care providers, their staff and all individuals employed by Amerigroup
- Be free from any form of restraint or seclusion used as a means of force, discipline, ease or getting even
- Have information about Amerigroup, its services, policies and procedures, providers, and member rights and responsibilities, and any changes made
- Make recommendations regarding our member rights and responsibilities
- Get other information about us such as how we are managed; you can ask for this information by calling 1-800-600-4441
- Receive information, including information on treatment options and alternatives regardless of cost or benefit coverage, in a manner you can understand
- Talk about your medical record with your PCP and ask for a summary of that record
- Take part in decisions about your health care; refuse treatment to the extent of the law and be aware of the results, including the right to refuse to participate in research
- Know if state law on advance directives changes; Amerigroup will let you know within 90 days of the change
- Decide ahead of time what kind of care you want if you become very sick, hurt, near death or go into a coma by having an advance directive (written or verbal instruction such as a living will or a durable power of attorney)
- Expect that your records and communications will be treated confidentially and not released without your permission
- Expect that you will be able to participate in and make decisions about your and/or your child’s health care if you are under 18 and married, pregnant or have a child
- Choose your own PCP, choose a new PCP and have privacy during a visit with your PCP
• Request and get a copy of your medical records; ask that these records be amended or changed as allowed
• Have your medical information made available to an individual designated by you, or to a legally authorized individual when concern for your health makes it advisable to give such information to you
• Exercise your rights and to know that the use of those rights will not adversely affect the way that Amerigroup or our providers treat you
• Ask for ongoing benefits to continue during an appeal or state fair hearing; you may have to pay for these benefits if our decision is upheld in the appeal or hearing (see the section on Appeals)
• Medical services available to you under your Amerigroup plan
• Continue as a member of Amerigroup despite your health status or need for care
• Call our Nurse HelpLine 24 hours a day, 7 days a week
• Call our Member Services staff Monday through Friday, 8:00 a.m. to 6:00 p.m., except for holidays
• Get help from someone who speaks your language or through a TDD line
• Expect providers’ offices to have wheelchair access
• Be free from receiving bills from providers for medically necessary services that were authorized or covered by Amerigroup

Responsibilities

You have the responsibility to:
• Notify your PCP as soon as possible after you get emergency treatment
• Call Amerigroup if you have a problem and need help
• Give Amerigroup proper identification when you enroll
• Treat your providers, their staff and Amerigroup employees with respect and dignity
• Tell your PCP about your symptoms and problems and ask questions
• Get information and think about treatments before they are done
• Understand to the degree possible your health problems and take part in setting up treatment goals agreed on by you and your provider
• Follow the instructions and plan of care agreed on by you and your provider
• Discuss any problems in following your provider’s directions
• Consider the results of refusing treatment recommended by a provider
• Help your PCP get your medical records from the PCP you had before
• Give Amerigroup and its providers the information they need to take care of your medical needs
• Respect the privacy of other people waiting in providers’ offices
• Ask your PCP or his or her associates before seeing a consultant or specialist, or before going to the emergency room unless you have an emergency condition
• Call Amerigroup and change your PCP before seeing a new PCP
• Keep following the Amerigroup policies and procedures until your disenrollment takes effect
• Make and keep appointments and be on time; always call if you need to cancel an appointment or if you will be late
• State your complaints, concerns and opinions appropriately and courteously
• Learn and follow policies and procedures outlined in this handbook
• Tell your PCP who you want to be told about your health
• Get medical services from your PCP
• Become involved in your health care and work with your PCP about recommended treatment; you must then follow the plans and instructions for care that you have agreed on with your provider
• Carry your ID card at all times and report any lost or stolen cards to Amerigroup quickly; also, contact Amerigroup if information on your card is wrong or if your name, address, or marital status changes
Amerigroup provides health coverage to our members on a nondiscriminatory basis, according to state and federal law, regardless of gender, race, age, religion, national origin, physical or mental disability, or type of illness or condition.

**BENEFITS AND SERVICES**

**HealthChoice Benefits**

This table shows the health care services and benefits that all HealthChoice enrollees can get when they need them. We offer other services not listed here (see the section on Optional Services and Applicable Terms and Conditions). For a few special benefits, you have to be certain ages or have a certain kind of problem. We will never charge you for any of the health care services we provide, except for copays when applicable. This table lists the basic benefits that you can get through Amerigroup when you need them.

If you have a question or are confused about whether we offer a certain benefit, you can call the Enrollee Help Line at 1-800-284-4510 or the Amerigroup Member Services Department at 1-800-600-4441 for help.

<table>
<thead>
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<th>BENEFIT</th>
<th>WHAT IT IS</th>
<th>WHAT YOU DON’T GET WITH THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CARE SERVICES</td>
<td>These are all of the basic health services you need to take care of your general health needs, and are usually provided by your Primary Care Provider, or PCP, a doctor or advanced practice nurse.</td>
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<tr>
<td>Who is eligible:</td>
<td>All enrollees</td>
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<tr>
<td>DENTAL CARE FOR ADULTS</td>
<td>Amerigroup offers a variety of dental benefits to our adult members who are not pregnant. Dental services are provided by DentaQuest. You can call DentaQuest at 1-800-720-5949. Dental services do not require a referral from your PCP.</td>
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</tr>
<tr>
<td>Who can get this benefit:</td>
<td>Coverage for adult members age 21 and older include:&lt;br&gt;• Dental exams and cleanings twice a year&lt;br&gt;• X-rays limited&lt;br&gt;• A 20 percent discount on other dental services not covered by Medicaid fee-for-service</td>
<td></td>
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<tr>
<td>EPSDT SERVICES FOR CHILDREN</td>
<td>Regular wellness checkups, immunizations (shots) and checkups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.</td>
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<tr>
<td>Who is eligible:</td>
<td>Under age 21</td>
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<tr>
<td>PREGNANCY-RELATED SERVICES</td>
<td>Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.</td>
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<tr>
<td>Who is eligible:</td>
<td>Women who are pregnant, and for 2 months after birth.</td>
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<tr>
<td>BENEFIT</td>
<td>WHAT IT IS</td>
<td>WHAT YOU DON’T GET WITH THIS BENEFIT</td>
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<tr>
<td>FAMILY PLANNING</td>
<td>Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy without a provider’s order) and permanent sterilization. (See the section on Self-referral Services.)</td>
<td>You do not get specialty mental health services from Amerigroup. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you or you can call the Public Mental Health System (PMHS) at 1-800-888-1965 for specialty mental health services.</td>
</tr>
<tr>
<td>PRIMARY MENTAL HEALTH SERVICES</td>
<td>Primary mental health services are basic mental health services provided by your PCP or another provider in the Amerigroup network. If more than just basic mental health services are needed, your PCP will refer you to or you can call the Public Mental Health System (PMHS) at 1-800-888-1965 for specialty mental health services.</td>
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</tbody>
</table>
| PHARMACY SERVICES             | Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from one of our network drugstores without a provider’s order. You can ask for a list of covered and noncovered prescription drugs by:  
- Calling Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880)  
- Visiting www.myamerigroup.com/MD | Nonprescription drugs except for coated aspirin, iron pills and chewable vitamins for children under age 12.                                                                                                                                                                                                                                                                                                                                                                                                 |
<p>| SPECIALIST SERVICES           | Health care services provided by specially trained providers or advanced practice nurses. You might have to get a referral from your PCP before you can see a specialist.                                           |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| LABORATORY AND DIAGNOSTIC SERVICES | Lab tests and X-rays to help find out the cause of an illness.                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CASE MANAGEMENT               | A case manager may be assigned to help you plan for and receive health care services. The Case Manager also keeps track of what services are needed and what has been provided.                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                       |</p>
<table>
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<tr>
<th>BENEFIT</th>
<th>WHAT IT IS</th>
<th>WHAT YOU DON’T GET WITH THIS BENEFIT</th>
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<tbody>
<tr>
<td>3) People with HIV/AIDS</td>
<td>Call Member Services at 1-800-600-4441 to see if you qualify for case management services.</td>
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<td>4) Homeless</td>
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<td>5) People with physical or</td>
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<tr>
<td>developmental disabilities</td>
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<td>6) Adults and children in need</td>
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<tr>
<td>of substance abuse care</td>
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<td></td>
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<td>7) Children in State-supervised care</td>
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<tr>
<td>DIABETES CARE</td>
<td>Special services, medical equipment and supplies for people who have diabetes.</td>
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<tr>
<td>Who is eligible:</td>
<td>People who have been in the hospital because of diabetes.</td>
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<tr>
<td>SUBSTANCE ABUSE TREATMENT</td>
<td>Services include comprehensive substance abuse assessment, individual and group counseling services, opioid maintenance treatment, detox</td>
<td></td>
</tr>
<tr>
<td>Who is eligible:</td>
<td>treatment (inpatient or outpatient, as needed), partial hospitalization and referral to substance abuse services that we do not offer.</td>
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<td>Intensive outpatient services are covered for those who are under 21 or pregnant and postpartum.</td>
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<tr>
<td>PODIATRY</td>
<td>Foot care when medically needed. Includes special shoes, supports and routine foot care</td>
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<tr>
<td>Who is eligible:</td>
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<tr>
<td>VISION CARE</td>
<td>Eye Exams</td>
<td>No more than one pair of glasses per</td>
</tr>
<tr>
<td>Who is eligible:</td>
<td>Under 21: one exam every year. 21 and older: one exam every 2 years.</td>
<td>year unless lost, stolen, broken or</td>
</tr>
<tr>
<td></td>
<td>Glasses</td>
<td>new prescription needed.</td>
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<tr>
<td></td>
<td>Under 21 only. Contact lenses if there is a medical reason why glasses will not work.</td>
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<tr>
<td>HOME HEALTH SERVICES</td>
<td>In-home health care services, including nursing and home health aide care.</td>
<td>No personal care services (help with</td>
</tr>
<tr>
<td>Who is eligible:</td>
<td></td>
<td>daily living).</td>
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<tr>
<th>BENEFIT</th>
<th>WHAT IT IS</th>
<th>WHAT YOU DON’T GET WITH THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OXYGEN AND RESPIRATORY EQUIPMENT</strong></td>
<td>Treatment to help breathing problems.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees when medically needed.</td>
<td></td>
</tr>
<tr>
<td><strong>HOSPITAL SERVICES</strong></td>
<td>Inpatient and outpatient services are covered.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees with authorization or as an emergency.</td>
<td></td>
</tr>
<tr>
<td><strong>HOSPICE CARE</strong></td>
<td>Support services for people who are dying.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees</td>
<td></td>
</tr>
<tr>
<td><strong>REHABILITATION OUTPATIENT</strong></td>
<td>Rehabilitation services, including physical therapy, occupational therapy and speech therapy (without a hospital stay).</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees when medically needed. (For enrollees under age 21, see the section on Benefits and Services Not Offered by Amerigroup, but Offered by the State).</td>
<td></td>
</tr>
<tr>
<td><strong>NURSING HOME</strong></td>
<td>Full-time nursing care in a nursing home.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees when medically needed. After 30 days, state pays, instead of Amerigroup.</td>
<td></td>
</tr>
<tr>
<td><strong>CHRONIC HOSPITAL</strong></td>
<td>Full-time hospital care for long-term illness.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees when medically needed. After 30 days, state pays instead of Amerigroup.</td>
<td></td>
</tr>
<tr>
<td><strong>BLOOD AND BLOOD PRODUCTS</strong></td>
<td>Blood used during an operation, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees</td>
<td></td>
</tr>
<tr>
<td><strong>DIALYSIS</strong></td>
<td>Treatment for kidney disease.</td>
<td></td>
</tr>
<tr>
<td><strong>Who is eligible:</strong></td>
<td>All enrollees</td>
<td></td>
</tr>
</tbody>
</table>
## BENEFIT

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHAT IT IS</th>
<th>WHAT YOU DON’T GET WITH THIS BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DME AND DMS</strong>&lt;br&gt;Who is eligible: All enrollees when medically needed.</td>
<td>Durable Medical Equipment (DME) and Disposable Medical Supplies (DMS) are things like crutches, walkers, wheelchairs and finger stick supplies (for people who do blood testing at home).</td>
<td></td>
</tr>
<tr>
<td><strong>TRANSPLANTS</strong>&lt;br&gt;Who is eligible: All enrollees when medically needed.</td>
<td>Medically necessary and appropriate transplants.</td>
<td>No experimental transplants.</td>
</tr>
<tr>
<td><strong>CLINICAL TRIALS</strong>&lt;br&gt;Who is eligible: Enrollees with life- threatening conditions, when authorized.</td>
<td>Enrollees’ costs for studies to test the effectiveness of new treatments or drugs.</td>
<td></td>
</tr>
</tbody>
</table>

## What Does Medically Necessary Mean?

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

**Medically necessary health services** mean health services which are:

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

Amerigroup decides if care is medically necessary based on the right coverage and level of care and service. Amerigroup does not offer financial incentives or disincentives to physicians or other providers who decide if care is medically necessary.

The Amerigroup Medical Director and network providers review new medical advances. They do this to decide if these advances should be covered benefits. Amerigroup also reviews medical studies and sees if the government has agreed the treatment is safe and effective. The new advances must give results that are as good as or better than covered benefit treatments in effect now.

## Optional Services and Applicable Terms and Conditions

**Dental care for adults age 21 or older who are not pregnant** — Amerigroup offers oral exams and cleanings twice a year, limited X-rays, and a 20 percent discount on all other noncovered dental services. You do not need a referral for this service.
These dental services are provided by DentaQuest. You may see any participating DentaQuest provider in the directory. For dental services, call DentaQuest at 1-800-720-5949. Please see our provider directory for a dental office near you.

**Vision Care for Adults 21 Years of Age or Older** — Amerigroup offers eye exams every year and glasses or contact lenses every 2 years. You do not need a referral for these services. These vision services are provided by Block Vision. You can call them at 1-800-428-8789.

**Over-the-counter Drugs** — Amerigroup gives you an extra benefit for certain over-the-counter generic drugs. Each member can get up to $15 worth of these generic drugs every 3 months. Quantity limits and safety restrictions apply. These 3-month periods begin on the 1st day of January, April, July and October. Your provider must give you a prescription for these drugs. Give it to the pharmacist at a network pharmacy contracted with Amerigroup to be filled. You will need to show your Amerigroup ID card. If you have reached the $15 limit for the 3-month period, the pharmacist will let you know.

Some examples of over-the-counter drugs you can get are listed next. Changes are made to this list from time to time. Your pharmacist can tell you if a certain drug is covered.

You can also call Member Services at 1-800-600-4441 to find out more about these medicines:

<table>
<thead>
<tr>
<th>Type of Over-the-Counter Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
</tr>
<tr>
<td>Acetaminophen</td>
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<tr>
<td>Antacids</td>
</tr>
<tr>
<td>Antifungal agents</td>
</tr>
<tr>
<td>Antifungal vaginal products</td>
</tr>
<tr>
<td>Ibuprofen</td>
</tr>
<tr>
<td>Pediculosides</td>
</tr>
</tbody>
</table>

**Benefits and Services Not Offered by Amerigroup but Offered by the State**

These are benefits and services that Amerigroup does not arrange or provide. People who need these services can still get them through the State using their red and white Medical Assistance or dental card.

**Dental Services for Children Under 21 and Pregnant Women** — General dentistry, including regular and emergency treatment is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by Doral Dental. If you are eligible for the Dental Services Program, you will receive information and a dental ID card from the Maryland Healthy Smiles Dental Program. If you have not received your dental ID card or if you have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 1-888-696-9596.

**Specialty Mental Health Services** — We offer only the basic primary mental health services that your PCP can provide. If these services are not enough to take care of your problem, then you, your PCP, or your specialist provider can request specialty mental health services through the Public Mental Health System by calling 1-800-888-1965.

**Intermediate Care Facilities for the Mentally Retarded (ICF-MR) Services** — This is treatment in a care facility for people who are mentally retarded and need this level of care.

**Skilled Personal Care Services** — This is skilled help with daily living activities.
Medical Day Care Services — This is help to improve daily living skills in a center licensed by the state or local health department, which includes medical and social services.

Transportation Services — We do not have to pay for your transportation to medical services, unless we send you to a far-away county to get treatment that you could get in a closer county. We will help you arrange nonemergency transportation, if needed for a medical visit or treatment, through your city or county government (usually the county health department). Emergency transportation is provided by local fire and rescue companies (911 emergency service), but this is only for emergencies. Examples of an emergency are when someone has trouble breathing or has chest pains, poisoning or broken bones.

Nursing Home and Long-term Care Services — We do not have to pay for your care in a nursing home, rehabilitation hospital, or chronic hospital after the first 30 days. After that, the services are considered long-term care. After the first 30 days, you will not have to leave the nursing home or long-term hospital. You just will not be in Amerigroup anymore. (This is something the State and Amerigroup will take care of for you.) Once you are out of Amerigroup, the State will pay for the medical treatment you need, including nursing home and other long-term care.

Abortion Services — This medical procedure to end certain kinds of pregnancies is covered by the state only if:
- The patient will probably have serious physical or mental health problems, or could die, if she has the baby
- She is pregnant because of rape or incest, and reported the crime
- The baby will have very serious health problems

Women enrolled in HealthChoice only because of their pregnancy are not eligible for abortion services.

Occupational, Physical and Speech Therapy, and Audiology for Children Under the Age of 21 — The State pays for these services if medically needed. If you have a referral from a provider, you can choose one of these providers. For help in finding a provider, you can call the State’s Hotline at 1-800-492-5231.

HIV/AIDS — Certain diagnostic services for HIV/AIDS are paid for by the State (Viral load testing, genotypic, phenotypic or other HIV/AIDS resistance testing). Most HIV/AIDS drugs are also paid for by the State.

Benefits and Services Not Offered by Amerigroup or the State

These are benefits and services that Amerigroup is not required to offer. We offer a few of them anyway. The State will not offer any of the benefits and services on this list:
- Anything that you do not have a medical need for
- Anything experimental unless part of an approved clinical trial
- Autopsies
- Shots for travel — Outside the continental United States or medical care outside the United States.
- Diet and exercise programs — To help you lose weight.
- Fertility treatment services — Including services to reverse a voluntary sterilization.
- Cosmetic surgery — Operations to make you look better, but you do not need for any medical reason.
- Private hospital room — For people without a medical reason such as having a contagious disease.
- Private duty nursing — For people over 21 years old.
- Orthodontist services — Braces to straighten teeth, for people 21 years old and older or children who do not have a serious problem that makes it difficult for them to speak or eat.
- Special (orthopedic) shoes and supports — For people who do not have diabetes or circulation problems or are older than age 21.
- Routine foot care — For people who do not have diabetes or circulation problems or are older than age 21.
• **Nonprescription drugs** — Except coated aspirin for arthritis, insulin, iron pills and chewable vitamins for children younger than age 12 (see the section on Over-the-counter Drugs).

• **Hearing aids** — For people over age 21.

• **Dental services for adults (except for pregnant women)** — Amerigroup offers adult dental services. See the Adult Dental Care section.

**Self-referral Services**

**What Are Self-referral Services?**

You will go to your PCP for most of your health care, or your PCP will send you to a specialist in the Amerigroup network. For some types of services, you can choose a health care provider who is not part of our network, and we will still pay for the service. These are called self-referral services. We will also pay for any related lab work and medicine received at the same site that you receive the self-referral visit. The following are self-referral services.

**Family Planning Services**

If you choose to do so, you can go to a provider who is not a part of Amerigroup for any of these family planning services:

• Family planning office visit
• Pap smear
• Special contraceptive supplies
• Diaphragm fitting
• IUD insertion and removal
• Norplant removal
• FDA-approved contraceptives

**Emergency Services**

If you have a real medical emergency, you do not need a referral from your PCP to go to the Emergency Room (ER). If you are not sure if you should go the ER, call your PCP for advice. After you are treated for an emergency condition, you may need additional services to make sure the emergency condition does not return. These are called poststabilization services. We will work with the hospital staff to decide if you need these services. If you would like additional information about how this is decided, contact us at 1-800-600-4441.

**School-based Health Center Services**

For children enrolled in schools that have a health center, there are a number of services that they can receive from a school health center without a referral:

• Office visits and treatment for acute or urgent physical illness, including needed medicine
• One follow-up office visit, unless the case is complicated
• Self-referred family planning services (listed above)

**Pregnancy Services**

If you were pregnant when you joined Amerigroup and had already seen a provider, who is not in the Amerigroup network for at least one complete prenatal checkup, then you can choose to keep seeing that provider all through your pregnancy, delivery, and for 2 months after the baby is born for follow-up care as long as the provider agrees to continue to see you.
**Baby’s First Checkup before Leaving Hospital**

It is best to select your baby’s PCP before you deliver. If the Amerigroup PCP you selected or another provider does not see your newborn baby for a checkup before the baby is ready to go home from the hospital, we will pay for the on-call provider to do the checkup in the hospital.

**Checkup for Children Entering State Custody**

Children entering foster care or kinship care are required to have a checkup within 30 days. The foster parent can choose a convenient provider to self-refer to for this visit.

**Certain Providers for Children with Special Health Care Needs**

Children with special health care needs may self-refer to providers outside the Amerigroup network under certain conditions. Self-referral for children with special needs is aimed to insure the child keeps getting care. Self-referral will also help assure the right plans of care are in place. Self-referral will depend on whether the child’s condition is found before or after the child first enrolls in Amerigroup.

Medical services that directly relate to the medical condition of a special needs child may be accessed outside the Amerigroup network only if these conditions are met:

- **New Enrollees** – A child who at the time of initial enrollment was getting these services as part of a current plan of care may still get these specialty services if the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child’s effective date of enrollment in Amerigroup. We must approve the services as medically necessary.
- **Established Enrollee** – A child who is already enrolled in Amerigroup when diagnosed as having a special health care need requiring a plan of care that includes specific types of services may ask for a specific out-of-network provider. We must grant the request unless we have a local in-network specialty provider with the same training and skills who is reasonably available and provides the same services.

If we deny, reduce or terminate the services, you can file an appeal (see the section on Appeals).

**Diagnostic Evaluation Service**

One annual Diagnostic and Evaluation Service (DES) visit for any enrollee diagnosed with HIV/AIDS. We are responsible for facilitating the annual DES on your behalf.

**Renal Dialysis**

Some people with kidney disease need to have their blood cleaned. This is called renal dialysis. A person who needs renal dialysis does not have to go to an Amerigroup contracted provider for this treatment, but can choose any Medicare-approved provider, either inside or outside of our MCO. People needing this service may be eligible for the Rare and Expensive Case Management Program (REM).

**Substance Abuse Treatment**

If you are in need of substance abuse treatment, you may self-refer to a certified substance abuse treatment provider for a Comprehensive Substance Abuse Assessment (CSAA). You may self-refer for the initial CSAA if:

- You are not currently in substance abuse treatment
- You have not received a self-referred CSAA during that calendar year
- The assessment provider is a certified substance abuse provider

You can also self-refer for other treatments such as individual and group counseling, detoxification and inpatient care. You must meet certain criteria to receive these services. Contact us at 1-800-600-4441 for more information.
Notice of Stopping or Changing Benefits, Service or Health Care Locations
If your medical office or other provider moves or closes, Amerigroup will send you a letter telling you to choose another provider near you. Once you have chosen a new provider, Amerigroup will send you a new member ID card within 10 business days.

If your benefits change for any reason, Amerigroup will send you a letter telling you about the change before it happens.

If you become ineligible for Medical Assistance, you will be automatically disenrolled. If you regain eligibility within 120 days, you will be automatically re-enrolled with Amerigroup.

INFORMATION ON PROVIDERS

What Is a Primary Care Provider, a Specialist, Specialty Care and an Ancillary Provider?
There are different kinds of providers who will give you certain types of care when you need it. These providers are:

Primary Care Provider (PCP) — PCPs, also called family doctors, are family practitioners, pediatricians, doctors of internal medicine or nurse practitioners who are in charge of your medical care. He or she will give checkups, medical advice, immunizations and referrals to specialists, when needed.

Specialist — A provider who has specific training beyond PCP training and can treat you for special medical conditions. Examples of specialists are obstetricians, dermatologists and podiatrists.

Specialty Care — Any care that is provided by a specialist. These services may or may not need a referral from your PCP. Specialty care services that do not need a referral are called self-referral services (see the section on Self-referral Services).

Ancillary Provider — An ancillary provider gives you care or services like lab work, home health care, medical equipment and radiology services. Examples of ancillary providers are lab technicians, home health care providers, medical equipment providers, X-ray technicians and radiologists.

Information about Your Primary Care Provider, Specialists and Other Providers
If you need more information about your PCP, specialist or other providers (such as training, background or experience), please call Member Services at 1-800-600-4441. For female enrollees, if your PCP is not a women’s health specialist, you have the right to see a women’s health specialist within the Amerigroup network without a referral.

Selecting or Changing Providers
If you need to choose a provider or change the one you already have, call Member Services at 1-800-600-4441. A new ID card will be mailed to you within 10 business days.

List of Primary and Specialty Care Providers
A list of our primary and specialty care providers is included in the Provider Directory that came with your new member packet. The providers are listed by county and community name. The directory also tells you the provider’s specialty, address, telephone number, age limits and any languages spoken.
List of Hospital Providers
A complete listing of hospitals is included in the Provider Directory that came with your new member packet. Hospitals are listed by county and include the address.

List of Pharmacy Providers
A complete listing of our pharmacy providers is included in the Provider Directory that came with your new member packet. They are listed by county and include the address and phone number.

SPECIAL SERVICES

Interpreter for Those Who Do Not Speak English
If you have any questions about your Amerigroup benefits, please call 1-800-600-4441 to reach our Member Services Department. We are open Monday through Friday, 8:00 a.m. to 6:00 p.m., except for holidays to help you. For members who do not speak English, we are able to help in many different languages and dialects. This service is also available for visits with your PCP or specialist at no cost to you. Please let us know if you need an interpreter at least 24 hours before your appointment. Call us at 1-800-600-4441 for more information. Or, you can tell your provider you need an interpreter before you go to your appointment. He or she can arrange to have one for you when you get there.

Interpreter for Those Who Are Deaf or Hard of Hearing
If you have any questions about your Amerigroup benefits, please call our Member Services Department on the AT&T Relay Service at 1-800-855-2880. You can call us Monday through Friday, 8:00 a.m. to 6:00 p.m., except for holidays. You can also call the State’s TDD number at 1-800-977-7389. This number is only available during the State’s business hours. After this time you may call the Member Services Department’s TDD Line. Amerigroup can also set up and pay for you to have a person who knows sign language to help you during your PCP or specialist visits.

Please let Amerigroup know if you need an interpreter at least 24 hours before your appointment. Or, you can tell your provider you need an interpreter before you go to your appointment. He or she can arrange to have one for you when you get there at no cost to you.

Transportation Services
You are responsible for your own ride to and from your medical appointments. However, if you cannot get a ride, the local health department may be able to arrange one for you. For the local health department to assist you, you must have:
- Your Amerigroup ID card
- A scheduled medical visit at a physician’s office, hospital or clinic

Transportation is for nonemergency medical appointments only. Please schedule transportation the week before you need it. For transportation in your county call:

- Anne Arundel County 1-800-442-2858
- Baltimore City 410-396-6422
- Baltimore County 410-887-2828
- Calvert County 1-800-577-1050
- Charles County 301-934-0111
- Caroline County 1-800-987-9088
- Carroll County 1-888-602-4007
- Harford County 410-638-1671
- Howard County 1-800-577-1050
- Montgomery County 240-777-5899
- Prince George’s County 301-856-9555
- Queen Anne’s County 443-262-4462 or 410-758-0720
- Somerset County 443-260-2300
- St. Mary’s County 301-475-4296
Make sure you are ready and waiting for your ride 45 minutes early. The driver will not wait for you. If you call for a ride and find out later that you do not need it, please call back at least an hour before they are supposed to pick you up and cancel the ride.

**Services for Special Needs Populations**

The State has named certain groups as needing special support from the MCO. These groups are called special needs populations and include:

- Children with special health care needs
- Pregnant women and women who have just given birth
- Adults or children with a physical disability
- Adults and children with HIV/AIDS
- Children in state-supervised care
- Adults and children with a need for substance abuse care
- Adults and children who are homeless
- Adults or children with a developmental disability

We have a process to let you know if you are in a special needs population. If you have a question about your special needs, contact our Member Services Department at 1-800-600-4441.

**SERVICES EVERY SPECIAL NEEDS POPULATION RECEIVES**

If you are in one or more of the special needs populations, you are eligible to receive the services below to help you get the right amount and the right kind of care:

- **Face-to-Face Initial Assessment** — We have a process to let you know if you are in a special needs population. We’ll arrange for a case manager to meet with you for an initial assessment of your health status, including condition-specific issues, in your home or over the phone. You have the right to decline or disenroll from case management programs and services offered by Amerigroup. If you have a question about your special needs, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

- **Case Manager** — A Case Manager will be a nurse or a social worker or other professional that may be assigned to your case soon after you join Amerigroup. This person will help you and your Primary Care Provider (PCP) plan the treatment and services you need. The Case Manager will not only help plan the care, but will help keep track of the health care services you receive during the year and help those who give you treatment to work together. Call Member Services at 1-800-600-4441 to see if you qualify for case management services.

- **Specialist** — Having special needs requires you to see providers who have the most experience with your condition. Your PCP and your Case Manager will work together to be sure to send you to the right specialists. This will include specialists for supplies and equipment you might need.

- **Follow-up When Visits Are Missed** — If your PCP or specialist finds that you keep missing visits, they will let us know and someone will try to get in touch with you by mail, telephone or a visit to your home to remind you to call for another appointment. If you still miss appointments, you may be visited by someone from the local health department near where you live.

- **Special Needs Coordinator** — We have a Special Needs Coordinator on staff. The Special Needs Coordinator will help you find information about your condition and will suggest places in your area where you can get support from people who know about your needs. To reach our Special Needs Coordinator, call 1-800-600-4441.

- **Americans with Disabilities Act (ADA)** — Amerigroup follows the requirements of the ADA.
As a member of a special needs population, you will receive all the services above. Some groups will receive other special services. These are listed next.

**Adults and Children with HIV/Aids**

- **HIV/AIDS Case Management** — We have special Case Managers trained in dealing with HIV/AIDS issues and in linking persons with the services that they need.
- **Diagnostic Evaluation Service (DES) Assessment Visit** — One annual DES visit for any enrollee diagnosed with HIV/AIDS. We will assist in setting up this visit on the enrollee’s behalf. The DES will include a physical, mental and social evaluation. Anyone with HIV/AIDS may choose the DES center from a list of approved locations. The DES center does not have to be part of the Amerigroup network.
- **Substance Abuse Services** — Anyone with HIV/AIDS who needs substance abuse treatment will have access within 24 hours of request. Certain diagnostic services for HIV/AIDS are paid for by the State (viral load testing, genotypic, phenotypic or other HIV/AIDS resistance testing).

**Adults and Children with Physical and Developmental Disabilities**

- **Materials Prepared in a Way You Can Understand** — We have our materials reviewed by people with experience in the needs of people with disabilities. This means that the information will be presented using the right methods so that people with disabilities can understand, whether in writing or by voice translation. Our staff is trained on the special communications needs of individuals with developmental disabilities.
- **Developmental Disabilities Administration Services** — Enrollees that currently receive services through Developmental Disabilities Administration Services (DDA) or under the DDA waiver can continue to receive those services.
- **Medical Equipment and Assistive Technology** — Our providers must have the experience and training for both adults and children to provide medical equipment and assistive technology services.
- **Case Management** — Case Managers are experienced in working with people with disabilities.

**Pregnant Women and Women Who Have Just Given Birth**

- **Appointments** — The provider must schedule an appointment within 10 days of your request. If you cannot get an appointment, call us at 1-800-600-4441 or the Enrollee Help Line at 1-800-284-4510.
- **Link to a Pediatric Provider** — Every pregnant woman will be linked with a children’s doctor that she chooses before giving birth. A children’s doctor may be a family practice doctor, pediatrician or nurse practitioner.
- **Prenatal Risk Evaluation** — Every pregnant woman should have a prenatal risk evaluation at the time of the first visit with the prenatal provider. This evaluation will help the provider know whether a woman could have a difficult delivery. If there is a risk that may affect the pregnancy and a healthy baby, someone from the Local Health Department or Amerigroup will contact the pregnant woman and offer to visit her.
- **Length of Hospital Stay** — The length of hospital stay after delivery is 48 hours for an uncomplicated vaginal delivery or 96 hours for an uncomplicated cesarean delivery. If you elect to be discharged earlier, a home visit will be provided within 24 hours after discharge. If you must remain in the hospital after childbirth for medical reasons, you may request that your newborn remain in the hospital while you are hospitalized, additional hospitalization up to 4 days is covered for your newborn.
- **Follow up** — We are required to schedule the newborn for a follow-up visit 2 weeks after discharge if no home visit has occurred or within 30 days after discharge if there has been a home visit.
- **Postpartum Visit** — Call as soon as you have your baby to schedule your postpartum checkup. Your OB/GYN or midwife wants to see you within three to six weeks after you deliver. Even if you feel fine or you’ve had children before, it is important to go for your postpartum checkup. Only your health care provider can make sure you’re fully recovered from the delivery.
Here is what you can expect at your postpartum checkup:

- A physical exam, including a pelvic exam as well as a breast exam and blood tests
- A Pap test
- Answers about when to resume sexual activity and exercise
- Your options for birth control
- Discussion of any parenting issues or concerns about your emotional well-being

If you need help making your appointment, call Member Services toll free at 1-800-600-4441. If you are deaf or hard of hearing, please call the AT&T Relay Service toll free at 1-800-855-2880.

- **Dental** — Pregnant women who are 21 years old or older receive diagnostic, emergency, preventive and therapeutic dental services for oral diseases. These services are provided by the Maryland Healthy Smiles Dental Program. Contact them at 1-866-696-9596 if you have questions about your dental benefits.
- **Substance Abuse Services** — Any pregnant or postpartum (2 months after delivery) woman who is a substance abuser will have access to substance abuse treatment within 24 hours of request. If day treatment is needed, your children may go with you during your treatment. Contact Member Services at 1-800-600-4441 for help with finding a substance abuse treatment provider.
- **HIV Testing and Counseling** — All pregnant women will be offered a test for HIV and will receive information on HIV infection and its effects on the unborn child.
- **Nutrition Counseling** — All pregnant women will be offered nutritional information to teach them to eat healthy.
- **Smoking Counseling** — All pregnant women will be provided information and support on ways to stop smoking.
- **EPSDT Screening Appointments** — Adolescents who are pregnant should receive EPSDT screening services in addition to prenatal care.

**Adults and Children In Need of Substance Abuse Treatment**

If you need help getting off drugs and/or alcohol, we will provide you with:

- **Substance abuse screening** — This can be done as part of your initial health screen, first prenatal visit, or when your provider thinks it is necessary. You may self-refer for an assessment (see the section on Self-referral Services).
- **Substance abuse treatment** — If it is found that you are in need of substance abuse treatment, we will refer you or you can self-refer to a certified substance abuse treatment provider or another provider (such as physicians, social workers or psychologists) who sees HealthChoice enrollees based upon the type of help you need. Contact us at 1-800-600-4441 for more information.
- **No denial for past problems** - We will not deny you substance abuse treatment if the only reason is that you have not been successful with drug or alcohol treatment in the past.

**Children with Special Health Care Needs**

- **Work with Schools** — We will work closely with the schools that provide education and family services programs to children with special needs.
- **Keeping Certain Non-Amerigroup Providers** — Children with special health care needs may self-refer to providers outside our network under certain conditions. Self-referral for children with special needs is aimed to insure the child keeps getting care. Self-referral will also help assure the right plans of care are in place. Self-referral will depend on whether the child’s condition is found before or after the child first enrolls in an MCO.
Medical services that directly relate to the medical condition of a member may be accessed outside the Amerigroup provider network only if these conditions are met:

- **New Enrollees** — If you were getting out-of-network medical services as part of a current plan of care when you first enrolled with Amerigroup, you may still get these specialty services. You can get these services if the pre-existing out-of-network provider sends us the plan of care for approval within 30 days of your effective date of enrollment with us. We must approve this service as medically necessary.

- **Established Enrollee** — If you were already enrolled in Amerigroup when you were diagnosed as having a special health care need requiring a plan of care that includes specific types of service, you may ask for a specific out-of-network provider. We must approve this request unless we have a local in-network specialty provider with the same training and skills who is reasonably available and provides the same service.

- **State-supervised care: foster and kinship care** — We will ensure that children in state-supervised care (foster care or kinship care) get the services that they need from providers by having one person at Amerigroup organize all services. If a child in state-supervised care moves out of the area and needs another MCO, the state and Amerigroup will work together to quickly find the child new providers close to where the child has moved, or if needed, the child can change to another MCO.

- **Screening for abuse or neglect** — Any child thought to have been abused physically, mentally or sexually will be referred to a specialist who is able to determine if abuse has occurred. In the case of possible sexual abuse, we will be sure that the child is examined by someone who knows how to find and keep important evidence.

- **Individuals who are homeless** — If you are homeless, we will provide a Case Manager to coordinate your health care services.

**Rare and Expensive Case Management Program**

**What Is the Rare and Expensive Case Management Program?**

The Rare and Expensive Case Management program, REM for short, is a program provided by the State for people who have very expensive and very unusual medical problems. To enter the REM program, you must have one of the problems (diagnoses) on the REM diagnosis list. Most of the REM diagnoses are found in children under the age of 21; however, a few are found in adults, as well.

**How Do I Know If I Belong in This Program?**

Your PCP and Amerigroup have a list of the REM diagnoses and will let you know if you or any of your children should consider entering the REM Program. You will be informed by telephone, by mail, or by a visit from a REM Case Manager. If you do not want to join the REM program, you can stay with Amerigroup.

**Will I Keep the Same Benefits?**

The REM program offers the same Medicaid benefits as Amerigroup offers plus other specialty services needed for your special medical problem. The State will pay for this care instead of us.

**Do Rare and Expensive Case Management Enrollees Keep Amerigroup and Their PCP?**

Entering the REM program means not being with Amerigroup anymore. This change will happen automatically. You will work with a REM Case Manager who will become very familiar with the care you or your child needs and will help you select the right provider. The REM Case Manager will work with you or your child to see that you continue with the same PCP and specialists if possible, even though you will no longer be with Amerigroup. If your child under age 21 was getting medical care from a specialty clinic or other setting before going into the REM program, you can choose for your child to keep getting services there after joining the REM program. For more information, call the REM program at 1-800-565-8190.
GETTING INTO CARE

Making or Canceling an Appointment
To make an appointment with your PCP, call your PCP’s number on the front of your member ID card. When you call, let the staff know what you need (for example, a checkup or a follow-up visit). Also, tell them if you are not feeling well. This information will determine how soon you will be seen. This may also shorten your wait time when you get to the office.

Make sure you bring your member ID card with you, along with any medications you are taking. If your child is being seen, make sure you bring his or her ID card, shot records and any medications he or she is taking. It is important for you to keep your appointment. Skipping your appointment or getting there late makes it harder for your provider to care for you and other patients. It may also make you have to wait longer to see the PCP or specialist. Give yourself plenty of time to get there.

Referral to a Specialist or Specialty Care
Before going to a specialist, your PCP has to approve it. Your PCP will sign a referral form and send you to a network specialist when needed. Please keep in mind some PCPs only refer to certain specialists in the network. If it is a self-referral service, as explained under the section Self-referral Services, you will not need your PCP’s prior approval.

After Hours Care, Urgent Care and Emergency Care

After Hours Care
Except in the case of an emergency (see the section on Emergency Care), your PCP is the place to start for just about any health care you may need. Another exception would be if you need care that does not need a referral (see the section on Self-referral Services). If you need to go to the hospital for nonemergency care, be treated by a specialist, get medicine or get care your PCP does not give, your PCP will arrange it. Your PCP will tell you what you need to do and answer your questions.

Because you never know when you will need medical care, your PCP is available 24 hours a day. If you call the office when it is closed, leave a message with your name and a telephone number where you can be reached. Your PCP should call you back within 1 hour to tell you what to do. You may also call our Nurse HelpLine at 1-800-600-4441 24 hours a day, 7 days a week for help.

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

Urgent Care
There are injuries and illnesses that can turn into an emergency if they are not treated within 48 hours. These conditions need urgent care. Some examples are:
- Throwing up
- Earaches
- Low-grade fever
- Minor burns
- Minor cuts

Members may self-refer to network Urgent Care Centers.
Emergency Care
If you have an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you want advice, call your PCP or our 24-hour Nurse Helpline at 1-800-600-4441. The most important thing is to get medical care as soon as possible. You do not need prior authorization or a referral to get emergency care.

What is an Emergency?
An emergency is when not seeing a provider right away to get care could result in death or very serious bodily harm. The problem is so severe that someone with an average knowledge of health can tell the problem may be life threatening or cause serious damage to your body (or, with respect to pregnant women, the health of the woman or her unborn child).

Here are some examples of problems that are most likely emergencies:
- Trouble breathing
- Loss of consciousness
- Very bad burns
- Chest pains
- Very bad bleeding
- Shakes called convulsions or seizures

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

Out-of-service Area Coverage
If you need emergency care when you are out of town, go to the nearest hospital emergency room or call 911. If you need urgent care, you can self-refer to a network Urgent Care Center. If no network Urgent Care Center is close by, call your PCP for help. If your PCP’s office is closed, leave a phone number where you can be reached. Your PCP should call you back within 1 hour. Follow your PCP’s instructions. You may be told to get care where you are if you need it very quickly. You can also call Amerigroup On Call at 1-866-864-2544 for help. If you need routine care like a checkup or prescription refill when you are out of town, call your PCP or Amerigroup On Call.

Wellness Care for Children (Healthy Kids — EPSDT) and Adults

Routine Care
In most cases when you need medical care, you call your PCP to make an appointment. Then you go to see the PCP. This will cover most minor illnesses and injuries, as well as regular checkups. This type of care is known as routine care.

Wellness Care for Children and Adults
Your PCP is someone you see when you are not feeling well, but that is only part of your PCP’s job. He or she helps take care of you before you ever get sick.

The Healthy Kids Program
Babies need to see their PCP at least seven times in their first year and more times if they get sick. At the seven well-child visits, the PCP will:
- Make sure your baby is growing well
- Help you care for your baby
- Tell you how to help your baby go to sleep
- Talk to you about what to feed your baby
- Answer questions you have about your baby
- Find problems that may need more health care
- Give your baby shots that will help protect him or her from illnesses

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

- 0-1 month old
- 2-3 months old
- 4-5 months old
- 6-8 months old
- 9-11 months old
- 12 months old

It is also very important for your child to see the PCP at least three more times in his or her second year of life. Please schedule an appointment for your baby at 15 months, 18 months and 24 months. Beginning at age 3, your child should see his or her PCP at least one time each year up to age 20 for well-child checkups.

**Blood Lead Screen**

During every well-child checkup between age 6 months and 6 years, your PCP will screen your child for lead poisoning. A blood lead test is done at 12 months, 24 months and every year until age 6.

Your child’s PCP will take a blood sample by pricking the child’s finger or taking blood from the vein. This test will tell if your child has lead in his or her blood.

**Eye and Hearing Screenings**

Your child will have eye and hearing checkups from birth through age 20 during certain well-child checkups. Eye exams are done at each well-child visit from birth through age 2. Standard tests are also given each year at ages 3, 4, 5, 6, 8, 12, 14 and 20. Hearing exams are done at each well-child visit from birth through age 3. They are also done each year at age 6, 8, 10, 14, 16 and 20. Standard tests are given each year at age 4, 5, 12 and 18.

**Dental Care**

Your child will have his or her teeth and gums checked by his or her PCP from birth through age 20 as a part of his or her well-child checkup. At age 3, your child should begin seeing a dentist.

**Wellness Checkups for Children**

The immunization (shot) schedule below can tell you if your child is up to date on his or her shots. If not, schedule a visit with your child’s PCP today.
# IMMUNIZATION (SHOT) SCHEDULE FOR CHILDREN

<table>
<thead>
<tr>
<th>AGE</th>
<th>VACCINE</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mo</th>
<th>4 mo</th>
<th>6 mo</th>
<th>12 mo</th>
<th>15 mo</th>
<th>18 mo</th>
<th>19-23 mo</th>
<th>2-3 years</th>
<th>4-6 years</th>
<th>7-10 years</th>
<th>11-12 years</th>
<th>13-18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>HepB</td>
<td>HepB</td>
<td>HepB if needed</td>
<td>HepB</td>
<td>HepB Series if not given</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Rotavirus</td>
<td>Rota</td>
<td>Rota</td>
<td>Rota</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td>DTaP</td>
<td></td>
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</tr>
<tr>
<td>Haemophilus influenzae type b</td>
<td>Hib</td>
<td>Hib</td>
<td>Hib if needed</td>
<td>Hib</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV7</td>
<td>PCV7</td>
<td>PCV7</td>
<td>PCV7 if needed</td>
<td></td>
<td></td>
<td></td>
<td>PCV7 if high-risk</td>
<td></td>
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<tr>
<td>Inactivated Poliovirus</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>IPV Series if not given</td>
<td></td>
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<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Influenza (Yearly)</td>
<td>Influenza (Yearly) if high-risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MMR</td>
<td>MMR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella</td>
<td>Varicella Series if not given</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HepA (2 doses)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MCV4 if high-risk</td>
<td>MCV4 if not given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HPV (3 doses)</td>
<td></td>
<td></td>
<td>HPV Series if not given</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wellness Care for Adults

Staying healthy means going to see your PCP for regular checkups. Use the chart below to make sure you are up-to-date with your yearly wellness visits:

**WELLNESS CARE VISITS SCHEDULE FOR ADULT MEMBERS**

<table>
<thead>
<tr>
<th>EXAM TYPE</th>
<th>WHO NEEDS IT</th>
<th>HOW OFTEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Visit</td>
<td>Age 21 - 39</td>
<td>Every 3 years</td>
</tr>
<tr>
<td></td>
<td>Age 40 and over</td>
<td>Every year</td>
</tr>
<tr>
<td>Pap Smear and Pelvic Exam</td>
<td>Women: Under age 18 who are sexually active</td>
<td>Every year</td>
</tr>
<tr>
<td></td>
<td>Age 18 and over</td>
<td>Every year</td>
</tr>
<tr>
<td>Clinical Breast Exam</td>
<td>Women: Age 20 - 39</td>
<td>Every 3 years</td>
</tr>
<tr>
<td></td>
<td>Age 40 and over</td>
<td>Every year</td>
</tr>
<tr>
<td>Breast Self-exam</td>
<td>Women: Age 20 and over</td>
<td>Once a month</td>
</tr>
<tr>
<td>Mammograms (Breast X-ray)</td>
<td>Women: Age 40 and over</td>
<td>Every year</td>
</tr>
<tr>
<td>Fecal Blood Occult Test</td>
<td>Age 50 and over</td>
<td>Every year</td>
</tr>
<tr>
<td>Sigmoidoscopy and DRE/PSA or Colonoscopy and DRE/PSA</td>
<td>Age 50 and over</td>
<td>Every 5 years</td>
</tr>
</tbody>
</table>

How to Submit a Claim for Covered Services

If you receive a bill for medical services covered by Amerigroup, don’t throw it away. Members don’t pay for covered medical services. Call our Member Services department at 1-800-600-4441 (TTY 1-800-855-2880) toll free, Monday through Friday from 8:00 a.m. to 6:00 p.m. Eastern time. Give the representative the information on the bill. Member Services will help you take care of this issue.

When You Miss One of Your Wellness Visits

If you or your child does not get a wellness visit on time, make an appointment with the PCP as soon as you can. If you need help setting up the appointment, call Member Services. If your child has not visited the PCP on time, Amerigroup will send you a postcard reminding you to make your child’s appointment.

Special Care for Pregnant Members

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

Our program also helps pregnant members with complex health care needs. Nurse Case Managers work closely with these members to help teach them about these needs. They also give emotional support and help members to follow their PCP’s care plan. Our nurses also work with PCPs. They help with other services members may need. The goal is to promote better health for members and the birth of healthy babies.

When You Become Pregnant

If you think you are pregnant, call your PCP or OB/GYN provider right away. You do not need a referral from your PCP to see an OB/GYN provider. We can help you find an OB/GYN in the Amerigroup network, if needed.

You must also call Amerigroup Member Services when you find out you are pregnant. This will help you make sure you choose a PCP for your baby. If you are 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 throughout your pregnancy, delivery and up to 2 months after your baby is born, if the provider agrees to continue treating you.
When you are pregnant, Amerigroup will send you a pregnancy education package. It will include:

- A letter welcoming you to the Taking Care of Baby and Me® program
- Self-care information
- Taking Care of Baby and Me® reward program brochure
- A 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 are pregnant, you must go to your PCP or OB/GYN at least:

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

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

While you are pregnant, you need to take good care of your health. You may be able to get healthy food from the Women, Infants and Children Program (WIC). For a list of WIC sites near you, you can call the WIC phone number for your county or city below:

Anne Arundel County  410-222-6797  
Baltimore City  410-396-9427  
Baltimore County  410-887-6000  
Calvert County  1-877-631-6182  
Charles County  301-609-6857  
Caroline County  410-479-8060  
Carroll County  410-876-4898  
Cecil County  410-996-5255  
Charles County  301-609-6857  
Dorchester County  410-479-8060  
Frederick County  301-600-2507  
Garrett County  301-334-7710  
Harford County  410-273-5656  
Howard County  410-313-7510  
Montgomery County  301-762-9426  
Prince George’s County  301-856-9600  
Queen Anne’s County  410-758-0720  
Somerset County  410-749-2488  
St. Mary’s County  1-877-631-6182  
Talbot County  410-479-8060  
Wicomico County  410-749-2488  
Worcester County  410-749-2488

When You Have a New Baby

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

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

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

After you have your baby, you must call Amerigroup Member Services as soon as you can to let us know you had your baby. We will 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 will try to help you pick a PCP for your baby and get your baby enrolled in Medical Assistance. If you do not know who your baby’s PCP is, call Member Services.

After you have your baby, Amerigroup will send you the Taking Care of Baby and Me* postpartum education package. It will include:

- A letter welcoming you to the postpartum part of Taking Care of Baby and Me* program
- Baby-care information
- Taking Care of Baby and Me* reward program brochure about going to your postpartum visit
- A brochure about postpartum depression
- A Nurse HelpLine Ameritips fact sheet

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

**Substance Abuse**

If you need substance abuse treatment, call Member Services at 1-800-600-4441. Our representatives can help make sure you get the care you need. You do not need a referral for this service (see the sections on Benefits and Services or HealthChoice Benefits).

**Family Planning**

See the sections on Benefits and Services or Self-referral Services for more information.

**Adult Dental Care**

Amerigroup offers a variety of dental benefits to our adult members who are not pregnant. Dental services are provided by DentaQuest. You can call DentaQuest at 1-800-720-5949. Dental services do not require a referral from your PCP.

Coverage for adult members age 21 and over includes:

- Oral exams and cleanings twice a year
- Limited X-rays
- A 20 percent discount on all other noncovered dental services

**Special Amerigroup Services for Healthy Living**

**Health Information**

Learning more about health and healthy living can help you stay healthy. One way to get health information is to ask your PCP. Another way is to call us. Amerigroup On Call is available 24 hours a day, 7 days a week to answer your questions. 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 may have. Please call 1-866-864-2544 for more information.
Health Education Classes
Amerigroup works to keep you healthy with its health education programs. We can help you find classes near your home. Call Member Services to find out where and when these classes are held. Some of the classes include:

- Amerigroup services and how to get them
- Childbirth
- Infant care
- Parenting

- Pregnancy
- Quitting cigarette smoking
- Protecting yourself from violence
- Other classes about health topics

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

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

Community Events
Amerigroup sponsors and takes part in special community events and family fun days where you can get health information and have a good time. You can learn about topics like healthy eating, asthma and stress. You and your family can play games, win prizes or get your face painted.

Amerigroup Representatives will be there to answer your questions about your benefits, too. Call Member Services to find out when and where these events will be.

Disease Management
Amerigroup has Disease Management programs to help you better understand and manage your chronic health problem. Your PCP and our team will assist you with your health care needs.

Licensed Nurses or Social Workers called Disease Management Care Managers support you over the phone. They help teach you how to manage your chronic condition. Care Managers also help you better understand your condition and will work with you to develop a plan to meet your health care needs.

Amerigroup has received NCQA (National Committee for Quality Assurance) Patient and Practitioner Oriented Accreditation for the following programs. Earning NCQA accreditation for Disease Management represents our continued commitment to help you receive quality health care coverage.

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)

- Major Depressive Disorder
- Diabetes
- HIV/AIDS
- Schizophrenia

As an Amerigroup member enrolled in Disease Management, you have certain rights and responsibilities. You have the right to:

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

You have the responsibility to:
• Listen to and know the effects of accepting or rejecting health care advice
• Provide Amerigroup with information needed to carry out our services
• Tell Amerigroup and your providers if you decide to disenroll from the Disease Management program

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

**How to Get Care When You Cannot Leave Your Home**

Amerigroup will find a way to help take care of you. Call us at 1-800-600-4441 right away if you cannot leave your home. We will put you in touch with a Case Manager who will help you get the medical care you need.

**Medicines**

Amerigroup has a list of commonly prescribed drugs you or your child’s PCP or specialist can choose from to help you get well. This list is called a Preferred Drug List (PDL). It is part of the Amerigroup formulary. The covered medicines include prescriptions and certain over-the-counter medicines. All Amerigroup network providers have access to this drug list. Your/your child’s PCP or specialist should use this list when he or she writes a prescription. Certain medicines on the PDL and all medicines that are not listed on the Amerigroup PDL require prior authorization.

You can get prescriptions and medicines from approved pharmacies in the Amerigroup network. You will find a list of Amerigroup network pharmacies in the Provider Directory you got in your new member packet. If you do not know if a pharmacy is in the Amerigroup network, ask the pharmacist. You can ask for a list of covered and noncovered prescription drugs by:
• Calling Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880)
• Visiting www.myamerigroup.com/MD

It is good to use the same pharmacy in the Amerigroup network. This way your pharmacist will know about problems that may occur when you are taking more than one prescription. If you use another pharmacy, you should tell the pharmacist about any other medicines you are taking.

**To fill a prescription:**
• Show your Amerigroup member ID card. You will also need to show your Medical Assistance card for mental health medicines prescribed for you. Mental health medicines may be prescribed by your PCP or behavioral health provider.
• Pay a $3 copay for brand-name drugs or a $1 copay for generic drugs. These costs do not apply to members under the age of 21 and pregnant women. Also, there are no charges for family planning services and supplies and for medicines relating to emergency services.

Amerigroup also gives you an extra benefit for certain over-the-counter medicines. Each member can get up to $15 worth of these drugs each quarter. Some restrictions apply. Quarters begin on the 1st 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 member ID card. Please see the section on Optional Services and Applicable Terms and Conditions for more information on over-the-counter medicines. You can also call Member Services toll free at 1-800-600-4441 to find out more about these medicines or to request a list of covered and noncovered prescription drugs.

**Domestic Violence**

Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It is never OK for someone to hit you. It is never OK for someone to make you afraid. Domestic violence causes harm and hurt on purpose. Domestic violence in the home can affect your children and it can affect you.

If you feel you may be a victim of abuse, call or talk to your PCP. Your PCP can talk to you about domestic violence. Safety tips for your protection:

• Call the domestic violence hotline for help. They can tell you about safe shelter areas.
• If you are hurt, call your PCP. Call 911 or go to the nearest hospital if you need emergency care (see the section on Emergency Care).
• Have a plan on how you can get to a safe place (like a women’s shelter or a friend’s or relative’s home).
• Pack a small bag and give it to a friend to keep for you until you need it.

If you have questions or need help, please call our Nurse HelpLine at 1-800-600-4441 or call the National Domestic Violence hotline number at 1-800-799-7233.

**Mental Health Services**

**How Do I Get Mental Health Services?**

If you think you have mental health problems and need help, call the Public Mental Health System, at 1-800-888-1965, call our Member Services Department or speak with your PCP. Your PCP will ask you questions to help decide if you need mental health treatment. Your PCP may decide that he or she can help by giving you some medications for your problem and you will not need to go to the Public Mental Health System. The PCP may also help refer you to the Public Mental Health System. If you decide to call the Public Mental Health System yourself, their toll-free help line is open 24 hours a day, 7 days a week and is run by mental health staff called Care Managers. The Care Managers are trained to handle your call and will help you get the services you need.

If you have received mental health care services in the past, and would like to see the same provider, let the Care Manager know. Every effort will be made to get you to the same provider.

If the Public Mental Health System finds that you do not need specialty mental health services, your PCP (with your permission) will be informed so that you can receive any needed follow-up care.

**How to Submit a Claim for Covered Services**

If you receive a bill for medical services covered by Amerigroup, don’t throw it away. Members don’t pay for covered medical services.
Call our Member Services department at 1-800-600-4441 (TTY 1-800-855-2880) toll free, Monday through Friday from 8:00 a.m. to 6:00 p.m. Eastern time. Give the representative the information on the bill. Member Services will help you take care of this issue.

If I Need Mental Health Services From the Public Mental Health System, How Quickly Will I Get It?
How quickly you are seen for specialty mental health care will depend on the type of treatment you need. The following describes the time rules for getting you to a mental health specialist:
- **Emergency** — If the Public Mental Health System (PMHS) Care Manager finds that your problem is an emergency, you will be seen within 4 hours.
- **Urgent** — If your problem is not an emergency but you still have an urgent need to see a mental health specialist, you will be seen by the next day, within 24 hours.
- **Scheduled** — If you are not having a crisis but still need to see someone for an evaluation, an appointment for specialty care will be scheduled within 10 work days.

GRIEVANCES AND APPEALS

The Amerigroup Member Services Department
If you have any questions or problems with your Amerigroup benefits, please call 1-800-600-4441 to reach a Member Services Representative. Amerigroup is open Monday through Friday, 8:00 a.m. to 6:00 p.m., except for holidays to help you. If you call after 6:00 p.m., you can leave a voicemail message. A Member Services Representative will call you back the next work day.

The Amerigroup Internal Grievance Procedures

Grievances
If your complaint is about something other than not receiving a service, this is called a grievance. Examples of grievances include not being able to find a provider, trouble getting an appointment or not being treated fairly by someone who works at Amerigroup or at your provider’s office.

If your grievance is:
- About an urgent medical problem you are having, it will be solved within 24 hours
- About a medical problem but it is not urgent, it will be solved within 5 calendar days
- Not about a medical problem, it will be solved within 30 calendar days

If you would like a copy of our official grievance procedure or if you need help filing a complaint, please call us toll free at 1-800-600-4441.

Filing a Grievance
If you have a problem with Amerigroup and would like to tell us about it, please call us at 1-800-600-4441. If you are deaf or hard of hearing, call the toll-free AT&T Relay Service at 1-800-855-2880. For members who do not speak English, we are able to help in many different languages and dialects. Please let us know if you need an interpreter. Call Member Services for more information.

Amerigroup will try to solve your grievance on the telephone. You can also tell us about your grievance by writing to us. Please include information such as the date the problem happened and the people involved. You may call Member Services for help with writing a letter.
Send your letter to:
Member Services Advocate
Amerigroup Community Care
Suite 500
7550 Teague Road
Hanover, MD 21076

Within 5 business days of receiving your written grievance, Amerigroup will send you a letter saying we received your grievance.

**Second Review of a Grievance**
If you are not happy with the answer to your grievance, you can ask for a second review of your grievance. You must ask for a second review within 30 days from the date you hear from Amerigroup with the answer to your grievance. You can call Amerigroup at 1-800-600-4441 to ask for a second review. You can also write to us to request a second review. Send your letter to:

Member Services Advocate
Amerigroup Community Care
Suite 500
7550 Teague Road
Hanover, MD 21076

You can have your grievance reviewed in one of two ways:

- **Panel Review:** A group of people talk with you about your problem. These people have not looked at your grievance before. Amerigroup will try to set a day and time that is good for you. You can bring someone with you to the panel review.

- **Letter Review:** You tell us about your problem in a letter. Include information such as the date the problem happened and the people involved. A group of people will review your letter. These people have not looked at your grievance before.

Amerigroup will send you a letter with the answer to your second review grievance within 30 calendar days from when you contacted Amerigroup.

**Appeals**
If your complaint is about a service you or a provider feels you need but we will not cover, you can ask us to review your request again. This is called an appeal.

If you want to file an appeal, you have to file it within 90 calendar days from the date that you receive the letter saying that we would not cover the service you wanted.

You can call us to file your appeal or you may also send your appeal in writing. We have a simple form you can use to file your appeal. Just call 1-800-600-4441 to get one. We will mail or fax the appeal form to you and provide assistance if you need help completing it.

**Once you complete the form, you should mail it to:**
Medical Appeals
Amerigroup Community Care
P.O. Box 62429
Virginia Beach, VA 23466-2429
Your provider can also file an appeal for you if you sign a form giving him or her permission. Other people can also help you file an appeal, like a family member or a lawyer.

When you file an appeal, be sure to let us know any new information you have that will help us make our decision. We will send you a letter letting you know that we received your appeal within 5 business days. While your appeal is being reviewed, you can still send or deliver any additional information that you think will help us make our decision.

When reviewing your appeal, we will:
- Use providers who know about the type of illness you have
- Not use the same people who denied your request for a service
- Make a decision about your appeal within 30 calendar days

The appeal process may take up to 44 calendar days if you ask for more time to submit information or we need to get additional information from other sources. We will send you a letter if we need additional information.

If your provider or Amerigroup feels that your appeal should be reviewed quickly due to the seriousness of your condition, you will receive a decision about your appeal within 3 calendar days.

If we do not feel that your appeal needs to be reviewed quickly, we will try to call you within 72 hours and send you a letter within 3 calendar days letting you know that your appeal will be reviewed within 30 calendar days.

If your appeal is about a service that was already authorized and you were already receiving, you may be able to keep getting the service while we review your appeal. Contact us at 1-800-600-4441 if you would like to keep getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

Once we complete our review, we will send you a letter letting you know our decision. If we decide that you should not receive the denied service, this letter will tell you how to file another appeal or ask for a fair hearing.

The State’s Complaint Process

Getting Help from the Enrollee Help Line

If you have a question or complaint about your health care, such as not being able to get an appointment, not getting a benefit or service you think you need, or having to travel too far to get health care services, and we have not solved the issue to your satisfaction, you can ask for help from the State’s Enrollee Help Line. To reach the Enrollee Help Line, call 1-800-284-4510 Monday through Friday between 7:30 a.m. and 5:30 p.m. (or you can leave a recorded message at any other time).

When you call the Enrollee Help Line, you can ask your question or explain your problem to one of the Enrollee Help Line staff, who will:
- Answer your questions
- Work with us to discuss what you need
- Send your complaint to the Complaint Resolution Unit Nurse who may:
  - Ask us to provide information about your case within five days
  - Work with your provider and us to assist you in getting what you need
  - Help you to get more community services, if needed
  - Help you to appeal denials and send you the fair hearing process in writing (see the sections on Grievances and Appeals or The State’s Appeal Process)
**Department’s Order That Amerigroup Provide Benefit or Service**

When all the facts about your case have been reviewed by the Department, the Department will take one of the actions below:

- If the Department thinks Amerigroup should provide the benefit or service, it can order Amerigroup to do so right away, and Amerigroup will give you the benefit or service.
- If the Department thinks that Amerigroup does not have to give you the benefit or service, you will be told that the Department agrees with Amerigroup. You can appeal the Department’s decision (see the sections on What Kinds of State Decisions Can Be Appealed or Fair Hearings).

**The State’s Appeal Process**

**Asking the State to Review Our Decision**

When you do not agree with our decision to deny, stop or reduce a service, you can ask the State to review the decision. This is called an appeal.

You can contact the Enrollee Help Line at 1-800-284-4510 and tell the representative that you would like to appeal our decision. Your appeal will be sent to a nurse in the Complaint Resolution Unit.

The Complaint Resolution Unit will attempt to resolve your issue with us in 10 business days. If it cannot be resolved in 10 business days, you will be sent a notice that gives you a choice to request a fair hearing or wait until the Complaint Resolution Unit has finished its review.

When the Complaint Resolution Unit is finished working on your appeal, you will be notified of their findings if the state thinks:

- We should provide the requested service, it can order us to give you the service
- That we do not have to give you the service, you will be told that the State agrees with us

If you do not agree with the State’s decision, which you will receive in writing, you will again be given the opportunity to request a State Fair Hearing.

**Types of State Decisions You Can Appeal**

You have the right to appeal three types of decisions made by the State. When the State:

- Agrees with us that we should not cover a requested service
- Agrees with us that a service you are currently receiving should be stopped or reduced
- Denies your request to enroll in the Rare and Expensive Case Management (REM) Program

**Continuing Services During the Appeal**

If your appeal is about a service that was already authorized and you were already receiving, you may be able to keep getting the service while the State reviews your appeal. Contact the Enrollee Help Line at 1-800-284-4510 if you would like to keep getting services while your appeal is reviewed. If you do not win your appeal, you may have to pay for the services that you received while the appeal was being reviewed.

**Fair Hearings**

To appeal one of the State’s decisions, you must request that the State file a notice of appeal with the Office of Administrative Hearings on your behalf. This will be your appeal against the State. We usually will not be involved in the appeal, but our providers and staff members may appear as witnesses for the State at the appeal hearing.
The Office of Administrative Hearings will set a date for the hearing based on the type of decision being appealed.

- If the appeal is about us not giving you a service because both the State and Amerigroup thinks you do not have a medical need for the service, the Office of Administrative Hearings will set a hearing date within 20 days of the day you file your appeal with the Office of Administrative Hearings. The Office of Administrative Hearings will make its decision on the case within 30 days of the date of the hearing.

- For all other appeals, the Office of Administrative Hearings will set a hearing date within 30 days of the date you file your appeal with the Office of Administrative Hearings. The Office of Administrative Hearings will make its decision on the case within 30 days of the date of the hearing.

You can ask for an expedited appeal. If the State thinks your hearing should be held more quickly due to the seriousness of your health condition, a hearing will be held and a decision will be made within three days.

**The Board of Review**

If the Office of Administrative Hearings decides against you, you may appeal to the State’s Board of Review. You will get the information on how to appeal to the Board of Review with the decision from the Office of Administrative Hearings.

**Judicial Appeal**

If the Board of Review decides against you, you may appeal to the Circuit Court.

**How to Make Suggestions for Changes in Amerigroup Policies or Procedures**

If you would like to make a suggestion to change Amerigroup policies or procedures, please call the Amerigroup Member Services Department at 1-800-600-4441 or send a letter to:

Member Services Advocate  
Amerigroup Community Care  
Suite 500  
7550 Teague Road  
Hanover, MD 21076

**CHANGING YOUR MANAGED CARE ORGANIZATION**

**When Can I Change My Managed Care Organization?**

(1) **During the First 90 Days of Enrollment**

You can ask to change your Managed Care Organization (MCO) one time during the first 90 days the first time you are in an MCO as long as you are not hospitalized at the time of the request. You can also make this request if you are automatically assigned to an MCO.

(2) **Once a Year, On the Anniversary of Your Enrollment**

Every year around the time you first signed up with Amerigroup, you will be mailed a notice from the State asking if you would like to change your MCO. You may choose to stay with Amerigroup or you may decide to select another MCO near where you live. You do not need to have a reason for this yearly change.
When There is an Approved Reason to Change MCOs
You may change your MCO and join another MCO near where you live for any of the following reasons at any time:

- If you move to another county where we do not offer care
- If you become homeless and find that there is another MCO closer to where you live or have shelter which would make getting to appointments easier.
- If you or any member of your family has a PCP in a different MCO and the adult member wishes to keep all family members together in the same MCO.
- If a child is placed in foster care and the foster care children or the family members receive care by a PCP in a different MCO than the child being placed, the child being placed can switch to the foster family’s MCO.
- You desire to continue to receive care from your PCP and the MCO terminated the PCP’s contract for one of the following reasons:
  - For reasons other than quality of care
  - The provider and the MCO cannot agree on a contract for certain financial reasons
  - Your MCO has been purchased by another MCO

Reasons the State Will Disenroll You from a Managed Care Organization
The State will remove you (disenroll you) from an MCO if you:

- Are placed in a long-term care facility for more than 30 days straight
- Are admitted into an intermediate facility for mentally retarded persons
- Are approved for the Rare and Expensive Case Management Program
- Are no longer qualified for State benefits
- Are no longer qualified to be in an MCO because you are now in another State program, which does not enroll its members in MCOs
- Are in an MCO that no longer has a contract to provide care in the State of Maryland
- Should not have been enrolled in an MCO

How Do I Disenroll from the Managed Care Organization?
If you decide to change MCOs, you may contact the State’s Enrollment Broker toll free at 1-800-977-7388 or 1-800-977-7389 (TTY). You will be asked for the following information:

- If you have a special medical history
- The reason why you want to change
- If you are moving, to what county and city will you be moving

Any family member can disenroll to be re-enrolled to another MCO in which other family members who are not in HealthChoice are assigned to a participating PCP.

Renew Your Eligibility for Your Medical Assistance Benefits on Time
Keep the right care.
Do not risk losing your health care benefits! You could lose your benefits even if you still qualify. From time to time, you will get a letter from the Department of Social Services (DSS) that tells you it is time to recertify for your Medical Assistance benefits. Be sure to look at the due date on your letter.

You need to renew your eligibility on time. Be sure to follow the DSS rules about filling out the right forms. Turn them in before the date on your letter. This way you will be able to keep getting your health care benefits from Amerigroup if you still qualify.
Helping you stay well is very important to us. If you have any questions, you can go to or call the DSS office in your area. These offices are listed next. You can also go to the DSS web site at www.dhmh.state.md.us/mma/dss.

### Local Department of Social Services Offices

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<tr>
<th>Anne Arundel County</th>
<th>Towson Office</th>
<th>Silver Spring Office</th>
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<td>80 West Street</td>
<td>6401 York Road</td>
<td>8818 Georgia Avenue</td>
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<td>Annapolis, MD 21401</td>
<td>Baltimore, MD 21212</td>
<td>Silver Spring, MD 20910</td>
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<td>Dorothy Heights</td>
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<td>Anne Arundel County</td>
<td>Prince Frederick, MD 20678</td>
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<tr>
<td>901 Frederick Road</td>
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<td>Office</td>
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<td>2000 N. Broadway, 3rd Floor</td>
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<td>Office</td>
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<td>2000 N. Broadway, 3rd Floor</td>
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MD-MHB-0006-12  MD HC MHB 12/12
HOW TO REPORT SOMEONE WHO IS MISUSING THE MEDICAID PROGRAM

If you know someone who is misusing (through fraud, abuse and/or overpayment) the Medicaid program, you can report him or her. **To report doctors, clinics, hospitals, nursing homes or Medicaid enrollees, call 1-800-600-4441 or write Amerigroup at:**

Corporate Investigation Department  
Amerigroup Community Care  
P.O. Box 62509  
Virginia Beach, VA 23462

Suspicions of fraud and abuse can be e-mailed directly to the Amerigroup Community Care Corporate Investigations Department at corpinvest@amerigroupcorp.com. Or go online at www.myamerigroup.com. Click the link for Report Waste, Fraud & Abuse to report details about a possible issue. This information is sent directly to the e-mail address above, which is checked every business day.

You can also call the Office of the Inspector General Hotline at 1-866-770-7175.

HOW TO FIND OUT ABOUT ADVANCE DIRECTIVES

You have the right to make an advance directive (a living will). See the pamphlet in your new member packet that explains advance directives. You can also call Member Services for more information.

We hope this book has answered most of your questions about Amerigroup. For more information, please call our Amerigroup Member Services department at 1-800-600-4441 (TTY 1-800-855-2880) toll free.
NOTICE OF PRIVACY PRACTICES
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice is in Effect April 14, 2003.

What is this Notice?
This Notice tells you:
• How Amerigroup handles your protected health information
• How Amerigroup uses and gives out your protected health information
• Your rights about your protected health information
• Responsibilities Amerigroup has in protecting your protected health information

This Notice follows what is known as the HIPAA Privacy Regulations. These regulations were given out by the federal government. The federal government requires companies such as Amerigroup Community Care to follow the terms of the regulations and of this Notice. This Notice is also available on the Amerigroup web site at www.amerigroupcorp.com.

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

What is Protected Health Information?
In this Notice, protected health information will be written as PHI. The HIPAA Privacy Regulations define protected health information as:
• Information that identifies you or can be used to identify you
• Information that either comes from you or has been created or received by a health care provider, a health plan, your employer, or a health care clearinghouse
• Information that has to do with your physical or mental health or condition, providing health care to you, or paying for providing health care to you

What are the Amerigroup Responsibilities to You about Your Protected Health Information?
Your/your family’s PHI is personal. We have rules about keeping this information private. These rules are designed to follow state and federal requirements.

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

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

How Do We Use Your Protected Health Information?
The sections that follow tell some of the ways we can use and share PHI without your written authorization.

For Payment — We may use PHI about you so that the treatment services you get may be looked at for payment. For example, a bill that your provider sends us may be paid using information that identifies you, your diagnosis, the procedures or tests, and supplies that were used.
For Health Care Operations — We may use PHI about you for health care operations. For example, we may use the information in your record to review the care and results in your case and other cases like it. This information will then be used to improve the quality and success of the health care you get. Another example of this is using information to help enroll you for health care coverage.

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

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

Other Uses of Protected Health Information

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

People Involved with Your Care or with Payment for Your Care — We may make your PHI known to a family member, other relative, close friend or other personal representative that you choose. This will be based on how involved the person is in your care, or payment that relates to your care. We may share information with parents or guardians, if allowed by law.

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

Other Covered Entities — We may use or share your PHI to help health care providers that relate to health care treatment, payment or operations. For example, we may share your PHI with a health care provider so that the provider can treat you.

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

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

Research — We may share your PHI with researchers when an institutional review board or privacy board has followed the HIPAA information requirements.
Coroners, Medical Examiners, Funeral Directors and Organ Donation — We may share your PHI to identify a deceased person, determine a cause of death, or to do other coroner or medical examiner duties allowed by law. We also may share information with funeral directors, as allowed by law. We may also share PHI with organizations that handle organ, eye or tissue donation and transplants.

To Prevent a Serious Threat to Health or Safety — We may share your PHI if we feel it is needed to prevent or reduce a serious and likely threat to the health or safety of a person or the public.

Military Activity and National Security — Under certain conditions, we may share your PHI if you are or were in the Armed Forces. This may happen for activities believed necessary by appropriate military command authorities.

Disclosures to the Secretary of the U.S. Department of Health and Human Services — We are required to share your PHI with the Secretary of the U.S. Department of Health and Human Services. This happens when the Secretary looks into or decides if we are in compliance with the HIPAA Privacy Regulations.

What are Your Rights Regarding Your Protected Health Information?
We want you to know your rights about your PHI and your Amerigroup family members’ PHI.

Right to Get the Amerigroup Notice of Privacy Practices
We are required to send each Amerigroup head of case or head of household a printed copy of this Notice on or before April 14, 2003. After that, each head of case or head of household will get a printed copy of the Notice in the New Member Welcome package.

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

If you are hearing impaired and want to talk to Member Services, call the toll-free AT&T Relay Service at 1-800-855-2880.

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

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

Right to Access
You have the right to look at and get a copy of your enrollment, claims, payment and case management information on file with Amerigroup. This file of information is called a designated record set. We will provide the first copy to you in any 12-month period without charge.
If you would like a copy of your PHI, you must send a written request to the Amerigroup Member Privacy Unit. The address is at the end of this Notice. We will answer your written request in 30 calendar days. We may ask for an extra 30 calendar days to process your request if needed. We will let you know if we need the extra time.

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

**Right to Amend**
You have the right to ask that the information in your health record be changed if you think it is not correct. To ask for a change, send your request in writing to the Amerigroup Member Privacy Unit. We can send you a form to complete. You can also call Member Services to request a form. The address and phone number are at the end of this Notice.

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

We will answer your request within 30 days of when we receive it. We may ask for an extra 30 days to process your request if needed. We will let you know if we need the extra time.

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

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

**Right to an Accounting of Certain Disclosures of Your Protected Health Information**
You have the right to get an accounting of certain disclosures of your PHI. This is a list of times we shared your information when it was not part of payment and health care operations.

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

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

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

To ask for a limit on the use of your PHI, send a written request to the Amerigroup Member Privacy Unit. We can send you a form to fill out. You can contact Member Services for a copy of the form. The address and phone number are at the end of this Notice.
The request should include:
- The information you want to limit and why you want to restrict access
- Whether you want to limit when the information is used, when the information is given out, or both
- The person or persons that you want the limits to apply to

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

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

You can cancel your authorization at any time by following the instructions below. Send your request in writing to the Amerigroup Member Privacy Unit. We can send you a form to complete. You can contact Member Services for a copy of the form. The address and phone number are at the end of this Notice. This cancellation will only apply to requests to use and share information asked for after we get your Notice.

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

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

**What Should You Do if You Have a Complaint about the Way that Your Protected Health Information is Handled by Amerigroup or Our Business Associates?**
If you believe that your privacy rights have been violated, you may file a complaint with Amerigroup or with the Secretary of Health and Human Services.

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

To file a complaint with the Secretary of Health and Human Services, send your written request to:
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Philadelphia, PA 19106-3499

You will not lose your Amerigroup membership or health care benefits if you file a complaint. Even if you file a complaint, you will still get health care coverage from Amerigroup as long as you are a member.
Where Should You Call or Send Requests or Questions about Your Protected Health Information?
You may call us toll free at: 1-800-600-4441. Or, you may send questions or requests, such as the examples listed in this Notice, to the address below:

Member Privacy Unit
Amerigroup Community Care
4425 Corporation Lane
Virginia Beach, VA 23462

Send your request to this address so that we can process it timely. Requests sent to persons, offices or addresses other than the address listed above might be delayed. If you are deaf or hard of hearing, you may call the toll-free AT&T Relay Service at 1-800-855-2880.