Amerigroup

Member Handbook

STAR Kids

Dallas, El Paso, Harris, Lubbock, Medicaid Rural West Service Areas

Medicaid Members

September 2022

844-756-4600 (TTY 711)

myamerigroup.com/TX

TEXAS STAR Kids
Your Health Plan ★ Your Choice

TEXAS Health and Human Services

1016794TXMENAGP 08/22

TEXAS Health and Human Services | TEXAS STAR Kids Your Health Plan ★ Your Choice

Amerigroup
STAR Kids Member Handbook

Dallas, El Paso, Harris, Lubbock, and Medicaid Rural West Service Area

Medicaid Members

844-756-4600 (TTY 711)

myamerigroup.com/TX

September 2022

1016794TXMENAGP 08/22

Dear Member:

Welcome! Thank you for choosing us as your STAR Kids health plan.

At Amerigroup, we work with you to make it better for your child. One way we do this is by providing you with information you need to help your child get the most from his or her health benefits. This member handbook helps you understand how to work with us. It includes information about your child's benefits and how to use them. We also include information about extra benefits you get just for being our member, like our Healthy Rewards program, extra respite care so family and caregivers can take a break, and more.

You'll get your child's Amerigroup ID card in a few days. Please check the doctor's name shown on it. If it isn't right, please call us at **844-756-4600 (TTY 711)**. We'll send you a new, corrected ID card. You can also register online at **myamerigroup.com/TX** to update your address and change your primary care provider.

We're a call away

- Call **844-756-4600 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Central time if you have benefit questions or need to reach us for any reason.
- If you need medical advice or want to speak to a licensed nurse, call 24-hour Nurse HelpLine at the same toll-free number, anytime day or night.
- You can search for providers in our plan with our online provider directory tool. Visit **myamerigroup.com/TX** and select **Find a Doctor** to search by provider name or specialty type. We make it easy to find a doctor near you. If you need help finding a doctor or would like a printed directory at no cost, call Member Services.

Thanks again for being our member. We look forward to working with you.

Health tips that make health happen

Your child needs to go to the doctor now!

Well care for children, the Texas Health Steps program

Children need more wellness checkups than adults. These medical checkups for children from birth through age 20 who have Medicaid are called Texas Health Steps. When your child becomes an Amerigroup member, we may contact you to remind you to take your child for a medical checkup within 90 days of enrollment. Then your child should get Texas Health Steps medical checkups at the times listed below.

Texas Health Steps medical checkups schedule for your child	
Birth	9 months old
3–5 days	12 months old
2 weeks old	15 months old
2 months old	18 months old
4 months old	2 years old
6 months old	2 1/2 years old
After age 2 1/2, your child should visit the doctor every year. Amerigroup encourages and covers annual checkups for children ages 3 through 20.	

Be sure to make these appointments and take your child to his or her doctor when scheduled. Find new health problems before they get worse and harder to treat. If your child's doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs such as eye exams and glasses, hearing tests and hearing aids, or dental care.

Are you a migrant farmworker? We'll help you find doctors and clinics and help you set up appointments for your child. Your child can receive his or her checkup or service sooner if you're leaving the area.

If you have any questions or need help getting services for your child, please call Amerigroup Member Services at **844-756-4600 (TTY 711)**.

ALERT! DO NOT LOSE YOUR HEALTH-CARE BENEFITS — RECERTIFY YOUR ELIGIBILITY FOR MEDICAID BENEFITS ON TIME.

AMERIGROUP
STAR KIDS PROGRAM FOR MEDICAID MEMBERS
MEMBER HANDBOOK

2505 N. Highway 360
Suite 300
Grand Prairie, TX 75050

844-756-4600 (TTY 711)
myamerigroup.com/TX

Welcome to Amerigroup!
This member handbook will tell you how we can help you get the care you need.

Table of Contents

TABLE OF CONTENTS III

WELCOME TO AMERIGROUP! 9

INFORMATION ABOUT YOUR CHILD'S NEW HEALTH PLAN 9

Your Amerigroup member handbook 9

IMPORTANT PHONE NUMBERS 9

Amerigroup toll-free Member Services line 9
Amerigroup 24-hour Nurse HelpLine 10
Nonemergency Medical Transportation (NEMT) services and Where's My Ride? line 10
Behavioral Health and Substance Abuse Services line 11
Other important phone numbers 11

YOUR CHILD'S AMERIGROUP ID CARD 11

WHAT DOES MY CHILD'S AMERIGROUP ID CARD LOOK LIKE? HOW DO I USE IT? 11
WHAT INFORMATION IS ON MY CHILD'S AMERIGROUP ID CARD? 12
HOW DO I REPLACE MY CHILD'S AMERIGROUP ID CARD IF IT IS LOST OR STOLEN? 12
YOUR TEXAS BENEFITS (YTB) MEDICAID CARD 12
WHAT IF I NEED A TEMPORARY ID VERIFICATION FORM? 14

PRIMARY CARE PROVIDERS 14

WHAT DO I NEED TO BRING WITH ME TO MY CHILD'S DOCTOR APPOINTMENT? 14
WHAT IS A PRIMARY CARE PROVIDER? 14
CAN A SPECIALIST EVER BE CONSIDERED A PRIMARY CARE PROVIDER? 15
HOW CAN I CHANGE MY CHILD'S PRIMARY CARE PROVIDER? 15

CAN A CLINIC BE MY CHILD'S PRIMARY CARE PROVIDER? 15
HOW MANY TIMES CAN I CHANGE MY CHILD'S PRIMARY CARE PROVIDER? 15
WHEN WILL MY CHILD'S PRIMARY CARE PROVIDER CHANGE BECOME EFFECTIVE? 15
ARE THERE ANY REASONS MY REQUEST TO CHANGE MY CHILD'S PRIMARY CARE PROVIDER MAY BE DENIED? 15
CAN MY CHILD'S PRIMARY CARE PROVIDER MOVE ME TO ANOTHER PRIMARY CARE PROVIDER FOR NONCOMPLIANCE? 16
WHAT IF I CHOOSE TO GO TO ANOTHER DOCTOR WHO IS NOT MY CHILD'S PRIMARY CARE PROVIDER? 16
HOW DO I GET MEDICAL CARE AFTER MY CHILD'S PRIMARY CARE PROVIDER'S OFFICE IS CLOSED? 16
WHAT IS THE MEDICAID LOCK-IN PROGRAM? 16

PHYSICIAN INCENTIVE PLANS 17

CHANGING HEALTH PLANS 17

WHAT IF I WANT TO CHANGE HEALTH PLANS? WHO DO I CALL? HOW MANY TIMES CAN I CHANGE MY CHILD'S HEALTH PLAN? 17
WHEN WILL MY CHILD'S HEALTH PLAN CHANGE BECOME EFFECTIVE? 17
CAN AMERIGROUP ASK THAT MY CHILD BE DROPPED FROM THE HEALTH PLAN FOR NONCOMPLIANCE? 17

MY BENEFITS 18

WHAT ARE MY CHILD'S HEALTH-CARE BENEFITS? 18
- How do I get these services for my child? 18
- Are there any limits to any covered services? 18
- What if Amerigroup doesn't have a provider for one of my covered benefits? 18

HOW MUCH DO I HAVE TO PAY FOR MY CHILD'S HEALTH CARE? 18
WHAT ARE MY CHILD'S ACUTE CARE BENEFITS? 18
- How do I get these services for my child? What number do I call to find out about these services? 20

WHAT SERVICES ARE NOT COVERED BY AMERIGROUP? 20
WHAT ARE MY CHILD'S LONG-TERM SERVICES AND SUPPORTS (LTSS) BENEFITS? 20
- How do I get these services? What number do I call to find out about these services? 22
- I am in the Medically Dependent Children Program (MDCP). How will I receive my LTSS? 22
- I am in the Youth Empowerment Services waiver (YES). How will I receive my LTSS? 22
- I am in the Community Living Assistance and Support Services (CLASS) waiver. How will I receive my LTSS? 22
- I am in the Deaf Blind with Multiple Disabilities (DBMD) waiver. How will I receive my LTSS? 22
- I am in the Home and Community-based Services (HCS) waiver. How will I receive my LTSS? 22
- I am in the Texas Home Living (TxHmL) waiver. How will I receive my LTSS? 23

WILL MY CHILD'S STAR KIDS BENEFITS CHANGE IF HE OR SHE IS IN A NURSING FACILITY? 23
- Will I continue to receive STAR Kids benefits if I go into a Nursing Facility? 23

WHAT IS SERVICE COORDINATION? 23
- What will a service coordinator do for my child? How can I talk with a service coordinator? 24
- How do I know who my child's service coordinator is? 24
- Your child's Amerigroup service plan 24
- How do I change my child's Amerigroup service plan? 24

WHAT IS A TRANSITION SPECIALIST? 25
- What will a transition specialist do for my child? How can I talk to a transition specialist? 25

WHAT IS A HEALTH HOME? 25
WHAT IS A PRESCRIBED PEDIATRIC EXTENDED CARE CENTER (PPECC)? 26

WHAT IS ELECTRONIC VISIT VERIFICATION? 26
WHAT ARE MY CHILD'S PRESCRIPTION DRUG BENEFITS? 26
WHAT EXTRA BENEFITS DOES MY CHILD GET AS A MEMBER OF AMERIGROUP? 26
How do I get these extra benefits for my child? 31
WHAT HEALTH EDUCATION CLASSES DOES AMERIGROUP OFFER? 31
WHAT DISEASE MANAGEMENT PROGRAMS DOES AMERIGROUP OFFER? 31
What is Complex Case Management? 32
How do I get these services for my child? 33
WHAT IS A MEMBER WITH SPECIAL HEALTH CARE NEEDS? 33
WHAT OTHER SERVICES CAN AMERIGROUP HELP MY CHILD GET? 33
Community events 33

HEALTH-CARE AND OTHER SERVICES 34

WHAT DOES MEDICALLY NECESSARY MEAN? 34
HOW IS NEW TECHNOLOGY EVALUATED? 34
WHAT IS ROUTINE MEDICAL CARE? 35
How soon can I expect my child to be seen? 35
WHAT IS URGENT MEDICAL CARE? 35
What should I do if my child or I need urgent medical care? 35
How soon can I expect to be seen? 35
WHAT IS EMERGENCY MEDICAL CARE? 35
How soon can I expect my child to be seen? 36
Are emergency dental services covered by the health plan? 36
WHAT DO I DO IF MY CHILD NEEDS EMERGENCY DENTAL CARE? 36
WHAT IS POST-STABILIZATION? 37
HOW SOON CAN MY CHILD SEE A DOCTOR? 37
HOW DOES MY CHILD GET MEDICAL CARE AFTER HOURS? 37
WHAT IF I GET SICK WHEN I AM OUT OF TOWN OR TRAVELING? 38
What if I am out of the state? 38
What if I am out of the country? 38
WHAT IF MY CHILD NEEDS TO SEE A SPECIAL DOCTOR (SPECIALIST)? 38
What is a referral? What services do not need a referral? 38
How soon can my child be seen by a specialist? 38
HOW CAN I ASK FOR A SECOND OPINION? 39
How do I get help if my child has behavioral (mental) health, alcohol, or drug problems? 39
Do I need a referral for this? 39
WHAT ARE MENTAL HEALTH REHABILITATIVE SERVICES AND MENTAL HEALTH TARGETED CASE MANAGEMENT? 39
How do I get these services for my child? 39
HOW DO I GET MY MEDICATIONS FOR MY CHILD? 39
How do I find a network drugstore? 40
What if I go to a drugstore not in the network? 40
What do I bring with me to the drugstore? 40
What if I need my child's medications delivered? 40
Who do I call if I have problems getting my child's medications? 40
What if I can't get the medication my doctor ordered approved? 40
What if my child's medication(s) is lost? 40
How do I find out what drugs are covered? 40

How do I transfer my child's prescriptions to a pharmacy in the plan? ... 41
Will I have a copay? ... 41
How do I get my child's medicine if I am traveling? ... 41
How does my child get medications if he or she is in a nursing facility? ... 41
What if I paid out of pocket for a medicine and want to be reimbursed? ... 41
What if I need durable medical equipment or other products normally found in a pharmacy? ... 41
HOW DOES MY CHILD GET FAMILY PLANNING SERVICES? ... 42
Does my child need a referral for this? ... 42
Where do I find a family planning services provider? ... 42
WHAT IS CASE MANAGEMENT FOR CHILDREN AND PREGNANT WOMEN? ... 42
Case management for children and pregnant women ... 42
WHAT IS EARLY CHILDHOOD INTERVENTION? ... 43
Does my child need a referral for this? ... 43
Where do I find an ECI provider? ... 43
WHAT IS HEAD START? ... 43
WHAT IS TEXAS HEALTH STEPS? ... 43
What services are offered by Texas Health Steps? ... 43
How and when do I get Texas Health Steps medical and dental checkups for my child? ... 44
Does the doctor have to be part of the Amerigroup plan? ... 45
Does my child need a referral? ... 45
What if I need to cancel an appointment? ... 45
What if I am out of town and my child is due for a Texas Health Steps visit? ... 45
What if I am a migrant farmworker? ... 45
If my child misses a Texas Health Steps checkup, what do I do? ... 45
NONEMERGENCY MEDICAL TRANSPORTATION (NEMT) SERVICES ... 45
What are NEMT services? ... 45
What services are part of NEMT services? ... 45
How to get a ride? ... 46
What if my child can't be transported by taxi, van, or other standard vehicles to get to health-care appointments? ... 46
HOW DO I GET EYE CARE SERVICES FOR MY CHILD? ... 47
WHAT DENTAL SERVICES DOES AMERIGROUP COVER FOR CHILDREN? ... 47
CAN SOMEONE INTERPRET FOR ME WHEN I TALK TO THE DOCTOR? WHO DO I CALL FOR AN INTERPRETER? HOW FAR IN ADVANCE DO I NEED TO CALL? ... 47
How can I get a face-to-face interpreter in the provider's office? ... 47
WHAT IF I NEED OB/GYN CARE? ... 47
Do I have the right to choose an OB/GYN? ... 48
How do I choose an OB/GYN? ... 48
If I do not choose an OB/GYN, do I have direct access? ... 48
Will I need a referral? ... 48
How soon can my child be seen after contacting an OB/GYN for an appointment? ... 48
Can my child stay with an OB/GYN if he or she is not with Amerigroup? ... 48
WHAT IF MY CHILD IS PREGNANT? WHO DO I NEED TO CALL? ... 48
What other services/activities/education does Amerigroup offer pregnant women? ... 48
Where can I find a list of birthing centers? ... 50
CAN I PICK A PRIMARY CARE PROVIDER FOR MY CHILD'S BABY BEFORE THE BABY IS BORN? ... 50
When your child has a new baby ... 50

How and when can I switch the baby's primary care provider? 50
HOW DO I SIGN UP MY CHILD'S NEWBORN BABY? 50
How and when do I tell Amerigroup? 50
HOW CAN I RECEIVE HEALTH CARE AFTER MY BABY IS BORN (AND I AM NO LONGER COVERED BY MEDICAID)? 51
Healthy Texas Women Program 51
DSHS Primary Health Care Program 51
DSHS Expanded Primary Health Care Program 52
DSHS Family Planning Program 52
How and when do I tell my child's caseworker? 52
WHO DO I CALL IF MY CHILD HAS SPECIAL HEALTH-CARE NEEDS AND NEEDS SOMEONE TO HELP? 52
WHAT IF I AM TOO SICK TO MAKE A DECISION ABOUT MY MEDICAL CARE? 52
What are advance directives? 52
How do I get an advance directive? 53
RECERTIFY YOUR MEDICAID BENEFITS ON TIME 53
WHAT DO I HAVE TO DO IF I NEED HELP COMPLETING MY CHILD'S RENEWAL APPLICATION? 53
WHAT HAPPENS IF MY CHILD LOSES MEDICAID COVERAGE? 53
WHAT IF I GET A BILL FROM A DOCTOR? WHO DO I CALL? 53
What information do they need? 54
WHAT DO I HAVE TO DO IF I MOVE? 54
WHAT IF I HAVE OTHER HEALTH INSURANCE IN ADDITION TO MEDICAID? 54
WHAT ARE MY RIGHTS AND RESPONSIBILITIES? 55

HOW WE MAKE DECISIONS ABOUT YOUR CHILD'S CARE 57

COMPLAINTS PROCESS 58

WHAT SHOULD I DO IF I HAVE A COMPLAINT? WHO DO I CALL? 58
Can someone from Amerigroup help me file a complaint? 58
How long will it take to process my complaint? 58
What are the requirements and time frames for filing a complaint? 58
How do I file a complaint with the Health and Human Services Commission once I have gone through the Amerigroup complaint process? 58
Do I have the right to meet with a complaint appeal panel? 59

APPEALS PROCESS 59

WHAT CAN I DO IF MY DOCTOR ASKS FOR A SERVICE OR MEDICINE FOR ME THAT IS COVERED, BUT AMERIGROUP DENIES OR LIMITS IT? 59
HOW WILL I FIND OUT IF SERVICES ARE DENIED? 60
WHAT ARE THE TIME FRAMES FOR THE APPEALS PROCESS? 60
HOW CAN I CONTINUE RECEIVING SERVICES THAT WERE ALREADY APPROVED? 60
CAN SOMEONE FROM AMERIGROUP HELP ME FILE AN APPEAL? 60
CAN I REQUEST AN EXTERNAL MEDICAL REVIEW AND STATE FAIR HEARING? 61
CAN I REQUEST A STATE FAIR HEARING ONLY? 61

EMERGENCY APPEALS 61

WHAT IS AN EMERGENCY APPEAL? 61
HOW DO I ASK FOR AN EMERGENCY APPEAL? DOES MY REQUEST HAVE TO BE IN WRITING? 61
WHAT ARE THE TIME FRAMES FOR AN EMERGENCY APPEAL? 61
WHAT HAPPENS IF AMERIGROUP DENIES THE REQUEST FOR AN EMERGENCY APPEAL? 61

WHO CAN HELP ME FILE AN EMERGENCY APPEAL? 62
STATE FAIR HEARINGS 62
CAN I ASK FOR A STATE FAIR HEARING? 62
EXTERNAL MEDICAL REVIEW INFORMATION 63
CAN A MEMBER ASK FOR AN EXTERNAL MEDICAL REVIEW? 63
HOW DO I REPORT SUSPECTED ABUSE, NEGLECT, OR EXPLOITATION? 64
WHAT ARE ABUSE, NEGLECT, AND EXPLOITATION? 64
REPORTING ABUSE, NEGLECT, AND EXPLOITATION 64
FRAUD AND ABUSE INFORMATION 65
DO YOU WANT TO REPORT WASTE, ABUSE, OR FRAUD? 65
QUALITY MANAGEMENT 66
WHAT DOES QUALITY MANAGEMENT DO FOR YOU? 66
WHAT ARE CLINICAL PRACTICE GUIDELINES? 66
INFORMATION THAT MUST BE AVAILABLE ONCE A YEAR 66
MEMBER GUIDE TO MANAGED CARE TERMS 68

WELCOME TO AMERIGROUP!

INFORMATION ABOUT YOUR CHILD'S NEW HEALTH PLAN

Welcome to Amerigroup! We're a managed care organization, and we want to help your child get the right care close to home. As an Amerigroup STAR Kids program member, your child's primary care provider or doctor will work together with you to help keep your child healthy. Amerigroup STAR Kids members are served by Amerigroup Insurance Company. To find out about doctors and hospitals in your area, visit **myamerigroup.com/TX** and go to the **Find a Doctor** page. You may also call Member Services at **844-756-4600 (TTY 711)**.

Your Amerigroup member handbook

This handbook will help you understand your Amerigroup health plan and the STAR Kids Medicaid benefits your child gets from us. Your Amerigroup benefits are your STAR Kids Medicaid benefits plus the extra value-added benefits your child gets for being our member.

If you have questions about anything you read in this book, call Member Services. You can request this handbook in large print, audio, Braille, or another language.

IMPORTANT PHONE NUMBERS

Amerigroup toll-free Member Services line

If you have any questions about your child's Amerigroup health plan, you can call our Member Services department toll-free at **844-756-4600 (TTY 711)**. You can call us Monday through Friday from 8 a.m. to 6 p.m. Central time, except for state-approved holidays. If you call after 6 p.m. or on a weekend or holiday, you can leave a voice mail message. A Member Services representative will call you back the next business day.

These are some of the things Member Services can help you with:

- This member handbook
- Member ID cards
- What to do if you think you need long-term services and supports
- Service coordination and accessing services
- Your doctors
- Doctor appointments
- Transportation
- Health-care benefits
- What to do in an emergency or crisis
- Well care
- Special kinds of health care
- Healthy living
- Complaints and medical appeals
- Rights and responsibilities

For members who don't speak English, we can help you in many different languages and dialects, including Spanish. You may also get an interpreter for visits with your child's doctor at no cost to you.

Please let us know if you need an interpreter at least 24 hours before your appointment. Call Member Services to learn more.

For members who are deaf or hard of hearing, call **711**. If you need someone who knows sign language to help you at doctor visits, we'll set up and pay for a sign language interpreter. Please let us know if you need an interpreter at least 24 hours before your appointment.

If your child has an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you need advice, call your child's primary care provider or 24-hour Nurse HelpLine seven days a week at **844-756-4600 (TTY 711)**.

For urgent care (see **What is urgent medical care?** section of this handbook), you should call your child's primary care provider even on nights and weekends. He or she will tell you what to do. Call us to find an urgent care clinic near you. Or call 24-hour Nurse HelpLine seven days a week at **844-756-4600 (TTY 711)** for advice anytime, day or night.

Amerigroup 24-hour Nurse HelpLine

24-hour Nurse HelpLine is available to all members 24 hours a day, seven days a week. Call toll-free at **844-756-4600 (TTY 711)** if you need advice on:

- How soon your child needs care for an illness.
- What kind of health care your child needs.
- How to take care of your child before you see the doctor.
- How you can get the care your child needs.

24-hour Nurse HelpLine nurses also know about the STAR Kids program and members, covered services, and resources for providers. You can talk to someone in English or Spanish. For other languages, interpreter services are available.

Nonemergency Medical Transportation (NEMT) services and Where's My Ride? line

Call our NEMT Services line toll-free if you do not have transportation to covered health-care services. These services include rides to the doctor, dentist, pharmacy, hospital, and other places you receive Medicaid services. NEMT services do not include ambulance trips.

Amerigroup will use our transportation vendor, Access2Care, to arrange all travel. To schedule a trip, call 844-864-2443.

You can call Monday through Friday from 8 a.m. to 5 p.m. local time, except for state-approved holidays. If you do not speak English, we can help you in many other languages, including Spanish. For members who are deaf or hard of hearing, please call **711**.

You should request NEMT services as early as possible. Call at least two business days before you need the NEMT service. For a long-distance trip outside your service area, you should request the NEMT service at least five business days before you need it. See the **"How to get a ride?"** section for a list of situations when you can receive transportation with less than 48 hours' notice.

When you are waiting on transportation from us, whether going or returning on a scheduled trip, you can call the NEMT Services line. Pick the **"Where's My Ride?"** option to find out the status of your ride. You can call between 5 a.m. to 7 p.m. local time Monday through Saturday or any time you are waiting for a scheduled ride.

Behavioral Health and Substance Abuse Services line

The Behavioral Health and Substance Abuse services line is available to members 24 hours a day, seven days a week at **844-756-4600 (TTY 711)**. The call is free, and you can talk to someone in English or Spanish. For other languages, interpreter services are available. You can call the Behavioral Health and Substance Abuse services line for help getting services. **If your child has an emergency, you should call 911 or go to the nearest hospital emergency room right away.**

Other important phone numbers

If your child has an emergency, you should call 911 or go to the nearest hospital emergency room right away.

STAR Kids Program Help Line	**877-782-6440**
Ombudsman Managed Care Assistance Team	**866-566-8989**
Medicaid Hotline	**800-252-8263**
Texas Health Steps Program	**877-847-8377**
Texas Early Childhood Intervention Program	**800-628-5115**
Eye care through Superior Vision of Texas	**800-428-8789**
Dental Care through: DentaQuest MCNA Dental UnitedHealthcare Dental	 **800-516-0165** **800-494-6262** **877-901-7321**
Texas Client Notification Line	**800-414-3406**

YOUR CHILD'S AMERIGROUP ID CARD

What does my child's Amerigroup ID card look like? How do I use it?

If you don't have your child's Amerigroup ID card yet, you'll get it soon. Please carry it with you at all times. Show it to any doctor or hospital you visit. You don't need to show it for emergency care. The card tells doctors and hospitals that your child is an Amerigroup member. It also tells them Amerigroup will pay for the medically needed services listed in the **My Benefits** section.

Your Amerigroup ID card has the name and phone number of your child's doctor on it. It also has the date your primary care provider assignment is effective. Your ID card lists many of the important phone numbers, like our Member Services department and 24-hour Nurse HelpLine.

What information is on my child's Amerigroup ID card?

The card tells providers and hospitals your child is an Amerigroup member. It also says that Amerigroup will pay for the medically needed services listed in the **My Benefits** section. It also lists the numbers for vision care and pharmacy services.

How do I replace my child's Amerigroup ID card if it is lost or stolen?

If your child's ID card is lost or stolen, call Amerigroup right away. We'll send you a new one. You may also print an ID card from our website at **myamerigroup.com/TX**. You'll need to register and log in to the website to access your child's ID card information.

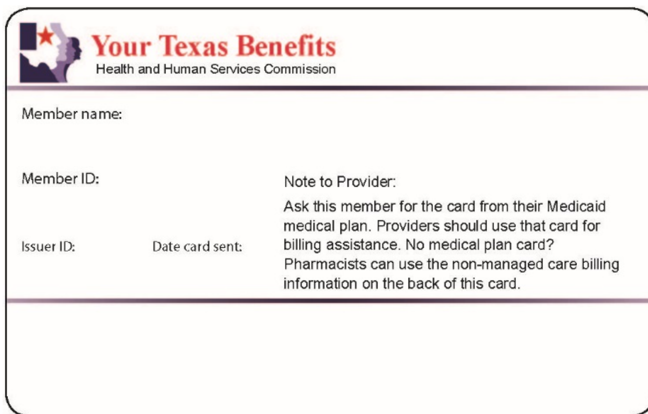
Your Texas Benefits (YTB) Medicaid Card

When you are approved for Medicaid, you will get a YTB Medicaid Card. This plastic card will be your everyday Medicaid card. You should carry and protect it just like your driver's license or a credit card. Your doctor can use the card to find out if you have Medicaid benefits when you go for a visit.

You will be issued only one card, and will receive a new card only if your card is lost or stolen. If your Medicaid card is lost or stolen, you can get a new one by calling toll-free at 800-252-8263, or by going online to print a temporary card at YourTexasBenefits.com.

If you are not sure if you are covered by Medicaid, you can find out by calling toll-free at 800-252-8263. You can also call 2-1-1. First, pick a language and then pick option 2.

Your health information is a list of medical services and drugs that you have gotten through Medicaid. We share it with Medicaid doctors to help them decide what health care you need. If you don't want your doctors to see your medical and dental information through the secure online network, call toll-free at 800-252-8263 or opt out of sharing your health information at YourTexasBenefits.com.



The YTB Medicaid card has these facts printed on the front:

- Your name and Medicaid ID number
- The date the card was sent to you
- The name of the Medicaid program you're in if you get:
    - Medicare (QMB, MQMB)
    - Healthy Texas Women Program (HTW)
    - Hospice
    - STAR Health
    - Emergency Medicaid, or
    - Presumptive Eligibility for Pregnant Women (PE)
- Facts your drugstore will need to bill Medicaid
- The name of your doctor and drugstore if you're in the Medicaid Lock-in program

The back of the YTB Medicaid card has a website you can visit (YourTexasBenefits.com) and a phone number you can call toll-free (800-252-8263) if you have questions about the new card.

If you forget your card, your doctor, dentist, or drugstore can use the phone or the Internet to make sure you get Medicaid benefits.

The YourTexasBenefits.com Medicaid Client Portal

You can use the Medicaid Client Portal to do all of the following for yourself or anyone whose medical or dental information you are allowed to access:

- View, print, and order a YTB Medicaid card
- See your medical and dental plans
- See your benefit information
- See STAR and STAR Kids Texas Health Steps alerts
- See broadcast alerts
- See diagnoses and treatments
- See vaccines
- See prescription medicines
- Choose whether to let Medicaid doctors and staff see your available medical and dental information

To access the portal, go to YourTexasBenefits.com.

- Click **Log In.**
- Enter your User name and Password. If you don't have an account, select **Create a new account.**
- Click **Manage.**
- Go to the *Quick links* section.
- Click **Medicaid & CHIP Services.**
- Click **View services and available health information**.

Note: The YourTexasBenefits.com Medicaid Client Portal displays information for active clients only. A Legally Authorized Representative may view the information of anyone who is a part of their case.

What if I need a temporary ID verification form?

If you've lost or don't have access to your child's Your Texas Benefits Medicaid card and need a temporary Medicaid ID card, you need to fill out a temporary ID verification form (Form 1027-A). You can get this form by calling your local HHSC benefits office. To find your local HHSC benefits office, call 2-1-1, pick a language, and then select option 2. Show this form to your child's provider the same way you would present Your Texas Benefits Medicaid card. Your provider will accept this form as proof of Medicaid eligibility. You can also go online at YourTexasBenefits.com and print a temporary ID card after logging in to your account.

PRIMARY CARE PROVIDERS

What do I need to bring with me to my child's doctor appointment?

When you go to a doctor's appointment, bring:
- Your child's Amerigroup ID card.
- Your child's Your Texas Benefits Medicaid card.
- Any medicines your child is taking.
- Your child's shot records.
- Any questions you want to ask the doctor.

What is a primary care provider?

A primary care provider is the main doctor who provides most of your child's regular health care. Your child's primary care provider must be in the Amerigroup plan. The primary care provider will provide a medical home. A medical home means your child's doctor will get to know him or her, understand your child's health history, and help him or her get the best possible care. The primary care provider will also send you to other doctors, specialists, or hospitals when special care or services are needed. When you enrolled in Amerigroup, you should've picked a primary care provider for your child. If you didn't, we assigned one for you. We picked one who should be located close to you. The primary care provider's name and phone number are on the Amerigroup ID card.

If your child has been receiving care from a doctor who treats children and he or she now needs to see a doctor who provides care to adults, you can switch to another primary care provider. We can help you choose a doctor for adults and transfer your child's medical records. Call Member Services toll-free at **844-756-4600 (TTY 711)**.

Can a specialist ever be considered a primary care provider?

If your child needs regular specialist care, we may approve a specialist to serve as the primary care provider. A specialist can serve as a primary care provider if your child has a disability, special health-care needs, or a chronic, life-threatening illness or condition where:

- Your child may need to be hospitalized many times.
- Your child needs to get most of his or her care from a specialist.
- Your primary care provider isn't able to arrange the care needed.

If your child lives in a nursing facility, you may also designate a specialist as the primary care provider.

The specialist must:

- Meet the normal requirements of a primary care provider.
- Provide access to care 24 hours a day, seven days a week.
- Coordinate all your child's health care, including preventive care.

How can I change my child's primary care provider?

Call Member Services if you need to make a primary care provider change. You can look in the Amerigroup provider directory you got with your STAR Kids enrollment package or go to **myamerigroup.com/TX** to find a primary care provider.

Can a clinic be my child's primary care provider?

Yes, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) listed in the Amerigroup STAR Kids provider directory can serve as a primary care provider.

How many times can I change my child's primary care provider?

There is no limit on how many times you can change your child's primary care provider. You can change primary care providers by calling us toll-free at **844-756-4600** or writing to Amerigroup at the office listed in the front of this handbook. Please address your written request to the member advocate.

When will my child's primary care provider change become effective?

We can change your child's doctor on the same day you ask for the change. The change will be effective immediately. Call the doctor's office if you want to make an appointment. If you need help, call Member Services. We'll help you make the appointment.

Are there any reasons my request to change my child's primary care provider may be denied?

You won't be able to change your child's doctor if:

- The doctor you picked doesn't take new patients.
- The new doctor isn't in the Amerigroup plan.

Can my child's primary care provider move me to another primary care provider for noncompliance?

Your primary care provider may ask that your child be changed to another primary care provider. Your doctor may do this if:

- You don't follow his or her medical advice over and over again.
- Your doctor agrees that a change is best for your child.
- Your doctor doesn't have the right experience to treat your child.
- You were assigned to the doctor by mistake (like a child assigned to a doctor who only treats adults).

What if I choose to go to another doctor who is not my child's primary care provider?

Talk to the primary care provider first about any care your child needs from other doctors. Your child's primary care provider can refer you to other doctors in the Amerigroup plan and help coordinate all the care your child needs.

How do I get medical care after my child's primary care provider's office is closed?

If you need to talk to your child's primary care provider after the office is closed, call the primary care provider phone number on your ID card. Someone should call you back within 30 minutes to tell you what to do. You may also call 24-hour Nurse HelpLine 24 hours a day, seven days a week for help.

If you think your child needs emergency care, see the section on **What Is Emergency Medical Care?** section of this handbook, call 911, or go to the nearest emergency room right away.

What is the Medicaid Lock-in Program?

You may be put in the Lock-in Program if you do not follow Medicaid rules. It checks how you use Medicaid pharmacy services. Your Medicaid benefits remain the same. Changing to a different MCO will not change the Lock-in status.

To avoid being put in the Medicaid Lock-in Program:

- Pick one drugstore at one location to use all the time.
- Be sure your main doctor, main dentist, or the specialists they refer you to are the only doctors that give you prescriptions.
- Do not get the same type of medicine from different doctors.

To learn more, call Member Services at **844-756-4600 (TTY 711)**.

In some cases, you may be approved to get medication from another pharmacy. These include:

- You move out of the geographical area (more than 15 miles from the lock-in pharmacy).
- The lock-in pharmacy doesn't have the prescribed medication and it won't be available for more than 2–3 days.
- The lock-in pharmacy is closed for the day and your child needs the medication right away.

You should call Member Services at **844-756-4600 (TTY 711)** if you need approval to receive a medication at a pharmacy other than the lock-in pharmacy.

PHYSICIAN INCENTIVE PLANS

Amerigroup cannot make payments under a physician incentive plan if the payments are designed to induce providers to reduce or limit medically necessary covered services to members. You have the right to know if your primary care provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call **844-756-4600 (TTY 711)** to learn more about this.

CHANGING HEALTH PLANS

What if I want to change health plans? Who do I call? How many times can I change my child's health plan?

You can change your health plan by calling the Texas STAR Kids Program Helpline at **877-782-6440**. You can change health plans as often as you want.

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

If you aren't happy with us, please call Member Services. We 'll work with you to try to fix the problem. If you still aren't happy, you can change to another health plan.

When will my child's health plan change become effective?

If you call to change your child's health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1.
- If you call after April 15, your change will take place on June 1.

Can Amerigroup ask that my child be dropped from the health plan for noncompliance?

There are several reasons your child could be disenrolled or dropped from Amerigroup. These reasons are listed below. If you or your child have done something that may lead to disenrollment, we'll contact you. We'll ask you to tell us what happened.

Your child could be disenrolled from Amerigroup if:

- Your child is no longer eligible for Medicaid.
- You let someone else use your child's Amerigroup ID card.
- You or your child try to hurt a provider, a staff person, or an Amerigroup associate.
- You or your child steal or destroy provider or Amerigroup property.
- You go to the emergency room over and over again when he or she doesn't have an emergency.
- You go to doctors or medical facilities outside the Amerigroup plan over and over again.
- You or your child try to hurt other patients or make it hard for other patients to get the care they need.

If you have any questions about your child's enrollment, call Member Services at
844-756-4600 (TTY 711).

MY BENEFITS

What are my child's health-care benefits?

Your child gets benefits from Amerigroup for acute care such as doctor visits, hospitalizations, prescriptions, and behavioral health services. Your child can also get long-term services and supports. These benefits can help your child live in your home instead of in a long-term care facility. To learn more about specific long-term services and supports benefits your child can get, go to the **What are my child's long-term services and supports (LTSS) benefits?** section of this handbook.

How do I get these services for my child?

Your child's primary care provider will help you get acute care services. Your child's service coordinator will help you get long-term services and supports.

Are there any limits to any covered services?

There may be some limits to care such as for chiropractic services, based on Medicaid covered benefits. You can call Member Services at **844-756-4600 (TTY 711)** or talk to your service coordinator to learn more about benefits and limitations.

What if Amerigroup doesn't have a provider for one of my covered benefits?

If your child can't get a covered benefit from a doctor in our plan, we'll arrange for your child to get the services from a doctor who isn't in our plan. We'll pay the provider who isn't in our plan according to state rules. Call Member Services at **844-756-4600 (TTY 711)** to arrange these services.

You don't have to call us to get services from a doctor who isn't in our plan when you have an emergency.

How much do I have to pay for my child's health care?

You don't have to pay for covered benefits for your child's health care. You don't have to pay any premiums, enrollment fees, deductibles, copays, or cost sharing.

What are my child's acute care benefits?

Your primary care provider will give your child the care he or she needs or refer you to another doctor. Some Amerigroup benefits are only for members who are a certain age or have a certain kind of health problem. If you have a question or aren't sure if we offer a certain benefit, call Member Services at **844-756-4600 (TTY 711)**.

STAR Kids covered services include, but are not limited to, medically necessary:

- Emergency and nonemergency ambulance services
- Audiology services, including hearing aids
- Behavioral health services, including:
  - Inpatient mental health services
  - Outpatient mental health services
  - Psychiatry services
  - Mental health rehabilitative services
  - Outpatient substance use disorder treatment services, including:

        - Assessment
        - Detoxification
        - Counseling
        - Medication-assisted therapy
    - Residential substance use disorder treatment (including room and board and detoxification services)
- Birthing services provided by a doctor or certified nurse-midwife in a licensed birthing center
- Birthing services provided by a licensed birthing center
- Cancer screening, diagnosis, and treatment
- Chiropractic services
- Dialysis
- Durable medical equipment and supplies
- Early childhood intervention (ECI)
- Emergency services
- Family planning
- Federally qualified health center services and other ambulatory services covered by federally qualified health centers
- Home health care
- Hospital services, including inpatient and outpatient
- Laboratory services
- Mastectomy, breast reconstruction, and related follow-up procedures, including:
    - Inpatient services; outpatient services provided at an outpatient hospital or ambulatory health-care center, as clinically appropriate; and physician and professional services provided in an office, inpatient, or outpatient setting for:
        - All stages of reconstruction on the breast(s) on which medically necessary mastectomy procedure(s) have been performed
        - Surgery and reconstruction on the other breast to produce symmetrical appearance
        - Treatment of physical complications from the mastectomy and treatment of lymphedemas
        - Prophylactic mastectomy to prevent the development of breast cancer
    - External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed
- Medical checkups and Comprehensive Care program services through the Texas Health Steps program
- Mental health targeted case management
- Nonemergency medical transportation services
- Oral evaluation and fluoride varnish in the medical home in conjunction with Texas Health Steps medical checkup for children 6 months through 35 months of age
- Outpatient drugs and biologicals, including those dispensed by a pharmacy or administered by a provider
- Drugs and biologicals provided in an inpatient setting
- Podiatry
- Prenatal care
- Primary care
- Radiology, imaging, and X-rays
- Specialty physician services

- Telehealth
- Telemonitoring
- Therapies — physical, occupational, and speech
- Transplantation of organs and tissues
- Vision (includes optometry and glasses; contact lenses are only covered if they are medically necessary for vision correction that cannot be accomplished by glasses)

How do I get these services for my child? What number do I call to find out about these services?
Your primary care provider will help your child get these types of services or you can call Member Services at **844-756-4600 (TTY 711)**. You can also talk to your service coordinator to learn more.

What services are not covered by Amerigroup?

Amerigroup doesn't offer the benefits and services below. These services aren't covered by fee-for-service Medicaid either:

- Anything that isn't medically necessary
- Anything experimental such as new treatment that's being tested or hasn't been shown to work
- Cosmetic surgery that isn't medically necessary
- Sterilization for members age 20 and younger
- Routine foot care except for members with diabetes or poor circulation
- Fertility treatment services
- Treatment for disabilities connected to military service
- Weight loss program services
- Reversal of voluntary sterilization
- Private room and personal comfort items when hospitalized
- Sex reassignment surgery

For more information about services not covered by Amerigroup, please call Member Services at **844-756-4600 (TTY 711)**.

What are my child's long-term services and supports (LTSS) benefits?

Your child may need help with everyday tasks like eating, dressing, or personal care. Our service coordinators can help you get the services he or she needs to live at home. If you allow it, your service coordinator will talk to you, your child, and your child's doctors to determine the kinds of needed help. Then, the service coordinator will tell you about the help we may be able to get for your child. We can also help get your child's services started. Afterward, your service coordinator will call to see how your child is doing.

For your child to get any long-term services and supports, you **must** talk to his or her service coordinator first. The kind of services your child can get is based on how he or she qualifies as a STAR Kids member:

- Receives Social Security Income (SSI) but isn't enrolled in a state waiver program
- Enrolled in the Medically Dependent Children Program (MDCP)
- Enrolled in the Youth Empowerment Services (YES) waiver
- Enrolled in an IDD waiver program:

- Community Living Assistance and Support Services (CLASS)
- Deaf-Blind with Multiple Disabilities (DBMD)
- Home and Community-Based Services (HCS)
- Texas Home Living (TxHmL)

The chart below provides an overview of long-term services and supports benefits by category of coverage. Contact your service coordinator or call Member Services to find out if your child qualifies for services.

<table>
<tr><th>Service types
Checkmarks (✓) represent benefits that are covered by Amerigroup</th><th>SSI recipient not in a waiver program</th><th>MDCP</th><th>YES waiver</th><th>IDD (CLASS, DBMD, HCS, or TxHmL) waiver</th></tr>
<tr><td>Personal care services (PCS)</td><td>✓</td><td></td><td></td><td></td></tr>
<tr><td>Private duty nursing (PDN)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Day Activity and Health Services (DAHS) (ages 18 and over)</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Prescribed pediatric extended care (PPECC) services</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Personal attendant services (CFC)</td><td>CFC only*</td><td>✓</td><td>✓</td><td rowspan="12">Waiver program determines and provides benefits</td></tr>
<tr><td>Habilitation services</td><td>CFC only*</td><td>✓</td><td>✓</td></tr>
<tr><td>Emergency response services (emergency call button)</td><td>CFC only*</td><td>✓</td><td>✓</td></tr>
<tr><td>Support management</td><td>CFC only*</td><td>✓</td><td>✓</td></tr>
<tr><td>Adaptive aids</td><td rowspan="8">Not covered</td><td>✓</td><td rowspan="8">Waiver program determines and provides benefits</td></tr>
<tr><td>Employment assistance</td><td>✓</td></tr>
<tr><td>Financial management services**</td><td>✓</td></tr>
<tr><td>Flexible family support services</td><td>✓</td></tr>
<tr><td>Minor home modifications</td><td>✓</td></tr>
<tr><td>Respite services</td><td>✓</td></tr>
<tr><td>Supported employment</td><td>✓</td></tr>
<tr><td>Transition assistance services</td><td>✓</td></tr>
</table>

* Member must qualify for Community First Choice benefits.

** Financial management services are a covered benefit for members who use the consumer-directed services option for personal care services or personal attendant services.

If your child lives in a nursing facility or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), we'll pay for any Amerigroup covered services received outside the facility. We'll also provide your child with service coordination.

How do I get these services? What number do I call to find out about these services?
If you think your child needs long-term services and supports, call the service coordination line at **866-696-0710**. If you're deaf or hard of hearing, call 711.

If we haven't talked to you during your child's first month as a new member, please call Member Services right away. Call sooner if you recently changed your address or phone number, or you think your child needs long-term services and supports. An Amerigroup service coordinator will talk with you or visit your home to find out more about your child's health and any problems he or she may have with daily living tasks.

I am in the Medically Dependent Children Program (MDCP). How will I receive my LTSS?
State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) as well as all MDCP services will be delivered through your STAR Kids MCO. Please contact your MCO service coordinator if you need assistance with accessing these services.

I am in the Youth Empowerment Services waiver (YES). How will I receive my LTSS?
State plan LTSS like Personal Care Services (PCS), Private Duty Nursing (PDN) and Community First Choice (CFC) will be delivered through your STAR Kids MCO. Your YES waiver services will be delivered through the Department of State Health Services. Please contact your MCO service coordinator if you need assistance with accessing these services. You can also contact your Local Mental Health Authority (LMHA) case manager for questions specific to YES waiver services.

I am in the Community Living Assistance and Support Services (CLASS) waiver. How will I receive my LTSS?
State plan LTSS Personal Care Services (PCS) and Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Community First Choice (CFC) and your CLASS waiver services will be delivered through the Health and Human Services Commission. Please contact your MCO service coordinator if you need assistance with accessing these services. You can also contact your CLASS case manager for questions specific to CLASS waiver services.

I am in the Deaf Blind with Multiple Disabilities (DBMD) waiver. How will I receive my LTSS?
State plan LTSS Personal Care Services (PCS) and Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Community First Choice (CFC) and your DBMD waiver services will be delivered through the Health and Human Services Commission. Please contact your MCO service coordinator if you need assistance with accessing these services. You can also contact your DBMD case manager for questions specific to DBMD waiver services.

I am in the Home and Community-based Services (HCS) waiver. How will I receive my LTSS?
State plan LTSS Personal Care Services (PCS) and Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Community First Choice (CFC) and your HCS waiver services will be delivered

through the Health and Human Services Commission. Please contact your MCO service coordinator if you need assistance with accessing these services. You can also contact your HCS service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to HCS waiver services.

I am in the Texas Home Living (TxHmL) waiver. How will I receive my LTSS?

State plan LTSS Personal Care Services (PCS) and Private Duty Nursing (PDN) will be delivered through your STAR Kids MCO. Community First Choice (CFC) and your TxHmL waiver services will be delivered through the Health and Human Services Commission. Please contact your MCO service coordinator if you need assistance with accessing these services. You can also contact your TxHmL service coordinator at your local intellectual and developmental disability authority (LIDDA) for questions specific to TxHmL waiver services.

Will my child's STAR Kids benefits change if he or she is in a nursing facility?

Your child's benefits won't change after entering a nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Will I continue to receive STAR Kids benefits if I go into a Nursing Facility?

A STAR Kids member who enters a nursing facility or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) will remain a STAR Kids member. The MCO must provide service coordination and any covered services that occur outside of the nursing facility or ICF/IID when a STAR Kids member is a nursing facility or ICF/IID resident. Throughout the duration of the nursing facility or ICF/IID stay, the STAR Kids MCO must work with the member and the member's legally authorized representative to identify community-based services and LTSS programs to help the member return to the community.

What is service coordination?

Service coordination helps make sure your child gets needed services from the right providers. We'll assign your child a personal service coordinator if:

- He or she is enrolled in a waiver program (MDCP, CLASS, DBMD, HCS, or TxHmL).
- Your child lives in a nursing facility or community based ICF/IID.
- We find your child needs one based on his or her health services and support needs.
- You ask for one.

A qualified service coordinator will manage and oversee all of your child's care and services. He or she will get to know you and your child and will work with your child's providers to make sure your child gets the right care.

Service coordination can include, but isn't limited to, the following:

- Identifying your child's needs through an assessment
- Working with you and your child's care team to create a service plan to meet those needs
- Discussing the service plan with you, your child, your family, and your child's representative (as applicable) to make sure you understand and agree with it
- Making appointments with your child's providers and arranging services
- Working as a team with you and your child's primary care provider

What will a service coordinator do for my child? How can I talk with a service coordinator?
When you first become an Amerigroup member, the state will send us information about your child's health and current Medicaid services. Your service coordinator will read this information to find out more about your child. Your service coordinator will learn which providers to call to be sure your child keeps getting the right care. He or she will ask you how helpful your child's Medicaid services have been. We'll talk to your child's Medicaid providers about the care he or she has been getting. If you agree, we'll talk to your child's doctors about his or her health-care needs.

Your service coordinator will help your child get needed care by:

- Visiting you in your home to learn more about your child's needs and help him or her get the right kind of care
- Working with you to create a service plan that meets your child's needs
- Helping your child see his or her providers to get needed services (including the right preventive health services)
- Making sure all of your child's long-term services and supports, acute care services, and other social services he or she gets outside of Amerigroup are coordinated
- Helping you get authorizations for your child's medically needed services
- Helping you and your child take part in service planning

You can reach a service coordinator by calling **866-696-0710 (TTY 711)**.

How do I know who my child's service coordinator is?
When we assign your child a service coordinator, we'll send you a letter with his or her name and telephone number. We'll send this information each year and anytime your service coordinator changes. You can also find the name and telephone number of your child's personal service coordinator on our website at **myamerigroup.com/TX**. You'll need to select **Login** and register for Member Self Service in order to see your child's personal information. You can also call Member Services to get your child's service coordinator's name and contact information.

Your child's Amerigroup service plan
Your child's service coordinator works with you and your child to find out if he or she needs special services, like long-term services and supports or case management. Examples of long-term services and supports are personal attendant care and private duty nursing. We have case management services for members with conditions such as cancer, HIV, congestive heart failure, end-stage renal disease, sickle cell, diabetes, and asthma, or who need pulmonary and wound care.

Your service coordinator will work with you and your caregivers to create your service plan. The plan tells the types of services your child needs and how often he or she needs them. **You and your child are the most important part of your service coordination team.** Once you understand and agree to the services in your child's plan, your service coordinator will help you get them. We approve coverage for services as needed. They may be the same services your child had in the past, or they may be a little different.

How do I change my child's Amerigroup service plan?
Your service coordinator will call you or visit you periodically to check on your child. If something changes in your child's health or abilities, you should call your service coordinator right away. You don't have to wait until he or she contacts you. Your service coordinator wants to know about any

changes in health conditions or any new problems with everyday tasks, like eating, getting dressed, or bathing. Your service coordinator will work with the rest of your child's team to help you get other needed services or care. Your service coordinator will review your child's service plan at least once a year and make changes if needed.

What is a transition specialist?

Your child will transition out of STAR Kids and into STAR+PLUS for health care on his or her 21st birthday. A transition specialist is an Amerigroup employee who works with everyone on your child's team to address transition concerns and find resources for your child as he or she becomes an adult.

What will a transition specialist do for my child? How can I talk to a transition specialist?

A transition specialist will work with your child's service coordinator starting when your child turns 15. They'll work together to plan for your child's transition into adulthood. Transition planning can include but isn't limited to the following:

- Developing a continuity of care plan for transitioning Medicaid health services and benefits from STAR Kids to STAR+PLUS without a break in service
- Helping you and your child understand STAR+PLUS benefits and the differences between STAR Kids and STAR+PLUS
- Updating your child's service plan with transition goals as needed
- Coordinating with the Department of Assistive and Rehabilitative Services (DARS) to find future employment and employment training opportunities
- Working with your child's school to coordinate consistent goals between your child's service plan and his or her Individual Education Plan (IEP)
- Providing health and wellness education to help your child independently care for him or herself
- Identifying other resources to prevent barriers and open up opportunities for transitioning to adulthood
- Helping you apply for community and other services under the STAR+PLUS program after age 21
- Helping you find doctors and other providers who treat adults

Call Member Services at **844-756-4600 (TTY 711)** if you would like to speak with a transition specialist.

What is a health home?

A health home is not a place. It's a provider practice that manages all of the health care a person needs through a team approach. The provider practice can be a primary care practice or, in some cases, a specialty care practice. A health home can offer a wider range of services than is normally available from a primary care provider. Your child can benefit from this type of care if he or she has one or more serious and ongoing behavioral and/or physical health conditions. A health home is designed to focus on a holistic or whole-person approach to health care.

Your child can have a health home if you ask for one. We may recommend your child enroll in a health home if we think he or she would benefit from this type of care. Some health home services can include, but aren't limited to, the following:

- Service coordination/care coordination
- Helping your child develop independence and self-care habits
- Meeting with your child after being in the hospital or emergency room

- Supporting your family or other people who care for your child
- Helping you identify community and social support services
- Coordinating your child's care with all of his or her medical records

A health home doesn't change or replace your child's existing services. The goal is to make all your child's care work better for him or her. You can choose when and if a health home is right for your child. You can also choose when to leave the program. We may contact you to talk about how a health home might work for your child.

To learn more about health home services, please call Member Services at **844-756-4600 (TTY 711)**.

What is a prescribed pediatric extended care center (PPECC)?

A PPECC gives daily medical care away from the home to people 20 years old and under who have medically complex health conditions.

If prescribed by a physician, your child can attend a PPECC up to 12 hours per day. Care can include medical, nursing, psychosocial, therapeutic, and developmental services. The types of services your child can receive are based on his or her medical needs and developmental status. If want to know more about PPECC benefits, please call Member Services at **844-756-4600 (TTY 711)**.

What is Electronic Visit Verification?

Electronic Visit Verification (EVV) is an electronic system used to document and verify certain long-term services and supports. If your child gets personal attendant services, the attendant must record his or her visits using an EVV system. The EVV system records things like the date and time the service begins and ends, the name of the attendant, and the service provided.

EVV is free. The attendant will use your home phone to call a toll-free number when your services start and end. If you don't have a landline phone in your home, you can have a small device installed in your home so your attendant can accurately record the time services start and stop. The agency that provides the services can install the device in your home.

EVV can also be used for private duty nursing services. Contact your service coordinator or Member Services if you have any questions about EVV.

What are my child's prescription drug benefits?

Medicaid pays for most medicine your child's doctor prescribes. Your child can get as many prescriptions as are medically necessary. You may fill these prescriptions at any pharmacy in the Amerigroup plan, unless your child is in the Medicaid Lock-in Program.

What extra benefits does my child get as a member of Amerigroup?

Amerigroup gives extra health-care benefits to our STAR Kids members. These extra benefits are also called value-added benefits. We provide these benefits to help keep your child healthy and to thank you for choosing Amerigroup. Call Member Services to learn more about these extra benefits or visit our website at **myamerigroup.com/TX**.

Value-added benefit	How to get it
Healthy Rewards gift card for these healthy activities: • $120 for completing 6 Texas Health Steps checkups per the Texas Health Steps visit schedule for children ages 0–15 months (refer to the **What is Texas Health Steps?** section of this handbook) • $20 per visit for Texas Health Steps checkups at ages 18, 24, or 30 months • $20 each year for completing Texas Health Steps checkups, for ages 3–20 years • $20 for getting a full series of the rotavirus vaccinations (shots or other type of vaccine, 2–3 visits on different days depending on type of vaccine), for children ages 42 days through 24 months • $25 for a member who has a prenatal checkup in the first trimester of pregnancy or within 42 days of joining the health plan • $50 for a member who has a postpartum checkup within 7 to 84 days after giving birth • $20 every 6 months for having a blood sugar test (HbA1c) for members ages 18–20 with diabetes • $20 every 6 months for having a blood sugar test (HbA1c) with a result less than 8 for members ages 18–20 with diabetes • $20 for members newly diagnosed with attention deficit hyperactivity disorder (ADHD) who have a follow-up visit with their prescribing provider within 30 days after starting their medication treatment, for members ages 6 to 12 • $20 for having a follow-up outpatient visit with a behavioral health provider within 7 days of discharge from the hospital for a behavioral health stay, up to 4 times per year • $20 for completing a full series of the	To receive a reward: • Join the Healthy Rewards program within 30 days after you complete an eligible healthy activity while you are an Amerigroup member • Your provider will report most healthy activities by submitting a claim within 95 days of your visit • If you have not received a reward, you must request it within 6 months after the date of your activity To join the Healthy Rewards program or find information about the program and rewards: • Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or • Call the Healthy Rewards Customer Service Line at **888-990-8681 (TTY 711)** Monday through Friday from 8 a.m. to 7 p.m. Central time

Value-added benefit	How to get it
HPV (Human papillomavirus) vaccination (2 vaccines at least 146 days apart or 3 vaccines on different days), for members from their 9th through 13th birthday	
Healthy Rewards gift card allowance for over-the-counter products for completing these healthy activities: • $20 for completing a full series of flu (influenza) vaccinations (2 vaccinations on different days), for children ages 6 months through 24 months • $20 each year for getting a flu vaccination, for members ages 3 or older Excludes any products covered by Medicaid	To receive a reward: • Join the Healthy Rewards program within 30 days after you complete an eligible healthy activity while you are an Amerigroup member. • Your provider will report healthy activities by submitting a claim within 95 days of your visit. • If you have not received a reward, you must request it within 6 months after the date of your activity. To join the Healthy Rewards program or find information about the program and rewards: • Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or • Call the Healthy Rewards Customer Service Line at **888-990-8681 (TTY 711)** Monday through Friday from 8 a.m. to 7 p.m. Central time
Help getting rides for: • Family members to go with you to medical services. • Pregnancy, birthing, or newborn classes for pregnant members. • Visits for Women, Infants, and Children (WIC) offices. • Member Advisory Group meetings.	Call 844-864-2443 (TTY 711). Rides for additional family members must be preapproved. For rides to WIC offices and Member Advisory Group meetings, every member can get 1 ride per month, with up to 12 rides each year.
Online emotional health — secure web and mobile tools you can use 24/7 to help improve your emotional health	Access the Learn to Live Emotional Well-being Resources by visiting **learntolive.com/welcome/TXAmerigroup**. Type TXAmerigroup into the code field and hit “submit.” Then, enter your member ID. For members ages 13 and older.

Value-added benefit	How to get it
Up to $100 for the cost of activities in a Boys & Girls Club, Boy Scouts, Girl Scouts, or other similar organization contracted with Amerigroup — where available ($50 per semester)	Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or call **844-756-4600 (TTY 711)**.
Sensory products like texture fidgets, compression garments, or weighted blankets for kids with sensory sensitivities — up to $75 per year	Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or call **844-756-4600 (TTY 711)**.
Eyeglasses strap (1 per year)	Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or call **844-756-4600 (TTY 711)**.
Healthy Families program with free healthy living coach for members ages 7–17 who need help achieving a healthier lifestyle. This program provides families with fitness and healthy behavior coaching, written nutrition information, and online and community resources (1 program per lifetime).	Call 844-421-5661 or your service coordinator.
Eight hours of respite services each year for families and caregivers of members	Call **844-756-4600 (TTY 711)** or your service coordinator.
First-aid kit and a personal disaster plan (1 kit per member per lifetime)	Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or call **844-756-4600 (TTY 711)**.
Free inhaler sensor for members with asthma — to show or prevent health problems by tracking inhaler use	Call **844-756-4600 (TTY 711)** or your service coordinator.
Allergy-free pillow cover (1 per year) for members who have been diagnosed with asthma and participate in a disease/case management program	Log in to your account at **myamerigroup.com/TX** to access the Benefit Reward Hub from the Benefits page or call **844-756-4600 (TTY 711)**.
Pest control services every 3 months	Call **844-756-4600 (TTY 711)** or your service coordinator. Members can get this service at one location.

Value-added benefit	How to get it
Free cellphone/smartphone through the Lifeline program with monthly minutes, data, and texts. If you qualify, you also receive: • Unlimited calls to Member Services and member advocates, and service coordinators for calls placed through Member Services. • 200 bonus minutes when you join. • 100 bonus minutes for your birthday.	Call **844-756-4600 (TTY 711)** or go to **myamerigroup.com/TX**. Birthday bonus minutes start the month after you join. To see if you qualify for the federal Lifeline Assistance program, go to safelinkwireless.com and fill out the application.
One sports, school, or camp physical every year	See your primary care provider. A nurse practitioner or physician assistant who is a primary care provider can give the sports, school, or camp physical.
Taking Care of Baby and Me® program — helps our pregnant members, new moms, and their babies get and stay healthy Pregnant members will receive pregnancy, postpartum, and newborn educational materials to help them learn about pregnancy and postpartum care. This includes the importance of prenatal and ongoing doctor visits.	Call **844-756-4600 (TTY 711)** or your service coordinator.
Help with weight management through a program with 24/7 online access to resources, tools, and activities on healthy snacking, portion management, weight goals, extra calories, and exercise tips	Access the CommonGround Library platform by logging into your secure account at **myamerigroup.com/TX**. For members ages 13 and older.
Pregnancy and early parenting program online 24/7 through web or mobile app to support expecting and new parents	Access the CommonGround Library platform by logging into your secure account at **myamerigroup.com/TX**. For members ages 13 and older.
Kick the Habit for Teens: An interactive, text-based program to help teens ages 13–17 quit vaping or using e-cigarettes. The program focuses on web counseling for up to 12 weeks.	Text the keyword VAPEOUTTX to **88709** to enroll.

Value-added benefit	How to get it
Social services resource directory online to help locate community supports such as food and nutrition, housing, education, and employment services	To find services near you, visit **myamerigroup.com/TX** and select **Community Support** under *Get Help*.

How do I get these extra benefits for my child?
Call Member Services or your child's service coordinator to find out how to get these services. Once we learn about your child's needs, we'll help him or her get the right extra benefits.

What health education classes does Amerigroup offer?

We work to help keep you healthy by holding educational events in your area and by helping you find community health education programs close to you. These events and community programs may include:

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

For events in your area, check the Community Resources page at **myamerigroup.com/TX**. For help finding a community program, call Member Services or dial 2-1-1. Please note: some community organizations may charge a fee for their programs.

What disease management programs does Amerigroup offer?

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

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

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

DM case managers work with you and your child's service coordinator to create health goals for managing his or her health condition. As a member in the program, you'll benefit from having a case manager who:

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

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

- Have information about Amerigroup. This includes:
    - All Amerigroup programs and services.
    - Our staff's education and work experience.
    - Contracts we have with other businesses or agencies.
- Refuse to take part in or leave programs and services we offer.
- Know who your case manager is and how to ask for a different case manager.
- Have Amerigroup help you make choices with your doctors about your health care.
- Learn about all DM-related treatments; these include anything stated in the clinical guidelines, whether covered by Amerigroup or not. You have the right to talk about all options with your doctors.
- Have personal data and medical information kept private.
- Know who can access your information and know our procedures used to ensure security, privacy, and confidentiality.
- Be treated with courtesy and respect by Amerigroup staff.
- File complaints with Amerigroup and get guidance on how to use the complaint process, including how long it will take us to respond and resolve issues of quality and complaints.
- Get information that is clear and easy to understand.

You should:

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

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

What is Complex Case Management?

In addition to our Disease Management program, we have a Complex Case Management program. In this program, case managers work with your child's service coordinator to help manage his or her health care. For example, if your child has experienced a critical event or has been diagnosed with a serious health condition like diabetes. We also have special case managers for members who are pregnant.

How do I get these services for my child?

You don't need a referral from your child's doctor. You can contact the Complex Case Management program by calling Member Services at **844-756-4600 (TTY 711)** and asking to speak to a complex case manager. You can also discuss this program with your child's service coordinator. Our case managers are licensed nurses and social workers, available Monday through Friday from 8 a.m. to 5 p.m. local time. Case managers also have confidential voice mail available 24 hours a day.

What is a Member with Special Health Care Needs?

A Member with Special Health Care Needs (MSHCN) means a member who both:

- Has a serious ongoing illness, a chronic or complex condition, or a disability that will likely last for a long period of time, and
- Requires regular, ongoing treatment and evaluation for the condition by appropriate health-care personnel.

As a STAR Kids member, your child qualifies as a MSHCN and will have a service plan and a care team. If needed, a specialist can serve as your child's primary care provider.

What other services can Amerigroup help my child get?

We can help you with services covered by fee-for-service Medicaid instead of Amerigroup. Your child doesn't need a referral to get these services. Fee-for-service Medicaid benefits include:

- Texas Health Steps dental (including orthodontia) — Medicaid members can get dental benefits through a dental managed care organization
- Texas Health Steps environmental lead investigation
- Early Childhood Intervention (ECI) case management/service coordination
- ECI Specialized Skills Training
- Texas School Health and Related Services
- Department of Assistive and Rehabilitative Services Blind Children's Vocational Discovery and Development Program
- Tuberculosis services provided by DSHS-approved providers (directly observed therapy and contact investigation)
- Health and Human Services Commission (HHSC) hospice services
- Nursing facility services and intermediate care facility (ICF) services
- HHSC or DSHS HCBS waiver programs authorized under Social Security Act §1915(c) including Youth Empowerment Services (YES), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Texas Home Living (TxHmL), and Home and Community-based Services (HCS)

Community events

Amerigroup is in your community! We sponsor and participate in free community events and family fun days. At these events, you can get health information and have a good time. You can learn about topics like healthy eating, asthma, and stress. We'll be there to answer questions about your benefits, too. Call Member Services or check the member section of our website at **myamerigroup.com/TX** to find out when and where these events will be.

HEALTH-CARE AND OTHER SERVICES

What does medically necessary mean?

Your child's primary care provider will help him or her get needed services that are medically necessary as defined below:

Medically necessary means:

1) The following Texas Health Steps services:
   a) Screening, vision, and hearing services
   b) Other health-care services, including behavioral health services, that are necessary to correct or ameliorate a defect or physical or mental illness or condition. A determination of whether a service is necessary to correct or ameliorate a defect or physical or mental illness or condition:
   i) Must comply with the requirements of the Alberto N., et al. v. Traylor, et al. partial settlement agreements, and
   ii) May include consideration of other relevant factors, such as the criteria described in parts (2)(a-f) and (3)(a-f) of this definition
2) Nonbehavioral health-related health-care services that are:
   a) Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions
   b) Consistent with health-care practice guidelines and standards that are endorsed by professionally recognized health-care organizations or governmental agencies
   c) Consistent with the diagnoses of the conditions
   d) No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency
   e) Not experimental or investigative, and
   f) Not primarily for the convenience of the member or provider
3) Behavioral health services that:
   a) Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care
   b) Are furnished in the most appropriate and least restrictive setting in which services can be safely provided
   c) Are the most appropriate level or supply of service that can safely be provided
   d) Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered
   e) Are not experimental or investigative, and
   f) Are not primarily for the convenience of the member or provider

If you have questions regarding an authorization, a request for services, or a utilization management question, you can call Member Services at **844-756-4600 (TTY 711)**.

How is new technology evaluated?

The Amerigroup Medical Director and our providers look at advances in medical technology and new ways to use existing medical technology. We look at advances in:

- Medical procedures
- Behavioral health procedures
- Medicines
- Devices

We review scientific information and government approvals to find out if the treatment works and is safe. We'll consider covering new technology only if the technology provides equal or better outcomes than the existing covered treatment or therapy.

What is routine medical care?

Routine care includes regular checkups, preventive care and appointments for minor injuries and illnesses. Your child sees a primary care provider when he or she isn't feeling well, but that's only part of the primary care provider's job. The primary care provider takes care of your child before he or she gets sick. This is called well care. See the **What services are offered by Texas Health Steps?** section of this handbook to learn more.

How soon can I expect my child to be seen?

Your child should be able to be seen by your primary care provider within 2 weeks for routine care.

What is urgent medical care?

Another type of care is **urgent care**. There are some injuries and illnesses that are probably not emergencies but can turn into emergencies if they are not treated within 24 hours. Some examples are:

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

What should I do if my child or I need urgent medical care?

For urgent care, you should call your doctor's office even on nights and weekends. Your doctor will tell you what to do. In some cases, your doctor may tell you to go to an urgent care clinic. If your doctor tells you to go to an urgent care clinic, you don't need to call the clinic before going. You need to go to a clinic that takes Amerigroup Medicaid. For help, call us toll-free at **844-756-4600**. You also can call 24-hour Nurse HelpLine at the same number for help with getting the care you need.

How soon can I expect to be seen?

You should be able to see your doctor within 24 hours for an urgent care appointment. If your doctor tells you to go to an urgent care clinic, you do not need to call the clinic before going. The urgent care clinic must take Amerigroup Medicaid.

What is emergency medical care?

After routine and urgent care, the third type of care is **emergency care**. If your child has an emergency, you should call 911 or go to the nearest hospital emergency room right away. If you want advice, call your child's primary care provider or 24-hour Nurse HelpLine seven days a week at **844-756-4600 (TTY 711)**. Please get medical care as soon as possible.

Emergency medical care
Emergency medical care is provided for emergency medical conditions and emergency behavioral health conditions.

Emergency medical condition means:
A medical condition manifesting itself by acute symptoms of recent onset and sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical care could result in:
- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious disfigurement
- In the case of a pregnant women, serious jeopardy to the health of a woman or her unborn child

Emergency behavioral health condition means:
Any condition, without regard to the nature or cause of the condition, which in the opinion of a prudent layperson possessing average knowledge of medicine and health:
- Requires immediate intervention and/or medical attention without which the member would present an immediate danger to themselves or others.
- Which renders the member incapable of controlling, knowing or understanding the consequences of their actions.

Emergency services and emergency care means:
Covered inpatient and outpatient services furnished by a provider who is qualified to furnish such services and that are needed to evaluate or stabilize an emergency medical condition and/or emergency behavioral health condition, including post-stabilization care services.

How soon can I expect my child to be seen?
Your child should be able to see a doctor immediately for emergency care.

Are emergency dental services covered by the health plan?
Amerigroup covers limited emergency dental services in a hospital or ambulatory surgical center, including payment for the following:
- Treatment for dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Hospital, physician, and related medical services such as drugs for any of the above conditions

What do I do if my child needs emergency dental care?
During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after your main dentist's office has closed, call us toll-free at **844-756-4600 (TTY 711)** or call 911.

What is post-stabilization?

Post-stabilization care services are services covered by Medicaid that keep your condition stable following emergency medical care.

You should call your child's primary care provider within 24 hours after an emergency room visit. If you can't call, have someone else call for you. Your child's primary care provider will give or arrange any needed follow-up care.

How soon can my child see a doctor?

We know how important it is for your child to see a doctor. We work with the providers in our plan to make sure he or she can see them when needed. Our providers are required to follow the access standards listed below.

Standard name	Amerigroup
Emergency services	As soon as you arrive at the provider for care
Urgent care	Within 24 hours of request
Routine primary care	Within 14 days of request
Routine specialty care	Within 3 weeks of request
After-hours care	Primary care providers are available 24/7 directly or through an answering service. Refer to the **How does my child get medical care after hours?** section of this handbook.
Preventive health	
New member	New members as soon as possible and no later than 90 days after enrollment
Less than 6 months old	Within 14 days of request
Age 6 months through 20 years	Within 60 days of request
Prenatal care	
Initial visit	Within 14 days of request
Initial visit for high risk or 3rd trimester	Within 5 days of request or immediately, if an emergency exists
After initial visit	Based on the provider's treatment plan
Behavioral health	
Nonlife-threatening emergency	Within 6 hours of request
Urgent care	Within 24 hours of request
Initial visit for routine care	The earlier of 10 business days or 14 calendar days from request
Follow-up visit for routine care	Within 3 weeks of request

How does my child get medical care after hours?

Help from your child's primary care provider is available 24 hours a day. If you call the primary care provider'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 within 30 minutes to tell you what to do. You may also call 24-hour Nurse HelpLine to talk to a nurse anytime.

If you think your child needs emergency care, call 911 or go to the nearest emergency room right away. Refer to the **What is emergency medical care?** section of this handbook to help you decide if your child needs emergency care.

What if I get sick when I am out of town or traveling?

If you need medical care when traveling, call us toll-free at **844-756-4600 (TTY 711)** and we will help you find a doctor. If you need emergency services while travelling, go to a nearby hospital. Then call us toll-free at **844-756-4600 (TTY 711)**.

What if I am out of the state?

If your child is outside of Texas and needs medical care, please call us toll-free at **844-756-4600 (TTY 711)**. If your child needs emergency care, go to the nearest hospital emergency room or call 911.

What if I am out of the country?

Medical services performed out of the country are not covered by Medicaid.

What if my child needs to see a special doctor (specialist)?

Your child's primary care provider can take care of most of his or her health-care needs, but your child may also need care from other kinds of doctors. These doctors are called specialists because they have training in a special area of medicine. Examples of specialists are:

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

We cover services from many different kinds of doctors that provide specialist care. If your primary care provider can't give you needed care, your doctor can refer you to a specialist in the Amerigroup plan.

If your child has disabilities, special health-care needs, or chronic complex conditions, a specialist may serve as your child's primary care provider. Please call Member Services so we can arrange this for you.

What is a referral? What services do not need a referral?

A referral is when your child's primary care provider sends him or her to another doctor or service for care. If your child's primary care provider can't provide the care your child needs, he or she must refer your child to a specialist in the Amerigroup plan. Your child can see a specialist without a referral from his or her primary care provider. It's always best to talk to your child's primary care provider first about any additional needed care. Your childs' primary care provider can give you information about other doctors in the Amerigroup plan and help coordinate all the care your child receives.

How soon can my child be seen by a specialist?

Your child will be able to see the specialist within 3 weeks from when you call the specialist's office.

How can I ask for a second opinion?

You have the right to ask for a second opinion about the health care services your child needs. This doesn't cost you anything. You can get a second opinion from a doctor in our plan. If a doctor in our plan isn't available for a second opinion, your child's primary care provider can send us a request for us to approve for your child to see a doctor outside of our plan.

How do I get help if my child has behavioral (mental) health, alcohol, or drug problems?

Sometimes, the stress of life can lead to depression, anxiety, family problems, or alcohol and drug abuse. If your child is having these kinds of problems, we have doctors who can help. Call Member Services at **844-756-4600 (TTY 711)** for help finding a doctor who'll help. All services and treatment are strictly confidential.

Do I need a referral for this?

You don't need a referral to get help for behavioral health, alcohol, or drug problems.

What are Mental Health Rehabilitative Services and Mental Health Targeted Case Management?

These services are available if needed based on an appropriate standardized assessment by a mental health professional.

Mental Health Rehabilitative Services are services that help your child stay independent in your home and in the community. These services can include:

- Medication training and support
- Psychosocial rehabilitative services
- Skills training and development
- Crisis intervention
- Day program for acute needs

Mental Health Targeted Case Management gives your child access to medical, social, educational, and other services and supports to improve health and ability to function.

How do I get these services for my child?

If your child has been diagnosed with or has shown signs of this type of condition, we have doctors who can help. Call Member Services at **844-756-4600 (TTY 711)** to get the name of a doctor near you.

How do I get my medications for my child?

Medicaid pays for most medicine your doctor says you need. The doctor will write a prescription so you can take it to the drugstore or may be able to send the prescription for you.

You can get as many prescriptions as medically necessary for your child for medicines found on the Vendor Drug Program (VDP) list of drugs. We cover all drugs found in the VDP. You may go to any pharmacy in the Amerigroup plan to have your child's prescriptions filled unless he or she is in the Medicaid Lock-in Program.

Call Member Services at **844-756-4600 (TTY 711)** for help finding a pharmacy that accepts Amerigroup or if you have an emergency. If you have to pay for your medication for any reason, you can send us a

request for reimbursement. Learn more about how to send a request for reimbursement by reading, **What if I paid out-of-pocket for a medicine and want to be reimbursed?**

You should use the same pharmacy each time your child needs medicine. This way, your pharmacist will know all the drugs your child is taking. He or she can tell you about drug interactions and side effects. If you use another pharmacy, you should tell the pharmacist about other medicines your child takes.

How do I find a network drugstore?
To find a pharmacy in our plan, go to our website at **myamerigroup.com/TX** and select **Find a Doctor**. Then select the **Pharmacy Locator Tool**. You can search for a pharmacy near you in our plan. You can also ask the pharmacist or call Member Services for help.

What if I go to a drugstore not in the network?
The pharmacist will explain that they don't accept Amerigroup. You'll need to take the prescription to a pharmacy that accepts Amerigroup.

What do I bring with me to the drugstore?
When you go to the drugstore, you should bring:
- Your child's prescription(s) or medicine bottles
- Your child's Amerigroup ID card
- Your child's Your Texas Benefits Medicaid card

What if I need my child's medications delivered?
Many pharmacies provide delivery services. Call and ask your pharmacist if they can deliver to your home. If you need help finding a pharmacy that will deliver your medications, call Member Services at **844-756-4600 (TTY 711)**.

Who do I call if I have problems getting my child's medications?
If you have problems getting your child's Amerigroup-covered medications, please call us at **833-370-7463 (TTY 711)**. We can work with you and the pharmacy to make sure you get the medicine your child needs.

What if I can't get the medication my doctor ordered approved?
Some medicines require preapproval from Amerigroup. If your doctor cannot be reached to approve a prescription, you may be able to get a 3-day emergency supply of the medication. Call Amerigroup at **833-370-7463 (TTY 711)** for help with your medications and refills. Ask the pharmacist to dispense a 3-day supply.

What if my child's medication(s) is lost?
If your child's medicine is lost or stolen, have your pharmacist call Provider Services at **800-454-3730**.

How do I find out what drugs are covered?
Amerigroup uses the Vendor Drug Program (VDP) list of drugs your child's doctor can choose from. It includes all medicines covered by Medicaid.

To view the list, go to the Texas Formulary Drug Search at txvendordrug.com/formulary.

Your medication may be available as a generic drug. A generic drug has the same Food and Drug Administration (FDA) indication as the corresponding brand-name drug and is approved by the FDA. This means both drugs are approved for treatment of the same conditions. Your pharmacy will usually give you the generic drug if it's on the Vendor Drug Program (VDP) formulary unless the brand name drug is on the VDP preferred drug list. If your prescription says you need the brand-name drug, we will cover the brand name drug instead of giving you a generic.

How do I transfer my child's prescriptions to a pharmacy in the plan?
If you need to transfer your child's prescriptions, all you need to do is:
- Call the nearest pharmacy in the plan and give the needed information to the pharmacist, or
- Bring the prescription container to the new pharmacy, and they'll handle the rest

Will I have a copay?
Medicaid members don't have copays.

How do I get my child's medicine if I am traveling?

If you need a refill while on vacation, call your doctor for a new prescription to take with you. If you get medication from a pharmacy that's not in the Amerigroup plan, then you'll have to pay for that medication. If you pay for medication you may submit a request for reimbursement, if the medicine is a covered drug. Please read **How do I find out what drugs are covered?** to find out what drugs are covered by STAR Kids. Call us at **833-370-7463 (TTY 711)** to get information on how to get a reimbursement form and submit a claim.

Call Member Services at **844-756-4600 (TTY 711)** for help finding a pharmacy that accepts Amerigroup or if you have an emergency.

How does my child get medications if he or she is in a nursing facility?
The nursing facility will provide your child with all required medications.

What if I paid out of pocket for a medicine and want to be reimbursed?
If you had to pay for a medicine, you may submit a request for reimbursement, if the medicine is a covered drug. Please read **How do I find out what drugs are covered?** to find out what drugs are covered by STAR Kids.

Call us at **833-370-7463 (TTY 711)** to get information on how to get a reimbursement form and submit a claim. The reimbursement form is also available online at **myamerigroup.com/TX** under **Benefits** for STAR Kids.

What if I need durable medical equipment or other products normally found in a pharmacy?
Some durable medical equipment (DME) and products normally found in a pharmacy are covered by Medicaid. For all members, Amerigroup pays for nebulizers, ostomy supplies, and other covered supplies and equipment if they are medically necessary. For children (birth through age 20), Amerigroup also pays for medically necessary prescribed over-the-counter drugs, diapers, formula, and some vitamins and minerals.

Call **844-756-4600 (TTY 711)** for more information about these benefits.

How does my child get family planning services?

Amerigroup will arrange for counseling and education about planning a pregnancy or preventing pregnancy. You can call your child's primary care provider for help or go to any Medicaid family planning provider. A provider can't require parental consent for minors to receive family planning services and must keep family planning use confidential.

Does my child need a referral for this?

Your child doesn't need a referral from your primary care provider.

Where do I find a family planning services provider?

You can find the locations of family planning providers near you online at healthytexaswomen.org/family-planning-program, or you can call Amerigroup at **844-756-4600** for help in finding a family planning provider.

What is case management for children and pregnant women?

Case management for children and pregnant women

Need help finding and getting services? You might be able to get a case manager to help you.

Who can get a case manager?

Children, teens, young adults (birth through age 20), and pregnant women who get Medicaid and:

- Have health problems or
- Are at a high risk for getting health problems

What do case managers do?

A case manager will visit with you and then:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.

What kind of help can you get?

Case managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Work on other problems.

How can you get a case manager?

Contact Amerigroup for more information or call Texas Health Steps at **877-847-8377** (toll-free), Monday to Friday, 8 a.m. to 8 p.m.

- Amerigroup Case Management phone: **844-756-4600 (TTY 711)**
- Amerigroup website: **myamerigroup.com/TX**

What is Early Childhood Intervention?

Early Childhood Intervention (ECI) is a statewide program for families with children, from birth to age 3 with disabilities and developmental delays. ECI helps families support their children through developmental services. ECI evaluates and assesses, at no cost to families, to see if they're eligible and what services they'll need. Families and professionals work together to plan services based on the unique needs of the child and family.

The Health and Human Services Commission (HHSC) is the state agency responsible for the ECI program. A local ECI program will determine if a child can get ECI services, and it will develop a child's individual service plan. Amerigroup is responsible for paying for the services in the plan.

Does my child need a referral for this?

You don't need a referral from your child's primary care provider to get these services.

Where do I find an ECI provider?

To get information about ECI services and other resources, call the HHS Office of the Ombudsman at 877-787-8999, select a language, then select option 3. You can also search online for an ECI program near you. Go to the ECI Program Search page at https://citysearch.hhsc.state.tx.us.

Participation in an ECI program is voluntary. If you choose not to use a local ECI program, Amerigroup must provide medically necessary services for your child. Call us at **844-756-4600 (TTY 711)** if you need help getting these services.

What is Head Start?

Head Start is a program to help your child, age 5 or younger, get ready for school. This program can help with:

- Language
- Literacy
- Social and emotional development

To find a Head Start program near you, call toll-free 866-763-6481 or go to benefits.gov/benefits/benefit-details/1941.

What is Texas Health Steps?

What services are offered by Texas Health Steps?

Texas Health Steps is the Medicaid health-care program for STAR Kids children, teens, and young adults, birth through age 20.

Texas Health Steps gives your child:

- Free regular medical checkups starting at birth
- Free dental checkups starting at 6 months of age
- A case manager who can find out what services your child needs and where to get these services

Texas Health Steps checkups:

- Find health problems before they get worse and are harder to treat
- Prevent health problems that make it hard for children to learn and grow like others their age
- Help your child have a healthy smile

When to set up a checkup:

- You will get a letter from Texas Health Steps telling you when it's time for a checkup. Call your child's doctor or dentist to set up the checkup.
- Set up the checkup at a time that works best for your family

If the doctor or dentist finds a health problem during a checkup, your child can get the care he or she needs, such as:

- Eye tests and eyeglasses
- Hearing tests and hearing aids
- Dental care
- Other health care
- Treatment for other medical conditions

Call Amerigroup Member Services at **844-756-4600 (TTY 711)** or Texas Health Steps at 877-847-8377 (877-THSTEPS) toll-free if you:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need help finding and getting other services.

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get free rides to and from the doctor, dentist, hospital, or drugstore.

How and when do I get Texas Health Steps medical and dental checkups for my child?
Children need these checkups even when they're healthy. Your child needs to have checkups at these ages:

Texas Health Steps medical checkups schedule for your child	
Birth	9 months old
3–5 days	12 months old
2 weeks old	15 months old
2 months old	18 months old
4 months old	2 years old
6 months old	2 1/2 years old
After age 2 1/2, your child should visit the doctor every year. Amerigroup encourages and covers annual checkups for children ages 3 through 20.	

Be sure to make these appointments. Take your child to his or her primary care provider when scheduled.

Does the doctor have to be part of the Amerigroup plan?
Your child can see any Texas Health Steps provider for these checkups. The Texas Health Steps provider doesn't have to be a doctor in the Amerigroup plan.

Does my child need a referral?
Your child can get Texas Health Steps care without a referral.

What if I need to cancel an appointment?
If you're unable to keep your child's appointment, you must call your doctor and cancel. You can make a new appointment when you call.

What if I am out of town and my child is due for a Texas Health Steps visit?
If you're out of town and your child is due for a Texas Health Steps visit, call your doctor's office or Member Services for help.

What if I am a migrant farmworker?
A migrant farmworker is a person who works on farms, in fields, or as a food processor or packer, or with dairy products, poultry, or livestock during certain times of the year. Migrant farmworkers move to different places to follow seasonal farm work. You can get your checkup sooner if you are leaving the area. If you call us and tell us you're a migrant farmworker, we'll:

- Help you find doctors and clinics and help you set up appointments.
- Let doctors know that your child needs to be seen quickly because you may have to leave the area to go to the next farm job.

If my child misses a Texas Health Steps checkup, what do I do?
If your child doesn't get a well-care visit on time, make an appointment with the doctor as soon as you can. If you need help setting up the appointment, call Member Services. If your child hasn't visited his or her doctor on time, we'll send you a postcard reminding you to make your child's Texas Health Steps appointment.

NONEMERGENCY MEDICAL TRANSPORTATION (NEMT) SERVICES

What are NEMT services?

NEMT services provide transportation to nonemergency health-care appointments for members who have no other transportation options. These trips include rides to the doctor, dentist, hospital, pharmacy, and other places you receive Medicaid services. These trips do NOT include ambulance trips.

What services are part of NEMT services?

- Passes or tickets for transportation such as mass transit within and between cities or states, including by rail or bus.
- Commercial airline transportation services.
- Demand response transportation services, which is curb-to-curb transportation in private buses,

vans, or sedans, including wheelchair-accessible vans, if necessary.

- Mileage reimbursement for an individual transportation participant (ITP) for a verified completed trip to a covered health-care service. The ITP can be you, a responsible party, a family member, a friend, or a neighbor.
- If you are 20 years old or younger, you may be able to receive the cost of meals associated with a long-distance trip to obtain health-care services. The daily rate for meals is $25 per day for the member and $25 per day for an approved attendant.
- If you are 20 years old or younger, you may be able to receive the cost of lodging associated with a long-distance trip to obtain health-care services. Lodging services are limited to the overnight stay and do not include any amenities used during your stay, such as phone calls, room service, or laundry service.
- If you are 20 years old or younger, you may be able to receive funds in advance of a trip to cover authorized NEMT services.

If you need an attendant to travel to your appointment with you, NEMT services will cover the transportation costs of your attendant.

Children 14 years old and younger must be accompanied by a parent, guardian, or other authorized adult. Children 15–17 years old must be accompanied by a parent, guardian, or other authorized adult or have consent from a parent, guardian, or other authorized adults on file to travel alone. Parental consent is not required if the health-care service is confidential in nature.

How to get a ride?

Your MCO will provide you with information on how to request NEMT services. You should request NEMT services as early as possible, and at least two business days before you need the NEMT service. In certain circumstances, you may request the NEMT service with less notice. These circumstances include being picked up after being discharged from a hospital; trips to the pharmacy to pick up medication or approved medical supplies; and trips for urgent conditions. An urgent condition is a health condition that is not an emergency but is severe or painful enough to require treatment within 24 hours.

You must notify your MCO prior to the approved and scheduled trip if your medical appointment is cancelled.

If your child has an emergency and needs transportation, call 911 for an ambulance. You can also refer to the **What is emergency medical care?** section of this handbook to learn more.

What if my child can't be transported by taxi, van, or other standard vehicles to get to health-care appointments?

If your child has a medical condition that causes you to need an ambulance to get to health-care appointments, your doctor can send Amerigroup a request. Call Member Services at **844-756-4600 (TTY 711)** to learn more about how your doctor can send a request.

If you need an ambulance for an emergency, your doctor doesn't need to send a request.

How do I get eye care services for my child?

Your child gets eye care benefits. You don't need a doctor's referral for these benefits. Please call Superior Vision of Texas at 800-428-8789 for help finding an eye doctor (optometrist) in our plan near you.

Eye care benefits include a vision exam and medically necessary frames and lenses once every 12 months from September 1 to August 31, or when otherwise medically necessary.

What dental services does Amerigroup cover for children?

Amerigroup covers emergency dental services in a hospital or ambulatory surgical center, including but not limited to, payment for the following:

- Treatment of dislocated jaw
- Treatment for traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin

Amerigroup covers hospital, physician, and related medical services for the above conditions. This includes services the doctor provides and other services your child might need, like anesthesia or other drugs.

Amerigroup is also responsible for paying for treatment and devices for craniofacial anomalies.

Your child's Medicaid dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems. Call your child's Medicaid dental plan to learn more about the dental services they offer.

- DentaQuest 800-516-0165
- MCNA Dental 800-494-6262
- UnitedHealthcare Dental 877-901-7321

Can someone interpret for me when I talk to the doctor? Who do I call for an interpreter? How far in advance do I need to call?

Call Member Services at **844-756-4600 (TTY 711)** to tell us if you need an interpreter at least 24 hours before your child's appointment. This service is available for visits with a doctor at no cost to you. Please let us know at least 24 hours before the appointment if you need an interpreter.

How can I get a face-to-face interpreter in the provider's office?

Call Member Services if you need an interpreter when you talk to your child's provider in the office.

What if I need OB/GYN care?

Female members can see an obstetrician and/or gynecologist (OB/GYN) in the Amerigroup plan for female health-related needs.

ATTENTION FEMALE MEMBERS:

Amerigroup allows you to pick any OB/GYN, whether that doctor is in the same network as your primary care provider or not. The OB/GYN you pick must be in the Amerigroup plan.

Do I have the right to choose an OB/GYN?

You have the right to pick an OB/GYN without a referral from your primary care provider. An OB/GYN can give you:

- One well-woman checkup each year.
- Care related to pregnancy.
- Care for any female medical condition.
- Referral to a special doctor within the network.

How do I choose an OB/GYN?

You're not required to pick an OB/GYN. However, if your child is pregnant, you should pick an OB/GYN to take care of her. You can pick any OB/GYN listed in the Amerigroup provider directory. If you need help choosing one, call Member Services at **844-756-4600 (TTY 711)**.

If I do not choose an OB/GYN, do I have direct access?

If you don't want your child to go to an OB/GYN, your child's primary care provider may be able to treat her for female health-related needs. Ask the primary care provider if he or she can give OB/GYN care. If not, your child will need to see an OB/GYN. You'll find a list of OB/GYNs in our plan in the Amerigroup provider directory you got with your STAR Kids enrollment package. You can also search for one on our website at **myamerigroup.com/TX** by going to **Find a Doctor**.

Will I need a referral?

You won't need a referral. Your child can see only one OB/GYN in a month, but your child can visit the same OB/GYN more than once during that month, if needed.

While your child is pregnant, her OB/GYN can be her primary care provider. The nurses on 24-hour Nurse HelpLine can help you decide if she should see a primary care provider or an OB/GYN.

How soon can my child be seen after contacting an OB/GYN for an appointment?

An OB/GYN should see your child within two weeks. We can help you find an Amerigroup OB/GYN in our plan, if needed.

Can my child stay with an OB/GYN if he or she is not with Amerigroup?

In some cases, your child may be able to keep seeing an OB/GYN who isn't in our plan. Please call Member Services to learn more.

What if my child is pregnant? Who do I need to call?

If you think your child is pregnant, call her primary care provider or OB/GYN right away. You don't need a referral from her primary care provider.

What other services/activities/education does Amerigroup offer pregnant women?

It's very important to see a doctor or OB/GYN for care during pregnancy. This kind of care is called prenatal care. It can help your child have a healthy baby.

Our Taking Care of Baby and Me® program gives pregnant women health information and rewards for getting prenatal care and postpartum care. Your child gets a care manager to help her get the prenatal care and services she needs during pregnancy and up to the six-week postpartum checkup. The care manager may call to check on your child and answer questions. He or she can also help you find

prenatal resources in your community. To find out more about the Taking Care of Baby and Me program, call Member Services.

When your child is pregnant, Amerigroup will send her a pregnancy education package. It will include:
- A letter welcoming her to the Taking Care of Baby and Me program.
- A self-care book for tips on care during pregnancy.
- Taking Care of Baby and Me Healthy Rewards program brochures.
- Having a Healthy Baby brochure.

After delivery of the baby, Amerigroup will send a postpartum education package. It will include:
- A congratulation letter.
- A booklet on caring for your baby.
- Taking Care of Baby and Me Healthy Rewards program brochures.
- Postpartum Depression brochure.

You'll 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.

My Advocate delivers maternal health education by phone, text messaging and smartphone app that is helpful and fun. You will get to know MaryBeth, the My Advocate 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 case manager based on My Advocate messaging should questions or issues arise.
- An easy communication schedule.
- No cost to you.

With My Advocate, your information is kept secure and private. Each time 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.

My Advocate calls give you answers to your questions, plus medical support if you need it. There will be one important health screening call followed by ongoing educational outreach. All you need to do is listen, learn, and answer a question or two over the phone. If you tell us you have a problem, you'll get a call back from a case manager. My Advocate topics include:
- Pregnancy and postpartum care
- Well-child care
- Dental care
- Immunizations
- Healthy living tips

While your child is pregnant, it's especially important to take care of her health. She may be able to get healthy food from the Women, Infants, and Children (WIC) program. Member Services can give you the phone number for the WIC program close to you. Just call us.

When your child is pregnant, she must go to her doctor or OB/GYN at least:

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

The doctor or OB/GYN may want her to visit more often based on health needs.

Where can I find a list of birthing centers?

Please call us at **844-756-4600 (TTY 711)** to find out which birthing centers are in our plan.

Can I pick a primary care provider for my child's baby before the baby is born?

Yes, you can pick a primary care provider for your child's baby before the baby is born.

When your child has a new baby

When your child delivers a baby, she and the baby may stay in the hospital at least:

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

She may stay in the hospital less time if her doctor and the baby's doctor see that she and the baby are doing well. If your child and her baby leave the hospital early, your doctor may ask her to have an office or in-home nurse visit within 48 hours.

How and when can I switch the baby's primary care provider?

If you need to change the baby's primary care provider, search for a new one online by going to **Find a Doctor** at **myamerigroup.com/TX**. While there, you can also change the primary care provider. You'll need to register first. Once you register, log in and update the primary care provider. Amerigroup can also help you pick a primary care provider for your child's baby. Call Member Services if you need help.

We can change the primary care provider on the same day you ask for the change. The change will be effective immediately. Call the primary care provider's office if you want to make an appointment. If you need help, call Member Services. We'll help you make the appointment.

How do I sign up my child's newborn baby?

The hospital where your child's baby is born should help you start the Medicaid application process for the baby. Check with the hospital social worker before your child goes home to make sure the application is complete. You should also call 2-1-1 to find your local Health and Human Services Commission (HHSC) office to make sure the baby's application has been received. If your child is an Amerigroup member when she has the baby, her baby will be enrolled with Amerigroup on the date of birth.

How and when do I tell Amerigroup?

Remember to call Amerigroup Member Services as soon as you can to let your service coordinator or care manager know about the baby's birth. We'll need to get information about the baby. You may have already picked a primary care provider for the baby before birth. If not, we can help you pick a primary care provider.

How can I receive health care after my baby is born (and I am no longer covered by Medicaid)?

After your baby is born, you may lose Medicaid coverage. You may be able to get some health-care services through the Healthy Texas Women Program and the Department of State Health Services (DSHS). These services are for women who apply for the services and are approved.

Healthy Texas Women Program

The Healthy Texas Women Program provides family planning exams, related health screenings, and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty level). You must submit an application to find out if you can get services through this program. To learn more about services available through the Healthy Texas Women Program, write, call, or visit the program's website:

Healthy Texas Women Program
PO Box 14000
Midland, TX 79711-9902
Phone: 800-335-8957
Website: texaswomenshealth.org
Fax: (toll-free) 866-993-9971

DSHS Primary Health Care Program

The DSHS Primary Health Care Program serves women, children, and men who are unable to access the same care through insurance or other programs. To get services through this program, a person's income must be at or below the program's income limits (200 percent of the federal poverty level). A person approved for services may have to pay a copayment, but no one is turned down for services because of a lack of money.

Primary Health Care focuses on prevention of disease, early detection and early intervention of health problems. The main services provided are:

- Diagnosis and treatment
- Emergency services
- Family planning
- Preventive health services, including vaccines (shots) and health education, as well as laboratory, X-ray, nuclear medicine, or other appropriate diagnostic services

Secondary services that may be provided are nutrition services, health screening, home health care, dental care, rides to medical visits, medicines your doctor orders (prescription drugs), durable medical supplies, environmental health services, treatment of damaged feet (podiatry services), and social services.

You will be able to apply for Primary Health Care services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at http://txclinics.com.

To learn more about services you can get through the Primary Health Care program, email, call, or visit the program's website:

Website: dshs.state.tx.us/phc
Phone: 512-776-7796
Email: PPCU@dshs.state.tx.us

DSHS Expanded Primary Health Care Program

The Expanded Primary Health Care program provides primary, preventive, and screening services to women age 18 and above whose income is at or below the program's income limits (200 percent of the federal poverty level). Outreach and direct services are provided through community clinics under contract with DSHS. Community health workers will help make sure women get the preventive and screening services they need. Some clinics may offer help with breastfeeding.

You can apply for these services at certain clinics in your area. To find a clinic where you can apply, visit the DSHS Family and Community Health Services Clinic Locator at http://txclinics.com.

To learn more about services you can get through the DSHS Expanded Primary Health Care program, visit the program's website, call, or email:

Website: dshs.state.tx.us/ephc/Expanded-Primary-Health-Care.aspx
Phone: 512-776-7796
Fax: 512-776-7203
Email: PPCU@dshs.state.tx.us

DSHS Family Planning Program

The Family Planning Program has clinic sites across the state that provide quality, low-cost, and easy-to-use birth control for women and men.

To find a clinic in your area, visit the DSHS Family and Community Health Services Clinic Locator at http://txclinics.com.

To learn more about services you can get through the Family Planning program, visit the program's website, call, or email:

Website: healthytexaswomen.org/family-planning-program
Phone: 512-776-7796
Fax: 512-776-7203
Email: PPCU@dshs.state.tx.us

How and when do I tell my child's caseworker?

After your child has a baby, call your HHSC benefits office to tell them the baby was born.

Who do I call if my child has special health-care needs and needs someone to help?

Members with disabilities, special health-care needs, or chronic complex conditions have a right to direct access to a specialist. This specialist may serve as a primary care provider. Please call your service coordinator or Member Services at **844-756-4600 (TTY 711)** so this can be arranged.

What if I am too sick to make a decision about my medical care?

If you're age 18 or older, you can choose to have someone make decisions on your behalf if you're too sick to make decisions for yourself. Please call Member Services at **844-756-4600 (TTY 711)** to learn more about the forms you need.

What are advance directives?

Emancipated minors and members age 18 or older have rights under advance directive laws. An advance directive talks about making a living will. A living will says you may not want medical care if

you have a serious illness or injury and may not get better. To make sure you get the kind of care you want if you are too sick to decide for yourself, you can sign a living will. This is a type of advance directive. It's a paper that tells your doctor and your family what kinds of care you don't want if you're seriously ill or injured.

How do I get an advance directive?
You can get an advance directive form from your doctor or by calling Member Services. Amerigroup associates can't offer legal advice or serve as a witness. According to Texas law, you must either have two witnesses or have your form notarized. After you fill out the form, take it or mail it to your doctor. Your doctor will then know what kind of care you want to get.

You can change your mind any time after you've signed an advance directive. Call your doctor to remove the advance directive from your medical record. You can also make changes in the advance directive by filling out and signing a new one.

You can sign a paper called a durable power of attorney, too. This paper will let you name a person to make decisions for you when you can't make them yourself. Ask your doctor about these forms.

Recertify your Medicaid benefits on time

What do I have to do if I need help completing my child's renewal application?

Don't lose your child's health-care benefits! Your child could lose benefits even if he or she still qualifies. Every 12 months, you'll need to renew your child's benefits. The Health and Human Services Commission (HHSC) will send you a packet about 60 days before the due date telling you it's time to renew Medicaid benefits. The packet will have instructions to tell you how to renew. If you don't renew by the due date, you'll lose your child's health-care benefits.

You can apply for and renew benefits online at YourTexasBenefits.com. Select **Manage your account** and set up an account to get easy access to the status of your benefits.

If you have any questions, you can call 2-1-1, pick a language, and then select option 2 or visit the HHSC benefits office near you. To find the office nearest your home, call 2-1-1, pick a language, and then select option 2, or you can go to YourTexasBenefits.com and select **Find an Office** at the bottom of the page.

We want your child to keep getting health-care benefits from us if he or she still qualifies. To renew, go to YourTexasBenefits.com and select **Manage your account**. Follow the directions there to renew.

What happens if my child loses Medicaid coverage?

If you lose Medicaid coverage but get it back again within 6 months, you will get your Medicaid services from the same health plan you had before losing Medicaid coverage. You will also have the same primary care provider you had before.

What if I get a bill from a doctor? Who do I call?

Always show your child's Amerigroup ID card and Your Texas Benefits Medicaid card when your child sees a doctor, goes to the hospital, or has tests. Even if the doctor told you to go, you must show the Amerigroup ID card and current Your Texas Benefits Medicaid card to make sure you're not sent a bill

for services covered by Amerigroup. **You don't have to show an Amerigroup ID card before your child gets emergency care.** If you do get a bill, send the bill to the member advocate in your service area at the Amerigroup location in the front of this book. Include a letter with your bill. Read the next section **What information do they need?** to find out what to include in the letter. You can also call us at **844-756-4600 (TTY 711)** for help.

What information do they need?

In the letter along with the bill, tell us:

- Your child's name
- Your telephone number
- Your child's Amerigroup ID number

If you can't send the bill, be sure to include in the letter:

- The name of the provider
- The date of service
- The provider's phone number
- The amount charged
- The account number, if known

You can also call us at **844-756-4600 (TTY 711)** for help.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and the Amerigroup Member Services department at **844-756-4600 (TTY 711)**. Before you get Medicaid services in your new area, you must call Amerigroup, unless you need emergency services. You will continue to get care through Amerigroup until HHSC changes your address.

What if I need to update my address or phone number and I'm in the Adoption Assistance and Permanency Care Assistance Program?

The adoptive parent or permanency care assistance caregiver should contact the DFPS regional adoption assistance eligibility specialist assigned to his or her case. If the parent or caregiver doesn't know who the assigned eligibility specialist is, they can contact the DFPS hotline, 800-233-3405, to find out. The parent or caregiver should contact the adoption assistance eligibility specialist to assist with the address change.

What if I have other health insurance in addition to Medicaid?

You are required to tell Medicaid staff about any private health insurance you have. You should call the Medicaid Third Party Resources hotline and update your Medicaid case file if:

- Your private health insurance is canceled.
- You get new insurance coverage.
- You have general questions about third party insurance.

You can call the hotline toll-free at 800-846-7307.

If you have other insurance, you may still qualify for Medicaid. When you tell Medicaid staff about your other health insurance, you help make sure Medicaid only pays for what your other health insurance does not cover.

IMPORTANT: Medicaid providers cannot turn you down for services because you have private health insurance, as well as Medicaid. If providers accept you as a Medicaid patient, they must also file with your private health insurance company.

What are my rights and responsibilities?

MEMBER RIGHTS:

1. You have the right to respect, dignity, privacy, confidentiality, and nondiscrimination. That includes the right to:
   a. Be treated fairly and with respect.
   b. Know that your medical records and discussions with your providers will be kept private and confidential.
2. You have the right to a reasonable opportunity to choose a health-care plan and primary care provider. This is the doctor or health-care provider you will see most of the time and who will coordinate your care. You have the right to change to another plan or provider in a reasonably easy manner. That includes the right to:
   a. Be told how to choose and change your health plan and your primary care provider.
   b. Choose any health plan you want that is available in your area and choose your primary care provider from that plan.
   c. Change your primary care provider.
   d. Change your health plan without penalty.
   e. Be told how to change your health plan or your primary care provider.
3. You have the right to ask questions and get answers about anything you do not understand. That includes the right to:
   a. Have your provider explain your health-care needs to you and talk to you about the different ways your health-care problems can be treated.
   b. Be told why care or services were denied and not given.
4. You have the right to agree to or refuse treatment and actively participate in treatment decisions. That includes the right to:
   a. Work as part of a team with your provider in deciding what health care is best for you.
   b. Say yes or no to the care recommended by your provider.
5. You have the right to use each complaint and appeal process available through the managed care organization and through Medicaid, and get a timely response to complaints, appeals, external medical reviews, and state fair hearings. That includes the right to:
   a. Make a complaint to your health plan or to the state Medicaid program about your health care, your provider, or your health plan.
   b. Get a timely answer to your complaint.
   c. Use the plan’s appeal process and be told how to use it.
   d. Ask for an external medical review and state fair hearing from the state Medicaid program and get information about how that process works.
   e. Ask for a state fair hearing without an external medical review from the state Medicaid program and receive information about how that process works.

6. You have the right to timely access to care that does not have any communication or physical access barriers. That includes the right to:
   a. Have telephone access to a medical professional 24 hours a day, seven days a week to get any emergency or urgent care you need.
   b. Get medical care in a timely manner.
   c. Be able to get in and out of a health-care provider's office; this includes barrier-free access for people with disabilities or other conditions that limit mobility, in accordance with the Americans with Disabilities Act.
   d. Have interpreters, if needed, during appointments with your providers and when talking to your health plan; interpreters include people who can speak in your native language, help someone with a disability, or help you understand the information.
   e. Be given information you can understand about your health plan rules, including the health-care services you can get and how to get them.
7. You have the right to not be restrained or secluded when it is for someone else's convenience, or is meant to force you to do something you do not want to do, or is to punish you.
8. You have a right to know that doctors, hospitals, and others who care for you can advise you about your health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
9. You have a right to know that you are not responsible for paying for covered services. Doctors, hospitals, and others cannot require you to pay copayments or any other amounts for covered services.
10. You have a right to make recommendations to your health plan's member rights and responsibilities.

MEMBER RESPONSIBILITIES:

1. You must learn and understand each right you have under the Medicaid program. That includes the responsibility to:
   a. Learn and understand your rights under the Medicaid program.
   b. Ask questions if you do not understand your rights.
   c. Learn what choices of health plans are available in your area.
2. You must abide by the health plan's and Medicaid's policies and procedures. That includes the responsibility to:
   a. Learn and follow your health plan's rules and Medicaid rules.
   b. Choose your health plan and a primary care provider quickly.
   c. Make any changes in your health plan and primary care provider in the ways established by Medicaid and by the health plan.
   d. Keep your scheduled appointments.
   e. Cancel appointments in advance when you cannot keep them.
   f. Always contact your primary care provider first for your nonemergency medical needs.
   g. Understand when you should and should not go to the emergency room.
3. You must share information about your health with your primary care provider and learn about service and treatment options. That includes the responsibility to:
   a. Tell your primary care provider about your health.
   b. Talk to your providers about your health-care needs and ask questions about the different ways your health-care problems can be treated.
   c. Help your providers get your medical records.

4. You must be involved in decisions relating to service and treatment options, make personal choices, and take action to keep yourself healthy. That includes the responsibility to:
   a. Work as a team with your provider in deciding what health care is best for you.
   b. Understand how the things you do can affect your health.
   c. Do the best you can to stay healthy.
   d. Treat providers and staff with respect.
   e. Talk to your provider about all of your medications.

Additional member responsibilities while using NEMT services:
1. When requesting NEMT services, you must provide the information requested by the person arranging or verifying your transportation.
2. You must follow all rules and regulations affecting your NEMT services.
3. You must return unused advanced funds. You must provide proof that you kept your medical appointment prior to receiving future advanced funds.
4. You must not verbally, sexually, or physically abuse or harass anyone while requesting or receiving NEMT services.
5. You must not lose bus tickets or tokens and must return any bus tickets or tokens that you do not use. You must use the bus tickets or tokens only to go to your medical appointment.
6. You must only use NEMT services to travel to and from your medical appointments.
7. If you have arranged for an NEMT service but something changes and you no longer need the service, you must contact the person who helped you arrange your transportation as soon as possible.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services (HHS) toll-free at 800-368-1019. You also can view information concerning the HHS Office of Civil Rights online at hhs.gov/ocr.

You and your doctors can get a copy of these rights and responsibilities by mail, fax or email. Call Member Services at **844-756-4600 (TTY 711)**, and ask for a copy. You can also download a copy from our website by going to **Member Resources** at **myamerigroup.com/TX**.

HOW WE MAKE DECISIONS ABOUT YOUR CHILD'S CARE

Sometimes, we need to make decisions about how we cover care and services. This is called Utilization Management (UM). All UM decisions are based on your child's medical needs and current benefits.

We don't encourage doctors to underuse services. And we don't create barriers to getting health care. Providers don't get rewarded for limiting or denying care. Doctors in our plan use clinical practice guidelines to determine necessary treatments and services.

When you or your doctor asks for certain care that needs a pre-approval, our Utilization Review team decides if the service is medically necessary and one of your child's benefits. If you disagree with our decision, you or your doctor can request an appeal.

To speak with someone on our UM team, call Member Services at **844-756-4600 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Central time.

COMPLAINTS PROCESS

What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us toll-free at **844-756-4600 (TTY 711)** to tell us about your problem. An Amerigroup Member Services representative or a member advocate can help you file a complaint. Just call **844-756-4600 (TTY 711)**. Most of the time, we can help you right away or at the most within a few days. Amerigroup can't take any action against you if you file a complaint.

Can someone from Amerigroup help me file a complaint?

Yes, a member advocate or Member Services representative can help you file a complaint with us or the appropriate state program. Please call Member Services at **844-756-4600 (TTY 711)**.

How long will it take to process my complaint?

Amerigroup will answer your complaint within 30 days from the date we get it.

What are the requirements and time frames for filing a complaint?

You can tell us about your complaint by calling us or writing us. We'll send you a letter within 5 business days of getting your complaint. This means we have your complaint and have started to look at it. We'll include a complaint form with our letter if your complaint was made by telephone. You must fill out this form and mail it back to us. If you need help filling out the complaint form, please call Member Services.

We'll send you a letter within 30 days of when we get your complaint. This letter will tell you what we have done to address your complaint.

If your complaint is about an ongoing emergency or hospital stay, it will be resolved as quickly as needed for the urgency of your case and no later than 1 business day from when we receive your complaint.

How do I file a complaint with the Health and Human Services Commission once I have gone through the Amerigroup complaint process?

Once you have gone through the Amerigroup complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 866-566-8989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission
Ombudsman Managed Care Assistance Team
PO Box 13247
Austin, TX 78711-3247

If you can get on the internet, you can submit your complaint at:
hhs.texas.gov/managed-care-help

If you file a complaint, Amerigroup won't hold it against you. We'll still be here to help you get quality health care.

Do I have the right to meet with a complaint appeal panel?

Yes. If you're not happy with the answer to your complaint, you can ask us to look at it again. You must ask for a complaint appeal panel in writing. Write to us at:

Member Advocates
Amerigroup
2505 N. Highway 360, Suite 300
Grand Prairie, TX 75050

When we get your request, we'll send you a letter within 5 business days. This means we have your request and started to work on it. You can also call us at **844-756-4600 (TTY 711)** to ask for a complaint appeal panel request form. You must complete the form and return it to us.

We'll have a meeting with Amerigroup staff, providers in the health plan, and other Amerigroup members to look at your complaint. We'll try to find a day and time for the meeting so you can be there. You can bring someone to the meeting if you want to. You don't have to come to the meeting. We'll send you a letter at least 5 business days before the complaint appeal panel meeting. The letter will have the date, time, and place of the meeting. We'll send you all of the information the panel will look at during the meeting.

We'll send you a letter within 30 days of getting your written request. The letter will tell you the complaint panel's final decision. This letter will also give you the information the panel used to make its decision.

APPEALS PROCESS

What can I do if my doctor asks for a service or medicine for me that is covered, but Amerigroup denies or limits it?

There may be times when we say we will not pay for all or part of the care that has been recommended. You have the right to ask for an appeal. An appeal is when you or your designated representative asks Amerigroup to look again at the care your doctor asked for and we said we will not pay for. A designated representative can be a family member, your provider, an attorney, a friend, or any person you choose.

If you ask someone (a designated representative) to file an appeal for you, you must also send a letter to Amerigroup to let us know you have chosen a person to represent you. Amerigroup must have this written letter to be able to consider this person as your representative. We do this for your privacy and security.

You can appeal our decision orally or in writing:

- You can call Member Services at **844-756-4600 (TTY 711)**.
- You can send us a letter or the request form included with our decision letter to:
  Amerigroup Appeals
  PO Box 62429
  Virginia Beach, VA 23466-2429

How will I find out if services are denied?

If we deny services, we will send you a letter at the time the denial is made.

What are the time frames for the appeals process?

You or a designated representative can file an appeal. You must do this within 60 days of the date of the first letter from Amerigroup saying we won't pay for or cover all or part of the recommended care.

When we receive your letter or call, we will send you a letter within five business days. This letter will let you know we received your appeal. We will also let you know if we need any other information to process your appeal. Amerigroup will contact your doctor if we need medical information about the service.

A doctor who has not seen the case before will look at your appeal. They will decide how we should handle the appeal.

We will send you a letter with the answer to your appeal. We will do this within 30 calendar days from when we receive your appeal unless we need more information from you or the person you asked to file the appeal for you. If we need more information, we may extend the appeals process for 14 days if the delay is in your best interest. If we extend the appeals process, we will let you know in writing the reason for the delay. You may also ask us to extend the process if you know more information we should consider.

How can I continue receiving services that were already approved?

You have 60 days to file an appeal from the date of our decision letter. To continue receiving services that have already been approved by Amerigroup but which may be part of the reason for your appeal, you must file a request for continuation of benefits on or before the later of:

- Ten days after we mail the notice to you to let you know we will not pay for or cover all or part of the care.
- The date the notice says the service will end.

If the decision on your appeal upholds our first decision, you may be asked to pay for the services you received during the appeals process.

If the decision on your appeal reverses our first decision, Amerigroup will pay for the services you received while your appeal was pending.

Can someone from Amerigroup help me file an appeal?

Yes, a member advocate or Member Services representative can help you file an appeal with Amerigroup or with the appropriate state program. Please call Member Services toll-free at **844-756-4600 (TTY 711)**.

Can I request an external medical review and state fair hearing?

Yes, you can ask for an external medical review and state fair hearing after the Amerigroup internal appeal process is complete. Your request must be made within 120 days of the date of our appeal decision letter. An external medical review cannot be requested without a state fair hearing, but you can withdraw your request for the hearing after you get the external medical review decision.

Can I request a state fair hearing only?

Yes. You can ask for a state fair hearing without an external medical review after the Amerigroup internal appeal process is complete. Your request must be made within 120 days of the date of our appeal decision letter.

See the next sections, **Emergency Appeals, State Fair Hearings**, and **External Medical Review Information** to learn more.

EMERGENCY APPEALS

What is an emergency appeal?

An emergency appeal is when the health plan has to make a decision quickly based on the condition of your health and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an emergency appeal? Does my request have to be in writing?

You or the person you ask to file an appeal for you (a designated representative) can request an emergency appeal. You can request an emergency appeal orally or in writing, either:

- Call Member Services at **844-756-4600 (TTY 711)**.
- Send a letter or the request form included with our decision letter to:
  Amerigroup Appeals
  PO Box 62429
  Virginia Beach, VA 23466-2429

What are the time frames for an emergency appeal?

After we receive your letter or call and agree your request for an appeal should be expedited, we will send you a letter with the answer to your appeal. We will do this within 72 hours from receipt of your appeal request.

If your appeal is about an ongoing emergency or hospital stay, we will call you with an answer within one business day or 72 hours, whichever is shorter. We will also send you a letter with the answer to your appeal within 72 hours.

What happens if Amerigroup denies the request for an emergency appeal?

If we do not agree your request for an appeal should be expedited, we will call you right away. We will send you a letter within two calendar days to let you know how the decision was made and your appeal will be reviewed through the standard review process.

Who can help me file an emergency appeal?

A member advocate or Member Services representative can help you file an emergency appeal. Please call Member Services at **844-756-4600 (TTY 711)**.

STATE FAIR HEARINGS

Can I ask for a state fair hearing?

If you, as a member of the health plan, disagree with the health plan's internal appeal decision, you have the right to ask for a state fair hearing. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the state fair hearing within 120 days of the date on the health plan's letter with the internal appeal decision. If you do not ask for the state fair hearing within 120 days, you may lose your right to a state fair hearing. To ask for a state fair hearing, you or your representative should either send a letter to Amerigroup at:

State Fair Hearing/EMR Coordinator
Amerigroup
PO Box 62429
Virginia Beach, VA 23466-2429

Or you can call Member Services at **844-756-4600 (TTY 711)**.

You have the right to keep getting any service the health plan denied or reduced, based on previously authorized services, at least until the final state fair hearing decision is made if you ask for a state fair hearing by 10 days following the date the health plan mailed the internal appeal decision letter. If you do not request a state fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a state fair hearing, you will get a packet of information letting you know the date, time, and location of the hearing. Most state fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

Health and Human Services Commission (HHSC) will give you a final decision within 90 days from the date you asked for the state fair hearing.

Can I ask for an emergency state fair hearing?

If you believe that waiting for a state fair hearing will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, you or your representative may ask for an emergency state fair hearing by writing or calling Amerigroup. To qualify for an emergency state fair hearing through HHSC, you must first complete the Amerigroup internal appeals process.

EXTERNAL MEDICAL REVIEW INFORMATION

Can a member ask for an external medical review?

If a member, as a member of the health plan, disagrees with the health plan's internal appeal decision, the member has the right to ask for an external medical review. An external medical review is an optional, extra step the member can take to get the case reviewed before the state fair hearing occurs. The member may name someone to represent them by contacting the health plan in writing and giving the name of the person the member wants to represent him or her. A provider may be the member's representative. The member or the member's representative must ask for the external medical review within 120 days of the date the health plan mails the letter with the internal appeal decision. If the member does not ask for the external medical review within 120 days, the member may lose his or her right to an external medical review. To ask for an external medical review, the member or the member's representative may either:

- Fill out the *State fair hearing and external medical review request form* provided as an attachment to the member notice of MCO internal appeal decision letter and mail or fax it to Amerigroup by using the address or fax number at the top of the form; or

- Call Amerigroup at **844-756-4600 (TTY 711).**

If the member asks for an external medical review within 10 days from the time the health plan mails the appeal decision letter, the member has the right to keep getting any service the health plan denied, based on previously authorized services, at least until the final state fair hearing decision is made. If the member does not request an external medical review within 10 days from the time the health plan mails the appeal decision letter, the service the health plan denied will be stopped.

The member may withdraw the member's request for an external medical review before it is assigned to an Independent Review Organization or while the Independent Review Organization is reviewing the member's external medical review request. An Independent Review Organization is a third-party organization contracted by HHSC that conducts an external medical review during member appeal processes related to adverse benefit determinations based on functional necessity or medical necessity. An external medical review cannot be withdrawn if an Independent Review Organization has already completed the review and made a decision.

Once the external medical review decision is received, the member has the right to withdraw the state fair hearing request. If the member continues with the state fair hearing, the member can also request the Independent Review Organization be present at the state fair hearing. The member can make both of these requests by contacting Amerigroup at **844-756-4600 (TTY 711)** or the HHSC Intake Team at EMR_Intake_Team@hhsc.state.tx.us.

If the member continues with a state fair hearing and the state fair hearing decision is different from the Independent Review Organization decision, it is the state fair hearing decision that is final. The state fair hearing decision can only uphold or increase member benefits from the Independent Review Organization decision.

Can I ask for an emergency external medical review?
If you believe that waiting for a standard external medical review will seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum function, your, your parent or your legally authorized representative may ask for an emergency external medical review and emergency state fair hearing by writing or calling Amerigroup. To qualify for an emergency external medical review and emergency state fair hearing review through HHSC, you must first complete the Amerigroup internal appeals process.

HOW DO I REPORT SUSPECTED ABUSE, NEGLECT, OR EXPLOITATION?

You have the right to respect and dignity, including freedom from Abuse, Neglect, and Exploitation.

What are Abuse, Neglect, and Exploitation?

- **Abuse** is mental, emotional, physical, or sexual injury, or failure to prevent such injury.
- **Neglect** results in starvation, dehydration, overmedicating or under medicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.
- **Exploitation** is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting Abuse, Neglect, and Exploitation

The law requires that you report suspected Abuse, Neglect, or Exploitation, including unapproved use of restraints or isolation that is committed by a provider.

Call 911 for life-threatening or emergency situations.

Report by phone (nonemergency) — 24 hours a day, seven days a week, toll-free
Report to the Health and Human Services Commission (HHSC) by calling 800-458-9858 if the person being abused, neglected, or exploited lives in or receives services from a:

- Nursing facility
- Assisted living facility
- Adult day care center
- Licensed adult foster care provider, or
- Home and Community Support Services Agency (HCSSA) or Home Health Agency

Suspected Abuse, Neglect, or Exploitation by a HCSSA must also be reported to the Department of Family and Protective Services (DFPS).

Report all other suspected Abuse, Neglect, or Exploitation to DFPS by calling 800-252-5400.

Report electronically (nonemergency)
Go to https://txabusehotline.org. This is a secure website. You will need to create a password-protected account and profile.

Helpful information for filing a report
When reporting Abuse, Neglect, or Exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

FRAUD AND ABUSE INFORMATION

Do you want to report waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drugstore, other health-care providers, or a person getting benefits is doing something wrong. Doing something wrong could be waste, abuse, or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 800-436-6184.
- Visit https://oig.hhs.texas.gov/ and click on "Report Fraud" to complete the online form.
- Report directly to your health plan:
  Compliance Officer
  Amerigroup
  2505 N. Highway 360, Suite 300
  Grand Prairie, TX 75050
  800-839-6275

To report waste, abuse, or fraud, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.) include:
  - Name, address, and phone number of provider
  - Name and address of the facility (hospital, nursing home, home health agency, etc.)
  - Medicaid number of the provider and facility, if you have it
  - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
  - Names and phone numbers of other witnesses who can help in the investigation
  - Dates of events
  - Summary of what happened
- When reporting someone who gets benefits, include:
  - The person's name
  - The person's date of birth, Social Security Number, or case number if you have it
  - The city where the person lives
  - Specific details about the waste, abuse, or fraud

QUALITY MANAGEMENT

What does quality management do for you?

The Amerigroup Quality Management program is here to make sure your child is being cared for. We look at services your child has received to check if he or she is getting the best preventive health care. If your child has a chronic disease, we check if he or she is getting help to manage the condition.

The Quality Management department develops programs to help you learn more about your child's health care. We have member outreach teams to help you schedule appointments for the care your child needs and arrange transportation if you need it. These services are free because we want to help your child get and stay healthy.

We work with the doctors in our plan to teach them and help them care for your child. You may get mailings from us about taking preventive health steps or managing an illness. We want you to help us improve by telling us what we can do better. To learn more about our Quality Management program, please call Member Services at **844-756-4600 (TTY 711)**.

What are clinical practice guidelines?

Amerigroup uses national clinical practice guidelines for your child's care. Clinical practice guidelines are nationally recognized, scientific, proven standards of care. These guidelines are recommendations for physicians and other health-care providers to diagnose and manage your child's specific condition. If you would like a copy of these guidelines, call Member Services at **844-756-4600 (TTY 711)**.

INFORMATION THAT MUST BE AVAILABLE ONCE A YEAR

As a member of Amerigroup, you can ask for and get the following information each year:

- Information about network providers — at a minimum primary care doctors, specialists, and hospitals in our service area; this information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients; and, when applicable, professional qualifications, specialty, medical school attended, residency completion, and board certification status
- Any limits on your freedom of choice among network providers
- Your rights and responsibilities
- Information on complaint, appeal, external medical review, and state fair hearing procedures
- Information about benefits available under the Medicaid program, including amount, duration and scope of benefits; this is designed to make sure you understand the benefits to which you are entitled
- How you get benefits, including authorization requirements
- How you get benefits, including family planning services, from out-of-network providers and/or limits to those benefits
- How you get after-hours and emergency coverage and/or limits to those kinds of benefits, including:
  - What makes up emergency medical conditions, emergency services, and post-stabilization services

  - The fact that you do not need prior authorization from your primary care provider for emergency care services
  - How to get emergency services, including instructions on how to use the 911 telephone system or its local equivalent
  - The addresses of any places where providers and hospitals furnish emergency services covered by Medicaid
  - A statement saying you have a right to use any hospital or other settings for emergency care
  - Post-stabilization rules
- Policy on referrals for specialty care and for other benefits you cannot get through your primary care provider
- The Amerigroup practice guidelines

We hope this book has answered most of your questions about Amerigroup. To learn more, call Amerigroup Member Services.

MEMBER GUIDE TO MANAGED CARE TERMS

Term	Definition
Appeal	A request for your managed care organization to review a denial or a grievance again.
Complaint	A grievance that you communicate to your health insurer or plan.
Copayment	A fixed amount (for example, $15) you pay for a covered health-care service, usually when you receive the service. The amount can vary by the type of covered health-care service.
Durable Medical Equipment (DME)	Equipment ordered by a health-care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.
Emergency Medical Condition	An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.
Emergency Medical Transportation	Ground or air ambulance services for an emergency medical condition.
Emergency Room Care	Emergency services you get in an emergency room.
Emergency Services	Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.
Excluded Services	Health-care services that your health insurance or plan doesn’t pay for or cover.
Grievance	A complaint to your health insurer or plan.
Habilitation Services and Devices	Health-care services such as physical or occupational therapy that help a person keep, learn, or improve skills and functioning for daily living.
Health Insurance	A contract that requires your health insurer to pay your covered health-care costs in exchange for a premium.
Home Health Care	Health-care services a person receives in a home.
Hospice Services	Services to provide comfort and support for persons in the last stages of a terminal illness and their families.
Hospitalization	Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.
Hospital Outpatient Care	Care in a hospital that usually doesn’t require an overnight stay.
Medically Necessary	Health-care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Network	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health-care services.
Non-participating Provider	A provider who doesn’t have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.
Participating Provider	A provider who has a contract with your health insurer or plan to provide covered services to you.
Physician Services	Health-care services a licensed medical physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) provides or coordinates.
Plan	A benefit, like Medicaid, which provides and pays for your health-care services.
Pre-authorization	A decision by your health insurer or plan that a health-care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn’t a promise your health insurance or plan will cover the cost.
Premium	The amount that must be paid for your health insurance or plan.
Prescription Drug Coverage	Health insurance or plan that helps pay for prescription drugs and medications.
Prescription Drugs	Drugs and medications that by law require a prescription.
Primary Care Physician	A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.
Primary Care Provider	A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.
Provider	A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), health-care professional, or

	health-care facility licensed, certified, or accredited as required by state law.
Rehabilitation Services and Devices	Health-care services such as physical or occupational therapy that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.
Skilled Nursing Care	Services from licensed nurses in your own home or in a nursing home.
Specialist	A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.
Urgent Care	Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.