



Amerigroup District of Columbia, Inc. DC Healthy Families
Program and Immigrant Children’s Program (ICP)

Enrollee Handbook



This program is brought to you by the Government of the District of Columbia Department of Health Care Finance.

Amerigroup District of Columbia, Inc.

You can call us 24 hours a day, 7 days a week, or stop by our office Monday through Friday from 8:00 a.m. to 6:00 p.m. Eastern time. For directions on how to visit us, call 800-600-4441 (TTY 711).

609 H Street NE
Ste. 200
Washington, DC 20002

Office hours: 8:00 a.m. to 6:00 p.m. Eastern time

202-548-6700
800-600-4441 (TTY 711)

Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost. Call us toll-free at 1-800-600-4441 (TTY 711). English

¿Necesita ayuda con el cuidado de la salud, para hablar con nosotros o para leer lo que le enviamos? Le ofrecemos nuestros materiales en otros idiomas y formatos sin costo alguno. Llame a nuestra línea gratuita al 1-800-600-4441 (TTY 711). Spanish

በእርስዎ የጤና ክብካቤ ላይ፣ ከእኛ ጋር በመነጋገር ላይ፣ ወይም እኛ የምንልክልዎትን ነገሮች በማንበብ ላይ እገዛ ያስፈልግዎታል? የእኛን የሚነበቡ ነገሮች በሌሎች ቋንቋዎች እና ቅርጾች በእርስዎ ላይ ምንም ወጪ ሳያስከትልብዎት እንሰጥዎታለን። በነጻ የስልክ መሥመር በስልክ ቁጥር 1-800-600-4441 (TTY 711) ይደውሉልን። Amharic

건강 관리에 도움이 필요하십니까? 아니면 저희와 연락하시거나, 보내드리는 자료를 읽는데 도움이 필요하십니까? 자료를 다른 언어 및 형식으로 무료로 제공해드립니다. 저희에게 1-800-600-4441 (TTY 711) 번으로 연락해 주십시오. Korean

您在醫療保健方面、與我們交流或閱讀我們寄送的材料時是否需要幫助？我們可為您免費提供其他語言和格式的材料。請撥打我們的免費電話 1-800-600-4441（聽障專線 711）。Chinese Traditional

Avez-vous besoin d'aide pour vos soins de santé, pour parler avec nous ou pour lire ce que nous vous avons envoyé ? Nous pouvons vous fournir gratuitement nos documents dans d'autres langues et formats. Appelez notre numéro gratuit 1-800-600-4441 (TTY 711). French

Quý vị có cần trợ giúp liên quan tới chăm sóc sức khỏe, nói chuyện với chúng tôi, hoặc đọc nội dung chúng tôi gửi cho quý vị không? Chúng tôi có cung cấp tài liệu bằng các ngôn ngữ và định dạng khác mà không tính phí cho quý vị. Hãy gọi chúng tôi theo số điện thoại miễn cước 1-800-600-4441 (TTY 711). Vietnamese

Ŋ a jlá bò mamáé kó ñ-á fueji-á já éti nlonlɔe-á tèh bò, mòú bê yé-lé âmô bò wlu, mòú bê yé de né â a mua mú bò dlo slè? De wè né â a cléa, â a po-lé i dakó+ tê-á win kli kà né i a mua i-á nyati wɔnwóèn nu, ε se penó kpòh ne. Dá âmô, ε se penó kpòh ne 1-800-600-4441 (TTY 711). Kru

ヘルスケアの受診、ご相談時の会話、配布物の読解にお困りではありませんか？当院では無料の翻訳版資料をご用意しております。無料ダイヤル 1-800-600-4441 (TTY 711) までお電話ください。 Japanese

Вам нужна помощь в получении медицинских услуг, вы хотите поговорить с нами или не можете прочитать присланные вам материалы? Наши материалы можно бесплатно получить на других языках и в другом формате. Позвоните нам по бесплатному номеру 1-800-600-4441 (TTY 711). Russian

Necessita de ajuda com a sua assistência médica, para falar conosco, ou para ler o que lhe enviamos? Fornecemos os nossos materiais noutros idiomas e noutros formatos, sem qualquer custo para si. Ligue-nos gratuitamente para 1-800-600-4441 (TTY 711). Portuguese

Ha bisogno di aiuto con la sua assistenza sanitaria, per parlare con noi o per leggere ciò che le abbiamo inviato? I nostri materiali sono disponibili in altre lingue e formati senza alcun costo per lei. Può contattarci gratuitamente al numero 1-800-600-4441 (TTY 711). Italian

Kailangan ba ninyo ng tulong sa inyong pangangalagang pangkalusugan, sa pakikipag-usap sa amin, o sa pagbabasa ng aming ipinadadala sa inyo? Ipinagkakaloob namin ang aming mga materyal sa iba pang mga wika at format na wala kayong babayaran. Tawagan kami nang toll free sa 1-800-600-4441 (TTY 711). Tagalog

คุณต้องการความช่วยเหลือในด้านการดูแลสุขภาพของคุณ พูดคุยกับเรา หรืออ่านสิ่งที่เราจัดส่งให้คุณหรือไม่ เราจัดส่งสื่อของเราเป็นภาษาและรูปแบบอื่นๆ โดยไม่มีค่าใช้จ่าย โทรหาเราฟรีที่ 1-800-600-4441 (TTY 711) Thai

Ị chọrọ enyemaka na nlekọta ahụike gi, ịgwa anyị okwu, ma ọ bụ ịgụ ihe anyị zitere gi? Anyị na enye ihe anyị n'asụsụ na nhazi ndị ọzọ na akwughị ugwo ọ bụla. Kpọọ anyị n'efu na 1-800-600-4441 (TTY 711). Igbo

Njẹ o nílò ìrànlowó nípa itọjú ìlera rẹ, ní bíbá wa sọrò, àbí kíkà ohun tí a fi ránṣẹ sí ọ? A npèsè àwọn nnkan wa ní àwọn èdè mírán àti ní irú mírán fún ọ láì díyelé. Pè wá lófẹẹ ní 1-800-600-4441 (TTY 711). Yoruba

আপনার কি আপনার স্বাস্থ্য পরিচর্যা, আমাদের সঙ্গে কথা বলার ক্ষেত্রে অথবা আমরা আপনাকে যা পাঠায় তা পড়তে সহায়তার প্রয়োজন? আমরা অন্য ভাষা ও ফর্ম্যাটে বিনামূল্যে আমাদের সামগ্রী প্রদান করি। আমাদের টোল-ফ্রি নম্বর 1-800-600-4441 (TTY 711) এ ফোন করুন। Bengali

Benötigen Sie Hilfe bezüglich Ihrer Gesundheitsversorgung, möchten Sie mit uns sprechen oder haben Sie Probleme, die von uns zugesandten Materialien zu verstehen? Wir stellen Ihnen unsere Materialien auch in anderen Sprachen und Formaten kostenfrei zur Verfügung. Sie erreichen uns gebührenfrei unter 1-800-600-4441 (TTY 711). German

Important Phone Numbers

For questions about your MCP:	Enrollee Services	800-600-4441 (toll-free)	24 hours a day, 7 days a week
	TTY/TDD Enrollee Services	711 (toll-free)	24 hours a day, 7 days a week
If you need care after your doctor's office is closed:	24-hour Nurse HelpLine	800-600-4441 (toll-free)	24 hours a day, 7 days a week
	TTY/TDD 24-hour Nurse HelpLine	711 (toll-free)	24 hours a day, 7 days a week
If you need to see a doctor within 24 hours ("Urgent Care"):	Your <u>PCP's</u> Office	(fill in your <u>PCP's</u> information here)	
	24-hour Nurse HelpLine	800-600-4441 (toll-free)	24 hours a day, 7 days a week
If you need a ride to an Appointment:	Enrollee Services	Medical Transportation Management (MTM) 24 hours a day, 7 days a week 888-828-1081 (TTY 711) (toll-free)	
If you need Behavioral Health care or have a Behavioral Health question:	Your <u>PCP's</u> Office	DC Department of Behavioral Health Access Hotline at 1-888-793-4357, 24 hours a day, 7 days a week.	
	24-hour Nurse HelpLine	800-600-4441 (toll-free)	24 hours a day, 7 days a week
If you need someone who speaks your language or if you are Hearing Impaired:	Enrollee Services	800-600-4441 (toll-free)	Monday through Friday from 8:00 a.m. to 6:00 p.m.
	TTY/TDD Enrollee Services	711 (toll-free)	Monday through Friday from 8:00 a.m. to 6:00 p.m.
Dental Questions:	Avesis	833-554-1012	Monday through Friday from 7 a.m. to 8 p.m.
Vision Questions:	Avesis	833-554-1012	Monday through Friday from 7 a.m. to 8 p.m.
FOR AN EMERGENCY, DIAL 911 OR GO TO YOUR NEAREST EMERGENCY ROOM			

Personal information

My Medicaid ID Number:

My Primary Care Provider (PCP):

My Primary Care Provider (PCP) Address:

My Primary Care Provider (PCP) Phone:

Child's Medicaid ID number:

Child/Children Primary Care Provider (PCP):

Child/Children Primary Care Provider (PCP) Address:

Child/Children Primary Care Provider (PCP) Phone:

My Primary Dental Provider (PDP):

My Primary Dental Provider (PDP) Address:

My Primary Dental Provider (PDP) Phone:

Child/Children Primary Dental Provider (PDP):

Child/Children Primary Dental Provider (PDP) Address:

Child/Children Primary Dental Provider (PDP) Phone:

My Behavioral Health Provider:

My Behavioral Health Provider Address:

My Behavioral Health Provider Phone:

Child/Children Behavioral Health Provider:

Child/Children Behavioral Health Provider Address:

Child/Children Behavioral Health Provider Phone:

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Welcome to Amerigroup DC

Thank you for choosing Amerigroup District of Columbia, Inc. as your health plan. We're proud to serve District Medicaid and CHIP Enrollees through the DC Healthy Families and Immigrant Children's Programs.

This Enrollee handbook has important information about Amerigroup DC and how your health plan works. Please review it carefully. As an Amerigroup DC enrollee, you have all the benefits regular Medicaid covers, like doctor visits, labs X-rays, and shots, plus extras to help you live healthy and feel your best.

Each month, Amerigroup DC will host a new Enrollee orientation. This is another way you can learn more about your Amerigroup DC benefits. During the orientation, you can speak with a member of our team to get questions answered. Need to speak with us right away? We're a click or call away. Log in to your account, or register online, at myamerigroup.com/DC. Send us a secure message or schedule a callback. Or call our Enrollee Services team at 800-600-4441 (TTY 711), Monday through Friday from 8:00 a.m. to 6:00 p.m. or email DCenrollees@amerigroup.com. We're here to help you every step of the way.

How this Handbook Works

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

If you have questions about things you read in this book or other questions about Amerigroup DC, you can call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711) or visit myamerigroup.com/DC, and we will do our best to help you.

How this Handbook Can Help You

This Enrollee Handbook tells you:

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

This Enrollee Handbook gives you basic information about how Amerigroup DC works. Please call Amerigroup DC Enrollee Services anytime, 24 hours a day and 7 days a week, if you have any questions.

Your Rights

- Know that when you talk with your doctors and other providers, it's private
- Have an illness or treatment explained to you in a language you can understand
- Participate in decisions about your care, including the right to refuse treatment
- Receive a full, clear, and understandable explanation of treatment options and the risks of each option so you can make an informed decision
- Refuse treatment or care
- Be free from any form of restraints or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Can see and receive a copy of your medical records and request an amendment or change, if incorrect
- Receive access to health care services that are available and accessible to you in a timely manner
- Choose an eligible PCP/PDP from within Amerigroup DC's network and change your PCP/PDP
- Make a Grievance about the care provided to you and receive an answer
- Request an Appeal or a Fair Hearing if you believe Amerigroup DC was wrong in denying, reducing, or stopping a service or item
- Receive Family Planning Services and supplies from the provider of your choice

- Obtain medical care without unnecessary delay
- Receive a second opinion from a qualified healthcare professional within the network or, if necessary, obtain one outside the network at no cost to you
- Receive information on Advance Directives and choose not to have or continue any life-sustaining treatment
- Receive a copy of Amerigroup DC's Enrollee Handbook and/or Provider Directory
- Continue the treatment you are currently receiving until you have a new treatment plan
- Receive interpretation and translation services at no cost
- Refuse oral interpretation services
- Receive transportation services at no cost
- Get an explanation of prior authorization procedures
- Receive information about Amerigroup DC's financial condition and any special ways we pay our doctors
- Obtain summaries of customer satisfaction surveys
- Receive Amerigroup DC's "Dispense as Written" policy for prescription drugs
- Receive a list of all covered drugs

You Have a Right to:

Be treated with respect and due consideration for your dignity and right to privacy.

Your Responsibilities

You are responsible for the following:

- Treating those providing your care with respect and dignity
- Following the rules of the DC Medicaid Managed Care Program and Amerigroup DC
- Following instructions, you receive from your doctors and other providers
- Going to scheduled appointments
- Telling your doctor at least 24 hours before the appointment if you must cancel
- Asking for more explanation if you do not understand your doctor's instructions
- Going to the Emergency Room only if you have a medical emergency
- Telling your PCP/PDP about medical and personal problems that may affect your health

- Reporting to the Economic Security Administration (ESA) and Amerigroup DC if you or a family Enrollee have other health insurance or if you have a change in your address or phone number
- Reporting to the Economic Security Administration (ESA) and Amerigroup DC if there is a change in your family (i.e., deaths, births, etc.)
- Trying to understand your health problems and participate in developing treatment goals
- Helping your doctor in getting medical records from providers who have treated you in the past
- Telling Amerigroup DC if you were injured as the result of an accident or at work

Your Enrollee ID Card

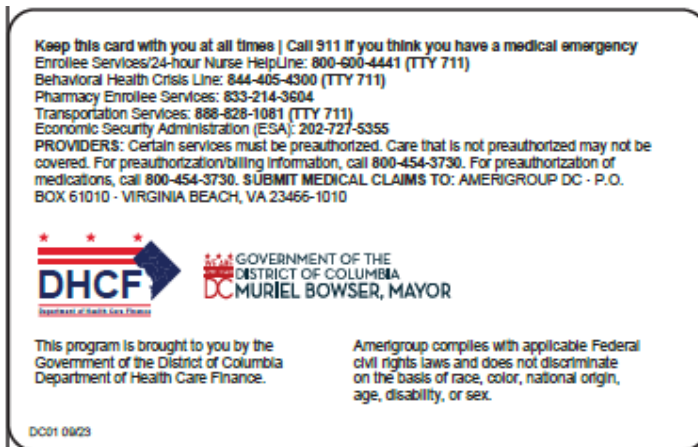
Once you are assigned a primary care provider (PCP), we will mail you an Enrollee ID Card. This card lets your doctors, hospitals, drug stores, and others know you are an Enrollee of Amerigroup DC. Please make sure that the information on your Enrollee ID Card is correct. If there are any problems, or if you have lost your card, call Enrollee Services at 800-600-4441 (TTY 711). Each Amerigroup DC enrollee has their card. Your Children will also have their cards. You must keep your children's cards so they don't get lost. It is against the law to let anyone else use your Enrollee ID card.

Your Enrollee ID Card looks like this:

Front of Card



Back of Card



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

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

Your Primary Care Provider (PCP)

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

It is important to call your PCP first when you need care. If you had a PCP before you signed up with Amerigroup DC, please call Enrollee Services at 800-600-4441 (TTY 711). We can help you stay with that PCP if you want to.

Choose your PCP

1. Choose a PCP when you enroll in Amerigroup DC. This person will be your PCP while you are an Enrollee of Amerigroup DC.
 - If your current PCP is a Provider of Amerigroup DC's network, you may stay with that doctor.
 - If you don't have a PCP, you can choose from a list of doctors in our Provider Directory or at myamerigroup.com/DC.
 - Call Enrollee Services at 800-600-4441 (TTY 711) if you need help choosing a doctor.
 - If you do not choose a PCP within the first 10 days of being in our plan, we will choose a doctor for you. If you do not like the PCP we choose for you, you may change your PCP. Call Enrollee Services at 800-600-4441 (TTY 711) to change your PCP.
 - Amerigroup DC will send you an Enrollee ID Card. Your card will have your PCP's name and phone number on it.
2. Choose a PCP for each family Enrollee in our plan, including your children. Your PCP may be one of the following:
 - Family and General Practice Doctor - usually can see the whole family.
 - Internal Medicine Doctor - usually sees only adults and children 14 years and older.
 - Pediatrician - sees children from newborn up to adult.
 - Obstetrician/Gynecologist (OB/GYN) - specializes in women's health and maternity care.
 - If you or your child has special health care needs, you may choose a specialist as your PCP.

3. When you choose your PCP, please:
 - Try to choose a doctor who can send you to the hospital you want. Not all doctors can send patients to all hospitals. Our provider directory lists which hospitals a PCP can send you to. You can also call Enrollee Services for help.
 - Sometimes, the PCP you choose won't be able to take new patients. We will let you know if you need to choose a different doctor.
 - Choose a doctor who is close to your home or work.

How to Change Your PCP

You can change your PCP anytime. Just choose a new PCP from the Provider Directory. Call Enrollee Services at 800-600-4441 (TTY 711) once you have chosen a new PCP. If you need help choosing a new PCP, Enrollee Services can help you.

Your Primary Dental Provider (PDP)

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

It is important to call your PDP first when you need care. If you had a dentist before you signed up with Amerigroup DC, please call Enrollee Services at 800-600-4441 (TTY 711). We can help you stay with that dentist if you want to.

Choosing your PDP

1. Choose a PDP when you enroll in Amerigroup DC. This person will be your PDP while you are an Enrollee of Amerigroup DC.
 - If your current PDP is a Provider of Amerigroup DC's network, you may stay with that dentist.
 - If you don't have a PDP, you can choose from a list of dentists in our Provider Directory or at myamerigroup.com/DC.
 - Call Enrollee Services at 800-600-4441 (TTY 711) if you need help choosing a dentist.
 - If you do not choose a PDP within the first 10 days of being in our plan, we will choose a dentist for you. If you do not like the PDP we choose for you, you may change your PDP. Call Enrollee Services at 800-600-4441 (TTY 711) to change your PDP.
 - Amerigroup DC will send you an Enrollee ID Card. Your card will have your PDP's name and phone number on it.

- Choose a PDP for each family enrolled in our plan, including your children. Your PDP may be one of the following:
 - Family and General Practice Dentist - usually can see the whole family

2. When you choose your PDP, please note the following:

- Our provider directory lists which hospitals a PDP can send you to. You can also call Enrollee Services for help.
- Sometimes, the PDP you choose won't be able to take new patients. We will let you know if you need to choose a different dentist.

How to change your PDP

You can change your PDP anytime. Just choose a new PDP from the Provider Directory. Call Enrollee Services at 800-600-4441 (TTY 711) once you have chosen a new PDP. If you need help choosing a new PDP, Enrollee Services can help you.

Routine Care, Urgent Care, and Emergency Care

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

Routine Care

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

Urgent Care

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

- | | | | |
|-------------------|-----------------------|-----------------|-------------------------------------|
| • Throwing up | • Minor burns or cuts | • Earaches | • Fever over 101 degrees Fahrenheit |
| • Headaches | • Sore throat | • Muscle | |
| • Substance abuse | • Behavioral health | sprains/strains | |

If you need Urgent Care, call your PCP's office. If your PCP's office is closed, leave a message with the person who answers the phone when the office is closed. Then call the 24-hour Nurse Help Line at 800-600-4441 (TTY 711). A nurse will help you decide if you need to go to the doctor right away. The nurse will tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

Emergency Care

Emergency Care is medical care you need right away for a serious, sudden (sometimes life-threatening) injury or illness. You have the right to use any hospital for emergency care. Prior authorization is not required for emergency care services.

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

WHAT TO DO IF YOU HAVE AN EMERGENCY

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

Care When You Are Out-of-Town

When You are Out of Town

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

Routine Care

You must call us and ask if we will pay for you to see a doctor or other provider when you are out of town because doctors who are not in the District of Columbia are not a part of Amerigroup DC. If Amerigroup DC does not say it is okay before you get the care, you must pay for it yourself. If you need medicine from a doctor while you are out of town, call your PCP. Call the 24-hour Nurse Help Line at 800-600-4441 (TTY 711) if you need help.

Urgent Care

Call your PCP. If your PCP's office is closed, call the 24-hour Nurse Help Line at

800-600-4441 (TTY 711). A nurse will help you decide if you need to go to the doctor right away. The nurse can tell you how to get care. You do not have to go to the Emergency Room or use an ambulance for routine or Urgent Care.

Emergency Care

If you have an emergency, including behavioral health, alcohol, or another drug emergency, go to the nearest Emergency Room (ER) to get care right away. If you go to the emergency room, you should ask the ER staff to call your PCP. If you go to the emergency room, you should call

Enrollee Services as soon as possible. **Prior authorization is not required for emergency care services.**

In-Network and Out-of-Network Providers

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

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

Amerigroup DC will provide (adequately and timely) covered services from an approved out-of-network provider if Amerigroup DC does not have an in-network provider who can perform a covered service.

Prior Authorization (PA) means approval for a health service not routinely covered by Amerigroup DC. You must get this approval before you receive the service. You do not need a PA to receive emergency care. Call Enrollee Services at 800-600-4441 (TTY 711) to ask about getting a PA.

You may go to a Family Planning provider of your choice, even if they are out-of-network. No prior authorization is required. See page 21 for more information on Family Planning Services.

Making an Appointment

Making an Appointment with your PCP

- Have your Enrollee ID Card and a pencil and paper close by.
- Call your PCP’s office. Look for your PCP’s phone number on the front of your Enrollee ID Card. You can also find it in your Provider Directory or online at myamerigroup.com/DC.
- Tell the person who answers you are an Amerigroup DC Enrollee. Tell them you want to make an appointment with your PCP.
- Tell the person why you need an appointment. For example:
 - You or a family Enrollee is feeling sick
 - You hurt yourself or had an accident

- You need a check-up or follow-up care
- Write down the time and date of your appointment.
- Go to your appointment on time and bring your Enrollee ID Card and picture ID with you.
- If you need help making an appointment, call Enrollees Services at 800-600-4441 (TTY 711).

Changing or Cancelling an Appointment

- It is very important to come to your appointment and to be on time.
- If you need to change or cancel your appointment, please call the doctor at least 24 hours before your appointment.
- For some appointments, you may have to call more than 24 hours before canceling.
- If you do not show up for your appointment, or if you are late, your doctor may decide you cannot be their patient.

Getting care when your PCP’s or PDP’s Office is Closed

If you need to speak to your PCP or PDP when the office is closed, call your PCP’s or PDP’s office, and leave a message including your phone number with the person who answers the phone. Someone will call you back as soon as possible. If you have an emergency, call 911 or go to the Emergency Room. You can also call the 24-hour Nurse Help Line at 800-600-4441 (TTY 711).

How long does it take to see your doctor?

Your doctor’s office must give you an appointment within days after you call. Please call 800-600-4441 (TTY 711) if you cannot get an appointment during these time periods. The table below shows how long it will take to get an appointment.

TYPE OF VISIT	YOUR CONDITION	HOW LONG IT TAKES TO SEE YOUR DOCTOR
Urgent Visit	You are hurt or sick and need care within 24 hours to avoid getting worse, but you don’t need to see a doctor right away. Some examples are minor burns or cuts, headaches, sore throat, or muscle sprains/strains.	Within 24 hours
Routine Visit	You have a minor illness or injury or need a regular checkup, but you don’t need an urgent appointment.	Within 30 days

Follow-up Visit	You need to see your doctor after treatment. You just have to make sure you are healing well.	Within 1-2 weeks, depending on the kind of treatment
Adult Wellness Visits	<ul style="list-style-type: none"> You are having your first appointment with a new doctor You are due for a regular adult checkup You are due for a prostate exam, a pelvic exam, a PAP smear, or a breast exam 	Within 30 days or sooner if necessary
Non-urgent appointments with specialists (by Referral)	Your PCP referred you to see a specialist for a non-urgent condition	Within 30 days
Child EPSDT checkups -not urgent	Your child is due for an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) checkup	<p>Initial checkup: Within 60 days</p> <p>Additional checkups: within 30 days of due dates for children under age two; within 60 days of due dates for children aged two and older</p>
IDEA (Early Intervention) assessments	Tests (“assessments”) for children up to age 3 at risk of developmental delay or disability	Within 30 days

Support Services

Transportation Services

Non-covered services are services not covered by the Amerigroup DC but covered by DHCF or other District agencies. Amerigroup DC will provide transportation to your doctor’s appointments if you need it. Amerigroup DC will also provide transportation to/from most non-covered services.

- Call Medical Transportation Management (MTM) at 888-828-1081 to tell them what time and what day you need to be picked up.
- You must call at least two business days (not including Saturday and Sunday) before your appointment to get transportation.
- If you need transportation to EPSDT visits or urgent visits, you can call the day before the appointment to ask for transportation.
- The types of transportation are buses, metro, vouchers to pay for a taxi, wheelchair vans, and ambulances. The type of transportation you get depends on your medical needs.

- Give MTM your Enrollee ID, phone number, and address where you can be picked up. Also, tell them the name, address, and phone number of the medical/dental facility or doctor's office you are going to.

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

Interpretation Services

Amerigroup DC will provide oral Interpretation Services if you need them for no cost, including at the hospital.

Please call Enrollee Services at 800-600-4441 (TTY 711) for Interpretation Services. Please call us before your doctor's appointment if you need Interpretation Services.

Interpreter Services are usually provided over the telephone. If you need an interpreter to be with you at your doctor's appointment, you must let us know within 3-5 days or 48 hours. If there is a unique situation that requires face-to-face interpretation, the enrollees or providers must receive prior authorization approval by Amerigroup DC. Enrollees or providers may contact our Enrollee Services team to submit the authorization request before the appointment.

Translation Services

If you get information from Amerigroup DC and need it translated into another language, please call Enrollee Services at 800-600-4441 (TTY 711).

Auxiliary Aid Services for the Hearing and Visually Impaired

If you have trouble hearing, call Enrollee Services at TTY 711.

If you have trouble seeing, call Enrollee Services at 800-600-4441 (TTY 711). We can give you information on an audio tape in Braille or in large print.

Specialty Care and Referrals

How to get specialty care

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

Examples of specialists are:

- Allergists (allergy and asthma doctors)

- Dermatologists (skin doctors)
- Cardiologists (heart doctors)
- Endocrinologist (diabetes and thyroid doctors)
- Podiatrists (foot doctors)
- Oncologist (cancer doctors)
- Obstetrics/Gynecology (OB/Gyn)

If you want to see a specialist, but Amerigroup DC said it wouldn't pay for the visit, you can:

- Make an appointment with another doctor in Amerigroup DC's network and get a second opinion
- Appeal our decision (see page 43 on Appeals)
- Ask for a Fair Hearing (see page 43 on Fair Hearings)

Self-Referral Services

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

You DO NOT need a Referral to:

- See your PCP
- Get care when you have an emergency
- Receive services from your OB/GYN doctor in your network for routine or preventive services (females only)
- Receive Family Planning Services
- Receive services for sexually transmitted infections (STIs)
- Receive Immunizations (shots)
- Visit a vision provider in the network
- Take your child to a dental provider in the network
- Receive behavioral health services for problems with alcohol or other drugs

Behavioral Health (Mental Health or Substance Use Disorder Services)

You **do not** need to see your PCP before getting behavioral health services. But, you will need to get your care from someone in our network. If you're getting care now, ask your provider if they take **Amerigroup DC**.

Before your first visit:

1. **Ask** your past doctor to send your records to your new provider. This will not cost you anything. They will help your provider learn about your needs.
2. **Have your Amerigroup DC card ready** when you call to schedule your appointment with your new provider.
3. Say you are an **Amerigroup DC** member and give your **Medicaid ID number**.
4. **Write down** your appointment date and time. If you are a new patient, the provider may ask you to come early. Write down the time they ask you to be there.
5. **Make a list** of questions you want to ask your provider. List any problems that you have.

On the day of the appointment:

1. **Take** all your medicines and a list of questions so your provider knows **how to help you**.
2. **Be on time** for your visit. If you cannot keep your appointment, please call your provider to get a new time.
3. **Take** your **Amerigroup DC ID card** with you. Your provider may make a copy of it.

You can get behavioral health and substance use disorder help right away by calling 800-600-4441 (TTY 711). We will help you find the best provider for you/your child. You can call 24 hours a day, 7 days a week.

You should call **9-1-1** if you/your child is having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You do not have to wait for an emergency to get help.

If you speak another language, you may call **Amerigroup DC Interpreter Services HotLine**. If you are deaf or hard of hearing, call our TTY Line at **711**.

You can also call **988**. The 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or behavioral health-related distress and experiencing substance use concerns.

- Mobile Crisis Services (Children/Youth) CHAMPS at 202-481-1440 – Provides mobile onsite emergency help for children facing a behavioral or mental health crisis during the week, whether in the home, school, or community. Services are geared towards children and youth between the ages of 6 – 21. On the weekends, please call the Community Response Team.
- Early Childhood Mental Health Services (Healthy Futures) at 202-698-1871 – Provides crisis intervention for children up to 5 years old and support center staff on individual child behavior and classroom management.

Services for Alcohol or Other Drug Problems

Problems with alcohol or other drugs are dangerous to your health and can be dangerous to the health of people around you. It is important to go to the doctor if you need help with these problems. Amerigroup DC will help you arrange for detoxification services and provide care coordination to help you get other services. To get services for these problems, you can:

- Call Amerigroup DC Behavioral Health Services at 800-600-4441 (TTY 711), 24 hours a day, 7 days a week.
- Access Assessment and Referral Center (ARC) directly at 202-727-8473 or visit 75 Florida Ave. NE, Washington, DC 20002. ARC provides same-day assessment and referral for individuals seeking treatment for substance use disorder, including detoxification, medication-assisted treatment, and individual and group counseling.
- Access DC Stabilization Center at 202-839-3500 or visit 35 K St. NE Washington, DC 20001. DC Stabilization Center provides a safe place for people under the influence of substance use disorder crisis to get the help they need, and offers approved medication on the spot, counseling, referrals, and placement into long-term treatment options. Open 24 hours a day, 7 days a week.

All Behavioral health, Alcohol, and Drug Use Services are confidential.

Birth Control and Other Family Planning Services

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

You can get birth control and other Family Planning Services from any provider you choose. You do not need a referral to get these services. If you choose a Family Planning Services doctor other than your PCP, tell your PCP. It will help your PCP take better care of you. Talk to your PCP or call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711) for more information on birth control or other Family Planning Services.

Family Planning Services include:

- Pregnancy testing
- Counseling for the woman and the couple
- Routine and emergency contraception
- Counseling and Immunizations
- Screening for all sexually transmitted infections
- Treatment for all sexually transmitted infections

- Sterilization procedures (must be 21 or older and requires you to sign a form 30 days before the procedure)
- HIV/AIDs testing and counseling

Family Planning Services do not include:

- Routine infertility studies or procedures
- Hysterectomy for sterilization
- Reversal of voluntary sterilization
- HIV/AIDs treatment
- Abortion

HIV/AIDS testing, counseling, and treatment

You can get HIV/AIDS testing and counseling:

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

For information on where you can go for HIV testing and counseling, call Enrollee Services 800-600-4441 (TTY 711). If you need HIV treatment, your PCP will help you get care. Or you can call 800-600-4441 (TTY 711). You can also get Pre-exposure prophylaxis (PrEP) if your doctor believes you are at high risk for HIV/AIDs.

Pharmacy Services and Prescription Drugs

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

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

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

- If you are traveling and need a vacation supply of your medication, call Pharmacy Enrollee Services at 833-214-3604 (TTY 711). You may receive up to a 30-day supply of your medication for vacation.
- For emergency services, go to the nearest hospital emergency room or call 911.
- For urgent care:
 - Call your PCP. If your PCP's office is closed, leave a phone number where you can be reached. Your PCP or covering practitioner will call you back

- Follow your PCP's advice. You may be told how soon you need to get care and where to get the care.
- Call the 24-hour Nurse HelpLine at 800-600-4441 (TTY 711) if you need help.

To get a prescription filled:

- Choose a pharmacy that is part of the Amerigroup DC network and is close to your work or home.
- When you have a prescription, go to the pharmacy and give the pharmacist your prescription and your Amerigroup DC Enrollee ID Card.
- If you need help, please call Pharmacy Enrollee Services at 833-214-3604 (TTY 711).

Things to remember:

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

If you did not receive your medication:

- You can ask your pharmacist for a three-day supply of medicine until the issue that prevented you from getting your medication today is resolved.
- Your pharmacy will provide written notification if you cannot receive your prescription medication and the reasons why.
- You must complete all the denial processes your managed care plan provides before requesting an administrative fair hearing.
- You can request an administrative fair hearing if you think your request for medication has been wrongfully denied or reduced. To request a hearing:
 - Call the DHCF Ombudsman at 202-724-7491 or email healthcareombudsman@dc.gov
 - Call the Office of Administrative Hearings at 202-442-9094
 - Or visit 441 4th Street, NW, Suite 450 North, Washington, DC 20001.

Disease Management

If you have a chronic illness or special health care need such as asthma, high blood pressure, or mental illness, we may put you in our Disease Management Program. This means you will have a Disease Manager. A Disease Manager works for Amerigroup DC and will help you get the services and information you need to manage your illness and be healthier.

Care Coordination and Case Management Programs

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

Amerigroup DC Care Manager can help you or your child with the following:

- Getting and understanding your covered services;
- Setting up medical appointments and tests;
- Setting up transportation;
- Finding ways to make sure you get the right service;
- Finding resources to help with special health care needs and/or help your caregivers manage day-to-day stress;
- Connecting with community and social services; and
- With transitioning to other care, if your benefits end, you choose another MCP, or you move to another DC Medicaid program, if necessary

Our staff can give you more information. They can also let you know what programs you are currently enrolled in. You can also ask for a referral or ask to be removed from a program. For more information, contact Amerigroup DC Care Management Program at 833-346-1663.

Services to Keep Adults from Getting Sick

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

Recommendations for Check-Ups (“Screenings”)

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

Preventive Counseling

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

- Diet and exercise
- Alcohol and Drug Use
- Smoking Cessation
- HIV/AIDS Prevention
- Contraceptive care

Adult Immunizations

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

Pregnancy

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

If you are pregnant, please call:

- Economic Security Administration (ESA) at 202-727-5355 to report your pregnancy
- Enrollee Services at 800-600-4441 (TTY 711)
- Your PCP

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

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

Prenatal and Post-Partum Care

Special care for pregnant Enrollees

Taking Care of Baby and Me[®] is the Amerigroup DC program for all pregnant Enrollees. It is very important to see your primary care provider (PCP) or obstetrician or gynecologist (OB/GYN) for care when you are pregnant. Prenatal care is always important even if you have already had a

baby. With our program, Enrollees receive health information and rewards for getting prenatal and postpartum care.

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

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

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

Once you have your baby, call Enrollee Services at 800-600-4441 (TTY 711) and ESA at 202-727-5355.

Your Child's Health

HealthCheck Benefit Program for Children (EPSDT)

Amerigroup DC wants to help your children grow up healthy. If your child is in the DC Healthy Families (Medicaid) program, your child will be in the HealthCheck Program, also called the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services benefit. This is the pediatric part of the Medicaid program and starts right after your child is born and lasts until your child turns 21. The HealthCheck Program gives your child several important checkups.

There is a HealthCheck (EPSDT) information sheet in this handbook.

HealthCheck Program for Children

We want to help your children grow up healthy. If your child is in the DC Healthy Families (Medicaid) program, your child will be in the HealthCheck program, also called Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). Getting regular checkups can help find health problems early, and in some cases, keep health problems from occurring.

With HealthCheck, your child gets no cost checkups from birth up to age 21, including:

- Full physical exam
- Growth and development check
 - Immunizations (shots)
 - Dental screening
 - Vision screening
 - Hearing screening
- Lab testing (including blood lead levels)
 - Behavioral health screening
 - Treatment or service referral
 - Health education

If medically needed:

- Physical, occupational, and speech therapy
 - Vision and dental services
 - Behavioral health services
 - Medicines
- Medical equipment and supplies

Setting up regular checkups with your child’s PCP can:

- Help keep your child healthy
 - Find health problems early, and
 - In some cases, keep health problems from occurring
- If you think there is a problem, call your child’s PCP right away.

Checkups are recommended at these ages:

Infant	Toddler	Child/Teen/Young Adult
1 month	12 months	Once a year from ages 3 through 20
2 months	15 months	
4 months	18 months	
6 months	24 months	
9 months	30 months	

You can also ask your doctor, call Enrollee Services, or visit our website at myamerigroup.com/DC for a copy of the HealthCheck (EPSDT) Periodicity Schedule. The schedule tells you when your child needs to go to the doctor.

As part of the HealthCheck/EPSDT services benefits, your child can get the other Medicaid benefits described in the “Enrollee Health Benefits” section below.

Immigrant Children’s Program

If your child is in the Immigrant Children’s Program, your child will get well-child services. This program lasts until your child turns 21.

In addition to well-child visits, your child can get the benefits described in the “Enrollee Health Benefits” section below. Immigrant children are only eligible for medical services while enrolled in Amerigroup DC.

You do not have to pay anything for these Services for your child – they are no cost. If you have any questions or need help with transportation or scheduling an appointment, please call Enrollee Services at 800-600-4441 (TTY 711).

Care for your Child’s Teeth

All dental health checkups and treatments are no cost for Amerigroup DC enrollees under age 21 and every child should have a primary dental provider.

Dentists can prevent cavities and teach you and your child how to care for their teeth.

- From birth to age 3, your child’s PCP may provide oral health care during regular check-ups. The PCP should send the child to a dentist for dental services.
- Beginning at age 3, all children should see a dentist in the Amerigroup DC network for a checkup every year. Please call the dentist’s office for an appointment. Look in the MCP’s Provider Directory or online at myamerigroup.com/DC to choose a dentist near you.

Children with Special Health Care Needs

When children have physical, developmental, behavioral, or emotional conditions that are permanent or that last a long time, they can have Special Health Care Needs. These children may need additional health care and other services.

Amerigroup DC will contact you to complete a health screener to see if your child has Special Health Care Needs. If you have not been contacted by Amerigroup DC, please call Enrollee Services at 800-600-4441 (TTY 711).

If your child has Special Health Care Needs:

- Your child has the right to have a PCP who is a specialist.
- Your child may be assigned to a case manager to help with your child’s special needs.

- Your child’s case manager will work with you and your child’s doctor to create a treatment plan.

Make sure you and your child’s doctor sign your child’s treatment plan. If you do not have a treatment plan, call Amerigroup DC Enrollee Services to ask for a treatment plan for your child.

The IDEA Program

IDEA is a federal law. IDEA stands for the Individuals with Disabilities Education Act. The IDEA program provides special services for your child with developmental delays, disabilities, or special needs. Children up to age 3 get early intervention services from Amerigroup DC. Children ages 4 and older get special education services from the D.C. Public School and Public Charter School systems.

D.C.’s Growth Chart (see insert) can help you figure out if your child is having delays in growth and development.

Growth Chart

The Individuals with Disabilities Education Act (IDEA) program provides special services for your child with developmental delays, disabilities, or special needs. Children up to age 3 get early intervention services from Amerigroup DC. Children age 4 and older get special education services from the D.C. Public School and Public Charter School systems.

This Growth Chart can help you figure out if your child is having delays in growth and development. Use it as a guide. Your child may reach these milestones slightly before or after other children of the same age. If you have any questions or concerns, talk to your child’s doctor.

Our case managers can tell you more about IDEA and the other services your child can get.

Here are some of the things you should look for as your child grows.

<p>By the end of 7 months, many children are able to:</p> <ul style="list-style-type: none"> • Turn their head when their name is called • Smile back at another person • Respond to sounds with sounds • Enjoy social play, such as peek-a-boo 	<p>By the end of 2 years (24 months), many children are able to:</p> <ul style="list-style-type: none"> • Use 2- to 4-word phrases • Follow simple instructions • Become more interested in other children • Point to an object or picture when named
<p>By the end of 1 year (12 months), many children are able to:</p> <ul style="list-style-type: none"> • Use simple gestures (waving “bye-bye”) • Make sounds such as “ma” and “da” • Imitate actions in their play (clap when you clap) • Respond when told “no” 	<p>By the end of 3 years (36 months), many children are able to:</p> <ul style="list-style-type: none"> • Show affection for playmates • Use 4- to 5-word sentences • Imitate adults and playmates (run when other children run) • Play make-believe with dolls, animals, and people (“feed” a teddy bear)
<p>By the end of 1 ½ years (18 months), many children are able to:</p> <ul style="list-style-type: none"> • Do simple pretend play (“talk” on a toy phone) • Point to interesting objects • Look at an object when you point at it and tell them to look • Use several single words unprompted 	<p>By the end of 4 years (48 months), many children are able to:</p> <ul style="list-style-type: none"> • Use 4- to 6-word sentences • Follow 3-step commands (“Get dressed, comb your hair, and wash your face”) • Cooperate with other children

If you think your child is not growing the way they should have your child tested (“IDEA evaluation”). To get an IDEA evaluation, call your PCP. If your child needs IDEA Services, your PCP will refer your child to the DC Strong Start Early Intervention Program.

Amerigroup DC has case managers who can tell you more about IDEA and the other services your child can get.

Amerigroup DC covers the services listed below if your child is eligible for Early Intervention services:

- For children up to age 3, Amerigroup DC covers all health care services even if the service is in your child's treatment plan (IFSP).
- For children aged 3 and older, Amerigroup DC:
 - Pays for all health care services and services in your child's treatment plan that your child needs when not in school—even on evenings, weekends, and holidays.
 - Coordinates services that are not provided through the school's treatment plan.

For more information on the services your child can get through the IDEA program, contact Enrollee Services 800-600-4441 (TTY 711) or your child's school.

Immunizations (Shots) for Children and Teens

Immunizations (shots) are important to keep your child healthy. When your child is very young, your child will need shots every few months. The shots start at birth. These shots protect them from diseases.

Your PCP and Amerigroup DC will schedule appointments for your child's shots. The Periodicity Chart (see insert) for the schedule of your child's shots.

Recommended Immunization (Shot) Schedule for Children

It's important for your child to get shots on time. Follow these steps:

1. Take your child to the doctor when his or her PCP says a shot is needed.
2. Use the following chart as a guide to help keep track of the shots your child needs.

You can also find easy-to-read immunization charts for all ages on the Centers for Disease Control and Prevention (CDC) website at [cdc.gov/vaccines/schedules](https://www.cdc.gov/vaccines/schedules).

Birth to age 3	
Age	Immunization
Birth	HepB #1
2 months	HepB#2, DTaP#1, RV#1, Hib#1, PCV#1, IPV#1
4 months	DTaP#2, RV#2, Hib#2, PCV#2, IPV#2
6 months	HepB#3, Hib#3, DTaP#3, RV#3, PCV#3, IPV#3
12 months	Hib#4, MMR#1, Varicella #1, PCV#4 HepA#1
15 months	Varicella #2 or 2nd dose may be given at age 4
18 months	Hep A#2
Ages 4-12	
Ages 4-6	DTaP, MMR, IPV
Ages 11-12	HPV (girls only), MCV4
Age 13 or older	Varicella
Ages 13-18	
Ages 13-18	Tdap, HPV
Age 18 or younger	MCV4
Starting at 6 months	
Every year	Seasonal influenza (“flu”) vaccine as recommended each year

Your Health Benefits

Health Services covered by Amerigroup DC

The list below shows the health care services and benefits for all Amerigroup DC Enrollees. For some benefits, you must be a certain age or have a certain need for the service. Amerigroup DC will not charge you for any healthcare services on this list if you go to a network provider or hospital.

If you have a question about whether Amerigroup DC covers certain health care and how to access services, call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711).

Benefit	What You Get	Who Can Get This Benefit
<p>Adult Wellness Services</p>	<ul style="list-style-type: none"> • Immunizations • Routine screening for sexually transmitted infections • HIV/AIDS screening, testing, and counseling • Breast cancer screening • Cervical cancer screening (women only) • Osteoporosis screening (post-menopausal women) • HPV screening • Prostate cancer screening (men only) • Abdominal aortic aneurysm screening • Obesity screening • Diabetes screening • High blood pressure and cholesterol (lipid disorders) screening • Depression screening • Colorectal cancer screening (Enrollees 50 years and older) • Smoking cessation counseling • Diet and exercise counseling • Behavioral Health Counseling • Alcohol and drug screening 	<p>Enrollees over age 21 as appropriate</p>
<p>BEHAVIORAL HEALTH SERVICES</p>	<ul style="list-style-type: none"> • Diagnostic Assessment • Physician Visits • Individual Counseling • Group Counseling 	<p>All Enrollees</p>

<ul style="list-style-type: none"> • Mental Health 	<ul style="list-style-type: none"> • Family Counseling • Federally Qualified Health Center (FQHC) Services • Medication Crisis Services • Inpatient hospitalization and emergency department services • Case Management Services • Treatment for any mental condition that could complicate pregnancy • Psychiatric Residential Treatment Facility Services (PRTF) for Enrollees under 22 years of age for thirty (30) consecutive days • School-based Behavioral Health Services for children that are included in an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) during holidays, school vacations, or sick days when the child is not in school • Behavioral Health and substance abuse services in an Institution for Mental disease up to 15 days in any calendar month 	
<ul style="list-style-type: none"> • Substance Use Disorder (SUD) 	<ul style="list-style-type: none"> • Diagnostic Assessment • Crisis Services • Counseling • Psychotherapy • Therapeutic Groups • Medication Assisted Treatment • Inpatient Withdrawal Management/Detox • Residential Treatment 	<p>All Enrollees, as appropriate</p>
<p>Child Wellness Services</p>	<p>Whatever is needed to take care of sick children and to keep healthy children well, including screening and assessments such as:</p> <ul style="list-style-type: none"> • Health and development history and screenings • Physical and behavioral health development and screenings • Comprehensive health exam 	<p>Enrollees under the age of 21</p>

	<ul style="list-style-type: none"> • Immunizations • Lab tests, including blood lead levels • Health Education/Anticipatory Guidance • Dental screening services • Vision screening services • Hearing screening services • Alcohol and drug screening and counseling • Behavioral health services <p>*Does not include any health services furnished to a child in a school setting</p>	
Dental Benefits	<ul style="list-style-type: none"> • General dentistry (including regular and emergency treatment) and orthodontic care for special problems • Check-ups twice a year with a dentist are covered for children ages 3 through 20 • A child’s PCP can perform dental screenings for a child up to age 3 • Does not include routine orthodontic care • Fluoride varnish treatment up to four (4) times a year • Sealant application 	<p>Enrollees under the age of 21</p> <p>Enrollees 21 years and older can get dental services from Medicaid. Call MCP Dental Help Line at 866-758-6807</p>
	<ul style="list-style-type: none"> • General dental exams and routine cleanings every six (6) months • Surgical services and extractions • Emergency dental care • Fillings • X-rays (complete series limited to one (1) time every three (3) years • Full mouth debridement • Oral Prophylaxis limited to two (2) times per year • Bitewing series • Palliative treatment • Root Canal treatment • Dental crowns 	<p>Enrollees age 21 and older</p>

	<ul style="list-style-type: none"> • Removal of impacted teeth • Initial placement of a removable prosthesis (any dental device or appliance replacing one or more missing teeth, including associated structures, if required, that is designed to be removed and reinserted) once every five (5) years. Some limitations may apply. • Any dental service that requires inpatient hospitalization must have prior authorization (pre-approval) • Elective surgical procedures requiring general anesthesia 	
Dialysis Services	<ul style="list-style-type: none"> • Treatment up to 3 times a week (limited to once per day) 	All Enrollees
Durable Medical Equipment (DME) & Disposable Medical Supplies (DMS)	<ul style="list-style-type: none"> • Durable medical equipment (DME) • Disposable medical supplies (DMS) 	All Enrollees
Emergency Services	<ul style="list-style-type: none"> • A screening exam of your health condition, post-stabilization services, and stabilization services if you have an emergency medical condition, regardless of whether the provider is in or out of the Amerigroup DC network • Treatment for emergency condition 	All Enrollees
Family Planning	<ul style="list-style-type: none"> • Pregnancy testing; counseling for the woman • Routine and emergency contraception • Voluntary sterilizations for Enrollees over 21 years of age (requires the signature of approved sterilization form by the Enrollee 30 days before the procedure) • Screening, counseling, and immunizations (including for Human Papillomavirus- HPV) 	All Enrollees, as appropriate

	<ul style="list-style-type: none"> • Screening and preventive treatment for all sexually transmitted infections • Nurse Midwife and Doula services <p>*Does not include sterilization procedures for Enrollees under the age of 21</p>	
Hearing Benefits	<ul style="list-style-type: none"> • Diagnosis and treatment of conditions related to hearing, including hearing aids and hearing aid batteries 	All Enrollees
Home Health Services	<p>In-home health care services, including:</p> <ul style="list-style-type: none"> • Nursing and home health aide care • Home health aide services provided by a home health agency • Physical therapy, occupational therapy, speech pathology, and audiology services 	All Enrollees
Hospice Care	<ul style="list-style-type: none"> • Support services for people who are nearing the end of life 	All Enrollees
Hospital Services	<ul style="list-style-type: none"> • Outpatient services (preventive, diagnostic, therapeutic, rehabilitative, or palliative services) • Inpatient services (hospital stay) 	Any Enrollees with a Referral from their PCP or who have an emergency
Laboratory & X-ray Services	<ul style="list-style-type: none"> • Lab tests and X-rays 	All Enrollees
Nursing Home Care	<ul style="list-style-type: none"> • Full-time skilled nursing care in a nursing home for up to 90 consecutive days 	All Enrollees
Personal Care Services	<ul style="list-style-type: none"> • Services provided to an Enrollee by an individual qualified to provide such Services who is not a member of the Enrollee's family, usually in the home, and authorized by a physician as a part of the Enrollee's treatment plan 	All Enrollees Not available to Enrollees in a hospital or Nursing Home

	<ul style="list-style-type: none"> You must get prior authorization for this service 	
Pharmacy Services (prescription drugs)	<ul style="list-style-type: none"> Prescription drugs included on the Amerigroup DC drug formulary. You can find the drug formulary at myamerigroup.com/DC or by calling Enrollee Services. Only includes medications from network pharmacies Includes non-prescription (over-the-counter) medicines. Only includes medications from network pharmacies. Includes the following non-prescription (over-the-counter) medicines, including but not limited to: oral analgesics with a single active ingredient (such as aspirin, acetaminophen, and ibuprofen); ferrous salts; antacids with up to three active ingredients (such as aluminum, magnesium, and bismuth); diabetic preparations (such as insulin and syringes); pediatric, prenatal, and geriatric vitamin formulations; family planning drugs and supplies (emergency contraceptives, condoms/diaphragms); and Senna extract. <p>A complete list is available on the website or by calling Enrollee Services. You must get a prescription from your doctor to get the over-the-counter medication.</p>	<p>All Enrollees other than those dually eligible (Medicaid/Medicare)</p> <p>Enrollees whose prescriptions are covered under Medicare Part D</p>
Podiatry	<ul style="list-style-type: none"> Special care for foot problems Regular foot care when medically needed 	All Enrollees
Primary Care Services	Preventive, acute, and chronic health care services generally provided by your PCP	All Enrollees

Prosthetic devices	<ul style="list-style-type: none"> Replacement, corrective, or supportive devices prescribed by a licensed provider 	All Enrollees
Rehabilitation Services	Including physical, speech, and occupational therapy	All Enrollees
Specialist Services	<ul style="list-style-type: none"> Health care services provided by specially trained doctors or advanced practice nurses Referrals are usually required Does not include cosmetic services and surgeries except for surgery required to correct a condition resulting from surgery or disease, created by an accidental injury or a congenital deformity, or is a condition that impairs the normal function of your body 	All Enrollees
Transportation Services	Transportation to and from medical appointments to include services covered by DHCF	All Enrollees
Vision Care	<ul style="list-style-type: none"> Eye exams at least once every year and as needed; and eyeglasses (corrective lenses) as needed 	Enrollees under the age of 21
Vision Care	<ul style="list-style-type: none"> One (1) pair of eyeglasses every two (2) years except when the Enrollee has lost their eyeglasses or when the prescription has changed by more than 0.5 diopter 	Enrollees age 21 and older

Services We Do Not Pay For

- Cosmetic surgery
- Experimental or investigational services, surgeries, treatments, and medications
- Services that are part of a clinical trial protocol
- Abortion, or the voluntary termination of a pregnancy, is not required under Federal law
- Sterilizations for persons under the age of 21
- Services that are not medically necessary
- Some counseling or referral services may not be covered by Amerigroup DC due to religious or moral beliefs. Contact DHCF at 202-442-5988 for more information.

Transition of Care

If Amerigroup DC is new for you, you can keep your scheduled doctor's appointments and prescriptions for the first 90 days. If your provider is not currently in the Amerigroup DC network, you may be asked to select a new provider within Amerigroup DC's provider network.

If your doctor leaves Amerigroup DC's network, we will notify you within 15 calendar days so that you have time to select another provider. If Amerigroup DC terminates your provider, we will notify you within 30 calendar days before the effective termination date.

Other Important Things to Know

What to do if I move

- Update your contact information online at <https://districtdirect.dc.gov/>.
- Call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711).

What to do if I have a baby

- Call the Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711).

What to do if I adopt a child

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

What to do if someone in my family dies

- Call the Economic Security Administration (ESA) Change Center at 202-727-5355.
- Call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711).

How to change my MCP

- You can change your MCP:
 - During the 90 calendar days following the date of your initial enrollment or 90 calendar days after the date you received your enrollment notice from the District, whichever is later.
 - Once a year during open enrollment.
 - If temporary loss of eligibility causes you to miss the open enrollment.
 - If the District imposes sanctions on the MCP or suspends enrollment.
 - At any time, if you have a good reason/cause, such as:
 - You move out of the service area;
 - Amerigroup DC does not, because of moral or religious objections, cover the service(s) you need;
 - You need related services to be performed at the same time, and not all the related services are available, and if your provider determines that receiving the services separately is risky.
 - You believe the MCP has discriminated against you based on your race, gender, ethnicity, national origin, religion, disability, pregnancy, age, genetic information, marital status, sexual orientation, gender identification, personal appearance, familial responsibilities, political affiliation, and source of income or place of residence or;
 - You feel you have received poor quality of care, lack of access to covered services, or lack of access to Providers experienced in dealing with your health care needs.
- D.C. Healthy Families will send you a letter two months before open enrollment. The letter tells you how to change MCPs.

- When you change your MCP, your health care information will transition to the new MCP you choose so that you can continue to get the care you need.

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

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

A child will be removed from Amerigroup DC if the child:

- Becomes a ward of the District

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

- Let someone else use your Enrollee ID Card;
- Commit Medicaid fraud; or
- Do not follow your Enrollee responsibilities.

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

If you get a bill for a covered service that is in the list above, call Enrollee Services at 800-600-4441 (TTY 711).

Paying for Non-Covered Services

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

Advance Directive

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

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

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

If you want to fill out and sign an Advance Directive, ask your PCP for help during your next appointment, or call Enrollee Services at 800-600-4441 (TTY 711), and they will help you.

What to do if I have other insurance

If you are an Enrollee of Amerigroup DC, you must tell us right away if you have any other health insurance. Please call Enrollee Services at 800-600-4441 (TTY 711).

What to do if I am eligible for both Medicaid and Medicare

If you have Medicare and Medicaid, please tell Amerigroup DC so you can choose Medicare providers. You must sign up for Medicare Part D for your prescription drugs if you have Medicare. Medicaid will pay your co-pays. See page 53 of this handbook for more information.

What is Fraud?

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

If you suspect fraud, please let us know. It is not required that you identify yourself or give your name. To report fraud, call Amerigroup DC Compliance Hotline, 866-847-8247, or the DC Department of Health Care Finance's Fraud Hotline at 877-632-2873. If you want more information about fraud, visit Amerigroup DC website at myamerigroup.com/DC.

Physician (doctor) incentive plan disclosure

You have the right to find out if Amerigroup DC has special financial arrangements with Amerigroup DC's doctors.

Please call Amerigroup DC Enrollee Services at 800-600-4441 (TTY 711) for this information.

Grievances, Appeals, and Fair Hearings

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

Grievances

- If you are unhappy with something that happened to you, you can file a Grievance. Examples of why you might file a Grievance include the following:
 - You feel you were not treated with respect
 - You are not satisfied with the health care you got
 - It took too long to get an appointment
- To file a Grievance, you should call Enrollee Services at 800-600-4441 (TTY 711).
- Your doctor can also file a Grievance for you.

You can file a Grievance at any time after the event you are unhappy about. Amerigroup DC will usually give you a decision within 90 calendar days but may ask for extra time (but not more than 104 calendar days total) to give a decision.

To File a grievance in writing with Amerigroup DC, mail to Centralized Appeals Processing | Amerigroup District of Columbia, Inc. | P.O. Box 62429 | Virginia Beach, VA 23466-2429.

Appeals

If you believe your benefits were unfairly denied, reduced, delayed, or stopped, you have a right to file an Appeal with Amerigroup DC. If you call and give your Appeal over the phone, Amerigroup DC will summarize your Appeal in a letter and send you a copy. Be sure to read the letter carefully and keep it for your records.

Your Appeal will be decided by Amerigroup DC within 30 calendar days from the date your Appeal was received.

If Amerigroup DC needs more time to get information and the District decides this would be best for you, or if you or your Advocate requests more time, Amerigroup DC may increase this time for the decision by 14 calendar days. Amerigroup DC must give you written notice of the extension.

In the mail, you will receive written notice of Amerigroup DC's decision about your Appeal.

If you are not happy with Amerigroup DC's decision about your Appeal, you may request a Fair Hearing.

To file an Appeal with Amerigroup DC, call Enrollee Services at 800-600-4441 (TTY 711).

To file an Appeal in writing with Amerigroup DC, mail to Centralized Appeals Processing | Amerigroup District of Columbia, Inc. | P.O. Box 62429 | Virginia Beach, VA 23466-2429.

Fair Hearings

If you are not satisfied with the outcome of the appeal you filed with Amerigroup DC, you can request a “Fair Hearing” with the DC’s Office of Administrative Hearings.

To file a request for a Fair Hearing, call or write the District government at:

District of Columbia Office of Administrative Hearings

Clerk of the Court

441 4th Street, NW

Room N450

Washington, DC 20001

Telephone Number: 202-442-9094

Deadlines:

- You must file an Appeal within 60 calendar days from the Adverse Benefit Determination notice date.
- You may request a Fair Hearing no more than 120 calendar days from the date of the Amerigroup DC’s Resolution of Appeal Notice.
- If you want to continue receiving the benefit during your Fair Hearing or Appeal, you must request the Fair Hearing or Appeal within the later of the following:
 - Within 10 calendar days from Amerigroup DC postmark of the Adverse Benefit Determination Notice or the Resolution of Appeal Notice; or
 - The intended effective date of Amerigroup DC’s proposed action (or, in other words, when the benefit is to stop).

Your provider may file an Appeal or request a Fair Hearing on your behalf.

Expedited (Emergency) Grievances and Appeals Process

If your Appeal is determined to be an emergency, Amerigroup DC will give you a decision within 72 hours. An Appeal is considered an emergency if it would be harmful or painful to you if you had to wait for the standard time frame of the Appeal procedure.

All Appeals filed by Enrollees with HIV/AIDS, mental illness, or any other condition that requires attention right away will be resolved and communicated back to the Enrollee within 24 hours of filing the Appeal.

Your Rights during the Grievances, Appeals, and Fair Hearings Process

- You have the right to a Fair Hearing. You may request a Fair Hearing from the Office of Administrative Hearing after going through the one-level Appeal process with Amerigroup DC. You must request a Fair Hearing no more than 120 calendar days from the date of the Resolution of Appeal Notice.
- If Amerigroup DC does not give you notice regarding your appeal or does not give you notice on time, then the appeal process will be considered complete, and you can request a Fair Hearing.
- You have a right to keep receiving the benefit we denied while your Appeal or Fair Hearing is being reviewed. To keep your benefit during a Fair Hearing, you must request the Fair Hearing within a certain number of days - this could be as short as 10 calendar days.
- You have the right to have someone from Amerigroup DC help you through the Grievance and Appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer, or another representative.
- You have a right to have accommodations made for any special health care need.
- You have a right to adequate TTY/TTD capabilities and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the Grievance, Appeal, or Fair Hearing.

If you have any questions about the Grievances and Appeals/Fair Hearings process, please call Enrollee Services at 800-600-4441 (TTY 711).

Notice of Privacy Practices

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

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

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

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

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

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

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

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

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

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

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

- To help the police and other people who make sure others follow laws. For example, we may use PHI to report abuse and neglect.
- To help the court when we're asked. For example, we may use PHI to answer legal documents that are filed with the court like complaints or subpoenas.
- To give information to health oversight agencies or others who work for the

government with certain jobs. For example, we provide information for audits or exams.

- To help coroners, medical examiners or funeral directors find out your name and cause of death.
- To help when you've asked to give your body parts to science or for research. For example, we may share your information if you have agreed to become an organ donor in the event of your death.
- To keep you or others from getting sick or badly hurt. For example, we may share your PHI to prevent you or others from being harmed in an urgent situation.
- To give information to workers' compensation. For example, we may share your information if you get sick or hurt at work.

What are your rights?

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

What do we have to do?

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

We may contact you

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

What if you have questions?

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

What if you have a complaint?

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

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

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Ave. SW

Washington, DC 20201

Phone: 800-368-1019

TDD: 800-537-7697

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

Race, ethnicity and language

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

We use this information to:

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

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

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

Your personal information

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

- We may use your PI to make decisions about your:
 - Health
 - Habits
 - Hobbies
- We may get PI about you from other people or groups like:

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

Amerigroup DC's Medicare Part D Notice to Enrollees

MEDICARE PART D NOTICE FOR ENROLLEES WITH BOTH MEDICARE AND MEDICAID

If you get Medicare and Medicaid at the same time, beginning on Month, Day, and Year, you will get your medicines from the Medicare Part D Program.

Amerigroup DC will only cover your medicines for:

- XXX
- YYY
- ZZZ

If you have any questions about your medicines, please call Amerigroup DC Pharmacy Enrollee Services at 833-214-3604 (TTY 711). If you have questions about Medicare Part D, call Medicare at 1-800-MEDICARE (800-633-4227) or visit the www.Medicare.gov website.

The Office of Health Care Ombudsman and Bill of Rights

The Health Care Ombudsman Program is a District of Columbia Government program that assists you in receiving health care from your MCP. The Health Care Ombudsman can provide the following services:

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

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

One Judiciary Square
441 4th Street, NW
Suite 250 North
Washington, DC 20001
Phone: 202-724-7491
Fax: 202-442-6724
Toll-Free Number: 877-685-6391
Email: healthcareombudsman@dc.gov

Definitions

Advance Directive	A written, legal paper that you sign that lets others know what health care you want or do not want if you are very sick or hurt and cannot speak for yourself.
Advocate	A person who helps you get the health care and other Services you need.
Appeal	An Appeal is a special kind of complaint you make if you disagree with a decision Amerigroup DC makes to deny a request for health care services or payment for services you already received. You may also make this kind of complaint if you disagree with a decision to stop the services that you are receiving.
Appointment	A certain time and day you and your doctor set aside to meet about your health care needs.
Behavioral Health	The umbrella term for mental health conditions (including psychiatric illnesses and emotional disorders) and substance use disorders (involving addictive and chemical dependency disorders). The term also refers to preventing and treating co-occurring mental health conditions and substance use disorders (SUDS).
Care Manager	Someone who works for Amerigroup DC who will help you get the care, support, and information you need to stay healthy.
Check-Up	<i>See Screening</i>
Contraception	Supplies related to birth control
Covered Services	Health care services that Amerigroup DC will pay for when completed by a provider.
Detoxification	Getting rid of harmful substances from the body, such as drugs and alcohol.
Development	How your child grows.
Disease Management Program	A program to help people with chronic illnesses or Special Health Care Needs, such as asthma, high blood pressure, or mental illness, get the necessary care and services.
Durable Medical Equipment (DME)	Special medical equipment that your doctor may ask or tell you to use in your home.
Emergency Care	Care you need right away for a serious, sudden, sometimes life-threatening condition.
Enrollee	The person who gets health care through Amerigroup DC's provider network.
Enrollee Identification (ID) Card	The card that lets your doctors, hospitals, pharmacies, and others know that you are an Enrollee of Amerigroup DC.

EPSDT Early, Periodic Screening, Diagnosis, and Treatment Services Benefit	Services that provide a way for children ages birth up to 21 to get medical exams, check-ups, diagnostic and follow-up treatment, and special care they need. Also known as the <i>HealthCheck Benefit</i> .
Fair Hearing	You can request a Fair Hearing with DC's Office of Administrative Hearings if you are not satisfied with the decision regarding your appeal.
Family Planning	Services include infertility treatments, pregnancy tests, birth control, testing and treatment for sexually transmitted infections, and HIV/AIDs testing and counseling.
Family and General Practice Doctor	A doctor who can treat the whole family.
Grievance	If you are unhappy with the care you get, or the health care services Amerigroup DC gives you, you can call Enrollee Services to file a grievance.
Handbook	This book gives you information about Amerigroup DC and our services.
HealthCheck Program	<i>See EPSDT</i>
Hearing Impaired	If you cannot hear well or if you are deaf.
IDEA	Individuals with Disabilities Education Act; is a federal law that services children with developmental delays and special health care needs.
Immunization	Shot or vaccination.
Internal Medicine Doctor	Doctor for adults and children over 14 years old.
Interpretation/Translation Services	Help from Amerigroup DC when you need to talk to someone who speaks your language, or you need help talking with your doctor or hospital.
Managed Care Plan (MCP)	A company that the District of Columbia pays to give your health care and health services.
Maternity	The time when a woman is pregnant and shortly after childbirth.
Mental Health	How a person thinks, feels, and acts in different situations.
Network Providers	Doctors, nurses, dentists, and other people who take care of your health and are a part of Amerigroup DC.
Non-Covered Services	Health care that Amerigroup DC does not pay for when completed by a provider.
OB/GYN	Obstetrician/Gynecologist; a doctor trained to care for a woman's health, including when she is pregnant.

Out-of-Network Providers	Doctors, nurses, dentists, and others who take care of your health and are not a part of Amerigroup DC.
Pediatrician	A children’s doctor.
Pharmacy	Where you pick up your medicine.
Physician Incentive Plan	Tells you if your doctor has any special arrangements with Amerigroup DC.
Post-Partum Care	Health care for a woman after she has her baby.
Prenatal Care	Care is given to a pregnant woman the entire time she is pregnant.
Prescription	Medicine that your doctor orders for you; you must take it to the pharmacy to pick up the medication.
Preventive Counseling	When you want to talk to someone about ways to help you stay healthy or keep you from getting sick or hurt.
Primary Care Provider (PCP)	The doctor that takes care of you most of the time.
Prior Authorization	Written permission from Amerigroup DC to get health care or treatment.
Provider Directory	A list of all providers who are part of the Amerigroup DC.
Providers	Doctors, nurses, dentists, and other people who take care of your health.
Referral	When your primary doctor gives you a written note that sends you to see a different doctor.
Routine Care	The regular care you get from your primary care provider or a doctor that your primary care provider sends you to. Routine Care can be a check-up, physical, health screen, and regular care for health problems like diabetes, asthma, and hypertension.
Screening	A test that your doctor or other health care provider may do to see if you are healthy. This could be a hearing, vision, or test to see if your child is developing normally.
Self-Referral Services	Certain services you can get without getting a written note or referral from your primary doctor.
Services	The care you get from your doctor or other health care provider.
Special Health Care Needs	Children and adults who need health care and other special services that are more than or different from what other children and adults need.
Specialist	A doctor trained to give special care, like an ear, nose, throat, or foot doctor.
Specialty Care	Health care is provided by doctors or nurses trained to give a specific kind of health care.

Sterilization Procedures	A surgery you can have if you do not want children in the future.
Substance Use Disorder (SUD)	The management and care of a patient suffering from alcohol or drug use, a condition which is identified as having been caused by that use.
Transportation Services	Help from Amerigroup DC to get to your appointment. The type of transportation you get depends on your medical needs.
Treatment	The care you get from your doctor.
Urgent Care	Care you need within 24 hours, but not right away.
Visually Impaired	If you cannot see well or you are blind.

The DC HealthCheck Periodicity Schedule follows AAP health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestations of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. Developmental, psychosocial, and chronic disease issues may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. If a child comes under care for the first time, or if any items are not done at the suggested age, the schedule should be brought up to date as soon as possible. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

KEY: • = to be performed = risk assessment to be performed with appropriate action to follow, if positive ←••• = range during which a service may be provided

CPT CODE	INFANCY			EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE																							
	PRENATAL ²	NEWBORN ³	3-5 yr ⁴ By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y								
PHYSICAL EXAMINATION⁵																																							
MEASUREMENTS																																							
Length/Height and Weight																																							
Head Circumference																																							
Weight for Length																																							
Body Mass Index ⁶																																							
Blood Pressure ⁷																																							
ANTICIPATORY GUIDANCE																																							
ORAL HEALTH																																							
Oral Health Assessment ⁸																																							
Fluoride Varnish ¹⁰																																							
SENSORY SCREENINGS																																							
Vision ¹¹																																							
Hearing																																							
DEVELOPMENTAL/BEHAVIORAL HEALTH																																							
Developmental Surveillance																																							
Developmental Screening ¹⁵																																							
Autism Spectrum Disorder Screening ¹⁶																																							
Psychosocial/Behavioral Surveillance																																							
Psychosocial/Behavioral Screening ¹⁷																																							
Tobacco, Alcohol, or Drug Use Screening ¹⁸																																							
Behavioral Health Screening ¹⁹																																							
Maternal Depression Screening ²⁰																																							
PROCEDURES²¹																																							
Immunization ²²																																							
Newborn Screening ²³																																							
Lead ²⁴																																							
Anemia ²⁶																																							
Dyslipidemia ²⁷																																							
Tuberculosis ²⁸																																							
Cervical Dysplasia ²⁹																																							
Sexually Transmitted Infections ³⁰																																							
HIV ³¹																																							
Hepatitis C Virus Infection ³²																																							

NOTES

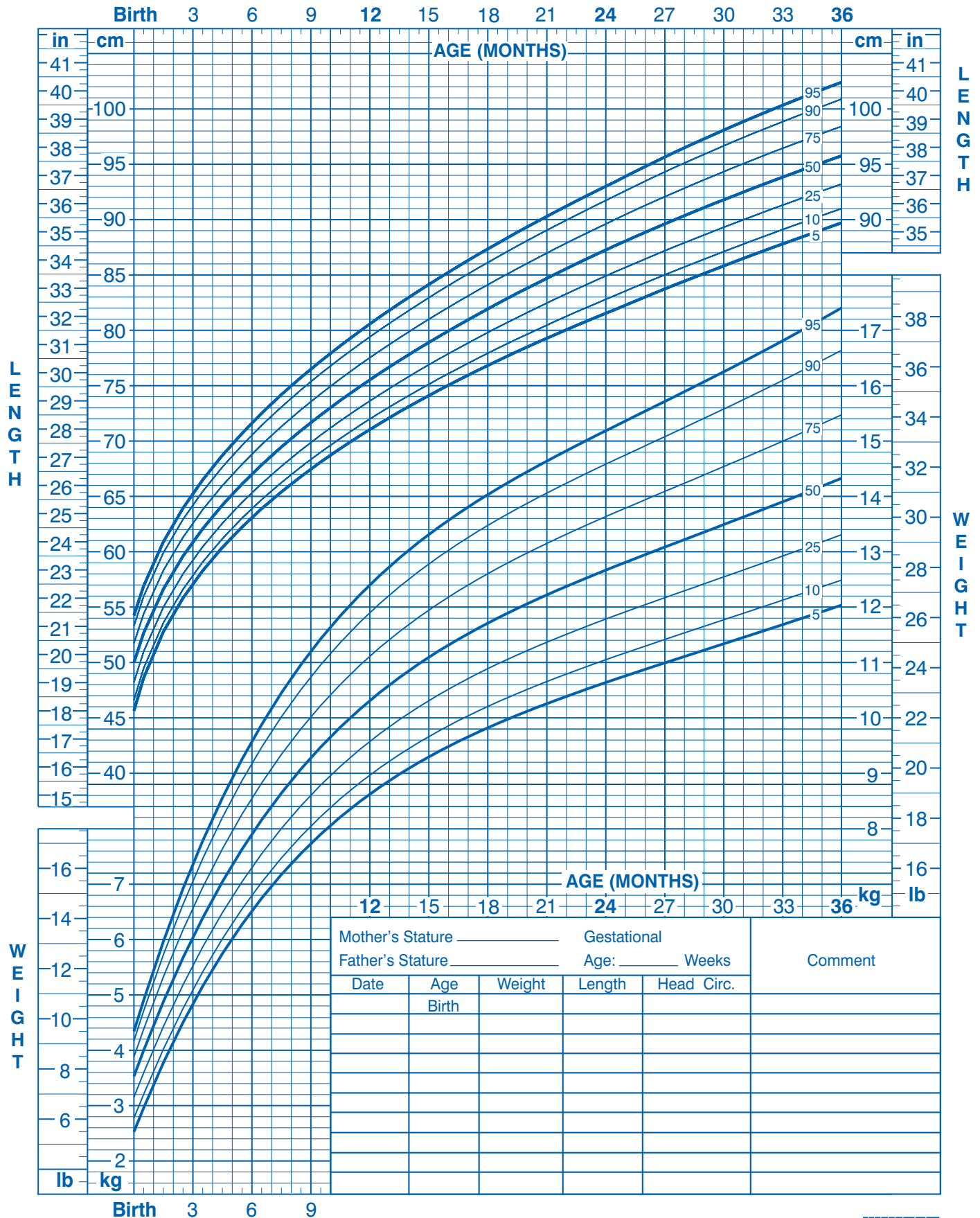
1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "[The Prenatal Visit](#)" (2009).
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "[Breastfeeding and the Use of Human Milk](#)" (2012).
For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "[Hospital Stay for Healthy Term Newborns](#)" (2010).
5. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped. See "[Use of Chaperones During the Physical Examination of the Pediatric Patient](#)" (2011).
6. Screen per "[Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report](#)" (2007).
7. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
8. Oral Health Services by the primary care provider include oral health assessments, fluoride varnish applications, and referral to a Dental Home. An oral health assessment ([Risk Assessment Tool](#)) is a required component of a preventive health visit to a primary care provider for children prior to the establishment of a Dental Home. Fluoride varnish should be applied to teeth in a primary care setting by trained primary care providers from the eruption of the first tooth up to age 3 years. Fluoride varnish should be applied 2 times per year and up to 4 times per year, depending on patient risk for caries. To bill for fluoride varnish application for children under 3 years old use CPT code 99188. Children should be referred to a Dental Home beginning within 6 months of the eruption of the first tooth and should have an established dental home by no later than age 3 years. A Dental Home is where all aspects of a child's oral health care is delivered in a comprehensive, continuously accessible, and coordinated way by a single dental practice.
9. Perform a [risk assessment](#). See "[Maintaining and Improving the Oral Health of Young Children](#)" (2014).
10. See [USPSTF recommendations](#) (2014). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "[Fluoride Use in Caries Prevention in the Primary Care Setting](#)" (2014).
11. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "[Visual System Assessment in Infants, Children, and Young Adults by Pediatricians](#)" (2016) and "[Procedures for the Evaluation of the Visual System by Pediatricians](#)" (2016).
12. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "[Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs](#)" (2007).
13. Verify results as soon as possible, and follow up, as appropriate.
14. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "[The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies](#)" (2016).
15. Screening should occur per "[Promoting Optimal Development: Identifying Infant and Young Children with Developmental Disorders Through Developmental Surveillance and Screening](#)" (2020). Developmental surveillance is the process of recognizing children who may be at risk of developmental delays and should be performed at every well-child visit. Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder, and is required at 9, 18, and 30 months. To bill for a developmental screening using a structured validated tool as a part of the preventive care visit, use CPT code 96110.
16. Screening should occur per "[Identification, Evaluation, and Management of Children with Autism Spectrum Disorder](#)" (2020).
17. Psychosocial/behavioral screening and depression screening are a key part of monitoring mental health in children and youth, and allow for early identification of and intervention of mental health problems. If a child is identified as requiring further mental health services or treatment, please refer to "[The DC Collaborative for Mental Health in Pediatric Primary Care's Child and Adolescent Mental Health Resource Guide](#)" (2017). The psychosocial/behavioral assessment should be family-centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "[Promoting Optimal Development: Screening for Behavioral and Emotional Problems](#)" (2015) and "[Poverty and Child Health in the United States](#)" (2016). For depression screening, recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the [GLAD-PC toolkit](#).
18. A recommended screening tool is the [CRAFT Screening Tool](#).
19. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the [GLAD-PC toolkit](#).
20. Screening should occur per "[Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice](#)" (2010). These may be modified, depending on entry point into schedule and individual need.
22. [Immunization Schedules](#), per the AAP Committee on Infectious Diseases, are available at. Every visit should be an opportunity to update and complete a child's immunizations.
23. District of Columbia law requires all newborns to have a blood test for all conditions defined in the District of Columbia Newborn Screening Act. For a full list of conditions that should be tested for go to [Chapter 4: Newborn Screening, Understanding Genetics: A District of Columbia Guide for Patients and Health Professionals](#): Results should be reviewed at visits and appropriate retesting or referral done as needed. In addition to District-required Newborn blood lead tests, the newborn bilirubin and critical congenital heart defect tests should be completed.
For children at risk of lead exposure, see "[Prevention of Childhood Lead Toxicity](#)" (2020) and "[Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention](#)" (2012). [District law](#) (2012) requires that all children receive two blood lead screening tests between ages 6–14 months and 2–26 months; and providers must report lead-poisoned children to DOEE's Childhood Lead Poisoning Prevention Program within 72 hours by faxing (202) 535-2607.
25. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
26. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP [Pediatric Nutrition: Policy of the American Academy of Pediatrics](#) (Iron chapter).
27. See the AAP-endorsed guidelines from the National Heart Blood and Lung Institute, "[Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents](#)" (2012).
28. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of the AAP [Red Book: Report of the Committee on Infectious Diseases](#) (2012). Testing should be done on recognition of high-risk factors.
29. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first). See USPSTF [Cervical Cancer Screening](#) recommendations (2012). Indications for pelvic examinations prior to age 21 are noted in "[Gynecologic Examination for Adolescents in the Pediatric Office Setting](#)" (2010).
30. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP [Red Book: Report of the Committee on Infectious Diseases](#) (2012).
31. Adolescents should be screened for HIV according to the USPSTF [HIV Infection Screening](#) recommendations (2013) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the [USPSTF recommendations](#) and [Centers for Disease Control and Prevention \(CDC\) recommendations](#) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.

Birth to 36 months: Boys

Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 4/20/01).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000). <http://www.cdc.gov/growthcharts>

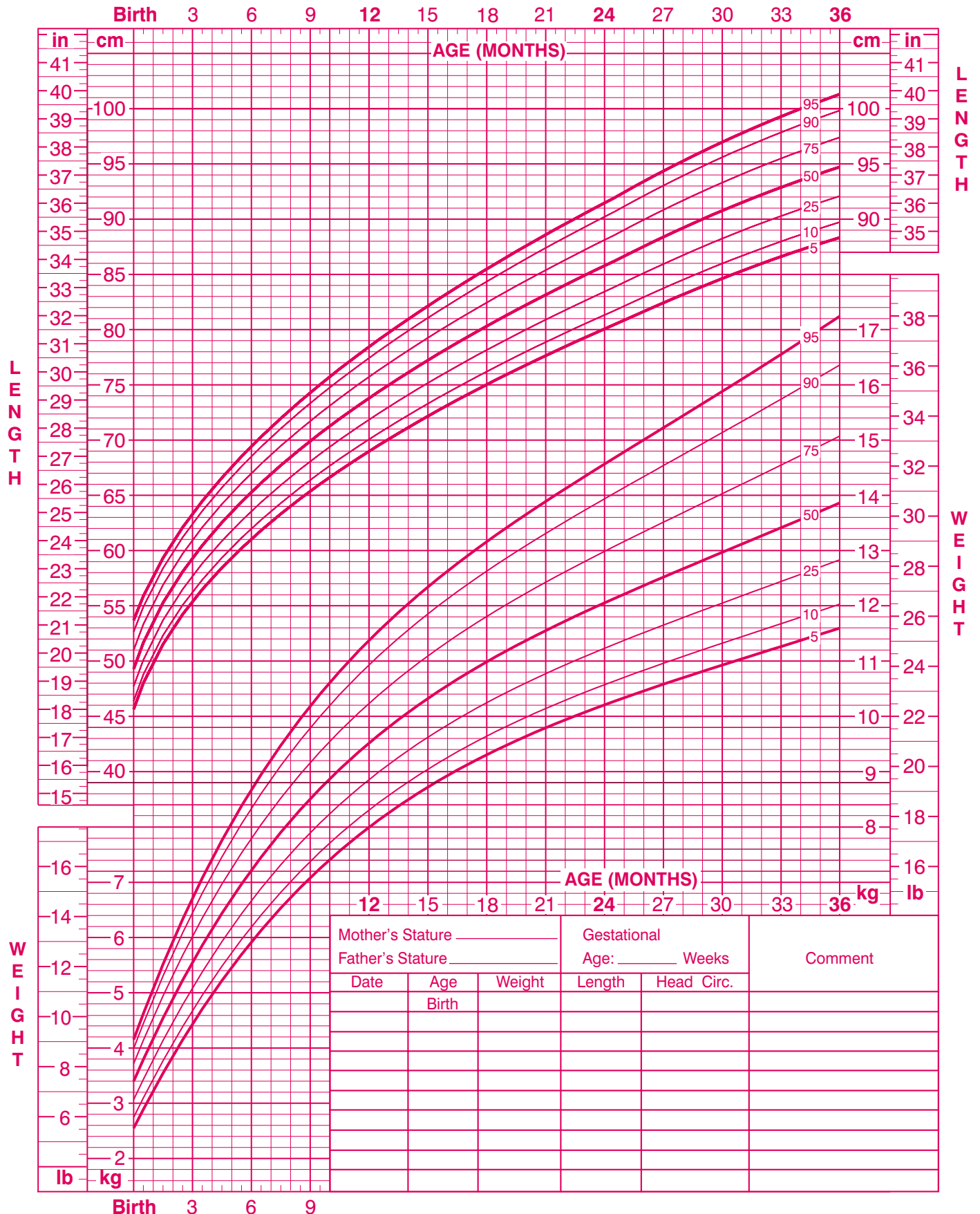


Birth to 36 months: Girls

Length-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 4/20/01).

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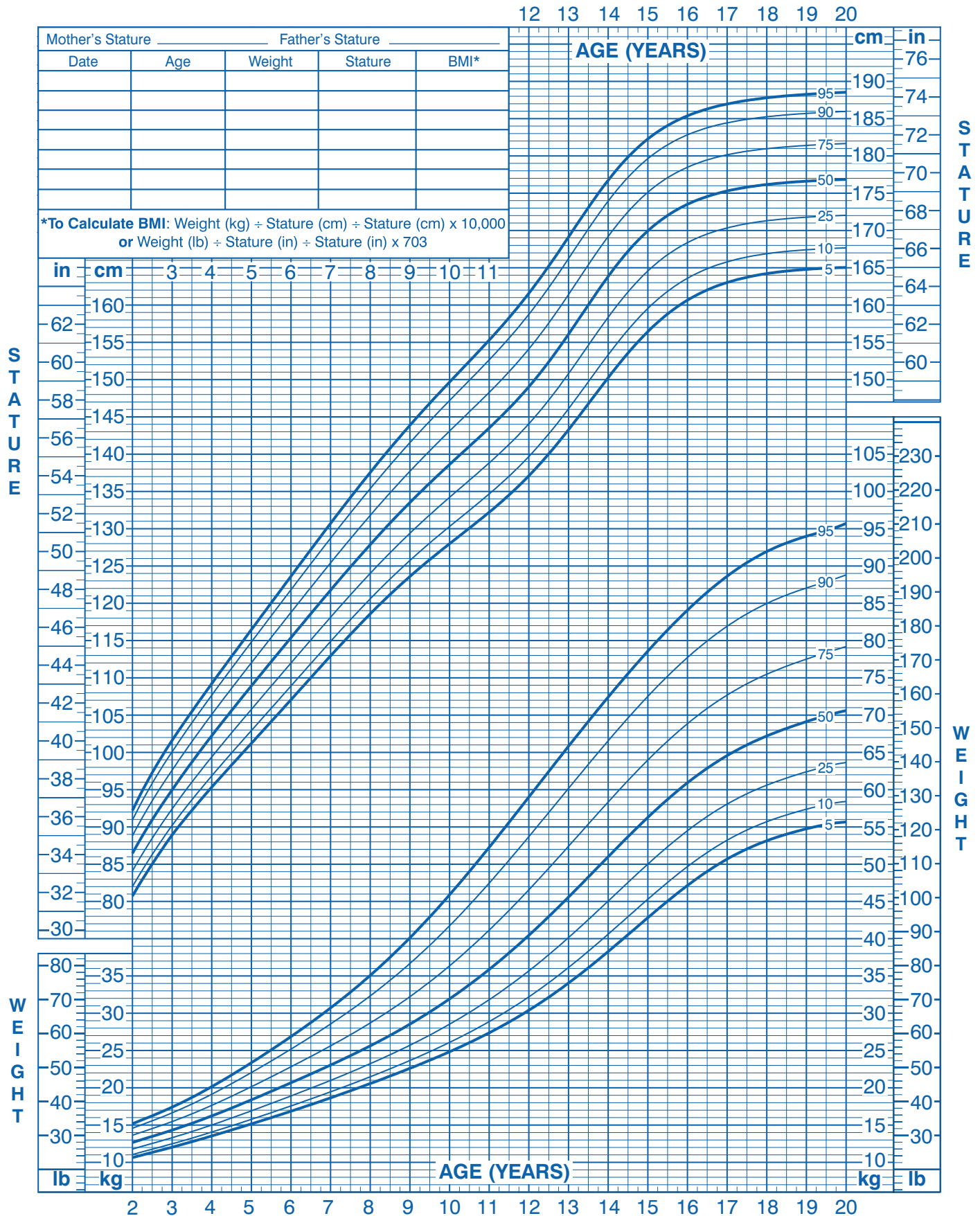
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2 to 20 years: Boys

Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).

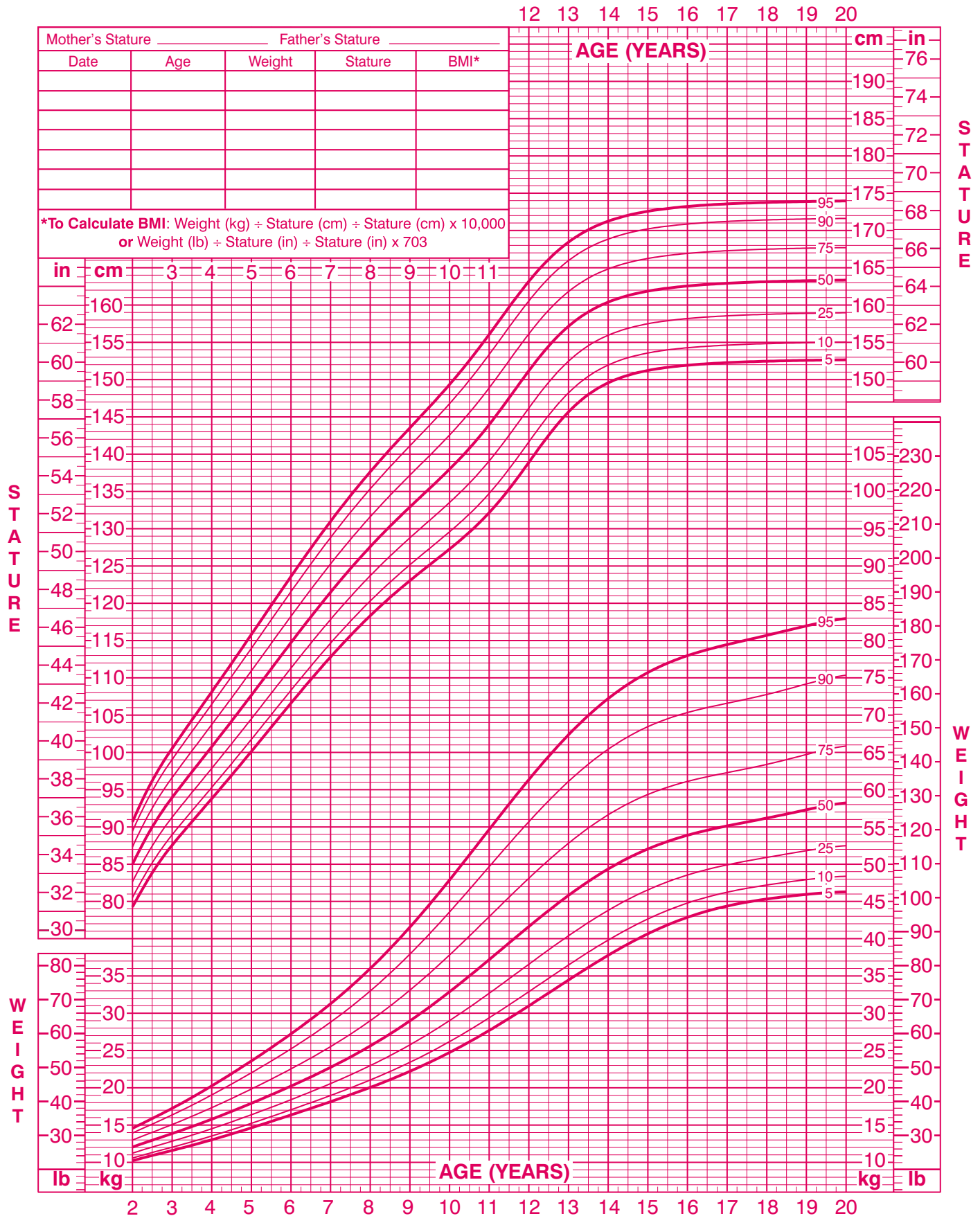
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
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2 to 20 years: Girls Stature-for-age and Weight-for-age percentiles

NAME _____

RECORD # _____



Published May 30, 2000 (modified 11/21/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
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