



District of Columbia

Enrollee Handbook

Amerigroup District of Columbia, Inc.
Alliance



1-800-600-4441

www.myamergroup.com/dc

Amerigroup District of Columbia, Inc.

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8 a.m. to 5:30 p.m. For directions on how to visit us, call 202-548-6700.

Washington DC office

609 H Street NE, Ste. 600
Washington, DC 20002

8 a.m. to 5:30 p.m.
1-800-600-4441

Amerigroup District of Columbia, Inc. follows Federal civil rights laws. We don't discriminate against people because of their:

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

That means we won't exclude you or treat you differently because of these things.

Communicating with you is important

For people with disabilities or who speak a language other than English, we offer these services at no cost to you:

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

To get these services, call the Member Services number on your ID card.

Your rights

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

Grievance Coordinator
609 H Street NE
Washington, DC 20002

Phone: 1-800-600-4441 (TTY 711)
Email: dc-g&a@anthem.com

Need help filing? Call our Grievance Coordinator at the number above. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the Web:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **By mail:** U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- **By phone:** 1-800-368-1019 (TTY/TDD 1-800-537-7697)

For a complaint form, visit www.hhs.gov/ocr/office/file/index.html.

ENGLISH

'If you do not speak and/or read English, please call 1-800-600-4441 between 8 a.m. and 6 p.m. A representative will assist you.'

SPANISH

Si no habla ni lee inglés, llame al 1-800-600-4441 entre las 8 a.m.-6 p.m. Un representante lo asistirá.

AMHARIC

"እንግሊዘኛ መናገር/ወይም ማንበብ ካልቻሉ፣ እባክዎ በዚህ ስልክ ቁጥር 1-800-600-4441 ከ 8 a.m.-6 p.m. ይደውሉ። ተወካይ ይረዳዎታል።"

VIETNAMESE

'Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi 1-800-600-4441 từ 8 a.m.-6 p.m. Một người đại diện sẽ hỗ trợ quý vị.'

KOREAN

'영어를 구사하지 못하시거나 읽지 못하시는 경우, 1-800-600-4441 번으로 8 a.m.-6 p.m. 중에 연락해 주십시오. 상담원이 도움을 드릴 것입니다.'

FRENCH

Si vous ne parlez pas et / ou ne lisez pas l'anglais, appelez le 1-800-600-4441 entre 8 a.m.-6 p.m. Un représentant vous aidera.

ARABIC

إذا كنت لا تتحدث و/أو تقرأ الإنجليزية، فيرجى الاتصال برقم 1-800-600-4441 بين 8 a.m.-6 p.m. وسيساعدك أحد الممثلين.

MANDARIN

如果您不会说和/或读英语，请致电 1-800-600-4441，服务时间： 8 a.m.-6 p.m.。我们的服务代表将为您提供协助。

RUSSIAN

Если вы не говорите и/или читаете по-английски, позвоните по телефону 1-800-600-4441 с

BURMESE

သင့်အေန ဖင့် အဝ လိမ္မကားတို ခေါ်ဆိုခြင်းခင်း ၎င်း/ သို့မဟုတ် ဖတ်ခြင်းခင်း မရှိပဲ က ကေးလူးပ ချ် 8 a.m. - 6 p.m. ကားတင် 1-800-600-4441 သို့ ဖုန်းခေါ်ဆိုပါ။ ကိုယ့်လူမျိုးစု သင့်အားကူညီပေးမည် ဖစ္စ သည်။

8 a.m.-6 p.m. Наш представитель поможет вам.

CANTONESE

「如果您不會說和/或讀英語，請致電 1-800-600-4441，服務時間： 8 a.m.-6 p.m.。我們的服務代表將為您提供協助。」

FARSI

اگر انگلیسی صحبت نمی کنید/نمی خوانید، لطفاً بین ساعات 8 a.m.-6 p.m. با شماره 1-800-600-4441 تماس بگیرید. یکی از نمایندگان ما به شما کمک خواهد کرد.

POLISH

Osoby, które nie potrafią mówić lub czytać po angielsku, mogą zadzwonić na numer 1-800-600-4441 w godzinach od 8 a.m.-6 p.m., aby skorzystać z pomocy konsultanta.

PORTUGUESE

Caso você não fale/leia em inglês, ligue para 1-800-600-4441 entre 8 a.m.-6 p.m. Um representante o ajudará.

PUNJABI

ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਬੋਲਦੇ ਅਤੇ/ਜਾਂ ਪੜ੍ਹਦੇ ਨਹੀਂ, ਕਿਰਪਾ ਕਰਕੇ 8 a.m.-6 p.m. ਦੇ ਵਿਚਕਾਰ 1-800-600-4441 ਉੱਤੇ ਕਾਲ ਕਰੋ। ਇੱਕ ਪ੍ਰਤੀਨਿਧ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰੇਗਾ।

HAITIAN CREOLE

Si ou pa pale ak/oswa li Angle, tanpri rele 1-800-600-4441 ant 8 a.m.-6 p.m. Yon reprezantan ap ede w.

HINDI

यदि आप अंग्रेज़ी बोलते और/या पढ़ते नहीं, कृपया 8 a.m.-6 p.m. के बीच 1-800-600-4441 पर कॉल करें। एक प्रतिनिध आपकी सहायता करेगा।

SOMALI

Haddii aadan ku hadlin iyo/ama qorin luuqada Ingiriiska, fadlan wac lambarkan 1-800-600-4441 inta u dhaxaysa 8 a.m.-6 p.m. wakiil ayaa ku caawin doona.

HMONG

Yog tias koj tsis hais thiab/lossis nyeem tau Lus As Kiv, thov hu rau 1-800-600-4441 thaum 8 a.m.-6 p.m. Ib tug neeg sawv cev yuav pab tau koj.

ITALIAN

Se ha difficoltà a parlare e/o leggere la lingua inglese, chiami il numero 1-800-600-4441 dalle 8 a.m.-6 p.m. Un rappresentante le presterà assistenza.

TAGALOG

Kung hindi ka nakakapagsalita at/o nakakapagbasa ng Ingles, pakitawagan ang 1-800-600-4441 sa pagitan ng 8 a.m.-6 p.m. May kinatawan na tutulong sa iyo.

JAPANESE

英語がわからない場合は、8 a.m.-6 p.m. の間に 1-800-600-4441 までお電話ください。担当者がサポートいたします。

Important Phone Numbers

(Tear this page out and put it near your phone)

For questions about your MCO:	Member Services	1-800-600-4441 (toll free)	8 a.m. to 6 p.m.
	TTY/TDD Member Services	711 (toll free)	8 a.m. to 6 p.m.
If you need care after your doctor's office is closed:	Nurse Helpline	1-800-600-4441 (toll free)	24 hours a day, 7 days a week
	TTY/TDD Nurse Helpline	711 (toll free)	24 hours a day, 7 days a week
If you need to see a doctor within 24 hours ("Urgent Care"):	Your <u>PCP</u> 's Office	(fill in your <u>PCP</u> 's information here)	
	Nurse Helpline	1-800-600-4441 (toll free)	24 hours a day, 7 days a week
If you need a ride to an appointment:	Member Services	8 a.m. to 6 p.m. 1-800-600-4441 (toll free) OR Medical Transportation Management 1-888-828-1081 (toll free)	
If you need mental health care or have a mental health question:	Your <u>PCP</u> 's Office	(fill in your <u>PCP</u> 's information here)	
	Nurse Helpline	1-800-600-4441 (toll free)	24 hours a day, 7 days a week
	DC Department of Mental Health Hotline	1-(888) 793-4357	24 hours a day, 7 days a week
If you need someone who speaks your language or if you are hearing impaired:	Member Services	1-800-600-4441 (toll free)	8 a.m. to 6 p.m.
	TTY/TDD Member Services	711 (toll free)	8 a.m. to 6 p.m.
Dental questions:	DentaQuest	1-844-876-7918	8 a.m. to 5:30 p.m.
Vision questions:	Avesis	1-833-554-1012	8 a.m. to 5:30 p.m.
FOR AN EMERGENCY, DIAL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM			

Personal information

My Alliance ID Number:

My Primary Care Provider (PCP):

My Primary Care Provider (PCP) Address:

My Primary Care Provider (PCP) Phone:

My Primary Dental Provider (PDP) Name:

My Primary Dental Provider (PDP) Address:

My Primary Dental Provider (PDP):

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Welcome to Amerigroup District of Columbia, Inc.

Thank you for choosing Amerigroup District of Columbia, Inc. as your health plan. We are proud to serve Enrollees of the DC Healthcare Alliance Program.

This Enrollee handbook has important information about Amerigroup and how your health plan works. Please review it carefully. As an Amerigroup Enrollee, you have all your regular health benefits, like preventive screenings, checkups, medicines and emergency care, plus extras to help you live healthy and feel your best.

Each month, we will host a new Enrollee orientation. This is another way you can learn more about your Amerigroup benefits. During the orientation, you can also speak with a member of our team to get questions answered. Need to speak with us right away? We're a click or call away. Log in to your account, or register online, at www.myamerigroup.com/DC. Send us a secure message or schedule a call back. Or call our Member Services team at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 6 p.m. Eastern time. We're here to help you every step of the way!

How this Handbook Works

Amerigroup District of Columbia, Inc. is a managed care plan that is paid by the District of Columbia to help you get health care. In this Handbook, we tell you about how Amerigroup works, how to find doctors, how to call us, and what things we pay for. Words used in health care and words used by your doctor can sometimes be hard to understand. We have explained these words in the back of this book in the Definitions section.

If you have questions about things you read in this book or other questions about Amerigroup, you can call Amerigroup Member Services at 1-800-600-4441 or visit www.myamerigroup.com/DC and we will do our best to help you.

How this Enrollee Handbook Can Help You

This Enrollee Handbook tells you:

- How to access health care
- Your covered services
- Services NOT covered
- How to pick your Primary Care Provider and Primary Dental Provider (your PCP or PDP)
- What to do if you get sick
- What you should do if you have a Grievance or want to change (Appeal) a decision by Amerigroup

This Enrollee Handbook gives you basic information about how Amerigroup works. Please call Amerigroup Member Services Monday through Friday, from 8 a.m. to 6 p.m. if you have any questions.

Your Rights

You have a right to:

- Be treated with respect and dignity
- Know that when you talk with your doctors and other providers its private
- Have an illness or treatment explained to you in a language you can understand
- Participate in decisions about your care
- Be free of restraint or seclusion used as coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion
- Receive a full, clear and understandable explanation of treatment options and risks of each option so you can make an informed decision, regardless of cost or whether it is part of your covered benefits
- Refuse treatment or care
- Be free of physical and chemical restraints except for emergency situations
- Can see your medical records and to request a change if incorrect
- Choose an eligible PCP/PDP from within the Amerigroup network and to change your PCP/PDP
- Make a Grievance about the care provided to you and receive an answer
- Request an Appeal or a Fair Hearing if you believe Amerigroup was wrong in denying, reducing or stopping a service or item
- Obtain medical care without unnecessary delay
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment
- Receive a copy of the Amerigroup Enrollee Handbook and/or Provider Directory
- Receive information about our practitioners and other providers
- Continue treatment you are currently receiving until you have a new treatment plan
- Receive interpretation and translation services **free of charge**
- Refuse oral interpretation services
- Get an explanation of prior authorization procedures
- Receive information about the Amerigroup organization, its services, financial condition and any special ways we pay our doctors
- Obtain summaries of customer satisfaction surveys
- Receive an Amerigroup “Dispense as Written” policy for prescription drugs
- Receive a list of covered drugs
- Make suggestions to Amerigroup about your rights and responsibilities
- Receive health care services from providers who are available and accessible, provide timely and coordinated care, respect your cultural beliefs and make sure you get the right amount of care to meet your specific needs

Your Responsibilities

You are responsible for:


- Treating those providing your care with respect and dignity
- Following the rules of the DC Medicaid Managed Care Program and Amerigroup
- Following instructions, you receive from your doctors and other providers
- Telling your doctors and other providers about your health conditions
- Working as a team with your provider in deciding what health care is best for you
- Going to scheduled appointments
- Telling your doctor at least 24 hours before the appointment if you must cancel
- Asking for more explanation if you do not understand your doctor's instructions
- Going to the Emergency Room when you have a medical emergency
- Telling your PCP/PDP about medical and personal problems that may affect your health
- Reporting to Economic Security Administration (ESA) and Amerigroup if you or a family Enrollee have other health insurance or if you have a change in your address or phone number
- Trying to understand your health problems and participate in developing treatment goals
- Helping your doctor in getting medical records from providers who have treated you in the past
- Telling Amerigroup if you were injured as the result of an accident or at work

Your Enrollee ID Card

Once you are assigned a primary care provider (PCP), we will send you an Enrollee ID Card in the mail. This card lets your doctors, hospitals, drug stores and others know that you are an Enrollee of Amerigroup. Please make sure that the information on your Enrollee ID Card is correct. If there are any problems, or if you have lost your card, call Member Services at 1-800-600-4441.

Your Enrollee ID Card looks like this:

Front of Card



Effective Date:
Date of Birth:
Amerigroup #:

www.myamerigroup.com/DC

Member Name:
DC Healthcare Alliance Program Number:
Primary Care Provider (PCP):
PCP Telephone #:
PCP Address:
Primary Dental Provider (PDP):
PDP Telephone #:
PDP Address:
Dental: 1-844-876-7918
Member Services/24-hour Nurse HelpLine: 1-800-600-4441 (TTY 711)
Behavioral Health Crisis Line: 1-844-405-4300 (TTY 711)
Pharmacy Member Services: 1-833-214-3604

Back of Card

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 711.

HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 48 hours after treatment at 1-800-454-3730.

ECONOMIC SECURITY ADMINISTRATION (ESA) CHANGING ADDRESS: 202-727-5355
TRANSPORTATION SERVICES: 1-888-828-1081 (TTY 711)

PROVIDERS: Certain services must be preauthorized. If a service that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. For preauthorization of medications, call 1-800-454-3730.

PHARMACIES: Submit claims using ICD-9: 020107; RxPCN: FC; RxGRP: WK5A
To reach Help for Pharmacists, call 1-833-235-2029.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.

DC02 09/19

Each Amerigroup Enrollee has his or her own card. It is against the law to let anyone else use your Enrollee ID Card.

Please remember to carry your Enrollee ID Card and Picture ID with you all the time. Always show your card before receiving any medical care or getting medicine at a pharmacy.

Your Primary Care Provider (PCP)

Now that you are an Enrollee of Amerigroup, your PCP (Primary Care Provider) will help you and your family to get the health care you need.

It is important to call your PCP first when you need care. If you had a PCP before you signed up with Amerigroup, please call Member Services at 1-800-600-4441. We can help you stay with that PCP if you want to.

Picking your PCP

1. **Pick a PCP at the time you enroll in Amerigroup.** This person will be your PCP while you are an Enrollee of Amerigroup.
 - If your current PCP is a Provider of the Amerigroup network, you may stay with that doctor.
 - If you don't have a PCP, you can choose from a list of doctors in our Provider Directory or at www.myamerigroup.com/DC. It lists the doctors' addresses, phone numbers and special training.
 - Call Member Services at 1-800-600-4441 if you need help in picking a doctor.
 - If you do not pick a PCP within the first 10 days of being in our plan, we will choose a doctor for you. If you do not like the PCP we pick for you, you may change your PCP. Call Member Services at 1-800-600-4441 to change your PCP.
 - Amerigroup will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.
2. **Pick a PCP for each family Enrollee in our plan.** Your PCP may be one of the following:
 - Family and General Practice Doctor - usually can see the whole family
 - Internal Medicine Doctor - usually sees only adults and children 14 years and older
 - Obstetrician/Gynecologist (OB/GYN) - specializes in women's health and maternity care
 - If you have special health care needs, you may choose a specialist as your PCP.
3. **When you pick your PCP, please:**
 - **Pick a doctor who is close to your home or work.**
 - Try to pick a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PCP can send you to. You can also call Member Services for help.
 - Sometimes the PCP you choose won't be able to take new patients. We will let you know if you need to pick a different doctor.

How to Change your PCP

You can change your PCP anytime. Just pick a new PCP from the Provider Directory. Call Member Services at 1-800-600-4441 once you have picked a new PCP. If you need help picking a new PCP, Member Services can help you.

Your Primary Dental Provider (PDP)

Now that you are an Enrollee of Amerigroup your PDP (Primary Dental Provider) will help you and your family to get the health care you need.

It is important to call your PDP first when you need care. If you had a dentist before you signed up with Amerigroup, please call Member Services at 1-800-600-4441. We can help you stay with that dentist if you want to.

Picking your PDP

1. **Pick a PDP at the time you enroll in Amerigroup.** This person will be your PDP while you are an Enrollee of Amerigroup.
 - If your current PDP is a Provider of the Amerigroup network, you may stay with that dentist.
 - If you don't have a PDP, you can choose from a list of dentists in our Provider Directory or at www.myamerigroup.com/DC.
 - Call Member Services at 1-800-600-4441 if you need help in picking a dentist.
 - If you do not pick a PDP within the first 10 days of being in our plan, we will choose a dentist for you. If you do not like the PDP we pick for you, you may change your PDP. Call DentaQuest at 1-844-876-7918 to change your PDP.
 - Amerigroup will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it.
2. **Choose a PDP for each family Enrollee in our plan, including your children.** Your PDP may be one of the following:
 - Family and General Practice Dentist - usually can see the whole family
3. **When you pick your PDP, please:**
 - Try to pick a dentist who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PDP can send you to. You can also call Member Services for help.
 - Sometimes the PDP you choose won't be able to take new patients. We will let you know if you need to pick a different dentist.

How to change your PDP

You can change your PDP anytime. Just pick a new PDP from the Provider Directory. Call Member Services at 1-800-600-4441 once you have picked a new PDP. If you need help picking a new PDP, Member Services can help you.

Routine Care, Urgent Care and Emergency Care

There are three (3) kinds of health care you may need: Routine Care, Urgent Care, or Emergency Care.

Routine Care is the regular care you get from your PCP. Routine Care is also care you get from other doctors that your PCP sends you to. Routine Care can be check-ups, physicals, health screenings, and care for health problems like diabetes, hypertension, and asthma. If you need Routine Care, call your PCP's office and ask to make an appointment.

Urgent Care is medical care you need within 24 hours, but not right away. Some Urgent Care issues are:

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

If you need Urgent Care, call your PCP's office. If your PCP's office is closed, leave a message with the person who answers the phone when the office is closed. Then call the Nurse Helpline at 1-800-600-4441. A nurse will help you decide if you need to go to the doctor right away. The nurse will tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness.

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

WHAT TO DO IF YOU HAVE AN EMERGENCY:

1. Call 9-1-1 or go to your nearest Emergency Room (ER).
2. Show the ER your Amerigroup Enrollee ID Card.
3. As soon as you can, call your PCP.

Prior authorization is not required for emergency services.

Care When You are Out of Town

When You are Out of Town

When you need to see a doctor, or get medicine when you are out of town, you should:

For Routine Care: You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town, because doctors who are not in the District of Columbia are not a part of Amerigroup. If Amerigroup does not say it is okay before you get the care, you must pay for the care yourself. If you need medicine from a doctor while you are out of town, call your PCP. Call the Nurse Helpline at 1-800-600-4441 if you need help.

For Urgent Care: Call your PCP. If your PCP's office is closed, call the Nurse Helpline 1-800-600-4441. A nurse will help you decide if you need to go to the doctor right away. The nurse can tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

For Emergency Care: If you have an emergency, including a mental health or alcohol or other drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the emergency room, you should ask the ER staff to call your PCP. If you go to the emergency room, you should call Member Services as soon as you can.

In-Network and Out-of-Network Providers

Amerigroup will pay for the care you get when you go to one of our doctors or other health care providers. We call these doctors and other health care providers our “network” providers. All these “In-Network” doctors can be found in your Provider Directory. A doctor or provider who is not one of ours is called an “Out-of-Network” Provider.

If you go to an “Out-of-Network” doctor, hospital or lab, you may have to pay for the care you get. You will not have to pay if you have asked us first and we have told you, usually in writing, that it is okay. We call this “prior authorization.”

Prior Authorization (PA) means approval for a health service that is more than routine care, such as a hospital stay or surgery, or not routinely covered by Amerigroup. You must get this approval before you receive the service. Call Member Services at 1-800-600-4441 to ask about getting a PA.

Remember: You need to go to a provider in the Amerigroup network.

Making an Appointment

Making an appointment with your PCP

1. Have your Enrollee ID Card and a pencil and paper close by.
2. Call your PCP's office. Look for your PCP's phone number on the front of your Enrollee ID Card. You can also find it in your Provider Directory or online at www.myamerigroup.com/DC.
3. Tell the person who answers that you are an Amerigroup Enrollee. Tell them you want to make an appointment with your PCP.
4. Tell the person why you need an appointment. For example:
 - a. You are feeling sick
 - b. You hurt yourself or had an accident
 - c. You need a check-up or follow-up care
5. Write down the time and date of your appointment.
6. Go to your appointment on time, and bring your Enrollee ID Card (and picture ID) with you.
7. If you need help making an appointment, please call Member Services at 1-800-600-4441.

As a new Enrollee of Amerigroup, you should make an appointment for your first health check-up as soon as possible.

Changing or cancelling an appointment

It is very important to come to your appointment and to be on time.

- If you need to change or cancel your appointment, please call the doctor **at least 24 hours before your appointment**.
- For some appointments, you may have to call more than 24 hours before to cancel.
- If you do not show up for your appointment or if you are late, your doctor may decide you cannot be his or her patient.

Getting care when your PCP's or PDP's office is closed

If you need to speak to your PCP or PDP when the office is closed, call your PCP's or PDP's office and leave a message including your phone number with the person who answers the phone. Someone will call you back as soon as possible. You can also call the Nurse Helpline 24 hours a day at: 1-800-600-4441. If you think you have an emergency, call 911 or go to the Emergency Room.

How long it takes to see your doctor

Your doctor's office must give you an appointment within a certain number of days after you call. The table below shows how long it will take to get an appointment. Please call 1-800-600-4441 if you cannot get an appointment during these time periods.

Type of Visit	Your Condition	How Long it Takes to See Your Doctor
Urgent Visit	You are hurt or sick and need care within 24 hours to avoid getting worse, but you don't need to see a doctor right away. Some examples are minor burns or cuts, headaches, sore throat, or muscle sprains/strains.	Within 24 hours

Type of Visit	Your Condition	How Long it Takes to See Your Doctor
Routine Visit	You have a minor illness or injury or you need a regular checkup, but you don't need an urgent appointment.	Within 30 days
Follow-up Visit	You need to see your doctor after a treatment you just had to make sure you are healing well.	Within 1-2 weeks depending on the kind of treatment
Adult Wellness Visits	<ul style="list-style-type: none"> You are having your first appointment with a new doctor You are due for a regular adult checkup You are due for a prostate exam, a pelvic exam, a Pap smear or a breast exam 	Within 30 days or sooner if necessary
Non-urgent Appointments with specialists (by referral)	Your PCP referred you to see a specialist for a non-urgent condition.	Within 30 days

Support Services

Interpretation & Translation Services/Services for the Hearing and Visually Impaired

Interpretation and translation services and services for the hearing and visually impaired are FREE.

Interpretation Services

Amerigroup will provide oral interpretation services if you need them, including at the hospital.

Please call Member Services at 1-800-600-4441 to get interpretation services. Please call us before your doctor's appointment if you need interpretation services.

Interpreter Services are usually provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must let us know at least five days before the appointment.

Translation Services

If you get information from Amerigroup and need it translated into another language, please call Member Services at 1-800-600-4441.

Services for the Hearing and Visually Impaired

If you have trouble hearing, call Member Services at 711.

If you have trouble seeing, call Member Services at 1-800-600-4441. We can give you information on an audio tape, in Braille or in large print.

Utilization Management Notice

Sometimes, we need to make decisions about how we cover care and services. This is called utilization management (UM). Our UM process is based on the standards of the National Committee for Quality Assurance (NCQA). All UM decisions are based solely on an Enrollee's medical needs and the benefits offered. We do this for the best possible health outcomes for Enrollees. The Amerigroup policies do not support underuse of services through our UM decision process. Practitioners or others involved in UM decisions do not get any type of reward for denial of care or coverage.

Access to Utilization Management Staff

Through the UM program, we help you get the right care when you need it. Utilization management includes but is not limited to:

- Preservice review
- Urgent, concurrent review
- Post-service review
- Filing an appeal

Our Utilization Review team looks at service approval requests. The team will decide if:

- The service is needed
- The service is covered by your health plan

You or your doctor can ask for a review if we say we will not pay for care. We'll let you and your doctor know after we get the request. The request can be for services that:

- Are not approved
- Have changed in amount, length or scope, resulting in a smaller amount than first requested

If you have questions about an approval request or a denial you received, call Member Services. A member of our Utilization Review team can speak with you if you like.

You can also call if you have questions about getting special care, or questions about your doctor. Call 1-800-600-4441 (TTY 711). You can reach us Monday through Friday from 8 a.m. to 6 p.m. Eastern time. If you call and we're closed, you can leave a message on secured voicemail. Someone will call you back the next working day. The person who calls you will let you know they are calling from Amerigroup and tell you their name and title. The information you share with us will remain private and will not be shared with anyone who does not need to know about it.

For Enrollees who do not speak English, we offer free oral interpretation services for all languages. If you need these services, Member Services can help. If you are deaf or hard of hearing, call 711.

Specialty Care and Referrals

How to Get Specialty Care

Your primary care provider (PCP) can take care of most of your health care needs, but you may also need care from other kinds of providers. We offer services from many different kinds of providers who provide other medically needed care. These providers are called specialists, because they have training in a special area of medicine.

Examples of specialists are:

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

If you want to see a specialist that is not in our network but did not get approval and we said we would not pay for the visit, you can:

- Make an appointment with another doctor in the Amerigroup network and get a second opinion
- Appeal our decision (see page 32 on Appeals)
- Ask for a Fair Hearing (see page 33 on Fair Hearings)

Self-Referral Services

There are certain services you can get without getting prior permission from your PCP. These are called self-referral services and are listed below.

You DO NOT need a Referral to:

- See your PCP
- Get care when you have an emergency
- Receive services from your OB/GYN doctor in your network for routine or preventive services (females only)
- Receive Family Planning Services
- Receive services for sexually transmitted infections (STIs)
- Receive Immunizations (shots)
- Visit a vision provider in the network

Birth Control and Other Family Planning Services

You do NOT need a Referral to receive birth control or other Family Planning Services.

You can get birth control and other Family Planning Services from a doctor in the Amerigroup provider network. You do not need a referral to get these services. If you choose a Family Planning Services doctor other than your PCP, tell your PCP. It will help your PCP take better care of you. Talk to your PCP or call Amerigroup Member Services at 1-800-600-4441 for more information on birth control or other Family Planning Services.

All birth control and other Family Planning Services are confidential.

Family Planning Services include:

- Pregnancy testing
- Counseling for the woman and the couple
- Routine and emergency contraception
- Counseling and Immunizations
- Screening for all sexually transmitted infections
- Treatment for all sexually transmitted infections
- Sterilization procedures (must be 21 or older and requires you to sign a form 30 days before the procedure)
- HIV/AIDS testing and counseling

Family Planning Services do not include:

- Routine infertility studies or procedures
- Hysterectomy for sterilization
- Reversal of voluntary sterilization
- HIV/AIDS treatment
- Abortions

HIV/AIDS testing and treatment

You can get HIV/AIDS testing and counseling:

- When you have Family Planning Services
- From your PCP
- From an HIV testing and counseling center

For information on where you can go for HIV testing and counseling, call Member Services at 1-800-600-4441. If you need HIV treatment, your PCP will help you get care. Or you can call Member Services at 1-800-600-4441.

Pharmacy Services and Prescription Drugs

Pharmacies are where you pick up your medicine (drugs). If your doctor gives you a prescription, you must go to a pharmacy in the Amerigroup network.

You can find a list of all the pharmacies in the Amerigroup network in your provider directory or online at www.myamerigroup.com/DC.

If you are out of town and have an emergency or need Urgent Care:

- For emergency services, go to the nearest hospital emergency room or call 911

- For urgent care:
 - ♦ Call your PCP. If your PCP's office is closed, leave a phone number where you can be reached. Your PCP or covering practitioner will call you back.
 - ♦ Follow your PCP's advice. You may be told how soon you need to get care and where to get the care.
 - ♦ Call the Nurse Helpline at 1-800-600-4441 if you need help.

Over-the-counter medicines

We give you up to \$15 every three months toward certain over-the-counter generic drugs. You get this extra benefit when your doctor writes a prescription. The three-month periods start on the first day of January, April, July and October. Your pharmacist will let you know if you reach the \$15 limit for the three-month period.

To get a prescription filled:

- Pick a pharmacy that is part of the Amerigroup network and is close to your work or home.
- When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your Amerigroup Enrollee ID Card.
- If you need help, please call Amerigroup Member Services at 1-800-600-4441.

There are no copays under your Amerigroup health plan.

Things to remember:

- **You should not be asked to pay for your medicines. Call Amerigroup Member Services if the pharmacy or drug store asks you to pay.**
- Sometimes, your doctor may need to get prior authorization (PA) from Amerigroup for a drug. While your doctor is waiting for the prior authorization (PA), you have a right to get the medication:
 - ♦ For up to 72 hours or
 - ♦ For one full round of the medicine if you take it less than once a day

Lock-in Program

Enrollees who use covered services or items in a way that is considered overuse of services may be locked in to getting them from assigned providers. If you're placed in the Lock-in program, we'll send you a letter to let you know. A team of experts will help you get the right care at the right time and right place. Your team will include:

- A primary care provider (PCP) to arrange your medical care
- One pharmacy to fill your prescriptions
- One hospital for emergent needs that can't be treated by your PCP

If you're placed in the Lock-in program and have questions, please call Amerigroup Member Services at 1-800-600-4441 (TTY 711).

Disease Management Centralized Care Unit

If you have a long-term health issue, you don't have to go it alone. Our disease management program can help you get more out of life. The program is voluntary, private and on hand at no cost to you. It's called the Disease Management Centralized Care Unit (DMCCU) program. A team of licensed nurses, called DMCCU case managers, are available to teach about your health issue and help you learn how to manage your health. Your primary care provider (PCP) and our DMCCU team are here to help you with your health care needs.

You can join the program if you have one of these conditions:

- Asthma
- Bipolar disorder
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- HIV/AIDS
- Hypertension
- Major depressive disorder
- Schizophrenia
- Substance use disorder

Our case managers assist with weight management and smoking cessation services.

DMCCU case managers work with you to make health goals and help you build a plan to reach them. As an Enrollee in the program, you will benefit from having a case manager who:

- Listens to you and takes the time to understand your specific needs
- Helps you make a care plan to reach your health care goals
- Gives you the tools, support and community resources that can help you improve your quality of life
- Provides health information that can help you make better choices
- Assists you in coordinating care with your providers

As an Amerigroup Enrollee in the DMCCU program, you have certain rights and responsibilities.

You have the right to:

- Have information about Amerigroup; this includes all Amerigroup programs and services as well as our staff's education and work experience; it also includes contracts we have with other businesses or agencies
- Refuse to take part in or leave programs and services we offer
- Know who your case manager is and how to ask for a different case manager
- Have Amerigroup help you to make choices with your doctors about your health care
- Learn about all DMCCU-related treatments; these include anything stated in the clinical guidelines, whether covered by Amerigroup or not; you have the right to talk about all options with your doctors
- Have personal data and medical information kept private under HIPAA; know who has access to your information; know what Amerigroup does to keep it private
- Be treated with courtesy and respect by Amerigroup staff
- File a grievance with Amerigroup and be told how to make a grievance; this includes knowing the Amerigroup standards of timely response to grievances and resolving issues of quality
- Get information you can understand

You are encouraged to:

- Follow health care advice offered by Amerigroup
- Give Amerigroup information needed to carry out our services
- Tell Amerigroup and your doctors if you decide to disenroll from the DMCCU program

If you have one of these health issues or would like to know more about our DMCCU, please call 1-888-830-4300 Monday through Friday from 8:30 a.m. to 5:30 p.m. local time. Ask to speak with a DMCCU case manager. Or you can leave a private message for your case manager 24 hours a day. You can also visit our website at www.myamerigroup.com/DC or call the DMCCU if you would like a copy of DMCCU information you find online. Calling can be your first step on the road to better health.

Care Coordination and Case Management Programs

If you or your child has a chronic illness or special health care need such as diabetes, high blood pressure, mental illness or asthma, Amerigroup offers you special services and programs to give you extra help with your health care needs. You or your child will have a Case Manager who will help you get the services and information you need to manage your illness and improve your health.

An Amerigroup Case Manager can help you or your child with:

- Getting covered services
- Setting up medical appointments and tests
- Setting up transportation
- Finding ways to make sure you get the right service
- Finding resources to help with special health care needs and/or your caregivers deal with day-to-day stress
- Connecting with community and social services

For more information contact Member Services. We will refer you to our Case Management department. Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program.

You also may be eligible for a Care Coordination benefit through the District called My DC Health Home or My Health GPS Health Home. A Health Home is an added Medicaid benefit created to help you manage all of your health – physical, mental and social.

My DC Health Home offers:

- Primary and hospital health services
- Mental health care
- Substance abuse care and
- Long-term services and supports

Plus a care team to work with you, your doctors, family and others you choose to help manage your health and social service needs.

For Enrollees with multiple chronic conditions, help arranging care and services is offered through My Health GPS.

If you are eligible for the Health Home benefit, Amerigroup will work with your care manager to help coordinate all your needs. If you would like to receive these free services, call the DC Access HELPLINE at 1-888-7WE-HELP (1-888-793-4357) 24 hours a day, 7 days a week to be connected with a My DC or My Health GPS Health Home.

Services to Keep You from Getting Sick

Amerigroup wants you to take care of your health. We also want you to sign up for health and wellness services we offer to you. Health and wellness services include screenings, counseling and immunizations.

Recommendations for Check-Ups (“Screenings”)

Please make an appointment and go see your PCP at least one time every year for a check-up. See the list of “Adult Wellness Services” in the “Your Health Benefits” section for things to talk with your PCP about during your check-up.

Please make an appointment to see your PCP at least once a year for a checkup.

Preventive Counseling

Preventive counseling is available to help you stay healthy. You can get preventive counseling on:

- Diet and Exercise
- Alcohol and Drug Use
- Smoking Cessation
- HIV/AIDS Prevention

Adult Immunizations

If you are an adult, you may need some immunizations (shots). Please talk to your PCP about which ones you may need.

Pregnancy

If you are pregnant or think you are pregnant, it is very important that you go to your OB/GYN doctor right away. You ***do not need*** to see your PCP before making this appointment.

If you are pregnant, please call:

- Economic Security Administration (ESA) at 202-727-5355 to report your pregnancy
- Member Services at 1-800-600-4441
- Your PCP

There are certain things that you need to get checked if you are pregnant. These will help make sure that you have a healthy pregnancy, delivery, and baby. This is called Prenatal Care. You get prenatal care before your baby is born.

Remember, if you are pregnant or think you are pregnant, do not drink alcohol, use drugs or smoke.

Prenatal and Postpartum Care

Special care for pregnant Enrollees

Taking Care of Baby and Me® is the Amerigroup program for all pregnant Enrollees. It is very important to see your primary care provider (PCP) or obstetrician or gynecologist (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, Enrollees receive health information and rewards for getting prenatal and postpartum care.

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

- Education
- Emotional support
- Help in following their doctor's care plan
- Information on services and resources in your community, such as transportation, WIC, home-visitor programs, breastfeeding support and counseling

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

Get to know My Advocate™

At Amerigroup, we want to give you the very best care during your pregnancy. That's why we invite you to enroll in My Advocate™, which is part of our Taking Care of Baby and Me® program. My Advocate™ gives you the information and support you need to stay healthy during your pregnancy.

My Advocate™ delivers fun, helpful maternal health education by phone, text message and smartphone app. You will get to know Mary Beth, the My Advocate™'s automated personality. Mary Beth will respond to your changing needs as your baby grows and develops. You can count on:

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

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

Helping you and your baby stay healthy

My Advocate™ calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn and answer a question or two. Once you have completed the health screen, you can choose to have your education by phone, text, or smartphone app. If you tell us you have a problem, you'll get a call back from a case manager. My Advocate™ topics include:

- Pregnancy and postpartum care
- Well-child care
- Dental health
- Immunizations

- Healthy Living tips

When you become pregnant

If you think you are pregnant:

- Call your PCP or OB/GYN doctor right away. You do not need a referral from your PCP to see an OB/GYN doctor.
- Call Member Services if you need help finding an OB/GYN in the Amerigroup network.

When you find out you are pregnant, you must also call Amerigroup Member Services.

We will send you a pregnancy education package. It will include:

- Congratulations flyer welcoming you to the Taking Care of Baby and Me[®] program
- A self-care book with information about your pregnancy; you can also use this book to write down things that happen during your pregnancy
- *Labor, Delivery and Beyond* booklet with information on what to expect during your third trimester
- Information on how to redeem your rewards for prenatal care
- My Advocate[™] flyer that tells you about the program and how to enroll and get health information to your phone by automated voice, text message or smartphone app
- *Having a Healthy Baby* brochure with helpful resources

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) if you qualify for Medicaid. Member Services can give you the phone number for the WIC program close to you. Just call us at 1-800-600-4441 (TTY 711).

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

- Every four weeks for the first six months
- Every two weeks for the seventh and eighth months
- Every week during the last month

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

When you have a new baby

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

- 48 hours after a vaginal delivery
- 72 hours after a Cesarean section (C-section)

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

After you have your baby, you must:

- Call Amerigroup Member Services as soon as you can to let your care manager know you had your baby. We will need to get details about your baby.
- Call your ESA caseworker at 202-727-5355 to apply for Medicaid for your baby.

After you have your baby

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

- Congratulations flier welcoming you to the postpartum part of the Taking Care of Baby and Me® program
- A baby-care book with information about your baby's growth; you can also use this book to write down things that happen during your baby's first year
- Information on how to redeem your reward for postpartum care
- A brochure about postpartum depression
- A brochure with information on making a family life plan

If you enrolled in My Advocate™ and received health promotion calls during your pregnancy, you will still get these calls while enrolled in the program for up to 12 weeks after your delivery.

It's important to set up a visit with your PCP or OB/GYN after you have your baby for your postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- This visit should be done between 21 to 56 days after you deliver.
- If you delivered by C-section, your PCP or OB/GYN may ask you to come back for a two-week post-surgery checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 21 to 56 days after your delivery for your postpartum checkup.

You will also get a call from our postpartum outreach team to see how you are doing. The team can help you schedule your postpartum visit 21 to 56 days after you have your baby. The team may also call with reminders.

Be sure to take your baby to his or her PCP within 2 to 5 days after birth.

Your Health Benefits

Health Services covered by Amerigroup

The list below/on the next page shows the health care services and benefits for all Amerigroup Enrollees. For some benefits, you must be a certain age or have a certain need for the service. Amerigroup will not charge you for any of the health care services in this list if you go to a network provider or hospital. There are no copays under your Amerigroup health plan. Prior approval may be required for certain services.

If you have a question about whether Amerigroup covers certain health care, call Amerigroup Member Services at 1-800-600-4441.

BENEFIT	WHAT YOU GET
Adult Wellness Services	<ul style="list-style-type: none">• Immunizations• Routine screening for sexually transmitted infections• HIV/AIDS screening, testing and counseling• Breast cancer screening• Cervical cancer screening (women only)• Osteoporosis screening (post-menopausal women)

BENEFIT	WHAT YOU GET
	<ul style="list-style-type: none"> • HPV screening • Prostate cancer screening (men only) • Abdominal aortic aneurysm screening • Screening for obesity • Diabetes screening • Screening for high blood pressure and cholesterol (lipid disorders) • Screening for depression • Colorectal cancer screening (Enrollees 50 years and older) • Smoking cessation counseling • Diet and exercise counseling • Mental Health counseling • Alcohol and drug screening
Dental Benefits	<ul style="list-style-type: none"> • General dentistry (including regular and emergency treatment) and orthodontic care for special problems <ul style="list-style-type: none"> ○ Care and treatment of the teeth and gums, including: <ul style="list-style-type: none"> General dental exams every 6 months ○ Simple and complex surgical services and extractions ○ Emergency dental care ○ Fillings ○ Cleaning and fluoride treatments every 6 months ○ Space maintainers (partial dentures) when medically necessary ○ X-rays (full series limited to 1 time every 3 years) ○ Dentures (one new set every 5 years) and denture repair ○ Oral surgery ○ \$1,000 limit for services per calendar year ○ Any dental service that requires inpatient hospitalization must have prior authorization ○ Elective surgical procedures requiring general anesthesia • Does not include routine orthodontic care
Dialysis Services	<ul style="list-style-type: none"> • Treatment up to 3 times per week (limited to once per day)
Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)	<ul style="list-style-type: none"> • Durable Medical Equipment (DME) • Disposable medical supplies (DMS)
Emergency Services	<ul style="list-style-type: none"> • Transportation for emergency services such as an ambulance
Family Planning	<ul style="list-style-type: none"> • Pregnancy testing; counseling for the woman • Routine and emergency contraception • Voluntary sterilizations for Enrollees over 21 years of age (requires signature of an approved sterilization form by the Enrollee 30 days prior to the procedure) • Screening, counseling and Immunizations (including for HPV) • Screening and preventive treatment for all sexually transmitted diseases

BENEFIT	WHAT YOU GET
	<ul style="list-style-type: none"> Does not include sterilization procedures for Enrollees under age 21
Hearing Benefits	<ul style="list-style-type: none"> Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries
Home Health Services	<ul style="list-style-type: none"> In-home health care services, including: <ul style="list-style-type: none"> Nursing and home health aide care Home health aide services provided by a home health agency Physical therapy, occupational therapy, speech pathology and audiology services
Hospital Services	<ul style="list-style-type: none"> Outpatient Services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services) Inpatient Services (hospital stay)
Laboratory & X-ray Services	<ul style="list-style-type: none"> Lab tests and X-rays
Nursing Home Care	<ul style="list-style-type: none"> Full-time skilled nursing care in a nursing home up to 30 consecutive days
Pharmacy Services (prescription drugs)	<ul style="list-style-type: none"> Prescription drugs included on the Amerigroup drug formulary. You can find the drug formulary at www.myamerigroup.com/DC or by calling Member Services.
Podiatry	<ul style="list-style-type: none"> Special care for foot problems Regular foot care when medically needed.
Primary Care Services	<ul style="list-style-type: none"> Preventive, acute, and chronic health care Services generally provided by your PCP
Rehabilitation Services	<ul style="list-style-type: none"> When pre-authorized as medically necessary to help improve functioning following an acute injury or other medical event. This includes physical, speech and occupational therapy.
Specialist Services	<ul style="list-style-type: none"> Health care services provided by specially trained doctors or advanced practice nurses. Referrals are usually required.

Services We Do Not Pay For

- Services to screen and stabilize emergency medical conditions provided outside the District
- Services provided in schools
- Covered services when received from providers who are not in the Amerigroup plan
- Services and supplies related to surgery and treatment for temporal mandibular joint problems (TMJ)
- Cosmetic surgery in most instances
- Open heart surgery
- Organ transplants
- Sclerotherapy
- Therapeutic abortions
- Vision care for adults
- Treatment for obesity
- Infertility treatment
- Experimental or investigational services, surgeries, treatments, and medications in most instances

- Treatment for behavioral health and alcohol or substance abuse services, except services related to medical treatment received in a hospital for life threatening withdrawal or withdrawal from alcohol or narcotic drugs
- Deliveries
- Nonemergency transportation services

New Medical Technologies

We review new medical treatments. A group of PCPs, specialists and medical directors decide if the treatment:

- Is approved by the government
- Has shown in a reliable study how it affects patients
- Will help patients as much as or more than treatments we use now
- Will improve a patient's health

If your doctor asks us about a treatment that the review group has not looked at yet, the group will learn about the treatment and decide. If you ask for services that do not have to do with a threat to your health that is serious or immediate, the group will decide within five business days from the time it gets your request. The decision will be based on your health condition. If your case has to do with a serious or immediate threat to your health that may cause severe pain, the loss of life, limb or major body function, you will get an answer within 72 hours from the time the group gets your request. The decision will be based on your health condition. We will send you a letter that tells you what the group decides. We will tell your doctor through a letter and a fax. The notice will be sent within one day after the group decides. If you do not agree with the group, you may file an appeal.

Other Important Information

What to do if I move

- Call the District of Columbia (DC) Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call Amerigroup Member Services at 1-800-600-4441

What to do if I have a baby

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call Amerigroup Member Services at 1-800-600-4441

What to do if I adopt a child

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.

What to do if someone in my family dies

- Call DC Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call Amerigroup Member Services at 1-800-600-4441

How to change your MCO

You can change your MCO once a year, or at any time if you have a good reason.

You can change your MCO once a year during the 90 days before your anniversary date — the month and date you first joined Amerigroup.

- DC Healthy Families will send you a letter two months before your anniversary date. The letter tells you how to change MCOs.

Changing Your MCO If You Have a Good Reason

You have the right to change your MCO at any time after the first 90 days if you have a good reason. Examples of good reasons are poor quality of care and you can't see the providers you need. Call DC Healthy Families at 202-639-4030 if you would like more information on how to change MCOs.

You will not be allowed to get health care from Amerigroup anymore if you:

- Lose your Medicaid eligibility
- Establish Social Security Income (SSI) eligibility

The D.C. government may remove you from Amerigroup if you:

- Let someone else use your Enrollee ID Card;
- The District finds you committed Medicaid fraud; or
- You do not follow your Enrollee responsibilities

What to do if you get a bill for a covered service

If you get a bill for a covered service that is in the list above, call Member Services at 1-800-600-4441.

Paying for non-covered services

If you decide you want a service that we do not pay for and you do not have written permission from Amerigroup, you must pay for the service yourself.

- If you decide to get a service that we do not pay for, you must sign a statement that you agree to pay for the service yourself.
- Remember to always show your Enrollee ID Card and tell doctors that you are an Enrollee of Amerigroup **before** you get services.

Advance Directive

An Advance Directive is a legal document you sign that lets others know your health care choices. It is used when you are not able to speak for yourself. Sometimes, this is called a **“living will”** or a **“durable power of attorney.”**

An Advance Directive can let you pick a person to make choices about your medical care for you. An advance directive also lets you say what kind of medical treatment you want to receive if you become too ill to tell others what your wishes are.

- It is important to talk about an Advance Directive with your family, your PCP, or others who might help you with these things.

If you want to fill out and sign an Advance Directive, ask your PCP for help during your next appointment, or call Member Services at 1-800-600-4441 and they will help you.

Physician (doctor) incentive plan disclosure

You have the right to find out if Amerigroup has special financial arrangements with an Amerigroup doctor.

Please call Amerigroup Member Services at 1-800-600-4441 for this information.

Fraud

Fraud is a serious matter. What is fraud? Fraud is making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. An example of fraud for Enrollees is falsely claiming that you live in the district, when you actually live outside the boundaries of the District of Columbia. An example of fraud for providers is billing for services that were not furnished and/or supplies not provided.

If you suspect fraud, please let us know. It is not required that you identify yourself or give your name. If you would like more information about what constitutes fraud, visit the Amerigroup website at www.myamergroup.com/DC. To report fraud, call the Amerigroup Compliance Hotline, **1-877-660-7890**, or call the DC Department of Health Care Finance's Fraud Hotline at **1-877-632-2873**.

Grievances, Appeals and Fair Hearings

Amerigroup and the District government both have ways that you can complain about the care you get or the services Amerigroup provides to you. You may choose how you would like to file a grievance as described below.

Grievances

- If you are unhappy with something that happened to you, you can file a Grievance. Examples of why you might file a Grievance include:
 - You feel you were not treated with respect
 - You are not satisfied with the health care you got
 - It took too long to get an appointment
- To file a Grievance, you should call Member Services at 1-800-600-4441.
- Your doctor can also file a Grievance for you.

You may file a Grievance any time after the event in which you are unhappy. Amerigroup will conduct a full study after we get your Grievance. We will usually give you a decision within 30 days, but we may ask for extra time to give you a decision. We will let you know our decision no later than 90 days.

Appeals and Fair Hearings

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you have a right to file an Appeal with Amerigroup and request a “Fair Hearing” with the DC’s Office of Administrative Hearings. You must first go through the Amerigroup appeal process before you can request a Fair Hearing.

- To file an Appeal with Amerigroup, call Member Services at 1-800-600-4441
- To file a request for a Fair Hearing, call or write the District government at:

District of Columbia Office of Administrative Hearings
Clerk of the Court
441 Fourth St. NW
N450
Washington, DC 20001
Telephone Number: 202-442-9094

- Deadlines
 - ♦ You must file an Appeal within 60 calendar days of getting the Amerigroup notice of adverse action.
 - ♦ If you appeal to Amerigroup is upheld, you may request a Fair Hearing within 120 days from when you receive the letter saying your appeal is upheld.
 - ♦ If you want to continue receiving the benefit during your Fair Hearing or Appeal, you must request the Fair Hearing or Appeal within the later of the following:
 - Within 10 days from the Amerigroup postmark of the Notice of Action or
 - The intended effective date of the Amerigroup proposed action (or, in other words, when the benefit is to stop).

Appeals

You can call and start your appeal over the phone, but you must follow up in writing. You can send the appeal plus any documents you feel will help your appeal to:

Amerigroup District of Columbia, Inc.
Medical Appeals Department
7550 Teague Road
Ste. 500
Hanover, MD 21076

You must request an Appeal within 60 calendar days from the date you receive our notice of action.

We will make a decision on your appeal within 30 calendar days from the date we receive your appeal. If we need more time to get information on your appeal, and the District decides this would be best for you, or if you or your advocate requests more time, Amerigroup may increase the time to make a decision by 14 calendar days. We will send you a written notice if we ask for more time.

We will also send you a written notice of our decision on your appeal.

If you are not happy with the decision Amerigroup has made about your appeal, you may request a Fair Hearing. If your services have started and you want to continue your benefits during the Fair Hearing, you must ask a Fair Hearing within 10 days from the postmark date of the Amerigroup notice of action.

Expedited (Emergency) Grievances and Appeals process

If your Appeal is determined to be an emergency, Amerigroup will give you a decision within 72 hours. An Appeal is considered an emergency if it would be harmful to you to wait for the standard time frame of 30 days to process the Appeal. Examples of appeals that might be considered an emergency include:

- Urgent care
- Care for life-threatening conditions
- Continued hospital stays that have not been discharged from a facility

Your rights during the Grievances, Appeals and Fair Hearings process

- **You have the right to a Fair Hearing.** You may request a Fair Hearing from the Office of Administrative Hearings after you have filed an Appeal with Amerigroup and that appeal is upheld, or if we do not let you know this decision within 30 days of receiving your appeal, but no more than one hundred twenty (120) days from the date the Notice of Action is mailed upholding your appeal.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days - This could be as short as 10 days.
- You have the right to have someone from Amerigroup help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or other representative.
- You have a right to have accommodations made for any special health care need you have.
- You have a right to adequate TTY/TDD capabilities, and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the Grievance, Appeal or Fair Hearing.

If you have any questions about the Grievances and Appeals/Fair Hearings process, please call Member Services at 1-800-600-4441.

HIPAA Notice of Privacy Practices

The effective date of this notice is April 14, 2003. The most recent revision date is shown in the footer of this notice.

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

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

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

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

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

When is it OK for us to use and share your PHI?

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

- **For your medical care**
 - To help doctors, hospitals and others get you the care you need
- **For payment, health care operations and treatment**
 - To share information with the doctors, clinics and others who bill us for your care
 - When we say we'll pay for health care or services before you get them
 - To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don't want this, please visit www.myamerigroup.com/DC for more information.
- **For health care business reasons**
 - To help with audits, fraud and abuse prevention programs, planning, and everyday work
 - To find ways to make our programs better
- **For public health reasons**
 - To help public health officials keep people from getting sick or hurt
- **With others who help with or pay for your care**
 - With your family or a person you choose who helps with or pays for your health care, if you tell us it's OK
 - With someone who helps with or pays for your health care, if you can't speak for yourself and

it's best for you

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

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

Other ways we can — or the law says we have to — use your PHI:

- To help the police and other people who make sure others follow laws. For example, we may use PHI to report abuse and neglect.
- To help the court when we're asked. For example, we may use PHI to answer legal documents that are filed with the court like complaints or subpoenas.
- To give information to health oversight agencies or others who work for the government with certain jobs. For example, we provide information for audits or exams.
- To help coroners, medical examiners or funeral directors find out your name and cause of death.
- To help when you've asked to give your body parts to science or for research. For example, we may share your information if you have agreed to become an organ donor in the event of your death.
- To keep you or others from getting sick or badly hurt. For example, we may share your PHI to prevent you or others from being harmed in an urgent situation.
- To give information to workers' compensation. For example, we may share your information if you get sick or hurt at work.

What are your rights?

- You can ask to look at your PHI and get a copy of it. We don't have your whole medical record, though. If you want a copy of your whole medical record, ask your doctor or health clinic.
- You can ask us to change the medical record we have for you if you think something is wrong or missing.
- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request. For example, if the PHI is part of clinical notes and by law cannot be released, your request may be denied.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of health care, payment, everyday health care business or some other reasons we didn't list here.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?

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

We may contact you

You agree that we, along with our affiliates and/or vendors, may call or text any phone numbers you give us, including a wireless phone number, using an automatic telephone dialing system and/or a pre-recorded message. Without limit, these calls or texts may be about treatment options, other health-related benefits and services, enrollment, payment, or billing.

What if you have questions?

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

What if you have a complaint?

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the Department of Health and Human Services.

Write to or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201
Phone: 1-800-368-1019
TDD: 1-800-537-7697

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the Web at www.myamerigroup.com/pages/privacy.aspx.

Race, ethnicity and language

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

We use this information to:

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

We do **not** use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to unapproved users

Your personal information

We must follow state laws if they say we need to do more than the HIPAA Privacy Rule. We may ask for, use and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It's often taken for insurance reasons.

- We may use your PI to make decisions about your:
 - Health
 - Habits

- Hobbies
- We may get PI about you from other people or groups like:
 - Doctors
 - Hospitals
 - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases. For example, we may share PI with claims and billing vendors who we hire to help us run our business.
- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

The Office of Health Care Ombudsman and Bill of Rights

The Health Care Ombudsman Program is a District of Columbia Government program that provides assistance and advice to you in receiving health care from your MCO. The Health Care Ombudsman can provide the following services:

- Explain the health care you have a right to receive;
- Respond to your questions and concerns about your health care;
- Help you understand your rights and responsibilities as an Enrollee in an MCO;
- Provide assistance in obtaining the medical necessary services that you need;
- Answer questions and concerns you may have about the quality of your health care;
- Help you resolve problems with your doctor or other health care provider;
- Provide assistance in resolving complaints and problems with your MCO;
- Assist with appeal processes; and
- Provide assistance in filing a Fair Hearing Request for you.

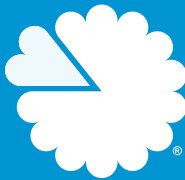
To reach the Health Care Ombudsman, please call 202-724-7491 or 1-877-685-6391 (Toll Free). The Health Care Ombudsman does not make decisions in grievances, appeals or Fair Hearings. The Office of Health Care Ombudsman & Bill of Rights is located at:

One Judiciary Square
 441 Fourth St. NW
 Suite 900 South
 Washington, DC 20001
 Phone: (202) 724-7491
 Fax: (202) 442-6724
 Toll Free Number: 1(877) 685-6391
 Email: healthcareombudsman@dc.gov

Definitions

Advance Directive	A written, legal paper that you sign that lets others know what health care you want, or do not want, if you are very sick or hurt and cannot speak for yourself.
Advocate	A person who helps you get the health care and other Services you need.
Appeal	An appeal is a special kind of complaint you make if you disagree with a decision Amerigroup makes to deny a request for health care services or payment for services you already received. You may also make this kind of complaint if you disagree with a decision to stop services that you are receiving.
Appointment	A certain time and day you and your doctor set aside to meet about your health care needs.
Care Manager	Someone who works for Amerigroup and will help get the care and information a member needs to stay healthy.
Check-Up	<i>See Screening</i>
Contraception	Birth Control
Covered Services	Health care services that Amerigroup will pay for when completed by a provider.
Disease Management Program	A program to help people with chronic illnesses or Special Health Care Needs such as asthma, high blood pressure, or mental illness get the care and services they need.
Durable Medical Equipment (DME)	Special medical equipment that your doctor may ask or tell you to use in your home.
Emergency Care	Care you need right away for a serious, sudden, sometimes life-threatening condition.
Fair Hearing	If you file a grievance you can ask for a hearing with D.C.'s Office of Administrative Hearings.
Family Planning	Services such as pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDS testing and counseling.
Family and General Practice Doctor	A doctor that can treat the whole family.
Grievance	If you are unhappy with the care you get or the health care services Amerigroup gives you, you can call Member Services to file a grievance.
Handbook	This book that gives you information about Amerigroup and our services.
Hearing Impaired	If you cannot hear well, or if you are deaf.
Immunization	Shot or vaccination.
Internal Medicine Doctor	Doctor for adults and children over 14 years old.
Interpretation/Translation Services	Help from Amerigroup when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
Managed Care Organization (MCO)	A company that is paid by the District of Columbia to give you health care and health services.
Managed Care Plan	<i>See Managed Care Organization</i>
Maternity	The time when a woman is pregnant and shortly after childbirth.

Member	The person who gets health care through the Amerigroup provider network.
Member Identification (ID) Card	The card that lets your doctors, hospitals, drugstores, and others know that you are a member of Amerigroup.
Network Providers	Doctors, nurses, dentists, and other people who take care of your health who are a part of Amerigroup.
Non-Covered Services	Health care that Amerigroup does not pay for when completed by a provider.
OB/GYN	Obstetrician/Gynecologist; a doctor who is trained to take care of a woman's health, including when she is pregnant.
Out-of-Network Providers	Doctors, nurses, dentists, and other people who take care of your health who are not a part of Amerigroup.
Pharmacy	Where you pick up your medicine.
Physician Incentive Plan	Tells you if your doctor has any special arrangements with Amerigroup.
Post-Partum Care	Health care for a woman after she has her baby.
Prenatal Care	Care that is given to a pregnant woman the whole time she is pregnant.
Prescription	Medicine that your doctor orders for you; you must take it to the pharmacy to pick up the medicine.
Preventive Counseling	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
Primary Care Provider (PCP)	The doctor that takes care of you most of the time.
Prior Authorization	Written permission from Amerigroup to get health care or treatment
Provider Directory	A list of all providers who are part of Amerigroup.
Providers	Doctors, nurses, dentists, and other people who take care of your health.
Referral	When your main doctor gives you a written note that sends you to see a different doctor.
Routine Care	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine Care can be a check-up, physical, health screen, and regular care for health problems like diabetes, asthma and hypertension.
Screening	A test that your doctor or other health care provider may do to see if you are healthy. This could be a hearing test, vision test, or a test to see if your child is developing normally.
Self-Referral Services	Certain services you can get without getting a written note or referral from your main doctor.
Services	The care you get from your doctor or other health care provider.
Special Health Care Needs	Adults who need health care and other services that are more than or different from what other adults need.
Specialist	A doctor who is trained to give a special kind of care like an ear, nose and throat doctor or a foot doctor.
Specialty Care	Health care provided by doctors or nurses trained to give a specific kind of health care.
Sterilization Procedures	A surgery you can have if you do not want children in the future.
Transportation Services	Help from Amerigroup to get to your appointment. The type of transportation you get depends on your medical needs.
Treatment	The care you get from your doctor.
Urgent Care	Care you need within 24 hours, but not right away.
Visually Impaired	If you cannot see well or you are blind.



Amerigroup District of Columbia, Inc.

Member Services:
609 H Street NE, Ste. 600
Washington, DC 20002