

Rights and responsibilities of members enrolled in Amerigroup Community Care

Members have a right to:

1. Obtain a current directory of doctors within the Amerigroup Community Care network including addresses, telephone numbers and a list of providers accepting members who speak languages other than English.
2. Choose any of the Amerigroup network specialists.
3. Be referred by the PCP to a specialist who has treated chronic disabilities.
4. Be able to get in contact with the PCP or a backup PCP 24 hours a day, 365 days a year for urgent care.
5. Call **911** without getting an approval from Amerigroup for an emergency medical condition.
6. Discuss with their doctors medical treatments they can have, even if not covered, as well as information on other care options.
7. File a grievance or appeal with Amerigroup or the State without penalty.
8. Be treated with respect and dignity.
9. Have information about Amerigroup services, policies and procedures, network providers, member rights and responsibilities, and any changes made.
10. 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.
11. Have an advance directive in effect.
12. Expect confidentiality of their records and communications.
13. Choose a PCP in the Amerigroup network, choose a new network PCP and have privacy when seeing the provider.
14. Have a choice of specialists and information on how to obtain referral to a specialist or other provider.
15. Have their medical information given to a person of their choice, or to a person who is legally authorized, when concern for their health makes it inadvisable to give such information to them.
16. Assistance from an interpreter or TTY line.
17. Be free from being billed by providers for covered services that are medically necessary and were authorized by Amerigroup unless there is a copay.
18. Offer suggestions for changes in the way Amerigroup does business.
19. Be free of hazardous procedures.
20. Be fully informed by the PCP, care/case manager or other Amerigroup network providers and help make decisions about their health care.
21. Take part in developing and implementing a plan of care that promotes the best results and encourages independence.
22. Have services that promote quality of life and independence. Amerigroup wants to help keep and encourage their natural support systems.
23. Have your PCP decide if your benefits are medically necessary and should be covered.

24. Voice grievances about Amerigroup or the care provided, and recommend changes to policies and services to Amerigroup staff, providers and outside representatives of their choice free of limits, interference, force, discrimination or attack by Amerigroup or Amerigroup providers. Amerigroup will not discriminate against an enrollee or attempt to disenroll a member for filing a complaint or grievance/appeal against the HMO.
25. Refuse care from specific providers.
26. Have access to their medical records in accordance with federal and state laws.
27. Be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse, or neglect.
28. Make recommendations regarding the member rights and responsibilities policy.
29. Receive a second opinion.

Members have a right to get information each year on:

1. Member rights and responsibilities.
2. Amerigroup benefits and services and how to obtain them.
3. Provisions for after-hours and emergency coverage.
4. Charges to members, if charges apply, including paying charges, copays and fees, and the process if a bill is received.
5. Termination of or changes in benefits, services, health care facilities or providers.
6. How to appeal decisions that affect their coverage, benefits or relationship with Amerigroup.
7. How to change PCPs.
8. How to disenroll from Amerigroup.
9. How to file a complaint or grievance and how to recommend changes.
10. The percentage of Amerigroup network providers who are board-certified.
11. A description of how to get services, including authorization requirements, special benefit rules that may apply to services out-of-network, services covered by fee-for-service Medicaid, and out-of-area coverage and policies on referrals for specialty and ancillary care.

Members have a responsibility to:

1. Inform the family doctor after getting emergency treatment.
2. Treat their doctors, staffs and Amerigroup employees with respect and dignity.
3. Get information and consider treatments prior to receiving them.
4. Discuss any problems with their doctor's directions.
5. Know what refusing treatment recommended by a doctor can mean.
6. Assist the current family doctor in obtaining medical records from their previous doctor and assist the current doctor in completing the new record.
7. Get permission from the family doctor or the doctor's associates before seeing a consultant or specialist.
8. Call Amerigroup and change the doctor before seeing a new doctor.
9. Keep following Amerigroup policies and procedures until disenrolled with Amerigroup.
10. Make and keep appointments, be timely and call if needing to cancel an appointment or are late for an appointment.
11. State grievances, concerns and opinions in an appropriate and courteous way.
12. Learn and follow the policies and procedures outlined in the *Member Handbook*.

13. Supply information, to the extent possible, that the organization and its providers need to provide care. Become involved in their health care, work with the doctor about recommended treatment, and follow the plans and instructions for care agreed upon with the provider.
14. Carry the Medicaid and Amerigroup ID cards at all times. Inform Amerigroup if cards are lost or stolen, if ID card information is incorrect, or if there are changes in name or address.
15. Provide, to the extent possible, information needed by Amerigroup, the doctor and professional staff involving their care including the names of any doctors they are currently seeing.
16. Understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.

It is the member's responsibility to keep their address and phone number information current so that Amerigroup can send updated information or contact the member.

In addition to the above, MLTSS, offered by Amerigroup in New Jersey, has additional member rights, which include the following:

1. To request and receive information on choice of services available.
2. Have access to and choice of qualified service providers.
3. Be informed of your rights prior to receiving chosen and approved services.
4. Receive services without regard to race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status or disability.
5. Have access to appropriate services that support your health and welfare.
6. To assume risk after being fully informed and able to understand the risks and consequences of the decisions made.
7. To make decisions concerning your care needs.
8. Participate in the development of and changes to the plan of care.
9. Request changes in services at any time, including add, increase, decrease or discontinue.
10. Request and receive from your care manager a list of names and duties of any person(s) assigned to provide services to you under the plan of care.
11. Receive support and direction from your care manager to resolve concerns about your care needs and/or grievances about services or providers.
12. Be informed of, and receive in writing, facility specific resident rights upon admission to an institutional or residential setting.
13. Be informed of all the covered/required services you are entitled to, required by and/or offered by the institutional or residential setting and any charges not covered by the managed care plan while in the facility.
14. Not to be transferred or discharged out of a facility, except for medical necessity; to protect your physical welfare and safety or the welfare and safety of other residents; or, because of failure, after reasonable and appropriate notice of nonpayment to the facility from available income as reported on the statement of available income for Medicaid payment.
15. Have your health plan protect and promote your ability to exercise all rights identified in this document.

16. Have all rights and responsibilities outlined here forwarded to your authorized representative or court appointed legal guardian.