Amerigroup RealSolutions® in healthcare

Amerigroup Community Care

Member Handbook

GA Families Medicaid and PeachCare for Kids®

Georgia Families
Choices for a Healthy Life

800-600-4441 (TTY 711)
myamerigroup.com/ga

1003630GAMENAGP 06/24

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Important phone numbers:

Name	Description	Phone number
Behavioral healthcare	Any mental healthcare concern	**800-600-4441 (TTY 711)**

Behavioral health (mental health/substance use disorder)
Sometimes, dealing with all of the tasks of a home and family can lead to stress. Stress can lead to depression and anxiety. It can also lead to marriage, family, and/or parenting problems. Stress can also lead to alcohol and drug abuse.

If you or a family member is having these kinds of problems, you can get help. Call **Amerigroup Community Care** Member Services at **800-600-4441 (TTY 711)**. You can also get the name of a behavioral health specialist who will see you if you need one.

Your benefits include many medically needed services, such as:

- Inpatient mental healthcare
- Outpatient mental healthcare and/or substance abuse treatment
- Partial hospitalization
- Mental health rehabilitative treatment services

You don't need a referral from your PCP to get these services or to see a behavioral health specialist in your network.

If you think a behavioral health specialist does not meet your needs, talk to your PCP. They can help you find a different kind of specialist. There are some treatments and services your PCP or behavioral health specialist must ask Amerigroup to approve before you can get them. Your doctor will be able to tell you what they are.

If you have questions about referrals and when you need one, contact Member Services at **800-600-4441 (TTY 711)**.

Amerigroup RealSolutions in healthcare

myamerigroup.com/GA

This member handbook has important information about your or your child's Amerigroup Community Care benefits. Call Member Services toll free at **800-600-4441 (TTY 711)** for a verbal translation.

Dear Member:

Welcome to Amerigroup. We're about more than doctor visits. With special services like health education and events, we offer you or your child many ways to get and stay healthy. Some of our special benefits include:

- Round-trip rides to doctor visits for PeachCare for Kids® members
- Certain approved over-the-counter items and feminine hygiene products with a prescription
- Free membership for your child at participating Boys & Girls Clubs (excludes summer camp)

Your member handbook

Your member handbook tells you how we work and how to get healthcare and keep your family healthy. If you have questions about your member handbook, call Member Services toll free at **800-600-4441 (TTY 711)**. You can also call this number to talk to a nurse on 24-hour Nurse HelpLine.

Your member website

There are lots of helpful resources on our website, too. Visit **myamerigroup.com/GA** to:

- Choose, change, or find a primary care provider (PCP) who works with Amerigroup.
- Request an ID card.
- Update your address or phone number.
- Find medications covered by your plan.
- View your member handbook or find a provider.
- Schedule a call from Member Services.

What to expect next

You'll get your or your child's Amerigroup ID card and more facts from us in a few days. The ID card will tell you when you or your child's Amerigroup membership starts. The name of your or your child's PCP is on the card, too. Please check the PCP's name on the ID card. If it's not right, please call us.

Thank you for choosing us to help you get quality healthcare benefits for you and your family.

Sincerely,

Melvin W. Lindsey
Plan President
Amerigroup Community Care

Amerigroup Community Care

Georgia Medicaid and PeachCare for Kids® Member Handbook

740 W. Peachtree Street
Atlanta, GA 30308

800-600-4441 • myamerigroup.com/GA

WELCOME TO AMERIGROUP COMMUNITY CARE

About your new health plan
Amerigroup is a Georgia care management organization (CMO). We work with the Georgia Department of Community Health to help you get your Georgia Families program benefits.

How to get help

Member Services
If you have any questions about your Amerigroup health plan, call our Member Services team at **800-600-4441 (TTY 711)**. You can call us Monday through Friday, 7 a.m. to 7 p.m. Eastern time, except for state holidays.

Member Services can help you with:

- Amerigroup benefits
- Understanding this member handbook
- Member ID cards
- Choosing and changing your PCP
- Getting care
- Doctor appointments
- Urgent care
- Choosing and changing your dentist
- Finding a network pharmacy
- Out-of-town care
- Special needs
- Healthy living
- Value-Added Benefits
- Health education classes

Please also call Member Services if you:
- Want us to send you a copy of our Notice of Privacy Practices at no cost to you. The notice tells you:
  - How medical information about you may be used.
  - How medical information may be disclosed.
  - How you can get access to this information.
- Move to a new home so you can tell us your new address and phone number. Be sure to call your local county Department of Family and Children Services (DFCS) office to let them know, too.
- Have a change in your family size. You should also call your local county DFCS office to let them know.
- Have any problems with your care or aren't happy with the services you get from the doctors and hospitals we work with.

For members who do not speak English, we offer translation over the phone in many languages and dialects. We also provide translation over the phone for doctor visits. Please call Member Services at **800-600-4441 (TTY 711)** at least 24 hours before your visit if you want these services. These services are free of charge.

Amerigroup 24-hour Nurse HelpLine
Call 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)** to get advice on:
- How soon you need care when you are sick.
- What kind of healthcare you need.

- What to do to take care of yourself until you see your doctor.
- How you can get the care you need.

Other important phone numbers
- Enrollment questions: Call Georgia Families at **888-GA-ENROLL (888-423-6765)**.
- Questions about Medicaid: Call Georgia Gateway at **877-423-4746** to talk with a DFCS caseworker.
- Questions about PeachCare for Kids® program: Call them toll free at **877-GA-PEACH (877-427-3224)**.
- Questions about your medicines: Call Pharmacy Member Services at **833-205-6006**.
- To report a change of address:
  - Medicaid members: Call Georgia Gateway at **877-423-4746**.
  - PeachCare for Kids® members: Call **877-GA-PEACH (877-427-3224)**.
- If you need routine eye care, please call Avesis Vision at **866-522-5923**.
- If you need dental care, please call DentaQuest at **800-895-2218 (TTY 711)**.

Your Amerigroup member handbook
This handbook will help you understand your Amerigroup health plan. If you have questions or need help understanding or reading it, call Member Services.

Amerigroup also has the member handbook in:
- A large print version
- An audio taped version
- A braille version

The other side of this handbook is in Spanish.

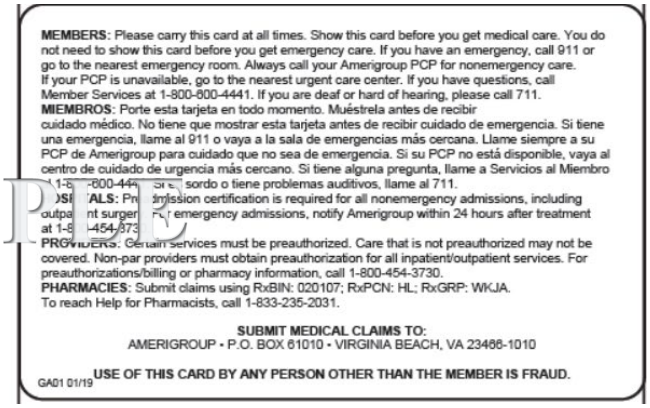
Your identification (ID) cards
You should have a Medicaid ID card from the Department of Community Health (DCH). This card is also called the Medical Assistance Certification. Each PeachCare for Kids® member has a PeachCare for Kids® ID card.

Our members also get an Amerigroup ID card. If you don't have your ID card yet, you should get it soon. Please call Member Services at **800-600-4441 (TTY 711)** if you did not receive your member ID card. Please keep it with you at all times. Show it to any provider that you visit. You do not need to show your ID card for emergency care. You can get covered services through an Amerigroup network provider in the state of Georgia. Any requests to see a non-network provider must be approved prior to service.

The card tells doctors and hospitals:
- You're an Amerigroup member.
- Who your Amerigroup primary care provider (PCP) is.
- Who your Amerigroup primary care dentist (PCD) is.
- Amerigroup will pay for the medically needed benefits listed in the section **Amerigroup Healthcare Benefits**.

Your Amerigroup ID card has the name and phone number of your PCP and PCD on it. The date you became an Amerigroup member is also shown. Your ID card has important phone numbers you need, like:

- Our Member Services department
- 24-hour Nurse HelpLine
- Eye care
- Dental care
- Our Pharmacy Member Services Department



Carry your Amerigroup ID card and your Medicaid or PeachCare for Kids® card at all times. If your Amerigroup ID card is lost or stolen, call Member Services at **800-600-4441 (TTY 711)** right away. We will send you a new one.

Service regions

Service region	Counties		
Atlanta	**You live in the Atlanta service region if you live in one of these counties:**		
	Barrow	DeKalb	Jasper
	Bartow	Douglas	Newton
	Butts	Fayette	Paulding
	Carroll	Forsyth	Pickens
	Cherokee	Fulton	Rockdale
	Clayton	Gwinnett	Spalding
	Cobb	Haralson	Walton
	Coweta	Henry	
East	**You live in the East service region if you live in one of these counties:**		
	Burke	Jefferson	Taliaferro
	Columbia	Jenkins	Warren
	Emanuel	Lincoln	Washington
	Glascock	McDuffie	Wilkes
	Greene	Putnam	
	Hancock	Richmond	
North	**You live in the North service region if you live in one of these counties:**		
	Banks	Gilmer	Oconee
	Catoosa	Gordon	Oglethorpe
	Chattooga	Habersham	Polk
	Clarke	Hall	Rabun
	Dade	Hart	Stephens
	Dawson	Jackson	Towns
	Elbert	Lumpkin	Union
	Fannin	Madison	Walker
	Floyd	Morgan	White
	Franklin	Murray	Whitfield
Southeast	**You live in the Southeast service region if you live in one of these counties:**		
	Appling	Chatham	Montgomery
	Bacon	Effingham	Pierce
	Brantley	Evans	Screven
	Bryan	Glynn	Tattnall
	Bulloch	Jeff Davis	Toombs
	Camden	Liberty	Ware
	Candler	Long	Wayne
	Charlton	McIntosh	

Service region	Counties		
Central	**You live in the Central service region if you live in one of these counties:**		
	Baldwin	Johnson	Pulaski
	Bibb	Jones	Talbot
	Bleckley	Lamar	Taylor
	Chattahoochee	Laurens	Telfair
	Crawford	Macon	Treutlen
	Crisp	Marion	Troup
	Dodge	Meriwether	Twiggs
	Dooly	Monroe	Upson
	Harris	Muscogee	Wheeler
	Heard	Peach	Wilcox
	Houston	Pike	Wilkinson
Southwest	**You live in the Southwest service region if you live in one of these counties:**		
	Atkinson	Dougherty	Schley
	Baker	Early	Seminole
	Ben Hill	Echols	Stewart
	Berrien	Grady	Sumter
	Brooks	Irwin	Terrell
	Calhoun	Lanier	Thomas
	Clay	Lee	Tift
	Clinch	Lowndes	Turner
	Coffee	Miller	Webster
	Colquitt	Mitchell	Worth
	Cook	Quitman	
	Decatur	Randolph	

YOUR DOCTORS

Your primary care provider (PCP) and primary care dentist (PCD)
All of our members must have a primary care provider (PCP) and primary care dentist (PCD). Your PCP and PCD must work with our plan.

What is a PCP?
Your PCP will become your medical home, which means he or she will:

- Get to know you and your health history.
- Give you all of the basic health services you need.
- Send you to other doctors or hospitals when you need special care.

Staying with the same PCP is important. It helps the PCP learn more about you and your family's health now. And it helps the PCP take better care of you and your family later.

What is a PCD?
Your PCD will become your dental home. A dental home is where you get dental care. Your dental home will give you needed dental services. Your dental home may refer you to medical and behavioral

health providers the same way your PCP does. They do this to integrate care and help improve your and your family's health.

Choosing a PCP or PCD
When you enrolled in Amerigroup, you should have chosen a PCP and PCD. If you did not, we chose one for you. We chose one who should be close by you. The PCP's and PCD's names and phone numbers are on your Amerigroup ID card.

If we chose your PCP and/or PCD, you can choose new ones. Just look in the provider directory you got with your Amerigroup enrollment package. Or we can help you choose a new PCP and/or PCD. Call Member Services at **800-600-4441 (TTY 711)** for help.

If you are seeing a PCP or PCD now, look in the provider directory to find out if they are in our network. If so, you can tell us you want to keep them as your PCP or PCD.

Family members don't have to have the same PCP. A PCP can be any one of the following as long as they are in the Amerigroup network:
- General practice doctor
- Obstetrician-gynecologist (OB-GYN) *If your OB-GYN chose to participate with Amerigroup as a PCP
- Family physician
- Internist
- Pediatrician
- Physician assistant working with a doctor
- Certified nurse practitioner specializing in family practice or pediatrics
- A nurse practitioner or doctor working in a county health department
- A nurse practitioner or a doctor working in a Federally Qualified Health Center or Rural Health Clinic

How to change your primary care provider
If you need to change your PCP, you'll need to pick a new PCP who works with our plan. There are two ways to change your PCP:
- **Online:** Visit **myamerigroup.com/GA** and select **Find a Doctor** to search our online provider directory. Then, log in to change your PCP right from the website.
- **By phone:** Call Member Services if you need help choosing a new PCP. If you call to change your PCP, the change will be made on the next business day. You'll get a new ID card with your new PCP's name and phone number in the mail within seven calendar days.

If your primary care provider's office moves, closes or stops working with our plan
Your PCP office may move, close, or stop working with our plan. If this happens, we will call or send you a letter to tell you. In some cases, you may be able to keep seeing this PCP for care while you pick a new PCP. Please call Member Services for more information. We will keep in touch with you and your PCP so we all know when you need to start seeing your new PCP.

If your primary care provider asks for you to be changed to a new primary care provider
Your PCP may ask for you to be changed to a new PCP. Your PCP may do this if:
- You do not follow their medical advice over and over again.
- Your PCP agrees that a change is best for you.

- Your PCP does not have the right experience to treat you.
- The assignment to your PCP was made in error (like an adult assigned to a child's doctor).

If your PCP asks you to change to a new PCP, call Member Services at **800-600-4441 (TTY 711)** for help finding a new PCP. Once you choose a new provider, we will send you a new member ID card within seven calendar days. Your new card will have the name of your new provider. You can also call to let us know you don't want to change your PCP.

If you want to go to a doctor who isn't your primary care provider

If you need care from a specialist or another doctor who isn't your PCP, please talk to your PCP first. If the specialist or other doctor doesn't work with our plan, your PCP will need to refer you first. They may help set up the visit with the specialist for you. If you go to a doctor that your PCP has not referred you to, the care you get may not be covered, and we may not pay for it.

There are some times where you don't need a referral from your PCP:

- If want to see a behavioral health provider for mental health, alcohol, or substance abuse services.
- If you want to see an OB-GYN.
  If you or your child has disabilities, special healthcare needs, or chronic complex conditions. In this case, you have a right to direct access to a specialist. This specialist may serve as your PCP. Please call Member Services so this can be arranged.

For a list of services that don't require a referral, see the section called **Services that do not need a referral**.

Specialists

Your PCP can take care of most of your healthcare needs. But you may need care from other kinds of doctors who give care for certain illnesses or parts of the body. These doctors are called specialists. We have many specialists who work with our plan. Here are some examples:

- Allergists (allergy doctors)
- Dermatologists (skin doctors)
- Cardiologists (heart doctors)
- Behavioral health (mental health/substance use disorder)
- Obstetricians-gynecologists, or OB-GYNs (for women's health — see **Choosing an OB-GYN**)

Remember, you may need a referral from your PCP to get services from some specialists. Talk with your PCP first.

Choosing an OB-GYN

Female members can see an OB-GYN who works with our plan for women's health needs. These services include:

- Well-woman visits, where you and your doctor will talk about things like breast and reproductive health, birth control, and vaccines you need
- Prenatal care
- Family planning
- Referrals to a specialist who works with our plan
- Care for any female medical condition

You don't need a referral from your PCP to see your OB-GYN. If you don't want to go to an OB-GYN, your PCP may be able to treat you for your OB-GYN health needs. Ask your PCP if he or she can give you OB-GYN care. If not, you will need to see an OB-GYN.

To find an OB-GYN who works with us, use our **Find a Doctor** tool online at **myamerigroup.com/GA**. If you need help choosing an OB-GYN, call Member Services.

When you have a baby, you must call Member Services within 24 hours. You must call your DFCS caseworker, too. This will help us make sure that your new baby gets health services.

Hospital care
If you need hospital care, your doctor can set it up for you. Unless it is an emergency, you will need a provider referral to get hospital care. You can get emergency healthcare anytime you need it.

Second opinion
You have the right to ask for a second opinion for any healthcare service. You can get a second opinion from a network provider. You can also get a second opinion from a non-network provider if there is not a network provider in your area. You may ask for a second opinion from Amerigroup. This is at no cost to you. Once approved, your PCP will send copies of all related records to the doctor who will give the second opinion. The provider completing the second opinion will let you and Amerigroup know the outcome of the second opinion.

If you had a different doctor before you joined Amerigroup
You may have been seeing a doctor who isn't in our network when you joined Amerigroup. You may be able to keep seeing this doctor while you pick a network PCP. Call Member Services at **800-600-4441 (TTY 711)** to find out more. We will make a plan with you and your doctors, so we all know when you need to start seeing your new network PCP.

Coordination of services
We can help you get these kinds of services:

- Children's therapy services, such as speech, occupational, and physical therapy
- Community Care services
- Individuals with Disabilities Education Act (IDEA) services
- Independent Care Waiver Program — services that help a limited number of adult members with physical disabilities live in their own homes
- New Options Waiver Program (NOW) services

TELEHEALTH

Live in a rural area and have to travel a long way to see your doctors? Amerigroup and the Georgia Partnership for TeleHealth (GPT) have made it easier to get specialty and behavioral healthcare. With GPT services, you can use face-to-face video conferencing for visits with specialists, behavioral health providers, and others whose offices are hard to get to. To learn more about telehealth providers and services in your area:

- Go to gatelehealth.org.
- Call the Georgia Partnership for TeleHealth (GPT) at **866-754-4325**.
- Call your doctor.
- Call Member Services at **800-600-4441 (TTY 711)**.

Scheduling a TeleHealth (GPT) visit
To schedule a visit:
1. The referring doctor contacts GPT to plan the visit.
2. GPT fills out a patient intake form and sends it to the specialist's scheduler.
3. The scheduler gets needed member information.
4. The scheduler contacts GPT to confirm the visit.

To learn more about telehealth services, call GPT toll free at **866-754-4325**. Or visit gatelehealth.org to find out where you can get telehealth services. You can also call your doctor or Member Services.

Provider directory

A provider directory is a list of all providers in our network. If you need a provider directory or help choosing a doctor who is right for you, call us. You also can find a PCP at **findcare.amerigroup.com/search-providers**.

We add new providers and hospitals to the online provider directory as soon as they join our network. So you will always find the most current details online. If you do not have access to the internet, please call **800-600-4441 (TTY 711)**. We will send you a printed copy of the provider directory at no charge.

To find the online provider directory, visit our website at **myamerigroup.com/GA** and select **Find a Doctor**. From there, you can:
- Create and print a directory.
- Search for a provider by your ZIP code.
- Search for facilities such as urgent care clinics, X-ray imagery, and more.

This will bring up a list of providers in your area. This list will also show you if a doctor is taking new patients.
The directory will also list the addresses, phone numbers, languages spoken, and when the provider's offices are open. Look in the provider directory to find a PCP who is right for you and your family.
- PCPs for children are listed under "Family Medicine," "General Practice," or "Pediatrics."
- PCPs for adults are listed under "Family Medicine," "General Practice," or "Internal Medicine."
- Pregnant members should look for providers listed under "Obstetrics & Gynecology" or "Family Medicine."

To find out even more about a PCP or a specialist, like the doctor's specialty, medical school, residency training, or board certification, look at your provider directory, or visit these websites:
- DocInfo at docinfo.org*
- Certification Matters at certificationmatters.org.* Select **Is My Doctor Board Certified?** This will let you search for a provider.

* These links lead to third-party websites. Those organizations are solely responsible for the privacy policies and contents on their sites.

GOING TO THE DOCTOR

As a new Amerigroup member, you or your child should see your PCP for a well-care visit (a general checkup) within 90 days. Call your doctor to schedule a visit as fitting. By finding out more about your health now, your PCP can take better care of you if you get sick.

If you have been seeing the doctor who is now your PCP, call the doctor to see if it is time for you to get a checkup. If it is, set up a visit to see the doctor as soon as you can.

How to make an appointment

It's easy to set up a visit with your PCP. Just call the PCP's office. The phone number is on your Amerigroup ID card. If you need help, call Member Services at **800-600-4441 (TTY 711)**. We will help you set up a visit. When you call, let us know what you need (like a checkup or a follow-up visit). Also, tell the PCP's office if you do not feel well. This will let the PCP's office know how soon you need to be seen. It may shorten the wait before you see your PCP.

Wait times in the office

You should be told what the waiting time is when you get to your appointment. You can reschedule your appointment if you can't wait. Your wait time at the provider's office should not be more than the following:

Type of appointment	Wait time
Scheduled appointment	No more than 30 minutes
Unscheduled or walk-in appointment	No more than 45 minutes

If you call after hours and leave a message, your PCP will call you back. Your wait time for a response should not be more than the following:

Type of call	Wait time
Urgent call	No more than 20 minutes
Other call	No more than one hour

Wait times for appointments

We want you to get care when you need it. When you call to set up an appointment with a provider who works with us, they should give you an appointment within the time frames listed below.

Type of appointment	Time frame
Dental provider	No more than 21 calendar days
Urgent dental care	No more than 48 hours
PCP (routine visit)	No more than 14 calendar days
PCP (adult sick visit)	No more than 24 hours
PCP (pediatric sick visit)	No more than 24 hours
Specialists	No more than 30 calendar days
Pregnant women (initial visit)	No more than 14 calendar days
Nonemergency hospital stays	No more than 30 calendar days
Mental health providers	No more than 14 calendar days

Type of appointment	Time frame
Urgent care providers	No more than 24 hours
Emergency providers	Immediately (24 hours a day, seven days a week) and without prior authorization

What to bring when you go for your doctor visit

When you go to your doctor visit, bring your:

- Amerigroup ID card
- Current Medicaid or PeachCare for Kids® card
- Medicines you take now
- List of questions for your doctor

If the visit is for your child, bring:

- Your child's Amerigroup ID card
- Your child's Medicaid or PeachCare for Kids® card
- Your child's shot records
- Any medicines your child takes now
- A list of questions for your child's doctor

How to cancel a doctor visit

If you set up a visit with your or your child's PCP and then can't go, call the PCP's office. Tell the office to cancel the visit. You can set up a new visit when you call. Try to call at least 24 hours before the visit. This will let someone else see the doctor at that time.

If you want us to cancel the visit for you or your child, call Member Services at **800-600-4441 (TTY 711)**. If you do not call to cancel your doctor visits over and over again, your PCP may ask for you to be changed to a new doctor.

How to get healthcare when your primary care provider's office is closed

Except in the case of an emergency (see previous section) or when you need care that does not need a referral (see the section **Services that do not need a referral**), you should always call your PCP first before you get medical care. Help from your PCP or a medical answering service is available 24 hours a day.

If you call your PCP's office when it's closed, leave a message with your name and a phone number where you can be reached. Someone should call you back soon to tell you what to do. You may also call 24-hour Nurse HelpLine 24 hours a day, seven days a week for help at **800-600-4441 (TTY 711)**.

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

How to get healthcare when you're out of town

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

Please note: If you're outside of the U.S. and get healthcare services, they will not be covered by Amerigroup, Medicaid, or PeachCare for Kids®.

HOW TO GET TO A DOCTOR APPOINTMENT OR TO THE HOSPITAL

If you need transportation for nonemergency medical care, call Member Services at **800-600-4441 (TTY 711)**. Be sure to call at least three days before the visit. Tell them the time of your visit and where to pick you up. The vendor for your region will call you back to give you a pickup time.

Transportation for Medicaid and PeachCare for Kids® members

Medicaid and PeachCare for Kids® members can also call the Georgia NEMT (Non-Emergency Medical Transportation) service directly. Call the phone number found next to the county where you live below. Be sure to call at least three days before a scheduled visit. You can call Monday through Friday, 7 a.m. to 6 p.m. Eastern time.

The following chart lists the region, phone number and counties by service based on where you live.

Region	Broker/ Phone Number	Counties Served
North	**Verida** **Toll free 866-388-9844** **Local 678-510-4555**	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield
Atlanta	**Verida** **404-209-4000**	Fulton, DeKalb, Gwinnett
Central	**Modivcare** **Toll free 888-224-7981**	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox, Wilkinson
East	**Modivcare** **Toll free 888-224-7988**	Appling, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne, Wilkes
Southwest	**Modivcare** **Toll free 888-224-7985**	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster, Worth

If you have an emergency and need transportation, call **911** for an ambulance.

To learn more about Medicaid Non-Emergency Medical Transportation (NEMT) program, visit medicaid.georgia.gov/programs/all-programs/non-emergency-medical-transportation.

Doctor's office and hospital access for members with disabilities
The doctors and hospitals who work with our plan should help members with disabilities get the care they need. Members who use wheelchairs, walkers or other aids may need help to get into an office. If you need a ramp or other help, make sure your doctor's office knows this before you go there. This way, they will be all set for your visit. If you want help talking to your doctor about your special needs, call Member Services at **800-600-4441 (TTY 711)**.

WHAT MEDICALLY NECESSARY MEANS

Your primary care provider (PCP) will help you get the health services you need. Medically necessary means the services are:

a) Needed to correct or make better a defect, physical or mental illness, or condition.
b) Right for the diagnosis and not getting the services may worsen the condition.
c) In line with accepted medical practices.
d) Given in a safe, fitting, and cost-effective setting.
e) Based on the diagnosis and how severe the symptoms are.
f) Not given just for the ease of the member or provider.
g) Not custodial care to help a member with daily living activities unless custodial care is a covered service or benefit.
h) Given when a safer, more fitting or cost-effective service and/or setting does not exist.

Our medical directors decide if care is medically needed based on the right coverage and level of care and service. They use evidence-based clinical guidelines to do this.

Be sure to follow the treatment plan prescribed by your provider. This can help make sure you get well faster. If you don't, it could take you longer to get well or your condition could get worse.

MEDICAL ADVANCES AND NEW TECHNOLOGY

Our medical directors and the doctors who work with our plan look at new medical advances (or changes to existing technology) in:

- Medical procedures
- Behavioral health procedures
- Pharmaceuticals
- Medical devices

They review new advances and technologies to decide if:

- These advances or technologies should be covered benefits.
- The government has agreed the treatment is safe and effective.
- The results of the advances or technologies are as good as or better than treatments covered by your current benefits.

They also look at scientific literature to find out if:

- The government thinks these new procedures or treatments are safe and effective.
- They have the same or better outcomes than the treatments we use now.

They do this to decide if we should include these procedures and treatments in our plan.

AMERIGROUP HEALTHCARE BENEFITS

Amerigroup covered services

The following list shows the healthcare services and benefits that you can get from Amerigroup. Your primary care provider (PCP) will give you the care you need or refer you to a doctor who can give you the care you need. Your PCP may need to get approval before you get a service. Your PCP will work with us to get our approval.

These are covered services Amerigroup members in the Georgia Families programs get:

- Ambulatory surgical services
- Audiology services
- Ancillary medical services
- Basic behavioral health services (assessments and therapy)
- Clinical services (other than hospitals)
- Clinical lab services, diagnostic testing, and radiology services
- Dental services
- Disease services
- Diagnostic services
- Durable Medical Equipment (DME)
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- Emergency dental services
- Emergency medical services
- End-stage renal disease services
- Eye care and vision services
- Family planning services
- Home health extended services
- Home health services
- Immunizations (children and adults)
- Inpatient hospital services
- Lab and X-ray services
- Medical and surgical dental services
- Medical transportation services
- Medicines
- Nurse-midwife services

For some of these covered services, members have to be a certain age or have a certain kind of health problem. Some healthcare services and benefits need prior authorization from Amerigroup.

Amerigroup will only pay for services which we have approved. If you have a question or are not sure whether we offer a certain benefit, you can call Member Services at **800-600-4441 (TTY 711)** for help.

EXTRA AMERIGROUP BENEFITS

We offer you extra benefits called value-added services, including:

- A free cellphone with free monthly minutes, data, and text messages
- Free membership to participating Boys & Girls Clubs for members ages 6 to 18 (excluding summer camp)
- A free coupon booklet full of discounts to local retailers
- Free flu shots at participating pharmacies and a Flu Pandemic Prevention Kit for members ages 16–21
- Amazon voucher to buy wellness items for eligible members ages 15–18
- Up to 15 round trips to doctor visits for eligible PeachCare for Kids® members
- Taking Care of Baby and Me®, our program for all pregnant members, with up to $75 in gift cards for completing the program (see the section **Special care for pregnant members** for details)
- Pregnant members and new parents can get items such as free diapers, a Sam's Club membership, and a potty-training seat
- WW® (formerly called Weight Watchers) meetings for qualified members ages 10 and older. ® Weight Watchers International, Inc., an independent company and owner of the WEIGHT WATCHERS trademark. All rights reserved.
- Healthy Rewards program offers a gift card with a value up to $75 annually to eligible members who complete preventive care services
- Added programs like Condition Care and health education to help you live a healthy life and manage health conditions (see the section **Special Amerigroup Services for Healthy Living**)
- Adult dental benefits without any copays (see the section **Dental care** for details)
- Adult vision benefits for members 21 years of age and older, including one eye exam each year, eyeglasses once per year, and medically necessary eyeglasses and contact lenses without any copays
- Certain approved over-the-counter (OTC) medicines and feminine hygiene products when prescribed by your doctor and received from pharmacies that work with our plan without any copays

We give you these extra benefits to help keep you healthy and to thank you for being our member. To learn more, visit the extra benefits section at **myamerigroup.com/GA** or email us at GAmembers@amerigroup.com.

Prior authorization

Some of our services and benefits need prior authorization or approval. This means that your doctor must ask us to approve them. Emergency services, services related to an emergency medical condition, and urgent care do not need approval.

We have a Utilization Review team who looks at approval requests. The team will:

- Decide if the service is needed.
- Decide if it's a benefit in your plan.

You or your doctor can ask for an administrative review if we say we won't pay for the care that wasn't approved. We'll let you and your doctor know what we decide within 14 calendar days after we get the administrative review request. The request can be for:

- Services that are not approved.
- Services that have been changed in the amount, length or scope that is less than requested.

Time frames for prior authorization requests

- *Standard care authorizations:* This means we'll decide on a regular time frame. We will decide on non-urgent care services within 3 business days after we get the request. We will tell your doctor about services that have been approved within 3 business days after we get the request. You or your provider can ask to extend the time frame up to 14 calendar days. All decisions and notifications will occur within 14 calendar days if the time frame is extended.

- *Expedited care authorizations:* This means we'll make a fast decision. Your doctor can ask for an expedited review if they think a delay will cause grave harm to your health. We'll decide on expedited requests within 24 hours (one workday) from when we get the request. We will let your doctor know of services that have been approved through the GA Portal and/or Availity within 24 hours (one workday) after we get the request. We can ask to extend the time frame up to five workdays if we can give good reasons to the Department of Community Health (DCH) for our need for more information and how the extension is in your best interest. We'll make all decisions and let your doctor know within five workdays if the time frame is extended.

- Extensions: An extension may be granted for 14 more calendar days if you or your provider asks for an extension. Or we show DCH a need for more information and/or the extension is in your best interest. All decisions and notifications must occur by the end of the 14-day extension.

All pharmacy prior authorization requests are completed within 24 hours after we get the request unless additional information is needed from your doctor. If additional information is needed, then the time frame can be extended up to 72 hours (3 days) after receiving the request. We will let your doctor know if the request is approved. If it's not, we will send you and your doctor a letter telling you this. Your doctor may prescribe another medicine or give us more information on why you need that medicine. If necessary, you can ask for a 72-hour supply of medication from the retail pharmacy while you wait for a decision on your prior authorization request.

If you have questions about prior authorization, call Member Services at **800-600-4441 (TTY 711)**.

SERVICES THAT DON'T NEED A REFERRAL

It is always best to ask your primary care provider (PCP) for a referral for any Amerigroup service. But you can get the following services without a referral from your PCP:

- Care from a specialist who works with our plan

- Emergency care
- Care provided by your Amerigroup PCP or their nurse or physician assistant
- Yearly exams from an Amerigroup OB-GYN
- Dental care from a dentist in your plan
- Eye care from an eye care provider (optometrist) in our plan
- Screening or testing for sexually transmitted diseases, including HIV, from a doctor in your plan
- EPSDT services provided by your child's PCP for Medicaid members under 21 years old and PeachCare for Kids® members under 19 years old
- Family planning services from any provider, no matter if they're in your plan or not

HEALTHCARE BENEFITS AND SERVICES NOT COVERED BY AMERIGROUP

There are some services not covered by Amerigroup, Medicaid, or PeachCare for Kids®:

- Erectile dysfunction medications
- Orthodontia (braces)*
- Disposables (such as diapers, cotton, or bandages)*
- Services given by a relative or member of your household
- Cosmetic surgery
- Experimental items
- Partial dentures*

* Disposables, partial dentures, and orthodontia (braces) are only covered for children under EPSDT when medically necessary.

For more information about services that aren't part of your benefits, please call Member Services. If you need more information about PeachCare for Kids® services not covered by Amerigroup, call PeachCare for Kids® at **877-GA-PEACH (877-427-3224)**.

COPAYMENTS

A copayment (or copay) is the amount you need to pay for a covered service. Some members do not have to pay copays, including:

- Pregnant women
- Medicaid members ages 21 and under
- Hospice care members
- Nursing facility residents
- PeachCare for Kids® members ages 6 and under

Not all covered services have copays. There are no copays for family planning services or for emergency services (unless the medical condition was not an emergency). The chart below shows you which services have copays and how much you need to pay.

Copays for Medicaid members

Type of service	Copay amount
Services provided by ambulatory surgical/birthing centers	$3
Medical equipment and supplies	$2
Services provided by Federally Qualified Health Centers	$2
Services provided by Rural Health Clinics	$2
Home health services	$3
Inpatient hospital services	$12.50
Oral maxillofacial surgery	Copay based on service chart below
Orthotics and prosthetics	$3
Outpatient hospital services	$3
Pharmacy – preferred drugs	50 cents
Pharmacy – nonpreferred drugs	Copay based on service chart below
Physician services (doctor's office visits)	$2
Podiatry	$2

Cost of service	Copay amount
$10 or less	50 cents
$10.01 to $25	$1
$25.01 to $50	$2
$50.01 or more	$3

Copays for PeachCare for Kids® members

These copays only apply to services provided to members ages 6 and older. Next is a chart with the copay amounts by service. You can refer to it for the latest copay amounts.

Type of service	Copay amount
Services provided by Ambulatory Surgical Centers/Birthing	$3
Medical Equipment and supplies	$2
Services provided by Federally Qualified Health Centers	$2
Services provided by Rural Health Clinic	$2
Home health services	$3
Inpatient Hospital services	$12.50
Oral Maxillofacial surgery	Copay based on service chart below
Orthotics and Prosthetics	$3
Outpatient hospital services	$3
Pharmacy – preferred drugs	50 cents
Pharmacy – nonpreferred drugs	Copay based on service chart below
Physician services (doctor's office visits)	$2

Podiatry	$2

Cost of service	Copay amount
$10 or less	50 cents
$10.01 to $25	$1
$25.01 to $50	$2
$50.01 or more	$3

DIFFERENT TYPES OF HEALTHCARE

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

Your PCP is someone you see before you get sick (well-care) and when you are not feeling well. See the section on **Preventive Care for Children and Adults**.

You should be able to see your PCP within 14 days for routine care. Your medical benefit plan does not cover non-emergent services performed by an out-of-network provider when those services are offered by an in-network provider.

Urgent care
The second type of care is urgent care. There are some injuries and illnesses that are not emergencies, but can turn into an emergency if they are not treated within 24 hours. Some examples are:

- Throwing up
- Minor burns or cuts
- Earaches
- Headaches
- Sore throat
- Muscle sprains/strains

For urgent care, you should call your PCP. Your PCP will tell you what to do. Your PCP may tell you to go to his or her office right away. You may be told to go to some other office to get immediate care. You should follow your PCP's instructions. In some cases, your PCP may tell you to go to the emergency room at a hospital for care. See the next section about emergency care for more information.

You can also call 24-hour Nurse HelpLine for advice about urgent care. You should be able to see your PCP within 24 hours for an urgent care appointment.

Emergency care
After routine and urgent care, the third type of care is emergency care. If you or your child has an emergency, you should call **911** or go to the nearest hospital emergency room right away. You do not have to use a hospital in the Amerigroup network. You do not need prior authorization or a referral to get emergency care.

If you want advice, call your PCP or 24-hour Nurse HelpLine. The most important thing is to get medical care as soon as possible. You should be able to see a doctor immediately for emergency care.

Members with emergency medical conditions don't have to pay for follow-up screenings and treatments needed to diagnose specific conditions or to stabilize them.

What is an emergency?
An emergency is when not seeing a doctor to get care right away could result in death or very serious harm to your body. The problem is so severe that someone with an average knowledge of health and medicine can tell you (or your child) have a problem.

These problems:

- May be life-threatening or cause serious damage to your body or mental health (or, with respect to a pregnant woman, the health of the woman or her unborn child).
- May cause serious harm to a bodily function, organ, or body part.
- May cause serious harm to self or others because of an alcohol or drug abuse emergency.
- May cause injury to self or bodily harm to others.

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

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

What is post-stabilization?
Post-stabilization care services are services you get after emergency medical care. You get these services to help keep your condition stable. We normally pay for these services.

Be sure to call your PCP within 24 hours after you visit the emergency room. If you can't call, have someone else call for you. Your PCP will give or arrange any follow-up care you need.

PREVENTIVE CARE FOR CHILDREN AND ADULTS

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

Preventive care for children — the EPSDT program
Children need more well-care visits than adults. These well-care visits for children are part of Georgia's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. The EPSDT program helps to make sure all children who are eligible for Medicaid and PeachCare for Kids® get regular well-care visits. The EPSDT program in Georgia provides:

- Health and development history
- Dental referrals
- Health education and counseling
- Anticipatory guidance
- TB risk review and skin tests
- Vision and hearing screening
- Lab tests (for blood lead screening)
- Immunizations (shots)
- Physical exam and measurements
- Development review assessment
- Lead risk assessment
- Behavioral assessment
- Nutrition review

Who can get EPSDT visits?

- All people under 21 years old who get Medicaid benefits
- All people under 19 years old who get PeachCare for Kids® benefits

Babies need to see their PCP at least eight times by the time they are 12 months old and more times if they get sick. Our care coordinators can help children with special needs or illnesses get the checkups, tests, and shots they need.

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

- Make sure your baby is growing well.
- Talk to you about what to feed your baby and how to help your baby go to sleep.
- Answer questions you have about your baby.
- See if your baby has any problems that may need more healthcare.
- Talk to you about shots your baby will get to help protect him or her from illnesses.

When your child should go to EPSDT visits

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

- 3–5 days old
- By 1 month old
- 2 months old
- 4 months old
- 6 months old
- 9 months old
- 12 months old
- 15 months old
- 18 months old
- 24 months old
- 30 months old
- Each year from age 3 up to age 21

Medicaid members should go to their PCP every year for a checkup from age 3 up to age 21. PeachCare for Kids® members should go to their PCP every year for a checkup from ages 3 to 19. PeachCare for Kids® benefits stop at the end of the month the member turns 19. Be sure to make these appointments. Take your baby to his or her PCP when scheduled.

Autism screening

Your child's PCP will screen your child for autism when they are 18 and 24 months old.

Developmental screening

Your child's PCP will check your child's developmental growth at 9, 18, and 30 months old.

Developmental surveillance
Your child's PCP will look for developmental delays at their 9-, 18-, and 30-month old EPSDT visits.

Behavioral assessment
Your child's PCP will assess your child for any psychosocial or behavioral risk to include mental health and substance abuse at each EPSDT visit.

Alcohol, depression screening, and drug use assessment
Your child's PCP will assess your child for any risk of alcohol or drug use each year from 11–21 years of age.

Hematocrit/hemoglobin anemia screening
Your child's PCP will conduct a lab blood test at 12 months and assess your child for any risk at the ages below:

- 4 months
- 15 months
- 18 months
- 24 months
- 30 months
- Each year from 3–21 years of age

Blood lead screening
Your child's PCP will screen and assess your child for lead poisoning during EPSDT visits. Your child will be screened at:

- 12 months
- 24 months

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

Tuberculin risk assessment
Your child's PCP will assess your child for any risk of tuberculosis by 1 month and at:

- 6 months
- 12 months
- 24 months
- Each year from 3–21 years of age

Dyslipidemia (cholesterol) risk assessment
Your child's PCP will assess your child for any risk at:

- 24 months
- 4 years
- 6 years
- 8 years
- 12–17 years

- Once between 9–11 years
- Once between 18–20 years

Sexually transmitted infections (STI)/human immunodeficiency virus (HIV) risk assessment
Your child's PCP will assess your child for any risk when indicated. STI screening should be performed for all sexually active patients.

- 11–15 years of age
- 19–20 years of age
- Once between 16–18 years for HIV screening

Cervical dysplasia/Pap test screening
Your daughter's GYN will assess her for any risk if appropriate up to the age of 21.

Eye screening
Your child's PCP will screen your child's vision during EPSDT visits. Your child will be screened at:

- 3–6 years
- 8 years
- 10 years
- 12 years
- 15 years
- 18 years

Your child's PCP will also assess your child's vision for any risks right after your child is born and at:

- 3–5 days old
- By 1 month old
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 7 years
- 9 years
- 11 years
- 13 years
- 14 years
- Each year from 16 up to age 21

Please see the section **Eye Care** under the heading **Special Kinds of Healthcare** for more information.

Hearing screening
Your child's PCP will screen your child's hearing during EPSDT visits. Your child's PCP will screen your child's hearing right after your child is born and at:

- 4 years
- 5 years
- 6 years
- 8 years
- 10 years

Your child's PCP will also assess your child's hearing for any risks at:

- 3–5 days old
- By 1 month old
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 7 years
- 9 years
- Each year from 11–21 years

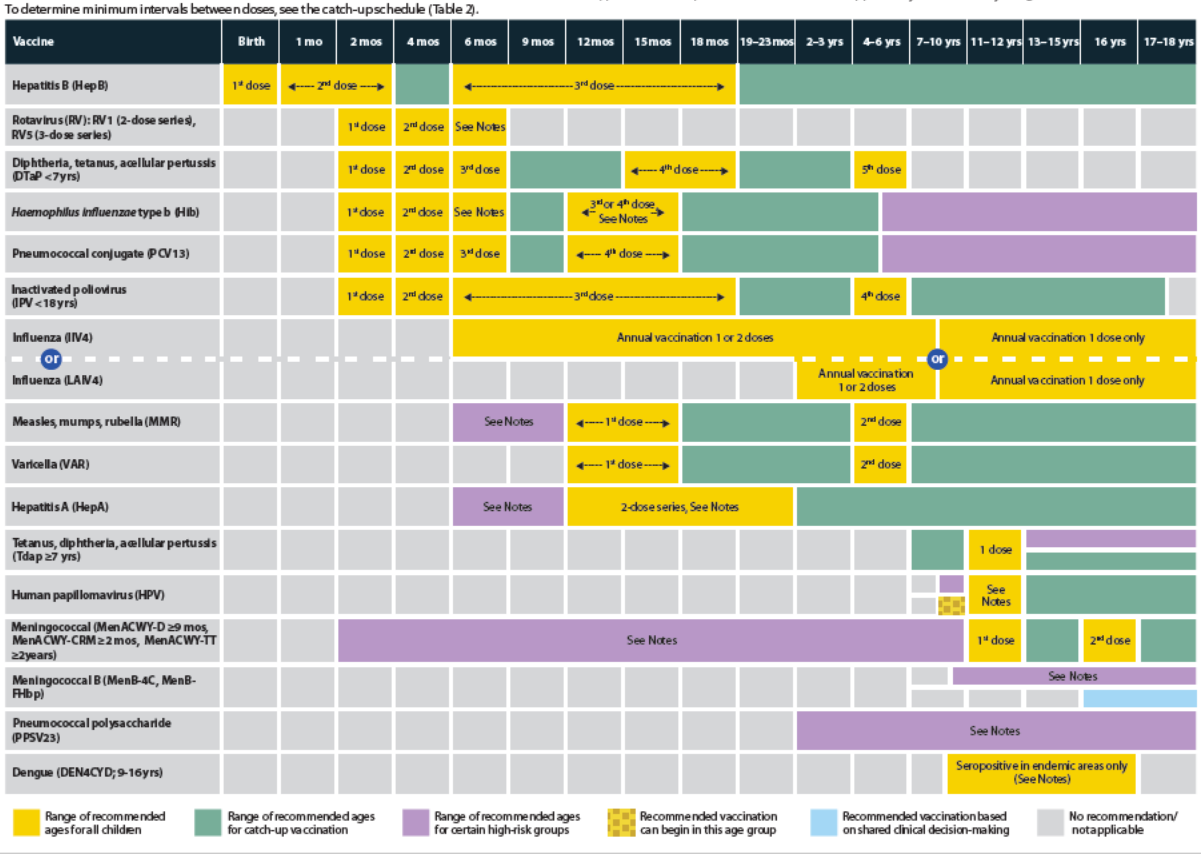
Dental care
Your child will have his or her teeth and gums checked by their PCP as a part of their regular EPSDT visits starting at 6 months old. At age 3, your child should begin seeing a dentist every six months. Please see the section **Dental Care** under the heading **Special Kinds of Healthcare** for more information.

Fluoride varnish
A fluoride varnish will be put on your child's teeth in the primary care setting through age 5. Once your child's teeth have come in, fluoride varnish may be applied every 3 to 6 months in the primary care or dental office.

Immunizations
It is important for your child to get his or her immunizations (shots) on time. Take your child to the doctor when their PCP says a shot is needed. Use the charts listed next to help you keep track of the shots your child needs. (Source: Centers for Disease Control and Prevention website: *Immunization Schedules* (2022): cdc.gov.)

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



Recommended Child and Adolescent Immunization Schedule
for ages 18 years or younger

UNITED STATES
2022

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
Dengue vaccine	DEN4CYD	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	HPV	Gardasil 9®
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II®
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM MenACWY-TT	Menactra® Menveo® MenQuadfi®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax 23®
Poliovirus vaccine (inactivated)	IPV	IPOL®
Rotavirus vaccine	RV1 RV5	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Tetanus and diphtheria vaccine	Td	Tenivac® Tdvax™
Varicella vaccine	VAR	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel®
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age **(Table 1)**
2. Determine recommended interval for catch-up vaccination **(Table 2)**
3. Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**
4. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
5. Review contraindications and precautions for vaccine types **(Appendix)**

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Scan QR code for access to online schedule

CS310020-A

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** If first dose was administered at age 15 months or older. **4 weeks** If first dose was administered before the 1st birthday. **8 weeks (as final dose)** If first dose was administered at age 12 through 14 months.	**No further doses needed** If previous dose was administered at age 15 months or older **4 weeks** If current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** If current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR If current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were Pedvaxhib® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** If first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** If first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** If current age is younger than 12 months and previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** If previous dose was administered between 7–11 months (wait until at least 12 months old); OR If current age is 12 months or older and at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** If current age is <4 years **6 months (as final dose)** If current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	

Children and adolescents age 7 through 18 years

Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** If first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** If first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** If first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures.
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

	INFANCY								EARLY CHILDHOOD						
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
SENSORY SCREENING															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
Hearing		●[8]	●[9] ⟶	⟶	⟶	★	★	★	★	★	★	★	★	★	●
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH															
Maternal Depression Screening[11]				●	●	●	●								
Developmental Screening[12]								●			●		●		
Autism Spectrum Disorder Screening[13]											●	●			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]															
Depression and Suicide Risk Screening[16]															
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]															
Newborn Blood		●[19]	●[20] ⟶	⟶	⟶										
Newborn Bilirubin[21]		●													
Critical Congenital Heart Defect[22]		●													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★
Tuberculosis[27]				★			★		★			★		★	★
Dyslipidemia[28]												★			★
Sexually Transmitted Infections[29]															
HIV[30]															
Hepatitis B Virus Infection[31]		★ ⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶
Hepatitis C Virus Infection[32]															
Sudden Cardiac Arrest/Death[33]															
Cervical Dysplasia[34]															
ORAL HEALTH[35]							●[36]	●[36]	★		★	★	★	★	★
Fluoride Varnish[37]							⟵	⟶	⟶	⟶	●	⟶	⟶	⟶	⟶
Fluoride Supplementation[38]							★	★	★		★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

	MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																	
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference																	
Weight for Length																	
Body Mass Index[5]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																	
Vision[7]	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing	●	●	★	●	★	●	⟵	⟶	●[10]	⟶	⟵	●	⟶	⟵	⟶	●	⟶
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																	
Maternal Depression Screening[11]																	
Developmental Screening[12]																	
Autism Spectrum Disorder Screening[13]																	
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]							★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]								●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																	
Newborn Blood																	
Newborn Bilirubin[21]																	
Critical Congenital Heart Defect[22]																	
Immunization[23]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]	★	★															
Tuberculosis[27]	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]		★		★	⟵	●	⟶	★	★	★	★	★	⟵	⟶	⟶	●	⟶
Sexually Transmitted Infections[29]							★	★	★	★	★	★	★	★	★	★	★
HIV[30]							★	★	★	★	⟵	⟶	●	⟶	★	★	★
Hepatitis B Virus Infection[31]	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶
Hepatitis C Virus Infection[32]														● ⟶	⟶	⟶	⟶
Sudden Cardiac Arrest/Death[33]							★ ⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶	⟶
Cervical Dysplasia[34]																	●
ORAL HEALTH[35]	★	★															
Fluoride Varnish[37]	⟶																
Fluoride Supplementation[38]	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://doi.org/10.1542/peds.2018-1218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2011-3552). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2015-0699).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (https://doi.org/10.1542/peds.2007-2329C).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-1904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2015-3596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2015-3597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2007-2333).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ⟵ ★ or ● ⟶ = range during which a service may be provided

[illegible]

(continued)

14. Screen for behavioral and social-emotional problems per "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (https://doi.org/10.1542/peds.2014-3716), "Mental Health Competencies for Pediatric Practice" (https://doi.org/10.1542/peds.2019-2757), "Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders" (https://pubmed.ncbi.nlm.nih.gov/32439401), and "Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (https://pubmed.ncbi.nlm.nih.gov/32510990). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See "Poverty and Child Health in the United States" (https://doi.org/10.1542/peds.2016-0339), "The Impact of Racism on Child and Adolescent Health" (https://doi.org/10.1542/peds.2019-1765), and "Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health" (https://doi.org/10.1542/peds.2021-052582).
15. A recommended assessment tool is available at http://crafft.org.
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management" (https://doi.org/10.1542/peds.2017-4081), "Mental Health Competencies for Pediatric Practice" (https://doi.org/10.1542/peds.2019-2757), "Suicide and Suicide Attempts in Adolescents" (https://doi.org/10.1542/peds.2016-1420), and "The 21st Century Cures Act & Adolescent Confidentiality" (https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (https://doi.org/10.1542/peds.2011-0322).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (https://doi.org/10.1542/peds.2009-0329).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (https://doi.org/10.1542/peds.2011-3211).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://publications.aap.org/redbook/pages/immunization-schedules. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (https://doi.org/10.1542/peds.2016-1493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
33. Perform a risk assessment, as appropriate, per "Sudden Death in the Young: Information for the Primary Care Provider" (https://doi.org/10.1542/peds.2021-052044).
34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (https://doi.org/10.1542/peds.2010-1564).
35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (https://doi.org/10.1542/peds.2014-2984).
36. Perform a risk assessment (https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/). See "Maintaining and Improving the Oral Health of Young Children" (https://doi.org/10.1542/peds.2014-2984).
37. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).
38. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in November 2021 and published in July 2022. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN NOVEMBER 2021

HEPATITIS B VIRUS INFECTION

Assessing risk for HBV infection has been added to occur from newborn to 21 years (to account for the range in which the risk assessment can take place) to be consistent with recommendations of the USPSTF and the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.

- Footnote 31 has been added to read as follows: "Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient."

SUDDEN CARDIAC ARREST AND SUDDEN CARDIAC DEATH

Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years (to account for the range in which the risk assessment can take place) to be consistent with AAP policy ("Sudden Death in the Young: Information for the Primary Care Provider").

- Footnote 33 has been added to read as follows: "Perform a risk assessment, as appropriate, per 'Sudden Death in the Young: Information for the Primary Care Provider' (https://doi.org/10.1542/peds.2021-052044)."

DEPRESSION AND SUICIDE RISK

Screening for suicide risk has been added to the existing depression screening recommendation to be consistent with the GLAD-PC and AAP policy.

- Footnote 16 has been updated to read as follows: "Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See 'Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management' (https://doi.org/10.1542/peds.2017-4081), 'Mental Health Competencies for Pediatric Practice' (https://doi.org/10.1542/peds.2019-2757), 'Suicide and Suicide Attempts in Adolescents' (https://doi.org/10.1542/peds.2016-1420), and 'The 21st Century Cures Act & Adolescent Confidentiality' (https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx)."

BEHAVIORAL/SOCIAL/EMOTIONAL

The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social/Emotional Screening (annually from newborn to 21 years) to align with AAP policy, the American College of Obstetricians and Gynecologists (Women's Preventive Services Initiative) recommendations, and the American Academy of Child & Adolescent Psychiatry guidelines.

- Footnote 14 has been updated to read as follows: "Screen for behavioral and social-emotional problems per 'Promoting Optimal Development: Screening for Behavioral and Emotional Problems' (https://doi.org/10.1542/peds.2014-3716), 'Mental Health Competencies for Pediatric Practice' (https://doi.org/10.1542/peds.2019-2757), 'Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders' (https://pubmed.ncbi.nlm.nih.gov/32439401), and 'Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative' (https://pubmed.ncbi.nlm.nih.gov/32510990). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See 'Poverty and Child Health in the United States' (https://doi.org/10.1542/peds.2016-0339), 'The Impact of Racism on Child and Adolescent Health' (https://doi.org/10.1542/peds.2019-1765), and 'Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health' (https://doi.org/10.1542/peds.2021-052582)."

FLUORIDE VARNISH

- Footnote 37 has been updated to read as follows: "The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in 'Fluoride Use in Caries Prevention in the Primary Care Setting' (https://doi.org/10.1542/peds.2020-034637)."

FLUORIDE SUPPLEMENTATION

- Footnote 38 has been updated to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (https://doi.org/10.1542/peds.2020-034637)."

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

- Footnote 12 has been updated to read as follows: "Screening should occur per 'Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening' (https://doi.org/10.1542/peds.2019-3449)."

AUTISM SPECTRUM DISORDER

- Footnote 13 has been updated to read as follows: "Screening should occur per 'Identification, Evaluation, and Management of Children With Autism Spectrum Disorder' (https://doi.org/10.1542/peds.2019-3447)."

HEPATITIS C VIRUS INFECTION

- Screening for HCV infection has been added to occur at least once between the ages of 18 and 79 years (to be consistent with recommendations of the USPSTF and CDC).
- Footnote 32 has been added to read as follows: "All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually."

HRSA
This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $5,000,000 with 10 percent financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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

Preventive visits schedule for adult members

Exam type	Who needs it?	How often?
Preventive Well-visit	Age 21 and over	Every year
Cervical Cancer Screening and Pelvic Exam **Pap tests are given every 3 years. Precancer checks are given every 1–3 years. They are part of the pelvic exam for women who are sexually active or over 21.**	Women: Age 21–65	Every year
Clinical Breast Exam	Women: Age 40 and over	Every three years
	Women: Age 20 and over	Every year
Mammograms (Breast X-ray)	Women: Age 50 and over	Every year
Fecal Blood Occult Test (lab test to check stools)	Age 50 and over	Every year
Sigmoidoscopy and DRE/PSA (colon exam) **or Colonoscopy and DRE/PSA**	Age 50 and over	Every five years

When you miss one of your preventive well-visits
If you or your child does not get a well-care visit on time, make an appointment with the appropriate PCP as soon as you can. If you need help setting up the appointment, call Member Services. If your child has not visited their PCP on time, Amerigroup will send you a postcard reminding you to make your child's EPSDT appointment.

SPECIAL KINDS OF HEALTHCARE

Eye care
Our members do not need a referral from their PCP for eye care benefits.

Medicaid members under age 21 and PeachCare for Kids® members under age 19 can have the following services every 12 months:
- Routine refractions
- Routine eye exams
- Medically needed eyeglasses or contact lenses

We have extra vision benefits for adult members 21 years of age and older. These are not available through regular Medicaid. These extra vision benefits include:
- Routine eye exam once per year
- Medically needed eyeglasses or contact lenses once per year
- An allowance toward the cost of nonstandard glasses

Call Avesis Vision at **866-522-5923** for help finding an Amerigroup network eye doctor in your area.

Dental care
Our members don't need referrals from their PCPs for dental care benefits and don't pay copays for dental care visits. Medicaid members under age 21, PeachCare for Kids® members under age 19 and pregnant women have covered benefits as part of their Medicaid benefits. These benefits include:

- Exam and cleaning every six months
- X-rays every six months
- Fillings, extractions, and other treatments as medically needed

Some pregnant women's benefits end when the child is born. Benefits that are not covered for pregnant women over the age of 21 are:

- Root canals
- Dentures
- Partial dentures
- Implants
- Orthodontia (braces)

We have extra dental benefits for adult members 21 years of age and older. These aren't available through regular Medicaid. Your extra dental benefits include:

- Exam and cleaning every six months
- X-rays every 12 months
- Simple extractions
- Emergency services

To find a dentist in your area who works with your plan, call DentaQuest toll free at **800-895-2218 (TTY 711)** or visit DentaQuest.com.

To learn more about your dental benefits, go to DentaQuest.com and click:

1. Members
2. Georgia
3. Find a dentist

Call Amerigroup Member Services at **800-600-4441 (TTY 711)** if you:

- Need help making a dental appointment.
- Need help getting to your dental appointment.

How often should you get a dental checkup?
Dentists have a chart that suggests how often you and your family should get checkups. The chart also tells the dentist what is important to look at during each dental visit. We made a chart for you that's like the dentist's chart. It tells you when to see the dentist and what the dentist will do each time you visit.

Everybody is different, and every mouth is different. This chart only suggests when and why you should see the dentist. Talk with your dentist to figure out what is best for you and your family. The best plan is to:

- Find a dentist that you like and trust.

- See the dentist every six months.
- Stay with that dentist so they can watch you and your family's oral health as you all grow and change.

Your child's PCP will provide oral health screenings, preventive counseling and make recommendations to see a dentist for ongoing dental care. Your child's PCP will also complete oral health risk assessments at:

- 6 months
- 9 months
- 12 months
- 18 months
- 24 months
- 30 months

Behavioral health (mental health) and substance abuse services

Sometimes life events can lead to social and emotional problems. They can also lead to mental health and/or behavioral issues. Amerigroup works with doctors who can help you or your child with these kinds of problems.

You can call Amerigroup Member Services for help. You can also get the name of a doctor, therapist, or counselor who will see you. All services and treatment are strictly confidential. You do not need a referral from your PCP to get these services.

Many medically needed services are covered, such as:

- Inpatient mental healthcare, including inpatient services at a Psychiatric Residential Treatment Facility for members up to age 21
- Outpatient mental healthcare, including individual and family therapy
- Substance abuse treatment

Family planning services

Amerigroup will arrange for counseling and education about planning a pregnancy or preventing pregnancy. You can call your PCP or OB-GYN and make an appointment for a visit. You can also go to any Medicaid family planning provider. You do not need a referral from your PCP.

Special care for pregnant members

Taking Care of Baby and Me® is the Amerigroup program for all pregnant members. 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 to have a healthy baby. Prenatal care is important each time you are pregnant. With our program, members have access to health information and may receive incentives for going to their appointments. Amerigroup wants to reward you with a baby gift for getting prenatal care. To find out more about this program, call Healthy Rewards at **888-990-8681** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.

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

- Education
- Emotional support
- Help in following their doctor's care plan
- Information on services and resources in your community

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

Quality care for you and your baby
At Amerigroup, we want to give you the very best care during your pregnancy. That's why you will also be part of My Advocate®, which is part of our Taking care of Baby and Me® program. My Advocate gives you the information and support you need to stay healthy during your pregnancy.

Get to know My Advocate
My Advocate delivers maternal health education by phone, web, and smartphone app that is helpful and fun. If you choose the phone version, you will get to know MaryBeth, My Advocate's automated personality. MaryBeth will respond to your changing needs as your baby grows and develops. You can count on:

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

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

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

- Pregnancy care
- Postpartum care
- Well-child care

When you become pregnant
If you think you are pregnant, call your PCP or OB-GYN doctor right away. You do not need a referral from your PCP to see an OB-GYN doctor. Your OB-GYN should see you within 14 days. Visiting your PCP or OB-GYN as soon as you think you are pregnant is important. This can help you have a healthy baby.

Call Member Services as soon as you know you are pregnant. We will help you find an Amerigroup OB-GYN. We will also help you choose a PCP for your baby before he or she is born.

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

Visit our *Pregnancy and Wellness* page at
myamerigroup.com/GA/your-health/pregnancy-womens-health.html for information and resources

on how to keep you and your baby healthy. If you would like to receive pregnancy information by mail, please call Member Services at **800-600-4441 (TTY 711)**.

You can earn rewards for going to certain health checkups through our Healthy Rewards program. To enroll or learn more about this program, call Healthy Rewards at **888-990-8681**.

What to do	What you get
Go to your first prenatal checkup within 42 days of joining Amerigroup	A special gift/$35 gift card
Go to your postpartum visit after you have your baby (follow-up 7–84 days after having your baby)	A special gift/$40 gift card

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 (WIC) program. Members can contact WIC toll free at **800-228-9173** or visit dph.georgia.gov/WIC to find the closest office.

When you have a new baby

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

- Two days (not including the day of delivery) after a vaginal delivery.
- Four days (not including the day of delivery) after a cesarean section (C-section).

You may stay in the hospital less time if your OB-GYN and PCP and the baby's PCP 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.

You must call Member Services within 24 hours of your baby's birth. You must also call Georgia Gateway at **877-423-4746**. This will help us make sure that your new baby gets his or her health services.

Your new baby will automatically get Medicaid benefits through Amerigroup. If you want, you can choose a different care management organization (CMO) for your baby. You have 90 days from the day he or she is born to choose a different CMO. If you do not choose one, your baby will be automatically assigned to your CMO plan for 12 months.

Remember to call Amerigroup Member Services as soon as you can to let your case manager know that you had your baby. You should also call Georgia Gateway at 877-423-4746. We will need to get information about your baby, too. You may have already picked a PCP for your baby before he or she was born. If not, we can help you pick a PCP for him or her. If you do not choose a PCP for your baby, we will automatically assign one. We will mail you the name of your baby's new PCP within 24 hours after assignment.

After you have your baby

After your baby is born, the My Advocate program will switch from prenatal education to postpartum and well-child education 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 a postpartum checkup. You may feel well and think you are healing, but it takes the body at least six weeks to mend after delivery.

- The visit should be done between 7 to 84 days after you deliver.
- If you delivered by C-section or had complications with your pregnancy or delivery, your PCP or OB-GYN may ask you to come back for a one- or two-week checkup. This is not considered a postpartum checkup. You will still need to go back and see your provider within 7 to 84 days after your delivery for your postpartum checkup.

Resource Mother Program

As part of your postpartum benefits, you are eligible for a Resource Mother for 12 months after having a baby. The Resource mother provides peer services in coordination with your case manager and can provide assistance in dealing with personal and social issues as well as supportive counseling. To learn more about the Resource Mother program, call Member Services at **800-600-4441 (TTY 711)**.

Medicines

We work with our providers and pharmacists to choose the right medicine from our formulary (list of approved drugs). The approved drugs are the drugs we cover as part of your benefits. The formulary includes medicine that is:

- Safe to use
- Low-cost or free
- Approved by the Food and Drug Administration

We cover:

- Certain prescription medicines
- Certain over-the-counter (OTC) medicines and feminine hygiene products with a prescription required
- Certain childhood vaccines (age 3 to 18) when administered at a network pharmacy that is enrolled in the Vaccine for Children program
- Certain adult vaccines (age 19 and older) when administered at a network pharmacy

We don't cover some medicines, including:

- Alternative medicines, like echinacea and gingko biloba
- Antiseptics and disinfectants, like hydrogen peroxide
- Various bulk chemicals
- Dietary management products
- Additive agents, like mineral oil
- Mouth, throat, and dental agents, like throat lozenges

All the doctors who work with Amerigroup have access to this drug list. Your doctor or your child's doctor should use this list when they write a prescription. Certain medicines on the Preferred Drug List (PDL) and all medicines that are not listed on the Amerigroup PDL need prior authorization. It takes about 24 hours to complete a prior authorization review once we receive it from your doctor. You can view the PDL for your plan at **myamerigroup.com/GA**. Under *Pharmacy Benefits*, select **Go to Pharmacy** to see the list of medicines your PCP can choose from. If you have any questions about your medicine, call Pharmacy Member Services at **833-205-6006 (TTY 711)**. You can also call Member Services to ask for a copy of the PDL. We'll send it to you at no cost.

You can get prescriptions filled at pharmacies in your plan (called network pharmacies) or by home delivery. You can find a pharmacy in the provider directory online at **myamerigroup.com/GA**. Select **Find a Doctor** and look for the *Pharmacy* link. If you do not know if a pharmacy is in your plan, ask the pharmacist. Call the Pharmacy Member Services number on your Amerigroup ID card at **833-205-6006 (TTY 711)** for information about medicines we pay for as part of your plan.

Getting prescriptions filled

We work with CarelonRx to manage your prescription drug benefit. Take the written prescription from your doctor to your pharmacy. Or your doctor can call in the prescription to your pharmacy. Your pharmacy will refill your prescription for up to a 30-day supply, as indicated. If you are on medication for asthma, depression, or diabetes, you can receive up to a 60-day supply at your pharmacy after two previous 30-day fills of the same dose. You will need to show your Amerigroup ID card to the pharmacy. You can also use the mail order (also referred to as home delivery) option and receive up to a 60-day supply for certain medications after two previous 30-day fills of the same dose at your pharmacy. If you have questions or would like to start using CarelonRx Home Delivery, please call **833-205-6006 (TTY 711)** anytime. CarelonRx will take care of everything, including calling your provider for a prescription refill.

It is good to use the same pharmacy each time. This way your pharmacist will know about problems that may occur when you are taking more than one prescription. If you use a new pharmacy, you should tell the pharmacist about all of the prescription and OTC medicines you or your child is taking.

If you or your child were taking medicine when you joined and it's covered by Amerigroup, you'll still be able to get it at one of our many network pharmacies.

If you take medicine that was approved by the health plan you were in before Amerigroup, it may not be covered now. Check the formulary to know for sure. If your medicine isn't on our list, you'll be able to refill your medicine for the first 30 days after joining.

Before the 30 days are up, visit your PCP who can:

- Request this medicine for you through a prior authorization.
- Change your old medicine to one on the formulary.
- Work with you to try other medicines that are like the one you're taking.
- Send us a request or medical exception to see if it can be covered.

- Begin a step-therapy program with you. A step-therapy program is when you must try a preferred medicine on the formulary before you can move up a step to a non-preferred medicine.

Emergency prescription medicine supply
If you go to the pharmacy and they say your medicine isn't covered, you may ask for a three-day supply of your prescription while waiting for approval. This is for certain medicines that need prior authorization. This will give you time to call your PCP and ask for a medicine that's on our formulary. This cannot be done for medicines that are not in the Amerigroup pharmacy benefit or not covered by Medicaid.

How to get care when you cannot leave your home
Amerigroup will find a way to help take care of you. Call Member Services right away if you cannot leave your home. We will put you in touch with a case manager who will help you get the medical care you need.

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 primary care provider (PCP). Another way is to call us. 24-hour Nurse HelpLine is available 24 hours a day, seven days a week to answer your health questions. They can tell you if you need to see the doctor. They can also tell you how you can help take care of some health problems you may have.

Health education classes
To help keep you healthy, we have health education programs. We can also help you find health classes near your home. You can call Member Services to find out where and when these classes are held. Some of the classes include:

- Our plan services and how to get them
- Childbirth
- Infant care
- Parenting
- Pregnancy
- Quitting cigarette smoking
- Protecting yourself from violence
- Other classes about health topics

Some of the larger medical offices that work with us (like clinics) show health videos that talk about immunizations (shots), prenatal care, and other important health topics. We hope you will learn more about staying healthy by watching these videos.

Community events
We sponsor and participate 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 and win prizes. Our team will be there to answer your questions about your benefits, too. To find out when and where these events will be, call Member Services, visit us on Facebook at facebook.com/AmerigroupCorporation, or the *Your Community* section at **myamerigroup.com/GA**.

Condition Care
Our Condition Care program can help you get more out of life. As part of your Amerigroup benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

Our team includes registered nurses called Condition Care case managers. They'll help you learn how to better manage your condition, or health issue. You can choose to join a Condition Care program at no cost to you.

What programs do we offer?
You can join a Condition Care program to get healthcare and support services if you have any 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 – Adult
- Major depressive disorder – Child and Adolescent
- Schizophrenia
- Substance use disorder

How it works
When you join one of our programs, a Condition Care case manager will:

- Help you create health goals and make a plan to reach them.
- Coach you and support you through one-on-one phone calls.
- Track your progress.
- Give you information about local support and caregivers.
- Answer questions about your condition and/or treatment plan (ways to help health issues).
- Send you materials to learn about your condition and overall health and wellness.
- Coordinate your care with your healthcare providers, like helping you with:
    - Making appointments.
    - Getting to healthcare provider visits.
    - Referring you to specialists in our health plan, if needed.
    - Getting any medical equipment, you may need.
- Offer educational materials and tools for weight management and tobacco cessation (how to stop using tobacco like quitting smoking).

Our Condition Care team and your primary care provider (PCP) are here to help you with your healthcare needs.

How to join
We'll send you a letter welcoming you to the Condition Care program, if you qualify. Or call us toll free at **888-830-4300 (TTY 711)** Monday through Friday from 8:30 a.m. to 5:30 p.m. local time.

When you call, we'll:
- Set you up with a Condition Care case manager to get started.
- Ask you some questions about your or your child's health.
- Start working together to create your or your child's plan.

You can also email us at gacmurgent@amerigroup.com
Please be aware that emails sent over the internet are usually safe, but there is some risk third parties may access (or get) these emails without you knowing. By sending your information in an email, you acknowledge (or know, understand) third parties may access these emails without you knowing.

You can choose to opt out (we'll take you out of the program) of the program at any time. Please call us toll free at **888-830-4300 (TTY 711)** Monday through Friday from 8:30 a.m. to 5:30 p.m. local time to opt out. You may also call this number to leave a private message for your Condition Care case manager 24 hours a day.

Useful phone numbers
In an emergency, call **911**.

Condition Care
Toll free: **888-830-4300 (TTY 711)**
Monday through Friday
8:30 a.m. to 5:30 p.m. local time
Leave a private message for your case manager 24 hours a day.

After-hours:
Call Amerigroup 24-hour Nurse HelpLine
24 hours a day, seven days a week
800-600-4441 (TTY 711)

Condition Care rights and responsibilities
When you join a Condition Care program, you have certain rights and responsibilities. You have the right to:
- Get details about us, such as:
    - Programs and services we offer.
    - Our staff and their qualifications (skills or education).
    - Any contractual relationships (deals we have with other companies).
- Opt out of Condition Care services.
- Know which Condition Care case manager is handling your condition services and how to ask for a change.

- Get support from us to make healthcare choices with your healthcare providers.
- Ask about all Condition Care-related treatment options (choices of ways to get better) mentioned in clinical guidelines (even if a treatment is not part of your health plan), and talk about options with treating healthcare providers.
- Have personal data and medical information kept private.
- Know who has access to your information and how we make sure your information stays secure, private, and confidential.
- Receive polite, respectful treatment from our staff.
- Get information that is clear and easy to understand.
- File grievances to Amerigroup by calling **888-830-4300 (TTY 711)** toll free from 8:30 a.m. to 5:30 p.m. local time Monday through Friday and:
    - Get help on how to use the grievance process.
    - Know how much time Amerigroup has to respond to and resolve issues of quality and grievances.
    - Give us feedback about the Condition Care program.

You also have a responsibility to:

- Follow the care plan that you and your case manager agree on.
- Give us information needed to carry out our services.
- Tell us and your healthcare providers if you choose to opt out (leave the program).

Condition Care does not market products or services from outside companies to our members. Condition Care does not own or profit from outside companies on the goods and services we offer.

You can log in to your secure account, or register, at **myamerigroup.com/GA** to ask us to join a Condition Care program. You'll need your member ID number to register (located on your member ID card). Using your secure account, you can send a secure message to Condition Care and ask to join the program.

Case management services

We have case managers to help you understand and care for your condition. Your PCP will help you with your special condition, but it is also important that you learn to care for yourself.

During our welcome call to you, we will find out if you or your child needs case management services. If you need case management services, we will refer you to a case manager. Your case manager will work with you and your PCP to set up a plan of care for your condition. If you think you need case management services, please call Member Services, and we will refer you to the Case Management department.

Our case managers may also call you if:

- Your PCP thinks you would benefit from the program.

- You are discharged from the hospital and need some follow-up coordination of care.
- We see that you are going to the ER frequently for nonurgent care that can be managed by your PCP.
- You call 24-hour Nurse HelpLine and you need additional follow up for ongoing care.

Your case manager can help with:
- Setting up healthcare services.
- Referrals and prior authorizations.
- Reviewing your plan of care as needed.

We may also call you to participate in our Complex Case Management program. Complex case management is for members with serious physical or mental health conditions that need more care coordination. We use data to determine which members are eligible for this program. See the section **Amerigroup Healthcare Benefits** for more information on case management services.

A nurse or social worker may call you to:
- Ask you if you would like to participate in case management.
- Educate you about what we can offer through the program.
- Talk to you about your health and how you are managing other aspects of your life.

Amerigroup has many ways for members to be considered for complex case management services, including:
- Medical management program referral
- Discharge planner referral
- Member or caregiver referral
- Doctor referral

Durable medical equipment
We help arrange your durable medical equipment (DME) benefits. DME are items like:
- Wheelchairs (manual and electric)
- Hospital beds
- Traction tools
- Canes, crutches, and walkers
- Kidney machines
- Ventilators
- Monitors
- Pressure mattresses
- Lifts
- Nebulizers
- Bili blankets and bili lights

Your PCP must get prior authorization for these benefits. Please call Member Services at **800-600-4441 (TTY 711)** for questions about DME equipment.

Quality management
Amerigroup has a quality management program that checks the quality of care and services given to our members. We want to know what you like and do not like. Your ideas will help us make our plan better. Throughout the year, you may be asked to complete a survey about your healthcare or about your experience with us. You can call Member Services at **800-600-4441 (TTY 711)** for information on Quality Management.

We also offer you a way to be aware of healthcare safety. You can get information on all of our network hospitals at www.medicare.gov/care-compare/. This website will help you compare the care these hospitals offer.

Domestic violence
Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It's never OK for someone to hit you. It's never OK for someone to make you afraid. Domestic violence causes harm and hurts you 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. He or she can help you understand you have done nothing to deserve abuse.

Safety tips for your protection:
- If you are hurt, call your PCP. Call **911** or go to the nearest hospital if you need emergency care. Please see the section **Emergency Care** for more information.
- Have a plan on how you can get to a safe place (like a women's shelter or a friend or relative's home).
- Always keep a small bag packed.
- Give your bag to a friend to keep for you until you need it.

If you have questions or need help, please call 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)** or call the National Domestic Violence hotline number at **800-799-7233**.

MINORS

For most of our members under age 18, the doctors and hospitals who work with us cannot give care without the consent of that member's parent or legal guardian. This does not apply if emergency care is needed. Parents or legal guardians also have the right to know what is in their child's medical records. Members ages 12–17 years can ask their doctor not to tell their parents about their medical records unless the parents ask the doctor to see the medical records.

These rules do not apply to emancipated minors. Members under age 18 may be emancipated minors if they:
- Are married.
- Are declared emancipated by a court order.

Emancipated minors may make their own decisions about their medical care and the medical care of their children. Parents do not have the right to see the medical records of emancipated minors.

Emancipated minors can sign a paper called a durable power of attorney, too. This paper will let them name a person to make decisions when they cannot make them. Ask your PCP about these forms.

Also, see the next section, **Georgia Advance Directive for Healthcare Act**.

To request medical records, please call Member Services at **800-600-4441 (TTY 711)**.

GEORGIA ADVANCE DIRECTIVE FOR HEALTHCARE ACT

Making a living will (advance directive)
Emancipated minors and members over 18 years old have rights under the Georgia Advance Directive for Healthcare Act.

You have the right to:
- Control all aspects of your care and treatment.
- Refuse the treatment you don't want.
- Get the care you want.
- Ask for medical treatment to be withdrawn.

There are three parts to the Georgia Advance Directive for Healthcare Act:
- Part one lets you choose a person to make decisions for you when you cannot make them yourself. This person is called a healthcare agent.
- Part two lets you make choices about getting the care you want if you are too sick to decide for yourself.
- Part three lets you choose someone you appointed as your guardian if a court says this is necessary.

If you wish to sign an Advance Directive for Healthcare form, you can:
- Ask your primary care provider (PCP) for the form.
- Call Member Services at **800-600-4441 (TTY 711)** for the form.

Take or mail the completed form to your PCP or specialist who will then know what kind of care you want to have. You can change your mind at any time. If you do, call your PCP to remove the form from your medical record. Fill out and sign a new form if you wish to make changes.

Remember to:
- Give a copy of the completed form to your healthcare agency, your family, and your physician.
- Keep a copy at home in a place where it can be easily found if needed.
- Look at the form regularly to make sure it says what you want.

You can get a copy of the Georgia Advance Directive for Healthcare Act by going online to aging.dhs.georgia.gov.

You can ask for a copy of this form and its instructions at no cost by writing to the Georgia DHS Division of Aging Services at:

Georgia DHS Division of Aging Services
47 Trinity Avenue
Atlanta, GA 30334

If you have questions or need more information, call the Division's Information and Referral Specialist at **404-657-5258**. If you signed an advance directive and believe that a doctor or hospital has not followed the instructions in it, you can file a complaint. You can call the Healthcare Facility Regulation Division Complaint Intake at **800-878-6442**.

You can also write to:
Department of Community Health
Healthcare Facility Regulation Division
2 Martin Luther King Jr. Drive
East Tower, 17th Floor
Atlanta, GA 30334

COMPLAINTS, GRIEVANCES AND APPEALS

Complaints and grievances
A complaint or grievance is an oral or written expression of dissatisfaction about services or care you received. Possible subjects for grievances include:

- Quality of care or services provided
- Rudeness of a provider or employee
- Failure to respect your rights

All levels of grievances must be completed within 90 calendar days. Please call Member Services if you have questions or concerns about services or network providers.

Amerigroup will try to solve your complaint on the phone. If we cannot take care of the problem during your call, you can file a grievance.

A Member Services representative can provide:

- Help writing and filing a grievance letter.
- Other language translations.
- Help for those who are blind or have low vision.
- TDD/TTY lines for the deaf or hard of hearing toll free at **711**.

You, your parent, your legal guardian, or your authorized representative (a person you prefer to help you) can file a grievance. Your doctor cannot file a grievance for you.

To file a grievance, you or your representative can call, fax, or send us a letter. You may call Member Services at **800-600-4441 (TTY 711)** for help with writing a letter.

Send your letter to:

Appeal and Grievance Department
Amerigroup Community Care
740 W. Peachtree Street
Atlanta, GA 30308
Fax: **877-842-7183**

We will send you a letter within 10 working days to let you know we got your grievance. If you need a verbal translation, please call Member Services at **800-600-4441 (TTY 711)** toll free.

We will look into your grievance when we get it. We will send you a letter within 90 calendar days of when you told us about your grievance or sooner if your health condition calls for it. This letter will tell you the decision Amerigroup makes and the reasons for our decision.

Appeal process
An appeal is a request you make when you don't agree with a decision we made about your care. There may be times when we say we will not pay for care that has been recommended by your doctor. You or your parent, legal guardian, or authorized representative can ask for an appeal if we:
• Deny or limit a service you or your doctor asks us to approve.
• Reduce, suspend, or stop services you've been getting that we already approved.
• Fail to give services in the required time frame.
• Fail to give you a decision on an appeal you already filed in the required time frame.
• Do not let you exercise your right to get services from providers who do not work with our health plan. This is when you live in an area with only one health plan.
• Deny your request to dispute a financial charge. This includes your percentage of the costs, copays, monthly payments, deductibles, and other member financial charges.

You will get a letter from us when any of these actions happen. This letter is called an adverse benefit determination. The adverse benefit determination will tell you how and why we made our decision. You can file an appeal if you don't agree with our decision.

You must file an appeal within 60 calendar days from the date on your adverse benefit determination letter. There are three ways to file an appeal or administrative review:
1. You may call Member Services at **800-600-4441 (TTY 711)**. Have your doctor send us your medical information about this service.
2. You can fax a letter to Quality Management at **877-842-7183**.
3. You can send us a letter to the address below. You may call Member Services at **800-600-4441 (TTY 711)** for help with writing a letter. Include information such as the care you are looking for and the people involved. Have your doctor send us your medical information about this service. The address is:

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

We'll send you a letter within 10 working days of getting your appeal request. It will let you know we got your appeal.

If you don't send us your appeal request within 60 days of the date on the Adverse Benefit Determination letter, your request will be denied. We'll send you a letter if this happens.

We'll answer your appeal request based on the type of appeal you file. For life-threatening or urgent services also known as expedited appeals, we'll answer within 72 hours of the appeal request. For nonemergency services also known as standard appeals, we'll answer within 30 calendar days of the appeal request.

A doctor who hasn't seen your case before will look at your appeal request. This doctor will:

- Make the decision on your appeal.
- Report to a doctor who has not looked at your case in the past.
- Have experience treating the same or a similar condition, if the appeal is about whether a certain treatment is best for you.

At any time during the appeal process, you or your representative may:

- Have the right to access copies of all documents related to your appeal.
- Have the right to copies of all documents related to your appeal free of charge.
- Provide additional information or facts to Amerigroup in person or in writing.
- Get a copy, free of charge, of the benefit guide, guidelines, criteria, or protocol we used to decide your appeal.

If you need to give us more information, you can ask us for up to 14 more calendar days. If needed, we may also ask for 14 more calendar days to make a decision on a standard appeal. If we need more time, we'll send you a letter telling you why. We'll do this if we feel more information is needed, and it's in your best interest.

If you need a verbal translation, please call Member Services at **800-600-4441 (TTY 711)** toll free. A Member Services representative can give:

- Help writing a request for an appeal.
- Help with filing an appeal.
- Verbal translation of other languages.
- Help for those who are blind or have low vision.

A toll-free TTY line for people who are deaf or hard of hearing is available by calling **711**.

Expedited appeals
An expedited appeal is an appeal that gets you a decision fast. There may be times when you or your provider will want us to make a faster appeal decision. This could be because you or your doctor feels taking the time for the standard appeal process could seriously harm your life or health.

We will answer your expedited appeal request within 72 hours after we get your request. If your health condition calls for it, it will be sooner. You, your authorized representative, or your doctor can ask for an expedited appeal in two ways:
1. You can call Member Services toll free at **800-600-4441 (TTY 711)**.
2. You can fax a letter to Quality Management at **877-842-7183**.

You have the right to submit written comments, documents, or other information, like medical records or provider letters that might help your appeal. You must do so within 72 hours of your request for expedited appeal.

If you ask for an expedited appeal and we don't agree your request for an appeal should be expedited, we'll call you right away. We'll send you a letter within two calendar days to let you know how the decision was made. We'll also let you know your appeal request will be reviewed through the standard review process. See the **Appeals** section for help. You may file a grievance if you don't agree with this decision by calling Member Services at **800-600-4441 (TTY 711)**.

STATE FAIR HEARING

Medicaid eligible members
If you don't agree with our appeal decision, you can ask for a state fair hearing with an administrative law judge. You can ask for a hearing only after you have gotten your Appeal Resolution letter. You must ask for a hearing within 120 calendar days from the date on the appeal resolution letter. Your provider cannot ask for a hearing for you unless you name them as your personal representative.

To ask for a hearing, send a letter to:
Amerigroup Community Care
Quality Management Department
State Fair Hearing
740 W. Peachtree Street
Atlanta, GA 30308

At any time during the state fair hearing process, you or your representative may:
- Obtain and examine a copy of the documents that will be used for review.
- Provide additional information or facts to Amerigroup in person or in writing.

You can ask for a continuation of benefits during the state fair hearing process. See the section **Continuation of Benefits** for help.
The decision reached by a state fair hearing will be final.

You may also submit your complaint to the Department of Insurance. Their address is listed below.

Department of Insurance
2 Martin Luther King, Jr. Drive
West Tower, Suite 704
Atlanta, GA 30334

The Department of Insurance telephone and fax information is:

Local phone: **404-656-2070**
Toll free: **800-656-2298**
Fax: **404-657-8542**

The Office of State Administrative Hearings will tell you of the time, place, and date of the hearing. An administrative law judge will hold the hearing. You may speak for yourself or let a friend or family member speak for you. You may get help from a lawyer. You may also be able to get free legal help. If you want a lawyer, please call one of these telephone numbers:

- Atlanta Legal Aid:
  - **404-377-0701** (DeKalb-Gwinnett Counties)
  - **770-528-2565 (**Cobb County)
  - **404-524-5811** (Fulton County)
  - **404-669-0233** (South Fulton-Clayton Counties)
  - **678-376-4545** (Gwinnett County)
- Georgia Legal Services program: **404-206-5175**
- Georgia Advocacy Office: **800-537-2329**
- State Ombudsman Office: **888-454-5826**

You may also ask for free mediation services after you have filed a request for hearing. Please call **404-657-2800**.

We will comply with the state fair hearing decision.

Formal Grievance Committee (PeachCare for Kids® members)
If you don't agree with our appeal decision, you can ask for a Formal Grievance Committee Review from the Department of Community Health (DCH). You can ask for a review only after you have gotten your appeal resolution letter. You must ask for a review within 120 days from the date on the appeal resolution letter. Your provider cannot ask for a review for you unless you name them as your personal representative.

To ask for an Independent Medical Review, send a letter to:

PeachCare for Kids®
Independent Medical Review Request
Georgia Department of Community Health
Division of Medical Assistance

2 Martin Luther King Jr. Drive, SE
19th Floor, East Tower
Atlanta, GA 30334

You can ask for a continuation of benefits during the formal grievance committee process. See the section **Continuation of Benefits** for help.

The outcome reached by the DCH Formal Grievance Committee review will be final.

We will comply with the DCH Formal Grievance Committee Review decision.

CONTINUATION OF BENEFITS

You may ask Amerigroup to continue to cover your benefits during the appeal, state fair hearing, or Formal Grievance Committee process. If coverage of a service you are receiving is denied or reduced and you want to continue that service during your appeal, state fair hearing, or Formal Grievance Committee, you can call Member Services at **800-600-4441 (TTY 711)** to request it.

You must call to ask us to continue your benefits within 10 calendar days of when we mailed you the notice that said we wouldn't cover or pay for a service.

We must continue coverage of your benefits until:

- You withdraw the appeal, state fair hearing, or Formal Grievance Committee request.
- Ten calendar days from the date of the appeal resolution letter have passed and you have not made a request for a state fair hearing or Formal Grievance Committee review with continuation of benefits until an administrative law hearing decision or Formal Grievance Committee decision is reached.
- An appeal, state fair hearing, or Formal Grievance Committee decision is reached and is not in your favor.
- Authorization expires or your service limits are met.

You may have to pay for the cost of any continued benefit if the final decision is not in your favor. If a decision is made in your favor as a result of your appeal, Amerigroup will authorize and pay for the services we said we would not cover before.

Payment reviews
If you receive a service from a provider and we don't pay for that service, we may send you a notice called an Explanation of Benefits (EOB). This is not a bill.

The EOB will tell you:

- The date you got the service.
- The type of service it was.
- The reason we cannot pay for the service.

The provider, healthcare place, or person who gave you this service will get a notice called an Explanation of Payment. If you get an EOB, you do not need to call or do anything at that time.

You may call if you want to or if your provider disagrees with the decision. You can ask Amerigroup to look again at the service we said we would not pay for. You must ask for us to do this within 30 calendar days of getting the EOB. To do this, you or your doctor can call Member Services toll free at **800-600-4441 (TTY 711)**.

You or your doctor can also mail your request and medical information for the service to:

Appeal and Grievance Department
Amerigroup Community Care
740 W. Peachtree Street
Atlanta, GA 30308

We can take your request by phone, but you must follow up in writing. You have the right to ask for a grievance. See the section **Complaints, Grievances and Appeals** for help.

OTHER INFORMATION

If you move
You should call your Division of Family & Children Services caseworker as soon as you move to report your new address. Once you call Georgia Gateway at **877-423-4746**, then you should call Member Services at **800-600-4441 (TTY 711)**. You will continue to get healthcare services through us in your current area until the address is changed. You must call Amerigroup before you can get any services in your new area unless it is an emergency.

If your family size changes
You should call Division of Family & Children Services if your family size changes. Call Georgia Gateway at **877-423-4746**, then you should call Member Services at **800-600-4441 (TTY 711)**.

Renew your Medicaid or your child's PeachCare for Kids® benefits on time
Keep the right care. Do not lose your healthcare benefits. If you do not renew, you could lose your benefits even if you still qualify.

You must renew your and/or your child's eligibility for Medicaid every 12 months or your child's PeachCare for Kids® every 12 months. Your county Division of Family & Children Services office or PeachCare for Kids® will send you a letter to tell you when it is time to renew your Medicaid or PeachCare for Kids® benefits. It is important to follow the instructions in this letter.

If you need help, call Georgia Gateway at **877-423-4746** or Member Services at **800-600-4441 (TTY 711)**. If you do not renew your and/or your child's benefits by the date in the letter, you and/or your child may lose your healthcare benefits. For help or to find out the date you need to renew your benefits, call your local DFCS office. We want you to keep getting your healthcare benefits from us if you still qualify. Your family's health is very important to us.

If you are no longer eligible for Medicaid or PeachCare for Kids®
You will be disenrolled from Amerigroup if you are no longer eligible for Medicaid or PeachCare for Kids®. You may qualify for insurance under the Affordable Care Act if you're an adult and no longer

eligible for Medicaid. Please visit healthcare.gov for more info. If you have children who are no longer eligible for Medicaid based on your income, then your children may be qualify for PeachCare for Kids®. To find out more, call PeachCare for Kids® toll free at **877-GA-PEACH (877-427-3224)**.

How to disenroll from Amerigroup

If you do not like something about Amerigroup, please call Member Services. We will work with you to try and fix the problem. If you are still not happy, you may be able to change to another health plan. You can change health plans without cause during your first 90 days of enrollment. After that, you can change health plans every 12 months. Members may request disenrollment for cause at any time. Please call Member Services for disenrollment forms and assistance.

If your disenrollment request is received in the mail between the first and the 15th of the month, your disenrollment will be effective on the first day of the following month. If your disenrollment request is received in the mail between the 16th and the 31st of the month, your disenrollment will be effective on the first day of the second month after the request was received. For example, if your disenrollment request is received on April 15, your disenrollment will be effective May 1. If your disenrollment request is received on April 16, your disenrollment will be effective June 1.

Reasons why you can be disenrolled from Amerigroup

There are several reasons you could be disenrolled from Amerigroup without asking to be disenrolled. These are listed below. If you have done something that may lead to disenrollment, we will contact you.

We will ask you to tell us what happened. You could be disenrolled immediately from Amerigroup if:

- You are no longer eligible for Medicaid.
- You are disenrolled by the Georgia Department of Community Health (DCH).
- You let someone else use your Amerigroup ID card.
- You move out of the state.
- You are sent to jail or prison.
- You are placed in a long-term nursing facility, Community-based Alternative for Youth (CBAY) program, state institution, or intermediate care facility for the mentally disabled.

If you have any questions about your enrollment, call our Member Services department for help at **800-600-4441 (TTY 711)**.

If you get a bill

Always show your Amerigroup ID card and current Medicaid or PeachCare for Kids® card when you see a doctor, go to the hospital, or go for tests. Even if your doctor told you to go, you must show your Amerigroup ID card and current Medicaid or PeachCare for Kids® card to make sure you are not sent a bill for services covered by Amerigroup.

You do not have to show your Amerigroup ID card before you get emergency care.

If you do get a bill, send it to us with a letter saying that you have been sent a bill. Send the letter to the following address:

Amerigroup Community Care
Quality Management Department
740 W. Peachtree Street
Atlanta, GA 30308

Members who have an emergency medical condition are not liable for payment of subsequent screening and treatment needed to diagnose the specific condition or to stabilize the member. If you need help understanding this or other information in this handbook, call our Member Services department at **800-600-4441 (TTY 711)**.

If you have other health insurance (coordination of benefits)
Please call Member Services if you or your children have other insurance. The other insurance plan needs to be billed for your healthcare services before Amerigroup can be billed. Amerigroup will work with the other insurance plan on payment for these services.

Changes in your Amerigroup coverage
Sometimes, we may have to make changes to our covered services or the doctors and hospitals that work with us. We'll mail you a letter when we make changes to the benefits or services in your plan.

Your PCP's office may move, close, or stop working with us. If this happens, we will call or send you a letter to tell you about this. We can also help you pick a new PCP. You can call Member Services if you have any questions. Member Services can also send you a current list of our network doctors.

How to tell us about changes you think we should make
We want to know what you like and do not like about Amerigroup. Your ideas will help us make us better. Please call Member Services to tell us your ideas. Member Services is available Monday through Friday 7 a.m. to 7 p.m. to serve you.

You can also send a letter to:

Amerigroup Community Care
740 W. Peachtree Street
Atlanta, GA 30308

We have a group of members who meet quarterly to give us their ideas and provide feedback. These meetings are called **Health Education Advisory Committee (HEAC)** meetings. This is a chance for you to find out more about us, ask questions, and give us suggestions for improvement. If you would like to be part of this group, call Member Services or email us at GAmembers@amerigroup.com.

We also send surveys to some members. The surveys ask questions about what you do and don't like about us. If we send you a survey, please fill it out and send it back. Our staff may also call to ask what you like and don't like about your plan. Please tell them what you think. Your ideas can help make us better.

How we pay providers
Different providers in our network have agreed to be paid in different ways by us. Your provider may be paid:

- Each time they treat you (fee-for-service).
- A set fee each month for each Amerigroup member whether or not the member actually gets services (capitation).

These kinds of pay may include ways to earn more money. This kind of pay is based on different things like member satisfaction, quality of care, accessibility, and availability.

Contact us to find out more about how:
- We pay our contracted doctors and other providers who work with us.
- Our plan is set up and run.

Call Member Services at **800-600-4441 (TTY 711)**. Or write us at:

Amerigroup Community Care
740 W. Peachtree Street
Atlanta, GA 30308

About the Georgia Health Information Network (GaHIN)
The Georgia Health Information Network (GaHIN) is a health information exchange (HIE). An HIE:
- Brings providers and healthcare settings together to improve patient care.
- Allows approved healthcare providers to share their patients' electronic health records with each other on an as needed basis.

We're a proud member of the GaHIN.

GaHIN's vision is to create a healthier Georgia through using and sharing electronic health information. This will help:
- Improve healthcare for all people living in Georgia.
- Providers and health plans, like Amerigroup, better manage your health and wellness.

GaHIN can help you and your family:
- Get preventive care on time — your doctor can easily track your checkups, medicines, and shots.
- Avoid filling out long medical history forms or trying to remember your medicines — in emergencies, your doctors can quickly get medical information for you (or your child).
- Keep your medical records more private — records are sent electronically instead of by fax, telephone, or regular mail.
- Get the best treatment decisions possible — all of your doctors will have a complete picture of your medical history and your condition.
- Keep your health records safe from disasters, like floods — there's no risk of losing X-rays, MRIs, or other reports in your medical history.

All GaHIN providers will let patients know they're taking part in a HIE. When you visit a provider who takes part in a HIE, you'll get a notice about it. The notice may come with the provider's Health Insurance Portability and Accountability Act (HIPAA) privacy notice. You can ask for a copy of your provider's notice of privacy practices.

Only approved members of GaHIN and the national HIE network have access to patients' medical records. This is on an as needed basis. All providers in GaHIN have to follow:

- HIPAA laws and rules.
- Rules to make sure your health records stay safe, secure, and private.

You can opt out of having your records shared through the HIE at any time. Just fill out an opt out form from your doctor. If you opt out, providers can't use GaHIN to share your health records. If you opt out and want to opt in again, let your provider know.

For more information on the GaHIN, please visit gahin.org/who-we-serve/patients.

YOUR RIGHTS AND RESPONSIBILITIES AS AN AMERIGROUP MEMBER

Your rights

Our members have the right to:

- Get timely and proper notice; you must get notice in writing before we take any action to end your Amerigroup coverage.
- Get a Medicaid Fair Hearing if you disagree with a decision we make about your healthcare coverage.
- Get a copy of the member handbook and other materials in your own language.
- Get a copy of the Notice of Privacy Practices that tells you your rights on protected health information (PHI) and our responsibility to protect your PHI. This includes the right to know how we handle, use, and share your PHI.
- PHI is defined by HIPAA Privacy Regulations as information that:
  - Identifies you or can be used to identify you.
  - Either comes from you or has been created or received by a healthcare provider, a health plan, your employer, or a healthcare clearinghouse.
  - Has to do with your physical or mental health condition, providing healthcare to you or paying for providing healthcare to you.
- Information about medical and pharmacy benefits.
- Have access to providers who work with our plan.
- Know how to get a current directory of doctors who work with our plan.
- Know how to change their PCP.
- Get information about your Amerigroup doctors and other providers who work with our plan. Call Member Services at **800-600-4441 (TTY 711)**.
- Choose any of our Amerigroup network specialists.
- Be referred to specialists who are experienced in treating disabilities if you have any chronic disabilities.
- Have access to a PCP or a backup PCP 24 hours a day, 365 days a year for urgent care. This information is on your member ID card.
- Call **911** without getting our permission if you have an emergency situation.
- Direct access to women's routine and preventive healthcare (OB-GYN).
- Have a doctor make the decision to deny or limit your coverage.
- Have no gag rules, which means that doctors are free to discuss all medical treatment options, even if they are not covered services.
- Know how we pay doctors, so you know if there are rewards or fines tied to medical decisions.
- Know how to make a complaint to Amerigroup.
- Know how to ask us for an appeal of a decision to not pay for a service or limit coverage.
- Know you or your doctor cannot be penalized for filing a complaint or administrative review.
- Be treated with respect and dignity by healthcare providers, their staff, and all individuals employed by our company.

- In accordance with federal law (42 CFR 438.10), you have the right to get information in a way and format that is easily understood, such as:
  - Materials in your prevalent non-English language
  - Member handbook
  - Plan benefit information (medical and pharmacy)
  - Oral interpretation services free of charge
  - Disenrollment information
  - Applicable cost-sharing information (excludes DJJ and FC)
  - Access to network providers and how to change your PCP and obtain a provider directory
  - Access to physician incentive plans upon request
- Be free from any form of restraint or seclusion as a means of coercion, discipline, convenience, or retaliation.
- Have information about Amerigroup, our services, policies and procedures, providers, member rights and responsibilities, and any changes made.
- Talk about your medical record with your PCP; you can ask for a summary of that record.
- Refuse treatment to the extent of the law and be aware of the results. This includes the right to refuse to be part of research.
- Decide ahead of time the kind of care you want if you become sick, injured, or seriously ill by giving Amerigroup your advance directive.
- Decide ahead of time the person you want to make decisions about your care if you are not able to by making a durable power of attorney.
- Expect that your records and communications will be treated confidentially and not released without your permission.
- If you are over 18, expect that you will be able to participate in and make decisions about your own and your child's healthcare.
  - If you are under 18, expect that you will be able to participate in and make decisions about your own and your child's healthcare if you are married or declared emancipated by a court order.
- Choose a primary care provider (PCP), choose a new PCP, and have privacy during a visit with a doctor.
- Have your medical information given to a person you choose to coordinate care when you are unable to, or have it given to a person who is legally authorized when concern for your health makes it inadvisable to give such information to you.
- As required by federal law (42 CFR 438.206 through 438.210), have medical services available to you, including coordination of care, access to specialists, and authorization of services.
- Be free from liability and receiving bills from providers for medically needed or covered services that we authorized or covered but for which the provider was not paid.
- Information about cost sharing.
- Only be responsible for copays as described in this member handbook.
- Be free from any Amerigroup debts in the event of insolvency and liability for covered services in which the state does not pay to Amerigroup.
- Be free from payment for covered services in which the payment exceeds the amount you would be responsible for if Amerigroup provided the service.

- Continue as a member of Amerigroup despite your health status or need for care.
- Call 24-hour Nurse HelpLine 24 hours a day, seven days a week toll free at **800-600-4441 (TTY 711)**.
- Call our Member Services department toll free at **800-600-4441 (TTY 711)** from 7 a.m. to 7 p.m. Eastern time, Monday through Friday, except for state holidays.
- Get help from someone who speaks your primary language or get help through a TTY/TDD line if you are deaf or hard of hearing at **711** at no cost to you.
- Expect doctor offices to have wheelchair access.
- Receive information on available treatment options and alternatives, regardless of cost or benefit coverage.
- Ask for and receive a copy of your medical records and ask to amend or correct the record, and not be restrained or secluded if doing so is to punish you or:
  - For someone else's convenience.
  - Meant to force you to do something you do not want to do.
- Take part in making decisions about your healthcare with your doctor.
- Make suggestions about the Amerigroup member rights and responsibilities policy.
- Discuss questions you may have about your medical care or services with Amerigroup. Call Member Services at **800-600-4441 (TTY 711)**.
- Facts about how to disenroll.
- Amerigroup does not prohibit, or otherwise restrict healthcare professionals, acting within the lawful scope of practice, from advising or advocating on behalf of the member who is the provider's patient, the risks, benefits, and consequences of treatment or non-treatment.

Your responsibilities

Our members have the responsibility to:

- Notify your PCP as soon as possible after you get emergency treatment.
- Go to the emergency room when you have an emergency.
- Call Amerigroup if you have a problem and need help.
- Tell your PCP about symptoms or problems and ask questions.
- Read this member handbook to understand how Amerigroup works.
- Notify Amerigroup if a family member who is in Amerigroup has died. Someone must also notify Amerigroup if you die.
- Give Amerigroup proper identification when you enroll.
- Treat your doctors, their staff, and Amerigroup employees with respect and dignity.
- Not be disruptive in your doctor's office.
- Respect the rights and property of all providers.
- Cooperate with people providing your healthcare.
- Get information about treatment and consider this treatment before it is done.
- Discuss any problems in following your doctor's directions.
- Consider the results of refusing treatment recommended by a doctor.

- Help your PCP get your medical records from the doctor you had before. You should also help your PCP fill out new medical records.
- Respect the privacy of other people waiting in the doctors' offices.
- Get permission from your PCP or the PCP's associates before seeing a consultant or specialist. You should also get permission from your PCP before going to the emergency room unless you have an emergency medical condition.
- Call Amerigroup and change your PCP before seeing a new PCP.
- Learn and follow the Amerigroup policies and procedures outlined in this handbook until you are disenrolled.
- Make and keep appointments and be on time. Always call the doctor's office if you need to cancel an appointment, change your appointment time, or will be late.
- Discuss complaints, concerns, and opinions in an appropriate and courteous way.
- Tell your doctor who you want to be told about your health.
- Get medical services from your PCP.
- Know and get involved in your healthcare. You should talk with your doctor about recommended treatment. You must then follow the plans and instructions for care agreed upon with your provider.
- Know how to take your medicines the right way.
- Carry your Amerigroup, Medicaid and/or PeachCare for Kids® ID card(s) at all times. You should report any lost or stolen cards to Amerigroup quickly. You should also contact Amerigroup if information on your ID card is wrong or if you have changes in name, address, or marital status.
- Show your ID cards to each provider.
- Tell Amerigroup about any doctors you are currently seeing.
- Provide true and complete information about your circumstances.
- Report change in your circumstances.
- Give Amerigroup and your doctor the information they need to take care of your medical needs.

Nondiscrimination Notice

Amerigroup is a Health Plan licensed as a Care Management Organization in the state of Georgia who administers the Medicaid, and Children's Health Insurance Programs in Georgia. Amerigroup doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Amerigroup directly or through a contractor or any other entity with which Amerigroup arranges to carry out its programs and activities.

Fraud or other Misrepresentation Notice

Amerigroup will not intentionally misrepresent information or furnish false statements to a member, potential member, or healthcare provider.

HOW TO REPORT MISUSE OF THE MEDICAID OR PEACHCARE FOR KIDS® PROGRAMS

If you know someone who is misusing Medicaid or the PeachCare for Kids® program, you can report him or her. To report doctors, clinics, hospitals, nursing homes or Medicaid/PeachCare for Kids® program enrollees, write or call Amerigroup at:

Amerigroup Community Care
740 W. Peachtree Street
Atlanta, GA 30308
800-600-4441 (TTY 711)

To report doctors, clinics, hospitals, nursing homes, or Medicaid/PeachCare for Kids® program enrollees, you can also write or call the Department of Community Health's Office of Inspector General.

Office of Inspector General
Department of Community Health
2 Martin Luther King Jr. Drive SE
East Tower, 19th Floor
Atlanta, Georgia 30334
Toll Free: **800-533-0686**
Local: **404-463-7590**
oiganonymous@dch.ga.gov
Submit Online Form: dch.georgia.gov/report-medicaidpeachcare-kids-fraud

If you are deaf or hard of hearing, call **711**.

DEFINITIONS

- **Appeal:** An appeal is a request you make when you don't agree with a decision we made about your care.
- **Copayment:** A copayment or copay is the amount the member may need to pay for a covered service.
- **Durable Medical Equipment (DME):** Medical equipment that is ordered by a doctor for use in the home. For example, wheelchairs, ventilators, or crutches are types of DME.
- **Emergency:** An emergency is when not seeing a doctor to get care right away could result in death or very serious harm to your body.
- **Emergency Medical Transportation:** Ambulance services for an emergency medical condition.
- **Emergency Room Care:** Emergency services you receive in an emergency room.
- **Excluded Services:** Healthcare services that your Amerigroup plan doesn't pay for or cover.
- **Grievance**: A complaint or grievance is an oral or written expression of dissatisfaction about services or care you received.

- **Habilitation Services:** Healthcare services that help you keep, learn, or improve skills and functioning for daily living.
- **Health Insurance:** A type of insurance coverage that pays for medical expenses.
- **Home Healthcare:** Medical care provided in a patient's home.
- **Hospice Services:** Supportive care to people in the final phase of a terminal illness and their families.
- **Hospital Outpatient Care:** Medical care or treatment that does not require an overnight stay in a hospital.
- **Hospitalization:** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
- **Medically Necessary:** Healthcare services needed to correct or make better a defect, physical or mental illness, or condition in line with accepted medical practices.
- **Network:** The providers and facilities your health plan has contracted with to provide healthcare services.
- **Non-participating Provider:** A provider who doesn't have a contract with your health plan to provide services to you.
- **Participating Provider:** A healthcare provider in your Amerigroup's network. Also called an in-network provider.
- **Physician Services:** Healthcare services a doctor provides or coordinates.
- **Plan:** Amerigroup is your health plan, or Plan, which pays for and coordinates your healthcare services.
- **Preauthorization:** A decision by Amerigroup that a service or prescription drug is medically necessary for you. Sometimes called prior authorization. Emergency services, services related to an emergency medical condition, and urgent care do not need approval.
- **Premium:** An amount you pay for your health insurance.
- **Prescription Drug Coverage:** When the health plan helps pay for prescription and OTC medications.
- **Prescription Drugs:** Medications that by law require a prescription.
- **Primary Care Physician or Primary Care Provider:** Your primary care provider is the doctor or other healthcare provider you see first for most health problems. They make sure you get the care you need to stay healthy. They also may talk with other doctors and providers about your care and refer you to them. Usually, you must see your primary care provider before you see any other healthcare provider.
- **Provider:** Any doctor, hospital, agency, or other person who has a license or is approved to deliver healthcare services. A provider may also be a clinic, pharmacy, or facility.
- **Rehabilitation Services:** Healthcare services that help you recover from an illness, accident, or major operation. These services may include physical therapy, occupational therapy, speech-language pathology, and psychiatric rehabilitation services.
- **Skilled Nursing Care:** Certain skilled services that can only be performed by licensed nurses in your home or in a nursing home.
- **Specialist:** A physician who provides healthcare for a specific disease or part of the body. You may need a referral from your PCP to get services from some specialists.
- **Urgent care:** There are some injuries and illnesses that are not emergencies, but can turn into an emergency if they are not treated within 24 hours.

HIPAA notice of privacy practices

The original effective date of this notice was April 14, 2003. This notice was most recently revised in November 2023.

Please read this notice carefully. This tells you:

- **Who can see your protected health information (PHI).**
- **When we have to ask for your OK before we share your PHI.**
- **When we can share your PHI without your OK.**
- **What rights you have to see and change your PHI.**

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 are 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 healthcare.

Federal law says we must tell you what the law says we have to do to protect PHI that is 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 cannot 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 it is 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 healthcare if you tell us it is OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care (treatment)**
  - To help doctors, hospitals and others get you the care you need
- **For payment reasons**
  - To share information with the doctors, clinics, and others who bill us for your care
  - When we say we'll pay for healthcare or services before you get them
  - To support you and help you get available benefits
- **For healthcare business reasons (operations)**
  - To help with audits, fraud and abuse prevention programs, planning, and everyday work

- To find ways to make our programs better

We may get your PHI from different sources, and we may give your PHI to health information exchanges for payment, healthcare operations, and treatment. If you don't want this, please visit **myamerigroup.com/ga** for more information.

- **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 healthcare, if you tell us it's OK
  - With someone who helps with or pays for your healthcare, 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 cannot take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

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

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To answer legal documents, like court orders
- To give information to health oversight agencies for things such as audits or exams
- To help coroners, medical examiners, or funeral directors find out your name and cause of death
- To help when you asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs, such as helping veterans with benefits
- To give information to worker's compensation if you get sick or hurt at work

Your rights

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We do not 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. We will have 60 days to send it to you. If we need more time, we have to let you know.
- Sometimes, you can ask us not to share your PHI. But we do not have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.

- You can ask us to tell you all the times over the past six years we shared your PHI with someone else. This will not list the times we shared it because of healthcare, payment, everyday healthcare business, or some other reasons we did not list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- 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 we have to do

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

Contacting you

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we will not contact you in this way anymore. Or you may call **844-203-3796 (TTY 711)** toll free to add your phone number to our Do Not Call list.

What to do if you have questions?

If you have questions about our privacy rules or want to use your rights, please call Member Services toll free at **800-600-4441 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. Eastern time, except for state holidays.

What to do if you have a complaint

We are here to help. If you feel your PHI has not been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

You may write to or call the Department of Health and Human Services:

Office for Civil Rights
U.S. Department of Health and Human Services
2 Peachtree St NW
Atlanta, GA 30303

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 will tell you about the changes in a letter. We also will post them on the web at **amerigroup.com/ga**.

Race, ethnicity, language, sexual orientation and gender identity
We get race, ethnicity, language, sexual orientation and gender identity information about you from state agencies for Medicaid 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.
- Create and send health education information.
- Let doctors know about your language needs.
- Provide interpretation and translation services.

We do **not** use this information to:
- Issue health insurance.
- Decide how much to charge for services.
- Determine benefits.
- Share with unapproved users.

Your personal information
We may ask for, use, and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It is 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 such as:
  - Doctors.
  - Hospitals.
  - Other insurance companies.
- We may share PI with people or groups outside of our company without your OK in some cases.
- We will let you know before we do anything where we have to give you a chance to say no.
- We will tell you how to let us know if you do not 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.

This information is available for free in other languages. Please contact our Member Services number at **800-600-4441 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. Eastern time.

Revised November 2023.

Amerigroup Community Care 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. Or you can call our Grievance Coordinator at **800-600-4441 (TTY 711)** if you're a Georgia Families member.

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, fax, or phone:

Grievance Coordinator
740 W. Peachtree Street
Atlanta, GA 30308

Phone: **800-600-4441 (TTY 711)**
Fax: **877-842-7183**

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

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

We can translate this at no cost.
Call the customer service number on your member ID card.

Podemos traducir esto gratuitamente. Llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación (ID Card).	*Spanish*
نستطيع ترجمة هذه المواد مجاناً. اتصل بخدمات الاعضاء، بأستخدام رقم الهاتف المدون على بطاقة الاعضاء لديك.	*Arabic*
Մենք կարող ենք անվճար թարգմանել սա: Զանգահարեք հաճախորդների սպասարկման բաժին ձեր անդամաքարտում (ID card) նշված հեռախոսահամարով:	*Armenian*
ဤအရာကို ကျွန်ုပ်တို့ အခမဲ့ ဘာသာပြန်ပေးနိုင်ပါသည်။ သင့် ID ကတ်ပါ ဝယ်ယူသုံးစွဲသူ ဝန်ဆောင်မှုနံပါတ်ကို ဖုန်းဆက်ပါ။	*Burmese*
我們可以免費為您提供翻譯版本。請撥打您 ID 卡上所列的電話號碼洽詢客戶服務中心。	*Chinese*
ما می توانیم این را به رایگان برایتان ترجمه کنیم. به شماره خدمات مراجعین ما که پشت کارت شناسایی تان (ID) درج شده، تلفن بزنید.	*Farsi*
Nous pouvons traduire ceci gratuitement. Appelez le numéro du service après-vente sur votre carte d'identification.	*French*
Nou ka tradwi sa la pou okenn pri. Pélé nimero sèvis kliyentèl la sou tô kat didantité.	*Fr. Creole*
Wir können das gerne kostenlos übersetzen. Bitte wenden Sie sich an die Kundenservice-Hotline auf Ihrer ID-Karte.	*German*
Μπορούμε να σας μεταφράσουμε το παρακάτω χωρίς χρέωση. Καλέστε τον αριθμό του Τμήματος Εξυπηρέτησης Πελατών που θα βρείτε στην κάρτα ταυτοποίησής σας.	*Greek*
અમે આનું ભાષાંતર કોઈપણ ખર્ચ લીધા વિના કરી શકીએ છીએ. તમારા ID કાર્ડ પર આપેલ ગ્રાહક સેવા નંબર પર ફોન કરો.	*Gujarati*
אנחנו יכולים לתרגם את זה ללא עלות. התקשר למספר של שירות הלקוחות הנמצא על גבי כרטיס הזיהוי שלך.	*Hebrew*
हम इसका अनुवाद निशुल्क कर सकते हैं। अपने ID **कार्ड पर दिए गए ग्राहक सेवा नंबर पर फोन करें।**	*Hindi*
Peb txhais tau qhov ntawm no dawb. Hu rau lub chaw haujlwm pab cov neeg siv peb cov kev pab tus xovtooj uas nyob ntawm koj daim npav ID rau tus tswv cuab.	*Hmong*

Possiamo effettuare la traduzione gratuitamente. Contatti il numero dell'assistenza clienti riportato sulla Sua tessera identificativa.	*Italian*
私たちは、この文章を無料で翻訳することができます。ご自身のIDカードにあるカスタマーサービス番号へお電話ください。	*Japanese*
យើងអាចបកប្រែជូនដោយឥតគិតថ្លៃអ្វីទេ ។ សូមទូរស័ព្ទទៅផ្នែកសេវាអតិថិជន តាមលេខមាននៅលើប័ណ្ណ ID របស់អ្នក ។	*Khmer*
저희는 이것을 무료로 번역해 드릴 수 있습니다. 가입자 ID 카드에 있는 고객 서비스부 번호로 연락하십시오.	*Korean*
ພວກເຮົາສາມາດແປອັນນີ້ໃຫ້ທ່ານໄດ້ຟຣີ. ໃຫ້ໂທຫາຝ່າຍບໍລິການລູກຄ້າທີ່ມີເບີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.	*Laotian*
Możemy to przetłumaczyć bez żadnych kosztów. Zadzwoń pod numer obsługi klienta za pomocą karty ID.	*Polish*
Podemos traduzir isto gratuitamente. Ligue para o serviço de atendimento ao cliente que consta no seu cartão de identificação.	*Portuguese*
Мы можем это бесплатно перевести. Позвоните в отдел обслуживания по телефону, приведенному на вашей идентификационной карточке участника плана.	*Russian*
Možemo to prevesti besplatno. Pozovite na broj korisničkog servisa s Vaše identifikacione kartice (ID).	*Serbian*
Maaari namin ito isalin-wika nang walang bayad. Mangyaring tawagan ang numero ng customer service sa inyong ID card na pang miyembro.	*Tagalog*
เราสามารถแปลได้โดยไม่มีค่าใช้จ่ายใดๆ ติดต่อหมายเลขโทรศัพท์ของฝ่ายบริการลูกค้าบนบัตรประจำตัวของคุณ	*Thai*
ہم اس کا ترجمہ مُفت کر سکتے ہیں۔ اپنے ID کارڈ پر دیے گئے کسٹمر سروس کے نمبر پر کال کریں۔	*Urdu*
Chúng tôi có thể phiên dịch tài liệu này miễn phí. Xin gọi dịch vụ khách hàng qua số điện thoại ghi trên thẻ ID hội viên của quý vị.	*Vietnamese*
מיר קענען דאס איבערזעצן פריי פון אפצאל. רופט דעם קאסטומער סערוויס נומער אויף אייער אידענטיטעט קארטל.	*Yiddish*