



Member Handbook

Amerigroup Community Care

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





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Dear Member:

Welcome to Amerigroup Community Care. We're happy you chose us to help you or your family get healthcare services as part of NJ FamilyCare.

The member handbook explains how Amerigroup works and how to help keep your family healthy. It tells you how to get healthcare or emergency care when you need it, and gives you information about going to your primary care provider (PCP). Your PCP (doctor) is the provider you will go to for most of your healthcare needs. Your handbook also tells you how to select a dentist and explains your extra Amerigroup benefits.

You may have received your Amerigroup member identification (ID) card and other information from us already. Your ID card will tell you when your Amerigroup benefits start, and the name of your PCP (doctor). Please check your ID card as soon as you get it. If you haven't gotten an ID card from us within one week of getting this packet, or if any information on the card is not correct and needs to be changed, please call us at **800-600-4441 (TTY 711)**. We'll send you a new ID card right away.

We're here to listen — we want to know what's important to you so we can guide you to helpful benefits. Our Member Services staff are ready with tools and resources when you have questions or want help. You can call us at **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time. We can help you select a new PCP, answer questions about your benefits, replace your member ID card, and more. After hours, you can call our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)**. We have nurses available to answer your questions anytime, day or night. You can also search for plan providers and learn more about your benefits online at myamerigroup.com/NJ.

If English isn't your primary language, we can help in many different languages and dialects. Communication is a vital part of healthcare, so we offer language interpretation services at no cost to you. Please call Member Services at **800-600-4441 (TTY 711)** for more information.

Thank you for being a part of Amerigroup.

Sincerely,

A handwritten signature in cursive script that reads "Teresa Hursey".

Teresa Hursey
President
Amerigroup Community Care

HOW CAN WE HELP YOU?

We're here to help you and your family get the right care close to home. We'll be sending you other materials during the year to keep you informed of many health topics. You'll find information on things we do to help you get quality care and service. Every year, we'll share the results of our member satisfaction survey and information about our quality improvement program, along with some of the plans we have for making changes. You can get more information on our website at myamerigroup.com/NJ. If you want more information on our quality improvement program, please call us at **877-453-4080 (TTY 711)**, option 1.

HEALTH TIPS

We have answers ready when you have questions. Our Health Tips are easy-to-follow ideas and suggestions to help you manage your health.

IT'S IMPORTANT TO GO TO YOUR PRIMARY CARE PROVIDER (Doctor)

WHEN IS IT TIME FOR A WELLNESS VISIT?

All Amerigroup Community Care members should have regular wellness visits. This way, your primary care provider (PCP) can determine if you have a health problem that requires medical treatment or follow-up. When you become an Amerigroup member, call your PCP and make the first appointment for you and your child before the end of 90 calendar days after you enroll.

You can always change your PCP. Changing your PCP is easy. To do so, just call Member Services at **800-600-4441 (TTY 711)**, Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

You should also schedule a dental exam/checkup soon after you become a member, and twice per year thereafter. Your child should have a dental checkup before age 1, or soon after the eruption of their first tooth. Make sure to complete all recommended treatment. Please call LIBERTY Dental toll free at **833-276-0848 (TTY 800-662-1220)** or visit their website at libertydentalplan.com to request a list of dentists in your area. Or you can visit us online at myamerigroup.com/NJ or call Member Services at **800-600-4441 (TTY 711)** for assistance in selecting your primary care dentist. There are separate provider directories available for members with specific needs such as young children (the NJFC Directory of Dentists Treating Children under the Age of 6), individuals with intellectual and developmental disabilities and providers who serve members residing in long term care facilities.

WELLNESS CARE FOR CHILDREN

Children need more wellness visits than adults. Your child should get wellness visits at the ages listed below.

- Newborn
- Under 6 weeks
- 2 months
- 4 months
- 9 months
- 12 months
- 15 months
- 18 months

- 6 months
- 24 months

After age 2, your children should keep going to their PCP every year through age 20 for well-child visits.

WHAT IF I BECOME PREGNANT?

If you think you’re pregnant, call your PCP or OB/GYN provider right away. This can help you have a healthy baby and stay healthy yourself.

If you have any questions or need help making an appointment with your PCP or OB/GYN, please call Amerigroup Member Services at **800-600-4441 (TTY 711)**.

IMPORTANT!

To keep your healthcare benefits, please renew your eligibility for NJ FamilyCare benefits on time. You can see the section “Renew Your Eligibility for Your Fee For Service (FFS), Supplemental Security Income (SSI) or NJ FamilyCare Benefits on Time” for more details. An Amerigroup associate can help you with this. Just call **877-453-4080 (TTY 711)** to speak to a representative.

WHEN CAN I EXPECT TO GET AN APPOINTMENT?

You should get an appointment for these types of care in these time frames:

TYPE OF CARE	AVAILABILITY
Emergency services	Right away
Urgent care	Within 24 hours
Acute care	Within 72 hours
Routine care	Within 28 days
Specialist	Within four weeks, based on the condition
Urgent specialty care	Within 24 hours of referral
Adult physicals for new members	Within 90 days of enrollment
Prenatal care	Pregnant members should be seen within these time frames: <ul style="list-style-type: none"> • Three weeks of a positive pregnancy test (home or lab). • Three days of being called “high-risk.” • Seven days of request in first and second trimester. • Three days of first request in third trimester.
Routine physicals	Within four weeks for routine physicals needed for school, camp, work or any other reasons.

TYPE OF CARE	AVAILABILITY
Baseline physicals	<ul style="list-style-type: none"> • Within one hundred eighty (180) calendar days of initial enrollment and preferable 90 days for new adult enrollees. • Within 90 days for new children enrollees, or in accordance with EPSDT guidelines. • Within 90 days for new adult clients of Division of Developmental Disabilities (DDD) or in accordance with EPSDT guidelines.
Lab and radiology services	<ul style="list-style-type: none"> • Three weeks for routine care. • 48 hours for urgent care.
Dental appointments	<ul style="list-style-type: none"> • Emergency care no later than 48 hours. • Urgent care within three days of referral. • Routine care within 30 days of referral.
Behavioral health appointments	<ul style="list-style-type: none"> • Emergency care right away. • Urgent care within 24 hours of request. • Routine care within 10 days of request.

Amerigroup Community Care Member Handbook
101 Wood Ave. S., 8th Floor, Iselin, NJ 08830
800-600-4441 (TTY 711)
myamerigroup.com/NJ

Welcome to Amerigroup Community Care! You'll get most of your healthcare services covered through Amerigroup, and some covered through NJ FamilyCare. This member handbook will tell you how to use Amerigroup and NJ FamilyCare to get the healthcare you need.

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FREQUENTLY ASKED QUESTIONS

We want you to be able to easily find information that best helps you use your Amerigroup benefits and services. We speak to thousands of members every day, and we often hear the same questions from them. We want you to benefit from those frequently asked questions, so we put together the most often asked questions (and our answers) for you:

Q: How do I change my primary care provider (PCP)?

A: Please call Member Services at **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time, or visit our website at myamerigroup.com/NJ. We will help you choose a new PCP. You will receive a new ID card with the updated information. If you need to visit the PCP before you receive your new card, let Member Services know and we will help you.

Q: How do I get another member handbook?

A: Please call Member Services at **800-600-4441 (TTY 711)**.

Q: How do I get a copy of a provider directory?

A: Our online provider directory has the most up-to-date information on all the doctors and hospitals in our network. This includes PCPs, OB/GYNs, specialists, and others. The directory can be accessed online at myamerigroup.com/NJ. To request a printed copy, please call Member Services at **800-600-4441 (TTY 711)**. Once you are on the main menu, say “Get a Provider Directory” when prompted. Be sure to have your member ID number handy.

Q: How do I get an Amerigroup member ID card?

A: All members get a member ID card from us when they first enroll. If you need a new one, you can call Member Services at **800-600-4441 (TTY 711)** or go to the Amerigroup mobile app to view your ID card. You can show your mobile ID card to your provider when needed. To download the app, go to the App Store® or Google Play™, or visit our website at myamerigroup.com/NJ.

Q: How can I get help if my provider’s office is closed?

A: Your provider will have an on-call service. Call your provider’s office to speak with someone from their on-call service. Or call our 24-hour Nurse Help Line at **800-600-4441 (TTY 711)**.

You could also visit an urgent care center. Amerigroup has urgent care centers in the provider network. Urgent care centers offer extended evening and weekend hours. Some urgent care needs include throwing up, minor cuts or burns, earaches, or low-grade fevers. To find an urgent care center near you, visit our **Find a Doctor** search tool at myamerigroup.com/NJ.

Q. Do I need a referral to see a specialist?

A. You do not need a referral to see a specialist. A referral is an approval from your PCP to see another doctor or provider who specializes in treating certain kinds of illnesses. Amerigroup does recommend you visit your PCP first before you go to a specialist. Although Amerigroup does not require referrals for participating providers, it is advisable that you see your PCP and have them arrange for you to be seen by a specialist and provide you with a written prescription that lets the specialist know the reason you are being referred for specialty care. This shows that your PCP wants you to see another provider who specializes in treating certain illnesses.

Q. Can I see an out-of-network provider?

A. For all covered nonemergency services, you must see your network family doctor — your PCP. Your family doctor may also refer you to a healthcare provider out of the Amerigroup plan. They will do this if a plan provider is not available to meet your medical needs. Your doctor must get approval from Amerigroup to do this before you can see a doctor out of the Amerigroup plan.

If you want to go to a doctor who is not in our plan, and your network family doctor has not sent you, you must call us first. You will need to get an authorization. Amerigroup will look at your healthcare needs to see if this would be the right doctor for you.

Q: How do I give Amerigroup my new address and phone number?

A: It's important that both Amerigroup and NJ FamilyCare know about your new address and phone number. You will need to contact Amerigroup Member Services at **800-600-4441 (TTY 711)**, or you can update your information on our website at **myamerigroup.com/NJ**. You will also need to contact NJ FamilyCare toll free at **800-701-0710 (TTY 800-701-0720)**.

Q: When do I need to renew my Amerigroup benefits?

A: It's important to remember when you enrolled with NJ FamilyCare. Your NJ FamilyCare benefits are good for one year. To check if you need to renew, please call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)** to speak to a State's Health Benefits Coordinator (HBC). If you need assistance with completing an application, please call the Amerigroup NJ Member Experience and Enrollment Help Line at **877-453-4080 (TTY 711)**. A New Jersey community relations specialist will be able to assist you.

Q: Do I have dental benefits? Who is my dentist?

A: You have comprehensive dental coverage, and it is noted on your ID card. We contract with LIBERTY Dental to manage your dental benefits. You must choose a dentist to be your primary care dentist. Please call LIBERTY Dental toll free at **833-276-0848 (TTY 800-662-1220)** or visit their website at **libertydentalplan.com** to request a list of dentists in your area. Or you can visit us online at **myamerigroup.com/NJ** or call Member Services at **800-600-4441 (TTY 711)** for assistance in selecting your primary care dentist. There are separate provider directories available for members with specific needs such as young children (the NJFC Directory of Dentists Treating Children under the Age of 6), individuals

with intellectual and developmental disabilities and providers who serve members residing in long term care facilities.

Q: Do I have vision benefits? Who is my eye provider?

A: Your vision coverage is on your ID card. We contract with Superior Vision to manage your vision benefits. Please call Superior Vision at **800-879-6901 (TTY 800-735-2258)** to ask for a list of providers in your area.

Q: What if I need a ride to my provider appointment?

A: Eligible members should call ModivCare Medical Transportation at **866-527-9933 (TTY 866-288-3133)**. Transportation appointments must be scheduled at least three days in advance. If you have difficulty arranging transportation through ModivCare, you should contact Member Services and ask to speak to a care manager.

Q: I'm a Managed Long Term Services and Supports (MLTSS) member and I need non-medical transportation, such as a ride to the grocery store. Is that covered?

A: Non-medical transport is a covered benefit for members who qualify for MLTSS. Please call your Amerigroup care manager if you're an MLTSS member and need to arrange a ride somewhere like church, the grocery store, or for some other errand. They will see if it is covered for you and if it should be included in your plan of care.

Please have the following information when calling to schedule your ride:

- Name of the doctor, medical provider, or church, grocery store, etc.
- Your address, the provider's address, or the address of the location to/from which you are requesting information.
- Your telephone number and the provider's telephone number.
- Time of appointment.
- Type of transportation needed (e.g., regular car, wheelchair-accessible van).

Q: How do I find out if Amerigroup covers my medications? What if they aren't covered?

A: The pharmacist you go to will tell you if a medication is covered or not. If a medication is not covered, it might be because it needs prior authorization. This means the provider who prescribed the medicine will have to contact us first to request it for you. You or your pharmacist can call your provider to ask for a prior authorization or to change the medicine to a similar one that is covered. You can also view the Amerigroup Preferred Drug List on our website at myamerigroup.com/NJ. If you have difficulty getting your medication, you should contact your care manager or call Member Services at **800-600-4441 (TTY 711)**.

Q: What if my child or I need over-the-counter (OTC) items like Tylenol and first-aid supplies?

A: Our pharmacy benefits give you what you need and more. Amerigroup will pay up to \$15 for each member every three months for certain over-the-counter drugs. This requires a prescription from your Amerigroup network doctor. Bring your prescription to an in-network pharmacy and show your Amerigroup ID card. Calendar quarters start on the first day of January, April, July, and October. For questions, please call Member Services at

800-600-4441 (TTY 711).

Q: Who do I call if I need physical therapy, occupational therapy, or speech therapy?

A: If you need any of these services, your doctor should call the Amerigroup therapy vendor, Therapy Network of NJ (TNNJ) for authorization. TNNJ's number is **855-825-7818 (TTY 711)**.

Q: What is a care manager, and what do they do for me?

A: Care managers are nurses and social workers who:

- Assist with coordination of medical services.
- Provide information about additional supportive services.
- Provide education about medical conditions and preventive measures.
- Can assist with locating specialists and scheduling appointments.
- Ensure you receive medical equipment, medications, and other supportive services at home or in the community.

You can contact a care manager by calling Member Services at **800-600-4441 (TTY 711)** and asking to speak to a care manager.

Q: How do I tell Amerigroup about any illnesses I may need help understanding or controlling?

A: As a new member, you'll receive a phone call asking you to answer questions about your health. If you do not have a phone number listed, you will receive a postcard with the number to call to complete this survey. It is important for you to tell us about your health so we can make sure you get the services you need, including an assigned care manager.

Q: How do I use the free glucometer program through Amerigroup?

A: Your provider can call Trividia at **800-803-6025 (TTY 711)** and request the glucometer and starter supply kit.

Q: How can I receive a free Medela breast pump through Amerigroup?

A: You can call Member Services at **800-600-4441 (TTY 711)** to request a free Medela breast pump and related supplies.

Q: Are there any other extra benefits that Amerigroup offers to its members?

A: Members can earn rewards just for doing things that are good for their health, like having your blood sugar tested if you have diabetes, or going for your postpartum visit for members who have recently delivered a baby. You can receive a gift card to use at participating retailers. You may also qualify for wellness items such as car seats, strollers, water filter pitchers, etc. For more information, call Member Services at **800-600-4441 (TTY 711)**.

Q: What if I need help finding food, jobs, housing and other things?

A: Members can use the Amerigroup Community Resource Link to find free or low-cost services in your area. Just visit myamerigroup.com/nj/get-help/community-support.html or contact your care manager by calling Member Services at **800-600-4441 (TTY 711)**.

Q: Which telephone numbers should I have on hand?

A:

- Emergency: **911**.
- Amerigroup Member Services: **800-600-4441 (TTY 711)**.
- 24-hour Nurse HelpLine **800-600-4441 (TTY 711)**.
- LIBERTY Dental: **833-276-0848 (TTY 800-662-1220)**.
- Superior Vision: **800-428-8789 (TTY 800-735-2258)** or website: superiorvision.com.
- ModivCare (nonemergency transportation): **866-527-9933 (TTY 866-288-3133)**.
- NJ FamilyCare: **800-701-0710 (TTY 800-701-0720)**.
- NJ Medicaid Hotline: **800-356-1561**.

Q: What should I do if I get a bill from my provider's office?

A: If you receive a bill from your provider, please call Member Services at **800-600-4441 (TTY 711)**, Monday through Friday from 8 a.m. to 6 p.m. Eastern time. A representative can let you know what to do.

Q: What should I do if I need an interpreter?

A: If you need someone to interpret for you or another Amerigroup member, please call Member Services at **800-600-4441 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m. Eastern time. A representative can let you know what to do.

Q: How do I renew my benefits?

A: You need to renew your eligibility every year to keep your benefits. Just send in your renewal paperwork on time — it's easy!

1. Every year, either NJ FamilyCare or your County Welfare Agency (CWA) will send you a form to renew your benefits.
2. The form will tell you what your renewal date is and what steps to follow.
3. Fill out the form and send it back to NJ FamilyCare or the CWA before your renewal date (at least 30 days before your last day of benefits).

If you have any questions, Amerigroup can help. Call toll free at **877-453-4080 (TTY 711)**. Members can also call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)** with renewal questions.

WELCOME TO AMERIGROUP COMMUNITY CARE

Information about your new health plan

Welcome to Amerigroup New Jersey, Inc., doing business as Amerigroup Community Care. Amerigroup is a New Jersey health maintenance organization (HMO) committed to helping you get the care you need, when you need it. In Amerigroup, you and your primary care provider (PCP) work together to help keep you healthy and care for you. Amerigroup gives you many ways to get quality healthcare.

Our members include these groups:

- Aid to Families with Dependent Children (AFDC) /Temporary Assistance for Needy Families (TANF).

- Foster care children getting title IV-E foster care payments or with title IV-E adoption assistance agreements.
- AFDC/TANF Related, New Jersey Care — Special Medicaid program for pregnant women and children, along with restricted alien pregnant women.
- SSI-Aged, Blind, Disabled.
- 1619(b) — Disabled individuals who make too much to get SSI funds.
- Breast and cervical cancer — Uninsured low-income women under the age of 65 who have been screened at a NJ cancer education and early detection site and need treatment; no Medicaid resource limit; Medicaid income limit of 250-percent Federal Poverty Level (FPL).
- New Jersey Care — Special Medicaid programs for Aged, Blind, and Disabled.
- New Jersey Care — Special Medicaid programs for poverty level pregnant women, poverty level infants, poverty level children age 1–5, poverty level infants and children getting inpatient services who lose eligibility because of age must be covered through an inpatient stay.
- Special Home- and Community-Based Services Group — Individuals who would be eligible in an institution, but they live in the community and get services through MLTSS.
- Chafee Kids.
- Individuals under 18 who would be mandatorily categorically eligible except for income and resources.
- Pregnant women who would be eligible except for income and resources — §1902(a)(10)(C)(ii)(II).
- Pregnant women who lose eligibility get 60 days of benefits for pregnancy-related and postpartum services — §1902(a)(10)(C) §1905(e)(5).
- Division of Developmental Disabilities Clients along with the Division of Developmental Disabilities Community Care Waiver (CCW) (acute care services only; CCW services are covered by FFS).
- Medicaid only or SSI-related Aged, Blind, and Disabled.
- Uninsured parents/caretakers and childless adults with income up to and including 133 percent FPL.
- Children covered under NJ FamilyCare, along with restricted alien children.
- Children in DCP&P/DCF custody residing in resource families or residential treatment centers who live in county 0-21, and individuals under the New Jersey Chafee Plan. All individuals eligible through DCP&P/DCF shall be considered a unique Medicaid case, issued an individual 12-digit Medicaid identification number and may be enrolled in his/her own MCO.
- Members in the Provider Lock-in or hospice programs.
- Members enrolled in the Managed Long Term Services and Supports (MLTSS) program.
- Indians who are Members of federally recognized Tribes.

How to get help

Amerigroup is here to help you. We want you to be satisfied with the care you get. If you have any questions, need help or want to find out what services are available, call our Member Services or 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time. When you call, you can use our automated self-service features,

Speak with a Member Services representative or get in touch with a nurse. We can also help you if you need help in another language. Ask for an interpreter to speak to someone in your language. We provide 24-hour access to interpretation services at no cost to you. We want to make sure you can speak freely about your healthcare. We can also provide an interpreter for your provider and dentist appointments at no cost to you. Please let us know at least 24 hours before your appointment if you need an interpreter. We'll also try to help you find a provider or dentist who speaks your language. If you are hearing impaired you can call our Hearing Impaired Services at **800-852-7897 (TTY 711 English or Spanish)**.

If you have questions about an approval or request for services, call Member Services at **800-600-4441 (TTY 711)**.

Automated self-service features

You can use these services with our automated line 24 hours a day, 7 days a week:

- Choose or find a primary care provider (PCP) in the Amerigroup plan.
- Change your PCP.
- Ask for an ID card.
- Update your address or phone number.
- Ask for a member handbook or provider directory.

Member Services department

Amerigroup Member Services is only a phone call away. Call us at **800-600-4441 (TTY 711)**, Monday through Friday from 8 a.m. to 6 p.m. Eastern time. We can help answer questions about:

- Your benefits.
- This member handbook.
- Getting and replacing your member ID cards.
- Getting services.
- Provider appointments.
- Transportation.
- Special needs.
- Choosing your PCP.
- Choosing a dentist.
- Changing your PCP.
- Out-of-town care/out-of-state care.
- Urgent care.
- Finding an Amerigroup network pharmacy.
- Healthy living.
- Approval for providers who aren't in our plan or are out-of-state, if needed.
- NJ Smiles, a dental program for children through 5 years of age. For more information about the program, see the section "Information about NJ Smiles".
- How medical information about you may be used and released and how you can get this information. (Ask us for a copy of our Notice of Privacy Practices.)
- Assistance with finding food, housing, and other social determinants of health.

If you move, please give your new address and phone number to the State or your county Medicaid office. Call the Medicaid Hotline at **800-356-1561 (TTY 877-294-4356)**. If you're a TANF member with Medicaid, call your County Medicaid office (see the chart "County Welfare Agencies" for a list of phone numbers). NJ FamilyCare members should call a State's Health Benefits Coordinator (NJ FamilyCare) at **800-701-0710 (TTY 800-701-0720)**. Supplemental Security Income (SSI) members should call the Social Security Administration at **800-772-1213 (TTY 800-325-0778)**.

24-hour Nurse HelpLine

Through our 24-hour Nurse HelpLine, nurses are available to answer your questions anytime, day or night. Please call **800-600-4441 (TTY 711)**. Our nurses can help you know:

- How soon you need to get care when you're sick.
- What kind of care you need.
- What you can do to care for yourself until you see a provider.
- How you can get the care you need.

Important phone numbers

- For dental care, call LIBERTY Dental at **833-276-0848 (TTY 711)**.
- For vision care, call Superior Vision at **800-879-6901 (TTY 711)**.
- For NJ FamilyCare, call **800-701-0710 (TTY 800-701-0720)**.
- For behavioral health,
 - NJ FamilyCare members who are not clients of the Division of Developmental Disabilities (DDD) or not in the Managed Long Term Services and Supports (MLTSS) program should call their local Medical Assistance Customer Center (MACC) office for referrals to mental health services and for mental health appointments. If you're not sure where your MACC office is, call Member Services at **800-600-4441 (TTY 711)** for help.
 - NJ FamilyCare members who are not clients of the Division of Developmental Disabilities (DDD) or not in the Managed Long Term Services and Supports (MLTSS) program should call the NJ Addiction Services Hotline at **844-276-2777** or NJReach at **844-NJREACH (844-712-2465)** for referrals to substance use disorder services.
 - To contact Amerigroup for any mental health or substance use disorder care concern, please call **800-600-4441 (TTY 711)**. To reach the NJ Behavioral Health Member Crisis Line, please call **877-842-7187 (TTY 711)**. Please note that this should not be used in place of **911**. If you are in imminent risk, please call **911** or visit an emergency room.

¿Qué hago si no hablo inglés? (What if I do not speak English?)

Si no habla inglés, llame a Servicios para Miembros al **800-600-4441 (TTY 711)** de lunes a viernes, de 8 a.m. a 6 p.m. hora del Este. Nuestro personal de Servicios para Miembros habla diferentes idiomas.

Nuestro departamento tratara de encontrarle un médico que hable su idioma o le ayudara á comunicarse con su proveedor. Es muy importante que usted hable con su médico y entienda lo que le dice.

For members whose primary language isn't English, we can help in many different languages and dialects. This service is also available for provider visits at no cost to you. Please let us know if you need an interpreter to help you at least 24 hours before your appointment. We'll also try to help you find a provider who speaks your language. Please call Member Services at **800-600-4441 (TTY 711)** for more information.

For members who are deaf or hard of hearing, please call **711**. Amerigroup will set up and pay for you to have a sign language interpreter help you during your medical visits if needed. Please let us know if you need an interpreter at least 24 hours before your appointment.

Your Amerigroup member handbook

This member handbook tells you about your Amerigroup health plan and benefits. It also tells you about benefits available through the State's NJ FamilyCare program. If you have questions about the handbook or your benefits, call Member Services at **800-600-4441 (TTY 711)** or write to us at:

Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

We can help you in many languages. If you're deaf or hard of hearing, please call **711**. You can also get this handbook in other languages, large print, on audio tape or in braille from Member Services. Just call us at **800-600-4441 (TTY 711)**.

Members in the Managed Long Term Services and Supports (MLTSS) program can find out more about their MLTSS benefits in the Managed Long Term Services and Supports Companion Guide. This guide is sent to new MLTSS members when they first join MLTSS. If you're an MLTSS member and you didn't get this extra guide, please let your care manager know. They can get you a new one.


Your Amerigroup identification card

If you don't have your Amerigroup ID card yet, you'll get it in the mail soon. Please carry it with you at all times. Show it to any primary care provider (PCP), dentist, hospital, or other provider you visit. The ID card shows you're an Amerigroup member. You can go to the Amerigroup mobile app to view your ID card. You can show your mobile ID card to your provider when needed. To download the app, go to the App Store® or Google Play™, or visit our website at **myamerigroup.com/NJ**.

You don't have to show your ID card before you get emergency care.

Your ID card has the name and phone number of your PCP on it. Your effective enrollment date, the date you became an Amerigroup member, is also shown. The ID card tells your PCP they shouldn't ask you to pay for your Amerigroup covered services. Covered services are services we'll pay for. The only members who may have a copay for certain services are some NJ FamilyCare C and D members or nursing home residents approved for custodial care who may have Patient Pay Liability (Cost Share). The County Board of Social Services and/or the Social Security Administration calculate the patient pay liability and advise the member and the facility of the amount.

Members with TANF and Aged, Blind and Disabled (ABD)-related groups still have a Medicaid card for the services Amerigroup doesn't cover but that may be covered by Fee for Service Medicaid. Don't throw it away. Carry it with you in case you need those services. NJ FamilyCare members get an ID card from the New Jersey Division of Medical Assistance and Health Services (DMAHS). This card is for services covered by Medicaid that aren't covered by Amerigroup. Below is an example of what your Amerigroup member ID card looks like.

	Effective Date: Date of Birth: Subscriber #: 123456789 RxBIN: 020107 RxPCN: WP RxGRP: WKPA	<p>MEMBERS: Please show this card before you get medical care. All medical care, except for care covered by fee-for-service Medicaid, must be provided by your Amerigroup network PCP. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 711.</p> <p>MIEMBROS: Muestre esta tarjeta antes de recibir cuidado de la salud. Todo el cuidado médico, excepto por cuidado cubierto por Medicaid de pago por servicios, debe ser provisto por su PCP de la red de Amerigroup. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias mas cercana. Llame siempre a su PCP para cuidado que no sea de emergencia. Si tiene alguna pregunta, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo(o) o tiene problemas auditivos, llame al 711.</p> <p>HOSPITALS: Preadmission certification by Amerigroup is required for all non-emergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.</p> <p>PROVIDERS: Certain services must be precertified. Care that is not precertified may not be covered by Amerigroup. For precertification/billing information, call 1-800-454-3730.</p> <p>PHARMACIES: Submit claims using RxBIN: 020107; RxPCN: WP; RxGRP: WKPA To reach Help for Pharmacists, call at 1-833-237-9229.</p> <p>SUBMIT CLAIMS TO: AMERIGROUP • PO. BOX 61010 • VIRGINIA BEACH, VA 23466-1010</p> <p>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD. EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.</p> <p>J104 02/19</p>
Amerigroup Community Care NJ FamilyCare A www.myamerigroup.com/nj Member Name: JOHN Q SAMPLE Primary Care Provider (PCP): PCP Address: PCP Telephone #:	Co-pays: Office Visits: \$0 Emergency Room Visits: \$0 Pharmacy: \$0 FOR GENERIC / \$0 FOR BRAND NAME Dental: 1-833-276-0848 Vision: 1-800-879-6901 BH Inpatient: Bill Amerigroup BH Outpatient: Bill Medicaid Fee-for-Service Amerigroup Member Services: 1-800-600-4441 24/7 BH Crisis: 1-877-842-7187 Pharmacy Member Services: 1-833-207-3115	

If you have Medicare benefits, you'll also have a separate Medicare ID card from the Centers for Medicare & Medicaid Services (CMS). This card is often referred to as the "red, white and blue card". If you have Medicare benefits through Amerigroup, we'll send you an ID card. Keep your Medicare card in a safe place, and use the ID card we send you to get your benefits. When you have Medicare or some other insurance policy, this coverage will be primary for you.

Enrollment in Amerigroup

Enrolling (or joining) takes 30 to 45 days. This is from the time you are approved for NJ FamilyCare to the date you start getting Amerigroup benefits. During this time, you'll continue to get benefits through NJ FamilyCare fee-for-service or the health plan in which you are enrolled. If your enrollment date changes during this time, we'll tell you. The New Jersey Division of Medical Assistance and Health Services (DMAHS) must approve your enrollment in Amerigroup.

When you enroll in Amerigroup, there is a 12-month enrollment period for all NJ FamilyCare members. You can disenroll and choose another health plan for any reason during the first 90 days after your enrollment date or the date we tell you you're enrolled, whichever is later. After this 90-day period, if you stay in Amerigroup, you'll be a member for the rest of the 12 months. This is known as the lock-in period. During the lock-in period, you can disenroll only for certain reasons. (Please see the section "How to disenroll from Amerigroup for TANF or ABD and related groups" for more about disenrollment.) You may also change health plans at any time if you have a good reason.

The Annual Open Enrollment Period runs from October 1 through November 15 each year. After every 12-month period, you'll stay enrolled with Amerigroup as long as you're still eligible for NJ FamilyCare, unless you choose a new health plan during open enrollment.

Information about NJ FamilyCare

NJ FamilyCare is a program for adults and children who meet certain State rules. There are five different plans: A, B, C, ABP, and D — as well as traditional Fee-for-Service (FFS). The plan you're eligible for is based on your total family income and household size. If you have questions about NJ FamilyCare enrollment, please call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)**. As a member of Amerigroup, which contracts with the Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS), you are eligible to receive NJ FamilyCare services and benefits as a DMAHS-approved Amerigroup member.

GOING TO THE DOCTOR

Choosing your primary care provider

We respect your choices when making plans for care. This includes choosing your primary care provider (PCP). Our plan providers include a choice of at least two PCPs within six miles of your home if you live in Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, or Union counties. If you live in Cape May, Hunterdon, Salem, Sussex, or Warren, we offer at least two PCPs within 15 miles of your home.

All Amerigroup members must have a PCP. We give you the option to choose your PCP — and each family member can have a different PCP, or you can choose one to take care of the whole family. Your relationship with your PCP is an important part of your Amerigroup plan. They will give all the basic health services you need. Your PCP can also send you to other specialists, hospitals, and facilities for special care.

You must choose your PCP from the Amerigroup plan of providers. If you don't choose one, Amerigroup will choose a PCP for you within 10 days of enrollment. Your Amerigroup ID card has the name and phone number of your PCP. If you want a different provider or need help choosing one, please call Member Services at **800-600-4441 (TTY 711)**. Our representatives can help you pick a PCP or set up your first PCP visit.

We'll try to call you within one month of joining Amerigroup. We'll help you set up an appointment to get to know your PCP. It's important you call and have a checkup with your new provider or dentist soon after you join. Your PCP and their office staff will help you find out more about your health. If you need help, don't have a phone, or changed your phone number recently, please call Member Services or write to us at 101 Wood Ave. S., 8th Floor, Iselin, NJ 08830. You can call your PCP using their phone number printed on your Amerigroup ID card.

With benefits like physical exams, well-woman exams, and well-child care, you don't have to wait until you're sick to see your PCP. You should also get a baseline medical and dental checkup with your new PCP. After you enroll, please call to set up a visit within 90 days for adult DDD members and children under age 21 or earlier for young children. Please set up a visit within 180 days for all other adults ages 21 and older.

Your PCP coordinates your care and helps you make decisions about your health. Your PCP's staff may include nurse practitioners, physician assistants, registered nurses, and licensed practical nurses hired by your PCP to help meet your needs.

How to get a list of Amerigroup providers

Names of providers in the Amerigroup network are listed in our provider directory. This is a list of all the doctors, clinics, hospitals, labs, and others who are participating in the Amerigroup network. You can get all your healthcare from these providers. The provider directory lists the address, phone number, and special training of the doctors. To ask for a copy, please call Member Services at **800-600-4441 (TTY 711)**. You can browse our provider directory at **myamerigroup.com/NJ**. Just choose Find a Doctor.

Please call LIBERTY Dental toll free at **833-276-0848 (TTY 711)** to ask for a list of dentists in your area, or visit their website at **libertydentalplan.com**. Or you can visit us online at **myamerigroup.com/NJ** or call Member Services at **800-600-4441 (TTY 711)** for assistance in selecting your primary care dentist. There are separate provider directories available for members with specific needs such as young children (the NJFC Directory of Dentists Treating Children under the Age of 6), individuals with intellectual and developmental disabilities and providers who serve members residing in long term care facilities.

You can call Superior Vision at **800-879-6901 (TTY 800-735-2258)** to ask for a list of vision providers in your area, or search for a provider using their online directory at **superiorvision.com/locator**.

Amerigroup providers need to know your health history after you enroll

When the State's Health Benefits Coordinator (HBC) helped you choose Amerigroup, you signed a medical release form. Signing this form allows the release of your medical records. You also told the HBC if you're currently seeing any providers for care. Your Amerigroup plan provider will have to ask your past provider(s) to send your medical records. Having those past medical records helps your PCP give you the care you need.

The HBC also asked you questions about your health on the Plan Selection Form. This form was sent to Amerigroup. Your signature, or the signature of a person you chose, allows the release of your medical records. When you first join, we ask you to take a short, private health needs survey so we can understand what kind of programs will help you. Then, we can connect you with support that makes sense for you. You may say that you have a sickness that might need care right away. If so, an Amerigroup care manager or special needs coordinator will help you.

Second opinions

You can ask your primary care provider (PCP) to send you to another Amerigroup plan provider for a second opinion. You can see a specialist for these reasons:

- If you have a serious medical problem.
- If you chose to have an elective surgery.
- When a provider recommends a treatment you don't think you need.
- If you believe you have a condition the provider didn't find or treat.

Your PCP will make this appointment for you. They will also make sure all of your records are shared with that provider with your approval. Please follow up with your PCP after you have your second opinion visit. You and your PCP can talk about what to do next.

You can also ask for a second opinion for dental care. You may refer yourself for an appointment if the dentist participates with LIBERTY Dental. Please call LIBERTY Dental toll free at **833-276-0848 (TTY 711)** to ask for a list of dentists in your area. Or browse our dental provider directory at **myamerigroup.com/NJ**. Just choose **Dental Care** or call Member Services at **800-600-4441 (TTY 711)** for assistance. There are separate provider directories available for members with specific needs such as young children (the NJFC Directory of Dentists Treating Children under the Age of 6), individuals with intellectual and developmental disabilities and providers who serve members residing in long term care facilities.

We may not have another provider in our plan who knows about your problem. If this happens, your PCP or primary care dentist (PCD) will work with Amerigroup to find another provider for you. We'll still pay for this visit for services we cover. There may be times when we ask you to get a second opinion. We'll set up your appointment and pay for the visit.

Changing primary care providers or primary care dentists

If you want to change your primary care provider (PCP) or primary care dentist (PCD), you may pick another one in the Amerigroup plan of providers or LIBERTY Dental network. You may want to change your PCP or PCD for these reasons:

- You just joined Amerigroup and need to pick a PCP or PCD.
- You want a PCP or PCD that is a different gender.
- You want a PCP or PCD who speaks your language.
- You're unhappy with your PCP or PCD or their staff.
- Your PCP is not an Amerigroup plan provider anymore. Your PCD is not a LIBERTY Dental plan provider anymore.
- You want a children's dentist (pediatric dentist).

- You need to change from a pediatric provider to one who focuses on treating adults.

Names of providers and dentists in the Amerigroup plan of providers are listed in our provider directory. Please call Member Services at **800-600-4441 (TTY 711)** to ask for a copy of the provider directory. Or browse it online at myamerigroup.com/NJ. If you need help choosing a new PCP or dentist, our Member Services team can help you.

To change your PCP, you can do so online with our **Change Your PCP** tool at myamerigroup.com/NJ, or by calling Member Services. If you choose another PCP or dentist, the change will take place the next day. If you are at a PCP's office and the PCP is not listed on your ID card, you can call Member Services at **800-600-4441 (TTY 711)** if the doctor will not see you. Member Services can help you to resolve this.

If you want to change your dentist, just call LIBERTY Dental Member Services at **833-276-0848 (TTY 711)**, Monday through Friday from 8 a.m. to 8 p.m. Eastern time. The dentist you pick must participate in the LIBERTY Dental network and be accepting new patients. Names of dentists in the LIBERTY Dental network are listed at libertydentalplan.com. If you want a listing of NJ FamilyCare dentists who treat children, please go to insurekidsnow.gov, or visit our website at myamerigroup.com/nj/benefits/nj-familycare.html for the NJFC Directory of Dentists Treating Children under the Age of 6.

If your primary care provider or dentist asks you to change to a new primary care provider or primary care dentist

It's important for you to have a good relationship with your primary care provider (PCP) so they can help you get the care you need. Your PCP or dentist may ask us to switch providers if you do these things:

- You or a family member hurts a PCP or other provider.
- You or a family member uses bad language to a provider.
- You or a family member damages an office.
- You miss appointments over and over again.
- You often don't follow your provider's advice.

We ask our PCPs and dentists to tell us if our members are doing things that might cause them to ask to change a member to another provider. If your PCP or dentist talks to us about you, we'll let you know what you're doing that might cause you to have to change providers. If your PCP or dentist asks you to change to a new PCP or primary care dentist (PCD), they will send Amerigroup a letter. This letter will tell Amerigroup why you need to change providers. We'll also call you to help you pick a new provider. If you don't choose a new provider, we'll pick one for you. You will get a new ID card with the new PCP's name and phone number on it.

Getting to your provider — transportation services

Amerigroup covers ground and air transportation for members in **cases of medical emergency only**. Members get all other transit services through NJ FamilyCare. However, if you're an MLTSS member and need nonmedical transportation to something like religious services, shopping, or elsewhere, call your care manager.

Trouble getting to a provider should never stand between you and your health. We offer assistance to help you get to your provider visits and can work with your care manager and the State to figure out when you need transportation. ModivCare provides non-emergency medical transportation. To find out more about getting a ride to your nonemergency medical provider visits, call ModivCare at **866-527-9933 (TTY 866-288-3133)**. If you have any problems with the service you receive, you can call the ModivCare Complaint Hotline at **866-333-1735**.

If you need emergency care and have no way to get to the hospital, call **911** for an ambulance.

Canceling an appointment

If you have to cancel an appointment, call your provider's office. Try to call at least 24 hours before your visit. If you want us to cancel it, call Member Services at **800-600-4441 (TTY 711)**.

After-hours care

You never know when you'll need care. Amerigroup providers have an after-hours service to call for help. If you call your PCP when the office is closed, leave a message with your name and a phone number to reach you. Your PCP should call you back:

- The same day if you aren't sick.
- Within 30-45 minutes if you're sick and it's not an emergency.
- Within 15 minutes for crises/emergencies.

If you aren't able to reach your PCP, please call our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)** anytime, day or night.

Specialists

Your primary care provider (PCP) can take care of many of your needs, but you may need care from another type of provider. Your PCP can refer you to specialists for special care. You can also ask your PCP about going to a specialist. Specialists are doctors, such as OB/GYNs, or podiatrists, who focus on certain illnesses or parts of the body. A specialist will treat you and tell your PCP about your medical issue.

Amerigroup works with many types of doctors and other healthcare providers, along with specialists. Your PCP will refer you to the provider you need to see. Your PCP will tell you the provider's name, address, and phone number.

If your PCP refers you to another provider, it's crucial you see that provider. Tell your PCP or Member Services if you think you might not go to the other provider because getting there is too hard. Amerigroup can help you get to the provider's office to get the care you need. If you don't see the provider you were referred to, you could get sicker.

Although Amerigroup does not require referrals for participating providers, it is advisable that you see your PCP and have them arrange for you to be seen by a specialist and provide you with a written prescription that lets the specialist know the reason you are being referred for

specialty care. This shows that your PCP wants you to see another provider who specializes in treating certain illnesses. These other services may include:

- Care from another doctor; for example, a specialist.
- Chiropractic services.
- Podiatry.
- Hospital care, except in emergencies or emergency admissions.

Be sure to ask your specialist to let your PCP know what his findings are and how you are progressing. It is important that your PCP have this information.

Sometimes a specialist can be your PCP. This may happen when you have a special healthcare need that is being taken care of mostly by a specialist or specialty care center. If one of our care managers has already talked with you about your special healthcare needs, they can help you make this change if it is best for your care and the specialist agrees. You can also ask that a specialist be your PCP. If you have special needs and you have not talked with one of our care managers yet, call Member Services at **800-600-4441 (TTY 711)**.

For some services, a preapproval may be needed. Your PCP will complete a special form and coordinate this for you with Amerigroup. If you have questions about an approval, a request for services or a Utilization Management question, please call Member Services.

If you want to see a provider who isn't in the Amerigroup plan

For all covered nonemergency services, you must see your Amerigroup PCP or another plan provider. Your PCP may also refer you to a provider outside of Amerigroup if a plan provider isn't available to meet your needs. Your PCP must get approval from Amerigroup to do this beforehand.

If you want to see a provider who isn't in your plan, and your Amerigroup PCP hasn't referred you, you must ask your provider to call us first for approval. Amerigroup will look at your healthcare needs to see if they would be the right provider for you.

Choosing a dentist

Like the relationship with your primary care provider (PCP), the one with your primary care dentist (PCD) is important, too. Your PCD takes care of all your general dental needs. This includes checkups, cleanings, and routine fillings and extractions. Nonroutine services in your comprehensive benefit may require prior authorization. Having healthy teeth is a key part of staying healthy overall, so we cover a dental cleaning, fluoride treatment, and an exam every six months. Members with special needs may receive these services more frequently based on medical necessity. Have a family checkup with a dentist soon after you enroll, especially if it's been more than six months since you saw a dentist. To make an appointment, just call your PCD. If you have special dental needs, your PCD can refer you to a dental specialist. You may refer yourself to a dental specialist in the LIBERTY Dental plan if needed. A referral from your PCD is not required.

Your dental benefits are arranged through LIBERTY Dental. You can choose a PCD from the LIBERTY Dental network. A list of network dentists can be found in the LIBERTY Dental online directory at libertydentalplan.com/Amerigroup NJ or call Member Services at **800-600-4441 (TTY 711)** for assistance. There are separate provider directories available for members with specific needs such as young children (the NJFC Directory of Dentists Treating Children under the Age of 6), individuals with intellectual and developmental disabilities and providers who serve members residing in long term care facilities. If you need help choosing a dentist, making an appointment, locating a dental specialist, or using the online directory, call LIBERTY Dental at **833-276-0848 (TTY 711)**.

Sometimes you may need dental care that includes medical services, such as surgery or treatment for infection, or trauma to the face and mouth. In these cases, services given by a dentist will be considered dental. Services most often taken care of by a medical provider will be considered medical. There may be times when the type of dental care you need is major or life threatening, such as treatment of jaw fractures or removal of tumors. You could have a condition, like heart disease, that requires you get certain dental care in a hospital setting. If so, Amerigroup will decide which services are medical.

If you are currently receiving care from another NJ FamilyCare health plan's provider, you will be able to complete those approved services that were started and require several visits to complete with this provider (for example, root canals, crowns, or dentures).

Amerigroup will not cover single visit services like fillings as part of continuity of care from your current PCD. You will need to see a new PCD in the LIBERTY DENTAL network for those services and for any planned treatments that have not started. Contact LIBERTY Dental at **833-276-0848 (TTY 711)** for help in locating a new PCD.

Information about NJ Smiles

Our network includes PCPs skilled in screening children through 5 years old. NJ Smiles services are provided by a trained PCP or PCP medical staff who refers the child to a dental home. Dental screening by a PCP includes monitoring of tooth eruption, occlusion pattern, presence of caries, oral infection, and referral to a PCD. NJ Smiles PCPs provide dental risk assessments, fluoride varnish application, anticipatory guidance, and a referral to a PCD for a full exam and treatment. For more information about NJ Smiles, or for help finding a trained PCP, please visit myamerigroup.com/nj/pages/find-a-doctor.aspx and choose NJ Smiles Provider Directory. You can also call Member Services at **800-600-4441 (TTY 711)** or LIBERTY Dental at **833-276-0848 (TTY 711)**.

Disability access to Amerigroup plan providers and hospitals

All Amerigroup plan providers and hospitals will help members with disabilities get the care they need. Members who use wheelchairs, walkers, or other aids may need help getting into an office. If you need a ramp or other help, make sure your provider's office knows before you get there. The staff will be ready to help you when you get there. If you want help in talking to your PCP about your disability needs, call Member Services at **800-600-4441 (TTY 711)**. We'll have a care manager get in touch with you to make sure you get the care you need.

Amerigroup can also help you if you have trouble hearing. We'll set up and pay for you to have a sign language interpreter help you during your provider visits. To use a TTY relay service, please call **711**.

PREMIUMS FOR NJ FAMILYCARE D MEMBERS AND COPAYMENTS FOR NJ FAMILYCARE C AND D MEMBERS

Premiums for NJ FAMILYCARE D members

A premium is a monthly payment you pay to get healthcare benefits. Most NJ FAMILYCARE D members make these payments. The State's Health Benefits Coordinator (HBC) tells you if you have to pay. Alaskan Natives and Native Americans under 19 don't have to make monthly payments.

This payment will go toward your family cost-share that's decided once a year. Your family cost-share is based on your total family income. **If you have a monthly payment and don't pay it, you'll be disenrolled by the State.**

Copayments for NJ FamilyCare C and D members

A copayment (or copay) is the amount you need to pay for a covered service. Only certain NJ FamilyCare C and D members have copays. The amount of the copay is printed on your ID card. Alaskan Natives and Native American Indians under the age of 19 don't have copays.

After you have passed the limit of your family cost-share, you won't have to pay a copay when you get more services. You'll also get a new member ID card from Amerigroup after your family cost-share is met. Your family cost-share with your copay shouldn't be more than 5 percent of your total family income. Always ask for a receipt when you pay a copay. Keep track of what you spend on copays as well as your premiums. Once you pass your 5 percent cost-share amount, call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)** for help.

Members who are approved for custodial care may have a Patient Pay Liability (Cost Share). The County Board of Social Services and/or the Social Security Administration calculate the patient pay liability and advise the member and the facility of the amount.

Members ages 55 and over

Your estate may be required to pay back Medicaid benefits you got on or after age 55 to the State of DMAHS New Jersey (DMAHS). This may include premium payments made for you to Amerigroup.

The amount that DMAHS may recover includes, but isn't limited to, all capitation payments to any managed care organization (MCO) or transit broker. This applies whether or not any services were given from an individual or organization that was paid by the MCO or transit broker. DMAHS may take back these amounts in these events:

- No living spouse.
- No living children under age 21.

- No living children of any age who are blind.
- No living children of any age who are disabled as decided by the Social Security Administration.

This information was provided to you when you applied for NJ FamilyCare. To learn more, please visit

state.nj.us/humanservices/DMAHS/clients/The_NJ_Medicaid_Program_and_Estate_Recovery_What_You_Should_Know.pdf.

AMERIGROUP COVERED SERVICES FOR NJ FAMILYCARE MEMBERS

These services are the ones Amerigroup will set up for you when you need them. For all covered nonemergency services, you must see your primary care provider (PCP) or an Amerigroup plan provider. For emergency care 24 hours a day, 7 days a week, please go to the closest hospital emergency room or call **911**. For most other services, go to your PCP first. There are some services you can get without seeing your PCP first. See the section “Services That Don’t Need Referrals” to learn more. Your PCP will help you get the services listed below as you need them.

Amerigroup doesn’t discriminate based on gender identity or expression. This means that if a member is transgender or gender nonconforming, we will not deny benefits relating to gender affirming healthcare. We cover services related to gender affirmation, such as hormone therapy, hysterectomies, mastectomies, and vocal training. We also cover services essential to medically-related gender transition. Call Member Services at **800-600-4441 (TTY 411)** for more information.

The chart below shows the copay amounts for services with copays for NJ FamilyCare C and D members who have copays.

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Abortions	Covered by FFS. Abortions and related services, including (but not limited to) surgical procedure; anesthesia; history and physical exam; and lab tests			
Acupuncture	Covered by MCO.			
Autism Services	Covered by MCO and FFS. Only covered for members under 21 years of age with a diagnosis of Autism Spectrum Disorder. Covered services include physical, occupational, and speech therapies; augmentative and alternative communication services and devices;			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	sensory integration services; Applied Behavior Analysis (ABA) treatment; and developmental and relationship based interventions such as Developmental Individual-difference Relationship-based (DIR) models including DIR-Floortime and the Greenspan approach.			
Blood and Blood Products	<p>Covered by MCO.</p> <p>Whole blood and derivatives, as well as necessary processing and administration costs, are covered.</p> <p>Coverage is unlimited (no limit on volume or number of blood products). Coverage begins with the first pint of blood.</p>			
Bone Mass Measurement	<p>Covered by MCO.</p> <p>Covers one measurement every 24 months (more often if medically necessary), as well as physician's interpretation of results.</p>			
Cardiovascular Screenings	<p>Covered by MCO.</p> <p>For all persons 20 years of age and older, annual cardiovascular screenings are covered. More frequent testing is covered when determined to be medically necessary.</p>			
Chiropractic Services	<p>Covered by MCO.</p> <p>Covers manipulation of the spine only.</p>			
Colorectal Screening	<p>Covered by MCO.</p> <p>Covers any expenses incurred in conducting colorectal cancer screening at regular intervals for beneficiaries 50 years of age or older, and for those of any age deemed to be at high risk of colorectal cancer.</p>			
• Barium Enema	<p>Covered by MCO.</p> <p>When used instead of a flexible sigmoidoscopy or colonoscopy, covered once every 48 months.</p>			
• Colonoscopy	<p>Covered by MCO.</p> <p>Covered once every 120 months, or 48 months after a screening flexible sigmoidoscopy.</p>			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<ul style="list-style-type: none"> • Fecal Occult Blood Test 	Covered by MCO. Covered once every 12 months.			
<ul style="list-style-type: none"> • Flexible Sigmoidoscopy 	Covered by MCO. Covered once every 48 months.			
Dental Services	Covered by MCO. Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services. Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity. Examples of covered services include (but are not limited to): oral evaluations (examinations); X-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planning; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures). Dental examinations, cleanings,		Covered by MCO. Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services. Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity. Examples of covered services include (but are not limited to): oral evaluations (examinations); X-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planning; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	<p>fluoride treatment and any necessary X-rays are covered twice per rolling year.</p> <p>Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special healthcare needs.</p> <p>Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity.</p> <p>Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of five (5) years old.</p>		<p>surgical procedures). Dental examinations, cleanings, fluoride treatment and any necessary X-rays are covered twice per rolling year.</p> <p>Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special healthcare needs.</p> <p>Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity.</p> <p>Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of five (5) years old.</p> <p>NJ FamilyCare C and D members have a \$5 copay per dental visit (except for diagnostic and preventive services).</p>	
Diabetes Screenings	<p>Covered by MCO.</p> <p>Screening is covered (including fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a</p>			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	<p>history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.</p> <p>Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.</p>			
Diabetes Supplies	<p>Covered by MCO.</p> <p>Covers blood glucose monitors, test strips, insulin, injection aids, syringes, insulin pumps, insulin infusion devices, and oral agents for blood sugar control. Covers therapeutic shoes or inserts for those with diabetic foot disease. The shoes or inserts must be prescribed by a podiatrist (or other qualified doctor) and provided by a podiatrist, orthotist, prosthetist, or pedorthist.</p>			
Diabetes Testing and Monitoring	<p>Covered by MCO.</p> <p>Covers yearly eye exams for diabetic retinopathy, as well as foot exams every six months for members with diabetic peripheral neuropathy and loss of protective sensations.</p>			
Diagnostic and Therapeutic Radiology and Laboratory Services	<p>Covered by MCO.</p> <p>Covered, including (but not limited to) CT scans, MRIs, EKGs, and X-rays.</p>			
Durable Medical Equipment (DME)	<p>Covered by MCO.</p>			
Emergency Care	<p>Covered by MCO.</p> <p>Covers emergency department and physician services.</p>		<p>Covered by MCO.</p> <p>Covers emergency department and physician services.</p> <p>NJ FamilyCare C</p>	<p>Covered by MCO.</p> <p>Covers emergency department and physician services.</p> <p>NJ FamilyCare D members have a \$35 copayment.</p>

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
			members have a \$10 copayment.	
EPSDT (Early and Periodic Screening Diagnosis and Treatment)	<p>Covered by MCO.</p> <p>Coverage includes (but is not limited to) well-child care, preventive screenings, medical examinations, dental, vision, and hearing screenings and services (as well as any treatment identified as necessary as a result of examinations or screenings), immunizations (including the full childhood immunization schedule), lead screening, and private duty nursing services. Private duty nursing is covered for eligible EPSDT beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.</p>	<p>Covered by MCO.</p> <p>For NJ FamilyCare B, C, and D members, coverage includes early and periodic screening and diagnostic medical examinations, dental, vision, hearing, and lead screening services.</p> <p><i>For NJ FamilyCare B, C, and D members, coverage for treatment services identified as necessary through an examination is limited to those services that are available under the plan's benefit package, or specified services under the FFS program.</i></p>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Family Planning Services and Supplies	<p>Covered by MCO.</p> <p>The MCO shall reimburse family planning services provided by non-participating network providers based on the Medicaid fee schedule.</p> <p>The family planning benefit provides coverage for services and supplies to prevent or delay pregnancy and may include: education and counseling in the method of contraception desired or currently in use by the individual, or a medical visit to change the method of contraception. Also includes, but is not limited to: sterilizations, defined as any medical procedures, treatments, or operations for the purpose of rendering an individual permanently incapable of reproducing.</p> <p>Covered services include medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices (including pregnancy test kits, condoms, diaphragms, Depo-Provera injections, and other contraceptive supplies and devices), counseling, continuing medical supervision, continuity of care, and genetic counseling.</p> <p><i>Exceptions: Services primarily related to the diagnosis and treatment of infertility are not covered (whether furnished by in-network or out-of-network providers).</i></p>			
Federally Qualified Health Centers (FQHC)	<p>Covered by MCO.</p> <p>Includes outpatient and primary care services from community-based organizations.</p>			
Hearing Services/Audiology	<p>Covered by MCO.</p> <p>Covers routine hearing exams, diagnostic hearing exams and balance exams, otologic and hearing aid examinations prior to prescribing hearing aids, exams for the purpose of fitting hearing aids, follow-up exams and adjustments, and repairs after warranty expiration. Hearing aids, as well as associated accessories and supplies, are covered.</p>			
Home Health Agency Services	<p>Covered by MCO.</p> <p>Covers nursing services and therapy services by a registered nurse, licensed practical nurse, or home health aide.</p>			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Hospice Care Services	<p>Covered by MCO.</p> <p>Covers drugs for pain relief and symptoms management; medical, nursing, and social services; and certain durable medical equipment and other services, including spiritual and grief counseling.</p> <ul style="list-style-type: none"> - Covered in the community as well as in institutional settings. - Room and board included only when services are delivered in institutional (non-residence) settings. Hospice care for enrollees under 21 years of age shall cover both palliative and curative care. <p>NOTE: Any care unrelated to the enrollee's terminal condition is covered in the same manner as it would be under other circumstances.</p>			
Immunizations	<p>Covered by MCO.</p> <p>Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered.</p> <p>The full childhood immunization schedule is covered as a component of EPSDT.</p>			
Inpatient Hospital Care	<p>Covered by MCO.</p> <p>Covers stays in critical access hospitals; inpatient rehabilitation facilities; inpatient mental healthcare; semi-private room accommodations; physicians' and surgeons' services; anesthesia; lab, X-ray, and other diagnostic services; drugs and medication; therapeutic services; general nursing; and other services and supplies that are usually provided by the hospital.</p>			
• Acute Care	<p>Covered by MCO.</p> <p>Includes room and board; nursing and other related services; use of hospital/Critical Access Hospital facilities; drugs and biologicals; supplies, appliances, and equipment; certain diagnostic and therapeutic services, medical or surgical services provided by certain interns or residents-in-training; and transportation services (including transportation by ambulance).</p>			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<ul style="list-style-type: none"> • Psychiatric 	<p><i>For coverage details, please refer to the Behavioral Health chart.</i></p>			
<p>Mammograms</p>	<p>Covered by MCO.</p> <p>Covers a baseline mammogram for women age 35 to 39, and a mammogram every year for those 40 and over, and for those with a family history of breast cancer or other risk factors. Additional screenings are available if medically necessary.</p>			
<p>Maternal and Child Health Services</p>	<p>Covered by MCO.</p> <p>Covers medical services for perinatal care, and related newborn care and hearing screenings, including midwifery care, Centering Pregnancy, immediate postpartum LARC (Long-Acting Reversible Contraception), and all dental services (to include but not limited to additional dental preventive care and medically necessary dental treatment services).</p> <p>Also covers childbirth education, doula care, lactation support.</p> <p>Breastfeeding equipment, including breast pumps and accessories, are covered as a DME benefit.</p>			
<p>Medical Day Care (Adult Day Health Services)</p>	<p>Covered by MCO.</p> <p>A program that provides preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision in an ambulatory (outpatient) care setting to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p>	<p><i>Not covered for NJ FamilyCare B, C, or D members.</i></p>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Nurse Midwife Services	Covered by MCO.		Covered by MCO. \$5 copayment for each visit (except for prenatal care visits)	
Nursing Facility Services	Covered by MCO. Members may have patient pay liability.	Not covered for NJ FamilyCare B, C, or D members.		
<ul style="list-style-type: none"> • Long Term (Custodial Care) 	Covered by MCO. Covered for those who need Custodial Level of Care (MLTSS). Members may have patient pay liability.	Not covered for NJ FamilyCare B, C, or D members.		
<ul style="list-style-type: none"> • Nursing Facility (Hospice) 	Covered by MCO. Hospice care can be covered in a Nursing Facility setting. * See Hospice Care Services.	Not covered for NJ FamilyCare B, C, or D members.		
<ul style="list-style-type: none"> • Nursing Facility (Skilled) 	Covered by MCO. Includes coverage for Rehabilitative Services that take place in a Nursing Facility setting.	Not covered for NJ FamilyCare B, C, or D members.		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<ul style="list-style-type: none"> Nursing Facility (Special Care) 	<p>Covered by MCO.</p> <p>Care in a Special Care Nursing Facility (SCNF) or a separate and distinct SCNF unit within a Medicaid-certified conventional nursing facility is covered for members who have been determined to require intensive nursing facility services beyond the scope of a conventional nursing facility.</p>	<p>Not covered for NJ FamilyCare B, C, or D members.</p>		
Organ Transplants	<p>Covered by MCO.</p> <p>Covers medically necessary organ transplants including (but not limited to): liver, lung, heart, heart-lung, pancreas, kidney, liver, cornea, intestine, and bone marrow transplants (including autologous bone marrow transplants). Includes donor and recipient costs.</p>			
Outpatient Surgery	<p>Covered by MCO.</p>			
Outpatient Hospital/ Clinic Visits	<p>Covered by MCO.</p>		<p>Covered by MCO.</p> <p>\$5 copayment per visit (no copayment if the visit is for preventive services).</p>	
Outpatient Rehabilitation (Occupational	<p>Covered by MCO.</p>	<p>Covered by MCO.</p>		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Therapy, Physical Therapy, Speech Language Pathology)	Covers physical therapy, occupational therapy, speech pathology, and cognitive rehabilitation therapy.	Covers physical, occupational, and speech/language therapy.		
Pap Smears and Pelvic Exams	Covered by MCO. Pap tests and pelvic exams are covered every 12 months for all women, regardless of determined level of risk for cervical or vaginal cancers. Clinical breast exams for all women are covered once every 12 months. All laboratory costs associated with the listed tests are covered. Tests are covered on a more frequent basis in cases where they are deemed necessary for medical diagnostic purposes.			
Personal Care Assistance	Covered by MCO. Covers health-related tasks performed by a qualified individual in a beneficiary's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a beneficiary's written plan of care.	(NJ FamilyCare B, C, and D eligible enrollees through EPSDT)		
Podiatry	Covered by MCO. Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for	Covered by MCO. Covers routine exams and medically necessary podiatric services, as well as therapeutic		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	<p>those with severe diabetic foot disease, and exams to fit those shoes or inserts.</p> <p><i>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</i></p>		<p>shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts.</p> <p>\$5 copayment per visit for NJ FamilyCare C and D members.</p> <p><i>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</i></p>	
Prescription Drugs	<p>Covered by MCO.</p> <p>Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood clotting factors are covered.</p>		<p>Covered by MCO.</p> <p>Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood clotting factors are covered.</p> <p>For NJ FamilyCare C and D members, there is a \$1 copayment for generic drugs, and a \$5 copayment for brand name drugs.</p>	
Physician Services - Primary and	<p>Covered by MCO.</p> <p>Covers medically necessary services</p>		<p>Covered by MCO.</p> <p>Covers medically necessary</p>	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Specialty Care	and certain preventive services in outpatient settings.		services and certain preventive services in outpatient settings. \$5 copayment for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment, age-appropriate immunizations; prenatal care; and pap smears, when appropriate).	
Private Duty Nursing	<p>Covered by MCO.</p> <p>Private duty nursing is covered for members who live in the community and whose medical condition and treatment plan justify the need.</p> <p>Private Duty Nursing is only available to EPSDT beneficiaries under 21 years of age, and to members with MLTSS (of any age).</p>			
Prostate Cancer Screening	<p>Covered by MCO.</p> <p>Covers annual diagnostic examination including digital rectal exam and Prostate Specific Antigen (PSA) test for men 50 and over who are asymptomatic, and for men 40 and over with a family history of prostate cancer or other prostate cancer risk factors.</p>			
Prosthetics and Orthotics	<p>Covered by MCO.</p> <p>Coverage includes (but is not limited to) arm, leg, back, and neck braces; artificial eyes; artificial limbs and replacements; certain breast prostheses following mastectomy; and prosthetic devices for replacing internal body parts or functions. Also covers certified shoe repair, hearing aids, and dentures.</p>			
Renal Dialysis	Covered by MCO.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Routine Annual Physical Exams	Covered by MCO.		Covered by MCO. No copayments.	
Smoking/ Vaping Cessation	<p>Covered by MCO.</p> <p>Coverage includes counseling to help you quit smoking or vaping, medications such as Bupropion, Varenicline, nicotine oral inhalers, and nicotine nasal sprays, as well as over-the-counter products including nicotine transdermal patches, nicotine gum, and nicotine lozenges.</p> <p>The following resources are available to support you in quitting smoking/vaping:</p> <ul style="list-style-type: none"> • NJ Quitline: Design a program that fits your needs and get support from counselors. Call toll free 1-866-NJ-STOPS (1-866-657-8677) (TTY 711), Monday through Friday, from 8 a.m. to 8 p.m. (except holidays) and Saturday, from 11 a.m. to 5 p.m., ET. The program supports 26 different languages. Learn more at njquitline.org. 			
Transportation (Emergency) <i>(Ambulance, Mobile Intensive Care Unit)</i>	<p>Covered by MCO.</p> <p>Coverage for emergency ground and air transportation, including (but not limited to) ambulance and Mobile Intensive Care Unit.</p>			
Transportation (Non-Emergent) <i>(Non-Emergency Ambulance, Medical Assistance Vehicles/MAV, Livery, Clinic)</i>	<p>Covered by FFS.</p> <p>Medicaid Fee-for-Service covers all non-emergency transportation, such as mobile assistance vehicles (MAVs), and non-emergency basic life support (BLS) ambulance (stretcher). Livery transportation services, such as bus and train fare or passes, car service and reimbursement for mileage, are also covered.</p> <p>For COVID-related services, livery/car transportation services, ambulatory, ambulatory with assistance, wheelchair, stretcher, mass transit/bus passes, and mileage reimbursement are covered.</p> <p>May require medical orders or other coordination by the health plan, PCP, or providers.</p> <p>ModivCare transportation services are a covered for NJ FamilyCare B,</p>			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	C, or D members. All transportation including livery is available for all members including B, C and D.			
Urgent Medical Care	<p>Covered by MCO.</p> <p>Covers care to treat a sudden illness or injury that isn't a medical emergency, but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).</p>		<p>Covered by MCO.</p> <p>Covers care to treat a sudden illness or injury that isn't a medical emergency, but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).</p> <p>NOTE: There may be a \$5 copayment for urgent medical care provided by a physician, optometrist, dentist, or nurse practitioner.</p>	
Vision Care Services	<p>Covered by MCO.</p> <p>Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses.</p> <p>Yearly exams for diabetic retinopathy are covered for member with diabetes.</p> <p>A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.</p>		<p>Covered by MCO.</p> <p>Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses.</p> <p>Yearly exams for diabetic retinopathy are covered for member with diabetes.</p> <p>A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for</p>	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	Certain additional diagnostic tests are covered for members with age-related macular degeneration.		those at high risk for glaucoma. Certain additional diagnostic tests are covered for members with age-related macular degeneration. \$5 copayment per visit for Optometrist services.	
<ul style="list-style-type: none"> • Corrective Lenses 	Covered by MCO. Covers 1 pair of lenses/frames or contact lenses every 24 months for beneficiaries age 19 through 59, and once per year for those 18 years of age or younger and those 60 years of age or older. Covers one pair of eyeglasses or contact lenses after each cataract surgery with an intraocular lens.			

EXTRA AMERIGROUP BENEFITS FOR NJ FAMILYCARE MEMBERS

- Amerigroup offers special benefits to help you in your day-to-day life. Our pharmacy benefits give you what you need and more. All members can get up to \$15 every three months toward certain over-the-counter drugs, like cough medicine and aspirin. See the section “Over-the-counter Drugs” for more information.
- Through our Healthy Rewards program, members can get rewards for completing healthy activities, such as routine screenings for diabetes and lead. Healthy Rewards is available only to Amerigroup members with NJ FamilyCare as their primary health coverage. For more information call the Healthy Rewards Customer Service Line at **888-990-8681 (TTY 711)** Monday through Friday from 9 a.m. to 8 p.m. Eastern time.
- Members may also be eligible for other rewards such as umbrella strollers, car seats, diapers, hypoallergenic pillowcases, and more for completing healthy activities. To report healthy activities or to learn more about this program, please call Member Services at **800-600-4441 (TTY 711)**.
- For those members who qualify for the federal SafeLink Program, you can get a smartphone with 3 GB of data and 350 monthly minutes. As an Amerigroup member, you’ll also receive 100 extra minutes during your birth month. If you already have a phone, Safelink will provide you with a SIM card. To apply, visit safelink.com or call **877-631-2550 (TTY 711)**.

We give you these extra benefits to help keep you healthy and to thank you for choosing Amerigroup.

Behavioral Health Benefits

Amerigroup covers a number of Behavioral Health benefits for you. Behavioral Health includes both Mental Health services and Substance Use Disorder Treatment services. Some services are covered for you by Amerigroup, while some are paid for directly by Medicaid Fee-for-Service (FFS). You will find details in the chart below. To request prior authorization to receive a Behavioral Health service covered by FFS, please call the Rutgers IME Addictions Access Center at **844-276-2777 (TTY 711)**. To receive prior authorization to receive a service covered by Amerigroup, providers should call Amerigroup at **800-600-4441 (TTY 711)**.

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Mental Health					
Adult Mental Health Rehabilitation (Supervised Group Homes and Apartments)	Covered by Amerigroup.	Covered by FFS.	Not covered for NJ FamilyCare B, C, and D members.		
Inpatient Psychiatric	Covered by Amerigroup.	Covered by Amerigroup. --Coverage includes services in a general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF) , or critical access hospital.			
Independent Practitioner Network or IPN (Psychiatrist, Psychologist, or APN)	Covered by Amerigroup.	Covered by FFS.			
Outpatient Mental Health	Covered by Amerigroup.	Covered by FFS. Coverage includes services received in a General Hospital Outpatient setting, Mental Health Outpatient Clinic/Hospital services, and outpatient services received in a Private Psychiatric Hospital . Services in these settings are covered for members of all ages.			
Partial Care (Mental Health)	Covered by Amerigroup.	Covered by FFS. Limited to 25 hour per week (5 hours per day, 5 days per week).			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
		<i>Prior authorization required.</i>			
Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization	Covered by Amerigroup.	Covered by FFS. <i>Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.</i> <i>Prior authorization required for Acute Partial Hospitalization.</i>			
Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)	Covered by FFS for all members.				
<i>Substance Use Disorder Treatment</i>	The American Society of Addiction Medicine (ASAM) provides guidelines that are used to help determine what kind of substance use disorder (SUD) treatment is appropriate for a person who needs SUD services. Some of the services in this chart show the ASAM level associated with them (which includes "ASAM" followed by a number).				
Inpatient Medical Detox/Medically Managed Inpatient Withdrawal Management (Hospital-based) ASAM 4 - WM	Covered by Amerigroup for all members.				
Non-Medical Detoxification/ Non-Hospital Based Withdrawal Management ASAM 3.7 – WM	Covered by Amerigroup.	Covered by FFS.			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Substance Use Disorder Short Term Residential (STR) ASAM 3.7	Covered by Amerigroup.	Covered by FFS.			
Long Term Residential (LTR) ASAM 3.1	Covered by Amerigroup.	Covered by FFS.			
Substance Use Disorder Partial Care (PC) ASAM 2.5	Covered by Amerigroup.	Covered by FFS.			
Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification ASAM 2 – WM	Covered by Amerigroup.	Covered by FFS.			
Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1	Covered by Amerigroup.	Covered by FFS.			
Substance Use Disorder Outpatient (OP) ASAM 1	Covered by Amerigroup.	Covered by FFS.			
Office-Based Addiction Treatment (OBAT)	Covered by Amerigroup. Covers coordination of patient services on an as-needed basis to create and maintain a comprehensive and individualized SUD plan of care and				

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
	to make referrals to community support programs as needed.				
Opioid Treatment Services	Covered by Amerigroup.	Covered by FFS. Includes coverage for Methadone Medication Assisted Treatment (MAT) and Non-Methadone Medication Assisted Treatment . Coverage for Non-Methadone Medication Assisted Treatment includes (but is not limited to) FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.			
<i>Autism Services</i>					
Applied Behavioral Analysis (ABA)	Covered by Amerigroup. Covered for members starting at age 18 months, up to age 21, with a diagnosis of Autism Spectrum Disorder (ASD).				
Developmental and Relationship Based Interventions including Developmental, Individual-difference, & Relationship-based (DIR) models	Covered by Amerigroup. Covered for members starting at age 18 months, up to age 21, with a diagnosis of Autism Spectrum Disorder (ASD).				
Peer Recovery Support Services (PRSS) provided by Independent Clinics Drug/Alcohol	Covered by Amerigroup.	Covered by FFS.			

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Care Management (SUD)	Covered by Amerigroup.	Covered by FFS.			

SERVICES THAT DON'T NEED REFERRALS

Although NJ FamilyCare benefits do not require referrals for participating providers, it is advisable that you see your PCP and have them arrange for you to be seen by a specialist and provide you with a written prescription that lets the specialist know the reason you are being referred for specialty care. This shows that your PCP wants you to see another provider who specializes in treating certain illnesses. You can get these services without your Amerigroup PCP's referral:

- Emergency care.
- Yearly exams from an OB/GYN.
- Care provided by your primary care provider's nurse or physician assistant.
- In-network specialists.
- Dental care from a LIBERTY Dental plan general dentist, pedodontist (children's dental specialist) or other participating dental specialist.
- Family planning from any Amerigroup plan provider or approved FFS family planning provider.
- Prenatal care from an Amerigroup plan obstetrician or certified nurse-midwife.
- Screening or testing for sexually transmitted diseases, along with HIV, from your Amerigroup PCP or State-approved Medicaid provider you choose.
- Vision care from a Superior Vision provider.
- EPSDT services from an Amerigroup provider. See the section "Amerigroup Covered Services for Medicaid and NJ FamilyCare Members" for details.
- Mammograms (requires a prescription order from your PCP).

SERVICES NOT COVERED BY AMERIGROUP OR FEE-FOR-SERVICE FOR NJ FAMILYCARE MEMBERS

There are other services that aren't part of your Amerigroup benefits. These services aren't covered by the NJ FamilyCare program, either. These services are listed below:

- All services your PCP or Amerigroup says aren't medically necessary.
- Cosmetic surgery, except when medically necessary and with preapproval.
- Experimental organ transplants.
- Infertility diagnosis and treatment services, along with sterilization reversals and related office (medical or clinic) drugs, lab, radiological and diagnostic services, and surgeries.
- Drugs to treat erectile dysfunction.

- Rest cures, personal comfort and convenience items, services and supplies not directly related to the care of the patient, along with guest meals and lodging, telephone charges, travel expenses, take-home supplies, and similar costs.
- Respite care (except for MLTSS and DDD members).
- Services that involve the use of equipment in facilities when the purchase, rental, or construction of the equipment hasn't been approved by New Jersey law.
- All claims that come directly from services provided by or in federal institutions.
- Free services provided by public programs or volunteers.
- Services or items provided for any sickness or injury while the covered member is on active duty in the military.
- Payments for services provided outside of the United States and territories (pursuant to N.J.S.A. 52:34-13.2 and section 6505 of the Affordable Care Act of 2010, which amends section 1902(a) of the Social Security Act).
- Services or items provided for any condition or accidental injury that comes out of and during employment where benefits are available (workers' compensation law, temporary disability benefits law, occupational disease law or similar laws); this applies whether or not the member claims or gets benefits and whether or not a third party gets a recovery for damages.
- Any benefit covered or payable under any health, accident, or other insurance policy.
- Any services or items provided that the provider normally provides for free.
- Services provided by a close relative or member of the Medicaid member's household (except for members in the Personal Preference Program).
- Services billed when the healthcare records don't correctly mirror the provider's billing/procedure code.
- Services or items paid back based on a cost study or other proof taken by the state of New Jersey.

DIFFERENT TYPES OF HEALTHCARE

Routine and wellness care

In most cases when you need medical care, you call your primary care provider (PCP) to make an appointment. This will cover most minor illnesses and injuries, as well as regular checkups. This type of care is known as **routine care**. You should be able to see your PCP within 28 days for a routine appointment; and your primary care dentist (PCD) for dental care within 30 days; and for behavioral healthcare, within 10 days. Your PCP is someone you see when you are not feeling well, but that is not your PCP's only job in caring for you. Your PCP also takes care of you before you get sick. This is called **wellness care**.

Urgent care

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

- Throwing up
- Minor burns or cuts

- Earaches
- Headaches
- Sore throat
- Fever over 101 degrees Fahrenheit
- Muscle sprains/strains
- Controllable bleeding/sore gums
- Toothache/pain
- Lost filling/crown

For urgent care, call your PCP or PCD. Your PCP or PCD will tell you what to do. Your PCP or PCD may tell you to go to their office right away. They may tell you to go to another office for care right away. Always follow your PCP's or PCD's instructions. In some cases, your PCP or PCD may tell you to go to a hospital emergency room for care. See the next section about emergency care for more information.

If you're unable to reach your PCP, call our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)** for advice about urgent care.

You should be able to see your PCP or an urgent care provider within 24 hours for an urgent care appointment; for dental care, within three days; and for behavioral healthcare, within 24 hours.

Members who might not have a PCD can call Member Services at **800-600-4441 (TTY 711)** to help them locate a dental provider in an urgent event.

Emergency care

After routine/wellness and urgent care, the next type of care is **emergency care**. In case of emergency, call **911**, or go to the nearest hospital emergency room right away. For advice, please call your PCP or our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)**. It's crucial to get medical care as soon as you can. You should be able to see a provider right away for emergency care (for dental care, within 48 hours and for behavioral healthcare, right away).

What is an emergency?

An emergency is when you don't see a provider right away for health issues that could cause death or serious bodily harm. The problem must be so bad that someone with an average knowledge of health can tell the problem may be life-threatening or cause serious harm. This is known as an **emergency medical condition**.

Here are some examples that are most likely emergency medical conditions:

- Very bad bleeding that doesn't stop
- Bad pain that doesn't stop
- Chest pains/facial paralysis
- Very bad burns
- Passing out
- Trouble breathing
- Miscarriage
- Broken bones
- Throwing up blood
- Suspected drug overdose or poisoning

- Shakes called convulsions or seizures
- Severe allergic reactions
- Rape/sexual assault
- Onset of labor

If you think you need emergency care, Amerigroup will pay for your exam under the prudent layperson standard at any hospital emergency room. The emergency department provider will check you to see if you need emergency care. Amerigroup will also provide benefits for your medically necessary **post-stabilization** care. These are services you get after emergency medical care. You get these services to help keep your condition stable. If you don't need emergency care, the hospital may call your PCP to see if the hospital should treat you. Or the hospital may tell you to go to your PCP for care. **Amerigroup** will pay for the emergency care, along with screenings, when your condition seems to be an emergency to the average person. We'll pay even if it's later found not to be an emergency. An average person knows the basics about health and medicine and believes the person's health would be in serious danger if they didn't get care right away.

Not getting medical care right away could cause bodily functions not to work right or at all. The same goes for pregnant women whose health or her unborn child's health would be in serious danger. **You don't need approval from your PCP or Amerigroup to get emergency services.**

If you get emergency services:

- You don't need to show your Amerigroup ID card before you get emergency care.
- You don't need to get a referral or preapproval.
- You need to call your PCP or you can have someone else call for you.
- You need to call your PCP if the hospital wants you to get follow-up care. Your PCP can help you find the right doctor for your follow up care.

Emergency dental care

Amerigroup will pay for emergency dental care. If you need emergency dental care, please call your dentist right away. See the section "Choosing a Dentist" for more details. You can get covered emergency care 24 hours a day, 7 days a week for dental problems, such as:

- A broken or dislocated jaw.
- Heavy or uncontrolled bleeding from mouth.
- A permanent tooth is knocked out.
- Very bad pain in the gum around a tooth, with or without a fever.
- Pain from injury to mouth or jaw.
- Facial swelling/infection.

If you're unable to reach your dentist, you can call LIBERTY Dental at **833-276-0848 (TTY 711)**. You can ask for help for emergency dental care Monday through Friday from 8 a.m. to 8 p.m. You can also speak with a LIBERTY Dental representative after hours between 8 p.m. and 8 a.m. or on weekends. You can call Amerigroup 24-hour Nurse HelpLine after office hours at **800-600-4441 (TTY 711)**. You can see a LIBERTY Dental dentist. You can also see a dentist who isn't part of the Amerigroup plan, visit a clinic, or use an emergency department in a hospital for emergency dental care. You can visit the emergency room for a dental emergency for a broken or dislocated jaw facial trauma or severe infections/swelling. You should go to the emergency room if you are in extreme pain or are experiencing uncontrollable bleeding.

If you're out of town and need emergency dental care, you can go to any dentist, clinic or emergency room for care. Or call LIBERTY Dental at **833-276-0848 (TTY 711)** Monday through Friday from 8 a.m. to 8 p.m. for help in finding a dentist.

If you need to go to the hospital

You must use hospitals in the Amerigroup plan unless you have an emergency, or you need a service you can only get somewhere else. These hospitals are listed in the provider directory. You can ask for a copy of the provider directory by calling Member Services at **800-600-4441 (TTY 711)**. Or view the directory online at myamerigroup.com/NJ. Since your PCP coordinates your care, they will get approval from us if you need to go to the hospital, unless it's an emergency. Your PCP will request approval and will get you admitted.

Behavioral health (mental health/substance use disorder)

Sometimes, dealing with the tasks of stress and daily life and/or post-traumatic experiences can lead to depression, anxiety, or other mental health challenges. It can also lead to marriage, family, and/or parenting problems. In addition, life stresses can lead to alcohol and illegal drug use. If you or a family member are having these kinds of problems, you can get help. Call Member Services at **800-600-4441 (TTY 711)**. You can also get the name of a behavioral health specialist if you need one. To reach the NJ Behavioral Health Member Crisis Line, please call **877-842-7187 (TTY 711)**. Please note this should not be used in place of **911**. If you are in imminent risk, please call **911** or visit an emergency room.

If you think a behavioral health specialist doesn't meet your needs, talk to your PCP. They can help you find a different kind of specialist.

There are some treatments and services your PCP or behavioral health specialist must ask Amerigroup to approve before you can get them. Your PCP will be able to tell you what they are. If you have questions about referrals and when you need one, call Member Services at **800-600-4441 (TTY 711)**.

Out-of-town care

If you need urgent or emergency care when you're out of town, go to the nearest hospital emergency room or call **911**. See the sections above for more information about urgent and emergency care. You can also call our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)**. If you need routine care, like a checkup or prescription refill when you're out of town, call your PCP or our 24-hour Nurse HelpLine.

If you're out of town and need emergency dental care, go to any dentist for care. Call Member Services at **800-600-4441 (TTY 711)** to let them know you got care from a dentist out of town.

If you need a prescription filled when you're away from your local service area, bring your prescription or refill and your Amerigroup ID card with you. Go to any network pharmacy in New Jersey, New York, Pennsylvania, or Delaware to have your prescription filled. Use the online **Provider Search** tool at myamerigroup.com/NJ to find a network pharmacy. Or call Member Services at **800-600-4441 (TTY 711)** to find one. The pharmacy will fill your prescription using the member and benefit information shown on your Amerigroup ID card.

If you're traveling outside of New Jersey, New York, Pennsylvania, and Delaware, you'll need approval from **Amerigroup** before getting the drug. You should have the pharmacy send a claim using the member and benefit information shown on your Amerigroup ID card. There is no guarantee of reimbursement if you pay for the drug out-of-pocket and submit a claim afterwards.

New types of care

Amerigroup medical directors and network providers are always looking at new medical treatments and studies. They do this to see if:

- These new treatments should be covered benefits.
- The government has agreed the treatment is safe and effective.
- The results are as good as or better than covered benefit treatments in use now.

WELLNESS VISITS: EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT SERVICES

Early intervention

The first three years of life are important, formative years in maximizing a child's future potential. If you suspect your infant or toddler may be experiencing developmental delays, contact Early Intervention Services at **888-653-4463**. The call is toll-free for New Jersey residents.

Early intervention services are designed to address a problem or delay in development as early as possible. The services are available for infants and toddlers up to age 3. Contracted agencies serve as the Early Intervention Program (EIP) providers and arrange for early intervention practitioners to address the needs of eligible children and their families. After the evaluation and assessment, an Individualized Family Service Plan (IFSP) is created. An IFSP describes the services the child and family need and how they will be carried out. Services are provided by qualified practitioners in natural environments. These are settings in which children without

special needs most often participate and are most comfortable and convenient for the family. Some examples are at home, a community agency, or a child care facility.

Why wellness care is important for children

We all need to see a primary care provider (PCP) sometimes, even when we're feeling well. Wellness visits are key to staying healthy. When you become an Amerigroup member, call your PCP and make your first appointment within 90 calendar days of when you enroll or sooner for children. To make sure you're as healthy as can be, you and your family should make regular use of preventive medical and dental services.

Babies, children, and pregnant women need more care so children can get a good start in life. Your children should get the following well-child visits at each age.

Birth to age 1

Babies need to see a PCP at least seven times in their first year, and more times if they get sick.

At the seven well-child visits, your PCP will:

- Make sure your baby is growing well.
- Check your baby's vision and hearing.
- Tell you ways to take care of your baby.
- Tell you what to feed your baby.
- Tell you how to help your baby go to sleep.
- Answer any questions you have.
- Look for problems that may need more medical attention.
- Give your baby shots that will protect them from sicknesses like whooping cough, polio, tetanus, and other illnesses.
- Bring your baby to the PCD for a first dental visit soon after their first tooth comes in. Your baby should see a dentist by the time they turn 1 or soon after they get their first tooth. Refer to the section "Information About NJ Smiles" for more information.

The first visit of the seven well-child visits will take place in the hospital right after the baby is born. For the next six visits, you must take your baby to your PCP. Amerigroup will try to help you choose a PCP for your baby before they are born. If your baby doesn't have an Amerigroup plan PCP, call Member Services to choose one. Just call **800-600-4441 (TTY 711)**. You must set up well-child visits with the baby's PCP when they are at these ages:

- Newborn
- Under 6 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months

Age 1 to 2

In a baby's second year, they must go to the dentist two times per year, or more often if your dentist recommends any follow-up care. Your baby must also see a PCP three more times for well-child visits. If your baby gets sick, they should see the PCP more often. You must take them to the PCP at these ages:

- 15 months
- 18 months
- 24 months

Age 2 to 20

You and your children should keep going to your PCP for wellness visits every year through age 20. You and your children should also see your family dentist twice a year for exams and cleanings as well as completion of any treatment your dentist recommends. These visits will help you and your children stay healthy. They also help PCPs find health problems early when it's easiest to take care of them.

Blood lead screening

Your Amerigroup PCP will check your child's blood levels:

- Between 9 and 18 months (prefer at 12 months).
- Between 18 and 26 months (prefer at 24 months).
- Between 27 and 72 months if their blood levels have never been checked.

Here is an example of how wellness visits can help prevent sickness. Older houses and apartments (built before 1978) were painted with lead-based paint. Over time, lead-based paint peels and flakes from walls. Lead-based paints taste sweet and can be eaten by children. Small flakes and paint dust can be inhaled. Besides paint, there are many other sources of lead your child may be exposed to. Lead can be found in some water sources and toys or foods from other countries in some cases. Too much lead in children's blood can cause permanent brain damage and will make it hard for them to do well in school. During a well-child visit, your PCP will test your child's blood for lead and other problems. Or your PCP may refer you to another office to have a lead blood test. By finding and fixing a lead problem early, your PCP can help keep more serious problems from happening later.

Missing wellness visits

It's important to see your PCP for wellness visits, not just when you're sick. If you aren't sure when you should get a wellness visit, call your PCP or our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)**. Getting wellness visits on time is key. If you miss a wellness visit, make sure you and your children go to the PCP as soon as you can. If you need help getting the visit set up, call Amerigroup Member Services. If you haven't visited the PCP on time, Amerigroup will try to contact you to see if you need help.

SPECIAL KINDS OF HEALTHCARE

Special care for pregnant members

Taking Care of Baby and Me® is the Amerigroup program for pregnant members. It's crucial to see your primary care provider (PCP) or OB/GYN for prenatal care when you're pregnant. Prenatal care can help you have a healthy baby. It's also vital to get postpartum care after you've already had your baby. With our program, members receive health information and up to \$30 in Healthy Rewards for getting prenatal and postpartum care.

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

- Education
- Emotional support.
- Help in following their provider's care plan.
- Information on local services and resources, such as transportation, home-visitor programs, breastfeeding, counseling, and Women, Infants, and Children (WIC).

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

Doula services

Amerigroup now covers doula services. Doulas provide aid to a birthing parent before, during, and just after birth, as well as during the postpartum period. A doula does not replace a doctor or midwife and cannot deliver a baby.

For help finding a doula, please call the Amerigroup OB Case Management department at **800-452-7101, ext. 106-134-2111**.

Centering Pregnancy

This benefit gives pregnant members the choice of participating in centering group prenatal care. The Centering Pregnancy program consists of prenatal visits with a provider and a small group of patients with similar due dates. Each visit gives pregnant members more time with their provider. Sessions are designed to address important and timely health topics while leaving room to discuss what is important to the group like nutrition, labor and delivery, breastfeeding, and how to care for your baby. For a list of healthcare providers who offer the Centering Pregnancy program, please call Member Services at **800-600-4441 (TTY 711)**.

Quality care for you and your baby

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

Get to know My Advocate®

My Advocate® delivers maternal health education by phone, text messaging, and smartphone app that is helpful and fun. You will get to know MaryBeth, the My Advocate® automated personality. MaryBeth will respond to your changing needs as your baby grows and develops. You can count on:

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

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

Childbirth Education

Childbirth education prepares expectant members and their partner for the last stages of pregnancy. They cover topics like:

- What to expect during labor, delivery, and after the baby arrives.
- Breathing and delivery relaxation methods.
- Anesthesia and medicine use.
- How to change your newborn's diaper.

We recommend you take these classes during the last two months of your pregnancy.

Your provider is responsible for billing Amerigroup directly for each class you take. **Please do not pay for these services out of pocket because they are a covered benefit.** Amerigroup will reimburse providers directly for childbirth classes.

Helping you and your baby stay healthy

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

- Pregnancy and postpartum care
- Well-child care
- Postpartum depression
- Immunizations
- Healthy living tips

When you become pregnant

If you think you're pregnant, call your PCP or OB/GYN provider right away. You don't need a referral from your PCP to see an OB/GYN. Your OB/GYN should see you within 14 days. We can help you find an OB/GYN in the Amerigroup plan, if needed.

You must also call Member Services when you find out you're pregnant. Just call **800-600-4441 (TTY 711)**. This will help you make sure you choose a PCP for your baby. If you're a new Amerigroup member who is pregnant and have been seen by a non-Amerigroup provider for at least one complete prenatal checkup before you joined Amerigroup, then you may be able to keep seeing that provider with approval from Amerigroup throughout your pregnancy, during delivery and up to two months after your baby is born.

We will send you an educational book, called the Pregnancy and Beyond Resource Guide. The book includes:

- Self-care information about your pregnancy.
- A section of the book for writing down things that happen during your pregnancy.
- Details on My Advocate[®] that tell you about the program and how to enroll and get health information to your phone by automated voice, text message, or smartphone app.
- A Labor, Delivery and Beyond section with information on what to expect during your third trimester.
- Healthy Rewards program information on how to redeem your rewards for prenatal and postpartum care.
- A section of the book on having a healthy baby, postpartum depression, and caring for your newborn, with helpful resources.
- Information about making a family life plan and long-acting reversible contraception (LARC).

The self-care book gives you information about your pregnancy. You can also use the book to write down things that happen during your pregnancy and get rewards for prenatal/postpartum care. You can use the baby-care book to write down things that happen during your baby's first year. This book will give you information about your baby's growth.

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

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

Your PCP or OB/GYN may want you to go more often based on your needs.

Have you decided how you want to deliver your baby? If not, you may want to do some research. Each option has risks and benefits. Sometimes labor is induced prior to 39 weeks. If your provider recommends delivery before 39 weeks, ask why. Unless you have a health condition, the best thing for you and your baby is to wait until you go into labor naturally.

While you're pregnant, you need to take good care of your health. You may be able to get healthy food from WIC. For a list of Women, Infants, and Children (WIC) local agencies and service areas, please visit: state.nj.us/health/fhs/wic/documents/WIC_offices.pdf

You also need regular dental care while you're pregnant and after you have your baby. This includes checkups, cleanings, and all needed treatment to eliminate dental infections, gum disease, and tooth decay. See the section "Choosing a Dentist" for more details.

You can also receive a free breast pump and supplies through your Amerigroup benefits. To learn more, please call Member Services at **800-600-4441 (TTY 711)**.

When you have a new baby

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

- Two days (after the day of delivery) if you have a vaginal delivery.
- Four days (after the day of delivery) if you have a cesarean section (C-section).

You may stay in the hospital less time if your PCP or OB/GYN and the baby's provider see that you and your baby are doing well. You and your baby should stay in the hospital until your provider says you can leave. You and your baby can leave the hospital before your provider lets you go, but it's best not to do this. If you and your baby leave the hospital early, the provider may ask you to have an office or in-home nurse visit within 48 hours. While in the hospital, you can ask to see a lactation specialist to help you learn how to breastfeed your baby.

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

- It's important to have a follow-up visit with your OB provider after you deliver. It would be best to see them within 1–3 weeks, but no later than 12 weeks after delivery. Your health is important to the whole family.
- Your doctor may want to see you sooner than three weeks if you had certain issues before or during delivery, such as high blood pressure or if you had a cesarean section (C-section).

Please call your local County Welfare Agency after you have your baby. See the chart "Local County Welfare Agencies" for telephone numbers. This way, you can apply to have your baby covered by Medicaid. You must also call Amerigroup Member Services at **800-600-4441 (TTY 711)** as soon as you can to let us know you had your baby. We'll need to get information about your baby. You may have already picked a PCP for your baby before they were born. If not, we can help you pick a PCP for them.

If you enrolled in My Advocate® and received educational calls during your pregnancy, you will now get calls on postpartum and well-child education up to 12 weeks after your delivery.

Special services for pregnant and nursing women

Pregnant women and children may be eligible to get extra help through the WIC program. The WIC program provides members with coupons to buy certain healthy foods. These members may qualify for this program:

- Babies under 12 months old.
- Children under 5 years old.
- Pregnant women.
- Women breastfeeding babies under 12 months old.
- Women who aren't breastfeeding with babies under 6 months old.

For a list of Women, Infants, and Children (WIC) local agencies and service areas, please visit:
state.nj.us/health/fhs/wic/documents/WIC_offices.pdf

For a list of WIC agencies by county, please visit:

state.nj.us/health/fhs/wic/documents/Detailed%20list%20of%20WIC%20office%20addresses%20hours%20and%20contact%20info.pdf

Pharmacy benefits

You can fill prescriptions at pharmacies that take Amerigroup. Members can get over-the-counter drugs, too. If you aren't sure if the pharmacy takes Amerigroup, just ask the pharmacist. If you need help finding an in-network pharmacy that accepts Amerigroup prescriptions, call Pharmacy Member Services at **833-207-3115 (TTY 711)**. Or you can use the **Find a Doctor** tool online at myamerigroup.com/NJ. Using an in-network pharmacy will make sure Amerigroup properly reviews your medication to verify it's covered under your pharmacy benefit.

Preferred Drug List

The Preferred Drug List (PDL) is a list of commonly prescribed drugs covered by Amerigroup. We also cover drugs outside of the PDL. Some of those drugs may require preapproval. A group of providers and pharmacists check the PDL and other drugs we cover. They do this to make sure the drugs you're taking are safe and effective. When you're prescribed a drug, talk to your provider to find out if the drug is on our drug list. The drug list can be found online at myamerigroup.com/NJ.

If you don't see your medicine listed on the drug lists, you may ask for an exception at submitmyexceptionreq@amerigroup.com. You'll be asked to supply a reason why it should be covered, such as an allergic reaction to a drug. We can also help if your doctor asked for preapproval for your medicine, but you have questions about medication coverage. If you don't hear from us within five business days, please call Member Services at **800-600-4441 (TTY 711)**.

We cover up to a one-month supply of a drug at a retail pharmacy and a two-month supply through mail order. Some drugs may be subject to quantity limits based on needed safety criteria and subject to routine review and changes. The limit may restrict the amount dispensed per prescription order or refill and/or the amount dispensed per month's supply. You can find

out whether a prescription drug has been assigned a maximum quantity dispensing limit online at myamerigroup.com/NJ. Or call Pharmacy Member Services at **833-207-3115 (TTY 711)**.

You may need to use one or more types of a drug before we will cover another drug as medically necessary. This is called step therapy. We check certain prescription drugs to make sure proper prescribing guidelines are followed. These guidelines help you get high-quality and cost-effective drugs. Step therapy drugs included on the PDL will require preapproval if you have not tried one or more of the required drugs that must be tried first.

Therapeutic substitution is a program that tells you and your providers about alternatives to certain prescribed drugs. We may contact you and your provider to make you aware of these choices. Only you and your provider can decide if the therapeutic substitute is right for you.

When a brand-name drug becomes available as a generic drug, the brand-name drug will be removed from the PDL and we will no longer cover it. If your provider decides you need to stay with the brand-name drug, they can ask for a preapproval from Amerigroup.

If we make changes to the PDL, you and your provider will receive a notice from us before the change if you are taking one of the drugs being changed.

Preapproval requests

You may be able to get prescriptions for drugs not on the Amerigroup approved drug list (Preferred Drug List, or PDL), or for brand-name drugs instead of the available generic versions. You may be able to get these drugs if your provider says they're medically necessary to treat your condition or to keep you healthy. To get these drugs, your provider will need to get a preapproval. They will have to call Amerigroup first to request the drug for you. Decisions are based on whether the drug is medically necessary based on certain medical guidelines. We'll make a decision within 24 hours of your provider's request. We'll also give you a 72-hour supply of drugs not on our PDL during that time if you need it.

Preapproval for behavioral health-related conditions

- Pharmacy services for behavioral health-related conditions are covered by Amerigroup, including drugs prescribed by behavioral health (BH) providers (except methadone and its administration when prescribed for substance use disorder treatment for non-MLTSS members and non-DDD clients).
- Atypical antipsychotic and antidepressant drugs will be covered regardless of the treatment plan established by Amerigroup as long as prescribed by BH providers.
- Amerigroup PDL and preapproval (PA) requirements will apply only when the initial drug treatment plan is changed.
- Amerigroup will restrict benefits and require preapproval for BH-related drugs prescribed by BH providers if one of these exceptions is shown:
 - The drug prescribed isn't related to the treatment of substance use disorder/dependency/addiction or BH-related conditions.
 - The prescribed drug does not conform to standard rules of the Amerigroup pharmacy plan; for example, the amount prescribed by the provider is unsafe.

- The prescribed drug is a brand name drug when an FDA-approved generic is available.

Smoking cessation drugs

Your provider may prescribe smoking cessation drugs to help you stop smoking and stay healthy. Amerigroup gives you benefits for smoking cessation drugs. Examples of these drugs include nicotine patches, nicotine gum, nicotine lozenges, and bupropion. Your normal copay may apply.

Over-the-counter drugs

Amerigroup offers an over-the-counter (OTC) benefit to members every quarter. All members can get up to \$15 every three months toward certain over-the-counter drugs, like cough medicine and aspirin. Calendar quarters start on the first day of January, April, July, and October. This requires a prescription from your Amerigroup network doctor. Bring your prescription to an in-network pharmacy and show your Amerigroup ID card.

Members can receive more information by calling Member Services at 800-600-4441 (TTY 711).

Pharmacy Lock-in Program

Members who have many illnesses, see different providers, use different pharmacies, and take different kinds of drugs may be put into the Pharmacy Lock-in Program. In this program, the member can only fill their prescriptions at one pharmacy. By using one pharmacy, the staff will get to know the member's health status. The staff will also be better prepared to help the member with their healthcare needs. The pharmacist can also look at past drug use and work with the member's provider if drug problems happen.

A member may also be put into the Pharmacy Lock-in Program if they aren't using medicines the right way. Amerigroup will work with the member and their provider to inform the member about the right use of medicines.

Members in the Pharmacy Lock-in Program will only be able to get a 72-hour supply of medicine from a different pharmacy if their chosen pharmacy doesn't have that drug on hand or if there is an emergency.

If you're put in the Pharmacy Lock-in Program, you'll get a letter to let you know. If you don't agree with our decision to assign you to just one pharmacy or one provider, you can appeal it over the phone or in writing. If you ask for a quicker resolution over the phone, you don't need to follow up in writing. Written appeals must be sent to us within 60 days of the date of the notice. Please send written appeals to:

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

If you would like to request a Fair Hearing to appeal the decision to include you in the Pharmacy Lock-in program, you must do so within 20 calendar days from the date of the notification of lock-in letter. See the section called “Fair Hearing” for more information.

SPECIAL AMERIGROUP SERVICES FOR HEALTHY LIVING

Health information

You can learn more about healthy living for you and your family through our health information programs. One way to get health information is to ask your primary care provider (PCP). Another way is to call 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)**. Through our 24-hour Nurse HelpLine, nurses are available to answer your questions any time, day or night. They can tell you if you need to see your PCP. They can also tell you how you can help take care of some health problems you or your child may have.

We’re about more than just provider visits. With special services like health education and events, we offer you many ways to get and stay healthy. Amerigroup sponsors special community events and family fun days where you can get health information and have a good time. You can learn about topics like healthy eating, asthma, and stress. You and your family can play games and win prizes. Go to **myamerigroup.com/NJ** or call Member Services at **800-600-4441 (TTY 711)** to find out more about where and when events take place.

Some of the larger medical sites (such as clinics) in our plan will show health videos. These videos talk about shots, prenatal care, and other key health topics. If your PCP’s office shows these kinds of videos, we hope they will make your time at your PCP’s office more comfortable.

We also have a blog at **blog.myamerigroup.com**. This blog gives you health information about wellness care, managing your illness, parenting, and many other topics.

Health Education Community Advisory/MLTSS Advisory Committee

We want to hear from you. As an Amerigroup member or caregiver, you can participate in our Health Education Community Advisory Committee (HECAC)/MLTSS meetings. By participating, you can learn about healthcare services in your community and we can find out how to better serve you. Go to **myamerigroup.com/NJ** to find out more about where and when events take place. Or call the Quality Management department at **877-453-4080 (TTY 711)**, option 1, to ask when the next meeting will be held in your area.

Care Management services/Services for members with special needs

We can help all Amerigroup members get services and make medical and dental appointments. We’ll help members with hearing problems communicate with their providers through trained interpreters that know sign language. Amerigroup will help set up and pay for this service.

Some members have special needs and need extra help. We may call you or your representative to help you get the care you need. We can also tell you about other medical, social, or support services that could help you.

After enrolling with Amerigroup, you or your representative will be asked to complete an initial health screening (IHS). This will help us see if you have any special care needs. If the answers from the IHS, other medical information Amerigroup gathered from your providers, the State, or your present services show you may have special needs, you'll be asked to complete a comprehensive needs assessment (CNA) to decide if you need special services and care management. We'll attempt to contact members within 45 days of enrollment to complete the IHS and/or CNA and coordinate needed services, which include a visit to your PCP or specialist.

We'll help you manage all the moving pieces. If you get long-term care, you can meet with a care manager who will listen to your goals and help you develop a plan for managing your health. You, your representative, your PCP, and any others you want to be involved must agree before we develop your individual care plan to fit your needs. We can have you, your representative, your PCP, your Amerigroup care manager, and a Division of Developmental Disabilities or Division of Child Protection and Permanency case manager set up a good time to develop your care plan. If you have a major change in your medical or behavioral health that won't get better without getting care, reassessment will be done either once or twice a year. Face-to-face care management may be needed for members with serious, difficult, or long-term conditions.

A care plan will be developed for members with special needs no later than 30 days after being identified for care management. Your PCP may give you or you may ask for a referral so you can keep going to a specialist for a long time. You can keep going without having to go back to your PCP. This is called a standing referral. Sometimes a specialist can be your PCP. This may happen when you have a special need being taken care of by a specialist. This special need could be a life-threatening condition or a worsening and/or disabling condition, which requires specialized medical care over a long period of time.

A referral to a dental specialist or a general dentist that provides dental treatment to special needs patients is allowed when required by a member with special healthcare needs. All special needs members have access to added diagnostic, preventive, and periodontic services when documentation of medical necessity is provided. Amerigroup also covers dental services provided in an operating room or ambulatory surgery center when needed. If one of our care managers has already talked to you about your special needs, they can help you make arrangements for these services. IF you would like to discuss assistance because of your special needs, please contact your care manager.

If you have special needs and you haven't talked with one of our care managers yet, call Member Services at **800-600-4441 (TTY 711)**. Ask to be transferred to a care manager. You may call our Care Management department at **800-452-7101 (TTY 711), ext. 106-134-2111**, Monday through Friday from 8 a.m. to 5 p.m. Eastern time. Our address is:

Care Management Department
Amerigroup Community Care
101 Wood Ave. S., 8th Floor

Iselin, NJ 08830

For children with special needs, your care manager can help manage their care. This includes well-child visits, shots, disease management, dental care (as needed in an office or an operating room or ambulatory surgical center), and specialty care.

If you have a crisis or emergency event, please call **911** or go to the nearest hospital emergency room as soon as you can. An emergency could be one of these things:

- Very bad bleeding that doesn't stop.
- Bad pain.
- Chest pains/facial paralysis.
- Very bad burns.
- Passing out.
- Shakes called convulsions or seizures.
- Trouble breathing.
- Miscarriage or a woman in labor.
- Broken bones.
- Throwing up blood.
- Suspected drug overdose or poisoning.
- Rape/sexual assault.
- Thoughts of suicide or hurting yourself.

For nonemergency care, you should call your PCP. They will tell you what to do. You can also call our 24-hour Nurse HelpLine at **800-600-4441 (TTY 711)**.

If you have been receiving care from a provider who isn't in our plan and want to keep getting care from them, ask your PCP to call us first for approval. Amerigroup will look at your care needs to see if it's medically necessary for you to keep seeing the other provider.

Resources for caregivers

At Amerigroup, we're here to support you — and your support system. Your health also makes a difference to others in your life, which is why we're here to help you and the people who care about you. You depend on your caregiver, so it may be hard for your loved one to take time to think about themselves. It's important for them to stay healthy and continue to be the best possible caregiver for you. Find more information at:

- nia.nih.gov
- caregiveraction.org
- acl.gov

If you have any questions or need help, call Member Services at **800-600-4441 (TTY 711)**.

Disease Management

A Disease Management (DM) program can help you get more out of life. As part of your Amerigroup benefits, we're here to help you learn more about your health, keeping you and your needs in mind at every step.

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

What programs do we offer?

You can join a Disease Management program to get healthcare and support services if you have any of these conditions:

Asthma	HIV/AIDS
Bipolar Disorder	Hypertension
Chronic Obstructive Pulmonary Disease (COPD)	Major Depressive Disorder — Adult
Congestive Heart Failure (CHF)	Major Depressive Disorder — Child and Adolescent
Coronary Artery Disease (CAD)	Schizophrenia
Diabetes	Substance Use Disorder

How it works

When you join one of our DM programs, a DM case manager will:

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

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

How to join

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

When you call, we'll:

- Set you up with a DM case manager to get started.
- Ask you some questions about your or your child's health.
- Start working together to create your or your child's plan.

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

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

Useful phone numbers

In an emergency, call **911**.

Disease Management

Toll free: **888-830-4300 (TTY 711)**

Monday through Friday

8:30 a.m. to 5:30 p.m. local time

Leave a private message for your case manager 24 hours a day.

After-hours:

Call 24-hour Nurse HelpLine.

24 hours a day, 7 days a week through our main Member Services line at **800-600-4441 (TTY 711)**.

Learn more and join

Give us a call at **844-421-5661** Monday through Friday from 8:30 a.m. to 5:30 p.m. local time to find out more about the Healthy Families program. We'll ask you some questions about your child's health to see if they qualify.

Disease Management rights and responsibilities

When you join a Disease Management program, you have certain rights and responsibilities.

You have the right to:

- Get details about us, such as:
 - Programs and services we offer.
 - Our staff and their qualifications (skills or education).
 - Any contractual relationships (deals we have with other companies).
- Opt out of DM services.

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

You also have a responsibility to:

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

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

You can log in to your secure account, or register, at myamerigroup.com/nj/get-help/health-wellness/manage-your-condition.html to ask us to join a DM program. You'll need your member ID number to register (located on your member ID card). Using your secure account, you can send a secure message to Member Services and ask to join the program.

MINORS

The Amerigroup plan of providers and hospitals can't give you care without your parent's or legal guardian's approval. This is true for most Amerigroup members under age 18; this isn't true if emergency care is needed. Your parents or legal guardians can find out what's in your medical records. You can ask your primary care provider (PCP) not to tell your parents what's in your medical records, but if they ask, the PCP must show them your medical records.

These rules don't apply to emancipated minors (those who are no longer under the care of parents and are under age 18) who:

- Are married.
- Are pregnant.
- Have a child.

- Are being treated for sexually transmitted diseases (STDs).
- Are getting family planning services.

Emancipated minors may decide about their and their children's medical care. Parents don't have the right to see the medical records of emancipated minors.

MAKING A LIVING WILL

By law, you may refuse care your provider wants to give you.

Here's how a living will or advance directive works. Sometimes people are very sick or hurt. Their provider may tell them or their families that death or something like a permanent coma may happen. By giving you some kinds of care, they can keep you living longer, but it will probably not improve your health. This care may include using machines that replace breathing or eating. Some people don't want to get that kind of care. But they know they may be too sick to refuse care. To make sure they get only the kind of care they want, they sign a living will. This paper says what kinds of care they want to refuse if death or something like a permanent coma happens.

You can sign a living will for yourself or your children. It will tell your provider what kinds of care you don't want if this happens to you. If you need help getting a living will, call Member Services at **800-600-4441 (TTY 711)**. Or download your state-specific living will form from **caringinfo.org**. You and your primary care provider (PCP) must work together to complete your living will. Give your living will to your PCP. Your PCP will make sure it's in your medical record. Then they will know how you want to be cared for if you're very sick or hurt very badly and can't say what care you want.

You can change your mind after you've signed a living will. Call your Amerigroup PCP. They will help you take the living will out of your medical record. You can also make changes in the living will by filling out, signing, and dating a new one.

GRIEVANCES AND APPEALS

If you have a grievance

If something isn't working, our team wants to hear about it. Our member grievance and appeal process allows us to get your feedback and make things right. If you have a problem with your medical, dental, or Amerigroup services that do not involve denial of medical, dental, or other benefits, also called non-utilization management or non-UM services, call or write to us. You can also ask your provider and/or an authorized person to call or write to us for you. Contact us at the address and phone numbers below:

Amerigroup Community Care
Quality Management Department
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

Phone: **800-600-4441 (TTY 711)**

Fax: **877-271-2409**

A Member Services representative will work with you to try to help fix your problem. If your problem isn't taken care of right away, we'll send you a letter or call you for more information. We will take care of your grievance within 30 calendar days of when we got your call or letter.

If your grievance is urgent, we'll give you an answer within 72 hours of when we receive it.

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

You, your provider, or authorized person can file a grievance orally or in writing with or Amerigroup.

You have the right to file a grievance in your language. If you ask, we'll tell you in your primary language of your rights to file grievances and will give the decision in your primary language. If you need help filing a grievance in your language, call Member Services at **800-600-4441 (TTY 711)**.

How to file a grievance

Level 1 grievance

To file a non-UM (Utilization Management) or non-medical/dental grievance, you, your provider, or authorized person can call us, write to us, or send us a fax if they have your written consent. Tell us the problem, when it happened, and the people involved. Contact us at the address and phone numbers below:

Amerigroup Community Care
Quality Management Department
101 Wood Ave. S, 8th Floor
Iselin, NJ 08830
Phone: **800-600-4441 (TTY 711)**
Fax: **877-271-2409**

Once we get your grievance, we'll send you (and your provider or authorized person, if they made the request with your written consent) a letter within 15 calendar days to let you know we have your grievance. We'll ask you for more information, if needed. We'll try to solve the problem so you're satisfied.

We'll then send you (and your provider or authorized person, if they made the request with your written consent) a letter to let you know what our decision is within 30 calendar days from when you contacted us about your grievance. You can file another grievance with us about this problem if you're still not pleased.

Level 2 grievance

If you're still unsatisfied with the answer you got about your non-UM Level 1 grievance, you or your provider or authorized person has 60 days from the date of our response to file a Level 2 grievance with your written consent. To file a Level 2 grievance, you, your provider, or authorized person can call us, write to us, or send us a fax. Tell us the problem, when it happened, and the people involved. Contact us at the address and phone numbers listed in the last section, "Level 1 grievance."

We'll send you a letter within 30 calendar days of when we got your Level 2 grievance. This letter will tell you the final decision.

Utilization Management

Sometimes, we need to make decisions about how we cover your care and services. This is called Utilization Management (UM). The UM process or authorization for care may include looking at requests for healthcare or dental care to see if they are covered. Amerigroup follows the standards set forth by the National Committee for Quality Assurance (NCQA). All UM decisions are based solely on your medical or dental needs and available benefits. We do this for the best possible health outcomes for our members. Our policies don't discourage the use of services through the UM decision process. Providers and UM decision-makers don't get any type of reward if members don't use all the available services, or for denial of care or benefits.

Members can call for information about a specific UM service request. Language assistance for members to discuss UM issues in their primary language is provided, as well as TTY services for members who need them. Call us at **800-600-4441 (TTY 711)**. Member Services is available Monday through Friday from 8 a.m. to 6 p.m. Eastern time. Our representative will tell you their name, title, and that they work for Amerigroup.

Utilization Management Appeal Process: Service Denial/Limitation/Reduction/Termination based on Medical Necessity

You and your provider should receive a notification letter within 2 business days of any health plan decision to deny, reduce, or terminate a service or benefit. If you disagree with the plan's decision, you (or your provider, with your written permission) can challenge it by requesting an *appeal*. See the summary below for the timeframes to request an appeal.

Stages	Timeframe for Member/ Provider to Request Appeal	Timeframe for Member/Provider to Request Appeal with Continuation of Benefits for Existing Services	Timeframe for Appeal Determination to be reached	FamilyCare Plan Type
<p><u>Internal Appeal</u> The Internal Appeal is the first level of appeal, administered by the health plan. This level of appeal is a formal, internal review by healthcare professionals selected by the plan who have expertise appropriate to the case in question, and who were not involved in the original determination.</p>	60 calendar days from date on initial notification/denial letter	<ul style="list-style-type: none"> • On or before the last day of the current authorization; or • Within ten calendar days of the date on the notification letter, <i>whichever is later</i> 	30 calendar days or less from health plan's receipt of the appeal request	A /ABP B C D
<p><u>External/IURO Appeal</u> The External/IURO appeal is an external appeal conducted by an Independent Utilization Review Organization (IURO).</p>	60 calendar days from date on Internal Appeal notification letter	<ul style="list-style-type: none"> • On or before the last day of the current authorization; or • Within ten calendar days of the date on the Internal Appeal notification letter, <i>whichever is later</i> 	45 calendar days or less from IURO's decision to review the case	A /ABP B C D

Medicaid Fair Hearing	120 calendar days from date on Internal Appeal notification letter	<ul style="list-style-type: none"> • <u>Whichever is the latest of the following:</u> • On or before the last day of the current authorization; <u>or</u> • Within ten calendar days of the date on the Internal Appeal notification letter, <u>or</u> • Within ten calendar days of the date on the External/IURO appeal decision notification letter 	A final decision will be reached within 90 calendar days of the Fair Hearing request.	A /ABP only
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Initial Adverse Determination

If Amerigroup decides to deny your initial request for a service, or to reduce or stop an ongoing service that you have been receiving for a while, this decision is also known as an *adverse determination*. We will tell you and your provider about this decision as soon as we can, often by phone. You will receive a written letter explaining our decision within two business days.

If you disagree with the plan's decision, you or your provider (with your written permission) can challenge the decision by requesting an *appeal*. You or your provider can request an appeal either orally (by phone) or in writing. To request an appeal orally, you can call the plan at **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time. Written appeal requests should be mailed to the following address:

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

You have **60 calendar days** from the date on the initial adverse determination letter to request an appeal.

Internal Appeal

The first step of the appeal process is a formal internal appeal to the plan (called an Internal Appeal). Your case will be reviewed by a doctor, dentist, or another healthcare professional, selected by Amerigroup, who has expertise in the area of medical or dental knowledge appropriate for your case. We will be careful to choose someone who was not involved in making the original decision about your care. We must make a decision about your appeal within 30 calendar days (or sooner, if your medical or dental condition makes it necessary).

If your appeal is denied (not decided in your favor), you will receive a written letter from us explaining our decision. The letter will also include information about your right to an External Independent Utilization Review Organization (IURO) Appeal, and/or your right to a Medicaid State Fair Hearing, and how to request these types of further appeal. You will also find more details on those options later in this section of the handbook.

Expedited (fast) Appeals

You have the option of requesting an expedited (fast) appeal if you feel that your health will suffer if we take the standard amount of time (up to 30 calendar days) to make a decision about your appeal. Also, if your provider informs us that taking up to 30 calendar days to reach a decision could seriously jeopardize your life or health, or your ability to fully recover from your current condition, we must make a decision about your appeal within 72 hours.

Phone: **800-600-4441 (TTY 711)**

Fax: **877-271-2409**

Email: **nj1memappeals@amerigroup.com**

Mail/In-Person:

101 Wood Ave. S., 8th Floor

Iselin, NJ 08830

External (IURO) Appeal

If your Internal Appeal is not decided in your favor, you (or your provider acting on your behalf with your written consent) can request an External (IURO) Appeal by completing the ***External Appeal Application*** form. A copy of the *External Appeal Application* form will be sent to you with the letter that tells you about the outcome of your Internal Appeal. You or your provider must mail the completed form to the following address within **60 calendar days** of the date on your Internal Appeal outcome letter:

Maximus Federal – NJ IHCAP
3750 Monroe Avenue, Suite 705
Pittsford, New York 14534
Office: **888-866-6205**

You may also **fax** the completed form to **585-425-5296**, or send it by **email** to Stateappealseast@maximus.com.

If a copy of the *External Appeal Application* is not included with your Internal Appeal outcome letter, please call Member Services toll-free at **800-600-4441 (TTY 711)** to request a copy.

External (IURO) Appeals are not conducted by Amerigroup Community Care. These appeals are reviewed by an Independent Utilization Review Organization (IURO), which is an impartial third-party review organization that is not directly affiliated with either our plan or the State of New Jersey. The IURO will assign your case to an independent physician, who will review your case and make a decision. If the IURO decides to accept your case for review, they will make their decision within 45 calendar days (or sooner, if your medical or dental condition makes it necessary).

You can also request an expedited, or fast, External (IURO) Appeal, just as you can with Internal Appeals. To request an expedited appeal, you or your provider should fax a completed copy of the *External Appeal Application* form to Maximus Federal at **585-425-5296**, and ask for an expedited appeal on the form in **Section V, Summary of Appeal**. In the case of an expedited External (IURO) Appeal, the IURO must make a decision about your appeal *within 48 hours*.

If you have questions about the External (IURO) Appeal process, or if you would like to request assistance with your application, you can also call the New Jersey Department of Banking and Insurance at **888-393-1062** or **609-777-9470**.

The External (IURO) Appeal is optional. You don't need to request an External (IURO) appeal before you request a Medicaid State Fair Hearing. Once your Internal Appeal is finished, you have the following options for requesting an External (IURO) Appeal *and/or* a Medicaid State Fair Hearing:

- You can request an External (IURO) Appeal, wait for the IURO's decision, and **then** request a Medicaid State Fair Hearing, if the IURO did not decide in your favor.
- You can request an External (IURO) Appeal **and** a Medicaid State Fair Hearing **at the same time** (just keep in mind that you make these two requests to different government agencies).
- You can request a Medicaid State Fair Hearing *without* requesting an External (IURO) Appeal.

Also, please note: Medicaid Fair Hearings are only available to NJ FamilyCare Plan A and ABP members.

Medicaid State Fair Hearing

You have the option to request a Medicaid State Fair Hearing after your Internal Appeal is finished (and the plan has made a decision). Medicaid State Fair Hearings are administered by staff from the New Jersey Office of Administrative Law. You have up to **120 calendar days** from the date on your ***Internal Appeal outcome letter*** to request a Medicaid State Fair Hearing. But if your appeal is about a pharmacy lock-in determination, you only have 20 calendar days to request a Medicaid State Fair Hearing. You can request a Medicaid State Fair Hearing by writing to the following address:

Fair Hearing Section

Division of Medical Assistance and Health Services

P.O. Box 712

Trenton, NJ 08625-0712

If you make an expedited (fast) Medicaid State Fair Hearing request, and you meet all of the requirements for an expedited appeal, a decision will be made within 72 hours of the day the state agency received your Medicaid Fair Hearing request.

Please note: The deadline for requesting a Medicaid State Fair Hearing is always 120 days from the date on the letter explaining the outcome of your *Internal Appeal*. This is true, even if you request an External (IURO) Appeal in the meantime. The 120-day deadline to ask for a Medicaid State Fair Hearing always starts from the outcome of your *Internal Appeal*, not your External (IURO) Appeal. Unless your appeal is about a pharmacy lock-in determination, you only have 20 calendar days to request a Medicaid State Fair Hearing.

Continuation of Benefits

If you are asking for an appeal because the plan is stopping or reducing a service or a course of treatment that you have already been receiving, you can have your services/benefits continue during the appeal process. Amerigroup will automatically continue to provide the service(s) while your appeal is pending, as long as all of the following requirements are met:

- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider; and
- You (or your provider, acting on your behalf with your written consent) file(s) the appeal within **10 calendar days** of the date on the initial adverse determination letter, or on or before the final day of the original authorization, ***whichever is later***.

Your services will *not* continue automatically during a Medicaid State Fair Hearing. If you want your services to continue during a Medicaid State Fair Hearing, you must request that ***in writing*** when you request a Fair Hearing, and you must make that request within:

- **10 calendar days** of the date on the Internal Appeal outcome letter; ***or*** within

- **10 calendar days** of the date on the letter informing you of the outcome of your External (IURO) Appeal, if you requested one; *or*
- On or before the final day of the original authorization, *whichever is later*.

Please note: If you ask to have your services continue during a Medicaid State Fair Hearing and the final decision is not in your favor, you may be required to pay for the cost of your continued services.

If you have any questions about the appeal process, you can contact Member Services by calling **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

OTHER INFORMATION

If you move

You should call **NJ FamilyCare** at **800-701-0710 (TTY 800-701-0720)** if you're moving or planning to move. You can visit your County Welfare Agency if you're planning to move, too. If you're a NJ FamilyCare member, please call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)** to give your new address. You may also call Member Services at **800-600-4441 (TTY 711)**.

If you're unable to leave your home

Amerigroup can help take care of you even if you can't leave your home. Call Member Services at **800-600-4441 (TTY 711)** right away if you're homebound. We'll have a care manager get in touch with you to make sure you get the care you need.

Renew your eligibility for your FFS, SSI, or NJ FamilyCare benefits on time

We want you to keep your healthcare benefits, including dental. You could lose your benefits even if you still qualify.

Every year, the NJ FamilyCare (NJFC) or the County Welfare Agency (CWA) will send you a form. This form tells you it's time to renew your FFS, SSI, or NJ FamilyCare benefits. Be sure to look at the due date on your form. You need to renew your eligibility on time. If your eligibility has ended, you'll no longer be enrolled in Amerigroup. Be sure to follow the NJFC or CWA rules about filling out the form. Turn it in before the date on your form. Your case manager or a State's Health Benefits Coordinator (HBC) can help you fill out the form. If you have any questions, call or go to the NJFC or CWA office in your area. These offices are listed on the next page.

NJ FamilyCare members should:

- Call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)** to renew their benefits.
- Complete and return the form previously sent by NJ FamilyCare as soon as possible. If you need a new form, call NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)**.

NJ FamilyCare members who are not Aged, Blind and Disabled (ABD) can fill out a renewal application online at njfamilycare.org/apply.aspx.

If you have questions about renewing your benefits, Amerigroup can help. Members should call **877-453-4080 (TTY 711)** with any questions about renewing eligibility. We want to help you keep getting your benefits if you still qualify. Helping you stay healthy is one of our main concerns.

For a list of county Welfare agencies, please visit:

state.nj.us/humanservices/DMAHS/clients/medicaid/payment/NJ_County_Welfare_Agencies.pdf

How to disenroll from Amerigroup

We want you to be happy with the services and care Amerigroup helps you get as a member. If you don't like something about Amerigroup, please call Member Services at **800-600-4441 (TTY 711)**. Or call a NJ FamilyCare at **800-701-0710 (TTY 800-701-0720)**. We want to keep you as a member. We'll try to work with you to fix the problem.

If you've decided to leave Amerigroup (disenroll), you can. You can disenroll without reason during the first 90 calendar days you were enrolled or when you received notice you were enrolled, whichever is later.

You may also disenroll or transfer to another health plan at any time with good cause. Disenrolling will take 30 to 45 calendar days. During this time, Amerigroup will keep providing for your care until you're disenrolled.

If you don't have good cause, you must wait until after the 12-month enrollment period to disenroll or transfer to another health plan. After this time, you can choose to disenroll during the annual Open Enrollment Period. The Open Enrollment Period is October 1 through November 15 of each year. Otherwise, you'll be enrolled every 12 months with Amerigroup as long as you're still eligible for benefits, unless you choose a different health plan.

If you're eligible through the Division of Child Protection and Permanency, you can disenroll and transfer to another health plan at any time.

To disenroll from Amerigroup, call a State's Health Benefits Coordinator (HBC) at **800-701-0710 (TTY 800-701-0720)**. If you choose to disenroll from Amerigroup, you must enroll with another plan to keep getting your FFS benefits. As soon as you disenroll, you must return your Amerigroup member ID card to us. If you have any questions, please call Member Services at **800-600-4441 (TTY 711)**.

You can change your mind. To switch back to Amerigroup, you must ask NJ FamilyCare to re-enroll you. Call **800-701-0710 (TTY 800-701-0720)**. Enrolling again takes 30 to 45 calendar days. During this time, you would not be covered by Amerigroup. You would continue to be covered by your existing health plan or fee-for-service Medicaid, if applicable.

Reasons you can be disenrolled from Amerigroup

There are several ways you could be disenrolled without asking to be disenrolled. The State will disenroll you from Amerigroup if you're no longer eligible for NJ FamilyCare Medicaid. If you're eligible for NJ FamilyCare Medicaid again within the next two months, the State will re-enroll you in Amerigroup. The State will disenroll you from Amerigroup if you're changed to a certain eligibility groups or programs or types of care.

You may not be eligible for Amerigroup if you're in:

- An intermediate care facility for persons with developmental disabilities, or some other residential treatment setting (in some events, your care may be approved by Amerigroup).
- The medically needy Medicaid eligibility group.
- The presumptive eligibility group.
- A Program of All-Inclusive Care for the Elderly (PACE).

Others who may not be eligible for Amerigroup include:

- Infants of inmates of a public institution living in a prison nursery.
- Individuals in out-of-state placements unless approved by Amerigroup.
- Full-time students attending school who reside out of the country.

You can be disenrolled for these reasons:

- Amerigroup stops providing services for the NJ FamilyCare program.
- You're no longer eligible.
- You don't pay your premium (NJ FAMILYCARE D members only).
- You move outside of the enrollment area covered by the contract for more than 30 days unless you are a full-time student with an exception.
- DMAHS and you decide that disenrollment would be best for you.
- You're an MLTSS member who owes a member payment liability and has not made a payment.
 - Disenrolling from MLTSS does not necessarily mean that you will be disenrolled from Amerigroup for NJ FamilyCare benefits. After contacting us, your MLTSS eligibility will be reviewed and checked. For contact under 30 days, you may re-enroll with MLTSS right away. For over 30 days, MLTSS or OCCO will need to have a new NJ Choice Assessment.
- You're in a facility out of state other than a nursing facility/special care nursing facility approved by Amerigroup.
- You become incarcerated in a county jail, state or federal prison.
 - Your Amerigroup benefits will be stopped the day after you go to jail until the day you're released. Amerigroup benefits are suspended but you won't be disenrolled.
 - If a jailed member is expected to be in the hospital for 24 hours or more, they aren't considered an inmate anymore and can be covered by the Medicaid fee-for-service program.
- You act in a way that hurts the purpose of our plan, such as:
 - You don't follow the rules in this handbook.
 - You let another person use your Amerigroup ID card, or you're involved in any other type of fraud.

- You refuse to cooperate with your primary care provider (PCP) on scheduling and attending appointments.

Before we ask DMAHS to disenroll you for any of these reasons, we'll try to contact you at least three times. We'll explain to you why you could be disenrolled. We'll try to help you stay in our plan. Being sick or needing a lot of care isn't a reason for us to ask the State to disenroll you.

Before we ask NJ FamilyCare to disenroll you, we'll try to contact you at least three times. We'll explain why you could be disenrolled. We'll try to help you stay in our plan. Being sick or needing a lot of care isn't a reason for us to ask the State to disenroll you.

You asked to be enrolled in Amerigroup and didn't get enrolled

The State makes sure you can enroll in Amerigroup if you want. A State's Health Benefits Coordinator (HBC), as an agent of the State, processes your enrollment form. They may decide you can't be in Amerigroup. This is often for the reasons listed in the section "Reasons you can be disenrolled from Amerigroup." We hope you'll choose us again if you get the chance.

It takes 30 to 45 calendar days for the State to enroll you. If you aren't enrolled yet, you may get enrolled next month. You'll get benefits from fee-for-service or your current health plan until your enrollment starts with us. Your Amerigroup ID card tells you the date your enrollment starts.

If you didn't choose a health plan, the State will pick one for you. This is known as an auto-assignment.

If you have other health insurance

Each type of health insurance you have is called a payer. When you have more than one insurance plan, there are certain rules to decide how payments are made by each insurance plan. Other insurance plans may be Medicare, another health insurance company, or fee-for-service Medicaid. Certain insurance plans must pay for some services before other insurance plans will pay. Your NJ FamilyCare health plan pays for covered services last. Always show all your insurance cards when getting services.

The providers for your Medicare or other health plan don't have to be in Amerigroup. Also, if your provider through Medicare or other health plan refers you to a specialist for services covered by Medicare or the other health plan, you don't need a referral from us.

You can find more about the rules on having other health insurance by going online to state.nj.us/humanservices/DMAHS/home/Medicaid_TPL_Coverage_Guide.pdf. The guide, *When You Have Medicaid and Other Insurance*, is provided by the State of New Jersey. It can help you know how service payments work.

The guide has helpful references. The charts are called **When You Have Both Medicare and Medicaid** and **When You Have Both Other Health Insurance and Medicaid**. They can help you decide which providers to choose and which company is the payer.

Please call Member Services at **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time if you or your children have other insurance or you have any questions. Your other insurance plan may need to be billed for services before Amerigroup can be billed. We'll work with other insurance plans on payment for these services.

If you get a bill

If you get a bill from a provider by mistake, please call Amerigroup Member Services at **800-600-4441 (TTY 711)**. We'll work with the provider to try to fix this. You may have to pay for a service if you don't follow Amerigroup rules.

You'll have to pay for your care if:

- You go to a provider who isn't an Amerigroup plan provider and to whom your Amerigroup PCP hasn't referred you *unless* it's an emergency or a self-referral service. (See the sections "Emergency care" and "Services That Don't Need Referrals" for more information.)
- You decide to get care that isn't covered by Amerigroup or fee-for-service Medicaid.

Most NJ FamilyCare C and D members need to pay a copay for some services. The copays are listed in the section "Amerigroup Covered Services for Medicaid and NJ FamilyCare Members."

Members who are approved for custodial care may have a Patient Pay Liability (Cost Share). The County Board of Social Services and/or the Social Security Administration calculate the patient pay liability and advise the member and the facility of the amount. Your primary care provider (PCP) must tell you if any services aren't covered, and that you'll be billed if you get any of these services. Also, if you want a service we won't pay for, you must agree in writing to pay for the service before you get care.

Changes in your Amerigroup benefits

We may have to make changes to our provider network. We will notify you by mail about any changes. The member handbook we send you each year will also talk about any changes. Please read your member handbook when you get it.

Sometimes providers will leave Amerigroup or move. If we have to change one of your Amerigroup plan providers, we'll call or write you a letter. You have the right to get up to four months of benefits or more (if medically necessary) from your PCP if they leave the Amerigroup network. (Note: If your PCP can't take part in Medicaid or Medicare, or is fired for losing their license, your PCP can't provide this care.) Member Services will help you find a new PCP or their new office.

How to tell Amerigroup about changes you think should be made

We want to know what you like and don't like about us. Our Member Services team is here to listen — we want to know what's important to you so we can guide you to helpful benefits.

Amerigroup has a group of members who meet every three months to give us their ideas. If you would like to be a part of this group, call Member Services.

We also send some members surveys. The surveys ask questions about how you like Amerigroup. If we send you a survey, please fill it out and send it back. Member Services staff may also call to ask how you like Amerigroup. Please tell them what you think. Your feedback helps us do better.

How Amerigroup pays providers

Different providers in your plan are paid in different ways. We may pay your provider each time they treat you, also known as fee-for-service, or we may pay your provider a set fee each month per member, whether or not the member actually gets services, also known as capitation. Request more information about:

- How we pay our PCPs or any other providers in our plan.
- If your PCP can get an incentive plan for EPSDT lead screening.
- The results of the member satisfaction surveys and quality testing done by the Department of Human Services.

To ask for this information, please call Member Services or write to us at:

Amerigroup Community Care
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

Some providers may have a financial interest in another healthcare provider or facility. If so, and your provider sends you to one of these providers or facilities for care, they must tell you about this financial interest. You can ask your provider more about this. If you can't get this information from your provider, call:

The Division of Consumer Affairs
New Jersey Department of Law and Public Safety
973-504-6200 or 800-242-5846

Amerigroup models its programs on the quality standards set by the National Committee for Quality Assurance. All Utilization Management (UM) decisions are based only on a member's medical needs and benefits. Providers and UM decision-makers don't get any type of reward if members don't use all the available services, or for denial of care or benefits.

YOUR RIGHTS AND RESPONSIBILITIES

Amerigroup wants you to know your rights and responsibilities. We will tell you about them:

- When you enroll
- Every year

If you have questions about your rights, responsibilities, or how to request information, call Member Services at **800-600-4441 (TTY 711)**.

Your rights

As an Amerigroup member, you have the right to:

- Get a current provider directory that includes addresses, phone numbers, and a list of providers that accept members who speak other languages.
- Choose any of our Amerigroup plan specialists.
- Be referred by your PCP to get care from a specialist who treats long-term disabilities.
- Be able to get in touch with your PCP or a backup PCP 24 hours a day, 365 days a year for urgent care. This information is on your member ID card.
- Call **911** without getting an OK from us if you have an emergency medical condition. This information is on your member ID card.
- Talk with your providers about medical treatments you can have, even if they're not covered. You can also get information on other care options, as well as anything listed in the clinical rules. Ask for a copy from Member Services.
- File a grievance or appeal with us or the state and not get in trouble. Please refer to the "Grievances and Medical Appeals" section in this member handbook for more information.
- Be treated with respect and dignity.
- Have information about our services, policies, and procedures, plan providers, member rights, and responsibilities, and any changes made.
- Refuse treatment to the extent of the law and be aware of the results. This includes the right to refuse to be a part of research.
- Have a living will in place.
- Expect your records and communications to be kept private. They won't be given to anyone unless you allow it.
- Choose your own PCP in the Amerigroup plan, choose a new plan PCP and have privacy when seeing your providers.
- Have a choice of specialists and get information on how to get a referral to a specialist or other provider, like an eye doctor.
- Give your medical information to someone you choose or give it to a legally-approved person when concern for your health makes it unwise to give the information to you.
- Get help from someone who speaks your language or through a TTY line.
- Be free from being billed by providers for medically-necessary covered services approved by Amerigroup, unless there is a copay.
- Offer ideas for changes in the way we do business.
- Be fully informed by you PCP, care manager, or other Amerigroup plan provider and help make decisions about your care.
- Take part in developing and executing a plan of care that supports the best results for you and encourages independence.
- Have services that support quality of life and independence. Amerigroup wants to help keep and encourage your natural support systems.
- Have your PCP decide if your benefits are medically necessary and should be covered
- File grievances about us or the care we give and recommend changes to policies and services to plan staff, providers, and representatives of your choice, free of limits, interference, force, discrimination, or attack by Amerigroup or our providers.

- Right to refuse care from specific providers.
- Have access to your medical records to follow federal and state laws.
- Be free from harm, physical restraints, or isolation, alcohol, and other drug use, physical or mental abuse, or neglect.
- Make recommendations about the member rights and responsibilities policy.
- Get a second opinion.

You have the right to get information each year on:

- Member rights and responsibilities, also available online at myamerigroup.com/NJ.
- Amerigroup benefits and services and how to get these benefits and services.
- Delivery of after-hours and emergency benefits.
- Charges to members, if they apply, as well as:
 - How to pay them.
 - Copays and fees.
 - What to do if you get a bill for services.
- Cancellation of or changes in benefits, services, healthcare facilities, or providers.
- How to appeal decisions that affect your benefits or relationship with Amerigroup.
- How to change PCPs.
- How to disenroll from Amerigroup for good cause.
- How to file a grievance and how to recommend changes you think Amerigroup should make.
- The number of Amerigroup plan providers who are board-certified.
- A description of:
 - How to get services, along with approval rules.
 - Any special benefit rules that may apply to services you get outside of the Amerigroup plan.
 - How to get services covered by fee-for-service Medicaid.
 - How to get out-of-area benefits.
 - Rules on referrals for specialty and secondary care.

Your responsibilities

As an Amerigroup member, you have the responsibility to:

- Let your PCP know as soon as you can after you get emergency treatment.
- Treat your providers, their staffs, and Amerigroup employees with respect and dignity.
- Get information and think about treatments before they're done.
- Talk about any problems about following your PCP's directions.
- Know what refusing treatment recommended by a provider can mean.
- Help your PCP get your medical records from the PCP you had before; you should help your PCP fill out your new record.
- Get approval from your PCP or the PCP's associates before seeing another provider or specialist; you should also get approval from your PCP before going to the emergency room unless you have an emergency.
- Call Amerigroup and change your PCP before seeing a new provider.

- Keep following Amerigroup policies and procedures until you're disenrolled.
- Make and keep appointments and be on time; always call if you need to cancel an appointment or if you'll be late.
- State your grievances, concerns, and opinions in an appropriate and polite way.
- Learn and follow the policies and procedures listed in this handbook.
- Tell your PCP who you want to be told about your health.
- Become involved in your care. You should work with your PCP about recommended treatment. Then follow the plans and instructions for care that you and your provider talked about.
- Carry your Medicaid and Amerigroup ID card at all times. Report any lost or stolen ID cards to us as soon as you can. Also, call Amerigroup if information on your ID card is wrong or if you have a name or address change.
- Give us information we need, as well as information your PCP and staff needs, to care for you and the names of any doctors, including behavioral health, you're currently seeing.
- Know your health problems and take part in developing treatment goals that work for both of you.

And remember, it's your responsibility to keep your address and phone number current so we may send you updated information or contact you.

FRAUD, WASTE AND ABUSE

We're committed to protecting the integrity of our healthcare program and the effectiveness of our operations by preventing, detecting, and investigating fraud, waste, and abuse. Combating fraud, waste, and abuse begins with knowledge and awareness.

- *Fraud*: Any type of intentional deception or misrepresentation made with the knowledge the deception could result in some unauthorized benefit to the person committing it or any other person. The attempt itself is fraud, regardless of whether or not it is successful.
- *Waste*: Generally defined as activities involving careless, poor, or inefficient billing, or treatment methods causing unnecessary expenses and/or mismanagement of resources.
- *Abuse*: Any practice inconsistent with sound fiscal, business, or medical practices that results in an unnecessary cost to the Medicaid program, as well as administrative costs from acts that adversely affect providers or members.

HOW TO REPORT SOMEONE WHO IS MISUSING THE NJ FAMILYCARE PROGRAM

If you suspect or know someone who is misusing the NJ FamilyCare program through fraud, waste, abuse, and/or overpayment, you can report them. No individual who reports violations or suspected fraud and abuse will be retaliated against for doing so. The name of the person reporting the incident and their contact information will be kept in private by investigators.

To report providers, including doctors and dentists, clinics, hospitals, nursing homes, or NJ FamilyCare enrollees, write or call Amerigroup at:

Medicaid Special Investigations Unit
Amerigroup Community Care
4425 Corporation Lane
Virginia Beach, VA 23462
800-600-4441 (TTY 711)

You can also report possible fraud, waste, and abuse issues by:

- Visiting our website, **myamerigroup.com/NJ**, and clicking the link for Report Waste, Fraud and Abuse.
- Calling Member Services at **800-600-4441 (TTY 711)** Monday through Friday from 8 a.m. to 6 p.m. Eastern time.
- Calling our Special Investigations Unit (SIU) fraud hotline at **866-847-8247 (TTY 711)**.
- Sending an email directly to the Amerigroup Medicaid Special Investigation Unit at **medicaidfraudinvestigations@anthem.com**. This email address is checked every business day.

When reporting concerns involving a provider (a doctor, dentist, counselor, medical supply company, etc.), please include:

- Name, address, and phone number of provider.
- Name and address of the facility (hospital, nursing home, home health agency, etc.).
- Medicaid number of the provider and facility, if you have it.
- Type of provider (doctor, dentist, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation.
- Dates of events.
- Summary of what happened.

You can also make a report directly to the State of New Jersey. If you suspect fraud, waste, or abuse, call the NJ Medicaid Fraud Division's toll-free hotline at **888-937-2835**.

WE HOPE THIS HANDBOOK HAS ANSWERED YOUR QUESTIONS ABOUT Amerigroup. FOR ANY OTHER QUESTIONS, CALL AMERIGROUP MEMBER SERVICES AT 800-600-4441 (TTY 711).