

Amerigroup Value-Added Services

You can request these services by calling Member Services at **800-600-4441 (TTY 711)**. STAR Kids members call **844-756-4600 (TTY 711)**. More detailed information is also available in our member handbook and on the benefit pages on our website, myamergroup.com/TX.

Value-Added Services	CHIP <i>*Perinatal members not eligible</i>	STAR	STAR+PLUS <i>*Dual members not eligible</i>	STAR+PLUS Nursing Facility <i>*Dual members not eligible</i>	STAR Kids <i>*Dual members not eligible</i>
24-hour Nurse HelpLine	X	X	X	N/A	N/A
An extra 8 hours of respite services	N/A	N/A	X	N/A	*X
Boys & Girls Club membership	*X	X	N/A	N/A	*X
Community transportation	*X	X	*X	N/A	*X
Coping with COVID toolkit	*X	X	X	X	X
Disease Management educational materials	X	X	X	X	X
Enhanced vision benefits	N/A	N/A	*X	*X	N/A
Extra dental services for adults Dental hygiene kit	N/A	X	*X	*X	N/A
Extra help for pregnant women — Taking Care of Baby and Me® — prenatal and postpartum gift card	*X	X	*X	N/A	*X
Extra help for pregnant women — Transportation assistance	*X	X	*X	N/A	*X
Extra help getting a ride (CHIP) for members with chronic illnesses	*X	N/A	N/A	N/A	N/A
First-aid kit & personal disaster plan	*X	X	X	X	X
GED assistance program	N/A	X	*X	N/A	N/A
Healthy Families program	N/A	N/A	N/A	N/A	X
Healthy play & exercise (community organization)	N/A	N/A	N/A	N/A	*X

Healthy Rewards — earn reward dollars by doing healthy activities like completing certain checkups or treatments. Then, use your dollars to pick gift cards from various retailers.	*X	X	*X	*X	*X
Help for members with asthma — inhaler sensors	N/A	N/A	N/A	N/A	X
Help for members with asthma — pillow cover (ages 20 and younger)	*X	X	N/A	N/A	*X
Labels for personal items	N/A	N/A	N/A	X	N/A
Memory care — remembrance book	N/A	N/A	N/A	X	N/A
Nicotine recovery support (ages 13 and older)	*X	X	X	X	X
Nutritional dietary support	N/A	N/A	*X	N/A	N/A
One free sports or school physical	*X	X	N/A	N/A	*X
Online mental health (ages 13 and older)	X	X	X	X	X
Over-the-counter gift card for completing the full series of the flu vaccination	*X	X	*X	N/A	*X
Personal exercise kit	N/A	N/A	*X	*X	N/A
Pest control services every 3 months	N/A	N/A	X	N/A	X
Pregnancy and early parenting program (ages 13 and older)	*X	X	X	X	X
Sensory Products	N/A	N/A	N/A	N/A	X
Free cell phone	X	X	X	X	X
Smoking/tobacco cessation help (age 18)	*X	N/A	N/A	N/A	N/A
Social services resource directory	X	X	X	X	X
Vision — eyeglasses accessories	N/A	N/A	N/A	N/A	X
Weight management virtual program (ages 13 and older)	*X	X	X	X	X

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

* If any of your contact information has changed, call the enrollment broker at **800-964-2777** or Amerigroup at **800-600-4441 (TTY 711)**.

Your authorized representative's or parent's information

You can represent yourself. If you would like someone to represent you, such as, parent, relative, or friend, complete the following information. By completing this section, you are authorizing your designated representative to appeal and obtain information on your behalf.

Name:
Address:
Phone number:

Reason for the appeal

This section is optional. You can fill it out to tell us about your services under appeal and why you think they're needed.

Services under appeal:
Why you need them:

Sign this form:

By signing this form, you or your authorized representative are requesting an appeal and giving your health plan, Amerigroup, authorization to get your medical records and to contact your appeal representative if you listed one.

Member/authorized representative signature

Printed name

Date

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**Amerigroup Medicaid appeal request form**

To ask for a health plan appeal, you can call us at **800-600-4441 (TTY 711)** Monday through Friday, 7 a.m. to 6 p.m. Central time, or you can fill out this form and mail or fax it to us.

Mail: Amerigroup
PO Box 62429
Virginia Beach, VA 23466-2429
Fax: 877-881-1305

You must request an appeal by 09/23/2022.

If you want to continue your services during your appeal, you must make your request by **08/04/2022.**

Mark the appeal you want:

Only select one.

☐ Health plan appeal

☐ Emergency health plan appeal*

* Emergency health plan appeals should only be requested if you believe your health will be seriously harmed by waiting for your health plan appeal decision.

Reference number: 203839097

Do you want your services to continue? ☐ Yes ☐ No

You must request for your services to continue by **08/04/2022.**

You can make this request by phone. Call us at **800-600-4441 (TTY 711)** if you think this form will not reach us by mail before the deadline.

Your personal information*

Member name:	Parent or authorized representative:
Member Medicaid ID and subscriber number:	Preferred phone number:

Legal resources for help with your appeal or state fair hearing

You have the right to have someone help you at all levels of an appeal. Available resources are listed below and at texaslawhelp.org.

Legal aid providers

Service area	Name	Address	Telephone number
Travis	Texas Rio Grande Legal Aid (Austin)	4920 North IH 35 Austin, TX 78751	512-374-2700 800-369-9270
Harris	Lone Star Legal Aid (Houston)	1415 Fannin St. Houston, TX 77002	713-652-0077 800-733-8394
Dallas	Legal Aid of NorthWest Texas (Dallas)	1515 Main St. Dallas, TX 75201	214-748-1234 888-529-5277
Tarrant	Legal Aid of NorthWest Texas (Fort Worth)	600 E. Weatherford St. Fort Worth, TX 76102	817-336-3943 800-955-3959
Bexar	Texas Rio Grande Legal Aid (San Antonio)	1111 N. Main St. San Antonio, TX 78212	210-212-3700 800-369-0356
Jefferson	Lone Star Legal Aid (Beaumont)	1965 Park St. Beaumont, TX 77701	409-835-4971 800-365-1861
El Paso	Texas Rio Grande Legal Aid (El Paso)	Texas Rio Grande Legal Aid (El Paso)	915-585-5100 800-369-2792
Lubbock	Legal Aid of NorthWest Texas (Lubbock)	1711 Ave. J Lubbock, TX 79401	806-763-4557 800-933-4557
West Rural	Legal Aid of NorthWest Texas (Midland)	212 N. Main St., Suite 101 Midland, TX 79701	432-686-0647 800-926-5630
West Rural	Legal Aid of NorthWest Texas (Odessa)	Legal Aid of NorthWest Texas (Odessa)	432-332-1207 800-955-1207
West Rural	Legal Aid of NorthWest Texas (Abilene)	500 Chestnut St., Suite 901 Abilene, TX 79602	325-677-8591 800-933-8591
Central Rural	Lone Star Legal Aid (Waco)	Lone Star Legal Aid (Waco)	254-756-7944 800-299-5596
Central Rural	254-756-7944 800-299-5596	512 S. Main St. Belton, TX 76513	254-939-5773 800-234-6606
Central Rural	Lone Star Legal Aid (Bryan)	1714 E. 29th St. Bryan, TX 77802	979-775-5050 800-570-4773
Northeast Rural	Lone Star Legal Aid (Tyler)	110 N. College Ave., Suite 302 Tyler, TX 75702	903-595-4781 800-248-0048
Northeast Rural	Lone Star Legal Aid (Longview)	140 E. Tyler Ave., Suite 150 Longview, TX 75601	903-758-9123 800-866-0821

Your rights during the health plan appeal process



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- We must send you a letter letting you know we received your health plan appeal request within five business days of receiving your request.
- We must make a decision about your health plan appeal and send it to you in writing within 30 calendar days of your request.
- You can ask us for any facts we used to make our decision. If you ask for this information, we will send it to you for free, before your appeal, and within five calendar days of your request.
- You, your doctor, or your health-care provider can submit written comments, documents, or other information about your health plan appeal by mail, fax, or email. If you need more time to send us information that may help your appeal, you can ask us to move your appeal date back for up to 14 calendar days.
- You can represent yourself or pick a relative, friend, lawyer, or someone else to represent you during the health plan appeal. You'll have to pay any fees if they charge to represent you. To find free legal help in your area, see the attached legal aid providers list that came with this letter and a directory at texaslawhelp.org.
- When we send you our decision about the approval or denial of your appeal, we'll also include information about your right to a state fair hearing and external medical review. You must wait until after our decision to ask for a state fair hearing and external medical review.

Need help?

You or your representative can call us at **800-600-4441 (TTY 711)** to learn more about your appeal rights.

If you have more questions about the health plan appeal process, call an HHSC ombudsman at **866-566-8989** or complete the online form at hhs.texas.gov/managed-care-help.

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

Amerigroup Medicaid appeal process

The processes outlined in this flyer apply to all health plan appeals including emergency appeals.

Request a health plan appeal by either:

- Filling out the attached “Amerigroup Medicaid appeal request form” and mailing or faxing it to us using the address or fax number listed at the top of the form
- Calling us at **800-600-4441 (TTY 711)** Monday through Friday, 7 a.m. to 6 p.m. Central time.

You must request an appeal by 09/23/2022.

If you have a good reason, like receiving our notice too late, we may be able to accept your appeal request after this date.

How to keep your services during a health plan appeal

- You may be able to keep getting your services during the health plan appeal process. Make a request by checking “Yes” where it says, “Do you want your services to continue?” on the Amerigroup Medicaid appeal request form. You can also call Amerigroup at **800-600-4441 (TTY 711)** and say you want to keep your services during your appeal.

You must make this request by 08/04/2022.

- If you lose your health plan appeal, you may have to pay your health plan back for services provided to you during your appeal. Amerigroup cannot ask you to pay them back for services you received without permission from the Texas Health and Human Services Commission (HHSC).

If you don't ask for a health plan appeal and to keep your services by **08/04/2022** you will not continue to receive your services, but you still have time to ask for a health plan appeal. You must make your health plan appeal no later than **09/23/2022**. If you have a good reason, we may be able to accept your appeal request after this date. This includes receiving our notice late with not enough time to request an appeal.

Emergency health plan appeals

If you feel your health will be seriously harmed by waiting for a decision on your health plan appeal, you or your doctor can ask for an emergency health plan appeal. We'll review your case and determine if you qualify for an emergency health plan appeal. We must decide to approve or deny your appeal within 72 hours of your request. If you do not qualify for an emergency appeal, we will let you know. We will process your appeal according to the standard timeframe detailed below. You can file a complaint if you do not agree with our decision to deny your request for an emergency health plan appeal.



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cc: ANH NGUYEN

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

We offer extra services for members, such as the services shown in the enclosed listing.

You can request these services by calling us at 800-600-4441 (TTY 711), or writing to us at 2505 N. Highway 360, Suite 300, Grand Prairie, TX 75050. This information is also available in our Member Handbook on our website at **myamerigroup.com/TX**.

We have case management services to help you manage health and life needs that may last for a while. To learn more about getting case management services, call us at **800-600-4441 (TTY 711)**. This information is also available in our Member Handbook on our website at **myamerigroup.com/TX**.

The decision about your services was made by:

Title: Medical Director

Delegated Reviewer(s): AIM Specialty Health on behalf of Amerigroup

Specialization: Specialty Not Found

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

Fax: 877-881-1305

Your doctor can discuss your denial with our medical director or clinical reviewer by calling us at 817-861-7768.

You have the right to appeal this decision.

You may be able to keep your services during your appeal. If you want to continue receiving your services, you must make your appeal request by: 08/04/2022

More important dates and details are on the attached documents: *Amerigroup Medicaid appeal process and Amerigroup Medicaid appeal request form*.

Sincerely,

Health Care Management

Enclosures: Amerigroup Medicaid appeal process
Amerigroup Medicaid appeal request form
Nondiscrimination notice
Get help in another language
Value-Added Services



Date of notice: July 25, 2022

MARICRUZ RODRIGUEZ
1811 BELMEAD LN
IRVING, TX 750614422

Member name: MARICRUZ RODRIGUEZ
Member identification number: 717468587
Medicaid identification number: 518810688
Date of birth: 04/01/1990
Reference number: 203839097

Subject line: Important notice about your benefits – service denial

Service(s) affected: MRI scan of brain before and after contrast

Dear MARICRUZ RODRIGUEZ:

We're sending this letter on behalf of your health plan, Amerigroup. This important letter is about the services you get from Amerigroup.

You or ANH NGUYEN asked for the services below on 07/22/2022. **We denied the request.**

MRI scan of brain before and after contrast 07/22/2022 - 09/19/2022.

We made this decision because: (Provider specific determination). We received a request for an MRI of the head. An MRI of the head is medically necessary for thunderclap or sentinel headache, sudden onset and severe (worst headache of life), reaching maximal intensity within minutes. We have requested medical records to confirm such kind of headache. We have not received medical records confirming worst headache of life. Therefore, we cannot approve this request as medically necessary. We used AIM Specialty Health Guideline titled Imaging of the Brain to make this decision. You may view this guideline at www.aimspecialtyhealth.com/CG-Radiology.html.

You or your provider can talk with us about this decision by calling us at **800-600-4441 (TTY 711)** Monday through Friday, 7 a.m. to 6 p.m. Central time. You can also get a free copy of the information, including criteria and guidelines, as well as records used to make this decision by calling us at **800-600-4441 (TTY 711)**, writing to us at 2505 N Highway 360, Suite 300, Grand Prairie, TX 75050, or utilizing our secure portal located at myamerigroup.com/TX.

You may be able to get these services: