Amerigroup RealSolutions®
in healthcare

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Member Handbook

Georgia Planning for Healthy Babies Program

Planning for Healthy Babies®

GA-MHB-0010-11 05.12

Amerigroup RealSolutions in healthcare

www.myamerigroup.com

This member handbook has important information and facts about your Amerigroup Community Care benefits. Call Member Services toll free at 1-800-600-4111 for a verbal translation.

Dear Member:

Welcome to Amerigroup! We are happy that you are a member. We are here to help you find real solutions to your health care needs.

The member handbook tells you how Amerigroup works and how to stay healthy. It tells you how to get health care, too. You will get the latest handbook by mail every other year. You can also ask for one by calling Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880).

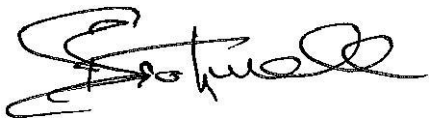
As a member in Family Planning (FP), Interpregnancy Care (IPC) or Resource Mother Outreach (RMO), you will get an Amerigroup member ID card in a few days. Your ID card will tell you when your Amerigroup membership starts. For members in IPC, the name of your Primary Care Provider (PCP) is on your ID card. Please check the PCP's name on your ID card. If it is not right, please call us.

You can call Member Services toll free at 1-800-600-4441. You can talk to a Member Services representative about your benefits.

You can also talk to a nurse on our 24-hour Nurse HelpLine at 1-800-600-4441. Our HelpLine is available 24 hours a day, 7 days a week. You can take advantage of these services:

- Choose or find a PCP in the Amerigroup network for members in IPC
- Choose or find a Family Planning Provider (FPP) for members in FP
- Access RMO services for members in IPC or RMO
- Change your PCP for members in IPC
- Ask for a new ID card if you lost yours
- Update your address or phone number
- Ask for a new member handbook
- Ask for a provider directory for members in IPC and FP

Sincerely,



Dr. Tunde Sotunde
Chief Executive Officer
Amerigroup Georgia

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

Amerigroup Community Care

Member Handbook for Interpregnancy Care, Family Planning and Resource Mother Outreach Programs

303 Perimeter Center North, Suite 400
Atlanta, GA 30346

1-800-600-4441 • **www.myamerigroup.com/GA**

Table of Contents

Welcome to Amerigroup Community Care!

Facts about Your New Health Plan

Amerigroup Community Care is a Georgia Care Management Organization (CMO). We provide health care coverage to our members. The Georgia Department of Community Health contracted us to manage Medicaid programs like the Planning for Health Babies program, which includes:

- **Interpregnancy Care:** this program provides family planning and related services, in addition to Interpregnancy services like limited primary care services, management and treatment of chronic diseases, substance abuse treatment, case management, limited dental, prescription drugs and nonemergency transportation, and access to Resource Mother Outreach services
- **Family Planning:** this program provides family planning and supplies like contraception, patient education counseling and referral services
- **Resource Mother Outreach:** this program provides a range of support services like supportive counseling, support with PCP appointments, nonemergency transportation, short-term case management and help with finding resources like Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

This member handbook will help you understand the Amerigroup health plan. We want to help you undestand your member handbook. Please call Member Services if you need help understanding your handbook.

We have listed some of the terms we use in the handbook. Please review them carefully:

- **Business day:** this term means any day from Monday through Friday during working hours; it does not include state holidays
- **Provider directory:** this is a listing of health care service providers under contract with Amerigroup; you can use the directory as a reference to help find available providers for health care services
- **Individuals with Disabilities Education Act (IDEA):** this is a United States federal law that ensures children with disabilities throughout the United States receive health care services; it governs how states and public agencies provide early intervention, special education and other related services to children with disabilities

How to Get Help

The Amerigroup Community Care Member Services Department

If you have any questions about the Amerigroup health plan, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). You can call us Monday through Friday, 7:00 a.m. to 7:00 p.m. Eastern time except for state holidays. Member Services can help explain many things, including:

- This member handbook
- Your Amerigroup benefits
- Getting health care
- Member ID cards
- Doctor appointments
- Resource mother services
- Transportation
- Special needs
- Health education classes
- Healthy living
- Changing your PCP
- Out-of-town care
- Finding a network pharmacy
- Your Primary care provider
- Your family planning provider
- IPC- or FP-related urgent care services
- IPC- or FP-related emergency care services

The services you can get depend on the program you're enrolled in. Program-specific information can be found as follows:

- Interpregnancy Care program information begins on Page 5
- Family Planning program information begins on Page 17
- Resource Mother Outreach information begins on Page 25

You can also find out what your services are by calling Member Services at 1-800-600-4441 (TTY 1-800-855-2880). Please also call Member Services if you:

- Want to ask for a copy of the Amerigroup Notice of Privacy Practices, which will tell you:
  - How medical information about you may be used
  - How medical information may be disclosed
  - How you can get access to this information
- Move to a new home so that you can tell us your new address and phone number. You should also call your local county Department of Family and Children Services (DFCS) to let them know. You can call the central DFCS office at 1-888-295-1769 to find out which location is closest to you.
- Become pregnant. You should also call your local county DFCS to let them know.

For members who do not speak English, we provide verbal translations in many languages and dialects. We also have interpreters for doctor visits. Please call Member Services at least 24 hours before your visit.

For members who are deaf or hard of hearing, we can have a person who knows sign language help you at your doctor visits. This service is at no cost to you. Please call the AT&T Relay Service toll free at 1-800-855-2880 at least 24 hours before your visit.

Your Amerigroup Community Care Member Handbook

This handbook will help you understand your Amerigroup health plan. If you have questions or need help understanding or reading it, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). The other side of this handbook is in Spanish. We also have this member handbook in:

- A large print version
- An audio-taped version
- A Braille version

The Amerigroup Community Care 24-hour Nurse HelpLine

You can call our Nurse HelpLine 24 hours a day at 1-800-600-4441 if you need advice on:

- How soon you need care when you are sick
- What kind of health care you need
- What to do to take care of yourself until you see your doctor
- How you can get the care you need

We want you to be happy with your services through the Amerigroup network of doctors and hospitals. Please call us if you have any problems with your care.

Other Important Phone Numbers

- You can call Georgia Families at 1-888-GA-ENROLL (1-888-423-6765) for enrollment and eligibility questions.
- If you have questions about the program you're enrolled in, call Planning for Healthy Babies at 1-877-744-2101 or your Department of Family and Children Services (DFCS) caseworker. You can call the central DFCS office at 1-888-295-1769 to find out which location is closest to you.
- If you need to tell us of a change of address, call your local DFCS county office.
- Visit the Planning for Healthy Babies website at www.planning4healthybabies.org to learn more about family planning and having a healthy pregnancy.

Personal Disaster Plan

Your health is important to us. To help you keep track of your health records, Amerigroup offers you a way to keep them safe. Our online disaster plan can help you get ready before a disaster happens. All you need to do is follow these easy instructions:

1. Log in to www.myamerigroup.com/GA
2. Choose Georgia and click on State Programs
3. Click on the Programs & Info in Your Community tab
4. On the right-hand side, click on Personal Disaster Plan
5. Fill in your health information and click the Save button

Once completed, a free Personal Disaster Kit will be sent to you. Make sure your personal health records are current and safe today.

Your Amerigroup ID Card

Amerigroup members get a member ID card. If you do not have your ID card yet, you will get it soon. Please keep it with you at all times. You do not need to show your ID card for emergency care. Please call Member Services at 1-800-600-4441 if you did not receive your ID card.

Each program ID card in the Planning for Healthy Babies (P4HB) program is color-coded to help identify which program members are enrolled in:

- Interpregnancy Care (IPC) member ID cards have a purple P4HB logo
- Family Planning (FP) member ID cards have a pink P4HB logo
- Resource Mother Outreach (RMO) member ID cards have a yellow P4HB logo

Carry your Amerigroup member ID card at all times. If your ID card is lost or stolen, call Member Services at 1-800-600-4441 right away. We will send you a new one.

Your Amerigroup Community Care Service Region

Amerigroup is in four service regions in Georgia. You must live in one of the Amerigroup service regions to be a member. The service regions and their counties are listed next.

Service Region	Counties		
Atlanta	**You live in the Atlanta Service Region if you live in one of these counties:**		
	Barrow	DeKalb	Jasper
	Bartow	Douglas	Newton
	Butts	Fayette	Paulding
	Carroll	Forsyth	Pickens
	Cherokee	Fulton	Rockdale
	Clayton	Gwinnett	Spalding
	Cobb	Haralson	Walton
	Coweta	Henry	

Service Region	Counties		
East	**You live in the East Service Region if you live in one of these counties:**		
	Burke	Jefferson	Taliaferro
	Columbia	Jenkins	Warren
	Emanuel	Lincoln	Washington
	Glascock	McDuffie	Wilkes
	Greene	Putnam	
	Hancock	Richmond	

Service Region	Counties		
North	**You live in the North Service Region if you live in one of these counties:**		
	Banks	Gilmer	Oconee
	Catoosa	Gordon	Oglethorpe
	Chattooga	Habersham	Polk
	Clarke	Hall	Rabun
	Dade	Hart	Stephens
	Dawson	Jackson	Towns
	Elbert	Lumpkin	Union
	Fannin	Madison	Walker
	Floyd	Morgan	White
	Franklin	Murray	Whitfield

Service Region	Counties		
Southeast	**You live in the Southeast Service Region if you live in one of these counties:**		
	Appling	Chatham	Montgomery
	Bacon	Effingham	Pierce
	Brantley	Evans	Screven
	Bryan	Glynn	Tattnall
	Bulloch	Jeff Davis	Toombs
	Camden	Liberty	Ware
	Candler	Long	Wayne
	Charlton	McIntosh	

Service Region	Counties		
Central	**You live in the Central Service Region if you live in one of these counties:**		
	Baldwin	Johnson	Pulaski
	Bibb	Jones	Talbot
	Bleckley	Lamar	Taylor
	Chattahoochee	Laurens	Telfair
	Crawford	Macon	Treutlen
	Crisp	Marion	Troup
	Dodge	Meriwether	Twiggs
	Dooly	Monroe	Upson
	Harris	Muscogee	Wheeler
	Heard	Peach	Wilcox
	Houston	Pike	Wilkinson

Service Region	Counties		
Southwest	**You live in the Southwest Service Region if you live in one of these counties:**		
	Atkinson	Dougherty	Schley
	Baker	Early	Seminole
	Ben Hill	Echols	Stewart
	Berrien	Grady	Sumter
	Brooks	Irwin	Terrell
	Calhoun	Lanier	Thomas
	Clay	Lee	Tift
	Clinch	Lowndes	Turner
	Coffee	Miller	Webster
	Colquitt	Mitchell	Worth
	Cook	Quitman	
	Decatur	Randolph	

For Members in the Interpregnancy Care Program

Eligibility for the Interpregnancy Care Program

To receive Planning for Health Babies Interpregnancy Care program services, you must meet these requirements:

- You must be an uninsured woman between the ages of 18 through 44
- You must have a family income up to and including 200 percent of the Federal Poverty Level (FPL)
- You must have delivered a very low birth weight baby on or after January 1, 2011
- You must not otherwise be eligible for Medicaid or CHIP

Enrollment in the Interpregnancy Care Program

The Department of Community Health sent you a letter to let you know you're eligible for the Interpregnancy Care program. You had 30 calendar days to choose a health plan, a Primary Care Provider (PCP) and a Family Planning Provider (FPP). If you did not choose a plan or providers, you were automatically assigned them.

Your Interpregnancy Care Amerigroup Member ID Card

Interpregnancy Care program members receive an Amerigroup member ID card that has a purple P4HB logo. This ID card tells doctors and hospitals:

- You are a member of Amerigroup
- Who your Amerigroup provider is
- Amerigroup will pay for the medically needed benefits listed in the Amerigroup Health Care Benefits section for the IPC program

Your ID card has your provider name and number, and the date you became an Amerigroup member. Your ID card also has important phone numbers you need, such as:

- Our Member Services department
- Our Nurse HelpLine
- Pharmacy information

Your Primary Care Provider

Choosing a Primary Care Provider

As an Amerigroup Community Care member enrolled in the Interpregnancy Care (IPC) program, you have a Primary Care Provider (PCP). Your PCP must be in the Amerigroup network. Your PCP will:

- Get to know you and your health history
- Help you get good health care
- Give you basic health services you need

When you enrolled in Amerigroup, you should have chosen a PCP. If you did not, we chose one for you. We chose one who should be close by you. The PCP's name and phone number are on your Amerigroup ID card with the purple P4HB logo.

You can choose a new PCP if you don't want the one we chose for you. Just look in the provider directory you got with your Amerigroup member packet. We can also help you choose a new PCP. Call Member Services for help. If you are already seeing a doctor, look in the provider directory to find out if that doctor is in our network.

Then call and tell us you want to keep that doctor as your PCP. PCPs can be any of the following as long as they are in the Amerigroup network:

- General Practitioners
- Family Practitioners
- Internists
- Certified Nurse Practitioners specializing in Family Practice or Women's Health
- Public Health Departments, Federally Qualified Health Centers and Rural Health Clinics

Your Family Planning Provider

Choosing a Family Planning Provider

As an Amerigroup Community Care member enrolled in the Interpregnancy Care (IPC) program, you can also choose a Family Planning Provider (FPP) in addition to your PCP. An FPP is a doctor, nurse or other health care provider who provides or prescribes family planning services. Your FPP must be in the Amerigroup network.

You should have chosen an FPP when you enrolled in Amerigroup. If you didn't, you can choose an FPP by looking in the provider directory you got with your Amerigroup member packet. We can also help you choose an FPP. Call Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880) for help.

If you are already seeing a doctor, look in the provider directory to find out if that doctor is in our network. Your FPP will provide you with:

- Education and counseling necessary to make informed choices and to understand contraceptive methods
- Initial and annual complete physical exams
- Follow-up, brief and comprehensive family planning visits (up to five visits per year)
- Pregnancy testing
- Contraceptive supplies and follow-up care
- Diagnosis and treatment of sexually transmitted diseases
- Infertility assessments

Asking for a Second Opinion

You have the right to ask for a second opinion for any health care service covered in the Interpregnancy Care program. You can get a second opinion from a network provider. You can also ask a non-network provider if there is not a provider you can go to in our network. Ask your PCP to ask for you to have a second opinion. This is at no cost to you.

Once approved, your PCP will:

- Let you know the date and time of the visit
- Send copies of all related records to the doctor who will give the second opinion
- Let you and Amerigroup know the outcome of the second opinion

If You Had a Different Doctor Before You Joined Amerigroup Community Care

You may have been seen by a doctor who is not in our network when you joined Amerigroup. You may be able to keep seeing this doctor while you choose a network PCP. Call Member Services to find out more. We will make a plan with you and your doctors so we all know when you need to start seeing your new network PCP.

If Your Primary Care Provider's Office Moves, Closes or Leaves the Amerigroup Network

Your provider's office may move, close or leave the Amerigroup network. If this happens, we will call or send you a letter to tell you. In some cases, you may be able to keep seeing this provider for care while you choose a new one. Please call Member Services for more information.

We can also help you choose a new provider. Call Member Services for help. Once you choose a new provider, we will send you a new member ID card within 10 calendar days. Your new card will have the name of your new provider.

How to Change Your Provider

If you need to change your provider, you can choose a new provider from our network. Just look in the provider directory you got with your enrollment package. You can also find the provider directory online at www.myamerigroup.com/GA.

We can also help you choose a provider. Call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). We will help you find your new provider.

If you call to change your provider, the change will be made on the next business day. You will get a new member ID card in the mail within 10 working days. Your new card will have the name of your new provider.

If Your Provider Asks for You to Be Changed to a New Provider

Your provider may ask for you to be changed to a new provider. Your provider may do this if:

- You do not follow his or her medical advice over and over again
- Your provider agrees that a change is best for you
- Your provider does not have the right experience to treat you

Choosing an OB/GYN

You can see an Amerigroup network obstetrician and/or gynecologist (OB/GYN) for OB/GYN health needs. These services include:

- Well-woman visits and annual Pap and physical exams
- Care for any female medical condition
- Family planning (birth control pills, IUDs, etc)

You do not need a referral to see your OB/GYN. If you do not want to go to an OB/GYN, your provider may be able to treat you for your OB/GYN health needs. Ask your provider if he or she can give you OB/GYN care. If not, you will need to see an OB/GYN.

You will find a list of network OB/GYNs in the Amerigroup provider directory you got with your enrollment package. You can also find the provider directory online at www.myamerigroup.com/GA. If you need help choosing an OB/GYN, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

If You Want to Go to a Doctor Who Is Not Your Provider

If you want to go to a doctor who is not your provider, please talk to your provider first. In most cases, your provider needs to refer you first. This is done when your provider can't give you the care you need.

If you go to a doctor that your provider has not referred you to, the care you get may not be covered. This means the care may not be paid for by Amerigroup. Read the section on Services That Do Not Need a Referral to find out more.

How to Get Health Care When Your Provider's Office Is Closed

Except in the case of an emergency or when you need care that does not need a referral, you should always call your provider before you get medical care. Help from your provider is available 24 hours a day.

If you call your provider's office when it is closed, leave a message with your name and a phone number where you can be reached. Someone should call you back soon to tell you what to do. You may also call our Nurse HelpLine 24 hours a day, 7 days a week for help at 1-800-600-4441 (TTY 1-800-855-2880). If you think you need emergency care (see previous section), call 911 or go to the nearest emergency room right away.

How to Get Care When You Cannot Leave Your Home

We will find a way to help take care of you. If you cannot leave your home, call Member Services right away at 1-800-600-4441 (TTY 1-800-855-2880). We will put you in touch with a case manager who will help you get the medical care you need.

How to Make an Appointment

To set up a visit with your doctor, call the doctor's office. The phone number is on your ID card with the purple P4HB logo. Tell the doctor's office if you do not feel well. This will let the doctor's office know how soon you need to be seen. It may help you be seen faster.

If you need help making an appointment, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). When you call, let us know if you need a checkup or a follow-up visit.

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

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

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

Type of Call	Wait Time
Urgent call	No more than 20 minutes
Other call	No more than 1 hour

Wait Times for Appointments

We want you to get care when you need it. When you make an appointment, your provider should give you an appointment within the time frames below:

Type of Appointment	Time Frame
Dental provider	No more than 21 calendar days
Urgent dental care	No more than 48 hours

Type of Appointment	Time Frame
PCP (routine visit)	No more than 14 calendar days
PCP (adult sick visit)	No more than 24 hours
Mental health providers	No more than 14 calendar days
Urgent care providers	No more than 24 hours
Emergency providers	Right away, without prior authorization (24 hours a day, 7 days a week)

What to Bring When You Go for Your Provider Visit

When you go to your provider visit, bring:

- Your member ID card with the purple P4HB logo
- A list of the medicines you take now
- A list of questions for your doctor, if you have any

How to Cancel a Doctor Visit

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

If you want us to cancel the visit for you, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). If you do not call to cancel your doctor visits over and over again, your provider may ask for you to be changed to a new provider.

How to Get to the Doctor or to the Hospital

As an Interpregnancy Care member, you have access to nonemergency transportation. If you need a ride for nonemergency medical care, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). Be sure to call at least three days before the visit. Tell them the time of your visit and where to pick you up. The vendor for your region will call you back to give you a pickup time.

You can also call the Georgia NET (Non-Emergency Transportation) service directly. Call the vendor found next to the county where you live below. Be sure to call at least three days before a scheduled visit. You can call Monday through Friday, 7:00 a.m. to 6:00 p.m.

Counties Served	Vendor and Phone Number
Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickins, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield	**Southeastrans** **1-866-388-9844**
DeKalb, Fulton	**Southeastrans** **1-770-693-8401**
Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Hancock, Henry, Jasper, Montgomery, Putnam, Spalding, Washington	**LogistiCare** **1-888-224-7981**

Counties Served	Vendor and Phone Number
Appling, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Columbia, Effingham, Emanuel, Evans, Glascock, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne, Wilkes	**LogistiCare** **1-888-224-7988**

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

LogistiCare Customer Service Center	Reservations: 1-866-913-4506 Ride Assist: 1-866-913-4508
Routine reservations days and hours of operation:	☑ Open Monday – Friday from 8:00 a.m. to 5:00 p.m. ☑ Closed Saturday and Sunday ☑ Closed on national holidays (New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas)
Urgent reservations days and hours of operation:	☑ Transportation assistance for urgent and same-day reservations are available 24 hours a day, 7 days a week, 365 days a year
Ride assistance and hospital discharge days and hours of operation:	☑ Transportation assistance for trip recovery and after-hour discharges are available 24 hours a day, 7 days a week, 365 days a year

Interpregnancy Care Health Care Benefits

Covered Services

Your provider will give you the care you need or refer you to a doctor who can give you the care you need as covered in the program. Your provider will refer you for other covered services you may need. For a few Amerigroup benefits, members have to be a certain age or have a certain kind of health problem. Some health care services and benefits need prior authorization from Amerigroup.

This list shows the health care services and benefits you can get from Amerigroup. Members enrolled in the Interpregnancy Care program receive the following benefits:

- Family planning initial or annual exams
- Follow up, brief and comprehensive family planning visits (up to five visits per year)
- Contraceptive services and supplies
- Patient education and counseling
- Counseling and referrals to:
  - Social services
  - Primary health care providers
- Family planning lab tests:
  - Pregnancy tests
  - Pap smear and Pelvic exam:
    - A colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear, which is done as part of a routine/periodic family planning visit

    - Only those colposcopies which can generally be performed in the office or clinic setting are covered as services related to the program. Colposcopies which are generally provided in an ambulatory surgery facility, a special procedure room, an emergency room, an urgent care center or a hospital are not covered as services related to the program
- Screening, treatment and follow up for Sexually Transmitted Infections (STIs), except HIV/AIDS and Hepatitis:
  - Antibiotic treatment for STIs when the infections are identified during a routine family planning visit
  - A follow-up visit for the treatment/drugs may be covered
  - Subsequent follow-up visits to rescreen for STIs based on the Centers for Disease Control and Prevention guidelines
- Drugs for the treatment of vaginal and genital skin infections/disorders, and urinary tract infections when the infection/disorder is identified or diagnosed during a routine/periodic family planning visit. A follow-up visit for the treatment/drugs may be covered.
- Treatment of major complications such as:
  - Treatment of a perforated uterus due to an intrauterine device insertion
  - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage
  - Treatment of surgical or anesthesia-related complications during a sterilization procedure
- Tubal ligation (sterilization)
  - Treatment and follow-up of an STI diagnosed at the time of sterilization
- Family Planning pharmacy visits
- Multivitamins and folic acid to support a healthy pregnancy
- Select immunizations for members ages 19 and 20, including:
- Hepatitis B; Tetanus-Diphtheria (Td); and combined Tetanus, Diphtheria, Pertussis vaccinations according to the Advisory Committee on Immunization Practices guidelines as needed
- For members age 18, vaccines at no cost under the Vaccines for Children program.
- Women who have delivered a very low birth weight baby (3 pounds, 5 ounces or less) after January 1, 2011, will be eligible for Interpregnancy Care services, including the Resource Mother Outreach benefit.
- Up to five office or outpatient visits through primary care services
- Limited dental services
- Management and treatment of chronic diseases
- Substance abuse treatment, including detoxification and intensive outpatient rehabilitation
- Case management and Resource Mother Outreach services
- Prescription drugs (non-family planning)
- Nonemergency transportation
- Urgent care and emergency care services related to the program

Amerigroup will only pay for services which are approved through the Planning for Healthy Babies Interpregnancy Care and Family Planning programs, and which we have approved. If you have a question or are not sure if we offer a certain benefit, you can call Member Services for help at 1-800-600-4441 (TTY 1-800-855-2880).

How to Get Health Care When You Are Out of Town

If you need emergency care services related to the program when you are out of town or outside of Georgia*, go to the nearest hospital emergency room or call 911. If you need urgent care services related to the program, call your provider. (See the section on Urgent Care Services Related to the Program for more information.)

If your provider's office is closed, leave a phone number where you can be reached. Your provider or someone else should call you back. Follow the doctor's instructions. You may be told to get care where you are if you need it very quickly. You can also call our 24-hour Nurse HelpLine for help. If you need routine care like a checkup or prescription refill when you are out of town, call your provider or our 24-hour Nurse HelpLine at 1-800-600-4441.

*If you are outside of the U.S. and get health care services, they will not be covered by Amerigroup or the Planning for Healthy Babies program.

Special Kinds of Health Care

Dental Care

Members enrolled in the Interpregnancy Care program do not need a referral from their providers for dental care benefits. These benefits include:

- Exams and cleanings every 6 months
- X-rays every 12 months
- Fillings and simple extractions
- Emergency services

To find a network dentist in your area:

- Call Scion Dental toll free at 1-800-608-9563 (TTY 1-800-508-6975)
- Visit www.sciondental.com

To access information on Scion's website, follow the directions below:

- Go to www.sciondental.com
- Click on the For Members tab

Call Amerigroup Member Services at 1-800-600-4441 if you:

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

Recommendations for Preventive Oral Health Care

Everybody is different, and every mouth is different. It is important that you talk with your dentist to figure out what is best for you. The best plan is to follow these steps:

- Find a dentist that you like and trust
- See the dentist every six months
- Stay with the same dental provider so that he or she can look after your oral health

Family Planning Services

Amerigroup will arrange for counseling and education about planning a pregnancy or preventing pregnancy for members in the Family Planning program. You can call your provider and make an appointment for a visit. You can also go to any Medicaid family planning provider. You do not need a referral from your provider.

Services That Do Not Need a Referral

It is always best to ask your provider for a referral for any Amerigroup Community Care service.

But you can get the following services without a referral from your provider:

- Emergency care services related to the program
- Care provided by your Amerigroup network provider or his or her nurse or doctor assistant for IPC members
- Dental care from an Amerigroup network dentist for IPC members
- Screening or testing for sexually transmitted diseases, including HIV, from an Amerigroup network doctor
- Family planning services from any Amerigroup network or out-of-network provider

Case Management Services

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

Our case managers may also call you if:

- You had a Very Low Birth Weight (VLBW) baby of 3.3 pounds or less on or after January 1, 2011
- You have need of coordination of care
- You call our 24-hour Nurse HelpLine and you need additional follow-up for ongoing care

Your case manager can help with:

- Making and reviewing a plan of care
- Setting up health care services
- Referrals and assistance to access providers
- Coordination of care to providers, medical services and support services
- Resource mother outreach

If you are called, a nurse or social worker will:

- Ask you if you would like to participate in case management
- Educate you about what we can offer within the program
- Talk to you about your health and how you are managing other aspects of your life

Quality Management

Amerigroup Community Care has a Quality Management program that checks the quality of care and services given to our members. We want to know what you do and do not like. Your ideas will help us make Amerigroup better. You can call the Quality Management department at 1-800-249-0442 Monday through Friday from 8:30 a.m. to 5:30 p.m. to ask for information about the program.

Amerigroup also offers members a way to be aware of health care safety. You can get information on all of our network hospitals at www.hospitalcompare.hhs.gov. This website will help you compare the care these hospitals offer.

Medicines

Amerigroup has a list of commonly prescribed drugs your doctor can choose from to help you get well. This list is called a Preferred Drug List (PDL). It is part of the Amerigroup formulary.

The Interpregnancy Care program covered medicines may include:

- Contraceptives
- Drugs supplies or devices related to woman's health services
- Drugs for treatment of sexually transmitted diseases
- Prenatal vitamins/folic acid products
- Substance abuse treatment
- Prescription drug for treatment of chronic conditions that may increase the risk of subsequent very low birth weight delivery

Some medicines are not covered, including:

- Alternative medicines, like Echinacea and gingko biloba
- Antiseptics and disinfectants, like hydrogen peroxide
- Mouth, throat and dental agents, like throat lozenges
- Various bulk chemicals
- Pharmaceutical adjuvants, like mineral oil

All Amerigroup network doctors have access to this drug list. Your doctor should use this list when he or she writes a prescription. Certain medicines on the PDL and all medicines that are not listed on the Amerigroup PDL need prior authorization. You can call Member Services to request a copy of the PDL.

You can get prescriptions filled at participating pharmacies in the Amerigroup network. You will find a list of Amerigroup network pharmacies in the provider directory that came with your new member packet. You can also find the provider directory online at www.myamerigroup.com/GA. If you do not know if a pharmacy is in the Amerigroup network, ask the pharmacist. You can also call Member Services for help.

In order to get a prescription filled, you will need to take the written prescription from your doctor to the pharmacy. Or your doctor can call in the prescription to the pharmacy. You will need to show your Amerigroup ID card with the purple P4HB logo to the pharmacy.

It is good to use the same pharmacy each time. This way your pharmacist will know about problems that may occur when you are taking more than one prescription.

If you use a new pharmacy, you should tell the pharmacist about all of the prescription and OTC medicines you are taking. You should always show your Amerigroup member ID card with the purple P4HB logo when you have a prescription filled.

What Medically Necessary Means

Medically necessary health services mean health services other than behavioral health services. These services are:

a) Needed to prevent illness or medical conditions or give early screening, help and/or treatments for conditions that cause suffering or pain, cause physical deformity or limits in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or put life in danger
b) Given at the right places and at the right levels of care for the treatment of members' health conditions
c) Consistent with health care practice guidelines and standards that are endorsed by professional health care or government agencies
d) Consistent with the diagnosis of the conditions

e) No more intrusive or restrictive than needed to give a good balance of safety, effectiveness and efficiency
f) Not mainly for the ease of the doctor or member

Amerigroup Community Care decides if care is medically needed based on the right coverage, and level of care and service. Amerigroup only covers medically necessary covered benefits — not all medically necessary services, some of which may be outside of the Amerigroup benefits package.

As an Amerigroup member, you should follow the treatment plan prescribed by your doctor. This can help make sure you get well faster. If you don't follow the treatment plan prescribed by your doctor, it could take you longer to get well or your condition could get worse. If after a medical necessity review you ask for health services that are not helping you get better, those services could end.

Amerigroup medical directors and network doctors look at new medical advances and medical studies to:

- Decide if these advances should be covered benefits
- Decide if the government has agreed the treatment is safe and effective
- Decide if the new advance results are as good as or better than covered benefit treatments in effect now

Different Types of Health Care

The Differences between Routine Services, Urgent Care Services and Emergency Care Services Related to the Program

Routine Care Services Related to the Program

In most cases, you call your Primary Care Provider (PCP) to make an appointment when you need medical care. Then you go to see the PCP. This covers most minor illnesses and injuries, as well as regular checkups. This type of care is known as routine care. Your PCP is someone you see when you are not feeling well, but that is only part of your PCP's job. Your PCP also takes care of you when you're not sick. This is called well care.

You should be able to see your PCP within 21 days for routine care. Except in limited situations, your medical benefit plan does not cover nonemergent services performed by an out-of-network provider when those services are offered by an in-network provider. Please call Member Services for more information.

Urgent Care Services Related to the Program

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

- Severe bleeding
- Pelvic pain
- Burning sensation when urinating

Covered urgent care visits are for services related to the program, and include treatments of injury, illness or other conditions that are not life threatening. These types of urgent care must be covered in the services related to the program.

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

You can also call our 24-hour Nurse HelpLine for advice about urgent care. You should be able to see your provider within 24 hours for an urgent care appointment. Urgent care services related to the program including injury, illness or other non life threatening reasons do not need prior authorizations.

Emergency Care Services Related to the Program

Covered emergency care services must be related to the program. This includes:

- Covered inpatient and outpatient services related to the program
- Services related to the program provided by a qualified provider
- Services related to the program that are needed to test or stabilize an emergency medical condition

What is an emergency related to the program?

An emergency related to the program means the emergency must be covered by the Interpregnancy Care program. It must be a medical problem where not seeing a doctor to get care right away could result in death or very serious harm to your body. The problem is so severe that someone with an average knowledge of health and medicine can tell that the problem:

- May be life threatening or cause serious damage to your body or mental health
- May cause serious harm to a bodily function, organ or part
- May cause serious harm to self or others because of an alcohol or drug abuse emergency
- May cause injury to self or bodily harm to others

Here are some examples of problems that may be considered emergencies related to the program:

- Severe menstrual bleeding from a Depo-Provera injection requiring a dilation and curettage
- Treatment of surgical or anesthesia-related complications during a sterilization procedure
- Very bad bleeding that does not stop
- Loss of consciousness
- Perforated uterus

Please note that as a member of the Planning for Healthy Babies program, your emergency care benefits are limited to severe complications or conditions related to the program. Members with emergency medical conditions related to family planning conditions don't have to pay for follow-up screenings and treatments needed to diagnose specific conditions or to stabilize the member.

For Members in the Family Planning Program

Eligibility for the Family Planning Program

To receive Planning for Healthy Babies Family Planning program services, you must be eligible by meeting one of these two categories:

- Uninsured women between the ages of 18 and 44 who have a family income up to and including 200 percent of the Federal Poverty Level (FPL), and who are not otherwise eligible for Medicaid/CHIP
- Women who are losing Medicaid pregnancy coverage 60 days after they deliver their baby and who are not otherwise eligible for Medicaid or CHIP

Enrollment in the Family Planning Program

The Department of Community Health sent you a letter to let you know you're eligible for the Family Planning (FP) program. You had 30 calendar days to choose a health plan. If you did not choose a plan, you were automatically assigned.

Your Family Planning Amerigroup Member ID Card

Family Planning program members receive an Amerigroup member ID card with a pink P4HB logo.
This ID card tells doctors and hospitals:

- You are a member of Amerigroup
- Amerigroup will pay for the medically needed benefits covered by the Family Planning program

Your ID card has important phone numbers you need, such as:

- Our Member Services department
- Our Nurse HelpLine
- Pharmacy information

Your Family Planning Provider

Choosing a Family Planning Provider

As an Amerigroup member enrolled in the Family Planning (FP) program, you can choose a Family Planning Provider (FPP). An FPP is a doctor, nurse or other health care provider who provides or prescribes family planning services. Your FPP must be in the Amerigroup network.

Choosing a Primary Care Provider

As a member in the FP program, you are not eligible for primary care services through Amerigroup. However, the Georgia Association for Primary Health Care, Inc. (GAPHC) has a website that can help you find a primary care provider. Visit www.gaphc.org/index.php to search for an available provider that provides services not covered under this program.

You can choose an FPP as part of your Family Planning (FP) services. If you have not chosen one, you can look in the provider directory you got with your Amerigroup member packet. We can also help you choose a new FPP. Call Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880) for help.

If you are already seeing a doctor, look in the provider directory to find out if that doctor is in our network. Then call and tell us you want to keep that doctor as your FPP.

Your FPP will provide you with:

- Education and counseling necessary to make informed choices and to understand contraceptive methods
- Initial and annual complete physical exams
- Follow-up, brief and comprehensive visits
- Pregnancy testing
- Contraceptive supplies and follow-up care
- Diagnosis and treatment of sexually transmitted diseases
- Infertility assessments

Asking for a Second Opinion

Amerigroup members have the right to ask for a second opinion for any health care service covered under the Family Planning program. You can get a second opinion from a network provider. You can also ask a non-network provider if there is not a provider you can go to in our network. Ask your provider to ask for you to have a second opinion. This is at no cost to you.

Once approved, your provider will:

- Let you know the date and time of the visit
- Send copies of all related records to the doctor who will give the second opinion
- Let you and Amerigroup know the outcome of the second opinion

If Your Doctor's Office Moves, Closes or Leaves the Family Planning Program

Your Family Planning Provider (FPP) office may move, close or leave the Family Planning program. If this happens, you can call our Member Services department at 1-800-600-4441 (TTY 1-800-855-2880). We will help you find a new FPP.

If You Want to Change Your Family Planning Provider

If you want to change your FPP, we can help you find a new one:

- Call Member Services at 1-800-600-4441 (TTY 1-800-855-2880)
- Look in your provider directory
- Visit us online at www.myamerigroup.com/GA

If Your Doctor Asks for You to Be Changed to a New Doctor

Your doctor may ask for you to be changed to a new doctor if:

- You do not follow his or her medical advice over and over again
- Your FPP agrees that a change is best for you
- Your FPP does not have the right experience to treat you

Choosing an OB/GYN

Female members can see an Amerigroup network obstetrician and/or gynecologist (OB/GYN) for OB/GYN health needs.

These services include:

- Well-woman visits and annual Pap and physical exams
- Care for any female medical condition
- Family planning (birth control pills, IUDs, etc.)

How to Make an Appointment

To set up a visit with your doctor, call the doctor's office. Tell the doctor's office if you do not feel well. This will let the doctor's office know how soon you need to be seen. It may help you be seen faster.

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

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

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

Type of Call	Wait Time
Urgent call	No more than 20 minutes
Other call	No more than 1 hour

Wait Times for Appointments

We want you to get care when you need it. When you make an appointment, your FPP should give you an appointment within the time frames below:

Type of Appointment	Time Frame
FPP (routine visit)	No more than 14 calendar days
FPP (adult sick visit)	No more than 24 hours
Urgent care providers	No more than 24 hours
Emergency providers	Right away, without prior authorization (24 hours a day, 7 days a week)

What to Bring When You Go for Your Doctor Visit

When you go to your doctor visit, bring:

- Your member ID card with the pink P4HB logo
- A list of the medicines you take now
- A list of questions for your doctor if you have any

How to Cancel a Doctor Visit

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

Family Planning Health Care Benefits

Covered Services

Your Family Planning Provider (FPP) will give you the care you need or refer you to a doctor who can give you the care you need. For a few special Amerigroup benefits, members have to be a certain age or have a certain kind of health problem. Some health care services and benefits need prior authorization from Amerigroup.

This list shows the health care services and benefits you can get from Amerigroup. Members enrolled in the Family Planning program will receive the following benefits:

- Family planning initial or annual exams
- Follow up, brief and comprehensive family planning visits (up to four visits per year)
- Contraceptive services and supplies
- Patient education and counseling
- Counseling and referrals to:
  - Social services
  - Primary health care providers
- Family planning lab tests:
  - Pregnancy tests
  - Pap smear and Pelvic exam:
    - A colposcopy (and procedures done with/during a colposcopy) or a repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit. Only those colposcopies which can generally be performed in the office or clinic setting are covered as a service related to the program.
    - Colposcopies, which are generally provided in an ambulatory surgery facility, a special procedure room, an emergency room, an urgent care center or a hospital are not covered as services related to the program.
- Screening, treatment and follow up for Sexually Transmitted Infections (STIs), except HIV/AIDS and Hepatitis:
  - Antibiotic treatment for STIs when the infections are identified during a routine family planning visit
  - A follow-up visit for the treatment/drugs may be covered
  - Subsequent follow-up visits to rescreen for STIs based on the Centers for Disease Control and Prevention guidelines
- Emergency and urgent care services related to the program
- Drugs for the treatment of vaginal and genital skin infections/disorders, and urinary tract infections when the infection/disorder is identified or diagnosed during a routine/periodic family planning visit. A follow-up visit for the treatment/drugs may be covered.
- Treatments and services related to the program for major complications such as:
  - Treatment of a perforated uterus due to an intrauterine device insertion
  - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage
  - Treatment of surgical or anesthesia-related complications during a sterilization procedure
- Tubal ligation (sterilization)
  - Treatment and follow-up of an STI diagnosed at the time of sterilization
- Family Planning pharmacy visits
- Multivitamins with folic acid and/or folic acid

- Certain immunizations for members ages 19 and 20, including:
  - Hepatitis B
  - Tetanus-Diphtheria (Td)
  - Combined Tetanus, Diphtheria, Pertussis vaccinations according to the Advisory Committee on Immunization Practices guidelines as needed
- For members age 18, vaccines are provided at no cost under the Vaccines for Children program
- Urgent care and emergency care services related to the program

Amerigroup will only pay for services which are approved through the Planning for Healthy Babies Family Planning program, and which we have approved. If you have a question or are not sure if we offer a certain benefit, you can call Member Services for help at 1-800-600-4441 (TTY 1-800-855-2880).

Services That Do Not Need a Referral

For Family Planning members, it is always best to ask your Family Planning Provider (FPP) for a referral for any Amerigroup service. You can get the following services without a referral from your FPP:

- Emergency care services related to the program
- Care provided by your Amerigroup network Family Planning Provider
- Yearly exams from an Amerigroup network OB/GYN
- Screening or testing for sexually transmitted diseases, including HIV, from an Amerigroup network doctor
- Family planning services from any Amerigroup network or out-of-network provider

Quality Management

Amerigroup Community Care has a Quality Management program that checks the quality of care and services given to our members. We want to know what you do and do not like. Your ideas will help us make Amerigroup better.

You can call the Quality Management department at 1-800-249-0442 Monday through Friday from 8:30 a.m. to 5:30 p.m. to ask for information about the program.

Amerigroup also offers members a way to be aware of health care safety. You can get information on all of our network hospitals at www.hospitalcompare.hhs.gov. This website will help you compare the care these hospitals offer.

What Medically Necessary Means

Medically necessary health services mean health services other than behavioral health services. These services are:

a) Needed to prevent illness or medical conditions or give early screening, help and/or treatments for conditions that cause suffering or pain, cause physical deformity or limits in function, threaten to cause or worsen a handicap, cause illness or infirmity of a member, or put life in danger
b) Given at the right places and at the right levels of care for the treatment of members' health conditions
c) Consistent with health care practice guidelines and standards that are endorsed by professional health care or government agencies
d) Consistent with the diagnosis of the conditions
e) No more intrusive or restrictive than needed to give a good balance of safety, effectiveness and efficiency
f) Not mainly for the ease of the doctor or member

Amerigroup Community Care decides if care is medically needed based on the right coverage and level of care and service. Amerigroup only covers medically necessary covered benefits — not all medically necessary services, some of which may be outside of the Amerigroup benefits package.

As an Amerigroup member, you should follow the treatment plan prescribed by your doctor. This can help make sure you get well faster. If you don't follow the treatment plan prescribed by your doctor, it could take you longer to get well or your condition could get worse. If after a medical necessity review you ask for health services that are not helping you get better, those services could end.

Amerigroup medical directors and network doctors look at new medical advances and medical studies to:

- Decide if these advances should be covered benefits
- Decide if the government has agreed the treatment is safe and effective
- Decide if the new advance results are as good as or better than covered benefit treatments in effect now

Different Types of Health Care

The Differences between Routine, Urgent and Emergency Care

Routine Care Services Related to the Program

As a member in the Family Planning (FP) program, you should call your provider to make an appointment when medical care is needed. Then you go to see the doctor. This covers most minor illnesses and injuries, as well as regular checkups. This type of care is known as routine care.

Urgent Care Services Related to the Program

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

- Severe bleeding
- Pelvic pain
- Burning sensation when urinating

Covered urgent care visits are for services related to the program, and include treatments of injury, illness or other conditions that are not life threatening. These types of urgent care must be covered in the services related to the program.

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

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

Urgent care services related to the program including injury, illness or other non life threatening reasons do not need prior authorizations.

Emergency Care Services Related to the Program

Covered emergency care services must be related to the program. This includes:

- Covered inpatient and outpatient services related to the program
- Services related to the program provided by a qualified provider
- Services related to the program that are needed to test or stabilize an emergency medical condition

What is an emergency related to the program?

An emergency related to the program means the emergency must be covered by the Family Planning program. It must be a medical problem where not seeing a doctor to get care right away could result in death or very serious harm to your body. The problem is so severe that someone with an average knowledge of health and medicine can tell that the problem:

- May be life threatening or cause serious damage to your body or mental health
- May cause serious harm to a bodily function, organ or part
- May cause serious harm to self or others because of an alcohol or drug abuse emergency
- May cause injury to self or bodily harm to others

Here are some examples of problems that may be considered emergencies related to the program:

- Severe menstrual bleeding from a Depo-Provera injection requiring a dilation and curettage
- Treatment of surgical or anesthesia-related complications during a sterilization procedure
- Very bad bleeding that does not stop
- Perforated uterus

Please note that as a member of the Planning for Healthy Babies program, your emergency care benefits are limited to severe complications or conditions related to the program. Members with emergency medical conditions related to family planning conditions don't have to pay for follow-up screenings and treatments needed to diagnose specific conditions or to stabilize the member.

What are Poststabilization Services Related to the Program?

Poststabilization services related to the program are covered services. You receive these services after emergency medical care services related to the program to help keep your condition stable. You should call your FPP within 24 hours after you visit the emergency room for services related to the program. If you cannot call, have someone else call for you. Your FPP will give or arrange any follow-up care you need.

How to Get Health Care When Your Provider's Office Is Closed

Except in the case of an emergency or when you need care that does not need a referral, you should always call your Family Planning Provider (FPP) before you get medical care services related to the program.

If you call your FPP's office when it is closed, leave a message with your name and a phone number where you can be reached. Someone should call you back soon to tell you what to do. You may also call our Nurse HelpLine 24 hours a day, 7 days a week for help at 1-800-600-4441 (TTY 1-800-855-2880).

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

How to Get Health Care When You Are Out of Town

If you need emergency care services related to the program when you are out of town or outside of Georgia*, go to the nearest hospital emergency room or call 911. If you need urgent care services related to the program, call your Family Planning Provider (FPP). If your FPP's office is closed, leave a phone number where you can be reached. Your FPP or someone else should call you back. Follow the doctor's instructions. You may be told to get care where you are if you need it very quickly.

You can also call our 24-hour Nurse HelpLine for help. If you need routine care like a checkup or prescription refill when you are out of town, call your doctor or our 24-hour Nurse HelpLine.

*If you are outside of the U.S. and get health care services, they will not be covered by Amerigroup or the Family Planning program.

Medicines

Amerigroup has a list of commonly prescribed drugs your doctor can choose from to help you get well. This list is called a Preferred Drug List (PDL). It is part of the Amerigroup formulary.

The Family Planning program covered medicines may include:

- Contraceptives
- Drugs supplies or devices related to woman's health services
- Drugs for treatment of sexually transmitted diseases
- Prenatal vitamins/folic acid products
- Certain over-the-counter medicines such as multivitamins with folic acid

Some medicines are not covered, including:

- Alternative medicines, like Echinacea and gingko biloba
- Antiseptics and disinfectants, like hydrogen peroxide
- Mouth, throat and dental agents, like throat lozenges
- Various bulk chemicals
- Pharmaceutical adjuvants, like mineral oil

All Amerigroup network doctors have access to this drug list. Your doctor should use this list when he or she writes a prescription.

Certain medicines on the PDL and all medicines that are not listed on the Amerigroup PDL need prior authorization. You can call Member Services to ask for a copy of the PDL for drugs covered under the Family Planning program.

You can get prescriptions filled at participating pharmacies in the Amerigroup network. You will find a list of Amerigroup network pharmacies in the provider directory that came with your new member packet. You can also find the provider directory online at www.myamerigroup.com/GA.

If you do not know if a pharmacy is in the Amerigroup network, ask the pharmacist. You can also call Member Services for help.

In order to get a prescription filled, you will need to take the written prescription from your doctor to the pharmacy. Or your doctor can call in the prescription to the pharmacy. You will need to show your Amerigroup ID card with the pink P4HB logo to the pharmacy.

It is good to use the same pharmacy each time. This way your pharmacist will know about problems that may occur when you are taking more than one prescription. If you use a new pharmacy, you should tell the pharmacist about all of the prescription and OTC medicines you are taking. You should always show your Amerigroup member ID card with the pink P4HB logo when you have a prescription filled.

For Members in the Resource Mother Outreach Program

Eligibility for the Resource Mother Outreach Program

To receive Planning for Health Babies Resource Mother Outreach program services, you must meet these requirements:

- You must be a woman between the ages of 18 through 44
- You must qualify under the Low Income Medicaid Class of Assistance or Aged Blind and Disabled Classes of Assistance under the Georgia Medicaid State Plan
- You must have delivered a very low birth weight baby on or after January 1, 2011

Enrollment in the Resource Mother Outreach Program

The Department of Community Health sent you a letter to let you know you're eligible for the Resource Mother Outreach (RMO) program. You had 30 calendar days to choose a health plan. If you did not choose a plan, you were automatically assigned.

Your Resource Mother Amerigroup Member ID Card

Resource Mother Outreach program members receive an Amerigroup member ID card with a yellow P4HB logo. This ID card has the date you became an Amerigroup member and important phone numbers you need, such as our 24-hour Nurse HelpLine. Your Medicaid benefits are listed under your state Medicaid program for SSI/ABD. Please contact Medicaid at 1-866-211-0950 or www.ghp.georgia.gov for more information.

How to Get to the Doctor or to the Hospital

As a Resource Mother Outreach (RMO) member, you have access to nonemergency transportation to visits with your provider. If you need transportation for nonemergency medical care, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880). Be sure to call at least three days before the visit. Tell them the time of your visit and where to pick you up. The vendor for your region will call you back to give you a pickup time.

You can also call the Georgia NET (Non-Emergency Transportation) service directly. Call the vendor found next to the county where you live below. Be sure to call at least three days before a scheduled visit. You can call Monday through Friday, 7:00 a.m. to 6:00 p.m.

Counties Served	Vendor and Phone Number
Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickins, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield	**Southeastrans** **1-866-388-9844**
DeKalb, Fulton	**Southeastrans** **1-770-693-8401**

Counties Served	Vendor and Phone Number
Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Hancock, Henry, Jasper, Montgomery, Putnam, Spalding, Washington	**LogistiCare 1-888-224-7981**
Appling, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Columbia, Effingham, Emanuel, Evans, Glascock, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne, Wilkes	**LogistiCare 1-888-224-7988**

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

LogistiCare Customer Service Center	Reservations: 1-866-913-4506 Ride Assist: 1-866-913-4508
Routine reservations days and hours of operation:	☑ Open Monday – Friday from 8:00 a.m. to 5:00 p.m. ☑ Closed Saturday and Sunday ☑ Closed on national holidays (New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas)
Urgent reservations days and hours of operation:	☑ Transportation assistance for urgent and same-day reservations are available 24 hours a day, 7 days a week, 365 days a year
Ride assistance and hospital discharge days and hours of operation:	☑ Transportation assistance for trip recovery and after-hour discharges are available 24 hours a day, 7 days a week, 365 days a year

Resource Mother Outreach Program Health Care Benefits

Covered Services

This list shows benefits you can get from Amerigroup. Members enrolled in the Resource Mother Outreach program will receive the following benefits:

- Nonemergency medical transportation
- Short-term case management and referral services for members with emergency situations
- Education classes for mothers of very low birth weight babies on parenting and child safety
- Assistance with:
  - Getting needed medications
  - Coordinating social services support for family and life issues
  - Finding and using community resources, including legal, financial assistance and other referral services
  - Linking mothers to community resources such as the Special Supplemental Nutritional Program for Women, Infants and Children (WIC)
- Support to help meet the health demands of mothers with very low birth weight babies

For all other medical services, please see your Medicaid benefit booklet. Please contact Medicaid at 1-866-211-0950 or www.ghp.georgia.gov to find the services that need authorization under your medical benefit plan. Amerigroup will only pay for services covered under the program. If you have a question or are not sure if we offer a certain benefit, you can call Member Services for help at 1-800-600-4441 (TTY 1-800-855-2880).

Resource Mother Outreach Services

Amerigroup Community Care has case managers to help you understand and care for your condition. Your doctor will help you with your special condition, but it is also important that you learn to care for yourself.

Our case managers may also call you if:

- You had a Very Low Birth Weight (VLBW) baby of 3.3 pounds or less on or after January 1, 2011
- You have need of coordination of care
- You call our 24-hour Nurse HelpLine and you need additional follow-up for ongoing care

Your case manager can help with:

- Setting up health care services
- Arranging referrals
- Reviewing your plan of care as needed

If you are called, a nurse or social worker will:

- Ask you if you would like to participate in case management
- Educate you about what we can offer within the program
- Talk to you about your health and how you are managing other aspects of your life

Quality Management

If you have a complaint about medical services, please refer to your primary Medicaid benefit grievance program.

For All Members in the Interpregnancy Care, Family Planning and Resource Mother Outreach Programs

Disability Access to Amerigroup Community Care Network Doctors and Hospitals

Amerigroup network doctors and hospitals should help members with disabilities get the care they need.

Members who use wheelchairs, walkers or other aids may need help to get into an office. If you need a ramp or other help, make sure your doctor's office knows this before you go there. This way, they will be all set for your visit. If you want help talking to your doctor about your special needs, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

Prior Authorization

Some Amerigroup Community Care services and benefits need prior authorization or approval. This means your doctor must ask Amerigroup to approve them. Emergency, poststabilization and urgent care services do not need approval.

Amerigroup has a utilization review team which looks at approval requests. The team will:

- Decide if the service is needed
- Decide if it is covered by Amerigroup

You or your doctor can ask for an administrative review if we say we won't pay for the care. We will acknowledge your request within 10 calendar days. We'll let you and your doctor know the final decision within 30 calendar days after we get the request. The request can be for:

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

Time Frames for Prior Authorization Requests

- Standard service authorizations: Amerigroup will decide on nonurgent care services within 14 calendar days after we get the request. We will tell your doctor of services that have been approved by telephone or by fax within 14 calendars days after we get the request. You or your provider can ask to extend the time frame up to 14 calendar days. All decisions and notifications will occur within 28 calendar days if the time frame is extended.

- Expedited service authorizations: Your doctor can ask for an expedited review if it is thought a delay will cause grave harm to your health. Amerigroup will decide on expedited service requests within 24 hours (one work day) from when we get the request. We will let your doctor know of services that have been approved by telephone or by fax within 24 hours (one work day) after we get the request. You or your doctor can ask to extend the time frame up to five work days. All decisions and notifications will occur by the end of the five work days if the time frame is extended.

See the section on Medical Administrative Reviews for more information. For members in the Resource Mother Outreach program, please contact Medicaid at 1-866-211-0950 or www.ghp.georgia.gov to find the services that need authorization under your medical benefit plan.

Benefits and Services Not Covered By the Planning for Healthy Babies Program or Amerigroup Community Care

No services or benefits will be covered or approved unless authorized by CMS under the Planning for Healthy Babies waiver. Amerigroup and the Planning for Healthy Babies program covers only the services listed in the Covered Services section of the IPC, FP or RMO sections.

All other unrelated services are not covered. Some examples of services and benefits not covered include:

- Services given by a relative or member of your household
- Abortions or abortion-related services
- Disposables (such as diapers, cotton or bandages)
- Experimental and investigational items
- Chiropractic services
- Partial dentures*
- Cosmetic surgery
- Hysterectomy

For more information about services not covered by Amerigroup, please call Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

Special Amerigroup Community Care Services for Healthy Living

Health Information

Learning more about health and healthy living can help you stay healthy. One way to get health information is to ask your provider. Another way is to call us at 1-800-600-4441 (TTY 1-800-855-2880). Our Nurse HelpLine is available 24 hours a day, 7 days a week to answer your health questions. They can tell you if you need to see the doctor. They can also tell you how you can help take care of some health problems you may have.

Community Events

Amerigroup Community Care sponsors and participates in special community events and family fun days where you can get health information and have a good time. You can learn about topics like healthy eating, asthma and stress. You and your family can play games and win prizes. Amerigroup will be there to answer your questions about your benefits, too. Call Member Services to find out when and where these events will be.

Domestic Violence

Domestic violence is abuse. Abuse is unhealthy. Abuse is unsafe. It is never OK for someone to hit you. It is never OK for someone to make you afraid. Domestic violence causes harm and hurts you on purpose. Domestic violence in the home can affect your children, and it can affect you. If you feel you may be a victim of abuse, call or talk to your doctor. Your doctor can talk to you about domestic violence. He or she can help you understand you have done nothing to deserve abuse.

Safety tips for your protection:

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

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

Georgia Advance Directive for Health Care Act

Making a Living Will (Advance Directive)

Emancipated minors and members over 18 years old have rights under the Georgia Advance Directive for Health Care act. You have the right to:

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

There are three parts to the Georgia Advance Directive for Health Care act:

- Part one lets you choose a person to make decisions for you when you cannot make them yourself; this person is called a health care agent
- Part two lets you make choices about getting the care you want if you are too sick to decide for yourself
- Part three lets you choose someone you appointed as your guardian if a court says this is necessary

If you wish to sign an Advance Directive for Health Care form, you can:

- Ask your doctor for the form
- Call our Member Services department at 1-800-600-4441 (TTY 1-800-855-2880) for the form
- Fill out the form by yourself or call Member Services for help

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

Remember to:

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

You can get a copy of the Georgia Advance Directive for Healthcare act by going online to www.ga.aging.dhr.georgia.gov. You can ask for a copy of this form and its instructions at no cost by writing to the Georgia Division of Aging Services at:

Georgia Division of Aging Services
2 Peachtree St. N.W.
Suite 9.398
Atlanta, GA 30303

If you have questions or need more information, call the Division's Information and Referral Specialist at 404-657-5319. If you signed an advance directive and believe that a doctor or hospital has not followed the instructions in it, you can file a complaint. You can call the Department of Community Health at 1-800-878-6442. You can also write to:

Regulation Division
Complaints and Investigations Healthcare Facility
Department of Community Health
2 Peachtree St. N.W.
Atlanta, GA 30303

Complaints, Grievances and Administrative Reviews

Complaints and Grievances

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

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

All levels of grievances must be completed within 90 calendar days. You will receive a notice for failure to act within the required time frame. Complaints or grievances do not relate to decisions to deny or limit services. Please call Member Services if you have questions or concerns about services or network providers.

Level 1 Grievance

Amerigroup Community Care will try to solve your complaint on the phone. If we cannot take care of the problem during your call, you can file a Level 1 grievance.

A Member Service representative can provide:

- Help writing and filing a grievance letter
- Other language translations
- Help for those who are blind or have low vision
- TDD/TTY lines for the deaf or hard of hearing through the AT&T Relay Service at 1-800-855-2880

You, your parent, your legal guardian or your authorized representative (a person you prefer to help you) can file a grievance. Your doctor cannot file a grievance for you unless you name him or her as your personal representative. You must send written approval to have a representative file a grievance for you.

To file a grievance, you or your representative can call, fax or send us a letter. You may call Member Services for help with writing a letter. Send your letter to:

Administrative Review and Grievance Department
Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30346
Toll free: 1-800-600-4441
Fax: 877-842-7183

Amerigroup will send you a letter within 10 business days. If you need a verbal translation, please call Member Services at 1-800-600-4441 (TTY 1-800-855-2880) toll free.

Amerigroup will look into your grievance when we get it. We will send you a letter within 30 calendar days of when you told us about your grievance or sooner if your health condition calls for it. This letter will tell you the decision Amerigroup makes and the reasons for our decision. We will include information on how to file a Level 2 grievance.

Level 2 Grievance

If you are not happy with the answer to your grievance, you can ask for a Grievance Committee Hearing. You must write or call us with this request within 10 business days of receiving the answer to your first grievance answer. Send your letter to:

Administrative Review and Grievance Department
Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30328
Toll free: 1-800-600-4441

The Grievance Committee is made up of Amerigroup staff and health care providers that were not involved in the first decision. A person who was involved in the first decision may present information to the Committee or answer questions. Amerigroup will send you a letter within 10 business days. If you need a verbal translation, please call Member Services at 1-800-600-4441 (TTY 1-800-855-2880) toll free.

We will try to find a day and time for the meeting so you can be there. We will tell you the date, time and place of the meeting at least seven calendar days ahead of time. You can bring someone to the meeting if you want to. You do not have to come to the meeting.

We will send you a letter within 30 calendar days — or sooner if your health condition calls for it — of the meeting request to tell you what the Committee decides about your grievance and the reasons for the decision. The total time for Amerigroup to complete the total grievance process with written notification will be completed within 90 calendar days from the filing date. This is our final decision.

If you, your parent, legal guardian or authorized representative file or make a complaint or grievance, Amerigroup will not hold it against you. We will still be here to help you get quality health care.

For members in the Resource Mother Outreach program who have a complaint about medical services, please refer to your primary Medicaid benefit grievance program.

Medical Administrative Reviews

There may be times when Amerigroup says we will not pay for care that has been recommended by your doctor. If we do this, a letter will be mailed to you and your provider for services that are not approved.

This letter is called a proposed action. A proposed action is the denial or limited authorization of a requested service and includes:

- The type or level of service
- The reduction, suspension or termination of a previously authorized service

The proposed action will explain how you or your doctor (with your consent) or a legal representative of a deceased member’s estate can ask for an administrative review of the decision. An administrative review is when you ask Amerigroup to look again at the care your doctor asked for and we said we would not pay for.

You must ask for an administrative review within 30 calendar days of receiving your notice of proposed action.

You may ask for the administrative review by calling Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880). You must also send in a written request. One of our Member Services representatives can help you with your written request.

We will start working on your request when you first tell us you want an administrative review. We will send you the administrative review results within 45 calendar days of when we get your request.

If you need a quick review because of a severe physical or mental health condition, we will respond within three calendar days. If your condition does not meet the requirements for a quick review, it will be reviewed as a standard administrative review. We will send you our decision within 45 calendar days.

The administrative review can be extended up to 14 calendar days if you or Amerigroup needs more time. We will let you know if we need more time to complete the review. You will receive a notice for failure to act within the required time frames noted above. At any time during the administrative review process, you or your representative may:

- Obtain and examine a copy of the documents that will be used for review
- Provide additional information or facts to Amerigroup in person or in writing

Administrative Reviews

You, an authorized representative (a person you prefer to help you), your PCP or the doctor taking care of you at the time, with your written consent, or a legal representative for a deceased member's estate can file an administrative review. If you use a representative (including your doctor), you must write a letter or complete the authorized representative form that was provided to you, telling us this person is allowed to represent you.

You must file an administrative review within 30 calendar days from the date of the first letter from Amerigroup Community Care that says we will not pay for the service. You can ask for a continuation of benefits during the administrative review process. See the Continuation of Benefits section for help.

You can file an administrative review orally, but you must follow an oral filing with a written and signed Administrative Review Form. If Amerigroup does not receive a written request within 30 calendar days from the date of your oral request, the request will be closed.

A Member Services representative can provide:

- Help with writing a request for an administrative review
- Help with filing an administrative review
- Other language translations
- Help for those who are blind or have low vision
- TDD/TTY lines for the deaf or hard of hearing through the AT&T Relay Service at 1-800-855-2880

You can ask for an administrative review of our decision in two ways:

1. You can call Member Services, and we will send you an administrative review form. Fill out the entire form and mail it back to us at the address below. Have your doctor send us your medical information about this service.
2. You can send us a letter to the address below. You may call Member Services for help with writing a letter. Include information such as the care you are looking for and the people involved.

Have your doctor send us your medical information about this service.

Appeals Specialty Unit
Amerigroup Community Care
P.O. Box 62429
Virginia Beach, VA 23466-2429
Toll free: 1-800-600-4441

When we get your request, we will send you a letter within 10 business days. This letter will let you know we got your administrative review. A doctor who has not seen your case before will look at your administrative review. He or she will decide how Amerigroup should handle your administrative review. We will send you and your doctor a letter with the answer to your administrative review. The letter will tell you the reasons for our decision.

We will do this within 30 calendar days from when we get your preservice administrative review request and within 45 calendar days from when we get your postservice administrative review request.

If there is a delay Amerigroup cannot control, more information is needed or you request a delay, we will send you a letter. The letter will tell you we need 14 more calendar days to review your administrative review.

We have a process to answer your administrative review quickly if the care your doctor says you need is urgent. Please see the section on Expedited Administrative Reviews for help.

If you, an authorized representative (a person you prefer to help you), your PCP or the doctor taking care of you at the time, with your written consent, or a legal representative for a deceased member's estate files a medical administrative review or an appeal, Amerigroup will not hold it against you, your authorized representative or your doctor. We will be here to help you get quality health care.

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

- Obtain and examine a copy of the documents used in the administrative review
- Provide additional information or facts to Amerigroup in person or in writing

Expedited Administrative Reviews

You, your PCP, the doctor taking care of you at the time, the person you ask to file an administrative review for you or a legal representative of a deceased member's estate can request an expedited administrative review.

You can request an expedited administrative review if you or your doctor feels that taking the time for the standard administrative review process could seriously harm your life or your health.

You can request an expedited administrative review in two ways:

- Call Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880)
- Fax Quality Management at 1-877-842-7183

When we get your letter or phone call, we will send you a letter with the answer to your administrative review request. The letter will tell you the reasons for our decision. We will do this within 72 hours after we get your administrative review request or sooner if your health condition calls for it.

If we do not agree that your request for an administrative review 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 that your administrative review will be reviewed through the standard review process. You may file a grievance if you do not agree with this decision by calling Member Services.

If the decision of your expedited administrative review agrees with our first decision, an Amerigroup Community Care representative will call you. We will also send you a letter to let you know our decision and that we will not pay for the service asked for.

If there is a delay Amerigroup cannot control, more information is needed or you request a delay, we will send you a letter. The letter will tell you we need 14 more calendar days to review your expedited administrative review.

Administrative Law Hearing

You, your authorized representative or a legal representative of a deceased member's estate may ask for an administrative law hearing. You must send a letter after you have gone through the Amerigroup grievance or administrative review process. You must send a letter for an administrative law hearing. Your provider cannot ask for an administrative law hearing for you unless you name him or her as your personal representative.

At any time during the administrative law hearing process, you or your representative may:

- Obtain and examine a copy of the documents that will used for review
- Provide additional information or facts to Amerigroup in person or in writing

The decision reached by an administrative law hearing will be final. You must ask for the administrative law hearing within 30 calendar days from the day we send you the administrative review decision. You can ask for a continuation of benefits during the administrative law hearing process. See the section Continuation of Benefits for help.

You can request an administrative law hearing by sending a letter to:

Amerigroup Community Care
Administrative Law Hearings
303 Perimeter Center North, Suite 400
Atlanta, GA 30346

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

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

The Department of Insurance telephone and fax information is:

Local Phone Number: 404-656-2070
Toll-free Number: 1-800-656-2298
Fax: 404-657-8542

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

1. Georgia Legal Services program 1-800-498-4469
2. Georgia Advocacy Office 1-800-537-2329
3. Atlanta Legal Aid:
    a. 404-377-0701 (Dekalb-Gwinnett Counties)
    b. 770-528-2565 (Cobb County)
    c. 404-524-5811 (Fulton County)
    d. 404-669-0233 (South Fulton-Clayton Counties)
    e. 678-376-4545 (Gwinnett County)
4. State Ombudsman Office 1-888-454-5826

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

Continuation of Benefits

You may ask Amerigroup Community Care to continue to cover your benefits during the administrative review, administrative law hearing or formal appeal committee process. If coverage of a service you are receiving is denied or reduced and you want to continue that service during your administrative review, administrative law hearing or formal appeal committee, you can call Member Services to request it. You must call to ask us to continue your benefits within 10 calendar days of when we mailed you the notice that said we wouldn't cover or pay for a service.

We must continue coverage of your benefits until:

- You withdraw the administrative review, administrative law hearing or formal appeal committee request
- Ten calendar days from the date of our first decision has passed, and you have not made a request to continue benefits within the time frame of ten calendar days
- An administrative review, administrative law hearing or formal appeal committee decision is reached and is not in your favor
- Authorization expires or your service limits are met

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

Payment Reviews

If you receive a service from a provider and Amerigroup Community Care does not pay for that service, you may receive a notice from Amerigroup called an Explanation of Benefits (EOB). This is not a bill. The EOB will tell you:

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

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

You may call if you want to or if your provider disagrees with the decision. You can ask Amerigroup to look again at the service we said we would not pay for. You must ask for us to do this within 30 calendar days of getting the EOB. To do this, you or your doctor can call Member Services toll free at 1-800-600-4441. You or your doctor can also mail your request and medical information for the service to:

Administrative Review and Grievance Department
Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30346

Amerigroup can accept your request by phone, but you must follow up in writing. You have the right to ask for a grievance. See the section Complaints, Grievances and Administrative Reviews for help.

For members in the Resource Mother Outreach program who wish to file an administrative review about medical services, please contact Medicaid at 1-866-211-0950 or www.ghp.georgia.gov for more information about your services.

Other Information

If You Move

You should call your Department of Family and Children Services caseworker as soon as you move to report your new address. Once you call your caseworker, you should call Member Services. You will continue to get health care services through us in your current area until the address is changed. You must call Amerigroup Community Care before you can get any services in your new area unless it is an emergency.

If Your Family Size Changes

You should call your Department of Family and Children Services Caseworker if your family size changes. Once you call your Caseworker, you should call Member Services.

Renew on Time

We want you to keep getting your health care benefits from us if you still qualify. Your health is very important to us.

Keep the right care. Do not lose your benefits. You must renew your benefits every 12 months. You could lose your benefits even if you still qualify if you do not renew. You must renew your eligibility with the Planning for Healthy Babies Waiver with your county Department of Family and Children Services (DFCS). Your county DFCS office will send you a letter to tell you when it is time to renew your benefits.

It is important to follow the instructions in this letter. If you need help, call your local DFCS office or Member Services. If you do not renew your benefits by the date in the letter, you may lose your health care benefits. For help or to find out the date you need to renew your benefits, call your local DFCS office.

Reasons Why You Can Be Disenrolled from Amerigroup

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

You may be disenrolled from Amerigroup immediately if:

- You are no longer eligible for the program
- You have reached the end of the 24-month eligibility for the IPC program
- You become pregnant while enrolled
- You become infertile (sterile) through a medical procedure
- Your eligibility category is changed to an ineligible one
- You move out of the Amerigroup service region or out of the state
- You are sent to prison
- You use these services through fraud or abuse, such as letting someone else use your Amerigroup ID card
- You are disenrolled by the Georgia Department of Community Health
- You are placed in a long-term nursing facility, Community-based Alternative for Youth, state institution or intermediate care facility for the mentally retarded

You will be unable to enroll if you:

- Become pregnant
- Are diagnosed as infertile (sterile)
- Are eligible for any other Medicaid or insurance program
- Are sent to prison

If you have any questions about your enrollment, call our Member Services department for help at 1-800-600-4441 (TTY 1-800-855-2880).

How to Disenroll From Amerigroup

If you do not like something about Amerigroup, please call Member Services. We will work with you to try and fix the problem. If you are still not happy, you may be able to change to another health plan. You can change health plans with cause during your first 90 days of enrollment. This means you need a reason, such as if you move or become pregnant. After that, you can change health plans every 12 months.

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

If You Get a Bill

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

You do not have to show your Amerigroup ID card before you get emergency care. If you do get a bill, send it to us with a letter saying that you have been sent a bill.

Send the letter to the address below:

Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30346

You can also call our Member Services Department for help at 1-800-600-4441 (TTY 1-800-855-2880).

If You Have Other Health Insurance

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

Changes in Your Amerigroup Coverage

Sometimes, Amerigroup may have to make changes in the way it works, its covered services or its network doctors and hospitals. We will mail you a letter when we make changes in the services that are covered.

How to Tell Amerigroup about Changes You Think We Should Make

We want to know what you like and do not like about Amerigroup. Your ideas will help us make Amerigroup better. Please call Member Services to tell us your ideas. Member Services is available Monday through Friday from 7:00 a.m. to 7:00 p.m. to serve you. You can also send a letter to:

Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30346

Amerigroup has a group of members who meet quarterly to give us their ideas. These meetings are called member advisory meetings. This is a chance for you to find out more about us, ask questions and give us suggestions for improvement. If you would like to be part of this group, call Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

Amerigroup also sends surveys to some members. The surveys ask questions about how you like Amerigroup. If we send you a survey, please fill it out and send it back. Our staff may also call to ask how you like Amerigroup. Please tell them what you think. Your ideas can help us make Amerigroup better.

How Amerigroup Pays Providers

Different providers in our network have agreed to be paid in different ways by us. Your provider may be paid each time he or she treats you (fee-for-service). Or your provider may be paid a set fee each month for each member whether or not the member actually gets services (capitation).

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

If you want more information about how our contracted doctors or any other providers in our network are paid, please call Member Services.

You may also write to us at:

Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30346

Your Rights and Responsibilities as an Amerigroup Member

Your Rights

Amerigroup Community Care members have the right to:

- Get timely and proper notice; you must get notice in writing before Amerigroup takes any action to end your Amerigroup coverage
- Get a Medicaid fair hearing if you disagree with a decision Amerigroup makes about your health care coverage
- Get a copy of the Notice of Privacy Practices that tells you your rights on Protected Health Information (PHI) and the responsibility of Amerigroup to protect your PHI. This includes the right to know how Amerigroup handles, uses and gives out your PHI
- PHI is defined by HIPAA Privacy Regulations as information that:
  - Identifies you or can be used to identify you
  - Either comes from you or has been created or received by a health care provider, a health plan, your employer or a health care clearinghouse
  - Has to do with your physical or mental health condition, providing health care to you or paying for providing health care to you
- Get a current directory of doctors within the Amerigroup network
- Get information about your Amerigroup doctors and other network providers; call Member Services at 1-800-600-4441
- Have access to a PCP or a backup PCP 24 hours a day, 365 days a year for urgent care; this is for IPC members and is shown on the member ID card with the purple P4HB logo
- Call 911 without getting permission from Amerigroup if you have an emergency situation
- Direct access for women's routine and preventive health care (OB/GYN)
- Have a doctor make the decision to deny or limit your coverage
- Have no gag rules, which means that doctors are free to discuss all medical treatment options, even if they are not covered services
- Know how Amerigroup pays the doctors so you know if there are financial incentives or disincentives tied to medical decisions
- Know how to make a complaint to Amerigroup Community Care
- Know how to ask for an administrative review of a decision to not pay for a service or limit coverage to Amerigroup
- Know you or your doctor cannot be penalized for filing a complaint or administrative review
- Be treated with respect and dignity by health care providers, their staff and all individuals employed by our company
- Have information about Amerigroup Community Care, its services, policies and procedures, and providers; member rights and responsibilities; and any changes made
- Talk about your medical record with your PCP; you can ask for a summary of that record
- Refuse treatment to the extent of the law and be aware of the results; this includes the right to refuse to be part of research
- Decide ahead of time the kind of care you want if you become sick, injured or seriously ill by making a living will

- Decide ahead of time the person you want to make decisions about your care if you are not able to by making a durable power of attorney
- Expect that your records and communications will be treated confidentially and not released without your permission; parents of members who are over 18 cannot have access to records when care is for OB/GYN services
- If you are over 18, expect that you will be able to participate in and make decisions about your own and your child's health care
- Choose a Primary Care Provider (PCP), choose a new PCP and have privacy during a visit with a doctor for those in IPC/FP program
- Have your medical information given to a person you choose to coordinate care when you are unable to or have it given to a person who is legally authorized when concern for your health makes it inadvisable to give such information to you
- Have medical services available to you under your Amerigroup plan in accordance with 42 CFR 438.206 through 438.210
- Be free from liability and receiving bills from providers for medically needed or covered services that were authorized or covered by Amerigroup in which the provider was not paid
- Only be responsible for copays as described in this member handbook
- Be free from any Amerigroup debts in the event of insolvency and liability for covered services in which the state does not pay Amerigroup
- Be free from payment for covered services in which the payment exceeds the amount you would be responsible for if Amerigroup provided the service
- Continue as a member of Amerigroup despite your health status or need for care
- Call our Nurse HelpLine 24 hours a day, 7 days a week toll free at 1-800-600-4441
- Call our Member Services department toll free at 1-800-600-4441 from 7:00 a.m. to 7:00 p.m. weekdays, except for state holidays
- Get help from someone who speaks your language
- Get help through a TTY/TDD line if you are deaf or hard of hearing at 1-800-855-2880
- Expect doctor offices to have wheelchair access
- Receive information on available treatment options and alternatives, regardless of cost or benefit coverage
- Ask for and receive a copy of your medical records and ask to amend or correct the record
- Not be restrained or secluded if doing so is:
  - For someone else's convenience
  - Meant to force you to do something you do not want to do
  - To punish you
- Take part in making decisions about your health care with your doctor
- Make suggestions about the Amerigroup member rights and responsibilities policy
- Discuss questions you may have about your medical care or services with Amerigroup; call Member Services at 1-800-600-4441

Your Responsibilities

Amerigroup members have the responsibility to:

- Notify their PCPs as soon as possible after getting emergency treatment for members in the IPC program
- Go to the emergency room when there is an emergency
- Call Amerigroup if they have a problem and need help
- Tell their PCPs about symptoms or problems and ask questions for members in the IPC program
- Read this member handbook to understand how Amerigroup works

- Notify Amerigroup if a family member who is in Amerigroup has died; someone must also notify Amerigroup if you die
- Give Amerigroup proper identification when they enroll
- Treat their doctors, the doctors' staff and Amerigroup employees with respect and dignity
- Not be disruptive in their doctors' offices
- Respect the rights and property of all providers
- Cooperate with people providing their health care
- Get information about treatment and consider this treatment before it is done
- Discuss any problems in following their doctors' directions
- Consider the results of refusing treatment recommended by their doctors
- Help their PCPs get their medical records from the doctor they had before; you should also help your PCP fill out new medical records if you are in the IPC program
- Respect the privacy of other people waiting in doctors' offices
- Get permission from their PCPs or the PCPs' associates before seeing a consultant or specialist; you should also get permission from your PCP before going to the emergency room unless you have an emergency medical condition if you are in the IPC program
- Call Amerigroup and change their PCPs before seeing a new PCP for those in the IPC program
- Learn and follow the Amerigroup policies and procedures outlined in this handbook until they are disenrolled
- Make and keep appointments and be on time. Always call the doctor's office if you need to cancel an appointment, change your appointment time or will be late
- Discuss complaints, concerns and opinions in an appropriate and courteous way
- Tell their doctors who they want to be told about their health
- Get medical services from their PCP for those in the IPC program
- Receive information from Resource Mother
- Know and get involved in their health care; talk with your doctor about recommended treatment; then, follow the plans and instructions for care agreed upon with your provider
- Know how to take their medicines the right way
- Carry their Amerigroup ID card at all times; report any lost or stolen cards to Amerigroup quickly; also, contact Amerigroup if information on your ID card is wrong or if you your name, address or marital status has changed
- Carry their Medicaid ID card at all times
- Show their ID cards to each provider
- Tell Amerigroup about any doctors they are currently seeing
- Provide true and complete information about their circumstances
- Report change in their circumstances
- Give Amerigroup and their doctors the information they need to take care of their medical needs

How to Report Someone Who Is Misusing the Planning for Healthy Babies Program

If you know someone who is misusing the Planning for Healthy Babies program, you can report him or her. To report doctors, clinics, hospitals, nursing homes or Planning for Healthy Babies Waiver enrollees, write or call Amerigroup.

You can at:

Amerigroup Community Care
303 Perimeter Center North, Suite 400
Atlanta, GA 30346
1-800-600-4441

To report doctors, clinics, hospitals, nursing homes or Planning for Healthy Babies Waiver enrollees, you can also write or call the Department of Community Health's Program Integrity Section.

Program Integrity Section
Department of Community Health
P.O. Box 38436
Atlanta, GA 30334
Toll Free: 1-800-533-0686
Local: 404-206-6480

WE HOPE THIS BOOK HAS ANSWERED MOST OF YOUR QUESTIONS ABOUT AMERIGROUP. FOR MORE INFORMATION, YOU CAN CALL THE AMERIGROUP MEMBER SERVICES DEPARTMENT AT 1-800-600-4441 (TTY 1-800-855-2880).

Notice of Privacy Practices

This notice tells you how medical information about you may be used and disclosed. It also tells you how to get this information. Please read it carefully. This Notice became effective on April 14, 2003.

What This Notice Is

This Notice tells you:

- How Amerigroup Community Care handles your Protected Health Information (PHI)
- How Amerigroup uses and gives out your PHI
- What your rights are about your PHI
- What responsibilities Amerigroup has in protecting your PHI

This Notice follows what is known as the HIPAA Privacy Regulations. These rules were given out by the federal government. The federal government expects Amerigroup to follow the terms of the rules and of this Notice. This Notice is also available on our website at www.amerigroupcorp.com.

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

What Protected Health Information Means

The HIPAA Privacy Regulations define Protected Health Information (PHI) as:

- Information that identifies you or can be used to identify you
- Information that either comes from you or has been created or received by a health care provider, a health plan, your employer or a health care clearinghouse
- Information that has to do with your physical or mental health or condition, providing health care to you, or paying for providing health care to you

In this Notice, Protected Health Information will be written as PHI.

The Responsibilities Amerigroup Has to You about Your Protected Health Information

PHI is personal for both you and your family. We have rules to keep PHI private. These rules follow state and federal laws. We will not use or give out your PHI without your authorization, except as described in this Notice. Amerigroup must:

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

How We Use Your Protected Health Information

The sections that follow tell some of the ways we can use and share PHI without your written authorization.

For Payment: We may use PHI about you so that the treatment services you get may be looked at for payment. For example, a bill that your provider sends us may be paid using information that identifies you, your diagnosis, the procedures or tests, and supplies that were used.

For Health Care Operations: We may use PHI about you for health care operations. For example, we may use the information in your record to review the care and results in your case and other cases like it. This information will then be used to improve the quality and success of the health care you get. Another example of this is using information to help enroll you for health care coverage.

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

We may also use or share your PHI to:

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

Other Uses of Protected Health Information

Business Associates: We may contract with business associates that will provide services to Amerigroup using your PHI. Services our business associates may provide include:

- Dental services for members
- A copy service that makes copies of your records
- Computer software vendors

They will use your PHI to do the job we have asked them to do. They must also sign a contract to agree to protect the privacy of your PHI.

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

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

Other Covered Entities: We may use or share your PHI to help health care providers that relate to:

- Health care treatment
- Health care payment
- Health care operations

Public Health Activities: We may use or share your PHI:

- For public health activities allowed or required by law (for example, we may use or share information to help prevent or control disease, injury or disability)
- With a public health authority allowed to get reports of child abuse, neglect or domestic violence

Health Oversight Activities: We may share your PHI with a health oversight agency for activities approved by law, such as:

- Audits
- Investigations
- Inspections
- Licensure or disciplinary actions
- Civil, administrative or criminal proceedings or actions

Oversight agencies include:
- Government agencies that look after the health care system
- Benefit programs including Medicaid, SCHIP or Healthy Kids
- Other government regulation programs

Research: We may share your PHI with researchers when an institutional review board or privacy board has followed HIPAA rules.

Coroners, Medical Examiners, Funeral Directors and Organ Donation: We may share your PHI:
- To identify a deceased person
- To determine a cause of death
- To do other coroner or medical examiner duties allowed by law
- With funeral directors as allowed by law
- With organizations that handle organ, eye or tissue donation and transplants

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

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

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

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

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

We have the right to change this Notice. Once the change happens, it will apply to PHI that we have at the time we make the change. It will also apply to the PHI we had before we made the change. A new Notice that includes the changes and the dates they are in effect will:
- Be mailed to you at the address we have for you
- Be available on our website at www.myamerigroup.com/GA
- Be available at any time by calling Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880)

Right to Request a Personal Representative
You have the right to ask a personal representative to act on your behalf. Amerigroup Community Care will:
- Treat that person as if the person were you
- Allow your personal representative full access to all of your Amerigroup records (unless you say otherwise)

If you would like someone to act as your personal representative, call Member Services. We can send you a form to fill out. You can send it to the Amerigroup Member Privacy Unit. The address and phone number are at the end of this Notice.

Right to Access
You have the right to look at and get a copy of your enrollment, claims, payment and case management information on file with Amerigroup Community Care. This file of information is called a designated record set. We will provide the first copy in any 12-month period at no cost to you.

If you would like a copy of your PHI, send a written request to the Amerigroup Member Privacy Unit. The address is at the end of this Notice. We will answer you within 30 calendar days. We may ask for an extra 30 calendar days if needed. We will let you know if we need the extra time.

We do not keep complete copies of your medical records. If you would like a copy, contact your provider. Follow the provider's instructions. Your provider may charge a fee for the cost of copying and/or mailing the record.

We have the right to keep you from having or seeing all or part of your PHI for certain reasons:
- If the release of the PHI could cause harm to you or other persons.
- If the PHI was gathered or created for research or as part of a civil or criminal proceeding. We will tell you the reason in writing. We will also tell you how you can file an administrative review if you do not agree with us.

Right to Amend
You have the right to ask that your PHI be changed if you think it is not right. To ask for a change, call Member Services. We will send you a form to fill out. You can send it to the Amerigroup Member Privacy Unit. The address and phone number are at the end of this Notice.

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

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

We may deny the request for change. We will send you a written reason for the denial if:
- The information was not created or entered by Amerigroup
- The information is not kept by Amerigroup
- You are not allowed by law to see and copy that information
- The information is already correct and complete

Right to an Accounting of Certain Disclosures of Your Protected Health Information
You have the right to get a list of times we shared your PHI when it was not part of payment and health care operations. Most disclosures of your PHI will be for payment or health care operations.

To ask for a list of disclosures, call Member Services. We can send you a form to fill out. You can send it to the Amerigroup Member Privacy Unit. The address and phone number are at the end of this Notice.

Your request must:
- Give a time-period that you want to know about
- Not be longer than six years
- Not include dates before April 14, 2003

Right to Request Restrictions
You have the right to ask that your PHI not be used or shared. You do not have the right to ask for limits when we share your PHI if we are asked to do so by:

- Law enforcement officials
- Court officials
- State and federal agencies in keeping with the law

We have the right to deny a request for restriction of your PHI.
To ask for a limit on the use of your PHI, call Member Services. We can send you a form to fill out. You can send it to the Amerigroup Member Privacy Unit. The address and phone number are at the end of this Notice.

The request should include:

- The information you want to limit and why you want to restrict access
- If you want to limit when the information is used, when the information is given out, or both
- The person or persons that you want the limits to apply to

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

Right to Cancel a Privacy Authorization for the Use or Disclosure of Protected Health Information
We must have your permission in writing to use or give out your PHI for:

- Any reason other than payment and health care operations
- Other uses and disclosures listed under Other Uses of Protected Health Information

We will send you a form if we need your permission. We will also explain the use for that information. You can cancel your permission at any time by following the instructions below:

- Send your request in writing to the Amerigroup Member Privacy Unit (the address and phone number are at the end of this Notice); we can send you a form to complete; you can contact Member Services for a copy of the form

This cancellation will only apply to requests to use and share PHI asked for after we get the form.

Right to Request Confidential Communications
You have the right to ask that we contact you about your PHI in a certain way. For example, you may ask that we send mail to an address other than your home address. If you want to change how we contact you, call Member Services. We can send you a form to fill out. You will need to say how and where you want us to contact you. You can send it to the Amerigroup Member Privacy Unit. The address and phone number are at the end of this Notice.

What You Should Do If You Have a Complaint About the Way Your Personal Health Information Is Handled by Amerigroup or Our Business Associates
You may file a complaint if you believe your privacy rights have been violated. You can file with Amerigroup or the Secretary of Health and Human Services. To file a complaint with Amerigroup or to ask for an administrative review of a decision about your PHI:

- Send a written request to the Amerigroup Member Privacy Unit (the address and phone number are at the end of this Notice)
- Call Member Services at 1-800-600-4441

To file a complaint with the Secretary of Health and Human Services, send your written request to:

Office for Civil Rights
U.S. Department of Health and Human Services
61 Forsyth St. S.W., Suite 3B70
Atlanta, GA 30303

You will still be an Amerigroup member and get health care coverage if you file a complaint.

Where to Call or Send Requests or Questions about Your Protected Health Information
You can call Member Services toll free at 1-800-600-4441. You can also send questions or requests like the ones listed in this Notice to the address below. Send your request to this address to get a prompt response:

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

If you are deaf or hard of hearing, call the AT&T Relay Service toll free at 1-800-855-2880.